

# Part 21

## Volume 2 conclusions and recommendations

- 21.1 There are three sections to Part 21. The first section will set out my overall conclusions. These are drawn from across Volume 2. The second section will list my Recommendations. The third will identify my approach to monitoring the progress of particular Recommendations I make in Volume 2 (Monitored Recommendations).
- 21.2 The Monitored Recommendations are all in areas where substantial progress can be made during the period I have set for monitoring them.
- 21.3 The fact that I have not listed a Recommendation as a Monitored Recommendation does not mean that it should not be the subject of prompt attention. There is a great deal of work that needs to be done to address the issues I have identified, which include systemic issues. All those with a responsibility to keep the public safe need to address areas for improvement as a matter of urgency.

## Conclusions

- 21.4 As I said in the Preface to this Volume of my Report, in the immediate aftermath of the Attack on 22<sup>nd</sup> May 2017 there were heroic acts by numerous people. These were members of the public who were in or around the Arena; people who worked at the Arena or in the Victoria Exchange Complex; and members of the emergency services who went into the City Room in the early stages. These people ignored the risks to their own safety to try to do what they could to help the dying and the injured. They had no protective clothing but they went into the City Room, even though they must have realised that they were putting themselves at risk in doing so. Those acts were acknowledged by me during the Inquiry and I do so again now in this conclusion. Everyone who heard the evidence has great respect and admiration for the people who acted so bravely.
- 21.5 While not overlooking those acts, I have inevitably been concerned with determining what went wrong and why things went wrong, and making recommendations to try to ensure that they do not go wrong again.
- 21.6 The evidence I have heard revealed that a great deal went wrong in the emergency response to the Attack on 22<sup>nd</sup> May 2017.
- 21.7 Previous tragedies had not resulted in necessary change being implemented. Each of the emergency services had drawn up plans. Those plans had been created with the intention of ensuring that people affected by a terrorist attack would receive the greatest possible assistance. However, on 22<sup>nd</sup> May 2017, those plans were not known by everyone who should have known about them. Many of those who did respond to the explosion, the non-specialists, had little or no knowledge of the plans that had been devised. But when the plans were known about, they were not always as clear as they might have been. And when they were clear, they were not always properly understood. And when they were known and understood, they were not always put into practice.
- 21.8 Some of the failures that occurred in the emergency response were down to mistakes made by individuals. It is understandable that individuals under the immense pressure and stress that a terrible incident such as a bombing creates will make mistakes. It is all the more important in those circumstances that there are checks and balances in place. These will ensure that all the things that need to be done have been done, and that the right decisions have been made.
- 21.9 The almost universal response from senior commanders during the Inquiry's oral evidence hearings was that it was not their job to ensure that their subordinates had done what they ought to have done. Again that is understandable: checking up on others takes time and may show a lack of belief in the abilities of subordinates. Nevertheless, it is necessary. In at least two of the emergency services, there were single points of failure. Had checks been made by more senior officers as they took up their position in the command structure, serious omissions could have been quickly rectified.

- 21.10** The response to the explosion started well. Greater Manchester Police (GMP) directed firearms officers in numbers to the site of the explosion. They were quickly able to establish that there were no armed terrorists in the City Room and, by placing armed guards on the entrances to that location, were able to ensure that none could enter. Unarmed and unprotected British Transport Police (BTP) and GMP officers were quickly on the scene doing what they could.
- 21.11** From that start, it ought to have been possible to get medical assistance to the injured in the City Room speedily. This would have allowed victims to be removed safely on stretchers to the station entrance; from there they could have been put into ambulances and taken to hospital, where they would have received the best treatment.
- 21.12** That is not what happened.
- 21.13** One of the most emotional and upsetting parts of the Inquiry was listening to the evidence of people in the City Room, both rescuers and the injured, who heard the sirens of the ambulances outside and expected to see paramedics arriving imminently, and then hearing of their despair when so many fewer than they reasonably expected actually arrived in the City Room. The failure of the paramedics to arrive in numbers was a terrible disappointment to the injured and the rescuers in the City Room, who did not have the skills to triage the injured and give them the life-saving medical help they might need prior to being moved. Paramedics had these skills. The injured were desperate for help, not realising that decisions that had been made meant they would not see paramedics in the City Room in the numbers hoped for and expected. I set out in Part 17 of my Report the experiences of the injured and those with the deceased in the City Room as they waited in vain for help to arrive.
- 21.14** Three paramedics went into the City Room to carry out triage and any life-saving interventions that had to take place before the injured were moved. No stretchers were taken from the ambulances to assist with the removal of the injured. Instead, police officers and members of Arena staff and the public carried the injured along the raised walkway and down a series of stairs to the entrance hall of the station on anything they could find. Advertising hoardings, crowd barriers and tables were used. It was a painful and unsafe way of moving the injured. On the station concourse, a treatment centre was set up where the other paramedics re-triaged and gave much-needed treatment to the injured, including stabilising them sufficiently for the trip to hospital.
- 21.15** The situation was undoubtedly difficult, but the evacuation of the City Room would have worked much better for everyone if there had been a more co-ordinated response. No one wanted the injured and dying to suffer more than they needed. Everyone involved in the emergency no doubt thought that they were doing their best. In some cases, and for reasons I set out in my Report, their best was not good enough.

- 21.16** Members of the fire and rescue services are trained to give assistance in circumstances such as those in the City Room. They would have been of great help. They have stretchers that are suitable for use in such situations. Their absence was significant, as they could have provided very substantial assistance in the safe removal of the injured from the City Room. The fact that most of the members of the other emergency services did not notice that Greater Manchester Fire and Rescue Service (GMFRS) officers were not there helping in the rescue suggests a lack of appreciation of the part that fire and rescue services can and do play. If the Joint Emergency Services Interoperability Principles (JESIP) had been fully embedded in the muscle memory of responders, that would not have happened.
- 21.17** The suggestion was made during the Inquiry's oral evidence hearings that the reason GMFRS did not turn up and North West Ambulance Service (NWAS) did not go into the City Room in numbers was because they were risk averse.
- 21.18** None of the firefighters I heard from were risk averse. Rather, I heard from a number of very angry firefighters who were ashamed of the fact that they did not get to join in the rescue. They desperately wanted to get involved. I am also satisfied that paramedics would have gone into the City Room, if asked to do so, in order to carry out their work of saving lives.
- 21.19** It is one thing to take risks on your own behalf, but it is quite another for a commander to send people under his or her command into a situation where they may be at risk of death or serious injury. There needs to be an assessment of that risk before others are potentially placed in danger. None of the commanders I heard from was risk averse for his or her own safety, but some were for the people who might be put at risk by carrying out their orders. All members of the emergency services take risks in the course of their work, and do so willingly, but the extent of that risk needs to be properly assessed by commanders before committing rescuers forward. Evaluating the degree of risk that is acceptable is very difficult. Detailed guidance and assistance needs to be available.
- 21.20** The best risk assessment is a joint risk assessment between all the emergency services that are on scene. They need to pool their knowledge. While no service is bound to accept the risk assessment of another, it is important that they listen to the views of others. Where one rescue service has more situational awareness than others, there would need to be a good reason for that assessment not to be accepted by everyone. BTP and GMP had the best situational awareness of the risk of working in the City Room as unarmed police were in there in numbers without any special protection. The GMP Operational/Bronze Commander's view was that it was safe enough for rescuers without special protection to work there. He was right, but nobody from GMP or the other emergency services asked for his opinion. Firearms officers who were present also thought it was safe enough for such rescuers to be present. Their views were not sought. The only paramedic present in the first 44 minutes thought the same.

- 21.21** Other inquiries, inquests and investigations have emphasised the importance of the emergency services working together to provide the best result for the injured. Detailed policies, such as JESIP, have been devised, and people trained to put them into practice.
- 21.22** JESIP emphasises the need for co-ordination, either by locating commanders at the same place and, if that is not possible or is still to happen, by having effective communication between all the emergency services. Manuals have been written on what is needed to make JESIP work; everyone is meant to be trained on the principles. JESIP still failed on 22<sup>nd</sup> May 2017. Commanders did not co-locate. There was no effective communication. This is not the first incident in which JESIP has failed.
- 21.23** At one stage during the hearing of evidence, the failures on the night and the failures in JESIP in the past led me to suggest that it should be abandoned.
- 21.24** However, it was the evidence from all of the witnesses at the Inquiry hearings that the application of the principles of JESIP was the best way to assist the injured and get them treated quickly. I accept that it is, in light of that evidence, but it is necessary to ensure that JESIP works in practice and not just in theory. I have made recommendations in my Report about how to achieve this. More training, more practice, and the right sort of practice, are needed. Lessons need to be learned when things go wrong in exercises or in a real emergency, and change implemented as a result. Most importantly, individual emergency services must not operate alone. They must respect and understand the contribution that can be made by other emergency services and they must respect the views of others, particularly when it comes to assessing risk.
- 21.25** The failure of JESIP on 22<sup>nd</sup> May 2017 meant that those who were having to make decisions assessing risk did not receive information from those who were in the best position to provide the necessary situational awareness to assess that risk. That should not have happened.
- 21.26** Had there been good communication and co-location on 22<sup>nd</sup> May 2017, many of the problems that did arise would not have.
- 21.27** The evidence heard at the Inquiry has led me to the view that necessary changes were not always identified and implemented as the result of past mistakes, partly because the debrief processes were not as effective as they might have been, and even when shortcomings were identified they were not always put right. In the Inquiry, I heard evidence of exercises where things had gone wrong that were similar to the things that went wrong on 22<sup>nd</sup> May 2017. This needs to be improved, and I have made a number of recommendations, which I hope will, if accepted, result in improvements.
- 21.28** There were problems with the debriefing process after 22<sup>nd</sup> May 2017. It was alarming to hear evidence that the Chief Constable of GMP had informed Lord Kerslake, during his review of the preparedness for and emergency response to the Attack, that GMP could demonstrate that Inspector Dale Sexton had notified

the other emergency services of the declaration of Operation Plato. That was incorrect. Inspector Dale Sexton had not done so. The Chief Constable was not deliberately trying to deceive Lord Kerslake; it was what he had been told. It is difficult to understand how that had happened on such a crucial issue.

- 21.29** What I hope was a constructive part of this Inquiry dealt with what I described as 'the Care Gap'. There will always be a time lag between the emergency having happened and the arrival of the emergency services that are able to assist the casualties. That is a critical time when lives can be lost if no action is taken to save casualties. This makes it essential that as much help as possible can be provided on site by people who are in the vicinity and prepared to help. This means that it is vital that establishments of a similar size to the Arena have a reasonable number of adequately trained and equipped medical staff on hand to give emergency care, to bridge the gap before the ambulance service and the fire and rescue service can arrive. Standards need to be laid down and enforced to ensure that this happens. There needs to be liaison between site operators and event healthcare staff and the ambulance service to co-ordinate their responses to an emergency. The in-house healthcare provision at the Arena on 22<sup>nd</sup> May 2017 was inadequate.
- 21.30** Police officers, who are often first on the scene, should have trauma training so that they can provide life-saving treatment and do not find themselves in the position that the unarmed officers did on 22<sup>nd</sup> May 2017. They wanted to provide assistance to casualties but they did not have the necessary training to do so. The same applies to members of the public, who found themselves wishing they had greater first aid skills. Encouragement should be given to the public generally to acquire the skills needed to help casualties who are in a life-threatening condition. The National Curriculum should include education in first responder interventions and there ought to be incentives to those who have left school to develop those skills.
- 21.31** I have considered in my Report whether different procedures can be adopted by the emergency services themselves to reduce the effect of the Care Gap. The emphasis in the present system is on ensuring that hospitals are ready for the patients before sending them there. I heard about other countries, such as France, where they operate a different system, aiming to get the injured to hospital as soon as possible by whatever means they can.
- 21.32** It is important that we do not close our eyes to new ideas. There is still much work to be done on reducing, as far as possible, the Care Gap and its consequences. The witnesses I heard giving evidence about the Care Gap were very impressive. There is a great deal of innovative thinking going into the reduction of the problems caused by the Care Gap. It is very important that the ideas coming out of the new research are considered with an open mind.



- 21.33** The most important issue in the Inquiry has been whether a more effective rescue effort could have saved the lives of any of those who died. I deal with that question in Part 18 of my Report and I invite readers to read that to get the full detail. As can be seen, I have concluded that one of those who died, John Atkinson, would probably have survived had the emergency response been better. In the case of Saffie-Rose Roussos, I have concluded that there was a remote possibility that she could have been saved if the rescue operation had been conducted differently. The evidence was conclusive that there was no possibility that any of the others could have survived the murderous actions of SA.
- 21.34** While we do need to consider whether we should move to different systems to get the injured to hospital more quickly, I accept that the draft hospital dispersal plan activated by NWAS worked well. It meant that casualties were sent to the specific hospital best equipped to deal with their particular injuries, and staff were there waiting to receive them. Despite this, I was concerned about the time it took to get patients to hospital. The evidence of the injured, who seemed to wait for a very long time in the City Room and then in the station entrance before going to hospital, was very moving and telling.
- 21.35** A constant criticism of some of the emergency services during this Inquiry has been that they were defensive and, rather than join in a genuine search for what went wrong, they tried to insist that everything they did was correct and, where something went wrong, to blame it on others. If criticism is unjustified, then it does not help a search for the truth simply to accept it. Conversely, it is a natural human reaction to try to avoid blame for some terrible disaster and find some explanation that excuses it, even if it puts the blame on someone else. The real test will be whether action is taken to put right what went wrong, and not just in the short term but until the terrible threat of terrorism has been eradicated.
- 21.36** I believe that I have got to the truth of what happened on that dreadful night. I have certainly had assistance from many clever, hardworking and motivated people to do so. I am very grateful to them all. I also hope fervently that what comes out of this Inquiry will make a difference, and I ask all those concerned with what happens next to ensure that it does.

## Recommendations

- 21.37** I set out below the recommendations I make arising out of my investigation into the emergency response on 22<sup>nd</sup> May 2017 (the Recommendations).
- 21.38** Against each Recommendation I have added a cross-reference. These are mostly to paragraphs within specific Parts of Volume 2, and sometimes to statements from the Emergency Response Experts. These cross-references are intended to assist the reader, and any organisation to which the Recommendation is directed, to understand the issue the Recommendation is seeking to address. The cross-referencing is not exhaustive and each one of the Recommendations should be understood in the context of Volume 2 as a whole. All organisations should, in any event, review the whole of Volume 2 in order to identify what I consider is required of them.

### Issues arising at a local level in Greater Manchester

#### Greater Manchester Resilience Forum

R1	The Greater Manchester Resilience Forum should oversee, at least every six months, a regular tri-service review of the Major Incident plans used by Greater Manchester Police, Greater Manchester Fire and Rescue Service and North West Ambulance Service. The purpose of that review should be to ensure that there is a common understanding by each emergency service of the plans of the other emergency services. It should also ensure that the importance of joint working is embedded within each emergency service.	12.4 to 12.81
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#### British Transport Police

R2	British Transport Police should ensure that all its Inspectors are trained to undertake the Bronze Commander role in the event of a Major Incident.	12.98 to 12.106
R3	British Transport Police should review its procedures to ensure the prompt appointment of a Bronze Commander during a Major Incident.	12.98 to 12.106
R4	British Transport Police should ensure that all its Sergeants are trained in what is required of a Bronze Commander in the event of a Major Incident. This will help to make sure that the first Sergeant on scene can undertake the initial steps in the emergency response, prior to the arrival of an Inspector.	12.98 to 12.106



R5	<p>British Transport Police should work with the Home Office police services with which it shares policing responsibilities at or for a particular location:</p> <ul style="list-style-type: none"> <li>a. to agree which police service has primacy in the event of a Major Incident;</li> <li>b. to put in place appropriate plans to make clear the responsibilities of each police service in the event of a Major Incident;</li> <li>c. to conduct regular exercises, including joint exercises, to test those plans; and</li> <li>d. to ensure that all police officers and police staff are adequately trained in what will be required of them.</li> </ul>	12.107 to 12.113
R6	The role of the Senior Duty Officer in a Major Incident should be clearly defined and explained in the British Transport Police Major Incident Manual. This role should have a corresponding action card.	12.112 to 12.113
R7	British Transport Police should reflect on its approach to record-making during and immediately following a Major Incident, with a view to improving the current practice.	19.13 to 19.42
<b>Greater Manchester Police</b>		
R8	Greater Manchester Police should ensure that its role cards are always immediately accessible to the officers who are to perform those roles.	12.173
R9	Greater Manchester Police's Major Incident Plan should be reviewed to ensure that it includes clear guidance on the capabilities of Greater Manchester Fire and Rescue Service, including its Specialist Response Team, as well as on the importance of joint working.	12.200 to 12.202
R10	Greater Manchester Police's Major Incident Plan should be reviewed to ensure that it includes clear guidance on the capabilities of North West Ambulance Service, including its Hazardous Area Response Team, Ambulance Intervention Team and Special Operations Response Team, as well as on the importance of joint working.	12.200 to 12.202

R11	Greater Manchester Police should ensure that its plans for responding to a Major Incident, including a terrorist incident, are reviewed regularly by those with the appropriate skills and experience to make meaningful improvements to each plan. This must include a regular review of the Operation Plato plan, which must include obtaining the views of those with experience of firearms policing and of performing the role of Force Duty Officer.	12.235
R12	Greater Manchester Police should review its Operation Plato plans to ensure that there is only a single plan to which all can work and that this plan gives clear and consistent guidance on how to respond to an Operation Plato incident.	12.303 to 12.310
R13	Greater Manchester Police should reflect on its approach to record-making during and immediately following a Major Incident, with a view to improving the current practice.	19.13 to 19.42
<b>North West Ambulance Service</b>		
R14	North West Ambulance Service should review its Major Incident Response Plan to consider whether it should be updated to include a pre-determined attendance for Major Incidents.	12.448
R15	North West Ambulance Service should review its Major Incident Response Plan to consider whether, in order to speed up mobilisation, it should provide pre-determined attendances for the Hazardous Area Response Team, Ambulance Intervention Team and Special Operations Response Team crews for Major Incidents.	12.449
R16	North West Ambulance Service should ensure that it has up-to-date site-specific plans for all large, complex or high-risk locations within its area.	12.455 to 12.459
R17	North West Ambulance Service should ensure that all its site-specific plans are multi-agency and that all Category 1 responders operating in the areas it serves have contributed to them.	12.455 to 12.459
R18	North West Ambulance Service should ensure that it has a policy that sets out the circumstances in which an Operational Commander may be relieved and how that should occur and be communicated to the outgoing Operational Commander and beyond.	12.480
R19	North West Ambulance Service should train its Operational Commanders on the appropriate practice for relieving another of command and being relieved of command.	12.480

R20	North West Ambulance Service should ensure that non-specialist ambulance personnel are involved in multi-agency exercising.	12.500
R21	North West Ambulance Service should review its Major Incident Response Plan to make clear that the first resource on scene should assume the role of Operational Commander only once they have achieved situational awareness.	14.121
R22	North West Ambulance Service should ensure that its commanders are adequately trained in the use of operational discretion.	14.214
R23	North West Ambulance Service should review its policies for mobilising the Hazardous Area Response Team resource, to ensure that this team is available as soon as possible for an emergency where its specialist skills are required.	14.25
R24	North West Ambulance Service should review how it rosters Tactical Advisors and National Interagency Liaison Officers so as to ensure that there is adequate geographical coverage enabling those on duty to arrive promptly at the scene of any Major Incident.	14.542
R25	North West Ambulance Service should review the number of Tactical Advisors and National Interagency Liaison Officers it has, and whether the number of such specialists, both generally and on call, should be increased.	14.574
R26	North West Ambulance Service should review its procedures with local NHS trusts to ensure that it has effective policies in place for quickly dispatching patients injured in a Major Incident to an appropriate hospital.	12.370 to 12.373 14.503
R27	North West Ambulance Service should reflect on its approach to record-making during and immediately following a Major Incident, with a view to improving the current practice.	19.13 to 19.42
<b>North West Fire Control</b>		
R28	North West Fire Control should take steps to ensure that it is involved in multi-agency exercises, particularly those that test mobilisation and the response to a Major Incident in line with the Joint Emergency Services Interoperability Principles (JESIP).	12.554 12.749
R29	North West Fire Control should ensure that it regularly tests how it operates, by ensuring that its staff participate in regular exercises and practical tests. These should include multi-agency exercises.	12.602 12.749

R30	All North West Fire Control staff should be trained on the best practices for responding to a Major Incident, as identified through its participation in exercises. North West Fire Control should ensure that learning is kept under review.	12.602 12.749
R31	North West Fire Control should review the way it captures and records key information on its incident logs in order to ensure that the information is stored in one place and is readily accessible at all times by those who need it.	15.407
R32	Greater Manchester Fire and Rescue Service and North West Fire Control should conduct a joint review of the circumstances in which it is appropriate for Greater Manchester Fire and Rescue Service personnel to check the North West Fire Control incident log. Policies should be written by both organisations to reflect the outcome of this review. Training should be delivered to embed it into practice.	15.309 to 15.315
R33	North West Fire Control should review its guidance and policies on how it receives and passes on information during a Major Incident. It is important that, for any update given, it is established when the last time the person receiving the update was provided with information, to ensure that they are completely up to date. See also R38.	15.172
R34	North West Fire Control should review how it allocates the best-trained and most suitable Control Room Operators to roles during a Major Incident. It should consider whether it is beneficial to allocate a Control Room Operator to monitor communications on a multi-agency control room talk group and another Control Room Operator as the specific point of contact for the fire and rescue service. Both roles could be supervised by a Team Leader.	15.210 to 15.211
R35	North West Fire Control should reflect on its approach to record-making during and immediately following a Major Incident, with a view to improving the current practice.	19.13 to 19.42
<b>Greater Manchester Fire and Rescue Service</b>		
R36	Greater Manchester Fire and Rescue Service should ensure that its commanders are adequately trained in the use of operational discretion.	12.654 to 12.655
R37	Greater Manchester Fire and Rescue Service should review the policy by which the Incident Commander takes up the role, in light of the shortcomings I have identified in the policy in operation on 22 <sup>nd</sup> May 2017.	15.215 15.568

R38	Greater Manchester Fire and Rescue Service should review its guidance and policies on how it receives and passes on information during a Major Incident. It is important that, for any update given, it is established when the last time the person receiving the update was provided with information, to ensure that they are completely up to date. See also R33.	15.172
R39	Greater Manchester Fire and Rescue Service should reflect on its approach to record-making during and immediately following a Major Incident, with a view to improving the current practice.	19.13 to 19.42
<b>Counter Terrorism Policing Headquarters</b>		
R40	Counter Terrorism Policing Headquarters should review the procedures by which it is notified of a terrorist attack to ensure that all police services know that this is an early priority.	13.643
<b>SMG</b>		
R41	SMG should review its processes to ensure that it shares with Greater Manchester Police, Greater Manchester Fire and Rescue Service, British Transport Police and North West Ambulance Service its most current emergency response plans and policies for dealing with an incident at the Arena. It should apply this approach more generally to its operations.	16.30
R42	SMG should ensure that the healthcare service provider at the Arena has a strong working relationship with North West Ambulance Service.	16.74 to 16.75
R43	SMG should ensure that the healthcare service provider at the Arena has adequate staffing and skill levels for every event at that location.	16.19 to 16.22
R44	SMG should review its approach to the provision of healthcare service equipment at the Arena to ensure that adequate equipment is always available.	16.54 to 16.63

## Issues arising at a national level

### Joint Doctrine and Joint Operating Principles

R45	<p>The Home Office, His Majesty's Inspectorate of Constabulary and Fire and Rescue Services, the College of Policing, the Fire Service College, the National Ambulance Resilience Unit and JESIP should review and, as necessary, update the <i>Joint Doctrine: The Interoperability Framework</i> (the Joint Doctrine) and <i>Responding to a Marauding Terrorist Firearms Attack and Terrorist Siege: Joint Operating Principles for the Emergency Services</i> (the Joint Operating Principles). The following matters should be considered in that review:</p> <ol style="list-style-type: none"> <li>achieving a situation in which commanders understand that the critical decisions of the commander most directly concerned in the issue under consideration are followed, unless there is a good reason for not doing so;</li> <li>achieving a situation in which risk appetite is common across the three emergency services – this will require collaborative work;</li> <li>achieving a situation in which forward deployment of specialist resources is the presumption, to be displaced only in the presence of a properly evidenced basis for not deploying resources forward; and</li> <li>achieving a situation in which the possibility of a secondary device does not delay forward deployment of resources, unless there is a proper basis for believing that such a device exists.</li> </ol>	20.40 to 20.45
R46	<p>The Home Office, His Majesty's Inspectorate of Constabulary and Fire and Rescue Services, the College of Policing, the Fire Service College, the National Ambulance Resilience Unit, individual police services and JESIP should review what changes need to be made to the Major Incident plans and Counter Terrorism Policing Headquarters Operation Plato guidance in order to achieve the aims set out in R45.</p>	20.46
R47	<p>The Home Office, His Majesty's Inspectorate of Constabulary and Fire and Rescue Services, the College of Policing, the Fire Service College, the National Ambulance Resilience Unit, individual police services and JESIP should develop a nationally agreed format for all plans, placing JESIP at their centre.</p>	<u>INQ042283/3</u>

Multi-agency preparedness		
R48	The Home Office and the Department for Levelling Up, Housing and Communities should ensure that there exist robust national and local systems to identify and record the lessons learned from all multi-agency exercises and ensure that change is implemented as a result, where change is indicated.	12.758
R49	The Home Office and the Department for Levelling Up, Housing and Communities should ensure that there exist robust national and local systems and sufficient resources to make sure that the debrief process following multi-agency exercises is effective to capture the lessons that need to be learned.	12.749 to 12.758
R50	The Home Office, Counter Terrorism Policing Headquarters, the College of Policing, the Fire Service College and the National Ambulance Resilience Unit should consider introducing the use of regular 'high-fidelity training' to give emergency responders better experience of the stress, pressure and pace of a no-notice attack.	20.49
R51	The Home Office, His Majesty's Inspectorate of Constabulary and Fire and Rescue Services, the College of Policing, the Fire Service College, the National Ambulance Resilience Unit and all local resilience forums should take steps to ensure, whether through multi-agency training and exercising or otherwise, that the members of each emergency service are aware of the specialist capabilities of every other emergency service.	13.432
R52	The Home Office, the National Ambulance Resilience Unit, the College of Policing and the Fire Service College should develop guidance as to where commanders should locate during a spontaneous Major Incident. Steps should be taken to ensure that a consistent approach is taken so that equivalent commanders locate in the same place. During the response to a terrorist attack, the need for commanders on scene who are not engaged in directing individual actions should be recognised and accommodated.	10.134 to 10.136 12.99 12.190 to 12.197 12.625 to 12.626 13.76 13.495 to 13.497 14.453 to 14.457
Multi-agency communication		
R53	The emergency services should prepare, train and exercise for how they will maintain effective radio communications between emergency responders on the ground, commanders and control rooms, during the response to a Major Incident.	Parts 12 and 13



R54	All police services should ensure that they have made adequate provision for Airwave Tactical Advisors, in particular that an identified Airwave Tactical Advisor is either on duty or on call at all times.	12.679 to 12.683 <a href="#"><u>INQ042283/6</u></a>
R55	The Home Office, the College of Policing, the Fire Service College and the National Ambulance Resilience Unit should consider together whether an app giving ready access to the contact details for all on-duty and on-call commanders is feasible and, if so, likely to be of benefit in the response to a Major Incident.	13.133 to 13.134
R56	The College of Policing and Counter Terrorism Policing Headquarters should take steps to ensure that each police service establishes a hotline that enables those within the command structure of the three emergency services to make contact with the Force Duty Officer in the event of a declaration of Operation Plato.	13.501
R57	The College of Policing, the Fire Service College and National Fire Chiefs Council should consider devising training packages for operators within control rooms, to enable them to give guidance on basic trauma care to 999 callers.	20.160 to 20.163
<b>Planning by police services</b>		
R58	His Majesty's Inspectorate of Constabulary and Fire and Rescue Services, the College of Policing and the Home Office should work together to put in place robust systems, policies and guidance to ensure that all police services have sufficient resources dedicated to the development of operational and contingency plans, particularly for responding to Major Incidents, including terrorist attacks.	12.309 to 12.310
R59	His Majesty's Inspectorate of Constabulary and Fire and Rescue Services, the College of Policing and the Home Office should issue guidance for all police services on how often operational plans for responding to a Major Incident, including a terrorist incident, should be reviewed, how that review should be conducted, and what rank and experience the officers involved should have.	12.309 to 12.310
R60	All police services should ensure that they have robust version control arrangements in place for all plans.	<a href="#"><u>INQ042283/2</u></a> 12.303 to 12.310

The funding of police services		
R61	The Inquiry heard evidence that the impact of public funding cuts fell disproportionately hard on metropolitan police services, such as Greater Manchester Police, compared with non-metropolitan services. In the event that public funding cuts are in the future considered necessary by the government, the Home Office should consider whether some funding arrangement for police services different from that applied in the post-2010 period is necessary.	12.143 to 12.148
Operation Plato		
R62	<p>The Home Office, the College of Policing and Counter Terrorism Policing Headquarters should ensure that all police officers to be appointed to the role of Force Duty Officer or Force Incident Manager attend a comprehensive training course dedicated to Operation Plato before they take up their role. Such courses must ensure that those attending understand the exceptional demands that will be placed upon them in the event of an Operation Plato declaration. Any course should include training in the following:</p> <ol style="list-style-type: none"> <li>the need, following a declaration of Operation Plato, to carry out regular reviews of that declaration;</li> <li>the need to identify with clarity the Operation Plato zones at the scene or scenes covered by the declaration;</li> <li>the need to communicate those zones to all emergency services promptly;</li> <li>the need to keep zoning decisions under review; and</li> <li>the need to work jointly with emergency service partners in the response to an Operation Plato situation.</li> </ol>	12.315 to 12.316
R63	Given the broad command responsibilities that the Force Duty Officer or Force Incident Manager will have in the early stages of the response to a Major Incident, the Home Office and the College of Policing should develop nationally accredited training to prepare those officers for that role.	<u>INQ042283/5</u>

R64	Counter Terrorism Policing Headquarters and the College of Policing should ensure that all firearms officers, including firearms commanders, receive adequate training in Operation Plato, including in what such a declaration means and the demands it will place upon them. This should include instruction in the importance of zoning, communicating zoning decisions to other emergency services and joint working with those other services in the course of the response to an Operation Plato situation.	12.362 13.585
R65	Counter Terrorism Policing Headquarters and the College of Policing should ensure that all unarmed frontline police officers receive training in what Operation Plato is and what will be expected of them following such a declaration. The training should include the importance of zoning, the identification of who can ordinarily work in different zones and the importance of joint working.	12.336 to 12.347 13.486
R66	<p>The College of Policing should issue guidance to all police services to ensure the following, in the event of a Major Incident:</p> <ul style="list-style-type: none"> <li>a. The Force Duty Officer is not expected to deal with media enquiries.</li> <li>b. The important task of ensuring that the media is kept informed is done in a way that does not interfere with the work of the police control room.</li> </ul>	13.250
<b>Common terminology</b>		
R67	The Home Office, His Majesty's Inspectorate of Constabulary and Fire and Rescue Services, the College of Policing, the Fire Service College, the National Ambulance Resilience Unit and JESIP should ensure that all emergency services use common terminology to describe the Operation Plato hot, warm and cold zones and all have a common understanding of those terms.	20.45
R68	Those organisations should consider what changes need to be made to the Counter Terrorism Policing Headquarters Operation Plato guidance in order to achieve those aims.	20.46

R69	The Home Office, His Majesty's Inspectorate of Constabulary and Fire and Rescue Services, the College of Policing, the Fire Service College, the National Ambulance Resilience Unit and JESIP should ensure that all emergency services use common terminology to describe the zoning of hazardous areas in non-Operation Plato Major Incident situations and that all services have a common understanding of those terms. The terms should be different from those used when Operation Plato is declared.	20.45
R70	Those organisations should consider what changes need to be made to Major Incident plans in order to achieve those aims.	20.46
<b>Action cards</b>		
R71	<p>The Home Office, His Majesty's Inspectorate of Constabulary and Fire and Rescue Services, the College of Policing, the Fire Service College and the National Ambulance Resilience Unit should oversee the development and implementation of action cards for the police, fire and rescue service, and ambulance service for use in a Major Incident. This should include the following:</p> <ul style="list-style-type: none"> <li>a. ensuring that all control room staff and commanders are trained in the use of the action cards;</li> <li>b. ensuring that action cards act as a checklist, setting out the key functions of each command role, the role of control room staff and the need for joint working;</li> <li>c. ensuring that action cards are available immediately to commanders and control room staff during the course of the response to a Major Incident, whether in hard copy or electronically;</li> <li>d. ensuring that the use of action cards is tested regularly through exercising; and</li> <li>e. ensuring that the action cards within the control rooms include a prompt to the first commander on scene to co-locate with other emergency service commanders.</li> </ul>	12.165 to 12.166  13.253

<b>Gold and Silver Control Rooms and Strategic Co-ordinating Group meetings</b>		
R72	Counter Terrorism Policing Headquarters and the College of Policing should review the advantages and disadvantages of a combined Silver and Gold Control Room as opposed to separate rooms, and issue guidance for all police services on best practice.	13.505
R73	The Home Office should consider the introduction of a national standard requiring a meeting of the Strategic Co-ordinating Group to take place no more than two hours after the declaration of a Major Incident where more than one emergency service is engaged in the response to that incident.	<u>INQ042283/4</u>
<b>Embedding medics with police firearms officers</b>		
R74	Counter Terrorism Policing Headquarters should review the evidence heard during the Inquiry, including that heard in restricted sessions, to consider the advantages and disadvantages of embedding doctors with some police firearms teams, and how, if that is advantageous, it could be achieved.	20.75
R75	Counter Terrorism Policing Headquarters should review the experience of other jurisdictions that embed medics with police firearms officers, such as Recherche, Assistance, Intervention, Dissuasion (RAID) in France, to understand how their systems operate and whether they ought to be replicated in the UK or some further learning taken from them.	20.75
<b>Role of air ambulance services</b>		
R76	The Department of Health and Social Care, the NHS, the National Ambulance Resilience Unit, ambulance service trusts, Air Ambulances UK, Counter Terrorism Policing Headquarters and JESIP should consider whether air ambulances should be integrated into the emergency response to Major Incidents, including terrorist attacks, and, if so, how that is to be achieved.	20.85
R77	The Department of Health and Social Care, the NHS, the National Ambulance Resilience Unit, ambulance service trusts, Air Ambulances UK, Counter Terrorism Policing Headquarters and JESIP should consider what staff training and resources would be required to integrate air ambulance organisations into the emergency response to Major Incidents, including terrorist attacks.	20.85

<b>Police command structure</b>		
R78	Counter Terrorism Policing Headquarters and the College of Policing should issue guidance on the circumstances in which a police officer or officers with responsibility for the tactical/silver command of the unarmed officers at the scene or scenes of a Major Incident should deploy to that scene or scenes.	13.461 13.497 13.540
R79	The College of Policing and His Majesty's Inspectorate of Constabulary and Fire and Rescue Services should ensure that each police service has in place a system that means appropriately qualified and experienced personnel are rostered 24 hours each day so that, in the event of a terrorist attack or any Major Incident, a prepared and effective command structure can be geared up swiftly.	13.548
<b>Use of explosives detection dogs</b>		
R80	The Home Office, His Majesty's Inspectorate of Constabulary and Fire and Rescue Services, Counter Terrorism Policing Headquarters and the College of Policing should take steps to ensure that all police services have in place effective systems for the prompt deployment of explosives detection dogs in circumstances in which such animals are needed.	13.359 to 13.364
<b>Notification of pre-planned events</b>		
R81	The Home Office, the College of Policing and His Majesty's Inspectorate of Constabulary and Fire and Rescue Services should develop a system for ensuring that the duty command structure in each police service has notice of any significant pre-planned event, such as a major concert or sports match, taking place within the police service area.	13.491
R82	The Department of Health and Social Care and the National Ambulance Resilience Unit should develop a system for ensuring that the duty command structure in each ambulance service has notice of any significant pre-planned event, such as a major concert or sports match, taking place within the ambulance service area.	14.100
R83	The Home Office, His Majesty's Inspectorate of Constabulary and Fire and Rescue Services, and the Fire Service College should develop a system for ensuring that the duty command structure in each fire and rescue service has notice of any significant pre-planned event, such as a major concert or sports match, taking place within the fire and rescue service area.	14.100

Record-keeping		
R84	The Home Office, the College of Policing, the National Ambulance Resilience Unit and the Fire Service College should ensure that all those who may be required to take up a command position in the event of a Major Incident are issued with a means to record what they say, hear and see unless there are good reasons why they should not be so equipped.	19.22 to 19.29
R85	Consideration should also be given by those organisations to the provision of such equipment to key personnel within control rooms.	19.22 to 19.29
R86	The Home Office, the College of Policing, the National Ambulance Resilience Unit and the Fire Service College should ensure that training is given to all who are issued with such equipment, on the circumstances in which it should be used and the importance of its use.	19.22 to 19.29
R87	The Home Office, the College of Policing, the National Ambulance Resilience Unit and the Fire Service College should ensure that, in the course of exercises, such equipment is used by those who would use it in the circumstances of a real-life incident.	19.22 to 19.29
R88	The Home Office, the College of Policing, the National Ambulance Resilience Unit and the Fire Service College should take steps to ensure that all emergency services understand the importance of promptly obtaining comprehensive accounts from commanders as part of the debrief process following a Major Incident.	19.43 to 19.46
R89	The College of Policing should assess whether delays in the provision of written accounts by some firearms officers involved in the response to the Attack were due to Post-Incident Procedures. If so, those procedures should be reviewed.	19.14
R90	The Home Office, Counter Terrorism Policing Headquarters and the College of Policing should consider whether firearms officers should be equipped routinely with body-worn video cameras.	13.316



Police training and training records		
R91	The Home Office and College of Policing should ensure that any police officer whose position carries with it the expectation that they will assume a Tactical/Silver Commander role in the event of a spontaneous Major Incident (e.g. Night Silver in Greater Manchester Police) has undertaken an accredited course preparing them for that role.	<a href="#">INQ042283/4-5</a>
R92	<p>The College of Policing should consider whether the current process for maintaining and storing training records for all police officers can be improved. That should include assessing the following:</p> <ul style="list-style-type: none"> <li>a. the introduction of electronic training records in a standard form across all police services;</li> <li>b. the introduction of centrally held electronic training records for all police officers; and</li> <li>c. the introduction of a system whereby each police officer is required to view their record each year and identify any errors or omissions within it.</li> </ul>	<p>13.488 to 13.490</p> <p><a href="#">INQ042283/4</a></p>
First aid		
R93	The Home Office and College of Policing should ensure that all newly recruited and existing police officers and all frontline police staff, such as Police Community Support Officers, are trained in first responder interventions.	20.170 to 20.174
R94	Each police service must ensure that adequate time is allocated to the training of all police officers and frontline police staff in first responder interventions.	20.170 to 20.174
R95	The Home Office and the College of Policing should regularly assess and appraise the training on first responder interventions provided by each police service to ensure that it is of an appropriate quality and that adequate time is allocated to it.	20.170 to 20.174
R96	The College of Policing and Counter Terrorism Policing Headquarters should ensure that all firearms officers are trained to understand that, while their primary role in an Operation Plato situation is to neutralise any armed terrorist, their role also involves providing Care Under Fire.	20.175 to 20.182
R97	The College of Policing and Counter Terrorism Policing Headquarters should review whether firearms officers should be deployed with analgesia and trained in its use, as part of providing Care Under Fire.	20.183

Local resilience forums at a national level		
R98	Local resilience forums have a vital role in the preparation for the response to any Major Incident. The Cabinet Office and the Home Office should consider implementing an independent inspection regime for local resilience forums.	<a href="#">INQ042283/1</a> 12.78 to 12.81
R99	Each emergency service should ensure that it is represented at a senior level at every meeting of a local resilience forum.	12.21 12.44 to 12.61
R100	Local resilience forums should monitor attendance and participation at their meetings, and flag promptly any concerns about attendance by members to the leadership of the organisation concerned. The Home Office should ensure that this is being done by local resilience forums.	12.21 12.44 to 12.61
R101	The Home Office should consider empowering the leadership of local resilience forums to compel the attendance of a senior representative of its Category 1 and Category 2 responders at all local resilience forum meetings. Inspections by His Majesty's Inspectorate of Constabulary and Fire and Rescue Services should include an analysis of a service's engagement with its local resilience forum or forums. Consideration should be given to putting this on a statutory footing.	12.21 12.44 to 12.61
R102	The Home Office should consider how local resilience forums are to be funded consistently and sufficiently to enable them to do their important work.	12.39
R103	The Home Office should consider, together with local resilience forums, how they are to have sufficient staff and resources to enable them to function effectively.	12.40
R104	Local resilience forums should establish procedures to ensure that they oversee the process of identifying the lessons to be learned from major exercises, or serious incidents, in their areas, and that they are responsible for overseeing the debriefing of those events.	12.74 to 12.77
Ambulance services at a national level		
Resources		
R105	Ambulance service trusts should review their capacity to respond to a mass casualty incident. That should include an assessment of whether they have an adequate number of trained specialist personnel to respond effectively to a mass casualty incident.	20.11 to 20.23

R106	Having carried out that review, the trusts should make recommendations to their NHS commissioners about the additional and/or different resources they require in order to ensure that they are able to respond effectively to a mass casualty incident in the numbers required.	20.11 to 20.23
R107	The Department of Health and Social Care should give urgent and close consideration to any recommendations made by the trusts and the NHS commissioners.	20.11 to 20.23
<b>Hazardous Area Response Team (HART)</b>		
R108	The Department of Health and Social Care and the National Ambulance Resilience Unit should develop procedures to ensure that, so far as possible, each ambulance service trust is able to deploy or call upon HART resources immediately in the event of a Major Incident. As part of that, the Department of Health and Social Care and the National Ambulance Resilience Unit should develop procedures to ensure that, so far as possible, each ambulance service trust can call upon cross-border support in respect of HART resources immediately in the event of a Major Incident. There may be some incidents that are so significant that an individual ambulance service will need to mobilise its own HART resources and also draw upon cross-border support. Procedures need to accommodate this.	20.24 to 20.25 <a href="#"><u>INQ042167/9</u></a>
R109	All ambulance service trusts should undertake training and exercising with neighbouring ambulance service trusts to ensure that cross-border support is efficient and effective.	<a href="#"><u>INQ042167/10</u></a>
R110	The Department of Health and Social Care and the National Ambulance Resilience Unit should ensure that all ambulance commanders receive regular Major Incident training. The training should include training on HART capabilities, on all the command roles and where they will be located, on how to gain situational awareness through the deployment of sector commanders and other roles, on the importance of getting ambulance personnel to casualties without delay and on the circumstances in which they may use operational discretion.	20.26 to 20.27 14.214
R111	The Department of Health and Social Care and the National Ambulance Resilience Unit should consider ensuring that there is further training of HART personnel so that at least one member on every HART deployment has the ability to deliver the most enhanced care interventions.	20.86 to 20.87

<b>New triage tools</b>		
R112	The team led by Philip Cowburn has devised a tool that is designed to replace the existing systems of primary and secondary triage. It is known as the Major Incident Triage Tool. It already has the support of NHS England. The National Ambulance Resilience Unit and all ambulance services should consider introducing the Major Incident Triage Tool as a matter of urgency.	20.108
R113	The team led by Philip Cowburn has devised a tool that is designed for use by a wide range of emergency responders in a mass casualty situation. It is known as Ten Second Triage. The National Ambulance Resilience Unit, the College of Policing and the Fire Service College should consider as a matter of urgency whether all of their frontline staff should be trained in the use of Ten Second Triage.	20.109 to 20.115
<b>Other matters relating to ambulance services</b>		
R114	The Department of Health and Social Care and the National Ambulance Resilience Unit should consider whether the Advanced Medical Priority Dispatch System is fit for purpose and, if it is, whether it can be improved. Particular consideration should be given to how the system prioritises emergency calls.	14.101 to 14.104
R115	The Department of Health and Social Care, the Faculty of Pre-Hospital Care, the College of Paramedics and the National Ambulance Resilience Unit should review the current model for evacuation to hospital operated in the UK by reference to the different approaches around the world in order to see whether triage at different times and in different places remains best practice, or whether there should be a greater emphasis on rapid evacuation to hospital.	20.88 to 20.96
R116	A significant issue in a mass casualty situation is that all of those paramedics who have arrived in ambulances may be required for the treatment of casualties, so that no paramedic is available to drive patients to hospital. The Department of Health and Social Care and the National Ambulance Resilience Unit should consider how to resolve that problem. Consideration should be given to the training of other emergency service personnel in driving ambulances.	20.94 to 20.95 <a href="#"><u>INQ042167/6-8</u></a>

R117	The Department of Health and Social Care and the National Ambulance Resilience Unit should consider whether the Basic Life Support and Advanced Life Support bags used by paramedics should contain SMART Triage Tags or an equivalent.	14.112
R118	The Department of Health and Social Care and the Medicines and Healthcare products Regulatory Agency (MHRA) should consider urgently whether the regulatory regime should be altered to enable analgesia, such as fentanyl lozenges or sufentanil sublingual tablets, to be given by paramedics to injured persons.	20.118 to 20.128
R119	If the decision is that the regulatory regime should be altered in this way, the National Ambulance Resilience Unit should consider urgently whether the use of such analgesia should be rolled out to all Hazardous Area Response Team and other specialist operatives, as part of their basic equipment, and to paramedics more generally.	20.118 to 20.128
R120	The Department of Health and Social Care, the Faculty of Pre-Hospital Care, the College of Paramedics and the National Ambulance Resilience Unit should consider whether all Hazardous Area Response Team operatives should be deployed with freeze-dried plasma and trained in its use.	20.139 to 20.140
R121	The Department of Health and Social Care, the Faculty of Pre-Hospital Care, the College of Paramedics and the National Ambulance Resilience Unit should undertake a review into whether frontline ambulances should carry intramuscular tranexamic acid or TXA.	20.141 to 20.143
R122	The Department of Health and Social Care and the National Ambulance Resilience Unit should review whether stretchers should be carried on National Capability Mass Casualty Equipment Vehicles.	14.461
R123	The Department of Health and Social Care, the Faculty of Pre-Hospital Care, the College of Paramedics and the National Ambulance Resilience Unit should consider issuing guidance on how to ensure that specialist paramedics take with them, into a warm zone, equipment that enables them to carry out bridging interventions.	20.218 to 20.219
R124	All ambulance service trusts should consider appointing a person within their control rooms who, in the event of a Major Incident, has the sole role of gathering and collating all available information and intelligence, and sharing it internally and externally to the extent appropriate.	<a href="#"><u>INQ042167/11</u></a>

R125	The terms Casualty Collection Point and Casualty Clearing Station are capable of being confused, one for the other, particularly in circumstances of stress. That happened on the night of the Attack. The National Ambulance Resilience Unit should consider whether different and more distinct terms should be used for these two locations.	14.230 14.335 to 14.349
<b>Ambulance Liaison Officers</b>		
R126	The Department of Health and Social Care and the National Ambulance Resilience Unit should consider the scope of the role of an Ambulance Liaison Officer and issue guidance to ambulance services in that regard.	20.203 to 20.209
R127	The Home Office and the Department of Health and Social Care should consider how the threshold for a requirement that an Ambulance Liaison Officer be present at an event is to be identified.	20.203 to 20.209
R128	The Home Office, the Department of Health and Social Care and the National Ambulance Resilience Unit should consider how to ensure that the role of an Ambulance Liaison Officer is properly resourced and also whether venue operators should fund the presence of an Ambulance Liaison Officer where one is required.	20.203 to 20.209
R129	The Home Office should consider how the presence of an Ambulance Liaison Officer in appropriate circumstances may be made mandatory. This may need to be put on a statutory footing.	20.203 to 20.209
<b>Fire and rescue services at a national level</b>		
R130	The National Fire Chiefs Council and the Fire Service College should establish a scheme for ensuring that all fire fighters are trained in first responder interventions.	20.184 to 20.185
R131	All fire and rescue services should consider appointing a person within their control rooms who, in the event of a Major Incident, has the sole role of gathering and collating all available information and intelligence, and sharing it internally and externally to the extent appropriate.	<a href="#"><u>INQ042111/6</u></a>

Event healthcare services at a national level		
R132	The Department of Health and Social Care should establish the standard for the level of healthcare services required at events. Consideration should be given to putting that standard on a statutory footing.	20.194 to 20.195
R133	That standard needs to be regulated and enforced. The Care Quality Commission is the appropriate body to provide regulation and enforcement. The Department of Health and Social Care should give urgent consideration to making the necessary changes in the law to enable the Care Quality Commission to become the regulator for this sector.	20.196 to 20.197
R134	The Department of Health and Social Care together with the Care Quality Commission should consider what the consequences of breaching the appropriate standard should be. That should include consideration of whether the sanction should be criminal in nature.	20.198 to 20.199
R135	The Department of Health and Social Care and the Care Quality Commission should consider introducing guidelines to ensure that all event healthcare staff who work at events are trained in first responder interventions.	16.57
R136	The Department of Health and Social Care should consider issuing guidance on the first aid equipment that event providers should have available on the relevant premises, as well as where that equipment should be stored to ensure that it is readily accessible when required and how often it should be checked to ensure that it is up to date and in good working order.	16.63
R137	The Department for Levelling Up, Housing and Communities should review the guidance given to all licensing authorities on the decisions they make in relation to venues that hold events, and on what level of event healthcare services may be required at the events likely to be held at those venues. The guidance should indicate appropriate licence conditions to be used. The licensing authorities should then impose conditions accordingly or make those standards a requirement of meeting existing conditions.	20.201 to 20.202
R138	The Home Office should consider whether the requirement for adequate healthcare provision at events is a topic that should also be addressed by the Protect Duty.	16.63, 20.209 and 20.215



R139	Guidance should be provided to event healthcare providers, to emergency service responders other than paramedics and to the public generally about the circumstances in which those who are believed to be dead should be covered. The guidance should make clear that this step should only be taken by a paramedic or other healthcare professional. The guidance should also make clear that paramedics at the scene of a mass casualty incident should inform others present that only healthcare professionals should cover those believed to be dead. The Department of Health and Social Care and the National Ambulance Resilience Unit should provide guidance addressing this important issue.	14.187 to 14.188
<b>Security Industry Authority</b>		
R140	The Security Industry Authority should take urgent steps to devise a training scheme in first responder interventions that educates all of those licensed by it, both existing licensees and new licence applicants. The Security Industry Authority may find it helpful to consult with the College of Policing in this, since it is apparent that the College of Policing has already undertaken a good deal of work in this regard.	20.189
R141	The Security Industry Authority should take steps to encourage the security industry generally to ensure that even those members of staff who do not require a licence from the Security Industry Authority develop skills in basic trauma care.	20.189
<b>The public</b>		
R142	As of September 2020, all primary and secondary school pupils were required to be taught health education, including first aid, as part of the National Curriculum. This involves children aged over 12 being taught CPR. This is necessary. The Department for Education should ensure that it continues.	20.154
R143	The Department for Education should consider extending the National Curriculum to ensure that pupils, once of an appropriate age, receive education in all first responder interventions.	20.155 to 20.156
R144	The Home Office should consider the introduction of a public education programme to educate the public in first responder interventions.	20.158

R145	The Home Office should consider the introduction of a requirement into law, for example through regulations issued under the Health and Safety at Work etc. Act 1974, that employers train all employees, or certain categories of employees, in first responder interventions.	20.158
<b>Public Access Trauma kits</b>		
R146	The Department of Health and Social Care should take steps to ensure that Public Access Trauma kits contain the equipment that is necessary to enable first responder interventions to be undertaken.	20.213
R147	The Home Office and the Department of Health and Social Care should consider how to ensure Public Access Trauma kits are available in all locations where they are most likely to be needed.	20.215
<b>Stretchers</b>		
R148	The Home Office, the Department of Health and Social Care, the Department for Transport and the Department for Levelling Up, Housing and Communities should conduct a review to ensure that stretchers that are appropriate in design and adequate in numbers are always available for use by the emergency services and in appropriate locations in the event of a mass casualty incident.	20.220
R149	The Department of Health and Social Care should undertake a review, with input from other bodies as the Department considers appropriate, in order to identify the type of stretcher that is of the greatest utility in the event of a mass casualty incident. The product of that research should be rolled out to all of those with responsibility for the response to a mass casualty incident, including a terrorist attack, whether in the public or private sector.	20.222