Dispatches from the editor: Emergency Preparedness, Resilience and Response (EPRR)

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This is the first of two consecutive issues comprising a special edition of the *Journal of the Royal Army Medical Corps* dedicated to the topic of emergency preparedness. This first issue predominately focuses on the civilian role of the National Health Service (NHS) in terms of Emergency Preparedness, Resilience and Response (EPRR). Emergency preparedness is the concept by which emergency planning enables the effective and efficient prevention, reduction, control, migration of and response to emergencies.^{1,2} The NHS has a legal obligation as defined in the Civil Contingencies Act 2004 and NHS Act 2006 to plan and prepare in order to effectively respond to a range of specified and unspecified emergencies that could affect health or patient care.^{3,4} These could be anything from extreme weather conditions to an outbreak of an infectious disease or a major transport accident. Delivery of this role is through EPRR teams that are multidisciplinary and multi-institutional.^{5,6} As a large proportion of the Defence Medical Services (DMS) are fully integrated within the NHS, many of these EPRR teams will have military clinicians and medical logisticians within them. DMS personnel are often highly valued due to their experiences in military and austere environments as well as providing institutional knowledge in the care of injuries such as explosive and ballistic trauma. In return, integration into EPRR teams enables DMS personnel to maintain invaluable skills potentially required of them on exercise or deployment.

The formal role of the Armed Forces, including the DMS, in EPRR was further developed when Military Aid to the Civil Authorities (MACA) was formally included within The National Security Strategy and Strategic Defence and Security Review 2015.^{7,8} MACA is the collective term that

describes the operational deployment of the armed forces in support of the civilian authorities, other government departments and the community as a whole.⁹ MACA is generally sought to support the civil authorities when they have an urgent need for help to deal with an emergency arising from a natural disaster or a major incident.⁷ Natural disasters may include providing help in severe weather situations, such as flooding, where there is a need to protect human life, property and alleviate distress. Network failures or disruption can result from animal disease outbreaks or public health epidemics; and public service related industrial disputes that affect our safety or security or disrupt transport or communications links. Inevitably, there has recently been and will likely continue to be a focus on MACA in response to terrorist attack and/or explosive ordnance disposal. Armed military personnel after a terrorist attack may be deployed to locations usually guarded by armed police officers, to enable those officers to undertake other duties.

Operation TEMPERER is a component of MACA and involves the deployment of Service personnel to support police officers in key locations following a major terrorist attack.¹⁰ It was put into effect for the first time on 23 May 2017 following the bombing of an Ariana Grande concert at Manchester Arena. The Ministry of Defence Police deployed large numbers of officers and the Home Secretary announced that 984 members of the military had been deployed. A further 3800 troops were put on standby. Soldiers of the Irish Guards and Parachute Regiment arrive to guard Parliament after the terror threat level was raised to critical, following the Manchester bombing. It was activated again on 15 September 2017 when the threat level was raised to critical in the aftermath of the Parsons Green bombing, with military personnel replacing police officers on armed guarding duties.

The DMS currently has significant institutional memory from the conflicts in Iraq and Afghanistan, as well as their long-term former role in Northern Ireland. These skills include both the organisation and provision of medical care. This has been further enhanced by Defence Engagement in Pakistan¹¹ and supporting the response to the Ebola crisis in Sierra Leone.¹² One large

focus of knowledge is in the management of explosive and ballistic trauma which civilian clinicians in the UK are currently unlikely to experience on a regular basis.¹³ DMS clinicians were asked to provide assistance to their civilian colleagues in Manchester hospitals following the terrorist explosive event there in 2017.¹⁴ The DMS also has specialist skills in the management of Hazardous Materials (HAZMAT) and Chemical, Biological, Radiological and Nuclear (CBRN) threats, which were required in the recent nerve agent release in Salisbury UK, in 2018. Part of the role of *JRAMC* is to retain this institutional memory, and therefore we are proud to provide to our readers these two concurrent issues that focus on the topics of EPRR and MACA and the role of the DMS in providing this recently and in the future.

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