



# SIA HANDBOOK

## Staff Guide

### HOT PROTOCOL - SUSPICIOUS ITEMS

#### H – Hidden?

- Has the item been deliberately concealed or placed out of sight?
- Bombs are unlikely to be left in obvious locations.

#### O – Obviously Suspicious?

- Does the item have wires, circuit boards, batteries, tape, or putty-like substances?
- Does it appear threatening or out of place?

#### T – Typical?

- Is the item typical for the location (e.g., a suitcase at a train station)?
- Lost property is usually found where people congregate.

### Code Amber

While not as widely publicised as other codes, **Code Amber** is often used in **emergency planning and security settings** to indicate a **heightened state of alert**. It can refer to:

- A **missing person alert**, especially involving vulnerable individuals (similar to the U.S. AMBER Alert system)
- A **security threat level** that requires increased vigilance but not full lockdown
- A **hospital or venue protocol** for managing specific incidents like aggressive behaviour or suspicious packages

Its exact meaning can vary depending on the organisation or context, so it's best understood as a **signal to prepare or respond cautiously**.

### Ask for Angela

This is a **discreet safety code** used in pubs, clubs, and bars across the UK. If someone feels unsafe—perhaps on a date gone wrong or if they're being harassed—they can go to a staff member and “ask for Angela.”

- Staff are trained to respond by helping the person leave safely.
- They might call a taxi, escort them to a secure area, or involve security or police if needed.
- The initiative was launched in 2016 and is part of the **WAVE (Welfare and Vulnerability Engagement)** training programme.

### FIREARMS AND WEAPON ATTACK

#### RUN – Escape if you can

- Find a safe route and leave belongings behind.
- Encourage others to come with you, but don't let their indecision slow you down.
- Don't attempt to film the incident.

#### HIDE – If you can't run, hide

- Find cover from gunfire—behind solid walls or heavy furniture.
- Lock and barricade doors if possible.
- Stay quiet, silence your phone, and turn off vibrate.
- Be aware of exits and avoid getting trapped.

#### TELL – When safe, call 999

- Give clear information: location, nature of the incident, suspect descriptions, injuries, and any other relevant details.
- If you can't speak, listen to the call handler's instructions.

### Public Safety & Counter-Terrorism

- **Code Black** – Often used in hospitals to indicate a bomb threat.
- **Code Red** – Fire emergency or immediate danger.
- **Code Blue** – Medical emergency (especially cardiac arrest).
- **Code Silver** – Active shooter or weapon threat.
- **Code Green** – Evacuation or mass casualty incident.

### Discreet Help Initiatives

- **Ask for Angela** – Used in bars and clubs when someone feels unsafe on a date or in a social situation.
- **Ask for Ani** – Used in pharmacies to discreetly signal domestic abuse. ANI stands for **Action Needed Immediately**.
- **Safe Spaces** – Participating locations display a logo indicating they offer help to vulnerable individuals.
- **Code Amber** – A **missing person alert**, especially involving vulnerable individuals (similar to the U.S. AMBER Alert system)

### RADIO CODE WORDS

- **MR ENGLAND** Major fire or full evacuation
- **MR ASH** Small fire or contained incident
- **DISNEY** Child involved or vulnerable person
- **MR BIRD** Suspicious aerial object or drone spotted
- **MR CASE** Bomb threat or suspicious package
- **MR CARE** Vulnerable adult involved
- **MR SMITH** Firearm threat or armed individual
- **MR SHEFFIELD** Knife threat or bladed weapon
- **MR BIRD** Drone / Fast-moving aerial threat or intruder
- **MR SID / ACID** Acid attack or corrosive substance threat

## 4 D's

### Direct Action

- Step in and address the situation
- Speak up, interrupt, or confront the behavior safely and assertively

### Distract

- Create a diversion
- Change the subject, spill a drink, ask a random question – anything to defuse

### Delegate

- Get help from someone else
- Alert security, staff, or someone in authority who can intervene effectively

### Delay

- Check in later or follow up
- If you couldn't act in the moment, support the person afterward or report it

## THINK PALMS

**Palms**, **A**ttitude -display positive and helpful attitude, **L**ook and **L**isten, **M**ake Space, **S**tance.

Don't provoke, stay calm. Don't tell people "Calm down". Identify your escape route. Don't get involved in an argument. Avoid aggressive body language, arms crossed, hands clenched. Don't touch someone if they are angry. Try to summon assistance.

## ABC Approach for Incident Response

### A – Access to Safety

- Ensure the environment is secure
- Identify safe zones, exits, and remove immediate threats

### B – Be in the Group

- Stay connected and coordinated
- Maintain team awareness, don't isolate, communicate with others

### C – Care for the Person

- Prioritize human needs and dignity

## 4 C's

### Confirm

- Verify the situation and facts
- Ensure accurate understanding before acting – no assumptions

### Clear

- Keep messaging simple and unambiguous
- Use direct language, avoid jargon, reduce confusion

### Communication

- Maintain consistent information flow
- Share updates, instructions, and changes across all relevant parties

### Control

- Establish leadership and coordinated action
- Assign roles, manage resources, and direct the response effectively

# Aide-Memoire for Major Incidents

This tool is designed to support responders, commanders, and clinicians during high-pressure events such as fires, terrorist attacks, mass casualty incidents, or hazardous material exposure.

## Core Components

- M/ETHANE Reporting Format**
  - **M** – Major incident declared?
  - **E** – Exact location
  - **T** – Type of incident
  - **H** – Hazards present
  - **A** – Access routes
  - **N** – Number of casualties
  - **E** – Emergency services present or required
- Key Roles & Responsibilities**
  - Incident Commander
  - Medical Lead (Triage & Treatment)
  - Safety Officer
  - Communications Lead
- Action Cards**
  - Quick-reference role guides
  - Step-by-step instructions for triage, evacuation, and coordination
- Toolbox Cards**
  - Specific protocols for CBRN, trauma, paediatrics, mental health, etc.
- Communication Protocols**
  - Use of code names (e.g. MR SMITH, DISNEY)
  - Radio discipline and fallback procedures
- Clinical Guidelines**
  - Triage categories (P1, P2, P3, Dead)
  - Immediate life-saving interventions
  - Evacuation priorities

## Basic First Aid Steps (DRSABCD Approach)

This acronym is widely used in the UK and Australia to guide first responders:

### 1. D – Danger

- Check for danger to yourself, the casualty, and bystanders.
- Don't rush in—ensure the scene is safe before approaching.

### 2. R – Response

- Check if the person is responsive: shout, tap, shout again.
- If unresponsive, move to the next step.

### 3. S – Send for Help

- Call 999 (UK) or ask someone else to do so.
- Provide clear details using the M/ETHANE format if needed.

### 4. A – Airway

- Open the airway by tilting the head back and lifting the chin.
- Look for obstructions and remove if safe to do so.

### 5. B – Breathing

- Check for normal breathing for up to 10 seconds.

If not breathing, begin CPR.

### 6. C – CPR

- Give 30 chest compressions followed by 2 rescue breaths.
- Continue until help arrives or the person recovers.
- Use an AED if available.

### 7. D – Defibrillation

- Apply an AED (Automated External Defibrillator) as soon as possible.
- Follow voice prompts from the device.

## Additional Care Steps

If the person is breathing and conscious:

- **Reassure them** and keep them comfortable.
- **Treat bleeding** with pressure and dressings.
- **Manage shock** by keeping them warm and elevating legs if safe.
- **Monitor** until emergency services arrive.