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GREATER MANCHESTER FIRE AND CIVIL DEFENCE AUTHORITY

EMERGENCY PLANNING UNIT

The Authority has the functions laid down by Regulations made under the Civil Defence Act 1948 for the preparation of plans which would be implemented in case of war and in this connection, is minded to participate in a Regional Planning Assumptions Study with a corresponding involvement of the Emergency Planning Unit. APPLICANTS SHOULD BE AWARE THAT THE MAJORITY OF CONSTITUENT AUTHORITIES ARE DECLARED NFZ.

The Authority has limited powers under the Civil Protection in Peacetime Act 1986 in planning for peacetime emergencies, in conjunction with the Metropolitan District Councils. It also has specific powers under the Control of Major Industrial Accident Hazards Regulations 1984 which require the production of emergency plans for specific industrial sites in accordance with the Seveso Directive of the EEC. Any revision of the Directive is expected to increase the numbers of sites, requiring a new initiative in producing such plans.

The Authority has decided to increase the size of the Unit to fourteen Emergency Planning Officers and applications are now invited from suitably qualified persons for the undermentioned posts:-

CHIEF EMERGENCY PLANNING OFFICER

Salary/grade: £17,376 x £435 (4) - £19,116

This Chief Officer post will head the Emergency Planning Unit and will be responsible directly to the Authority. Applicants should have experience of Emergency Planning within Local Government and the public services.

The successful applicant will be responsible for advising the Authority on all aspects of these functions; for the discharge of the functions in accordance with the decisions of the Authority; for managing the Emergency Planning Unit; for advising and supporting the ten Metropolitan District Councils, Joint Authorities Government Departments, Regional Bodies and Organisations Nationalised and Public Utilities Industries, Voluntary Bodies and all other Agencies with an Emergency Planning role; the co-ordination of relevant plans and the initiation of Emergency action as and when required. Applicants should be aware of the current debate on Civil Defence and Emergency Planning matters.

SENIOR ASSISTANT EMERGENCY PLANNING OFFICER (PLANNING)

Salary/grade: PO 1/2 £11,952 - £13,653

The successful applicant will be responsible to the Chief Emergency Planning Officer for leading a group of 10 Assistant Emergency Planning Officers with involvement in the proposed Planning Assumptions Study and the preparation and maintenance of Emergency Plans, including communications planning, for peacetime and wartime situations with special attention being paid to the problems associated with hazardous industries.

SENIOR ASSISTANT EMERGENCY PLANNING OFFICER (TRAINING)

Salary/grade: PO 1/2 £11,952 - £13,653

The successful applicant will be responsible to the Chief Emergency Planning Officer for arranging and carrying out central and local training and exercising in support of the preparation and maintenance of Emergency Plans for peacetime and wartime situations and for the efficient working of the secretarial and administration divisions of the Unit.

The Authority is an equal opportunity employer.

Application forms and further details including job descriptions obtainable from and returnable to The Clerk and Treasurer, Greater Manchester Fire and Civil Defence Authority, The Civic Centre, PO Box 36, Millgate, Wigan, WN1 1YD or by telephoning Wigan (0942) 44991 ext 2136. Closing date: 12th December 1986.

NEWS

Doctors' dilemma after the holocaust

By ALAN McDERMID

DOCTORS may have to select "socially useful" survivors for treatment in the aftermath of a nuclear war, members of the British Medical Association were told at their annual conference in Scarborough yesterday.

Diabetics, orphaned children, and others with some form of dependency were among those who might have to be denied treatment.

Now the doctors are to seek clear guidelines to be drawn up, after a public debate, to prepare them for

the harsh decisions they would have to make after a nuclear attack.

Existing criteria for selecting patients in a disaster - known as triage - may have to be scrapped, explained Dr Bridget Enoch.

Triage has been used in past wars to allocate scarce resources on a strictly clinical basis.

Survivors are divided into those who would benefit from treatment; those who would recover spontaneously; and those who would require a disproportionate effort to save them. They would receive

the minimum care to make them comfortable and left.

"I believe that doctors should be clear about the actions they should take if a nuclear attack were ever to happen," said Dr Enoch.

"Our own report on the long-term medical effects of nuclear war makes it clear that we have to look far beyond the first two weeks following the attack and in these circumstances the judgments that we have made previously about the application of triage break down."

"There is no dispute that there would be little if any possibility of resupplying

this country with drugs such as insulin.

"Therefore it seems clear that we should exclude immediately diabetics and other patients requiring long-term replacement therapy from access to treatment."

"Should priority in treatment be given to children who are injured but otherwise fit?" asked Dr Enoch.

"They would be after all the future of our country. Or should we treat the tractor mechanics, communications engineers and farmers who have the practical skills to cope?"

It was inefficient and unrealistic to expect doctors to carry out policies which were contrary to all their natural inclinations without having debated it beforehand.

Dr Jeff Cundy, who denied the BMA was trying to embarrass the Government over its nuclear defence policy, said he had been asked in the past if doctors would shoot people after a war. He welcomed a public debate which would end this kind of speculation.

The matter has been referred to the association's board of science and edu-

cation, Dr John Havard, the secretary, said they would consult other bodies, including their own ethical committee, and produce something written which would invite public debate.

The conference was also told yesterday that Home Secretary Mr Douglas Hurd has refused to use the Poisons Act to ban Skoal Bandits.

Dr John Marks, chairman of the BMA council, said Mr Hurd, acting on the advice of the Poisons Board, has said the law would not be a suitable mechanism for controlling the Bandits.

While the poisons law controlled nicotine when it was used for particular agricultural and horticultural purposes, it was exempt when it occurred in tobacco.

However, BMA officials produced evidence which they claimed did show that the nicotine in Skoal Bandits was poisonous, although the dosage was far from lethal.

The conference passed a motion by Dr Francis Tools from Dumfries and Stewartry, deploring the Government's financial assistance to US Tobacco to build the Skoal Bandit fac-

tory in East Kilbride calling on the Government to ban the sale of Bandits.

The conference urged motion urging breath tests outside an effort to cut drink-drive which now claim 3000 lives each year.

Liverpool radiologist Dr Goldman said the in every 250 drinks was can wonder most people to take a chance added.