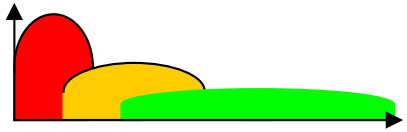


Part 1 of 4 of the Service Continuity Plan

Activation criteria of emergency response pack – local response:

"a serious or unexpected occurrence which demands immediate action and more than usual resources within a short duration"

This Red Pack covers the first minutes and hours following a significant disruption and the immediate actions that are likely to be required.

The RecoveryFlow™ charts summarise the key actions of the local Emergency Response Team as directed by the On-Call Manager.

The primary role of the Emergency Response Team is to quickly contain the significant disruption with or without additional assistance and establish the extent and significance of the disruption in order to provide a prognosis to Senior Management where appropriate.

Use the charts behind this page as a guide to to the processes, tasks and decisions to be performed.

Each situation is different so ignore boxes which do not apply.

It is essential that a full record is maintained of all actions taken, the time actioned, and who is/was involved.

Useful aides-memoire are found as attachments to this pack.

Remember:

- think before you act
- remain calm at all times
- call for assistance
- secure and make safe area
- health and safety

RecoveryFlow™ charts:

- POTENTIAL SIGNIFICANT DISRUPTION EVENTS
- LOCAL EMERGENCY EVALUATION
- EMERGENCY RESPONSE TEAM ACTIONS
- AIDES MEMOIRE

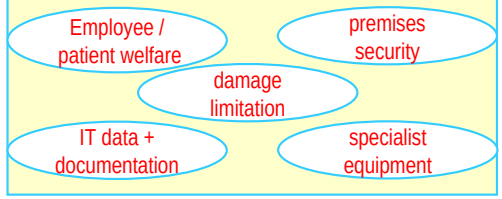
EMERGENCY RESPONSE TEAM
(with deputies as listed in contact list)

- Nominated key holder
- On call manager
- Department Managers

Co opt on call:

- Estates
- Facilities
- Information Management & Technology

ERT responsibilities



Contingency box contents:

- Service Continuity Plan
- Hi vis Vests or Emergency Team Tabards
- Major Emergency Plan
- emergency contact lists
- staff details (HR secured)
- disposable cameras
- master key (HQ)
- site plan – fire points etc. gas, electricity, water,
- IT and telephone networks
- floor layouts
- pens, pencils and paper
- USB flash memory pens
- blue tac for flipchart pages

Contingency box locations:

- Major Incident Store @ BGH
- Newstead

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Service Continuity RecoveryFlow™

Admin Offices: Emergency Response

Potential significant disruption events

Incident occurs

Local response

Bleep holder / Nurse in Charge

Department / Practice Manager

On Call Manager

Bleep holder / Nurse in Charge

Department / Practice Manager

Local response

Incident occurs

INCIDENT EVALUATION

Significant staff absence

identify circumstances of disruption – where, when, how widespread:.
- serious injury / fatality
- illness / sickness
- epidemic

Communicable diseases
- animal borne (Foot & Mouth)
- water borne (legionella)
- cross contamination (D&V)
- Chemical Bio Radio Nuclear

Notify the On Call Manager who will consider appropriate course of action, e.g.:
Conduct dynamic risk assessment (fundamental safety of people + assets)
Implement standing instructions – including infection control
Call paramedics – if not done already
Seal off area - if necessary
Liaise with police, paramedics, doctors, clinics, NHS A&E,
Inform H&S, HR and Occupational Health
Engage line management / support functions to support affected employees
May require to involve HSE, environmental health

Notify the On Call Manager / Estates/ Clinical Technicians who will consider appropriate course of action, e.g.:
Conduct dynamic risk assessment (fundamental safety of people + assets)
Implement standing instructions (evacuation etc.)
Cordon / seal off area - if necessary
Move patient / employees / contractors / visitors to designated shelter areas
Ensure patients / employees stay away from glass and unsecured items,
Liaise with third parties - police, paramedics, Facilities to clean-up or repair
Inform functional managers of immediate access arrangements

Determine extent / circumstances of significant disruption to employees, patients, property, equipment:
- contamination
- non disposal of waste
- fire / explosion
- storm damage / severe weather
- denied access

what happened, where, when, who, how serious, current status.

Major damage perils

Missing Patient

Inform On Call Manager / Implement standing instructions / Involve Police & Search + Rescue

Loss of Switchboard

determine type and circumstances of incident
- loss of radio systems
- loss of switchboard capability
- BT exchange failure

Immediately relocate to Secondary Switchboard at Education Centre – if able
Activate relocation procedure – divert calls – liaise with Facilities
• During hours use mobile phones
• Outwith hours may need to use staff mobiles in short term
Inform On-Call Manager
In medium term consider impact of no phones on patient well being

Notify the On Call Manager/ Estates/ Clinical Technicians who will consider appropriate course of action, e.g.:
Consult with Estates & Facilities, ICT, or direct suppliers
Obtain view of potential outage period and impact of non supply
Liaise with third parties as necessary
Depending upon the scale of the incident, invoke standby arrangements, evacuation procedures (with attention to safety)
Consider sending employees home if necessary

Determine disruption circumstances:
- key supplies, services & stores
- mains water, gas, electricity,
- voice & data telecoms
- sewerage / drainage
- ancillary services
- medical gases / oxygen
- medical air

what happened, where, when, who, how serious, current status.

Supply Outage

NHS / Patient Records

determine type and circumstances of significant disruption in relation to critical records, data systems, equipment etc.
- patient records
- break-in / theft
- accidental loss / misplaced
- investigator demands

what happened, where, when, who, how serious, current status.

Notify Estates / On-Call Manager who will consider appropriate course of action, e.g.:
Conduct dynamic risk assessment (fundamental safety of people + assets)
Investigation of significant disruption cause
Police involvement
Impact of lost / removed documentation on functional departments
Decide on most effective recovery action
Engage management & clinicians in advising patients / third parties as necessary
On Call manager to liaise with Records Manager and Clinical Board

Notify the On-Call Manager / Police who will consider appropriate action, e.g.:
Conduct dynamic risk assessment (fundamental safety of people + assets)
Attend the scene of the significant disruption
Instruct reception to be especially vigilant
Decide on appropriate course of action in consultation with Police
Depending upon the scale of the incident, call for additional support, inc PR
Evacuate the area, shut down / make safe equipment
Obtain view of potential outage period – do we need to relocate?

determine type and circumstances of significant disruption
- patients / visitors / others
- political pressure groups
- scene of crime / investigation
- transportation / denied access
- environment / gas leak,
- Chemical Bio Radio Nuclear

what happened, where, when, who, how serious, current status.

Denied Access or Civil Disturbance

IT and Comms Hardware

determine type and circumstances of significant disruption in relation to critical platforms.
- denied access (fire flood etc)
- break-in, theft
- accidental damage
- sabotage, vandalism
- IT virus, spam

where, when, who, how serious, current status.

Notify the ICT Manager, Estates and On-Call Manager who will consider appropriate course of action, e.g.:
Conduct dynamic risk assessment (fundamental safety of people + assets)
Investigation of significant disruption cause
Police involvement
Impact on IT system - user access to Patient Records
Decide on most effective recovery action
Invoke disaster recovery strategy and plan
Restore systems in accordance with agreed timeline @ Team Bases
Advise functional departments and third parties as necessary

Notify the On Call Manager / Police who will consider appropriate action,
Verify information source – who made / what is at threat
Consult with Estates & Facilities, IT, Comms:
Liaise with a senior police officer
Inform senior management immediately
Determine why we might be a target ~ could other locations be targeted?
Set up Crisis Management Response (see Yellow Pack phase)
Advise third parties as necessary, by alternative means..
Request expected patients / deliveries to defer their arrival
Obtain view on restriction of movement potential period

Determine type and circumstances of threat – what, where, when, who, how widespread, current status.
- disgruntled (patients/ staff)
- demonstration during VIP visit
- unauthorised access / intruders
- suspicious parcels procedure

what has happened – details?
how many people are involved?

Malicious Threats

Link to lam. card 1b

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Laminated Card 1a

Admin Offices: *Emergency Response*

Emergency evaluation

During Office Hours — Most senior person on site (Department Managers)

Outwith Office Hours — Bleep Holder / Nurse in Charge Bleep 1412

Link - lam. card 1a

On Call Manager

Acting as significant disruption coordinator

Call ERT together and consider meeting on site or discussing by conference call

If no ON Call Manager available notify Director of Estates and Facilities or any senior manager

- Duty Estates Engineer → Direction of specialist contractors
- Communications → Staff / community information cascade
- Information Technology → Direction of IT contractors
- ERT Scribes/secretaries

* Call out cascade is in the Contacts Section of this plan

In any event inform other members of the ERT of your decision in relation to the reported significant disruption (since it is possible for an additional significant disruption to be on going elsewhere in NHSB of which you are unaware)

Is event likely to impact service functions / patient care?

No

Yes

If significant casualties:

Implement the NHS Borders Major Emergency Plan in conjunction with BGH

Will major input of additional resources be necessary to resolve the situation?

No

Yes

Minor incident

Trigger events can be contained and resolved by function managers;

- typically follow standard departmental NHSB procedures
- make initial assessment of situation.
- protect patient / employee safety and health
- protect assets, equipment, IT data, documents, etc.
- review, resolve, make safe and return to normal.
- debrief where appropriate
- complete significant disruption report form.
- inform functional management as appropriate.

Declare all clear and return to normal service as usual
complete an significant disruption report
can risk avoidance / mitigation be improved

Significant Disruption

Trigger events are serious and could have major implications:

- significant impact service capability / patient care
- prolonged denied access to premises.
- serious personal injury – staff / patients / visitors
- major fire / explosion.
- material threat to community, employees, visitors, data, assets.
- reputation damage potential.

Activate Emergency Response Team actions overleaf
Lead taken by most senior person on site until relieved by On Call Manager acting as Incident Coordinator

Link to lam. card 2a

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Admin Offices: Emergency Response

Emergency response team actions

ERT control → ERT command → ERT communication → Incident termination

LOCAL EMERGENCY RESPONSE TEAM - determined by situation usually comprising core team with co-opted assistance – *action as appropriate*
If the Major Emergency Procedure is invoked - key individuals will be aware of their roles and the specific actions required of them

	ERT control	ERT command	

On Call Manager – Bleep Holder {Grab Bag} (most senior person on site until relieved of role)	▪ receive information/ validate report source
	▪ assess situation and level of danger to:
	  ▪ patients, staff and contractors
	  ▪ patient records
	  ▪ equipment
	  ▪ reputation of NHSB
	  ▪ IT data and equipment,
	  ▪ documentation and work in progress
	▪ request assistance to maintain RP1 forms (recording all activity in sequence)
	▪ laterally move patients to safety
	▪ call out or simply advise staff to go home or remain at home contactable
	▪ inform other NHS sites – agree script for all receptions (if applicable)
		▪ direct available team to do jobs listed here
		▪ nobody should be put at risk at any time
		▪ call out and / or liaise with appropriate management as per contact log RP2
		▪ appoint scribe if available to assist ERT
		▪ record all decisions made and actions taken
		▪ agree meeting point for ERT and staff
		▪ obtain contingency box – open and use
		▪ ensure appropriate authorities are notified
		▪ consider additional security arrangements or application of building lockdown procedures
		▪ consider use of media to inform staff
			brief and liaise with:
			consider call out of Major Incident Team to assist evaluation of the incident
			police re issue of any holding statement to press (if necessary)
			emergency / statutory authorities / mountain rescue
			staff (inc. on site accommodation)
			Senior Management Team
			other tenants and neighbours

Welfare	▪ STAFF MUST NOT DISCUSS WITY MEDIA ▪ assist nurses to move patients to safety ▪determine event impact and severity from perspective of patients and staff ▪ divert phones to mobiles if able – RP5 ▪ work with Police to secure site ▪ work with Paramedics to clear injured	▪ brief all using cascade process including those off site regarding the significant disruption and proposed recovery ▪ meet at the remote assembly points ▪ if able and necessity provide linen etc. ▪ provide immediate cleaning facilities ▪ organise additional / appropriate resources ▪ restrict car park use and site access	▪ consider immediate welfare issues ▪ liaise with affected patients and departments ▪ organise appropriate catering ▪ implement agreed NHS policies
Support Services Estates & Facilities	▪ meet utilities at agreed assembly point ▪ all staff to use their own mobiles ▪ divert key phone lines as per RP6 ▪ understand extent of damage / disruption ▪ implement any H&S precautions ▪ what steps taken so far, to do and later ▪ agree suitable meeting point for team ▪ understand Emergency Service requirements	▪ no single-handed salvage attempts (H&S) ▪ shut down / make safe (in correct order) IT equipment, heating, ventilation and air con / extract systems, utilities, as able and necessary ▪ move equipment , records from possible further damage and protect ▪ use approved contractor / maintenance team	▪ place on standby / call out specialist contractors to make safe or repair ▪ obtain permission to access premises from authorities (to do damage assessment) ▪ remember health and safety risk assessment and personal protective equipment ▪ conduct dynamic risk assessment
Information Technology	▪ implement activation of employee emergency information cascade process via SMS and web page messages	▪ identify extent of problems ▪ if possible keep systems running ▪shut down / make safe servers and telecoms, ▪ remove any available back up tapes	▪ communicate with staff and service providers ▪ manage expectations ▪ utilise contractors

Crisis Management Team to consider significant disruption report and damage assessment
what are the issues and implications arising from incident?
invoke crisis management particularly if patient care will be significantly disrupted

Emergency Information Cascade Process

- agree notification to be issued by ERT member to staff
- Request managers inform their staff
- update web site with information
- Staff cascade routines / pagers
- meet those unable to be contacted at remote muster point

Holding media statement may be issued (amended to suit situation) by the Senior Management Group - if not already done by police:

NHS Borders can confirm an significant disruption occurred today at .....hrs
(first and foremost our concerns are for our [staff and visitors] etc.)
The NHSB is working closely with the authorities to resolve the situation and has invoked its business continuity plan.
More detail will be provided as soon as it is available and we expect to make another announcement at ....

IMMEDIATE POST EVENT ACTIVITY

- conduct initial assessment of disruption impact ~ RP3
- complete RP4 - Damage Assessment Form
- immediately report the situation to management ~ RP5 - Incident Report Form
- begin to move team's responsibilities and actions from response to infrastructure recovery
- notify and fully brief staff – especially if Crisis Management Team to be formed
- call staff meeting to inform and agree way forward
- complete NHSB significant disruption reports with reference to Occupational Safety policy

- ensure occupational health involvement
- obtain patient / employee next of kin etc.
- if necessary enable staff to sort out home keys, travel arrangements, taxi etc.

NOTE:
Inform Regulatory Authorities if appropriate (but only with Executive sanction)
- instigate any ASDU procedures

- determine event impact and severity
- erect suitable barrier fencing / boarding up
- consider immediate recovery issues
- inform HSE if reportable significant disruption
- photograph impacted area
- direct contractor assistance with authorities
- ring resident family members

- manage restoration and connectivity of systems using IT DR plan
- consider alternative ISP for website

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ERT activity log form – RP1

Member of ERT completing:	
Responsible for:	

Log Form Number	

Issue / activity	Actioned by	When	Agreed action / comments / costs incurred	Deadline

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Photocopy Sheet

Team contact log – RP2

Only a limited team is required to take control of the incident.

ERT coordinator will elect those most suitable to the incident.

An on site team to "fix the hazard" and make an assessment of the damage to our operational capability.

Emergency Response Team	Name	Phone number used (as per Contact List)	Time called	Answer Yes / No	Message Left	Will attend? Yes / No	Expected arrival time
Emergency Response Team – nature of significant disruption and employees availability dependent – team as deputies							
Key holder							
On call manager							

Management of the *"issues and implications"* arising from the incident. The team should be drawn up based on the nature of the incident, while recognising elements of the business may still be operational and will require ongoing management

Senior Management Team	Name	Phone number used (as per Contact List)	Time called	Answer Yes / No	Message Left	Will attend? Yes / No	Expected arrival time
Crisis Management Team – nature of significant disruption and management availability dependent							
Director on call							
Hospital Controller (FM / Director of Estates							
Medical Controller / consultant							
Medical coordinator							
Nurse Coordinator CSM							
PA Support / scribes							

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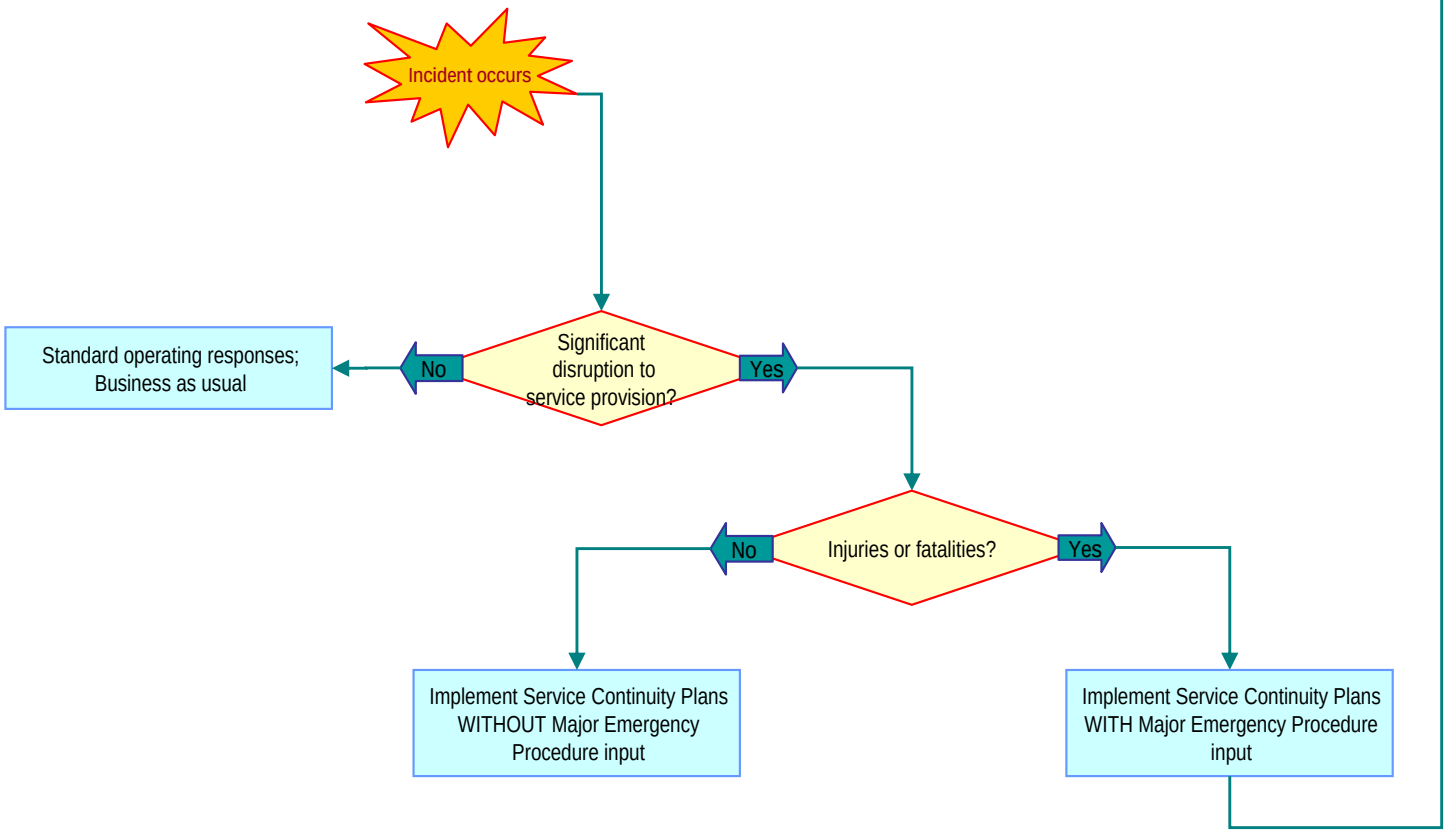

Service availability aide memoir – *gap analysis*

Is area still functional? –F = Fully –P = Partially –N = Not at all	Functional		Facilities	Staff	Equipment	IT & Comms.

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Form Number:	
Form completed by:	

Date of Incident	
Time of Incident	

Time notified	
Time on site	

Description	Type			
	Cause			
	Affected area			
Damage	Buildings			
	Plant			
	Equipment			
	Stores			
	Utilities			
IT	Hardware (main)			
	Hardware (peripheral)			
	Telecoms			
	Network			
Estimated time to restoration				
	Less than 1 week			
	1 week – 1 month			
	1 – 4 months			
	Over 4 months			

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Impacted Location:		Date of Incident		Time notified	
Form completed by:		Time of Incident		Time on site	

Questions	Actioned by	Record information in this column
What has happened eg. reputation, employee availability, IT system availability, fire, explosion, theft, malicious damage, water damage, power failure, denied access, problem?		
Who is involved – any casualties: • any injury reports • any staff, visitor or contractor injuries or fatalities • where are staff now? – evacuated, or not? • have emergency services (fire, police, ambulance) / local authority been called?		
When did / will it occur?		
Where is the problem?		
What is the extent of the problem? General indication of the extent of the impact, or area affected (if known)		
Access to site denied? • local entrance • 3 mile radius • wider?		
Why did it happen? (if known at this stage)		
Who is in charge of the situation?		
Who knows about the situation so far?		
Who else needs to know?		Routine Reporting under H&S Procedures to H&S Unit

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Three main types of emergency response scenario capability and managed as detailed in this response pack:

1. total evacuation of the building and its grounds:
   - fire evacuation
   - terrorist significant disruption / bomb threat
   - neighbourhood / environmental incident
   - serious / criminal incident

2. partial evacuation of an area of the site for:
   - fire evacuation
   - severe weather / flooding
   - medical emergency
   - localised serious incident
   - power / installation / equipment failure.

3. evacuation of a specific area due to an significant disruption or accident in that area. i.e. serious personal injury; utility failure or damage to equipment

INTER AGENCY COOPERATION

In the event of a major significant disruption involving total evacuation of the building a number of agencies may assist directly:

Business	Emergency Response Team as detailed in this red pack.
Police	take the lead role to coordinate other agencies.
Fire and Rescue Service	operational direction of fire ground or rescue situation.
Local Authority	provision of casualty rest and treatment centres as required.
HSE	Health and Safety Executive (local environmental health officer)
NHS hospitals Board	statutory care of casualties
HMG	Home Office (responsible / licence holder)

MULTI AGENCY PLAN

In the event of a major significant disruption involving a number of the agencies mentioned above it may be necessary to consider with them where they are applying the following:

outer cordon	no public access, all persons checked in / out. (privacy and control)
inner cordon	around point of incident. (potential crime scene/ preserve evidence)
rendezvous point	for all responding agencies.
forward media liaison point	dealing with media in a positive manner.
casualty reception centre	temporary holding point for care and attention pending paramedics
ambulance loading point	nearby easy road access for vehicles

Location occupancy detailed overleaf

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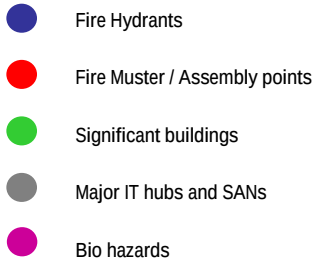

National network laboratory

Temporary stores holding point

Include drawings of site

At present drawings under construction (with Estates)

Once completed copies will be held in Contingency Boxes

To enable efficient command and control over a major significant disruption the site plans attached overleaf detail the up to date locations for:

- designated assembly areas
- fire hydrants and water hoses
- floor layouts
- utility shut off points
- department occupancy
- entrances and exits
- plant rooms
- IT server and telephone switch rooms

Existing stores and gas cages

Potential office space

Cat 3 Laboratories – see pathogen list

Potential holding pond for contaminated run off water Will require overflow to be blocked at man hole - here

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