

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 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)

- Nurse in charge (bleep holder)
- FM Porters / Security Supervisors

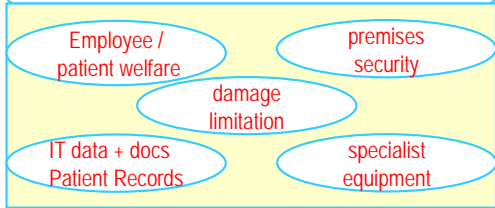
Co opt on call:

- Telephonist
- Infection Control
- Estates
- Facilities
- Information Technology
- Clinicians
- Line Management

Advisory:

- Emergency Planning Officer

ERT responsibilities



Contingency box contents:

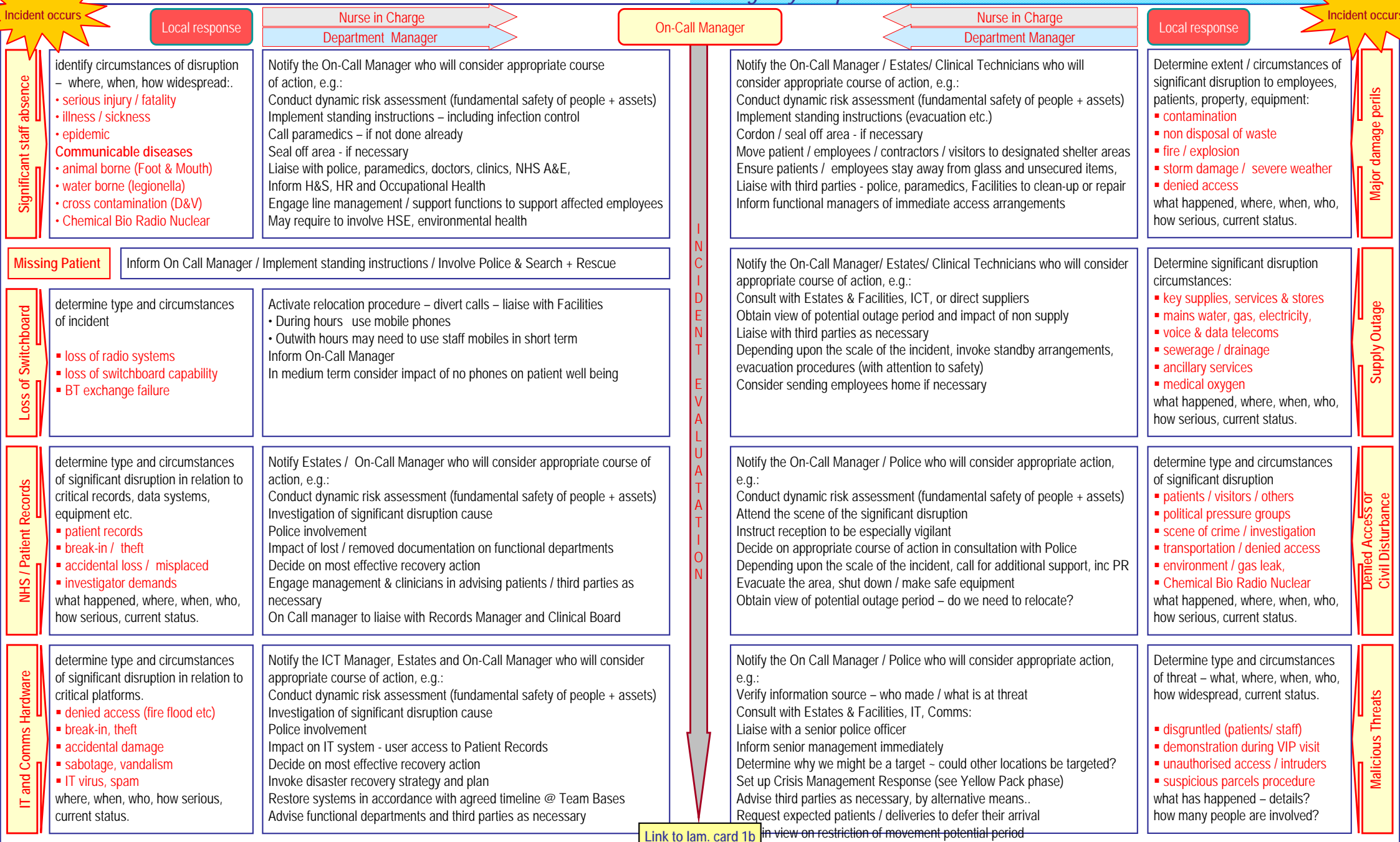
- Service Continuity Plan
- Hi vis Vests or Emergency Team Tabards
- Major Emergency Plan
- emergency contact lists
- staff details (HR secured)
- disposable cameras
- master key (HQ)
- site plan – fire points etc. gas, electricity, water,
- IT and telephone networks
- floor layouts
- pens, pencils and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

Contingency box locations:

- Huntlyburn
- Newstead

**Mental Health:
Emergency Response**

Potential significant disruption events



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

On-Call Manager

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

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 significant disruption circumstances:
 • key supplies, services & stores
 • mains water, gas, electricity,
 • voice & data telecoms
 • sewerage / drainage
 • ancillary services
 • medical oxygen
 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, e.g.:
 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

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 in view on restriction of movement potential period

- Mental Health Emergency Response Team
1. Lead Nurse
 2. On Call Manager
 3. Duty Doctor
 4. Lead Clinician
 5. On Call Consultant
 6. On Call Director (if appropriate)

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

Is event likely to impact service functions / patient care?

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

Co- opt assistance and support as necessary

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)

If significant numbers of casualties / patients:
Implement the NHS Borders Major Emergency Plan in conjunction with BGH

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 a significant disruption report
can risk avoidance / mitigation be improved

Significant Disruption
Trigger events are serious and could have major implications:

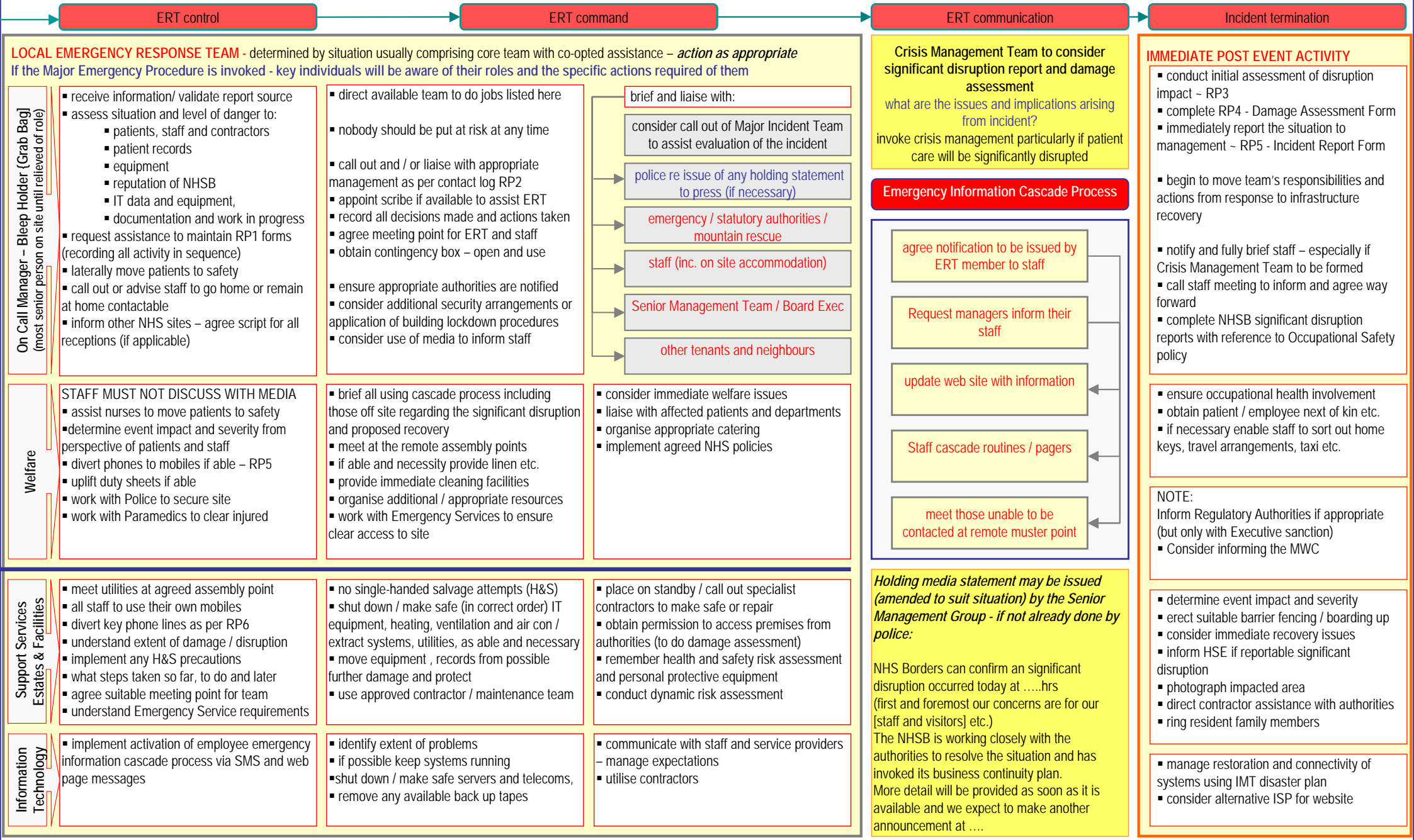
- significant impact service capability / patient care
- prolonged denied access to premises.
- serious personal injury – staff / patients / visitors
- major fire / explosion.
- material threat to community, employees, visitors, data, assets.
- reputation damage potential.

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

**Mental Health:
Emergency Response**

Local emergency response actions



Emergency Response

Evacuation & Make Safe

Temporary Relocation & Stabilisation

Prioritise patients, relatives and staff impacted by incident.

Note:

- Patients will not have wrist ID bands
- Staff may have ID badges
- Relatives unlikely to have ID or be signed in

Implement a manual record system for persons impacted by event

Provide remedial assistance on a triage basis post incident:
Life saving = bed-ridden (critical / intensive care ongoing or required)
Live prolonging = patient is mobile and relatively stable

Provide suitable first aid until suitable A&E facilities are available – no delay in patient care / welfare should occur while ID is attempted

Contact CSM / deputy to understand global impact of incident on service availability and impairment

Ward manager must make contact with On-call manager and maintain communications channel regarding patient care facilities

Staff are responsible for ensuring all in-patients and those arising from the incident are fully documented at all stages and provided to the On-call manager

Casualties should be categorised in terms of priority needs

Receive advices concerning extent of damage
If possible implement standard lateral evacuation procedures
Walking wounded to be guided by admin / available staff
Bed-ridden patients to be moved by nursing / portering staff
Request assistance if unable to fulfil evacuation obligations

Maintain where possible delivery of medical gases, drips and the like
Liaise with other wards to determine suitable distribution of emergency supplies

Evacuation Plan:

As per Fire Evacuation Plan of Section:

Liaise with ward manager (Receiving) to ensure care and attention provided to existing patients and evacuees
Agree layout of accommodation to suite
Draw up an emergency patient care plan to satisfy the key priorities
Agree with the team, priorities of actions needed, where to get resources and who should be tasked with implementing plan

Advise the Switchboard of your new telephone extension numbers in order rest of NHSB can be informed as per the MEP
Inform Mental Health Management of temporary capabilities and provide input to assist the development of a suitable Borders communiqué

Ensure CHI numbers are accurately used - especially if manual records are necessary due to an IT failure
May require to engage runners between wards and diagnostics if IT is down

Check availability and re establish connectivity to medical physics devices and other aids to ensure patient care

Organise ward staff briefings
Decide how to productively deploy less critical staff, pending return to full operation
Stabilise patient care activity

Implement access to e-patient record systems and update files
Obtain Kardexs

Once stability is established agree with Management when prudent to implement specific recovery actions pertinent to your Ward / Department

Member of ERT completing:	
Responsible for:	

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

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							
Lead Nurse							
On-Call Manager							
Duty Doctor							
Lead Clinician							
On Call Consultant							

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							
Lead Nurse							
Lead Clinician							
Clinical Service Manager							
General Manager							
Admin Services Manager							
PA Support / scribes							

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	

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: <ul style="list-style-type: none"> • 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? <ul style="list-style-type: none"> • 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

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)

Location occupancy detailed overleaf

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

- Fire Hydrants
- Fire Muster / Assembly points
- Significant buildings
- Major IT hubs and SANs
- Bio hazards

