

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

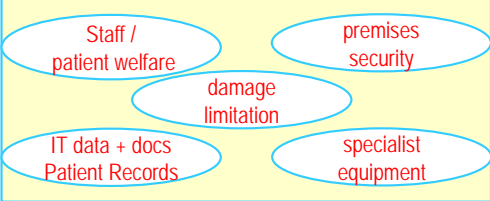
Service Continuity Management – Local Co-ordinators

Westgrove	Alison Colvine	(Chair of House Committee and a key holder) (Office Manager for Health promotion)	01896 824500
	Susan Anderson	(Deputy)	01896 824 525 (x4525)

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

- Community Hospital - Nurse in charge (bleep holder)
West Grove – nominated person
GP / GDP Practice Manager
Co opt as required:
- Telephonist
 - Infection Control
 - Estates (premises, transport, facilities man't)
 - Information Management & Technology
 - Clinicians
 - Line Management
 - Pharmacy
- Advisory:
- Emergency Planning Officer

ERT responsibilities



Contingency box contents:

- Service Continuity Plan
- Hi vis Vests or Emergency Team Tabards
- Major Incident Plan
- emergency contact lists
- staff details (tamper evident envelop)
- disposable cameras
- door codes
- 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:

- Surgery / Hospital / Site Reception
- PACS Newstead – on system

Incident occurs		Local response	Nurse in Charge Department / Practice Manager	Primary Care On Call Manager In discussion with SMT	Nurse in Charge Department / Practice Manager	Local response	Incident occurs
Significant staff absence	<p>identify circumstances of disruption – where, when, how widespread:</p> <ul style="list-style-type: none"> serious injury / fatality illness / sickness epidemic <p>Communicable diseases</p> <ul style="list-style-type: none"> animal borne (Foot & Mouth) water borne (legionella) cross contamination (D&V) Chemical Bio Radio Nuclear 	<p>Notify the On Call Manager who will consider appropriate course of action, e.g.:</p> <p>Conduct dynamic risk assessment (fundamental safety of people + assets)</p> <p>Implement standing instructions – including e.g. infection control</p> <p>Seal off area - if necessary</p> <p>Liaise with police, paramedics, doctors, clinics, NHS A&E, Inform H&S, HR and Occupational Health</p> <p>Engage line management / support functions to support affected employees</p> <p>[May ultimately require to involve HSE, environmental health]</p>			<p>Notify the On Call Manager who will consider appropriate course of action, e.g.:</p> <p>Conduct dynamic risk assessment (fundamental safety of people + assets)</p> <p>Implement standing instructions (evacuation etc.)</p> <p>Cordon / seal off area - if necessary</p> <p>Move patient / employees / contractors / visitors to designated shelter areas</p> <p>Ensure patients / employees stay away from glass and unsecured items, Liaise with third parties - police, paramedics, Facilities to clean-up or repair</p> <p>Inform functional managers of immediate access arrangements</p>	<p>Determine extent / circumstances of significant disruption to employees, patients, property, equipment:</p> <ul style="list-style-type: none"> contamination non disposal of waste fire / explosion storm damage / severe weather denied access <p>what happened, where, when, who, how serious, current status.</p>	Major damage perils
Missing Patient	<p>Inform On Call Manager / Implement standing instructions / Involve Police & Search + Rescue</p>						
Loss of phones	<p>determine type and circumstances of incident</p> <ul style="list-style-type: none"> loss of radio systems loss of switchboard capability BT exchange failure 	<p>Activate relocation procedure – divert calls – liaise with Estates</p> <ul style="list-style-type: none"> During hours use mobile phones Outwith hours may need to use staff mobiles in short term <p>Inform On-Call Manager</p> <p>In medium term consider impact of no phones on patient well being</p>				<p>Determine disruption circumstances:</p> <ul style="list-style-type: none"> key supplies, services & stores mains water, gas, electricity, voice & data telecoms sewerage / drainage ancillary services medical gases / oxygen medical air <p>what happened, where, when, who, how serious, current status.</p>	Supply Outage
NHS / Patient Records	<p>determine type and circumstances of significant disruption in relation to critical records, data systems, equipment etc.</p> <ul style="list-style-type: none"> patient records break-in / theft accidental loss / misplaced investigator demands <p>what happened, where, when, who, how serious, current status.</p>	<p>Notify Estates / On-Call Manager who will consider appropriate course of action, e.g.:</p> <p>Conduct dynamic risk assessment (fundamental safety of people + assets)</p> <p>Investigation of significant disruption cause</p> <p>Police involvement</p> <p>Impact of lost / removed documentation on functional departments</p> <p>Decide on most effective recovery action</p> <p>Engage management & clinicians in advising patients / third parties as necessary</p> <p>On Call manager to liaise with SMT</p>			<p>Notify the On-Call Manager / Police who will consider appropriate action, e.g.:</p> <p>Conduct dynamic risk assessment (fundamental safety of people + assets)</p> <p>Attend the scene of the significant disruption</p> <p>Instruct reception to be especially vigilant</p> <p>Decide on appropriate course of action in consultation with Police</p> <p>Depending upon the scale of the incident, call for additional support, inc Communications</p> <p>Evacuate the area, shut down / make safe equipment</p> <p>Obtain view of potential outage period – do we need to relocate?</p>	<p>determine type and circumstances of significant disruption</p> <ul style="list-style-type: none"> patients / visitors / others political pressure groups scene of crime / investigation transportation / denied access environment / gas leak, Chemical Bio Radio Nuclear <p>what happened, where, when, who, how serious, current status.</p>	Denied Access or Civil Disturbance
IT and Comms Hardware	<p>determine type and circumstances of significant disruption in relation to critical platforms.</p> <ul style="list-style-type: none"> denied access (fire flood etc) break-in, theft accidental damage sabotage, vandalism IT virus, spam <p>where, when, who, how serious, current status.</p>	<p>Notify the On-Call Manager and who will consider with ICT and Estates appropriate course of action, e.g.:</p> <p>Conduct dynamic risk assessment (fundamental safety of people + assets)</p> <p>Investigation of significant disruption cause</p> <p>Police involvement</p> <p>Impact on IT system - user access to Patient Records</p> <p>Decide on most effective recovery action</p> <p>Invoke disaster recovery strategy and plan</p> <p>Restore systems in accordance with agreed timeline @ Team Bases</p> <p>Advise functional departments and third parties as necessary</p>			<p>Notify the On Call Manager / Police who will consider appropriate action, .</p> <p>Verify information source – who made / what is at threat</p> <p>Consult with Estates, Facilities & IT</p> <p>Liaise with a senior police officer</p> <p>Inform senior management immediately</p> <p>Determine why we might be a target – could other locations be targeted?</p> <p>Set up Crisis Management Response (see Yellow Pack phase)</p> <p>Advise third parties as necessary, by alternative means..</p> <p>Request expected patients / deliveries to defer their arrival</p> <p>Obtain view on restriction of movement potential period</p>	<p>Determine type and circumstances of threat – what, where, when, who, how widespread, current status.</p> <ul style="list-style-type: none"> disgruntled (patients/ staff) demonstration during VIP visit unauthorised access / intruders suspicious parcels procedure <p>what has happened – details?</p> <p>how many people are involved?</p>	Malicious Threats

Link to lam. card 1b

Laminated Card 1a

- PACS Local Emergency Response Team
1. Senior Nurse
 2. Senior Manager
 3. Senior Clinician
 4. On Call Manager (if appropriate)
1. On Call Director
 2. SBC Social Work
 3. Voluntary Sector

Link - lam. card 1a

Primary Care On Call Manager
In discussion with SMT

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?

No

Yes

No

Yes

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

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)

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 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

ERT control

ERT command

ERT communication

Incident termination

LOCAL EMERGENCY RESPONSE TEAM (LERT) - 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

- On Call Manager – Incident Coordinator**
(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)
 - move patients to safety
 - immediately brief staff on site
 - 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 local ERT
- record all decisions made and actions taken
- agree meeting point for local ERT and staff
- obtain contingency box – open and use
- ensure appropriate authorities are notified
- consider additional building security arrangements
- 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
 - staff (inc. on site accommodation)
 - Senior Management Team / Board Exec
 - other tenants and neighbours

- Welfare**
- STAFF MUST NOT DISCUSS WITH 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
- work with Emergency Services to ensure clear access to site

- 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

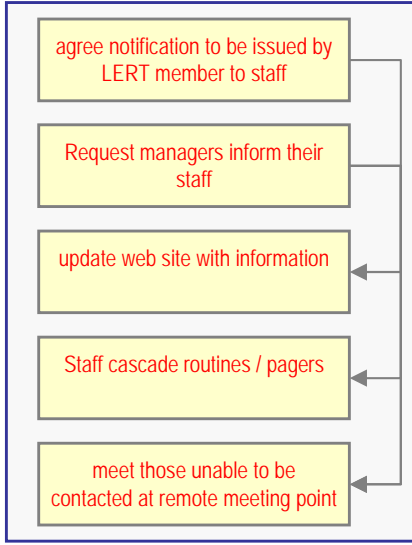
- Information Technology**
- implement activation of employee emergency information cascade process via SMS and web page messages

- 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



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

NHS Borders can confirm a significant disruption occurred today athrs (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 has been 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

Emergency Response

Evacuation & Make Safe

Temporary Relocation & Stabilisation

Prioritise patients, relatives and staff impacted by incident in accordance with NHS Borders Major Emergency Plan / Evacuation Plans
Note:
 • Patients will already have wrist ID bands
 • Staff may have ID badges
 • Relatives unlikely to have ID or be signed-in

Invoke Major Emergency Record Card system for persons impacted by event and not identifiable

Nurse in Charge will prioritise care needs of all in-patients
 Life-saving = bed-ridden
 Life-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 On-Call Manager / 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

Medical staff (On-Call GPs or BEC's GP's) are responsible for ensuring all injuries arising from the incident are fully documented and provided to the Medical Controller

Casualties should be categorised in terms of priority needs

Receive advices concerning extent of damage from ERT
 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 from ERT

Re-deploy staff as appropriate
 Maintain where possible delivery of medical gases, drips and the like
 Liaise with other CHs or BGH 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 for each patient
 Draw up an emergency patient care plan to satisfy the key priorities for each patient
 Agree with the team, priorities of actions needed, where to get resources and who should be tasked with implementing plan

Agree layout of accommodation to suit
 Advise BGH Switchboard of your new telephone extension numbers to allow the rest of NHSB to be informed as per the MEP
 Inform Hospital 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
 Inform GP's of patients' locations and ensure continuing medical input

Liaise with medical electronics department re-location and maintenance of devices

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 from temporary MIP manual records

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	
-----------------	--

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.

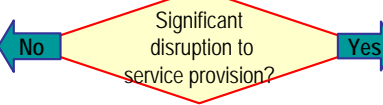
Emergency Response Team	Name	Phone number used (as per Contact List)	Time called	Answer Yes / No	Message Left	Will attend? Yes / No	Expected arrival time
Local Emergency Response Team – nature of significant disruption and employees availability dependent – team as deputies							
Senior Manager							
On-Call Manager							
Senior Clinician							
Senior Nurse							
SBC Social Work							

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							
PA Support / scribes							



Standard operating responses;
Business as usual



Implement Service Continuity Plans
WITHOUT Major Emergency
Procedure input

Implement Service Continuity Plans
WITH Major Emergency Procedure
input

Service availability aide memoir – gap analysis						
Is area still functional? -F = Fully -P = Partially -N = Not at all	Functional	Beds State	Facilities	Staff	Equipment	IT & Comms.

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

Temporary stores holding point

National network laboratory

Include drawings of sites
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