



Emergency Planning and Business Continuity Study Guide



Emergency preparedness resilience and response

Introduction:

Emergency Planning is a responsibility of all Acute Trusts and includes the planning, preparation, training, exercising, response and recovery from a variety of different types of incident.

The Trust has various Emergency Plans identifying key individuals and processes, which, in the event of an incident would be brought to together in order to manage an effective response.

Who has responsibility?

Every member of staff has a responsibility to make themselves aware of the risks and how to respond in the event of an incident occurring. Dependent upon the type and scale of an incident, clinical staff/ non-clinical staff, managers and staff may all have a role to play. This extends to before, during and after a major incident.

The Trust has various Emergency Plans in place identifying key individuals and processes, which, in the event of an incident would be brought to together in order to manage an effective response. In addition to Command, Control, Coordination and Communication (C4), Major and Business Continuity Incident Plans, there are various individual plans to manage incidents such as pandemic influenza, heatwave and hazardous material incidents. These plans are regularly tested and updated.

If you have a role with a specific Major Incident related responsibility you will also receive additional Major Incident training to prepare you for that role/responsibility. If you don't have a specific role, in the event of a Major Incident you may be assigned a task in order to support the initial response.

'Any emergency, by its nature, is a stressful and uncertain situation. It may need staff to work in an unfamiliar and potentially challenging environment for extended periods of time. We rely on your co-operation and support in order to manage a crisis effectively'.

In conjunction with this e-learning package, please discuss with your supervisor/line manager - your Department's role/response to a Major and Business Continuity Incident and familiarise yourself with your department's Business Continuity Plan and any local Major Incident response arrangements.



Supporting Plans and Guidance

The Trust Policy, Plans and Procedure documents concerning the various aspects of emergency management may be found at:

Frimley Health NHS Foundation Trust Intranet Site

[Emergency Planning page](#)

See below for some key policies, procedures and plans that you should familiarise yourself with.

- Command, Control, Coordination and Communication (C4) Plan.
- Trust Incident Response Plan
- Major Incident Plan.
- Mass Casualty Plan.
- Hazardous Material (HAZMAT)/Chemical, Biological, Radiological, Nuclear, Explosives (CBRNE) Response Plan.
- Heatwave Plan.
- Lockdown Plan.
- Prevent Policy and Procedure.
- On-Call Silver / Gold Commander Policy.

Some of these plans are site specific therefore you should familiarise yourself with your sites plans.

Your Ward or Department will also have copies of its specific Business Continuity Plans, and where it also has a specific major incident related role or function, copies of its Major Incident Action cards.

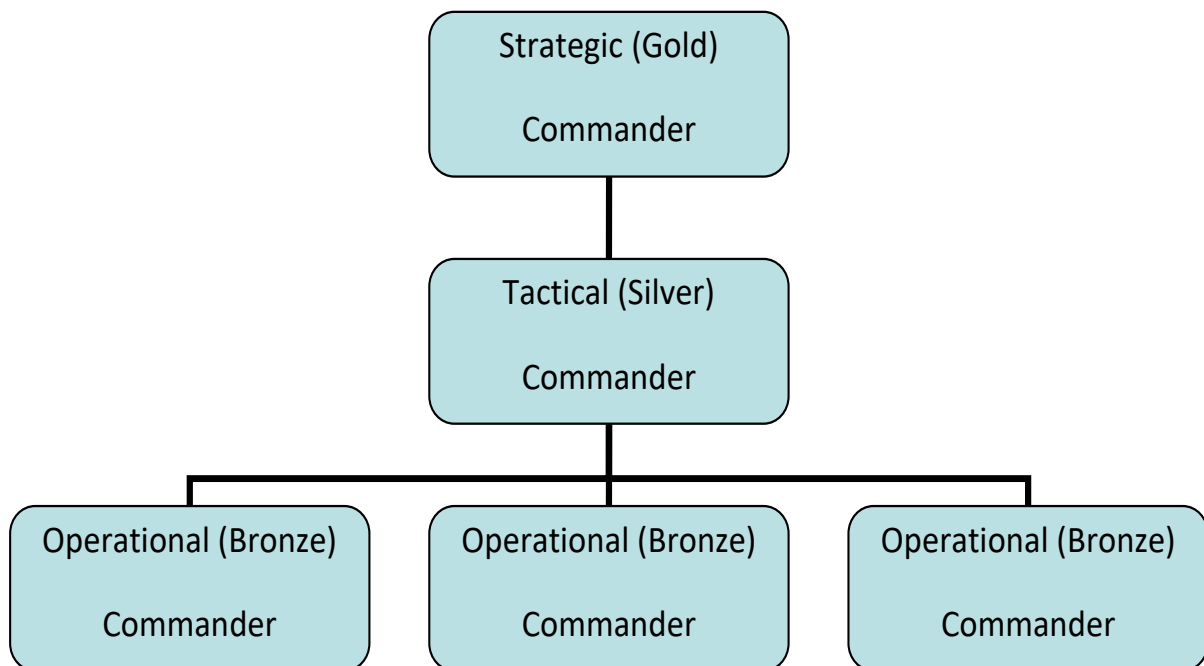
Speak with your Supervisor/Line Manager to determine:

- Where the plans are kept.
- The planned responses to the various types of Business Continuity Incident and how they are activated.
- Whether your Ward or Department has a specific Major Incident related role or function, and where applicable, what that role or function is.
- What is your role in the event of a Business Continuity or a Major Incident.



What happens during an Incident?

Command and Control





Incident Command Roles

Command Level	Performed by	Function	Key Role
Strategic (Gold)	Director/ On-Call Director	Determines WHAT is to happen	Formulates the strategic objectives
Tactical (Silver)	Manager/On-Call Manager/ Admin On-Call	Determines HOW it is to happen	Formulates the tactical plan to achieve the strategic objectives
Operational (Bronze)	Clinical Site Managers/Bed Managers/Senior Duty Nurse/Night Site Managers/Matrons/ Department Managers	DOES IT/Makes it happen	Carries out elements of the tactical plan to accomplish the strategic objectives.

Command Centre Locations/Incident Coordination Centres (ICC)

Role	Location HWH, WPH & FPH	
Strategic (Gold) Command.	Options: 1. Heatherwood: Trust Operations Centre (TOC) Greenwood Offices, Lower Ground Floor 2. Wexham Park: Executive Offices 3. Frimley Park C-Block, The Board Room	
Role	Location WPH	Location FPH
Tactical (Silver) Command.	Ops Room, (ICC) Former Medical Records Office	Ops Room OR Seminar Room (ICC) – C Block.
Operational (Bronze) Command.	Ops Room (Hospital Bronze) or at the various relevant Hospital Departments	Ops Room (Hospital Bronze) or at the various relevant Hospital Departments.



Incident Coordination Centre (ICC).

All organisations need to have in place suitable and sufficient arrangements to effectively manage the response to the incident. These are implemented through the establishment of an Incident Co-ordination Centre (ICC). Arrangements for the ICC need to be flexible and scalable to cope with a wide variety of incidents that vary in scope and complexity.

The ICC provides the location from which the Silver Commander operates and is the focal point for the coordination of the response and the gathering, processing, and dissemination of information across the Trust and externally, as required.

Incident types

- Major Incident
- Business Continuity Incident
- Critical Incident

Major Incident

An event or situation, with a range of serious consequences, which requires special arrangements to be implemented by one or more emergency responder agencies.

Types of Major Incident

- Big Bang: An instantaneous and unexpected incident e.g. a serious transport accident, explosion, aircraft crash, terrorist incident or series of smaller events.

7/7 London Bombings 2005



- Rising Tide: These types of events develop over a period of time, from steady state to become major incidents or emergencies, e.g. a developing infectious disease pandemic, capacity/staffing crisis, industrial action or flooding.



Ebola Crisis 2015



- **Cloud on the Horizon:** For example, an incident that occurs in one place, but which may then affect other areas later on. This can arise from major chemical, biological, radiological, nuclear or explosives incident (such as Chernobyl), armed conflict involving British troops, flooding or a fuel crisis.



- **Headline News:** Public or media alarm about an impending situation, reputation or management issue. A Major Incident could be triggered for the Trust even if the fears prove unfounded





- Chemical, Biological, Radiological, Nuclear and Explosive (CBRNE): CBRNE terrorism is the actual or threatened dispersal of CBRN material (either on their own or in combination with each other or with explosives), with deliberate criminal, malicious or murderous intent.



- Hazardous Materials (HAZMAT): Accidental incident involving hazardous materials.

Buncefield Fuel Depot Fire

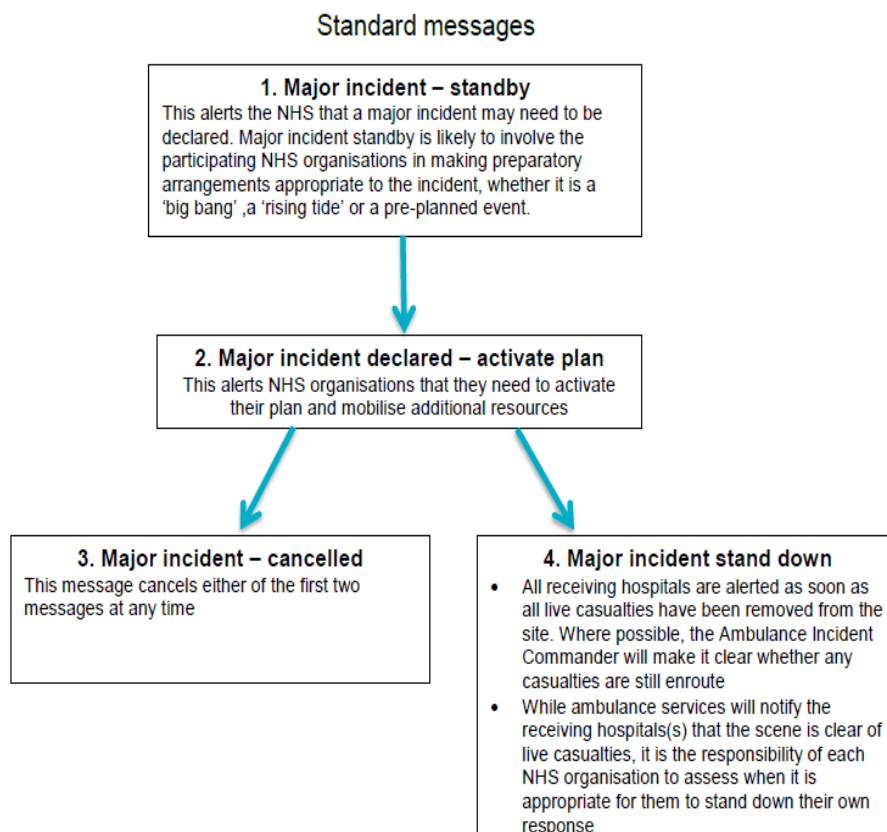




Potential Stages of a Major Incident.

- **Standby:** This is for acute hospitals only. Alerts the NHS that a major incident may need to be declared. Enables preparatory arrangements to be made, whether it is a 'big bang', 'rising tide' or pre-planned event.
- **Declared:** Alerts NHS organisations that they may need to consider activating their plans and mobilise additional resources.
- **Cancelled:** This entails the cancellation of either of the previous two stages and a return to 'Business as Usual'.
- **Stand Down:** The ambulance service will notify receiving hospitals as soon as the incident scene is clear of all live casualties. However, it is the responsibility of each NHS organisation to assess at which point it is appropriate for them to stand down.
- **Recovery/Restoration:** Planning for recovery from an incident commences as soon as possible during the actual response phase of the incident. Restoration may be protracted e.g. requiring consideration of loss of facilities or capacity, and the provision of services to those injured/affected by the incident e.g. psychological support to patients and/or staff.
- **Post Event Organisational Learning/Inquiry:** Post any incident, a debrief process will need to be implemented in order to identify what went well, what did not go so well and what organisational lessons can be identified to inform any subsequent organisational learning processes.

Ambulance Service Major Incident Declarations to Acute Trusts.





Notification of Major Incident.

- In the event of a spontaneous potential Major Incident occurring, the Ambulance Service will notify the Trust of the incident and identify it as either:
 - A major Incident Standby (unconfirmed)
 - A major Incident Declared (confirmed)
- Relevant Information will be passed by the Ambulance using the METHANE mnemonic
- The Trust will then determine its appropriate response - i.e. in the circumstances, does it need to activate its own Major Incident Plans or can it respond appropriately using normal operating processes.

METHANE Reports.

METHANE: is a nationally accepted multi-agency mnemonic used to obtain a shared situational awareness of any incident. It stands for:

- Major Incident declared?
- Exact Location of Incident
- Type of Incident e.g. Rail crash, multiple vehicle road traffic incident
- Hazards present or suspected e.g. chemical or radiological material contamination
- Access – routes that are safe or suitable for use
- Number, type, severity of casualties
- Emergency services present and those required

NB. As appropriate in the circumstances, the internal dissemination of major incident related information and the briefing of Trust staff, Wards and Departments should include the METHANE Report in full. This ensures uniformity and clarity of understanding about the incident across the Trust.



METHANE Report Form

Major Incident:	Standby	Declared	Receiving	
Exact Location of incident:				
Type of Incident:				
Hazards:				
Access/ Egress:				
Number of Casualties expected:		P1	P2	P3
	Adult			
	Paediatric			
Emergency Services Present and required:				



Business Continuity Incident.

Definition

- An event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery, to below acceptable predefined levels. This would require special arrangements to be put in place until services can return to an acceptable level. This could include a surge in demand that requires the temporary re-deployment of resources.

Types of Business Continuity Incident

- Interrupting or disruptive events...such as:
 - Loss of Staff
 - Loss of Site / Premises
 - Loss of Access to Site / Premises
 - Loss of IT Software / Hardware
 - Loss of Information
 - Loss of Communications
 - Loss of Utilities – electricity; gas; water; sewerage
 - Supplier/Supply chain failure (internal & external)
 - Loss of critical equipment e.g. CT / MRI scanner

For each type of the above Business Continuity Incidents that are relevant to your Ward or Department, there will be a Ward/Department Business Continuity Plan which will be contained within a dedicated red folder. You should ask your manager to show you where this folder (as shown) is located and familiarise yourself with the contents of the plans.





Business Continuity Management Systems

An effective Business Continuity Management System may not prevent the occurrence of disruptive challenges but it will contribute to:

- Reducing the likelihood of a disruptive challenge occurring
- Reducing the impact that disruptive challenges have when they do occur
- Allowing the organisation to focus on its most critical activities to ensure that they continue to be delivered
- Determining recovery priorities, and resuming 'business as usual'

***Reference: UK Health Security Agency (UKHSA) - eHealth: Emergency Response in the NHS**

Critical Incidents

Definition

- Any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe – requiring special measures and support from other agencies, to restore normal operating functions, e.g. escalation requirement; hospital fire; IT failure

Critical Incident Awareness

There are three simple things that you can do as you go about your daily business routines. By following these simple rules you will be helping to ensure that your organisation remains resilient and continues to save and improve patient's lives:

- Remain vigilant
- Always report the 'out of the ordinary'
- Never assume someone else has done it – your prompt action can prevent a catastrophe



Actions, Debriefs and Support.

Actions

Staff Call Out Staff with Major Incident related roles or responsibilities or employed within Wards or Departments with such roles or responsibilities - may be contacted/re-called to duty in the event of a Major Incident being declared. Staff should be aware of any such potential requirement and the process by which it will be activated.

- In the event of a Mass Casualty or other high level Major Incident which requires additional staffing resources, additional staff – not necessarily those with direct Major Incident related roles and responsibilities - may be contacted as required in an attempt to obtain additional staff/specialist resources to support the response.
- All staff should be aware of which of the above categories of staff they fall within, how they will be contacted i.e. by their department direct or via switchboard, and where they are to report in the event of a re-call to duty/request for support.
- As a general rule, staff re-called to duty by their Ward/Department will report direct to their normal workplace or as directed in the notification call. Those contacted by Switchboard should report to the appropriate Staff Reception and Holding Area and await deployment.

On becoming aware of an incident e.g. via radio, TV news channels, social media etc., i.e. other than by official notification - You should not assume that you need to attend work immediately. If you are required, you will be contacted; If in doubt you should:

- Initially plan to work your normal rostered duties.
- Check the Trust website and/or phone in to your Ward/Department for guidance.
- If, due to the nature of the incident/disruption you are unable to work your rostered duties – please contact your workplace as soon as practicable and inform them of your situation.

Lockdown Procedures

- During a major incident, parts of the site may have to be subject to lockdown and access to the trust site may need to be restricted. All staff must have and wear their ID badges at all times. Any decisions relating to lockdown will be taken by the Incident commander and will be in accordance with the Lockdown Plan.
- The extent and type of lockdown will be dependent upon the nature of the incident and the circumstances surrounding it e.g. following a CBRN or Terrorism related Major Incident, it may be necessary to fully or partially lock the hospital down. As a general rule, any Major Incident is likely to result in at least a Lockdown of the Emergency Department.



- The implications of a full or partial site lockdown for staff responding to a Major Incident, or reporting for normal duties during such a response, is that they may not be able to access the hospital in the normal way. In these circumstances, there may be a designated single point of staff access which will be supervised and monitored by security staff that will require Staff Identification badges to be shown in order to permit access.
- In the event of a Lockdown, relevant information relating to it will be posted as soon as practicable on the Trust intranet site and staff called in should be informed of any specific site access arrangements out of the ordinary to facilitate access.

Personal Welfare Considerations.

- Notify your family/partner that you are/could be involved in the response to a Major Incident and that you may be un-contactable for the duration of the incident.
- When called in:
 - Ensure that you take your Trust ID, money, keys and mobile phone.
 - If you have a role where you may be required for some time, it may be sensible to bring some personal cosmetics/toiletries and some spare clothing.
 - Ensure that you bring any required medication and dietary food with you.
 - Make arrangements to care for children, elderly relatives and pets, if necessary. If you have any concerns arising in relation these responsibilities, ensure that, at the earliest opportunity, you make your line manager aware of any issues that may impact on your availability as a consequence of these responsibilities.
 - Do not give out your home address to anyone except the police.
 - Check you diary and ask someone to cancel any appointments.
 - You should not be working for any longer than 8-12 hours without going off duty.
 - Ensure that you take regular breaks.
 - The Major Incident Management Team will ensure that your welfare is catered for.

Handover

It is important that staff give and receive comprehensive handovers/briefings when shifts change. This will include a breakdown of what has happened over the course of the previous shift, and what events are being carried over, e.g. expected phone calls, outstanding actions to be implemented/continued. The details of the handover should be contained within the incident log for the Ward/Department.



Documentation

Following a Major Incident, it is not unusual for Public Inquiries to be held many years after the event. Consequently, there may be a requirement for the Trust to subsequently produce documentation and/or account for its actions.

In view of this fact, it is essential that the Trust maintains and retains clear and accurate written records throughout the response and recovery phases of any Major Incident. A Major Incident will generate a great deal of documentation related to the response (the Audit Trail) – e.g. incident and decision logs, post-it notes and miscellaneous loose paper notes. **ALL** of this documentation is regarded as having 'legal' status and **MUST** be collated and retained for many years after the Incident.

A Manager will be identified and assigned the responsibility for collecting in and filing all of the information generated. However, until such time as this process has been completed, it is the responsibility for all Wards/Departments to ensure that all of the Incident related documentation (both hard copy and that created/stored on computers) is identified, collated and safeguarded until such time as it may be collected.

Debrief Procedures.

Debriefs are held post-incident in order to identify any Organisational learning arising out of an incident. These 'lessons identified' should then translate into 'lessons learnt' or 'Organisational learning'

As a participant in an incident, you may be required to participate in the debrief process – particularly the 'Hot Debrief' element.

Debriefs should be undertaken in a 'safe' environment and conducted in such a way as to promote honesty and openness.

The debrief process is not about blame or the attribution of blame.

Types of Debrief:

- **Hot Debrief:** Conducted by supervisors/managers and held immediately after the incident or a period of duty. The Hot debrief should also be used as an opportunity to identify any staff who have been potentially traumatised by the incident in question.
- **Cold/Structured/Organisational Debrief:** Held within two weeks of the incident and led by a trained debrief facilitator.
- **External/Multi-agency Debrief:** Held within four weeks of the close of the incident and led by a trained debrief facilitator.



Post Incident Support

In the first instance, staff should be directed towards the [Trusts Employee Assistance Programme \(EAP\)](#)

- The EAP can provide a range of assistive measures.
- Any staff self-referring should also inform their line supervisor/ manager in confidence, so that they can monitor welfare and ensure the provision of appropriate support.
- In the event that additional specialist help is needed, this would be sourced via a referral to Occupational Health.

NB: Staff are able to avail themselves of the EAP directly and confidentially, without recourse to a supervisor/line manager if they so wish.

Recovery/Restoration

- Planning for recovery from an incident should commence at the earliest possible opportunity during the actual incident. Restoration may be protracted e.g. requiring consideration of loss of facilities, provision of services to those injured/affected by the incident, psychological support to victims and/or staff.

Contact details

Emergency Planning Department:

Alistair Smith – alistair.smith14@nhs.net / 07584 205350

Helen Waugh – helen.waugh1@nhs.net / 07917 594964

Jason Wright – Jason.wright13@nhs.net / 07468 340461