

Major Incident Plan

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Major Incident Plan

1 Introduction

The Trust is committed to being prepared in the event of a Major Incident, this Major incident Plan sets out arrangements for responding to unplanned, unanticipated incidents of all sorts that threaten the health, safety or welfare of patients, staff or visitors and/or threaten the continuity of services within any part of the Trust.

A Major Incident is any occurrence which presents a serious threat to the Trust, a disruption to a service or causes (or is likely to cause) such numbers or types of casualties or losses as to require special arrangements to be implemented by the Trust.

Each situation will need to be dealt with on its own merits, but in the following pages there will be described both department-specific and Trust-wide responses to particular types of events, many of which will contain features in common.

In general, the Major Incident situations (see situation specific guidance; Section 14, page 10) and those similar in nature, will call for a declaration, usually by the Incident Manager, of a Major Incident; internal or external or at any of the Trusts sites, and thus activation of this plan. Not all events or situations can be foreseen; it is intended that the principles in the guidance to follow will be useful for any emergency situation, whether listed or not.

In the event of a Major Incident, the Business Continuity Plan should also be initiated and the Action cards used for guidance.

This plan, alongside the Business Continuity plan and the Emergency Planning Response and Recovery Policy are reviewed annually with NHS England and our assurance reported to the Board

2 Purpose

2.1 The aim of this plan is to provide clear, concise, up-to-date information to staff on what to do when dealing with internal incidents within the Trust, lines of communication and responsibilities and guidance in how to minimise disruption to business and return to normal as soon as possible. It is a contingency plan to be used as guidance in any unforeseen Incident.

2.2 This plan is designed to reduce 'thinking time', improve co-ordination of action, ensure availability of resources, clarify roles and ensure action is systematic, orderly and effective.

For any incident, the logging and analysis of actions during the incident are an essential tool for reviewing procedures, policies and implementing any training deemed necessary.

2.3 Implementation and practice of the plan will result in:

- Correct actions being taken by key staff in an incident ;
- Minimisation of losses;
- Interim provision of services;
- Restoration to normal as soon as possible;
- Completion of investigations, assessments, reports and documentation after an incident;
- Maintenance of the plan and any revisions
- Training of staff in appropriate procedures.

3 Scope

3.1

This plan must be followed by all staff in the event that the On Call Director declares that a situation or incident warrants the declaration of a 'Standby' of a Major Incident declaration and then a 'Major Incident declared'

Activation of this plan will occur when an incident that affects a team or directorate to the extent that it threatens the function of that service, or affects the operation of any other service.

4 Definitions

Major Incident

A Major Incident is any occurrence which presents a serious threat to the Trust, disruption to a service or causes (or is likely to cause) such numbers or types of casualties or losses as to require special arrangements to be implemented by the Trust.

Major Incident Standby

When the situation is unclear, at an early stage or has the potential to escalate. The purpose of the Major Incident Standby is to get the organisation ready to implement special arrangements if these become necessary.

Major Incident Declared

When the situation requires special arrangements to be implemented in part or in full. The Major Incident Declared message starts the implementation of special arrangements to deal with the major incident.

Major Incident Cancelled (only used externally)

The situation is not as serious as thought and special arrangements will not be required.

Major Incident Stand Down & Debrief

The organisation has completed its response and normal working arrangements are now re-instated. The Incident Director is responsible for issuing the 'STAND DOWN' instruction after a major incident. No other person has the authority to do this. The Director on Call must inform the NHSE EPPR lead of our intention to Stand Down.

Surge capacity

Surge Capacity event is any occurrence of a very large number of referrals within a short period of time which presents the risk of the Trust being unable to scale operations up (and down) swiftly, smoothly and productively.

Mass Countermeasures

In the event of an incident requiring the distribution of countermeasures in the community, the Trust will provide staff and the use of premises to support the work, as necessary. The need to undertake this action will be communicated to the Trust by NHS England.

Mass Casualty

Mass Casualty as an example of a situation that might bring about our involvement in Mutual Aid, in which case we would, of course, support any affected Trusts as fully as we were able to.

5 Duties and responsibilities

All the roles and responsibilities will be as 'Action Cards', held in the incident control room and as an appendix to the Business Continuity Plan.

5.1 Chief Executive

The Chief Executive is responsible for ensuring there is an up-to-date Major Incident Plan, an infrastructure to ensure that it is maintained, effective training in the plan and two areas designated and equipped adequately as primary and secondary Incident Control Centres.

5.2 Medical Director

Gold Command is assigned to the Medical Director (or Director on Call out of hours) as the AEO (Accountable Executive Officer) as a Board member with overall responsibility for the Trust EPRR and Business Continuity Plans, in accordance with the standards set out in the and ISO 22301.

This includes:

- Providing higher level support to Incident Manager and Deputy
- Taking action to manage events external to the Trust and incident
- Deciding whether to notify/call in Chief Executive/Chairman
- Deciding whether to notify NHS England; Declaration, Standby, Stand down
- NHS E - call EPRR Manager on 0844 222 888 NHS01
- Co-ordinating press releases, public information and internal communication.

5.3 Directors

- To ensure that staff are prepared and trained and aware of their duties in event of an incident.
- To keep informed and communicate any changes in procedure or policy in the event of an emergency situation to directorates, external agencies and contractors.
- To cascade informational changes to directorates back to Emergency Planning Team.
- To keep all relevant and up to date contact details of key staff at home.

5.3 Incident Manager (Silver Command)

- To alert NHS England on 0844 822 2888 and ask for NHS01
- To decide who to notify/call in, and set process in motion
- To be main point of communication for Emergency Services or Contractors
- To ensure regular Situation Reports to external agencies and senior Incident team (Sit Rep template – appendix E)
- To take control of Incident Control Centre and allocate staffing to areas of need.
- To take overall control of events from Incident Control Centre and delegate responsibilities
- To identify deputy, if appropriate, to take charge at site of incident
- To co-ordinate traffic control and access to site and off site.
- To co-ordinate log of events, and preserve evidence, arrange loggists and arrange the debriefs
- To ensure the recording of all messages and information received and sent during incident.
- To sign, time and date all messages

5.4 Incident Control Centre / Room manager

- Sit Rep cards are to be complete regularly
- To arrange for refreshments and relief for fatigued staff
- To take operational control of unaffected areas
- To organise repairs, clean up
- To record and analyse details of incident for final report

5.5 Deputy Incident Managers ('Bronze team')

- To attend events and alarms and take charge of events at site of incident
- To ensure safety of individuals as first priority
- To ensure safety, security or isolation of area
- To concentrate on source of incident and measures to deal with it
- To ensure evacuation and all persons accounted for
- To co-ordinate staff movements and extra help if needed via Incident Control Centre
- To use 'runners' and marshals as necessary
- To brief emergency services and others who attend
- To keep Incident Control Centre informed and updated regularly
- To ensure all relevant parties are kept up to date with outcomes
- To coordinate any meetings after stand down
- To gather and retain all relevant evidence for analysis

Other Managers

Report to Incident Manager at arranged times and follow instructions and adhere to procedure.

5.6 Loggists and Situation Reports

Trained loggist (or experienced minute takers) will be nominated to work on rota to record events as directed by the Incident Manager. All loggist notes are to be held centrally in the Incident Control and Command centre.

on any Actions and decision will be used in the 'hot' and 'cold' debriefs and identify any training and resources to be implemented. Lessons learnt to be communicated to all staff.

6 Responding to a Major Incident

6.1

Once a 'Major incident' is declared the response must be relevant and proportional to the nature of the event. The incident team will be convened by the incident manager and a minimum of 2 Directors. They will communicate regularly through the management of the event and take decisions relevant to the situation in order to preserve life and health of persons, and manage service disruption.

A log of core decisions taken (timed and dated) will be kept by the Incident Manager and/or the deputy and from the Loggist notes.

6.2 Mutual Aid

In the event that Trusts and services are requiring staff and resources they will contact local providers for Mutual Aid See EPRR Policy pages 34 and 35

7 Key Individuals' Contact Details

7.1

All emergency and confidential personal details; mobile telephone and home details of the Directors and key staff numbers are available as a list held on the Main Reception, in the 'On-call' bag and in the emergency cupboard in SR4 on the ground floor of the Tavistock Centre. All Directors have copies of this list at home and contact numbers of the Executive Management Team (EMT) for communication for any emergency declaration outside of working hours. There is a rota of Director on Call, changed on a weekly basis.

Director on Call Action Card

All electronic updates can be emailed to Incident control room, that email group is made up of the members of the EMT and therefore the EPRR Group. See the EPRR Policy for further details

For the Tavistock and Portman Estate; emergency services for utility suppliers and facilities management are listed at Appendix B.

Local Suppliers for our 'satellite' outreach and community services will be kept on their individual sites and are the responsibility the 'landlord' in the event of a Major Incident – see the Service Specific BCPs

8 Incident Control Centre

8.1

In case of a Major Incident there are a number of alternative Incident Control Centres:

The Primary Incident Control Centre is **Seminar Room 4**, Ground Floor, Tavistock Centre,

Alternatively the **Board room** on the 3rd floor.

If the Primary Incident Control Centre is disabled, for instance if it is affected by the incident, the secondary Incident Control Centre is the **General Office** or the **Portman Clinic**.

The third fully functional office and communications centre is the **Monroe Building** at 33A Daleham Gardens

8.2

The primary Incident Control Centre is equipped to receive and transmit information and directions from and to the Incident Manager, the site of the incident as well as outside.

An Incident Control and Command Centre has access to the following provisions; (SR4 has a cupboard and facilities that consist of)

- Two telephones which can be plugged into independent analogue extension sockets in SR4.
- These extensions are both emergency back-up extensions in case of system power failure.
- The telephone numbers are 020 3112 0135 & 0156; this is also noted on the sockets points. Site plans for The Tavistock Trust premises
- Laminated additional plans of the Tavistock Centre which may be marked up during the emergency
- Note-pads, pens, pencils to record all messages received and sent
- List of key personnel, addresses and telephone numbers.
- A Flip chart and or white board.
- A megaphone
- Torch and spare batteries
- Barricade tape
- Information on utility suppliers, and emergency numbers for facility contractors
- Copies of the Major Incident Plan and the Business continuity plan with Action cards

- These Plans and Action cards are kept on the main reception
- Tea, coffee, dried milk, sugar and plastic cups
- **Laptops and further PCs that can be attained from IT**
- Access to the news channels via the AV equipment in the Seminar rooms or via the Laptops, staff tablets or PCs.

Walkie-talkie radios can be found at the Tavistock Centre on main reception & in room the General Office, a of selection Directorate EAs have been trained to use the switchboard.

8.3

- The emergency services may also attend and work alongside the Incident Lead n the Incident Control Centre, .
- During any incident a record should be made by the Loggist of every message and all information issued and received. All records must be timed, dated and signed. This is for use in briefing staff or the press, and later during the investigation and for insurance and training purposes
- Press briefings for major internal incidents will be held in Seminar Room 1, if the alternative Incident Control Centre at the Portman Clinic is used, space is available for press briefing in the Portman Clinic Waiting Room.
- The key roles identified must be established for each shift
- Requirements for each shift should be monitored at each handover
- Handover briefings must be appropriately detailed (template and standard operating procedures)
- Sufficient time must be allowed for handover
- The Incident control room manager is accountable for ensuring appropriate staffing of all shifts
- Shift changes should be considerate of both staff welfare and operational requirements
- Where possible there should be continuity of staffing
- Staff welfare and health and safety policies must be followed

9 Communication during the incident

The Director on Call via Communication lead will share information in regular and agreed time, they will also keep updating NHS E and NHS Comms.

NHS England (London) has the email contact of incidentcontrolroom@taviport.nhs.uk , which is linked the wider management team and they have the contact details of the Health and Safety Manager and the Deputy Chief Executive for text alerts; to whom any external Incidents should be declared.

The Incident Manager will initiate call-out of staff as appropriate by land line telephone or mobile telephone. All confidential personal details; home and mobiles of the directors and key staff numbers are available as a list held at home by key personnel. If telephone communication is impossible the Incident Manager may dispatch staff by car/taxi to collect key staff.

Information of the Incident; updates of the Incident, interruption to services and the return to Business As Usual, can be broadcast on the Web page for the Trust, a recorded voicemail on the Switchboard and some departments have a group text facility. The immediate cancelations of services and restoration will be made by telephone calls using external access to staff patient and student databases by key administrators in each department.

10 Provisions for out of hours: Evenings, Nights & Weekends

10.1 Evenings Monday to Friday

Location	Out of hours action
The Tavistock Centre 07:30 - 22.00 Mon to Fri	In case of an Major Incident in the Tavistock Centre the receptionist should: Contact emergency services Contact the Deputy Chief Executive and the Health and Safety Manager
Portman Clinic Mon to Wed 9-5 Thurs and Fri to 20.00hrs	Between 5.00 p.m. and 8.00 p.m.: Contact emergency services or Contact Tavistock Centre Reception
Gloucester House School Monday to Friday 8:30-5	Contact Estates
All other services and outreach	Contact service manager and follow local protocols

10.2 Nights and Weekends – On Call key holder for estates

At night and weekends the Trust's buildings are generally closed.

All six buildings have Intruder alarms connected to a monitoring station. In case of intruders, or any other event which may trigger an alarm, the monitoring station will call the police to the premises and also call the building's key holder. All six buildings have a lockdown procedure on site and a copy of each is kept in the On Call Bag, all Estates staff are inducted using these procedures and agree to be on the on call rota.

The Trust has **two key holder provisions**; the on call Facilities staff and ADT/Chubb key holder contract

First Line: Estates staff have an On Call rota. If an alarm is triggered and they are called by the monitoring station, they attend the appropriate premises to check the situation. If the key holders find any major incident situation they should;

- Contact the emergency services as appropriate (or liaise if emergency services are in attendance)
- Contact the Director of Estates or Operational Estates and Facilities Manager at home or by mobile telephone.
- Air call RFH On Call Engineer if appropriate

Second Line: If the monitoring station cannot contact the mobile telephone holder they will contact a key holding contractor, Chubb Emergency Response, who will attend the site. Chubb Emergency Response has the telephone numbers of the Estates and Facilities Manager and Support Services Manager in case back up is required.

It is possible that an alarm could be triggered in an unoccupied building while another building is occupied. The on-call key holder may be called to any building out of hours irrespective of occupation of any other building.

The Director on Call

Weekly On call rota handover every Tuesday at the Management Team meeting. The CEO's office will make the arrangements to update the Director On Call mobile number on the PageOne webpage for NHS alerts and with Estates on Call person.

Trust Responsibilities

The Trust has agreed that we have a small group of medical and nursing staff to assist in the event of a local Major Incident we can provide Mutual Aid of any staff group. The Trust On-Call Director would be contacted by NHS England if support is requested from us and should then coordinate arrangements.

11 Media Response and Management

The Chief Executive, Deputy CEO or the Communications Director will take direct responsibility for handling all media enquiries for the Tavistock Clinic. The Portman Clinic Manager, in consultation with the CEO, will deal with enquiries about incidents at the Portman Clinic.

12 Business Continuity Plans

Each Directorate will be required to agree and publish local arrangements for business continuity in the event of Major Incident, see the Business Continuity Procedure for details.

There are local BCPs for all teams, these must be reviewed annually.

Each Service Line will have in place contact details and access to a database to be used to contact all Staff, Patients and Students / Visitors via email and text. This contact list will also include part time and outreach workers and services supported by external agencies and contracts. The manager from each department is responsible for communicating any breakdown or delay in service provided by the Trust to all concerned. Regular updates are kept on these databases.

The Incident manager will discuss with all key staff and the team leads on the known impact and length of time that services will be disrupted when all information has been collated. The Incident Manager will monitor and communicate any changes to that timescale.

Alternative arrangements must be made for the provision of a service if an area is out of action long term due to the incident. This can be in other parts of the site or off-site where it is possible to relocate teams of staff and services.

Identifying 'Critical' services within each Directorate has been identified in the Service Specific Risk Assessments. Especially difficult areas to be relocated e.g.; Gloucester House School, and they will need to communicate as appropriate with Social Services and the Education Authorities.

All patients, staff and commissioners will be notified of the disruption to services and regular communications of on ongoing issues, and timescales of the return to Business as Usual.

13 Debriefing and Incident Investigation

The Incident Manager will ensure that there are records of actions taken, and take all possible steps to preserve evidence for an investigation. Trained loggists will be responsible to log all decisions made, meeting attendees and conference calls during the incident, and all records must be timed and dated and signed off.

Security measures may be needed to control access to areas or to isolate them before the investigation can start. The names of witnesses are particularly important. They should be interviewed as soon as possible after the event, and their comments recorded. Photographs of evidence may be required. This should be organised by the Incident Manager. A disposable camera is kept in the incident cupboard.

As soon as possible after the event all individuals involved, including any outside agencies, should be called together by the Incident Manager for 'Hot' Immediate debriefing. As soon as possible after the event an investigation team will be appointed by the Chief Executive to investigate the incident.

The investigation team will establish the exact sequence of events, what went wrong, what went well and what actions are needed and to evaluate the Trust's response. The exercise is not intended for disciplinary purposes.

The 'Hot' / immediate, and 'Full' / considered, debriefs on the response and recovery of 'Business as usual' of the Incident will be chaired Services leads and then by the Chief Executive, with representatives and reports from those involved. Any 'Lessons learnt' and revised risk assessments to be monitored and reported back to the Board with the investigation details and Report of the Incident.

All staff, patients and visitors to the Trust involved in a major incident will be offered support and advice according to the severity of the incident. Staff have access to the 'Staff Consultation Service', visitors and patients will be offered expert professional support as required via in our clinical services.

14 Incident Specific Response

14.1 Burglary/theft/sabotage/vandalism

- Only incidents affecting essential services or causing a serious and immediate risk of danger are a Major Incident
- Managers should have contingency plans for equipment which, if they were damaged or stolen, would cause immediate risk.
- Areas must be closed down until they can be restarted safely.
- Take immediate steps to repair/replace or make alternate arrangements for service provision.

14.2 Information Communication Technology Incident

See the ICT Recovery Plan – Ensure the Director and Senior managers are notified immediately and the incident is logged with the IT Helpdesk.

14.3 Failure of fabric of building

- Call Fire & Ambulance services
- Deal with any casualties, remove all from the area
- Evacuate room or area
- Prevent access to area
- Call Estates On Call (in T&P buildings)

14.4 Fire

- All buildings have fire procedures and protection. The priority in any fire situation is to raise the alarm and evacuate the building safely. For further instructions follow the advice of the fire marshals at the site

14.5 Severe Weather – Please see the **Severe Weather Response Plan**

- If life or building threatened, call Fire & Ambulance services
- Call Estates On Call (in T&P buildings) or local BCP arrangements
- Isolate or evacuate area, cordon off if possible and prevent access to unauthorised people.
- Local BCPs to identify those who can work from home
- IMT teams to ensure adequate plans and facilities to mitigate risk to servers and telephony systems from overheating / flooding
-

Heatwave

- identify any vulnerable patients that would need alternative service provision , ie telephone call
- ensure all areas with high temperatures have A/C units
- advise all staff on preventative measures ie blinds down overnight
- ensure drinking water is available for all
- ensure fans are available
- identify areas where the windows can be left open overnight
- keep up to date with weather reports and communicate updates

Snow and Ice

- identify any vulnerable patients that would need alternative service provision , ie telephone call
- ensure all pathways and car parks are kept clear and gritted
- ensure all heavy duty mats are accessible at all main receptions
- ensure all interior corridors are monitored and mopped
- ensure extra heaters are available
- keep up to date with weather reports and communicate updates

Flood and heavy rainfall

- If loss of facility then identify any vulnerable patients that would need alternative service provision , ie telephone call
-

- Contact Estates and local providers to ensure any damage to property or continued flooding is attended to immediately
 - keep up to date with weather reports and communicate updates
- **14.6 Gas / fumes escape**
- If there are unconscious casualties DO NOT enter area - leave the casualty and call Fire & Ambulance services, explaining a 'chemical incident'
 - Evacuate area; cordon off if possible
 - Call Estates on Call (T&P buildings) or local BCP arrangements If no casualties but individuals are affected, evacuate the area.
 - Prevent access by unauthorised people
 - Do not allow re-entry until Stand Down by Fire Service

14.7 Hostage situation

- Call police
- Cordon off area; try to remove all people and maintain calm
- Do not attempt to rescue hostage
- Do not antagonise hostage taker
- If appropriate, try to establish dialogue until police arrive
- If possible try to maintain observation of individuals concerned

14.8 Loss of major utility

- Gas - in the event of loss of gas Call Estates On Call (in T&P buildings) or local BCP arrangements
- Water - there is no alternative provision on any site, contact Thames Water
- Electricity - there is no alternative provision on any site.
- See appendix for Utility Services contacts

14.9 Major leak of fuel oil

- Deal first with any casualties; remove from area.
- If unconscious casualties, DO NOT enter area - leave casualty and call Fire & Ambulance services, explaining: oil leak and casualty
- If life or building threatened, evacuate, call Fire Service
- If serious leak or spill isolate or evacuate area; cordon off if possible
- Call Estates On Call (in T&P buildings) or local BCP arrangements
- Prevent access by unauthorised people
- Do not allow re-entry until permitted by the Fire Service
- Hazards can include electrical short-circuit, fire, burns, poisoning

14.10 Serious violent incident

- Call police immediately
- Call Tavistock Centre reception who will alert staff to escort police
- Do not risk injury by intervening

- Take action to protect patients, visitors, staff or self only as necessary
- Do not carry out any action for which you have not been trained
- If possible, discreetly maintain observation of individuals concerned

- **14.11 Absconding of a child at GH**

- The Gloucester House School has its own procedures when a child absconds from the school or on an external school trip – See Gloucester House School Policy
- Call Tavistock Centre reception who will alert security staff to search the area
- If no success, call police
- If patient missing, call case consultant, call patient's home, school or relatives
- Maintain security of area

14.12 Serious injury or accident

- Care of injured is first priority - immediately call an Ambulance and contact available first aiders or medical staff – details on reception.
- Call the Police
- Isolate area / equipment
- Make area safe if possible without risk
- Organise photographs or collect evidence of cause of injury
- Take names of witnesses, and statements. Ensure statements are signed, dated and timed
- If a death occurs, the police must be called and the Chief Executive informed immediately. Ensure nothing is touched, but collect as much evidence as possible before police arrive.
- Whilst police are on site liaise with them whilst ensuring continuing operation of area involved if possible

14.13 Suicide or threat

- Call 'On Call' Clinician (details with all Receptions)
- Call Tavistock Centre reception who will alert security staff to escort Police
- Call ambulance and police
- Clear area; prevent unauthorised entry
- Try to maintain observation of individual
- Try to establish dialogue with individual
- Try to keep things calm until police arrive

14.14 Switchboard failure (Tavistock Centre and Portman Clinic)

- There are two independent analogue phone lines located in SR4
- A back up telephone system is in operation in the server room on the 5th floor
- Comms team to update website and intranet if possible
- IT to access answer phone message and change it
- Mobile phones and radios may be needed, all teams should have all

contact details in their local BCP

14.15 Reduction in Staff Levels;

Extreme weather, Transport strikes and Flu Pandemic

- If staffing levels drop below acceptable parameters, additional staff may be called in to work as follows:
- Recall staff on leave
- Mutual aid from another team
- If adequate numbers of staff are not available, appropriately qualified and trained agency help may be sought.
- If no cover is available, a reduction in service should be considered following discussion with the responsible directors.
- Assess which parts of the service can be stopped and list in priority order
- Update contact details on the local / service specific BCPs

15 CBRN and HAZMAT Incidents

Chemical, Biological, Radioactive and Nuclear, and Hazardous Materials

- Advice and training to Front line staff is to 'Isolate and transfer' any persons arriving at the Trust. Staff are instructed to call the LAS and report a CBRN or HAZMAT incident with as much information as they can communicate. The Trust does not have the facilities or resources to attempt any more than to prevent contamination of, or the spread of contamination to, staff, patients and premises occupied by the Trust.

The IOR for this response are kept on all reception's in the Trust Estate and the location of provisions (Blue paper towels, water etc)

- **In the event of an attack;**
- REMOVE themselves from the immediate area
- REMOVE outer clothing
- REMOVE the substance
- "The 'Remove, Remove, Remove' is the training for all front line emergency services personnel how to treat a suspected exposure to a hazardous substance. This can include a deliberate or accidental exposure to a hazardous vapour, powder or liquid, such as an 'acid attack'.

- Staff are instructed that there are specialist teams of Ambulance Service personnel that are trained to provide a clinical response alongside the other emergency services within the 'hot zone' of a CBRN or HAZMAT incident

16 Distribution

This plan, and updates, will be distributed to:

- NHS E London EPRR team
- All Board members
- All directors in the Executive Management Team
- Estates and Facilities Manager
- Members of Health and Safety Group
- All team managers
- Support Services Manager; security and support services staff
- IM&T Director, IT Manager and Informatics Manager

It will be made available on the Trust's website, the review dates noted with the Policy Lead and recorded on the Policies database.

17 Training via Rehearsal and Review

The Deputy Chief Executive will lead an annual table top exercise for Trust wide service disruption.

Following training and exercising, this Plan, associated Trust wide and the associated Service Specific BCPs will be reviewed, updated and reissued in the light of the in light of lessons learnt.

The records of all training exercises and Incidents will be kept by the H&S Manager, including debriefs and Lessons learnt. The H&S Manger will also represent the Trust and Local Resilience Forums, events and external exercises.

The Health and Safety Manager is responsible for reviewing this plan annually or as required by organisational changes.

The Health and Safety Manager is responsible for maintaining the contents of the emergency cupboard in SR4 and the Board room and ensuring that the information therein is kept up to date.

The records of all training exercises and Incidents requiring the activation of this plan will be kept by the H&S Manager, including debriefs and Lessons learnt. This will be reported quarterly to the Corporate Governance and Risk Work stream. The H&S Manger will also represent the Trust at Local Resilience Forums, attend quarterly meetings of EPRR Colleagues form MH and CH Trusts Pan London, and attend events and external exercises with by NHS E London EPRR.

Lessons identified

Throughout the incident, at whatever level, there will need to be an agreed process in place to evaluate the response and recovery effort and identify lessons. The IM is responsible for activating the lessons identified process and may delegate the responsibility to the IM. The lessons identified process will be implemented at the start of the response and continue during and after the incident until all actions are completed.

A separate lessons identified report will focus on areas where response improvements can be made in future.

This report will include:

- Observations
- Action plan – recommendations, actions, timescales, owner

18 Process for Monitoring Compliance with the Major Incident Plan

The Deputy Chief Executive will provide assurance to the Clinical Quality Safety and Governance Committee that regular table top exercises confirm this procedure to be up to date and fit for purpose.

19 Associated Documents

This document should be read in conjunction with the following Trust documents:

- EPRR Policy
- Business Continuity Plan
- Service Specific BCPs (All teams across the Trust including satellite)
- Fire Safety Procedure
- Incident Reporting Procedure
- Serious Incident Procedures
- Arson Prevention Procedure
- Portman Clinic Crisis Management Strategy
- Media Handling Procedure
- IT Incident Failure Contingency Plan
- Serious Incident Investigation Procedure
- Lockdown Procedures Tavistock Centre
- Lockdown procedures - Gloucester House School

20 References

Civil Contingencies Act 2014
NHS England Incident Response Plan 2017
ISO 22301

Appendix A: Equality Impact Assessment

Completed by	Lisa Tucker
Position	EPLO
Date	April 2019

The following questions determine whether analysis is needed	Yes	No
Is it likely to affect people with particular protected characteristics differently?		X
Is it a major policy, significantly affecting how Trust services are delivered?	X	
Will the policy have a significant effect on how partner organisations operate in terms of equality?		X
Does the policy relate to functions that have been identified through engagement as being important to people with particular protected characteristics?		X
Does the policy relate to an area with known inequalities?		X
Does the policy relate to any equality objectives that have been set by the Trust?		X
Other?		X

If the answer to *all* of these questions was no, then the assessment is complete.

If the answer to *any* of the questions was yes, then undertake the following analysis:

	Yes	No	Comment
Do policy outcomes and service take-up differ between people with different protected characteristics?		X	
What are the key findings of any engagement you have undertaken?		X	Consultation with Directors and Managers responsible for risk management within the Trust. Changes incorporated.
If there is a greater effect on one group, is that consistent with the policy aims?		X	No greater effect on any one group
If the policy has negative effects on people sharing particular characteristics, what steps can be taken to mitigate these effects?		X	
Will the policy deliver practical benefits for certain groups?		X	
Does the policy miss opportunities to advance equality of opportunity and foster good relations?		X	
Do other policies need to change to enable this policy to be effective?		X	

Appendix B; Action Cards

GOLD COMMANDER – Strategic

Either a Departmental Director or the Medical Director

Responsible to – The Chief Executive and the Trust Board

Purpose – Overall responsibility for executive and strategic decisions and external accountability

- Seek a briefing from Silver Commander as soon as possible
- To decide whether to notify/call in Chief Executive/Chairman
- Be accountable for Silver Commander and prompt any command shift arrangements in conjunction with the Silver Commander
- To provide higher level support to Incident Manager and Deputy
- To take action to manage events external to the Trust and incident
- To co-ordinate press releases, public information and internal communication.
- To decide who to notify/call in, and set process in motion
- To declare 'stand down' after event

Silver Commander – Director Level – Tactical

Purpose – Manages the incident and sets actions that are completed by Silver and Bronze teams.

Purpose; Responsible for strategic planning

To Alert NHS London Manager 0844 822 2888 and ask for to declare an incident and / or media support.

- To be main point of communication for Emergency Services or Contractors
- To take control or to ensure the Silver Command is at the Control Centre and allocate staffing to areas of need.
- To take overall control of events from Control Centre and delegate responsibilities
- Using the M/ETHANE model, get a briefing from the manager for the affected area/site manager on the incident. This briefing will cover the following:
 - What the incident is and what caused it
 - Where the incident is and how far it affects
 - When the incident started and how long it will go on for
 - Who and how many patients are affected
 - Who and how many staff members are affected
 - How the incident will affect services (i.e. to what extent the service normally provided in or by that area will be curtailed)
 - Inform the Gold Commander of this information to determine whether or not the incident warrants the declaration of an internal incident, and which wave should be implemented:
- Start a log and delegate role of Loggist as soon as is possible to an appropriately person

M/ETHANE Form

Time	Date
Organisation	
Name of Caller	Tel No

M	Major incident	Has a Major Incident been declared? YES/NO <i>(If no, then complete ETHANE message)</i>	
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E	Exact Location	What is the exact location or geographical area of incident	
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T	Type of Incident	What kind of incident is it?	
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H	Hazards	What hazards or potential hazards can be identified?	
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A	Access	What are the best routes for access and egress?	
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N	Number of casualties	How many 'casualties' are there and what condition are they in?	
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E	Emergency Services	Which and how many emergency responder assets/personnel are required or are already on-scene?	
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Restricted once complete

Signature

SILVER TEAM MEMBERS

- Delegate other roles from this action card to members of the Silver Team who will be accountable to this role for their completion. Nominate staff for roles to the Silver team
- Ensure the cause of the incident is being investigated further by senior managers from the appropriate area, co-opting as appropriate (e.g. Clinical lead, E&F, IT)
- If the incident involves the emergency services who have instigated their own Silver and Gold controls, the Silver leader should request the presence of an Incident Liaison Officer from the emergency services to help coordinate the trust's response to the incident with those of the emergency services
- Attend meetings with Gold Commander as required, designating a deputy to manage the Silver Team during his or her absence
- At the end of the incident, confirm the decision to stand down with the Gold Commander and the issue the "stand down" order clearly and unambiguously
- Conduct a hot debrief and record briefly the main findings: submit main findings to the Emergency Planning lead immediately who will be conducting a full debrief report
- Attend meetings with Gold Commander as required, designating a deputy to manage the Silver Team during his or her absence
- At the end of the incident, confirm the decision to stand down with the Gold Commander and the issue the "stand down" order clearly and unambiguously
- Conduct a hot debrief and record briefly the main findings: submit main findings to the Emergency Planning lead immediately who will be conducting a full debrief report
- Gather information on the Incident;
 - Establish site for Command centre
 - Ensure everyone is using the guidance in the BCP and the Major Incident Plan

- Organise bronze team members to cordon off areas or be used as runners between sites
- Take immediate steps to repair/replace or make alternate arrangements for service provision.
- Communicate and report back regularly to Silver Commander
- Ensure the resources for Bronze team to be on site until the incident is stood down
- Follow instructions from Silver command
- Ensure safety of staff and patients at all times , Cordon off and secure area
- Contact patients / students / visitors of cancellation of services and alternative arrangements, via telephone, text or website, ensure communications are clear and relevant
- Ensure all updates are fed up the chain of command
- Practical support to Emergency Services

BRONZE (OR OPERATIONAL) COMMAND

- Bronze (Operational) level staff provide the operational (hands on) response to any incident and usually refers to people who are actively carrying out actions related to the incident, for example Support Services staff may have been instructed to undertake certain duties.
- The member of staff instructing staff will become the 'Bronze Controller'; there can be multiple bronze controllers who feed into the Tactical (Silver) Command

21 Appendix C; Communications Action Card

Maintain a rota for the role of Communications Lead.

Regularly liaise with the Incident Manager regarding situation updates.
Agree key stakeholders and primary channels for communication.

Co-ordinate media response with local responding organisations and NHS England

0844 822 2888 Ask for LONØ1 (NHS England London Communications Manager)

Agree key messages and information which can be released to the public, regularly review these messages as the event unfolds.

Compile a list of Frequently Asked Questions by / for the media / public and agree answers / response with Incident Manager for use by nominated spokesperson.

Ensure patient data is kept confidential when speaking to the Media
Keep media statements factual and general; do not disclose confidential information as determined by the Data Protection Act.

Provide information and guidance for staff as to what to do if the media contact them

Issue guidance for staff on how to inform patients of the incident and where appropriate draft communications to support departments with their own updates via webpages, text messages and social media

Liaise with multi-agency communications personnel.

Inform team of time and location of press briefings.
Ensure up to date information is made available to spokesperson in time for briefing.

Provide regular communications bulletins for staff, patients, stakeholders and the media

Update Trust website and intranet and ensure website and all relevant pages are updated to reflect impact of incident. Use social media platforms as appropriate. Activate and coordinate helpline to deal with general public and media enquiries if necessary.

Ensure Incident Stand-down is communicated.
Ensure all staff have opportunity to participate in debrief process.

Work with team on communicating Lessons Learnt from the Debriefs.

Assist with information for use in the Incident Report and arrange for publication

Appendix D; Control Room Manager Action Card

The Control Room manager is responsible for;

- Prepare the Incident Coordination Centre for use
- Write up shifts and staff involved , contact details
- Ensure white boards / flip charts stationery available
- Ensure drinks and snacks are available
- Clear walls of pictures, arrange furniture and equipment, provide and identify numbers of two telephones (one phone for ICC direct line with the second dedicated for Silver Commander), clear whiteboards for use, display site maps,
- Ensure IT equipment set-up with access to ICC emails (NHS.NET)
- Open other offices as required (i.e. Command Room for Gold Commander including a direct telephone line)

Appendix E; Loggist Action Card

- Open incident log and maintain throughout incident – ensure that all details are being entered on the log
- Messages details – time of call, name of caller (check spelling), their contact number, spelling of technical names, spelling of locations and company names
- Actions and decisions taken – time of decision, exact nature of decision, spelling of technical names, spelling of locations and company names
- Challenge anything you are unsure about
- Receive calls on the direct ICC line
- Record caller's details and time of call on log sheet.
- Record name, organisation and contact numbers. Check spelling of unfamiliar names with caller. As well as their landline number, ask for their mobile phone and pager numbers
- Ask if email contact is possible. Take email details
- Answer queries or divert calls to appropriate person as necessary – ask for detailed feedback from the person receiving the call and record this on the log especially any decisions or information requested/provided
- Act on instructions of Gold, Silver and ICT
- **Supporting information:**
- Depending on the situation, you may have someone else to help you with these tasks. The Silver Commander will let you know if this is the case. If you have any problems you should ask the Silver Commander
- **Working Arrangements**
- At the end of your shift you will hand over to another loggist
- Please make sure that you hand this card to them at that time
- Make sure they know what arrangements you have made for storing records etc.
- You will usually be expected to work an 8 hours shift with two 30-minute breaks

Appendix F: SitRep - Situation report for ICC

Date:	Time:
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Completed by:		Department/ Team	
Notified by:	Name:		
	Contact Details:		

What has actually happened or is the anticipated scenario?	
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What is the current / possible impact on sites / services / critical activities	
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Incident Level:	1	2	3	4
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Support Required:	
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Next Update at :	Date:	Time:
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Authorising Officer:	
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