# Major Incident Plan

<table>
<thead>
<tr>
<th>Version:</th>
<th>6.3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bodies consulted:</td>
<td>Management Team</td>
</tr>
<tr>
<td>Approved by:</td>
<td>Management Team</td>
</tr>
<tr>
<td>Date Approved:</td>
<td>6 June 2018</td>
</tr>
<tr>
<td>Name of originator/ author:</td>
<td>Health and Safety Manager</td>
</tr>
<tr>
<td>Lead Director:</td>
<td>Medical Director</td>
</tr>
<tr>
<td>Date issued:</td>
<td>6 June 2018</td>
</tr>
<tr>
<td>Review date:</td>
<td>June 2019</td>
</tr>
<tr>
<td>Date</td>
<td>Changes made</td>
</tr>
<tr>
<td>------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Dec 2017</td>
<td>Addition of Audit trail table</td>
</tr>
<tr>
<td>April 2018</td>
<td>Minor updates from Assurance review; including Director on Call arrangements.</td>
</tr>
</tbody>
</table>
Contents

1 Introduction .......................................................................................................................... 4
2 Purpose ................................................................................................................................. 4
3 Scope .................................................................................................................................. 5
4 Definitions ............................................................................................................................ 5
5 Duties and responsibilities .................................................................................................... 6
6 Responding to a Major Incident ............................................................................................ 8
7 Key Individuals’ Contact Details .......................................................................................... 9
8 Incident Control Centre ........................................................................................................ 9
9 Communication during the incident ..................................................................................... 11
10 Provisions for out of hours: Evenings, Nights & Weekends .............................................. 11
11 Media Response and Management ..................................................................................... 13
12 Business Continuity Plans .................................................................................................. 13
13 Debriefing and Incident Investigation ............................................................................... 13
14 Incident Specific Response ................................................................................................ 15
15 Distribution ........................................................................................................................ 18
16 Training via Rehearsal and Review .................................................................................... 19
17 Process for Monitoring Compliance with the Major Incident Plan .................................... 19
18 Associated Documents ....................................................................................................... 20
19 References ........................................................................................................................ 20

Appendix A: Equality Impact Assessment ..............................................................................
Appendix B Emergency Numbers for Utilities and Repair Call Outs ......................................
Appendix C Action Cards .......................................................................................................  
Appendix D Communications Action Card ............................................................................
Appendix E Loggist Action Card, Incident Coordination ...........................................................
Appendix F Action Card for Incident Manager ..........................................................................  
Appendix G Director on Call Action Card ................................................................................

Major incident plan, v6.3, June 2018
Page 3 of 32
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.

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 CEO (or acting CEO) declares that a situation or incident warrants the declaration of a ‘Major Incident’.

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

A 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.

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 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 trust(s) as fully as we were able to.

Incident Manager

Is the person designated as in charge of the site with respect to emergencies that arise.
During the daytime the Incident Manager will be the Health and Safety Manager. In the absence of the Health and Safety Manager, the Chief Executive or his nominated Deputy will identify the relevant Incident Manager depending on the nature of the incident.

After hours the Support Services staff member on the on-call rota fulfils the role, supported by the Director of Estates. This person takes charge in an emergency and controls the situation until relieved by a more senior person or the situation ends. The department manager is the person whose normal duties include management of the department in question.

### 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.

The On Call Director is responsible for the decision for activation of this plan.

#### 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 Framework for Health Resilience (PAS 2015) 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
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

Incident Control Centre / Room manager
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
To declare 'stand down' after event.

5.4 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, 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. Sit Rep cards are to be complete regularly 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.

See Loggist Card as Appendix D see Sit Rep card as Appendix E

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 via Loggists.

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 Major Incident Plan for contact details, protocols and templates
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 EPPR 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 of 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 3<sup>rd</sup> 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 Incident Control Centre may also be used or accessed by the emergency services.

During any incident a record should be made by the Incident Manager 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.
9 Communication during the incident

NHS England (London) has the email contact of incidentcontrolroom@tavistock.nhs.uk, which is linked the directors 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, see specific departmental Business Continuity plans and the Communications Action Card.

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

10.1 Evenings Monday to Friday

<table>
<thead>
<tr>
<th>Location</th>
<th>Out of hours action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Tavistock Centre</strong></td>
<td>In case of an Major Incident in the Tavistock Centre the receptionist should:</td>
</tr>
<tr>
<td>07:30 - 22.00 Mon to Fri</td>
<td>Contact emergency services</td>
</tr>
<tr>
<td></td>
<td>Contact the Deputy Chief Executive and the Health and Safety Manager</td>
</tr>
<tr>
<td></td>
<td>For a very serious incident involving death, destruction or major injury the</td>
</tr>
<tr>
<td></td>
<td>receptionist should also contact the Chief Executive, Deputy Chief</td>
</tr>
<tr>
<td></td>
<td>Executive, and the Health and Safety Manager</td>
</tr>
<tr>
<td><strong>Portman Clinic</strong></td>
<td>Between 5.00 p.m. and 8.00 p.m.:</td>
</tr>
<tr>
<td>Mon to Wed 9-5</td>
<td>Contact emergency services or Contact Tavistock Centre Reception</td>
</tr>
<tr>
<td>Thurs and Fri to 20.00hrs</td>
<td></td>
</tr>
<tr>
<td><strong>Gloucester House School</strong></td>
<td>Contact Estates</td>
</tr>
<tr>
<td>Monday to Friday 8:30-5</td>
<td></td>
</tr>
<tr>
<td><strong>All other services and</strong></td>
<td></td>
</tr>
</tbody>
</table>
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.

**Trust Responsibilities**

The Trust has agreed that there are no critical services but in the event of a local Major Incident we can provide Mutual Aid. The Trust On-Call Director would be contacted by NHS England if support is requested from us and should then coordinate arrangements.

*Appendix 10 – Director on Call Action Card*
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. There is a prepared statement in the Portman Crisis Management document,

See Media Response Procedure Communications Action Card Appendix C

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.

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 the 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.

See Business Continuity Plan and Service Specific BCPs.

13 Debriefing and Incident Investigation
The Incident Manager will keep records of actions taken, and take all possible steps to preserve evidence for an investigation. Trained Loggists (or available Executive PAs) will be responsible to minute all meetings and conference calls during the incident; all records must be signed, timed and dated.

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 try to establish the exact sequence of events, what went wrong, 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 Incident the ICT Failure Contingency Plan (in the Business Continuity Plan).

- 14.3 Failure of fabric of building

- Deal first with any casualties; remove from area
- Evacuate room or area
- Prevent access to area
- Call Estates On Call (in T&P buildings)
- If substantial collapse or someone trapped, call Fire & Ambulance services

- 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. For further instructions follow the advice of Fire Service personnel in attendance at the site

- 14.5 Flood and Severe Weather

- Deal first with any casualties; remove from area.
- 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.
- Do not allow re-entry until permitted by the Fire and Emergency services.
- **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 (in 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 security 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 patient

- 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
- Mobile phones and radios may be needed
- If the problem is to be prolonged an Incident Control Centre may be needed
- If an emergency arises there is a high risk situation therefore be ready to activate the appropriate Major Incident Plan if necessary
**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.

In the case of Powder or Acid contamination and the need for Dry and improvised Wet decontamination, the instructions for the Initial Operating response (IOR) have been shared with the front of house staff, videos have been presented. Laminates of instructions have been shared with all front line staff and held on main reception.

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.

**Reduction in Staff Levels; Extreme weather, Transport strikes and Flu Pandemic**

*See Flu Plan and Service Specific Risk Assessments and BCPs*

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.

<table>
<thead>
<tr>
<th>15 Distribution</th>
</tr>
</thead>
</table>

This plan, and updates, will be distributed to:

- NHS E London EPRR team
- All Board members
- All directors of clinical services (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.

### 16 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.

### 17 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.

Any incident that results in Major Incident Plan being activated then a full investigation will be undertaken (following the Serious incident Investigation Procedure) and the result of this investigation (which will include a review of practice against procedure). Any Incidents involving disruption to services and all Fire Evacuations will be included in the records as a Major Incident exercise. These will be reported to the Management Team.
18 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

19 References

Civil Contingencies Act 2014
Framework for Health Resilience (PAS 2015) and ISO 22301.
Appendix A: Equality Impact Assessment

Completed by Marion Shipman
Position Associate Director Quality and Governance
Date 10 February 2017

The following questions determine whether analysis is needed

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is it likely to affect people with particular protected characteristics differently?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Is it a major policy, significantly affecting how Trust services are delivered?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Will the policy have a significant effect on how partner organisations operate in terms of equality?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Does the policy relate to functions that have been identified through engagement as being important to people with particular protected characteristics?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Does the policy relate to an area with known inequalities?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Does the policy relate to any equality objectives that have been set by the Trust?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Other?</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

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:

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

Additional comments

Appendix B Emergency Numbers for Utilities and Repair Call Outs
<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire Police Ambulance</td>
<td>(9) 999</td>
<td>(24 Hours)</td>
</tr>
<tr>
<td>Thames Water</td>
<td>0845 9200 800</td>
<td>(24 Hours)</td>
</tr>
<tr>
<td>British Gas (Transco)</td>
<td>0800 111 999</td>
<td>(24 Hours)</td>
</tr>
<tr>
<td>Electricity</td>
<td>0800 028 0247</td>
<td>(24 Hours)</td>
</tr>
<tr>
<td>British Telecom</td>
<td>0800 154 092</td>
<td>(Faults Team)</td>
</tr>
<tr>
<td>Fire Alarm (AFSS)</td>
<td>01322 557 755</td>
<td>(24 hours 02392 242 193)</td>
</tr>
<tr>
<td>Security Alarm (ADT)</td>
<td>01923 823 600</td>
<td>(24 Hours 0870 670 6005)</td>
</tr>
<tr>
<td>Glaziers (Taw)</td>
<td>020 8883 7319</td>
<td>(Daytime only)</td>
</tr>
<tr>
<td>Flood, Fire &amp; Damage Repairs</td>
<td>020 8208 3999</td>
<td>(24 Hours)</td>
</tr>
<tr>
<td>(London Damage Control)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Locksmith (AKW)</td>
<td>0800 458 6879</td>
<td>(24 Hours)</td>
</tr>
<tr>
<td>Tavistock Front Doors (Tormax)</td>
<td>01372 377 711</td>
<td>(24 Hours 07990 531 024)</td>
</tr>
<tr>
<td>Lifts (ThyssenKrupp)</td>
<td>020 8487 1445</td>
<td>(24 Hours 020 8487 9470)</td>
</tr>
<tr>
<td>HazMat removal –out of hours call emergency services 999</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working Hours contact the City of London Council 020 7332 3433</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix C; 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 Alert NHS London Manager 0844 822 2888 and ask for NHS01 and / or NHS London Communications Manager LON01 to declare an incident and / or media support.
- 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
Silver Commander – Director Level – Tactical

Purpose – Manages the strategic direction from Gold and makes it into sets of actions that are completed by Silver and Bronze teams.

Purpose; Responsible ‘Director in Charge’ of strategic planning

- 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
- To declare 'stand down' after event
- Seek and 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 (Seek advice from the H&S Manager)
SILVER TEAM MEMBERS

Consists of;

- Health and Safety Manager
- Service Manager
- Director of Estates and Facilities
- Estates and Facilities Projects Manager
- Director or Manager of IT
- Risk Advisor
- Communications Lead
- Loggist
- Purpose – Flexible and proportionate support to incident management

- 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 (Tavistock or Centre Height )

• 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 team

• 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
Appendix 7; Communications Action Card

Communications during an incident should be handled by a member of the Trust Communications Team. If unable to contact Trust staff, the Incident Manager should request assistance from the Communications Team at NHS England (London) for assistance. All staff should follow the Trust's communication policy and should not speak directly to the media.

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 Date 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 8; Control Room Manager & the Loggist Action Card

The Control Room manager is responsible for;

- Prepare the Incident Coordination Centre for use
- 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), provide and identify number for direct ICC fax, 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)

The Loggist is responsible for;

- 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
- Arrange refreshments for ICT and Gold Commander as required
- 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 or EPRR
- 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 halfway
### Appendix 9: Action Card for Incident Manager

#### SitRep (Situation Report)

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by:</th>
<th>Department/ Team</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Notified by:</th>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact Details:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**What has actually happened or is the anticipated scenario?**

**What is the current / possible impact on sites / services / critical activities**

<table>
<thead>
<tr>
<th>Incident Level:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

**Support Required:**

**Next Update at:**

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Authorising Officer:**

---

Major incident plan, v6.3, June 2018

Page 29 of 32
Appendix 10: Director on Call Action Card

NHS Monthly Communications Exercise (CommEx).
NHS England will send out a text to the Director on call number - Red Alert Comms Ex - and ask the Director on call to either text, call or email NHS EPRR Control Room (the details are provided in the text) to confirm receipt of the message.

The Director 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.

The Trust has agreed that there are no critical services but in the event of a local Major Incident we can provide Mutual Aid and have agreed with colleagues across the MH and CH providers that we

- Will co-ordinate the community response, reporting to commissioners as required
- Will assist with Mutual Aid of medical staff to treat minor casualties/patients at reception centres, minor injury centres, Walk-in-Centres and Urgent Care Centres
- Can provide healthcare advice to evacuees, survivors and relatives
- Will respond to requests to assist acute hospitals by providing space for triage
- Will assess the effects of an incident on vulnerable care groups, such as physically or mentally disabled and children with complex needs at home
- Can provide support and advice to the local community on health protection aspects of an incident in liaison with our commissioners
- Will proactively communicate information to all T&P staff and ensure relevant guidance and advice is available
- Will continue to provide core business services in line with the organisation’s business continuity plan(s).

Tavistock and Portman Contracts - On Call Estates mobile number 07974 698 490

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thames Water</td>
<td>0845 9200 800</td>
<td>(24 Hours)</td>
</tr>
<tr>
<td>British Gas (Transco)</td>
<td>0800 111 999</td>
<td>(24 Hours)</td>
</tr>
<tr>
<td>Electricity</td>
<td>0800 028 0247</td>
<td>(24 Hours)</td>
</tr>
<tr>
<td>British Telecom</td>
<td>0800 154 092</td>
<td>(Faults Team)</td>
</tr>
<tr>
<td>Fire Alarm (AFSS)</td>
<td>01322 557 755</td>
<td>(24 hours 02392 242 193)</td>
</tr>
<tr>
<td>Security Alarm (ADT)</td>
<td>01923 823 600</td>
<td>(24 Hours 0870 670 6005)</td>
</tr>
<tr>
<td>Glaziers (Taw)</td>
<td>020 8883 7319</td>
<td>(Daytime only)</td>
</tr>
<tr>
<td>Flood, Fire &amp; Damage Repairs</td>
<td>020 8208 3999</td>
<td>(24 Hours)</td>
</tr>
<tr>
<td>(London Damage Control)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Locksmith (AKW)</td>
<td>0800 458 6879</td>
<td>(24 Hours)</td>
</tr>
<tr>
<td>Tavistock Front Doors (Tormax)</td>
<td>01372 377 711</td>
<td>(24 Hours 07990 531 024)</td>
</tr>
<tr>
<td>Lifts (ThyssenKrupp)</td>
<td>020 8487 1445</td>
<td>(24 Hours 020 8487 9470)</td>
</tr>
</tbody>
</table>

Hazardous Material removal (out of hours) call emergency services 999
City of London Council (working hours) 020 7332 3433
In the event of a Major Incident or Internal Incident this checklist is to be used either declaring an Internal Major Incident or being informed of an External Major Incident that would impact on our services.
<table>
<thead>
<tr>
<th>Initial Actions Checklist</th>
<th>Time and Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liaise with Service Manager/Senior Manager on-call to assess the situation</td>
<td></td>
</tr>
<tr>
<td>Declare the Major Incident, see the Major Incident Plan for specific incident actions or activate the Trust Business Continuity Plan if it is necessary to support the co-ordination of the response. Inform Communications team.</td>
<td></td>
</tr>
<tr>
<td>Call a ‘Gold’ incident management meeting or group email via <a href="mailto:incidentcontrolroom@tavi-port.nhs.uk">incidentcontrolroom@tavi-port.nhs.uk</a> to set the strategic objectives for the response and recovery, decide on timescales for updates.</td>
<td></td>
</tr>
<tr>
<td>Agree to a recovery group meeting either in person or arrange a teleconference with appropriate directors &amp; confirm a group Chair.</td>
<td></td>
</tr>
<tr>
<td>Declaring a Major Incident - telephone call via PageOne on 0844 8222 888 asking for NHS01. They will page NHS EPRR Manager and pass on the information – The Trust details, incident type, site details, your name and number</td>
<td></td>
</tr>
</tbody>
</table>
| NHS EPRR On Call Manager will call you back and ask;  
  - The type of Incident  
  - The current and projected impact of the incident  
  - How many casualties / fatalities are involved  
  - The level of media interest, If an internal incident and you need extra media support call 0844 8222 888 and ask for LON01  
  - Your ability to cope, any additional support or resources that you require,  
  - Which other agencies / partners are involved in the incident  
  - Any other information you feel is relevant. | |
| Inform relevant CCG/CSU of the internal incident and measures being taken to continue services (within working hours) | |
| Agree with the Service Manager/ Manager On-call any mutual aid/resource potentially needed, support or arrange mutual aid or extra resource.  
  - Ensure Directors contact their Service leads to cascade information  
  - Continue to liaise with estates staff and service staff on site  
  - Continue to notify and escalate upwards  
  - Arrange debrief meetings  
  - Allocate Action cards, including setting up the Control Room, a Loggist and Communications updates on the Website, Intranet and emails | |

For the NHS, incidents are classed as one of the following:
• **Business Continuity Incident:**
  An event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level. (This could be a surge in demand requiring resources to be temporarily redeployed).

• **Critical Incident:**
  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.

• **Major Incident:**
  Any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented.

Each will impact upon service delivery within the NHS, may undermine public confidence and require contingency plans to be implemented. Note that a Business Continuity Incident could occur at the same time as a Major Incident or Critical Incident. In such a scenario the Trust may establish a Business Continuity Team alongside the Incident Response Team, as required.

**BCP and MIP**
The Trust had an overarching Business Continuity Plan, Major Incident Plan – all available on the website and all sites and teams have localised BCPs.

**Mutual Aid**
The Mutual Aid protocols are in the Major Incident Plan

**Chemical, Biological, Radioactive and Nuclear, and Hazardous Materials (CBRNe and HazMat).** The Trust has provided advice and training to front line staff 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.