# Emergency Preparedness, Resilience Response Policy Practice Guidance Note

## Incident Response – V01

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<tr>
<td>Issue 1 – July 2017</td>
<td>July 2020</td>
<td>NTW(O)08 – Emergency, Preparedness, Resilience and Response</td>
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<thead>
<tr>
<th>Author/Designation</th>
<th>Responsible Officer / Designation</th>
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<tr>
<td>Andy Hindhaugh – Resilience Lead</td>
<td>Russell Patton - Director of Emergency Preparedness, Resilience and Response</td>
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</table>
IMMEDIATE ACTIONS

If you have received notification that a Major Incident has been declared and you have not read this plan

DO NOT READ IT NOW

Find your relevant action card in Part A, Section 2 and follow the instructions
Foreward

Northumberland, Tyne and Wear NHS Foundation Trust recognises its responsibilities in ensuring that we can respond efficiently to an Emergency or Major Incident affecting us or occurring within the area in which we provide services.

The H1N1 pandemic during 2009/10 highlighted the importance of being prepared for emergency situations which have the potential to cause disruption to the delivery of our services. Fortunately, H1N1 only resulted in a mild illness for the majority of those who contracted the virus, but there was still a requirement to undertake a significant involvement in responding from across the Trust.

Although we cannot envisage what the next incident will be or when it will occur, it is imperative that we continue our readiness to respond to any incident and this must be led from a strategic perspective.

The Board of Directors and Senior Management Team are committed to ensuring that we can respond to any internal Business Continuity disruption and support the multi-agency response of Major Incidents occurring within the Northumberland and Tyne and Wear area.

Hugh Morgan-Williams
Chairman

John Lawlor
Chief Executive
Part A

Section 1

Response
1 **Overview**

1.1 This Incident Response Practice Guidance Note sets out the arrangements that Northumberland, Tyne and Wear NHS Foundation Trust (the Trust / NTW) will implement following the notification of an Emergency, Significant Incident or Major Incident occurring within the Trust or external to the Trust.

1.2 **Internal Triggers**

- Disruption of normal work and interruption of Trust services can be caused by:
  - Loss of or lack of availability of key staff;
  - Loss or damage to key premises;
  - Failure or overload of telephone or IT communication networks;
  - A Major Incident which overwhelms the Health Service capacity to deal with it.

1.3 **External Triggers**

- Major Incident requiring psychological support;
- Transport Disruption;
- Severe weather;

1.4 **Alerting Process**

1.4.1 Notification of an incident which may require the implementation of this plan should be escalated to the Director of Nursing and Operations / Director On Call via the Trust switchboard.

1.4.2 The switchboard will collate relevant information on the Major Incident Initiation Form overleaf, and relay this to the Director of Nursing and Operations / Director On Call to determine whether the situation requires the arrangements set out in this plan. This includes three levels of escalation:

- Operational (Bronze) – Managed locally by the wards / site affected liaising with supporting services;
- Tactical (Silver) – Co-ordinated by Response Teams for the north and south localities of the Trust in a more significant incident;

- Strategic (Gold) – Co-ordinated by a Corporate Decisions Team to manage the overall response to a potentially catastrophic incident.
MAJOR INCIDENT INITIATION FORM

If you receive a call about an emergency or major incident from any source, please take actions as follows. IF IN DOUBT, FILL IT OUT!

<table>
<thead>
<tr>
<th>Time of Call:</th>
<th>Name of Caller:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>Organisation:</td>
</tr>
<tr>
<td></td>
<td>Contact Telephone No:</td>
</tr>
</tbody>
</table>

What is the size and nature of the incident?

<table>
<thead>
<tr>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area and population likely to be affected</td>
</tr>
<tr>
<td>Level and immediacy of potential danger</td>
</tr>
<tr>
<td>Has the incident already occurred or is it likely to happen?</td>
</tr>
</tbody>
</table>

What is the status of the incident?

<table>
<thead>
<tr>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under control □</td>
</tr>
<tr>
<td>Contained but possibility of escalation □</td>
</tr>
<tr>
<td>Out of control and threatening □</td>
</tr>
<tr>
<td>Unknown and undetermined □</td>
</tr>
</tbody>
</table>

What is the likely impact?

<table>
<thead>
<tr>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>On people involved, the surrounding area</td>
</tr>
<tr>
<td>On property, the environment, transport, communications</td>
</tr>
<tr>
<td>On external interests – media, relatives, adjacent areas, partner organisations</td>
</tr>
</tbody>
</table>

What specific assistance is being requested?

<table>
<thead>
<tr>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased capacity / mutual aid</td>
</tr>
<tr>
<td>Public information</td>
</tr>
<tr>
<td>Support for rest centres / evacuees</td>
</tr>
<tr>
<td>Expert advice</td>
</tr>
<tr>
<td>Social/psychological care</td>
</tr>
</tbody>
</table>

How urgently is assistance required?

<table>
<thead>
<tr>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediate □</td>
</tr>
<tr>
<td>Within a few hours □</td>
</tr>
<tr>
<td>Standby situation □</td>
</tr>
</tbody>
</table>

This information should be relayed to the Director on-call.
A copy should be sent to andrew.hindhaugh@ntw.nhs.uk

CCG's/NHS England activated via North East Ambulance Service–0191 4302453
Part A

Section 2

Action Cards
ACTIVATION OF EPRR INCIDENT RESPONSE PLAN

Internal Source

Incident Alert / Notification

Notify Director of Nursing and Operations or Director On Call
ASSESS THE SITUATION

External Source

Incident Escalation?

Director of Nursing and Operations or Director On Call
Briefing from POC/Senior Manager On Call
Has the Major Incident Criteria been satisfied?

Liaise with CCGs / NHS England

Internal Source

Manage the Incident at ward/site level

DECISION AND ACTION

External Source

MAJOR INCIDENT DECLARED
Activate the Incident Response Plan

MAJOR INCIDENT STANDBY

Director of Nursing and Operations or Director On Call
ACTIVATE RELEVANT LEVEL OF RESPONSE

EMERGENCY RESPONSE

Set up Incident Co-ordination Centre(s)

Assemble Incident Coordination Centre Teams

Activate relevant plans and PGN’s

Inform: CCGs NHS England LA’s, Others

Business Continuity

Activate Corporate Business Continuity Plan

Activate Service Resilience Plans

INCIDENT RESPONSE

Activate Comms Strategy

Consider Recovery Issues

Incident Response Completed?

MAJOR INCIDENT STAND DOWN

Debrief and Review

Compilation of Post Incident Report

Northumberland, Tyne and Wear NHS Foundation Trust
EPRR-PGN-01 – Incident Response Plan – V01 – Issue 1 – Issued Jul 17
Part of NTW(O)08 – Emergency Preparedness, Resilience Response
**GENERAL INFORMATION FOR ALL PLAN HOLDERS**

**In advance of an Incident**

- Ensure that you are familiar with the Incident Response Plan and understand the role you would take in the Incident Coordination Team
- Undergo training and participate in exercises as required.

**Participating in an Incident Co-ordination Centre Team**

- Ensure any personal arrangements have been made
- Continue to maintain a personal log for the incident if your role requires this. Ensure that you understand your role and to whom you report
- Find the action card for that role and follow it
- Ensure that you are adequately briefed
- Undertake tasks as directed, meeting all agreed deadlines
- Ensure handover arrangements are in place for your role which should include a period of shadowing if possible.

**Post Incident**

- Provide your personal log/notes and any other relevant documents
- Thank all staff involved in response
- Contribute to the post-incident debriefing and the report of the incident.

**INCIDENT CO-ORDINATION CENTRE LOCATIONS**

The Trust **Strategic Incident Co-ordination Centre** is located at:

**Top Floor Meeting Room, St Nicholas House, St Nicholas Hospital, Gosforth, NE3 3XT**

To access the room out of hours contact St Nicholas Hospital Security via switchboard on 0191 2466800.

The Trust **Locality Incident Co-ordination Centres** are located at:

**Boardroom, St George’s Park, Morpeth, Northumberland, NE61 2NU**

To access the room out of hours contact St Georges Park Security on 01670 501700

**MDT Room, Barton Centre, Hopewood Park, Ryhope, Sunderland, SR2 0NB**

To access the room out of hours contact Hopewood Park Security on 0191 5667001 or 07

To set up the rooms follow the instructions in the Incident Co-ordination Centre cupboards.
## SWITCHBOARD ACTION CARD

**ROLE:** Take initial alert message or become aware of potential major incident.

<table>
<thead>
<tr>
<th>INDIVIDUAL ACTIONS</th>
<th>TIME ACTIONED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> On being alerted of the incident confirm details of current situation and complete Major Incident Initiation Form on page 6:-</td>
<td></td>
</tr>
<tr>
<td>• What has happened?</td>
<td></td>
</tr>
<tr>
<td>• Where is the incident?</td>
<td></td>
</tr>
<tr>
<td>• Time of alert or discovery?</td>
<td></td>
</tr>
<tr>
<td>• Who has been informed already? Get their contact details.</td>
<td></td>
</tr>
<tr>
<td>• What are the immediate consequences?</td>
<td></td>
</tr>
<tr>
<td>• Are any Trust buildings / services affected?</td>
<td></td>
</tr>
<tr>
<td>• Has a major incident been declared by another Trust/partner?</td>
<td></td>
</tr>
<tr>
<td>• Are they requesting mutual aid?</td>
<td></td>
</tr>
<tr>
<td><strong>2</strong> Alert others / activate the plan</td>
<td></td>
</tr>
<tr>
<td>Immediately contact the Director of Nursing and Operations / Director-on-Call and relay the information taken above.</td>
<td></td>
</tr>
<tr>
<td><strong>3</strong> Support the Director of Nursing and Operations / Director On Call throughout the incident.</td>
<td></td>
</tr>
</tbody>
</table>
# CHAIR OF INCIDENT CO-ORDINATION CENTRE ACTION CARD (OR DIRECTOR ON CALL OUT OF HOURS)

**WHO:** Director of Nursing and Operations (Strategic), Group Director - North Locality, Group Director - Central Locality, Group Director - South Locality.

**ROLE:** In charge of NTW’s response, making strategic decisions in relation to the overall response for the Trust.

<table>
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<tr>
<th>Individual Actions</th>
<th>Time Actioned</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Undertake overall command of the Trust response to the Incident.</td>
</tr>
<tr>
<td>2</td>
<td>Take the formal decision to activate the Trust’s Incident Response Plan.</td>
</tr>
<tr>
<td>3</td>
<td>Commence a personal log - all decisions and justifications must be logged.</td>
</tr>
<tr>
<td>4</td>
<td>Mobilise other Directors and Senior Managers to form the Strategic Incident Co-ordination Centre Team and Locality Incident Co-ordination Centre Teams, as required.</td>
</tr>
<tr>
<td>5</td>
<td>Nominate a local member of staff to provide a decision loggist to support you in keeping information and decision log up to date. (Contact information for trained loggists is held in each of the Incident Co-ordination Centres and the On call information booklet).</td>
</tr>
<tr>
<td>6</td>
<td>Notify the Chief Executive and Trust Chairman if necessary.</td>
</tr>
<tr>
<td>7</td>
<td>Notify the relevant CCG’s and NHS England Area Team of the incident, if necessary, and establish a two way communications pathway. Prepare to deploy suitable personnel to other NHS/multi-agency command and control structures as appropriate.</td>
</tr>
<tr>
<td>8</td>
<td>Consider the need to establish and run the Trust’s Incident Co-ordination Centre(s) (ICC) and request set up and action through the Senior Manager On Call / Emergency Preparedness Officer as appropriate.</td>
</tr>
<tr>
<td>9</td>
<td>Develop and communicate the overall strategy for the Trust to respond to the incident.</td>
</tr>
<tr>
<td>10</td>
<td>Ensure a media strategy and communications strategy for staff, service users and partner agencies is put in place.</td>
</tr>
<tr>
<td>11</td>
<td>Ensure business continuity is maintained for the Trust, through the activation of the Trust’s corporate Business Continuity Plan and associated Service Resilience Plans.</td>
</tr>
<tr>
<td>12</td>
<td>Confirm that command structures are in place for the response and communicate this to the CCG’s, NHS England Area Team, other agencies and internally attending the multi-agency Strategic Co-ordinating Group, where required.</td>
</tr>
<tr>
<td>INDIVIDUAL ACTIONS</td>
<td>TIME ACTIONED</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Consider any legal implications that may arise from the incident or decisions made regarding the incident. Seek advice in line with the Trust’s NTW(O)16-Positive and Safe, Recognition, Prevention and Management of Violence and Aggression Policy</td>
<td></td>
</tr>
<tr>
<td>Develop strategic objectives for the Trust management of the incident, these should be recorded and subject to regular/ongoing review.</td>
<td></td>
</tr>
<tr>
<td>Set up regular meetings/teleconferences of the Incident Co-ordination Centre and establish a “battle rhythm” for the incident and chair these.</td>
<td></td>
</tr>
<tr>
<td>Ensure that any Trust staff who can assist are utilised in support of the overall incident management effort.</td>
<td></td>
</tr>
<tr>
<td>Decide on what resources are needed and consider the need for mutual aid.</td>
<td></td>
</tr>
<tr>
<td>Plan beyond the immediate response phase from recovering from the emergency to returning to or toward a state of normality.</td>
<td></td>
</tr>
<tr>
<td>Establish what data is going to be collected to ensure systems for Situation Reports are in place (Internal Situation Report Template in Appendix 9)</td>
<td></td>
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</tbody>
</table>
ASSOCIATE DIRECTOR, CLINICAL BUSINESS UNIT ACTION CARD
(SENIOR MANAGER ON CALL OUT OF HOURS)

<table>
<thead>
<tr>
<th>INDIVIDUAL ACTIONS</th>
<th>TIME ACTIONED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IMPLEMENTATION</strong></td>
<td></td>
</tr>
<tr>
<td>1 Alert Department Heads – remind them to start personal log.</td>
<td></td>
</tr>
<tr>
<td>2 Report to relevant Incident Co-ordination Centre (ICC) if requested.</td>
<td></td>
</tr>
<tr>
<td>3 Prepare for and attend briefing with Chair of relevant ICC.</td>
<td></td>
</tr>
<tr>
<td>4 Convene meeting with managers and relevant staff and assign tasks.</td>
<td></td>
</tr>
<tr>
<td>5 Ensure two way exchange of information, decisions and updates with relevant staff.</td>
<td></td>
</tr>
<tr>
<td>6 Authorise Departmental response.</td>
<td></td>
</tr>
<tr>
<td>7 Notify suppliers of alternative accommodation (if applicable).</td>
<td></td>
</tr>
<tr>
<td>8 Monitor effectiveness of Departmental response and modify as necessary.</td>
<td></td>
</tr>
<tr>
<td>9 Authorise procurement of agreed resources/services as requested by relevant staff. This should be done with agreement of Director of Finance if possible.</td>
<td></td>
</tr>
<tr>
<td>10 Authorise all Integrated Emergency Management Support response expenditure as appropriate.</td>
<td></td>
</tr>
<tr>
<td>11 Ensure normal service provision is continued as nearly as possible.</td>
<td></td>
</tr>
<tr>
<td>12 Consider financial issues; accommodation issues; legal issues; health, safety and welfare issues; communication issues; salvage and restoration issues; IT issues; personnel issues; resource issues.</td>
<td></td>
</tr>
<tr>
<td>13 Consider functions which are time sensitive and incident sensitive.</td>
<td></td>
</tr>
<tr>
<td><strong>Stand Down</strong></td>
<td></td>
</tr>
<tr>
<td>1 Convene meeting with Heads of Service to review response – request copies of Integrated Emergency Management Support log sheets and reports.</td>
<td></td>
</tr>
<tr>
<td>2 Attend debrief to review overall response.</td>
<td></td>
</tr>
<tr>
<td>3 Prepare Departmental Report on response to the Incident.</td>
<td></td>
</tr>
<tr>
<td>4 Provide On Call Director with copy of official Departmental Report and give all logs to Emergency Planning Officer.</td>
<td></td>
</tr>
<tr>
<td>5 Thank all staff involved in response to the incident.</td>
<td></td>
</tr>
<tr>
<td>6 Following stand down of situation or at the end of designated shift, facilitate that debrief to identify any pressing issues.</td>
<td></td>
</tr>
<tr>
<td>INDIVIDUAL ACTIONS</td>
<td>TIME ACTIONED</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>1. Attend the relevant Incident Co-ordination Centre (ICC) as requested.</td>
<td></td>
</tr>
<tr>
<td>2. Alert key officers/support staff – remind them to keep personal log.</td>
<td></td>
</tr>
<tr>
<td>3. Prepare for and attend meetings as requested by Chair of the ICC</td>
<td></td>
</tr>
<tr>
<td>4. Arrange procurement of agreed resources / services on request by relevant staff.</td>
<td></td>
</tr>
<tr>
<td>5. Maintain records response expenditure and other logs as required by the Chair of the ICC.</td>
<td></td>
</tr>
<tr>
<td>6. Arrange coverage of personal work commitments.</td>
<td></td>
</tr>
<tr>
<td>INDIVIDUAL ACTIONS</td>
<td>TIME ACTIONED</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>1 Report to relevant Incident Co-ordination Centre as designated.</td>
<td></td>
</tr>
<tr>
<td>2 Assist with setting up operations room as directed.</td>
<td></td>
</tr>
<tr>
<td>3 Discuss and agree the most appropriate process of logging with the Chair of the Incident Management Team.</td>
<td></td>
</tr>
<tr>
<td>4 Obtain the ‘official’ log book (Log 101) stored in the ICC cupboard.</td>
<td></td>
</tr>
<tr>
<td>5 Maintain the log of events and actions as timeline for the incident, ensuring it is clear, intelligible and accurate.</td>
<td></td>
</tr>
<tr>
<td>6 Upon closure of the incident or handover to the another Loggist, sign off and ask the Chair to counter sign the log at the relevant point.</td>
<td></td>
</tr>
</tbody>
</table>
Part B

Supporting Information
3 Introduction

3.1 NHS organisations are required to maintain preparedness to respond safely and effectively to a full spectrum of significant incidents and emergencies that could impact upon health or patient care, such as pandemic flu, mass casualty, potential terrorist incidents, severe weather, chemical, biological, radiological and nuclear incidents, critical care and public health incidents.

3.2 Trusts must also be resilient to maintain continuity of key services in the face of disruption from identified local risks such as adverse weather, fuel supply shortages and industrial action.

4 Scope

4.1 An effective plan for the Trust requires a number of complimentary plans that are both generic and specific in nature. This Practice Guidance Note outlines generic corporate procedures to be taken in the event of an incident affecting Northumberland, Tyne and Wear NHS Foundation Trust, enabling the Trust to respond to a wide range of possible scenarios.

4.2 To support this Practice Guidance Note, specific plans have been developed for situations where a pre-identified response has been developed due to external planning or guidance. These include Pandemic Influenza, Heatwave, Winter Planning, Fuel Disruptions and Industrial Action. The Trust’s Business Continuity / Service Resilience planning also compliments this Practice Guidance Note.

5 Legislation and Guidance

5.1 The Health and Social Care Act 2012 requires that service providers identify an accountable Emergency Officer to assume executive responsibility and leadership at service and ensure compliance with published guidance. The Executive Director of Nursing and Operations is the Trust’s accountable Emergency Officer.

5.2 The NHS England Core Standards for EPRR require NHS Organisations to:

i. Have suitable, up-to-date plans which set out how they plan for, respond to and recover from major incidents and emergencies as identified in local and community Risk Registers;

ii. Test these plans through:

- A communications exercise every six months;
- A desktop exercise once a year, and
• A major live or simulated exercise every three years;

iii. Have suitably trained, competent staff and the right facilities available round the clock to effectively manage a major incident or emergency, and

iv. Share their resources as required to respond to a major incident or emergency.

5.3 NHS organisations are also required to contribute to the coordinated planning for both emergency preparedness and service resilience through Local Health Resilience Partnerships (LHRPs). These partnerships form the basis for all strategic joint work in this area, with Public Health England and with all local partners. It is important that the NHS engages proactively at all levels as these new ways of working will form the basis for future decision-making. The Director of Emergency Preparedness Resilience Response (EPRR) is the Trust representative on the LHRP.

5.4 The Civil Contingencies Act 2004 (CCA) establishes a statutory framework of roles and responsibilities for local responders. It defines an emergency as:

• “An event or a situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK.”

5.4.1 This definition is concerned with consequences rather than the cause or source of the incident.

5.5 An event or situation threatens damage to human welfare only if it involves causes or may cause:

| Loss of life | Disruption of a system of communication; |
| Human illness or injury | Disruption of facilities for transport, or |
| Homelessness | Disruption of services relating to health |
| Damage to property | |
| Disruption of a supply of money, food, water, energy or fuel | |

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Part of NTW(O)08 – Emergency Preparedness, Resilience Response
5.6 An event or situation threatens damage to the environment only if it involves; causes or may cause:

- Contamination of land, water or air with biological, chemical or radio-active matter, or
- Disruption or destruction of plant life or animal life

5.7 Consideration should be given to the above criteria when determining whether a Major Incident has occurred or not.

5.8 As a Mental Health Trust, NTW is not designated as a responder under the Civil Contingencies Act 2004 (CCA). However, the Department of Health and NHS England require all NHS Trusts to plan for and respond to incidents in the same way as category one responders.

6 Risk Assessment

6.1 Based on the National Risk Register and Community Risk Register for Northumbria Local Resilience Forum, it is considered that the following incidents would have the greatest effects on the Trust.

<table>
<thead>
<tr>
<th>Emergency</th>
<th>Likelihood</th>
<th>Potential Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infectious disease single case - Pandemic</td>
<td>Very High</td>
<td>Severe</td>
</tr>
<tr>
<td>Severe Weather</td>
<td>High</td>
<td>Moderate</td>
</tr>
<tr>
<td>Utility Failure – Electricity</td>
<td>Moderate</td>
<td>High</td>
</tr>
<tr>
<td>Telephone Failure</td>
<td>Moderate</td>
<td>High</td>
</tr>
<tr>
<td>Contamination Incident</td>
<td>Moderate</td>
<td>Low</td>
</tr>
<tr>
<td>Fire</td>
<td>Low</td>
<td>Severe</td>
</tr>
<tr>
<td>Flooding to building</td>
<td>Low</td>
<td>High</td>
</tr>
<tr>
<td>Server failure</td>
<td>Low</td>
<td>Moderate</td>
</tr>
<tr>
<td>Utility Failure – Gas</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>Localised Flooding</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>Infrastructure problems e.g. Fuel</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>Infectious disease outbreak</td>
<td>Low</td>
<td>High</td>
</tr>
<tr>
<td>Catastrophic Incident including Terrorism and CBRN</td>
<td>Very Low</td>
<td>Severe</td>
</tr>
</tbody>
</table>
7 Roles and Responsibilities

7.1 The Trust has specific responsibilities in the event of an incident or emergency, including:

- Linking with Clinical Commissioning Groups (CCG’s), NHS England and other NHS Trusts in co-ordinating services;
- Leading and providing advice on the provision of psychological and mental health support to staff, patients and relatives in conjunction with local authority social services departments, primary care providers and third sector organisations;
- Advising on the long term effects of trauma on those affected by the incident and recommending the appropriate level of psychological intervention required;
- Ensuring that mental health service users caught up in the incident are discharged home with appropriate support from Community Mental Health Teams;
- Working with NHS England, Local Authorities and the voluntary sector to assess the effects of the incident on vulnerable care groups, such as those with mental health needs and learning disabilities;
- Proactively communicating information to all staff and ensure relevant guidance and advice is available;
- Continuing to provide core services at safe levels;
- Working with local authorities, other NHS Trusts and the community to support the recovery phase;
- Preserving all plans and documentation used or produced during the course of the response;
- Reviewing the response and preparing a post-incident report.

7.2 Role of the Director of Nursing and Operations / On Call Director

- Take overall control of the Trust response to a significant / major incident;
7.3 Role of CBU Associate Directors / Senior Manager On Call

- Act as Liaison Officer between their own Department and the EPRR support Team;
- Provide information as required on their Department’s response;
- Assist in calling out staff from their own Department;
- Keep their own Director informed of their Department’s response;
- To be responsible for the overall management of monitoring operations within the Incident Co-ordination Centre(s);
- To control access to and security of the Incident Co-ordination Centre(s) with support from the Estates Manager;
- To supervise the Incident Co-ordination Centre Support Team, if requested;
- To organise a personnel shift system, if required;
- To organise working space within the Incident Co-ordination Centre;
- To consider the health, safety and welfare needs of personnel working within the Incident Co-ordination Centre;
- To maintain an operational log;
- To maintain information / status Boards;
- To inform EPRR Support Planning Team that all media enquiries are to be relayed to the Communications Team;
- To provide hourly situation reports and briefing for the EPRR Support Planning Team in the initial phase and regularly thereafter.

7.4 Role of Administrative Support Staff

- Maintain narrative log of events in the Incident Co-ordination Centres;
- Record movement of resources / personnel;
- Maintain status boards in the Incident Co-ordination Centre showing current state of events;
• Act as telephone switchboard operator in the Incident Coordination Centres;

• Monitor telephones and fax;

• Provide secretarial support to the On Call Director, service meetings and take minutes relating to the incident.

7.5 Other Directors and Managers

7.5.1 All senior managers should as far as possible seek to:

• Release staff from their normal function or call in staff to resource the response to the incident;

• Consider future input should the incident last beyond a few hours (e.g. rest periods and rotation of staff);

• Deliver critical services in accordance with the corporate Business Continuity Plan and Service Resilience Plans;

• Consider vulnerable communities that are directly or indirectly affected by the incident.

8 Plan Activation

8.1 Any staff member can request activation of this plan. Every main Hospital site and service provided by the Trust shall escalate notification of a Major Incident or interruption to service delivery to the switchboard at St Nicholas Hospital. The first people contacted will be the:

• On call Point of Contact;

• On call Senior Manager;

• Director of Nursing and Operations / Director on Call.

8.2 The Director of Nursing and Operations/Director on Call should establish the nature of the incident, the potential roles of the Trust and the contact details of key colleagues and organisations. In the absence of the Director of Nursing and Operations during the working day, any Director of the Trust will assume this role.

8.3 For external sources, the Trust switchboard would normally be notified by the Ambulance Service, although NHS England or a Local Authority may also notify the Trust of any impending incident. The Major Incident Alert Report (page 9) should be used to keep a record of all telephone contacts, their names, contact numbers and the time of call and substance of message.
8.4 Upon being notified of a potential Major Incident the Director of Nursing and Operations / Director On Call should either place the Trust on STAND-BY or decide on the ACTIVATION of this Practice Guidance Note.

<table>
<thead>
<tr>
<th>PREPARING (GREEN)</th>
<th>Plans are in place to respond to calls made via the cascade system in the event of an incident</th>
</tr>
</thead>
<tbody>
<tr>
<td>STANDBY (AMBER)</td>
<td>Standby phase will be used as early warning of a situation that might escalate into a more serious situation, and require the implementation of this plan. This phase will allow key officers time to think, brief staff, start a log and prepare for the deployment of resources (dependent on circumstances) should an “Implement Message” be received. A “Stand Down” may follow this type of alert</td>
</tr>
<tr>
<td>IMPLEMENT (RED)</td>
<td>Implement phase will be used to request the immediate utilisation of personnel and resources in activation of the plan</td>
</tr>
<tr>
<td>STAND DOWN (BLUE)</td>
<td>Stand down phase will be used to signify the phased withdrawal of any services provided due to activation of the plan</td>
</tr>
</tbody>
</table>

8.5 Stand-By

8.5.1 This alerts the Trust that a Major Incident may need to be declared. Major incident standby is likely to involve making preparatory arrangements appropriate to the incident, and the Chief Executive or the Director On Call should consider calling together the key staff to make an assessment of the current situation, and consider any immediate actions that are needed.

8.6 Placing individuals and key staff on ‘Standby’ provides time for them to come to a state of readiness in preparation for a co-ordinated response. It is far better to be ready to respond to an incident than initiate procedures after a major incident has been declared.

8.7 Declaration of an Emergency, Significant Incident or Major Incident

8.7.1 If the incident is considered to be of sufficient size or complexity, the Director of Nursing and Operations or Director On Call should declare a major incident, convene the Incident Co-ordination Centre Teams (calling in other Directors and Senior Managers to populate the Team) and maintain effective liaison with partner agencies.

8.8 When declaring a Significant or Major Incident, the CCG’s and NHS England Area Team Duty Officer must be informed via North East
8.9 In deciding whether to activate this plan, consideration should be given, but not limited to:

- Whether the Major Incident criteria has been satisfied (page 27);
- The impact of the incident on the Trust in the short term, and in the longer term during the recovery phase;
- NTW’s ability to be able to deliver its critical services in line with the arrangements set out in its corporate Business Continuity Plan;
- Any mutual aid or assistance being requested by partner organisations;
- The extent to which resources will need to be deployed to deal effectively with the incident.

9 Command and Control

9.1 Once the Director of Nursing and Operations or Director On Call has been contacted, they will determine which the level of response which the incident requires, based on the available information relayed to them at the time.

9.2 Operational (Bronze)

9.2.1 This level of response refers to those who will provide the operational response to an incident, that is, the management of immediate “hands-on” work at the site(s) of the emergency or other affected areas.

9.3 Tactical (Silver)

9.3.1 Its purpose is to ensure that the actions taken at operational level are co-ordinated, coherent and integrated in order to achieve maximum effectiveness and efficiency. The tactical response will be managed by two Incident Co-ordination Teams on a locality basis across the Trust. The North locality is based on the boundaries of Northumberland, North Tyneside, Newcastle North and East and Newcastle West Clinical Commissioning Groups. The South locality is based on the boundaries of Gateshead, South Tyneside and Sunderland Clinical Commissioning Groups.

9.4 Strategic (Gold)
9.4.1 Its purpose is to take overall responsibility to establish the Policy and Strategic Framework within which the tactical level will work. This group will usually comprise of the Chief Executive and other members of the Corporate Decisions Team, dependent on the circumstances of the incident.

9.4.2 In complex, large scale incidents, there is a need to co-ordinate and integrate the strategic, tactical and operational response of each responder. Northumbria Police will set up a Strategic Co-ordinating Group (SCG) which is usually chaired by the Chief Constable. The SCG will meet at the Strategic Co-ordinating Centre (SCC) which will normally be established at Northumbria Police Headquarters, Ponteland.

10 Incident Response and Management

10.1 Directors and Senior Managers will be expected to support the Director On Call during the response to a major incident, and endeavour to ensure the delivery of critical services.

10.2 During the early stages of an incident, Directors and Managers must be aware of staffing levels and seek information regarding the length of time the incident may be expected to last. This may be difficult to assess and a reasonable worst case scenario should be planned for.

10.3 When a Major Incident is declared by the Trust, the Incident Co-ordination Centre Team(s) take over responsibility for the management of the organisation. All normal management arrangements are over-ruled for the duration of the incident.

10.4 To create capacity to deal with the incident the team(s) may:

- Draw resources (e.g. staff) from any area of the Trust’s business;
- Scale down any NTW service, or
- Suspend any area of NTW business.

10.5 Given the roles and responsibilities of the Trust during a Major Incident, there may be an on-going commitment to the provision of psychological and mental health services which will extend beyond the initial response into the medium to long term. The Director of Nursing and Operations will review decisions about resources in consultation with the Corporate Decisions Team and Board of Directors.

10.6 The Locality Incident Co-ordination Centre Team will be assisted in these decisions by emergency plans developed to deal with specific types of
incident and by Trust’s Corporate Business Continuity Plan and associated Service Resilience plans.

- Boardroom, First Floor, St George’s Park, Morpeth (North Locality Incident Co-ordination Centre);

- MDT Room, Barton Centre, Hopewood Park, Ryhope, Sunderland (South Locality Incident Co-ordination Centre).

10.7 The role of the Strategic Incident Co-ordination Centre Team is to assist the Director on call in formulating the Trust’s response to an incident which requires the actuation of the Incident Response Plan. The Strategic Incident Co-ordination Centre in the Conference Suite, St Nicholas House will need to be established to manage this function.

10.8 The Strategic Team will consist of:

- Director of Nursing and Operations / Director On Call;

- Senior Manager On Call;

- Director of Finance;

- Director of EPRR;

- Resilience Lead;

- Administrator(s);

- Head of Communications;

- Head of Safety and Patient Experience;

- Workforce Representative;

- Estates Representative;

- Informatics Representative;

- Chief Pharmacist.

10.9 In an incident requiring an extended response in terms of resources or longevity, the Boardroom in St Nicholas House, St Nicholas Hospital may be more suitable as the Trust Strategic Incident Co-ordination Centre.
Where this is required, the Director of Nursing and Operations will request the Director of Informatics to set up the room within 24 hours.

10.10 In an emergency situation, it will be important to ensure that staff continue to receive appropriate rest breaks. Until confirmed as not required, each Incident Co-ordination Centre Manager / Business Continuity Manager will identify and manage staffing levels and organise a rota or shift system (a standard system is contained in each centre).

10.11 During a prolonged incident, issues such as catering, rest periods, duty and travelling time should be monitored. Certain situations may be very demanding and stress levels will also need to be considered. The principals of the Working Time Regulations still apply in these situations.

11 Service Resilience

11.1 Service Resilience or Business Continuity is described as the impact of any business interruption (i.e. “any unwanted incident which threatens personnel, buildings or the operational procedures of the organisation which requires special measures to be taken to restore things back to normal”) will vary depending on the length of time that normal service provision is affected.

11.2 Every service area is expected to develop a Service Resilience (Business Continuity) Plan which identifies the main risks associated with the interruption of normal services. The plan will identify how each service area will continue to function particularly those providing services to highly dependent patients and those in secure areas.
11.3 Service Resilience Structure – Operational Services

1.3 Service Resilience Structure

- North Access CBU
  - IRS / MRT / Crisis Teams
  - Street Triage / 116
  - Addictions
  - Liaison
  - Bed Management

- North Community Services CBU
  - Primary Care / IAPT
  - CMHTs (All ages and specialisms)
  - Day Care

- North Inpatient Services CBU
  - All mainstream inpatient beds – North
  - Autism beds and Diagnostic Services
  - ECT

- Specialist Children and Young Peoples Services CBU
  - CYPs Inpatient (Alnwood and Friends)
  - Adolescent Bipolar Service
  - CMOs
  - ICTs
  - Children’s Emergency Occupational

- Central Access CBU
  - IRS / MRT / Crisis Teams
  - Street Triage / 116
  - Addictions
  - Liaison

- Central Community CBU
  - Primary Care / IAPT
  - CMHTs (All ages and specialisms)
  - Day Care
  - ADAPT ADAPT

- Central Inpatient CBU
  - All mainstream inpatient beds – Central
  - ECT

- Secure Care Services CBU
  - Secure Services (LD & MH)
  - Criminal Justice / Court Diversion
  - SUIT

- South Access CBU
  - IRS / MRT / Crisis Teams
  - Street Triage / 116
  - Addictions
  - Liaison

- South Community CBU
  - Primary Care / IAPT
  - CMHTs (All ages and specialisms)

- South Inpatient CBU
  - All mainstream inpatient beds – South
  - Rose Lodge

- Neurological Services and Specialist Mental Health Services CBU
  - Walkergate Park
  - Specialist Mental Health Services
  - PD Hab
  - Specialist Psychological Therapies

11.4 Critical resources fall into the following five categories:

- **Data**: the use, location and protection of critical information and documentation;

- **Facilities**: the requirements for workspace necessary to deliver critical functions (both clinical and non-clinical);

- **Communications**: the Information and Communications Technology (ICT) requirements if there is loss to communications;

- **People**: the essential personnel requirements to deliver the necessary level of Service;

- **Equipment / supplies and services**: the equipment requirement, who supplies it and where it is stored for each critical activity.

11.5 The Estates and Facilities Departments provide services to the main hospital sites and the many buildings owned and leased by the organisation play a major role in the resilience of the Trust. The Estates Department are in many cases the first to be called upon after the initial call to the emergency services, they provide vital experience and knowledge when dealing with the disruption aftermath and recovery from a major incident.
11.6 The Estates and Facilities Departments will identify, with the help of the local business continuity plans, those services which are at risk from major disruption such as power outages and flooding.

The Estates Department maintain an on call rota system of escalating and responding to business interruptions from the on call point of contacts at each main Hospital site within the three localities.

11.7 The Estates Department may need to respond to a wide range of business interruptions and therefore will need access too or make provision to order in items such as:

- Personal Protective Equipment;
- Portable Generators;
- Portable Heaters;
- Lighting including battery operated torches;
- Sand bags and sand;
- Decant facilities.

11.8 The Pharmacy Department supplies medicines to all in-patient wards and some out-patient clinics and departments from its three dispensaries at St George’s Park, Hopewood Park and St Nicholas Hospitals. It also provides an extensive clinical pharmacy service to all in-patient areas.

11.9 In the event of a major incident, the volume and nature of medicines supply requirements may change. The Pharmacy Department has plans in place to ensure a robust medicines supply chain is maintained, and that patient care is not compromised. Clinical Pharmacy Services can be scaled up or down as appropriate based on the nature of the incident, and in order to support the supply process.

11.10 There is an Emergency Duty Pharmacist contactable through switchboard that is available whenever the department is closed. Outside of Pharmacy opening hours a Senior Pharmacy Manager would be contacted in the event of a major incident being declared.

12 People who are vulnerable in a crisis

12.1 ‘Vulnerable groups’ is used as a collective term for a wide range of individuals who face particular disadvantage in accessing mainstream public services, including the NHS and social care. Vulnerable individuals known to health and social services (e.g. an older person with mobility problems) will continue to rely on these services during a major incident situation and it may be difficult to sustain their normal levels of care.
12.2 However, while all people caught up in an emergency may be defined as vulnerable due to their proximity to the event, planning and response arrangements should focus on those who are assessed as not being self-reliant and may require external assistance to become safe. Cabinet Office guidance – Identifying People who are Vulnerable in a Crisis outlines.

13 Telephone Helplines

13.1 For some Major Incidents, the Trust may decide to provide psychological or mental health support through a helpline facility. This may be for members of the public involved in an incident, or for NHS staff or staff from other organisations involved in the response to an incident. This is likely to be a 2 tiered approach.

13.2 The first tier will receive all initial calls and will be operated by people with a basic knowledge of the incident and with the skills necessary to deal with concerned members of the public. First tier operators should have the option of referring a caller to the second tier, where more detailed information and in depth discussion can take place. Second line operators must have some detailed knowledge of the specific problem.

13.3 The Trust may identify a helpline coordinator to establish the helpline and ensure that all telephone operators have the necessary information. Helpline operators will be kept up-to-date with information and events by the Helpline Co-ordinator.

13.4 On some occasions it may be more appropriate to establish a helpline through the services of NHS 111. The appropriateness of this should be decided by the Incident Co-ordination Centre Team. The Helpline Co-ordinator should establish contact with NHS 111 and familiarise themselves with their potential use in the incident.

13.5 In certain situations there will be a need to facilitate access to further support to those affected by an incident. This may be in the form of self help leaflets for individual use, linking to existing one-to-one or group support, bespoke group support or facilitating access to further individual support if needed. This could be undertaken by local services delivering intervention and crisis support provided by the Trust or its partners.

13.6 The Trust has access to Interpreting Services provided by thebigword. Requests for interpretation are to be made via the Equality and Diversity Lead.

14 VIP Visits
14.1 During the response to an incident or during the recovery stage, visits by VIPs can be anticipated.

14.2 A Government minister may make an early visit to the scene or areas affected to mark public concern and to report to Parliament on the current situation. Depending upon the scale of the incident, visits by members of the Royal Family and Prime Minister may take place. Local VIP visitors may include religious leaders, local MPs, mayors and local authority leaders. If foreign nationals are involved, their country’s Ambassador, High Commissioner or other dignitaries may visit.

14.3 Visiting ministers and other VIPs will require comprehensive briefing before the visit and will require briefing before any meetings with the media. VIPs are likely to want to meet patients who are well enough and prepared to see them. This will be dependent upon medical advice and respect for the wishes of individual patients and their relatives. In the case of such visits to hospitals it is common for VIP interviews to take place at the hospital entrance to cover how patients and medical staff are coping.

14.4 The Police are experienced in handling VIP visits and are likely to be involved and would be the main contact point so far as the arrangements are concerned.

15 Record Keeping and Decision Making

15.1 Record keeping assists decision makers in reaching a reasoned, lawful and justifiable decision at the time of a Major Incident. Written records may be required as evidence and / or as the basis in litigation (which includes coroner’s inquests and public inquiries).

15.2 The Trust must therefore preserve all plans and documentation used or produced during the course of the emergency response. Records include very rough contemporaneous written notes, a computer generated log, hand written log, video footage, photographs or any other item that acts as a diary of events.

15.3 During an incident, the following actions must be taken:

- Keep an accurate log of information received, decisions made (with the justification for those decisions) and actions taken;
- Ensure that records are maintained of media management issues.

15.4 After an Incident the following actions must be taken:
• The Major Incident Commander will collect and collate all documents relating to the incident and identify a person to ensure records are secured and access restricted;

• As required, staff will receive professional advice regarding making written statements;

• Consider the need for witness training for relevant staff;

• Consider the need for legal representation.

<table>
<thead>
<tr>
<th>Decision Making Process</th>
</tr>
</thead>
</table>
| **1. What is the issue?** | • Identify the task  
• Identify the originator of the task  
• What information is available?  
• Where has it come from (reliable source)? |
| **2. Consider the options** | • What resources are available?  
• What are the options?  
• Assess the risk of the options  
• Consider the lawfulness, necessity and proportionality of the options  
• Consider the advantages and disadvantages of the options  
• Eliminate the least reasonable option(s) |
| **3. Make the Decision** | • Select the most reasonable option  
• Plan the solution |

15.5 All services are required to keep an accurate record of expenditure incurred as a result of the emergency. Expenditure should be allocated to a specific cost code to ensure accountability can be shown. A cost code specific for Major Incidents is in place and can be authorised by the Director of Nursing and Operations, Director of Finance or Director of EPRR.

15.6 For queries between the hours of 9.00 a.m. and 5.00 p.m., please refer to the Access the Trust’s Legal Advice Policy - NTW(O)16, for contact details of Trust staff who will be able to answer the query or will refer onto the appropriate solicitors. Out of hours contact details are held within the On Call Information Booklet.
16 Information Sharing

16.1 Although the Data Protection Act 1998 is the key law governing data protection, secondary legislation in the form of the Civil Contingencies Act 2004 gives clear legal power to share information during Emergencies. The correct management of information is vital in an emergency.

16.2 National guidance - Data Protection and Sharing provides concise guidance on data protection and sharing in emergency situations. The Trust’s Information Sharing Policy - NTW(O)63, provides a guide to enable the Trust to make an informed decision on whether to share data. Copies of the National Guidance and the Trust Policy are kept in each of the Incident Co-ordination Centres.

17 Communications and Media Management

17.1 Communications during the incident should be clear, concise and constructive. The Trust will make the most of available technology, where available, to deliver communications. The Head of Communications has overall responsibility for notifying appropriate parties (staff, service users, carers, media and members of the public) that an incident has occurred and for keeping those parties updated on the status of the incident, and any implications that this might have on the provision of services.

17.2 During normal working hours, all media enquiries will initially be directed to the Communications Team where the Chief Executive will decide on who is to respond and the nature of that response. It will not necessarily be the Chief Executive who will personally prepare such a response, but rather the Director who is best placed to act on behalf of the Trust. Occasionally, other senior colleagues with particular or specialist knowledge may be asked by the Chief Executive to respond on behalf of the Trust.

17.3 Outside normal working hours, the Director on-call should be contacted and, depending upon the circumstances, will either respond at the time on behalf of the Trust, or report the matter to the Chief Executive the following day.

17.4 The Communications Team maintain a list of senior managers who have attended media training. Where a press release is prepared, it will be the responsibility of the Chief Executive, or other senior colleague acting on her behalf, to agree the wording of any such release, as and when appropriate, with other NHS and external organisations (e.g. NHS England Area Team or Local Authorities) who may be implicated. In some circumstances, it will be important for the Chief Executive to agree the wording of any press release, prior to its publication, with the Trust Chairman. In all circumstances, copies of all formal press releases should routinely be made available to the Chairman and Non-Executive Directors.
17.5 The Director of Nursing and Operations, Director of EPRR or Chairs of Locality EPRR Groups will determine when a communications cascade is required. Messages may be cascaded via Central Alerting System (CAS) and all user emails and Clinical Business Unit Associate Directors will be responsible for ensuring that messages cascaded have been received across their own services.

17.6 The Resilience Lead will work with the Head of Communications to ensure that relevant information is provided to all staff, and service users.

17.7 Where the message is urgent and requires immediate attention, the message will be cascaded via a telephone call, and Clinical Business Unit Associate Directors will be asked to initiate a telephone call cascade within their Services. Out of hours, the Director On Call will decide how the message is best communicated.

17.8 In the event of a Major Incident, Northumbria Police may activate the North East Information Line (NEIL). NEIL is a public telephone line which is used to issue warnings and advice. For instance people may be advised to leave a particular area or stay in a particular area.

17.9 NEIL is only activated when it is considered necessary as part of a response to a particular situation. It is managed by Northumbria Police but other services may also use it for their important messages. In the event of NEIL being activated the number to ring will be 08456 004 004.

18 Incident Stand Down

18.1 The Director of Nursing and Operations will decide on the scale down and stand down of the response phase of the Trust’s response, and ensure that all staff and responding agencies are informed. This will be based on information from the Locality Incident Co-ordination Centre Chairs, Strategic Co-ordinating Group (SCG), NHS England Area Team and from other NHS Trusts involved in a multi-agency response.

18.2 Before an Incident Co-ordination Centre is stood down, the following actions will be undertaken:

- All logs are completed and passed to the Incident Commander;
- A cascade of stand down messages to all staff and external organisations;
- Acknowledgement of staff roles and wider support;
- Identify the member of the team who will provide a “hot debrief” to those staff with immediate involvement in the incident.
19 Incident Debriefing

19.1 The structured de-briefing process is a disciplined but flexible technique for learning, through reflection, by sharing experiences, gathering information and developing ideas for the future.

19.2 The purpose of identifying lessons to be learnt from an incident is to prevent recurrence or to significantly reduce the impact should a similar incident occur again. All persons who can make a noteworthy contribution to the process should be invited to attend. Independent advice will be considered in all cases.

19.3 The aims of the process are to create a safe environment where all employees have an opportunity to identify the lessons learnt and reduce the risk of further incidents or to minimise the impact of such incidents on the Trust. The process will:-

- Be conducted openly and honestly;
- Pursue personal, group or organisational understanding and learning;
- Be consistent with professional responsibilities;
- Respect the rights of individuals;
- Value equally all of those involved;
- Emphasise the opportunity for development as opposed to seeking to apportion blame on any individual or group.

19.4 The Trust may also be asked to participate in the multi-agency debrief following an incident. Where this is the case, efforts should be made to ensure all lessons to be learned have been identified internally to maximise input into the multi-agency debrief.

19.5 Reference should also be made to the Trust’s Incident Policy - NTW(O)05, Practice Guidance Notes and Appendices.

20 Recovery

20.1 Once the response phase has been completed, the responsibility for coordinating multi-agency aspects of the recovery phase usually moves from the Police to the Local Authority.

20.2 It should be recognised that recovery may last for a period of days, weeks, months, years of even longer. This circumstance may directly impact on NHS resources, including staff welfare, service provision and the relationship between Trust and its community.
Recovery should not be considered in isolation; it is an integral part of the response process and is also part of the Business Continuity Planning process.

20.3 Recovery considerations should commence as soon as practicably possible during the response phase. The transition from response to recovery will be carefully managed and may be staged depending on the size, location and type of incident.

20.4 The Trust may be requested to lead and co-ordinate psychological and mental health services during the recovery phase to support the affected community, which may include (but may not be limited to) some or all of the following:

- Co-ordinating and directly providing psychological and mental health support to victims, staff, existing service users, and carers in conjunction with the relevant Local Authority Social Care Departments;

- Advising on the long term effects of trauma on the casualties associated with the incident and recommending the appropriate level of psychological intervention required;

- Ensuring that mental health service users caught up in the incident are discharged home with appropriate support in the community from Community Mental Health Teams;

- Working with the NHS England Area Team and Local Authority to assess the effects of the incident on vulnerable care groups, including existing service users;

- Continuing to provide critical mental health services at safe levels.

20.5 Following a major incident, a number of organisational recovery activities may need to be undertaken, which might include:

- Identifying appropriate support mechanisms which can be made available to staff and their families, recognising that staff may be affected directly by the incident through death, illness, disability or stress;

- Staffing and resources to address the new environment;

- Physical reconstruction of facilities;

- Reviewing key priorities for service provision and restoration in line with the Trust Business Continuity Plans;

- Financial implications and remunerations;
• Routine performance targets;
• The co-ordination of VIP visits;
• Memorials and anniversaries;
• The ongoing needs for assistance from and to NHS partners and other agencies;
• Equipment and restocking of supplies.

21 Review, Maintenance, Training and Exercising

21.1 A planned review will be undertaken annually by the Emergency Preparedness Officer and provided to the Local Health Resilience Partnership for audit and assurance. Additional updates may take place staff changes, changes in the Trust’s functions or services, changes to the organisational structure, details of suppliers or contractors, changes to risk assessments, and business objectives / processes.

21.2 The Trust will ensure that key staff are appropriately trained to enable delivery of services in the event of an incident. The Director of EPRR will:

• Identify and prioritise training needs required to implement major incident plans;
• Ensure that a training programme including induction, refresher and role specific training for key and other staff is maintained;
• Ensure that a record of emergency preparedness training is maintained;
• Facilitate feedback on the value of training to assist the audit / review of training and the Incident Response Plan.

21.3 A plan cannot be considered reliable until it is exercised and has proved to be workable, especially since false confidence may be placed in its integrity. The exercising of this plan involves:

• Validating functions
• Training key staff
• Briefing staff and involving them in table top exercise training
• Testing systems that are relied upon to deliver resilience;
• Directors are responsible for ensuring that their staff know and understand their individual responsibilities with regard to
the Incident Response Plan, have accessed training, and maintain the necessary skills.

21.4 In line with NHS England requirements, the Trust will undertake:

- A communications exercise every six months
- A desktop exercise once a year
- A major live or simulated exercise every three years.
Appendix A

Flow Chart of Alerting Cascade

Activating Incident Response Plan 9.00 a.m. – 5.00 p.m. - Monday – Friday

Source (external) \[\rightarrow\] Source (internal)

\[\rightarrow\] NTW TRUST switchboard

Senior Manager on call
Point of Contact

Director on call / Chief Executive

Assess situation

Decide whether to activate

Integrated Emergency Management Support Planning

If yes

Advise switchboard to mobilise relevant staff
Activating Incident Response Plan

Outside Office Hours

1. Reporting of Incident
2. Senior Manager On Call
3. Director On Call / Chief Executive
4. Decide whether to activate Incident Coordination Centre Team(s)
5. If yes
   - Mobilise relevant staff and establish Incident Co-ordination Centre(s)
Level of Command

9.00 a.m. – 5.00 p.m., Monday - Friday

Chief Executive

 Director On Call

 Directors

 Senior Manager On Call
 Associate Directors

The Chief Executive will declare activation of Integrated Emergency Planning Support Plan or in their absence the On Call Director
Levels of Command - Out of Hours

Chief Executive (if available)

On Call Director

Senior Manager On Call

Integrated Emergency Planning Support Team
When assembled will work under direction of Chief Executive or On Call Director
Guidance and Associated Plans

Mass Casualty

- DH: Mass casualties incidents; a framework for planning (Mar ‘07)
- DH: Planning for the management of burn-injured patients in the event of a major incident; interim strategic national guidance (Apr ‘11)
- DH: Planning for the management of blast injured patients (Dec ‘07)
- NHS South of England – Central: Mass Casualty Preparations for Acute Trusts (June 2011)
- NHS South of England: Framework plan for Mass casualties incidents, including those caused by marauding firearms attacks and explosions in crowded areas (Sep ‘12)
- NHS East Midlands: Mass Casualty Framework (key roles and response)

Major Incidents

- DH: Trauma Network: Regional Network for Major Trauma (September 2010)
- DH: Trauma Network: Management of Children with Major Trauma (February 2011)
- NHS East of England: Clinical Guidelines for Major Incidents
- NHS York & Humber: Mutual Aid Plan
- DH: Development & Deployment of Medical Emergency Response Incident Teams (MERIT) in the provision of advanced medical care at the scene of an incident (Mar ‘10)
- DH: Immediate Medical Care at the scene of a major incident (Oct ‘05)

CBRN

- DH: NHS Guidance - Incidents Involving Radioactivity (’98)
- HPA: CBRN Incidents: A Guide to Clinical Management and Health Protection (Sep ’08)
- NHS North West: Strategic, Tactical and Operational Guidance for casualty Decontamination in Hospital Emergency Departments (May ‘10)
- DH: Mobile decontamination facilities and personal protective equipment (PPE) for chemical incidents (Oct ‘02)
- DH: Ambulance service guidance on dealing with radiological incidents and emergencies (Mar ‘10)

Stocks

- DH: Emergency planning - UK reserve national stock for major incidents - how to access stock (Feb ‘10)
- DH: A Plan for NHS Blood and Transplant and Hospitals to address Platelet Shortages
- DH: A Plan for NHS Blood and Transplant and Hospitals to address Red Cell Shortages

Pre-Hospital

NHS North West: Resilience Incident Response Plan – V01 – Issue 1 – Issued Jul 17
Part of NTW(O)08 – Emergency Preparedness, Resilience Response
## Plans

<table>
<thead>
<tr>
<th>Internal</th>
<th>External</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPRR Policy</td>
<td>North East Mutual Aid Agreement</td>
</tr>
<tr>
<td>On call information booklet</td>
<td>North East Infectious Diseases Plan</td>
</tr>
<tr>
<td>Pandemic Plan</td>
<td>North East Paediatric Critical Care Escalation Plan</td>
</tr>
<tr>
<td>Winter Resilience Plan</td>
<td>North East Science and Technical Advice Framework</td>
</tr>
<tr>
<td>Industrial Action Plan</td>
<td>LRF Fuel Disruption Framework</td>
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<tr>
<td>Fuel Disruption Plan</td>
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<tr>
<td>Heatwave Plan</td>
<td>North of England Critical Care Network Adult Critical Care Escalation Plan</td>
</tr>
<tr>
<td>Lockdown PGN</td>
<td>North of England Critical Care Network Paediatric Critical Care Escalation Plan</td>
</tr>
<tr>
<td>Infection Control Policy/PGN’s</td>
<td>North of England Critical Care Network: Ethical framework for utilisation of critical care in response to exceptional demand</td>
</tr>
<tr>
<td>Pharmacy Major Incident SOP</td>
<td></td>
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<tr>
<td>Corporate Business Continuity Plan</td>
<td></td>
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<tr>
<td>Service Area Resilience Plans</td>
<td></td>
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<tr>
<td>Site Resilience Plans</td>
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<tr>
<td>Informatics Business Continuity Plans</td>
<td></td>
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<tr>
<td>Informatics Disaster Recovery Plans</td>
<td></td>
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<tr>
<td>Outbreak plan</td>
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<tr>
<td>Trust Insurance Arrangements</td>
<td></td>
</tr>
</tbody>
</table>
## Escalation / Surge Framework

### North East Escalation Plan (NEEP) Framework – v12 (01/04/16)

<table>
<thead>
<tr>
<th>Trigger</th>
<th>Level</th>
<th>Action</th>
<th>Communication</th>
<th>Command and Control</th>
<th>Impact</th>
<th>Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>What needs to have happened (actual) or be about to happen (prospective trigger)? Are these internal organisational triggers, or external ones?</td>
<td>Name or number for the level (maximum of 8 levels)</td>
<td>What will be done to mitigate the raised level of pressure as a result of moving to the next level? What by? When? Where?</td>
<td>What will be communicated intra and/or inter organisationally? What by? When?</td>
<td>What command and control arrangements will be in place? Who has the authority and responsibility to trigger? When and where will it be triggered? Are these different in hours and/or days?</td>
<td>Expected impact of these actions</td>
<td>Any implications of these actions on other organisations</td>
</tr>
</tbody>
</table>

| No trigger required for escalation to normal level. No escalation triggers will be reverse of the following: | | | | | | |
| Minimal impact on delivery of service. | NEEP 1 Normal (white) | Normal operation of full range of services. Develop, execute and review business continuity plans. | Share plans with partner organisations. | Normal Group/Directorate management systems. | Nil | Plans are co-ordinated with CCG’s, NHS England, LAS and other Trusts through the Local Health Resilience Partnership (LHRP). |
| | | Lead Director - Dr Damian Robinson | Share plans internally. | Staying through Strategic EPRR Group | | |
| Moderate impact on services. | NEEP 2 Concern (green) | Normal range of services maintained. Consider curtailing or suspension of category C services based on risk assessment of clinical need | Staff informed via CAS alert and Trust intranet of NEEP status. | Emergency Preparedness Team monitors impact through internal reporting. Decision to trigger taken by service managers locally per directorate. | As far as possible normal delivery of front line clinical services are maintained | Non attendance by NTW at non-essential meetings |
| | | Consider curtailment and suspension of category B services | Area Commands report to NHS England. | | | |
| | | Typical staff absence up to 5% above normal baseline | Commissioners advised through Trustwide Command | | | |
| | | National Highways/Winter Plan | Internal and external selftests established | | | |
| | | Typical staff absence between 6% and 20% above normal baseline | Decision to trigger taken by service managers locally per directorate. | | | |
| | | May be triggered by CCG’s/NHS England | | | | |
| | | Determination of weather conditions. | | | | |
| | | Level 3 ( amber) National Highways/Winter Plan | | | | |
| | | Level 2 (stock) NH NHS Fuel Shortage Framework | | | | |

### NEEP 3 Pressure (amber)

- Suspend category C activities to release staff to return to direct clinical care
- Consider suspension or curtailment of category B services based on risk assessment of clinical need
- Redeploy staff to category A and B services (or implement alternative models of care)
- Decisions on redeployment of staff and suspension or repositioning of services taken by Area Command. Consideration of redeployment of staff to category A and B services (or implement alternative models of care)
- Update direct contact details for senior decision maker to CCG/NHS England
- Identify any mutual aid requirements or capabilities and report to CCG/NHS England
- Staff informed via CAS alert and Trust intranet of NEEP status
- CCG/NHS England advised through Trustwide central command teams
- Area Commands report to Trustwide Command
- Area Commands report to NHS England to advise on declaration of request or suspension of services prior to changing arrangement
- Decision to trigger taken by CEO or acting CEO or Director of Operations or on-call Director (in that order) in collaboration with Area Commands
- Full activation of Trustwide command and control arrangements
- Trustwide and Area Commands activated
- North and South areas of the Trust managed as Locality Leadership
- Normal Highways/Winter Plan
- Internal resources are utilised across Directorates
- Services impacting on other organisations are generally maintained

### Services and activities assessed as lower risk are suspended to permit services assessed as higher risk to continue

### Suspension of category C services should not impact on other organisations, but may result in longer waits for non-priority assessments or follow up appointments

### Services impacting on other organisations are generally maintained
NEEP 4 Severe Pressure (red)

- Significant impact on services
- Pressure on delivery of normal range of services requiring redeployment of staff to maintain category A services
- Typical staff absence between 20% and 30% above normal baseline
- May be triggered by CCG/SNHNS England
- Extended period of severe weather
- Level 3 (minor) National Emergency Fuel Plan
- National Security Level – Critical

- Staff informed via CAS alert and Trust intranet of NEEP status
- NHS England advised through Trustwide central command team
- Commissioners advised through Trustwide Command
- Northern Command reports to Trustwide Command via daily SRP
- Area Commands report to NHS England to advise on suspension or curtailment of services prior to change where possible
- Decision to trigger taken by CEO or acting CEO or Director of Operations or on-call Director (in that order) in collaboration with Area Commands
- Full activation of Trust command and control arrangements
- Trustwide and Area Commands activated
- North and south areas of the Trust managed as Locality Silver Commands
- Services and activities assessed as lower risk are suspended to permit services assessed as higher risk to continue
- Inter/national mutual aid across Directories is facilitated
- Internal resources are utilized across Directories
- Suspension of category B services will impact on other organisations but effect partially mitigated by introduction of alternative models of care
- Essential core services (category A) are maintained or reinforced. This includes NTW inpatient and residential patients and crisis intervention teams, which will be augmented to provide generic emergency mental health care

Part of NTW(O)08 – Emergency Preparedness, Resilience Response
<table>
<thead>
<tr>
<th>RECOVERY (blite)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td><em>Staffing levels begin to return to normal.</em></td>
<td><em>Phased reintroduction of category B and C services and category 2 activities.</em></td>
<td><em>Staff informed via OAS alert and Trust internet of NEEP status.</em></td>
<td><em>Decision to trigger taken by CEO or acting CEO or Director of Operations or on-call Director (in that order) in collaboration with Area Commands.</em></td>
</tr>
<tr>
<td><em>Likely post emergency surge due to effects of pandemic on community mental health.</em></td>
<td><em>Phased disestablishment of alternative models of care delivery.</em></td>
<td><em>NHS North East advised through Trustwide Command.</em></td>
<td><em>Initially, full Trustwide command and control arrangements to manage possible early surge effects.</em></td>
</tr>
<tr>
<td><em>Possible post emergency impact on staffing in relation to psycho-social needs.</em></td>
<td><em>Area Commands to relocate staff to original service provision.</em></td>
<td><em>Commissioners advised through Trustwide Command.</em></td>
<td><em>Returning to normal managerial arrangements over time.</em></td>
</tr>
<tr>
<td><em>Area Commands to migrate to locality.</em></td>
<td><em>Implement post emergency psycho-social support for staff.</em></td>
<td><em>Area Commands report to Trustwide Command via daily SRFs.</em></td>
<td><em>Need to co-ordinate graduated return to normal operations with partners.</em></td>
</tr>
</tbody>
</table>
### Describing Services – Categorisation of Priority Services

During an disruption to the provision of services in the Trust, it is likely that clinical and other services will need to be prioritised to inform a planned retraction of services should the impact on staff result in an inability to continue to provide a normal range of services.

All services and activities (both clinical and non-clinical) will be categorised according to the following criteria. These categories will indicate the phase (yellow, amber, red, purple and black) at which services will be curtailed or suspended and this table should be read in association with the table describing phases.

In considering which category to place a service or activity, consideration is needed of the potential risks of suspension or significant curtailment for the associated time period.

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong></td>
<td>Services and activities which are essential to maintain at all times because of the high risk to service users if they were to cease.</td>
</tr>
<tr>
<td></td>
<td>• All Inpatient Services</td>
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<td></td>
<td>• Universal Crisis Services</td>
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<td></td>
<td>• Initial Response Team</td>
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<td></td>
<td>• Liaison and Self Harm</td>
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<tr>
<td></td>
<td>• ECT / Essential Physical Treatment Provision</td>
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<tr>
<td></td>
<td>• Social Care Homes</td>
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<tr>
<td></td>
<td>• Medical on Call</td>
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<td></td>
<td>• Pharmacy</td>
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<td></td>
<td>• 136 Suite</td>
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<tr>
<td></td>
<td>• Estates and Facilities</td>
</tr>
<tr>
<td></td>
<td>• Research &amp; Development (Incident Specific)</td>
</tr>
<tr>
<td></td>
<td>• Other Support Services / Emergency on call / Point of Contact</td>
</tr>
<tr>
<td><strong>B</strong></td>
<td>Services and activities which could be suspended, significantly curtailed or partially reprovided for a period of up to 1 week.</td>
</tr>
<tr>
<td></td>
<td>• Challenging Behaviour Function (Community)</td>
</tr>
<tr>
<td></td>
<td>• Day Services</td>
</tr>
<tr>
<td><strong>C</strong></td>
<td>Services and activities which could be suspended or significantly curtailed for a period of 2 weeks, though possibly up to 4 weeks.</td>
</tr>
<tr>
<td></td>
<td>• Mainstream Community Services</td>
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<td></td>
<td>• Primary Care / IAPT</td>
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<td></td>
<td>• Non-urgent clinical appointments</td>
</tr>
<tr>
<td></td>
<td>• Memory Clinic</td>
</tr>
<tr>
<td></td>
<td>• Vocational Services</td>
</tr>
<tr>
<td><strong>S</strong></td>
<td>Services and activities which are supplemental to the delivery of clinical care, but which could be suspended or significantly curtailed. Study leave, non essential training, non essential internal meetings, non essential external meetings, non essential supervision, appraisals and JDRs</td>
</tr>
</tbody>
</table>
Support Leaflet

How might this affect my behaviour?
You might have some of the following physical and emotional symptoms:

Apprehension - you may find that you are easily startled and agitated.
Problems with sleeping - you may have disturbed sleep, disturbing thoughts preventing you sleeping or dreams and nightmares.
Flashbacks - might occur without warning at any time or place. These may be brought on, for example, by a smell, a sound or something you see.
Mood swings - you might experience a change in mood for no obvious reason.
Fears or anxieties - of the place, other reminders of the incident, of the dark and of being alone or crowded places.
Physical symptoms - you might experience tiredness, loss of memory, palpitations (rapid heartbeat, dizziness, shaking, aching muscles, nausea (feeling sick) and diarrhoea, loss of concentration, breathing difficulties or a choking feeling in your throat and chest.

How can I help myself or others to overcome these difficulties?

Do
- Take time out to sleep, rest and relax.
- Tell people what you need.
- Take care at home or when driving or riding - accidents are more common after a traumatic or stressful event.
- Try to find someone you trust to talk over the event, more than once. If you were part of a group of people, get together and talk, support, listen and try to understand how others feel and what they are experiencing.

Don’t
- Bottle up these feelings, it is helpful to talk about them. The memories may not disappear straight away.
- Get embarrassed by your feelings and thoughts, or those of others.

If you need any further help or advice please contact NHS direct, your GP or the Samaritans.

Common reactions to traumatic events

Information for patients

Appendix E

Northumberland, Tyne and Wear NHS Foundation Trust
EPRR-PGN-01 – Incident Response Plan – V01 – Issue 1 – Issued Jul 17
Part of NTW(O)08 – Emergency Preparedness, Resilience Response
This leaflet tells you about common reactions to traumatic events and explains ways to cope with them

What is a traumatic event?
A traumatic event is any serious incident you experience which is sudden and unexpected which can result in emotional as well as physical trauma (injury) and shock. This emotional shock can cause stress reactions, which are known as Post Traumatic Stress Reaction. The emotions you experience are a normal reaction to this abnormal traumatic event.

How may I react to and feel after a traumatic event?
To feel you are not able to cope is normal. Sometimes you do not want to let others know you can’t cope as you fear you will be seen as being weak. You may feel you should ‘keep a stiff upper lip’ and try to carry on. The following are some common reactions you may experience when you have dealt with, or been involved in, such an event.

Shock:
- disbelief and numbness
- the experience appears unreal
- a slow realisation of what has happened

Fears of:
- it happening again (looking for signs of danger)
- vulnerability (feeling unsafe)
- being alone
- losing control
- Helplessness
- Loved ones being ill/hurt

Sadness:
- about possible loss of life
- loss of belief that the world is a safe place

Anger:
- towards those who caused it to happen
- at the injustice and senselessness
- at the lack of understanding of others
- at it happening – why me?
- general anger

Confusion because:
- of strange feelings
- something in your past is troubling you again
- your world has changed
- Of uncontrollable emotions

These feelings are normal and common, you may feel all or some of them. Discussing them allows time to heal. They usually only last for short periods at a time and gradually diminish (reduce).

It is very common to experience intrusive memories (flashbacks) without warning and dreams. These may not correspond (match) with what happened but may represent fears or feelings about what happened. These may start a long time after the event or almost straight away.

Further information is available from:
NHS Direct 24 hour helpline 0845 4647
www.nhsdirect.nhs.uk
Samaritans
0845 7909090
Customer Procedure

Case of emergency during normal working hours
Monday to Friday between the hours 8.30am and 5.00pm contact your local Supplies Manager who will respond to your emergency in the most appropriate way and in line with local procedures.

Case of emergency outside of normal working hours
Outside of normal working hours as indicated above the Customer must obtain the appropriate permission from budget holder, Manager in charge etc. Once permission has been obtained you should contact the local Distribution Centre by telephone not by facsimile (see contact numbers on page 4)

All such demands will be charged to the local emergency GL code to be apportioned according to local procedures. As of necessity, the emergency procedures are designed to allow authorised personnel to obtain their emergency issues without the encumbrance of normal requisitioning.

Procedure for case of emergency during normal working hours
Before pursuing an emergency delivery from the NHS Logistics Distribution Centre, consider the following:
1. Are the goods needed urgently?
2. Could the goods be obtained quickly from another department?

Procedure to be followed by Supplies Manager/Officers for an emergency during normal working hours
Investigate the request and ascertain if the goods required can be obtained more quickly from another Ward/Department or Hospital.

Use the enquiry facility on LOL (Logistics Online) or local legacy system to determine where any delivery of the items required has been made recently.

Once it is apparent that a delivery is required from the Distribution Centre, obtain the following:
1. Authorising Officer’s name
2. Location name and telephone number
3. Requisition point
4. NSV code for each commodity required
5. Description of product with issue pack size
6. Quantity required
7. Delivery if different from normal delivery location
8. Precisely when the item/s are needed
Appendix F

NHS Supply Chain Emergency Procedure

Contact the Distribution Centre and your usual Customer Service advisor.

You must clearly state that it is an emergency situation and that you require an urgent delivery from the Distribution Centre.

Your Customer Service advisor will then ask the questions listed above and read back the answers to you, to confirm the request.

The Customer Service advisor will confirm the warehouse pick of the goods by telephoning either the customer or the Receipts and Distribution point and give details of the transport to be used and the estimated time of arrival at the delivery location.

Upon receipt the customer will be asked to sign the delivery note, printing their full name, job title and normal telephone number - a copy of which will be given to the customer.

An emergency is defined as a major incident or an unforeseen circumstance. This is usually a same day delivery.

Procedure to be followed by the CUSTOMER for an emergency outside of ‘normal’ hours - security manned site

Authorisation must be obtained for any emergency request.

Obtain the following information BEFORE contacting the Distribution Centre:

1. Authorising officer's name
2. Location name and telephone number
3. Requisition point and requisition code
4. NSV code for each commodity required
5. Description of product with issue pack size
6. Quantity required
7. Delivery if different from normal delivery location
8. Precisely when the item/s are needed

Contact the Distribution Centre. (Facsimile messages are not acceptable)

Security Manned Distribution Centres – Alfreton, Maidstone, Normanton, Runcorn, Bury and Bridgwater

Once the facts have been confirmed, the Security Gatehouse Officer/depot on call officer will ring the number given by the caller to confirm that the call is genuine; having first checked that the telephone number given is in the directory of Hospital numbers.

Whenever the afternoon shift is in work, contact the Shift Manager or Charge-hand

Contact Telephone Numbers for Distribution Centres - Out of Hours

Manned Sites

<table>
<thead>
<tr>
<th>Site</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alfreton</td>
<td>01773 724000</td>
</tr>
<tr>
<td>Normanton</td>
<td>01924 328700</td>
</tr>
<tr>
<td>Runcorn</td>
<td>01928 858500</td>
</tr>
<tr>
<td>Maidstone</td>
<td>01622 402600</td>
</tr>
<tr>
<td>Bury</td>
<td>01284 355923</td>
</tr>
<tr>
<td>Bridgwater</td>
<td>01278 464000</td>
</tr>
</tbody>
</table>

Operations to provide Security with a detailed list of contacts for each Distribution Centre.
Management of serious incidents: Escalation process

During office hours the line management structures in place within the Groups will be followed. Communications will be escalated via Clinical Business Unit Associate Directors to Group Directors.

In the event of an emergency additional support may be obtained via Clinical Managers with additional knowledge for specific sites. If the designated clinical managers are on site they will take the lead on incident management.

The allocated Clinical Managers are engaged in the development of the Strategic Plans for the management of serious incidents and if available they will be able to provide additional support, advice and leadership. **Please note that this is not an on call rota.**

**Out of hours on call escalation process**

NTW has a structured on call process in place to ensure serious incidents are managed appropriately. In the event of a serious incident occurring out of hours the escalation process outlined in diagram 1 must be initiated. Contact details can be obtained from switchboard.

**Diagram 1: Out of Hours escalation process**
### Accommodation / Facilities - Staff Accommodation Locations

<table>
<thead>
<tr>
<th>Site</th>
<th>Location</th>
<th>No. of Places</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northgate</td>
<td>Conference Suite</td>
<td>5</td>
</tr>
<tr>
<td>St Georges Park</td>
<td>Kiff Kaff</td>
<td>7</td>
</tr>
<tr>
<td>St Nicholas Hospital</td>
<td>Meeting Rooms, St Nicholas House</td>
<td>5</td>
</tr>
<tr>
<td>Walkergate Park</td>
<td>Conference Rooms</td>
<td>5</td>
</tr>
<tr>
<td>Ferndene</td>
<td>Sports Hall</td>
<td>5</td>
</tr>
<tr>
<td>Hopewood Park</td>
<td>PMVA Suite</td>
<td>12</td>
</tr>
<tr>
<td>Monkwearmouth</td>
<td>Boardroom</td>
<td>3</td>
</tr>
<tr>
<td>Bede</td>
<td>Day Unit</td>
<td>3</td>
</tr>
<tr>
<td>Tranwell</td>
<td>ECT Suite</td>
<td>3</td>
</tr>
<tr>
<td>Rose Lodge</td>
<td>Resource Room</td>
<td>3</td>
</tr>
</tbody>
</table>

### Emergency Linen Cupboard – Location on Main Hospital Sites

<table>
<thead>
<tr>
<th>Site</th>
<th>Location of Emergency Linen</th>
<th>Any Other comments</th>
<th>Sleeping Bags</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Nicholas Hospital</td>
<td>Cupboard behind reception</td>
<td>2 keys, one held in porters’ office, spare held in Switchboard</td>
<td>5 x sleeping bags for use in an emergency have been placed in the Security office beside main reception. Security staff are available from 19.00 hours Monday to Friday and 15.00 hours Saturday and Sunday and porters outside these times should these need to be issued.</td>
</tr>
<tr>
<td>Walkergate Park</td>
<td>Large and second cupboards on all wards, where excess linen is stored</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Site</td>
<td>Location of Emergency Linen</td>
<td>Any Other comments</td>
<td>Sleeping Bags</td>
</tr>
<tr>
<td>------------------------------</td>
<td>---------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------</td>
<td>-----------------------------------</td>
</tr>
</tbody>
</table>
| Ferndene                     | Held in the Facilities cupboard under the stairs next to the lift on the lower ground floor in the Arc  
  40 x Sheets  
  10 x Blankets  
  20 x Pillow Cases  
  20 x Towels | Access 24/7 via reception staff                                                              |                                    |
| Campus for ageing and vitality | Cupboard located on main corridor in former EEG Department                                   | Key held by NTW staff based in Centre for Health of the Elderly as follows:-  
  Monday to Friday - key tends to be kept in regen kitchen but porters have access  
  Weekends - key held by regen kitchen staff | Were never issued with sleeping bags          |
| St. George’s Park            | An emergency stock of pool linen items will be stored in the room behind the main reception for use by wards outside of the laundry’s normal business hours  
  40 sheets, 20 towels,  
  40 pillow cases,  
  10 blankets, 10 duvet covers | The room can be accessed via the security guard or by use of PK3 key                    | 7 x sleeping bags held in the domestic stores |
| Northgate Hospital           | Located in the Laundry  
  60 sheets, 40 towels,  
  40 blankets | Out of hours access via Security                                                            | No sleeping bags as they would use blankets |
| Hopewood Park                | Located in Pod 2 (outside Shoredrift)  
  50 sheets, 50 towels,  
  10 blankets,  
  20 pillow cases | Out of hours access via Security                                                            | 3 x Sleeping bags held in Pod 2       |
<table>
<thead>
<tr>
<th>Site</th>
<th>Location of Emergency Linen</th>
<th>Any Other comments</th>
<th>Sleeping Bags</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monkwearmouth Hospital</td>
<td>Spare Laundry Cupboard, 1st Floor</td>
<td>Access via Porters Out of hours access via Security</td>
<td>3 x Sleeping bags held in the Porters' office</td>
</tr>
<tr>
<td></td>
<td>35 sheets, 30 towels, 30 pillow cases, 5 blankets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tranwell – Queen Elizabeth Hospital</td>
<td>Fellside Ward - old curtain store</td>
<td>Access 24/7 via ward staff</td>
<td>5 x Sleeping bags held on Fellside Ward</td>
</tr>
<tr>
<td></td>
<td>50 sheets, 30 towels, 11 blankets, 10 pillow cases</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Emergency Response Internal Situation Report

## SITREP INFORMATION
- **Site / Team / Group**
- **SitRep Number**
- **Date**
- **Completed by**
- **Time**
- **Phone number**
- **Is this a NIL Return?**
  - YES
  - NO

## EMERGING ISSUES

### Staffing
- **Level of absence**
- **Number of staff absent:**
- **Impact to service**
  - None
  - Negligible
  - Medium
  - Significant

### Supply Chain – Have any of these been disrupted?
- **Pharmaceuticals**
- **Waste disposal**
- **Food**
- **Other**
- **Linen**

### Safety
- **Utility Issues**
- **Site Accessibility**
- **Health and Safety Risks**
- **Security**
- **Communications**
- **Other**

### Forward Look: Anticipated challenges, forecasted resumption of normal activity, etc.

### Other Comments:

### Next Anticipated Report:
- **Date:**
- **Time:**

Please return completed forms to [eoc@ntw.nhs.uk](mailto:eoc@ntw.nhs.uk)