

**TRUST-WIDE NON CLINICAL POLICY DOCUMENT**

# LOCKDOWN POLICY & SUPPORTING GUIDANCE

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**TRUST-WIDE NON CLINICAL POLICY DOCUMENT**

2016 Version 1

Quality, recovery and wellbeing at the heart of everything we do

## TRUST-WIDE NON CLINICAL POLICY DOCUMENT

### Lockdown Policy & Supporting Guidance

#### Further information about this document:

Document name	<b>Lockdown Policy &amp; Supporting Guidance (SD45)</b>
Document summary	<b>The Lockdown Policy and Supporting Guidance outlines building and estate lockdown procedures will be developed across the Trust.</b>
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To be read in conjunction with	<b>Risk Management Strategy <a href="#">SA02</a></b> <b>Health, Safety and Welfare <a href="#">SA07</a></b> <b>Reporting, Management and Review of Adverse Incidents <a href="#">SA03</a></b> <b>Management of Complaints and Concerns <a href="#">SA06</a></b> <b>Being Open Policy <a href="#">SA13</a></b> <b>Reporting Management and Investigation of Claims <a href="#">SA05</a></b> <b>Health and Safety and Wellbeing Policy <a href="#">SA07</a></b> <b>Major Incident Plan <a href="#">SA31</a></b> <b>Safeguarding Vulnerable Adults From Abuse <a href="#">SD17</a></b> <b>Support of service users who present challenging behaviour <a href="#">SD18</a></b> <b>Management of Security Systems <a href="#">SA29</a></b>
<b>This document can be made available in a range of alternative formats including various languages, large print and braille etc</b>	
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#### Version Control:

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Version 0.1	Initial draft presented to Jayne Bridge Head of Risk and EPRR	20 April 2016
Version 0.2	Minor amendments	23 May 2016
Version 1	Minor amendments	28 May 2016

## SUPPORTING STATEMENTS

this document should be read in conjunction  
with the following statements:

### SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Trust employees have a statutory duty to safeguard and promote the welfare of children and vulnerable adults, including:

- being alert to the possibility of child/vulnerable adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/vulnerable adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/vulnerable adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or vulnerable adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

### EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Trust is committed to carrying out its functions and service delivery in line the with a Human Rights based approach and the FRED A principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

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# 1 PART A – LOCKDOWN POLICY

## 1.1 INTRODUCTION

1.1.1 Experience has shown that during a wide range of incidents, health service locations can be vulnerable to a range of malicious and non-malicious incidents and emergencies. As a public service we are a focal point for people requiring care on a daily basis, during times of crisis and post emergencies (major incidents) where the demand for mental healthcare services will be at its highest.

1.1.2 Mersey Care NHS Trust could also become a focal point for people wishing to cause harm to others or damage to property (e.g. a disgruntled person, vandalism or terrorism). Therefore, there may be occasions when it is an appropriate response to lockdown a building, facility or site to restrict or confine a threat to safeguard patients, staff, visitors and assets. Locking down an area has the potential to delay the hazard (infection/contamination) or threat (terrorism/aggressor) allowing time for assistance to arrive and take control of the situation.

1.1.3 It is essential that the Trust has appropriate arrangements in place to protect patients, staff and infrastructure. These arrangements may be implemented at a local level in response to an immediate threat, or by the Trust Silver or Gold on Call (Silver or Gold Commanders) as part of a wider security or major incident and therefore should dovetail into existing plans and supporting arrangements.

1.1.4 The Policy and supporting guidance is written with reference to the Mental Health Act (MHA) (1983 as amended 2007) and the Mental Health Act Code of Practice. In addition, it follows guidance provided by the Secretary of State for Health including:

- a) Directions to NHS bodies on work to tackle violence against staff and professionals who work or provide services to the NHS (November 2003).
- b) Directions to NHS bodies on Security Management Measures (March 2004).
- c) NHS Policy and Procedure for the Management of Security Systems.
- d) NHS Security Management Manual

The appendices provide tools which support the development of a site specific plan.

## 1.2 Aim & Objectives

### 1.2.1 Aim

The aim of the Policy is to articulate how the Trust will develop and mature lockdown plans at each of its facilities or sites in order to protect the safety of patients, staff, services and or assets.

### 1.2.2 Objectives

The objectives of this Trust lockdown policy are to:

- a) Protect the safety and wellbeing of patients, staff and visitors to Trust sites and facilities.
- b) Develop robust arrangements in accordance with national guidance and best practice.
- c) Ensure that local plans dovetail into existing Trust response and continuity plans and supporting arrangements.
- d) Determine lockdown triggers and activation procedures.
- e) Confirm roles and responsibilities of staff involved with establishing a lockdown.

- f) Provide generic planning checklists, actions cards and a plan template for local use.

### 1.3 **Scope**

- 1.3.1 The Policy applies to all Trust sites and facilities. It requires managers of these buildings, facilities or sites to work with security management staff to prepare a site specific Lockdown Procedure.
- 1.3.2 Roles and responsibilities will be determined and staff appraised accordingly. Those staff will receive appropriate training to fulfil their respective duties.
- 1.3.3 The key measurable deliverables include:
  - a) Confirmation of all sites requiring a lockdown plan.
  - b) Identification of persons with responsibility for producing each local specific plan.
  - c) Completion of the assessment processes at each specific location as per the Appendices.
  - d) Completion of the lockdown template plan for each specific location.
  - e) Completion of staff training and an exercise at each location, where possible framework.

### 1.4 **Definition of a Lockdown**

- 1.4.1 The NHS defines a 'lockdown' as follows:

'The process of preventing entry, exit and movement around a Trust site or other specific Trust building/area, in response to an identified risk, threat or hazard that might act upon the security of patients, staff and assets or indeed the capacity of that facility to continue to operate'.

- 1.4.2 Examples requiring activation of a lockdown include:

- a) Hostage, outside threat.
- b) Public disorder/patient disorder.
- c) Major incident where contamination could threaten the habitability of the facility and services contained within.

### 1.5 **Types of Lockdown**

- 1.5.1 In preventing the entry, exit or movement of people, or a mixture of the three, the overarching aim of implementing a lockdown is to either exclude or contain staff, patients and visitors. A lockdown may be either, partial, progressive or full. All visitors should be requested to follow directions to support a lockdown; however, it is noted that the containment of any person against their will is prohibited.

### 1.6 **Partial Lockdown (Static or Portable)**

- 1.6.1 A partial lockdown is the locking down of a specific building or part of a building. The decision to implement a partial lockdown will usually be in response to an incident. This response will help to ensure that identified critical assets such as personnel and property are protected. A partial lockdown can be static or part of a portable lockdown whereby an on going lockdown is moved from one location to another.

## 1.7 **Progressive Lockdown**

1.7.1 A progressive or incremental lockdown is a step-by-step lockdown of a site or building in response to an escalating scenario.

## 1.8 **Full Lockdown**

1.8.1 A full lockdown is the process of preventing freedom of entry to an exit from either an entire NHS trust site; specific NHS building or premises that offer NHS services. In order to ensure a safe and secure environment it is essential that all relevant stakeholders engage in the development of a robust action plan.

## 1.9 **Who Can Implement a Lockdown?**

1.9.1 A lockdown will be considered in a variety of situations, many of which require immediate implementation, others are in response to a major incident. It is clear that if an incident is occurring outside a premise, the senior member of staff in the premise should have the authority to make a decision to lock the premise as an immediate response to protect patients, staff and property (assets). Equally, the lockdown can be called by the Duty Manager as part of the Trust Major Incident Plan in response to a larger or impending risk. Any lockdown will involve reporting to the Duty Silver On-Call Senior Manager / Gold On-Call Executive Director and it is this person who decides if the lockdown should continue and when it is to end.

## 1.10 **Controlling Access / Egress in the Event of a Lockdown**

1.10.1 When following assigned duties in the event of a lockdown, all employees must remember that because all health care sites and buildings are usually open to the public, members of the public have an implied licence to enter them. However, the owner of any such premises has the right to refuse access when required.

1.10.2 While NHS professionals can give direction within their premises (e.g. stating which exit someone can use), it is unlawful to forcibly prevent exit from NHS premises, with the exception of service users legally detained under the MHA. Nonetheless, there may be circumstances when a lockdown from existing NHS premises (or part of them) is desirable. If this occurs, NHS staff can only appeal to individuals to stay in the site and/or building identified for lockdown. If individuals choose to leave, then a safe route should be made available for them to do so, with the exception of service users legally detained.

## **2 TRAINING & EXERCISING**

### **2.1 Training**

2.1.1 All personnel within the site should be familiar with the expectations of this policy. Those with key responsibilities should receive the appropriate level of training in its activation. They should be confident in the following aspects:

- a) The activation process
- b) Their and others roles and responsibilities.
- c) The escalation and responsibilities within the Trust Major Incident Plan
- d) The need to understand that individuals may require extra support to follow/understand instructions and information provided.



## 2.2 Exercise Schedule

2.2.1 The Head of Health and Safety and Security/Local Security Management Specialist will be responsible for developing, implementing and monitoring an effective exercise schedule.

## 2.3 Training Records & Exercise Records

The details of personnel attending either a training session or involved in an exercise involving this plan must be recorded on the trusts training database that can be used for inquiry purposes.

## 2.4 Monitoring

2.4.1 An audit of compliance with the procedure will be carried out during the testing process. An audit of the lockdown risk profile will be carried out annually by the LSMS. Debrief of actual incidents will form part of the monitoring process.

2.4.2 As a minimum, the following will be monitored to ensure compliance:

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
<b>Procedure –</b> Table top lockdown exercises should be carried out in accordance with local procedures	Local Security Management Specialist	Lockdown Action Cards/ Procedure checklist	Annually	Non compliance will be reported through the EPRR Working Group

## 2.5 Consultation

The policy and supporting guidance has been developed by the Emergency Planning (EPRR)/ Business working group in consultation with:

- Local Security Management Specialist (LSMS)
- Estates & Facilities
- IT
- Communications
- Clinical divisional leads.

### 3 PART B – DEVELOPING ARRANGEMENTS

#### 3.1 Stages of planning a lockdown

3.1.1 The arrangements for a lockdown should be led by the Head of Health and Safety and Security/Local Security Management Specialist (LSMS), however the plan should not be developed in isolation, the Head of Health and Safety and Security/LSMS should work closely with the Trust’s Head of Risk and EPRR and other relevant individuals within the Trust and coordinate input from external stakeholders.

**Summary: key stages of planning and executing a lockdown on NHS healthcare sites.**

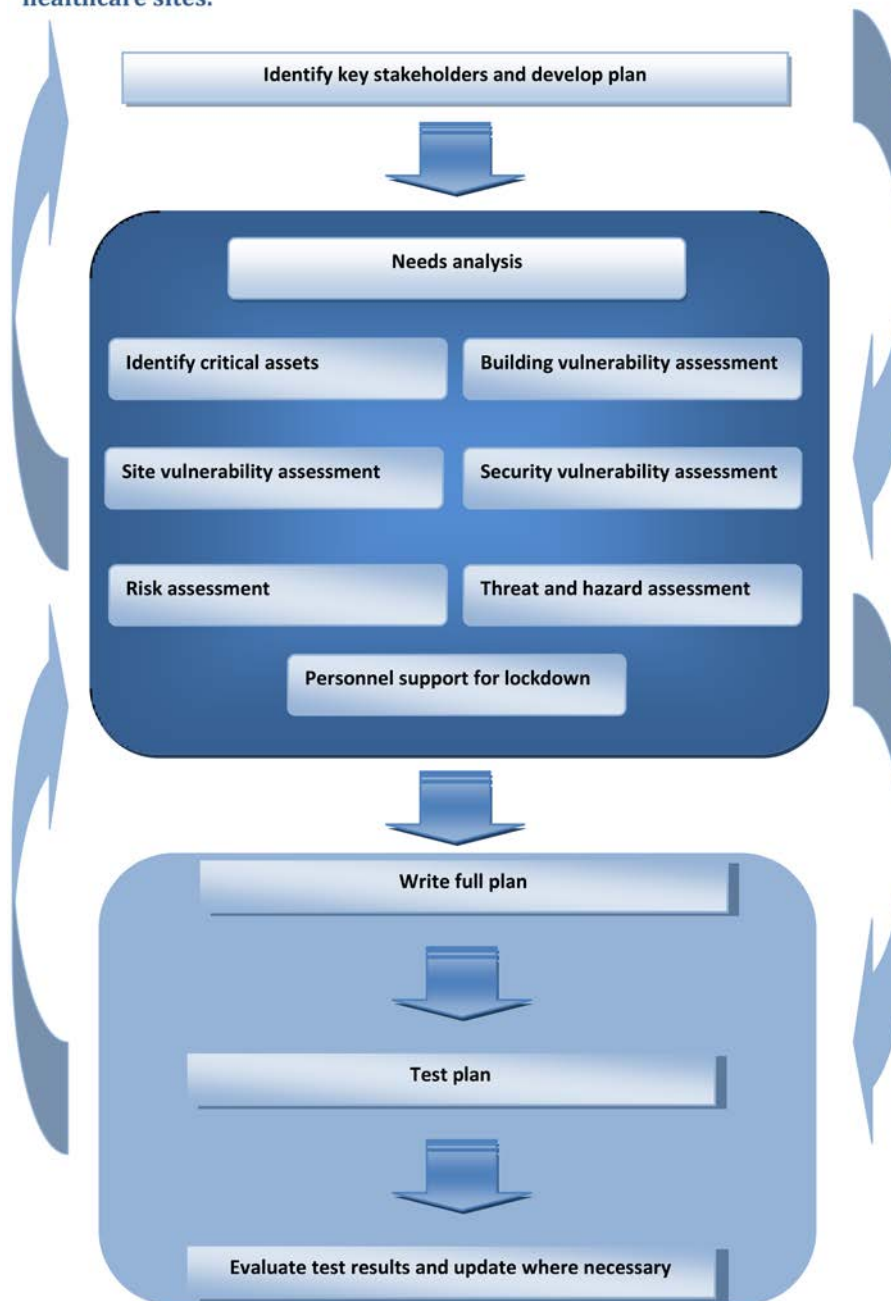


Figure 1 - Key stages of planning for a site lockdown

3.1.2 Appendix A provides proformas for these activities. During the development of the plan the author should make use of the Security Risk Assessment which will be available from the **LSMS leads**.

## 3.2 Roles and Responsibilities

3.2.1 In order to develop effective and robust arrangements, the Trust has identified a number of planning roles and responsibilities, including:

### 3.2.2 Executive Director of Nursing.

The Executive Director with responsibility for Security is accountable for:

- a) Ensuring Trust lockdown arrangements are in place and fit for purpose.

### 3.2.3 Divisional Chief Operating Officers

Divisional Directors are accountable for:

- a) Allocating lockdown planning tasks within their respective division.
- b) Ensuring that all sites have a lockdown plan in place.

### 3.2.4 Estates & Facilities Team

The Estates & Facilities Team are responsible for:

- a) Lead on issues relating to the functionality of Trust buildings and building resilience.
- b) Provide advice on the structure and internal systems that operate within any Trust building or building used by Trust staff.
- c) Determine the methodology for the different stages of lockdown (partial, progressive, full) and how to achieve success for each of these stages.

### 3.2.5 Communication and Engagement Team

The Communications and Engagement Team are responsible for:

- a) Developing signage to support lockdown plan implementation.
- b) The Trust Communications and Engagement Team will help to ensure that a controlled message is broadcasted to staff, patients and visitors within the Trust and to the outside world, informing them of the current situation.
- c) Developing pre-prepared communication messages for media and external stakeholders.

### 3.2.6 Head of Risk and EPRR

The Head of Risk and EPRR is responsible for:

- a) Ensuring that Major Incident and Business Continuity Plans and supporting arrangements are cognisant of Trust lock down procedures.
- b) Providing advice and support, where appropriate.

### 3.2.7 Security Advisor/Local Security ManagerSpecialist

The Security Advisor/Local Security Management Specialist is responsible for:

- a) The development of this policy, following guidance from NHS Protect.
- b) Providing guidance over the characteristics that will influence the ability of any building/site to effectively lockdown and the resources required to do so.
- c) Support building/site managers/teams with the development of their lockdown

- processes and procedures.
- d) The review and maintenance of this policy.

### 3.2.8 **Building/Site Manager(s)**

The Building/Site Managers will:

- a) Work with their teams, estates representatives, and the LSMS to identify and document the critical assets within the site.
- b) Determine if a lockdown (partial or otherwise) is achievable.
- c) Develop a lockdown plan for their site/department, taking into consideration local circumstances and the NHS services provided.
- d) Identify appropriate resources to undertake a lockdown.
- e) Identify and disseminate a single point of contact and a backup, for notification of a requirement to activate lockdown plans.
- f) In consultation with local Stakeholders, develop a lockdown plan.
- g) Share details of the agreed lockdown plan with their teams to ensure that if, or when implemented, all staff are aware of their role and responsibility.
- h) Maintain the lockdown plan with the local Incident Response Plan / Business Continuity Plans and forward a copy to both the LSMS and the Head of Risk and EPRR.
- i) Support Building/Site lockdown assessments.
- j) Maintain of the Lockdown Plan.
- k) Identify refuge locations across site and label door with Refuge Area for Lockdown.
- l) Ensure rooms are secure, keys are available in draw or cabinet
- m) Ensure Lockdown Plan contact list are available within Refuge Areas.
- n) Raise awareness of the plan with all Staff.
- o) Train staff with specific responsibilities.

**Note:** Managers must keep in mind that if there is a change to the services provided at a site, the lockdown plan must be reviewed to ensure that it reflects the new situation.

### 3.2.9 **Trust Staff**

- a) Familiarise actions, lockdown plan and lockdown refuge areas across the site.
- b) Undertake relevant activities to support lockdown procedures.

## 4 ACTIVATION, ESCALATION, STAND DOWN

### 4.1 Triggers

4.1.1 The threat, location, scale, type of event and profile of the facility will determine the type of lockdown (full, partial or progressive) that will be implemented.

- a) Receipt of Intelligence.
- b) Direct/In-Direct Threat, Risk or Hazard.
- c) As Part of an Incident/Emergency or Crisis Response.
- d) Suspicion of an Intruder.
- e) Verbal and Physical Abuse (Direct and Indirect).
- f) Arson.
- g) Suspect Letters and Packages Including CBRN.
- h) Industrial Toxic Cloud.
- i) Intruder.
- j) Insider - Disaffected Employee.
- k) Contamination.
- l) Terrorism.

### 4.2 Activation

4.2.1 The decision to initiate a lock down should be guided by the following:

- a) The protection of patients, staff or assets.
- b) The isolation of the threat or hazard.
- c) To establish a safe distance between patient/staff/assets and the threat/hazard.

4.2.2 Lockdown can only be effective if is conducted quickly, either in response to a localised incident or if intelligence is received. There are three levels of activation:

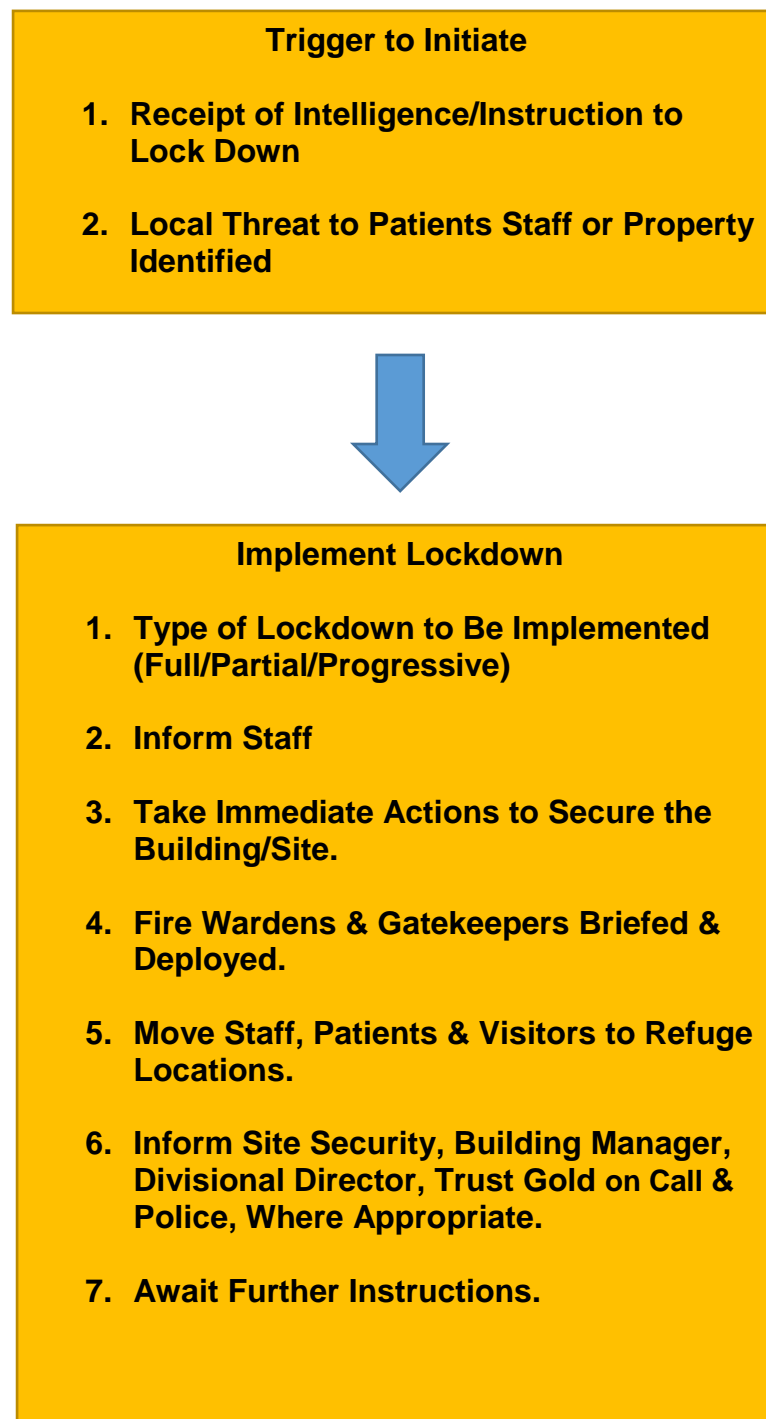
1. **Local** - Incident occurs or intelligence is received, requiring lockdown to be implemented at a local level and communicated upwards. Most likely to be a rapid evolving event.
2. **Divisional** - Incident occurs or intelligence is received, requiring lockdown to be implemented across a division and communicated downwards to local levels and upwards corporately. This will be invoked and communicated by the Divisional Director or Silver on Call.
3. **Trust** – Incident occurs or intelligence is received, requiring lockdown to be implemented across the Trust, this will be invoked and communicated by the Trust Corporate Division on behalf of the Trust Gold on Call.

### 4.3 Lockdown Initial 'Stand-Down'

4.3.1 The decision to stand-down from the 'lockdown' protocol will be undertaken at the appropriate levels, dependent upon whether a Local, Divisional or Trust lockdown was implemented. It will be the responsibility of the senior representative involved at each location to communicate the stand down message and ensure all appropriate actions are taken to restore general access and egress.

4.3.2 If a Major Incident Standby or Declared status was invoked, then the Major Incident Standdown procedure also applies.

#### 4.4 Activation Flowchart



## **5 PART C – RESPONSE**

### **5.1 Roles and Responsibilities**

5.1.1 In order to deliver an effective and efficient response to both internal and external incidents, the Trust has identified a number of roles with clear responsibilities so that an appropriate immediate response can be actioned. These roles are in addition to the Roles & Responsibilities which are determined in the Trust's Major Incident Plan, which may be used to support a lockdown response.

### **5.2 Trust Gold and Silver on Call**

5.2.1 The Trust Gold and Silver on Call will:

- a) Invoke a Major Incident Standby/Declared and the supporting arrangements, where appropriate.
- b) Conduct the Roles and Responsibilities determined within the Trust Major Incident Plan.
- c) Invoke a Major Incident Stand Down, where appropriate.

### **5.3 Trust Directors and Managers**

5.3.1 Trust Directors and Managers will:

- a) Support the implementation of a lockdown, where appropriate.
- b) Monitor the effectiveness of the lockdown, where appropriate.
- c) Maintain the health, safety and welfare of all staff, patients and visitors involved in a lockdown, where appropriate.

### **5.4 Estates & Facilities Team.**

5.4.1 The Estates & Facilities Team will:

- a) Provide technical advice on structures and systems to relevant managers, Directors and Trust on call Commanders, where appropriate (in hours only).
- b) Conduct a building structure and systems assessment following a lockdown, identifying faults in need of repair, damage requiring repair or replace or upgrades to make lockdown more effective.

### **5.5 Communication and Engagement Team**

5.5.1 The role of the Trust Communications and Engagement Team is to provide communications advice to Building Manager(s), Directors and Trust on call, where appropriate.

5.5.2 The Communications and Engagement Team will:

- a) Provide communications advice, where appropriate.
- b) Ensure controlled messages are broadcast to staff, patients and visitors within the trust and external agencies, informing them of the current situation.
- c) Monitor and liaise with the local media to support directing people away from a site or building.

## 5.6 **Switchboard**

5.6.1 The role of the Switchboard is to act as the initial point of contact for internal escalation and external agencies seeking to activate the Trust via the Trust Gold on Call, upon receipt of an initial message.

5.6.2 The Switchboard Operator will:

- a) Take down as much information as possible using the Critical Incident Report Form or the METHANE report, dependent upon the situation communicated.
- b) Contact the Trust Gold on Call immediately (keep trying until contact is made).
- c) Relay and confirm the information with the Trust Gold on Call.
- d) Confirm if the Trust Gold on Call requires any further assistance.
- e) Standby to record further information and provide support, as required.

**Note:** All media enquiries MUST be directed towards either the Communications Lead during normal working hours or the Trust Gold or Silver on Call, out of normal working hours.

## 5.7 **Security Advisor/Local Security Management Specialist**

5.7.1 The role of the Security Advisor/Local Security Management Specialist is to Support the undertaking of a lockdown.

5.7.2 The Security Advisor/Local Security Management Specialist will:

- a) Provide technical advice to relevant managers, Directors and Trust on call Commanders, where appropriate (in hours only).
- b) Monitor the effectiveness of the lockdown implementation and status.
- c) Development, review and maintenance of this policy (no less than 5yr intervals)
- d) Ensure this policy is adhered to during any lockdown implementation.
- e) Conduct a debrief and produce as report focusing upon lockdown, following a stand down.

## 5.8 **Building Managers**

5.8.1 The role of the Building Manager is to protect staff, patients, visitors and property, where reasonably practicable through the invocation of the Lockdown Plan.

5.8.2 Building Managers will:

- a) Take the decision to implement a lockdown locally or invoke as directed by a senior Trust representative (Divisional Director/Silver/Gold on Call).
- b) Assign roles and responsibilities locally (Fire Marshals, Gate Keepers).
- c) Ensure that the lockdown plan is implemented.
- d) Inform the Divisional Director (in hours) or the Trust Silver on Call (out of hours) using the Critical Incident Form.
- e) Monitor the effectiveness of the lockdown and take appropriate action.
- f) Provide regular reports to the Divisional Director (in hours)/Trust Silver on Call (out of hours) or Trust Gold on Call r, where appropriate.
- g) Identify resource needs and communicate requirements upwards.
- h) Implement Divisional/Trust direction at a local level.
- i) Liaise and coordinate with all the other agencies at the scene.
- j) Be prepared to respond quickly to any emergency services or other



Responder(s) Instructions.

- k) Manage health, safety and welfare of Trust responding staff (Fire Marshals and Gatekeepers) and others (patients and visitors), where appropriate.

## 5.9 Fire Marshals

5.9.1 The role of the Fire Marshals is to assist the Building Manager with the implementation of the lock down plan, to maintain its effectiveness and support the stand down process.

5.9.2 Fire Marshals will:

- a) Assist the Building Manager with the lock down implementation and stand down.
- b) Cascade warning messages and information, as appropriate.
- c) Conduct searches of building/site for suspect packages and persons.
- d) Direct people to move to refuges calmly and quickly.
- e) Identify vulnerable people that require physical support to the refuge(s).
- f) Check entry and exit points are secure.
- g) Stay vigilant.
- h) Move staff and visitors quickly to a further place of safety, if required.
- i) Be prepared to respond quickly to any emergency services or other Responder(s) Instructions.
- j) Take reasonable care of their own safety and security as well as the safety and security of others.

## 5.10 Gate Keepers

5.10.1 The Role of the Gate Keepers is to support the Building Manager and Fire Marshal with the implementation of the lock down plan and to maintain its effectiveness.

5.10.2 Gate Keepers will:

- a) Control access and egress, where appropriate.
- b) Listen and respond to instructions received.
- c) Stay vigilant.
- d) Move quickly to a place of safety if required.
- e) Be prepared to respond quickly to any emergency services or other Responder(s) Instructions.
- f) Take reasonable care of their own safety and security as well as the safety and security of others.

## 5.11 Trust Staff

5.11.1 Trust staff will:

- a) Participate as required in the event of the implementation of a lockdown.
- b) Undertake relevant activities to support lockdown procedures.
- c) Report to their manager, situations where exposure to any security or infection hazard / threat may give cause for concern so that investigation and appropriate action can be undertaken.
- d) Keep talking to a minimum to receive further instructions.
- e) Follow the prompts from team managers.
- f) Close windows and doors where it is safe to do so.

- g) Be prepared to respond quickly to any emergency services or other Responder(s) Instructions.
- h) Take reasonable care of their own safety and security as well as the safety and security of others.

## 6 APPENDIX A – PLANNING CHECKLIST'S

### 6.1 Lockdown Planning Stakeholder Checklist

LOCKDOWN PLANNING GROUP			
Role	Name and Contact	Contributions	Date Consulted
Lead Director			
Head of Risk and EPRR			
Safety and Security Manager			
Estates & Facilities manager			
Clinical Representative			
Comms Manager			
Others			
Other Agencies (Where Appropriate)	Name	Contributions	Date Consulted
Police			
Fire Service			
Ambulance Service			
Local Authority			
Neighbouring Trusts			

6.2 Lockdown Plan Profile Checklist

Lockdown Profile Checklist	
Building/Site Name:	
Address:	
Date:	Name of person completing assessment:
Documents (Each Site to Complete Each Document)	Date Completed
Critical Asset Profile Physical & Non-Physical	
Risk Assessment	
Threat and Hazard Assessment	
Vulnerability Assessment <ul style="list-style-type: none"> <li>• Site Profile Survey</li> <li>• Building Profile Survey</li> <li>• Security Profile Survey</li> </ul>	
Personnel Support	
Additional Assessments	Date Completed
Environmental General Risk Assessments (To be inserted)	

### 6.3 Critical Asset Profile

Lockdown Critical Asset Profile	
Building/Site Name:	
Address:	
Date of Survey:	
Survey completed by:	
Review date:	
Characteristic	Information
<b>Occupants – include reference to individuals with specific requirements. E.g. wheelchair</b> (Staff, Patients, Visitors, Departments)	
<b>Critical Services</b>	
<b>Critical Building Services</b> (Utilities, Communications, HVAV, Back up Generation)	
<b>Rationale Used</b> (if partial lockdown required) order of priority to lockdown building	
<b>Asset Priority</b> (Staff, Patients, Visitors, Medical gases, medical equipment)	
<b>Issues to be resolved</b> (Staff allocated to lockdown plan/electronic lockdown, lockdown notification, additional resources required to achieve lockdown)	

## 6.4 Threat & Hazard Profile

Lockdown Threat & Hazard Profile	
<b>Building/Site Name:</b>	
<b>Address:</b>	
<b>Date of Survey:</b>	
<b>Site Plan Attached:</b>	
<b>Survey Completed by:</b>	
Characteristic	Information
<b>Type of Threat or Hazard</b> (Civil unrest, bomb actual or threat, Fire, Flood, Utility, Pandemic virus, BRCN (Biological, Radiological, Chemical and Nuclear))	
<b>Past Evidence or Experience</b> (Disturbances, major incidents, exercises/drills)	
<b>Consequences</b> (Total loss, casualties/damage, internal/external loss of utilities, reduced services, lack of equipment, contamination, isolation)	
<b>Decision and Reason to Lockdown</b> (to protect:- staff, patients, visitors, business function, continuity service delivery, building utilities)	
<b>Road Access/Egress to Site</b> (type and number of roads)	
<b>Resources needed to achieve lockdown</b> (trained staff, secure key cabinets for doors (electronic and manual), communications)	

## 6.5 Building Risk Assessment

Building Risk Assessment for Lockdown				
<b>Building/Site Name:</b>				
<b>Address:</b>				
<b>Date:</b>		<b>Name of person completing assessment:</b>		
<b>Answer the sections below to determine the Risk Categorisation. Use the total to determine the requirement for site</b>				
				<b>Totals</b>
Approximate numbers of staff, patients, public that can be present in the building	1-10 people	11-50 people	51> people	
	5	10	20	
If the building was unavailable for a long duration how many services would need to be relocated to provide continuation of care	1 – 5 services	6-10 services	11> services	
	5	10	20	
Is the area within a high risk flood catchment	No – 0		Yes – 10	
Is the building located within 1 mile of an industrial hazard (e.g chemical works) or major public attraction (e.g. shopping centre/football ground)	No – 0		Yes – 10	
If the building has public access, indicate the high risk violence and aggression rating				
	10	15	20	
Is the building open outside normal working hours (8am-5pm)	No – 0		Yes – 10	
<b>TOTAL</b>				
Requirements				
0-25	30-55		60-100	
Low Risk No Action required Review in the event of change of use	Medium Risk Complete a security profile for this building and develop a basic lockdown procedure		High Risk Complete full building, site security profile for facility and develop Full Lockdown plan	

## 6.6 Vulnerability Assessment

Lockdown Vulnerability Assessment	
Building/Site Name:	
Address:	
Date of Survey:	
Site Plan Attached:	
Survey Completed by:	
Characteristic	Information (Insert Justification)
<b>High Risk</b> – Building or site is high profile and contains a critical asset and is difficult to lockdown	
<b>Moderate/Medium Risk</b> – Building is important but not critical with security profile which is moderate	
<b>Low Risk</b> – Building or site is not high profile and does not contain critical assets and the security profile is deemed adequate	



## 6.7 Site Profile

Lockdown Site Profile	
<b>Building/Site Name:</b>	
<b>Address:</b>	
<b>Date of Survey:</b>	
<b>Site Plan Attached:</b>	
<b>Survey Completed by:</b>	
Characteristic	Information
<b>Location</b> (General description of locality and access)	
<b>Size of Area/building</b> (i.e. 100m <sup>2</sup> )	
<b>Site Characteristics</b> (number of buildings on site, multi-occupancy site i.e. health, local authority etc)	
<b>Landscape</b> (remote, town centre, confined, description, shape and slope)	
<b>Road Access/Egress to Site</b> (type of road and no.)	
<b>Public Transport Access</b> (Bus routes, frequency and proximity)	
<b>Traffic Movement Around Site</b> (direction, one way, usual congestion etc)	
<b>Car Parking</b> (numbers, locations, access /egress points, structured parking, off-site parking)	
<b>Neighbouring Land Use</b> (residential/industrial, energy, supplies)	
<b>Number of unofficial access/egress points on the site</b>	

## 6.8 Building Profile

Lockdown Building Profile	
<b>Building/Site Name:</b>	
<b>Address:</b>	
<b>Date of Survey:</b>	
<b>Site Plan Attached:</b>	
<b>Survey Completed by:</b>	
Characteristic	Information
<b>Description of buildings on site</b> (what is its use, offices, clinics, specialist services, multi occupancy)	
<b>Management of Buildings</b> (is there restricted or free access and movement around the outside and inside the building)	
<b>Size and location of services within building</b> (i.e. 3 floors, 100m <sup>2</sup> ground floor doctor's surgery, 1 <sup>st</sup> floor, offices)	
<b>Corridors</b> (how many, separate staff ones, do they inter-connect, where do they lead to)	
<b>Areas which can be used as refuge</b> (secure lockable doors with comm's)	
<b>Utilities</b> (location of electricity, gas supply, medical gases) how secure to tamper are they?	
<b>Condition of building</b> (general upkeep, 10yr old brick etc)	
<b>Access/Egress</b> (No of entrance and exits and locations)	
<b>Who owns the property</b> (is it leased, rented, owned by NHS, can it be locked down)	
<b>Car Park</b> (where are they located, are they patrolled/access controlled)	
<b>Air Conditioning and Air Vents</b> (Is there air conditioning, where is it controlled from, who maintains it, how quickly can it be turned off)	
<b>How is the Building Powered</b> (Where is the power supply located, how is it controlled, ss it secure, can it be tampered with, is there an UPS)	

## 6.9 Security Profile

Lockdown Building Profile	
<b>Building/Site Name:</b>	
<b>Address:</b>	
<b>Date of Survey:</b>	
<b>Site Plan Attached:</b>	
<b>Survey Completed by:</b>	
Characteristic	Information
<b>External Doors</b> (How are doors locked – access control system or manually, who is responsible for the access control system)	
<b>Internal Doors</b> (Where are they located, how are they locked – access control or manually)	
<b>Windows</b> (Has a risk assessment been undertaken to identify which windows must remain locked, how are they secured, what is the locking device, if manual who holds the keys. could access to building be made by window)	
<b>CCTV</b> (is there CCTV coverage, where are the cameras, Is there a location map, what are they trained on, any blind spots, can they be used to monitor approach areas during a lockdown)	
<b>Security Lighting</b> (is there external security lighting, what areas are covered, how are they controlled)	
<b>Security Alarms</b> (do you have intruder alarms, how is it activated, is it linked to a monitored service)	
<b>Car Park Security</b> (Are the car parks staffed, what are the existing security arrangements)	
<b>Security Staff</b> (Number of security staff on site during the day/night, where are they located, what are their general site duties, could they assist with a lockdown, what would be their duties in a lock down situation)	

## 6.10 Personnel Support

Personnel Support			
Building/Site Name:			
Address:			
Date of Survey:			
Site Plan Attached:			
Survey Completed by:			
Area	Security Staff Required	Other Personnel	Additional Physical Resources Required

## 7 APPENDIX B - TESTING THE PLAN

### 7.1 Testing the Lock Down Plan – Staff Involvement Checklist

No	Question	Yes/No	Comments/Actions
1	Did all staff collect their action cards?		
2	Did the action cards reflect the staff roles during the lockdown? If no, do they need to be revised?		
3	Where appropriate, were the supporting lockdown resources easily accessible?		
4	Did everyone collect their supporting lockdown resources?		
5	Were supporting resources in correct working order?		
6	Did staff take up their lockdown positions in the agreed timeframe?		
7	Was there adequate numbers of staff to achieve a lockdown?		
8	Were communication arrangements appropriate and effective?		
9	Could staff use radios effectively?		
10	Was joint working between internal and external stakeholders effective?		
11	Were there any crowd management issues? If so, what was the role of staff in managing these?		
12	Did staff execute their lockdown roles effectively throughout all stages of the lockdown?		
13	Did staff consider health, safety and welfare during the lockdown?		
14	Has an exercise debrief been conducted, if so, what went well and what could be improved?		

## 7.2 Testing the Lock Down Plan – Process Checklist

No	Question	Yes/No	Comments/Actions
1	Did the lockdown alert system work?		
2	Were all appropriate individuals informed? If so, how long did it take for them to receive the information?		
3	Was the sequence of the lockdown correct?		
4	If appropriate, were cordons set up in the correct order?		
5	Was communication timely and effective during the lockdown?		
6	During the activation stage were outcomes achieved?		
7	During the deployment stage were outcomes achieved?		
8	During the maintenance stage were outcomes achieved?		
9	During the stand down stage were outcomes achieved?		
10	Throughout the lockdown were business continuity arrangements satisfactory?		

### 7.3 Testing The Lock Down Plan – Security Checklist

No	Question	Yes/No	Comments/Actions
1	Was an alarm system activated at the onset of the lockdown? Did it work effectively?		
2	Did all the locks function? Were all of them appropriate for the lockdown?		
3	Where appropriate, did all external doors lock?		
4	Where appropriate, did all internal doors lock?		
5	Where appropriate, were windows locked? If so how effective were the locks?		
6	Were all identified access and egress points secured?		
7	Where appropriate, were corridors secured?		
8	If it was a manual lockdown, was the building/site secured?		
9	If an access control system was used, was the building/site locked down?		
10	Were there any breaches in the lockdown? If so, where were they? Were they contained?		
11	Did security lighting and CCTV support the lockdown? If so how and where?		
12	If appropriate, were car parks secured?		
13	Were cordons established? If so, were they maintained?		
14	Were safety (refuges) and controlled zones established? If so, were they maintained?		
15	If appropriate, was the air conditioning successfully turned off?		

## 8. Appendix C Action Cards for Local Use

### 8.1 Action card 1

### BUILDING MANAGER ACTION CARD

NOMINATED PERSON - Use this Action Card as a checklist		
<p><b>Role:</b> The role of the Building Manager is to protect staff, patients, visitors and property, where reasonably practicable through the invocation of the Lockdown Plan.</p>		
Step	Tasks	Tick When Done
1	Take the decision to implement a lockdown locally or invoke as directed by a senior Trust representative (Divisional Director/Silver & Gold on Call).	
2	Assign roles and responsibilities locally (Fire Marshals, Gate Keepers).	
3	Alert staff and visitors within the building/site that the building/site is being locked down for security reasons.	
4	Ensure that the lockdown plan is implemented.	
5	Inform the Divisional Director (in hours) or the Trust Silver on Call (out of hours) via Switchboard using the <b>Critical Incident Form</b> .	
6	Monitor the effectiveness of the lockdown and take appropriate action.	
7	Provide regular reports to the Divisional Director (in hours)/Trust Silver on Call (out of hours) or Trust Gold on Call, where appropriate.	
8	Identify resource needs and communicate requirements upwards.	
9	Implement Divisional/Trust direction at a local level.	
10	Liaise and coordinate with all the other agencies at the scene.	
11	Be prepared to respond quickly to any emergency services or other Responder(s) Instructions.	
12	Manage health, safety and welfare of Trust responding staff (Fire Marshals and Gatekeepers) and others (patients and visitors), where appropriate.	
When You Can - Record The Following		
<p><b>Situation</b> – What is the Latest Situation</p>		
<p><b>Do Hazards and Risks</b> to Patients, Visitors, Staff and Property Still Exist - Yes/No, What Do I Need to Do?</p>		
<p><b>Is Lock Down Still Required</b> - Yes/No, What Do I Need to Do?</p>		
<p><b>Is Health and Safety of Patients, Visitors and Staff At Risk</b> - Yes/No, What Do I Need to Do?</p>		
<p><b>What Are Our Welfare Requirements</b> – Who Do I Need to Tell and By When?</p>		



**NOMINATED PERSON - Use this Action Card as a checklist**

Activated under direction from Building/Site Manager

**Role:** The role of the Fire Marshal is to assist the Building Manager with the implementation of the lock down plan, to maintain its effectiveness and support the stand down process.

Step	Tasks	Tick When Done
1	Assist the Building Manager with the lock down implementation and stand down.	
2	Cascade warning messages and information, as appropriate.	
3	Conduct searches of building/site for suspect packages and persons.	
4	Direct people to move to refuges calmly and quickly.	
5	Identify vulnerable people that require physical support to the refuge(s).	
6	Check entry and exit points are secure.	
7	Stay vigilant.	
8	Move staff and visitors quickly to a further place of safety, if required.	
9	Be prepared to respond quickly to any emergency services or other Responder(s) Instructions.	
10	Take reasonable care of their own safety and security as well as the safety and security of others.	

**Notes**

<p style="text-align: center;"><b>NOMINATED PERSON - Use this Action Card as a checklist</b></p> <p style="text-align: center;">Activated under direction from Building/Site Manager</p> <p><b>Role:</b> The Role of the Gate Keepers is to support the Building Manager and Fire Marshal with the implementation of the lock down plan and to maintain its effectiveness.</p>		
Step	Tasks	Tick When Done
1	Control access and egress, where appropriate.	
2	Listen and respond to instructions received.	
3	Stay vigilant.	
4	Move quickly to a place of safety if required.	
5	Be prepared to respond quickly to any emergency services or other Responder(s) Instructions.	
6	Take reasonable care of their own safety and security as well as the safety and security of others.	
Notes		



Location/Name	Telephone Number	Alternate Number
Switchboard	0151 473 0303	

**Note: Please complete all fields. If there is nothing to report, or the information request is not applicable, please insert NIL or N/A.**

<b>Organisation:</b>	Mersey Care NHS Trust	<b>Date:</b>	
<b>Name (completed by):</b>		<b>Time:</b>	
<b>Telephone number:</b>			
<b>Email address:</b>			
<b>Authorised for release by (name &amp; title):</b>			
<b>Type of Critical Incident (Name)</b>			
<b>Situation</b>  (Describe situation/incident that has occurred)			
<b>Background</b>  (Explain history and impact of incident on services and patient safety)			
<b>Assessment</b>  (Confirm your understanding of the issues involved)			
<b>Recommendation</b>  (Explain what is needed, clarify expectations and what you would like to happen)			
<b>Ask Receiver to repeat information to ensure understanding</b>			

## 9 Equality and Human Rights Analysis

<b>Title: LOCKDOWN</b>
<b>Area covered: Trust Wide</b>
<b>What are the intended outcomes of this work?</b>
The Lockdown policy and supporting guidance
<b>Who will be affected</b>
All staff, visitors and service users and volunteers.
<b>Evidence</b>
<b>What evidence have you considered?</b>
<b>Policy</b>
<b>Disability (including learning disability)</b> Include specific reference to the needs of people who may not understand written/verbal information or may not be able to easily around premises in lockdown.
<b>Sex</b>  Nothing noted
<b>Race</b> Include specific reference to the needs of people who may not understand written/verbal information due to language barriers.
<b>Age</b> Include specific reference to the needs of people who may not understand written/verbal information or may not be able to easily around premises in lockdown.
<b>Gender reassignment (including transgender)</b> Nothing noted
<b>Sexual orientation</b> Nothing Noted
<b>Religion or belief</b>  Nothing Noted
<b>Pregnancy and maternity</b> Include specific reference to the needs of people who may may not be able to easily around premises .
<b>Carers</b> <i>Nothing Noted</i>

<b>Other identified groups</b>  Nothing Noted
<b>Cross Cutting</b> Nothing Noted

<b>Human Rights</b>	<b>Is there an impact? How this right could be protected?</b>
<b>Right to life (Article 2)</b>	<i>It is supportive of a human rights based approach and is reflective of the Trust duty to protect life</i>
<b>Right of freedom from inhuman and degrading treatment (Article 3)</b>	<i>Not engaged</i>
<b>Right to liberty (Article 5)</b>	<i>It is supportive of a human rights based approach  Whilst the policy invokes a lockdown it stipulates peoples rights to make their own choice in relation to the risk presented.</i>
<b>Right to a fair trial (Article 6)</b>	Not engaged
<b>Right to private and family life (Article 8)</b>	Not engaged
<b>Right of freedom of religion or belief (Article 9)</b>	Not engaged
<b>Right to freedom of expression Note: this does not include insulting language such as racism (Article 10)</b>	Not engaged
<b>Right freedom from discrimination (Article 14)</b>	Not engaged

**Engagement and Involvement** *detail any engagement and involvement that was completed inputting this together.*

No engagement undertaken

## Summary of Analysis

### Eliminate discrimination, harassment and victimisation

This policy recognises the need of some specific groups who may experience discrimination in the delivery of this policy and seeks to address this

### Advance equality of opportunity

Not engaged within this policy

### Promote good relations between groups

Not engaged within this policy

### What is the overall impact?

Supportive of a human rights based approach

### Addressing the impact on equalities

This policy identifies and addresses where inequalities may occur

### Action planning for improvement

Plan completed below



**For the record****Name of persons who carried out this assessment:**

Jayne Bridge

Marie Tyson

Meryl Cuzak

**Date assessment completed:**

28/6/2016

**Name of responsible Director:**

Ray Walker

**Date assessment was signed:**

# Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their area of responsibility
<b>Increasing accessibility</b>	<p>To include the need to have specific information for people who may require information provided in different formats.</p> <p>To include the need to have specific needs addressed in relation to physical accessibility and movement with lockdown facilities.</p>		<p>Jayne bridge Addressed on the 28/6/2016 page 8 2.1.1. Included guidance.</p> <p>Jayne bridge Addressed on the 28/6/2016 6.3, 6.7 page</p>

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