NHS
Mersey Care
NHS Foundation Trust

Community and Mental Health Services

TRUST-WIDE NON CLINICAL POLICY DOCUMENT

EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE (EPRR) POLICY

Policy Number:	**EP.01**
Scope of this Document:	**All Staff**
Recommending Committee:	**Executive Committee**
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Lead Executive Director:	**Executive Director of Nursing & Operations**
Lead Author(s):	**Director of Patient Safety**

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Version 1 2018

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

TRUST-WIDE POLICY DOCUMENT

EMERGENCY PREPAREDNESS,RESILIENCE AND RESPONSE (EPRR) POLICY

Further information about this document:

Document name	**EP.01 Emergency Preparedness,Resilience And Response (EPRR)Policy**
Document summary	**The Emergency Preparedness,Resilience And Response Policy outlines how the EPRR Framework is introduced and implemented across the Trust**
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Published by Copies of this document are available from the Author(s) and via the trust's website	**Mersey Care NHS Foundation Trust** **V7 Building** **Kings Business Park** **Prescot** **Merseyside L34 1PJ** **Your Space Extranet:** **http://nww.portal.merseycare.nhs.uk** **Trust's Website www.merseycare.nhs.uk**
To be read in conjunction with	**Major Incident Plan (IRP00)** **Business Continuity Policy (EP02)** **Risk Management Strategy (SA02)** **Risk Management Policy (SA02A)** **Health, Safety and Welfare Policy (SA07)** **Reporting, Management and Review of Adverse Incidents (SA03)**
This document can be made available in a range of alternative formats including various languages, large print and braille etc	

Version Control:

Version History:		
Version 1	Submitted to Policy Group	October 2018
Version 1	Approved by the Policy Group	November 2018

SUPPORTING STATEMENTS

This document will 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 adults, including:

- being alert to the possibility of child/ adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child 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/ 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 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 Trust;
- 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 FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

CONTENTS

1. Purpose and Rationale

1.1 The purpose of this document is to provide the framework for Mersey Care NHS Foundation Trust to meet the requirements of the Civil Contingencies Act 2004 (CCA 2004), the NHS Act 2006 as amended by the Health and Social Care Act 2012 (NHS Act 2006 (as amended)), the NHS Standard Contract and the NHS England EPRR Framework 2015. In essence, this document seeks to describe how the organisation will go about its duty to be properly prepared for dealing with emergencies.

1.2 This work is referred to in the health service as 'Emergency Preparedness, Resilience and Response' (EPRR).

2. Aims and Objectives

2.1 The aim of this document is to enable the organisation to ensure effective arrangements are in place to deliver appropriate care to patients affected by emergencies (as defined by the CCA 2004) or significant and major incidents.

2.2 The objectives of the Trust's EPRR Policy are:

(a) To enable the organisation prepare for the common consequences of emergencies rather than for every individual emergency scenario

(b) To enable the organisation have flexible arrangements for responding to emergencies, which can be scalable and adaptable to work in a wide-range of specific scenarios

(c) To supplement arrangements with specific planning and capability building for the most concerning risks in the Community Risk Register (CRR) and the National Risk Register (NRR)

(d) To ensure that plans are in place to recover from incidents and to provide appropriate support to those affected

2.3 Note: EPRR may be best achieved through the linkage of EPRR and Business Continuity to the organisation's Risk Management Framework. The identification and management of risks must be linked to the Community Risk Register (CRR) and the National Risk Register (NRR), as appropriate.

3. Scope

3.1 This policy is a Trust-wide document and it applies equally to all members of staff, either permanent or temporary and to those working within, or for, the trust under contracted services.

3.2 This policy is to be read in conjunction with the Trust's Major Incident Plan, Business Continuity related documents, incident response plans and other associated EPRR supporting documentation.

4. Definitions

4.1 **Emergency Preparedness:** The extent to which, emergency planning enables the effective and efficient prevention, reduction, control, mitigation of, and response to emergencies.

4.2 **Resilience:** Ability of the community, services, area or infrastructure to detect, prevent and, if necessary, to withstand, handle and recover from disruptive challenges.

4.3 **Response:** Decisions and actions taken in accordance with the strategic, tactical and operational objectives defined by emergency responders".

4.4 **Emergency:** Under Section 1 of the CCA 2004 an "emergency" means

(a) An event or situation which threatens serious damage to human welfare in a place in the United Kingdom;
(b) An event or situation which threatens serious damage to the environment of a place in the United Kingdom;
(c) War, or terrorism, which threatens serious damage to the security of the United Kingdom".

4.5 **Incident:** For the NHS, incidents are classed as either:

(a) Business Continuity Incident
(b) Critical Incident
(c) Major Incident

Each will impact upon service delivery within the NHS, may undermine public confidence and require contingency plans to be implemented. NHS organisations should be confident of the severity of any incident that may warrant a major incident declaration, particularly where this may be due to internal capacity pressures, if a critical incident has not been raised previously through the appropriate local escalation procedure.

4.5.1 **Business Continuity Incident**

A business continuity incident is an event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level. (This could be a surge in demand requiring resources to be temporarily redeployed)

4.5.2 **Critical Incident**

A critical incident is any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe requiring special measures and support from other agencies, to restore normal operating functions.

4.5.3 **Major Incident**

A major incident is any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented. For the NHS this will include any event defined as an emergency as in section 5.4.

4.5.4 **Incident levels**

As an event evolves it may be described in terms of its level as shown. For clarity these levels must be used by all organisations across the NHS when referring to incidents.

Table 1 – NHS England Incident Levels	
LEVEL 1	An incident that can be responded to and managed by a local health provider organisation with their respective business as usual capabilities and Business continuity plans in liaison with local commissioners.
LEVEL 2	An incident that requires the response of a number of health providers within a defined health economy and will require NHS co-ordination by the local commissioner(s) in liaison with the local NHS office.
LEVEL 3	An incident that requires the response of a number of health organisations across geographical areas within a NHS England region. NHS England will co-ordinate the NHS response in collaboration with local commissioners at the tactical level.
LEVEL 4	An incident that requires NHS England national command and control to support the NHS Response. NHS England will co-ordinate the NHS response in collaboration with local commissioners at tactical level.

5. Organisational Obligations and Duties

5.1 All NHS funded organisations are expected to fulfil the following civil protection duties as underpinned by the CCA 2004:

(a) assess the risk of emergencies occurring and use this to inform contingency planning

(b) put in place emergency plans

(c) put in place business continuity management arrangements

(d) put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency

(e) share information with other local responders to enhance co-ordination

(f) cooperate with other local responders to enhance co-ordination and efficiency

5.2 **Underpinning principles for EPRR**

a) **Preparedness and Anticipation** – the organisation needs to anticipate and manage consequences of incidents and emergencies through identifying the risks and understanding the direct and indirect consequences, where possible. All individuals and organisations that might have to respond to incidents should be properly prepared, including having clarity of roles and responsibilities, specific and generic plans, and rehearsing arrangements periodically. The organisation should be able to demonstrate clear training and exercising schedules that deliver against this principle.

b) **Continuity** – the response to incidents should be grounded within the organisations' existing functions and its familiar ways of working – although inevitably, actions will need to be carried out at greater pace, on a larger scale and in more testing circumstances during response to an incident.

c) **Subsidiarity** – decisions should be taken at the lowest appropriate level, with coordination at the highest necessary level. Local responders should be the building block of response for an incident of any scale.

d) **Communication** – good two way communications are critical to an effective response. Reliable information must be passed correctly and without delay between those who need to know, including the public.

e) **Cooperation and Integration** – positive engagement based on mutual trust and understanding will facilitate information sharing. Effective coordination should be exercised within the organisation and between Mersey Care NHS Foundation Trust and other organisations via local, regional and national tiers of a response. Active mutual aid across organisational, within the UK and international boundaries as appropriate.

f) **Direction** – clarity of purpose should be delivered through an awareness of the strategic aim and supporting objectives for the response. These should be agreed and understood by all involved in managing the response to an incident in order to effectively prioritise and focus the response.

5.3 NHS England Core Standards for EPRR and NHS Standards Contract(s)

5.3.1 The minimum requirements which commissioners and providers of NHS funded services must meet are set out in the current NHS England Core Standards for EPRR (Core Standards). These standards are in accordance with the CCA 2004 and the NHS Act 2006 (as amended).

5.3.2 The organisation's Accountable Emergency Officer is required to submit a letter of compliance on behalf of the Trust to the LHRP, NHS England and interested Clinical Commissioning Groups (CCGs).

5.3.3 The findings of the Self-Assessment generate actions for the Trust which will form part of the annual EPRR work plan. The degree of non-compliance will attract commensurate interest and engagement from both NHS England and CCGs.

5.4 Cooperation between local responders

Under the CCA 2004, cooperation between local responder bodies is a legal duty. It is important that the planning for incidents is coordinated within individual NHS organisations, between health organisations and at a multi-agency level with partner organisations. NHS England will undertake the coordination role for health services at the LRF level and will work with CCGs to coordinate across local health economies. The Local Health Resilience Partnership (LHRP) and the health economy EPRR planning groups facilitate this work. Mersey Care is a member of those forums.

A list of key partner organisations and agencies can be found in Appendix A.

5.5 **Mutual aid**

Successful response to incidents has demonstrated that joint working can resolve very difficult problems that fall across organisational boundaries. Mutual aid arrangements should exist between Mersey Care and other organisations and these should be regularly reviewed and updated.

5.6 **Information sharing**

Under the CCA 2004 responders to emergencies have a duty to share information with partner organisations. This is seen as a crucial element of civil protection work, underpinning all forms of cooperation. Mersey Care should formally consider the information that will be required to plan for, and respond to, an emergency. The Trust should determine what information can be made available in the context of the CCA 2004. The organisation's Information Governance policies and procedures cover the requirements of EPRR.

5.7 **Legal framework, public inquiries, Coroners inquests and civil action**

The day to day management of people and patients in the NHS is subject to legal frameworks, duty of care, candour and moral obligation. This does not change when responding to an incident however these events can lead to greater public and legal scrutiny.

5.8 **Logging and record keeping**

5.8.1 The organisation must have appropriately trained and competent Loggists to support the management of an incident. Loggists are an integral part in any incident management team. It is essential that all those tasked with logging do so to best practice standards and understand the importance of logs in the decision making process, in evaluation and identifying lessons and as evidence for any subsequent inquiries. Following an incident a number of internal investigations or legal challenges may be made. These may include Coroners inquests, public inquiries, criminal investigations and civil action. **A list of all trained Loggists must always be kept in the organisation's Incident Coordination Centre(s)**.

5.8.2 When planning for and responding to an incident it is essential that any decisions made or actions taken are recorded and stored in a way that can be retrieved at a later date to provide evidence. It may be necessary to provide all documentation, therefore robust and auditable systems for documentation and decision making must be maintained.

6. Roles and Responsibilities

6.1 The **Chief Executive** has overall responsibility for the EPRR process, ensuring that the organisation meets statutory and regulatory requirements (including necessary regulatory submissions) and meets the needs of the Trust.

6.2 The **Executive Director of Nursing & Operations** is the **Accountable Emergency Officer** and has executive authority and responsibility for ensuring that the organisation complies with legal and policy requirements. They will provide assurance to the Board that the present policy, strategies, systems, training and procedures are in place to ensure an appropriate response for the organisation in the event of an incident. The AEO will be aware of their legal duris to ensure

preparedness to respond to an incident with this the Trust's remit to maintain the public's protection and maximise the NHS response.

Specifically the AEO will be responsible for:

a) Ensuring that the organisation, and any sub-contractors, is compliant with the EPRR requirements as set out in the CCA 2004, the NHS Act 2006 (as amended) and the NHS Standard Contract, including the NHS England Emergency Preparedness, Resilience and Response Framework and the NHS England Core Standards for EPRR
b) Ensuring that the organisation is properly prepared and resourced for dealing with an incident
c) Ensuring that the organisation, any providers they commission and any sub-contractors have robust business continuity planning arrangements in place which are aligned to ISO 22301 or subsequent guidance which may supersede this
d) Ensuring that the organisation has a robust surge capacity plan that provides an integrated organisational response and that it has been tested with other providers and partner organisations in the local area served
e) Ensuring that the organisation complies with any requirements of NHS England, or agents of NHS England, in respect of monitoring compliance
f) Providing NHS England with such information as it may require for the purpose of discharging its functions
g) Ensuring that the organisation is appropriately represented by director level engagement with, and effectively contributes to any governance meetings, sub-groups or working groups of the LHRP and/or LRF, as appropriate

6.3 The **Director of Patient Safety** is delegated by the AEO with overall responsibility for the operational and strategic management of the EPRR framework.

6.4 The **Head of Risk and EPRR** is responsible for:

(a) Ensuring the Trust has an annual EPRR work plan which ensures compliance with NHS England core standards and readiness to respond to incidents.

(b) Ensuring that prescribed requirements in relation to EPRR are conformed with. Leading the EPRR Programme and related activities, on a day to day basis.

(c) Facilitating the effective use of EPRR across the organisation; ensuring current arrangements are continually reviewed and fit for purpose.

(d) Assist in the development and scrutinise incident response and business continuity plans.

(e) Ensuring the EPRR corporate responsibilities are met in line with NHS England Core Standards for EPRR.

(f) Providing quarterly updates to the AEO and the Executive Committee.

(g) Raising issues of quality assurance with relevant role holders.

(h) Coordinating and overseeing the training as well as maintaining training and exercise records.

6.5 **Chief Operating Officers & Senior Managers** are responsible for:

(a) Ensuring that EPRR is part of the everyday culture of the organisation.

(b) Ensuring the present Policy is followed and implemented within their areas of responsibility.

(c) Ensuring that adequate resources from within their areas are made available to for the response to incidents and emergencies.

(d) Monitoring and exercising of their service's Emergency and Business Continuity Plans.

6.6 **Incident Response Managers** are responsible for:

(a) Ensuring they are contactable durring the agreed on call period.

(b) Making the appropriate decisions for the agreed level of incident management.

(c) When approrpaite escalateing to the next on call level for direction.

6.7 **Loggists** are responsible for:

(a) Providing support for the Trust's emergency response during an incident

(b) Recording all decisions and actions made in the management of an incident.

(c) Recording to the appropriate quality and completeness for use if necessary in any subsequent review, whether internal or public.

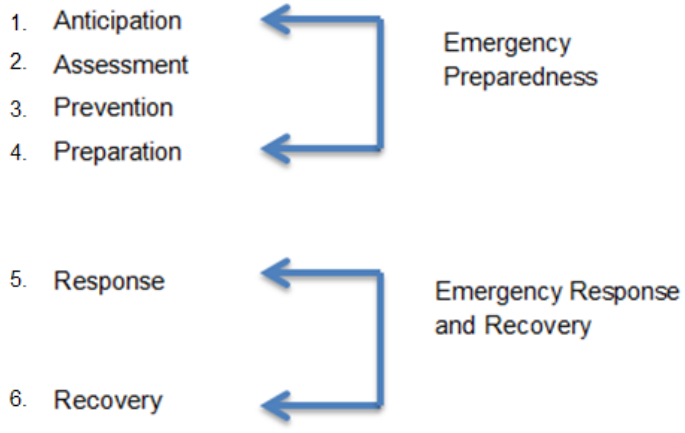
6.8 **All staff** (including sub-contractors) are responsible for:

(a) Familiarising themselves with and adhering to EPRR policies, procedures and plans designed to minimise the impact of disruption to service provision.

(b) Cooperating and participating in the implementation of EPRR activities and take part in appropriate, related training and exercising.

7. Emergency Preparedness, Resilience and Response Management Process

EPRR is managed through the application of the Integrated Emergency Management (IEM) lifecycle. This consists of 6 key phases as illustrated below:



7.1 PHASE 1: Anticipation

7.1.1 The first phase of the IEM process entails ongoing risk identification and analysis which is essential to the anticipation and management of the direct, indirect and interdependent consequences of emergencies. Anticipation will require active "horizon-scanning" for risks and potential emergencies.

7.2 PHASE 2 Assessment

7.2.1 Assessment of the likelihood of a hazard occurring and the impact it would cause. This is plotted on a risk matrix and the scoring will indicate the level of controls, contingencies and mitigations required.

7.2.2 Incident and business continuity plans are prepared on the foundation of risk assessment (including hazard mapping) and coordinated response for expected outcomes of an event.

7.2.3 More information on risk assessment can be sought in the organisation's risk management policy.

7.3 PHASE 3 Prevention

7.3.1 When the assessment of a risk indicates that there is a high likelihood for an emergency occurring, preventative controls will be implemented to eliminate, isolate or reduce it.

N.B. Phases 1-3 comprise a complete risk assessment which is the first step in emergency and business continuity planning. Effective risk management will ensure that the organisation will make plans that are sound and proportionate to the risks.

7.4 PHASE 4 Preparation

Similarly to the phase of prevention, when risk assessments indicate high impact of an emergency to the organisation, the appropriate controls will be implemented to minimise the effects. The phase of preparation includes the maintenance of planning arrangements, effective management structures and training and exercising which are described in separate sections.

7.4.1 Effective Management Structures - Command and control framework

The organisation will have the appropriate arrangements for ensuring the Trust has access to sufficiently senior staff 24 hours / 7 days a week. Detailed information on the command and control framework can be obtained by the organisation's Major Incident Plan.

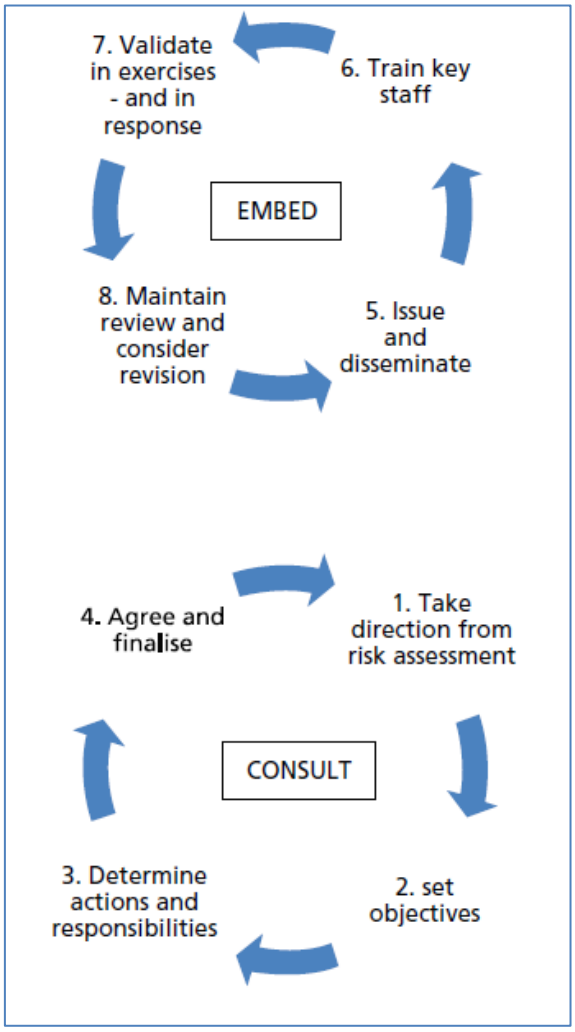
7.4.2 Incident response plans

7.4.A Development and maintenance

(a) Response planning will aim to prevent emergencies occurring, and when they do occur, proactive and tested contingency plans, coupled with sound planning to address the issues relating to a threat or hazard, (e.g. pandemic influenza), the focus is be to reduce, control or mitigate the effects of the emergency.

(b) Planning is systematic and ongoing process which evolves as lessons are identified and circumstances change. Training and exercising are also integral part of planning.

(c) Planning will be viewed as part of a cycle of activities beginning with establishing a risk profile to help determine what will be the priorities for developing plans, and ending with review and revision, which then re-starts the whole cycle. The cycle of emergency planning is illustrated below



7.4.B Types of Plans

(a) **Plans for preventing an emergency**: In some circumstances there will be a short period before an emergency occurs, which it might be avoided by prompt or decisive action. This will require Departmental, Divisional or Corporate Trust contingency plans and procedures.

(b) **Plans for reducing, controlling or mitigating the effects of an emergency**: The main bulk of planning considers the effects of an emergency are minimised, starting with the impact of the event (i.e. alerting procedures) and looking at remedial actions that can be taken to reduce effects. This will include generic and specific internal and external response plans, and Business Continuity Plans which are conducted following an impact analysis.

(c) **Plans for taking other action in connection with an emergency**: Not all actions to be taken in preparing for an emergency are directly concerned with controlling, reducing or mitigating its effects. EPRR looks beyond the immediate response and long-term recovery issues and looks also at secondary impacts. Recovery plans are also developed to reduce the effects of the emergency and ensure long term recovery.

7.4.C Content of Plans

Each plan will:

(a) Contain details of the level of authority required to activate the plan.

(b) Have a change control process and version control. All changes to Plans will be subject to annual scrutiny by the EPRR Group and approval by the Executive Committee. Each new version will have a new version number.

(c) Take account of changing business objectives and processes.

(d) Take account of any changes in the organisations' functions and/ or organisational and structural and staff changes. Where changes to structure and staff take place that directly impact on EPRR, plans and procedures will be updated immediately.

(e) Take account of change in key suppliers and contractual arrangements.

(f) Take account of any updates to internal risk assessment(s) and external community risk registers.

(g) Use consistent unambiguous terminology and include glossaries where required.

(h) Include appropriate distribution lists.

(i) Be available on the Trust website or on each team shared drive as appropriate.

(j) Have an expectation that reports defining the lessons learnt will be produced following exercises, emergencies and /or business continuity incidents and share for each exercise or incident and a corrective action plan put in place.

(k) Include references to other sources of information and supporting documentation.

(l) Adhere to Trust policy regarding different groups and needs of people with protected characteristics, whilst ensuring plans take into account a range of factors including, age, disability, race, sex, sexual orientation, gender reassignment, pregnancy and maternity, marriage and civil partnership, religion or belief and disadvantaged groups.

The table below summarises the main sections of an emergency plan and their content. Further information and guidance can be obtained by the Trust's EPRR team.

SECTION	CONTENT	SUMMARY
General Information	A short, overall description of the plan and its purpose. Some reference to the risk assessment on which the plan is based (with more detail as necessary in an annex)	Why the plan is needed.
Management, Control and Co-ordination	Control arrangements. The main elements of the plan in a hierarchy of importance. The main emergency teams, their roles and responsibilities. The key concepts, doctrine and terminology. The main facilities, locations and communications.	How the plan works Who has a role in the plan.
Activation, including alert and standby	The procedures for alerting, placing on standby and then activating the key teams named in the Control and Co-ordination section. This includes the procedure for determining when an emergency has occurred.	When the plan is activated.
Action	Specific actions to be undertaken, as their contribution to the overall response, by the key organisations, divisions, departments and officers in the hierarchy. Key officer checklists can be abstracted from here.	What the plan says will be done and by whom.
Annexes	Call-out lists (related to the key teams). Resource lists. Further information, including: • more on the risk assessment, as necessary; and • a policy statement on carrying out training and exercises.	Who has a role in the plan – contact details.

7.5 PHASE 5 Response

7.5.1 Response encompasses the decisions and actions taken to deal with the immediate effects of an emergency. It is the decisions and actions taken in accordance with the strategic, tactical and operational objectives defined incident response plans and incident managers. At a high level these will be to protect life, contain and mitigate the impacts of the emergency and create the conditions for a return to normality. In many scenarios it is likely to be relatively short and to last for a matter of hours or days – rapid implementation of arrangements for collaboration, co-ordination and communication are, therefore, vital. Response encompasses the effort to deal not only with the direct effects of the emergency itself (e.g. rescuing individuals) but also the indirect effects (e.g. disruption, media interest).

7.6 PHASE 6 Recovery

7.6.1 Recovery is the process of rebuilding and restoring the service following an emergency. Although distinct from the response phase, recovery should be an integral part of the response from the very beginning, as actions taken during the response phase can influence the longer-term outcomes for the Trust.

7.6.2 Recovery may take months or even years to complete, as it seeks to support affected populations and services in the reconstruction of the physical infrastructure and restoration of emotional, social and physical well-being. The process of rebuilding and restoring services following an emergency or disaster, continues until the disruption has been rectified, demands on services have been returned to normal levels, and the needs of those affected have been met.

8. Training

8.1 Training mainly aims to raise awareness about the emergencies staff are required to respond to and clarify the procedures and occupational abilities to do so successfully.

8.2 The Trust will have process in place to ensure that training and support is provided to staff that have an emergency response role. This includes incident response manager, other key members of the Incident Response Team as identified in incident response plans. Training is based on an annual Training Needs Analysis.

8. A Incident Response Managers Training

Staff an incident response role will be trained according to their level of need and the National Occupational Standards (NOS). Each of the standards spilt into three sections:

a. Performance criteria
b. Knowledge and Understanding
c. Behaviours and skills

Details on those sections and how they apply to incident commanders at all tiers can be seen in Appendices B1-B3

8. B Loggists

A series of a loggist training sessions will be available on an annual basis for anyone likely to keep a decision log during an incident. The sessions cover legislation as well as best practice.

9. Exercises

9.1 Plans developed to allow the organisation to respond efficiently and effectively must be tested regularly using a variety of processes. Roles within plans, not individuals, are exercised to ensure they are fit for purpose and encapsulate all necessary functions and actions to be carried out in an incident.

9.2 The outcome (log) of testing and exercising must identify and record whether it worked and what needs changing. The log must also identify what has changed. This information provides an audit tool that lessons have been identified and action taken and is key evidence during any inquiry process.

9.3 Through the exercising process individuals will have the opportunity to practice their skills and increase their confidence, knowledge and skill base in preparation for responding in a live incident.

9.4 Mersey Care will consider exercising with partner agencies and contracted services where the identified risks and the involvement of partner organisations is appropriate.

9.5 Learning from exercises must be cultivated into developing a method that supports personal and organisational goals and is part of an annual plan validation and maintenance programme.

9.6 The Trust is required to undertake, at a minimum, the following:

(a) A 6 monthly communications cascade test.

(b) An annual tabletop exercise.

(c) A three yearly live exercise (activation of the Trust Major Incident Plan), at which debriefing and lesson learning can be demonstrated if appropriate.

(d) A three yearly command post exercise.

10. Lessons Identified

10.1 Lessons identified from incidents, training and exercises will be used to determine any amendments or inclusions required in any phase of the process and will be integrated in the annual EPRR work plan.

10.2 The learning cycle, illustrated below will be used as a model for learning.

11. Monitoring

11.1 The minimum requirements which the organisation must meet are set out in the NHS England EPRR Core Standards which are split into ten domains:

1. Governance
2. Duty to risk assess
3. Duty to maintain plans
4. Command and control
5. Training and exercising
6. Response
7. Warning and informing
8. Cooperation
9. Business continuity
10. Chemical Biological Radiological Nuclear (CBRN) and Hazardous Material (HAZMAT).

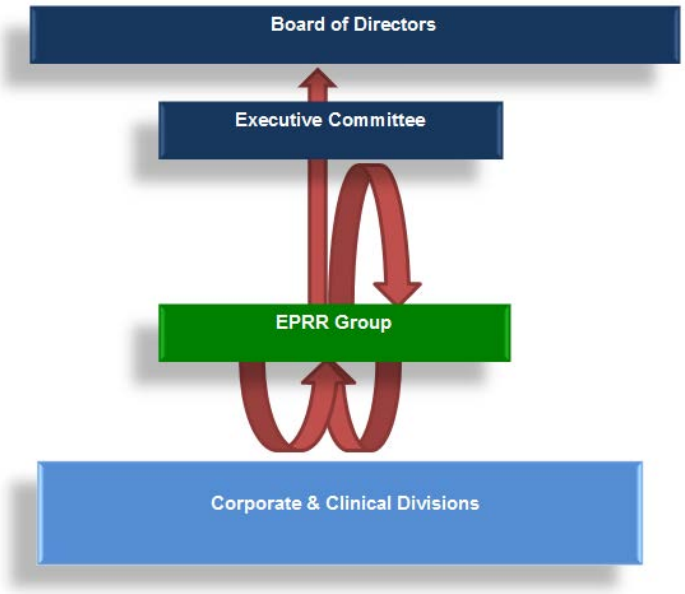
11.2 As the Core Standards for EPRR provide a common reference point for all organisations, they provide the basis of the EPRR annual assurance process.

11.3 The applicability of each domain and core standard is dependent on the organisation's function. A full list applicable to Mersey Care NHS Foundation Trust can be viewed in Appendix C.

11.4 To ensure that the organisations' arrangements are effective, the core standards will be incorporated in an annual work plan.

11.5 Internal audits will be planned, documented, undertaken and recorded. Identified non- conformity will be recorded within the audit report, and any required corrective actions implemented.

11.6 The Trust will participate in externally led audits as appropriate. Outcomes will be presented to the EPRR group and will be reported to the Executive Committee and Board of Directors.



12. Consultation

12.1 The following Trust representatives have been consulted in the development of this policy:

(a) EPRR Group.
(b) Policy Group
(c) Executive Committee

13. Equality and Human Rights Analysis

Title: EPRR Policy
Area covered: TRUST-WIDE NON CLINICAL POLICY DOCUMENT

What are the intended outcomes of this work? **The Emergency Preparedness,Resilience And Response policy outlines how the EPRR Framework is introduced and implemented across the Trust**
Who will be affected? **1.1 The NHS Emergency Preparedness, Resilience and Response (EPRR) Framework** **2015 and Core Standards 2015 for EPRR, require providers of NHS funded care to have suitable, in date, proportionate Business Continuity Plans in place, which detail how the Trust will maintain critical services during a disruptive event.**

Evidence
What evidence have you considered? **The policy.**
Disability inc. learning disability **No issues identified within discussions.**
Sex **No issues identified within discussions.**
Race No issues identified within discussions.
Age No issues identified within discussions.
Gender reassignment (including transgender) **No issues identified within discussions.**
Sexual orientation No issues identified within discussions.
Religion or belief **No issues identified within discussions.**
Pregnancy and maternity **No issues identified within discussions.**
Carers **No issues identified within discussions.**
Other identified groups **No issues identified within discussions.**
Cross cutting No issues identified within discussions.

Human Rights	**Is there an impact?** **How this right could be protected?**
This section must not be left blank. If the Article is not engaged then this must be stated.	
Right to life (Article 2)	**No issues identified within discussions.**
Right of freedom from inhuman and degrading treatment (Article 3)	**No issues identified within discussions.**

Right to liberty (Article 5)	**No issues identified within discussions.**
Right to a fair trial (Article 6)	**No issues identified within discussions.**
Right to private and family life (Article 8)	**No issues identified within discussions.**
Right of freedom of religion or belief (Article 9)	**No issues identified within discussions.**
Right to freedom of expression Note: this does not include insulting language such as racism (Article 10)	**No issues identified within discussions.**
Right freedom from discrimination (Article 14)	**No issues identified within discussions.**
Engagement and involvement N/A	
Summary of Analysis	
Eliminate discrimination, harassment and victimisation **This is a non clinical policy document.** **No equality or Human Rights issues have been identified.** **This is concerned with business issues and contingency plans.**	
Advance equality of opportunity **No issues identified within discussions.**	
Promote good relations between groups **No issues identified within discussions.**	
What is the overall impact? **No impact on equalities detected within discussions.**	
Addressing the impact on equalities **No impact on equality groups.**	
Action planning for improvement **Not required.**	

For the record **Name of persons who carried out this assessment (Min of 3):** **Steve Morgan** **Burt Burtun** **Christiana Vasiliou**
Date assessment completed: **30 January 2018**
Name of responsible Director: Executive Director of Nursing & Operations
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 Directorate
Involvement and consultation			
Data collection and evidencing			
Analysis of evidence and assessment			
Monitoring, evaluating and reviewing			

14. Supporting Documents

a) The Civil Contingencies Act (2004)
b) Health and Social Care Act 2012.
c) Expectations and Indicators of Good Practice Set for Category 1 and 2 responders.
d) NHS England Emergency Preparedness Framework 2013.
e) NHS Commissioning Board frequently asked questions (FAQs) on the future arrangements for health Emergency Preparedness, Resilience and Response (EPRR) (Jan2013).
f) Everyone Counts: Planning for Patients 2013/14.
g) NHS England Command and Control Framework for the NHS during significant incidents and emergencies (2013).
h) NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR).
i) NHS England Business Continuity Management Framework (service resilience) (2013).

15. Glossary of Terms

The following terms and references may be used in this plan or during an incident by Mersey Care or other agencies.

Term/acronym	Definition
A&E	Accident & Emergency
BCM	Business Continuity Management
BCP	Business Continuity Plan
CBRN(E)	Chemical Biological Radiological Nuclear (Explosive)
CCA	Civil Contingencies Act
CCDC	Consultant in Communicable Disease Control
CCG	Clinical Commissioning Group
CMT	Crisis Management Team
COBR	Cabinet Office Briefing Rooms
COMAH	Control of Major Accident Hazards
COO	Chief Operating Officer
CRR	Community Risk Register
DEFRA	Department for Environment, Food and Rural Affairs
DCLG	Department of Communities & Local Government
DH	Department of Health
DPH	Director of Public Health
EA	Environmental Agency
EPRR	Emergency Preparedness, Resilience and Response
FOI	Freedom of Information
FSA	Food Standards Agency
GDS	Government Decontamination Service
GLO	Government Liaison Officer
GLT	Government Liaison Team
GP	General Practitioner
HAC	Humanitarian Assistance Centre
HART	Hazardous Area Response Team
HazMat	Hazardous Materials
IC	Infection Control
ICC	Incident Coordination Centre
ICT	Information Computer Technology
IOR	Initial Operational Requirement
IM&T	Information Management & Technology
IRT	Incident Response Team
JCC	Joint Command Centre
JDM	Joint Decision Model
JRLO	Joint Regional Liaison Officer
JESIP	Joint Emergency Services Interoperability Programme
LA	Local Authority
LHRP	Local Health Resilience Partnership
LRF	Lancashire Resilience Forum
MoJ	Ministry of Justice
MOU	Memorandum of Understanding
MERM	Merseyside Emergency Response Manual
MFRS	Merseyside Fire and Rescue Service
MIP	Major Incident Plan
MRF	Merseyside Resilience Forum

Term/acronym	Definition
NHS	National Health Service
NME Comms	North Midlands and East Communications Service
NWAS	North West Ambulance Service
OPN	Operational Delivery Network
PHE	Public Health England
PODS	Portable Decontamination System
PPE	Personal Protective Equipment
RC	Reception Centres
RCCC	Regional Civil Contingencies Committee
RCG	Regional Coordinating Group
RHCD	Regional Health Control Desk
RRF	Regional Resilience Forum
RRT	Recovery and Restoration Team
SCG	Strategic Coordinating Group
SITREP	Situation Report
SLDS	Specialist Learning Disability Services
SRCs	Survivor Reception Centre
STAC	Science and Technical Advice Cell
TCG	Tactical Coordinating Group
UCAT	Urgent Care Action Team
VAS	Voluntary Aid Societies
VIP	Very Important Person
WIC	Walk in Centre

Appendix A: Overview of NHS and other key partner agencies

A National Health Service

A1 NHS England North (Resilience team)

The role of the NHS England North, Cheshire and Merseyside Area & Lancashire and Cumbria Teams is to:

- Provide EPRR leadership across the Cheshire and Merseyside & Lancashire and Cumbria areas respectively.
- Represent the NHS at the MRF & LRF.
- Provide Chief Executive or Director equivalent input into the multi-agency SCG or TCG for and whilst commanding the local NHS.
- Provide and coordinate training for staff on the Strategic and Tactical on-call rotas.
- Coordinate planning arrangements across the county
- Responsibility for the NHS Strategic and the NHS Tactical rota,
- Assisting NHS North of England in its performance management role, and to assist in training and exercise with NHS organisations in the county.
- Monitor and command the NHS response to an incident within the county and to advise all NHS organisations on decisions including activating, cancelling and standing down a major incident.

North West NHS England Teams are available for specialist advice and assistance with coordinating mutual aid both amongst NHS organisations within the counties and across borders with other counties within the North West.

A2 NHS England – Regional

In terms of EPRR, the NHS England at regional level will be:

- Accountable for the establishment of local health resilience partnerships (LHRP) across the region, coordinating with Public Health England (PHE) and local government;
- Responsible for ensuring each LHRP / local resilience forums (LRF) has a designated lead NHS England area team.
- Provide strategic EPRR advice and support to NHS area teams
- Ensure integration of NHS England area team and LHRP emergency plans to deliver a unified NHS response across more than one LHRP, including ensuring the provision of surge capacity; and
- Maintaining capacity and capability to coordinate the regional NHS response to an emergency 24/7.

A3 NHS England – National

NHS England at a national level:

- Participate in national multi agency planning processes including risk assessment, exercising and assurance
- Provide leadership and coordination to the NHS and national information on behalf of the NHS during periods of national emergencies
- Support the response to incidents that affect two or more NHS regions
- Act as the national link on EPRR matters between the NHS England, the Department of Health and Public Health England
- Provide assurance to DH of the ability of the NHS to respond to emergencies including assurance of capacity and capability to meet National Risk Assessments (NRA) requirements as they affect the health service

- Provide support to DH in their role to the UK central Government response to emergencies and;
- Action and requests from NHS organisations for military assistance through DH if requested by the regional team.

A4 NHS Strategic Commander

The role of the NHS Strategic Commander is to direct and command the response of all NHS resources, including ambulances, whilst focusing upon strategic management of the NHS during the incident by ensuring NHS service delivery for both the incident and normal services. This may be provided whilst attending a multi-agency SCG, or operating from NHS England Major Incident Room.

A5 NHS Tactical Commander

The role of the NHS Tactical Commander is to initially assess the information received upon initial activation, coordinate the response of local NHS resources, or escalating to the NHS Strategic Commander whilst focusing upon the tactical management of NHS resources. This may be provided whilst attending a multi-agency Tactical Coordinating Group (TCG) or operating from the appropriate incident coordination centre.

A6 NHS Operational Commander

NHS Trusts or key partners responding to an incident would become Operational level command locations, and will be required to cooperate with the NHS Tactical Commander and NHS Strategic Commander requests.

At the scene of the incident itself this role is restricted to blue-light staff, possibly working in a cordoned and hazardous situation. This is sometimes referred to as the “Operational” level of command.

Individual organisations remain in command of their own resources and staff, but each one must liaise and coordinate with all the other agencies.

The role of the NHS Operational Commander is to respond to the local emergency (major incident), either in isolation or as part of a wider NHS response.

A7 Local Health Resilience Partnership – LHRP

The LHRP is not a statutory body, but a strategic forum for local organisations to facilitate health sector preparedness and planning for emergencies at LRF level. The LHRF will provide support to the NHS, PHE and Local Authority representatives of the LRF in their roles to represent health sector EPRR matters. The LHRP will be co-chaired by the NHS England Merseyside Director responsible for EPRR and a lead Director of Public Health.

A8 Clinical Commissioning Group (CCG)

Clinical Commissioning Groups (CCG) will support NHS England, Cheshire and Merseyside & Lancashire and Cumbria Area Teams in discharging its EPRR functions and duties locally.

The CCG will be represented at the Local Health Resilience Partnership forum. The CCG will provide a 24/7 escalation route for providers should they fail to maintain necessary EPRR capacity and capability.

A9 Local Authority

Each Local Authority (LA) manages a civil contingency planning function. Civil protection (or emergency planning) personnel act as a hub to coordinate the planning, training and exercising within local authority departments. The effectiveness of this hub is fundamental to the discharge of related community responsibilities in an emergency, whatever the cause. LA planning is carried out in close co-operation with Category 1 and Category 2 responders. The principal concern of the LA in the immediate aftermath of an emergency is to provide support for the people in their area. Generally, they do so by co-operating with the emergency services in the overall response. The LA will also activate and co-ordinate voluntary sector support.

A10 Public Health England (PHE)

Public Health England began operating on 1st April 2013. PHE is an executive agency of the Department of Health in the UK and undertakes at all levels, its responsibilities on behalf of the State for Health as a Category 1 Responder. PHE combines public health and scientific knowledge, research and EPRR within one organisation and works at international, national, regional and local levels.

A11 Scientific and Technical Advice Cell (STAC)

The STAC was established in 2006 to provide expert guidance in an incident. The STAC chair will normally be a Director of Public Health or other senior public health consultant from PHE.

The STAC will access comprehensive and authoritative advice from a wide range of sources, including NHS and Public Health England and other key scientific and technical sources to support and advice the SCG in directing the response to an incident. The nature of the incident will determine the range of relevant specialist and needed to form a STAC and membership of the STAC will be determined by the type of incident.

B KEY PARTNER AGENCIES

B1 North West Ambulance Service (NWAS)

In the event of an incident, NWAS will deploy a Strategic Commander or Tactical advisor to work alongside the NHS Strategic Commander.

NWAS will attend the scene of an incident, providing on site healthcare, decontaminating casualties where necessary (the Fire and Rescue Services would assist by decontaminating affected individuals are not ill or injured), and transporting patients to hospital. They also have authorisation to request either a Medical Incident Commander or a Mobile Medical Team to the scene of a major incident from acute hospitals.

B2 Police

The police will normally co-ordinate all the activities of those responding at and around the scene of a land-based emergency. The saving and protection of life is the priority, but as far as possible the scene must be preserved to provide evidence for subsequent enquiries and possible criminal proceedings.

B3 Fire and Rescue Service

The primary role of the Fire and Rescue Service in a major emergency is the rescue of people trapped by fire, wreckage or debris. They will prevent further escalation of an incident by controlling or extinguishing fires, by rescuing people and by undertaking other protective measures. They will deal with released chemicals or other contaminants in order to render the incident site safe or recommend exclusion zones. They will also assist the Ambulance Service with casualty handling and the police Service with recovery of bodies.

B4 NHS 111 Telephone Service

NHS 111 is the three-digit telephone service introduced to improve access to NHS urgent care services. Patients can use this number when they need medical help or advice and it's not urgent enough to call 999. NHS 111 operates 24/7, 365 days per year and is free to use from a landline and a mobile.

B5 Operational Delivery Network (ODN)

The role of the ODN will complement the newly created Strategic Clinical Networks and will ensure the delivery of safe and effective services across the patient pathway and help secure the best health outcomes for patients. ODNs will cover areas such as neonatal intensive care, adult critical care, burns and trauma and are focussed on coordinating patient pathways between providers over a wide area to ensure access to specialist support and expertise.

B6 Food Standards Agency

The Food Standards Agency (FSA) has a statutory responsibility for ensuring the safety of the food chain, excluding tap water, and for advising the public on food safety matters. The FSA may undertake testing, sampling and analysis of an areas affected by potentially hazardous substances to determine the consequences for the food chain and take any necessary actions to protect public health.

B7 Environmental Agency (EA)

The Environmental Agency is responsible for protecting the environment from, from example, ground pollution (including contamination of ground water supplies but not water once it is taken for the public water supply) and atmospheric pollution. It is also responsible for flood prevention and management. The agency undertakes sampling and testing of material collected y ground level monitoring stations or deployed teams. In addition, it is subject to agreement on resourcing between the Agency and Department for the Environment, Food and Rural Affairs (Defra), taking on responsibility for coordinating the development and subsequent deployment of an integrated air quality sampling capability.

B8 Public Water Supply

Water companies are responsible for ensuring the safety of the public water supply.

Defra, through the Drinking Water Inspectorate and Water Supply Regulation Division, is responsible for notifying other stakeholders of actual / potential water supply emergencies and providing support and advice as necessary to ministers, water companies and responders. The Inspectorate maintains a call-off contract for 24/7 testing of water samples collected by the water companies to identify contamination by chemical or biological agents.

B9 Meteorological Information

The Met Office is the lead agency for the provision of meteorological information, and issue of plume dispersion information, but not the content of the plume. The Met Office may also be able to make available in conjunction with the Natural Environmental Research Council an airborne capacity to support the multi-agency response.

B10 Experts on Chemical Biological Radiological Nuclear (CBRN) materials

Ministry of Defence (MOD) technical experts from the Defence Science and Technology Laboratory or Atomic Weapons Establishment would deploy, on behalf of the Home Office and in support of the police, as part of the Government response to a terrorist incident involving (or suspected of involving CBRN materials). The teams would provide advice on handling any device as well as identifying and advising on the material involved and appropriate counter measures that might be taken during the initial response phase. They would also undertake plume modelling. Advice and support may also be provided during the recovery phase.

B11 The Office for Security and Counter Terrorism (OSCT)

The Office for Security and Counter-Terrorism (OSCT) is an executive directorate of the Home Office responsible for leading the work on counter-terrorism in the UK, working closely with the police and security services. OSCT is responsible for providing strategic direction and governance on CONTEST, which works to counter the threat from terrorism.

B12 Government Decontamination Service

The Government Decontamination Service (GDS) is provided by the Food and Environment Agency. The service helps the UK prepare for the recovery following a deliberate act involving chemical, biological, radiological and nuclear (CBRN) materials, or an accidental release of hazardous materials (HAZMAT) in excess of local capability and/or knowledge. The agency will do this by providing advice, guidance and management support and access to a Framework of specialist suppliers able to carry out decontamination operations, and ensure that responsible authorities have ready access to these services should the need arise.

The GDS provide advice, guidance, management support and contractual arrangements to support those who will be responsible for decontamination.

B13 Control of Major Accidents and Hazards (COMAH)

COMAH sites are those where because of the nature or scale of the hazards associated with the site (e.g. large number of toxic chemicals stored or produced), operators have certain duties to reduce the risk and prevent major accidents. Each site has its own specific Major Accident Plan.

Appendix B1 National Occupational Standards – Response to emergencies at operational (Bronze) level

Target Group
The unit is for those who lead the response at the operational (bronze) level for their organisation or service area. In this context, `bronze' is the level (below Gold level and Silver level) at which the management of `hands-on' work is undertaken at the incident site(s) or associated areas

Performance criteria

You must be able to:

P1 make an initial assessment of the situation and report this to other responders in accordance with established procedures
P2 prepare and implement an initial plan of action
P3 ensure actions are carried out, taking into account the impact on individuals, communities and the environment
P4 conduct on-going risk assessment and management in response to the dynamic nature of emergencies
P5 work in co-operation and communicate effectively with other responders
P6 confirm the availability and location of relevant services and facilities
P7 identify any resources required and deploy them to meet the demands of the response
P8 communicate any resource constraints to the relevant person, or find suitable alternatives
P9 monitor and protect the health, safety and welfare of individuals during the response
P10 deal with individuals in a manner which is supportive and sensitive to their needs
P11 liaise with relevant organisations as required for an effective response
P12 identify where circumstances warrant a tactical (silver) level of management and engage with the tactical level as required
P13 implement the tactical (silver) plan where applicable, within a geographical area or functional area of responsibility
P14 ensure that any individuals under your area of authority are fully briefed and de-briefed
P15 fully record your decisions, actions, options and rationale in accordance with current information, policy and legislation

Knowledge and understanding

You need to know and understand:

K1 current, relevant legislation, policies, procedures, codes of practice and guidelines in relation to emergency response
K2 current, relevant legislation and organisational requirements in relation to health, safety and welfare
K3 relevant emergency plans and arrangements
K4 the principles of effective response and recovery
K5 the principles of command, control and co-ordination and the potential flexibility between levels of response
K6 the potential impact of emergencies on individuals, communities and the environment
K7 how to make and apply decisions based on the assessment of risk
K8 the roles, responsibilities and information needs of organisations involved in response
K9 how to communicate with individuals affected by emergencies in a manner which promotes understanding
K10 the type of facilities which may be established to meet the needs of individuals affected by emergencies
K11 your organisation's policy for dealing with the media
K12 the actions to take where there are limitations on the availability and use of resources
K13 the correct procedures for handing over responsibility
K14 how to conduct briefings and de-briefings
K15 the purpose of recording information and the types of records that must be kept

Additional Information Behaviours

Listed below are the main generic skills and attitudes which need to be applied. These are explicit/implicit in the detailed content of the unit and are listed here as additional information.

1. collaborative
2. community minded
3. constructive
4. determined
5. empathetic
6. flexible
7. realistic

Skills

1. communication ·
2. decision making
3. liaison
4. negotiation
5. organising
6. prioritising
7. problem solving

Glossary

Frequently used terms and how they should be interpreted in the context of the Civil Contingencies NOS

Organisations
Public, private or voluntary bodies

Resources
People (including volunteers), equipment, materials, finance etc

Risk
Measure of the significance of a potential event or situation in terms of likelihood and impact

Links to other NOS

1. CC AA1 Work in co-operation with other organisations
2. CC AF2 Warn, inform and advise the community in the event of emergencies
3. CC AG4 Address the needs of individuals during the initial response to emergencies
4. SfJ CC3 Plan and deploy resources for policing operations (Police)
5. WM7 Lead and support people to resolve operational incidents (Fire Service)

Appendix B2 National Occupational Standards – Response to emergencies at Tactical (Silver) level

Target Group

The unit is for those who are involved in responding to an emergency at the tactical (silver) level. This would typically include senior personnel from organisations committed to an area of operations. In this context, silver is the level (below gold level and above bronze level) at which overall the response to an Emergency is managed (Ref: Lexicon of Multi-Agency Emergency Management Terms

Performance criteria

You must be able to:

P1 obtain sufficient information to determine the current status of the response
P2 formulate a tactical plan which takes account of all available information, including any pre-determined emergency plans, and anticipated risks
P3 implement tactics in a timely manner, confirming roles, responsibilities, tasks, and communication channels
P4 conduct on-going risk assessment and management in response to the dynamic nature of emergencies
P5 review tactics with relevant others including key personnel involved in command, control and co-ordination
P6 ensure actions to implement tactics are carried out, taking into account the impact on individuals, communities and the environment
P7 determine priorities for allocating available resources
P8 anticipate likely future resource needs, taking account of the possible escalation of emergencies
P9 work in co-operation and communicate effectively with other responders
P10 liaise with relevant organisations to address the longer-term priorities of restoring essential services and helping to facilitate the recovery of affected communities
P11 obtain and provide technical and professional advice from suitable sources to inform decision making where required
P12 provide accurate and timely information to inform and protect communities, working with the media where relevant
P13 monitor and maintain the health, safety and welfare of individuals during the response
P14 review actions taken at operational (bronze) level
P15 identify where circumstances warrant a strategic (gold) level of management and engage with the strategic level as required
P16 ensure that any individuals under your area of authority are fully briefed and de-briefed
P17 evaluate the effectiveness of tactics and use this information to inform future practice
P18 fully record your decisions, actions, options and rationale in accordance with current information, policy and legislation

Knowledge and understanding

You need to know and understand:

K1 current, relevant legislation, policies, procedures, codes of practice and guidelines in relation to emergency response
K2 current, relevant legislation and organisational requirements in relation to health, safety and welfare
K3 relevant emergency plans and arrangements
K4 the principles of Integrated Emergency Management (IEM)
K5 the principles of command, control and co-ordination
K6 how to identify the strategic aim of a response
K7 the range of tactical options and how they should be communicated
K8 how to formulate an action plan which takes account of all available information
K9 how to monitor and review the implementation of the tactical options
K10 the relevant others that should be involved in reviewing the tactical options
K11 circumstances where expertise or co-ordination are required beyond the tactical (silver) level
K12 the type of resources which may be required and how they can be obtained
K13 the roles and responsibilities of partner organisations involved in response and recovery at local, regional and national level
K14 the culture, priorities and constraints of partner organisations
K15 how partner organisations are organised; their broad structures, methods of communication and decision making processes
K16 how to communicate with individuals affected by emergencies in a manner which promotes understanding
K17 the potential impact of emergencies on the environment
K18 how to assess the short and long term human impact of the emergency and identify the most vulnerable groups'
K19 the information needs of the various organisations involved in the response
K20 how to conduct briefings and de-briefings
K21 how to evaluate the effectiveness of tactics
K22 the purpose of recording information and the types of records that must be kept

Additional Information Behaviours

Listed below are the main generic skills and attitudes which need to be applied. These are explicit/implicit in the detailed content of the unit and are listed here as additional information.

1. collaborative
2. community minded
3. constructive
4. determined
5. flexible
6. realistic

Skills

1. communication
2. decision making
3. leadership
4. liaison
5. negotiation
6. organising
7. planning
8. prioritising
9. problem solving

Glossary

Frequently used terms and how they should be interpreted in the context of the Civil Contingencies NOS

Communities
Individuals and organisations in localities including adults, children and young people, vulnerable people, residential homes, businesses etc

Environment
Surroundings, including plant and animal life

Integrated Emergency Management (IEM)
An approach to preventing and managing emergencies which entails six key activities – anticipation, assessment, prevention, preparation, response and recovery. IEM is geared to the idea of building greater overall resilience in the face of a broad range of disruptive challenges. It requires a coherent multi-agency effort.

Organisations
Public, private or voluntary bodies

Resources
People, equipment, materials, finance etc

Risk
Measure of the significance of a potential event or situation in terms of likelihood and impact

Links to other NOS

1. CC AA1 Work in co-operation with other organisations
2. CC AA2 Share information with other organisations
3. CC AF2. Warn, inform and advise the community in the event of emergencies
4. SfJCC2 Formulate, monitor and review tactics to achieve

strategic objectives for policing operations (Police)
5. EFSM2 Lead, Monitor and Support people to resolve operational incidents (Fire Service)

Appendix B3 National Occupational Standards – Response to emergencies at strategic (Gold) level

Target Group

The unit is for those who provide leadership in an emergency response at the strategic (gold) level. In this context, gold is the level (above silver level and bronze level) at which policy and the overall response framework are established and managed (Ref: Lexicon of Multi- Agency Emergency Management Terms).

Performance criteria

You must be able to:

P1 obtain and analyse the available relevant information to inform decision making
P2 make effective decisions based on the best available information
P3 agree the policy and strategic framework within which the tactical (silver) level will work and ensure effective two way communication with the tactical level
P4 work effectively in co-operation with partner organisations at a strategic level
P5 confirm strategic decisions agreed with responders and how these will be implemented
P6 take action to review the strategy, updating or varying the strategy in response to changing situations or information
P7 obtain and provide technical and professional advice from suitable sources to inform decision making where required
P8 ensure the strategy reflects any relevant policy, legal framework or protocols
P9 ensure the strategy takes account of the impact on individuals, communities and the environment
P10 engage effectively in the political decision making process
P11 review the scale of required resources and ensure their availability
P12 ensure that all relevant organisations have sufficient, accurate information with a suitable degree of urgency to enable effective co-ordination of response
P13 ensure the development and implementation of an effective communications strategy
P14 address medium and long-term priorities to facilitate the recovery of affected communities
P15 ensure provision of continued support for individuals affected by emergencies
P16 ensure effective delegation to the tactical level
P17 evaluate the effectiveness of the strategy and use this information to inform future practice
P18 fully record your decisions, actions, options and rationale in accordance with current information, policy and legislation

Knowledge and understanding

You need to know and understand:

K1 current, relevant legislation, policies, procedures, codes of practice and guidelines in relation to emergency response
K2 the principles of Integrated Emergency Management (IEM)
K3 the principles of effective response and recovery
K4 the principles of command, control and co-ordination
K5 the roles and responsibilities of partner organisations involved in response and recovery
K6 how partner organisations are organised; their broad structures, methods of communication and decision making processes
K7 the culture, priorities and constraints of partner organisations
K8 relevant emergency plans and arrangements including pre-determined procedures for involvement of other organisations
K9 how to engage effectively in the political decision making process
K10 how to establish the policy and strategic framework within which the tactical (silver) level will work
K11 how to review the effectiveness of the strategy and update or vary the strategy in response to changing situations or information
K12 factors relevant to setting and reviewing the strategy including assessments of risk, community impact and the longer term recovery process
K13 the availability of relevant resources
K14 the financial arrangements which need to be in place for responding to emergencies
K15 sources of technical and professional advice
K16 how to develop and implement an effective communications strategy
K17 how the media may be used provide information to communities
K18 how to collect and analyse relevant information at strategic level
K19 the potential strategic implications of emergencies e.g. long-term recovery or wide-area issues
K20 the potential impact of emergencies on the environment
K21 how to assess the short and long term human impact of the emergency and identify the most vulnerable groups
K22 how to ensure provision of continued support for individuals affected by emergencies
K23 the purpose of recording information and the types of records that must be kept

Additional Information Behaviours

Listed below are the main generic skills and attitudes which need to be applied. These are explicit/implicit in the detailed content of the unit and are listed here as additional information.

1. assertive
2. collaborative
3. community minded
4. constructive
5. flexible
6. innovative
7. open minded
8. pro-active
9. realistic

Skills

1. analysis
2. communication
3. conceptualising
4. decision making
5. leadership
6. liaison
7. negotiation
8. networking
9. partnership working
10. planning
11. prioritising
12. problem solving
13. strategic thinking
14. stress management
15. team building

Glossary

Frequently used terms and how they should be interpreted in the context of the Civil Contingencies NOS

Communities
Individuals and organisations in localities including adults, children and young people, vulnerable people, residential homes, businesses etc.

Environment
Surroundings, including plant and animal life

Integrated Emergency Management (IEM)
An approach to preventing and managing emergencies which entails six key activities – anticipation, assessment, prevention, preparation, response and recovery. IEM is geared to the idea of building greater overall resilience in the face of a broad range of disruptive challenges it requires a coherent multi-agency effort.

Organisations
Public, private or voluntary bodies

Resources
People, equipment, materials, finance etc.

Risk
Measure of the significance of a potential event or situation in terms of likelihood and impact

Links to other NOS

1. CC AA1 Work in co-operation with other organisations
2. CC AA2 Share information with other organisations
3. CC AF2. Warn, inform and advise the community in the event of emergencies
4. CC AH1 Provide on-going support to meet the needs of individuals affected by emergencies
5. CC AH2 Manage community recovery from emergencies
6. ML D1 Lead meetings
7. CC1 Set, monitor and review strategies for policing operations (Police)
8. EFSM1 Provide strategic advice and support to resolve operational incidents (Fire Service

Appendix C NHS England Core Standards for EPRR

DOMAIN 1 – GOVERNANCE		
Ref	**Standard**	**Detail**
1	**Appointed AEO**	The organisation has appointed an Accountable Emergency Officer (AEO) responsible for Emergency Preparedness Resilience and Response (EPRR). This individual should be a board level director, and have the appropriate authority, resources and budget to direct the EPRR portfolio. A non-executive board member, or suitable alternative, should be identified to support them in this role.
2	**EPRR Policy Statement**	The organisation has an overarching EPRR policy statement. This should take into account the organisation's: • Business objectives and processes • Key suppliers and contractual arrangements • Risk assessment(s) • Functions and / or organisation, structural and staff changes. The policy should: • Have a review schedule and version control • Use unambiguous terminology • Identify those responsible for making sure the policies and arrangements are updated, distributed and regularly tested • Include references to other sources of information and supporting documentation.
3	**EPRR board reports**	The Chief Executive Officer / Clinical Commissioning Group Accountable Officer ensures that the Accountable Emergency Officer discharges their responsibilities to provide EPRR reports to the Board / Governing Body, no less frequently than annually. These reports should be taken to a public board, and as a minimum, include an overview on: • training and exercises undertaken by the organisation • business continuity, critical incidents and major incidents • the organisation's position in relation to the NHS England EPRR assurance process.
4	**EPRR work programme**	The organisation has an annual EPRR work programme, informed by lessons identified from: • incidents and exercises • identified risks • outcomes from assurance processes.
5	**EPRR Resource**	The Board / Governing Body is satisfied that the organisation has sufficient and appropriate resource, proportionate to its size, to ensure it can fully discharge its EPRR duties.
6	**Continuous improvement process**	The organisation has clearly defined processes for capturing learning from incidents and exercises to inform the development of future EPRR arrangements.

DOMAIN 2 – Duty to Assess Risk		
Ref	**Standard**	**Detail**
7	**Risk assessment**	The organisation has a process in place to regularly assess the risks to the population it serves. This process should consider community and national risk registers.
8	**Risk Management**	The organisation has a robust method of reporting, recording, monitoring and escalating EPRR risks.

DOMAIN 3 – Duty to maintain plans		
Ref	**Standard**	**Detail**
9	**Collaborative planning**	Plans have been developed in collaboration with partners and service providers to ensure the whole patient pathway is considered.
10	**Critical incident**	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a critical incident (as per the EPRR Framework).
11	**Major incident**	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a major incident (as per the EPRR Framework).
12	**Heatwave**	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to the impacts of heat wave on the population the organisation serves and its staff.
13	**Cold weather**	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to the impacts of snow and cold weather (not internal business continuity) on the population the organisation serves.
14	**Pandemic influenza**	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to pandemic influenza as described in the National Risk Register.
15	**Infectious disease**	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to an infectious disease outbreak within the organisation or the community it serves, covering a range of diseases including Viral Haemorrhagic Fever. These arrangements should be made in conjunction with Infection Control teams; including supply of adequate FFP3.
16	**Mass Countermeasures**	In line with current guidance and legislation, the organisation has effective arrangements in place to distribute Mass Countermeasures - including the arrangement for administration, reception and distribution, eg mass prophylaxis or mass vaccination. There may be a requirement for Specialist providers, Community Service Providers, Mental Health and Primary Care services to develop Mass Countermeasure distribution arrangements. These will be dependant on the incident, and as such requested at the time. CCGs may be required to commission new services dependant on the incident.
17	**Mass Casualty - surge**	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to mass casualties. For an acute receiving hospital this should incorporate arrangements to increase capacity by 10% in 6 hours and 20% in 12 hours.
18	**Shelter and evacuation**	In line with current guidance and legislation, the organisation has effective arrangements in place to place to shelter and / or evacuate patients, staff and visitors. This should include arrangements to perform a whole site shelter and / or evacuation.
19	**Lockdown**	In line with current guidance and legislation, the organisation has effective arrangements in place safely manage site access and egress of patients, staff and visitors to and from the organisation's facilities. This may be a progressive restriction of access / egress that focuses on the 'protection' of critical areas.
20	**Protected individuals**	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to manage 'protected individuals'; including VIPs, high profile patients and visitors to the site.
21	**Excess death planning**	Organisation has contributed to and understands its role in the multiagency planning arrangements for excess deaths, including mortuary arrangements.

DOMAIN 4 – Command and Control		
Ref	**Standard**	**Detail**
22	**On call mechanism**	A resilient and dedicated EPRR on call mechanism in place 24 / 7 to receive notifications relating to business continuity incidents, critical incidents and major incidents. This should provide the facility to respond or escalate notifications to an executive level.
23	**Trained on call staff**	On call staff are trained and competent to perform their role, and are in a position of delegated authority on behalf on the Chief Executive Officer / Clinical Commissioning Group Accountable Officer. The identified individual: • Should be trained according to the NHS England EPRR competencies (National Occupational Standards) • Can determine whether a critical, major or business continuity incident has occurred • Has a specific process to adopt during the decision making • Is aware who should be consulted and informed during decision making • Should ensure appropriate records are maintained throughout.

DOMAIN 5 – Training and Exercising		
Ref	**Standard**	**Detail**
24	**EPRR Training**	The organisation carries out training in line with a training needs analysis to ensure staff are competent in their role; training records are kept to demonstrate this.
25	**EPRR exercising and testing programme**	The organisation has an exercising and testing programme to safely test major incident, critical incident and business continuity response arrangements. Organisations should meet the following exercising and testing requirements: • a six-monthly communications test • annual table top exercise • live exercise at least once every three years • command post exercise every three years. The exercising programme must: • identify exercises relevant to local risks • meet the needs of the organisation type and stakeholders • ensure warning and informing arrangements are effective. Lessons identified must be captured, recorded and acted upon as part of continuous improvement.
26	**Strategic and tactical responder training**	Strategic and tactical responders must maintain a continuous personal development portfolio demonstrating training in accordance with the National Occupational Standards, and / or incident / exercise participation

DOMAIN 6 – Response		
Ref	**Standard**	**Detail**
27	**Incident Co-ordination Centre (ICC)**	The organisation has a pre-identified an Incident Co-ordination Centre (ICC) and alternative fall-back location. Both locations should be tested and exercised to ensure they are fit for purpose, and supported with documentation for its activation and operation.
28	**Access to planning**	Version controlled hard copies of all response arrangements are

	arrangements	available to staff at all times. Staff should be aware of where they are stored; they should be easily accessible.
29	**Management of business continuity incidents**	The organisations incident response arrangements encompass the management of business continuity incidents.
30	**Loggist**	The organisation has 24 hour access to a trained loggist(s) to ensure decisions are recorded during business continuity incidents, critical incidents and major incidents.
31	**Situation Reports**	The organisation has processes in place for receiving, completing, authorising and submitting situation reports (SitReps) and briefings during the response to business continuity incidents, critical incidents and major incidents.

DOMAIN 7 – Warning and Informing		
Ref	**Standard**	**Detail**
32	**Communication with partners and stakeholders**	The organisation has arrangements to communicate with partners and stakeholder organisations during and after a major incident, critical incident or business continuity incident.
33	**Warning and informing**	The organisation has processes for warning and informing the public and staff during major incidents, critical incidents or business continuity incidents.
34	**Media strategy**	The organisation has a media strategy to enable communication with the public. This includes identification of and access to a trained media spokespeople able to represent the organisation to the media at all times.
32	**Communication with partners and stakeholders**	The organisation has arrangements to communicate with partners and stakeholder organisations during and after a major incident, critical incident or business continuity incident.

DOMAIN 8 – Cooperation		
Ref	**Standard**	**Detail**
35	**LRHP attendance**	The Accountable Emergency Officer, or an appropriate director, attends (no less than 75%) of Local Health Resilience Partnership (LHRP) meetings per annum.
36	**LRF / BRF attendance**	The organisation participates in, contributes to or is adequately represented at Local Resilience Forum (LRF) or Borough Resilience Forum (BRF), demonstrating engagement and co-operation with other responders.
37	**Mutual aid arrangements**	The organisation has agreed mutual aid arrangements in place outlining the process for requesting, co-ordinating and maintaining resource eg staff, equipment, services and supplies. These arrangements may be formal and should include the process for requesting Military Aid to Civil Authorities (MACA).
38	**Information sharing**	The organisation has an agreed protocol(s) for sharing appropriate information with stakeholders.

DOMAIN 9 – Business Continuity		
Ref	**Standard**	**Detail**
39	**BC policy statement**	The organisation has in place a policy statement of intent to undertake Business Continuity Management System (BCMS).
40	**BCMS scope and objectives**	The organisation has established the scope and objectives of the BCMS, specifying the risk management process and how this will be documented.
41	**Business Impact Assessment**	The organisation annually assesses and documents the impact of disruption to its services through Business Impact Analysis(s).
42	**Data Protection and Security Toolkit**	Organisation's IT department certify that they are compliant with the Data Protection and Security Toolkit on an annual basis.
43	**Business Continuity Plans**	The organisation has established business continuity plans for the management of incidents. Detailing how it will respond, recover and manage its services during disruptions to: • people • information and data • premises • suppliers and contractors • IT and infrastructure These plans will be updated regularly (at a minimum annually), or following organisational change.
44	**BCMS monitoring and evaluation**	The organisation's BCMS is monitored, measured and evaluated against the Key Performance Indicators. Reports on these and the outcome of any exercises, and status of any corrective action are annually reported to the board.
45	**BC audit**	The organisation has a process for internal audit, and outcomes are included in the report to the board.
46	**BCMS continuous improvement process**	There is a process in place to assess and take corrective action to ensure continual improvement to the BCMS.
47	**Assurance of commissioned providers / suppliers BCPs**	The organisation has in place a system to assess the business continuity plans of commissioned providers or suppliers; and are assured that these providers arrangements work with their own.

DOMAIN 10 – CBRN		
Ref	**Standard**	**Detail**
48	**Telephony advice for CBRN exposure**	Staff have access to telephone advice for managing patients involved in CBRN exposure incidents.
49	**HAZMAT / CBRN planning arrangement**	There are organisation specific HAZMAT/ CBRN planning arrangements (or dedicated annex).
50	**HAZMAT / CBRN risk assessments**	HAZMAT/ CBRN decontamination risk assessments are in place appropriate to the organisation. This includes: • Documented systems of work • List of required competencies • Arrangements for the management of hazardous waste.
51	**Equipment and supplies**	The organisation holds appropriate equipment to ensure safe decontamination of patients and protection of staff. There is an accurate inventory of equipment required for decontaminating patients. • Acute providers - see Equipment checklist: https://www.england.nhs.uk/ourwork/eprr/hm/ • Community, Mental Health and Specialist service providers - see

		Response Box in 'Preparation for Incidents Involving Hazardous Materials - Guidance for Primary and Community Care Facilities' (NHS London, 2011) (found at: http://www.londonccn.nhs.uk/_store/documents/hazardous-material-incident-guidance-for-primary-and-community-care.pdf) • Initial Operating Response (IOR) DVD and other material: http://www.jesip.org.uk/what-will-jesip-do/training/
52	**Training programme**	Internal training is based upon current good practice and uses material that has been supplied as appropriate. Training programme should include training for PPE and decontamination.
53	**Staff training - decontamination**	Staff who are most likely to come into contact with a patient requiring decontamination understand the requirement to isolate the patient to stop the spread of the contaminant.
54	**FFP3 access**	Organisations must ensure staff who may come into contact with confirmed infectious respiratory viruses have access to FFP3 mask protection (or equivalent) 24 / 7.