

TRUST-WIDE POLICY DOCUMENT

LOCKDOWN POLICY & SUPPORTING GUIDANCE

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2019 – Version 2

Striving for Perfect
Care
and a Just Culture

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Further information about this document:

Document name	Lockdown Policy & Supporting Guidance (EP03)
Document summary	This policy outlines procedures, considerations and actions to be taken by staff in order to prepare for and respond to incidents and emergencies that require building lockdown.
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This document can be made available in a range of alternative formats including various languages, large print and braille etc	
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SUPPORTING STATEMENTS

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

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation 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 Foundation 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 Foundation 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 Foundation 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 Foundation 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 **Fairness, Respect, Equality Dignity, and Autonomy**

1. PURPOSE AND RATIONALE

- 1.1 Lockdown is the process of controlling the movement, access and egress of people in response to an identified threat or risk which could impact on the safety and security of persons and/or assets or the capacity of a facility to continue to operate.
- 1.2 A lockdown may be implemented by the Trust as part of a security incident or by enacting the Major Incident Plan. This may be in partnership with other NHS or external bodies, for example, by the Police based on received intelligence.
- 1.3 There are a number of circumstances which managers may need to lockdown an area under their control. These include but are not limited to:
 - o A missing patient
 - o A possible incident of violence and aggression.
 - o Where staff, patients and other persons may be affected by an incident
- 1.4 The ability to lockdown sites, properties or buildings fits in with the statutory responsibilities of NHS Trusts as defined by the Civil Contingencies Act 2004.
- 1.5 The purpose of this policy and procedure is to provide guidance to managers and staff to enable them to lockdown an area which is under their control.
- 1.6 The policy should be read in conjunction with the Major Incident Plan and local business continuity plans, however it may be used as a standalone policy if required.
- 1.7 Many premises, sites or buildings which are occupied by Trust staff have multi-occupancy arrangements and the plans developed within the Trust must fit with any overarching lockdown plan of the majority occupier.

2. OUTCOME FOCUSED AIMS AND OBJECTIVES

- 2.1 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.
- 2.2 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) Ensure that local plans dovetail into existing Trust response and continuity plans and supporting arrangements.
 - c) Confirm roles and responsibilities of staff involved with establishing a lockdown procedure/ plan.
 - d) Provide generic planning checklists, actions cards and a plan template for local use in line with national guidance and best practice.

3. SCOPE

- 3.1 This policy applies to all premises, sites, buildings or other areas which are under the control of Trust staff. It requires all managers of such areas to work with the Health & Safety and the EPRR teams to prepare a procedure whereby the areas under the manager's control can be locked down when required. This may require collaborative working with other agencies or organisations.

4. DEFINITIONS

- 4.1 **Lockdown** – Process of controlling the movement and access – both entry and exit – of people (NHS staff, patients and visitors) around a Trust site or other specific Trust buildings or area in response to an identified risk, threat or hazard that might impact upon the security and/or safety of patients, staff and assets or, indeed, the capacity of that facility/service to continue to operate.
- 4.2 **Total Lockdown** - All perimeter doors/gates are secured and no one is allowed to enter or exit the facility. Security personnel or other designated members of staff will be assigned to key entrances and exits.
- 4.3 **Partial Lockdown** - Only a specific part of a facility/building will be locked down. Everyone will be directed towards specific pre-designated entrances and exits. Security personnel or other designated members of staff will control and screen who is allowed to enter or exit these areas as defined in this guidance.
- 4.4 **Controlled Lockdown: Exit Only** - Security personnel or other designated members of staff will control and screen who is allowed to exit the lockdown area as defined in this guidance.
- 4.5 **Controlled Lockdown: Entry Only** - Security personnel or other designated members of staff will control and screen who is allowed to enter the lockdown area as defined in this guidance.
- 4.6 **Controlled Lockdown: Entry and Exit** - Security personnel or other designated members of staff will control and screen who is allowed to enter or exit these areas.
- 4.7 **Threat** - Malicious event instigated by an individual or group which has the potential to cause loss or damage to an asset. This could include technological accidents or terrorists attack.
- 4.8 **Hazard** - Source of potential danger or adverse conditions. This could include natural hazards (e.g. flooding, storm).

5. DUTIES

- 5.1 In order to develop effective and robust arrangements, the Trust has identified a number of planning roles and responsibilities, including:
- 5.2 **Executive Director of Nursing and Operations (Accountable Emergency Officer)**
The Executive Director of Nursing and Operations has overall responsibility for:
- a) The development of effective lockdown procedures in any one of Mersey Care premises.

- b) Ensuring divisional service leads are taking appropriate action to maintain continuity of service and the safety and well-being of service users, staff and visitors

5.3 **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.

5.4 **Estates & Facilities Team**

The Estates & Facilities Team are responsible for:

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

5.5 **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 lockdown procedures.
- b) Providing advice and support, where appropriate.
- c) Liaise with the Local Security Manager Specialist for the development and maintenance of this policy.

5.6 **Security Advisor/Local Security Manager Specialist**

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

- a) Assist the Head of Risk & EPRR in the development and maintenance of this policy.
- 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) Provide technical advice to relevant managers, Directors and Trust on call Commanders, where appropriate

5.7 **Managers of Wards, Services and individual sites**

The Managers of Wards, Services and individual sites will:

- a) Work with their teams, estates representatives, and the LSMS to identify and document the critical assets within the site. A copy of them should be stored locally and shared with Health and Safety and EPRR team.
- b) Determine if a lockdown (partial or otherwise) is achievable.
- c) Develop a lockdown plan for their site/department, taking into consideration local circumstances, the services provided and in consultation with key stakeholders.
- d) Identify appropriate resources to undertake a lockdown.
- e) 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.
- f) Maintain the lockdown plan and forward a copy to both the LSMS and the Head of Risk and EPRR.

- g) Support Building/Site lockdown assessments.
- h) 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.

5.8 All Staff

- a) Familiarise themselves with local lockdown procedures and related action cards.
- b) Participate as required in the event of the implementation of a lockdown.
- c) Undertake relevant activities to support lockdown procedures (training, exercises, awareness sessions etc.)

6. PROCESS

6.1 Potential Threats

6.1.1 A wide range of threats and hazards should be considered during the development of lockdown plans. Below are some examples of potential threats and hazards to be considered.

Malicious threats to persons	Malicious threats to buildings and estates	Malicious threats to property	Potential lockdown hazards /causes
Violence against staff, patients and visitors	Vandalism	Theft of service assets and personal equipment	Flooding/Fire
Abuse against staff patients and visitors	Unlawful entry	Contamination of clinical supplies and products	Patient missing
Terrorism	Terrorism	Terrorism	Contamination * (HAZMAT/CBRN incidents)

***For incidents involving the contamination of persons following hazardous material, staff should also refer to the arrangements outlined in the Plan for the initial management of self presenters from incidents involving Hazardous Materials (IRP04)**

6.2 Types of Lockdown

- 6.2.1 The three key elements to consider when locking down an area are: preventing the entry, exit and movement of people in the area.
- 6.2.2 In preventing the entry, exit or movement of people, or a mixture of all three, the overarching aim of implementing a lockdown is to either exclude or contain staff, patients and visitors.
- 6.2.3 A lockdown may be either: partial, progressive or full.

6.3 Partial Lockdown (Static or Portable)

- 6.3.1 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
- 6.3.2 A partial lockdown can be static or part of a portable lockdown whereby an ongoing lockdown is moved from one location to another.

6.4 Progressive Lockdown

- 6.4.1 A progressive or incremental lockdown can be a step-by-step lockdown of a site or building in response to an escalating scenario.

6.5 Full Lockdown

- 6.5.1 A full lockdown is the process of preventing freedom of entry to and exit from an entire site or specific area, building or premises. 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.

6.7 Who Can Implement A Lockdown?

- 6.7.1 By its very nature a lockdown may have to be considered in a variety of situations, many of which require an immediate implementation and others which are in response to an emergency.
- 6.7.2 It is clear that if an incident is occurring externally to an area, the senior member of staff in the area should have the authority to make a decision to lock the area as an immediate response to protect patients, staff and others. Equally, a lockdown can be called by senior management as part of the major incident plan in response to a larger or impending risk.
- 6.7.3 Any lockdown will involve reporting to senior management (as per Trust Command and control arrangements) who decide if the lockdown should continue, and when it is to end.

6.8 Controlling Access & Human Rights Considerations

- 6.8.1 In the event of a lockdown all staff should note that although healthcare sites are open to the public and members of the public have an implied license to enter them, the owner/ tenant of the premises has the right to refuse access.
- 6.8.2 **Whilst NHS staff can provide directions to individuals within areas under their control (for example, stating which exit someone can use), it is unlawful to forcibly prevent exit (with the exception of service users legally detained).**
- 6.8.3 Nonetheless, there may be circumstances when a lockdown is desirable. If this occurs, staff can appeal to individuals to remain in the area identified for lockdown. If individuals chose to leave then a safe route must be available for them to do so.

6.9 Staff Deployment

- 6.9.1 The Trust does not employ security personnel. Arrangements for securing an area will

therefore depend on the availability of staff on site.

- 6.9.2 Any access controls should be utilised to speed up the process. A manual lockdown (using keys) should be undertaken as quickly and safely as possible. To speed up a manual lockdown, careful consideration needs to be given to the order in which doors and windows will be locked.
- 6.9.3 Senior staff should decide this based on the high risk areas within their premises, their use and accessibility to the public.
- 6.9.4 Ward staff will be responsible for controlling the movement of patients/visitors within their ward areas. Where possible, contracted security personnel may be positioned at the main entrances/fire exits of Trust hospital sites to explain the situation to people and request their co-operation.
- 6.9.5 The process for security personnel requests and staff with the appropriate authority to do that must be clearly explained in local plans.
- 6.9.6 It is important that some staff are positioned by the main exit doors as fire legislation may prevent these from being locked. Staff should remain calm and professional during the deployment in order to keep visitors and patients calm.
- 6.9.7 Once members of staff are in control of their areas they should communicate this to the Senior Manager. Communication links should be maintained at all times so that staff can be updated on the progress of the lockdown.

6.10 Guidance on Developing Plans for Lockdown

- 6.10.1 Creating a Lockdown procedure is a four step process;
- a) **Complete the Building Profile** – This will help assess the risks that are present, and the complexities of locking the building down.
 - b) **Choose the appropriate Lockdown Action Card** – The lockdown action card is an aide memoire for staff to use if a lockdown is required.
 - c) **Communicate with all the staff** – All staff should be aware of what is needed when a lockdown is required, this should be discussed at team meetings and regularly updated.
 - d) **Practice** –to ensure that the plan works and staff are aware of their duties lockdown exercise will periodically take place.
- 6.10.2 The appendices to this guidance will assist managers (working in conjunction with the Health and Safety and EPRR teams), to be able to develop a lockdown procedure for areas under their control

6.11 Identification of local Stakeholders

- 6.11.1 Stakeholders in this context are all persons / organisations who will be either instrumental in establishing an effective lockdown, or affected by the implementation of a lockdown. These stakeholders must be included in the planning process.

6.12 Lockdown of Shared (Non-Trust Owned) Community Premises

6.12.1 Where staff are based in the community providing healthcare service within the premises of other healthcare providers, all Mersey Care staff must:

- Adhere to the local policies and procedures of other employers/building owners. However managers must always keep in mind that the safety of patients under the care of Mersey Care is the responsibility of our staff.
- Cooperate with the emergency arrangements of other employers
- Inform MCFT of disruptions affecting service delivery and maintain contact with the Trust.

6.13 Building Profile (Appendix A)

6.13.1 Create a building profile to review the functionality and capability of locking down an area or premise either fully, partially or progressively. This will include:

- A full inventory of doors and windows,
- The amount of glazing and ability to resist a blast or forced entry
- The ability to control access either manually or automatically
- The building shape, height and condition for surviving a blast
- Whether it has a ventilation system which could spread a contaminant
- Where power supplies are housed

6.14 Refuge

6.14.1 As part of the assessment, a room should be identified which has a telephone, is lockable and ideally has minimal windows. This will be the safest area to set up a refuge in the event of a major assault against the premise. Although unlikely to be required, it is preferable to have identified this room prior to it being required.

6.15 Lockdown Procedure Checklist (Appendix B)

6.15.1 The Lockdown procedure checklist is an aide memoire to ensure that the manager creating the procedure has considered all aspects that may be required. If, after completing the checklist, any aspect has a NO answer, then this should be rectified and the checklist completed again until the answer is YES.

6.16 Lockdown action Cards (Appendix C)

6.16.1 Based on all available information gained from the assessments detailed above, it is recommended that the appropriate action card is utilised.

6.17 Creation of the Lockdown Procedures/Plans.

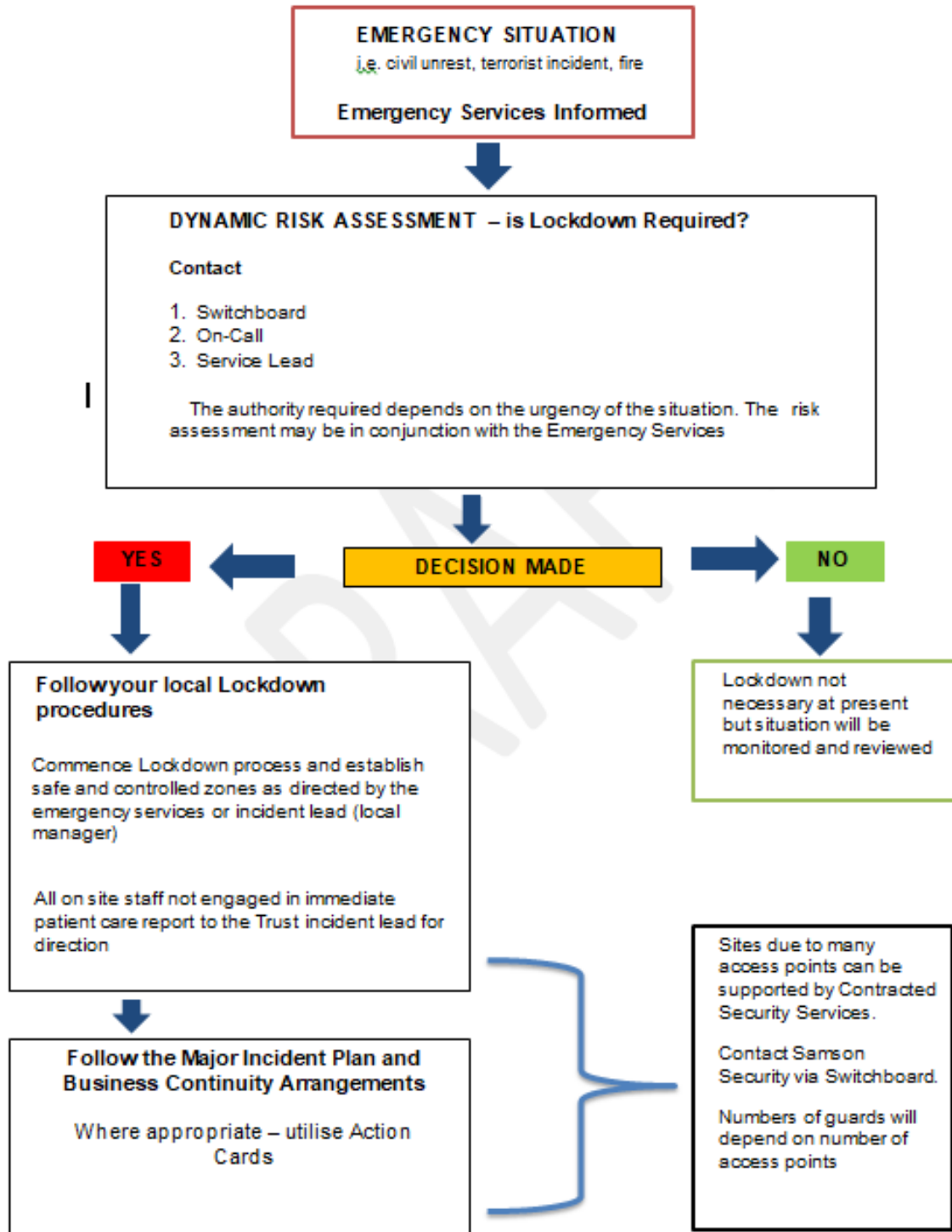
6.17.1 Each Trust premise, sites, building or area under a manager's control should be capable of quickly achieving a partial or full lockdown in the event of any given emergency. These arrangements will vary in complexity depending on the size of the area and the scale of the emergency.

6.17.2 For each premise, sites, building or area an assessment will be made on the capacity and capability to lockdown, which will feed into the creation of robust lockdown

procedures for that premise or area.

6.17.3 Staff responsible for the development of Lockdown procedures must consider existing alerting and escalation processes and trigger points that would initiate lockdown.

6.17.4 The flow chart below shows the immediate actions to be taken for initiating Lockdown which should be reflected in the Local lockdown procedure.



7. CONSULTATION

- 7.1 The following list of people have been consulted;
- a) Executive Director of Nursing and Operations
 - b) Head of Risk and EPRR
 - c) Associate Director of Estates and Facilities
 - d) Social Security Manager Specialist
 - e) EPRR Group

8. TRAINING AND SUPPORT

- 8.1 There are no specific training needs in relation to this policy, but the following staff will need to be familiar with its contents:
- Managers of Wards, Services and individual sites
 - Health & Safety Team
 - Estates & Facilities Managers
 - Any other individual or group with a responsibility for implementing the contents of this policy.

9. MONITORING

- 9.1 Characteristics of Lockdown processes will be monitored and analysed where appropriate.
- 9.2 Monitored information includes:
- (a) Reports on incidents that have invoked a lockdown response.
 - (b) Exercises completed (to help ascertain comprehensiveness).
 - (c) Training sessions completed
- 9.3 Lessons identified from incidents, training and exercises will be used to determine any amendments or inclusions required in business continuity plans and to identify gaps in communication and operational processes. All identified lessons will be presented to the EPRR group, will be cascaded to divisions via the EPRR leads and will inform the annual EPRR work plan.

10. EQUALITY AND HUMAN RIGHTS ANALYSIS

<p>Title: Lockdown policy and supporting guidance</p>
<p>Area covered: Trust Wide</p>

<p>What are the intended outcomes of this work?</p> <p>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.</p>
<p>Who will be affected All staff, visitors and service users and volunteers.</p>

<p>Evidence</p>
<p>What evidence have you considered? National guidance & Risk assessments</p>
<p>Disability (including learning disability) 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.</p>
<p>Sex Nothing noted</p>
<p>Race nothing noted</p>
<p>Age None noted</p>
<p>Gender reassignment (including transgender) Nothing noted</p>
<p>Sexual orientation Nothing Noted</p>
<p>Religion or belief Nothing Noted</p>

Pregnancy and maternity Include specific reference to the needs of people who may not be able to move easily around premises.
Carers <i>Nothing Noted</i>
Other identified groups Nothing Noted
Cross Cutting Nothing Noted

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

Engagement and Involvement <i>detail any engagement and involvement that was completed inputting this together.</i>

No engagement undertaken

Summary of Analysis

Eliminate discrimination, harassment and victimisation
n/a

Advance equality of opportunity
n/a

Promote good relations between groups
considered

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
No further actions

For the record
Name of persons who carried out this assessment:
Frank Westhead
Carlton Brooks
Christiana Vasiliou
Date assessment completed:
01/07/2019
Name of responsible Director:
Trish Bennett
Date assessment was signed:
02/07/2019

Appendix A – Building Profile

Site		Manager
Characteristics	Information Required	Status
Description of building's present use	What is it used for? Is it multi- occupancy?	Checked by:
	Is it an un-zoned area (i.e. unrestricted movement within the building)?	Date:
Basic Shape	Basic shape of the building	Checked by: Date:
Height of building, number of floors and their use	Include what each level and area of the building is used for	Checked by: Date:
Condition of the building	General description of the building	Checked by: Date:
Corridors	How many corridors?	Checked by: Date:
	Do they interconnect, where do they lead to?	
Access and egress points in the building	Number of access points and their location	Checked by: Date:
	Number of egress points and their location	
Car parking facilities for the building(s)	Number of spaces	Checked by: Date:
	How close are they to the main building?	
External and internal doors	How many doors facilitating access and egress are there?	Checked by: Date:
Refuge Safe Area	Is there a refuge safe area with a telephone, minimal windows and lockable door?	Checked by: Date:
Air conditioning facilities and	Where is it controlled from?	Checked by:

vents		Date:
	Who is responsible for maintaining it?	
	How quickly can it be turned off?	
Building power	How is it controlled?	Checked by:
	Is the power supply secure from tampering?	Date:
	Is there a generator on site?	
Who owns the property?	Who owns the property?	Checked by:
	If it is private property, can it be locked down?	Date:
Completed By:		Date:

Once completed, send a copy to the Health and Safety & EPRR Teams

Appendix B- lockdown procedure checklist

(To be completed by managers)

If the answer is **NO** to any of the below, create an action plan to rectify and then re-assess.

Manager of Ward/ Service/ individual site	Date:
PRELIMINARIES	Yes/No
Have you complete the building profile?	
Have you chosen the most suitable lockdown action card?	
Have you printed it off with the emergency plan action cards?	
Have you had discussions with other building occupiers?	
Are all staff in the building aware of the need to work together?	
Are the emergency action plan / policy in a readily accessible location?	
Is there a building manager?	
ASSESSMENT	
Are all the doors lockable?	
Are all the windows lockable?	
Is your power supply protected as much as practicable?	
Do you know how to turn off the air conditioning system? (if fitted)	
Have you designated a single entrance for use in emergencies?	
KNOWLEDGE	
Have all staff been notified of lockdown and what it is?	
Do the staff know where the emergency and lockdown action cards are?	
Do the staff know who is to take charge if the manager is absent?	
Do all staff know where the designated refuge office is (land line, mobile friendly and lockable)?	
Do the staff know who to report to?	
CHECKING	
Testing your lockdown procedures (suggest the same time as your emergency plan test)	
Have you chosen a date and time?	
Have you informed the emergency planning officer and the security advisor?	
Have you arranged a debrief meeting?	
PROCEDURE	
Is there a fast and effective process for notifying all the staff of a lockdown?	
Do staff have access to the lockdown action cards?	
Do staff know which windows and doors they are responsible for?	
Do staff know which door is to be manned to control access and exit?	
Do staff know how they will be communicated a lockdown instruction?	

Appendix C – Action Cards

Action card 1 - Managers of Wards, Services and individual sites

Communicate Lockdown Status (Control)	Completed
Lockdown instruction received, authorised by (identify Authoriser). Confirm the reasons why and the level of risk	
Follow the Trusts Major Incident Response Plan – Start incident log/book	
Communicate instructions to all staff to “Lockdown”	
Ensure “this is not a drill / practice” is communicated	
Implement Assigned Responsibilities (Control)	Completed
If required, call 999 and request assistance as needed	
If required, call Estates and Facilities and request contracted security service	
Out of Hours, notify the Trust On-Call Director of ward /building status	
During normal working hours notify the Trust Director, Emergency Planning Officer, LSMS of Ward status	
Lock all exit / entry (external windows and doors) points leading into the building and to the wards	
Assign duties to staff the main access point for emergency access via identity card only (excluding Chemical, biological, Radioactive or Nuclear (CBRN) incident)	
Assign duties of controlling exit/entry from the building where service users and visitors are present. (Contracted security service can take over these duties)	
Provide safe area in building for visitors and service users (this could be the canteen, reception area, waiting lounges or a large meeting room close to a final exit door). Allocate staff to stay with visitors at all times until stand down declared	
If visitors wish to leave assess the situation and provide safe exit route	
Notify and maintain regular contact with service Director / senior manager of on-going status	
Maintain a log of events, actions and instructions	
Await further instructions	
Change of Shift	Completed
If possible make contact with oncoming shift as they may be denied access	
Make arrangements for staff staying on shift longer than anticipated	
Maintain patient comfort	
Recovery	Completed
Resume normal operations ASAP, remove barriers, un-lock doors	
Provide advice and support to staff, visitors and service users	
Ensure any after care where required and debriefings are carried out	
Record incident on Local Incident Management System (Datix/ Ulysses)	

Action card 2 – Community sites

Communicate Lockdown Status (Control)	Completed
Lockdown instruction received, authorised by (identify Authoriser). Confirm the reasons why and the level of risk	
Follow the Trusts Major Incident Response Plan – Start incident log/book	
Communicate instructions to all staff to “Lockdown”	
Ensure “this is not a drill / practice” is communicated	
Implement Assigned Responsibilities (Control)	Completed
During normal working hours notify the Trust Duty On-Call Director, Emergency Planning Officer, LSMS of building status	
Lock all exit / entry (external windows and doors) points leading into building	
Assign duties to man the main access point for emergency access via identity card only (excluding Chemical, biological, Radioactive or Nuclear (CBRN) incident)	
Assign duties of controlling exit/entry doors from the building where service users and visitors are present	
Assign duties to prevent vehicle access on to car parks (do not compromise staff safety)	
If safe to do so maintain visitors in the building until stand down	
Locate visitors in one area / room and provide close supervision	
Brief visitors on incident and inform to stay for own safety	
If visitors wish to leave assess the situation and provide safe exit from the building	
Notify and maintain regular contact with service Director / senior manager of ongoing status	
Maintain a log of events, actions and instructions	
Await further instructions	
Recovery	Completed
Resume normal operations ASAP, remove barriers, un-lock doors	
Provide advice and support to staff, visitors and service users	
Ensure any after care where required and debriefings are carried out	
Record incident on Local Incident Management System (Datix/ Ulysses)	