

TRUST-WIDE DOCUMENT

Plan for the initial management of self presenters from incidents involving Hazardous Materials

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TRUST-WIDE DOCUMENT

2019– Version 3

Striving for Perfect Care
and a Just Culture

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Plan for the initial management of self presenters from incidents involving Hazardous Materials

Further information about this document:

Document name	(IRP04) Plan for the initial management of self presenters from incidents involving Hazardous Materials Version 3/ 2019	
Document summary	The purpose of this Procedure is to provide clear guidance for the response to an incident involving Hazardous Materials (HAZMAT) of Chemical, Biological, Radiological or Nuclear (CBRNE) materials which may result in contaminated self -presenters arriving at a Trust venue seeking assistance.	
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To be read in conjunction with	Lockdown Policy EP03 Local lockdown procedures Major Incident Plan IRP00 Business continuity plans	
This document can be made available in a range of alternative formats including various languages, large print and braille etc		
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Version Control:

Version History:		
Version 1	EPRR Group	June 2016
Version 2	EPRR Group	May 2018
Version 3	Reviewed based on 2019 NHS England Guidance	August 2019

SUPPORTING STATEMENTS

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

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Trust employees have a statutory duty to safeguard and promote the welfare of children and 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 organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

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

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

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

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

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1. INTRODUCTION

- 1.1 This plan forms part of the Trust's routine contingency planning and seeks to address the requirement under the Core EPRR Standards to Mental Health and Community providers to have a plan for the management of Hazardous Materials (HAZMAT) and Chemical, Biological, Radiological and Nuclear (CBRNE) incidents; it is underpinned by the Trust's Business Continuity strategy and a delivery programme, articulating the scope and process that will be undertaken to embed Business Continuity into the culture of the Trust.
- 1.2 This document is not intended to be exhaustive or restrictive and does not preclude the innovative use of strategies, plans which are lawful, human rights compliant and which have been adequately risk-assessed. This document seeks to establish a common framework that is flexible enough to be adapted to local circumstances and specific problems. No plan or guidance can cover every eventuality, so it is crucial that staff exercise their professional judgement in dealing with any such incident.

2. BACKGROUND

- 2.1 Experience from hazardous or potentially hazardous incidents demonstrates large numbers of people may leave the scene without first coming into contact with the responding emergency services. Later, as a result of developing symptoms, or as a result of widespread media coverage, they may self present at any health facility displaying an NHS logo in search of treatment, advice and reassurance.
- 2.2 A proportion of these people will not have been contaminated, but are concerned about their possible exposure to toxic substances. However, some will have been exposed and may need treatment, and may retain a degree of contamination on their bodies or clothing, posing a risk to healthcare staff and any members of the public that they come in to contact with.
- 2.3 Caustic material (acid) attacks, the Eastbourne gas cloud in 2017 and the Salisbury nerve agent incident in 2018 have demonstrated the importance of early intervention. The 'Remove, Remove, Remove' campaign details the importance of removal of clothes and prompt removal of the substance. These practical steps are aimed at public bystander first aid – but have equal importance at any healthcare facility.
- 2.4 It is likely that the resources of the emergency services would be fully committed at the scene of any incident. All healthcare facilities should, therefore, plan for unsupported management of self-presenters in the initial stages; where they may need to initiate improvised or interim decontamination, obtain specialist advice and provide information to keep people calm whilst waiting for support from the emergency services or establishing specialist decontamination units (acute trusts with Emergency Departments only).
- 2.5 The initial operational response (IOR) was developed in 2014/15, and is a first aid measure applicable to contaminated casualties. Elements of the IOR are described later in this guidance, and relate to actions that are quickly and easily achievable across any healthcare setting in the absence of any specialist knowledge or equipment.
- 2.6 Research and guidance carried out in 2014 has provided further evidence that undertaking simple measures, such as undressing as early as possible, can dramatically reduce the level of exposure, and subsequently improve overall patient outcomes.

3. SCOPE

- 3.1 The purpose of this document is to assist healthcare facilities or NHS branded buildings where patients may present to plan for and respond to self-presenters from a hazardous materials (HAZMAT) or chemical, biological, radiological, nuclear or explosive (CBRNE) incident. In these incidents there is a need to care for potentially contaminated patients, but also to be aware of the risk to staff and others from secondary contamination.
- 3.2 This plan is a Trust-wide document and applies equally to all members of staff, whether permanent or temporary.

4. AIM & OBJECTIVES

- 4.1 To enable staff to initiate care for people self presenting as a consequence of any incident where a person or persons has been contaminated with or by a known or unknown substance likely to be hazardous to health; at the same time as protecting staff, existing patients and property from secondary contamination.

4.2 Objectives

- a) To ensure the appropriate preparations are considered in the event of a HAZMAT/ CBRNE incident.
- b) To enable a rapid response at the site and ensuring the correct organisations/agencies are informed accordingly.
- c) To ensure the health and safety of those responding to a HAZMAT incident
- d) To reduce the spread of or protect facilities from contamination.
- e) To safeguard the environment
- f) To facilitate judicial, public, technical or other enquiries

5. ROLES AND RESPONSIBILITIES

5.1 Executive Director of Nursing and Operations (*Accountable Emergency Officer*)

- 5.1.1 The Executive Director of Nursing and Operations has overall responsibility for:
- The development of appropriate arrangements for the initial management of self presenters from incidents involving hazardous materials in any one of Mersey Care premises.
 - Ensuring divisional service leads Directors are taking appropriate action to maintain continuity of service and the safety and well-being of service users, staff and visitors
 - Ensuring situation reports are prepared and internal and external stakeholders are briefed.

5.2 Associate Director of Estates & Facilities

- 5.2.1 The Associate Director of Estates & Facilities is responsible to:
- Lead on issues relating to the functionality of Trust buildings and building resilience.
 - Provide advice on the structure and internal systems that operate within any Trust building or building used by Trust staff.
 - Determine the methodology for the different stages of lockdown (partial, progressive, full) and how to achieve success for each of these stages.

- Providing guidance over the characteristics that will influence the ability of any building/site to effectively lockdown and the resources required to do so.

5.3 **Divisional Chief Operating Officers/ Associate Directors**

5.3.1 Divisional Senior managers are accountable for:

- a) Ensuring that divisional lockdown procedures in their areas are in place and fit for purpose.
- b) Ensuring that the appropriate staff are aware of on the Initial Operational Response (IOR)
- c) Support building/site managers/teams with the development of their lockdown processes and procedures.

5.6 **Communications Team**

5.6.1 The Communications and Engagement Team are responsible for:

- a) The Trust Communications and Engagement Team will help to ensure that a controlled message is broadcast to staff, patients and visitors within the Trust and to the outside world, informing them of the current situation.
- b) Developing communication messages for media and external stakeholders as appropriate.

5.7 **Head of Risk and EPRR**

5.7.1 The Head of Risk and EPRR is responsible for:

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

5.8 **On call managers**

5.8.1 All on call managers at all tiers must be familiar with the contents of this plan and ensure that the appropriate response is initiated both from bottom up and top down.

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

5.9.1 Managers of Wards, Services and individual sites are responsible for:

- a) The development of lockdown processes and procedures
- b) Ensuring that staff in their areas are familiar with local lockdown procedures and the Initial Operational Response process.
- c) Have completed all necessary preparations for the building and staff in their areas, including training on this plans' arrangements and assembling response boxes.
- d) Monitoring the contents of response boxes and ensuring their maintenance.

5.10 **All clinical and non clinical staff**

5.10.1 All staff must ensure that

- a) They are familiar with the lockdown procedures of their area
- b) Are aware of where response boxes in their areas are held and their contents
- c) They are familiar with the Initial Operational Response

6. PLAN ACTIVATION

6.1 This plan will be activated when:

- An individual involved directly or indirectly with a HAZMAT incident presents at one of the Trust's non secure buildings.
- A Major Incident or Major Incident standby is declared from another category 1 responder e.g. Merseyside Police, North West Ambulance Service, Liverpool City Council, and Acute Trusts. In this instance, the arrival of a known contaminated individual is likely to occur.

7. ALERTING AND ESCALATION

7.1 Given the nature of a HAZMAT /CBRNE incident and its possible impact on services continuity, urgent and clear escalation is important. Staff should escalate to the ambulance service via 999. Call handlers for the ambulance service will be able to offer guidance to aid the local response while waiting for an ambulance to arrive.

7.2 Staff must utilise existing internal escalation processes via an on call system for major or critical incidents, alongside normal line management escalation to allow appropriate plans to be enacted, such as an organisation's major incident or business continuity plans.

8. COMMAND AND CONTROL

8.1 Command, control and incident coordination will follow the Trusts' existing response arrangements as outlined in the organisations' Major Incident Plan.

9. PLANNING

The successful implementation of this plan depends on the preparation of buildings and staff (Appendix A).

9.1 Preparing premises

9.1.1 Premises should be assessed to determine how the plan will be implemented. Local plans will need to consider how to isolate potentially contaminated patients from others and link to local lockdown arrangements.

9.1.2 Divisions may wish to identify areas of their premises where IOR activities can take place. This would include access to clean running water and be considerate of patient modesty. Such areas could be marked with zones for patients to disrobe and then move to, making communication easier.

9.1.3 An incident of this nature has the potential to be disruptive and may result in the affected premises being compromised for a period of time. Site preparations will need to link to the organisation's business continuity arrangements to mitigate this.

9.2 Equipment & Supplies

9.2.1 These arrangements and the Remove, Remove, Remove model do not require staff members to wear specialist protective equipment nor does it require specialist decontamination equipment for the patient to use.

9.2.2 It is recommended though that a response box is prepared for each site which will contain the necessary equipment and supplies for the implementation of IOR.

10. RESPONSE

The response may be initiated by the identification of a single patient or potentially by the use of the STEPS 1-2-3 plus protocol.

It is advised that all reception areas and staff rooms have a copy of the first contact action card and the Initial Operational Response aide memoire (Appendix C & D).
These documents are not for public display.

10.1 STEPS 1-2-3 plus

10.1.1 The Emergency Services use the STEPS 1-2-3 plus process as a recognition and risk assessment tool. If one incapacitated patient is encountered with unexplained symptoms then they are treated using NHS universal precautions. If two incapacitated patients are encountered together with unexplained symptoms they are treated with caution and a high index of suspicion of contamination using NHS universal precautions. When three or more incapacitated patients are encountered together with unexplained symptoms the staff withdraw to a safe distance and call for specialist resources and advice. At the same time the plus element indicates the instigation of IOR.

10.2 Initial Operational Response (IOR)

10.2.1 The IOR model - Remove, Remove, Remove describes a set of actions to be taken by a staff member in the event of encountering potentially contaminated patients. A key aspect of the model is guided self-care which means that the staff member is not required to touch the individual or their clothes.

10.2.2 To reiterate, the IOR actions are summarised below:

Tell those affected to:

A. Remove them selves... from the immediate area to avoid exposing others.

Fresh air is important.

- If skin is itchy or painful find a water source

B. Remove outer clothing... if affected by the substance advise the person to:

- Avoid pulling clothing over the head, if possible
- Not eat, drink or smoke
- Not pull off clothing stuck to skin

C. Remove the substance... from the skin using a dry absorbent material to either soak it up or brush it off – for example blue roll or kitchen towel.

- Only rinse with water if the skin is itchy or painful.

10.2.3 Remove them selves

- Potentially contaminated patients that self-present should be isolated from other patients and staff members. A safe area, preferably outside, should be identified as ventilation is important.

- If possible, the area should have a source of clean water however water should not be routinely used unless the contaminant is caustic and causing pain to the individual or if the agent is known to be biological or radioactive in nature. If water is used then it should be used from the head down, with contaminated skin areas being doused first.
- It is important that staff members clearly communicate what is being done to help the individual and how they can help themselves. This will help foster the individual's confidence in the staff member and help promote compliance with the process.

10.2.4 Remove outer clothing

- Scientific research has shown that the majority of skin surface contaminants are removed if disrobing, followed by appropriate decontamination, is done effectively.
- Undressing should be systematic to avoid transferring any contamination from clothing to the skin. Any clothing that has adhered to the skin should not be forcibly removed. Where possible clothing should be removed from the top down and nothing should be pulled over the head. Scissors (if available) should be passed to patients to cut clothing from the body.
- Staff members should consider the potential for hypothermia, modesty concerns and respect individual's cultural or religious beliefs. If available, alternative clothing or blankets should be provided.
- Staff members should communicate:
 - Why and how casualties need to be disrobe and decontaminate themselves
 - That those who are capable should assist others who are injured or less able to carry out tasks - if they can and risk of cross contamination is low
 - That more help is coming and not to leave the area
 - Not to eat, drink or smoke and avoid touching their face due to the risk of ingesting or transferring hazardous materials
 - Consider all options to communicate the message including providing demonstration of how to disrobe and undertake dry decontamination.
- It is essential for crime scene investigation purposes that contaminated waste materials and clothing are contained in bags and left for a potential police investigation team. This however should be a secondary concern to the rapid disrobing, decontamination and treatment of casualties.

10.2.5 Remove the Substance

- Decontamination must be performed on all disrobed individuals unless medical advice is received to the contrary. Dry decontamination should be undertaken unless the casualties are demonstrating signs or symptoms of exposure to caustic or irritant substances (for example, redness, itching and burning of the eyes or skin). Dry decontamination requires exposed skin surfaces to be blotted and lightly rubbed with any available dry absorbent material such as paper tissue, clean cloth, etc.
- All waste material arising from decontamination should be left on the ground/floor or if possible bagged for disposal at a later stage. This should only be done by the casualties.

- Depending on the nature and extent of contamination wet decontamination may be needed to decontaminate hair. However, the critical steps of rapid isolation, disrobe and dry decontamination should NOT be substituted or delayed whilst interim wet decontamination is established. Whether wet decontamination follows dry decontamination should be the subject of a dynamic risk assessment by the staff member as the nature and extent of contamination will be context-specific.
- Water should only be used for decontamination where the casualty's signs and symptoms are consistent with exposure to caustic substances (itching or burning) such as acids or alkalis or the contamination has been identified as biological or radiological in nature. Wet decontamination may be performed using any available source of water such as taps, showers, fixed installation hose reels, sprinklers, etc.
- When using water, it is important, to use a washing aid such as a cloth or sponge. Improvised decontamination should not involve overly aggressive methods to remove contamination as this could drive the contamination further into the skin and be delivered for a minimum of 90 seconds.

11. TRAINING AND SUPPORT

- 11.1 Training will take place on a regular basis for those officers likely to be called on to lead the Trust's response at Corporate, Divisional and Department levels. Operational training will be defined by agreement with the departmental managers and exercises held to familiarise them with the content of the respective plans.

12. MONITORING

- 12.1 Characteristics of the heatwave plan will be monitored and analysed where appropriate.

- 12.2 Monitored information includes:

- (a) Number of incidents that have invoked a formal response.
- (b) Number of exercises completed (to help ascertain the comprehensiveness).
- (c) The Executive Director of Nursing & Operations will provide assurance that effective arrangements are in place to the Board of Directors and NHS England as part of the annual self assessment on the EPRR Core standards.

13. CONSULTATION

- 13.1 The following Trust representatives have been consulted in the development of this plan:

- a) Infection Prevention and control team
- b) Estates & Facilities team
- c) Walk In Centres Service Leads
- d) EPRR Group

APPENDIX A - KEY PREPARATIONS FOR STAFF AND BUILDINGS

PREPARING THE BUILDING	
Actions	Responsibility
Identify how you would lockdown areas to protect staff, patients and third parties.	EPRR Leads, Managers of Wards, Services & Individual sites
Produce a BRIEF local lockdown procedure, starting with reception and train staff in its use.	
Identify an 'isolation room' where you can isolate people who self-present having been potentially exposed to a hazardous substance(s) or presenting with an unusual illness.	
Identify a clean area for decontaminated persons.	
Produce signage for the front of the building, entrance area, reception area and isolation area to direct staff, patients and third parties away from a potentially contaminated area(s).	
CONSIDERING MANAGEMENT & LOGISTICS	
Actions	Responsibility
Agree local management arrangements with senior clinical staff – who will take charge during an incident?	EPRR Leads, Managers of Wards, Services & Individual sites
Check the action cards are appropriate for the service and/or building.	
Prepare a response box per Walk in Centre. To be held SECURELY in the most appropriate place stored with grab bag	
A Map – simple drawing of the building layout indicating: (1) The isolation area, (2) 'clean' area; (3) where doors are to be locked and nearest fire exits and toilets during lockdown; (4) points for pre-prepared signage.	
B Laminated signage - indicate on the reverse side where the sign should be placed.	
C Action cards – clearly identify who will do what, where and when.	
D Pre-printed patient/third-party contact forms	
E Personal protective equipment - nitrile gloves, aprons, mask (highest specification possible), paper towels, tissues, detergent wipes, goggles, paper suits, overshoes, bags with seals, small bags for personal belongings and labels.	
F Relevant contact number on a laminated sheet – consider who you need to inform (line manager, team etc.) and who can provide advice and guidance.	
PREPARING STAFF	
Actions	Responsibility
Ensure all staff in particular frontline staff know how to: - assess related risks; - lockdown the building with minimum staffing (who performs what role); - obtain expert advice through the Trust; - keep patients and third parties informed.	EPRR Leads, Managers of Wards, Services & Individual sites
Ensure all staff know where to find the response box and what it contains.	
Ensure all staff are aware of the isolation procedures and protocols for assessing and managing (potentially) contaminated staff, patients and others.	

Train administration staff in how to support frontline staff.	
Rehearse procedures with frontline staff - to minimise the risk of cross-contamination.	
Rehearse the scenarios involving lockdown and managing self-presenters from an incident involving hazardous materials regularly as part of business continuity exercises.	
Review PPE regularly and check the condition and expiry dates of items in the response box.	
Update action cards if any significant changes occur.	

THIS CENTRE IS CLOSED



If you have been in an incident involving chemicals please ring **(add reception number)**

If you have not been involved in an incident, please go to the nearest Walk in Center which is:

.....

**PLEASE DO NOT ENTER
RECEPTION AREA.**



**IF YOU NEED TO LEAVE THE BUILDING,
PLEASE USE THE EMERGENCY EXITS**

APPENDIX B - ACTION CARDS: THE WALK IN CENTRES EXAMPLE

ACTION CARD 1: WALK IN CENTRE RECEPTION AREA/ SHIFT COORDINATOR

This action card is to be used when a patient or a number of patients have been involved in an incident involving hazardous material and they find themselves at the Walk in Centre to ask for medical help.

1	Symptoms to look for: itchy skin, watering eyes, respiratory problems, dizziness or nausea.
2	Reception staff to alert shift coordinator using internal communication system and follow any advice provided - Shift coordinator to alert service lead/ on call
3	Call 999 for the ambulance service. Follow specialist advice provided (Note: the ambulance service will inform other agencies as appropriate)
4	Consider yourself and others close by as contaminated.
5	Lockdown reception area – see locally developed lockdown plan
6	Prevent other staff (and patients) from entering reception area
7	Reception to inform staff in other areas of WIC of the situation via phone.
8	Follow Initial Operational Response steps (remove- remove, remove)
	REMOVE: themselves from the immediate area – each WIC to use triage except Garston (use back office)
	REMOVE: outer clothing
	REMOVE: the substance
9	Open response box
	A Put on personal protective equipment (PPE)
	B Put up pre-printed laminated signs 2
10	Advise anyone in the building that help is on the way
11	Record details of ALL PERSONS PRESENT on the patient contact template
12	Wait for assistance
13	Keep patients informed and cancel non urgent appointments

ACTION CARD 2: SERVICE MANAGER/ ON CALL (TACTICAL LEVEL – SILVER)

A Walk in Centre member of staff has contacted you as they are suspicious that a patient or a number of patients have been involved in an incident involving hazardous material and they found themselves at the Walk in Centre to ask for medical help.

1	Gather as much information as possible from staff about self presenters' stories and symptoms (itchy skin, watering eyes, respiratory problems, dizziness or nausea)
2	Conduct a dynamic risk assessment (see overleaf for template) – Note down in writing the key facts
3	Confirm that emergency services (999) will be contacted immediately. Agree with staff that will be doing this. Use M/ETHANE (see overleaf)
5	Confirm that the following will take place as a matter of priority:
	A Reception area is locked down
	B Other staff are prevented from entering reception area
	C Confirm that the patient is isolated
	D Remind staff on the phone that if they have come in contact with contaminated persons they should consider themselves contaminated as well.
	E Ensure shift coordinator is aware of the situation and has set up the appropriate mechanisms to manage the incident without putting themselves or others at risk.
6	Contact the following teams and inform them about the incident
	<ul style="list-style-type: none">• All levels of on call –CCG & NHS England to be informed by a strategic manager• Communications Team• Estates & Facilities Manager• Other Walk in Centres• Neighbouring services
7	Consider activation of the Incident Room
8	Agree timeframe for situation reports by the manager at the affected area.
9	Consider the appropriateness of staff arriving on shift if the building is contaminated
10	HAZMAT / CBRNE incidents may lead to heightened levels of psychological stress amongst staff, together with any potential additional physical impacts related to decontamination. Ensure that staff's wellbeing is considered both during and post incident.
11	Consider the impact on vulnerable patients who were present at the time of the incident.



M	MAJOR INCIDENT	Has a major incident or standby been declared? (Yes / No - if no, then complete ETHANE message)
E	EXACT LOCATION	What is the exact location or geographical area of the incident?
T	TYPE OF INCIDENT	What kind of incident is it?
H	HAZARDS	What hazards or potential hazards can be identified?
A	ACCESS	What are the best routes for access and egress?
N	NUMBER OF CASUALTIES	How many casualties are there, and what condition are they in?
E	EMERGENCY SERVICES	Which and how many, emergency responder assets/personnel are required or are already on-scene?

APPENDIX C - INITIAL OPERATIONAL RESPONSE REMOVE AIDE MEMOIRE

If you think someone has been exposed to a **HAZARDOUS SUBSTANCE**

Use caution and keep a safe distance to avoid exposure yourself.

TELL THOSE AFFECTED TO:

<p>REMOVE THEMSELVES... ...from the immediate area to avoid further exposure to the substance. Fresh air is important. If the skin is itchy or painful, find a water source. REPORT... use M/ETHANE</p>	<p>REMOVE OUTER CLOTHING... ...if affected by the substance. Try to avoid pulling clothing over the head if possible. Do not smoke, eat or drink. Do not pull off clothing stuck to skin.</p>	<p>REMOVE THE SUBSTANCE... ...from skin using a dry absorbent material to either soak it up or brush it off. RINSE continually with water if the skin is itchy or painful</p>

REMEMBER: Exposure is not always obvious. **SIGNS CAN INCLUDE:**



The presence of hazardous or unusual materials.

A change in environment, such as unexplained vapour, odd smells or tastes.



Unexplained signs of skin, eye or airway irritation, nausea, vomiting, twitching, sweating, disorientation, breathing difficulties.

APPENDIX D - FIRST CONTACT ACTION CARD

Emergency actions when managing potentially contaminated patient(s) in any healthcare setting. Tell those affected to:



REMOVE THEMSELVES

...from the immediate area to avoid further exposure to the substance or exposing others. Fresh air is important. If the skin is itchy or painful, find a water source.



REMOVE OUTER CLOTHING

...if affected by the substance. Try to avoid pulling clothing over the head. Do not smoke, eat or drink. Do not pull off clothing stuck to skin.



REMOVE THE SUBSTANCE

...from skin using a dry absorbent material to either soak it up or brush it off. Rinse continually with water only if the skin is itchy or painful.

Additional guidance relating to REMOVE, REMOVE, REMOVE:

REMOVE or ISOLATE	Reassure patient(s), direct outside if feasible or move to isolation area, limit their movement, do not touch
CONTAIN	Consider need for lockdown, limiting access and egress, switch air conditioning off
ALERT	Dial 999 for ambulance, provide details of substance if known, symptoms and numbers of casualties, follow internal alerting process
DISROBE	Instruct patient to REMOVE outer clothing, not to eat, drink or smoke (avoid pulling clothes over-head, do not to pull off if stuck to the skin)
ASSESS	REMOVE the substance from the skin using either dry, absorbent material or water dependant on:

<u>IF THE SUBSTANCE IS BURNING OR IRRITATING THE SKIN</u>	<u>IF THE SUBSTANCE IS NOT BURNING OR IRRITATING THE SKIN</u>
<ul style="list-style-type: none"> • DO NOT touch the patient(s) • Provide / direct patient(s) to clean, running water source • Instruct patient(s) to begin rinsing affected areas starting with hair, (head back) hands, face working down and away from body for minimum of 90 seconds • Instruct patient(s) to place all used waste in waste bags / bins and isolate • Attempt to maintain privacy and dignity and follow any other specialist advice • Observe for signs of effects of substance on non-exposed personnel 	<ul style="list-style-type: none"> • DO NOT touch the patient(s) • Provide blue / white tissue roll or other absorbent material • Instruct patient(s) to blot and rub exposed skin surfaces in a non-vigorous manner. Start with hair (head back), hands, face working down and away from body • Instruct patient(s) to place all used waste in waste bags / bins and isolate • Attempt to maintain privacy and dignity and follow any other specialist advice • Observe for signs of effects of substance on non-exposed personnel