**Appendix 2**

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| ***(Insert Service / Team / or Site Name)* Business Continuity Action Cards**  |

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| **Division** |  |
| **Department / Team** |  |

|  |  |
| --- | --- |
| **Date:** |  |
| **Version:** | Draft 0.1 |
| **Service/team or Site Business Continuity Plan Owner** (person responsible for updating the plan): |  |
| **Review Date:** |  |

**Version Control and Summary of Changes**

|  |  |  |
| --- | --- | --- |
| **Version****number** | **Date** | **Comments****(description change and amendments)** |
| 0.1 | April 2016 | First Draft Template  |

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| **EVACUATION / RELOCATION OF STAFF / SERVICE DELIVERY TO ALTERNATIVE LOCATION - INCLUDING:-*** **DEMARKED ALTERNATIVE / BACK UP LOCATION**
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* **Staff Needed to Maintain Patient Care / Service Delivery**
* **Telecommunications / IT Resources required for the Recovery of Service Delivery**
* **Access to Records / Files / IT Clinical Systems or databases to Support Service Delivery**
 |  |
| **LOCALLY SPECIFIC ACTION CARD** |  |

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| **Appendix 1:** | **Team Contact Numbers** |
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**A1: Purpose of this Plan**

A major or prolonged disruption to service delivery could impact on the health, safety, comfort, and well-being of patients and service users. Any disruption could lead to media interest and also impact on the Trust’s reputation; finances and contractual or commissioned responsibilities and obligations.

The purpose of these action cards are to provide clear guidance to managers and staff so that they may implement immediate actions to prevent or minimise any impact on patient care following a disruption to business continuity. A copy of these actions cards should be within reach of staff at key locations such as

**A2: Responsibilities**

**The Plan Owner is responsible for:-**

* Amend the plan to reflect local needs.
* Maintaining and updating this plan, including at least at annual review.
* Ensuring that staff and especially those with responsibility to manage the response to a disruption to business continuity know how to utilise this plan.

**All staff are responsible for:-**

* Ensuring they know their responsibilities under the Business Continuity Plan.
* Support senior members of staff from within the team / service area during the response to a disruption.

**A3: Plan Review**

The Plan Owner is responsible for updating the Business Continuity Plan for their service area on an annual basis and also:

* In line with lessons learnt from an incident or test of the plan;
* Following changes to the role or function of the service; and
* On receipt of new guidance.

The Plan Owner in liaison with colleagues should use the template in Appendix 3 to review the lessons learnt in the response to a business continuity disruption.

**A4: Testing the Plan**

The Plan Owner should aim to test the plan on an annual basis to ensure that that it will deliver an effective response to an incident or disruption. Advice and guidance can be provided by LPT’s Emergency Planning Manager.

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| **KEY CONTACT NUMBERS** |

**C1: Contact Numbers for Key Managers / Staff**

**Note: List Service Area / Team staff contact numbers in Appendix 1.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Service Area / Role** | **Work Tel no** | **Mobile** | **Personal** |
| ***On-Call Manager*** |  |  |  |  |
| **SCHT Switchboard** |  |  |  |  |

**C2: Contact Number for Reporting Faults at SCHT premises**

|  |  |  |
| --- | --- | --- |
| **Organisation** | **Support Provided** | **Contact Numbers** |
| **Estates** | **Estates / Facilities / House Keeping** |  |
| **IT Help Desk** | **IT / Telephone** | **0800 181 4050** |

**C3: Emergency Numbers**

|  |  |  |
| --- | --- | --- |
| **Reason** | **Organisation** | **Contact Numbers** |
| **Urgent incident** | **Police / Fire / Emergency Ambulance** | **999** |
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| **ACTION CARD: LOSS OF / SHORTAGE OF STAFF / INABILITY OF STAFF TO GET TO WORK** |

**ALL INCIDENTS ARE REPORTABLE AND AN DATIX IS TO BE COMPLETED**

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| --- |
| **Likely Impact:*** Impact on patient care.
* Unsafe levels of staffing.
* Patients within unit without staff member.
* Inability to provide community visits.
* Unable to respond to high risk situations.
 |

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| --- | --- | --- |
| **Contact Details** | **Office Hours** | **Out of Hours** |
| **Team Manager/Ward Matron/*amend as appropriate*** | *Add local contact* | N/A |
| **Senior Manager on-call** | N/A |  |

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| --- |
| **ACTIONS *(delete / amend as appropriate)***  |
| 1 | Establish what has caused the impact on staffing and determine the impact on service delivery and patient care. |
| 2 | Inform Team Manager / Locality Manager / Manager On-call *(amend as appropriate)* to discuss appropriate mitigation measures. E.g:-* Suspend Non-Critical Patient Care Functions to free staff up to cover shortage.
* Relocate staff from other teams / sites.
* Request use of Bank / Agency staff.
* Contact other staff from the team for their availability
* Prioritise visits to those patients at greatest need.
* Contact patients by phone if a visit cannot be made to assess their condition and welfare.

Ensure senior managers receive regular progress updates. |
| 3 | * If problem is due to severe weather or transport problems – look to local staff to come in or carry out visits to high risk patients in the area in which they live. Refer to Action Cards for Adverse Winter Weather and Transport Disruption.
* Contact other staff from the team for their availability.
 |

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| **COMMUNICATION CONSIDERATIONS** |
| 1 | If necessary Inform patients / service users / key partners / other teams / departments of the disruption to service delivery. |
| 2 | If disruption to the department / building is likely to be prolonged and it is important that other areas are aware of the disruption. Contact the Communications Team and request that an all staff e-mail is circulated. |

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| **ACTION CARD: LOSS OF IT *(Amend/delete to reflect local needs)*** |

**ALL INCIDENTS ARE REPORTABLE AND AN DATIX IS TO BE COMPLETED**

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| **Likely Impact:** *(Amend to reflect specific local impact)** Loss of e-mail.
* Loss of access shared drive.
* Loss of access to (e.g. SPR, etc).
* Loss of telephones (Mitel).
* Loss of e prescribing
 |

|  |  |  |
| --- | --- | --- |
| **Contact Details** | **Office Hours** | **Out of Hours** |
| **Team Manager/Ward Matron/*amend as appropriate*** | *Add local contact* | N/A |
| **Senior Manager on-call** | 01743 454 907 | 01743 454 907 |
| **IT SERVICE DESK (Report fault and resolution of IT faults)**  | 0800 181 4050 | N/A |
| **Non SCHT Buildings / IT system not provided by IT** | Bring problem to the attention of the local building management / Practice Manager / administration team. |

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| --- |
| *State location of server room; (if on site)* |

|  |
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| **IT Systems / Databases / Software Used *(delete / amend as appropriate)*** |
| **System** *(e.g. XXX)* | **Backup / Contingency Arrangements** |
|  |  |

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| **ACTIONS *(delete / amend as appropriate)***  |
| 1 | Establish what is affected? (e.g. e-mail / internet / shared drives / access to all IT systems).  |
| 2 | Check with other staff in the department / building to determine whether the outage is specific to a single machine or whether it is more widespread. |
| 3 | Consider impact on service delivery and patient care. |
| 4 | * If only e-mail affected carry on work as is practicable.
* Loss of Clinical Systems: Consider using paper based back up. Note: Data will need to be inputted onto the affected database / clinical system once it is restored. *(Expand detail here if necessary to support staff).*
 |
| 5 | **SCHT Building**Contact IT Service Desk on, 0800 181 4050 Inform them:-* Nature of fault (single device / single area / whole building)
* Ask how long is the disruption expected to last.
* Get a reference number.

**Non SCHT Buildings / IT system not provided by Trust**Bring the loss of IT to the attention of the local building management / Practice Manager / administration team. |
| 6 | **Disruption only affecting the site**Follow paper based back up process: Plus if expected to be prolonged (up to 2 hours) or there is a risk to the delivery of critical service functions / patient care, consider relocating affected staff to backup location. Refer to Evacuation Action Card. |
| 7 | Consider informing Team Manager / Locality Manager / Manager On-call *(amend as appropriate).* If necessary ask for assistance.Ensure senior managers receive regular progress updates. |
| 8 | **Disruption widespread, affecting whole trust / system*** Follow paper based backup system. Plus follow instructions from IT Service Desk / senior managers as Informatics may implement its Disaster Recovery Procedures (backup systems) while main systems are repaired / recovered. Note: it may take up to 2 hours to establish Disaster Recovery.

Note: Disaster Recovery will enable users to access systems but there may need to be planned down time as systems are recovered. |

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| **COMMUNICATION CONSIDERATIONS** |
| 1 | If necessary Inform patients / service users / key partners / other departments of the disruption to service delivery. |
| 2 | If disruption to the department / building is likely to be prolonged and it is important that other areas are aware of the disruption. Contact the Communication Team and request that an all staff e-mail is circulated. |

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| **ACTION CARD: LOSS OF TELEPHONES / FAXES*****(Amend to reflect local needs)*** |

**ALL INCIDENTS ARE REPORTABLE AND AN DATIX IS TO BE COMPLETED**

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| **Likely Impact:** *(Amend to reflect specific local impact)** Loss of communication with colleagues, other department, partner agencies and patients (if mobile phones also not available).
* In ability for patients / health professionals to call in.
* Possible loss of fire / security alarm monitoring system.
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|  |  |  |
| --- | --- | --- |
| **Contact Details** | **Office Hours** | **Out of Hours** |
| **Team Manager/Ward Matron/*amend as appropriate*** | *Add local contact* | N/A |
| **Senior Manager on-call** | 01743 454 907 | 01743 454 907 |
| **SCHT Buildings** | Determin local telephone provider, add emergency contact number here |  |
| **Non SCHT Buildings**  | Bring problem to the attention of the local building management / Practice Manager / administration team. |

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| *Add location of any site emergency mobile phones (if available these need to be kept charged).* |

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| **ACTIONS *(delete / amend as appropriate)***  |
| 1 | Check with other staff in the department / building to determine whether the outage is specific to a single machine or whether it is more widespread. |
| 2 | Utilise site emergency mobile / any available mobile to make calls (make sure emergency mobiles are kept charged). |
| 3 | Consider impact on service delivery and patient care.***NOTE: If Telephone / Fax is crucial to the delivery of a Critical Patient Care Function (e.g. Handling calls from patients / health professional) amend to include the specific action to recovery the telephone either at original location or at a backup location.**** **If necessary ask XXX to divert incoming line to an alternative number (landline or mobile) either at this site or an alternative site.**
 |
| 4 | **SCHT Building with VOIP system** Contact IT Service Desk on 0800 181 4050, Inform them:-* Nature of fault (single device / single area / whole building)
* Ask how long is the disruption expected to last.
* Get a reference number.

**SCHT Building with other telephone system provider*** **In developing this plan – identify telephone supplier and ascertain how to divert phones in an emergency**
* **Ascertain number to be diverted to and if mobile number advise phone holder and resources message handling demands.**

**Non-SCHT Building**Non SCHT Buildings - Bring problem to the attention of the local building management / Practice Manager / administration team. |
| 5 | Inform Team Manager / Locality Manager / Manager On-call *(amend as appropriate).* If necessary ask for assistance.Ensure senior managers receive regular progress updates. |

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| **COMMUNICATION CONSIDERATIONS** |
| 1 | If necessary Inform patients / service users / key partners / other departments of the disruption to service delivery. |
| 2 | If disruption to the department / building is likely to be prolonged and it is important that other areas are aware of the disruption. Contact the Communication Team and request that an all staff e-mail is circulated. |

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| **ACTION CARD: ADVERSE winter weather** |

**ALL INCIDENTS ARE REPORTABLE AND AN DATIX IS TO BE COMPLETED**

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| **Likely Impact:** Severe Winter Weather:-* Inability of patients / service users / staff to travel to site.
* Hazardous pavements / roads.
* Increase in people (especially elderly) suffering slip, trips and fall in the snow or ice, suffering serious injuries.

Cold Weather:-* Increases the risk of heart attacks, strokes, lung illnesses, flu and other diseases.

Strong Winds:-* Traffic disruption due to fallen trees.
* Building damage.

Heavy Rain:-* Water damage to building.
* Localised surface water flooding.
* Traffic disruption due to blocked roads.
 |

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| **Contact Details** | **Office Hours** | **Out of Hours** |
| **Team Manager/Ward Matron/*amend as appropriate*** | *Add local contact* | N/A |
| **Senior Manager on-call** | 01743 454 907 | 01743 454 907 |
| **Estates** |  |  |

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| **WEATHER / GRITTING INFORMATION** |
| Met Office Forecasts / Weather Warnings / Cold Weather Alerts | Website | http://www.metoffice.gov.uk/ |
| Twitter | @metoffice |
| Environment Flooding Warnings | Website | http://www.environment-agency.gov.uk/ |
| Twitter | @EnvAgencyMids |
| Travel / Road Closures | Website | http://www.bbc.co.uk/travelnews |
| Gritting Routes in Shropshire  | Website | http://shropshire.gov.uk/highways-and-traffic/winter-road-maintenance/winter-maintenance-resources/ |
| Gritting Routes / Telford and Wrekin | Website | http://www.telford.gov.uk/downloads/file/1811/gritting\_routes |

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| Winter Preparedness* Make sure staff are aware of their responsibilities under the Trust’s Adverse Weather Policy.
* Cross reference local actions with the Trust Severe Weather Plan
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| **ACTIONS *(delete / amend as appropriate)***  |
| 1 | Take note of weather forecasts / weather warnings / Cold Weather Alerts (weather warnings are automatically sent to all key managers). Assess the potential for staff to be affected by forecast winter weather (inability to get to work / reach community patients).Assess the potential for the forecast weather to affect the delivery of patient care. |
| 2 | Take note of Cold Weather alert guidance with reference to welfare of patients who are vulnerable to cold weather.  Some groups are particular vulnerable to cold weather:-* Older people.
* Very young children
* People with pre-existing medical conditions.

 Patients should be advised to:-* Keep their home warm. The main living room should be between around 18-21C (65-70F) and the rest of the house at a minimum of 16C (61F).
* To eat well. Food is a vital source of energy, which helps to keep the body warm.
* Wrap up warm, inside and out. Layer clothing to stay warm and wear shoes with a good grip if they need to go outside. If possible, people with heart or respiratory problems should stay inside during periods of cold weather.
 |
| 3 | Team Managers to agree with staff the action to follow if they cannot get to their normal place of work due to winter weather:- E.g.* Work from home.
* Work from a SCHT / other base closer to their home.
* Community staff – undertake appointments in the vicinity close to their home.
* Consider a review of rotas especially community hospitals so that staff within walking distances are rostered to work.
 |
| 4 | Prioritise community patients where transport disruptions are affecting the ability for normal levels of visits to be made.Contacts patients by phone if a visit cannot be made to assess their condition, welfare and arrange further contact/visit appointment. |
| 5 | Refer to Emergency Planning officer to request support from a 4x4 Response Group / Shropshire Council to reach patients in greatest need or which are at risk. |
| 6 | Inform Team Manager / Locality Manager / Manager On-call *(amend as appropriate).* If necessary ask for assistance.Ensure senior managers receive regular progress updates. |

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| **COMMUNICATION CONSIDERATIONS** |
| * If necessary Inform patients / service users / key partners / other departments of the disruption to service provision.
 |
| * If disruption to the department / building is likely to be prolonged and it is important that other areas are aware of the disruption. Contact the Communication Team and request that an all staff e-mail is circulated. Provide any alternative telephone numbers.
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| **ACTION CARD: Hot Weather / heatwave** |

**ALL INCIDENTS ARE REPORTABLE AND AN DATIX IS TO BE COMPLETED**

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| **Likely Impact:** * Risk to patients vulnerable to heat.
* Staff welfare.
 |

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| --- | --- | --- |
| **Contact Details** | **Office Hours** | **Out of Hours** |
| **Team Manager/Ward Matron/*amend as appropriate*** | *Add local contact* | N/A |
| **Senior Manager on-call** | 01743 454 907 | 01743 454 907 |
| **Estates** |  |  |

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| --- |
| **WEATHER INFORMATION** |
| Met Office Forecasts / Weather Warnings / Heat Health Alerts | Website | http://www.metoffice.gov.uk/ |
| Twitter | @metoffice |
| Heat Health Alert | http://www.metoffice.gov.uk/public/weather/heat-health/#?tab=heatHealth |

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| Hot Weather Preparedness* For inpatient facilities identify a cool room to provide respite where there is no air-conditioning available.
* Be in the position to monitor the temperature of patient areas.
* Use curtains and blinds where sun is direct into ward / directly on building
* Ensure any fans are PAT tested and are appropriate within the specific clinical area.
* Ensure there is access to water regularly offer to bed bound patients (consider relatives needs).
* Identify and monitor patients within the community who are considered ‘at risk’.
 |

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| **HOT WEATHER / HEATWAVE ACTIONS *(delete / amend as appropriate)***  |
| 1 | Take note of weather forecasts / weather warnings / Heat Health Alerts (severe weather warnings are automatically sent to all key managers). The Trust web site has the current heatwave alert and links to actions required  |
| 2 | Take note of National Heatwave Plan Guidance and Heat Health Alert Guidance with reference to the welfare of patients who are vulnerable to hot weather.Key:-* Patients and staff have access to drinking water.
* Advise vulnerable community patients to drink plenty of fluids and take measures to keep cool.
 |
| 3 | **Air Conditioning Faults: Refer to Action for Air conditioning failures.****SCHT Buildings:** Report to Interserve. **Non SCHT Buildings:** Bring problem to the attention of the local building management / Practice Manager / administration team. |

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| **COMMUNICATION CONSIDERATIONS** |
| * If necessary Inform patients / service users / key partners / other departments of the disruption to service provision.
 |
| * If disruption to the department / building is likely to be prolonged and it is important that other areas are aware of the disruption. Contact the Communication Team and request that an all staff e-mail is circulated. Provide any alternative telephone numbers.
 |

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| **ACTION CARD: fuel disruption / transport crisis** |

**ALL INCIDENTS ARE REPORTABLE AND AN DATIX IS TO BE COMPLETED**

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| --- |
| **Likely Impact:** * Staff unable to get to bases.
* Patients unable to attend clinics.
* Staff unable to visit community patients.
* Potential impact on delivery of patient care.
* Potential disruption to Patient Transport Service and 999 Ambulance services.
 |

|  |  |  |
| --- | --- | --- |
| **Contact Details** | **Office Hours** | **Out of Hours** |
| **Team Manager/Ward Matron/*amend as appropriate*** | *Add local contact* | N/A |
| **Senior Manager on-call** | 01743 454 907 | 01743 454 907 |

|  |
| --- |
| **ACTIONS *(delete / amend as appropriate)***  |
| 1 | If dispute / disruption is forecasted:-* Request staff keep fuel tanks topped up.
* Prioritise journeys / visits to patients.
* Identify and list staff essential to maintaining a minimum safe service and email to Major.Incident2@shropcom.nhs.uk
* Staff to organise car sharing for reaching place of work.
* Site pool vehicles fuel tanks to be topped up.
* Liaise with Medical Secretaries to cancel clinics.
* Highlight at risk patients to prioritise.
 |
| 2 | Liaise with Team Manager / Locality Manager / Manager On-Call with regards to preparation.Check whether there is information available on any changes to Patient Transport Services. |
| 3 | Refer to Shortage of Staff Action Card on measures to mitigate problems staff may have with travelling to work / making visits to community patients. |
| 4 | **Access to Fuel as an Essential Service** SCHT senior managers will be responsible for co-ordinating identification of staff who will be given access to essential fuel supplies. Advice will be provided at the time. |

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| **COMMUNICATION CONSIDERATIONS** |
| 1 | If necessary Inform patients / service users / key partners / other departments of the disruption to service delivery. |
| 2 | If disruption to the department / building is likely to be prolonged and it is important that other areas are aware of the disruption. Contact the Communication Team and request that an all staff e-mail is circulated. |

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| **ACTION CARD: EVACUATION / RELOCATION OF STAFF / SERVICE DELIVERY TO ALTERNATIVE LOCATION*****Amend as is necessary for local circumstances*** |

**ALL INCIDENTS ARE REPORTABLE AND AN DATIX IS TO BE COMPLETED**

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| An Evacuation make be necessary due to:-* Phased evacuation in response e.g. in response to a fire.
* Planned evacuation e.g. utility failure / building damage/threat to a SCHT site.
 |

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| **Fire Evacuation Plan: IF THERE IS A FIRE THE FIRE EVACUATION PROCESS TAKES PRECEDENCE.****Site Evacuation Plan:** **IN THE ABSENCE OF A SITE SPECIFIC EVACUATION PLAN FOLLOW THIS ACTION CARD.** |

|  |  |  |
| --- | --- | --- |
| **Contact Details** | **Office Hours** | **Out of Hours** |
| **Team Manager/Ward Matron/*amend as appropriate*** | *Add local contact* | N/A |
| **Senior Manager on-call** | 01743 454 907 | 01743 454 907 |
| **Estates** |  |  |

**Note:** The following are the nominated alternative / backup locations where patients / staff may be sent to in order to resume clinics / staff bases.

|  |
| --- |
| **ALTERNATIVE / BACK-UP LOCATION FOR CLINICS *(amend / delete as is necessary)*** |
| **Location(s)** | **Room(s) Required** | **Contact Details For Demarked Location** |
|  |  |  |

|  |
| --- |
| **ALTERNATIVE / BACK-UP LOCATION FOR STAFF *(amend / delete as is necessary)*** |
| **Team(s) to be Relocated** | **Their Demarked Back-up Location** | **Room(s) Required** | **Contact Details For Demarked Location** |
|  |  |  |  |

|  |
| --- |
| **ACTIONS FOR OUT-PATIENTS / CLINICS *(delete / amend as appropriate)***  |
| 1 | **Senior Nurse / Clinician / Manager on site to assume the Role of Incident Co-ordinator.*** Collect Unit Mobile Phone (if applicable).
* Ensure actions and decision are documented accordingly (ask an administrator to assist you). Action Log Sheet located in Appendix 2.
 |
| 2 | Assess situation and determine if evacuation is necessary:-* **If need is urgent**: Undertake phased evacuation in line with Fire Evacuation Plan taking staff and patients to a place of safety. Alert Team Manager / Locality Manager / On-Call Manager to the evacuation.
* **If planned evacuation may be necessary**: Immediately inform Team Manager / Locality Manager / On-Call Manager. In discussion with them decided whether the situation warrants the need to cancel outpatients clinics and transfer service provision to the demarked back up location (or to a location to be identified at the time.
 |
| 3 | If appointments are cancelled for the day. Ask patients to leave the site, informing them that they will be contacted to rearrange their appointment.Liaise with clinic clerk/medical secretaries to ensure they know which patients have been affected. |
| 4 | If an out-patient was transported by Patient Transport Services to re-arrange pick up. |
| 5 | Liaise with the alternative / backup location on the preparation of room(s) to be used to resume out-patients. |
| 6 | Instruct staff to muster in reception of back-up location or inform them of the specific room(s) available. |
| 7 | Staff to work from alternative / backup location to resume appointments. |
| 8 | Inform patients / carers of the change of location for clinics:-* Telephone using contact details from patient records.
* Posting a member of staff / placing signage at original location to direct patients to new location.
* Ask the Communications Team to use the media to advertise the change of venue.
 |

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| **ACTIONS FOR RELOCATING STAFF *(delete / amend as appropriate*** |
| 1 | **Senior Nurse / Clinician / Manager on site to assume the Role of Incident Co-ordinator.*** Collect Unit Mobile Phone (if applicable).
* Ensure actions and decision are documented accordingly (ask an administrator to assist you). Action Log Sheet located in Appendix 2.
 |
| 2 | Assess situation and determine if evacuation is necessary:-* **If need is urgent**: Undertake phased evacuation in line with Fire Evacuation Plan taking staff to a place of safety. Alert Team Manager / Locality Manager / On-Call Manager to the evacuation.
* **If planned evacuation may be necessary**: Immediately inform Team Manager / Locality Manager / On-Call Manager. In discussion with them decided whether the situation warrants the need to transfer staff to the alternative / back up location (or to a location to be identified at the time).
 |
| 3 | Staff undertaking Critical Patient Care Functions (e.g. answering urgent calls from health professionals / service users) to relocate to XXX (inform staff at XXX that relocation of staff is necessary). |
| 4 | Other staff to work from:-* Available desks at demarked alternative / back-up location; hot-desks at SCHT buildings in the locality.
* Work from home.
 |
| 5 | Managers to Inform staff of the need to transfer the base to alternative / back up location:-* By phone / text / e-mail.
* Face to face.
* Positioning member of staff at original location to redirect staff to the new location (to reach those members of staff who cannot be reached).
 |
| 6 | Instruct staff to muster in reception of back-up location or inform them of the specific room(s) available. |

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| **COMMUNICATION CONSIDERATIONS** |
| 1 | If necessary Inform patients / service users / cares / relatives / key partners / other departments of the evacuation and disruption to service provision. |
| 2 | If disruption to the department / building is likely to be prolonged and it is important that other areas are aware of the disruption. Contact the Communication Team and request that an all staff e-mail is circulated. |
| 3 | In the event of media interest – refer them to the Communications Team via the main switchboard. |

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| **ACTION CARD: *SERVICE SPECIFIC ISSUES (to be completed locally)*** |

**ALL INCIDENTS ARE REPORTABLE AND AN DATIX IS TO BE COMPLETED**

|  |
| --- |
| **Likely Impact:**  |

|  |  |  |
| --- | --- | --- |
| **Contact Details** | **Office Hours** | **Out of Hours** |
| **Team Manager/Ward Matron/*amend as appropriate*** | *Add local contact* | N/A |
| **Senior Manager on-call** | N/A | 0116 225 6000 |
| **Interserve** | 0116 204 7888 (x7888) | 0116 204 7888 (x7888) |

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| **ACTIONS *(delete / amend as appropriate)***  |
| 1 |  |
| 2 |  |

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| **COMMUNICATION CONSIDERATIONS** |
| 1 | If necessary Inform patients / service users / key partners / other departments of the disruption to service delivery. |
| 2 | If disruption to the department / building is likely to be prolonged and it is important that other areas are aware of the disruption. Contact the Communication Team and request that an all staff e-mail is circulated. |
| 3 | In the event of media interest – refer them to the the Communications Team via the main switchboard  |

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| **ACTION CARDS FOR RESPONDING TO FACILITIES / UTILITIES DISRUPTIONS** |

|  |  |
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| ACTION CARDS | Page |
| Loss of Electricity |  |
| Loss of Gas / Gas leak |  |
| Loss of Water |  |
| PROBLEMS WITH Drainage and / or Sewers |  |
| Loss of Air Conditioning / Ventilation |  |
| Loss of Heating |  |
| flood |  |
| Damage to a Building |  |

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| **ACTION CARD: LOSS OF ELECTRICITY** |

**ALL INCIDENTS ARE REPORTABLE AND AN DATIX IS TO BE COMPLETED**

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| **Likely Impact: (Without Generator) *amend for local circumstances*** * Loss of IT.
* Potential loss of phones.
* Loss of lighting (emergency lighting available).
* Loss of security systems *(check whether security / entry doors open as default*).
* Loss of CCTV.
* Loss of heating (for electric heating and electric controls on gas system).
* Loss of hot water (loss of electric controls on gas systems).
* Loss of paging / alarm.
* Loss of e prescribing.
* Inability to heat food.
* Potential loss of food / drug stock in refrigerators.
* Lift failure.
 |
| **Likely Impact: (With Generator) *delete if not applicable**** ***All power is lost for a number of seconds*** if there is a switch over to the generator.
* All Light and equipment on essential sockets will work. Estates are responsible for maintaining and keeping generator topped up with fuel while it is running.
 |
| **Mitigation In place:*** Medical Devices have battery backup *(amend as necessary*).
* Emergency lighting available.
* Fire alarm and Security alarms have battery backup (usually 2 hours life).
* Generator has approximately 12 hours fuel supply with a further 12 hours backup.
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| **Contact Details** | **Office Hours** | **Out of Hours** |
| **Team Manager/Ward Matron/*amend as appropriate*** | *Add local contact* | N/A |
| **Senior Manager on-call** | 01743 454 907 | 01743 454 907 |
| **Estates** |  |  |
| **Western Power (*Electricity Distribution Company*)** | 0800 056 8090 | 0800 056 8090 |

**Do not use any appliances or touch power cords, cables or extension leads which you suspect to be faulty.**

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| **ACTIONS *(delete / amend as appropriate)***  |
| 1 | Check with other staff in the department / building to determine whether the loss of electricity is specific to a single area or whether the whole building is affected. |
| 2 | Consider impact on service delivery and patient care. * Are patients / staff at risk of harm?
 |
| 3 | * Distribute torches/head torches to staff.
* Do not use macerators
* Turn off all electronic devices not needed
* Check all infusion pumps/other mains powered devices (even if power has back on)
* Check telephones, use mobiles if not functioning, inform Trust HQ/On call manager of number change, consider diverting main number to mobile if outage protracted.
 |
| 4 | If necessary ensure staff, patients, and members of the public are alerted to any danger. |
| 5 | **SCHT Buildings**Contact Estates XXXXXX Inform them:-* Nature of fault (single device / single area / whole building).
* If generator has failed *(delete if not applicable).*
* Agree a level of response. If an in-patient facility or security system is affected make sure they understand this.
* Get a reference number.

If it appears the whole site or the wider area is affected:-* Report fault to Western Power (electrical distribution company) 0800 056 8090.
* Obtain a job reference number.

**Non SCHT Buildings**Bring the loss of electricity to the attention of the local building management / Practice Manager / administration team. |
| 6 | Check whether electronically controlled doors give required access and especially security doors are still secure. Bring this to the attention of Estates / local building management / Practice Manager / administration team. |
| 7 | Ensure any refrigerators (drugs and food) are kept closed.Follow specific procedures for drugs refrigerators. *(if applicable state location of these).* |
| 8 | **Refer to Loss of IT Action Card as necessary.**Plus for SCHT Buildings if there is an IT Computer Server Room in the building and the electricity has failed inform IT Service Desk on 0800 181 4050. |
| 9 | Consider informing Team Manager / Locality Manager / Manager On-call *(amend as appropriate).* If necessary ask for assistance.Ensure senior managers receive regular progress updates. |
| 10 | **If failure is likely to be prolonged** in discussion with senior manager consider relocation of clinics / staff to unaffected part of building or back up location. **Refer to Evacuation Action Card.** |
| 11 | Once supply is returned check that devices have not been left on unnecessarily. Also check that important / vital equipment is working.  |

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| **COMMUNICATION CONSIDERATIONS** |
| 1 | If necessary Inform patients / service users / key partners / other departments of the disruption to service delivery. |
| 2 | If disruption to the department / building is likely to be prolonged and it is important that other areas are aware of the disruption. Contact the Communication Team and request that an all staff e-mail is circulated. |

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| **ACTION CARD: LOSS OF GAS / GAS LEAK** |

**ALL INCIDENTS ARE REPORTABLE AND AN DATIX IS TO BE COMPLETED**

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| **Likely Impact:** * Loss of heating.
* Loss of hot water.
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| **Contact Details** | **Office Hours** | **Out of Hours** |
| **Team Manager/Ward Matron/*amend as appropriate*** |  | N/A |
| **Senior Manager on-call** | 01743 454 907 | 01743 454 907 |
| **Estates** |  |  |
| **National Gas Emergency Service (for leaks)** | 0800 111 999 | 0800 111 999 |
| ***Add local Gas Supply company if relevant***  |  |  |

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| **If you smell gas / suspect gas leak** |
| * Contact National Gas Emergency Service on 0800 111 999.
 |
| * Avoid turning lights on or off and avoid using other electrical switches (including fire alarms)
 |
| * Inform Estates. On XXXXX.
 |
| In-patients / Health Centres* Ring Fire and Rescue Service on 999.
 |
| * Open the windows and doors to let air in and make sure that all gas appliances (hobs, etc.) are turned off.
 |
| * Move people from affected room. Lock room (if not possible place signage to inform staff / patients / visitors.
 |
| * Inform Line Manager / Duty Manager / On-Call Manager.
 |

**Do not use any GAS appliances which you suspect to be faulty.**

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| **ACTIONS *(delete / amend as appropriate)***  |
| 1 | Check with other staff in the department / building to determine whether the loss of gas is specific to a single area or whether the whole building is affected. |
| 2 | Consider impact on service delivery and patient care.* Are patients / staff at risk of harm?
 |
| 3 | Alert staff, patients, and members of the public, to any danger. |
| 4 | **SCHT Building**Contact Estates XXXX. Inform them:-* Nature of fault (single device / single area / whole building).
* Agree a level of response. If an in-patient facility is affected or a leak is suspected make sure they understand this.
* Get a reference number.

If it appears the whole site has lost gas* Report fault to gas provider on xxxxx xxxxxx or National Gas Emergency Service on 0800 111 999.
* Obtain a job reference number.

**Non SCHT Buildings**Bring the loss of electricity to the attention of the local building management / Practice Manager / administration team. |
| 5 | Consider informing Team Manager / Locality Manager / Manager On-call *(amend as appropriate).* If necessary ask for assistance.Ensure senior managers receive regular progress updates. |
| 6 | **On Reinstatement of Gas Supply: Ensure gas appliances have not been left on unnecessarily.****Contact Estates to relight pilot lights on gas heating systems.** |

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| **COMMUNICATION CONSIDERATIONS** |
| 1 | If necessary Inform patients / service users / key partners / other departments of the disruption to service delivery. |
| 2 | If disruption to the department / building is likely to be prolonged and it is important that other areas are aware of the disruption. Contact the Communication Team and request that an all staff e-mail is circulated. |

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| **ACTION CARD: LOSS OF WATER** |

**ALL INCIDENTS ARE REPORTABLE AND AN DATIX IS TO BE COMPLETED**

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| **Likely Impact:** * Inability to flush toilets.
* Loss of drinking water (especially important during hot weather).
* Inability to wash hands.
* Macerators for body waste cannot be used
* Failure of heating system *(if applicable).*
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| **Contact Details** | **Office Hours** | **Out of Hours** |
| **Team Manager/Ward Matron/*amend as appropriate*** | *Add local contact*  | N/A |
| **Senior Manager on-call** | 01743 454 907 | 01743 454 907 |
| **Estates** |  |  |
| **Severn Trent Water**  | 0800 783 4444 | 0800 783 4444 |

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| **ACTIONS Unplanned Loss of water*(delete / amend as appropriate)***  |
| 1 | Check with other staff in the department / building to determine whether the loss of water is specific to a single area or whether the whole building is affected. |
| 2 | Consider impact on service delivery and patient care. |
| 3 | If necessary alert staff, patients and members of the public to the disruption. |
| 4 | **SCHT Buildings**Contact Estates XXXX Inform them:-* Nature of fault (single device / single area / whole building)
* Agree a level of response. If an in-patient facility is affected make sure they understand this.
* Get a reference number.

If it appears the whole site has lost water* Report fault to Severn Trent Water on 0800 783 4444, obtain a job reference number.

**Non SCHT Buildings**Bring the loss of water to the attention of the local building management / Practice Manager / administration team |
| 5 | **Conserve water*** Do not run taps / use water unnecessarily.
* **In-Patient facilities**: In order to prolong the supply of water, patients should be asked not to take showers or baths.
 |
| 6 | **Drinking Water*** Obtain bottled water for patients / staff (especially during summer) from local stores.
 |
| 7 | **Infection Control*** Hand washing – utilise sanitizer where there is no visible dirt. Use of bottled water for essential hand washing and hygiene needs.
* Do not use macerator - Bag disposable human waste products in bio hazard bags
* Contact the Infection Control Team for further advice.
 |
| 8 | **Toilets** If available - utilise toilets in unaffected part of the building. |
| 9 | Inform Team Manager / Locality Manager / Manager On-call *(amend as appropriate).* If necessary ask for assistance.Ensure senior managers receive regular progress updates. |
| 10 | **If failure is likely to be prolonged and will affect service delivery / staff welfare** in discussion with senior manager consider relocation of clinics / staff to unaffected part of building or back up location. **Refer to Evacuation Action Card.** |
| 11 | **On Reinstatement of Water Supply:-*** Ensure that taps have not been left on as this may lead to flooding.
* Check colour of water: If water runs brown or discoloured contact Interserve for advice.
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| **ACTIONS Planned Loss of water*(delete / amend as appropriate)***  |
| 1 | Confirm with estates to determine whether the loss of water is specific to a single area or whether the whole building is affected. |
| 2 | Consider impact on service delivery and patient care.Consider impact of hot water disinfection / Chlorination schemes impact on patients with dementia etc and restrict access to hot water outlets |
| 3 | If necessary alert staff, patients and members of the public to the disruption. |
| 4 | **Conserve water*** Do not run taps / use water unnecessarily.
* **In-Patient facilities**: In order to prolong the supply of water, patients should be asked not to take showers or baths.
* Fill baths with water for toilet flushing
 |
| 6 | **Drinking Water*** Obtain bottled water for patients / staff (especially during summer) from local stores.
 |
| 7 | **Infection Control*** Hand washing – utilise sanitizer where there is no visible dirt. Use of bottled water for essential hand washing and hygiene needs.
* Bag disposable human waste products in bio hazard bags as per current policy
* Contact the Infection Control Team for further advice.
 |
| 8 | **Toilets** If available - utilise toilets in unaffected part of the building.If planned outage is more than 4hrs consider bring portable units to the site for patient/staff / outpatient clinic use |
| 9 | Inform Team Manager / Locality Manager / Manager On-call *(amend as appropriate).* If necessary ask for assistance.Ensure senior managers receive regular progress updates. |
| 10 | **If failure is likely to be prolonged and will affect service delivery / staff welfare** in discussion with senior manager consider relocation of clinics / staff to unaffected part of building or back up location. **Refer to Evacuation Action Card.** |
| 11 | **On Reinstatement of Water Supply:-*** Ensure that taps have not been left on as this may lead to flooding.
* Check colour of water: If water runs brown or discoloured contact Interserve for advice.
 |

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| **COMMUNICATION CONSIDERATIONS** |
| 1 | If necessary Inform patients / service users / key partners / other departments of the disruption to service delivery. |
| 2 | If disruption to the department / building is likely to be prolonged and it is important that other areas are aware of the disruption. Contact the Communication Team and request that an all staff e-mail is circulated. |

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| **ACTION CARD: PROBLEMS WITH DRAINAGE AND / OR SEWERS** |

**ALL INCIDENTS ARE REPORTABLE AND AN DATIX IS TO BE COMPLETED**

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| **Likely Impact:** * Inability to flush toilets.
* Inability to maintain cleanliness and quality to patients and staff.
* Possible flooding of site with waste water.
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| **Contact Details** | **Office Hours** | **Out of Hours** |
| **Team Manager/Ward Matron/*amend as appropriate*** | Add local contact | N/A |
| **Senior Manager on-call** | 01743 454 907 | 01743 454 907 |
| **Estates** | XXXX |  |
| **Severn Trent Water**  | 0800 783 4444 | 0800 783 4444 |

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| **ACTIONS *(delete / amend as appropriate)***  |
| 1 | Check with other staff in the department / building to determine whether the problems is specific to a single area or whether the whole building is affected. |
| 2 | Consider impact on patient care / staff welfare:-* Are patients / staff at risk of harm?
 |
| 3 | Alert staff, patients and members of the public to the disruption. |
| 4 | **SCHT Buildings**Contact Estates XXXX Inform them:-* Nature of fault (single area / whole building)
* Agree a level of response. If an in-patient facility is affected make sure they understand this.
* Get a reference number.

If it appears the whole site has is affected:-* Report fault to Severn Trent Water on 0800 783 4444
* Obtain a job reference number.

**Non SCHT Buildings**Bring the loss of drainage / sewage to the attention of the local building management / Practice Manager / administration team |
| 6 | If practicable use toilets in adjacent areas. |
| 7 | * If flooding of waste water is occurring, close off area and move staff / patients / service users away from affected area. Refer to Flooding Action Card.
* Contact Estates with regard to cleaning of area affected by foul water.
* Do not use macerators, bag disposable human waste products in bio hazard bags as per current policy
* If necessary ask Infection Control for advice.
 |
| 8 | Inform Team Manager / Locality Manager / Manager On-call *(amend as appropriate).* If necessary ask for assistance.Ensure senior managers receive regular progress updates. |
| 9 | **If failure is likely to be prolonged and will affect service delivery / staff welfare** in discussion with senior manager consider relocation of patients / staff to unaffected part of building or back up location. **Refer to Evacuation Action Card.** |

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| **COMMUNICATION CONSIDERATIONS** |
| 1 | If necessary Inform patients / service users / key partners / other departments of the disruption to service delivery. |
| 2 | If disruption to the department / building is likely to be prolonged and it is important that other areas are aware of the disruption. Contact the Communication Team and request that an all staff e-mail is circulated. |

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| **ACTION CARD: LOSS OF AIR CONDITIONING / VENTILATION** |

**ALL INCIDENTS ARE REPORTABLE AND AN DATIX IS TO BE COMPLETED**

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| **Likely Impact:** * Inability to maintain comfortable environment for patients & staff and for sensitive equipment during warm weather.
* Affect temperatures required for drug / sample storage
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| **Contact Details** | **Office Hours** | **Out of Hours** |
| **Team Manager/Ward Matron/*amend as appropriate*** | *Add local contact* | N/A |
| **Senior Manager on-call** | 01743 454 907 | 01743 454 907 |
| **Estates** | XXXX |  |

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| **ACTIONS *(delete / amend as appropriate)***  |
| 1 | Check with other staff in the department / building to determine whether the problem is specific to a single area or whether the whole building is affected. |
| 2 | Consider impact on patient care / staff welfare. |
| 3 | **SCHT Buildings**Contact Estates XXXX Inform them:-* Nature of fault (single area / whole building)
* Agree a level of response. If an in-patient facility is affected make sure they understand this.
* Get a reference number.

**Non SCHT Buildings**Bring the loss of electricity to the attention of the local building management / Practice Manager / administration team |
| 4 | If necessary refer to Heatwave Action Card. |
| 5 | Inform Team Manager / Locality Manager / Manager On-call *(amend as appropriate).* If necessary ask for assistance.Ensure senior managers receive regular progress updates. |

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| **COMMUNICATION CONSIDERATIONS** |
| 1 | If necessary Inform patients / service users / key partners / departments of the disruption to service delivery. |
| 2 | If disruption to the department / building is likely to be prolonged and it is important that other areas are aware of the disruption. Contact the Communication Team and request that an all staff e-mail is circulated. |

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| **ACTION CARD: LOSS OF HEATING** |

**ALL INCIDENTS ARE REPORTABLE AND AN DATIX IS TO BE COMPLETED**

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| **Likely Impact:** * Inability to maintain comfortable environment for patients & staff during cold weather.
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| **Contact Details** | **Office Hours** | **Out of Hours** |
| **Team Manager/Ward Matron/*amend as appropriate*** | *Add local contact* | N/A |
| **Senior Manager on-call** | 01743 454 907 | 01743 454 907 |
| **Estates** | XXXX |  |

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| **ACTIONS *(delete / amend as appropriate)***  |
| 1 | Check with other staff in the department / building to determine whether the problem is specific to a single area or whether the whole building is affected. |
| 2 | Ensure all windows and doors are closed to retain heat. |
| 3 | Consider impact on patient care / staff welfare.* Are patients / staff at risk of harm?
* Use blankets and foil blankets to retain heat
 |
| 4 | Advise patients, service users and staff of the situation. |
| 5 | **SCHT Buildings**Contact Estates XXXX Inform them:-* Nature of fault (single area / whole building).
* Agree the level of response. If an in-patient facility is affected make sure they understand this.
* Get a reference number.

If very cold ask Estates for a supply of portable electric heaters for clinical / staff areas. (**However:** Consider the risk to patients and fire risk).**Non SCHT Buildings**Bring the loss of heating to the attention of the local building management / Practice Manager / administration team |
| 6 | If necessary inform Team Manager / Locality Manager / Manager On-call *(amend as appropriate).* Ask for assistance if appropriate. Ensure senior managers receive regular progress updates. |

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| **COMMUNICATION CONSIDERATIONS** |
| 1 | If necessary Inform patients / service users / key partners / other departments of the disruption to service delivery. |
| 2 | If disruption to the department / building is likely to be prolonged and it is important that other areas are aware of the disruption. Contact the Communication Team and request that an all staff e-mail is circulated. |

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| **ACTION CARD: FLOOD** |

**ALL INCIDENTS ARE REPORTABLE AND AN DATIX IS TO BE COMPLETED**

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| **Likely Impact:** * Damage to building fabric / equipment
* Loss of working areas / patient areas
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| **Contact Details** | **Office Hours** | **Out of Hours** |
| **Team Manager/Ward Matron/*amend as appropriate*** | *Add local contact* | N/A |
| **Senior Manager on-call** | 01743 454 907 | 01743 454 907 |
| **Estates** | XXXX |  |

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| **RIVER FLOODING INFORMATION** |
| Environment Flooding Warnings / Areas at risk | Website | http://www.environment-agency.gov.uk/ |
| Travel / Road Closures | Website | <http://www.bbc.co.uk/travelnews/shropshire> |
| Radio | Radio Shropshire |

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| **ACTIONS *(delete / amend as appropriate)***  |
| 1 | Consider impact on patient care / staff welfare.* Are patients / staff at risk of harm?
 |
| 2 | Identify cause of flood:-* Internal source: Leaking pipes / overflowing taps / overflowing toilets / surface water flooding of building from building car park, etc during heavy rain – GOTO Action 3.
* External source: River flooding / surface water flooding from public highway after heavy rain / mains water pipe or sewer failure – GOTO Action 4.
 |
| 3 | **Flood from within SCHT Buildings**Contact Estates XXXX. Inform them:-* Nature of fault (single area / whole building).
* Agree a level of response
	+ Stopping the cause of the flood.
	+ Repair any damage
	+ Assistance in pumping out floodwater from basements / lift shafts if affected.
* If an in-patient facility is affected make sure they understand this.
* Get a reference number.

**Non SCHT Buildings**Bring the loss of electricity to the attention of the local building management / Practice Manager / administration team. |
| 4 | **Flooding from outside affecting the building**Contact Estates XXXX Inform them:-* Nature of problem.
* Agree a level of response
	+ Repair any damage
	+ Assistance in pumping out floodwater from basements / lift shafts if affected
* If patient facility is affected make sure they understand this.
* Get a reference number.

**If it appears that the water is coming from a leaking / failed external water main or sewer.*** Report fault to Severn Trent Water on 0800 783 4444
* Obtain a job reference number.

**If it appears the water is running off a public highway (a risk during heavy rain).*** Contact the local council highways department to report the problem (they may be able to provide sandbags to stem flooding of the building / or prevent water running off the road).
	+ **Shropshire Council**: 345 678 9006, or
		- email: customer.service@shropshire.gov.uk,
	+ **Telford and Wrekin Council**: Please phone 01952 384000 or
		- email highways@telford.gov.uk.
 |
| 5 | If possible limit flooding:-* If from sink / bath - switch off tap / stopcock to the tap.
* Use suitable receptacle to collect any leaks / drips (check cleaner’s cupboard).
* Mop up the water, isolate area and put danger signs out warning of slippery floor.
* Try and block the ingress of water into the building (use towels / cardboard / sandbags (if available or any bags filled with soil)).
 |
| 6 | If posing an immediate threat to the health and safety of patients, staff or the public, move patients / staff / service users away from affected area.Close off affected area and erect warning signs. |
| 7 | Inform Team Manager / Locality Manager / Manager On-call *(amend as appropriate).* If necessary ask for assistance. Ensure senior managers receive regular progress updates. |
| 8 | If water is threatening vital equipment / written patient records. If possible attempt to move these away from the flood water. |
| 9 | In event of serious flooding (e.g. from a river) or significant damage in liaison with senior managers consider need to relocate clinics / staff from the building. **Refer to Evacuation Action Card.** |
| 10 | * If water supplied lost – Also refer to Action Card Loss of Water.
* If sewerage lost – Also refer to Action Card for Problems with Drainage and / or Sewers.
 |
| 11 | Determine damage caused by flooding:-* Electrically devices.
* Important documents / files / records (move them from flooded area and store until a decision can be made on what to do with them).
* Server Room (if yes Inform IT Service Desk on 0800 181 4050).
 |
| 12 | **Cleaning up after a flood (ask for specialist assistance if in doubt).*** Assess water damage look out for any wet electrical supply/equipment and arrange repair.
* Open all windows for ventilation. If necessary ask Estates to provide humidifiers to dry out.
* Unimportant documents / paper / paper items that have been water damaged should be disposed of as they can remain a source of microbial growth.
* Essential records and other important documents may need to be professionally dried out and should be handled with care. Ask Senior Managers for advice.
* Liaise with Estates / IT / building provider on the removal and disposal of water damaged electrical items as these are a hazard.
* Liaise with the Infection Control Team as is necessary for advice on cleaning if areas were flooded with waste water / sewerage.
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| **COMMUNICATION CONSIDERATIONS** |
| 1 | If necessary Inform patients / service users / key partners / other departments of the disruption to service delivery. |
| 2 | If disruption to the department / building is likely to be prolonged and it is important that other areas are aware of the disruption. Contact the Communication Team and request that an all staff e-mail is circulated. |

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| **ACTION CARD: damage to building** |

**ALL INCIDENTS ARE REPORTABLE AND AN DATIX IS TO BE COMPLETED**

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| **Likely Impact:** * Damage may affect patient or staff areas, affecting service delivery
* Putting patients and staff at risk.
* Compromised security.
* Exposing building interior to the elements.
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| **Contact Details** | **Office Hours** | **Out of Hours** |
| **Team Manager/Ward Matron/*amend as appropriate*** | *Add local contact* | N/A |
| **Senior Manager on-call** | 01743 454 907 | 01743 454 907 |
| **Estates** |  |  |
| **Emergency Services** | 999 | 999 |

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| **ACTIONS *(delete / amend as appropriate)***  |
| 1 | Establish extent of damage and consider impact on service delivery and patient care.* Are patients / staff at risk of harm?
* Risk Assess environmental safety, services, security, and risk of absconsion.
 |
| 2 | Is the damage posing an immediate threat to the health and safety of patients, staff or the general public? **IF YES – move patients, service users and staff away from affected area. Close off access to hazardous areas.** |
| 3 | **Contact Emergency Services on 999 if site is severely affected i.e. injured / trapped people / building a hazard to the general public.** |
| 4 | **SCHT Buildings**Contact Estates XXXX Inform them:-* Nature of fault (single area / whole building)
* Agree a level of response. If an in-patient facility is affected make sure they understand this.
* Get a reference

**Non SCHT Buildings**Bring the loss of electricity to the attention of the local building management / Practice Manager / administration team. |
| 5 | Inform Team Manager / Locality Manager / Manager On-call *(amend as appropriate).* If necessary ask for assistance.Ensure senior managers receive regular progress updates. |
| 6 | **Is the damage placing patients and staff at risk** in discussion with senior manager consider relocation of patients / staff to unaffected part of building or back up location. **Refer to Evacuation Action Card.** |

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| **COMMUNICATION CONSIDERATIONS** |
| 1 | If necessary Inform patients / service users / key partners / other departments of the disruption to service delivery. |
| 2 | If disruption to the department / building is likely to be prolonged and it is important that other areas are aware of the disruption. Contact the Communication Team and request that an all staff e-mail is circulated. |
| 3 | In the event of media interest – refer them to the Communications Team via the main switchboard. |

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| **SECTION G: ACTION CARD: BOMB THREAT / SUSPICIOUS PACKAGE** |

**ALL INCIDENTS ARE REPORTABLE AND AN DATIX IS TO BE COMPLETED**

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| **Likely Impact:** * Serious and urgent risk to patients, service users and staff.
* Disruption to the delivery of patient care.
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| **Contact Details** | **Office Hours** | **Out of Hours** |
| **Team Manager/Ward Matron/*amend as appropriate*** | *Add local contact* | N/A |
| **Senior Manager on-call** | 01743 454 907 | 01743 454 907 |
| **Emergency Services** | 999 | 999 |
| **Estates** |  |  |

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| **ACTIONS *(delete / amend as appropriate)***  |
| 1 | Refer to specific Bomb Threat and Terrorist Attack Guidance on the next page. |

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| **COMMUNICATION CONSIDERATIONS** |
| 1 | If necessary Inform patients / service users / cares / relatives / key partners / other departments of any disruption to service provision **(DO NOT make any reference to the cause).** |
| 2 | If disruption to the department / building is likely to be prolonged and it is important that other areas are aware of the disruption. Contact the Communication Team and request that an all staff e-mail is circulated. **(DO NOT make any reference to the cause).** |
| 3 | In the event of media interest – refer them to the Communications Team via the main switchboard. |

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| **GUIDANCE FOR RESPONDING TO****BOMB THREAT & TERRORIST ATTACK**  |

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| **ACTIONS TO FOLLOW FOR BOMB THREAT BY TELEPHONE**  |
| * **Tell the caller which organisation you are answering from.**
* **Record the wording of threat as best you can in box below, do not interrupt and stay calm.**
* **if caller permits ask each question on the checklist below.**
* **Switch on any recording equipment you may have i.e. answer phone.**
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| **Wording of the Threat:-** |

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| **Questions to ask:-**Where exactly is the Bomb? When is it going to explode? What does it look like? What will cause it to explode? Did you place the Bomb? Why? What is your name? What is your address? What is your telephone number? Date and time of call Time call completed Automatic number reveal equipment? record number shown: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PLEASE TURN OVER**

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| **ACTION FOLLOWING CALL**1. **Call the Police (9) 999 DO NOT USE A MOBILE PHONE. Follow their advice.**
2. **Inform the most Senior Manager on duty / Manager On-Call. DO NOT USE A MOBILE PHONE.**
3. **Person who took the call must complete the following questions about the caller.**
 |

**Characteristics of caller**

Is it a man, woman or child?

Is the caller intoxicated, rambling or irrational?

Does the caller have a distinctive accent?

Does the caller have a speech impediment?

Other

**Threat Language:**

Well-spoken [ ]  Irrational [ ]  Taped [ ]  Foul [ ]  Incoherent [ ]

Message read by threat maker [ ]

**Callers Voice:**

Calm [ ]  Crying [ ]  Clearing Throat [ ]  Angry [ ]  Nasal [ ]  Slurred [ ]

Excited [ ]  Stutter [ ]  Disguised [ ]  Slow [ ]  Lisp [ ]  Deep [ ]  Laughter [ ]

Familiar [ ]  If familiar who did it sound like?

Accent [ ]  What accent:

**Background Sounds:**

Street Noises [ ]  House Noises [ ]  Animal Noises [ ]  Crockery [ ]  Motor [ ]  Voices [ ]

Static [ ]  PA system [ ]  Booth [ ]  Music [ ]  Voices [ ]

Office Machinery [ ]  Factory Machinery [ ]  Clear [ ]

Other (specify)

Name Date

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| **ACTIONS TO FOLLOW FOR FACE TO FACE THREAT** |
| 1. **Stay calm, try to ask where, what & when questions about the device.**
2. **Call the Police 9(999) DO NOT USE A MOBILE PHONE. Follow their advice.**
3. **Inform the most Senior Manager on duty / Manager on Call. DO NOT USE A MOBILE PHONE.**
4. **Write down what information was given to you by the terrorist and what you said to the police.**
5. **Try and remember what the person looks like and also write this down.**
6. **If safe to do so check information given.**
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| **ACTIONS TO FOLLOW of receipt of a letter, e-mail or fax containing a bomb threat** |
| 1. **Call the Police 9(999) DO NOT USE A MOBILE PHONE.**
2. **Inform the most Senior Manager on duty / Manager on Call. DO NOT USE A MOBILE PHONE.**
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| **FURTHER ACTIONS FOLLOWING BOMB THREAT** |
| **Follow the advice of the Police. This may include a search of the premises or evacuation.****THE Most senior manager / clinician on duty to liaise with the other emergency services on their arrival at the scene.** |
| **Building Actions**If safe to do so, turn off the following:* Gas & Fuel supplies.
* Air Conditioning systems.
* Ventilation Plants.
 |
| **Evacuation – SILENT CASCADE****If** Police request evacuation. **DO NOT SOUND ALARM.** Use the same principles as a fire i.e. Fire Wardens to don high visibility jackets, signing in sheets and roll call to be acted upon once all have vacated the building and follow the guidelines below:1. If whereabouts of device established evacuate staff away from these areas.
2. Contact Fire Wardens or Departments to verbally inform all building occupants of alert and perform silent, controlled evacuation of staff using closest escape routes avoiding affected area.
3. Assemble at safest location (at least 200 metres distance away) or advised at the time of evacuation by the Police or Fire Coordinator. **DO NOT ASSEMBLE AT THE FIRE ASSEMBLY POINT.**

In the event that an external evacuation is not advised, it may be necessary to move staff to a place of safety within the building and prevent further access/exit – To be assessed at the time of emergency. |
| **Lock down:**If a Lock Down is required to secure the building from an external hazard:1. Lock all entrances and exits to the building and place ‘Stop’ sign on main entrance door.
2. Contact Fire Wardens and all Departments as listed above and start silent cascade.
3. Fire Coordinator and delegated personnel to perform controlled move of all occupants to a structurally sound area, away from glazing and furthest away from bomb location.
4. Close all doors and windows.
5. Switch off all systems that may draw air into the building.
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| **ACTIONS FOLLOWING RECEIPT OF A SUSPICIOUS PACKAGE WHICH HAS NOT BEEN NOT OPENED**  |

**Suspicious Packages: Things to Look Out For**



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| **If you suspect a package & it is unopened** |
| 1. **DO NOT TOUCH!**
2. **DO NOT USE MOBILE PHONES**
3. Leave a distinctive marker near device.
4. **Evacuate** the room and floor, corridors and adjacent rooms along and up to the upper level above and lower level below site.
5. **If suspect package contaminated** by a suspicious substance (e.g. chemical or a powder), isolate affected personnel away from other people in a safe area. **Reassure** **them that help is on its way.**
6. **Call** **Police on 999** by **landline not by mobile phone.** **Follow their advice.**
7. Inform the most senior manager on duty / On-call Manager.
8. **If staff in contact with package start to display symptoms** (runny nose, streaming eyes, cough, skin irritation) ensure the **Police** are told this. If necessary call **999 and ask for Ambulance**. Tell the **Ambulance Service** what has happened. **Follow their advice.**
9. Most senior manager / clinician on duty to liaise with the emergency services on their arrival at the scene.
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| **ACTIONS FOLLOWING RECEIPT OF SUSPICIOUS PACKAGES WHICH HAS BEEN OPENED**  |

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| **For Opened Packages Which Contain Suspicious Materials** |
| 1. **Call the Police on (9) 999** by **landline not by mobile phone. Follow their advice.**
2. **Inform** the most senior manager on duty / Manager On-Call.
3. **Do not** try to **Clean up** the substance.
4. **Cover** the spilled contents immediately with anything (e.g. clothing, paper, trashcan etc) and do not remove this cover.
5. Anyone exposed to / or contaminated by the suspicious should move away from the package / material. **But Must Not** leave the area and must remain isolated from other people. **Reassure them that help is on its way.**
6. **They should not** brush their clothes down.

 1. **Instruct** those exposed to remove their outer clothing.

 1. If available, they should wipe themselves over with paper towels and or wet wipes.
2. Evacuate all other people from the area and **Close** any door, or section off the area to prevent others from entering (i.e., keep others away).
3. Switch off air conditioning / air handling systems.
4. **If staff in contact with package / substances start to display symptoms** (runny nose, streaming eyes, cough, skin irritation) **ensure the Police** are told this. **If necessary call 999** by **landline not by mobile** and ask for **Ambulance**. Tell the Ambulance Service what has happened. Follow their advice.
5. Most senior manager / clinician on duty to liaise with the Ambulance Service and other emergency services on their arrival at the scene.
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| **ACTION card: contaminated self presenters****TO FOLLOW IN THE EVENT THAT Members of THE public present themseLVES At a SCHT building following possible contamination with a hazardous substance****(Revised APRIL 2016)** |

**NOTE:** People potentially contaminated with a hazardous substance after an accident or terrorist incident are likely to go to Accident and Emergency; Urgent Care Centres or Minor Injury Units rather than a health centre or office base. **However**, SCHT shares buildings with other organisations and Minor Injuries. In addition, contaminated people may seek help at the nearest hospital or NHS building.

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|  **ACTIONS****(NOTE: Minor Injuries Units have specific procedures)** |
| If a person self presents to a SCHT building and states they have been in contact with a hazardous substance (e.g. a chemical) **or** if you suspect that they may have been exposed to a hazardous substance:-1. Instruct the person(s) to stay outside the building. Reassurance them that help is on its way.
2. If the person(s) is already in the building. Instruct the person(s) to go into an area of isolation that is close by (e.g. toilet / office).
3. **Call 999 and ask for Ambulance. Explain the situation and follow their advice.**
4. Inform senior manager on duty / Manager On-Call.
5. Turn off any air-conditioning systems and Lock the building down (close windows and secure doors).
6. If safe to do so and in agreement with the Ambulance Service. Keeping a distance from the affected person(s):-
	1. Provide the affected person(s) with a gown / clothing and instruct them to remove their outer clothing (so removing any possible contamination).
	2. Provide the affected person(s) with paper towels / kitchen towels / paper tissues and instruct them to blow nose, wipe themselves down to remove any contamination.
7. **Do not** touch or examine the patient. **Wait for the Ambulance Service.**
8. Anyone who was in contact with the person(s) should also be isolated (away from the affected person(s)) and from other patients and staff.
9. Keep all other patients and staff away from the area.
10. Most senior manager / clinician on duty to liaise with the Ambulance Service and other emergency services on their arrival at the scene.
 |

**Appendix 1: Team Contact Numbers**

**In circumstances it may be necessary to alert / inform staff of a problem at the site.**

*Guidance list staff contact details so senior person on duty / Team Manager can inform staff of any problems.*

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| **Name** | **Service Area / Role** | **Work Tel no** | **Mobile** | **Personal** |
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**Appendix 2: Business Continuity Incident: Actions and Decisions Log Sheet**

**Name: …………………………………………………………………………...**

**Date: ……………………………………………………………………………..**

**Incident: …………………………………………………………………………**

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| **INFORMATION / ACTION / DECISION TAKEN / INFORMATION RECEIVED REGARDING INCIDENT** | **TIME** |
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**Appendix 3:**

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| **REVIEW OF RESPONSE TO BUSINESS CONTINUITY INCIDENT** |

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| **Time and Date of Incident** |  | **Location** |  |
| **Review Completed by** |  | **Contact Number** |  |
| **Date of Review** |  |  |  |

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| **Summary of Incident** |
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| **Lessons Learnt**  |
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| **Actions to Address Lessons Learnt / Gaps in Response** | **Action Owner** | **Date** |
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**Send copy of review to SCHT Emergency Planning Manager**