



**NHS East Sussex Downs and Weald &  
NHS Hastings and Rother**

**Emergency Plan**  
**In response to a Major Incident**

**VERSION LESS TELEPHONE NUMBERS AND EMAIL ADDRESSES**

Version:	1.5
Ratified by:	Emergency & Business Continuity Planning Review Group
Date ratified:	11 September 2010
Name of originator/author:	David Wolfe
Name of responsible committee/individual:	Head of Emergency Preparedness and Response/Emergency Planning Review Group
Date issued:	September 2010
Review date:	September 2011
Target audience:	All PCT staff

# STOP

- IF A MAJOR INCIDENT HAS BEEN DECLARED AND YOU ARE READING THIS POLICY FOR THE FIRST TIME, DO NOT CONTINUE.

**GO DIRECTLY TO THE ACTION CARD SECTION**

- **SEEK OUT YOUR ACTION CARD AND FOLLOW IT**
- IF YOU **DO NOT** HAVE AN ACTION CARD THEN AWAIT FURTHER INSTRUCTIONS FROM YOUR MANAGER
- **DO NOT** CALL THE SWITCHBOARDS OF THE PCT OR ACUTE HOSPITAL TRUST
- **DO NOT** LEAVE WORK UNTIL YOU HAVE CONFIRMED THAT IT IS OK TO DO SO WITH YOUR MANAGER
- **ENSURE THAT YOUR MANAGER OR WORK COLLEAGUES HAVE A CONTACT NUMBER FOR YOU**
- **DO NOT** GO TO THE PCT EMERGENCY CONTROL CENTRE UNLESS YOU ARE REQUIRED TO

**KEEP YOUR PCT ID CARD ON YOU AT ALL TIMES**

DOCUMENT CONTROL

Plan Version	Pages	Details	Date	Author
V 1	ALL	Original Plan	Dec 2006	JC
V1.1	ALL	Revised Plan	June 2007	PB
V1.2	All	Revision of plan: <ul style="list-style-type: none"> <li>• CEO Forward</li> <li>• Order of Contents</li> <li>• Organisation title</li> <li>• Contact for plan issues</li> <li>• Publication &amp; Distribution</li> <li>• Update re guidance</li> <li>• General update of information</li> </ul>	Sept 2009	SH
V1.3	ALL	Total Revision of Plan including <ul style="list-style-type: none"> <li>• Removal of Sussex Partnership NHS Trust and referring to their own plan within PART 1.</li> <li>• Incorporating updated ESCHS plan and action cards into PART 3</li> <li>• Adding PARTS 4,5,6,7 and 8</li> </ul>	Apr/May 2010	DW
V1.4	ALL	Edited by Deputy Director of Public Health and amended by Head of Emergency Preparedness & Response	June 2010	DW
V1.5	ALL	Amendments received from members of the Emergency & Business Continuity Planning Review Group which includes PCT & multi-agency partners	July 2010	DW

Any comments or queries about this Plan or requests for additional copies should be addressed to Jean Costello (pa to Deputy Director of Public Health) who can be contacted on:

Telephone: 01273 403594.  
 Fax:: 01273 403680  
 Email: [jean.costello@esdpct.nhs.uk](mailto:jean.costello@esdpct.nhs.uk)

Address: NHS East Sussex Downs & Weald,  
 36-38 Friars' Walk,  
 Lewes,  
 East Sussex,  
 BN7 2PB

## Foreword from the Chief Executive

As Chief Executive I have ultimate responsibility for ensuring that the PCTs respond efficiently and effectively to a major incident. During the declaration of a major incident it is imperative that both PCTs respond in a unified manner. Consequently, there will only be one Emergency Plan across both organisations.

The events that are likely to lead to the declaration of a major incident for the PCTs are:

- Large scale accidents – rail, motorway, air crashes etc.
- Slowly emerging incident – such as infectious diseases like Pandemic flu, flooding, fuel shortages.
- Toxic gas plume drifting over the area – e.g. Buncefield Oil Terminal Fire.
- Headline news report – sparking a health scare.
- Accidental/deliberate release of a Chemical, Biological, Radiological or Nuclear nature (CBRN).
- Internal incidents.

All of which would place an immense strain on the resources of the acute NHS; and the wider community; impact on the vulnerable people in our community and would affect the ability of the PCTs to work normally.

The London bombings that took place on June 7<sup>th</sup> 2005 led to a major incident response across all NHS organisations. Also, more locally, the Fireworks Factory Fire near Ringmer in December 2006 led to local activation of emergency plans.

When events like these happen, the Emergency Plan will be activated. It is important that all staff are familiar with the plan, and are aware of their responsibilities. Staff should ensure that they are regularly updated to any changes in the emergency response, as notified by the Head of Emergency Preparedness and Response. Directorates/services must also maintain accurate contact details of their staff, to ensure that people are accessible during an incident.

Whilst the Emergency Plan will only rarely be activated, regular training and exercising will occur, as required under the Civil Contingency Act 2004 and NHS Emergency Planning Guidance 2005. I would urge staff to become fully involved in both the training and exercises, as they provide the impetus for the plan to be updated in the future.

A major incident can occur at any time, day or night, and it is essential that we all maintain our preparedness to respond.

Signed



Mike Wood  
Chief Executive Officer  
NHS East Sussex Downs and Weald and NHS Hastings and Rother  
September 2010

**CONTENTS**

Emergency Plan.....	1
STOP .....	2
KEEP YOUR PCT ID CARD ON YOU AT ALL TIMESDOCUMENT CONTROL .....	2
DOCUMENT CONTROL.....	3
Foreword from the Chief Executive.....	4
CONTENTS .....	5
PUBLISHING A MAJOR INCIDENT PLAN (Civil Contingencies Act 2004).....	6
PART I .....	13
RESPONSE TO A MAJOR INCIDENT .....	13
1. INTRODUCTION.....	14
2. DEFINITION OF A MAJOR INCIDENT.....	14
3. LEVELS OF INCIDENT.....	14
4. ALERTING .....	15
5. PCT RESPONSE .....	16
6. THE TRUST'S CONTRIBUTION .....	16
7. COMMUNITY NURSING SERVICES .....	16
8. COMMUNITY HOSPITAL ROLES .....	17
9. SUSSEX PARTNERSHIP TRUST .....	17
10. EMERGENCY CONTROL CENTRE.....	17
11. EMERGENCY PLAN.....	19
12. ACTION CARDS .....	19
13. RECORD KEEPING.....	20
15. VOLUNTEERS.....	20
16. COMMUNICATIONS.....	21
17. MEDIA LIAISON.....	21
18. LOGISTICAL SUPPORT.....	21
19. DEPUTIES .....	21
20. RESTORATION OF NORMALITY .....	22
21. STAND DOWN.....	22
22. DEBRIEF.....	22
ANNEX A .....	23
OUTLINE RESPONSIBILITIES IN A MAJOR EMERGENCY.....	23

**PUBLISHING A MAJOR INCIDENT PLAN (Civil Contingencies Act 2004)**

NHS East Sussex Downs and Weald and NHS Hastings and Rother will publish the Emergency plan on the Sussex Local Resilience Forum (LRF) website and National Resilience Extranet (NRE) to ensure access to the plan by all Sussex Category 1 & 2 responders

The plan will also be published on the NHS East Sussex Downs and Weald and NHS Hastings and Rother extranet for access by all staff.

An abridged version will be available on the public intranet website to comply with public access to the document. This will not contain telephone numbers and operational details that might compromise the response of the organisation.

**Full copies of this Emergency Plan will be distributed to:**

NHS East Sussex Downs and Weald and NHS Hastings and Rother	All Executive Directors and Deputy Directors Chairman & All Non Executive Directors. Professional Executive Committee (PEC) Chairs
All GP practices across East Sussex	
<b>Other PCTs</b> West Sussex PCT (Lead PCT) Brighton and Hove City PCT West Kent PCT Eastern Kent and Coastal PCT	<b>Community Resources</b> Director of East Sussex Community Health Services (ESCHS) Lewes Victoria Hospital Crowborough War Memorial Hospital Uckfield Community Hospital Irvine Unit, Bexhill Hospital Rye Memorial Care Centre Firwood House, Eastbourne Newhaven Rehab Centre HMP Lewes
<b>Specialist Agencies</b> Health Protection Unit Health Emergency Planning Advisor, HPA	<b>Acute Trusts</b> East Sussex Hospitals NHS Trust Brighton and Sussex University Hospitals NHS Trust Worthing and Southlands NHS Trust Maidstone and Tunbridge Wells NHS Trust Queen Victoria Foundation Trust, East Grinstead
<b>Non Acute NHS Trusts</b> South Downs Health NHS Trust Sussex Partnership NHS Trust	South East Coast Strategic Health Authority (SHA) South East Coast Ambulance Service NHS Trust (SECAMB)
<b>Local Authority</b> East Sussex County Council Lewes District Council Hastings District Council Rother District Council Wealden District Council Eastbourne District Council Brighton and Hove City Council	Sussex Police East Sussex Fire and Rescue Environment Agency

## 1. Introduction

1.1 NHS East Sussex Downs and Weald and NHS Hastings and Rother Emergency Plan establish the framework for their response in the event of any major incident regardless of cause.

## 2.0 NHS Emergency Planning Guidance of 2005<sup>1</sup>

- Key Responsibilities outlined in the guidance:
  - The Chief Executive is responsible for ensuring that the PCTs have a major incident plan and are able to respond to a major incident/emergency.
  - The board is regularly briefed with reports on the preparedness of the PCTs, additional risks, training and exercising.
  - Executive Director Lead is nominated (Director of Public Health).
- This, together with the Civil Contingencies Act, 2004<sup>2</sup> (CCA) places a greater emphasis on emergency planning within the NHS.

## 2.1 Exercising

- A communication Exercise to be carried out bi-annually.
- A table top exercise to be carried out annually.
- A live exercise (Acute Trusts) to be carried out every 3 years

## 3.0 Civil Contingencies Act 2004

3.1 The UK has undergone a series of national emergencies in recent years. The beginning of the millennium saw extensive flooding across the country (including locally at Lewes); but also it saw the foot and mouth disease outbreak, the fire fighters strike and the fuel protests. Shortly after this the world underwent a step change in its expectations of terrorist activity with the bombing of the World Trade Centre in New York and 7/7 in London.

3.2 The aim of the Civil Contingencies Act<sup>3</sup> was to ensure that the United Kingdom adopted a more robust approach to emergency preparedness; to direct emergency planners to look more specifically at local risks; and to promote a combined approach to emergency planning. The Civil Contingencies Act defines responders to emergencies as either Category 1 or Category 2 responders. The bill stipulates responsibilities for each category of responder, statutory duties.

3.3 As a Category 1 Responder, the PCTs are obliged to:

- Carry out Risk Assessments of their operational area.
- Prepare emergency plans.

---

<sup>1</sup> NHS Emergency Planning Guidance, 2005 (Department of Health)

<sup>2</sup> Civil Contingencies Act, 2004 (Civil Contingencies Secretariat)

<sup>3</sup> Civil Contingencies Act, 2004 (Civil Contingencies Secretariat)

- Prepare business continuity plans.
- Warn and inform the Public.
- To cooperate with other responders through a Local Resilience Forum.
- To share information with other responders as appropriate.

#### 4.0 PCT Responsibilities

- 4.1 The responsibility for Emergency Planning within the PCTs across East Sussex has been delegated to the Director of Public Health. The day to day responsibility for Emergency Response now lies with the Head of Emergency Preparedness and Response within the Public Health Directorate.
- 4.2 All personnel employed by the PCTs have a degree of responsibility within the plans; to ensure that they are familiar with them and that they participate in training and exercising where necessary.
- 4.3 In conjunction with the NHS Emergency Planning Guidance that was published in 2005, the Department of Health also produced underpinning material for Primary Care<sup>4</sup>; directing the preparation of emergency response plans within PCTs. This guidance states that 'Primary Care Organisations (PCOs) have overall responsibility for the provision of some health care services and the protection of public health within their geographical area'.
- 4.4 Other planning responsibilities outlined in the guidance include:
- Co-ordination of the local NHS response to a major incident.
  - Development of a command and control structure that links with local resilience arrangements.
  - Implementation of national policy and guidance in local context.
  - Demonstration of high levels of preparedness of primary care and community services; ensuring that they can respond at any time.
  - Mobilisation of primary and community care resources to support acute and non acute trusts.
  - Ensuring the competency of staff to respond to a major incident.
  - Development of contingency plans for business continuity during a prolonged incident.
  - To train and exercise in conjunction with local NHS and external multi agency partners.
  - To take into account the needs of vulnerable groups when planning to respond to a major incident.
- 4.5 The preparation of emergency plans is now directed by the assessment of external risks within the local area; and internal risks within the organisation. The UK Government have recently

---

<sup>4</sup> NHS Emergency Planning Guidance, 2005, Underpinning Materials, Primary Care Organisations

published a National Risk Register (2010), providing an overview of risks that are faced across the nation.

- 4.6 Within Sussex the risk assessment process is overseen by the Sussex Resilience Forum (SRF) which is compiled of executive representatives from all category 1 responders; (police, fire, ambulance, NHS and local authority).

## 5.0 Definition of Emergency

- **Emergency** - The Government has defined an emergency in the Civil Contingencies Act 2004 as:

*An event or situation which threatens serious damage to;*

- *Human welfare in a place in the UK.*
- *The environment of a place in the UK.*
- *The security of the UK or of a place in the UK.*
- **Major incident** - For the purposes of this plan a major incident is defined as:

*Any accident, incident, natural disaster or hostile act which demands special arrangements to cope with casualties or to counter actual or potential effects in the provision of services.*

- 5.1 NHS emergency planning embraces all reasonable contingency measures to enhance response capabilities to deal with any accident, natural disaster or hostile act resulting in an abnormal casualty situation or posing any threat to the health of the community or in the provision of services.

## 6.0 Levels of Response

- 6.1 The NHS Emergency Planning Guidance 2005 identifies three levels of response:

- **Major:** incidents such as multiple vehicle collisions where more patients will be dealt with, probably faster and with fewer resources than usual;
- **Mass:** larger scale incidents affecting hundreds of people, with possible evacuations of a major facility or persistent disruption over many days. The incident will require a collective response by several or many neighbouring NHS organisations;
- **Catastrophic:** events of potentially catastrophic proportions that severely disrupt health, social care and other functions and that exceed collective local capability within the NHS;

## 7.0 Types of Incidents

- 7.1 **External Incidents** - Incidents involving the PCTs may start in a number of ways.

- Large scale accidents – rail, motorway, and air crashes etc.
- Slowly emerging incident – some infectious diseases like A (H1N1) Swine Flu Pandemic, fuel shortage etc.

- Toxic gas plume drifting over the area – e.g. Buncefield Oil Terminal Fire.
- Headline news report – sparking a health scare.
- Heatwave.
- Deliberate release of a Chemical, Biological, Radiological or Nuclear nature (CBRN).

## 7.2 Internal/Business Continuity incidents (BCI)

- Loss of facilities due to, for example fire or flood.
- Loss of IT support (BCI).
- Staff illness, pandemic flu (BCI).
- Serious untoward incident (SUI).
- Supply failure – fuel, power, water.
- Loss of key personnel (BCI).
- Drinking water contamination.
- Some communicable disease outbreaks.

7.3 Incidents involving communicable disease, chemical and radiological hazards and terrorist deliberate release require specialist input. Public Health and the Health Protection Agency will play a very important role in this regard. The HPA must always be consulted and in many instances will lead the Public Health response on behalf of the Director of Public Health. The Surrey and Sussex Local Health Protection Unit Major Outbreak Plan<sup>5</sup> exists to co-ordinate this response.

## 8.0 Aims of the Emergency Plan

- 8.1 The aim of this plan is to set out a series of procedures and strategies that may be followed by the organisation when dealing with an emergency situation. This will ensure that the PCT responds in accordance with emergency response guidelines previously mentioned and the CCA.
- 8.2 The plan must be used in conjunction with the PCTs Business Continuity Plan and Communication Plan
- 8.3 Many of the risks that we face as an organisation revolve around the preservation of critical functions within out sourced provider services.
- 8.4 The Emergency and Business Continuity Plans for the PCTs are aimed at ensuring that these critical functions are maintained. This will include at times of an emergency.

---

<sup>5</sup> The Surrey and Sussex Local Health Protection Unit Major Outbreak Plan

8.5 To ensure that the Trust complies with the statutory duties under the Civil Contingencies Act (2004).

**9.0 Objectives of the Emergency Plan**

9.1 The Emergency Plan will:

- Give clear guidance on the responsibility for planning and responding to an emergency.
- Provide information and direction for staff who find themselves responding to an emergency.
- Identify the local risks that the organisation faces and, where possible, identify strategies to reduce or mitigate these risks.
- Promote both emergency and business continuity planning within the organisation and encourage all managers to build them into their day to day processes.

**10.0 Risk Assessment**

10.1 The National Risk Register has been produced by the National Security Agency under the UK Government in 2010. It is a comprehensive list of all the current threats to the health and security of the population of the UK.

10.2 The Sussex Resilience Forum has reviewed all hazards and threats that exist within Sussex, and this forms the Community Risk Register for Sussex. Many of the hazards and threats will appear on both the local and the national risk registers. However, the Sussex Risk Register has specific mitigating measures employed by the various responding agencies where appropriate.

10.3 The Sussex Community Risk Register is available on the Sussex Resilience Forum website at: [http://www.sussexemergency.info/cms.php?page=3&cms\\_menu\\_path=3&mod=139](http://www.sussexemergency.info/cms.php?page=3&cms_menu_path=3&mod=139).

10.4 The purpose of producing these lists of hazards and threats is to ensure that each organisation can focus their emergency planning efforts towards those risks that are likely (or could possibly) occur.

10.5 Examples of the risks for NHS East Sussex Downs and Weald and NHS Hastings and Rother are provided below.

No.	Risk	Risk Rating
1	Pandemic Influenza	Very High
2	Acts of Terrorism*	Very High
3	Flooding – fluvial/coastal/ surface water	Very High
4	Epidemic Influenza	Very High
5	Heatwave	High
6	Severe Weather	Medium
7	Contamination of the food chain	Medium
8	Aeroplane crash over urban or semi urban area	Medium
9	Maritime incident involving passenger vessel	Medium
10	Reservoir failure or dam collapse	Medium
11	Fire in Building leading to casualties	Medium

12	Toxic biological substance release into the environment	Medium
13	Large toxic chemical release	Medium
14	Accident on local roads	Medium
15	Localised legionella or meningitis outbreak	Medium
16	Industrial accidents	Medium
17	Railway accident	Low

\* The Uk Security Service MI5 monitors World intelligence and change the UK Threat Level according to the perceived risk at any one time. At the time of going to print the Threat Level was '**Severe**'.

- 10.6 The PCTs Emergency Plan is generic to cover most eventualities – as listed above. Special consideration is given to flooding, pandemic influenza and heatwave, which are covered by separate plans. Also, consideration is given to escalation of an incident to a mass casualty event.

# **EMERGENCY PLAN**

## **PART I**

### **RESPONSE TO A MAJOR INCIDENT**

# EMERGENCY PLAN

## IN RESPONSE TO A MAJOR INCIDENT

### PART 1

#### 1. INTRODUCTION

- 1.1 The East Sussex Primary Care Trusts – NHS East Sussex Downs & Weald & NHS Hastings & Rother Emergency Plan establishes the framework for the PCTs response in the event of any major emergency regardless of cause.
- 1.2 The outline responsibilities of the PCTs in response to a major incident are at **Annex A**.

#### 2. DEFINITION OF A MAJOR INCIDENT

- 2.1 **Emergency.** The Government has defined an emergency in the Civil Contingencies Act 2004 as: ***an event or situation which threatens serious damage to;***

- **Human welfare in a place in the UK.**
- **The environment of a place in the UK.**
- **The security of the UK or of a place in the UK**

- 2.2 For the purposes of this plan a major incident is defined as:

**Any accident, incident, natural disaster or hostile act which demands special arrangements to cope with casualties or to counter actual or potential effects in the provision of services.**

- 2.3 The PCT has assessed hazards and risks and has established a risk register. Significant parts of NHS East Sussex Downs & Weald have been identified as potentially at risk from river flooding. Warnings of possible tidal or river flooding are issued by the Environmental Agency direct to Councils. The Flood Plans for Lewes, Uckfield, Seahaven and Pevensey Bay are held in the ECC. The PCT also has Lewes Prison, the port of Newhaven, Culfail Tunnel and the Gypsum Mine in Rother within its geographical boundaries.
- 2.4 The PCTs themselves may be affected by their own internal incident or by an external incident which impairs the PCT's ability to work normally. A fire, breakdown of utilities, major equipment failure, hospital acquired infections or violent crime may paralyse the provision of services and jeopardise safety arrangements in the short term, and erode staff morale and public confidence in the longer term.

#### 3. LEVELS OF INCIDENT

- 3.1 **Level 1.** Incident restricted to one PCT's operational area. That PCT will provide both strategic and operational response and request assistance if required from the Lead PCT. The on-call Director of the SHA will be informed but will only have involvement if requested.

- 3.2 Level 2.** Incident crosses PCT boundaries or is of such a magnitude that a single PCT is unable to manage. The Lead PCT (West Sussex PCT) will provide both strategic and operational response and request assistance from the SHA if required. The on-call Director of the SHA will be advised and take internal action as appropriate.
- 3.3 Level 3.** Established where incident involves a Strategic Co-ordinating Group (SCG). The SHA will provide both strategic and operational response with assistance from the Lead PCT and/or others as required.
- 3.4 Cross Boundary Incidents.** In major incidents that cross strategic health authorities, the response will usually be led by the Chief Executive from the SHA in which the incident started or is mainly located. It is likely that the Regional Director of Public Health will become directly involved.

#### 4. ALERTING

- 4.1 A Director, or out of hours Director on Call, may be alerted to a major incident by one of the following:
- South East Coast Ambulance NHS Trust (SECAMB).
  - An NHS Trust.
  - South East Coast Strategic Health Authority (SHA).
  - West Sussex PCT (Lead PCT).
  - Another PCT
  - East Sussex Adult Social Care Department.
  - Public Health/Consultant in Public Health or HPA/Consultant in Communicable Disease Control.
  - A member of East Sussex PCTs – NHS ESDW & NHS HR staff in accordance with the PCTs Operational Plans
- 4.2 On receipt of an alerting message the Director or Director on Call will:
- **Note all details** concerning the emergency situation, all hospitals and other agencies involved in response, the time of the alerting call and name of caller (**Alert Call Record page 2-2**).
  - Notify contact personnel for the PCTs as per “Emergency Control Team” (ECT) cascade list at **Annex B** in priority order.
  - **Act as the PCT focal point** until such time the PCT Emergency Control Centre is activated.
  - Follow the Director or Director on Call Action Card is at **Part 2**. Diagrammatic representation of the warning/alerting cascade system is at **Annex D**.

Should any individual hospital or service receive a request for support directly from a Receiving Hospital, SECAMB or SHA will immediately contact a Director or Director on Call who will activate this Emergency Plan.

**5. PCT RESPONSE**

**5.1 Emergency Control Team (ECT).** The Emergency Control Team will:

- Conduct an immediate assessment of the emergency situation.
- Review the status and resources of the Trust and its hospitals, culminating in a decision concerning any requirement to implement the PCTs Emergency Plan in full or in part.
- Confirm emergency contact arrangements to the SHA, all those required to respond within the PCT and to all other relevant response agencies.
- Action Cards for the Emergency Control Team are at **Parts 2 and 3**.

**5.2 Independent Plan Activation.** Any of the individuals listed at **Annex B** may, after consultation with the Chief Executive, activate the Emergency Plan, in full or in part, regardless of any formal alerting message. Such action may be taken when it is apparent that the incident or environmental hazard may demand the implementation of special arrangements or when a spontaneous response by members of the public results in the presentation of major incident casualties at a hospital.

**5.3 Internal Incident.** Any of the individuals listed at **Annex B** may, after consultation with the Chief Executive, activate the Emergency Plan, in full or in part, in response to an internal incident. If appropriate, business continuity and/or contingency arrangements for the loss of the PCT's own or supporting infrastructure will also be activated.

**6. THE TRUST'S CONTRIBUTION**

**6.1** The Trust contribution to an emergency may be:

- Community Nursing Services.
- Activation of the following Community Hospital(s)

<b>Uckfield Community Hospital</b>	<b>Telephone:</b>
<b>Crowborough War Memorial Hospital</b>	<b>Telephone:</b>
<b>Lewes Victoria Hospital</b>	<b>Telephone:</b>
<b>(To include Meadow Lodge)</b>	
<b>Newhaven Rehabilitation Centre</b>	<b>Telephone:</b>
<b>Firwood House, Eastbourne</b>	<b>Telephone:</b>
<b>Irving Unit, Bexhill Hospital</b>	<b>Telephone:</b>
<b>Rye Memorial Care Centre</b>	<b>Telephone:</b>

**7. COMMUNITY NURSING SERVICES**

**7.1** The outline responsibilities of Community Nursing Services in response to a major incident are in **PART 3**.

7.2 The Director of East Sussex Community Health Services (ESCH), or the person deputised to act for this post holder, as a member of the ECT will:

- Assess to what extent it is appropriate to require nursing staff to report for duty and will then arrange contact via the cascade system.
- Establish contact and liaise with the Community Hospitals as appropriate.

7.3 The Community Nursing Services and Community Hospitals responses, including action cards for key staff, are at **Part 3** to this plan.

## 8. COMMUNITY HOSPITAL ROLES

8.1 Community Hospitals provide a response in the event of the most severe pressures being placed on local resources. Their primary role is the acceptance of in-patients transferred from Receiving and/or supporting hospitals, for nursing care. See **PART 3**.

8.2 **Uckfield Community Hospital, Crowborough War Memorial Hospital, Irvine Unit, Rye Memorial Hospital, Lewes Victoria Hospital, Newhaven Rehabilitation Centre.** The outline responsibilities of Community Hospitals are included in **PART 3**. The facilities and therefore the contribution that can be made by the Firwood House facility in Eastbourne is more limited but as an integral part of the Intermediate Care Service it will be expected to play a role in preventing some hospital admissions and facilitating early discharge of appropriate patients.

8.3 In the event of any environmental or natural disaster demanding special arrangements to be implemented to provide logistic support or counter actual or potential threats in the provision of services, the SHA 'Emergency Control Centre' (ECC) will be activated at Horley to co-ordinate necessary contingency arrangements. Contact details are included in the SHA Emergency Contact list.

## 9. SUSSEX PARTNERSHIP TRUST

### 9.1 Mental Health

9.1.1 A primary responsibility will be the maintenance of a response capability for immediate support to 'RECEIVING HOSPITALS' in the assessment of counselling needs. The outline responsibilities of the Mental Health Services are contained in Section 4 of The Sussex Partnership Trust Emergency plans held in the ECC.

- Initial response requirements in respect of casualties admitted to hospital and NHS staff.
- Co-ordinating arrangements with local authority Social Services.
- Liaison and co-operation with Social Services in relation to specialist referral and the appraisal of the long-term needs of individuals.

## 10. EMERGENCY CONTROL CENTRE

10.1 **Location.** The PCT Emergency Control Centre (ECC), both during working hours and out of hours, will be located at:

**Friars Walk, Boardroom**

The contact details of the ECC are as follows:

**Tel:** xxxxxxxxxxxx  
 xxxxxxxxxxxx  
 xxxxxxxxxxxx  
 xxxxxxxxxxxx

**Fax:** xxxxxxxxxxxx

**E-mail:**

**NOTE: THESE ARE NOT IN EVERYDAY USE AND WILL ONLY BE ACTIVATED IF THE ECC IS ESTABLISHED.**

**10.2 Role.** The ECC will serve as the focal point for all liaison, co-ordination and control responsibilities. Copies of the emergency plan will be permanently located at Reception, Friars Walk.

10.3 It is within the remit of the first Director to arrive on site to relocate the ECC as appropriate to the situation. The designated alternative site is Bexhill Hospital. In the event of re-location the SHA and other principal contact points will be immediately informed of the alternative location and all communication details. Layout of the ECC is attached to **ACTION CARD 1** (First Director Alerted)

10.4 **Staffing.** The ECC will be staffed by the ECT. The maximum membership of this team will be:

- **First Director or Director on Call Alerted (until relieved).**
- **Head of Emergency Preparedness & Response (Emergency Co-ordinator)**
- **Director of Public Health (or designated representative).**
- **Director of ESCHS (or designated representative).**
- **Director of Strategy and Primary Care (or designated representative).**
- **Communications Manager.**
- **Chief Executive (or designated representative).**
- **Administrative Support.**
- **Loggist Support.**

Other members of the Administrative Staff will provide further administrative support as necessary.

10.5. The ECT will remain in the ECC at all times or until properly relieved, to act corporately and individually in the collation and dissemination of information, necessary decision making and the issue of any instructions.

10.6 **Passage of Information.** It is the responsibility of all staff in key emergency roles to provide the ECT with regular situation reports, in addition to any specific detail required in accordance with Action Card responsibilities.

## 11. EMERGENCY PLAN

11.1 All Directors will be issued with two copies of the Emergency Plan – one for their normal office base and one for their home.

11.2 In addition, a copy of the Emergency Plan will be placed with the PA to the Chief Executive at PCT Headquarters, at each Community Hospital and Community Base and each General Practice.

## 12. ACTION CARDS

12.1 **Purpose.** The Action Cards in **Parts 2 and 3** to this plan provide detailed instructions and information concerning emergency procedures, functional roles and responsibilities pertinent to a specific post holder or to a specific department. These Action Cards will be held at appropriate locations throughout the PCTs. **The Action Cards will be in addition to the site** copy of East Sussex PCTs - ESDW & HR PCTs' Emergency Plan.

### 12.2 Issue of Action Cards

- Action Card 1 will be held by the Director first alerted.
- A copy of Action Card 2 will be held by the Chief Executive.
- A copy of Action Card 3 will be held by the Chair.
- A copy of Action Card 4 will be held by the Director of Public Health
- A copy of Action Card 5 will be held by the Director of Strategy and Primary Care.
- A copy of Action Card 6 will be held by the Deputy Director of Public health or nominated deputy
- A copy of Action Card 7 will be held by the Communications Manager.
- A copy of Action Card 8 will be held by the ECC Manager
- Action Cards 9 (Administrative Support and 10 (Loggist) will be held in the ECC
- Action Cards for the ECT will be held in the Emergency Pack located behind Reception at Friars Walk. (The Emergency Pack contains the Emergency Plan and notepads).
- Emergency Pack containing relevant cards will be held at the PCT Headquarters and Community Hospitals.
- The heading of each card indicates the specific post holder or department required to perform the listed emergency procedures.

### 13. RECORD KEEPING

**13.1 Preservation of Documents.** Following a major incident the Trust may be invited or required to provide evidence to an appropriate enforcement agency (e.g. the Health & Safety Executive), a judicial inquiry, a coroner's inquest, the police or a civil court hearing compensation claims. In the course of any or each of these, the Trust may well be obliged or advised to give access to documents produced prior to, during and as a result of the incident. Under no circumstances must any document which relates or may in any way relate (however slightly) to the incident, be destroyed, amended, held back or mislaid. For these purposes "documents" means not only pieces of paper but also photographs, audio and video tapes, and information held on word processor or other computer. It also includes internal electronic mail. The vital message 'Preserve and Protect' - needs to be spread very quickly during a major incident and must reach those who might quite unknowingly hold significant documents. The Trust Headquarters will issue appropriate instructions and guidance on procedures to be adopted in the immediate aftermath of a major incident to preserve all documentation. (A check list and example memorandum can be found within the 'Supporting documents and Information' menu of the NHS Emergency Planning website.)

**13.2 Notepads.** A notepad will be issued to all Action Card holders who should keep a record of all instructions received, actions taken and other incidents which may enable the PCT to assess the success of the emergency response and provide evidence to any enquiry which may follow. The notepad should remain intact; no part should be destroyed or erased because, no matter how trivial notes may appear, the total content may form an important contribution in assessment of the continuity of response. The notepad is to be handed on if the holder is relieved during the incident and following stand-down it is to be returned to the ECC/Co-ordinator for safe storage.

### 14. STAFF REPORTING

**14.1 Cascade Calling System.** A cascade calling system involving concurrent activity by designated officers will be used to inform senior staff of the implementation of the emergency plan. The cascade system is shown in diagrammatic form at **Annex D to Part 1** with individual responsibilities covered in relevant Action Cards in **Part 2** to this plan.

**It is the responsibility of the Directors to maintain telephone directories in support of the cascade calling system.**

**14.2 Off Duty Staff.** Off Duty Staff who learn **indirectly** of an emergency which is likely to involve the PCTs response **should remain at home until called.**

### 15. VOLUNTEERS

**15.1 Individual Volunteers.** Individual volunteers offering their services on a spontaneous basis may only be used in a general capacity. It will be impossible in crisis to conduct any check of credentials; therefore, such volunteers cannot be used in any capacity which may result in direct contact with patients.

**15.2 Organisations.** Requests for assistance to the British Red Cross, St John Ambulance, Women's Royal Voluntary Service (WRVS), Lewes Volunteer Bureau and other relevant local voluntary organisations using vetted volunteers will be initiated by the ECC in consultation with other agencies.

**16. COMMUNICATIONS**

- 16.1 Telephone Lists.** It will be the responsibility of **Directors** to ensure that the telephone numbers of all staff to be contacted in their directorate in an emergency are reviewed at three monthly intervals and that they are responsible for ensuring activation of directorate cascade. A copy of the telephone list will be provided to the Director on Call and to the ECC, to be held "in confidence" and only to be used in an emergency.
- 16.2 Distress Calls.** In the event of any difficulty in initiating important telephone calls, the ECT can access the priority service via British Telecom exchange operators by using the prefix "This is a distress call".
- 16.3 British Telecom Assistance.** The PCT Emergency Coordinator/Control Centre will be responsible for requesting any emergency assistance concerning maintenance or the provision of additional services. A Memorandum of Understanding between British Telecommunications plc (BT) and Mercury Communications Ltd (MCL) establishes that BT will provide the primary interface for requests for emergency assistance. A single telephone number **0845 7555 999** can be used to gain direct access to suitable 24hr BT response point. A BT Incident Manager will control the overall response to requests for assistance, as necessary calling for support from MCL or, if appropriate, handing over control to an MCL Incident Manager. Services provided by either BT or MCL will be charged at the appropriate commercial rates.

**17. MEDIA LIAISON**

- 17.1 A Communications Manager is a member of the ECC. Unless authorised by the Trust Headquarters or the ECC,

**INDIVIDUAL MEMBERS OF STAFF ARE NOT TO MAKE STATEMENTS OR PROVIDE INFORMATION TO THE MEDIA.**

- 17.2 A guide to Liaison with the Media is at **Annex E to PART 1.**

**18. LOGISTICAL SUPPORT**

- 18.1 The nature of logistical support required in response to an emergency will vary. Any logistic shortfalls which cannot be resolved locally will be referred to the SHA Emergency Co-ordinator/Control Centre by the PCT Emergency Co-ordinator.

**19. DEPUTIES**

- 19.1 In the absence of a key member of the ECT being unavailable or non contactable, the following deputising arrangements will operate:

	<b>Deputy</b>
Director of Public Health	Deputy Director of Public Health
Director of East Sussex Community Health Services	Deputy Director of East Sussex Community Health Services
Chief Executive	Deputy Chief Executive

**20. RESTORATION OF NORMALITY**

20.1 The ECT should give consideration to implementing the Recovery Working group (RWG) (See recovery Plan at **PART 8**) to begin to plan a return to normality as soon as the initial response phase is over so that services can begin as soon as practicable.

**21. STAND DOWN**

21.1 **Declaration of Emergency Stand-Down.** The ECT will determine the time for the declaration of the Trust 'Stand Down' from emergency procedures. This decision will not necessarily coincide with receipt of notification of stand down by other elements of the NHS.

**22. DEBRIEF**

22.1 **Debriefing.** Debriefing provides an opportunity for everyone involved to comment on the response. The purpose of debriefs is to capture the lessons learned for subsequent analysis. A debriefing session after a major incident, if necessary with other agencies, will help to: inform further training, improve procedures, collect evidence for an inquiry, identify and respond to the needs of staff.

## PRIMARY CARE TRUST

### OUTLINE RESPONSIBILITIES IN A MAJOR EMERGENCY

1. To provide a point of contact to receive from a variety of sources including the Department of Health, Strategic Health Authority, Police, an alerting message which may demand preparatory measures or the co-ordination of primary care service response to a major incident or environmental emergency.
2. To receive notification of the implementation of emergency plans and procedures by associated PCT and NHS Trusts.
3. To alert key officers of the PCT to the emergency, as appropriate activating an Emergency Control Centre (ECC) to collate and disseminate information and advice.
4. To confirm the PCTs contact details to all agencies involved in the emergency response.
5. To initiate and support the public health response to an incident where appropriated.
6. To assume the lead PCT role in the event of the major incident being within the PCT's geographical area of responsibility or, as appropriate, to establish liaison with the lead PCT.
7. To notify the GP Out of Hours Services.
8. To assess the best utilisation of the skills and resources available from:
  - Nurse practitioners/Practice Nurses.
  - Hospital at Home staff.
  - Community Nurses.
  - Health Visitors/School Nurses.
  - Allied Health Professionals.
  - Administrative and clerical staff.
9. To provide community nursing support for reception of early discharge patients from acute or community hospitals and to any activated local authority Rest Centre(s).
10. To determine the role to be played by community hospitals in:
  - the treatment of minor injuries.
  - The reception of early discharges from acute hospitals.

11. To liaise and co-ordinate on mutual support capabilities with the current nominated lead PCT for Emergency Planning and Strategic Co-ordination (West Sussex) who leads on behalf of the three PCTs in East Sussex, Brighton & Hove.
12. To assess the effect of any emergency or contingency measures invoked as a result of potential hazards, on special care groups, e.g. premature babies, dialysis patients' etc., co-ordinating any immediate response required.
13. To provide information and advice, as necessary activating a helpline, for:
  - The special needs of children.
  - Special care groups.
  - The needs of the frail and vulnerable. **(See Annex F).**
  - Early proactive intervention to minimise psychological stress
14. To examine any additional requirements for out of hours dispensing.
15. To assess the medium term impact on the community and priorities for the restoration of normality
16. To consider the need for long term monitoring.
17. To preserve all plans and documentation used or produced during the course of the emergency response.
18. To prepare a post-incident report for consolidation in the NHS report.