The Emergency Plan

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System Emergency

All these term are interchangeable:
- A Shock
- An Acute Event
- A Major Incident
- Major Emergency
- Mass Causality

Major Incident / Acute Event

"Any occurrence which presents a serious threat to the health of the community, disruption to service, or causes (or is likely to cause) such numbers or types of casualty as to require special arrangements to be implemented…"

Major Incident / Acute Event for Health Service

"Any occurrence that presents serious threat to the health of the community, disruption to the service or causes (or is likely to cause) such numbers or types of casualties as to require special arrangements to be implemented by hospitals, ambulance or primary care organisations"

Mass Causality

A disastrous event or other circumstances where the normal major incident response of health organisations must be augmented by extraordinary measures in order to cope

Example of System Emergencies

- Sudden "Big Bang": transport disaster (train crash)
- "Rising tide": A major incident that creep up gradually (infectious disease outbreak)
- "Bigger than Expected ": (Bad weather, Flu)
- "Cloud in the Horizon": (major chemical, nuclear release elsewhere need to prepare)
- "Headline News": (Public or Media concern)
- "Internal Incident": (Fire; Equipment Failure; Hospital Acquired Infection; Violet Crime)
- Other part of the country; international: (Terrorist Attach; Military Activities)
- "Domestic Crisis": (Fuel crisis; Power failure, flooding; public disorder; Football: Air Show; demonstration)
- "Health Scare": A serious untoward clinical incident
- "Deliberate release": (Chemical; Biological; Chemical materials)
- "Mass Causalities":

When we declare "Major Incident"?

Declaring a major incident is for alerting other, assess and action

Assess "The Incident" → No Major

→ Major

Major Incident Standby → Re-assess

Major Incident Declared
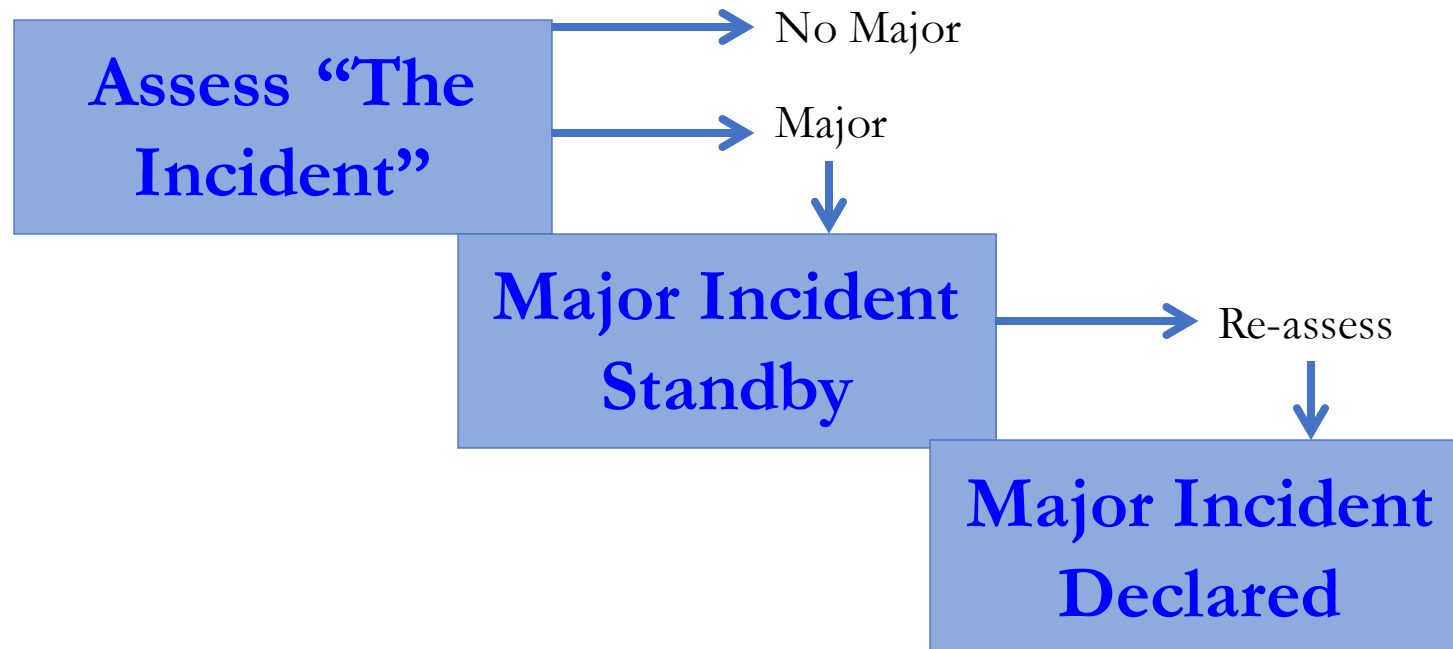
Responsibility of Notifying the Health Service

Ambulance Service: have specific responsibilities in terms of alerting Health organisations in the event of a civil emergency and/or major incident.

- Immediately notify,
Or confirm with police and fire controls, the location and nature of the incident, including identification of specific hazards, for example, chemical, radiation or other known hazards

- alert the most appropriate receiving hospital(s) based on local circumstances at the time

- alert the wider health community as the incident dictates.

Whilst many major incidents are triggered by 'big bang' incidents such as traffic accidents, explosions etc

Communication System

To respond to any incident within & outside health service:

| A Process | **Emergency Planning** |

| An Output | **Emergency Preparedness Plan** |

| An Output | **Rehearse the Plan** |

Emergency Planning & Preparedness

Look at / Explore:

◆ the health service-wide objective for emergency preparedness - the underpinning doctrine for Health System emergency preparedness

◆ the underpinning approach to emergency preparedness based on the basic tenets of the Civil Contingencies Act:

- ◆ co-operation
- ◆ information sharing
- ◆ risk assessment
- ◆ emergency planning
- ◆ business continuity management
- ◆ communicating with the public
- ◆ exercising and evaluating plans regularly

A Process

Emergency Planning & Preparedness

Where? Local vs National

Who should lead?

Responsibility? Accountability? At which level.

Who should be involved?

How to bring all relevant people together?

Facts vs Compromises?

The Plan

Contents

Governance

Set up an:

Emergency Planning Committee

Objectives
(Develop plans)

Earliest possible identification of acute event

Early and effective response

Treatment

Prevent spread

Minimise damage (environment, infrastructure, psychological and social disruption)

Earliest Possible recovery and going back to normal

Public Health Emergency Preparedness (PHEP)

Source: Adapted from Stoto et al., 2005.

Preparedness Capacities
(Assess current state)

Economic Measures	Social Capital	Operational Measures	Legal Measures
• Financing (state, private) • Workforce development • Facilities • Infrastructure	• Emergency responders • Law enforcement • Community organisations • Healthcare providers	• Drills, exercises, and evaluations • Capacity planning and assessment	• Policy development • Organisational structure • Accountability

Response Capabilities
(Determine strategies)

Assessment
- Surveillance
- Environment monitoring
- Epidemiologic Investigation
- Lab analysis

Policy Development and Implementation
- Prevention and treatment
- Population-based

Assurance
- Enforce laws and regulations
- Away from inequity and injustice due to social status

Coordination and Communication with
- Law enforcement
- Emergency
- Other PH departments
- Media and public
- Healthcare providers

Governance

Emergency Plan Governance

The Emergency Planning Committee oversees emergency preparedness of the organisation.	The committee is chaired by the Consultant in Public Health Medicine, meets on a quarterly basis and minutes of the committee are submitted to the PCT Board of Directors
The PCT participates on emergency planning meetings and as a category I responder on the multi-agency LRF	The EPLO reports to the emergency planning committee on the activities of borough multi-agency partners
The emergency planning committee undertakes reviews on the level of emergency preparedness of the PCT	The EPLO reports to the emergency planning committee on the level of emergency preparedness of the PCT
The emergency planning committee will ensure that there is management support for emergency preparedness.	The EPLO reports to the emergency planning committee on the adequacy of resources.
The PCT communicates with and shares information with the public on its emergency preparedness	A copy of the PCT emergency plan is posted on the organisations website
The Director of Public Health ensures that annual self assessment under Healthcare Commission performance standards for emergency planning C24 are conducted	The self assessment under performance standards for emergency planning C24 is submitted to the emergency planning committee for approval
The Director of Public Health ensures that a report on emergency preparedness forms part of the organisations annual report	The annual report on emergency preparedness is submitted to the emergency planning committee for approval

Emergency plan governance and documentation control

This plan has been approved by the PCT Emergency Planning Committee and is consistent with the Department of Health NHS Emergency Planning Guidance 2005 dated 12 October 2005.

Named champions

Board level champion for emergency preparedness and response	Director of Public Health	Name: Prof. Salman Rawaf
Officer responsible for ensuring emergency plan is fit for purpose, up to date	Emergency planning Liaison Officer	Name: Edmund Checkley
Board level champion for business continuity	Director of Provider Services	Name: Di Caulfeild Stoker
Officer responsible for ensuring business continuity plan is fit for purpose and up to date.	Emergency planning Liaison Officer	Name: Edmund Checkley

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Incident Alert Notification Guide

It is not possible to predict the nature of incidents and as such the PCT emergency plan is a framework to guide management in their response to an incident. The following Incident alert notification cascade is therefore provided as guidance and the decision on which agency or contact to call should be taken by the on-call team depending on the circumstances of the incident.
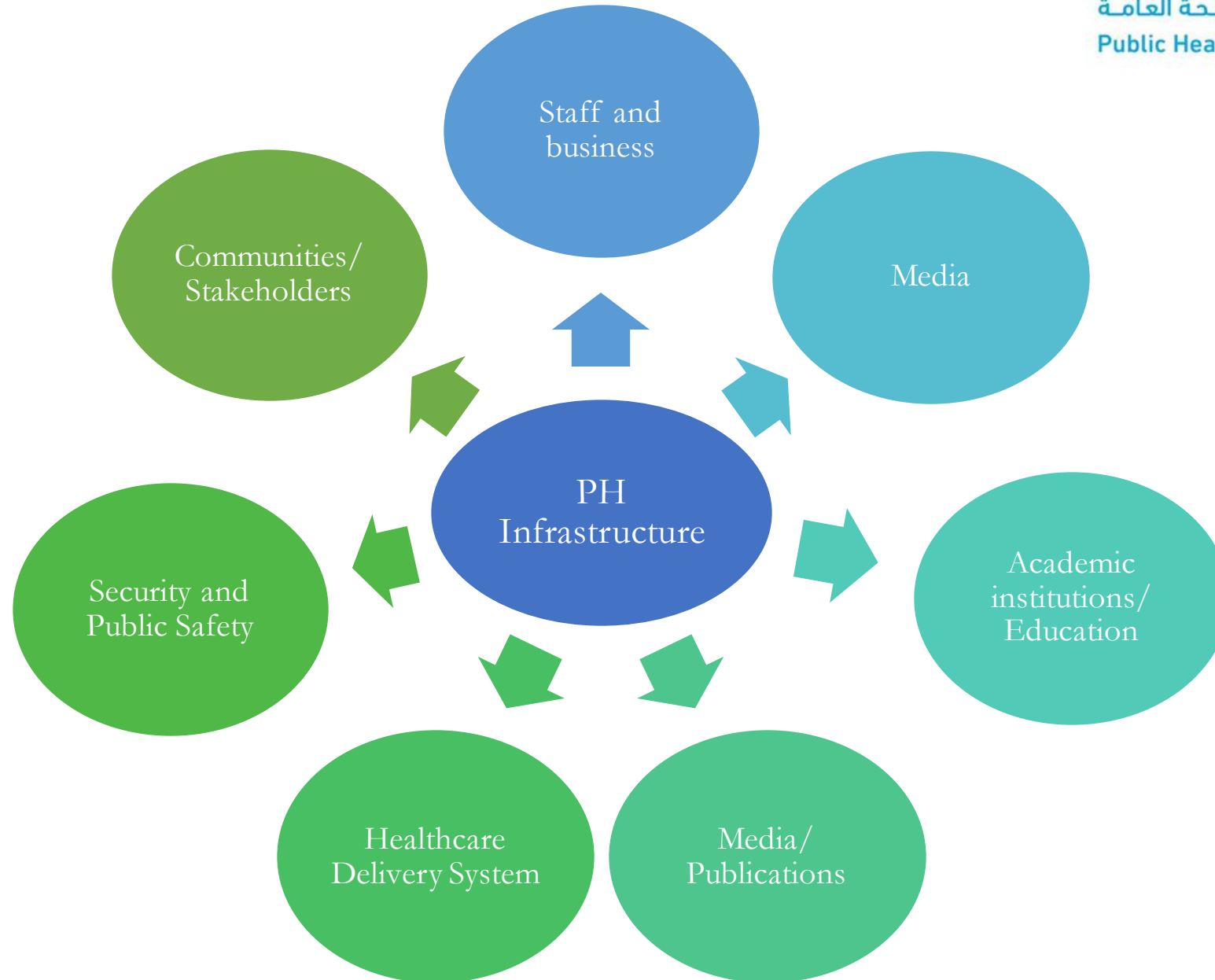
No	Who to call	Contact numbers	Comments
1	**NHS London** On call officer	Pager 08448 222 888 – NHS01	Mandatory
2	W-PCT **media** officer	WEC 020 8870 2032/020 8874 3200	Mandatory
3	**St Georges Hospital** – on call manager	Switchboard 0208 672 1255 pager 08448 222 888 – GEORGE1	For their information or incident coordination
4	Tooting **Walk-in Centre**	0208 700 0505 (8am to 8pm 7 days a week)	If TWIC will be affected or if TWIC assistance required
5	**Wandsworth** Borough Duty Officer	0208 870 2032 or 0208 874 3200	For their information and if Local Authority support required
6	**Wimbledon** Bridge House security	0208 543 0087	To inform that the emergency control room is activated
7	On call **health protection** /Public Health doctor	9am to 5pm 0208 812 7850 Out of hours & weekends 5pm to 9am – 0208 390 4008 (Thamesdoc)	If incident requires support of the Health Protection Agency, such as for CBRN
8	SW London **Mental Health Trust** on call manager	Pager 08448 222 888 – SWLMH1 or switchboard 0208 682 6000	If MHT support required
9	EPLO	WEC 020 8870 2032/020 8874 3200	For advise and assistance
10	In hours Duty **doctor**	At selected GP practice, numbers in emergency plan	If GP doctor support required
11	Out of hours **doctor**	Harmoni on-call 0845 602 6292 or office 0208 780 1662 or manager 077661 332 74	If GP doctor support required
12	**Nurse** support - Harmoni as single point of contact in and out of hours	Harmoni on-call 0845 602 6292 or office 0208 780 1662 or manager 077661 332 74	If nursing support required
13	**Intermediate** care team	07717 158 600, or 08448 222 888 pager code 856044, or Harmoni 0845 602 6292	Alternate contact if nursing support required
14	**Pharmacist** at selected pharmacy in hours	Or Out of Hours volunteer pharmacist – numbers in emergency plan	If Pharmacy support required
15	**SWL SSP**	Help desk 0208 687 4650 OOH estates on call (after 4pm):0208 770 8000	If estates support needed
16	PCT **Volunteers** to assist on-call team	Confidential numbers in Emergency Control Room cabinet	If further support required
17	**QMH** Hospital switchboard for Site Security or Sodexho on call manager	QMH swbd – 0208 487 6000 Manager Tel 0208 487 6114, or 0208 785 0680. Or 07523 116 909	If incident affects QMH or if QMH resources are required If Emergency Incident Room transferred to QMH
18	Cascade to **PCT staff**	Via PCT on call media officer	For staff updates and support
19	PCT **CEO** and Chair	WEC 020 8870 2032/020 8874 3200	If required
20	**IT** PCT help desk	In hours only 0208 812 7700	If IT support required
21	**IT** on call engineer OOH only	07876 475 117 or the WEC	If it support needed OOH only
22	HPA emergency planning adviser **HEPA**	07623 541 132, page for HEPA	Alert cascade for the HPA & advice and assistance
23	**Police**, Fire or Ambulance	999	As required
24	**WEC** (inform when incident stand down)	WEC 020 8870 2032/020 8874 3200	For information

Monitoring

Duty to maintain plans – emergency plans and business continuity plans		13 – 8 X Green 5 X Amber	The following documented plans are all in place: Emergency Response Arrangements. Corporate Business Continuity Plan. Service Continuity Plans. Ambers relate to:- • Further work to develop contingency against a national fuel shortage. • Security of the trust estate in respect to stronger security assessment, lockdown and total evacuation plans. • Hazardous materials decontamination and detailed trust arrangements to distribute mass countermeasures following a deliberate biological agent release. A hazardous materials decontamination plan has been distributed internally for consultation. • Further work with NHS provider organisations and NHS England is underway to identify detailed arrangements for the distribution of mass countermeasures. However, if required at short notice the trust can use its existing plans to generate a response.	Pete Old Hazardous Materials Nov 2014 Pete Old Mass Countermeasures April 2015 Trish Donovan Security & Lockdown Aril 2015 Pete Old Mass Counter Measures April 2015
Command and control		5 – 3 X Green 2 X Amber	Emergency Response Arrangements. Ambers relate to new training requirements and detailed Situation Reporting Arrangements yet to be agreed by NHS England. NHS England has distributed a consultation version of a Situation Report to which the trust has commented. The Trust will adopt the NHS England situation report when approved and incorporate within its Emergency Response Procedures document.	Training Oct 2014 – Pete Old Sitrep May 2015

Public Health Planning Resources

Prepare Yourself

- [ ] Identify Risks

- [ ] Quantify Impact

- [ ] Reduce Risks

- [ ] Assess Resources

- [ ] Develop a Plan

- [ ] Test, Practice, Improve

Resilience Framework for PHEP

Source: Khan Y, O'Sullivan T, Brown A, Tracey S, Gibson J, Généreux M, et al. Public health emergency preparedness: a framework to promote resilience.