Royal Hospital for
Neuro-disability
A national medical charity

| Subject: | **Major Incident Policy (including critical Incidents)** |
|---|---|
| Policy Number: | ADM 54A |
| Ratified By: | PS&Q |
| Date Ratified: | 30/12/2022 |
| Version: | 5.1 |
| Policy Executive Owner: | Lesley Mill, Head of Service Director |
| Designation of Author: | Head of Business Development And Partnerships |
| Name of Committee/Group/Department | PS&Q |
| Review Date: | 30/08/2025 |
| Target Audience: | ALL STAFF |
| Other Linked Policies: | Risk Management Strategy & Policy Fire Prevention Policy Health and Safety Policy Support Services Disaster Recovery Plan Evacuation Plan |
| Key Words: (only required if it helps searching on intranet) | Policies, procedures, guidelines, business continuity, major incident |
| Details of individuals or groups consulted | Director of Service Delivery Executive Management Team Heads of Services Business Continuity Steering Group |
| Equality Assessment | The hospital strives to ensure equality of opportunity for all both as employer and as a provider of health care. This policy has therefore been equality impact assessed to ensure fairness and consistency for all covered by it regardless of their individual differences. |
| Dissemination and Implementation | All staff via intranet and line management. Key staff via targeted communications & table-top exercises |

**MAJOR INCIDENT POLICY**

**Version Control Sheet**

| Version | Date | Author | Status | Comment |
|---------|------|--------|--------|---------|
| 1.0 | 18 April 2017 | Interim Project Manager | Draft for EMT feedback | Refresh and revalidate plan |
| 2.0 | 28 April 2017 | Interim Project Manager | Final for distribution incorporating EMT feedback | Inclusion of Volunteers call in process<br>Cross reference to other relevant policies<br>Add annual table top exercise to Training<br>Replace 'CHALETS' with |
| 3.0 | 2 June 2017 | Interim Project Manager | Draft to incorporate new information | Add in incident causes section<br>Add in 'Managing our risks' statement<br>Incorporate Talk Through feedback |
| 4.0 | 14 July 2017 | Interim Project Manager | Re-distribute and upload with amendments | Section 6.0: delete On-site Duty Managers<br>Replace Non-clinical DRP with Support Services DRP<br>Add in Long Term Care Therapy Office – preferred choice for Major Incident Control Room |
| 4.2 | 20 October 2017 | Head of Continuing Care | Re-distribute with amendments for final sign off by EMT | Section 8 duties on declaration of major incident |
| 4.2 | 10 November 2017 | Head of Continuing Care | Ratified | Approved at Exec meeting 07/11/17 |
| 5.0 | August 2021 | Director of Service Delivery | Ratified EMT | |
| 5.1 | December 2022 | Director of Service Delivery | Ratified EMT 12/22 | Updates from learning from IT incident & Major Incident training |
| | | | | |

**Royal Hospital for Neuro-disability**
A national medical charity
Registered Charity No. 205907

**If you have received notification that a Major Incident has been declared, and you have not previously read this Plan**

**Do not read it now**

**Find your relevant Action Card in the Major Incident, Evacuation and On-call File
and follow instructions**

**Executive Summary**

This policy has been developed to ensure RHN staff are able to carry out their respective functions when responding to major incidents. It describes the RHN's response and defines the command and control arrangements that will be implemented if a major incident is declared.

1. **Introduction**

2. **Purpose**

*'NHS organisations and providers of NHS funded care must:*
i. *have suitable, proportionate and up to date plans which set out how they plan for, respond to and recover from emergency and business continuity incidents as identified in national and community risk registers;*
ii. *exercise these plans through:*
a. *a communications exercise every six months*
b. *a desktop exercise once a year; and*
c. *a major live exercise every three years;*
iii. *have appropriately trained, competent staff and suitable facilities available around the clock to effectively manage an emergency and business continuity incident; and*
iv. *share their resources as required to respond to an emergency or business continuity incident.'* [1]

This policy has been developed to ensure RHN staff are able to carry out their respective functions when responding to major incidents.  It describes the RHN's response and defines the command and control arrangements that will be implemented if a major incident is declared.

Directors, Managers and On-call staff must ensure that they are completely familiar with the policy and that they are ready and able to mount an immediate, 24/7, response in accordance with the plan.

**2.1    Emergency Preparedness, Resilience and Response (EPPR) Definitions:**

The EPRR Framework[1] identifies **three** categories of incidents with associated definitions.  They are:

- **Business Continuity Incident**
  A business continuity incident is an event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level. This could be a surge in demand requiring resources to be temporarily redeployed within the organisation.

- **Critical Incident**
  A critical incident is any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe requiring special measures and support from other agencies, to restore normal

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[1] Core Standards for Emergency Preparedness, Resilience and Response – NHS England – 2015

operating functions. A critical incident is principally an internal escalation response to increased system pressures/ disruption to services

- **Major Incident**
  A major incident is any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented.

The policy describes what needs to happen and who needs to do what in an emergency situation, with sufficient flexibility within the guidance to allow for an effective response to individual incidents.

The Major Incident Policy reflects best practice guidance published by HM Government, the London Assembly and NHS England's framework guidance for Emergency Preparedness, Resilience and Response, (EPRR:)

1. https://www.gov.uk/guidance/emergency-response-and-recovery
2. https://www.england.nhs.uk/ourwork/eprr/
3. https://www.london.gov.uk/about-us/organisations-we-work/london-prepared

The Royal Hospital for Neuro-disability has a contractual obligation to its Commissioners to:

> *'Comply with EPRR Guidance if and when applicable.  The Provider must identify and have in place an Accountable Emergency Officer.'* [2]

This policy provides arrangements to ensure RHN discharges its obligations to respond to a Major Incident effectively and efficiently.

The policy has been updated by the Director of Service Delivery in consultation with the Executive Management Team and with multi-disciplinary input from membership of the Business Continuity Steering Group.

The refresh reflects the changes to the organisational management structure, updated RHN policies and procedures, updated national policy guidance and learning from incidents.

## 2.2    Managing our Risks

In order to minimise or eliminate risks to the RHN, potential risks are identified and regularly reviewed by the Executive Management Team and Board members.

The Audit and Risk Committee reviews all significant risks quarterly before consideration by the Board of Management.

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[2] NHS Standard Contract 2017/2018 and 2018/2019 Service Conditions (Shorter Form.)  Contract Ref: HF 2017-2019 001

Departmental risk registers are updated monthly and incorporated in the corporate risk register which is reviewed monthly by the Executive Management Team.

It is the policy of the RHN to ensure there is a planned, prepared, organised and practiced response to all Major Incidents which may affect the provision of normal services.

The RHN has developed its Major Incident and Business Continuity Plans to ensure that adequate procedures are in place to effectively manage any such incident and that staff are aware of, and trained in, the implementation of those procedures.

### 2.3 Objectives of the Major Incident Policy

- To prepare for the common consequences of critical or major incidents, rather than for every individual scenario
- To ensure flexible arrangements for responding to emergencies, which can be scalable and adaptable to work in a wide range of specific scenarios
- To ensure that plans are in place to recover from incidents and to provide appropriate support to affected communities.

### 3. Responsibilities

3.1    Accountable Emergency Officer
*'All NHS organisations and providers of NHS funded care must nominate an Accountable Emergency Officer, (AEO,) who will be responsible for EPRR and business continuity management'.* [3]

The Accountable Emergency Officer for RHN is the Director of Service Delivery.

3.2    All RHN staff
*'Staff must be aware of the Incident Response Plan  and be competent in their roles and suitably trained.'* [4]

### 4. Business Continuity Incident

During normal daytime working hours (M-F) a business continuity incident should be raised to the site bleep holder who will then escalate to the appropriate senior manager(s) and director(s).

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[3] Emergency Preparedness, Resilience and Response Framework - NHS England – 2015
[4] Emergency Preparedness, Resilience and Response Framework – NHS England – 2015

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Out with these hours the follow cascade should be used:

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┌─────────────┐
│    Site     │
│   Manager   │
└─────────────┘
       │
       ▼
┌─────────────┐
│   On call   │
│   Manager   │
└─────────────┘
       │
       ▼
┌─────────────┐
│ Director on │
│    call     │
└─────────────┘
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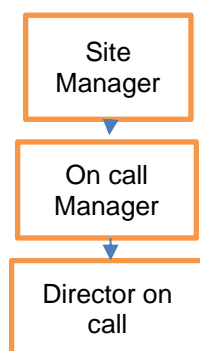
## 5. Critical or Major Incident declared

A Critical or Major Incident may arise in a variety of ways and the RHN's response will be sufficiently flexible to assess and respond appropriately to any of these situations:

| | |
|---|---|
| Big Bang | A sudden incident – major road or rail accident, explosion or a series of smaller multiple incidents |
| Rising Tide | A developing infectious disease epidemic, a capacity or staffing crisis, forecast of severe weather |
| Cloud on the Horizon | A serious threat such as a major chemical or nuclear release developing elsewhere, needing preparatory actions |
| Headline News | Public or media alarm about a perceived threat |
| Business Continuity Internal Incidents | Anything that affects the RHN's ability to deliver services – fire, loss of utilities, major equipment failure, hospital acquired infections, strikes |
| Deliberate Release | Threat may come from an accident at a chemical or nuclear facility, from a terrorist or dissident group or disaffected individuals |
| Mass Casualties | Casualty numbers that are beyond the capacity created in the local social infrastructure or planned for in regional Major Incident Plans, other disruptive challenges to the delivery of healthcare |
| Pre-planned Major Events | Known major events that require planning – sports fixtures, mass gathering of people, demonstrations |

The decision to declare a critical or major incident and mount an appropriate response can be made by:

Chief Executive
Executive Directors

On-call Managers

A critical or major incident which presents a serious risk to the health of the RHN community, a disruption to services, and causes, (or may cause,) casualties which require special arrangements could include:

Infrastructure failure – locally or regionally
Loss of utilities
Structural damage
Fire, explosion or implosion
Structural damage
Environmental contamination
Environmental disasters – flooding, landslides, extreme weather
Civil unrest, terrorism or malicious damage
Zoonotic diseases
Pan-London major accident
Hostage taking event

The response to an incident should be based on the following phases:

Phase 1 – Initial Response
- Establishing the scope of the incident
- Gathering relevant information and disseminating it to those people
- Deciding aims and objectives
- Establishing command and control
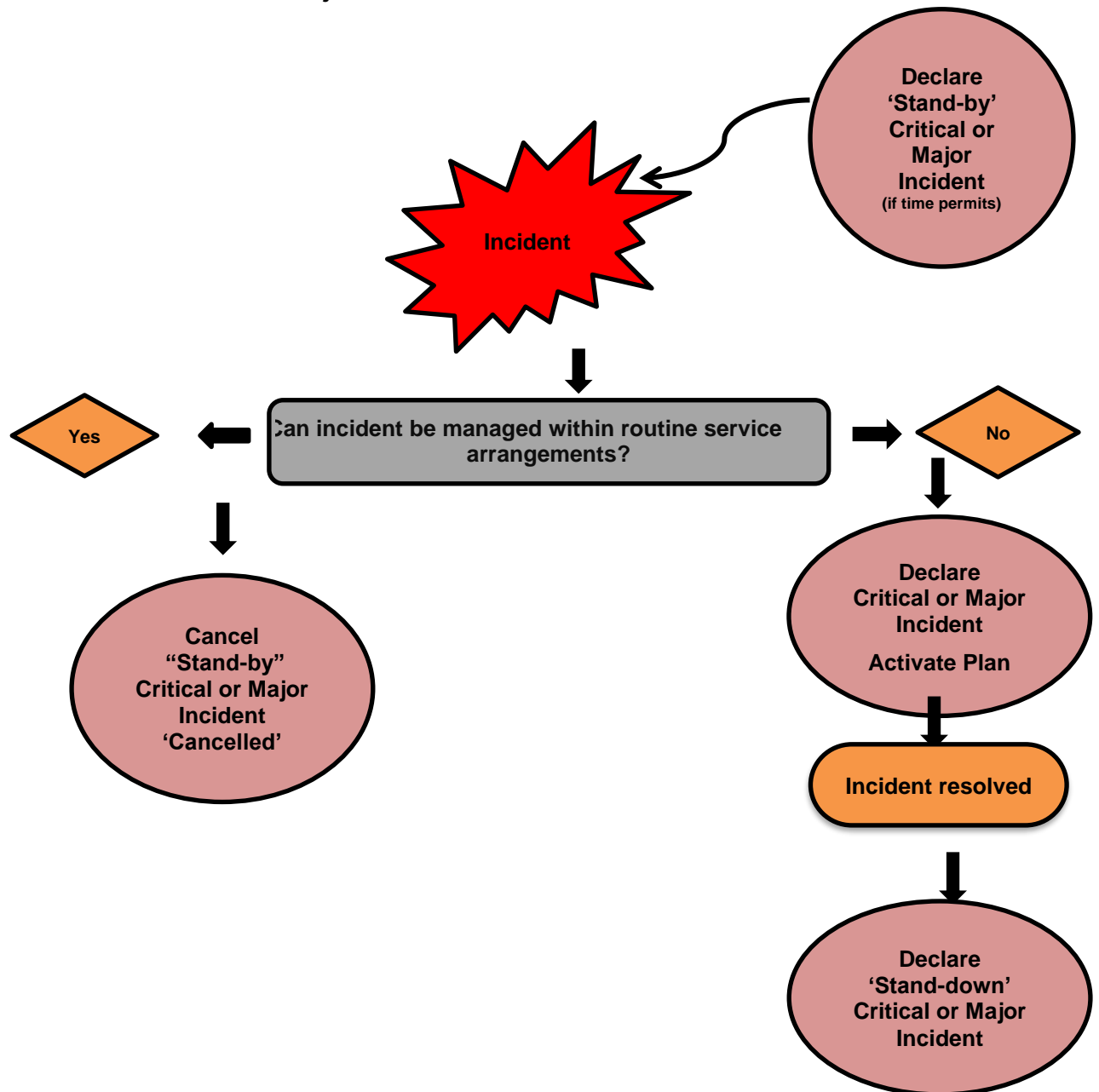- Communicate with SWL office

Phase 2 – Containment:
- Preventing exacerbation and escalation
- Caring for those affected
- Staff briefing
- Public information
- Liaison with partners and regulators
- Considering recovery

Phase 3 – Resolution and Recovery
- Returning the situation to normal or "new normal"
- Maintaining communications with patients, staff and stakeholders (including SWL)
- Providing support to staff and patients
- Debriefing staff
- Gathering lessons learned from patients, staff and stakeholders
- Ensuring lessons learnt are adopted into practice.

## 6. Duties

**Initiation of a Critical or Major Incident**

**Incident**

**Declare 'Stand-by' Critical or Major Incident** (if time permits)

**Can incident be managed within routine service arrangements?**

**Yes**

**No**

**Cancel "Stand-by" Critical or Major Incident 'Cancelled'**

**Declare Critical or Major Incident**

**Activate Plan**

**Incident resolved**

**Declare 'Stand-down' Critical or Major Incident**

| Critical or Major Incident 'Stand-by' | If a situation is unclear or has the potential to escalate (rising tide) |
|---|---|
| Critical or Major Incident 'Declared' | The situation requires special arrangements to be implemented |
| Critical or Major Incident 'Stand-down' | The emergency response to the incident has been completed |
| Critical or Major Incident 'Cancelled' | The situation did not materialise or has been managed within business as usual arrangements |

## 7. Command and Control Structure for Critical or Major Incident

Command, control and co-ordination is the nationally recognized, multi-agency response to major incidents.  It implements a 3 tiered structure for strategic, tactical and operational management of major incidents:
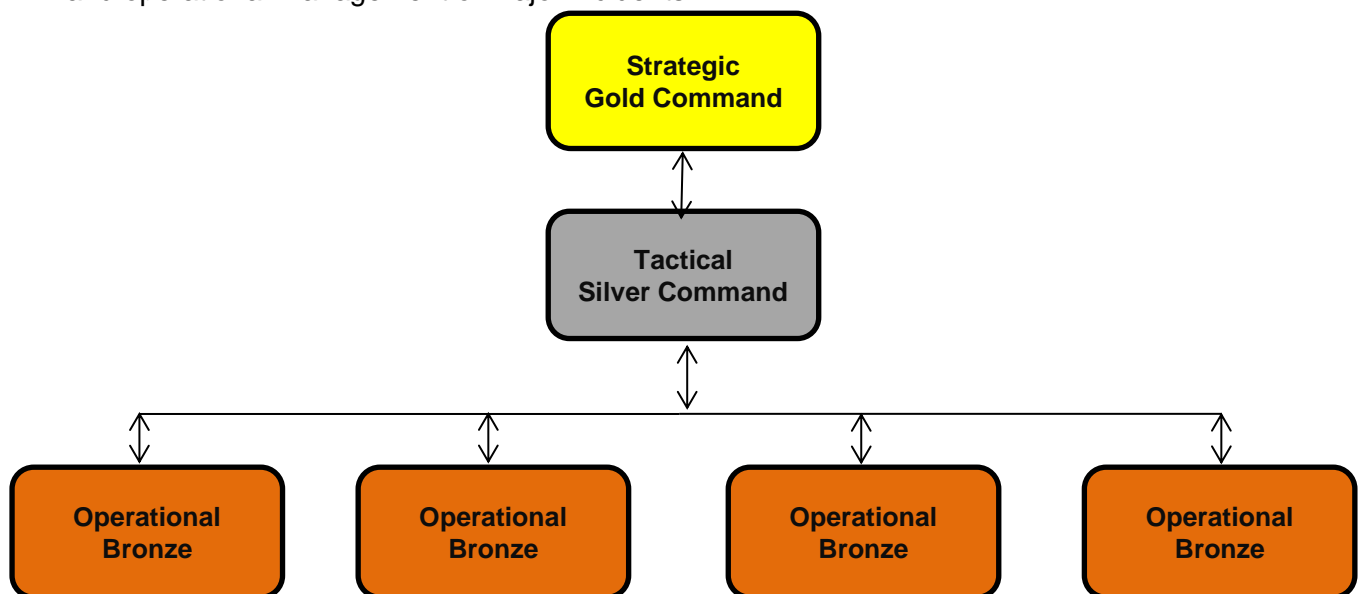


### 7.1 Gold Command

The Gold Commander will take overall strategic responsibility for declaring a Major Incident and for the strategic planning, recovery and return to business as usual, as soon as possible.

Gold will receive information and advice from various sources but will remain individually responsible for the strategic decisions made.

Gold will ensure there are sufficient resources available to fulfil the activities and decisions made by Silver.

The Gold Commander must plan beyond the immediate response phase for business continuity and optimal return to business as usual.

The Gold Commander role is usually assigned to the Chief Executive or an Executive Director and should locate a remote distance from the incident and from the Major Incident Control Room, but may be on the RHN site.

## 7.2 Silver Command

The role of Silver is tactical. Silver Commander is responsible for tactical management of the incident by implementing the strategic direction provided by Gold.

Silver translates the strategic directives into sets of operational activities which are completed by the Bronze Command Team.

The role requires a comprehensive knowledge of the RHN estate, sufficient operational knowledge of the services and individual wards, the RHN Major Incident Plan and the On-call protocol.

If a Critical or Major Incident is declared, the on call manager will fulfil the role of silver command. If the incident is out of hours Silver role will initially be fulfilled by the on-site Duty Manager. The On-call Manager or the first Senior Manager to arrive on site will then assume the role. An alternative senior manager may be appointed for their subject matter expertise, dependent on the context of the declared major incident.

Silver Command and the Bronze Team will locate as close to the incident as is safe.

## 7.3 Bronze Command

The Bronze Command Team will be operational specialists for each of the roles appointed, which will depend on the nature and complexity of the major incident but may include:

| Role | Responsibility |
|---|---|
| Bronze Nurse | Director of Nursing or most senior Nurse available at the location of the incident |
| Bronze Doctor | Medical Director, Consultant or most senior Doctor available at the location of the incident |
| Bronze Evacuation | Most senior clinical executive or manager available at the location of the incident |
| Bronze Security and Transport | Head of Facilities or Head of Estates or most senior support service manager available at the location of the incident |

| Bronze Communication | Chief Executive, Director of Fund-raising and Communications or a senior member of the Communications Department |
|---|---|

The Bronze Command team is also known as the 'Operational Crisis Management Team'.

### 7.4 Loggists

The Loggists will support the Gold, Silver and Bronze Commanders to maintain accurate and comprehensive records during a major incident. The Logs must be complete, continuous and chronological records of all issues, decisions, conversations and actions.

The Loggist roles are usually allocated to the most senior managers in attendance who are not required to fulfil roles within Silver or Bronze Command.

### 7.5 Other roles

Silver Commander may allocate further Bronze Command roles dependent on the scenario of the major incident. Silver may also appoint the following roles:

- Police liaison
- Runners
- Porters
- Patient escorts
- Relatives' Liaison
- Security (until security firm arrives)

### 8. Staff Emergency Call-in Cascade

Emergency Call in Communications will be by text message blast

In normal response (appropriate IT systems working), Silver Command to instruct IT to send message(s) to appropriate group(s). If IT staff not available, on call managers, directors, heads of service, matrons, to have access to send message.

If main IT systems for text messaging not available, messages can be sent by IT staff using backup manual text messaging solution based on backup file of text message numbers.

When a major incident is declared Silver is responsible for ensuring that the text messages are sent to the appropriate groups.

The prioritised first tier for messaging will be:
- Executive Directors

- All On-call Managers
- Chief Executive
- Heads of Service
- Matrons
- Senior Communications Manager
- On-call Doctor
- Chief Pharmacist
- Chaplain

All staff who are able to attend site will assemble in the Maxwell library (or other location identified by Silver Commander) and await further instructions from the incident control team.

The emergency messaging is for substantive and voluntary staff but does not include:
- Emergency Services
- Evacuation Reciprocal Partners
- NHS
- Wandsworth Council

All RHN staff are responsible for ensuring their details are up to date on the intranet site.

## 9. Volunteers Call-in

The Volunteer Coordinator is currently developing a process for identifying and calling in Volunteers in the event of a Major Incident. This will be included in the next revision of the Major Incident Plan.

In the event of a Major Incident, it will be the responsibility of Bronze Communications to initiate the Call-in procedure, working with any available members of the Communications Department to develop a consistent call-in message

## 10. Critical or Major Incident Control Room

The purposes of the RHN Incident Control Room are:

- The location where the RHN's response and recovery operations are implemented
- Provide a single point of contact to all those involved in managing the incident.

The preferred location for the Major Incident Control Room in the Main Hospital Building is the Maxwell Library.

The location of the Major Incident Control Room will be determined by the Silver Commander. Silver will also make the tactical decision to move the Control Room if an escalating incident threatens the room or the Command Team in it.

The Major Incident Control Room should be located as close to the incident as is safe.

## 11. Major Incident Cupboards

Two Major Incident Cupboards have been installed and equipped at RHN in line with best practice guidance and to reflect the Gold-Silver-Bronze command structure:
- Corridor outside Coombs Ward entrance, Ground Floor, Main Hospital Building
- The family waiting area next to The Hub, Drapers Wing Ground Floor.

### a. Contents of Major Incident Cupboards

The contents of the Major Incident Cupboards have been assembled in line with best practice guidance and to reflect the command and control structure adopted by the RHN. **The keys are held at reception.**

The inventory for each cupboard is available on the inside door of each cupboard.

Key items contained in both cupboards:

- Major Incident, Evacuation and On-call file
- Action Cards for roles described in Command and Control structure
- Major Incident Event Logs (5)
- Contact details for key internal staff and departments
- Contact details for key external organisations, contractors and reciprocal partners
- Hospital plans – A1 size print
- High visibility clothing
- Torches
- Bed states forms
- Signage
- Digital locks codes for entire site

The RHN major incident cupboards will be checked on a monthly basis by a member of the Reception team.  All checks must be dated and signed on the provided accountability signature book provided.

### 11.1 Action Cards
Action Cards for the Gold, Silver and Bronze Command structure are contained in the two Major Incident, Evacuation and On-call files in the Major Incident Cupboards.

The Action Cards provide clear but flexible guidelines and specific responsibilities for the Command post holders.

### 11.2 Premises Information Box

The Premises Information Box is installed adjacent to the North Door, Main Hospital Building. The contents are maintained and monitored by the Estates Department Administrator on a 2 monthly basis.

The Box contains essential building information for the Emergency Services in the event of a major incident.

The Consultant Fire Safety Advisor is currently agreeing the contents of the box with the London Fire Brigade.

## 11.3 Communications during a declared Critical or Major Incident

Individual members of staff must not make any statements or provide any information to the media, nor should any information be posted on social networks.

Bronze Communications will lead all external facing communications, in line with the tactical plan developed by the Silver Commander.

The exception is all communication with the Emergency Services, which will be led by the Silver Commander or nominated bronze police liaison

Any attempts to seek situation updates should be reported to Silver Commander in the Major Incident Control Room.

The Chief Executive, or another Executive Director, is responsible for informing the Chairman that a Critical or Major Incident has been declared and providing an outline of the situation. The Chief Executive will then cascade this information to the Trustees via an email to the trustees' RHN email account individuals trustees as soon as practicable, without impeding on the immediate assessment and management of the incident.

The Chief Executive will provide updates to the Chairman and Trustees at *24* hour intervals, or more frequently if significant changes to the incident occur.

Following the conclusion of the incident, investigation findings and conclusions will be shared with the Trustees via the relevant committee and subsequently at the Board meeting.

## 11.4 Recorded message on the emergency information phone line
Bronze Communication will be responsible for activating the emergency information phone line when a major incident is declared.

Instructions for diverting incoming calls from the main switchboard, (020 8780 4500,) to the automated message line, (020 8780 4515,) are contained in the Communications section of the Major Incident, Evacuation and On-call files.

A generic message for callers has been pre-recorded. Instructions for re-recording an incident specific message are contained in the Communications section of the Major Incident, Evacuation and On-call files.

If the role of Bronze Communication is not assigned to a senior member of the Communications Department, the new, out-going message should be approved by a member of the Communications Department in advance of activation.

### 11.5 The RHN website
Bronze Communication will be responsible for posting current and relevant information on the RHN website.

If the role of Bronze Communication is not assigned to a senior member of the Communications Department, any information posted on the website should be approved by a member of the Communications Department in advance.

### 11.6 Informing Patients' emergency contacts

The decision to commence informing patients' emergency contacts will be made by Silver Commander. The activity may be assigned to Bronze Communication. Dependent on the nature of the Major Incident, if the Wards affected have capacity the responsibility for informing relatives should be undertaken by Ward staff who already have established relationships with families and friends.

If Relatives Liaison is not appointed, and in the event that Bronze Communication is engaged in other external media communications, the task will be delegated to Managers or Directors who are in attendance but not fulfilling roles in the Command and Control structure.

Current emergency contact information will be provided by the Ward Managers for those areas affected by a major incident.

## 12. Mutual Aid Reciprocal Agreements

RHN has strong links with the SWL CCG business continuity group and pan London Resilience network.

In addition we have an agreement in principle with the British Home which is currently being reviewed and updated.

In the event of a Major Incident, the decision to seek mutual aid from SWL CCG partners will be made by Silver Commander and the activity will be carried out by Bronze Communications.

### 12.1 South West London Key Contacts

### Major Incident

**Reporting Externally**

**Incident Alerting**
It is important to use the correct terminology and that the regional office is made aware of any declarations of these incidents affecting your organisation. Only in this way can regional support be provided where needed, and strategic coordination and oversight of NHS resources across the region be maintained; including any liaison with, or escalation of issues to, national colleagues where necessary.

**Therefore, any incident that falls under these headings to the regional office must be reported in a timely manner**.

During working hours

Emma Duffy
Lead for the SWL EPRR function
0203 880 0330
emma.duffy@swlondon.nhs.uk

Christy Keen – SWL ICB EPRR manger – christy.keen@swlondon.nhs.uk
Lauren Field – Surge & SPoC manager – lauren.field@swlondon.nhs.uk

Our SPoC for the ICB is scc@swlondon.nhs.uk – anything non-urgent can come in via this route.

| South West London ICB collaborative (including Kingston, Croydon, Merton, Richmond, Wandsworth and Sutton) | scc@swlondon.nhs.uk 08:00 – 18:00 hours Monday – Sunday | 0203 880 0330 |
| | Out of hours contact – On-call Director | Page one - 0333 200 5022 callsign – **SWL1** |

### 12.2 Other Key Contacts

| Organisation | Contact | Activation Process |
|---|---|---|
| NHS England | Incident Co-ordination Centre Event Co-ordination Centre | To contact the London EPRR Duty Officer, call 0844 822 2888 and ask for 'NHSØ1' |
| Wandsworth Council | Duty Emergency Planner | 1. Give brief summary of the nature of the incident 2. If incident develops and evacuation becomes necessary, re-contact Duty Emergency Planner with details |
| Health and Safety Executive | HSE Duty Officer | |

| | | |
|---|---|---|
| | | *'The Responsible Person must notify the enforcing authority, (HSE) without delay'* [5]<br><br>1. Following a work related death<br>2. Following a serious incident with multiple casualties<br>3. Following an incident which has caused major disruption<br><br>**Comprehensive instructions are contained in the Major Incident, Evacuation and On-call Files** |

Comprehensive contact details for other healthcare provider organisations, emergency maintenance and response organisations are contained in the Communication section of the Major Incident, Evacuation and On-call files.


### 13. Evacuation and Shelter

The decision for on or off-site evacuation during a major incident will be taken by Silver Commander, unless the Ward Managers, on-site Managers or Departmental Managers have already commenced phased evacuation procedures.

Each clinical area has a localised evacuation plan which has been developed by the Consultant Fire Safety Adviser in partnership with clinical staff.

All staff undertake induction and subsequent regular update training in evacuation procedures.

In the event of a major incident, the need to progress evacuation to stage 2 will be made by Silver Commander who will appoint Bronze Evacuation.

Patients, visitors and staff will be moved by the safest and most appropriate method:
- in beds
- in wheelchairs
- in ski sheets
- walking

All patients at RHN are categorised under standard terminology as:
- dependent – wheelchair bound
- very dependent – bed bound

Foot of bed medical files should travel with individual patients during an evacuation.

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[5] Health and Safety Executive website – 2021

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Identity bracelets for use in an evacuation are held in individual foot of bed medical files for the Specialist Services and Specialist Nursing Home wards. A supply of spare bracelets are kept in both Major Incident Cupboards.

## 14. Horizontal and vertical evacuation

### 14.2 Horizontal
The RHN policy is to use progressive, horizontal evacuation; patients are moved from affected areas to an area of safety behind at least one fire compartment barrier.

### 14.3 Vertical
Vertical evacuation will only be used when there are no further options for horizontal evacuation. Vertical evacuation will only be downwards to a ground floor exit level, or upwards to ground floor exit level from the basement of the Main Hospital Building.

Lifts must not be used in the event of a vertical evacuation.

The four stages of evacuation are:
1. through one or more fire resistant barriers to adjacent areas on the same level
2. to a lower floor (ground floor exit level)
3. to an on-site external assembly point
4. off-site

Evacuation and Shelter Plan - off-site

RHN has a draft off-site Evacuation Plan which is currently under review by the Consultant Fire Safety Advisor. A copy is contained in the Major Incident, Evacuation and On-call files in the Major Incident Cupboards.

Off-site evacuation will only be authorised when it is evident there is no alternative safe shelter available on the RHN site.

Silver Commander, Bronze Evacuation, Bronze Doctor and Bronze Nurse Action Cards all contain specific tasks to be considered in the event of an off-site evacuation or an invacuation by a Reciprocal Partner.

### 14.4 Triage
Where possible, patients will not be evacuated off-site without a preceding on-site triage. In the event of an on-site evacuation or an off-site evacuation, a Triage Station will be established to determine the prioritisation of patients' treatment, movement and evacuation safe haven. This process will help to ration treatment efficiently when resources are likely to be insufficient to treat all evacuated patients simultaneously.

Possible on-site Shelter and Triage locations have been identified:
• The Assembly Room, Main Hospital Building

- Therapy Hub
- Holy Trinity Church (immediately adjacent to the RHN site)

## 14.5 Invacuation

RHN currently has a Mutual Aid Reciprocal Partner agreements with:

- The British Home, Streatham, London

The agreements state that in the event of one of the RHN's Reciprocal Partners evacuating their premises, RHN will work in partnership to accommodate an invacuation request.

The Assembly Room, Main Hospital Building will be the first invacuation triage station. Other large, ground floor rooms will also be used if the number of invacuated patients requires additional accommodation.

No invacuated patients should be received at RHN prior to an invacuation team being assembled with sufficient resources available to receive patients.

The RHN Invacuation Co-ordinator will be the most senior medical or nursing member of staff on-site at the time of the invacuation request.

The Reciprocal Partner must provide accurate patient identifiable data for each patient invacuated. It will be expected that some staff travel with and remain with the invacuated patients.

## 14.6 Designated 'Receiving Centre' – relatives

Designated accommodation for patients' relatives who arrive on-site during a declared major incident has been identified:

- East Gate Lodge
- West Gate Lodge
- Staff Accommodation Building

The location will be decided by Silver Commander.

## 14.7 Designated 'Receiving Centre' - the Media

**The media will not be permitted onto the RHN site during a declared major incident, and no designated Receiving Centre will be identified**

A media briefing may be held following stand-down from the incident, when Bronze Communication has accurate and up to date information to disseminate.

Bronze Communication will be responsible for ensuring media representatives do not gain access to any Receiving Centre designated for patients' relatives.

### 15. Location and Process for mass fatalities

In the event of a large number of RHN patient or staff fatalities, a temporary mortuary will be established in the Therapy Hub, the Assembly Room or the Staff Accommodation Building.

In the event of such an incident, Wandsworth Council's 24 hour Emergency Control Centre should be advised. Contact details are contained in the Communications section of the Major Incident, Evacuation and On-call files.

A senior nurse should be assigned as Bronze Mortuary and will lead a team for the identification, labelling and last offices for the deceased.

### 16 Return and Recovery

The length of time it will take to return to business as usual will depend on the scale and unique situation of the declared major incident.

The RHN's Business Continuity Plan identifies the priority activities and the recovery plans necessary to maintain time critical activities and business continuity.

During the occurrence of the major incident, Gold and Silver Commanders will decide whether the impact of the event warrants the appointment of a Bronze Business Continuity to commence pro-active planning for the recovery phase.

### 17 Training

The Major Incident Plan will be incorporated in the Leadership and Management Induction Programme from July 2021. The induction will include will include:
- Comprehensive familiarisation with the Major Incident, Evacuation and On-Call files
- Familiarisation with the location of potential Major Incident Control Rooms
- Familiarisation with the 2 Major Incident Cupboards
- Familiarisation with the RHN Business Continuity Plan
- Familiarisation with the Business Continuity and Major Incident on line sub-directories

A dedicated Major Incident and Business Continuity website sub-directory is set up on the RHN homepage providing links to the most up to date information in the event of a declared major incident.

An annual 'table top' refresher training exercise will be scheduled in the Learning and Development calendar. Key personnel expected to participate in the training event will be:

- Chief Executive
- Executive Directors
- On-call Managers
- On-site Duty Managers
- Matrons
- Ward Managers

## 18 Other Linked Strategies, Policies and Plans

This Major Incident Plan is supported by the following documents:

1. Major Incident, Evacuation and On-call files
2. Command and Control Action Cards
3. Support Services Disaster Recovery Plan
4. Staff Emergency Call-in Cascade
5. Evacuation Plan
6. Risk Management Strategy & Policy
7. Fire Prevention Policy
8. Health and Safety Policy

Clinical Policies, Procedures and Protocols are located in:

P:\Hospital Policies

Staff should ensure they have read the most up to date policies and procedures in this sub-directory which may cover:

- Pandemics
- Extreme weather
- Zoonotic diseases
- Vaccination programmes
- Winter resilience

Staff should also ensure they are aware of all relevant national guidelines for healthcare providers issued by the Department of Health or NHS England.

## 19 Actions for monitoring compliance

| Frequency | Measurable Policy Objective | Method | Who performs the monitoring | Reported to and Reviewed by | Responsibility for Action Plans |
|---|---|---|---|---|---|
| | | | | | |

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| Annually | Compliance with training | Audit | L&D | EMT | L&D |
|---|---|---|---|---|---|
| | | | | | |

## 20 References

Core Standards for Emergency Preparedness, Resilience and Response – NHS England – 2015

NHS Standard Contract 2017/2018 and 2018/2019 Service Conditions (Shorter Form.) Contract Ref: HF 2017-2019 001

Emergency Preparedness, Resilience and Response Framework - NHS England – 2015

Emergency Preparedness, Resilience and Response Framework – NHS England – 2015

Health and Safety Executive website – 2021

## 21 Associated Documentation

Other RHN policies – or national guidance documents.  (If these are available electronically, it is useful to include a hyperlink)

**Appendix 1 – Storage of Documentation following a Major Incident**

1. Logs maintained using approved documentation.

2. Incident closed, loggist obtains signature from Silver/Gold/Bronze as appropriate.

3. It is the responsibility of the loggist to collect ALL accompanying documentation from that day.

4. and handed over to Head of Data Protection and Compliance (HDPC) either on the day or the next working day.

5. HDPC sends documentation to Storetec for scanning - Documents are retained for 30 days by Storetec.

6. Storetec sends link to RHN to access/download documents.

7. HDPC sends documents to loggist, Gold and Silver to check for accuracy (within 30 days).

8. HDPC sanctions destruction of paper documents by Storetec.

9. Electronic documentation uploaded to agreed location on RHN file servers.

10. Documentation is retained in archives for **20** years.

**Appendix 2 Equality Impact Assessment Tool**

|  |  | Yes/No | Comments |
|---|---|---|---|
| 1. | Does the Service affect one group less or more favourably that another on the basis of: |  |  |
|  | Age | No |  |
|  | Disability | No |  |
|  | Gender Reassignment | No |  |
|  | Marriage/Civil Partnership | No |  |
|  | Pregnancy/Maternity | No |  |
|  | Race, Nationality, Culture, Ethnic origins | No |  |
|  | Religion or belief | No |  |
|  | Sex (gender) | No |  |
|  | Sexual orientation | No |  |
| 2. | Is there evidence that some groups are affected differently? | No |  |
| 3. | If you have identified potential discrimination, are any exceptions valid, legal and or justified? | No |  |
| 4. | Is the impact of the service delivery likely to be negative? | No |  |
| 5. | If so can the impact be avoided? | N/A |  |
| 6. | What alternatives are there to achieving the service without the impact? | N/A |  |
| 7. | Can we reduce the impact by taking different action? | N/A |  |