

NHS England Core Standards for Emergency preparedness, resilience and response

v3.0

The attached EPRR Core Standards spreadsheet has 6 tabs:

EPRR Core Standards tab - with core standards nos 1 - 37 (green tab)

Pandemic Influenza :- with deep dive questions to support the pandemic influenza 'deep dive' for EPRR Assurance 2015-16 (blue tab)

HAZMAT/ CBRN core standards tab: with core standards nos 38- 51. Please note this is designed as a stand alone tab (purple tab)

HAZMAT/ CBRN equipment checklist: designed to support acute and ambulance service providers in core standard 43 (lilac tab)

MTFA Core Standard: designed to gain assurance against the MTFA service specification for ambulance service providers only (orange tab)

HART Core Standards: designed to gain assurance against the HART service specification for ambulance service providers only (yellow tab).

This document is V3.0. The following changes have been made :

- Inclusion of Pandemic Influenza questions to support the pandemic influenza 'deep dive' for EPRR Assurance 2015-16
- Inclusion of the HART service specification for ambulance service providers and the reference to this in the EPRR Core Standards
- Inclusion of the MTFA service specification for ambulance service providers and the reference to this in the EPRR Core Standards
- Updated the requirements for primary care to more accurately reflect where they sit in the health economy
- update the requirement for acute service providers to have Chemical Exposure Assessment Kits (ChEAKs) (via PHE) to reflect that not all acute service providers have been issued these by PHE and to clarify the expectations for acute service providers in relation to supporting PHE in the collection of

Core standard	Clarifying information	Evidence of assurance											Self assessment RAG Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months. Amber = Not compliant but evidence of progress and in the EPRR work plan for the next 12 months. Green = fully compliant with core standard.	Action to be taken	Lead	Timescale		
		Acute healthcare providers	Specialist providers	Ambulance service providers	Community services providers	Mental healthcare providers	NHS England local teams	NHS England Regional & national	CCGs	CSUs (business continuity only)	Primary care (GP, community pharmacy)	Other NHS funded organisations						
once Organisations have a director level accountable emergency officer who is responsible for EPRR (including business continuity management)		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	COO has the lead as the accountable emergency officer for the Trust.			COO	
Organisations have an annual work programme to mitigate against identified risks and incorporate the lessons identified relating to EPRR (including details of training and exercises and past incidents) and improve response.	Lessons identified from your organisation and other partner organisations. NHS organisations and providers of NHS funded care treat EPRR (including business continuity) as a systematic and continuous process and have procedures and processes in place for updating and maintaining plans to ensure that they reflect: - the undertaking of risk assessments and any changes in that risk assessment(s) - lessons identified from exercises, emergencies and business continuity incidents - restructuring and changes in the organisations - changes in key personnel - changes in guidance and policy	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	There is a rolling programme of work, covering equipment, training exercising and planning. Audit and assurance is provided through a review process and held on a database, this records all planned and unplanned events that could impact on service delivery. Where appropriate these are debriefed and feed into future planning through lessons learned.				
Organisations have an overarching framework or policy which sets out expectations of emergency preparedness, resilience and response.	Arrangements are put in place for emergency preparedness, resilience and response which: - Have a change control process and version control - Take account of changing business objectives and processes - Take account of any changes in the organisations functions and/or organisational and structural and staff changes - Take account of change in key suppliers and contractual arrangements - Take account of any updates to risk assessment(s) - Have a review schedule - Use consistent unambiguous terminology - Identify who is responsible for making sure the policies and arrangements are updated, distributed and regularly tested; - Key staff must know where to find policies and plans on the intranet or shared drive. - Have an expectation that a lessons identified report should be produced following exercises, emergencies and/or business continuity incidents and share for each exercise or incident and a corrective action plan put in place. - Include references to other sources of information and supporting documentation	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	The Trust has a Resilience policy which is in date and provides the foundation for the emergency planning and business continuity arrangements.				
The accountable emergency officer will ensure that the Board and/or Governing Body will receive as appropriate reports, no less frequently than annually, regarding EPRR, including reports on exercises undertaken by the organisation, significant incidents, and that adequate resources are made available to enable the organisation to meet the requirements of these core standards.	After every significant incident a report should go to the Board/ Governing Body (or appropriate delegated governing group) . Must include information about the organisation's position in relation to the NHS England EPRR core standards self assessment.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	There is an agreed reporting process.				
assess risk Assess the risk, no less frequently than annually, of emergencies or business continuity incidents occurring which affect or may affect the ability of the organisation to deliver its functions.	Risk assessments should take into account community risk registers and at the very least include reasonable worst-case scenarios for: - severe weather (including snow, heatwave, prolonged periods of cold weather and flooding); - staff absence (including industrial action); - the working environment, buildings and equipment (including denial of access); - fuel shortages; - surges and escalation of activity; - IT and communications; - utilities failure; - response a major incident / mass casualty event - supply chain failure; and - associated risks in the surrounding area (e.g. COMAH and iconic sites)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Business continuity plans are in a cycle to be reviewed and updated on a yearly basis or more frequently if highlighted through an event, debrief and lessons learned. The LHRP risk assessments inform the planning for the Trust in combination with the National and LRF Risk register. The Trust has copies of the NHS supplies BCM plan and this has been distributed to support departments BCM planning.	The work to imbed the Trust and service level BCM planning is ongoing with a proportion of departments seen and others still to be consulted and supported in producing their plans.	Resilience Manager	Dec-15	
There is a process to ensure that the risk assessment(s) is in line with the organisational, Local Health Resilience Partnership, other relevant parties, community (Local Resilience Forum/ Borough Resilience Forum) and national risk registers.	There is a process to consider if there are any internal risks that could threaten the performance of the organisation's functions in an emergency as well as external risks eg. Flooding, COMAH sites etc.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y					
There is a process to ensure that the risk assessment(s) is informed by, and consulted and shared with your organisation and relevant partners.	Other relevant parties could include COMAH site partners, PHE etc.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y					
maintain plans – emergency plans and business continuity plans Effective arrangements are in place to respond to the risks the organisation is exposed to, appropriate to the role, size and scope of the organisation, and there is a process to ensure the likely extent to which particular types of emergencies will place demands on your resources and capacity.	Incidents and emergencies (Incident Response Plan (IRP) (Major Incident Plan))	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Trust level business continuity plan is in draft and awaits presentation to board for sign off.			Resilience Manager	Oct-15
Have arrangements for (but not necessarily have a separate plan for) some or all of the following (organisation dependent) (NB, this list is not exhaustive):	corporate and service level Business Continuity (aligned to current nationally recognised BC standards)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	There is a chemical incident plan in place and in date. The required level of equipment is in place in line with NHS England and PHE guidance. There is a rolling programme of training for staff to fulfil the role during the response to a chemical incident.	Detailed at 5	Resilience Manager	Dec-15	
	HAZMAT/ CBRN - see separate checklist on tab overview	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	There are plans in place for Heatwave, Cold Weather both of which are in date. The snow plan to be published later this year. The Trust has invested in a add on snow plough to aid site clearance.				
	Severe Weather (heatwave, flooding, snow and cold weather)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Key plans support severe weather response and strong connections with partners to ensure timely notifications and response if needed.				
	Pandemic Influenza (see pandemic influenza tab for deep dive 2015-16 questions)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Influenza & pandemic Flu plan reviewed yearly and in response to any significant new guidance or unseasonal outbreak.				
	Mass Countermeasures (eg mass prophylaxis, or mass vaccination)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Mass prophylaxis plan in place				
	Mass Casualties	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	LRF Mass Casualty plan is in place as guidance and local major incident plan supports a no notice escalation.				
	Fuel Disruption	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	LRF fuel plan puts the onus on organisations to have BCM planning developed and Trust has a series of mitigations to ensure electrical supply is maintained and a regime of generator testing. Distribution of fuel through filling stations to support staff working off site would need LRF support. Details of supply chain for fuel for on site generator need to be included in Estates BCM plan.	Estates & facilities BCM plan under review	Estates Manager	Nov-15	
	Surge and Escalation Management (inc. links to appropriate clinical networks e.g. Burns, Trauma and Critical Care)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	There is currently an escalation policy, which is about to be reviewed and recorded therefore as work in progress.	Escalation policy to be reviewed	A/D Site Services	Nov-15	
	Infectious Disease Outbreak	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	There is an infectious disease outbreak plan the the Trust supported the development of the Ebola planning.				
	Evacuation	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	The existing fire plan supports a progressive evacuation and shelter in situ process. Work has commenced on developing a specific evacuation plan. This will require exercising.	Fire evacuation forms the interim position ahead of a review of a specific fire evacuation	Fire Safety Advisor	Dec-15	
	Lockdown	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	There is a lockdown policy in place. It is planned to test / exercise an abduction from maternity in the current year.				
	Utilities, IT and Telecommunications Failure	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Key site services have an established down time plan for loss of IT. A series of telecomms exercises has taken place and the switchboard are developing a more robust fallback capability. DR for IT systems needs to be incorporated into the IT BCM plan.			Switchboard Manager and IT Manager	Dec-15
	Excess Deaths/ Mass Fatalities	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	LRF plan for managing excess deaths plan is in place if needed. Local planning to manage mortuary capacity is well established and was highlighted as good practice during peak demand in 2014 to 15				
	having a Hazardous Area Response Team (HART) (in line with the current national service specification, including a vehicles and equipment replacement programme) - see HART core standard tab				Y									N/A				
	firearms incidents in line with National Joint Operating Procedures; - see MFA core standard tab				Y									N/A				
Ensure that plans are prepared in line with current guidance and good practice which includes:	- Aim of the plan, including links with plans of other responders - Information about the specific hazard or contingency or site for which the plan has been prepared and realistic assumptions - Trigger for activation of the plan, including alert and standby procedures - Activation procedures - Identification, roles and actions (including action cards) of incident response team - Identification, roles and actions (including action cards) of support staff including communications - Location of incident co-ordination centre (ICC) from which emergency or business continuity incident will be managed - Generic roles of all parts of the organisation in relation to responding to emergencies or business continuity incidents - Complementary generic arrangements of other responders (including acknowledgement of multi-agency working) - Stand-down procedures, including debriefing and the process of recovery and returning to (new) normal processes - Contact details of key personnel and relevant partner agencies - Plan maintenance procedures (Based on Cabinet Office publication Emergency Preparedness, Emergency Planning, Annexes 5B and 5C (2006))	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Plans and policies are version controlled and dated for review period. The programme of work recognises this cycle and is directed to keep all of the relevant documents in date. PHE, NHS England and the LHRP supports identifying key risks areas as well as good practice and guidance. These are included as references in plans as they are updated. Plans are review in keeping with Trust policy through Board sign off.				
Arrangements include a procedure for determining whether an emergency or business continuity incident has occurred. And if an emergency or business continuity incident has occurred, whether this requires changing the deployment of resources or acquiring additional resources.	Enable an identified person to determine whether an emergency has occurred - Specify the procedure that person should adopt in making the decision - Specify who should be consulted before making the decision - Specify who should be informed once the decision has been made (including clinical staff)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-Oncall Standards and expectations are set out. -Include 24-hour arrangements for alerting managers and other key staff.				
Arrangements include how to continue your organisation's prioritised activities (critical activities) in the event of an emergency or business continuity incident insofar as is practical.	Decide: - Which activities and functions are critical - What is an acceptable level of service in the event of different types of emergency for all your services - Identifying in your risk assessments in what way emergencies and business continuity incidents threaten the performance of your organisation's functions, especially critical activities	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	New Trust BCM plan provides an algorithm and action cards to support decision making				
Arrangements explain how VIP and/or high profile patients will be managed.	This refers to both clinical (including HAZMAT incidents) management and media / communications management of VIPs and / or high profile management	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Plan linked to police Operation Carbon Steeple which is at hand for ED staff.				
Preparedness is undertaken with the full engagement and co-operation of interested parties and key stakeholders (internal and external) who have a role in the plan and securing agreement to its content		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Internally planning is supported through the Trust Resilience Group and with key stakeholders as the need arises. Externally there are strong links to the LHRP, CCG Providers and Communities. This is the same with other key partners through the LRF, including Police, Fire, SEACamb and Gatwick; this is through formal meetings and established networking.				
Arrangements include a debrief process so as to identify learning and inform future arrangements	Explain the de-briefing process (hot, local and multi-agency, cold)at the end of an incident.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	The full range of debriefing approach is available and used dependent on the circumstances and level of incident.				
aid and Control (C2) Arrangements demonstrate that there is a resilient single point of contact within the organisation, capable of receiving notification at all times of an emergency or business continuity incident; and with an ability to respond or escalate this notification to strategic and/or executive level, as necessary.	Organisation to have a 24/7 on call rota in place with access to strategic and/or executive level personnel	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	The site team provide 24/7, 365 day cover formanning no notice emergency and business continuity incidents in the first instance. They are supported by a team of general Managers and Directors who are on call, this is managed through a rota system. The cascade is supported where needed by the trust switchboard staff.				
Those on-call must meet identified competencies and key knowledge and skills for staff.	NHS England published competencies are based upon National Occupation Standards .	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	There is a rolling programme of walkthroughs, briefings, exercises and training sessions.				
Documents identify where and how the emergency or business continuity incident will be managed from, ie the Incident Co-ordination Centre (ICC), how the ICC will operate (including information management) and the key roles required within it, including the role of the logistic .	This should be proportionate to the size and scope of the organisation.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	The establishment of the ICC is detailed in the major incident plan and would be used as the current basis for a BCM response. As detailed above the Trust level business continuity plan is in draft and awaits presentation to board for sign off. This will provide additional guidance to establish command and control to respond to a BCM event.			Resilience Manager	Dec-15
Arrangements ensure that decisions are recorded and meetings are minuted during an emergency or business continuity incident.		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	A number of staff are trained as loggists to support activations either of a major incident or business continuity incident. Training and plans reflect the importance of accurate record keeping in both decision logs and meetings.				
Arrangements detail the process for completing, authorising and submitting situation reports (SITREPs) and/or commonly recognised information pictures (CRIP) / common operating picture (COP) during the emergency or business continuity incident response.		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	There is an established reporting process during escalation and the mechanisms for providing key updates were extensively used during the mortuary capacity meetings in 2014 / 2015.				

Core standard	Clarifying information	Acute healthcare providers	Specialist providers	Ambulance service providers	Community services providers	Mental healthcare providers	NHS England local teams	NHS England Regional & national	CCGs	CSUs (business continuity only)	Primary care (GP, community pharmacy)	Other NHS funded organisations	Evidence of assurance	Self assessment RAG Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months. Amber = Not compliant but evidence of progress and in the EPRR work plan for the next 12 months. Green = fully compliant with core standard.	Action to be taken	Lead	Timescale
Arrangements to have access to 24-hour specialist adviser available for incidents involving firearms or chemical, biological, radiological, nuclear, explosive or hazardous materials, and support strategic/gold and tactical/silver command in managing these events.	Both acute and ambulance providers are expected to have in place arrangements for accessing specialist advice in the event of incidents chemical, biological, radiological, nuclear, explosive or hazardous materials	Y		Y									Support and specialist advice is available from Police, SEACamb and PHE (ECOSA).				
Arrangements to have access to 24-hour radiation protection supervisor available in line with local and national mutual aid arrangements.	Both acute and ambulance providers are expected to have arrangements in place for accessing specialist advice in the event of a radiation incident	Y		Y									Support and specialist advice is available from SEACamb and PHE (ECOSA).				
Communicate with the public Arrangements demonstrate warning and informing processes for emergencies and business continuity incidents.	Arrangements include a process to inform and advise the public by providing relevant timely information about the nature of the unfolding event and about: - Any immediate actions to be taken by responders - Actions the public can take - How further information can be obtained - The end of an emergency and the return to normal arrangements	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	The communications team provides the ability to distribute key messaging both internally and externally. It is supported by an internal communications plan as well as information sharing protocols established by the LRF partnership.				

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Arrangements ensure the ability to communicate internally and externally during communication equipment failures		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Regular checks are made to ensure that both day to day communication systems are functional as well as emergency systems.					
Information Sharing – mandatory requirements																		
Arrangements contain information sharing protocols to ensure appropriate communication with partners.	These must take into account and include DH (2007) Data Protection and Sharing – Guidance for Emergency Planners and Responders or any guidance which supersedes this, the FOI Act 2000, the Data Protection Act 1998 and the CCA 2004 'duty to communicate with the public', or subsequent / additional legislation and/or guidance.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	There is an established information sharing protocol with the LRF in place and consultation continues with the Vulnerable people workstream.					
Information																		
Organisations actively participate in or are represented at the Local Resilience Forum (or Borough Resilience Forum in London if appropriate)		Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	The Resilience Manager attends LRF, LHRP, Gatwick meetings. Also represents on identified task and finish groups as needed.					
Demonstrate active engagement and co-operation with other category 1 and 2 responders in accordance with the CCA		Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	The Resilience Manager represents the other Acute EP's at the LRF DG, Climate Change, Telecommunications, Resilience Direct workstreams and meetings. Also attends Gatwick Resilience meetings. Supports training delivery with the LRF at Intro to Emergency Planning and Resilience Direct. Additionally ad hoc as needed.					
Arrangements include how mutual aid agreements will be requested, co-ordinated and maintained.	NB: mutual aid agreements are wider than staff and should include equipment, services and supplies.	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Contribute to the mutual aid arrangements within the health economy. This occurred during the mortuary capacity peak demand in 2014 / 2015. Support the LRF and other partners in line with planning locally.					
Arrangements outline the procedure for responding to incidents which affect two or more Local Health Resilience Partnership (LHRP) areas or Local Resilience Forum (LRF) areas.				Y			Y	Y				Y		N/A				
Arrangements outline the procedure for responding to incidents which affect two or more regions.				Y			Y					Y		N/A				
Arrangements demonstrate how organisations support NHS England locally in discharging its EPRR functions and duties	Examples include completing of SITREPs, cascading of information, supporting mutual aid discussions, prioritising activities and/or services etc.	Y	Y	Y	Y	Y			Y		Y		Requested updates are collated and information returned in a timely manner. This is supported by use of the nhs.net e-mail.					
Plans define how links will be made between NHS England, the Department of Health and PHE. Including how information relating to national emergencies will be co-ordinated and shared							Y							N/A				
Arrangements are in place to ensure an Local Health Resilience Partnership (LHRP) (and/or Patch LHRP for the London region) meets at least once every 6 months							Y	Y						N/A				
Arrangements are in place to ensure attendance at all Local Health Resilience Partnership meetings at a director level		Y	Y	Y	Y	Y	Y		Y			Y	Meeting dates and papers circulated in advance of meetings. COO will normally attend or seek a deputy when unable to.					
Training and Exercising																		
Arrangements include a training plan with a training needs analysis and ongoing training of staff required to deliver the response to emergencies and business continuity incidents	<ul style="list-style-type: none"> Staff are clear about their roles in a plan Training is linked to the National Occupational Standards and is relevant and proportionate to the organisation type. Training is linked to Joint Emergency Response Interoperability Programme (JESIP) where appropriate Arrangements demonstrate the provision to train an appropriate number of staff and anyone else for whom training would be appropriate for the purpose of ensuring that the plan(s) is effective Arrangements include providing training to an appropriate number of staff to ensure that warning and informing arrangements are effective 	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Current training programme identifies key training needs which cover Major Incidents, BCM and CBRNE. Additional training is developed, sought and delivered as needed. An example of this is a specific input to address a gap around 'surviving public enquiries' required for executives and directors.					
Arrangements include an ongoing exercising programme that includes an exercising needs analysis and informs future work.	<ul style="list-style-type: none"> Exercises consider the need to validate plans and capabilities Arrangements must identify exercises which are relevant to local risks and meet the needs of the organisation type and of other interested parties. Arrangements are in line with NHS England requirements which include a six-monthly communications test, annual table-top exercise and live exercise at least once every three years. If possible, these exercises should involve relevant interested parties. Lessons identified must be acted on as part of continuous improvement. Arrangements include provision for carrying out exercises for the purpose of ensuring warning and informing arrangements are effective 	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Key workstreams and guidance from NHS England support the identification and development of exercising needs. These are in turn incorporated into existing exercises or bespoke exercises developed as needed.					
Demonstrate organisation wide (including oncall personnel) appropriate participation in multi-agency exercises		Y	Y	Y	Y	Y	Y	Y	Y			Y	Major incident exercise to be delivered in September 2015. Further walkthroughs to support on call staff to be delivered.			Resilience Manager	Apr-16	
Preparedness ensures all incident commanders (oncall directors and managers) maintain a continuous personal development portfolio demonstrating training and/or incident /exercise participation.		Y	Y	Y	Y	Y	Y	Y	Y			Y	Internal and external training is provided by the LRF and other providers. This needs aligning and recording, so individuals can demonstrate competence as needed.			Resilience Manager	Apr-16	

Core standard	Clarifying Information	Acute healthcare providers	Specialist providers	Ambulance service providers	Community services providers	Mental healthcare providers	NHS England local teams	NHS England Regional & National	CCGs	CSUs (business continuity only)	Primary care (GP, community pharmacy)	Other NHS funded organisations	Evidence of assurance	Self assessment RAG Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months. Amber = Not compliant but evidence of progress and in the EPRR work plan for the next 12 months. Green = fully compliant with core standard.	Action to be taken	Lead	Timescale
2015 Deep Dive																	
DD1	Organisations have updated their pandemic influenza arrangements to reflect changes to the NHS and partner organisations, as well as lessons identified from the 2009/10 pandemic including through local debriefing	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Plan was published post April 2013				
DD2	Organisations have developed and reviewed their plans with LHRP and LRF partners	Y	Y	Y	Y	Y	Y		Y			Y	Plan developed utilising PHE guidance and establishing key links				
DD3	Organisations have undertaken a pandemic influenza exercise or have one planned in the next six months	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	It is understood that a regional exercise is planned in this work area to take place during the last quarter of 2015.				
DD4	Organisations have taken their plans to Boards / Governing bodies for sign off	Y	Y	Y	Y	Y	Y	Y	Y			Y	Broad consultation took place when the plan was reviewed and updated and will follow again with any new guidance this year. Evidence of 'deep dive being researched'.				

Hazardous materials (HAZMAT) and chemical, biological, radiological and nuclear (CBRN) response core standards (NB this is designed as a stand alone sheet)			Acute healthcare providers	Specialist providers	Ambulance service providers	Community services providers	Mental Health care providers	Self assessment RAG Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months. Amber = Not compliant but evidence of progress and in the EPRR work plan for the next 12 months. Green = fully compliant with core standard.	Action to be taken	Lead	Timescale
Q	Core standard	Clarifying information						Evidence of assurance			
Preparedness											
38	There is an organisation specific HAZMAT/ CBRN plan (or dedicated annex)	Arrangements include: • command and control interfaces • tried and tested process for activating the staff and equipment (inc. Step 1-2-3 Plus) • pre-determined decontamination locations and access to facilities • management and decontamination processes for contaminated patients and fatalities in line with the latest guidance • communications planning for public and other agencies • interoperability with other relevant agencies • access to national reserves / Pods • plan to maintain a cordon / access control • emergency / contingency arrangements for staff contamination • plans for the management of hazardous waste • stand-down procedures, including debriefing and the process of recovery and returning to (new) normal processes • contact details of key personnel and relevant partner agencies	Y	Y	Y	Y	Y	There is a version controlled Chemical incident Plan in place. Aid memoire's placed in strategic locations and provided as part of the training to staff during training sessions. Steps 1-2-3 process is at the core of the CBRNe training for staff. Locations are pre-determined and trained staff aware of these. Warning and informing is central to the response to ensure patients and public are informed as appropriate. The accredited training covers joint working, the use and process of cordon control, decontamination of staff, the plans for managing hazardous waste, stand down and debriefing, as well as key contacts; PHE, Surrey Fire and Rescue Service as well as HART.			
39	Staff are able to access the organisation HAZMAT/ CBRN management plans.	Decontamination trained staff can access the plan	Y	Y	Y	Y	Y	Plans and aid memoire's are available to staff.			
40	HAZMAT/ CBRN decontamination risk assessments are in place which are appropriate to the organisation.	• Documented systems of work • List of required competencies • Impact assessment of CBRN decontamination on other key facilities • Arrangements for the management of hazardous waste	Y	Y	Y	Y	Y	Central to the training and response.			
41	Rotas are planned to ensure that there is adequate and appropriate decontamination capability available 24/7.		Y		Y			ED staff planning aims to ensure sufficient staff with the appropriate level of training are on duty. Training regime aims to ensure that refresher and new courses are run regularly to maintain staffing levels.			
42	Staff on-duty know who to contact to obtain specialist advice in relation to a HAZMAT/ CBRN incident and this specialist advice is available 24/7.	• For example PHE, emergency services.	Y	Y	Y	Y	Y	Central to the training and response.			
Decontamination Equipment											
43	There is an accurate inventory of equipment required for decontaminating patients in place and the organisation holds appropriate equipment to ensure safe decontamination of patients and protection of staff.	• Acute and Ambulance service providers - see Equipment checklist overleaf on separate tab • Community, Mental Health and Specialist service providers - see Response Box in 'Preparation for Incidents Involving Hazardous Materials - Guidance for Primary and Community Care Facilities' (NHS London, 2011) (found at: http://www.londonccn.nhs.uk/_store/documents/hazardous-material-incident-guidance-for-primary-and-community-care.pdf) • Initial Operating Response (IOR) DVD and other material: http://www.jesip.org.uk/what-will-jesip-do/training/	Y	Y	Y	Y	Y	Trust has equipment in excess of PHE guidance. ED has an established process for tracking patients.			
44	The organisation has the expected number of PRPS suits (sealed and in date) available for immediate deployment should they be required (NHS England published guidance (May 2014) or subsequent later guidance when applicable)	There is a plan and finance in place to revalidate (extend) or replace suits that are reaching the end of shelf life until full capability of the current model is reached in 2017	Y		Y			Trust has more suits than required to support the diversity of staff.			
45	There are routine checks carried out on the decontamination equipment including: A) Suits B) Tents C) Pump D) RAM GENE (radiation monitor) E) Other decontamination equipment	There is a named role responsible for ensuring these checks take place	Y		Y			Equipment is checked on a regular basis and all checks recorded.			
46	There is a preventative programme of maintenance (PPM) in place for the maintenance, repair, calibration and replacement of out of date Decontamination equipment for: A) Suits B) Tents C) Pump D) RAM GENE (radiation monitor) E) Other equipment		Y		Y			As above, equipment is replaced as required.			
47	There are effective disposal arrangements in place for PPE no longer required.	(NHS England published guidance (May 2014) or subsequent later guidance when applicable)	Y		Y			All suits are in date to 2017, disposal arrangements for cleaning replacement are well established.			
Training											
48	The current HAZMAT/ CBRN Decontamination training lead is appropriately trained to deliver HAZMAT/ CBRN training		Y		Y			Training is delivered by an accredited trainer from another Trust.			
49	Internal training is based upon current good practice and uses material that has been supplied as appropriate.	• Documented training programme • Primary Care HAZMAT/ CBRN guidance • Lead identified for training • Established system for refresher training so that staff that are HAZMAT/ CBRN decontamination trained receive refresher training within a reasonable time frame (annually). • A range of staff roles are trained in decontamination techniques • Include HAZMAT/ CBRN command and control training • Include ongoing fit testing programme in place for FFP3 masks to provide a 24/7 capacity and capability when caring for patients with a suspected or confirmed infectious respiratory virus • Including, where appropriate, Initial Operating Response (IOR) and other material: http://www.jesip.org.uk/what-will-jesip-do/training/	Y	Y	Y	Y	Y	All records are kept of risk assessments and training attended. Staff are issued permit to work cards and can only be used in a deployment if they produce a current and valid permit to work card.			
50	The organisation has sufficient number of trained decontamination trainers to fully support its staff HAZMAT/ CBRN training programme.		Y		Y			Provided by another Trust currently.			
51	Staff that are most likely to come into first contact with a patient requiring decontamination understand the requirement to isolate the patient to stop the spread of the contaminant.	• Including, where appropriate, Initial Operating Response (IOR) and other material: http://www.jesip.org.uk/what-will-jesip-do/training/ • Community, Mental Health and Specialist service providers - see Response Box in 'Preparation for Incidents Involving Hazardous Materials - Guidance for Primary and Community Care Facilities' (NHS London, 2011) (found at: http://www.londonccn.nhs.uk/_store/documents/hazardous-material-incident-guidance-for-primary-and-community-care.pdf)	Y	Y	Y	Y	Y	Established as part of the Step 1-2-3 training.			

HAZMAT CBRN equipment list - for use by Acute and Ambulance service providers in relation to Core Standard 43.

No	Equipment	Equipment model/ generation/ details etc.	Self assessment RAG Red = Not in place and not in the EPRR work plan to be in place within the next 12 months. Amber = Not in place and in the EPRR work plan to be in place within the next 12 months. Green = In place.
EITHER: Inflatable mobile structure			
E1	Inflatable frame		N/A
E1.1	Liner		N/A
E1.2	Air inflator pump		N/A
E1.3	Repair kit		N/A
E1.2	Tethering equipment		N/A
OR: Rigid/ cantilever structure			
E2	Tent shell		
OR: Built structure			
E3	Decontamination unit or room		
AND:			
E4	Lights (or way of illuminating decontamination area if dark)		
E5	Shower heads		
E6	Hose connectors and shower heads		
E7	Flooring appropriate to tent in use (with decontamination basin if needed)		
E8	Waste water pump and pipe		
E9	Waste water bladder		
PPE for chemical, and biological incidents			
E10	The organisation (acute and ambulance providers only) has the expected number of PRPS suits (sealed and in date) available for immediate deployment should they be required. (NHS England published guidance (May 2014) or subsequent later guidance when applicable).		
E11	Providers to ensure that they hold enough training suits in order to facilitate their local training programme		
Ancillary			
E12	A facility to provide privacy and dignity to patients		
E13	Buckets, sponges, cloths and blue roll		
E14	Decontamination liquid (COSHH compliant)		
E15	Entry control board (including clock)		
E16	A means to prevent contamination of the water supply		
E17	Poly boom (if required by local Fire and Rescue Service)		Partner Agency
E18	Minimum of 20 x Disrobe packs or suitable equivalent (combination of sizes)		
E19	Minimum of 20 x re-robe packs or suitable alternative (combination of sizes - to match disrobe packs)		
E20	Waste bins		
	Disposable gloves		
E21	Scissors - for removing patient clothes but of sufficient calibre to execute an emergency PRPS suit disrobe		
E22	FFP3 masks		
E23	Cordon tape		
E24	Loud Hailer		
E25	Signage		
E26	Tabbards identifying members of the decontamination team		
E27	Chemical Exposure Assessment Kits (ChEAKs) (via PHE): should an acute service provider be required to support PHE in the collection of samples for assisting in the public health risk assessment and response phase of an incident, PHE will contact the acute service provider to agree appropriate arrangements. A Standard Operating Procedure will be issued at the time to explain what is expected from the acute service provider staff. Acute service providers need to be in a position to provide this support.		
Radiation			
E28	RAM GENE monitors (x 2 per Emergency Department and/or HART team)	Yes- checking and testing regime on a monthly basis is in place.	
E29	Hooded paper suits		Ebola PPE
E30	Goggles		Ebola PPE
E31	FFP3 Masks - for HART personnel only		N/A
E32	Overshoes & Gloves		

