North West Anglia
NHS Foundation Trust

Evacuation and Shelter Plan

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Evacuation & Shelter Plan contents:

EVACUATION & SHELTER PLAN

Section 1.1 INTRODUCTION

Current emergency planning guidance (NHS England 2015) requires acute and foundation Trusts to have in place effective business continuity plans to ensure that, wherever reasonably possible, essential services are provided even in exceptionally challenging circumstances. In the event of any of the Trust's sites being rendered unsafe to continue to provide patient care, there must be a planned process for the evacuation of parts or the whole of that building or site. It is recognised that whilst the likelihood of such an event is rare, the impact on staff and patients and the potential consequences are significant.

The evacuation plan should be read in conjunction with:

- Cambridgeshire Acute Hospitals Evacuation Plan
- Major Incident (Mass Casualty) Plan
- Temporary Closure/Temporary Suspension of Home Birth plans
- Business Continuity Plans
- Fire Policy and Procedure
- NHS England/Improvement (East of England) EPRR Immediate Response Plan Reinforced Autoclaved Aerated Concrete Planks (RAAC)

The plan may need to be used in conjunction with the regional and national plans mass casualty and mass fatality plans.

Risk Assessments

The Trust's evacuation plans have been written on the basis of risk assessments carried out for the in-patient sites which reflect the likelihood and consequences of a partial or whole evacuation. There are several circumstances under which an evacuation might be deemed necessary which include:

- Vehicle collision with part of the building resulting in all or part of the building becoming unsafe
- Collapse or partial collapse of a building structure
- Serious uncontrolled fire with significant smoke hazard
- Contamination by toxic chemicals, radioactive materials etc.
- Credible threat of imminent terrorist activity
- Natural disaster rendering the building unsafe
- Loss of utilities for sustained period
- Major sustained loss of telecommunications or clinically critical IT systems

The decision to evacuate a building would be taken at executive level after seeking advice from the police and fire and rescue services. In the event of a

credible terrorist threat against the Trust, the police have the power under the Prevention of Terrorism Act (2005) to order the evacuation of a Trust building.

The risk of total evacuation of any site becoming necessary is partly mitigated by the effective fire and safety precautions already in place in each building. Should an evacuation become necessary for any of the above reasons, the impact will vary as each Trust site provides health care for different dependencies of patients.

Site:	High dependency areas:	Impact:
Peterborough City Hospital	Critical Care (ventilated patients), theatres (operations in progress), Renal Unit (patients on dialysis), Emergency Department (trauma/resuscitations in progress), orthopaedics (spinal injuries), Neonatal Unit (NICU) (incubated/ventilated babies), Delivery Suite/Theatre (caesareans/labours in progress)	High (large numbers of critical care patients)
Hinchingbrooke Hospital	Critical Care (ventilated patients), theatres (operations in progress), Emergency Department (resuscitations in progress), orthopaedics, Special Care Baby Unit (SCBU) (incubated babies), Delivery Suite/Theatre (caesareans/labours in progress) Dialysis Unit	High (moderate numbers of critical care patients)
Stamford & Rutland Hospital	Theatres (minor operations in progress)	Low (fewer cases & more minor surgery)

Section 1.2 STAGES OF EVACUATION

It is more likely that parts of a building will need to be evacuated than the whole building. The stages of evacuation are described as:

Stage 1 – stand-by
Stage 2 – evacuation of a single ward/department or zone of a hospital
Stage 3 – evacuation of an entire building
Stage 4 – evacuation of an entire site (multiple buildings)

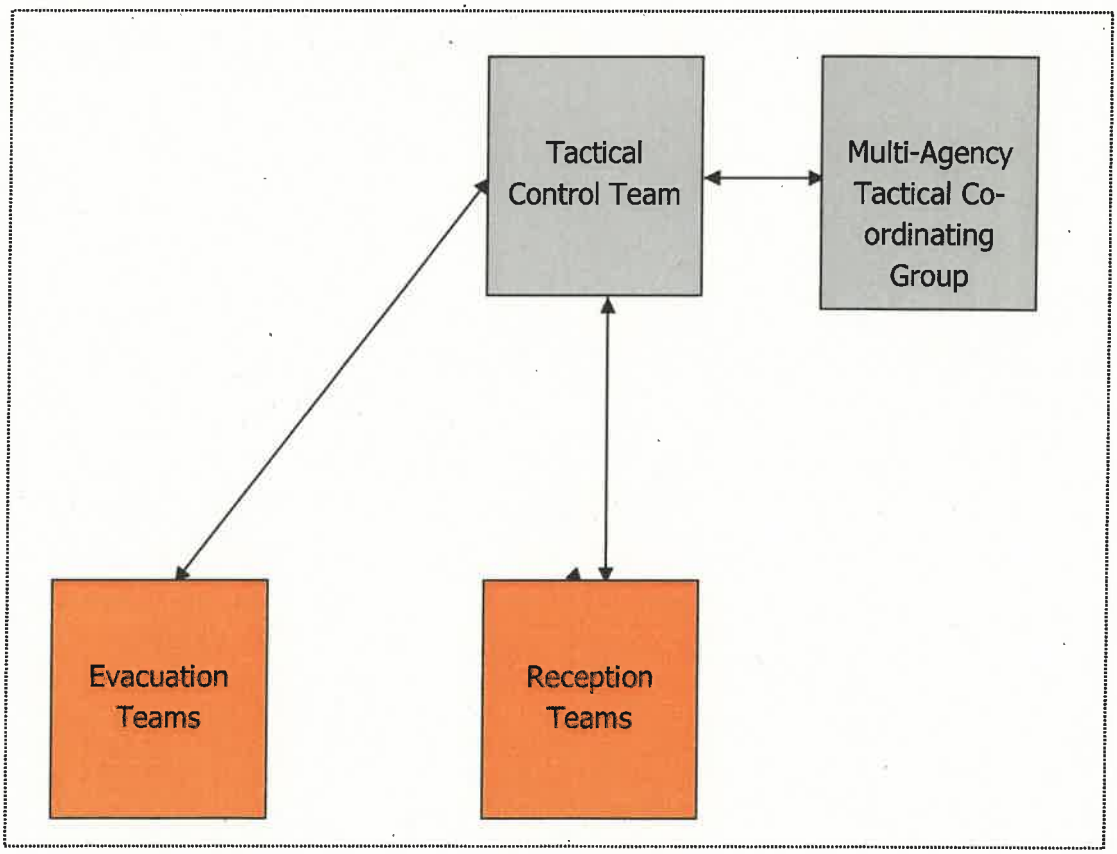
If evacuation of a main building or part of it is required, consideration will need to be given to the dependency of patients, staff and external services staff being evacuated. There are broadly four types of evacuee:

- Walking – able to self-evacuate
- Chair - those who are unable to walk unaided & may need assistance or a wheelchair

- Bed/stretcher – those who need to be moved to a stretcher or stay on their bed
- Complex – patients with complex needs who require specific equipment or skilled staff to remain with them

Patients who can walk may require an escort if there are other conditions rendering it unsafe for them to self evacuate e.g. those with learning difficulties, patients suffering from dementia etc,

Command & Control
Internal
The evacuation will be managed by a Tactical Control Team (TCT) which will assume the Trust's tactical 'silver' command role. The core members of this team will work from the PCH major incident control room, unless that has been impacted by the incident. Tactical meetings will be held via MS Teams providing there is no disruption to technology or power. A smaller team will lead the evacuation at the affected zone, and will assume the hospital operational 'bronze' command role for that area. Other 'bronze' cells may form at the request of the TCT as part of the Trust's response. A separate team will manage the reception of evacuated patients at the receiving site(s) at an operational 'bronze' command level.



The Tactical Control Team will undertake the following roles:

- Declare the incident to the Cambridgeshire & Peterborough Clinical Commissioning group (CCG) and maintain communication with the emergency services

- Initiate alerting mechanisms for all affected areas
- Mobilise staff to the Trust and receiving areas via the bronze cells
- Identify the most appropriate exit route for evacuated patients from the affected zone (*see site plans: appendix B*)
- Identify holding areas for onward transfer of patients to designated reception areas and ensure clinical staff are deployed to each area (including rest centres) and non-clinical staff are mobilised to log patient destinations
- Ensure communication is established with neighbouring Trusts and primary care services
- Liaise with senior clinicians regarding evacuation priorities for critical and dependent patients
- Maintain accurate records of the destination of evacuated patients and staff
- Agree definitive care destinations for evacuated patients
- Participate in tactical and strategic inter-agency decision making
- Plan repatriation of staff and equipment from any out of area transfers

The Tactical Control Team will consist of:

- *Senior Manager on call - overall command until relieved by Chief Operating Officer/Director on Call, Chief Medical Officer/AEO, or Chief Nurse
- *Medical Commander (Chief Medical Officer or deputy)
- *Head of Resilience & Emergency Preparedness or deputy
- Communications Manager or deputy
- Ambulance Liaison Officer(s)
- *Estates & Facilities Director or deputy
- Soft Facilities Manager or deputy
- Trust Fire Safety Manager
- Non-clinical Risk Manager or deputy
- *Loggist

NB A representative from the Infection Prevention & Control (IPAC) team may be added if the evacuation involves patients currently being treated in isolation.

**denotes on site presence in the control room*

Wherever possible the TCT will be based in the PCH Major Incident Control Room, providing it is deemed safe to remain within that building and within the area. If the incident occurs at the Hinchingbrooke or Stamford & Rutland sites the main Trust TCT will still work from PCH with a smaller bronze team deployed to lead on site at HH or SRH.

PCH - Room 6, Learning Centre PCH
HH bronze cell - ECC Seminar Room

Secondary on site control room:
PCH - Site Management office in ED
HH bronze cell - IT training room

When it is not deemed safe to remain in the hospital building then the TCT or HH bronze will set up an alternative incident room:

PCH/SRH - Cavell Centre, or Thorpe Wood Police Station
HH bronze cell – Cambridgeshire Constabulary Headquarters

External

Depending on the type and scale of the incident, the police may set up a cordon around the affected site / part of a site. This may extend over a large area and could extend beyond the perimeter of the Trust site. Access through this cordon will be strictly controlled by the police, and staff will only be allowed access with valid Trust photo ID.

A silver (tactical) command point (please see section 1 of major incident plan for definitions of levels of command) for all the emergency services will be set up by the police. The site for this will be nominated at a suitable location identified on the day.

Depending on the nature of the incident, traffic congestion, or any risk associated with wind direction, rendezvous points for the emergency services have been identified and the appropriate one will be nominated by the Emergency Services at the time.

Communications

Depending on the nature of the incident a number of communication methods will be used:

- Vocera (PCH only)
- Internal/external telephones
- Desk alerts
- Bleep systems
- Intranet
- Hand held radios
- Runners

There are distribution details for hand held radios in each control room, but safe usage will be discussed with the police if the incident is potentially terrorism related.

The Trust's communications team, in conjunction with multi agency partners, will handle communication issues including information to be relayed to relatives of current patients and those due for admission or OPD appointments, details to be provided for enquiries from relatives of staff currently on duty, and details to be provided to Trust staff on other sites or not currently on duty. The communications team may utilise the services of the local media and the TCT may instigate a patient and/or staff helpline. The C&PCCG will assist with messages to patients to advise them of closure of urgent and emergency care services on the affected site.

Relocation of Patients
In-patients evacuated from the affected site will be discharged, transferred directly to another acute hospital or sent to holding areas outside of the outer cordon. Evacuation from clinical areas will be co-ordinated via the SMART system with a commander pack available in each clinical area to denote the preferred type of destination and status of each patient.

All in-patients will have a 'personalised emergency evacuation plan' (PEEP) documented on e-Track which is amended in line with their changing condition/mobility. This will be a simple mobility assessment to enable those attending the area to assist in evacuation to quickly understand the dependency of the patients without having to access notes. The status will be depicted on e-track by icons that are visible if the ward/department list is printed for evacuations to be easily co-ordinated. Categories are described as:

Independent	can walk unaided and self evacuate
Walking + 1	can walk but with assistance (e.g dementia patient)
Partial mobility + 1	will need a wheelchair and assistance x 1
Immobile + 2	will need a bed/trolley and assistance x 2
Complex +2	will need a bed/trolley/medical equipment and assistance x 2

Some patients may be able to be discharged home following review by a senior member of medical staff. Non-dependant patients may be taken to rest centres identified by Peterborough City Council, Huntingdonshire District Council or South Kesteven District Council. Council staff at the rest centres will register each patient as they arrive and manage incoming calls from relatives.

The TCT will mobilise non-clinical staff to the evacuation zones to log the destination of each patient using the SMART system. Transfers undertaken by East of England Ambulance Service/East Midlands Ambulance Service will also be logged by their Ambulance Loading Officer and the Trust's team will note transfers undertaken by private and volunteer ambulance services and council provided transport methods (buses, taxis). Labels and log sheets are available in each evacuation zone SMART pack to track where each evacuated patient is transferred to (*appendix A*). The TCT will ensure that records of patient destinations from the Trust teams, East of England Ambulance Service/East Midlands Ambulance Service and other transport providers are maintained and retained.

Infection Control
If patients who are currently being nursed in isolation need to be evacuated then IPAC advice can be sought. If the situation allows then isolation can be maintained and personal protective equipment (PPE) guidelines adhered to.

The evacuating area will need to identify to the evacuation zone that the patient requires isolation, and PPE will need to be worn during the transfer.

If the patient is in immediate danger because of the nature of the incident, then the need to safely evacuate the area should override the maintenance of infection control precautions.
See Cambridgeshire Acute Hospitals Evacuation Plan

Resources
Staff
Staff called into assist will report either to their normal bronze cell, or to one of the alternative control centres as identified at the time. Other staff will be called and asked to report directly to one of the holding areas/evacuation zones or rest centres.

Equipment
Depending on the reason for and urgency of the evacuation it may be possible to retrieve some items of equipment to use in the receiving areas. Consideration should be given to the preservation of specialist clinical equipment, medical devices and non-clinical items, including patient records, but only where it is safe and appropriate to do so.

Section 1.3 ROLE OF EXTERNAL KEY ORGANISATIONS
East of England Ambulance NHS Trust/East Midlands Ambulance Service

- Assist with evacuation and rescue
- Triage, initial treatment and transport of current patients and any casualties away from the site
- Divert other emergencies, admissions or transfers away from the affected hospital
- Provide ambulance liaison officers to the TCT
- Participate in the inter-agency response to the incident and assist in the recovery of displaced patients
- Participate in operational, tactical and strategic inter-agency decision making
- Take unplanned discharge patients home via PTS services

Cambridgeshire Constabulary

- Co-ordinate the emergency services response
- Maintain the outer cordon to protect the incident site and control access to the scene
- Liaise with the other services to provide a co-ordinated media response
- Act on behalf of HM Coroner
- Participate in operational, tactical and strategic inter-agency decision making
- Commence the investigation process

Cambridgeshire Fire & Rescue Service

- Preserve life by rescue of individuals directly involved in the incident cause
- Prevent escalation of the incident by controlling hazards
- Maintain the inner cordon around the affected site
- Provide emergency lighting in conjunction with other emergency services
- Participate in operational, tactical and strategic inter-agency decision making
- Assist with co-ordination of the rescue of patients, staff, visitors and casualties from the site

Peterborough City Council/Huntingdonshire District Council/South Kesteven District Council/Cambridgeshire County Council/Lincolnshire County Council

- Provide social/welfare support to staff, out patients or visitors evacuated as a result of the incident and activate rest centre plans
- If available, provide alternative transport methods for ambulant evacuees and staff responding to the incident
- Support the emergency services by making resources and expertise available as required
- Identify and co-ordinate the provision of rest centres in line with current plans/protocols
- Manage in-coming calls made to the local authority from relatives of patients
- Participate in operational, tactical and strategic inter-agency decision making
- Where appropriate, identify temporary accommodation for Trust staff displaced from hospital provided accommodation

NHS England / Improvement (East of England)

- Alert neighbouring CCGs to prevent further admissions/transfers.
- Notify regional NHS executive.
- Participate in tactical and strategic inter-agency decision making.
- Liaise with 111 services to ensure no referrals are made
- Activate Mutual Aid agreements if appropriate

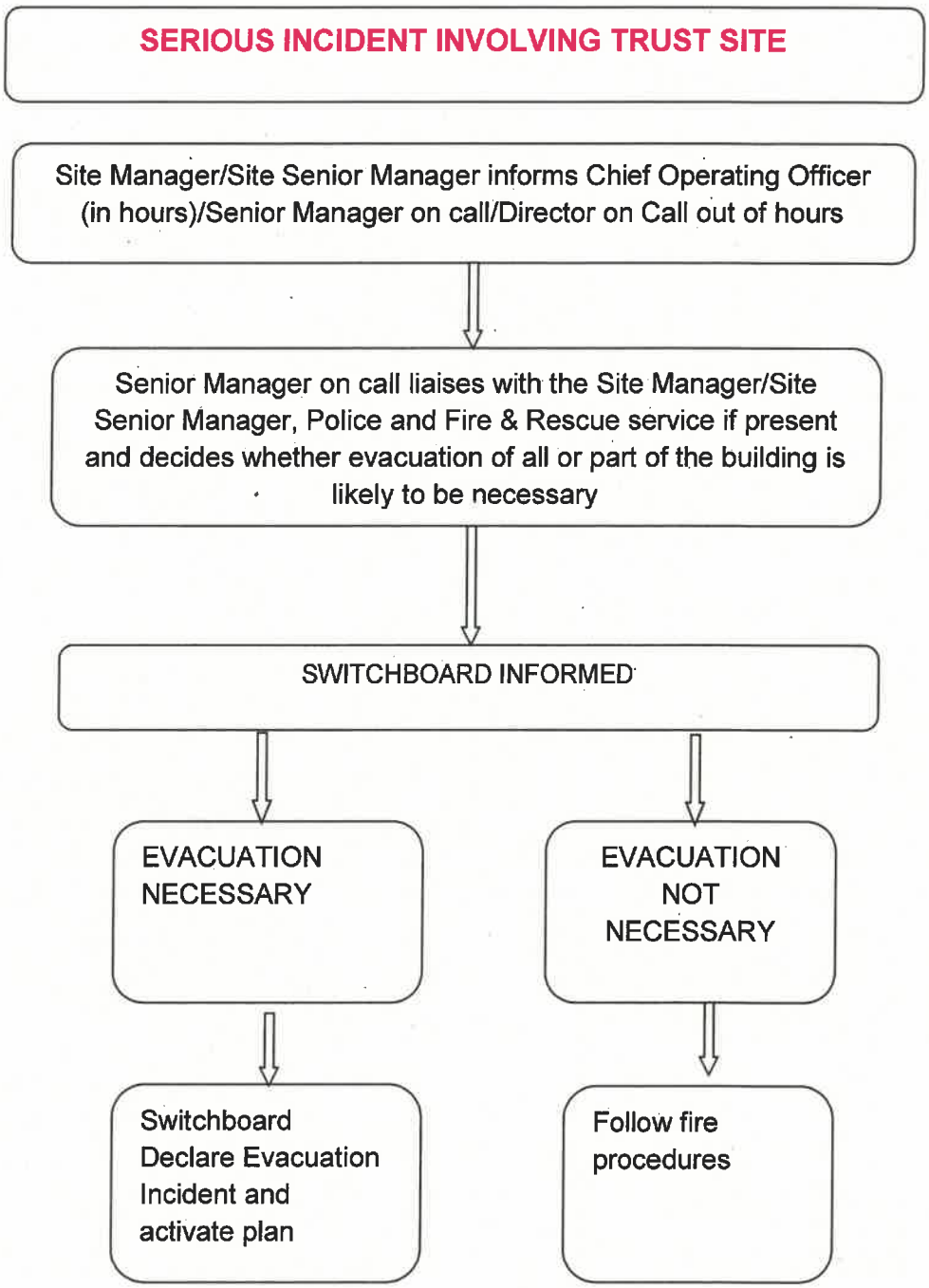
Cambridgeshire and Peterborough CCG will co-ordinate the response across local health care providers and partner agencies. They will:

- Inform the local authorities, Cambridgeshire & Peterborough Local Resilience Forum, and other NHS organisations including the unaffected acute hospitals, Cambridgeshire & Peterborough Foundation Trust (CPFT) and Cambridgeshire Community Services.
- Arrange a system escalation call with all partners to gather information to develop a risk assessment and thus guide the level of response needed

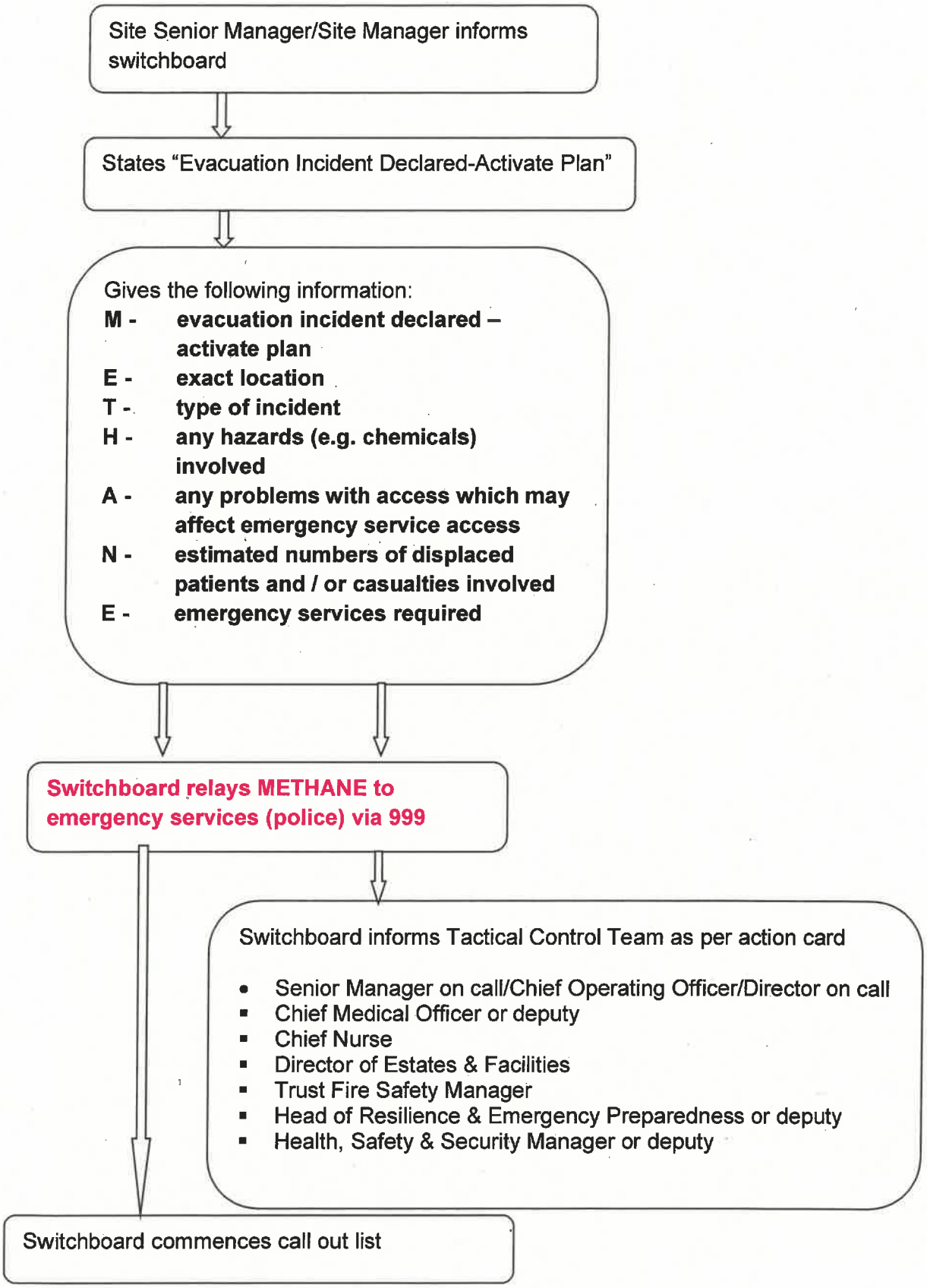
- Further to the call, inform NHS England/Improvement and agree incident declaration status. They may decide to declare at 'major incident' level.
- Review capacity and resources in primary care services to accommodate discharged patients from the affected or receiving sites and facilitate an increase in intermediate care
- Provide nursing staff to assist with discharge of in-patients once they have been assessed at the receiving site.

The CCG may decide to convene a Health Tactical Co-ordinating Group (TCG), and the Local Resilience Forum may convene a TCG or a Strategic Co-ordinating Group (SCG), depending on the outcome of the risk assessment and in liaison with NHS England/Improvement.

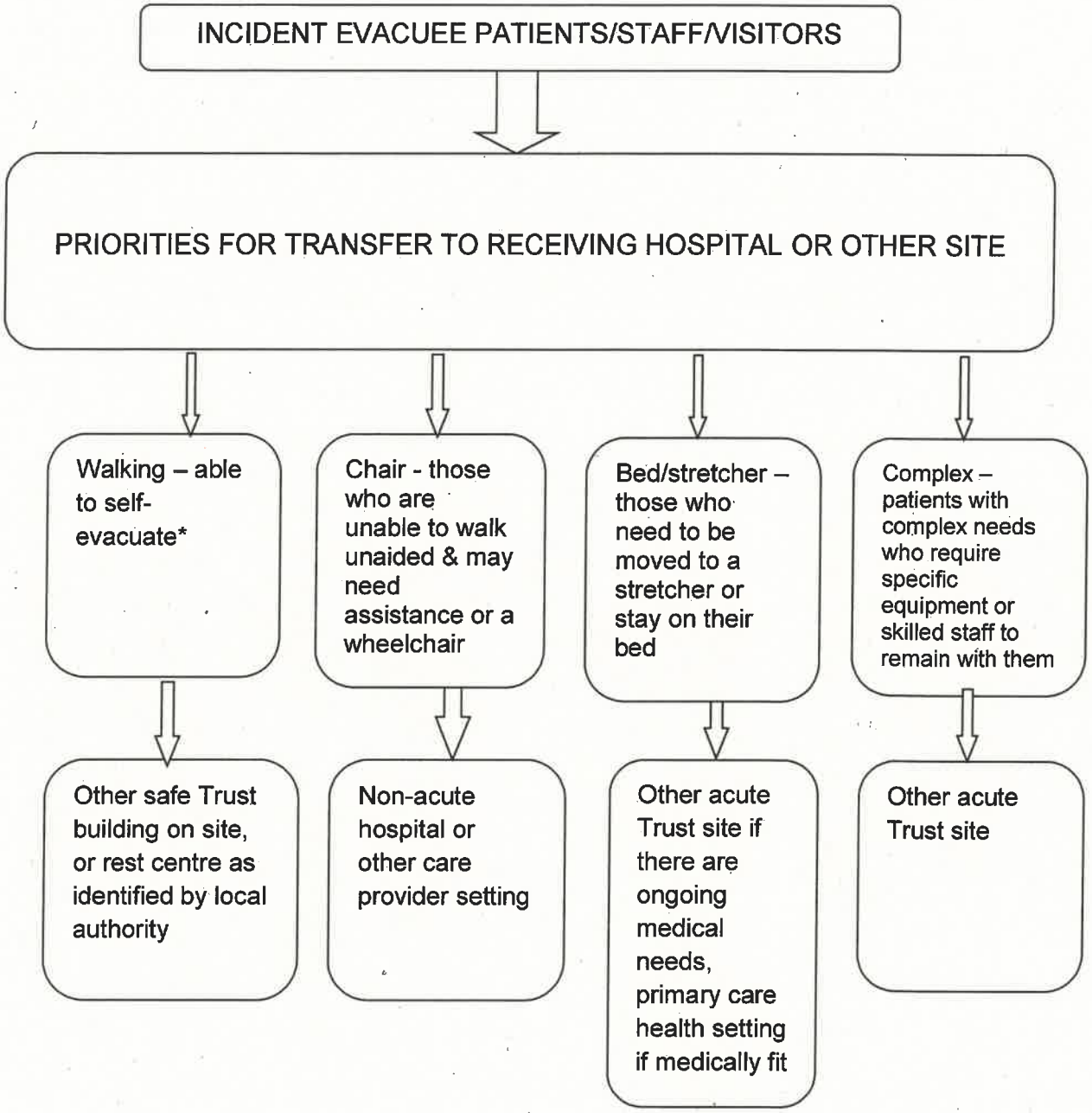
Section 1.4 ACTIVATION PROCEDURE



Section 1.5 DECLARED FLOWCHART



Section 1.6 INCIDENT EVACUEES FLOWCHART



*NB walking patients may still need escort depending on other health needs

Section 1.7 SITE SECURITY

Depending on the nature and scale of the incident, security of the site might be undertaken by the Trust's security and facilities teams alone or in conjunction with the police. The Emergency Lockdown Plan may be activated to prevent entry via non-manned entrances, but should be done in such a way that exit is not impeded.

Areas to ensure specific security of or where items might need to be removed from site include:

- Pharmacy and any other drugs stored across clinical areas, especially where controlled drugs are stored
- Pathology (incl PCH Cat 3 lab)
- Radiotherapy
- Cash offices
- Medical records storage

Facilities teams will plan for isolation of key utilities e.g power, water, fuel supplies and medical gases. Depending on the nature of the incident a senior management team might be required to remain at the evacuated site for some time. This should include the Site Manager/Site Senior Manager with a member of the executive team and Estates & Facilities representatives.

Section 1.8 DEFINITIVE CARE

The length of time definitive care for current NWAngliaFT patients will need to be provided at the relocation site before the Trust can plan to relocate services back to within NWAngliaFT, and thus eventually return to normal service provision, will be dependent on the reason for the evacuation and the resultant condition of the site, including:

- the extent of any structural damage to the affected zone on site
- the availability of access/egress routes (for ambulances & emergency vehicles),
- availability of reliable functioning water and power supplies
- the extent of any damage to any specialist equipment or facilities
- levels of contamination in affected areas (smoke residue, water damage etc)
- the availability of sufficient critical support services
- the availability of sufficient staff and transport resources to manage the relocation to each site

The Trust's Tactical Control Team will meet as soon as possible after the safe evacuation of the affected zone/site to review implications in terms of continued patient care provision, immediate staff welfare, and communication with relatives and partner agencies. The TCT may choose to invite additional personnel to attend e.g. Divisional Directors, additional facilities staff or contracted service providers. They may also choose to activate some or all of

the 14 operational 'bronze' cells (appendix C) to provide co-ordination and oversight of affected areas and help manage the provision of care and services, the redeployment and welfare of staff and participate in recovery planning.

Daily patient review teleconferences will take place between the TCT and each receiving site to review status and any specific issues with each patient transferred to another acute hospital. The TCT will also review whether any staff or equipment could be redeployed to the receiving sites to assist with ongoing care of NWAngliaFT patients. The Divisional Directors (or deputies) will engage in these teleconferences, but clinically based discussions and reviews will be undertaken at departmental speciality level for each patient. The Discharge Planning Team will arrange for follow up calls to be made to all patients whose discharge was expedited as a result of the evacuation.

RECOVERY PLANNING

Recovery planning will be led by a strategic level team identified initially by the TCT with the executive team. Re-introduction of suspended services will be planned as soon as it is safe and practical in line with individual departments' Business Continuity Plans. The Trust's communications team will maintain internal and external communications with staff and patients/relatives and assist the TCT in their liaison with external commissioners and external service providers.

For further detail refer to the recovery section in the Major Incident Plan.

Section 2

ACTION CARDS

Action card:

1. Switchboard
2. Site Senior Manager/Site Manager
3. Senior Manager on call
4. Director of Estates & Facilities
5. Purple Evacuation Zone Officer
6. Green evacuation Zone Officer
7. Trust Senior Manager at receiving site
8. Reception Zone Officer

The actions given are not exhaustive and are designed to enable the plan to be activated, key roles and destinations assigned and communications issued. Ongoing actions will depend on the decisions made by the TCT/emergency services.

Section 2	Action card no: 1
Major Incident Role	**Switchboard Operator**
Role Location	Switchboard
You report to	Switchboard Supervisor (in hours) Site Senior Manager/Site Manager (out of hours)
Staff reporting to you	none

Primary responsibility	Receive declaration of evacuation incident from SMOC and alert staff within the Trust and emergency service colleagues

1 Take details of the incident from the caller which should be the Senior Manager on call (SMOC)
2 Complete the METHANE template with as much detail as possible
3 **If the evacuation is urgent and to be started immediately dial 9-999 to alert the emergency services**
4 Follow the remainder of the actions to ensure dissemination across sites and to external agencies

M MAJOR INCIDENT DECLARED	**Date:**		**Time:**
E EXACT TRUST BUILDING AND SITE			
TYPE OF INCIDENT (DESCRIPTION)			
HAZARDS INVOLVED			
ACCESS (IF THE LOCATION IS LIKELY TO IMPEDE ROUTES TO AFFECTED SITE)	**Roads closed:**		
NUMBER AND TYPE OF CASUALTIES INVOLVED	**Critically sick patients**	**Bed/chair bound in-patients**	**Outpatients, staff, visitors**
EMERGENCY SERVICES REQUIRED			
OTHER HOSPITALS INVOLVED			
Your name and time now			

	Normal hours contact	Out of hours contact	Alternative contact	Comments	Time Contacted
Evacuation Incident Paging Team	Record & issue 'evacuation incident declared' message		N/A		
Site Senior Manager PCH	[redacted]	[redacted]	Bleep [redacted]	From HH [redacted]	
Site Manager HH	Bleep [redacted]	Bleep [redacted]		From PCH [redacted] then page	
Senior Manager On Call PCH	**Mon-Fri SMOC 1** [redacted] **Sat SMOC 2** [redacted] **Sun SMOC 3** [redacted]	**Mon-Fri SMOC 1** [redacted] **Sat SMOC 2** [redacted] **Sun SMOC 3** [redacted]	Own mobiles		
Senior Manager On Call HH	**Mon–Fri SMOC 1** [redacted] **Sat SMOC 2** [redacted] **Sun SMOC 3** [redacted]	**Mon–Fri SMOC 1** [redacted] **Sat SMOC 2** [redacted] **Sun SMOC 3** [redacted]			
Director on call	[redacted]	[redacted]	Own Mobile		
Chief Operating Officer	[redacted]	Own mobile			
Chief Medical Officer or Deputy	[redacted]	[redacted]	Own mobile		
Chief Nurse	[redacted]	[redacted]	Own mobile		
Director of Estates & Facilities via Facilities on call	From rota	Own mobile			

Emergency Services	9-999				
Trust Fire Safety Manager	[redacted]	Own mobile			
Switchboard Supervisor PCH	PCH [redacted]	Own mobile			
Patient Services Manager HH	Via radio	Own phone			
Communications Team	[redacted]	[redacted]	Own Mobile		
Head of Resilience and Emergency Preparedness	[redacted]	[redacted]	Own Mobile		
Complaints and Clinical Risk Manager Health, Safety & Security Manager	PCH [redacted] PCH [redacted]	Own Mobile [redacted]	Own Mobile		

EVACUATION & SHELTER PLAN

Section 2	Action card no: 2
Incident Role	**Site Senior Manager/Site Manager**
Role Location	Control Room
You report to	SMOC
Staff reporting to you	Divisional representatives

Primary responsibility	To initiate the TCT on site and co-ordinate the evacuation with other members of the TCT until relieved by the SMOC

Actions	
1	If switchboard is not operational use a mobile or fall back phone to alert the emergency services via the 999 system
2	If telephone communication is not functioning use the handheld radios for onsite communication, remembering to allocate as per the schedule and that each holder signs for receipt of the handset.
3	If possible (depending on the nature of the incident) ensure a list is printed of current patients on wards, ED, ACU etc.
4	Liaise with the Divisions to redeploy members of administrative staff to maintain a log of all in-patients evacuated using the SMART system in each clinical area.
5	In hours – liaise with the CMO to review any need for theatre lists, out patients and elective admissions to be cancelled for both the affected and the receiving sites
6	Assess the need for extra staff to be called in for transfer escorts and to staff the receiving site
7	Use all available staff, clinical and non-clinical to escort patients out of building via the evacuation zones and onto the receiving sites
8	Use trained nurses working in non-clinical roles (e.g. PDNs) to help staff the receiving sites.
9	Continue to work as part of the TCT to manage the safe evacuation of the building/site, then act as directed by the tactical commander

EVACUATION & SHELTER PLAN

Section 2	Action card no: 3
Incident Role	**PCH Senior Manager on call (SMOC) Tactical Commander** **(until relieved by Chief Medical Officer/Chief Nurse/Chief Operating Officer or Director on Call)**
Role Location	Control Room
You report to	Chief Operating Officer/Director on Call
Staff reporting to you	TCT members

Primary responsibility	To take command of the incident and the TCT until relieved by the Chief Medical Officer (CMO)/Chief Nurse (CN)/Chief Operating Officer (COO) or Director on Call (DOC)

Actions	
1	Inform switchboard to activate the Evacuation & Shelter Plan giving them a METHANE message. Be clear as to which specific site or building is affected, and whether this is an emergency evacuation commencing immediately, with police, fire and ambulance services to be contacted via the 999 service, or whether it is in a more controlled fashion.
2	Contact the ICB on [redacted] and ask them to activate the Cambridgeshire Acute Hospitals Evacuation Plan
3	Attend the Major Incident Control Room and ensure all other team members are present. If the designated control room is inaccessible due to the incident, use the secondary control room. If it is not safe to control the incident from site, liaise with the police re access to the control rooms designated at Thorpe Wood Police Station (PCH/SRH) or Police Headquarters (HH).
4	Liaise with SSM/SM and Director of Estates & Facilities (or deputy) to identify suitable areas on the affected site and at the Trust's unaffected sites to transfer patients to as evacuation zones
5	Identify other senior managers to attend the receiving site(s) to manage the reception of patients using the SMART system
6	**If Stamford & Rutland Hospital is being evacuated** contact Lincolnshire County Council on [redacted] and ask for their Duty Emergency Planning Officer
7	Participate in conference calls led by the CCG with other hospitals, local authority etc on suitable relocation destinations for staff, patients and visitors
8	Ensure TCT members are aware of destinations agreed and disseminate to staff
9	Continue to lead the TCT until relieved.

EVACUATION & SHELTER PLAN

Section 2	**Action card no:** 4
Incident Role	**Director of Estates & Facilities or deputy**
Role Location	Control Room
You report to	COO/CMO
Staff reporting to you	Estates & Facilities staff, contracted services teams

Primary responsibility	Co-ordinate the estates services response to the incident and take the Trust lead on liaison with the police and fire services on scene

Actions	
1	Identify the safest exit point for evacuated patients which should be the exit furthest away from the main impact of the incident. Inform other TCT members of these evacuation zones and ensure SMART evacuation zone kits are in place.
2	Identify a holding area adjacent to the exit point for patients awaiting onward moves to a safe site. Inform other TCT members
3	Maintain liaison with facilities teams on the affected site and any contracted partner agencies involved, and take any facilities related tactical decisions, advising the TCT as necessary
4	Provide regular updates to the TCT

EVACUATION & SHELTER PLAN

Section 2	**Action card no:** 5
Incident Role	**Purple Evacuation Zone Officer**
Role Location	Purple Evacuation Zone
You report to	Tactical Control Team
Staff reporting to you	Clinical staff assigned to the area

Primary responsibility	To oversee assessment of patient requiring ongoing clinical care at other facilities

Actions	
1	Ensure the area is clearly identified as the Purple Evacuation Zone from the Zone Commander Kit, and don tabard. When further assessment staff arrive to support, ensure they also don a purple tabard.
2	Ensure that adequate physiological observations equipment is available. Each evacuation zone has allocated equipment, and collect allocated capillary blood glucose monitoring equipment from clinical areas (listed in each zone box)
3	Ensure that NEWS2 is carried out on each patient within the area to identify their urgency for transfer using the SMART system
4	When the first patient is transferred out, ensure that the relevant SMART documentation goes with the transferring crew to each receiving facility.
5	Continue to liaise with the TCT, ensuring they are kept aware of the numbers and priorities of patients requiring transfer
6	Oversee maintenance of fundamental clinical care for patients in this area
7	Troubleshoot problems and escalate to the TCT as necessary

EVACUATION & SHELTER PLAN

Section 2	**Action card no:** 6
Incident Role	**Green Evacuation Zone Officer**
Role Location	Green Evacuation Zone
You report to	Tactical Control Team
Staff reporting to you	Staff assigned to this area

Primary responsibility	To oversee continuing support to patients able to be discharged from clinical care

Actions	
1	Ensure the area is clearly identified as the Green Evacuation Zone from the Zone Commander Kit, and don tabard. When further assessment staff arrive to support, ensure they also don a green tabard
2	Ensure that adequate physiological observations equipment is available. Each evacuation zone has allocated equipment, and collect allocated capillary blood glucose monitoring equipment from clinical areas (listed in each zone box)
3	Ensure that NEWS2 is carried out on each patient within the area to identify their priority for transfer using the SMART system. These patients may be going to care home or rest centres.
4	When the first patient is transferred out, ensure that the relevant SMART documentation goes with the transferring crew to each receiving facility.
5	Continue to liaise with the TCT, ensuring they are kept aware of the numbers and priorities of patients requiring transfer
6	Oversee maintenance of fundamental clinical care for patients in this area
7	Troubleshoot problems and escalate to the TCT as necessary

EVACUATION & SHELTER PLAN

Section 2	Action card no: 7
Incident Role	**Trust Senior Manager at Receiving Site**
Role Location	Receiving site
You report to	TCT
Staff reporting to you	Staff at receiving site

Primary responsibility	To co-ordinate the safe reception and registration of patients, staff and visitors arriving from the affected site

Actions	
1	Attend identified site and agree with on-site teams suitable areas for different types of patients. Take responsibility for management of receiving site and ensure that all affected areas are informed
2	Liaise with TCT re preparedness of the site and capacity available now and in future hours
3	Assist SSM/SM/Site Matron on site to redeploy staffing resources to care for arriving patients in identified area.
4	Ensure a log is maintained of all patients arriving on site using the SMART system
5	Identify a departure area for expedited discharges, ensuring a procedure is in place enabling accurate records to be kept
6	Continue to monitor provision of appropriate space for evacuated patients and ensure mobilisation of sufficient resources – staff and supplies
7	Continue to manage the receiving site in conjunction with on site teams and in liaison with the TCT.

EVACUATION & SHELTER PLAN

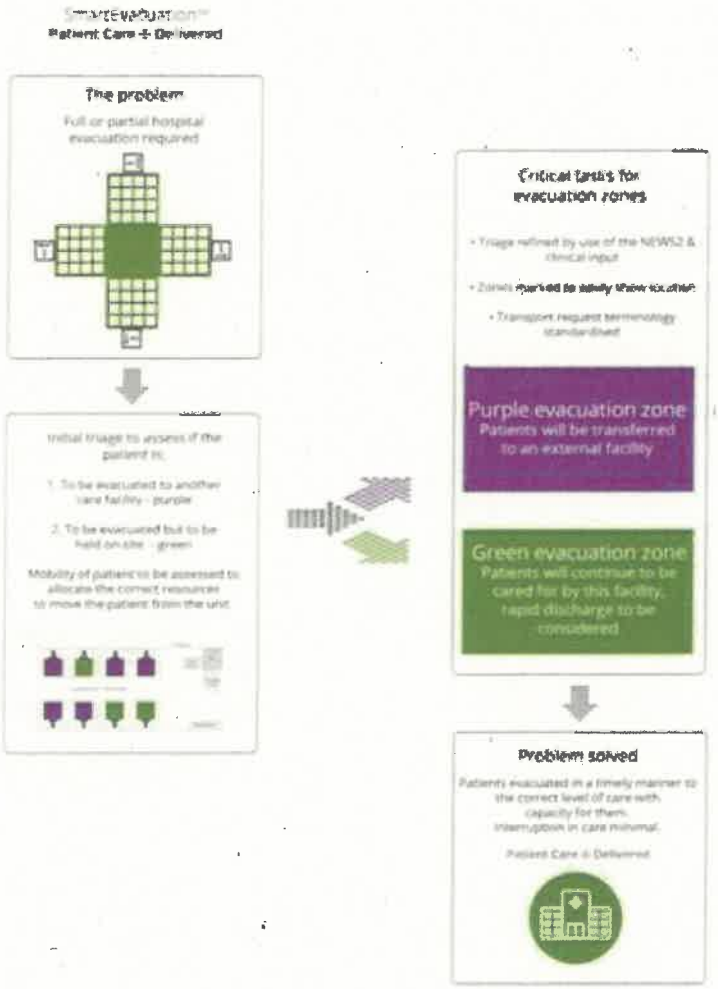
Section 2	Action card no: 8
Incident Role	**Reception Zone Officer**
Role Location	Receiving site
You report to	Trust Senior Manager at Receiving Site
Staff reporting to you	Staff at receiving site

Primary responsibility	To co-ordinate the safe reception and registration of patients, staff and visitors arriving from the affected site

Actions	
1	Collect SMART documentation from first transferred in patient (if evacuating site using SMART)
2	Ensure each patient is registered on arrival to the site, and appropriately assessed to be held at the relevant area of shelter
3	Ensure the TCT are informed of any unexpected transfers, and that they are up to date with any capacity/ capability issues at the receiving point
4	
5	
6	
7	

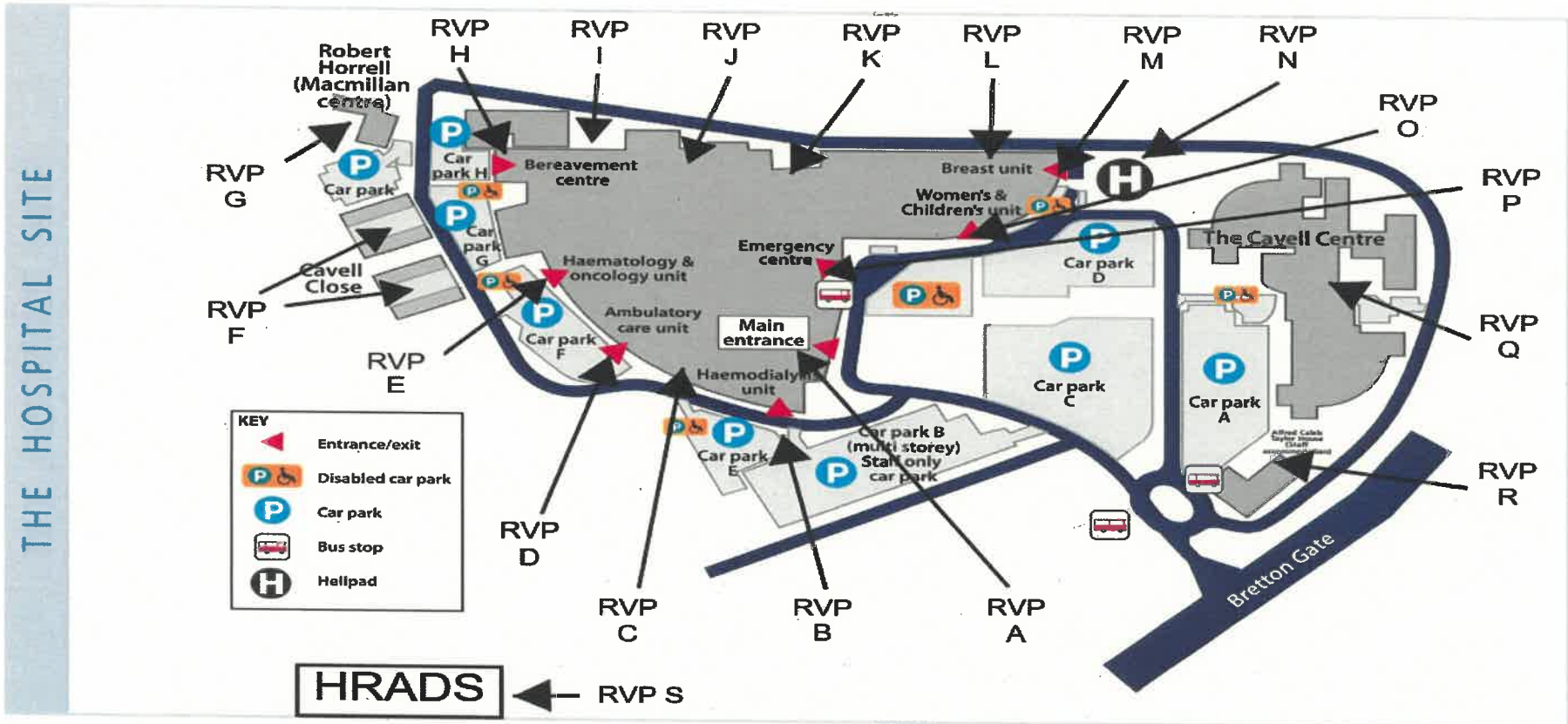
Appendix A

SmartEvacuation™ Equipment **System**



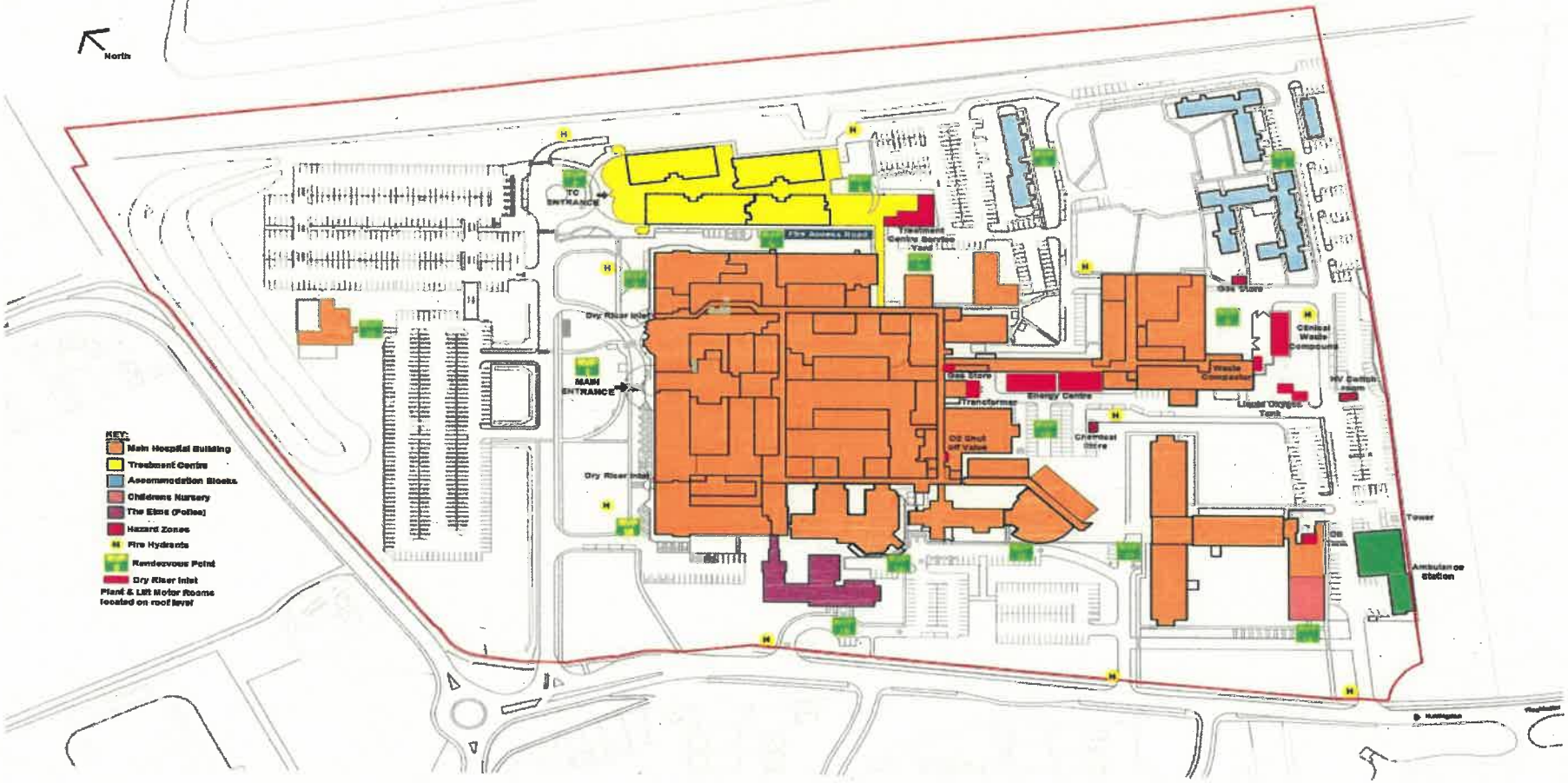
Appendix B Site maps

NB: There are hard copies of maps of each site in each control room



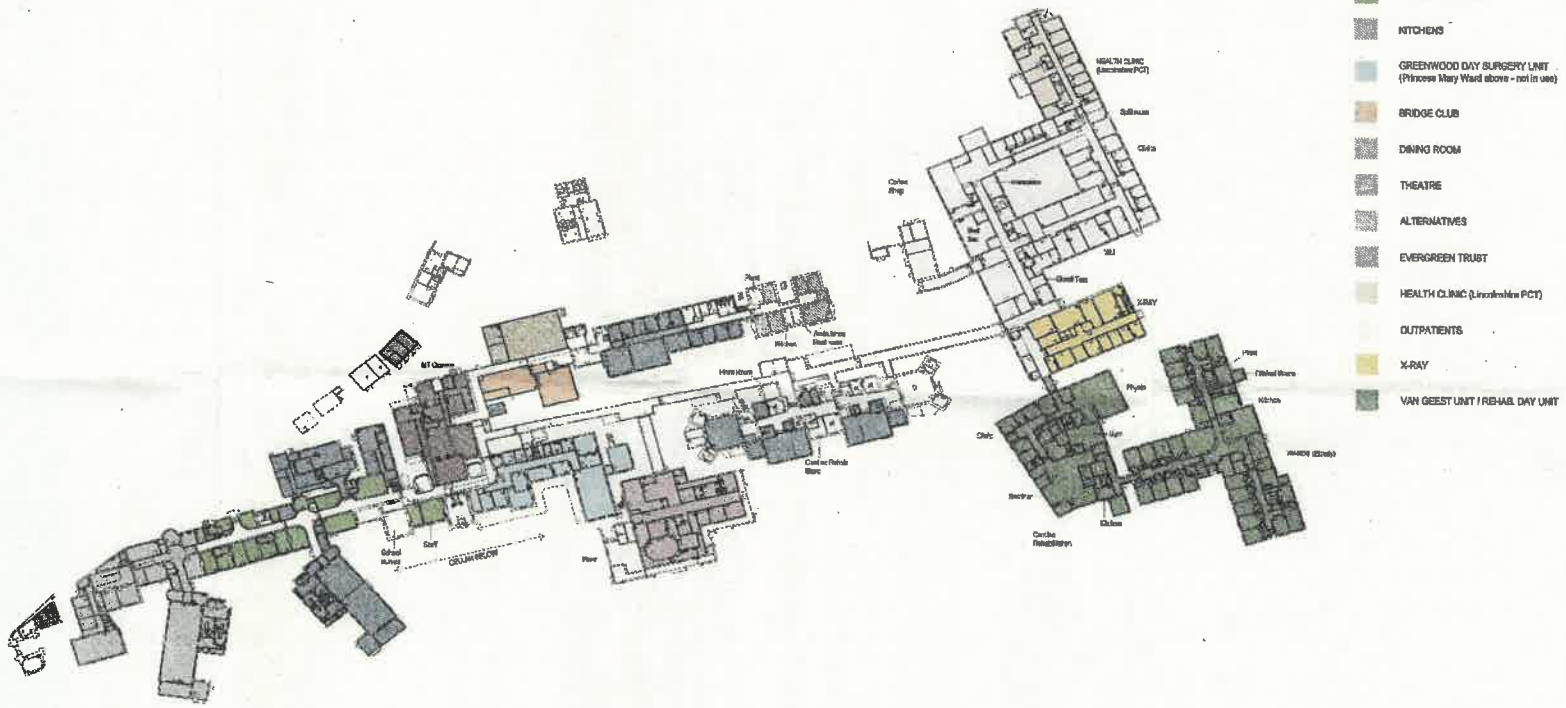
The Peterborough City Hospital
Telephone 01733 678000
Website: www.peterboroughandstamford.nhs.uk
email: communications@pbh-tr.nhs.uk
Edith Cavell Campus
Bretton Gate
Peterborough
PE3 9GZ

Hinchingbrooke Hospital
Site Fire Plan June 2019



Devereux Architects

Stamford Hospital Redevelopment



101197
SK-011
1:500 @ a1
PRELIMINARY
SH / 16.04.2010

0 10m 20m 30m 40m 50m

client
site

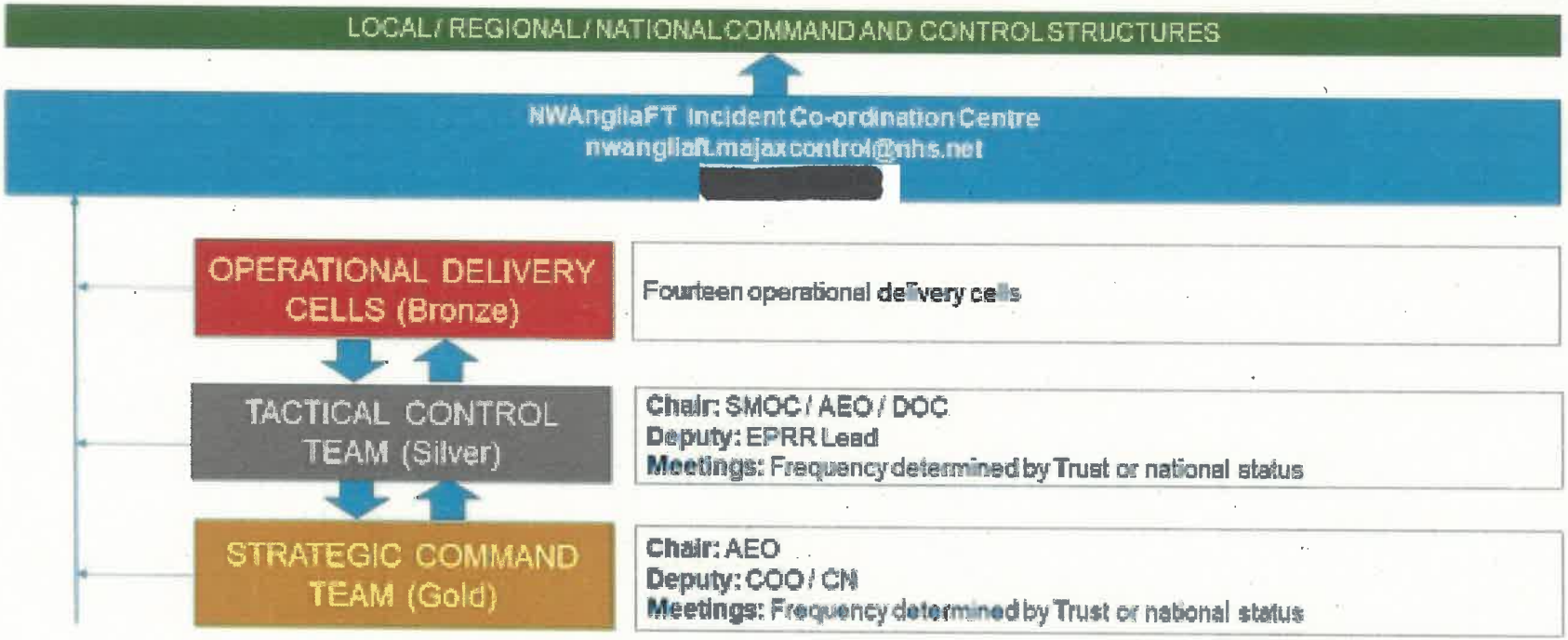
Peterborough and Stamford Hospitals
Ground Floor Level - Current Functions

DEVEREUX ARCHITECTS
www.devereuxarchitects.com

Appendix C

NWAngliaNHSFT COMMAND AND CONTROL STRUCTURE

NHS
North West Anglia
NHS Foundation Trust



OPERATIONAL DELIVERY CELLS (Bronze)

Chair: Divisional Operations Directors / Divisional Directors
Deputy Chair: Divisional Operational Managers

Operational Delivery Cells
Stamford and Rutland Hospital
Emergency and Medicine
Surgery
Family & Integrated Support Services
Maternity Services
Communications
Workforce & Welfare
Estates & Facilities
Capacity & Flow
Finance, Procurement, IT/IS
Infection Prevention & Control
Nursing/AHP/Non-medical Workforce
Medical
Hinchingbrooke

Terms of Reference
- To receive regular updates on key tactical activity from areas of responsibility
- To provide decision making for operational issues escalated from the teams and escalate any unresolved issues/risks
- To disseminate key actions, decisions and information to the teams

Inputs
- Gather information, data & intelligence from areas of responsibility
- Identify any issue or risk which could affect safety of staff, patients, visitors or the premises
- Respond accordingly & resolve where possible
- Work with operational teams to ensure maintenance of services

HH/SRH cells will collate status, issues and feedback from across their respective site

Outputs
- Disseminate actions, decisions & information from ICC to all operational areas
- Deliver actions delegated from ICC
- Escalate issues or risks to ICC
- Deliver reports & sitreps required by ICC
- Liaise with other operational cells as required to co-ordinate delegated actions
- Maintain local action log & decision logs

QUALITY ASSURANCE CHECKLIST

COMPLIANCE OFFICER'S USE ONLY

		Y/N/ n/a	COMMENTS (to author for amendments)
1	**Title of document**		
	Is the title clear and unambiguous and includes Index Number?	Y	
2			
	Is it clear whether the document is a BCP or Plan?	Y	
3			
	Is the standard model template used if this is a BCP?	N/A	
	Are the Version Control numbers correct in the panel and the footer?	Y	
	If the BCP is for a certain area does it include the evacuation route?	N/A	
4			
	Does the document identify which committee/group will approve it?	Y	
5	**Review Date**		
	Is the review date identified?	Y	

If answers to any of the above questions is 'no', then this document is not ready for approval, it needs further review.

COMPLIANCE TEAM:		
1.	Date Comments returned to author by Compliance Lead	
2.	Date of Compliance Team approval	09.05.2022
3.	Name of Compliance Lead	V. Allchin Viv Allchin

OPTIONAL LOCAL LEVEL SIGN-OFF: Enter name of committee/group			
If the committee/group is happy to approve this document would the chair please sign below and send the document and the minutes from the approval committee to the author. To aid distribution all documentation should be sent electronically wherever possible.			
Chair		**Date**	
Signature/print name			
APPROVAL COMMITTEE: Emergency Preparedness Committee			
If the committee/group is happy to approve this document would the chair please sign below and send the document and the minutes from the approval committee to the author. To aid distribution all documentation should be sent electronically wherever possible.			
Chair	Celia Kendrick	**Date**	04.05.2022 (Chair's Action)
Signature/print name	CELIA KENDRICK		
SECOND LEVEL APPROVAL COMMITTEE: Hospital Management Committee			
If the committee/group is happy to approve this document would the chair please sign below and send the document and the minutes from the approval committee to the author. To aid distribution all documentation should be sent electronically wherever possible.			
Chair	Caroline Walker	**Date**	27/05/2022
Signature/print name