



Business Continuity Management Plan

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Business Continuity Management Plan

Introduction

- 1.1 All organisations need to prepare plans to allow them to continue providing services in the face of disruption for whatever reason. Whilst the potential risks differ according to the nature of the organisation they all need to have plans in order to allow them to continue services.

The Hospice is no different, hence the production of a business continuity plan which is specifically focused on the potential risks to service provision and to outline the methods by which the Hospice will combat them.

2.0 Objectives of the Business Continuity Plan

- 2.1 The business continuity plan (BCP) therefore sets out the following.
- 2.2 How the designated managers and staff in the Hospice will manage sudden or untoward incidents which could temporarily prevent the smooth running of services.
- 2.3 Who is responsible for individual occurrences, and how they can be contacted and what actions should be put in place should any of the occurrences actually happen.
- 2.5 Although the BCP outlines a number of individual risks and response actions the overall principles and governance structures should be put in place in any situation where there are risks to patients, staff and/or the property where services are provided.

3.0 What types of emergency could I, or the Hospice, face?

- 3.1 Whilst it is impossible to outline all the different types of emergency or incident which may occur in the Hospice they broadly fall under the following categories.

Classification of emergency (according to NHS Emergency Preparedness Resilience & Response Standards)	
Business Continuity Incident	<u>What is it?</u> An incident which has, or could, disrupt the Hospice's normal service provision and where special arrangements may be needed to allow services to be maintained. <u>What should I do?</u> Follow the guidance set out in sections 4 to 6 set out below.
Critical Incident	<u>What is it?</u> A localised incident which only affects one area of the Hospice's business but where either there is danger to the continued provision of services or where patient harm has, or could, occur. <u>What should I do?</u> Immediately inform either the Senior Clinician or Nurse in Charge and, where appropriate, CEO or deputy. <i>Remember to follow the Hospice Risk Management and Incident Reporting guidance.</i>
Major Incident	<u>What is it?</u> Something which presents a serious threat to the health or the overall community which may arise in casualties or significant disruption to service provision. <u>What should I do?</u> This is more likely to affect the Acute Hospital but Hospice staff may need needed to support service provision.

4.0 Who takes overall charge in the case of an emergency?

- 4.1 Should any potentially disruptive incident occur which threatens the Hospice's ability to provide safe services or risks patients, staff or Hospice property a Task Force will be established by the Hospice CEO or designated deputy.

The key members of the Task Force will comprise of the following:

Business Continuity Task Force Members			
Name	Title	Primary Contact	Back-up Contact
Karen Griffiths	CEO <i>(Chair of Task Force)</i>	Mobile- 07393390676	01724 761744
Dr Lucy Adcock	Medical Director	Mobile-07967276258	01652 649597
Jenny Baynham	Senior Manager	Mobile - 07760101089	01724 761440
Maureen Georgiou	Director of Nursing and Patient Services Deputy CEO, Registered Manager	Mobile - 07834209941	add
Karen Andrew	Senior Nurse	Mobile-07962345484	
Sarah Hodge	Wellbeing Manager	Mobile - 07794239354	01652 327317

- 4.2 The members of this team will co-ordinate the recovery actions necessary to ensure that services are able to be maintained and risks to patients, staff and/or property are minimised. They will involve any other key staff as required and this may be determined by the nature of the incident (e.g. if IT incident, support provided by Care Plus Group – 01472 256789).

5.0 **What is the role of the Task Force?**

- 5.1 The Task Force is responsible for the following:

Responsibilities of Business Continuity Task Force
<ul style="list-style-type: none"> • To assess the immediate impact of an incident. • To set out and prioritise the actions necessary to combat this. This could involve: <ul style="list-style-type: none"> • Invoking pre-planned recovery actions set out within the BCP. • Constructing alternative recovery actions in unforeseen circumstances. • Allocating roles and responsibilities to individual staff or external support. • Maintaining site security if necessary. • To manage and co-ordinate the flow of communications with patients, staff, visitors or external bodies (e.g. Fire, Police etc.)

6.0 **Where will the Task Force be based?**

- 6.1 Dependent upon the severity of the incident the Task Force will be located:

Location of Business Continuity Task Force
<p>Primary location - Hospice site – Deputy CEO office <i>Alternative locations may have to be sourced if the Hospice cannot be used</i></p> <p>Neighbouring facilities Mallard Pub Ashy Decoy Golf Club Carisbrooke Manor Nursing Home</p>

7.0 **What happens if there is an immediate danger to the safety of patients/property?**

- 7.1 The immediate safety of patients, staff and visitors are of paramount importance. Should staff deem that there are clear and immediate dangers they should follow the evacuation plans which are signposted across the Hospice. They should not wait if there are risks to the safety of people within immediate harm.

7.2 The Hospice operates a tiered evacuation planning system; the scale of the evacuation being dependent upon the nature and magnitude of the incident.

Title:	Evacuation plan 1
Scenario:	The event of a localised emergency where only one part of the organisation is affected.
Actions to be carried out:	<p>1) WellBeing Centre: Patients will be evacuated from the affected area to the in-patient unit.</p> <p>Voluntary Drivers will be called and all patients sent home as soon as possible.</p> <p>Notes and medications should be moved with the patients but not at the expense of safety.</p> <p>Fundraising and housekeeping staff should make themselves available to help.</p> <p>2) In-patient unit: In patients should be moved to the WellBeing Centre and Therapy Suite.</p> <p>Staff should be allocated to patients and must ensure that all necessary items are moved with the patients as far as safety allows.</p>

Title:	Evacuation plan 2
Scenario:	Effective if the inpatient and WellBeing Centre are both affected
Actions to be carried out:	<p>Well Being Centre patients must be sent home immediately.</p> <p>In-patients will need to be evacuated from the building..</p> <p>Buildings will be evacuated as soon as the emergency services arrive unless it is evident that this should be done immediately, in which case patients should be moved in wheelchairs to a place of safety. Only those who cannot be helped into a wheelchair should be transported on beds.</p> <p>Lindsey Lodge Hospice has a reciprocal arrangement with Carisbrooke Manor, Burringham Road, Scunthorpe (01724 289555) in case complete evacuation is needed.</p> <p>The CEO (or Deputy) should telephone the home, explain that evacuation is necessary and the staff at Carisbrooke will ring the manager and make provision. Some Hospice staff may need to be sent with the patients to care for them once they have reached Carisbrooke.</p> <p>For very ill patients, that transfer to Scunthorpe General Hospital would be more advisable. In this instance the CEO (or deputy) should ring the Hospital Director on call. Clinicians would identify patients that could be discharged back to home with follow up from community teams.</p> <p>The ambulance service should be contacted as soon as it is evident that patients need to be moved. Other patients may be moved in private cars or taxis.</p> <p>The CEO (or deputy) must ensure the following:</p> <ol style="list-style-type: none"> a) All patients and staff are accounted for. b) Transport is organised c) Families are informed <p><u>Allocated staff responsibilities</u></p> <ol style="list-style-type: none"> a) Ensure that patient notes are transferred with patients b) Ensure transfer of drugs in use, CD's and record books. c) Any Equipment required is made available - suction machine, syringe drivers,

<p>hoists.</p> <p>d) Equipment in use accompanies the patient – feeding pumps etc.</p> <p>Additional Considerations</p> <p>a) WellBeing Centre patients should be transported using volunteer drivers or non-clinical staff. Clinical staff should stay in the unit to help with the evacuation of the in-patients.</p> <p>b) When possible patients should be moved in wheelchairs.</p> <p>c) Patients should only be moved in beds if absolutely necessary</p> <p>d) Emergency transportation (either the ambulance service or any local minibus/taxi companies that can take wheelchairs (Fastcabs 01724 855555, VIP Taxis 01724 859428/337833) should be called to transport those patients who need to be transported in wheelchairs.</p> <p>e) Patients who are on continuous oxygen will need to be transferred to a cylinder. Particular care must be taken if the cause of the emergency involves fire.</p>

<p>Title: Evacuation plan 3</p>
<p>Scenario: An emergency affecting the whole building where immediate evacuation is required.</p>
<p>Actions to be carried out: Responsibilities of allocated staff</p> <p>a) Nurse in Charge, CEO (or Deputy) to call emergency services.</p> <p>b) All patients to be moved to the outside of the building</p> <p>c) The day care patients to be transported home (see 2.2.)</p> <p>d) Nurse in Charge phones ambulance service and ask for emergency transport.</p> <p>e) Nurse in Charge is responsible for the collection of patient notes.</p> <p>f) The building will be evacuated.</p> <p>g) On arrival at SGH or Carisbrooke Manor, staff will help admit patients to beds/waiting areas</p> <p>h) Hospice staff will maintain contact with relatives of the patients.</p> <p>i) Clinicians would identify patients that could be discharged back to home with follow up from community teams</p>

7.3 In certain circumstances it will be necessary to evacuate individual patients who require a degree of bespoke care and/or attention. This may therefore result in staff having to apply a Personal Emergency Evacuation Plan (PEEP).

7.4 A PEEP is a bespoke evacuation plan for individuals (patients, staff or volunteers) who may not be able to reach an ultimate place of safety unaided or within a satisfactory period of time in the event of an emergency.

PEEPS may be required for staff with:

- Mobility impairments
- Sight impairments/Hearing impairments
- Cognitive impairments
- Other circumstances

A temporary PEEP may be required for:

- Short term injuries
- Temporary medical conditions
- Those in later stages of pregnancy

7.5 If staff need assistance evacuating the building, even temporarily, this should be discussed on their return to work interview after a period of absence or when they are at work, it is their responsibility to inform and complete a PEEP with your line manager. The completion of a PEEP will decide upon the best escape plan for you in an emergency. The PEEP needs to be reviewed on a regular basis and kept in your personal file in HR. Advise reception that PEEP is in place for staff member, so that you can be put into a different

group on Entry sign, making it easy to identify in the event of an emergency who has a PEEP in place.

7.6 Details of the PEEP policy in full are outlined in appendix B below.

7.7 Details of the PEEP for individual bed bound patients are set out in appendix C.

8.0 Are there potential emergency incidents where plans are already in place?

8.1 As part of the Hospice’s emergency planning processes consideration has been given to a series of potential incidents which may occur and where responses have been drawn up in order to minimise the impact of the incident.

8.2 The types of individual incidents, and the proposed responses to them, are set out in appendix A to this report.

8.3 A bespoke business continuity plan for information technology is set out in appendix B.

9.0 Where do I report potential new risks which may require a business continuity plan?

9.1 The Hospice operates a risk register which acts as a compendium for the potential risks which the Hospice could face and sets out the proposed actions needed to mitigate them.

9.2 If you encounter a risk which falls under the categories set out in section three above please ensure that this is recorded in the register.

REFERENCES:				
ISSUE DATE July 2017 Lead Author: Karen Griffiths Review: 2 years				
To Be reviewed	Review completed	By	Approved By	Circulation
July 2019				

Individual Potential Business Continuity Incidents

Inpatient Unit

Event/Occurrence	Impact	Considerations	Information required
Major flood	Patient rooms flooded; Possibility of having to move patients to other parts of the Hospice or to outside agencies.	Moving patients not just within the Hospice. Problems with using electrical equipment. Consider discharges to hospital, community and nursing homes.	Emergency pack for staff includes: Key Staff contact information Contact information for local Nursing Homes/Hospital
Major power cut	No electricity, will affect lighting and equipment. IPU covered by generator which will need refuelling if power off for long period. Red diesel for refuelling is on site.	We have a 600 litre diesel tank in grounds which offers 3-4 days emergency cover dependent on power use.	Key Staff contact information Contact information for main contractors/energy suppliers
Gas explosion	Danger to life Destruction of equipment	Moving patients not just within the Hospice. Safety of patients, families and staff Consider discharges to hospital, community and nursing homes.	As above
Flu and other epidemic affecting large number of staff	Unit not staffed fully and safely	Unable to accept admissions Concerns regarding skill mix	May need to move patients to local Nursing Homes/Hospital. Focus care on in-patient with day care staff supporting patients in community in liaison with community staff
Major fire	Danger to life Destruction of equipment	Moving patients not just within the Hospice. Staff fully aware of procedures. Consider discharges to hospital, community and nursing homes.	As above points re Emergency Pack
Adverse weather	Staff unable to get to work leading to unit not being staffed fully and safely	Unable to accept new patients	Focus care on in-patient with surplus Day Care staff supporting patients in community.
Day Care Unit			
Floods/Fire	Closure of service	If considerable damage re-locate day care elsewhere. Provide service in community in liaison with Community staff	Emergency Pack to include contact information for Macmillan Team/GP's Staff to continue to support in community in liaison with community staff
Adverse weather	Staff unable to get to work leading to unit not being staffed fully and safely	Inform community staff Allocate staff who could get in to IPU and community Contact vulnerable patients	Unit head(s) to hold staff contact information off site.
Volunteer Staff - For all the above, volunteers should not phone the unit or attend unless requested. If help is needed and appropriate the Volunteer Manager will make contact.			

Catering/Housekeeping

Staffing issues caused by: Adverse weather Illness e.g. D&V or Flu	Unable to provide patient meals Unable to provide cleaning service	Staff to provide own meals. Buy in from supermarkets for DCU patients. Use contract cleaners Use outside catering team.	Inform Environmental Health is using 'other' kitchen area – contact information in Emergency pack. Non clinical staff to work from home
Fire/Electrical/Gas incident or any event rendering main kitchen out of action	Unable to provide patient meals or reduced service	Use ward kitchens or outside catering	Officer to monitor fuel for generator
Fire or event effecting laundry service	Unable to wash bedding etc.	Use outside laundry service	List/contact information to be in Emergency Pack
Volunteer Staff - For all the above, volunteers should not phone the unit or attend unless requested. If help is needed and appropriate the Volunteer Manager will make contact.			

Information Technology – Business Continuity Plan

Event/Occurrence	Impact	Considerations
Loss of power	No computers/printers Some phones may not work	UPS (the back up system) would provide power for the comms/server room for approximately 1 hour. Laptops could be used to provide critical access to systems/data-average battery life is 4 hrs. (this would provide access to SystmOne, assuming there was power to the wi-fi or switches. A better contingency would be for staff with laptops to work from home or from a GP Practice or other F4 or eMBED supported site. Additionally, consideration should be take to diverting the main switchboard number to a mobile and ensuring the process for who to contact to achieve this is clear. Other systems that are hosted on the site server (L:, Donorflex, driverplanner, staff planner would be unavailable. These are replicated to F4IT data centres so If this was for an extended outage then we could revert to our backups to make this available)
Systm One shutdown	No access to patient information on systm one	No information would be input onto S1, info to added once back up so as not to affect monthly/quarterly report/MDS Patient information would not be able to be viewed so phone calls may need to be made to other members of the health care team. Paper records to be made until systems are up and running and retrospective entries uploaded.
Loss of email/outlook	Unable to log onto email and get updates etc.	Could revert to verbal communication and telephone communications. Paper diaries could be used for calendar commitments Depending on how long system was down we may need to advise key stakeholders.
Loss of internet	No email No Systm One No access to L and U drive Some phones would not work as run via internet	Loss of internet has no impact as LLH has IPVPN network provided by out IT supplier Care Plus Group (CPG) Loss of the IPVPN network would require CPG IT to establish secure IPSec VPN over the internet to continue with email and SystmOne access. This process takes approx.. 10 mins. In event of complete internet loss (l,e, Virgin Media outage at both CPG datacentres then consideration to the use of mobile phone tethering or MiFi system for key users/functions should be made)
Loss of WIFI	Mobile devices would not connect Training laptop may not work	Advise patients/families so don't access Mobile devices would need to be patched into data points in office, if this is working
Telephone line failure as these are wireless linked	Limited land lines to the hospice in an event of no wi fi -2 only but this could be supplemented by use of mobile phones for outgoing use.	In the event of the telephone lines failing Atlas Communications have installed 2 analogue lines for outgoing and emergency calls, 1 line for incoming (01724 279467) and 1 for outgoing (01724 842420) and this is located under button 3 on every desk phone. In the event of the lines failing we would call Steve at Atlas and advise and he would get the divert set up. Contact details 01652 654950 or 07976438713 (Steve Fairbanks) Consider use of mobile use (hospice and personal) for outgoing calls in this event.

Personalised Emergency Evacuation Plans (PEEP 2)

Introduction

The Health and Safety at Work Act 1974, the Management of Health & Safety at Work Regulations 1999. The Disability Discrimination Act 1995 and The Fire (Scotland) Act 2005, places duties on Lindsey Lodge Hospice to implement effective arrangements for access and emergency evacuation for employees, volunteers, patients and visitors. The same rights in law apply to those members of staff or visitors in a building who for whatever reason suffer from a degree of mobility impairment.

Aim

The aim of a PEEP is to provide people who cannot get themselves out of a building in the event of

Fire

Gas leak/explosion

Bomb

Flooding

Violence

Unaided with the necessary information and assistance to be able to manage their escape to a place of safety and to ensure that the correct level of assistance is always available.

Responsibilities

It is the responsibility of (Managers/Responsible Person/nominated representative) to talk to disabled staff service users, and visitors to assess whether they require any assistance in the event of an emergency. If someone believes they might require assistance, the PEEP , see Appendix E should be completed.

Writing the PEEP

From the information gathered the PEEP should be developed.

If assistance with escape is required, the extent of such assistance should be identified in the PEEP . E.g. the number of assistants and the methods used. It is necessary to ensure that there is cover for absences and the assistants require training.

A mobility impairment definition can be applied to any individual who is unable, or finds it difficult to move over the potential evacuation distance without the assistance of others or at such a pace that would impede others escaping at a normal speed. In effect those with a visual impairment who move slowly because they cannot easily see the means of escape.

Other disabilities may also affect a person's ability to evacuate as quickly as required:

Visually Impaired/Hearing Impaired

Asthma/Hearth conditions/Fatigue

Dexterity problems

Mental Health problems Learning difficulties/autism

A temporary PEEP may be required for:

Short term injuries (i.e. broken leg)
Temporary medical conditions
Those in the later stages of pregnancy

The underlying question in deciding whether a PEEP is necessary is “can you evacuate the building unaided, in a prompt manner, during an emergency situation”? If the answer is “no”, then a PEEP is needed.

It is clear that building occupants with mobility impairments will need assistance to safely evacuate. It is the responsibility of premises managers to ensure that the uniqueness of an individual’s mobility impairment is properly co-ordinated with the physical provisions for their escape.

Where possible the PEEP should be developed in conjunction with the individual. For example, a person with a visual impairment may need to be escorted from the premises in case of fire and a staff member should be nominated for this activity. Once a PEEP has been established, arrangements should be put in place to ensure that these are practised and it is recommended that these are carried out separately to the standard test evacuation. The needs of the individual should be considered and therefore it may be inappropriate for the individual to be involved in the test evacuation. In these cases, a volunteer to take place should be identified.

PEEPs for Staff and Volunteers

On commencement of work within the hospice and associated work premises, employees and volunteers will have an introductory meeting with their line manager a discussion will take place to cover any requirements to aid safe evacuation from the building in the event of an emergency, such as fire

If needed a PEEP will be completed

If the member of staff or volunteer identifies that they would require assistance to evacuate, then a PEEP should then be completed as appendix F. This would need to cover the nomination of a buddy(s), a plan of how to get downstairs (in the event of workplace not being on the ground floor) and a plan of how to leave the building safely to the relevant fire assembly point. A copy of completed PEEPs will be kept in the HR file of the relevant staff member or volunteer.

At each annual appraisal of staff members, a review of this declaration and any existing PEEP will take place.

PEEPS for patients and service users

As part of the initial assessment in IPU a PEEP is completed on every patient on admission and reassessed weekly as a minimum and if a patients condition changes, see Appendix D. In Wellbeing a PEEP is completed at the first visit, reviewed every 6th visit and if a patients condition changes, see Appendix E

.

A **RAG** system to identify patients at risk:

RED (VERY HIGH RISK)

The patients care and or condition creates a high dependency on staff or the immediate evacuation would prove potentially life threatening.

AMBER (MEDIUM RISK)

Dependant if the patient is neither high or low risk they have either mental health problems and/or mobility problems.

GREEN (LOW RISK)

The mobility of the patient is not impaired in any way and they are able to physically leave the premises without the assistance of staff, or if they experience some impairment they are able to leave with minimal assistance from another person.

Each plan will need to be reviewed for specific considerations to be added, such as the requirement for supplementary oxygen.

For patients and service users who are attending as outpatients (Lymphoedema complimentary therapy, family support) on a regular basis, the need to develop a PEEP will be considered at first assessment and in the event of any change to condition.

A copy of all current patient PEEPs will be kept for easy reference in the event of emergency evacuation in the necessary clinical area.

Visitors

Any regular visitors to the hospice building, who will require any assistance to evacuate in the event of an emergency, should declare this on the Entry Sign Log In, in the event of an emergency this will identify on the evacuation list that additional help is needed.

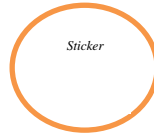
Training

To be effective, any emergency plan depends on the ability of staff to respond efficiently. Staff will therefore receive instructions, practical demonstrations and training appropriate to their responsibilities. This may include some or all of the following elements.

- Fire drills for staff service users, regular visitors etc.

- Fire exits should be clearly marked and not obstructed

- Specific training instructions for nominated members of staff e.g. Fire Wardens



Room no.

Generic Personal Emergency Evacuation Plan for patients in the In Patient Unit.

NameDOBNHS No.....

Please attach the relevant sticker to this plan which would be considered with both patient assessment, the overview of other patient numbers and dependency and staffing levels.

Please circle relevant evacuation procedure.

- 1. Patient can walk with assistance/supervision. Green sticker
2. Patient to be evacuated in a wheelchair. Orange sticker
3. Patient to be evacuated in bed. Red sticker

Equipment required for evacuation: (i.e.: wheelchair, frame, bed)

.....

Evacuation Procedure:

- 1. The nurse in charge will advise IPU staff of the location of the fire and if an IPU evacuation is required.
2. Using the PEEP assessment, evacuate the patient according to individual needs.
3. If patient is required to be moved whilst in bed ensure brakes are taken off, switch off bed and mattress at bedside socket. Unplug both bed and mattress. If the patient is on the bariatric bed cot sides need to be removed to exit doorways. Bed to be raised to a safe height for staff to push. Any other equipment required should be moved at the same time (e.g. syringe driver). If oxygen is required a portable cylinder should be sourced from the treatment room. Any oxygen in use in the room should be switched off and the door closed on leaving.
4. If patient is required to be evacuated using a wheelchair/frame, these are located in Store 6, near to rooms 3, 4, 5 and 6.
5. Ensure there is a clear pathway to exit route to be identified. All rooms have external doors and these may be a preferred exit route and should be considered.
6. The bed/wheelchair should be pushed to a safe position that being a lateral evacuation through the fire doors in the opposite direction to the area of danger.
7. A staff or family member would remain with the patient until they are informed that it is safe to return to the Unit or further lateral evacuation is required.
8. All patients should be supervised in the designated EVACUATION POINT. This is located on the grassed area across from The Wellbeing Centre. The patient should be sufficiently wrapped given the evacuation point is outside and the time outside of the building may be unknown.

Route(s)

Fire exits are clearly marked.

There are designated fire wardens in the IPU who will be identified with a yellow vest, they will assist all evacuation of patients, volunteers, family and staff and will be the last person out of the area.

If the fire wardens are not on duty the nurse in charge should undertake this role and know where to access the fire warden vest.

All windows and doors should be closed as far as possible before the fire warden leaves the building. The fire warden must not jeopardise their own safety but would aim to evacuate others as a primary responsibility.

The fire warden or Nurse in charge will direct staff, patients and visitors in the opposite direction to the area of danger.

The Nurse in charge will be responsible for retrieving the patient list and staff rota to support a complete role call in the evacuation area. There is a designated printer in the IPU that will print all staff in the building from the Entry sign system and all nurses in charge of the IPU should know how to activate this printing and take it outside to the evacuation point for a roll call.

Date completed.....Completed by.....

<u>Review Date</u>	<u>Outcome</u>	<u>Signature</u>

REFERENCES: Authors Maureen Georgiou, Karen Andrew and Dr Lucy Adcock				
ISSUE DATE	BY	REVIEW DATE	CIRCULATION	APPROVED BY
MayFeb 2019	KGMG/KA	Feb 202122	Yes	QA May 2019

Generic Personal Emergency Evacuation Plan for patients in the Wellbeing Centre

NameDOBNHS No.....

Please attach the relevant sticker to this plan which would be considered with both patient assessment, the overview of other patient numbers and dependency and staffing levels.

Please circle relevant evacuation procedure.

- | | | |
|----|---|----------------|
| 1. | Patient can walk with assistance/supervision. | Green sticker |
| 2. | Patient to be evacuated in a wheelchair. | Orange sticker |
| 3. | Patient to be evacuated in bed. | Red sticker |

Equipment required for evacuation: (i.e.: wheelchair, frame, bed)

.....

Evacuation Procedure:

1. The nurse/manager in charge will advise Wellbeing Centre staff of the location of the fire and if an evacuation is required.
2. Using the PEEP assessment, evacuate the patient according to individual needs.
3. If patient is required to be moved whilst in bed ensure brakes are taken off, switch off bed and mattress at bedside socket. Unplug both bed and mattress. Bed to be raised to a safe height for staff to push. Any other equipment required should be moved at the same time (e.g. syringe driver). If oxygen is required a portable cylinder should be sourced from the Lavender room. Any oxygen in use in the room should be switched off and the door closed on leaving.
4. If patient is required to be evacuated using a wheelchair/frame, these are located in the main room store cupboard or the Wellbeing Centre reception area.
5. Ensure there is a clear pathway to exit route to be identified.
6. The bed/wheelchair should be pushed to a safe position that being a lateral evacuation through the fire doors in the opposite direction to the area of danger.
7. A staff member or volunteer would remain with the patient until they are informed that it is safe to return to the Wellbeing Centre or further lateral evacuation is required.
8. All patients should be supervised in the **designated** EVACUATION POINT. This is located on the grassed area across from the Wellbeing Centre. The patient should be sufficiently wrapped given the evacuation point is outside and the time outside of the building may be unknown.

Safe Route(s)

Fire exits are clearly marked.

There are designated fire wardens in the Wellbeing Centre who will be identified with a yellow vest, they will assist all evacuation of patients, volunteers, family and staff and will be the last person out of the area.

If the fire wardens are not on duty the nurse/manager in charge should undertake this role and know where to access the fire warden vest.

Appendix F

Staff Personal Emergency Evacuation Plan (PEEP)

r

PERSONAL EMERGENCY EVACUATION PLAN			
Name:			
Department:			
Area of work:			
Phone Ext:			
AWARENESS OF PROCEDURE			
Can you be notified (hear) by the existing fire alarm system? Y / N (Please highlight/circle as appropriate)			
If not this must be built into the procedure below			
PERSONALISED EVACUATION PROCEDURE (Provide a step by step guide of what help and assistance will be needed to ensure that the member of staff or volunteer is able to be safely evacuated)			
1			
2			
3			
METHODS OF ASSISTANCE (e.g. Methods of guidance, transfer procedures etc)			
The following have been designated to give assistance			
Name			
Contact Details (Extension No)			
Name			
Contact Details (Extension No)			
EQUIPMENT REQUIRED (including means of communication, use of evac-chairs etc)			
ADDITIONAL INFORMATION			
MONITOR AND REVIEW			
PEEP should be rehearsed to test their efficiency. Rehearsals could take place during pre-planned fire drills			
Signed by Line Manager		Date	
Signed by Individual		Date	

