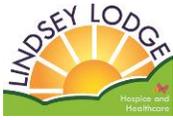


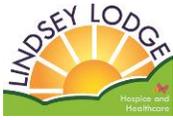
Lindsey Lodge Hospice and Healthcare

Business Continuity Management Plan



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1.1 Introduction

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.

Lindsey Lodge Hospice & Healthcare 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 LLH will combat them.

2.0 Objectives of the Business Continuity Plan

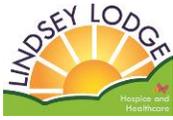
- 2.1 The business continuity plan (BCP) therefore sets out the following.
- 2.2 How the designated managers and staff at LLH will manage sudden or untoward incidents which could temporarily prevent the smooth running of services.
- 2.3 Who is responsible for individual occurrences, and how they can 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 LLH they broadly fall under the following categories.

Classification of Emergency - (According to NHS Emergency Preparedness Resilience & Response Standards)	
Business Continuity Incident	<p>What is it? An incident which has, or could, disrupt normal service provision and where special arrangements may be needed to allow services to be maintained.</p> <p>What should I do? Follow the guidance set out in sections Appendix A to Appendix B set out below.</p>
Critical Incident	<p>What is it? A localised incident which only affects one area of business but where either there is danger to the continued provision of services or where patient harm has, or could, occur.</p> <p>What should I do? Immediately inform either the Senior Clinician or Nurse in Charge and, where appropriate, CE or member of SMT on call. <i>Remember to follow the Risk Management and Incident Reporting policy.</i></p>
Major Incident	<p>What is it? Something which presents a serious threat to the health or the overall community which may arise in casualties or significant disruption to service provision.</p> <p>What should I do? This is more likely to affect more than one organization or partner and LLH staff may be needed to support service provision.</p>

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 LLH property - a Task Force will be established by the CE or member of On-call Senior Management Team.

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 (Chair of Task Force)	Mobile: 07393390676	01724 761744
Dr Lucy Adcock	Medical Director	Mobile: 07967276258	01652 649597
Tom Moody	Deputy CEO (Interim)	Mobile: 07305642399	N/A
Jenny Baynham	Senior Manager, Business Development - Marketing & Retail	Mobile: 07760 407089	01724 761440
Jane Lacey-Hatton	Workforce Manager	Mobile: 07813743799	01724 721067
Kay Fowler	Business Administration Manager	Mobile: 07825311642	01724 330211
Joe King	Finance Manager	Mobile: 07702668303	N/A
Sarah Hodge	Advanced Care Practitioner/OT	Mobile: 07794239354	N/A
Karen Parkes	Advanced Nurse Practitioner	Mobile: 07376133276	N/A
Karen Andrew	Matron	Mobile: 07962345484	N/A

- 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 F4IT – 01472 256789).
- 4.3** The NLCCG Emergency Contact number during working hours is 01652 251000, to contact NLCCG OOH if needed call 01482 301700; please then ask for the South Bank CCG Director on Call.

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 - LLH site – Meeting Rooms <i>Alternative locations may have to be sourced if the Hospice cannot be used</i></p> <p>Neighbouring facilities Carisbrooke Manor Nursing Home, Burringham Road, Scunthorpe</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 LLH. They should not wait if there are risks to the safety of people within immediate harm.
- 7.2 LLH operates a tiered evacuation planning system; the scale of the evacuation being dependent upon the nature and magnitude of the incident.

Title:	Action Plan 1 – Localised Evacuation
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. Family/Carers and Ambulance Service will be called and all patients sent home as soon as possible. Notes and medications should be moved with the patients but not at the expense of safety. Fundraising, administration and housekeeping staff should make themselves available to help.</p> <p>2) In-patient unit: In patients should be moved to the Wellbeing Centre. 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:	Action Plan 2 – IPU/Wellbeing Evacuation
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 by Ambulances to places of safety</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 & Healthcare has a reciprocal arrangement with Carisbrooke Manor, Burringham Road, Scunthorpe (01724 289555) in case complete evacuation is needed.</p> <p>The CE (or Deputy) should telephone the home, explain that evacuation is necessary and the staff at Carisbrooke will ring the manager and make provision. Some LLH staff may need to be sent with the patients to care for them once they have reached Carisbrooke Manor.</p> <p>For very ill patients, transfer to Scunthorpe General Hospital may be more advisable.</p> <p>In this instance the CE (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 CE (or deputy) must ensure the following:</p> <ul style="list-style-type: none"> a) All patients and staff are accounted for. b) Transport is organised c) Families are informed

Allocated staff responsibilities

- a) Ensure that patient notes are transferred with patients - if applicable.
- b) Ensure transfer of drugs in use, CD's and record books.
- c) Any Equipment required is made available - suction machine, syringe drivers, hoists.
- d) Equipment in use accompanies the patient – feeding pumps etc.

Additional Considerations

- a) Wellbeing Centre patients should be transported using clinical or non-clinical staff. Clinical staff should stay in the unit to help with the evacuation of the in-patients.
- b) When possible patients should be moved in wheelchairs.
- c) Patients should only be moved in beds if absolutely necessary
- d) Emergency transportation (either the ambulance service or any local minibus/taxi companies that can take wheelchairs (Fast cabs 01724 855555, VIP Taxis 01724 859428 or 337833) should be called to transport those patients who need to be transported in wheelchairs.
- 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.

Title: Action Plan 3 – Whole Building Evacuation

Scenario:

An emergency affecting the whole building where immediate evacuation is required.

Actions to be carried out:

Responsibilities of allocated staff

- a) Nurse in Charge, CE (or Deputy) to call emergency services.
- b) All patients to be moved to the outside of the building
- c) The day care patients to be transported home (See Action Plan 2.)
- d) Nurse in Charge phones ambulance service and ask for emergency transport.
- e) Nurse in Charge is responsible for the collection of patient notes.
- f) The building will be evacuated.
- g) On arrival at SGH or Carisbrooke Manor, staff will help admit patients to beds/waiting areas
- h) LLH staff will maintain contact with relatives of the patients.
- i) Clinicians would identify patients that could be discharged back to home with follow up from community teams

- 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). **(See Appendix C).**
- 8.0 Are there potential emergency incidents where plans are already in place?**
- 8.1** As part of the LLH 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 **Action plan 8.**
- 9.0 Where do I report potential new risks which may require a business continuity plan?**
- 9.1** LLH operates a risk register which acts as a compendium for the potential risks which we could face and sets out the proposed actions needed to mitigate them. Refer these queries to the Senior Information Risk Officer (SIRO) immediately for consideration.

9.2 If you encounter a risk which falls under the categories set out in **Appendix A** below, please ensure that this is recorded in the register.

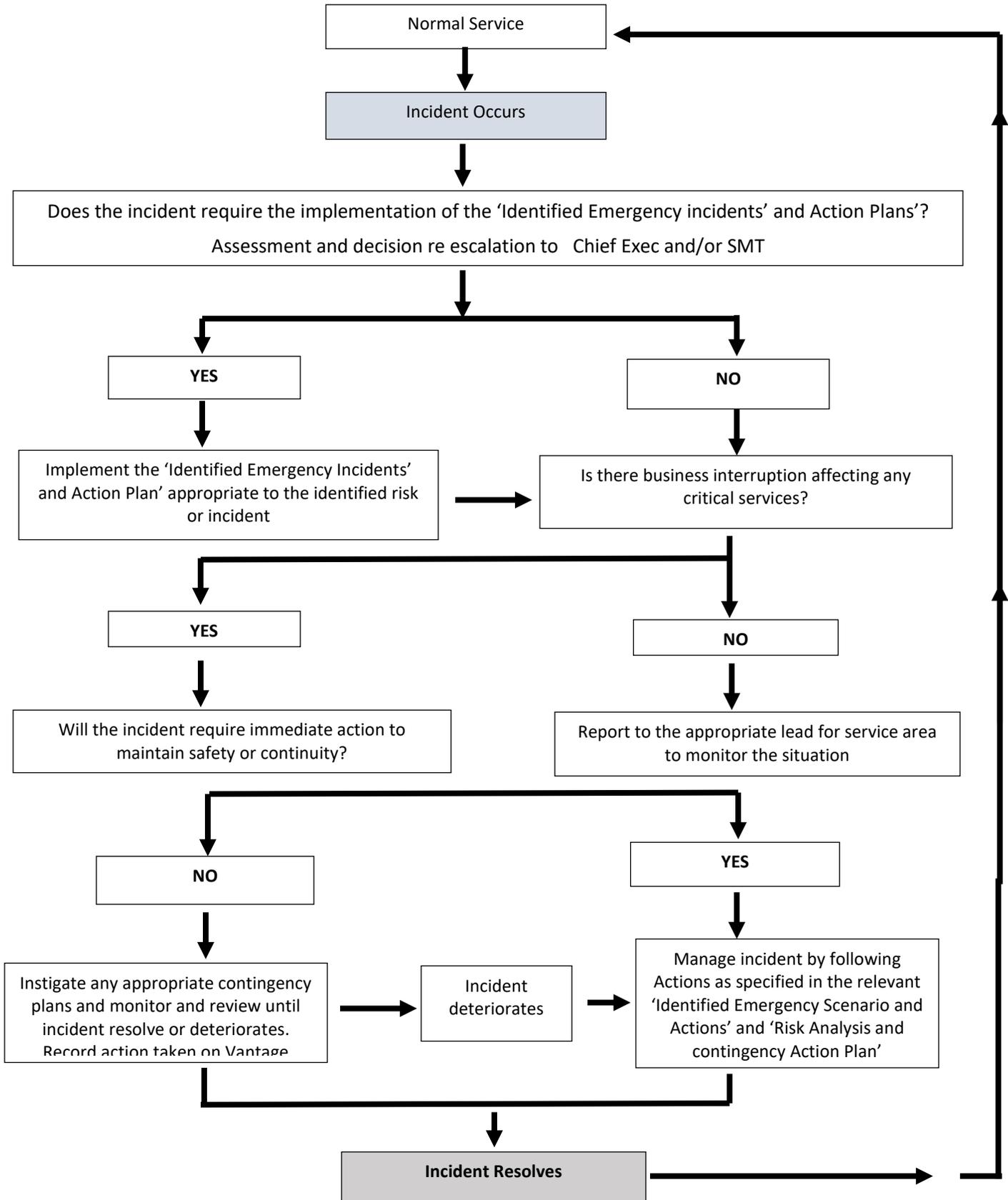
10.0 Risk to Reputation

Action Plan – Risk to Reputation
<p>ACTIONS TO BE TAKEN IN RESPONSE TO A SERIOUS INCIDENT WHICH MAY HARM REPUTATION (NOT YET IN THE PUBLIC DOMAIN)</p> <ul style="list-style-type: none"> • Inform senior members of the Marketing/Communications Team who will develop a fact sheet with clear factual information. Chief Exec or Deputy should check and agree the external communication. • Marketing/Communications Team will produce a holding statement for external stakeholders, including the media, as well as an internal communication for the Board, staff and volunteers – only to be issued as and when required. • Marketing/Communications Team will monitor all media channels. • Refer to Data Protection Officer straight away as incident may need to be reported to ICO within 72 hours. <p>ACTIONS TO BE TAKEN IN RESPONSE TO A SERIOUS INCIDENT WHICH MAY HARM REPUTATION (IN THE PUBLIC DOMAIN)</p> <ul style="list-style-type: none"> • Inform senior members of the Marketing/Communications Team who will develop a fact sheet with clear factual information. • Remind all staff/volunteers not to respond to any enquires from the media, and to direct all calls to the Marketing/Communications Team. • Marketing/Communications Team will produce a statement to issue in response to requests from external stakeholders, including the media, place on social media channels and website if required, as well as an internal communication for the Board, staff and volunteers. • In some circumstances the Team may work with partners such as NLaG, CCG, The Humber, Coast and Vale Health and Care Partnership, or Hospice UK. • The Marketing/Communications Team will monitor all media channels and respond accordingly using the content of the agreed statement. • If the incident is related to a criminal or legal investigation, all communications are ‘subjudice’ until the outcome of the judiciary consideration, and therefore prohibited from public discussion, this will be clearly identified in the statement and communications around the case. • If the incident is related to a criminal or legal investigation, or official inquiry the Marketing/communications Team will produce a further statement to outline a response to the outcome and any lessons learned, which can be placed online and to media channels as well as an internal communication for the Board, staff and volunteers. It may also be necessary to provide a spokesperson (usually the Chief Executive) to the media. • The Chairman should be briefed an incident that may have a potential risk to reputation by the Chief Exec or Deputy.



Business Continuity Incident Flow Chart

Appendix A



Action Plan 1 – Flooding

Incident Lead: Senior Person on duty or Incident Controller

Actions to be Taken Immediately

Consider Patient safety and Comfort

- If the cause is a burst pipe turn off water supply if local behind the source of leak. Alternatively the main water supply can be turned off
- Turn off electricity located in store 4
- Ring Anglian Water 0800 771 881, for mains leaks or Everflow for water and sewerage – 03457 145 145.
- Evacuate patients and staff to a safe area using lateral evacuation.
- If caused by weather attempt to arrange preventative measure (e.g. sandbags)
- Some areas could be unusable following an incident. Alternative accommodation provision would be required Depending on the extent of the damage SMT to consider alternative accommodation/facilities and advise

General Actions and Broader Considerations to be taken by Senior Management Team:

- Consider against Appendix A – Incident Impact and Contingency Considerations
- Consider relocation or IPU & Wellbeing patients, cancelling appointments if appropriate, moving administration staff or other office based staff to other accommodation if affected
- If telephone lines out of action, would need to use mobile phones, ensure this is communicated to everyone who uses services
- Contact North Lincolnshire CCG regarding our ability to meet our contractual requirements and accommodation for current patients. Keep North Lincolnshire CCG updated on situation and impact
- Chief Executive to provide a media statement prepared by Marketing & PR team
- Contact day patients if Wellbeing is affected and arrange community support for patients using other community service providers.
- Contact Insurance Provider/Loss Adjuster to inform of any damage and arrange loss assessment
- Arrange clean-up of building where necessary and deep clean prior to reusing patient services
- Continue to inform medical and nursing staff at regular intervals of current situation

24 Hours	<ul style="list-style-type: none"> • Assess likelihood of continue interruption to delivery of hospice service • Depending on the extent of the damage Chief Executive to consider alternative accommodation/facilities • Patients may need to be evacuated or transferred to other rooms
48 Hours	Relocate administration/fundraising staff to other areas if appropriate
1 Week	<ul style="list-style-type: none"> • Additional costs for fuel, cleaning material and labour

Key Internal Personnel Contacts:

Senior Management Team; Senior Nursing Staff.

Action Plan 2 – Gas Leak

Incident Lead: Senior Person on duty or Incident Controller

Actions to be Taken Immediately

- Open windows
- Do not use electrical switch sockets or lights
- Evacuate patients and staff to a safe area using lateral evacuation for patients unless unsafe to do so
- Turn gas supply off in the kitchen area
- Call emergency gas number and report leak – British Gas 0800 111 999
- Contact member of SMT
- If evacuation required and not enough members of staff/volunteers to deal with the issue of moving patients contact off duty staff to help
- Utilise members of staff from other departments to aid any evacuation
- Access to ambulance services to take patient to place of residence/safety where possible

General Actions and Broader Considerations to be taken by Senior Management Team:

- Contact North Lincolnshire CCG regarding our ability to meet our contractual requirements and accommodation for current patients. Keep North Lincolnshire CCG updated on situation and impact
- Chief Executive or On-call SMT to provide a media statement produced by marketing department
- Patients return to place of residence and ward staff work in partnership with the Hospice
- Contact day patients if Wellbeing Centre is affected and arrange community support for patients (using staff who would have been working on the Wellbeing Centre)
- Continue to inform staff and patients at regular intervals of current situation

24 Hours	<ul style="list-style-type: none"> • Patients may need to be evacuated or transferred to other rooms • Consider external meal provision • Consider alternative sources of heating (not electrical)
48 Hours	<ul style="list-style-type: none"> • Unlikely to be able to provide services on Hospice premises • To look at alternative location staff may need to work at an alternative site
1 Week	<ul style="list-style-type: none"> • Additional costs for heating, generator fuel, cleaning materials and labour.

Key Internal Personnel Contacts:

Senior Management Team; Senior Nursing Staff.

Action Plan 3 - Fire

Incident Lead: Senior Person on duty or Incident Controller

Actions to be Taken Immediately

- Operate the nearest Fire alarm call point.
- Ensure all staff leave via the nearest fire exit, closing windows as leave rooms if appropriate and congregate at the fire assembly point
- Transfer patients to an alternative area of the Hospice
- Identify if there is a genuine fire and call 999
- If evacuation required and not enough members of staff/volunteers to deal with the issue of moving patients contact off duty staff to help. Use members of staff from other departments to aid any evacuation, administration, finance, fundraising, housekeeping, etc.
- Fire wardens to complete a check that all staff and patients have evacuated the building and are accounted for.
- Some areas could be unusable following an incident. Alternative accommodation provision would be required depending on the extent of the damage SMT to consider would be required. Depending on the extent of the damage, consider alternative accommodation/facilities and advise

General Actions and Broader Considerations to be taken by Senior Management Team:

- If the telephone lines are out of action, would need to use mobile phones, ensure this is communicated to everyone who uses services
- Contact North Lincolnshire CCG regarding our ability to meet our contractual requirements and accommodation for current patients. Keep North Lincolnshire CCG updated on situation and impact
- Chief Executive to provide a media statement
- Patients return to place of residence and ward staff work in partnership with the hospice community team to manage patients in the community
- Contact Insurance Provider/Loss Adjuster to inform of any damage and arrange loss assessment
- Contact day patients if Wellbeing is affected and arrange community support for patients (using staff who would have been working in the Wellbeing Centre)
- Arrange clean- up of building where necessary and deep clean prior to resuming patient services
- Continue to inform staff and patients at regular intervals of current situation

24 Hours	<ul style="list-style-type: none"> • Assess likelihood of continued interruption to delivery of Hospice services • Depending on the extent of the damage Chief Executive to consider alternative accommodation/facilities • Patients may need to be evacuated or transferred to other rooms
48 Hours	<ul style="list-style-type: none"> • Relocate administration and fundraising teams to other premises • Arrange IT access from alternative location
1 Week	<ul style="list-style-type: none"> • Additional costs for alternative site delivery and repair

Key Internal Personnel Contacts:

Senior Management Team; Senior Nursing Staff.

Action Plan 4 – Loss of Electricity

Incident Lead: Senior Person on duty or Incident Controller

Actions to be Taken Immediately

- Go to electrical cupboards in following areas, to try and identify the problem:
 1. Store 4, 2. Daycare, 3. Under stairs
- Ring electricity supplier (British Gas 0800 111 105) to inform of identified problem.
- Ring Gunness Electrical for support on 07738 003495
- Generator should provide cover for 2 hours before refuelling required (staff member to check that generator has responded)
- Use torches where necessary
- Use batteries for key equipment (spare batteries located in IPU clinical room for clinical equipment)
- If no electricity through generator-no medical devices-hoists, beds, mattresses, nurse call etc. and so relocation of patients to be arranged
- Contact member of Senior Management Team
- Close services affected if advised by Senior Management Team
- Some areas could be unusable following an incident. Alternative accommodation provision would be required.

General Actions and Broader Considerations to be taken by Senior Management Team:

- Contact North Lincolnshire CCG regarding our ability to meet our contractual requirements and accommodation for current patients. Keep NLCCG updated on situation and impact
- Patients return to place of residence and IPU staff work in partnership with the Hospice, Community Team to manage patients in the community
- Contact day patients if Wellbeing Centre is affected and arrange community support for patients (using staff who would have been working in Wellbeing)
- Continue to inform staff and patients at regular intervals of current situation

24 Hours	<ul style="list-style-type: none"> • Consider supply of alternative non electrical equipment • Patient may need to be evacuated or transferred to other rooms • Generator will need refueling every 24 hours • Relocate frozen foods if supply disruption for longer and no generator
48 Hours	<ul style="list-style-type: none"> • May not be able to provide services on Hospice premises • Relocate Non Clinical team to other premises
1 Week	<ul style="list-style-type: none"> • Consider ongoing impact and likelihood of reoccurrence and any associated costs

Key Internal Personnel Contacts:

Senior Management Team; Senior Nursing Staff.

Action Plan 5 – Loss of Gas

Incident Lead: Senior Person on duty or Incident Controller

Actions to be taken immediately:

- Ensure loss of supply is not due to gas leak (British Gas 0800 111 999)
- Liaise with Iain Anderson – 07971 275214 or Simon Culley – 07951 325311 to establish cause for loss of supply, try and restore
- Use electric heaters **(if no evidence of gas leak)** – Located in Store 4 on IPU
- Give out extra linen/bedding
- Provide regular hot drinks and hot food
- Inform kitchen staff of need to use alternative catering devices i.e. microwave, toaster etc.
- Contact a member of the Senior Management Team on call
- Close services affected if advised Senior Management Team
- Some areas could be unusable following an incident. Alternative accommodation provision may be required. Depending on the extent of the damage Senior Management Team to consider alternative accommodation/ facilities and advise

General Actions and Broader Considerations to be taken by Senior Management Team:

- Contact North Lincolnshire CCG regarding our ability to meet our contractual requirements and accommodation for current patients. Keep NLCCG updated on situation and impact
- Chief Executive with help from PR and Marketing to provide a media statement
- Patients return to place of residence and ward staff work in partnership with the Hospice Community Team to manage patients in the community
- Contact Well Being patients and arrange virtual support for patients
- Continue to inform staff and patients at regular intervals of current situation

What to consider after:

24 hours	<ul style="list-style-type: none"> • Patients may need to be evacuated or transferred to other room • May not be able to provide services at Lindsey Lodge Hospice premises
48 hours	<ul style="list-style-type: none"> • Organise alternative catering supplies particularly for hot food • Consider if other parts of the organisation have heated water etc. Which could be accessed by patients in affected areas
1 Week	<ul style="list-style-type: none"> • Consider ongoing impact and likelihood of reoccurrence and any associated costs

Key Internal Personnel Contacts:

Senior Management Team; Senior Nursing Staff.

Action Plan 6 – Loss of Water

Incident Lead: Senior Person on duty or Incident Controller

Actions to be Taken Immediately

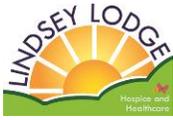
- Review site for obvious signs of leakage
- Contact Water Board to assess seriousness of disruption and length of time to be managed without water.
- Liaise with Anglian Water 0800 771 881 to establish cause of loss of supply and to try and restore.
- Provide bottled water and canned drinks as required.
- In extreme cases where alternative sources of hand washing cannot be identified use hand sanitizer to cleanse hands
- Use gas for cooking and microwave, consider using frozen or pre washed produce
- Contact a member of the Senior Management Team on call
- Consider reduced service or transfer service due to hygiene and nutritional needs
- Some areas could be unusable following an incident. Alternative accommodation provision may be required. Depending on the extent of the damage Senior Management Team to consider alternative accommodation/facilities and advise
- Access to ambulance services to take patients to place of residence where possible

General Actions and Broader Considerations to be taken by Senior Management Team:

- Contact North Lincolnshire CCG regarding our ability to meet our contractual requirements and accommodation for current patients. Keep North Lincolnshire CCG updated on situation and impact
- Chief Executive or SMT to provide a media statement prepared by Marketing Team
- Patients return to place of residence and ward staff work in partnership with the Hospice, Community Team to manage patients in the community
- Contact day patients if Wellbeing is affected and arrange community support for patients (using staff who would have been working on Wellbeing)
- Continue to inform staff and patients at regular intervals of current situation

24 Hours	<ul style="list-style-type: none"> • Grocery supplies for bottled water, • If no water no contingency for cleaning crockery. If absolutely necessary use paper plates and cups etc.
48 Hours	<ul style="list-style-type: none"> • Relocate patients to place of residence or hospital or alternative location • To look at alternative location, staff may need to work at an alternative site
1 Week	<ul style="list-style-type: none"> • Consider ongoing impact and likelihood of reoccurrence and any associated costs

Key Internal Personnel Contacts:
Senior Management Team; Senior Nursing Staff.



Action Plan 7 – Reduced Medical Cover

Incident Lead: Senior Person on duty or Incident Controller

Actions to be Taken Immediately

- Medical staff or Senior Clinical Staff who identify this as an issue should contact off duty medical staff and ask if they can cover.
- Use Senior Nursing staff and matron for on-site advice and liaise with external palliative care consultant on call if required (See rota in medic’s office). May not be able to visit but can give advice.
- Contact a member of the Senior Management Team on call
- Consider asking other hospices, GP’s or NLAG doctors to support
- May have impact on patient care and therefore may need increased capacity senior nursing staff
- Consider reducing or stopping admissions to the IPU. Liaise with NLAG and GP services to pick up support to wellbeing patients to allow medical staff on duty to concentrate on IPU.

General Actions and Broader Considerations to be taken by Senior Management Team:

- Contact North Lincolnshire CCG regarding our ability to meet our contractual requirements and Keep NLCCG updated on situation and impact
- Chief Executive to link to Partner Organisations to appeal for support
- Continue to inform staff and patients at regular intervals of current situation

24 Hours	<ul style="list-style-type: none"> • Consider reducing or stopping admissions to the IPU. Use GP’s to support Wellbeing Medical Issues. • Where necessary inform commissioners and GPs of nurse led status at this time and ask other providers to consider delivering additional resources as required
48 Hours	<ul style="list-style-type: none"> • If continued sickness plan to cover further shifts with out of hours staff or in conjunction with other partners. • Where necessary inform commissioners and GPs of nurse led status at this time and ask other providers to consider delivering additional resources as required
1 Week	<ul style="list-style-type: none"> • Consider ongoing impact and likelihood of reoccurrence and any associated costs and possible damage to reputation

Key Internal Personnel Contacts:

Senior Management Team; Senior Nursing Staff.

Action Plan 8 – Information Technology Failure

Incident Lead: Senior Person on duty or Incident Controller

Actions to be Taken Immediately

- Contact F4 IT Services to assess disruption and to log incident, considering the following.

Event – Loss of Power - Impact: No computers/printers/some phones may not work

Considerations

- UPS (the backup system) would provide power for the comms/server room for approximately 1 hour.
- Laptops could be used to provide critical access to systems/data, the average battery life is 4 hours. (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 of N3i supported site.
- Additionally, consideration should be taken 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: Donor flex, 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)

Event – SystmOne shutdown - Impact – No access to patient information on SystmOne

Considerations

- 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 healthcare team.
- Paper records to be made until systems are up and running and retrospective entries uploaded

Event – Loss of email/outlook - Impact – Unable to log onto email and get updates etc.

Considerations

- 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

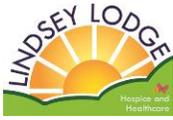
Event – Loss of internet - Impact – No email/SystmOne/Drive L & U/Phones that run via internet.

Considerations

- Loss of internet has no impact as LLH as IPVPN network provided by our IT supplier Care Plus Group (CPG)
- Loss of IPVPN network would require F4IT to establish secure IPsecVPN over the internet to continue with email and SystmOne access. This process takes approx. 10 mins.
- In the event of complete internet loss (i.e. Virgin Media outage at both F4IT data centres consideration to the use of mobile phone tethering or MiFi system for key users/functions should be made)

Event – Loss of Wi-Fi - Impact – Mobile devices would not connect. Considerations

- Advise patients/families so don't access
- Mobile devices would need to be patched into data points in office, if this is working



Business Continuity Management Plan

- Inform staff across all departments (particularly clinical areas) of the disruption and the need to use paper records
- Check if telephones are also affected, if main lines are down use mobile phones to allow patients/relative to have contact with essential services
- Access patient results by WEBV or direct from Pathology
- Emergency services, GP;s and other providers can be contacted by mobile or separate external phone line on the Nurses Station
- Discuss backups in place with the provider and how they will continue to fulfil their contractual obligations
- Maintenance and suppliers can be contacted by mobile if required.
- Inform everyone of emergency interim contact details for Hospice (mobile phones as supplied)

General Actions and Broader Considerations to be taken by Senior Management Team:

- Consider if care and treatment can be provided by alternative means i.e. manual records
- Continue to inform medical and nursing staff at regular intervals of current situation

24 Hours	<ul style="list-style-type: none"> • After 24 hours clinical risk to patients if records not accessible, specific patient discussions to be had by mobile phone with GP`s and medical staff. • Inform everyone of emergency interim contact details for Hospice (mobile phones as supplied)
48 Hours	<ul style="list-style-type: none"> • Discuss backups in place , consider how this can be put on the system as its restored • Inform other stakeholders of any suspected impact
1 Week	<ul style="list-style-type: none"> • Review arrangement for Staff Care staff rostering. • Ensure paper records are added to Systems (System1) as they are restored
<p>Key Internal Personnel Contacts: Senior Management Team; Senior Nursing Staff.</p>	



Action Plan 9 – Serious Bad Weather Disruption

Incident Lead: Senior Person on duty or Incident Controller

Actions to be Taken Immediately

- Access impact of bad weather on service provision identifying if access to patients or provision of staffing is the greatest issue.
- For issues relating to reduced staff see Action Plans 7,10,11
- Identify vulnerable patients and those who need to be visited (Use RAG rating system), if they can't access Wellbeing Centre services
- Identify if any preventative measures can be put in place e.g. Sandbags for flood use, Grit/salt for snow and ice
- It may be necessary to close certain services affected if bad weather persists
- Relocate patients to place of residence or hospital or alternative location if bad weather affecting Hospice premises adversely
- Collaborate with other community service providers to prevent duplication in trying to reach patients who receive care from more than one service.
- Utilise members of staff from other departments to aid delivery of services at the Hospice and in the community

General Actions and Broader Considerations to be taken by Senior Management Team:

- Chief Executive to provide a media statement to be prepared by Marketing Team.
- Contact day patients if Wellbeing is affected and arrange community support for patients using other community care service providers
- Continue to inform medical and nursing staff at regular intervals of current situation

24 Hours	<ul style="list-style-type: none"> • Implement Business Continuity Plan essential services (IPU and Wellbeing) • Consider possible closure of services and redeploy or backfill as required
48 Hours	<ul style="list-style-type: none"> • Not enough staff to run all areas – may need to temporarily close non- essential areas • Admin contact patients re: services closed • Where necessary inform commissioners and GPs of reduced service provision and ask other providers if able to deliver additional resources as required
1 Week	<ul style="list-style-type: none"> • Consider ongoing impact and likelihood of reoccurrence and any associated costs and possible damage to reputation.

Key Internal Personnel Contacts:

Senior Management Team; Senior Nursing Staff.

Action Plan 10 - Absence of Nursing Staff

Incident Lead: Senior Person on duty or Incident Controller

Actions to be Taken Immediately

- Shift Lead Nurse or Senior Clinical Staff who identify this as an issue should contact off duty nursing support staff and ask if they can cover.
- Contact staff off duty, bank staff to cover
- Consider local and national advice in relation to patient and staffing ratios
- Consider redeploying nursing staff from other areas e.g. Well Being.
- Consider redeploying non clinical staff where appropriate (depending on clinical area)
- Contact a member of the Senior Management Team if safety risks are thought to be a potential issue
- Consider reducing or stopping admissions to the IPU.
- Where possible consider close of services and redeploy or backfill as required
- Consider reducing available beds
- Keeping people informed to prevent concerns and priority and giving right message

General Actions and Broader Considerations to be taken by Senior Management Team:

- Contact North Lincolnshire CCG regarding our ability to meet our contractual requirements and accommodation for current patients. Keep NLCCG updated on situation and impact
- Chief Executive or SMT to provide a media statement to be prepared by Marketing Team
- Contact day patients if Wellbeing is affected and arrange community support for patients
- Continue to inform staff and patients at regular intervals of current situation

24 Hours	<ul style="list-style-type: none"> • Consider reducing or stopping admissions to the IPU. Where necessary inform commissioners and GPs of nurse led status at this time and ask other providers to consider delivering additional resources as required
48 Hours	<ul style="list-style-type: none"> • May see improvement as some return to work depending on reason for absence • Implement Business Continuity Plan essential services (IPU)
1 Week	<ul style="list-style-type: none"> • Consider ongoing impact and likelihood of reoccurrence and any associated costs and possible damage to reputation • Consider the implications of using agency staff with possible different levels of skill mix and ability

Key Internal Personnel Contacts:

Senior Management Team; Senior Nursing Staff.



Action Plan 11 Absence of Catering Staff

Incident Lead: Senior Person on duty or Incident Controller

Actions to be Taken Immediately

- Catering Staff who identify this as an issue should contact the duty Catering or support staff and ask if they can cover.
- If identified by general catering staff inform On-call SMT
- Contact staff off duty, bank staff to cover
- Service cold food and microwave meals where appropriate in the interim
- Ask staff to bring own food
- Organise alternative supplier of cooked meals e.g. local restaurants, care homes, hospital
- Redeploy non-catering staff where appropriate or use volunteers
- Contact a member of the Senior Management Team

General Actions and Broader Considerations to be taken by Senior Management Team:

- Contact Well Being patients if Well Being is affected using staff who would have been working on the Well Being unit, if external suppliers cannot support.
- Continue to inform staff and patients at regular intervals of current situation

24 Hours	<ul style="list-style-type: none"> • Consider use of take away foods e.g. fish and chips, pizza, Chinese food for short term solutions
48 Hours	<ul style="list-style-type: none"> • Consider alternative suppliers if reduction in staff is considered to last longer than a few days e.g. local restaurants
1 Week	<ul style="list-style-type: none"> • Consider ongoing impact and likelihood of reoccurrence and any associated costs and possible damage to reputation
<p>Key Internal Personnel Contacts:</p> <p>Senior Management Team; Senior Nursing Staff.</p>	

Action Plan 12 - Flu or Major Epidemic**Incident Lead: Senior Person on duty or Incident Controller****Actions to be Taken Immediately****1. Establish Business Continuity Task Force**

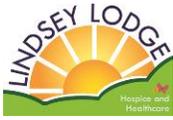
- Detailed above in Business Continuity Plan (meet in person or via Zoom as and when required)

2. Communicate an update to staff, volunteers and the Board on a regular basis

- Encourage all staff to book an appointment for vaccine/booster
- Re-inforce guidance on:
 - Covid-19 testing requirements for all Hospice based staff and volunteers
 - The wearing of PPE
 - Covid-19/infection isolation and testing requirements
 - Patient visiting
 - Social Distancing
 - Infection Control Practices
 - Adherence to Cleaning schedules

3. General Actions and Broader Considerations to be taken by Senior Management Team:

- Minimise catering provision and protect staff by closing Meet & Eat Restaurant to the public
- Close the site to the general public to protect staff
- Check oxygen supplies are adequate and understand any down time over holiday periods and identify a contact number for an emergency call out response
- Check levels of all medical equipment and support to servicing and breakdowns
- Check clinical waste collections will go ahead as planned
- Housekeeping and catering – ensure we have a minimum of two week's supply to cover holiday periods
- Check availability of drugs and pharmacy support
- Check all IPC supplies and order more stock as required
- Ensure all IPC measures and practices are in place and review Board Assurance Framework
- Check and ensure good laundry supply
- Ensure all contact details are shared for all Task Force members are circulated and available for out of hours contact
- Ensure all members of the Task Force take laptops home for out of hours contact
- Check staff sickness levels
- Check rotas for all essential services and staff and understand availability of bank staff
- Understand annual leave arrangements and communicate with staff to understand voluntary cancellation of leave and the need for the mandatory cancellation of annual leave in extreme circumstances
- Ensure all staff have adequate testing kits to take home



4. Define essential services and staff

- IPU
- Wellbeing (Lymphoedema)
- Medical
- Catering
- Housekeeping.

5. Specific actions to be taken daily by the senior person on duty

Check staffing in essential services twice – morning and afternoon with the senior manager on duty or nurse in charge, if this is a bank holiday or weekend, the senior manager may be required to come to the site to support staffing

5.1 Medical staffing shortages on the IPU

Check daily that medical cover is available according to the rota in the IPU. In the event of the on call person not been available due to sickness others on the rota should be tried. In the event of no cover Safecare (A GP federations of 19 local practices could be tried or the GP on duty in the Out of Hours centre situated in SGH)

5.2 Clinical staffing shortages on the IPU

If there are shortages in staffing on the IPU, the senior nurse should try bank nursing staff or ask others to provide extra cover.

Should no cover arrangement be found the senior person will arrange to cancel appointments and close the Wellbeing Centre (except Lymphoedema appointments) and divert staff to the In Patient Unit.

5.3 Shortages in catering or housekeeping

If the shortages are in catering or housekeeping, staff will be required to work across the two areas.

5.4 Potentially unsafe clinical staffing levels on the IPU, catering or housekeeping

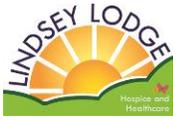
In the instance of the potential for unsafe staffing levels, the senior person on duty will call a virtual meeting of the Task Force to:

- Agree to cancel leave for staff to ensure adequate staffing
- Reduce referrals or close to admissions to support staffing availability
- Non- clinical staff could be used to support patient meals and beverage

5.5 Unsafe staffing levels in IPU, catering or housekeeping due to a critical incident due to high levels of staff sickness or Covid outbreak

In the instance of the potential for unsafe staffing levels to run the IPU, the senior person on duty will call a virtual meeting of the Task Force to:

- Look at discharging patients to alternative settings
- Closure of the site
- Communications with all stakeholders regarding the closure.



5.6 Partnership working

The hospice has developed networks with other partner agencies locally and other hospices and it may be that other partners are contacted to help support. The senior manager on duty should keep communication open with partners. The need to submit data via the NHS Capacity tracker should be maintained daily over 7 days including bank holidays.

The Hospice also has to play a part in supporting the local health and social care system and has offered the following contributions/services:

- Bed expansion 10- 16 beds – 2 additional open , 4 transitioning during Q4
- 7 day admissions
- 24hr medical support
- Single point of contact for referral – Mobile: 07966 137422
- Advanced Care Practitioner /Nurse led beds
- Ability to admit for specialist end of care, end of life care and symptom management
- Nurse prescribing
- Wellbeing Centre-offering day services and support sessions
- Clinics - Lymphoedema, Fatigue, breathlessness, therapy, bereavement and counselling that could support hospital discharges
- On site gym-to support mobility assessments –Physio and OT led therapy sessions to support community care packages
- Flexibility to respond to demand given small organisation with less organisational layers
- Electronic prescribing readiness for Q4 to support on call/remote medical support as required
- Senior manager on call 24 x 7.

24 Hours	<ul style="list-style-type: none"> • Consider reducing or stopping admissions to the IPU. Where necessary inform commissioners and GPs of nurse led status at this time and ask other providers to consider delivering additional resources as required
48 Hours	<ul style="list-style-type: none"> • May see improvement as some return to work depending on reason for absence • Implement Business Continuity Plan essential services (IPU)
1 Week	<ul style="list-style-type: none"> • Consider ongoing impact and likelihood of reoccurrence and any associated costs and possible damage to reputation • Consider the implications of using agency staff with possible different levels of skill mix and ability
Key Internal Personnel Contacts:	
Senior Management Team; Senior Nursing Staff.	



Action Plan 13 – Equipment Loss

Incident Lead: Senior Person on duty or Incident Controller

Actions to be Taken Immediately

- Consider reason for loss of equipment i.e. electrical failure rather than breakage, in the event of loss of electricity - See Action Plan 4
- If due to fault or lack of equipment consider availability of the required equipment in another area i.e. IPU or Wellbeing Centre
- If no internal equipment available, consider hire of external equipment as required (numbers for immediate supply can be found in emergency folder)
- Contact Medical Engineering at NLAG 01724 282282 to seek loan of essential equipment whilst awaiting delivery
- Contact BOC for replacement medical gases 0800 111 333 option 1
- Inform Registered Manager/Senior Nurse Lead
- If this cannot be resolved contact a member of the SMT for assistance

General Actions and Broader Considerations to be taken by Senior Management Team:

- Consider if care and treatment can be provided by alternative means i.e. manually
- Consider alternative site for patients to receive care if this cannot be resolved or loan equipment
- Continue to inform medical and nursing staff at regular intervals of current situation
- If alternative site for care and treatment is required ensure that the patient and family members are involved in this decision

25 Hours	<ul style="list-style-type: none"> • Consider reducing or stopping admissions to the IPU. Use GP`s to support Wellbeing Medical Issues. • Where necessary inform commissioners and GPs of nurse led status at this time and ask other providers to consider delivering additional resources as required
48 Hours	<ul style="list-style-type: none"> • If continued sickness plan to cover further shifts with out of hours staff or in conjunction with other partners. • Where necessary inform commissioners and GPs of nurse led status at this time and ask other providers to consider delivering additional resources as required
1 Week	<ul style="list-style-type: none"> • Consider ongoing impact and likelihood of reoccurrence and any associated costs and possible damage to reputation

Key Internal Personnel Contacts:

Senior Management Team; Senior Nursing Staff.

Action Plan 14 - Pest Infestations

Incident Lead: Senior Person on duty or Incident Controller

Actions to be Taken Immediately

- Consider type and severity of infestations (e.g. ants, mice, insects)
- Inform Senior Manager of situation including the above information
- Facilities/Administration team to contact Pest control supplier.
- If appropriate contact NLC Environmental Services stating type and severity of infestation and site
- Check waste management processes to ensure that this is not contributing to the problem
- Ensure any water or mess is cleared from affected areas
- Ensure affected areas are cleaned and any supplies moved to prevent contamination
- Inform Senior Management Team member of the current situation and proposed plan of action
- Consider if the affected environment is still fit to be used, if not consider alternative site e.g. use of main kitchen
- If IPU is affected and certain patient areas are no longer accessible then movement of patients should be considered laterally in line with the hospice evacuation procedure
- Discharge may need to be considered for a certain number of patients to facilitate the above
- Recheck daily to look for improvement or return
- Ensure a proactive plan is put in place to prevent further infestation

General Actions and Broader Considerations to be taken by Senior Management Team:

- Inform North Lincolnshire CCG if evacuation of patients is require wider than to alternative hospice area
- Contact day patients if Well Being is affected using staff who would be working on Well Being
- Continue to inform staff and patients at regular intervals of current situation
- Consider maintenance of the hospice building and its impact on recurrent pest infestation and impact on services

24 Hours	<ul style="list-style-type: none"> • Consider impact on catering and Environmental Health requirements • Consider impact on IPU
48 Hours	<ul style="list-style-type: none"> • Pest control company visit to check humane traps etc. – monitor any outbreak and reoccurrence
1 Week	<ul style="list-style-type: none"> • Consider ongoing impact and likelihood of reoccurrence and any associated costs and possible damage to reputation
Key Internal Personnel Contacts:	
Senior Management Team; Senior Nursing Staff	



Action Plan 15 – Property Intrusion

Incident Lead: Senior Person on duty or Incident Controller

Actions to be Taken Immediately

- Identify area where intruder alarm triggered – Chubb Alarms - **03448 791755** automatically notify Enforce Solutions
- Where no alarm and a suspected intrusion contact Enforce Solutions – **01724 781680**
- Enforce Solutions will respond to the call-out
- Ensure all staff are secure from area of suspected intrusion if premise break-in
- Contact the Senior Manager On-Call to advise
- Contact Data Protection Officer prior to reviewing CCTV recording
- Advise circumstances to attending Security Officer who will investigate and call Police if required
- In the event of serious and sudden breach call Enforce Solutions and Emergency 999 for Police

General Actions and Broader Considerations to be taken by Senior Management Team:

- Consider the general safety of staff on duty and patients in care
- Consider securing immediate access to patient and staff on site against intruders
- Continue to inform medical and nursing staff at regular intervals of current situation

24 Hours	<ul style="list-style-type: none"> • Assess any damage to external property or building security systems • Consider any additional security support
48 Hours	<ul style="list-style-type: none"> • Consider reinforcement of security measures and additional requirements
1 Week	<ul style="list-style-type: none"> • Consider purchase of security equipment if essential for the future and property repairs and maintenance
Key Internal Personnel Contacts:	
Senior Management Team; Senior Nursing Staff.	



Personalised Emergency Evacuation Plans (PEEP 2)

Appendix B

Introduction to Assessment

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 a **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.

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.

PEEP's 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

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.

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)

Dependent if the patient is either high or low risk, they have mental health problems and/or mobility problems.

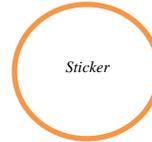
GREEN (LOW RISK)

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.

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

Visitors

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



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.

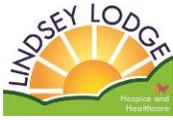
Please circle relevant evacuation procedure.

- 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.



Safe 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.

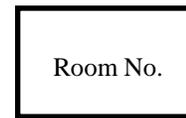
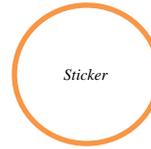
The fire warden or Nurse in charge will direct staff, patients and visitors in the opposite direction to the area of danger.

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>



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.

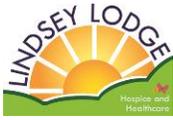
Please circle relevant evacuation procedure.

- 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 stores cupboard.
- 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.



Staff Personal Emergency Evacuation Plan (PEEP)

Appendix E

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



STORE CUPBOARD 4	
DB	One Essential Services
Y5	Sluice 2 Bedroom 3
Y1	Bedroom 3,4,5,6
R5	Bedroom 1
B1	Nurses Station
B3	Lights Hibaldstow Long Den
B6	Sockets Hibaldstow Long Den
Y6	Treatment Room
B6	Sluice 1 Sockets
R7	Dado sockets Room 1+2
Y8	Corridor + DNPS
B8	Power Staff Room
B7	Generator Charger
Y7	Bedrooms 3456 Sockets

BD ONE	
R1	Door Access Spurs x 3 Reception
Y1	Lights
B1	Corridor Lights
R2	Lights First Floor
Y2	Lights 2
B2	Spur 6
R3	Hoist Bath House
Y3	Fundraising Lights
R4	Doctors Office Lights
B8	Stable supply
Y9	Comp Room supply
B9	Cooker
Y11	Servery Carts
B11	Outside Lights
R12	Outside Lights
Y12s	Outside Lights
Y13	First Floor Kitchen Sockets
B13	Power dining
R14	Kitchen Power
Y14	Fridge Room Power
B14	Reception Main Power
Y15	Dishwasher Staff Kitchen
B16	Door Access
Y17	Services
B18	Macerator
R19	Cooker
Y20	Kitchen Power Pole
B20	Camera supply
R21 + R22	Rational
R18 + R23 + Y22	Dishwasher
R24 + Y24 + B24	Kitchen AMU Panel



12. Consultation

Clinical Leads and QA Sub-Committee.

13. Dissemination

L drive: Policies, Guidelines& Protocols/ File Name/Website

REFERENCES:				
AUTHOR OF POLICY Maureen Georgiou, Karen Andrew, Kay Fowler and Dr Lucy Adcock				
ISSUE DATE : May 2019				
Ratified By: QA sub-committee				
Review interval 3 Years				
TO BE REVIEWED	REVIEW COMPLETED	BY	APPROVED BY	CIRCULATION
Nov 2021	January 2022	KF	QA sub-committee - 09/02/2022	Clinical Leads
Jan 2025				