

**HAZARDOUS MATERIALS (HAZMAT) AND  
CHEMICAL BIOLOGICAL RADIOLOGICAL NUCLEAR &  
EXPLOSIVES (CBRNE) POLICY**

<b>POLICY NUMBER</b>	TP/CO/098
<b>POLICY VERSION</b>	V.1
<b>RATIFYING COMMITTEE</b>	Emergency Planning & Resilience Group
<b>DATE RATIFIED</b>	10 September 2018
<b>NEXT REVIEW DATE</b>	10 September 2021
<b>EXECUTIVE SPONSOR</b>	Chief Operating Officer
<b>POLICY AUTHOR</b>	EPRG Lead & Resilience Manager

**If you require this document in another format such as large print, audio or other community language please contact the Corporate Governance Team on 0300 304 1195 or email: [policies@sussexpartnership.nhs.uk](mailto:policies@sussexpartnership.nhs.uk)**

# CONTENTS

	Page
<b>1.0 Introduction</b>	<b>3</b>
1.1 Purpose of Policy	3
1.2 Scope of Policy	4
<b>2.0 Definitions</b>	<b>4</b>
<b>3.0 Risk Assessment</b>	<b>5</b>
3.1 Risk Matrix	5
3.2 Trust's Risk Management	6
<b>4.0 Alert &amp; Activation</b>	<b>6</b>
<b>5.0 Managing Suspected Contaminated Casualties</b>	<b>7</b>
5.1 Immediate Actions at Site of Initial Contact	7
5.2 Other Actions to be Taken	7
5.3 Decontamination	8
5.3.1 Inventory of Personal Protective Equipment (PPE)	8
5.4 External Roles & Responsibilities	8
5.5 Stand Down and/or Recovery from Incident	8
<b>6.0 Training &amp; Specialist Advice</b>	<b>9</b>
<b>7.0 Appendices</b>	<b>10</b>
Appendix A – Unit Closure Sign	10
Appendix B – Patient Contact Template	11
Appendix C – Questions for patient/casualties	12

## **1.0 INTRODUCTION**

This plan applies to all hospital sites within the Trust. It describes the action that needs to be taken in order to manage a potential contamination incident, whether involving hazardous materials (HAZMAT) or an incident which may be construed as an attempt to perpetrate an act of terrorism, releasing chemical, biological, nuclear, radiological substances, or explosive devices (CBRNE).

In most incidents where members of the public are exposed to a contaminant, e.g. as a result of a chemical spillage, decontamination would be undertaken at the scene of the incident by the Ambulance Service, before transferring to an A&E department if any medical treatment is required. Mass decontamination, where wider exposure has occurred, is generally undertaken by the Fire and Rescue Service, supported by the Hazardous Area Response Team (HART) branch of the Ambulance Service.

However, it may be that contaminated individuals may 'self-present' at any of the Trust's sites. In this case, staff will work in close partnership with the ambulance and fire service particularly, and Sussex Police where a deliberate terrorist attack is believed to have taken place, on managing such incidents.

### **1.1 Purpose of Policy**

The purpose of the plan is to ensure the Trust is resilient against HAZMAT and CBRNE incidents. This plan will provide guidance in the event that potentially contaminated casualties should arrive without warning at a Trust site.

As a minimum, the Trust plan:

- Delivers the requirements of the Civil Contingencies Act (CCA) 2004
- Complies with the requirements of NHS England national Core Standards for EPRR.
- Meets the expectations of Monitor's Compliance Framework for NHS Foundation Trusts.
- Complies with Care Quality Commission Essential Standards of Quality and Safety.
- Takes into account published expert guidance on management of HAZMAT/CBRNE incidents.

## 1.2 Scope of Policy

It is beyond the scope of the Trust to manage suspected CBRN incidents internally, and specialist assistance from external agencies will be necessary.

This plan defines:

- The actions that staff should take in response to a CBRN incident.
- Warning and alert pathways for staff.
- Response and co-ordination arrangements between the Trust and partner agencies for the management of CBRN incidents.
- The actions to be considered to enable post-incident recovery.

## 2.0 DEFINITIONS

Term	Definition
CBRN	Incidents that involve the deliberate release, of chemical, biological, radioactive or nuclear substances, with the intention of causing harm in relation to criminal or terrorist attacks. Explosive devices are now considered part of the threat.
HAZMAT (Hazardous Material)	Accidental spillage or release of chemical, biological, radioactive or nuclear material with no deliberate intent to cause harm
COMAH (Control of Major Accident Hazards) Regulations	<p>If a business manufactures, stores or uses any dangerous substances in amounts that exceed certain thresholds, the Control of Major Accident Hazards (COMAH) Regulations apply to that business. The purpose of the regulations is to identify to localities, which high risk facilities are within their areas, and to ensure that such industries, operate in a safe and effective way to mitigate the risks of accidental chemical release. There are two thresholds for dangerous substances under COMAH regulations. These thresholds vary for different substances.</p> <ul style="list-style-type: none"><li>• If a company stores or uses more than the lower threshold for a dangerous substance the site is classed as a lower tier site.</li><li>• If a company stores or use more than the higher threshold the site is classed as a top tier site. Dangerous substances covered by the COMAH Regulations include:<ul style="list-style-type: none"><li>• ammonium nitrate</li><li>• oxygen</li><li>• hydrogen</li><li>• formaldehyde</li><li>• halogens</li><li>• petroleum products</li></ul></li></ul>

### 3.0 RISK ASSESSMENT

The Civil Contingencies Act 2004 defines a civil emergency as:

- An event or situation which threatens serious damage to human welfare in a place in the UK
- An event or situation which threatens serious damage to the environment of a place in the UK
- War or terrorism which threatens serious damage to the security of the UK.

‘Threat’ implies intention, therefore accidental release or exposure is a hazard and therefore not intentional. The difference between an intentional release of a harmful substance, and the accidental release of hazardous materials is significant within this plan. To date, the Trust has never been involved in a CBRNE (deliberate intent) incident, although there may have been incidents involving people self-presenting to Trust sites, who have been exposed accidentally to hazardous substances.

Nationally, although the likelihood of a significant terrorist threat is relatively low, the impact of such an event is potentially very serious. Terrorist threats therefore remain a very high priority on the National Risk Register (NRR) and as a result, Trust plans need to reflect this. It may only become apparent during an incident that it is a CBRNE rather than a HAZMAT incident. Apart from being mindful of the criminal element of a deliberate act, initial management of casualties from either a HAZMAT or CBRNE incident is relatively the same.

The Trust uses the Trust’s risk matrix – see the Trust’s incident policy – to evaluate risk:

#### 3.1 Risk Matrix

		RISK RANKING MATRIX				
SEVERITY		NONE 1	MINOR 2	MODERAT E 3	MAJOR 4	CATASTROPHI C 5
LIKELIHOOD OF RECURRENCE	ALMOST CERTAIN 5	5 Yellow	10 Orange	15 Red	20 Red	25 Red
	LIKELY 4	4 Yellow	8 Orange	12 Orange	16 Red	20 Red

	<b>POSSIBLE</b> 3	<b>3</b> Green	<b>6</b> Yellow	<b>9</b> Orange	<b>12</b> Orange	<b>15</b> Red
	<b>UNLIKELY</b> 2	<b>2</b> Green	<b>4</b> Yellow	<b>6</b> Yellow	<b>8</b> Orange	<b>10</b> Orange
	<b>RARE</b> 1	<b>1</b> Green	<b>2</b> Green	<b>3</b> Green	<b>4</b> Yellow	<b>5</b> Yellow
<b>IMPACT</b> 						

<b>SCORE</b>	<b>DESCRIPTOR</b>	<b>DETAILED DESCRIPTION</b>
1	Rare	May occur only in exceptional
2	Unlikely	Don't expect it to happen but it is possible
3	Possible	May recur occasionally
4	Likely	Will probably occur in most circumstances
5	Almost certain	Will undoubtedly recur, possibly frequently

### Outcome/severity table

1	None	No obvious harm, loss or damage
2	Minor	Non-permanent harm, loss or damage
3	Moderate	Semi permanent harm, loss or damage
4	Major	Major permanent harm loss or damage
5	Catastrophic	Devastating Injury/unexpected or unexplained death

### 3.2 Trust's Risk Assessment

The threat of a CBRNE incident at a Trust site is assessed as a rare probability (1) with a potential catastrophic impact (5).

### 4.0 ALERT AND ACTIVATION

Notification of a CBRNE incident should immediately be made to the Trust's CEO and Accountable Emergency Officer (in hours) or the Director on Call (out of hours), as appropriate through the Amberstone Switchboard: 01323 440022.

The Trust's Major Incident Plan should be activated as detailed in the Trust's Major Incident Plan and Business Continuity Policy. The Gold Commander will contact partner organisations, in particular SECAMB.

## **5.0 MANAGING SUSPECTED CONTAMINATED CASUALTIES**

### **5.1 Immediate Actions at site of Initial Contact**

- The priority is to contain the potentially contaminated casualties in order to prevent spread to other patients, staff and facilities. If possible they should not be allowed to enter the building, but isolated in a secure area away from others.
- Place notices on all exits and entrances to explain why lock down is in operation (see **Appendix B**)
- Potentially contaminated casualties who have entered the building should be reassured and asked to remain calm and wait in an isolated, secure area away from other people.
- Inform SECAMB and Sussex Police of the situation. Follow any advice given by SECAMB, and then escalate details through line management to director level, (out of hours the Director on-call) and advise them of the situation. The Director will inform the Trusts Accountable Emergency Officer and Chief Executive, who will in turn contact NHS England (SOUTH) and Public Health England (PHE) to inform them of the situation

### **5.2 Other Actions to be taken**

The Accountable Emergency Officer or Chief Executive, who may be managing the incident remotely, is to ensure that the following actions have been taken:

- Lock down the facility/site where casualties are identified as contaminated.
- Secure any contaminated area to prevent unauthorised access.
- Air-conditioning system and fans are turned off, to isolate contamination area.
- Anyone coming into contact with the casualties must be considered as contaminated, and should not be allowed to leave the secured area. Explain the situation and inform them it is in their, and their family's interest, to stay and await advice and treatment. If people do leave, record their personal details.
- Ensure the casualties are regularly reassured.
- Ensure any staff coming into contact with the casualties must follow basic infection control protocols, i.e. wearing gloves, mask and aprons (see below for inventory of personal protective equipment available)
- Update SECAMB, via the Major Incident Control Team.
- Maintain situation reporting updates.

- Record all patient details (see **Appendix B**)
- Ask each patient the questions shown in **Appendix C**

### **5.3 Decontamination**

It is likely that the majority of any contamination will be on the exposed skin and outer clothing. Therefore, removing the casualty's outer clothing (placing it in an air-tight bag if possible) and wiping exposed areas of skin will reduce the level of contamination and should be a priority. Advise casualties to blow their nose and wipe their eyes.

#### **5.3.1 Inventory of Personal Protective Equipment (PPE)**

As provided by 'Preparation for Incidents Involving Hazardous Materials - Guidance for Primary and Community Care Facilities' (NHS London, 2011) (found at: <http://www.londonccn.nhs.uk/store/documents/hazardous-material-incident-guidance-for-primary-and-community-care.pdf>), the following PPE are available to staff:

- Aprons/gowns
- Gloves
- Surgical masks
- Goggles

### **5.4 External Roles and Responsibilities**

It is outside the scope of the Trust to manage suspected CBRN incidents themselves, and specialist assistance from external agencies will be necessary, i.e. SECAMB and the Police. The care of suspected contaminated casualties is to be handed to specialist staff as soon as practicable.

### **5.5 Stand Down and/or Recovery from Incident**

The decision to either Stand Down or commence Recovery will be made by the Major Incident team, in consultation with other organisations. The transition is not a distinct handover of complete responsibility from one organisation to another, but will be phased.

The timing of handover may vary between organisations, but will consider the following:

- There is no known further risk to life in relation to this emergency.
- Hazardous material (HAZMAT) decontamination of the incident site has been completed in accordance with specialist advice from Public Health England (PHE) and the Scientific and Technical Advice Cell (STAC).
- There are no serious public order or crime prevention issues which impact on the overall strategic co-ordination of the recovery phase.

- The responding emergency services are operating at a level which does not necessitate a Strategic Co-ordinating Group to manage and facilitate their activity.
- There are no known scenarios which may require the reinstatement of the emergency phase in the foreseeable future.
- The Local Authority are satisfied that it has in place the infrastructure and processes to take coordination from the Police.
- NHS England and PHE to provide on-going professional advice, medical assessment and reassurance for those involved in the incident.
- NHS England to provide long-term support to casualties.
- STAC to support subsequent clean-up operations, including arrangements for the management of hazardous waste.

## 6.0 TRAINING AND SPECIALIST ADVICE

The Initial Operational Response (IOR) programme has been introduced by the Home Office to improve patient outcomes following contamination with hazardous materials (HAZMAT) or a CBRNE incident.

A 15-minute training video outlining the principles of the IOR as applicable to NHS settings that may expect to receive self-presenting patients following an incident is available at: <http://naru.org.uk/videos/ior-nhs/>. All staff are encouraged to see this video to increase their awareness of the actions that may be expected of them.

Specialist advice on CBRN incidents can be obtained from Public Health England and the other services below:

<b>Public Health England (PHE) National Situational Awareness Cell (NSAC)</b>	0300 303 3493
<b>Kent, Surrey and Sussex PHE Centre</b>	03442253861 (Out of Hours) 0844 967 0069
<b>PHE Chemicals on-call</b>	0844 8920555
<b>Centre of Infectious Disease Surveillance and Control (PHE)</b>	0208 200 4400
<b>TOXBASE On-line poisons and toxic substance information</b>	<a href="http://www.toxbase.org">www.toxbase.org</a> <a href="http://www.toxbasebackup.org">www.toxbasebackup.org</a>
<b>NATIONAL POISONS INFORMATION SERVICE</b>	0344 892 0111
<b>ENVIRONMENT AGENCY INCIDENT LINE</b>	0845 8503518

# **THIS FACILITY IS CLOSED**

**If you have been involved in an incident, or are worried that you might have been, please wait outside for assistance.**

**If you have not been involved in an incident, please go to another facility for support. The nearest alternative facility is:**

---

## APPENDIX B – PATIENT CONTACT TEMPLATE

Records of all people involved in your premises must be made and retained. A copy of this list should be made available to emergency services.

No.	Family name	First Name	DOB (DD/MM/YY)	Address (inc. postcode)	Telephone No.	GP	Contamination details/Symptoms/Actions Taken

Unit/Ward:

Name of person completing this form:

Date:

## APPENDIX C – QUESTIONS FOR PATIENTS/CASUALTIES

Whilst noting down the details of all potentially contaminated patients on Appendix B, ask the following questions and note the responses of each individual:

- Did the accident/incident involve chemicals and were they exposed to them?  
*(Splashed on, inhaled, ingested, etc)*
- Do they know what the contaminating agent is?
- Where did the accident/incident take place? o How many people were involved?
- How close was the casualty to the accident/incident? *(Is the casualty likely to have been exposed, or just worried well)*
- Does the casualty have any of the following symptoms:
  - Collapse/Convulsions/Muscle Tremors
  - Skin blistering/burns
  - Visual disturbance
  - Sweating
  - Dyspnoea/hoarseness Salivation/lacrimation