A member of:
Association of UK University Hospitals

NHS
Sussex Partnership
NHS Foundation Trust

EVACUATION PLAN

POLICY NUMBER	TP/CO/0100
POLICY VERSION	V.1
RATIFYING COMMITTEE	Emergency Planning & Resilience Group
DATE RATIFIED	10 September 2018
NEXT REVIEW DATE	10 September 2021
EXECUTIVE SPONSOR	Chief Operating Officer
POLICY AUTHOR	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

CONTENTS

1.0 INTRODUCTION

This plan does not replace the Major Incident Plan. This plan should be read in conjunction with the Trust's Major Incident Plan, Trust wide Business Continuity Plans (BCP), local disaster recovery plans, site specific fire evacuation plans and the Security Policy.

The decision to evacuate a hospital will be a decision of last resort and only taken when all other options have been reviewed and totally exhausted and following a full risk assessment by the most senior person on duty.

The decision to evacuate must be taken by the Chief Executive, nominated Deputy or the Director on Call, in collaboration with Police and Fire Service Gold Commander, in the case of a planned evacuation, or with the Silver Commander if in attendance in the case of an immediate response required.

1.1 Purpose of Plan

The purpose of the Trust's evacuation plan is to provide a coordinated response in the event of the evacuation of a healthcare building; outlining an operational framework for both response and recovery. In particular:

- To provide a generic hospital evacuation plan for all units across the Trust
- To ensure there is a consistent approach across the Trust to evacuation of a hospital.
- To have agreed roles and responsibilities between responding organisations.
- To ensure arrangements for pre-planned and unplanned emergency evacuation.

1.2 Scope of Plan

This plan covers the:

- Evacuation of a hospital site as a last resort.
- Safe, as is reasonably practicable, evacuation of service users/ visitors and staff from a Trust site.

This plan covers the initial and short term response to significant partial/full evacuation. It will not cover the restoration of services or rebuilding of accommodation etc. at the site as this will be covered in the Major Incident Plan and local disaster recovery plans.

1.3 Risk

The risk of a significant partial or full evacuation of a site is low but the impact will be potentially catastrophic. The following scenarios are considered risks to hospital accommodation that potentially could lead to an evacuation.

- Severe fire beyond normal horizontal evacuation plans
- Flood
- Chemical, biological, radiation or nuclear (CBRN) incident.
- Terrorist incident
- Major Threat
- Major utilities failure

1.4 Testing and Validation

This plan will be tested and validated through exercises developed as part of the Trust's annual emergency planning training and exercising programme, the responsibility for which lies with the Emergency Planning and Resilience Group (EPRG). The plan will be reviewed as necessary in light of learning from incidents, exercises and comments received.

2.0 DUTIES

2.1 Chief Executive and Directors

- The Chief Executive has overall responsibility for ensuring that the organisation complies with the statutory duties under the Civil Contingencies Act 2004.
- The Chief Executive is responsible for nominating spokespersons and approving press releases, statements and stories to be used in media handling
- .All Directors have a responsibility to be familiar with the Major Incident Plan and Business Continuity policy and to ensure that Business Continuity Management becomes part of the everyday culture for the organisation.
- The Executive Team will also ensure that contracts with suppliers of critical goods and services must include a requirement for the supplier's business continuity processes to be approved and exercised to the satisfaction of this organisation.

2.2 AEO and EPRR Board Member

The AEO and Emergency Preparedness, Resilience and Response (EPRR) Board Member, supported by the Executive Team, must ensure that the policy is implemented and ensure adequate resources from within the organization are available to support the development of effective business continuity plans.

2.3 EPRR Lead

The EPRR lead leads on the development of emergency planning and business continuity planning. This role is supported by the Emergency Planning and Resilience Group (EPRG) to ensure that emergency preparedness and business continuity arrangements are in place and are robust across Service Lines and Corporate Services.

2.4 CDS EPRR Leads

Each CDS and Corporate Department must have a designated Emergency Preparedness, Resilience and Response Lead (EPRR Lead). Each CDS EPRR Lead will be responsible for the following:

- Ensuring that risk assessments and business impact analysis are undertaken for each service and risks entered onto the organisational/departmental risk register

- Ensuring that the training of key staff within each Department is undertaken, including giving a documented localised induction to staff involved in the disaster recovery process

- Completing the disaster recovery plan template and ensuring that it is reviewed annually or following any major change; is tested and maintained

- Ensuring that staff are aware of the need to escalate to the appropriate on-call Manager in the event of any disruption to service and that a report incorporating lessons learned is completed and forwarded to the Trust's EPRR Lead within a week of the event.

2.5 Service Managers/General Managers/Matrons

- Plan maintenance, policy, review and testing activities relevant to the CDS/ Unit, together with EPRR Lead.

- Implementing relevant business continuity plans in response to incidents affecting the CDS / Unit.

- Defining, communicating and implementing policy to ensure resilience of service provision against potential threats to normal service.

- Defining the operational response to an incident.

- Minimising the impact and duration of an incident affecting the service.

- Ensuring effective operational practices are in place and well-rehearsed to ensure swift restoration of normal service following all anticipated business disruptions.

- Communicating policy and plans with existing employees together with Line Managers during supervision.

- Policy and plans to be highlighted during local induction for all new employees by the relevant manager.

- Follow command and control procedures as outlined by the Major Incident Plan

- Identify any vulnerable patients and staff and make adequate arrangements for their health and safety.

2.6 Estates and Facilities

- Raise awareness among staff about all aspects of evacuation and fire safety

- Identify staff members to be further trained and take on the responsibility of fire officers

- Implement business continuity arrangements to mitigate the effects of an evacuation

- Ensure that all hospital entrances and corridors are kept clear from obstructions

- Following command and control procedures as outlined by the Major Incident Plan

2.7 All Staff

- All staff should be familiar with the Major Incident Plan and Business Continuity Policy and must be aware of the plans that affect their service and their role following invocation of the business continuity plan.

- Communication with existing staff will be by Line Managers via supervision.

- Policy and plans will be highlighted during local induction for all new employees by the relevant manager.

- Any staff who are sub-contracted; bank or agency workers; volunteers; trainee students etc. (this list is not exhaustive) will be supported to comply with the policy and plans by the relevant manager.

- Follow command and control procedures as outlined by the Major Incident Plan

3.0 ACTIVATION AND RESPONSE

3.1 Plan Activation

The order to evacuate can only be given by the Chief Executive, nominated Deputy or the Director on Call, and would take into account:

- The overall risk to patients
- Appropriate, safe transport and patient tracking mechanisms
- A pre-planned and suitably equipped destination.

There are three primary conditions when evacuation would be necessary or should be considered:

1. Where there is an immediate threat to life or safety.
2. No immediate threat, but an incident is likely to spread from an adjoining area.
3. No immediate threat to life or safety, but there is an incident on an adjoining floor or in an adjacent building.

3.2 Response

3.2.1 Stages of Evacuation

The decision to evacuate a hospital will be a decision of last resort and only taken when all other options have been reviewed and totally exhausted and following a full risk assessment by the most senior person on duty.

There are four main stages of evacuation:

Stage 1 - Horizontal evacuation from the sub compartment where the incident originates to an adjoining sub compartment or compartment.

Stage 2 - Horizontal evacuation from the entire compartment where the incident originates to an adjoining compartment on the same floor.

Stage 3 - Vertical evacuation to a lower floor substantially remote from the floor of origin of the incident (at least two floors below), or to the outside.

Stage 4 - Whole site evacuation.

It will depend on the circumstances of each evacuation as to whether a major incident is declared by the Director on Call or the CEO/Nominated Deputy.

3.2.2 Declaring a major incident

Declaring a major incident will be as set out in the Trust's Major incident plan and business continuity policy.

In the event of a planned evacuation, it will be made clear to responding organisations that it is a planned evacuation, all responding organisations in this case will be called together to agree best way forward prior to commencement of an evacuation.

In the event of an immediately required evacuation the agencies will meet as a Silver Command Team on site

3.2.3 Command and control

Command and control within the evacuation site will be based on the universal principle of Strategic, Tactical and Operational levels as in the Trust's Major Incident Plan.

The wider NHS Command and control will be implemented as per the South East Coast Command and Control structure.

Where the evacuation is due to an incident responded to by the emergency services the Trust's designated Silver Commander will work with the Emergency Tactical (Silver) Command. In this case they will be responsible for maintaining communication and liaison between the Emergency Service Tactical (Silver) Command and the Trust's Gold Command team. Please see the Silver Commander Action card in the Major Incident Plan.

3.2.4 Triage

A formal triage of all types of patients will need to be implemented as soon as possible. This will need to be performed for the following reasons.

- To nominate separate exit/evacuation points for walking patients, high dependency / priority patients and bedbound patients.
- So that specific ambulance/other modes of transport can be allocated.
- So patients are evacuated in priority order.
- So dependent and bedbound patients can be evacuated accordingly.
- So that ambulant/well patients may be sent home.
- To determine arrangements for ongoing care required.