

Ref	Domain	Standard	Detail	Acute Providers	Evidence - examples listed below	Organisational Evidence	Self assessment RAG Red (not compliant) = Not compliant with the core standard. The organisation's EPRR work programme shows compliance will not be reached within the next 12 months. Amber (partially compliant) = Not compliant with core standard. However, the organisation's EPRR work programme demonstrates sufficient evidence of progress and an action plan to achieve full compliance within the next 12 months. Green (fully compliant) = Fully compliant with core standard.	Action to be taken	Lead	Timescale	Comments
<b>Domain 1 - Governance</b>											
1	Governance	Senior Leadership	The organisation has appointed an Accountable Emergency Officer (AEO) responsible for Emergency Preparedness Resilience and Response (EPRR). This individual should be a board level director, and have the appropriate authority, resources and budget to direct the EPRR portfolio.  A non-executive board member, or suitable alternative, should be identified to support them in this role.	Y	• Name and role of appointed individual	The appointed Accountable Emergency Officer is now Eilish Midlane, Chief Operating Officer who covered the position during the secondment of the Chief Nurse (Sept 20-March 21)	Fully compliant		Eilish Midlane		
2	Governance	EPRR Policy Statement	The organisation has an overarching EPRR policy statement. This should take into account the organisation's: • Business objectives and processes • Key suppliers and contractual arrangements • Risk assessment(s) • Functions and / or organisation, structural and staff changes.  The policy should: • Have a review schedule and version control • Use unambiguous terminology • Identify those responsible for ensuring policies and arrangements are updated, distributed and regularly tested • Include references to other sources of information and supporting documentation.	Y	Evidence of an up to date EPRR policy statement that includes: • Resourcing commitment • Access to funds • Commitment to Emergency Planning, Business Continuity, Training, Exercising etc.	DN643 Critical Incident Plan - review due July 2023. Published on intranet. BCPs are reviewed annually and all are currently within review dates. Emergency Preparedness Committee Terms of Reference (review due Feb 2022)	Fully compliant		Eilish Midlane		
3	Governance	EPRR board reports	The Chief Executive Officer / Clinical Commissioning Group Accountable Officer ensures that the Accountable Emergency Officer discharges their responsibilities to provide EPRR reports to the Board / Governing Body, no less frequently than annually.  These reports should be taken to a public board, and as a minimum, include an overview on: • training and exercises undertaken by the organisation • summary of any business continuity, critical incidents and major incidents experienced by the organisation • lessons identified from incidents and exercises • the organisation's compliance position in relation to the latest NHS England EPRR assurance process.	Y	• Public Board meeting minutes • Evidence of presenting the results of the annual EPRR assurance process to the Public Board	Reports to Board by exception following incidents Annual EPRR Executive Director Report Quarterly EPRR reports to Q&R, a committee of the Board (Q&R minutes are submitted to Board). Exceptions would be reported at Chair's discretion.	Fully compliant		Eilish Midlane		
5	Governance	EPRR Resource	The Board / Governing Body is satisfied that the organisation has sufficient and appropriate resource, proportionate to its size, to ensure it can fully discharge its EPRR duties.	Y	• EPRR Policy identifies resources required to fulfill EPRR function; policy has been signed off by the organisation's Board • Assessment of role / resources	Eilish Midlane - Executive Director Wayne Hurst - EPRR Operational Lead [HMMIMS Instructor] Andrew Selby - Director of Estates & Facilities Ivan Graham - Deputy Chief Nurse [HMMIMS Instructor] Named Fire Officer - Martin Fowler Emergency Planning Support - Chris Seaman, Quality Compliance Officer	Fully compliant		Eilish Midlane		Consideration of further admin support for Emergency Planning
6	Governance	Continuous improvement process	The organisation has clearly defined processes for capturing learning from incidents and exercises to inform the development of future EPRR arrangements.	Y	• Process explicitly described within the EPRR policy statement	Refer to DN643 Critical Incident Plan. Exercise Canary and post exercise report - Exercise findings shared with EPC, OEG, Bronze & Silver workshop, Q&R in quarterly EPRR report	Fully compliant		Wayne Hurst		
<b>Domain 2 - Duty to risk assess</b>											
7	Duty to risk assess	Risk assessment	The organisation has a process in place to regularly assess the risks to the population it serves. This process should consider community and national risk registers.	Y	• Evidence that EPRR risks are regularly considered and recorded • Evidence that EPRR risks are represented and recorded on the organisations corporate risk register	Business Continuity Plans are reviewed annually and are currently all within date. BCPs and Risk are both standing agendas item at the EPC quarterly meeting	Fully compliant		Wayne Hurst		

8	Duty to risk assess	Risk Management	The organisation has a robust method of reporting, recording, monitoring and escalating EPRR risks.	Y	<ul style="list-style-type: none"> <li>EPRR risks are considered in the organisation's risk management policy</li> <li>Reference to EPRR risks now discussed at every forum in light of current events</li> </ul>	<p>Business Continuity Plans Critical Incident Plan DN643 Risk is now a standing item on the EPC agenda</p> <p>2 current risks on register - both reviewed and emerging</p>	Fully compliant		Wayne Hurst		
<b>Domain 3 - Duty to maintain plans</b>											
11	Duty to maintain plans	Critical incident	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a critical incident (as defined within the EPRR Framework).	Y	<p>Arrangements should be:</p> <ul style="list-style-type: none"> <li>current (although may not have been updated in the last 12 months)</li> <li>in line with current national guidance</li> <li>in line with risk assessment</li> <li>signed off by the appropriate mechanism</li> <li>shared appropriately with those required to use them</li> <li>outline any equipment requirements</li> <li>outline any staff training required</li> </ul>	<p>Critical Incident Plan DN643 reviewed and updated May 2021</p> <p>Exercise Canary and post exercise report. Shared findings with EPC, OEG, Bronze &amp; Silver workshop, Q&amp;R in quarterly EPRR report</p>	Fully compliant		Wayne Hurst		
12	Duty to maintain plans	Major incident	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a major incident (as defined within the EPRR Framework).	Y	<p>Arrangements should be:</p> <ul style="list-style-type: none"> <li>current (although may not have been updated in the last 12 months)</li> <li>in line with current national guidance</li> <li>in line with risk assessment</li> <li>signed off by the appropriate mechanism</li> <li>shared appropriately with those required to use them</li> <li>outline any equipment requirements</li> <li>outline any staff training required</li> </ul>	<p>Critical Incident Plan DN643</p> <p>Staff training and regular exercises, eg CANARY.</p> <p>Table top digital cyber attack exercise enacted at BoC/Soc July 2021 meeting</p>	Fully compliant		Wayne Hurst		
13	Duty to maintain plans	Heatwave	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to the impacts of heatwave on the population the organisation serves and its staff.	Y	<p>Arrangements should be:</p> <ul style="list-style-type: none"> <li>current (although may not have been updated in the last 12 months)</li> <li>in line with current national guidance</li> <li>in line with risk assessment</li> <li>signed off by the appropriate mechanism</li> <li>shared appropriately with those required to use them</li> <li>outline any equipment requirements</li> <li>outline any staff training required</li> </ul>	<p>Discussed at EPC 05.05.21 against Risk 2393. Risk reviewed and no changes to note. Heatwave planning meeting held 29.04.21. Heatwave planned shared with May EPC minutes</p> <p>DN633 Heatwave Plan reviewed and given Chair's action on 28.06.21 and presented at EPC on 11.08.21</p>	Fully compliant		Andrew Selby		
14	Duty to maintain plans	Cold weather	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to the impacts of snow and cold weather (not internal business continuity) of the population the organisation serves.	Y	<p>Arrangements should be:</p> <ul style="list-style-type: none"> <li>current (although may not have been updated in the last 12 months)</li> <li>in line with current national guidance</li> </ul>	<p>Bad Weather Policy - [Adverse weather policy refers to staff travel] DN032 - Reviewed at JSC and approved on 22.07.21</p> <p>There is a schedule of salting and snow clearance and triggers to activate this within the Skanska helpdesk based on adverse weather warning and outside air temperatures. With Estates &amp; Facilities</p>	Fully compliant		Onagh Monkhouse		Clarifications being sought on couple of minor points by HR and to return to JSC

18	Duty to maintain plans	Mass Casualty	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to mass casualties. For an acute receiving hospital this should incorporate arrangements to free up 10% of their bed base in 6 hours and 20% in 12 hours, along with the requirement to double Level 3 ITU capacity for 96 hours (for those with level 3 ITU bed).	Y	<p>Arrangements should be:</p> <ul style="list-style-type: none"> <li>• current (although may not have been updated in the last 12 months)</li> <li>• in line with current national guidance</li> <li>• in line with risk assessment</li> <li>• signed off by the appropriate mechanism</li> <li>• shared appropriately with those required to use them</li> <li>• outline any equipment requirements</li> <li>• outline any staff training required</li> </ul>	<p>Regional plan now agreed. C&amp;P LHRP Mass Casualty Plan v2.1 - approved through C&amp;P local resilience forum strategy board on 6th April 2021.</p> <p>RPH will be a supporting site under mutual aid arrangements.</p>	Fully compliant	Wayne Hurst		
19	Duty to maintain plans	Mass Casualty - patient identification	The organisation has arrangements to ensure a safe identification system for unidentified patients in an emergency/mass casualty incident. This system should be suitable and appropriate for blood transfusion, using a non-sequential unique patient identification number and capture patient sex.	Y	<p>Arrangements should be:</p> <ul style="list-style-type: none"> <li>• current (although may not have been updated in the last 12 months)</li> <li>• in line with current national guidance</li> <li>• in line with risk assessment</li> <li>• signed off by the appropriate mechanism</li> <li>• shared appropriately with those required to use them</li> <li>• outline any equipment requirements</li> <li>• outline any staff training required</li> </ul>	<p>Royal Papworth's role is reflected in the LRF Mass Casualty Plan.</p> <p>A unique identifier number could be given to a patient through Lorenzo if necessary; other health records connected subsequently.</p> <p>Operation Robin schedule in conjunction with CUH for 30.09.21.</p>	Fully compliant	Wayne Hurst		
20	Duty to maintain plans	Shelter and evacuation	In line with current guidance and legislation, the organisation has effective arrangements in place to shelter and/or evacuate patients, staff and visitors. This should include arrangements to shelter and/or evacuate, whole buildings or sites, working in conjunction with other site users where necessary.	Y	<p>Arrangements should be:</p> <ul style="list-style-type: none"> <li>• current (although may not have been updated in the last 12 months)</li> <li>• in line with current national guidance</li> <li>• in line with risk assessment</li> <li>• signed off by the appropriate mechanism</li> <li>• shared appropriately with those required to use them</li> <li>• outline any equipment requirements</li> <li>• outline any staff training required</li> </ul>	<p>DN830 Evacuation Plan reviewed May 2021 (Review due Sept 2023)</p> <p>Smart evacuation in place with training delivered to over 70 staff April 2021</p>	Fully compliant	Wayne Hurst		Intranet to be updated and self declaration competency is being developed for LearnZone
21	Duty to maintain plans	Lockdown	In line with current guidance and legislation, the organisation has effective arrangements in place to safely manage site access and egress for patients, staff and visitors to and from the organisation's facilities. This should include the restriction of access / egress in an emergency which may focus on the progressive protection of critical areas.	Y	<p>Arrangements should be:</p> <ul style="list-style-type: none"> <li>• current (although may not have been updated in the last 12 months)</li> <li>• in line with current national guidance</li> <li>• in line with risk assessment</li> <li>• signed off by the appropriate mechanism</li> <li>• shared appropriately with those required to use them</li> <li>• outline any equipment requirements</li> <li>• outline any staff training required</li> </ul>	<p>Lockdown Procedure DN574 - Approved at July Estates Business Unit meeting [Next review due 2023]</p>	Fully compliant	Andrew Selby		

22	Duty to maintain plans	Protected individuals	In line with current guidance and legislation, the organisation has effective arrangements in place to respond and manage 'protected individuals'; Very Important Persons (VIPs), high profile patients and visitors to the site.	Y	<ul style="list-style-type: none"> <li>Arrangements should be: <ul style="list-style-type: none"> <li>current (although may not have been updated in the last 12 months)</li> <li>in line with current national guidance</li> <li>in line with risk assessment</li> <li>signed off by the appropriate mechanism</li> <li>shared appropriately with those required to use them</li> <li>outline any equipment requirements</li> <li>outline any staff training required</li> </ul> </li> </ul>	<p>DN562 VIP procedure - reviewed and approved at EDs on 08.06.21.</p> <p>Regular contact with Cambridgeshire Police.</p> <p>In consultation with police and CCG for Operation BRIDGES in the event of death on Royal family member in the hospital.</p>	Fully compliant		Andrew Selby		
<b>Domain 4 - Command and control</b>											
24	Command and control	On-call mechanism	<p>A resilient and dedicated EPRR on-call mechanism is in place 24 / 7 to receive notifications relating to business continuity incidents, critical incidents and major incidents.</p> <p>This should provide the facility to respond to or escalate notifications to an executive level.</p>	Y	<ul style="list-style-type: none"> <li>Process explicitly described within the EPRR policy statement</li> <li>On call Standards and expectations are set out</li> <li>Include 24 hour arrangements for alerting managers and other key staff.</li> </ul>	<p>Critical Incident Plan DN643</p> <p>On call via switchboard</p> <p>On site presence 24/7 with Duty Bronze</p>	Fully compliant		Wayne Hurst		
<b>Domain 5 - Training and exercising</b>											
<b>Domain 6 - Response</b>											
30	Response	Incident Co-ordination Centre (ICC)	The organisation has Incident Co-ordination Centre (ICC) arrangements	Y		<p>Critical Incident Plan DN643</p> <p>Operations Centre on 4th floor</p> <p>C&amp;C centre on ground floor in Rehab room</p> <p>CDC control room on first floor.</p> <p>Action cards in place for all locations.</p> <p>Investigating off site facility jointly with CUH.</p>	Fully compliant		Wayne Hurst		Outcome of offsite investigations for joint location with CUH to be advised
32	Response	Management of business continuity incidents	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a business continuity incident (as defined within the EPRR Framework).	Y	<ul style="list-style-type: none"> <li>Business Continuity Response plans</li> </ul>	<p>Copies of BCPs are in Battle Box and on the Intranet and also stored centrally (electronic)</p> <p>Trust wide comms via Newsbites on purpose of BCPs and location on intranet - August 21</p> <p>New Link on home documents page to BCPs on EP site now in situ</p> <p>All BCPs are currently within date</p>	Fully compliant		Wayne Hurst		
34	Response	Situation Reports	The organisation has processes in place for receiving, completing, authorising and submitting situation reports (SitReps) and briefings during the response to business continuity incidents, critical incidents and major incidents.	Y	<ul style="list-style-type: none"> <li>Documented processes for completing, signing off and submitting SitReps</li> </ul>	<p>Lockdown Procedure DN574 - Approved at July Estates Business Unit meeting [Next review due 2023]</p> <p>Sitrep process V3 reviewed August 2021</p>	Fully compliant		Eilish Midlane		
35	Response	Access to 'Clinical Guidelines for Major Incidents and Mass Casualty events'	Key clinical staff (especially emergency department) have access to the 'Clinical Guidelines for Major Incidents and Mass Casualty events' handbook.	Y	<ul style="list-style-type: none"> <li>Guidance is available to appropriate staff either electronically or hard copies</li> </ul>	Not applicable					
36	Response	Access to 'CBRN incident: Clinical Management and health protection'	Clinical staff have access to the PHE 'CBRN incident: Clinical Management and health protection' guidance.	Y	<ul style="list-style-type: none"> <li>Guidance is available to appropriate staff either electronically or hard copies</li> </ul>	Not applicable					
<b>Domain 7 - Warning and informing</b>											

37	Warning and informing	Communication with partners and stakeholders	The organisation has arrangements to communicate with partners and stakeholder organisations during and after a major incident, critical incident or business continuity incident.	Y	<ul style="list-style-type: none"> <li>Have emergency communications response arrangements in place</li> <li>Social Media Policy specifying advice to staff on appropriate use of personal social media accounts whilst the organisation is in incident response</li> <li>Using lessons identified from previous major incidents to inform the development of future incident response communications</li> <li>Having a systematic process for tracking information flows and logging information requests and being</li> </ul>	<p>Attendance at LHRP</p> <p>Demonstration of health related messages such as hot weather information.</p> <p>We have a business continuity plan which details how we would communicate with staff, patients and other stakeholders in an emergency situation</p> <p>We have a role as part of the local incident management team (our command and control centre) to ensure appropriate communication between the hospital and its stakeholders takes place in an emergency situation.</p> <p>There is a communications representative at every command and control meeting and we produce regular staff bulletins and website/social media update to keep stakeholders informed about our response to the incident.</p> <p>We have a staff social media policy which is 3.16 in our Digital Acceptable Use Policy.</p> <p>We work closely with NHS England and other regional stakeholders to disseminate important information via our internal and external communications channels.</p> <p>We have a process for logging Freedom of information requests but we do not systematically log media enquiries.</p> <p>We have a document control process for new plans and policies which are published on our intranet and communicated to staff via our email bulletins</p>	Fully compliant			Kate Waters
38	Warning and informing	Warning and informing	The organisation has processes for warning and informing the public (patients, visitors and wider population) and staff during major incidents, critical incidents or business continuity incidents.	Y	<ul style="list-style-type: none"> <li>Have emergency communications response arrangements in place</li> <li>Be able to demonstrate consideration of target audience when publishing materials (including staff, public and other agencies)</li> <li>Communicating with the public to encourage and empower the community to help themselves in an emergency in a way which compliments the response of responders</li> <li>Using lessons identified from previous major incidents to inform</li> </ul>	See 37	Fully compliant			Kate Waters
39	Warning and informing	Media strategy	The organisation has a media strategy to enable rapid and structured communication with the public (patients, visitors and wider population) and staff. This includes identification and access to a media spokesperson able to represent the organisation to the media at all times.	Y	<ul style="list-style-type: none"> <li>Have emergency communications response arrangements in place</li> <li>Using lessons identified from previous major incidents to inform the development of future incident response communications</li> <li>Setting up protocols with the media for warning and informing</li> <li>Having an agreed media strategy</li> </ul>	All Gold managers are media trained or booked for future training.	Fully compliant	Media training on Weds 6 October for x4 Gold		Kate Waters
Domain 8 - Cooperation										
42	Cooperation	Mutual aid arrangements	The organisation has agreed mutual aid arrangements in place outlining the process for requesting, coordinating and maintaining mutual aid resources. These arrangements may include staff, equipment, services and supplies.  These arrangements may be formal and should include the process for requesting Military Aid to Civil Authorities (MACA) via NHS England.	Y	<ul style="list-style-type: none"> <li>Detailed documentation on the process for requesting, receiving and managing mutual aid requests</li> <li>Signed mutual aid agreements where appropriate</li> </ul>	Mutual Aid Plan in place [referenced in LRF's policies and procedures]	Fully compliant			Andrew Selby
43	Cooperation	Arrangements for multi-region response	Arrangements outlining the process for responding to incidents which affect two or more Local Health Resilience Partnership (LHRP) areas or Local Resilience Forum (LRF) areas.		<ul style="list-style-type: none"> <li>Detailed documentation on the process for coordinating the response to incidents affecting two or more LHRPs</li> </ul>	Not applicable				

44	Cooperation	Health tripartite working	Arrangements are in place defining how NHS England, the Department of Health and Social Care and Public Health England will communicate and work together, including how information relating to national emergencies will be cascaded.		• Detailed documentation on the process for managing the national health aspects of an emergency	Not applicable				
46	Cooperation	Information sharing	The organisation has an agreed protocol(s) for sharing appropriate information with stakeholders, during major incidents, critical incidents or business continuity incidents.	Y	• Documented and signed information sharing protocol • Evidence relevant guidance has been	Information share with CCG / NHSE etc. See point 37 for Comms info sharing	Fully compliant		Wayne Hurst	
<b>Domain 9 - Business Continuity</b>										
47	Business Continuity	BC policy statement	The organisation has in place a policy which includes a statement of intent to undertake business continuity. This includes the commitment to a Business Continuity Management System (BCMS) in alignment to the ISO standard 22301.	Y	Demonstrable a statement of intent outlining that they will undertake BC - Policy Statement	Business Continuity Plans DN513 Business Continuity Policy reviewed and EPC Chair's action given 28.06.21. Ratified at Q&R. Presented at EPC on 11.08.21	Fully compliant		Andrew Selby	
48	Business Continuity	BCMS scope and objectives	The organisation has established the scope and objectives of the BCMS in relation to the organisation, specifying the risk management process and how this will be documented.	Y	BCMS should detail: • Scope e.g. key products and services within the scope and exclusions from the scope • Objectives of the system • The requirement to undertake BC e.g. Statutory, Regulatory and contractual duties • Specific roles within the BCMS including responsibilities, competencies and authorities. • The risk management processes for the organisation i.e. how risk will be assessed and documented (e.g. Risk Register), the acceptable level	Business Continuity Plan Workbook Refer to DN513 above DN868 Lorenzo Business Continuity Plan recently reviewed and approved by the Lorenzo EPR Design Authority	Fully compliant		Andrew Selby	
50	Business Continuity	Data Protection and Security Toolkit	Organisation's Information Technology department certify that they are compliant with the Data Protection and Security Toolkit on an annual basis.	Y	Statement of compliance	GDPR and online security policy, IG Toolkit submitted 30.06.21 and certificate issued. 30.06.21 Annual national submission was submitted as "all standards met". The next submission is due at end of June 2022.	Fully compliant		Elish Midlane	
51	Business Continuity	Business Continuity Plans	The organisation has established business continuity plans for the management of incidents. Detailing how it will respond, recover and manage its services during disruptions to: • people • information and data • premises • suppliers and contractors • IT and infrastructure	Y	• Documented evidence that as a minimum the BCP checklist is covered by the various plans of the organisation	Department Business Continuity Plans All BCPs are within date.	Fully compliant		Elish Midlane	
53	Business Continuity	BC audit	The organisation has a process for internal audit, and outcomes are included in the report to the board.	Y	• EPRR policy document or stand alone Business continuity policy • Board papers • Audit reports	Business Continuity Plans are reviewed annually See Ref 41	Fully compliant		Elish Midlane	
54	Business Continuity	BCMS continuous improvement process	There is a process in place to assess the effectiveness of the BCMS and take corrective action to ensure continual improvement to the BCMS.	Y	• EPRR policy document or stand alone Business continuity policy • Board papers • Action plans	Business Continuity Plans are reviewed annually See Ref 41	Fully compliant		Elish Midlane	
55	Business Continuity	Assurance of commissioned providers / suppliers BCPs	The organisation has in place a system to assess the business continuity plans of commissioned providers or suppliers; and are assured that these providers business continuity arrangements work with their own.	Y	• EPRR policy document or stand alone Business continuity policy • Provider/supplier assurance framework • Provider/supplier	Contract BCPs: OCS - with Estates & Facilities Skanska - with Estates & Facilities Cambridge Perfusion - with STA division SBS - NHS SBS CBP & Resilience Management Framework and policy Project Co - With Estates & Facilities To be monitored via EPC	Fully compliant		Elish Midlane	Copies also in EPRR folder
<b>Domain 10: CBRN</b>										
56	CBRN	Telephony advice for CBRN exposure	Key clinical staff have access to telephone advice for managing patients involved in CBRN incidents.	Y	Staff are aware of the number / process to gain access to advice through appropriate planning arrangements	Refer to DN771 Self Presenters policy [Review June 23] and telephony advice available from ALERT Team/ bronze on call 24/7 Action card within DN771 gives information how to seek advice. Relevant staff have undertaken Self-presenter training	Fully compliant		Wayne Hurst	

57	CBRN	HAZMAT / CBRN planning arrangement	There are documented organisation specific HAZMAT/ CBRN response arrangements.	Y	Evidence of: <ul style="list-style-type: none"> <li>• command and control structures</li> <li>• procedures for activating staff and equipment</li> <li>• pre-determined decontamination locations and access to facilities</li> <li>• management and decontamination processes for contaminated patients and fatalities in line with the latest guidance</li> <li>• interoperability with other relevant agencies</li> <li>• plan to maintain a cordon / access control</li> <li>• arrangements for staff contamination</li> <li>• plans for the management of</li> </ul>	Refer to DN771 Self Presenters policy	Fully compliant
58	CBRN	HAZMAT / CBRN risk assessments	HAZMAT/ CBRN decontamination risk assessments are in place appropriate to the organisation.  This includes: <ul style="list-style-type: none"> <li>• Documented systems of work</li> <li>• List of required competencies</li> <li>• Arrangements for the management of hazardous waste.</li> </ul>	Y	<ul style="list-style-type: none"> <li>• Impact assessment of CBRN decontamination on other key facilities</li> </ul>	COSHH and high risk chemicals on site. Link with Skanska and OCS about substances in the Service Yard. Trust risk register managed by Trust's Risk Manager with input from Emergency Planning Team as appropriate  Recent incident in Scope Washer unit has required review and PPE store / spill kits now placed at the Ambulance entrance	Fully compliant
59	CBRN	Decontamination capability availability 24 /7	The organisation has adequate and appropriate decontamination capability to manage self presenting patients (minimum four patients per hour), 24 hours a day, 7 days a week.	Y	<ul style="list-style-type: none"> <li>• Rotas of appropriately trained staff availability 24 /7</li> </ul>	<b>Not applicable</b>	
60	CBRN	Equipment and supplies	The organisation holds appropriate equipment to ensure safe decontamination of patients and protection of staff. There is an accurate inventory of equipment required for decontaminating patients.  <ul style="list-style-type: none"> <li>• Acute providers - see Equipment checklist: <a href="https://www.england.nhs.uk/wp-content/uploads/2018/07/eprn-decontamination-equipment-check-list.xlsx">https://www.england.nhs.uk/wp-content/uploads/2018/07/eprn-decontamination-equipment-check-list.xlsx</a></li> <li>• Community, Mental Health and Specialist service providers see guidance 'Planning for the management of self-presenting patients in healthcare setting': <a href="https://webarchive.nationalarchives.gov.uk/20161104231146/https://www.england.nhs.uk/wp-content/uploads/2015/04/eprn-chemical-incidents.pdf">https://webarchive.nationalarchives.gov.uk/20161104231146/https://www.england.nhs.uk/wp-content/uploads/2015/04/eprn-chemical-incidents.pdf</a></li> <li>• Initial Operating Response (IOR) DVD and other material: <a href="http://www.jesip.org.uk/what-will-jesip-do/training/">http://www.jesip.org.uk/what-will-jesip-do/training/</a></li> </ul>	Y	<ul style="list-style-type: none"> <li>• Completed equipment inventories; including completion date</li> </ul>	CBRNE kit bag stored in a designated location close to main reception (specified within DN771), contents are audited on a monthly basis by the Quality Compliance Team to ensure full stock levels.	Fully compliant
62	CBRN	Equipment checks	There are routine checks carried out on the decontamination equipment including: <ul style="list-style-type: none"> <li>• PRPS Suits</li> <li>• Decontamination structures</li> <li>• Disrobe and robe structures</li> <li>• Shower tray pump</li> <li>• RAM GENE (radiation monitor)</li> <li>• Other decontamination equipment.</li> </ul> <p>There is a named individual responsible for completing these checks</p>	Y	<ul style="list-style-type: none"> <li>• Record of equipment checks, including date completed and by whom.</li> <li>• Report of any missing equipment</li> </ul>	<b>Not applicable</b>	
63	CBRN	Equipment Preventative Programme of Maintenance	There is a preventative programme of maintenance (PPM) in place for the maintenance, repair, calibration and replacement of out of date decontamination equipment for: <ul style="list-style-type: none"> <li>• PRPS Suits</li> <li>• Decontamination structures</li> <li>• Disrobe and robe structures</li> <li>• Shower tray pump</li> <li>• RAM GENE (radiation monitor)</li> <li>• Other equipment</li> </ul>	Y	<ul style="list-style-type: none"> <li>• Completed PPM, including date completed, and by whom</li> </ul>	<b>Not applicable</b>	
64	CBRN	PPE disposal arrangements	There are effective disposal arrangements in place for PPE no longer required, as indicated by manufacturer / supplier guidance.	Y	<ul style="list-style-type: none"> <li>• Organisational policy</li> </ul>	<b>Not applicable</b>	
65	CBRN	HAZMAT / CBRN training lead	The current HAZMAT/ CBRN Decontamination training lead is appropriately trained to deliver HAZMAT/ CBRN training	Y	<ul style="list-style-type: none"> <li>• Maintenance of CPD records</li> </ul>	<b>Not applicable</b>	
67	CBRN	HAZMAT / CBRN trained trainers	The organisation has a sufficient number of trained decontamination trainers to fully support its staff HAZMAT/ CBRN training programme.	Y	<ul style="list-style-type: none"> <li>• Maintenance of CPD records</li> </ul>	<b>Not applicable</b>	

Wayne Hurst

Anna Pearman

Chris Seaman

68	CBRN	Staff training - decontamination	Staff who are most likely to come into contact with a patient requiring decontamination understand the requirement to isolate the patient to stop the spread of the contaminant.	Y	<ul style="list-style-type: none"> <li>• Evidence training utilises advice within:</li> <li>• Primary Care HAZMAT/ CBRN guidance</li> <li>• Initial Operating Response (IOR) and other material: <a href="http://www.jesip.org.uk/what-will-jesip-do/training/">http://www.jesip.org.uk/what-will-jesip-do/training/</a></li> <li>• All service providers - see Guidance for the initial management of self presenters from incidents involving hazardous materials <a href="https://www.england.nhs.uk/publication/eprr-guidance-for-the-initial-management-of-self-presenters-from-incidents-involving-hazardous-materials/">https://www.england.nhs.uk/publication/eprr-guidance-for-the-initial-management-of-self-presenters-from-incidents-involving-hazardous-materials/</a></li> <li>• All service</li> </ul>	<p>DN771, training program in place with individuals identified</p> <p>Emergency Planning Operational Lead facilitated two face to face CBRNE training sessions for key staff - SoC/BoC, main receptionists, outpatients reception, ALERT team and porters security staff.</p> <p>Registers of attendance retained. Laminated first response action cards are in place in key locations across the Trust - main reception, outpatients reception, with the matrons, ALERT team and in the CBRNE kit bag.</p> <p>EPC agreed training should be 3 yearly cycle and plans underway to include on digital training platform with reminders.</p> <p>See 59</p>	Fully compliant
69	CBRN	FFP3 access	Organisations must ensure staff who may come into contact with confirmed infectious respiratory viruses have access to, and are trained to use, FFP3 mask protection (or equivalent) 24/7.	Y		<p>Database of staff trained and fitted to use FF3 hoods. PPE is available 24/7</p> <p>Fit testing program in place and monthly compliance reported.</p>	Fully compliant

Wayne Hurst

Kathy Randall /  
DIPC

Further work by IPC team ongoing to refine database with regularly updates reported to EPC