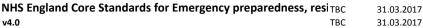
TBC 31.03.17

resiteC 31.03.2017





The EPRR Core Standards spreadsheet has 7 tabs:

Introduction - this tab,. outlining the content of the other 6 tabs and version control history

EPRR Core Standards tab - with core standards nos 1 - 37 (green tab)

Business Continuity tab:- with deep dive questions to support the review of business continuity planning for EPRR Assurance 2016-17 (blue tab) with a focus on organisational fuel use and supply.

HAZMAT/ CBRN core standards tab: with core standards nos 38-51. Please note this is designed as a stand alone tab (purple tab)

HAZMAT/ CBRN equipment checklist: designed to support acute and NHS ambulance service providers in core standard 43 (lilac tab)

MTFA Core Standard (NHS Ambulance Services only): designed to gain assurance against the MTFA service specification for ambulance service providers only (orange tab)

HART Core Standards (NHS Ambulance Services only): designed to gain assurance against the HART service specification for ambulance service providers only (yellow tab).

This document is V4.0. The following changes have been made:

- Inclusion of Business Continuity questions to support the 'deep dive' for EPRR Assurance 2016-17, replacing the Pandemic Influenza tab
- Inclusion of the HART service specification for ambulance service providers and the reference to this in the EPRR Core Standards
- Inclusion of the MTFA service specification for ambulance service providers and the reference to this in the EPRR Core Standards
- Updated the requirements for primary care to more accurately reflect where they sit in the health economy
- update the requirement for acute service providers to have Chemical Exposure Assessment Kits (ChEAKs) (via PHE) to reflect that not all acute service providers have been issued these by PHE and to clarify the expectations for acute service providers in relation to supporting PHE in the collection of samples for assisting in the public health risk assessment and response phase of an incident, should this be required.

Core standard	Clarifying information	SOOO	Evidence of assurance	Self assessment RAG Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months. Amber = Not compliant but evidence of progress and in the EPRR work plan for the next 12 months. Green = fully compliant with core standard.	Action to be taken	Lead	Timescale
Organisations have a director level accountable emergency officer who is responsible for EPRR (including		Y	•Ensuring accountaable emergency officer's commitment to the plans and giving a member of the	WCCG AEO is Mike Hasting (Associate Director of Operations)		твс	31.03.17
business continuity management) Organisations have an annual work programme to mitigate against identified risks and incorporate the lessons identified relating to EPRR (including details of training and exercises and past incidents) and improve response.	Lessons identified from your organisation and other partner organisations. NHS organisations and providers of NHS funded care treat EPRR (including business continuity) as a systematic and continuous process and have procedures and processes in place for updating and maintaining plans to ensure that they reflect: - the undertaking of risk assessments and any changes in that risk assessment(s) - lessons identified from exercises, emergencies and business continuity incidents - restructuring and changes in the organisations - changes in key personnel - changes in guidance and policy	d Y	executive management board and/or governing body overall responsibility for the Emergeny Preparedness Resilience and Response, and Business Continuity Management agendas • Having a documented process for capturing and taking forward the lessons identified from exercises and emergencies, including who is responsible. • Appointing an emergency preparedness, resilience and response (EPRR) professional(s) who can demonstrate an understanding of EPRR principles. • Appointing a business continuity management (BCM) professional(s) who can demonstrate an understanding of BCM principles. • Being able to provide evidence of a documented and agreed corporate policy or framework for building	WCCG has an annual work program, encompassing both EPRI and BC. The work program is based around LRF, LHRP, Wolverhampton and corporate risk registers and is reviewed in light of any changes to either risk, threat, incident learning or guidance.		твс	31.03.2017
Organisations have an overarching framework or policy which sets out expectations of emergency preparedness, resilience and response.	Arrangements are put in place for emergency preparedness, resilience and response which: • Have a change control process and version control • Take account of changing business objectives and processes • Take account of any changes in the organisations functions and/ or organisational and structural and staff changes • Take account of any changes in the organisations functions and/ or organisational and structural and staff changes • Take account of any updates to risk assessment(s) • Have a review schedule • Use consistent unambiguous terminology, • Identify who is responsible for making sure the policies and arrangements are updated, distributed and regularly tested; • Key staff must know where to find policies and plans on the intranet or shared drive. • Have an expectation that a lessons identified report should be produced following exercises, emergencies and /or business continuity incidents and share for each exercise or incident and a corrective action plan put in place. • Include references to other sources of information and supporting documentation	Y	resilience across the organisation so that EPRR and Business continuity issues are mainstreamed in processes, strategies and action plans across the organisation. • That there is an approportate budget and staff resources in place to enable the organisation to meet the requirements of these core standards. This budget and resource should be proportionate to the size and scope of the organisation.	WCCG has both EPRR and BC policies that are in line with, an reviewed against both NHS and statutory requirements. Policie are reviewed on an annual basis.		ТВС	31.03.2017
The accountable emergency officer ensures that the Board and/or Governing Body receive as appropriate reports, no less frequently than annually, regarding EPRR, including reports on exercises undertaken by the organisation, significant incidents, and that adequate resources are made available to enable the organisation to meet the requirements of these core standards.	After every significant incident a report should go to the Board/ Governing Body (or appropriate delegated governing group). Must include information about the organisation's position in relation to the NHS England EPRR core standards self assessment.	Y		WCCG receives regular reports on EPRR through both Board and Quality & Safety Committee throughout the year. In additio the WCCG Operations Board also receives reports on an ad hoc basis.	1		
which affect or may affect the ability of the organisation to deliver it's functions.	Risk assessments should take into account community risk registers and at the very least include reasonable worst-case scenarios for: • severe weather (including snow, heatwave, prolonged periods of cold weather and flooding); • staff absence (including industrial action); • the working environment, buildings and equipment (including denial of access); • fuel shortages;	Y	Being able to provide documentary evidence of a regular process for monitoring, reviewing and updating and approving risk assessments Version control Consulting widely with relevant internal and external stakeholders during risk evaluation and analysis stages	WCCG undertakes regular risk assessments to ensure the planning is appropriate. In addition WCCG engages with bot LRF and LHRP risk registers and works through the Wolverhampton Resilienece Group to ensure commo approach within the City	1		
There is a process to ensure that the risk assessment(s) is in line with the organisational, Local Health Resilience Partnership, other relevant parties, community (Local Resilience Forum/ Borough Resilience Forum), and national risk registers.	If and communications; utilities failure; response a major incident / mass casualty event supply chain failure; and associated risks in the surrounding area (e.g. COMAH and iconic sites) There is a process to consider if there are any internal risks that could threaten the performance of the organisation's functions in an	Y	Assurances from suppliers which could include, statements of commitment to BC, accreditation, business continuity plans. Sharing appropriately once risk assessment(s) completed	WCCG undertakes regular risk assessments to ensure the planning is appropriate. In addition WCCG engages with bot LRF and LHRP risk registers and works through the Wolverhampton Resilienece Group to ensure common approach within the City			
There is a process to ensure that the risk assessment(s) is informed by, and consulted and shared with your	emergency as well as external risks eq. Elooding. COMAH sites etc. Other relevant parties could include COMAH site partners, PHE etc.	\ \ \	_	Locally identified risks are considered at the Wolverhampto	1		
organisation and relevant partners. uty to maintain plans – emergency plans and business continuity plans		·		Resilience Group, chaired by CCG			
Effective arrangements are in place to respond to the risks the organisation is exposed to, appropriate to the role, size and scope of the organisation, and there is a process to ensure the likely extent to which particular	Incidents and emergencies (Incident Response Plan (IRP) (Major Incident Plan))) Y	Relevant plans: • demonstrate appropriate and sufficient equipment (inc. vehicles if relevant) to deliver the required	MIRP updated			
types of emergencies will place demands on your resources and capacity. Have arrangements for (but not necessarily have a separate plan for) some or all of the following (organisation dependent) (NB, this list is not exhaustive):	corporate and service level Business Continuity (aligned to current nationally recognised BC standards) HAZMAT/ CBRN - see separate checklist on tab overleaf	Y	responses identify locations which patients can be transferred to if there is an incident that requires an evacuation; outline how, when required (for mental health services), Ministry of Justice approval will be gained for an evacuation;	Aug 2016	Service level BIAs commencing Aug 2016	твс	31.03.17
8	Severe Weather (heatwave, flooding, snow and cold weather) Pandemic Influenza (see pandemic influenza lab for deep dive 2015-16 questions) Mass Countermeasures (eg mass prophylaxis, or mass vaccination) Mass Casualties Fuel Disruption	s) Y s)	• take into account how vulnerable adults and children can be managed to avoid admissions, and include appropriate focus on providing healthcare to displaced populations in rest centres; • include arrangements to co-ordinate and provide mental health support to patients and relatives, in collaboration with Social Care if necessary, during and after an incident as required; • make sure the mental health needs of patients involved in a significant incident or emergency are met and that they are discharged home with suitable support • ensure that the needs of self-presenters from a hazardous materials or chemical, biological, nuclear or radiation incident are met.	Plan flu plan completed CCG unlikely to be classed as priority user under NEP- F as no delivery of direct patient care. Currently IT policy allows for			
	Surge and Escalation Management (inc. links to appropriate clinical networks e.g. Burns, Trauma and Critical Care) Infectious Disease Outbreak Evacuation Lockdown	k Y	of each of the types of emergency listed evidence can be either within existing response plans or as stand alone arrangements, as appropriate.	Surge and escalation plans in place. Tied into networks at level Service specification in place. Work ongoing re meds management in absence of national guidelines. Contained within building provider's plans and responsibilities			
	Utilities, IT and Telecommunications Failure Excess Deaths/ Mass Fatalities having a Hazardous Area Response Team (HART) (in line with the current national service specification, including a vehicles and equipment replacement programme) - see HART core standard tab firearms incidents in line with National Joint Operating Procedures; - see MTFA core standard tab	e Y		Contracts/SLAs with IT and building providers around service expectations			
Ensure that plans are prepared in line with current guidance and good practice which includes:	Aim of the plan, including links with plans of other responders Information about the specific hazard or contingency or site for which the plan has been prepared and realistic assumptions Trigger for activation of the plan, including alert and standby procedures Activation procedures Identification, roles and actions (including action cards) of incident response team Identification, roles and actions (including action cards) of support staff including communications Location of incident co-ordination centre (ICC) from which emergency or business continuity incident will be managed Generic roles of all parts of the organisation in relation to responding to emergencies or business continuity incidents Complementary generic arrangements of other responders (including acknowledgement of multi-agency working) Stand-down procedures, including debriefing and the process of recovery and returning to (new) normal processes Contact details of key personnel and relevant partner agencies Plan maintenance procedures Based on Cabinet Office publication Emergency Preparedness, Emergency Planning, Annexes 5B and 5C (2006))		Being able to provide documentary evidence that plans are regularly monitored, reviewed and systematically updated, based on sound assumptions: Being able to provide evidence of an approval process for EPRR plans and documents Asking peers to review and comment on your plans via consultation Using identified good practice examples to develop emergency plans Adopting plans which are flexible, allowing for the unexpected and can be scaled up or down Version control and change process controls List of contributors References and list of sources Explain how to support patients, staff and relatives before, during and after an incident (including counselling and mental health services).	MIRP, and supporting documents, all prepared in line with national guidance and against identified good practice. Plans reviewed annually as a minimum and in line with any changes to legislation, organisation or guidance.			
cocurred. And if an emergency or business continuity incident has occurred, whether this requires changing the deployment of resources or acquiring additional resources.	Specify the procedure that person should adopt in making the decision Specify who should be consulted before making the decision Specify who should be informed once the decision has been made (including clinical staff)	Y	Oncall Standards and expectations are set out Include 24-hour arrangements for alerting managers and other key staff.	MIRP contains triggers, MI declaration info and is supported by 24/7 CCG on call rota across the BC			
Arrangements include how to continue your organisation's prioritised activities (critical activities) in the event of an emergency or business continuity incident insofar as is practical. Arrangements evolvin how VIP and/or high profile patients will be managed.	 Which activities and functions are critical What is an acceptable level of service in the event of different types of emergency for all your services Identifying in your risk assessments in what way emergencies and business continuity incidents threaten the performance of your organisation's functions, especially critical activities 	Y		WCCG has a corporate BIA detailing recovery RTOs and preferred recovery time/% profiles.			
12 Arrangements explain how VIP and/or high profile patients will be managed. Preparedness is undertaken with the full engagement and co-operation of interested parties and key	This refers to both clinical (including HAZMAT incidents) management and media / communications management of VIPs and / or high profile management	_	Specifiy who has been consulted on the relevant documents/ plans etc.	WCCG plans are consulted, both internally and externally, as			
13 stakeholders (internal and external) who have a role in the plan and securing agreement to its content Arrangements include a debrief process so as to identify learning and inform future arrangements 14	Explain the de-briefing process (hot, local and multi-agency, cold)at the end of an incident.	Y	Epiling in a lab door contained on the restain documents plane etc.	required by each plan. WCCG has a debrief policy for incidents and has a trained debriefer, both in line with national National policing College			
command and Control (C2)				debriefing model.			
Arrangements demonstrate that there is a resilient single point of contact within the organisation, capable of receiving notification at all times of an emergency or business continuity incident; and with an ability to respond or escalate this notification to strategic and/or executive level, as necessary.		Y	Explain how the emergency on-call rota will be set up and managed over the short and longer term.	WCCG has a switchboard that receives all calls during operational hours. There is a SPOC (Sandwell GH) that has Directors on call access			

Core standard	Clarifying information	Evidence of assurance	Self assessment RAG Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months. Amber = Not compliant but evidence of progress and in the EPRR work plan for the next 12 months. Green = fully compliant with core standard.	Action to be taken	Lead	Timescale
Those on-call must meet identified competencies and key knowledge and skills for staff. 16	NHS England publised competencies are based upon National Occupation Standards .	Training is delivered at the level for which the individual is expected to operate (ie operational/bronze, tactical/ silver and strategic/gold). for example strategic/gold level leadership is delivered via the 'Strategic Leadership in a Crisis' course and other similar courses.	WCCG on call staff have either attended, or are scheduled to attend both SLC and EOT Training. In addition a modular training system is being developed with NHS colleagues and JESIP training is being arranged.			
Documents identify where and how the emergency or business continuity incident will be managed from, ie the 17 Incident Co-ordination Centre (ICC), how the ICC will operate (including information management) and the key roles required within it, including the role of the loggist .		Arrangements detail operating procedures to help manage the ICC (for example, set-up, contact lists to,), contact details for all key stakeholders and flexible IT and staff arrangements so that they can operate more than one control/co/ordination centre and manage any events required.	WCCG MIRP includes action cards for all roles incl. loggist and provider liaison. In addition there s a mutual aid agreement with walsall CCG allowing relocation in the event of building loss.			
Arrangements ensure that decisions are recorded and meetings are minuted during an emergency or business continuity incident.		Y	WCCG has trained loggists supported by MIRP Action card			
Arrangements detail the process for completing, authorising and submitting situation reports (SITREPs) and/or commonly recognised information pictures (CRIP) / common operating picture (COP) during the emergency or business continuity incident response.		Y	MIRP contains information recording and reproting templates. Process exercised during Junior Docs IA			
20 Arrangements to have access to 24-hour specialist adviser available for incidents involving firearms or chemical, biological, radiological, nuclear, explosive or hazardous materials, and support strategic/gold and tactical/silver command in managing these events.	Both acute and ambulance providers are expected to have in place arrangements for accessing specialist advice in the event of incidents chemical, biological, radiological, nuclear, explosive or hazardous materials					
21 Arrangements to have access to 24-hour radiation protection supervisor available in line with local and national mutual aid arrangements;	Both acute and ambulance providers are expected to have arrangements in place for accessing specialist advice in the event of a radiation incident					
Duty to communicate with the public						
22 Arrangements demonstrate warning and informing processes for emergencies and business continuity incidents.	Arrangements include a process to inform and advise the public by providing relevant timely information about the nature of the unfolding event and about: Any immediate actions to be taken by responders Actions the public can take How further information can be obtained The end of an emergency and the return to normal arrangements Communications arrangements/ protocols: have regard to managing the media (including both on and off site implications) include the process of communication with internal staff consider what should be published on intranet/internet sites have regard for the warning and informing arrangements of other Category 1 and 2 responders and other organisations.	Have emergency communications response arrangements in place Be able to demonstrate that you have considered which target audience you are aiming at or addressing in publishing materials (including staff, public and other agencies) 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 Using lessons identified from previous information campaigns to inform the development of future campaigns Setting up protocols with the media for warning and informing Having an agreed media strategy which identifies and trains key staff in dealing with the media includin nominating spokespeople and 'talking heads'. Having a systematic process for tracking information flows and logging information requests and being able to deal with multiple requests for information as part of normal business processes. Being able to demonstrate that publication of plans and assessments is part of a joined-up communications strategy and part of your organisation's warning and informing work.				

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			Self assessment RAG Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months.			
Core standard	Clarifying information	Evidence of assurance	Amber = Not compliant but evidence of progress and in the EPRR work plan for the next 12 months. Green = fully compliant with core standard.	Action to be taken	Lead	Timescale
		8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Green - Tuny Compilant with Core Standard.			
Arrangements ensure the ability to communicate internally and externally during communication equipment failures		Have arrangements in place for resilient communications, as far as reasonably practicable, based on risk.	Voice & data included in SLA with Acute Trust and covered by SLA and DR. CCG supported by duplicate, resilient data lines. Bi annual DR tests completed. Mobile comms (voice & data) embedded throughout organisation			
Information Sharing – mandatory requirements						
Arrangements contain information sharing protocols to ensure appropriate communication with partners.	These must take into account and inclue DH (2007) Data Protection and Sharing – Guidance for Emergency Planners and Responders or any guidance which supercedes this, the FOI Act 2000, the Data Protection Act 1998 and the CCA 2004 'duty to communicate with the public', or subsequent / additional legislation and/or guidance.	Where possible channelling formal information requests through as small as possible a number of known routes. Sharing information via the Local Resilience Forum(s) / Borough Resilience Forum(s) and other groups. Ollectively developing an information sharing protocol with the Local Resilience Forum(s) / Borough Resilience Forum(s). Social networking tools may be of use here.	appropriate for incidents on secure NHS mail. Based on non- statutory CCS guidance			
Co-operation						
Organisations actively participate in or are represented at the Local Resilience Forum (or Borough Resilience Forum in London if appropriate)		Attendance at or receipt of minutes from relevant Local Resilience Forum(s) / Borough Resilience Forum(s) meetings, that meetings take place and membership is quorat.	Representation at LRF through LHRP co chairs.			
Demonstrate active engagement and co-operation with other category 1 and 2 responders in accordance with the CCA		Treating the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Thirteeship as strategic level groups Thirteeship as strategic level groups Thirteeship as trategic level groups	and others			<u> </u>
Arrangements include how mutual aid agreements will be requested, co-ordinated and maintained. 27	NB: mutual aid agreements are wider than staff and should include equipment, services and supplies.	Taking lessons learned from all resilience activities Using the Local Resilience Forum(s) Borough Resilience Forum(s) and the Local Health Resilience Partnership to consider policy initiatives	Mutual aid agreement for accomodation and EPO support via MoU with Walsall CCG			
Arrangements outline the procedure for responding to incidents which affect two or more Local Health Resilience Partnership (LHRP) areas or Local Resilience Forum (LRF) areas.		Establish mutual aid agreements Identifying useful lessons from your own practice and those learned from collaboration with other				
29 Arrangements outline the procedure for responding to incidents which affect two or more regions.		responders and strategic thinking and using the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Partnership to share them with colleagues				
and duties	Examples include completing of SITREPs, cascading of information, supporting mutual aid discussions, prioritising activities and/or services etc.	Y -Having a list of contacts among both Cat. 1 and Cat 2. responders with in the Local Resilience Forum(s) -Borough Resilience Forum(s) area -Borough Resilience Forum(s)	MIRP includes coordination role at level 3 incidents			<u> </u>
Plans define how links will be made between NHS England, the Department of Health and PHE. Including how information relating to national emergencies will be co-ordinated and shared		/ Borough Neshience i Outili(s) area				
Arrangements are in place to ensure an Local Health Resilience Partnership (LHRP) (and/or Patch LHRP for the London region) meets at least once every 6 months						
Arrangements are in place to ensure attendance at all Local Health Resilience Partnership meetings at a director level		Y	AEO, or representative, attends LHRP meetings			
Training And Exercising						
Arrangements include a training plan with a training needs analysis and ongoing training of staff required to deliver the response to emergencies and business continuity incidents 34	Staff are clear about their roles in a plan Training is linked to the National Occupational Standards and is relevant and proportionate to the organisation type. Training is linked to Joint Emergency Response Interoperability Programme (JESIP) where appropriate Arrangements demonstrate the provision to train an appropriate number of staff and anyone else for whom training would be appropriate for the purpose of ensuring that the plan(s) is effective Arrangements include providing training to an appropriate number of staff to ensure that warning and informing arrangements are effective	Taking lessons from all resilience activities and using the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Partnership and network meetings to share good practice Being able to demonstrate that people responsible for carrying out function in the plan are aware of their roles Through direct and bilateral collaboration, requesting that other Cat 1. and Cat 2 responders take part in your exercises	Awaiting revised CCG expectations from NHS England from 2015 EPRR framework			
Arrangements include an ongoing exercising programme that includes an exercising needs analysis and informs future work.	Exercises consider the need to validate plans and capabilities Arrangements must identify exercises which are relevant to local risks and meet the needs of the organisation type and of other interested parties. Arrangements are in line with NHS England requirements which include a six-monthly communications test, annual table-top exercise and	Refer to the NHS England guidance and National Occupational Standards For Civil Contingencies when identifying training needs. Developing and documenting a training and briefing programme for staff and key stakeholders Being able to demonstrate lessons identified in exercises and emergencies and business continuity incidentshave been taken forward	Exercising program evaluated against need on an ongoing basis. Last round of training was media/crisis comms in a MI environment. Mass casualties and pandemic are the focus moving forward			
35	live exercise at least once every three years. If possible, these exercises should involve relevant interested parties. Lessons identified must be acted on as part of continuous improvement. Arrangements include provision for carrying out exercises for the purpose of ensuring warning and informing arrangements are effective	Y Noticentistate been taken forward Programme and schedule for future updates of training and exercising (with links to multi-agency exercising where appropriate) Communications exercise every 6 months, table top exercise annually and live exercise at least every three years				
36 Demonstrate organisation wide (including oncall personnel) appropriate participation in multi-agency exercises		Y	WCCG staff participate fully in exercises			
Preparedness ensures all incident commanders (oncall directors and managers) maintain a continuous personal development portfolio demonstrating training and/or incident /exercise participation.		Y	Strategic on call staff manual under development. Includes a CPD template for EPRR training	Document to be reviewed by peers and be ratified	Andy Smith	31.8.2016

bbz besides these besides of Disruption have been set for all organisation and functions - including the Critical Functions y period of disruttion for period of disruttion in place for the organisation to follow to maintain critical functions and restore other functions and restore lost functions and restore lo	Lead T	n to be taken Lead	Action to be taken	Action to be taken	Self assessment RAG Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months. Amber = Not compliant but evidence of progress and in the EPRR work plan for the next 12 months.	Evidence of assurance		Clarifying information	Core standard	
Property of the content of the co							SOCO			
## Properties of the control of the	evel TBC 3	Irranged at service level	JAS arranged at service level	BIAS arranged at service level	service targets. Corporate BIA continues to be sanity checked			against staffing, premises, information and information systems, supplies and suppliers • The organisation has identified interdependencies within its own services and with other NHS organisations and 3rd party providers	anisation nas undertaken a Business impact Assesment	
## 18		ce level plans to support	Next stage of BCMP is to draft service level plans to support corporate BIA	service level plans to support	service	Business Continuity plan explicitly outlines all organisations functions and the maximum torlerable	v	Maximum Tolerable Periods of Disruption have been set for all organisaional functions - including the Critical Functions	ie	
50 전 Manual Control (1987) (198		ce level plans to support		service level plans to support	reviewed and updated as work program priority during 2016/17 service			functions and restore lost functions • The plan outlines roles and responsibilities for key staff and includes how a disrutive event will be communicated both internally and	re is a plan in place for the organisation to follow to maintain critical functions and restore other function wing a disruptive event.	
# 1	ual	ce level plans.	service level plans.	service level plans.	delivery of direct patient care. Currently IT policy allows for home working for staff for avoidance of travel.	detail within the plan that explicitly makes reference to shortage of fuel and its impact of the business.	Y	and were applicable heating fuel.		
Part	ork	ness as usual" in nissioning to mirror work	"business as usual" in commissioning to mirror work	"business as usual" in commissioning to mirror work	incorporate BC assessment into new commissioning process "busine commis	′	Y		sub-contractors have robust business continuity planning arrangements in place which are aligned to I 01 or subsequent guidance which may supersede this .	
# 1948 #						NHS Ambulance Trusts have already provided this information in a national collection in May 2016.		Please complete the data collection below - this data set does not count towards the RAG score for the organisations. Please provide any additional information in the "Other comments" free text box.	iew of Critical Services Fuel Requirement Data Collection Programme (F1:F18)	
# 1948 #	$\overline{+}$		$\overline{}$						el Demand Summary	
# 1985								holonore		
# 1985 #	TBC 3	TBC						<u>uanto</u>	eby:	
100 1988	\Rightarrow							Section 1: Business as Usual Demand		
September 1										
Manifeman										
Part									tion 2: Bunkered Fuel	
100 100				*			is	DECC is requesting that the supplier records the bunkered stock holdings and the user records the demand. As the user of these bunkered fuels in this instance, please record the use of these sto		
## 14 ## 14								2) Should we assume that in the build up to an emergency our bunkered stocks would be full, as we would be prioritising deliveries and therefore the days' stock held calculations should be	is the total hunkered fuel canacity? (litres)	
Part							nt	The prioritisation of supply will be dependent on the facts of any fuel shortage scenario, and will be a decision taken at the time. Data provided in the template should provide DECC with a suffici		
March Marc								where you have had to average data in order to fit the template.		
**Part								Please provide the supplier you get most of your fuel from, but also note that this varies and provide details of the other suppliers and average quantities. 4) The terminal our bunkered fuel is supplied from varies depending on who our supplier is. What should we report?		
Page								Please report your largest supplier based on average BAU, but also provide notes on any secondary service providers and average quantities obtained from those providers.		
Part										
A secondary and a secondary in the company of the									have answered "Yes" to F6 or have bilateral supply agreements to operate a business as usual service, please provide a description of any ment(s), amount of supply and companies / organisations involved.	
# Part										
Part									tion 3: Petrol Stations / Forecourts	
Part										
Section (Protection (Protect										
Pose de la quation de la goldance de la requisión for la requisión fo									is the average only infectorit fuerose to operate a business as usual servicer (littles)	
Part									ical Service Operation Only	
Professional pr								itical service.	se refer to question 4 of the guidance notes for further information on how to identify the fuel requirements of	
Part										
Part										
Stock Stoc									tion 4: Critical Service Demand	
Part									much fuel would you use daily if you were providing a critical service? (litres)	
Part									tion 5: Critical Service Bunkered Fuel	
Part								zments)? (Yes/No)		
In the value of ligid party or another once to busined fall planty or another of the fall planty or another once to busined fall planty or another of the fall planty or another of the fall planty or another once to busined fall planty or another of the fall planty or another or another of the fall planty or another or another of the fall planty or another or another of the fall planty or another or another of the										
									volume of your own bunkered fuel would you use daily if you were providing a critical service? (litres)	
Foundation Fou								ding a critical service? (litres)	volume of 3rd party or another service bunkered fuel (either from general access or mutual supply agreements) would you use daily if you were	
Section 6 Critical Service Petrol Stations / Forecours Section 6 Critical Service Petrol Stations / Forecours	\rightarrow							nt of supply and companies / organisations involved.		
Fig 1 Proper DET PROPE D									V- · · ·	
What volume of fuel would you use daily from Designated Filling Stations (DFS) if you were providing a critical service? (litres) Critical Service Operation Only To ensure that there are adequate Designated Filling Stations* (DFS) to meet the demands of all critical users, please detail in the table below the number of vehicles required to operate a critical service A Designated Filling Station (DFS) is a retail filling station with the purpose of only supplying road fuel for critical users only. The DFS list will be compiled to provide sites giving a good geographic coverage of the UK to meet the predicted regional demand for fuel for critical service Whith NMS Logo With NMS Logo Private Wholes Pri										
Critical Service Operation Only To ensure that there are adequate Designated Filling Stations* (DFS) to meet the demands of all critical users , please detail in the table below the number of vehicles required to operate a critical service A Designated Filling Station (DFS) is a retail filling station with the purpose of only supplying road fuel for critical use only. The DFS list will be compiled to provide sites giving a good geographic coverage of the UK to meet the predicted regional demand for fuel for critical Whith NMS Logo With NMS Logo With NMS Logo Private vehicles Private vehicles I Demand							H			
F17 To ensure that there are adequate Designated Filling Station (DFS) to meet the demands of all critical users , please detail in the table below the number of vehicles required to operate a critical service A Designated Filling Station (DFS) is a retail filling station with the purpose of only supplying road fuel for critical users only. The DFS list will be compiled to provide sites giving a good geographic coverage of the UK to meet the predicted regional demand for fuel for critical White the previous of the UK to meet the predicted regional demand for fuel for critical White the previous of the UK to meet the predicted regional demand for fuel for critical Personal Personal Demands of all critical users of place a critical service White the previous of the UK to meet the demands of all critical users of the UK to meet the predicted regional demand for fuel for critical Personal Demands of the UK to meet the demands of all critical users of the UK to meet the predicted regional demand for fuel for critical Personal Demands of the UK to meet the demands of all critical users of the UK to meet the predicted regional demand for fuel for critical Personal Demands of the UK to meet the predicted regional demand for fuel for critical Personal Demands of the UK to meet the predicted regional demand for fuel for critical Personal Demands of the UK to meet the predicted regional demand for fuel for critical Personal Demands of the UK to meet the predicted regional demand for fuel for critical Personal Demands of the UK to meet the predicted regional demand for fuel for critical Personal Demands of the UK to meet the predicted regional demand for fuel for critical Personal Demands of the UK to meet the predicted regional demand for fuel for critical Personal Demands of the UK to meet the predicted regional demand for fuel for critical demand for fuel for critical demand for fuel for critical demands of the UK to meet the predicted regional demand for fuel for critical demand for fuel for critical dem										
A Designated Filling Station (DFS) is a retail filling station with the purpose of only supplying road fuel for critical use only. The DFS list will be compiled to provide sites giving a good geographic coverage of the UK to meet the predicted regional demand for fuel for critical Vehicles										
Vehicles Number of Vehicles required to operate a critical service Petrol With INHS Logo Without NHS Logo Finder vehicles Fin										
Venicies Petrol With NHS Logo I Without NHS Logo I Private vehicles I Image: Control of the petrol of										
Without NHS Logo Private vehicles										
				<u> </u>					out NHS Logo	
								#REF!		
F18 If you have answered "Yes" to question 2 (Do you hold bunkered fuel?) please detail which company primarily supplies your bunkered fuel and where known which local or regional supply depot or terminal does the fuel gets delivered from. Please select from drop down list										
Who primarily supplies your bunkered fuel? Please Select from drop down list:	+									

(NB ti	rdous materials (HAZMAT) and chemical, biological, radiolgocial and nuclear (CBRN) r his is designed as a stand alone sheet)		Acute healthcare providers	Specialist providers	NHS Ambulance service providers	Community services providers	Mental Health care providers			Self assessment RAG Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months. Amber = Not compliant but evidence of progress and in the EPRR work plan for the next 12 months. Green = fully compliant with core standard.	Action to be taken	Lead	Timescale
Q	Core standard	Clarifying information						E	Evidence of assurance				
	Preparedness						TBC		1.03.17				
	There is an organisation specific HAZMAT/ CBRN plan (or dedicated annex)	Arrangements include: • command and control interfaces • tried and tested process for activating the staff and equipment (inc. Step 1-2-3 Plus) • pre-determined decontamination locations and access to facilities • management and decontamination processes for contaminated patients and fatalities in line with the latest guidance • communications planning for public and other agencies • interoperability with other relevant agencies • access to national reserves / Pods • plan to maintain a cordon / access control • emergency / contingency arrangements for staff contamination • plans for the management of hazardous waste • stand-down procedures, including debriefing and the process of recovery and returning to (new normal processes • contact details of key personnel and relevant partner agencies	Y	Y	Y	Y	TBC		11.03.2017				
39	Staff are able to access the organisation HAZMAT/ CBRN management plans.	Decontamination trained staff can access the plan	Y	Y	Ť	, r	TBC	3	i1.03.2017				
40	HAZMAT/ CBRN decontamination risk assessments are in place which are appropriate to the organisation.	Documented systems of work List of required competencies Impact assessment of CBRN decontamination on other key facilities Arrangements for the management of hazardous waste	Υ	Y	Y	Υ			Appropriate HAZMAT/ CBRN risk assessments are incorporated into EPRR risk issessments (see core standards 5-7)				
41	Rotas are planned to ensure that there is adequate and appropriate decontamination capability available 24/7.		Υ		Y								
42	Staff on-duty know who to contact to obtain specialist advice in relation to a HAZMAT/ CBRN incident and this specialist advice is available 24/7.	• For example PHE, emergency services.	Y	Y	Y	Y	Y		Provision documented in plan / procedures Staff awareness				
	Decontamination Equipment												
43	There is an accurate inventory of equipment required for decontaminating patients in place and the organisation holds appropriate equipment to ensure safe decontamination of patients and protection of staff.	Acute and Ambulance service providers - see Equipment checklist overleaf on separate tab Community, Mental Health and Specialist service providers - see Response Box in 'Preparation for Incidents Involving Hazardous Materials - Guidance for Primary and Community Care Facilities' (NHS London, 2011) (found at: http://www.londoncon.nhs.uk/ store/documents/hazardous-material-incident-guidance-for-primary-and-community-care.pdf) Initial Operating Response (IOR) DVD and other material: http://www.jesip.org.uk/what-will-jesigdo/training/		Y	Y	Y	Y	Ir	completed inventory list (see overleaf) or Response Box (see Preparation for ncidents Involving Hazardous Materials - Guidance for Primary and Community are Facilities (NHS London, 2011))				
44	The organisation has the expected number of PRPS suits (sealed and in date) available for immediate deployment should they be required (NHS England published guidance (May 2014) or subsequent later guidance when applicable)	There is a plan and finance in place to revalidate (extend) or replace suits that are reaching the end of shelf life until full capability of the current model is reached in 2017	Y		Y								
45	There are routine checks carried out on the decontamination equipment including: A) Suits B) Tents C) Pump D) RAM GENE (radiation monitor) E) Other decontamination equipment	There is a named role responsible for ensuring these checks take place	Y		Y								
46	There is a preventative programme of maintenance (PPM) in place for the maintenance, repair, calibration and replacement of out of date Decontamination equipment for: A) Suits B) Tents C) Pump D) RAM GENE (radiation monitor) E) Other equipment		Y		Y		ТВС	3	11.03.17				
47	There are effective disposal arrangements in place for PPE no longer required.	(NHS England published guidance (May 2014) or subsequent later guidance when applicable)	Υ		Υ								
48	Training The current HAZMAT/ CBRN Decontamination training lead is appropirately trained to		Υ		Y								
49	deliver HAZMAT/ CBRN training Internal training is based upon current good practice and uses material that has been supplied as appropriate.	Documented training programme Primary Care HAZMAT/ CBRN guidance Lead identified for training Established system for refresher training so that staff that are HAZMAT/ CBRN decontamination trained receive refresher training within a reasonable time frame (annually). A range of staff roles are trained in decontamination techniques Include HAZMAT/ CBRN command and control training Include ongoing fit testing programme in place for FFP3 masks to provide a 24/7 capacity and capability when caring for patients with a suspected or confirmed infectious respiratory virus Including, where appropriate, Initial Operating Response (IOR) and other material: http://www.jesip.org.uk/what-will-jesip-do/training/	Y	Y	Y	Y	Y	tr	Show evidence that achievement records are kept of staff trained and refresher raining attended Incorporation of HAZMAT/ CBRN issues into exercising programme				
50	The organisation has sufficient number of trained decontamination trainers to fully support		Υ		Y								
51	it's staff HAZMAT/ CBRN training programme. Staff that are most likely to come into first contact with a patient requiring decontamination understand the requirement to isolate the patient to stop the spread of the contaminant.	Including, where appropriate, Initial Operating Response (IOR) and other material: http://www.jesip.org.uk/what-will-jesip-do/training/ Community, Mental Health and Specialist service providers - see Response Box in 'Preparation for Incidents Involving Hazardous Materials - Guidance for Primary and Community Care Facilities' (NHS London, 2011) (found at: http://www.londoncon.nhs.uk/_store/documents/hazardous-material-incident-guidance-for-primary-and-community-care.pdf)	Y	Y	Y	Y	Y						

HAZMA	AT CBRN equipment list - for use by Acute and Ambulance service	ce providers in relation to Core Standard 43.	
No	Equipment	Equipment model/ generation/ details etc.	Self assessment RAG Red = Not in place and not in the EPRR work plan to be in place within the next 12 months. Amber = Not in place and in the EPRR work plan to be in place within the next 12 months. Green = In place.
	EITHER: Inflatable mobile structure		
E1.1	Inflatable frame Liner		
	Air inflator pump		
	Repair kit		
E1.2	Tethering equipment		
	OR: Rigid/ cantilever structure		
E2	Tent shell		
	OR: Built structure		
E3	Decontamination unit or room		
	AND:		
E4	Lights (or way of illuminating decontamination area if dark)		
E5	Shower heads Hose connectors and shower heads		
E6 E7	Flooring appropriate to tent in use (with decontamination basin if		
	needed)		
E8	Waste water pump and pipe Waste water bladder		
E9	PPE for chemical, and biological incidents		
E10	The organisation (acute and ambulance providers only) has the		
	expected number of PRPS suits (sealed and in date) available for immediate deployment should they be required. (NHS England published guidance (May 2014) or subsequent later guidance when applicable).		
E11	Providers to ensure that they hold enough training suits in order to facilitate their local training programme		
F12	Ancillary A facility to provide privacy and dignity to patients		
E12 E13	A facility to provide privacy and dignity to patients		
E13	A facility to provide privacy and dignity to patients Buckets, sponges, cloths and blue roll		
	A facility to provide privacy and dignity to patients Buckets, sponges, cloths and blue roll Decontamination liquid (COSHH compliant)		
E13 E14 E15	A facility to provide privacy and dignity to patients Buckets, sponges, cloths and blue roll		
E13 E14 E15	A facility to provide privacy and dignity to patients Buckets, sponges, cloths and blue roll Decontamination liquid (COSHH compliant) Entry control board (including clock) A means to prevent contamination of the water supply		
E13 E14 E15 E16	A facility to provide privacy and dignity to patients Buckets, sponges, cloths and blue roll Decontamination liquid (COSHH compliant) Entry control board (including clock) A means to prevent contamination of the water supply Poly boom (if required by local Fire and Rescue Service) Minimum of 20 x Disrobe packs or suitable equivalent (combination		
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E13 E14 E15 E16 E17 E18 E19 E20 E21	A facility to provide privacy and dignity to patients Buckets, sponges, cloths and blue roll Decontamination liquid (COSHH compliant) Entry control board (including clock) A means to prevent contamination of the water supply Poly boom (if required by local Fire and Rescue Service) Minimum of 20 x Disrobe packs or suitable equivalent (combination of sizes) Minimum of 20 x re-robe packs or suitable alternative (combination of sizes - to match disrobe packs) Waste bins Disposable gloves Scissors - for removing patient clothes but of sufficient calibre to execute an emergency PRPS suit disrobe FFP3 masks		
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E13 E14 E15 E16 E17 E18 E19 E20 E21 E22 E23 E24	A facility to provide privacy and dignity to patients Buckets, sponges, cloths and blue roll Decontamination liquid (COSHH compliant) Entry control board (including clock) A means to prevent contamination of the water supply Poly boom (if required by local Fire and Rescue Service) Minimum of 20 x Disrobe packs or suitable equivalent (combination of sizes) Minimum of 20 x re-robe packs or suitable alternative (combination of sizes - to match disrobe packs) Waste bins Disposable gloves Scissors - for removing patient clothes but of sufficient calibre to execute an emergency PRPS suit disrobe FFP3 masks Cordon tape Loud Haller		
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E13 E14 E15 E16 E17 E18 E19 E20 E21 E22 E23 E24 E25 E26	A facility to provide privacy and dignity to patients Buckets, sponges, cloths and blue roll Decontamination liquid (COSHH compliant) Entry control board (including clock) A means to prevent contamination of the water supply Poly boom (if required by local Fire and Rescue Service) Minimum of 20 x Disrobe packs or suitable equivalent (combination of sizes) Minimum of 20 x re-robe packs or suitable alternative (combination of sizes - to match disrobe packs) Waste bins Disposable gloves Scissors - for removing patient clothes but of sufficient calibre to execute an emergency PRPS suit disrobe FFP3 masks Cordon tape Loud Haller Signage Tabbards identifying members of the decontamination team Chemical Exposure Assessment Kits (ChEAKs) (via PHE): should an acute service provider be required to support PHE in the collection of samples for assisting in the public health risk assessment and response phase of an incident, PHE will contact the acute service provider to agree appropriate arrangements. A Standard Operating Procedure will be issued at the time to explain what is expected from the acute service provider staff. Acute		
E13 E14 E15 E16 E17 E18 E19 E20 E21 E22 E23 E24 E25 E26	A facility to provide privacy and dignity to patients Buckets, sponges, cloths and blue roll Decontamination liquid (COSHH compliant) Entry control board (including clock) A means to prevent contamination of the water supply Poly boom (if required by local Fire and Rescue Service) Minimum of 20 x Disrobe packs or suitable equivalent (combination of sizes) Minimum of 20 x re-robe packs or suitable alternative (combination of sizes - to match disrobe packs) Waste bins Disposable gloves Scissors - for removing patient clothes but of sufficient calibre to execute an emergency PRPS suit disrobe FFP3 masks Cordon tape Loud Haller Signage Tabbards identifying members of the decontamination team Chemical Exposure Assessment Kits (ChEAKs) (via PHE): should an acute service provider be required to support PHE in the collection of samples for assisting in the public health risk assessment and response phase of an incident, PHE will contact the acute service provider to agree appropriate arrangements. A Standard Operating Procedure will be issued at the time to explain what is expected from the acute service provider staff. Acute service providers need to be in a position to provide this support.		
E13 E14 E15 E16 E17 E18 E19 E20 E21 E22 E23 E24 E25 E26 E27	A facility to provide privacy and dignity to patients Buckets, sponges, cloths and blue roll Decontamination liquid (COSHH compliant) Entry control board (including clock) A means to prevent contamination of the water supply Poly boom (if required by local Fire and Rescue Service) Minimum of 20 x Disrobe packs or suitable equivalent (combination of sizes) Minimum of 20 x re-robe packs or suitable alternative (combination of sizes - to match disrobe packs) Waste bins Disposable gloves Scissors - for removing patient clothes but of sufficient calibre to execute an emergency PRPS suit disrobe FFP3 masks Cordon tape Loud Hailer Signage Tabbards identifying members of the decontamination team Chemical Exposure Assessment Kits (ChEAKs) (via PHE): should an acute service provider be required to support PHE in the collection of samples for assisting in the public health risk assessment and response phase of an incident, PHE will contact the acute service provider to agree appropriate arrangements. A Standard Operating Procedure will be issued at the time to explain what is expected from the acute service provider staff. Acute service providers need to be in a position to provide this support.		
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E13 E14 E15 E16 E17 E18 E19 E20 E21 E22 E23 E24 E25 E26 E27	A facility to provide privacy and dignity to patients Buckets, sponges, cloths and blue roll Decontamination liquid (COSHH compliant) Entry control board (including clock) A means to prevent contamination of the water supply Poly boom (if required by local Fire and Rescue Service) Minimum of 20 x Disrobe packs or suitable equivalent (combination of sizes) Minimum of 20 x re-robe packs or suitable alternative (combination of sizes - to match disrobe packs) Waste bins Disposable gloves Scissors - for removing patient clothes but of sufficient calibre to execute an emergency PRPS suit disrobe FFP3 masks Cordon tape Loud Hailer Signage Tabbards identifying members of the decontamination team Chemical Exposure Assessment Kits (ChEAKs) (via PHE): should an acute service provider be required to support PHE in the collection of samples for assisting in the public health risk assessment and response phase of an incident, PHE will contact the acute service provider to agree appropriate arrangements. A Standard Operating Procedure will be issued at the time to explain what is expected from the acute service provider staff. Acute service providers need to be in a position to provide this support. Radiation RAM GENE monitors (x 2 per Emergency Department and/or HART team) Hooded paper suits		
E13 E14 E15 E16 E17 E18 E19 E20 E21 E22 E23 E24 E25 E26 E27	A facility to provide privacy and dignity to patients Buckets, sponges, cloths and blue roll Decontamination liquid (COSHH compliant) Entry control board (including clock) A means to prevent contamination of the water supply Poly boom (if required by local Fire and Rescue Service) Minimum of 20 x Disrobe packs or suitable equivalent (combination of sizes) Minimum of 20 x re-robe packs or suitable alternative (combination of sizes - to match disrobe packs) Waste bins Disposable gloves Scissors - for removing patient clothes but of sufficient calibre to execute an emergency PRPS suit disrobe FFP3 masks Cordon tape Loud Hailer Signage Tabbards identifying members of the decontamination team Chemical Exposure Assessment Kits (ChEAKs) (via PHE): should an acute service provider be required to support PHE in the collection of samples for assisting in the public health risk assessment and response phase of an incident, PHE will contact the acute service provider to agree appropriate arrangements. A Standard Operating Procedure will be issued at the time to explain what is expected from the acute service provider staff. Acute service providers need to be in a position to provide this support. Radiation RAM GENE monitors (x 2 per Emergency Department and/or HART team) Hooded paper suits Goggles		
E13 E14 E15 E16 E17 E18 E19 E20 E21 E22 E23 E24 E25 E26 E27 E28 E28 E28	A facility to provide privacy and dignity to patients Buckets, sponges, cloths and blue roll Decontamination liquid (COSHH compliant) Entry control board (including clock) A means to prevent contamination of the water supply Poly boom (if required by local Fire and Rescue Service) Minimum of 20 x Disrobe packs or suitable equivalent (combination of sizes) Minimum of 20 x re-robe packs or suitable alternative (combination of sizes - to match disrobe packs) Waste bins Disposable gloves Scissors - for removing patient clothes but of sufficient calibre to execute an emergency PRPS suit disrobe FFP3 masks Cordon tape Loud Hailer Signage Tabbards identifying members of the decontamination team Chemical Exposure Assessment Kits (ChEAKs) (via PHE): should an acute service provider be required to support PHE in the collection of samples for assisting in the public health risk assessment and response phase of an incident, PHE will contact the acute service provider to agree appropriate arrangements. A Standard Operating Procedure will be issued at the time to explain what is expected from the acute service provider staff. Acute service providers need to be in a position to provide this support. Radiation RAM GENE monitors (x 2 per Emergency Department and/or HART team) Hooded paper suits		

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		der	8	rovi	e le	Lean Lean		alfy	nacy anis		EPRR work plan within the next 12 months.			
		prov	ervie	d se:	iona	fal E		outir	harr lorg		Amber = Not compliant but evidence of progress and in the			
Core standard	Clarifying information	are	l s	arvic	Reg	Se Se		SS .	چ و م	Evidence of assurance	EPRR work plan for the next 12 months.	Action to be taken	Lead	Timescale
		l aff or	l an	ty se	a a	and a		sine	S fur		Green = fully compliant with core standard.			
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		cute	IHS I	lmo;	E SE	2 2	8	SUS:	g la					
Governance		4 0	20	0 2				0 11.	<u> </u>					
	Organisations have MTFA capability to the nationally agreed safe system of work standards defined within this service specification. Organisations have MTFA capability to the nationally agreed interoperability standard defined within this service specification.													ļ
Organisations have an MTFA capability at all times within their operational service area.	Organisations have taken sufficient steps to ensure their MTFA capability remains complaint with the National MTFA Standard Operating		Y	TB	BC B1.03.	3.17								į į
	Procedures during local and national deployments.													<u> </u>
2 Organisations have a local policy or procedure to ensure the effective prioritisation and deployment (or redeployment) of MTFA staff to an incident requiring the MTFA capability.	Deployment to the Home Office Model Response sites must be within 45 minutes.		Y	ТВ	BC 1.03.2	2017								, ,
readpointerly of intrivious to all molecular equiling the intrivious sales.	Organisations maintain a minimum of ten competent MTFA staff on duty at all times. Competence is denoted by the mandatory minimum													
	training requirements identified in the MTFA capability matrix. Organisations ensure that, as part of the selection process, any successful MTFA application must have undergone a Physical Competence													ļ
	Assessment (PCA) to the nationally agreed standard. Organisations maintain the minimum level of training competence among all operational MTFA staff as defined by the national training													ļ
Organisations have the ability to ensure that ten MTFA staff are released and available to respond to scene within 10 minutes of that confirmation (with a corresponding safe system of work).	standards.		Y	тв	BC 1.03.2	2017								ļ
main to minded of that committation (man a conceptioning date dystem of north).	Organisations ensure that each operational MTFA operative is competent to deliver the MTFA capability. Organisations ensure that comprehensive training records are maintained for each member of MTFA staff. These records must include; a													į į
	record of mandated training completed, when it was completed, any outstanding training or training due and an indication of the individual's level of competence across the MTFA skill sets.													, ,
	<u> </u>													, ,
	• To procure interoperable safety critical equipment (as referenced in the National Standard Operating Procedures), organisations should use the national buying frameworks coordinated by NARU unless they can provide assurance through the change management process that the													,
Organisations ensure that appropriate personal equipment is available and maintained in accordance with the	local procurement is interoperable.		,											ļ
detailed specification in MTFA SOPs (Reference C).	• All MTFA equipment is maintained to nationally specified standards and must be made available in line with the national MFTA 'notice to move' standard.													ļ
	All MTFA equipment is maintained according to applicable British or EN standards and in line with manufacturers' recommendations.													, ,
Organisations maintain a local policy or procedure to ensure the effective identification of incidents or patients	Organisations ensure that Control rooms are compliant with JOPs (Reference B).		١,,											
that may benefit from deployment of the MTFA capability.	With Trusts using Pathways or AMPDS, ensure that any potential MTFA incident is recognised by Trust specific arrangements.		'											
6 Organisations have an appropriate revenue depreciation scheme on a 5-year cycle which is maintained locally to replace nationally specified MTFA equipment.			Y											
Organisations use the NARU coordinated national change request process before reconfiguring (or changing)			Y											,
any MTFA procedures, equipment or training that has been specified as nationally interoperable.	Assets are defined by their reference or inclusion within the National MTFA Standard Operating Procedures.													
Organisations maintain an appropriate register of all MTFA safety critical assets.	. This register must include; individual asset identification, any applicable servicing or maintenance activity, any identified defects or faults, the		,											į į
o organisations maintain an appropriate register of all minimum and accept.	expected replacement date and any applicable statutory or regulatory requirements (including any other records which must be maintained for that item of equipment).													ļ
g Organisations ensure their operational commanders are competent in the deployment and management of NHS MTFA resources at any live incident.			Υ											,
Organisations maintain accurate records of their compliance with the national MTFA response time standards and make them available to their local lead commissioner, external regulators (including both NHS and the			Y											ļ
Health & Safety Executive) and NHS England (including NARU operating under an NHS England contract). In any event that the organisations is unable to maintain the MTFA capability to the interoperability standards,														
that provider has robust and timely mechanisms to make a notification to the National Ambulance Resilience			,											ļ
Unit (NARU) on-call system. The provider must then also provide notification of the specification default in writing to their lead commissioners.				твс	31.03.	3.17								,
Organisations support the nationally specified system of recording MTFA activity which will include a local procedure to ensure MTFA staff update the national system with the required information following each live			Y											
deployment.			<u> </u>											
Organisations ensure that the availability of MTFA capabilities within their operational service area is notified nationally every 12 hours via a nominated national monitoring system coordinated by NARU.			Y											ļ
Organisations maintain a set of local MTFA risk assessments which are compliment with the national MTFA risk assessments covering specific training venues or activity and pre-identified high risk sites. The provider			Ι]											
must also ensure there is a local process / procedure to regulate how MTFA staff conduct a joint dynamic														ļ
hazards assessment (JDHA) at any live deployment. Organisations have a robust and timely process to report any lessons identified following an MTFA deployment						_	+ +							
or training activity that may be relevant to the interoperable service to NARU within 12 weeks using a nationally approved lessons database.			Y											ļ
Organisations have a robust and timely process to report, to NARU and their commissioners, any safety risks														
16 related to equipment, training or operational practice which may have an impact on the national interoperability of the MTFA service as soon as is practicable and no later than 7 days of the risk being identified.			Y											ļ
of the MTPA service as soon as is practicable and no later than 7 days of the fisk being identified. 17 Organisations have a proces to acknowledge and respond appropriately to any national safety notifications			+,		_		+							
issued for MTFA by NARU within 7 days.	Total de la dela del		Y											
	Training to include: Introduction and understanding of NASMed triage													ļ
FRS organisations that have an MTFA capability the ambulance service provider must provide training to this FRS	Haemorrhage control Use of dressings and tourniquets		Y											ļ
	Patient positioning													, ,
	Casualty Collection Point procedures. National Strategic Guidance - KPI 100% Gold commanders.				+	+	+++							
19 Organisations ensure that staff view the appropriate DVDs	Specialist Ambulance Service Response to MTFA - KPI 100% MTFA commanders and teams. Non-Specialist Ambulance Service Response to MTFA - KPI 80% of operational staff.		Y											ļ
	- Non-opedians Annouance on vice Response to WITA - KTI 60% of operational stall.		1											,

			s		iders	s.	ams		/ only)	/)		Self assessment RAG Red = Not compliant with core standard and not in the			
			rovider	ervice	es provi	provide	onal Te		ontinuity	harmacy		EPRR work plan within the next 12 months. Amber = Not compliant but evidence of progress and in the			
	Core standard	Clarifying information	care p	nce s	Servic	care	Reg		oss cc	ld ylin	Evidence of assurance	EPRR work plan for the next 12 months.	Action to be taken	Lead	Timescale
			nealth	mbula	unity	healt	ngland		busin y care	mum de		Green = fully compliant with core standard.			
			cute l	HS A	E O	lental	HS E	SSS	SUS (SP, cc					
Governance		Opposition policies the face and UADT and little to the actional to and of a value of code standard defend within this project.	4 0	2 0	0	2	ZZ	0	0 11.3	2 0					
	a HART Incident Response Unit (IRU) capability at all times within their operational	 Organiations maintain the four core HART capabilities to the nationally agreed safe system of work standards defined within this service specification. Organiations maintain the four core HART capabilities to the nationally agreed interoperability standard defined within this service 		Y		TBC B1.0	.03.17								
service area.		specification. • Organization stake sufficient steps to ensure their HART unit(s) remains complaint with the National HART Standard Operating Procedures													
	a HART Urban Search & Rescue (USAR) capability at all times within their operational	during local and national deployments. • Organiations maintain the minimum level of training competence among all operational HART staff as defined by the national training		,		TBC 1.03	13 2017								
service area.		standards for HART. Organiations ensure that each operational HART operative is provided with no less than 37.5 hours protected training time every seven		'		150 1.00	10.2017								
		weeks. If designated training staff are used to augment the live HART team, they must receive the equivalent protected training hours within the seven week period (in other words, training hours can be converted to live hours providing they are re-scheduled as protected training													
3 Organisations maintain service area.	a HART Inland Water Operations (IWO) capability at all times within their operational	hours within the seven week period). Organizations ensure that all HART operational personnel are Paramedics with appropriate corresponding professional registration (note		Y		TBC 1.03	3.2017								
		s.3.4.6 of the specification) As part of the selection process, any successful HART applicant must have passed a Physical Competence Assessment (PCA) to the nationally agreed standard and the provider must ensure that standard is maintained through an ongoing PCA process which assesses						1		_	_				
	a HART Tactical Medicine Operations (TMO) capability at all times within their	operational staff every 6 months and any staff returning to duty after a period of absence exceeding 1 months. • Organizations ensure that comprehensive training records are maintained for each member of HART staff. These records must include; a		,											,
operational service area	ā.	record of mandated training completed, when it was completed, any outstanding training or training due and an indication of the individual's level of competence across the HART skill sets.		'											
		Four HART staff must be released and available to respond locally to any incident identified as potentially requiring HART capabilities within 15 minutes of the call being accepted by the provider. Note: This standard does not apply to pre-planned operations or occasions where												1	
		HART is used to support wider operations. It only applies to calls where the information received by the provider indicates the potential for one of the four HART core capabilities to be required at the scene. See also standard 13.													
		Organisations maintain a minimum of six competent HART staff on duty for live deployments at all times. Once HART capability is confirmed as being required at the scene (with a corresponding safe system of work) organisations can ensure that													
5 Organisations maintain	a local policy or procedure to ensure the effective prioritisation and deployment (or	six HART staff are released and available to respond to scene within 10 minutes of that confirmation. The six includes the four already mobilised.		Y											
redeployment) of HAR I	staff to an incident requiring the HART capabilities.	Organisations maintain a HART service capable of placing six competent HART staff on-scene at strategic sites of interest within 45 minutes. These sites are currently defined within the Home Office Model Response Plan (by region). Competence is denoted by the													
		nandatory minimum training requirements identified in the HART capability matrix. • Organisations maintain any live (on-duty) HART teams under their control maintain a 30 minute 'notice to move' to respond to a mutual aid request outside of the host providers operational service area. An exception to this standard may be claimed if the live (on duty) HART team													
		is already providing HART capabilities at an incident in region.													
Organisations maintain	a criteria or process to ensure the effective identification of incidents or patients at the														
	nergency call that may benefit from the deployment of a HART capability.			Y											
7 Organisations ensure a nationally specified HAF	n appropriate capital and revenue depreciation scheme is maintained locally to replace RT equipment.	• To procure interoperable safety critical equipment (as referenced in the National Standard Operating Procedures), organisations should have processes in place to use the national buying frameworks coordinated by NARU unless they can provide assurance through the change management process that the local procurement is interoperable.		Y											
	ARU coordinated national change request process before reconfiguring (or changing) equipment or training that has been specified as nationally interoperable.			Y											
specified standards and	nat the HART fleet and associated incident technology are maintained to nationally must be made available in line with the national HART 'notice to move' standard.			Y											
and in line with manufac	nat all HART equipment is maintained according to applicable British or EN standards cturers recommendations.			Y											
their reference or inclus	an appropriate register of all HART safety critical assets. Such assets are defined by ion within the National HART Standard Operating Procedures. This register use the destination are applied to the control of the														,
faults, the expected rep	t identification, any applicable servicing or maintenance activity, any identified defects or lacement date and any applicable statutory or regulatory requirements (including any st be maintained for that item of equipment).			*											
12 Organisations ensure th	at a capital estate is provided for HART that meets the standards set out in the HART			- Y	1	TBC 31.0	.03.17	++		+				+	
Organisations ensure th	neir incident commanders are competent in the deployment and management of NHS			Y				+						+	+
HART resources at any In any event that the provider	live incident. bovider is unable to maintain the four core HART capabilities to the interoperability has robust and timely mechanisms to make a notification to the National Ambulance													1	
14 Resilience Unit (NARU) default in writing to their	on-call system. The provider must then also provide notification of the specification			Y											,
Organisations support t	he nationally specified system of recording HART activity which will include a local RT staff update the national system with the required information following each live			Y											
Organisations maintain	accurate records of their compliance with the national HART response time standards			١.,											1
and make them availab Health & Safety Execut	le to their local lead commissioner, external regulators (including both NHS and the ive) and NHS England (including NARU operating under an NHS England contract).														
17 Organisations ensure tr nationally every 12 hou	nat the availability of HART capabilities within their operational service area is notified rs via a nominated national monitoring system coordinated by NARU.			Y											
Organisations maintain assessments covering also ensure there is a lo	a set of local HART risk assessments which compliment the national HART risk specific training venues or activity and pre-identified high risk sites. The provider must scal process / procedure to regulate how HART staff conduct a joint dynamic hazards			Y											
assessment (JDHA) at a	any live deployment. bibust and timely process to reportany lessons identified following a HART deployment or y be relevant to the interoperable service to NARU within 12 weeks using a nationally			Y						+					+
approved lessons datab Organisations have a ro	pase. bust and timely process to report, to NARU and their commissioners, any safety risks			+	+	+		+		+					+
of the HART service as	aining or operational practice which may have an impact on the national interoperability soon as is practicable and no later than 7 days of the risk being identified. roces to acknowledge and respond appropriately to any national safety notifications			¥											
21 Organisations have a p				Y											