Sheffield City Council

Sheffield Health and Social Care NHS

NHS Foundation Trust

Plan for a Total Evacuation of an SHSC Inpatient Site

1. Introduction.

The possibility of a credible bomb threat, or other emergency requiring a total evacuation to one the Trusts Inpatient sites, is unfortunately creeping up the agenda of risks and SHSC is required to address all realistic challenges to its business continuity and service provision. The threat to patient and staff safety is paramount in the Trusts planning.

This plan is based on the possibility of a total evacuation procedure of one of the Trusts Inpatient sites being necessary due to a bomb (or other related) threat or an out of control fire.

The Fire Procedure addresses Horizontal Evacuation in the event of a localised need to progressively evacuate a particular ward. This incremental evacuation behind Fire Doors will ensure the safety of patients and staff until the Fire Brigade can take control of the situation. The Fire Plan is based upon a presumption of Ward based evacuation and a presumption that the fire can be controlled without an evacuation.

This Total Evacuation Plan addresses the need for the removal of up to 80 Inpatients from a Trust site at very short notice due to a threat to the entire site. The ability of the Trust to evacuate a site (or building(s) is compliant with statutory duties as defined by: *Civil Contingencies Act (2004), Category 1- Responders.*

2. Principles of the Total Evacuation Plan

The principles of this plan are:

A. The safety of patients and staff
B. The safety of members of the general public for those patients who pose a potential risk to others.

3. Objectives

Note: The Trust's Emergency Planning Group (TEPG) will be convened at the earliest appropriate opportunity –ether physically or virtually- chaired by the Accountable Emergency Officer (AEO)/ Deputy Chief Executive.

A. Inform On Call Manager, Chief Executive and Deputy Chief Executive.
B. Evacuate all patients and staff from an Inpatient site following Police instruction
C. Prioritising those patients most at risk for secure accommodation and transport them immediately into that setting
D. Ensure that appropriate patients are assigned Home Leave and transported there
E. Securing effective transportation for all patients to agreed settings.
F. Ensure the appropriate response is offered to patients having previously assessed their need and risk status
G. Using all appropriate SHSC services to support the transfer of patients to safe settings and back filling those services where necessary.
H. Evacuating all other appropriate patients to a Reception Centre, as agreed with Sheffield City Council. This Reception centre will serve as a holding and distribution point for patients.
I. Creating maximum appropriate capacity within the SHSC Inpatient services to accommodate displaced patients
J. Utilising other SHSC Inpatient wards to accommodate patients appropriate to that setting
K. Accessing RDASH and other Out of City arrangements for identified patients
L. Ensuring that a 'Return to Site' plan is in place and actioned.

4. Operational Plan

An incremental 3 stage plan will be used, responding to the nature and severity of the situation:

A. Is there an SHSC Ward that is currently not being used e.g. currently Dovedale 2, which would have all of the facilities needed for immediate transfer of patients and staff – as a unit.
B. Is there spare bed capacity in other wards- which would mean splitting up the patients and the extra staff resources which would be needed to accompany them? However if the whole site has to be evacuated this is unlikely to be sufficient, so other options are currently possibilities, e.g. Bungalow at Forest Close, Hawthorne, Grenoside- but this may/ may not have physical resources (beds, chairs etc). Crisis House may be used if appropriate for identified and assessed patients.
C. Is there capacity in neighbouring Providers, e.g. RDaSH, Private sector or for other patients STH? Sheffield City Council Major Incident Response Group Volunteers may be called if Reception Centre facilities are needed – however Risk factors in non - clinical settings are an issue.

5. Issues

- Risk. ITS/PICU patients to be transferred to Forest Lodge or similar secure environment. Forest Lodge patients would require transfer to other regional low secure facilities.
- Transport. Dependent upon assessed risk/ need and staff resources available SHSC Transport could provide a minibus- with a staff escort, via the On Call Facilities Manager, but that would take at least an hour to arrive. City Cars could be used but would need staff escort. Staff cars could be used but would need two clinical staff so may be inefficient use of resources,
- Medication. On Call Pharmacy would be required through Switchboard
- IT access. On Call IT support required through Switchboard
- Physical resources:
    - Tea, Coffee, biscuits, water for transitional stage
    - Mattresses, camp beds? Towels, toothbrushes, soap for each patient etc. Should a central store exist which could be accessed in an emergency?
    - Petty cash to buy food
    - Mobility problems of patients
- 9am -5pm: Use community staff resources to support move of patients; 5pm-9am deploy staff already at work and ring round to backfill
- Registered Providers, e.g. South Yorkshire Housing Association and Guinness- need to identify their own Evacuation plans. Andy Bragg to speak to Guinness and Fiona Williams to SYHA. SHSC would assume responsibility for patients at a certain stage in the process
- Contacting the Ministry of Justice for those detained under s37/41 of the Mental Health Act.
- Due to changing capacity within SHSC= Trust Capacity to be Standard Agenda item on Emergency Planning Strategy Group meetings.
- The Trusts Emergency Planning Group (TEPG), chaired by the AEO, will assume a command and control function from the inception of the Evacuation Plan and will retain this role until stood own by the AEO.
- Return to Normal Working will be planned by the TEPG

6. Flowchart for Total Site Evacuation Plan Implementation