Sheffield Health and Social Care NHS Foundation Trust

Plan:

OPS 004 Major and Critical Incidents

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Plan Version and advice on document history, availability and storage
This is version 7 of the Major and Critical Incident Plan.

It builds upon the Emergency Preparedness, Resilience and Response Policy and reflects guidance from NHS England.

This plan will be available to all staff via the Sheffield Health & Social Care NHS Foundation Trust Extranet, JARVIS. The previous version will be removed from the Intranet and archived.

Any printed copies of the previous version (V6) should be destroyed and if a hard copy is required, it should be replaced with this version.

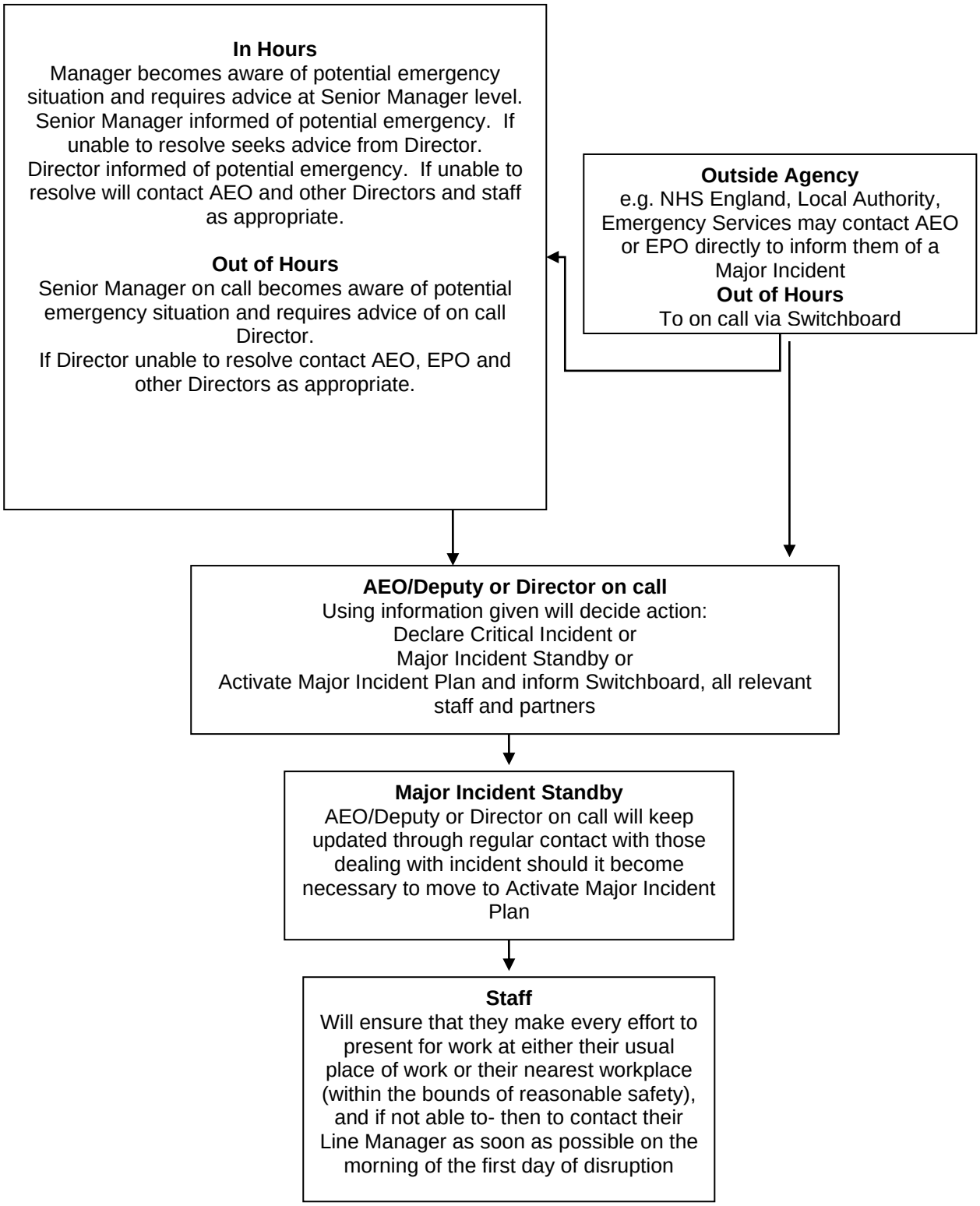
STOP

If you are dealing with a Major or Critical Incident DO NOT read this now.

Turn to Appendix B pages 21- 35 for Action cards and Page 4 for Plan activation information.

Contents

Flowchart: Major and Critical Incident Cascade



1. Introduction

This Plan reflects guidance issued by NHS England and the Civil Contingencies Act 2004.

Sheffield Health and Social Care NHS Foundation Trust operates within the NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework.

There is a requirement that each NHS funded organisation will have appropriate plans in place to address the different categories of threat to business continuity.

This Major and Critical Incident Plan is at the centre of a suite of Emergency Preparedness, Resilience and Response (EPRR) documents addressing city wide threats that affect the wider health community or are more localised and are focused on particular business continuity elements of our Trust.

The response to a Major Incident will follow the same internal Trust processes as a Critical Incident. However due to the city-wide nature of a Major Incident and the involvement of a number of other agencies it will be more complex and have a greater focus on external liaison and joint working.

2. Scope

The aim of the Major and Critical Incident Plan is to ensure timely and appropriate response to a Critical or Major Incident. This is to protect the health and wellbeing of the people of Sheffield where Trust services are delivered.

The Major and Critical Incident Plan will ensure that the Trust works effectively with the emergency responders, other partner agencies and voluntary organisations.

The Major and Critical Incident Plan falls under the scope of the overall Emergency Preparedness, Resilience and Response (EPRR) Policy.

3. Definitions

NHS responses to threats fall into two categories:

A. A Major Incident is an occurrence that presents serious threats to the health of the community, or causes such numbers or types of casualties, as to require special measures to be implemented.

B. A Critical Incident is any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe, requiring special measures and support from other agencies, to restore normal operating functions.

4. Purpose

This plan outlines the process by which a Major or Critical Incident will be managed within our Trust.

5. Duties

Our Trust has a duty under the Civil Contingencies Act 2004 and the NHS Act 2006 to ensure that it takes appropriate steps to be prepared for dealing with a threat to its business continuity. All Managers and Staff will ensure that they are prepared to continue to provide a service in the event of a Major or Critical Incident.

Our Trust has two priorities during a situation which is either a Major or Critical Incident:

A. The need to safely maintain services
B. Properly discharge its duty of care to patients, service users, staff and the public

It will undertake these in the following ways:

- Maintain the provision of essential services
- Provide accurate and timely information to support informed decision making
- Reduce the impact on all our Trust services, patients, service users and staff by implementing our Trust's Business Continuity Plan (BCP) and Teams BCP's
- Respond to and recover from a Major or Critical Incident effectively and efficiently
- Make every effort to maintain the dignity and privacy of patients and service users.

The **Accountable Emergency Officer (AEO) (Deputy or Director on call)** will decide when to activate this plan; liaise at a senior level with other Executives, the Board, Directorates within our Trust and other partners as necessary. This role will be Gold Commander (see Appendix B)

The **Management team within each Directorate** shall have in place such plans and resources that will allow for the prompt implementation of the plan and inform the Emergency Planning Manager of the contact details of senior managers. Directorate leads and their deputies may be required to perform the role of Silver Commander or Incident Manager (See Appendix B)

The **Emergency Planning Manager** will support the AEO in liaising with all relevant parties. This role becomes Incident Manager (see Appendix B)

Team Managers will ensure that they have undertaken the required planning to ensure that staff are aware of their nearest appropriate worksite (if their usual worksite is not accessible) in such conditions and their role at that alternative base. They will also ensure that they are contactable by staff, or that a deputy is identified, and that adequate and appropriate communications and reporting mechanisms exist to enable staff to discharge their responsibilities. Team/Service Managers are likely to be nominated as Bronze Commanders (see Appendix B).

The **Head of Communications** will update the Extranet (JARVIS) and external website, social media and liaise with local media to provide updates to local radio and newspaper websites (see Appendix B).

All staff will ensure that they have planned their options in the event of a Critical or Major Incident and contact their manager as soon as possible and keep in regular contact throughout the period. Staff should make every reasonable effort to attend for duty at their normal place of work and time, having regard to their own personal safety and that of others, unless advised otherwise. They should inform their manager should they feel their personal security or that of others is at risk.

6. Process

6.1 General guidance

As general guidance only, the following are examples of situations that would warrant activation of the Major or Critical Incident Plan.

A circumstance arises that:

- A Major Incident has been declared by an Emergency Service.
- Threatens continuity of services and in which services to existing or expected service users are immediately disrupted to the extent that they cannot be provided in the usual manner and substantial and wide-ranging action is required to either re-instate the service or provide for an alternative (e.g. a serious fire),
- Disrupts services in support of service users which requires substantial and wide-ranging management action to re-instate (e.g. large scale IT failure),
  A hazard or potential hazard to staff, patients, visitors or members of the public in one of our Trust's premises, whether or not patient services are affected (e.g. unsafe building),

6.2 First Contact

See Flowchart above. The AEO, having been contacted assesses the situation based on the information available at that time. The AEO decides whether to announce a Major Incident, Major Incident Standby or Critical Incident.

In the event of a Major Incident eliciting a city-wide response, the decision may have already been taken by the Emergency Services. In this event the AEO will announce a Major Incident within the Trust.

The announcement of a Major Incident will activate the Major Incident Plan.

6.3 Trust Emergency Planning Group (TEPG)

A TEPG will convene to support Critical or Major Incident activity. Membership and support will vary according to the nature of the incident and may include but not be limited to:

- members taking key strategic roles within the Incident Command Centre
- Managing actions determined by the Incident Director
- Engaged in learning outcomes from the Incident

Other staff will be co-opted as appropriate.

6.4 Setting up the Incident Control Centre (ICC)

The ICC manages decisions and actions determined through the incident command structure, together with reporting and updating incident activity to support informed decision making.

The Incident Control Centre will be an identified room determined by the Gold Commander, ordinarily within Centre Court.

Should a suitable room be unavailable there, the Secondary Incident Control Room is Rooms 840 and 841 at the Michael Carlisle Centre.

Both sites can be quickly enabled to provide an Incident Control Centre function.

A set of aims and objectives will be produced that reflect the Strategic Priorities of our Trust to best respond to the threat. These aims and objectives will be regularly reviewed as the situation develops.

Responsibilities will be apportioned by the AEO, their Deputy or Director on call.

If the Critical or Major Incident is out of hours and/ or is likely to be on-going, a plan will be developed to ensure the continuity of planning by identifying appropriate staff to maintain the work of the ICC. This may need to be repeated several times until the Critical or Major Incident status is stood down.

Gold Command within a recognised major incident structure (Gold, Silver, Bronze) has responsibility for determining the priorities of our Trust during the Incident and this may involve temporarily stepping down or reducing some services to concentrate resources.

Staff deployment will be based upon need and skills mix and will ensure the safety and welfare of the workforce. Equally all the physical resources of the organisation will be under this command structure.

Staff will be expected to comply with all reasonable requests from Management to ensure the safety of service users.

6.5 ICC Core Roles (as per ISO22301)

Incident Director

- Sign off Sitrep reports and media statements
- Set strategy for incident response
- Chair Strategic incident management meetings
- Maintain relationship at strategic level with partner agencies and wider NHS

Loggist

- Capture information for decision making
- Store all documents at the end of the incident with the Trust's Risk Management Department, or other identified archive facility.

Incident Manager

- Provides senior operational management support to the Incident Director
- Provide leadership to ICC Managers and operational support staff and assist new staff to develop in their various roles within the ICC
- Provide support and guidance to ICC staff and expertise and knowledge of NHS ICC response functions and processes
- Ensure NHS emergency plans and procedures are adhered to by the ICC
- Ensure ICC is set up and functioning correctly
- Ensure recommended records management procedures are put in place
- Allocate staff to cover key functions e.g. emails, loggist, phones
- Ensure staff are always fully briefed
- Maintain overview of all incoming information
- Liaise with logistics team lead regarding staff rostering
- Ensure robust links with other ICC's
- Manage workload of ICC operational support staff

Head of Communications

- Identify, brief and support NHS facing media managers
- Develop and deliver a communications plan (internal and external)
- Support Incident Director and Incident Manager with their duties

Operational Support Staff

- Handling and managing emails
- Compiling and developing situational reports
- Minute taking

Task Manager

- Allocation of tasks
- Monitoring delivery

A series of Action cards at Appendix B provide details of all the key roles including Silver Commander, a Tactical role on how to implement the strategic decisions of Gold and Bronze Commanders, of which there could be several, tasked with implementing the tactical decisions.

6.6 Initial Agenda for ICC

Full briefing
Is this a Major or Critical Incident?
Set Aims and Objectives
What decisions must be made now?
Short break to enact any decisions made
Consult with stakeholders

See Appendix A for a Standard Agenda for subsequent meetings.

6.7 Communication

The ICC will instruct Switchboard to text all Directors and advise them of the activation of the Major and Critical Incident Plan.

A plan will be developed to inform Trust staff of the situation as early as possible with regular updates.

The ICC will organise a teleconference with relevant Managers at an early stage in the process to ensure that Directorate communication to staff is clear.

Communications with stakeholders and a plan for joint communiqués, if appropriate, will be developed.

The Head of Communications will ensure that messages about the incident are conveyed to relevant media providers and regular updates are provided. If appropriate a Press Conference will be organised as soon as possible.

It is important to establish whether the incident has been declared a city-wide Major Incident and which agency is taking the lead in media briefing and the Head of Communications will clear all Trust media statements with that agency.
In some circumstances a Joint Strategic Coordinating Group will be activated; it is important that its associated Media Briefing Centre is aware of all NHS media statements to ensure there is no conflict in joint response statements.

In such cases, copies of Trust media statements should be forwarded to NHS England and the Media Briefing Centre.

When the incident is related specifically to Trust Services, the Head of Communications will deal with the media directly, keeping the Police, NHS, other NHS Trusts and Social Services, etc. informed.

Professional ethics and protection of individuals' privacy and dignity must be maintained.

The Head of Communications will consult with the AEO or Executive Lead in the Incident Control Centre to determine the extent and detail of information to be released.
As a general principle, information should not be withheld unreasonably, especially if its release could help to prevent damaging rumours or errors arising.

6.8 Information Cascade

It is essential that all messages given are specific; particular attention is drawn to the following:

• This is/is not an exercise –

Either: state, “This is a real incident”,
Or: Commence communication with “the exercise name”.

State of alert - every person called needs to know what is expected of them.
e.g:

- “Remain on standby, but do nothing now,”
- “Take action, but remain in situ,”
- “Come to work” - where and in what capacity.
- Level of cascade to involve - Clinical Services, must have in place cascade systems and capable of mobilising large numbers of staff. The Incident Commander, in conjunction with the first-in-line contacts, need to clarify exactly how many staff they wish to involve and at what level of seniority

Messages - Particularly during working hours, the person answering the call may not necessarily be the person required. Messages should not be left if the person required is not available. It is essential that the Incident Control Team has feedback that an individual can respond / not respond as requested.

If an individual cannot be spoken to directly, the caller should leave no message but say they will try someone else. If a message must be left, the person should be asked to call the ICC back within 5 minutes or to cancel the message.

6.9 Responses

The Major or Critical Incident is likely to have three phases: Response, Containment and Recovery.

Phase 1- The Initial Response
Establishing the scope of the incident, gathering information, and disseminating it to those people who need to be involved is vital.

All appropriate means of communication will be used for the information collection and communication phase. Skype and MS Teams is available on Tablets and other appropriate communication will be used.

Phase 2- Containment
Preventing escalation. The focus moves to caring for those affected, staff briefing, public information etc.

All appropriate stakeholders will be informed, and Mutual Aid may be sought from partners.

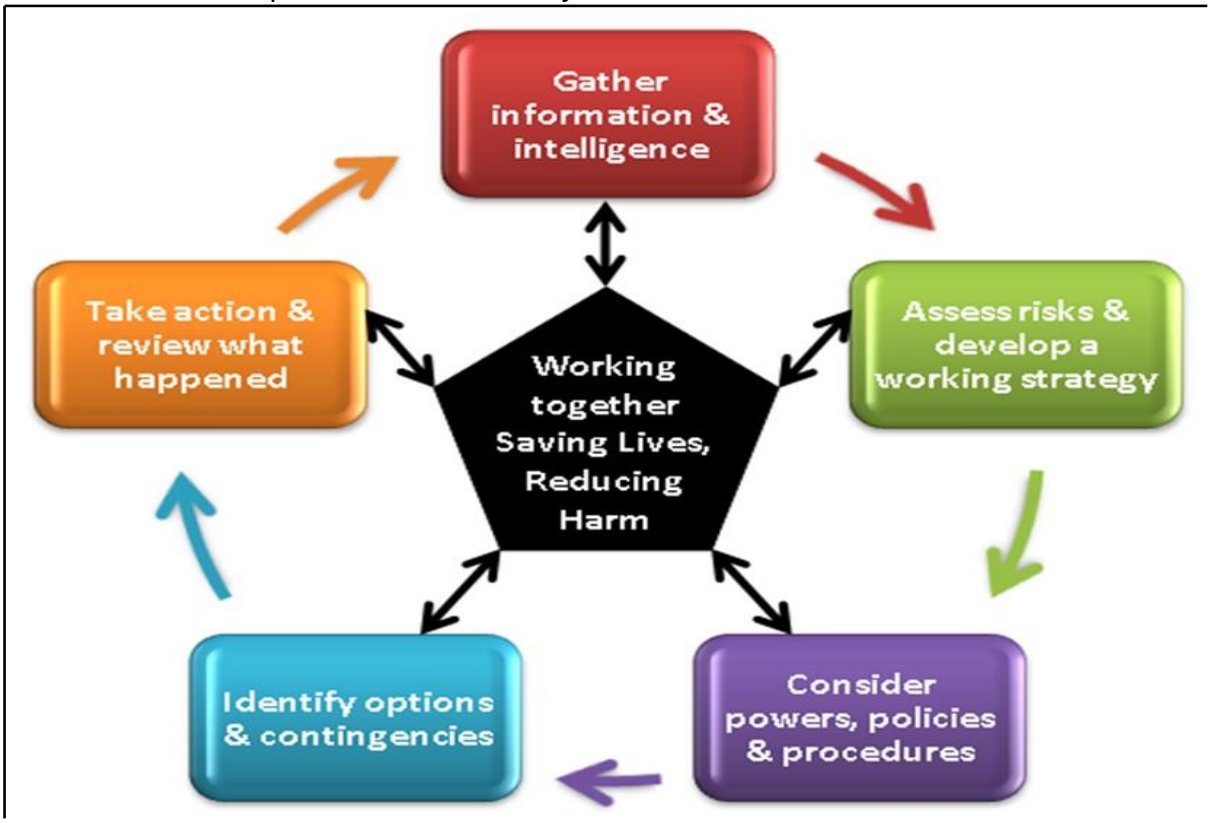
Phase 3- Recovery
Returning the situation to normal and understanding lessons learned. Local services will coordinate the response in the long-term including support for those involved and the reinstatement of the affected services

Gold Command will take a view, determined by the information that it has at the time, whether to form a Recovery Team which, if created, will plan for the Post Response phase of the Incident. This function would be performed by the TEPG.

A Recovery Strategy will address the following objectives:

- Strategies for returning to normal business as quickly as possible
- Allocating staff to priority areas

- Establishing specialist subgroups, e.g., IT, Information Governance, Facilities etc
- Managing impact of the Major Incident upon expectations of partners and targets
- Implications of, and solutions to, lack of resources
- An Impact Assessment (covering impacts on social, health, environment, economic etc.) is carried out as soon as possible and is regularly updated.
- Utilities are brought back into use as soon as possible
- All affected areas are restored to an agreed standard so that they are suitable for use for their defined future purposes
- Environmental protection and recovery issues are coordinated



- Information and media management of the recovery process is coordinated

6.10 Decision Making Model

The Joint Decision Model (above) will be used as a framework for the ICC's work

The Incident Commander will use the STEEPLE structure to ensure that all factors are considered:

- Social
- Technical
- Environmental
- Ethical
- Political
- Legal
- Economic

It will also work to the Escalation framework as defined by Sheffield Clinical Commissioning Group:

- OPEL 1 – Steady State
- OPEL 2 – Moderate State
- OPEL 3 – Severe Pressure
- OPEL 4 – Extreme Pressure

6.11 Armed Forces Support

Should this be considered necessary contact would be made via the AEO to NHS England.

6.12 Record Keeping

6.12.1 Contemporaneous Records:

The immediate demands of a critical or major incident can easily fully occupy staff such that no records are kept and people then try to remember what they did “after the event”.

It is vital that all members of the ICC and action card holders keep a record of instructions received, actions taken and any other incidents, so that the Trust can provide evidence to any subsequent Inquiry and can assess the success of the emergency response.

All notes should be made on the numbered notepads designed for this purpose. Numbered notepads will be available from the Incident Control Centre.

A notepad will be issued to all ICC members who should keep a record (with dates and times) of all instructions received, actions taken and any other incidents that may help our Trust assess the success of the emergency response and provide evidence to any subsequent Inquiry.

The notepad should remain intact; no part should be destroyed or erased.
However trivial the notes may appear; the total content may form an important contribution in assessing the continuity of response events. The notepad must be handed on if the holder is relieved during the incident and, following stand-down, it is to be returned to the Risk Management Department for safe storage/archiving.

A SITREP (situation report) record will be maintained on both whiteboard and paper in the Incident Control Centre by Administrative Support and regularly updated. The AEO/ Executive/ Director On-Call must deploy any Administration/Clerical support so that a contemporaneous record of our Trust’s responses is kept.

6.12.2 Statutory Notification:

Our Trust’s Risk Management Department must be notified of the incident immediately.
NHS England must be informed of any major incidents through STEIS (Strategic Executive Information System) within 24 hours of the incident occurring.
They will then inform the Department of Health and Social Care.

During normal working hours, the Risk Management Department will inform NHS England of any incidents occurring.

Contacting NHS England out of hours will be the responsibility of our Trust’s AEO or Executive Director On-Call.

6.12.3 Subsequent Inquiries:

No records/notes/action cards should be destroyed or thrown away. The Risk Management Department will collate all records of the incident from Major or Critical Incident notepads and records of staff involved.

The types of inquiry that may follow a Major or Critical Incident include:

- Internal Inquiry. This will be a Trust Review. This will be the minimum level of inquiry, organised by the Risk Management Department in conjunction with the Chief Executive and Trust's Emergency Planning Manager to elicit the success of and lessons that can be learnt from the Major or Critical Incident response.
- Independent Inquiry. This will follow a decision by the Trust/NHS England to hold an investigation.
- Statutory / Public Inquiry. This will be ordered by the Secretary of State.

6.13 Responsibilities

The Major or Critical Incident plan is based on the clear principle that in accordance with an employee's contract of employment they are required to attend for duty to receive payment.

The following is intended to provide guidance within which these circumstances can be dealt with effectively and equitably by managers.

6.13.1 Responsibilities of staff

It is the responsibility of all staff to make every reasonable effort to attend for duty at their normal place of work.

Staff are only expected to travel if it is safe to do so and not to travel excessive distances to get to work. For journeys to work taking significantly longer than usual due to the major incident, Managers can credit this extra travelling time to the staff members normal working pattern, i.e., people will not be considered 'late'.

If it is not possible to travel to the normal worksite staff will report to the nearest open worksite where they have the appropriate skills to assist. Staff will previously have discussed this with their line manager to identify a match between their skills and their nearest worksite. Staff presenting themselves at alternative worksites will need to take their Trust ID badge with them.

To ensure that certain worksites are not inundated with workers (some of whom may be surplus to requirements) staff should ring their nearest alternative worksite before leaving home to ascertain that they are needed. If they are not needed staff should take:

- Flexi or Lieu time –if this is in use in the service
- Annual leave
- Unpaid leave of absence in the event of the above not being available
- Work from home if able to do so

In the event of unforeseen circumstances staff will take all reasonable steps to report their inability to attend for duty as soon as is practicably possible to their manager.
Existing timescales for reporting sickness absence should be used for this purpose.

Staff shall not unreasonably refuse to comply with temporary redeployment to an alternative base or to undertake other duties. All staff who are able to work, whether at their usual or an alternative worksite will be expected to work proactively to contribute to the continuation of services. This will involve staff being prepared to undertake working in a flexible way within their skills set and experience. This may include cleaning or admin duties, or any other tasks that need to be covered to ensure that services to vulnerable people are prioritised.

In the event of a member of staff not attending for duty, lost time will be treated in the following ways (in the order in which they will be addressed):

- Flexi or Lieu time –if this is in use in the service
- Annual leave
- Unpaid leave of absence
- Marking the member of staff absent without pay where no notification or explanation is received by a manager.
- In exceptional situations the use of Carers Leave will be considered after negotiations with the Manager.

Staff members shall inform their manager should they feel that their personal security or that of others is at risk.

Those staff who are due to attend training need to contact the course venue to ascertain if it is still planned and if so whether it is still appropriate to attend by contacting their Line Manager.

6.13.2 Responsibilities of the Manager

Service or Team Managers are likely to be nominated as Bronze Commanders in the event of a Major or Critical Incident (see Action Card –Appendix B).

Managers will have previously discussed, with all their team, the issue of identifying a match between their skills and their nearest worksite which is likely to be open.

In the event of unforeseen circumstances, a manager shall ensure that adequate and appropriate communications and reporting mechanisms exist to enable staff to discharge their responsibilities.

In such circumstances a manager may consider a range of factors impacting upon an employee's ability to attend for duty at their normal place of work. These might involve (not in priority order):

- Distance travelled to work
- Prevailing Major Incident conditions and their estimated duration
- Staff member's regular mode of transport
- The safety of staff and their health
- The requirements of the Service
- The capacity for redeployment to a more accessible or appropriate base along with the provision of alternative duties
- The need to use alternative communication mediums and transport systems
- The use of existing on-call arrangements to establish contingency arrangements where adverse conditions are foreseeable
- Any other factors pertaining at the time e.g., Disability, Carer's responsibility etc.

Where such circumstances arise and the staff member is unable to attend for duty, several options may be considered and discussed with them. These might include:

- Use of flexi or lieu time- if this is in use in the service
- The use of outstanding annual leave
- Unpaid leave
- Marking the staff member absent where no notification of their inability to attend is received.
- (NB: The last two options will require a reporting arrangement through to the Payroll Department).

Where a Manager judges that a staff member has presented themselves for duty at their normal or alternative base after the usual starting time but due solely to the Major or Critical incident, payment shall not be unreasonably withheld. The use of flexi- time may be approved if such a system exists within the service.

Equally where an emergency situation arises during a staff member's span of duty, managers shall exercise their discretion to enable them to leave their place of work early or be redeployed to an alternative base in order to maintain a safe system of working/appropriate level of service.

Where an emergency arises and schools close due to bad weather, the use of Carers Leave may be appropriate. However, this would need to be discussed in advance with the Line Manager and reasonable actions taken to mitigate the need for this, if possible i.e. the use of annual leave or time in lieu will be the first options considered.

Staff will not bring their children to work in the event of schools' closure.

Where the continued maintenance of a service is affected by a Major or Critical Incident Managers will prioritise essential work to be undertaken and advise and deploy staff appropriately.

The Manager will have regard to all the relevant circumstances and inform the staff member of what action to take.

The manager will use all appropriate mechanisms (e.g. phone calls, texts, personal visits, e-mails etc.) to inform the service users of changes in service provision.

In certain circumstances reference may be made to the Carers Leave policy, ensuring that individual needs are addressed appropriately within the framework of service delivery and the duties of staff.

6.13.3 Working in the Community

1. Priorities
The Trust will prioritise the safe maintenance of services and discharge its duty of care to patients, service users, staff and the public.

Inpatient services will be prioritised for additional support, but the Trust is aware of its work with vulnerable people in the community and will act responsively to undertake this duty.

2. Risk Assessments
On an ongoing basis, services in the community will identify those people considered most vulnerable and communicate with them regularly during the Major or Critical Incident. A decision will be made based on individual risk assessments to ensure that appropriate services are in place using the Trusts resources.

Should the Risk Assessment indicate that the level of vulnerability is very high – Senior Managers in those Directorates will supply the Emergency Planning Manager, (or in their absence the Trusts Emergency Planning Lead, and in their absence the On-Call Executive) with all the relevant details of the service required to individuals. Extra resources will then be coordinated on a priority needs basis by the AEO and the TEPG.

3. Community Bases
It is the responsibility of Managers to undertake a Risk Assessment on their worksite. This is to ensure the health and safety of service users, staff and the general public.

In the absence of the Manager, it is the responsibility of each employee to be aware of their own health and safety and that of others, and to contribute pro-actively towards a safe working environment.

4. Mobile Working

It may be possible for some staff to work from home if they have full access to INSIGHT, Diary, email and phone –using a Trust issued Tablet or Laptop.

This will be subject to Line Managers approval and it is their responsibility to ensure accountability for this work, i.e. being able to evidence work undertaken.

6.13.4 Switchboard

The process for initial communication with staff, service users and the public in a Major Incident situation will be:

- A standard text to Executive Directors Group (EDG) members, Senior Managers, Emergency Planning and the Head of Communications. This text will inform them of a teleconference that will take place and that they are required to attend in person or by phone (a senior member of their Directorate may deputise). The message will also advise recipients of an email that will be sent shortly after the text, with instructions on venue (with door code if applicable) and to join the teleconference. The regularity of meetings will be determined at the first meeting.
- It is recognised that the demands on Switchboard staff will be considerably higher in the event of a Major Incident and SHSC employees will only be expected to contact them when all other means of communication have failed.
- Switchboard will be a priority for resourcing and a decision will be made on whether to maintain this service at the Michael Carlisle Centre or to redirect it to another location.
- On Stand Down, a text will be sent via Switchboard to EDG members and Senior Managers.

6.14 SHSC Response to a Mass Casualty situation

In the event of a situation of Mass Casualties occurring, our Trust Major Incident Plan will be activated and the ICC will be convened in keeping with the process for other major incidents. The Incident Director will then make decisions based on the available information. The premise of this being in a rapid onset event it is easier to stand down from a Major Incident than it is to play catch up in the mass casualty incident scenario.

6.14.1 Psychosocial and Mental Health Care –the SHSC Response

This element of the response is of relevance to our Trust as this will be our core task in a major incident response. This response falls into two categories:

A. To provide assessment and intervention services for people who do not recover from immediate and short-term distress after major incidents, disasters, and other emergencies. Thus, our Trust will work with partner agencies and lead on delivering primary mental healthcare and augmented primary mental healthcare services for people who develop mental disorders because of major incidents and disasters; and ensuring staff with the required skills are available from the specialist mental healthcare services to work with staff in primary care to develop their knowledge skills and resilience.

B. Access to secondary and tertiary mental health care services providing timely, appropriate, and responsive specialist mental healthcare services for people who require them because they have developed or are thought to have mental disorders

that require specialist intervention because of their exposure to major incidents or disasters. This may require medium-term and long-term specialist mental healthcare. This means that:

- Identified staff in the specialist mental healthcare services should be made available to work with and offer supervision and advice to staff in primary care after disasters or major incidents to augment primary healthcare responses.
- Identified staff in the specialist mental healthcare services should be made available to deliver liaison mental healthcare services for responders of all agencies according to agreed thresholds for referral.

Some people involved with the major incident will have pre-existing mental health concerns and should be referred early to SHSC mental health services. If they are current service users of SHSC then, information is shared with SHSC clinical teams involved within the major incident response. These service users will be followed up and monitored by SHSC clinical teams within seven days.

For those who have pre-existing mental health issues but are not currently receiving treatment from SHSC, a referral to IAPT (Improving Access to Psychological Therapies) following the guidance https://iaptsheffield.shsc.nhs.uk is recommended.

6.14.2 Initial response

Psychosocial first aid is important immediately following the major incident for those involved and will be provided by staff from the Department of Psychological Services within Sheffield Teaching Hospitals (STH). This will involve:

- Listening to stories, acknowledging a traumatic event, helping families talk to children about bad news.
- Patients may have worries about going home from the Emergency Department and getting back to normal;

Immediate formal counselling is not often required and may make Post traumatic stress disorder (PTSD) more likely to occur.

6.14.3 Psychosocial resilience

Depending on the nature of events, around 70% or more of all people who are affected by major incidents are psychosocially resilient despite their distress and this reduces in severity if they receive support they perceive as adequate; and intervening early can reduce the risks of people developing mental health problems in the future related to the incident.

Most staff who respond to the incident cope well and recover if social support is available from relatives, friends and colleagues. Employers should support staff by ensuring that they are well briefed, well led and offered effective social and peer support.

The psychosocial impact of disasters and major incidents also produces ripple effects and psychosocial responses are usually required on a wider scale than may be predicted initially. They may occur in one location, but they often have far wider effects on people and communities. There needs to be active and positive engagement with the media as even local events may have national and international effects.

In general, if distress is diminishing four weeks after exposure to a major incident, the people concerned are more likely to continue to recover. But, if their distress is continuing, is increasing, or is causing substantial problems for them or other people, an assessment of their mental health needs is required. Despite the variability of individual and group responses to major incidents, it is possible to plan for sufficient psychosocial services provided flexibility is built in to allow adjustments as the nature of the event clarifies. As an

example, psychosocial reactions after flooding may not follow the speed of development that has been set out so far; distress may be prolonged, develop more slowly and peak later (at around nine months after the event and as community life begins to return to more usual patterns.

Recent research shows that events encountered in emergency departments affect the psychosocial wellbeing of staff, and the cumulative effects may be negative and long-lasting, therefore a particular focus on psychosocial first aid for this staff group and peer led support is key to maintain staff wellbeing following a major incident.

Our Trust is also mindful of the psychosocial support needed by our own staff who are required to deliver the services that are recommended within this plan.

6.14.4 Psychosocial support for staff immediately after a major incident

Staff within STH will provide psychosocial support for people involved with the major incident offering psychological first aid and information leaflets for all involved, regarding what to expect.

Staff will be offered psychological first aid and psychosocial peer support immediately after a major incident through the Department of psychology major incident response plan. Psychological staff from our trust will be made available to support and provide supervision as appropriate.

Psychosocial refers to 'the emotional, cognitive, social and physical experiences of people in the context of particular social and physical environments. Mental healthcare refers to the biomedical interventions from which people with disorders may benefit.

The detailed process for providing Psychosocial first aid is shown in Appendix D.

6.15 Standing Down the Major or Critical Incident.

The AEO and/or Chief Executive will decide at what point to stand down the ICC and direct that business as usual is resumed.

Upon stand down an immediate 'Hot Debrief' will take place involving all staff involved in the incident at that point. This debrief will be arranged by the Emergency Planning Manager.

The Accountable Emergency Officer will plan for a formal debrief and may request other health organisations that have worked alongside our Trust in response to take part. This process will take place within three months of the incident stand down.

Business as Usual may be an amended version of Moderate or Severe Pressure if the Incident is on-going.

In some circumstances certain parts of our Trust, i.e. those still under Severe Pressure, may continue to receive direction from the TEPG whilst others returned to Business as Usual.

A Report following formal debriefing will be prepared to include issues identified by the debriefing process, together with a formal Trust action plan to address the issues raised. The report and action plan will be submitted to the Trust Board of Directors within 6 months of the incident stand down.

7. Dissemination, storage and archiving (Control)

The issue of this plan will be communicated to all staff via Communications. Local managers are responsible for ensuring their teams are aware of this plan and their responsibilities within it.

This plan will be available to all staff via the Sheffield Health & Social Care NHS Foundation Trust Extranet (JARVIS). The previous version will be removed and archived. Word and pdf copies of the current and the previous version of this plan are available via the Director of Corporate Governance.

Any printed copies of the previous version should be destroyed and if a hard copy is required, it should be replaced with this version.

8. Monitoring and review

This plan will be audited by review as part of the governance and reporting procedures included in it. Any failure to complete or update the plan within the timescales will be addressed as it occurs.

9. Training and other resource implications

Training and exercising of this plan will be co-ordinated by the Emergency Planning Manager.

10. Version Control

Version No.	Type of Change	Date	Description of change(s)
5.0	Review / ratification / issue	November 2016	Policy revised and updated for new policy template
6.0	New Plan	January 2019	Linked to new EPRR Policy, plan separated from policy, revises previous procedures and roles to align with NHS England EPRR core standards
7.0	Review	March 2022	Update of terminology in relation to role of ICC, its location, update on psychosocial support section together with a revised appendix D detailing the response.

Appendix A – Standard Meetings Agenda

1. Situation update

- Overview of the situation to date
- Progress reports
- Advice received

2. Services/Resources required

- Impact on service areas
- Impact on others e.g. other NHS Trusts, City Council, voluntary organisations, transport
- Future requirements
- Staff - absence monitoring, well-being, affected staff

3. Response

- Prioritisation of services and staffing
- Policy decisions including
- Business Continuity

4. Recovery

- Recovery Strategy and Lead Manager
- Establishing Specialist sub groups
- Impact Assessment

5. Communications

- Lead person for interviews
- Staff – communications/briefings
- Media briefing
- Communication to public
- Key messages
- Board briefing

6. Agree Situation Reports for EDG

7. Financial Implications

- Authorisation of expenditure
- Record of expenditure

8. AOB & Time and date of next meeting

Appendix B – Action Cards

Purpose:

The Action Cards referred to in this plan (and contained in the following pages) provide detailed instructions and information about emergency procedures, functional roles and responsibilities pertinent to a specific post holder within the respective department or Trust.

Issue of Action Cards:

Each card indicates specific posts necessary for our Trust to manage its response to a critical or major incident. The first available person capable of deputising for a specific post holder will take the action card from its location and follow the procedure described.
Responsibility will be handed over to the specific post-holder or the next available person from the cascade, at the earliest opportunity.

There may be successive handing on of Action Card functions, with appropriate briefing about the prevailing situation and all actions taken, when specialist or more senior colleagues arrive.

Note: The Executive in charge will use the Action Cards function to enable the rapid assessment of which specific functions are being covered/ not being covered at any time following the activation of the Major Incident Plan.

Contents

These cards are printed separately, laminated (for operational use) and kept in the Major Incident Cabinet at Distington House for use in a major incident

ACTION CARDS:

1. FIRST TO ARRIVE

A. AT THE INCIDENT CONTROL CENTRE (Centre Court)

Note*:* Please ensure all instructions given are specific (e.g. call, standby, what to do if not able to contact) and confirm nature of the incident with Switchboard.

- Gain access to the nominated Incident Control Centre (ICC)**:** If out-of-hours, await arrival of Estates Officer on-call to gain access to building.
- Out-of-hours**:** Use the main door entry system.
- Report to Switchboard 0114 271 6310/Executive On-Call that the Incident Control and Communications Centre are activated.
- Note down all actions and time implemented on controlled stationary notepads.
- Action own Action Card.
- Obtain copies of all service On-Call lists from Switchboard.

B. THE RESERVE INCIDENT CONTROL CENTRE (Michael Carlisle Centre))

Note*:* Please ensure all instructions given are specific (e.g. call, standby, what to do if not able to contact)

If out-of-hours, await arrival of Estates Officer on-call to gain access to building.

- Confirm nature of the incident with Switchboard.
- The code for the 2 doors from the top of the stairs to the corridor in which Switchboard, and Rooms 840 and 841 will be given to you by Switchboard staff.
- Go to Room 840 (Major Incident Centre) and 841 (Communication Centre)
- Normal hours: normal access and as above for the codes and key.
- Gain access to the Incident Control Centre in Rooms 840 & 841; open major Incident Store with key (stored in Switchboard).
- Open Communications Room and plug in emergency telephones.
- Report to Switchboard/Executive On-Call that the Incident Control Centre is activated.
- Note down all actions and time implemented on controlled stationary notepads.
- Action own Action Card.
- Obtain copies of all service On-Call lists from Switchboard.

<table>
<tr><td colspan="2">2. INCIDENT DIRECTOR
GOLD COMMANDER</td><td colspan="2">Accountable Emergency Officer (or Deputy)
Declaring Critical or major Incident</td></tr>
<tr><td colspan="2">Accountable to</td><td colspan="2">Chief Executive</td></tr>
<tr><td colspan="4">The Accountable Emergency Officer/Deputy/Director On Call will declare and take charge of coordinating the response.

All instructions given are specific (e.g. call, standby, what to do if unable to contact)

When declaring a Critical Incident our Trust should prepare and send a Situation, Background, Assessment and Recommendation (SBAR) report to appropriate partners it wishes to inform and from whom it seeks assistance. This may be compiled from the initial METHANE report taken by staff who are dealing with the incident at the scene.</td></tr>
<tr><td>Number</td><td colspan="2">Action</td><td>Time completed</td></tr>
<tr><td>1</td><td colspan="2">Confirm nature of incident with Director / Manager at scene. Take a METHANE report containing the following information:

<table><tr><td>Major Incident declared?</td><td>Has another agency e.g. Local Authority or Emergency Service declared a Major Incident?</td></tr><tr><td>Exact Location</td><td>Exactly where is the incident occurring?</td></tr><tr><td>Type of Incident</td><td>What is happening?</td></tr><tr><td>Hazards present or suspected</td><td>Damaged building, rising flood water, power outage, infectious disease?</td></tr><tr><td>Access – routes that are safe to use</td><td></td></tr><tr><td>Number, type, severity of casualties</td><td>Or patients or staff affected</td></tr><tr><td>Emergency services present and those required</td><td>Any other assistance required?</td></tr></table>
Make sure you have a name and contact details for staff on scene.

Confirm a Major or Critical Incident has been called and by whom, or

Decide to call a Major or Critical Incident in response to the situation described

Call Switchboard (0114 271 6310), confirm Incident and ask for additional service managers you need immediately to call in or to be put on standby, to be informed, together with support staff and Loggist.</td><td></td></tr>
<tr><td>2</td><td colspan="2">Using the information gathered decide whether our Trust can respond on its own or if it requires assistance from the local health economy and coordination from the local CCG. To inform the CCG follow the directions in Appendix 7.

Keep a log and in it explain your rationale for each decision.

CCG and NHS England will require a SBAR report (see 4 below).</td><td></td></tr>
</table>

<table>
<tr><td></td><td></td><td></td></tr>
<tr><td>3</td><td>Go to the nominated Incident Control Centre.

Designate tasks and lead Incident (see Action cards 3 -8)
Loggist
Incident Manager
Communications Lead
Operational Support Staff
Task Manager</td><td></td></tr>
<tr><td>4</td><td>SBAR Report

<table><tr><td>Situation</td><td>Describe situation that has occurred</td></tr><tr><td>Background</td><td>Explain background/history of incident and impact on services/patient safety</td></tr><tr><td>Assessment</td><td>Confirm your understanding of issues involved</td></tr><tr><td>Recommendation</td><td>Explain needs, expectations and what you would like to happen</td></tr></table>
Any information included in the SBAR should be as specific as possible, particularly in terms of needs and expectations.</td><td></td></tr>
<tr><td>5</td><td>Document all actions and the time implemented on controlled stationary notepads until Loggist is in attendance, then commence formal log.</td><td></td></tr>
<tr><td>6</td><td>Provide information to Operational Support Staff to update SITREP and SHSC Risk Department.</td><td></td></tr>
<tr><td>7</td><td>Sign off Sitrep reports and media statements.

Set strategy for incident response.

Chair Strategic Incident Management meetings.

Maintain relationships at Strategic level with partner agencies and wider NHS.</td><td></td></tr>
<tr><td>8</td><td>At end of incident ensure all staff placed on standby are stood down.

Arrange ‘Hot Debrief’ with all staff involved and on duty.

Hand over to the person identified to lead recovery plans.

In an extended incident, make arrangements for rotas of all key incident control team members and instigate formal handover.</td><td></td></tr>
</table>

3. INCIDENT MANAGER	Emergency Planning Manager or Director	
Accountable to	**Incident Director**	
Number	**Action**	**Time completed**
1	Regularly liaise with the Incident Director. Follow the Joint Decision Model. 	
2	Assist with the establishment of Gold Command at the Incident Control Centre.	
3	Liaise with IT to establish a shared Incident folder on W Drive for all Gold Command participants to access. Ensure all incident related documents are stored there.	
4	Ensure there are sufficient trained Loggists available to log decision making and sufficient Admin/Secretarial Support to record minutes of meetings, telephone calls, correspondence and undertake administrative duties as required.	
5	Assist the AEO in convening the Trust Gold Command and source suitable deputies if the incident lasts for over 6 hours.	
6	Coordinate any necessary measures to ensure the safety of staff and service users.	
7	Assist the AEO with submission of Sitreps to NHS England where required.	
8	Ensure the effective communication of actions taken and progress in dealing with the Major Incident to Executive Director Group, Trust Board, Head of Communications, staff and service users in the form of regular, timetabled situation reports (sitrep)	
9	Facilitate the convening of a Trust Emergency Planning Group, together with their terms of reference.	
10	Liaise with the appropriate staff to facilitate a Hot debrief of the Major Incident once given the instruction to stand down	
11	Attend the Hot Debrief – Collect and retain all documentation for Risk Management	

In a 'Stand by' situation, Coordinate Incident

- Undertake tactical liaison with partner organisations
- Alert key support staff who may form our Trust Gold Command (maintain regular contact up to and including stand down, thanking them for their support)

Following Major Incident

- Assist AEO in arranging a full debrief
- Ensure lessons learnt are incorporated into the Critical and major Incident Plan
- Support preparation for reviews and Inquiries if relevant

4. DECISION LOGGIST	This role must be assigned to a qualified Loggist	
Accountable to	**Incident Manager**	
Number	**Action**	**Time completed**
1	Report to the relevant Incident Control Centre as instructed	
2	Liaise with Incident Manager to find out who you are logging for and have a pre-brief with them before you begin. The pre-brief will help you identify what you are meant to log.	
3	Ensure accurate and timely records are kept. You will most likely be logging during Gold Command meetings and decisions taken in response to the Major Incident. Log books are stored in the Major Incident cabinet kept at Distington House or the Major Incident store at Michael Carlisle Centre (keys with Switchboard)	
4	Ensure that these records are stored safely and confidentially and can be made available for audit if necessary.	
5	Liaise with the Incident Manager to facilitate a debrief of the situation with relevant staff once the command to stand down has been given.	
6	If passing Incident log to another person, rule 2 black lines and put in the entry who you are handing over to with the date and time and your signature and that the new Loggist enters their details. The entries must follow on sequentially to ensure that there is no gap in the recording.	
7	You are not a minute taker you should only be taking notes for decision makers or actions. Someone else will be assigned to take minutes in meetings	

The Decision Loggist role is required only once the decision has been taken to implement the Major Incident Plan.

Ideally, a Loggist should not perform the role for more than **2 Hours** without a break**.**

5. OPERATIONAL SUPPORT STAFF	Incident Secretary / Admin Support
Accountable to	**Incident Manager**

Number	Action
1	In the event of a Critical or Major Incident report to the nominated Incident Control Centre: (Ensure you take a mobile phone so you can contact the Incident Control Centre should your journey be disrupted etc.)
2	Liaise with the Incident Manager. Your role may include but not be limited to: Minute taking Receiving Telephone calls and messages Providing other general administrative support to the Trust Gold Command.

You should **NOT** complete the Incident Decision Log unless you have received formal Loggist training.

6. COMMUNICATIONS LEAD		Head of Communications or Deputy in the event of a Critical or Major Incident
Accountable to		Incident Director
Number	**Action**	**Time Completed**
1	In the event of a Critical or Major Incident you should report to Gold Command at the designated Incident Control Centre:	
2	Liaise with Incident Director and Incident Manager (Identify a deputy in case the incident lasts for over 6 hours)	
3	Establish a link with NHS England and CCG Communication leads	
4	Join our Trust Gold Command to assist with incident response as requested	
5	Ensure JARVIS, social media and all staff email contains appropriate information for staff, service users and the public. Ensure any information is consistent with that given by any Strategic Coordination Group and/or Health Economy Tactical Coordination Group	
6	Ensure that communications with outside agencies are synchronised with internal communications and work with the Incident Director to ensure that a timetable is set out whereby internal Trust teams know when they must submit information to Gold Command	
7	Coordinate media liaison in conjunction with the Incident Director and Trust Gold Command	
8	Ensure that all staff know that all media enquiries should initially be directed to the communications team. During a major incident, no member of staff should enter any discussion with the media/journalists without prior contact with the communications team.	
9	Keep a log of all decisions made, times and rationale	

In the event of a 'Standby' situation you will be informed by the Incident Director who will agree suitable all staff messages as appropriate, together with the method of communication e.g. email/JARVIS/twitter/facebook

All public communications should be approved at strategic (Gold) level before being publicised.

7. CCG out of hours notification ACTION CARD	Senior member of Staff
Accountable to	Incident Director

Number	
1	*A shared rota across the South Yorkshire & Bassetlaw CCGs enables providers to contact a representative of their commissioning CCG in an urgent situation outside of normal business hours. The CCGs participating in the shared arrangement (see below) have clear authorization to act on behalf of each other outside of normal business hours. This may include but is not limited to, making decisions and committing expenditure on behalf of the other CCGs.* *NHS Barnsley CCG* *NHS Bassetlaw CCG* *NHS Doncaster CCG* *NHS Rotherham CCG* *NHS Sheffield CCG*
2	***When to contact the CCGs outside of normal business hours*** *System resilience situations* *CCGs have agreed Surge & Escalation frameworks with providers through System Resilience Groups (SRGs). In the event of a local resilience situation, these frameworks should be followed (Opel 1 -4).* *Unanticipated situations may require additional Provider action beyond the limits of agreed Surge & Escalation frameworks and require wider resources than can be accessed by the provider. If urgent CCG input to a system resilience situation is required (e.g. committing additional expenditure or enacting other contracts) outside of normal business hours, the on call system should be used.* *Emergencies* *CCGs are Category 2 Responders and therefore the role of the CCGs in any emergency situation is likely to be focused on cooperating with and supporting Category 1 Responders.* *The CCGs would generally expect Providers to manage incidents either within the provider organization (e.g. through Business Continuity or Emergency Preparedness, Resilience and Response arrangements) or through existing Provider to Provider arrangements (e.g. Divert Policies).* *If urgent CCG input to an emergency situation is required (e.g. committing additional expenditure or enacting other contracts) or standard alerting messages need to be passed outside of normal business hours, the on call system should be used.* *The CCGs may activate additional arrangements to coordinate local health economy response (e.g. a mass casualty incident or extensive local flooding).* *Areas which should not be reported through the CCG on call process* *Primary Care incidents / emergencies relating to General Practices, Community Pharmacies, Dental Practices and Optometric Practices should be reported to NHS England as the lead commissioner.* *Property related incidents / emergencies should be reported to the landlord of that property.*

	Infectious disease outbreaks or notifications should be reported to Public Health England.
3	***How to contact the South Yorkshire & Bassetlaw CCGs*** *Normal business hours* *Between 9am to 5pm Monday to Friday excluding Bank Holidays, contact CCGs on their main publicised number:* *NHS Barnsley CCG: 01226 730000* *NHS Bassetlaw CCG: 01777 274400* *NHS Doncaster CCG: 01302 566300* *NHS Rotherham CCG: 01709 302000* *NHS Sheffield CCG: 0114 305 1000* *Outside of normal business hours* *A shared rota across the South Yorkshire & Bassetlaw CCGs enables Providers to contact a representative of their commissioning CCG in an urgent situation out of hours, being at all times other than normal business hours.* ***Contact via Rotherham NHS Foundation Trust switchboard on 01709 820000 asking for the 'South Yorkshire & Bassetlaw CCG on call officer'.*** *Details of the call will be passed to a CCG on call officer and you should expect a response to your call within 20 minutes. CCG representatives will not normally physically attend Provider premises.* *For non-emergencies the primary CCG contact for EPRR matters is:* *Assistant Chief Officer* *NHS Rotherham CCG* *Tel: 01709 302000 (switchboard) 01709 302107 (direct line)*

8. TASK MANAGER	Designated Manager Role from Trust Emergency Planning Group (TEPG)	
Accountable to	**Incident Manager**	
Number	**Action**	**Time Completed**
1	Base at nominated Incident Control Centre	
2	Review and monitor staff resources, services and risks to staff	
3	Manage tasks set by the Incident Director. Record and report results.	
4	Liaise with other members of the convened TEPG to report on status of services, premises, staff, service users for regular situation reports (sitreps)	
5	Maintain a record of tasks/actions and their status e.g. allocated, pending, resulted, concluded	
6	Assist with stand-down notification and hot debrief arrangements	
7	With other members of the TEPG conduct analysis of the incident and the way it was handled and make recommendations for future incidents. Complete report for the Chief Executive.	

9. SILVER COMMANDER	Associate / Deputy Director In the event of a Critical or Major Incident
Accountable to	**Incident Director (Gold Commander)**

Number	Action	Time Completed
1	Ensure you have a full briefing on the incident from Gold Commander and can brief Managers at Bronze level. Ascertain if you will be required to identify deputies to continue response to incident 24/7	
2	Establish support team of admin	
3	Confirm contact details with Gold Command and with Bronzes (individual Team/Ward Managers) – (email and telephone)	
4	Assign a deputy Silver Commander and consider sending them home to come on shift later if required to continue response 24/7	
5	Establish Bronze Commanders at each team.	
6	Consider using Locality Managers or Area Clinical leads as coordinators of Bronzes for groups of teams in different areas. These coordinators will help to spread workload but may also need deputies if response 24/7.	
7	Ensure that formal handovers take place between Silver and Bronze Commanders and that Silver Command has details of all Bronzes telephone and email at all times.	
8	Ensure situation reporting requirements are passed to all Bronze Commanders and acknowledgements of receipt are received.	
9	Keep a log of all decisions made, times and rationale.	

10. BRONZE COMMANDER	Service/Team Manager In the event of a Critical or Major Incident
Accountable to	**Associate/Deputy Director (Silver Commander)**

Number	Action	Time Completed
1	Ensure you have a full briefing on the incident from Silver Commander and can brief staff within your teams/wards.	
2	Consult Business Continuity Plans and ensure all staff can access them.	
3	Confirm your contact details with Silver Command and with your own staff (email and telephone).	
4	Assign a deputy Bronze Commander and consider sending them home to come on shift later if required to continue response 24/7.	
5	Clarify when you must provide situation reports (sitreps) to Silver Command and ensure that you assign time to gather information.	
6	Ensure that formal handovers take place between Bronze Commanders and that Silver Command have details of your and your deputy's telephone and email at all times.	
7	Keep a log of all decisions made, times and rationale.	

Appendix C – NHS England Mass Casualty Framework Expectations on Mental Health Trusts

Role	In the event of a mass casualty incident the community and mental health providers will assess the immediate, short term and long term mental health needs. Mental health providers should consider the following elements when developing their incident response plan:	
1	Increase capacity to receive patients from acute trusts.	
2	Ensuring central lines/messages are being communicated to staff and patients.	
3	Providing situation reports as required by NHS England and CCG's.	
4	Providing mutual aid where appropriate and capacity permits.	
5	Increase ED Psychological Liaison resource where necessary.	
6	Providing psychosocial support to victims and staff members affected by the incident.	
7	Retain appropriate forensic evidence.	

Appendix D - Psycho- Social Support to Victims of Major Incidents

Note: Experience from the 2017 Terrorist incidents in London and Manchester and the Grenfell Fire suggests the need for psychosocial advice and support in a Major Incident is increasing. The Psychosocial support from SHSC in the event of a Major or Critical Incident will be composed of several elements:

1. Support to members of the public

A. In the event of a Major Incident a pre-prepared page on the SHSC website will be activated by the Communications Manager

B. GP's will be advised to direct their patients to the SHSC website and if symptoms persist then to refer individuals to the Improving Access to Psychological Therapies (IAPT) service. This advice from SHSC will be disseminated via Sheffield Clinical Commissioning Group to GP's.

C. Appropriate literature and information will be displayed on the SHSC website

2. Psychosocial Support to the Major Incident Command and Control Centre

A. The SHSC Director of Psychological Services or their Deputy will advise the Sheffield wide Major Incident Command & Control Centre. Advice will be given via the Command-and-Control Centre to First Responders for advising the public. The following tables are for guidance, to help and inform staff.

Do	**Don't**
Listen and aim to reduce distress	Attempt to debrief (i.e. asking the victims for details of what happened) the victims/those affected by the incident;
Hand out literature on common reactions to trauma;	Make assumptions about people's experiences
Advise people to consult the SHSC website for information on trauma	Assume everyone exposed to the situation will be traumatised
Advise that if symptoms of trauma persist for 2 weeks or more see your GP and they will consider a referral to the Improving Access to Psychological Therapies (IAPT) service	Label reactions as 'symptoms' or talk about 'disorders'
Encourage active coping strategies: Contacting relatives and friends • Eating & drinking sufficiently • Sleep • Exercise • Talking to family, friends, and colleagues	

Distress v Disorder

Psychological Distress that is typically experienced	Factors likely to require professional support
Short lived (days to weeks)	Long lived (weeks to months**)**
Normal response to abnormal event	Associated with impaired functioning
Tearfulness, difficulty sleeping, preoccupation	Fulfill psychiatric diagnostic criteria
Somatic symptoms of anxiety (e.g., shortness of breath, palpitations, loss of appetite)	Likely to present to primary care

The Workplace Wellbeing service is available to all staff on a confidential basis in addition to the above advice and services.

Response will consist of four phases:

Phase 1 Initial response: Launched in reaction to the event, psychological first aid (PFA) and peer support in the initial major incident phase, this will be provided primarily by the Department of Psychological Services (DPS) within Sheffield Teaching Hospitals (STH) and IAPT within SHSC.

SHSC leadership team will respond to a major incident by communicating key messages of acknowledgement, self-care, and support services to the people of Sheffield and SHSC service users, carers, families and staff teams.

Access to advice and support as necessary through existing universal services (community, primary care/GP, IAPT and SPA).

Low level interventions such as peer support leaving biomedical healthcare for people who need access to them.

Phase 2 Getting advice: Following the major incident at weeks 2 to 4, if levels of distress continue to occur it is recommended that people seek psychosocial support which aims to manage distress through an emphasis on maintaining social connectedness with people receiving social support involving listening, giving advice and support.

Phase 3 Additional support/getting help: From 2 weeks onwards, continuing psychosocial support should be offered to people affected by the major incident including staff and any risk continued to be monitored via occupational health. This may include referring people to Primary Care IAPT for more intensive psychosocial care https://iaptsheffield.shsc.nhs.uk

TRiM (Trauma Risk Management) is a peer delivered risk assessment and ongoing support system, designed specifically to help in the management of traumatic events. It is not a clinical intervention, a form of counselling or treatment. TRiM is highly effective because people are often more comfortable talking to peers within STH or Sheffield Children's Hospital (SCH) with support/supervision from psychology staff or managers trained in this approach.

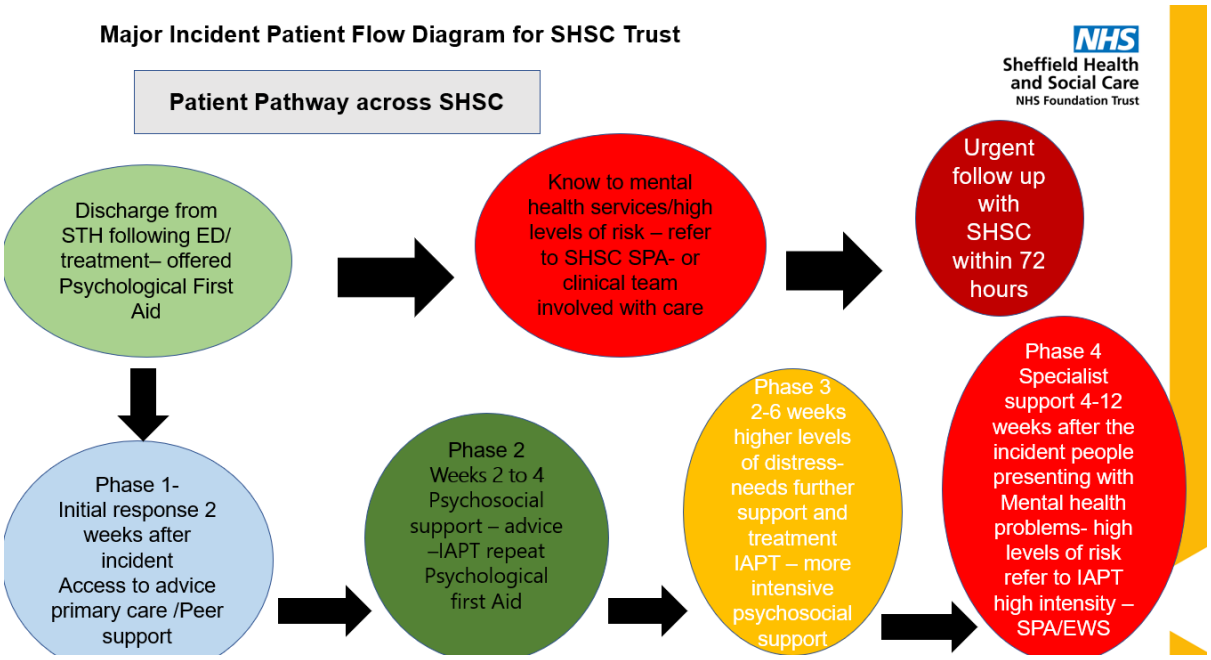
Phase 4 Specialist support/getting more help: When symptoms are still present between 4 and 12 weeks after an event, people with a history of the following may be at higher risk of developing a mental problem than the general population:

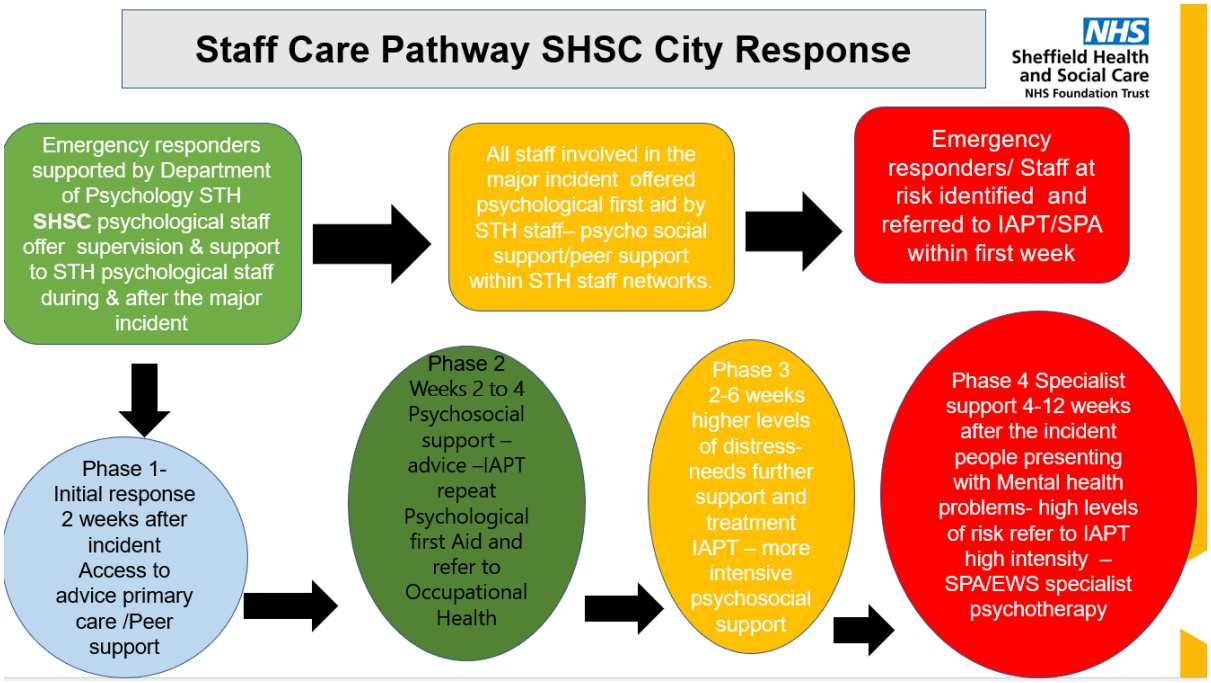
- Staff injured in the event or during the response
- Exposure to high severity trauma
- Proximity to event
- Dissociative response during the event

- Significant (pre- or post-event) personal trauma, including developmental trauma and previous history of a mental health problem
- Personal or significant family psychiatric history
- Perceived absence of social support network
- Traumatic bereavement as a result of the event.

For Sheffield as a city we may need to create a specialist team depending on the scale of the major incident and follow the learning from the Manchester Arena incident where a small specialist multidisciplinary team were brough together to identify people who needed continuing support beyond 4-12 weeks. Staff within existing teams have been identified and could be brought together within 4 weeks of an incident.

The flow charts below demonstrate the phases in action. The first from patient discharge; the second supporting emergency responders and staff involved in the major incident.





Appendix E - Emergency Planning Situation Report (Sit Rep)

This Situation Report is to be completed by the Service Lead or Senior Manager deputising for them in each Directorate. Please return this to the Emergency Planning Manager daily until usual service is resumed. In the event of an IT outage please use this template as a structure to phone in the information to 07896 791389 or to Deputy Chief Executive, the Trust Accountable Emergency Officer.

Note: Please complete all fields. If there is nothing to report, or the information request is not applicable, please insert NIL or N/A.

Directorate:		**Date:**	
Name & Role (completed by):		**Time:**	
Mobile Telephone number:			
Email address:			

Type of Incident	**e.g. Severe Weather.**
Have you experienced any serious operational difficulties e.g. travel to community service users, staff unable to attend for duty, requests for assistance.	
Impact on services and patients:	
Have you invoked Business Continuity Plans?, *including any planned reduction in services and any rescheduled appointments etc.*	

Impact on other service providers		
Mitigating actions taken		
Additional comments,		
Staff Unable to attend work Please list job roles and numbers:	***Role***	***Number unable to attend***
	•	
	•	
	•	
	•	

APPENDIX F – Useful Contacts

Organisation	Contact details
Yorkshire Ambulance Service Control	01709 828820
NHS England (Yorkshire & Humber) 24/7 number	0333 012 4267 Press Option 2 South Yorkshire & Bassetlaw (Back up number 0203 949 7273 – only to be used if the above number fails)
Rotherham, Doncaster & South Humber NHS Foundation Trust (RDaSH)	01302 796000 (Switchboard)
Sheffield City Council Major Incident Response Group (MIRG) Forward Liaison Officer (FLO)	07718 581204 Ask for the mobile number of the on call Communities Emergency Liaison Officer (ELO). Give name and address of hospital or unit, estimate of numbers to be evacuated and request the support of the MIRG
Sheffield Teaching Hospitals NHS Foundation Trust (STH)	Control Room (Silver) 0114 226 6460 0114 226 6461 0114 226 6462 ED Control Room 0114 226 9025 (Bronze) 0114 271 5558