



NHS England Core Standards for Emergency preparedness, resilience and response

v5.0

The attached EPRR Core Standards spreadsheet has 6 tabs:

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

Governance tab:-with deep dive questions to support the EPRR Governance'deep dive' for EPRR Assurance 2017 -18(blue) tab)

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 ambulance service providers in core standard 43 (lilac tab)

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

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

This document is V50. The following changes have been made :

- Inclusion of EPRR Governance questions to support the 'deep dive' for EPRR Assurance 2017-18

| Core standard | Clarifying information | CCGs | CSUs (business continuity only) | Primary care (GP, community pharmacy) | Other NHS funded organisations | Evidence of assurance | Self assessment RAG | Action to be taken | Lead | Timescale |
|--|---|------|---------------------------------|---------------------------------------|--------------------------------|---|--|--------------------|------|-----------|
| | | | | | | | 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. | | | |
| 28 | Preparedness is undertaken with the full engagement and co-operation of interested parties and key stakeholders (internal and external) who have a role in the plan and securing agreement to its content | Y | Y | Y | Y | <ul style="list-style-type: none"> Specify who has been consulted on the relevant documents/ plans etc. Plans have been reviewed by NHS England DCO team and reviewed through the LHRP. The Urgent Care System reviews plans to ensure link with escalation plans. The Accountable Emergency Officer has reviewed Business Continuity Plans. CCG Business Continuity Plans have followed a standard template approved by the LRF and have been reviewed with the support of NHS England DCO Team. | | | | |
| 29 | Arrangements include a debrief process so as to identify learning and inform future arrangements | Y | Y | Y | Y | <ul style="list-style-type: none"> The Cyber Attack gave an opportunity to challenge the de-briefing process. This included an internal exercise with those involved in the incident which was the hot debrief. The cold/structured debrief took place with NHS and a debrief was co-ordinated by NHS England for commissioners. A debrief has been co-ordinated with providers in the system and post incident reports will be shared as part of this. Learnings include more detail on action plans and meeting the timescales of two, four and six weeks. Details of incidents are sent to the NHS England DCO Team and discussed in the LHRP where significant. The CCG emergency planning group review all incidents. | | | | |
| Command and Control (C2) | | | | | | | | | | |
| 30 | 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 | | | Y | <ul style="list-style-type: none"> Explain how the emergency on-call rota will be set up and managed over the short and longer term. For CCGs, the on call rota includes a Director/Senior Manager for the south CCGs and Mid Notts. The rota is produced on a six monthly basis and individuals must ensure cover where they are no longer available. | | | | |
| 31 | Those on-call must meet identified competencies and key knowledge and skills for staff. | Y | | | Y | <ul style="list-style-type: none"> 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. Individuals are trained on the handbook and tactical training is provided to those who would benefit from a more in depth knowledge. With the completion of the updated handbook, refresher training was implemented. Tactical training was attended by CCG on call managers during 2015/16 and is offered to all managers when newly appointed to the rota. All new and existing on call managers have had a training session on the handbook in order to update on the new guidance and on Incident Response Planning. | | | | |
| 32 | Documents identify where and how the emergency or business continuity incident will be managed from, ie the 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. | Y | Y | Y | Y | <ul style="list-style-type: none"> Arrangements detail operating procedures to help manage the ICC (for example, set-up, contact lists etc.), contact details for all key stakeholders and flexible IT and staff arrangements so that they can operate more than one control/coordination centre and manage any events required. The handbook details the ICC proportionate to the role for the CCG. | | | | |
| 33 | Arrangements ensure that decisions are recorded and meetings are minuted during an emergency or business continuity incident. | Y | Y | Y | Y | <ul style="list-style-type: none"> Incident reporting sheets are utilised. During the cyber attack a loggist was utilised. | | | | |
| 34 | 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 | Y | Y | Y | <ul style="list-style-type: none"> Included within plans as relevant and proportional to CCG response. | | | | |
| 35 | 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. | | | | | | N/A | | | |
| 36 | Arrangements to have access to 24-hour radiation protection supervisor available in line with local and national mutual aid arrangements. | | | | | | N/A | | | |
| Duty to communicate with the public | | | | | | | | | | |
| 37 | Arrangements demonstrate warning and informing processes for emergencies and business continuity incidents. | Y | | Y | Y | <ul style="list-style-type: none"> 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 complements 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 including 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. <p>On call communications support is available 24/7 depending on the type of incident. South Nottinghamshire CCGs have a communications function which follows a comms strategy and co-ordinates communications cross organisations. Mid Nottinghamshire also has a comms function. CCGs work directly with NHS England comms in order to align messages and take direction as required. Where relevant plans and promotional material ie heatwaves are on CCG websites and communication channels are used to highlight any concerns or opportunities for the public to help themselves for instance Twitter. Co-ordination of messages will take place with affected organisations and where relevant the lead may be taken by the provider organisations. The Incident Response forms will be used to track information flows and information requests. Each CCG has a means of managing daily messages which includes the FOI process.</p> | | | | |

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| 38 | Arrangements ensure the ability to communicate internally and externally during communication equipment failures | Y | Y | Y | Y | <ul style="list-style-type: none"> Have arrangements in place for resilient communications, as far as reasonably practicable, based on risk. Arrangements are in place as per above. The arrangements are resilient at both a CCG level and as a health economy. | | | | |
| Information Sharing – mandatory requirements | | | | | | | | | | |
| 39 | Arrangements contain information sharing protocols to ensure appropriate communication with partners. | Y | Y | Y | Y | <ul style="list-style-type: none"> 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. Collectively developing an information sharing protocol with the Local Resilience Forum(s) / Borough Resilience Forum(s). Social networking tools may be of use here. CCGs are part of the LHRP MOU | | | | |
| Co-operation | | | | | | | | | | |
| 40 | Organisations actively participate in or are represented at the Local Resilience Forum (or Borough Resilience Forum in London if appropriate) | Y | | Y | Y | <ul style="list-style-type: none"> Attendance at or receipt of minutes from relevant Local Resilience Forum(s) / Borough Resilience Forum(s) meetings, that meetings take place and membership is quorate. | | | | |
| 41 | Demonstrate active engagement and co-operation with other category 1 and 2 responders in accordance with the CCA | Y | | Y | Y | <ul style="list-style-type: none"> NHSE North Midlands is the representative on the LRF and the LHRP is the key NHS Forum. CCGs are represented by the Chief Officer of NHS Rushcliffe CCG as the lead CCG. Arrangements will be reviewed as part of structure changes that are being implemented in 2018. | | | | |
| 42 | Arrangements include how mutual aid agreements will be requested, co-ordinated and maintained. | Y | | Y | Y | | | | | |
| 43 | 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. | | | | Y | | N/A | | | |
| 44 | Arrangements outline the procedure for responding to incidents which affect two or more regions. | | | | Y | <ul style="list-style-type: none"> Treating the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Partnership as strategic level groups | | | | |
| 45 | Arrangements demonstrate how organisations support NHS England locally in discharging its EPRR functions and duties | Y | | Y | | <ul style="list-style-type: none"> 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 Establish mutual aid agreements | | | | |
| 46 | 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 | | | | | <ul style="list-style-type: none"> Identifying useful lessons from your own practice and those learned from collaboration with other 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 | | | | |
| 47 | 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 | | | | | <ul style="list-style-type: none"> 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 | | | | |
| 48 | Arrangements are in place to ensure attendance at all Local Health Resilience Partnership meetings at a director level | Y | | | Y | <ul style="list-style-type: none"> MOU relates to category 1 and 2 responders for LHRP. We have a 24/7 on call rota to discharge our category 2 duties to respond when NHSE North Midlands require us to support their functions. Lessons learnt are discussed in the LHRP and specifically in our CCG EPRR Working Group. Resilience Direct is used by the CCGs as a resource for policies, lessons learnt. List of contacts is available through the on call rota arrangements. Additional list of contacts accessed through Resilience Direct and NHS England North Midlands Contacts Directory. The handbook supports no. 31. | | | | |
| Training And Exercising | | | | | | | | | | |
| 49 | Arrangements include a current training plan with a training needs analysis and ongoing training of staff required to deliver the response to emergencies and business continuity incidents | Y | Y | Y | Y | <ul style="list-style-type: none"> 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 Refer to the NHS England guidance and National Occupational Standards For Civil Contingencies when identifying training needs. | | | | |
| 50 | Arrangements include an ongoing exercising programme that includes an exercising needs analysis and informs future work. | Y | Y | Y | Y | <ul style="list-style-type: none"> 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 incidents have 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 | | | | |
| 51 | Demonstrate organisation wide (including oncall personnel) appropriate participation in multi-agency exercises | Y | | | Y | <ul style="list-style-type: none"> Exercises have been agreed through the LHRP and the LRF community risk register has identified areas for the work programme, ensuring that both are relevant to local circumstances. Through the HEPOG it has been agreed to work together on exercises and also to carry out desk top exercises as part of the meetings. We are compliant with this standard through the on call rota and the skills of the on call managers. Skills and capability will be further enhanced through the experiences of events/tests as they occur. The cyber attack provided an opportunity to review lessons as part of LHRP and through the HEPOG. Communications exercises have been carried out by NHS England. CCG representative has attended PHE event on post incident management. | | | | |
| 52 | Preparedness ensures all incident commanders (oncall directors and managers) maintain a continuous personal development portfolio demonstrating training and/or incident /exercise participation. | Y | | | Y | | | | | |

| Core standard | Clarifying information | Acute healthcare providers | Specialist providers | Ambulance service providers | Patient Transport Providers | 111 | Community services providers | Mental healthcare providers | NHS England local teams | NHS England Regional & national | CCGs | CCGs (business continuity only) | Primary care (GP, community pharmacy) | Other NHS funded organisations | 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 |
|-----------------------|---|--|----------------------|-----------------------------|-----------------------------|-----|------------------------------|-----------------------------|-------------------------|---------------------------------|------|---------------------------------|---------------------------------------|--------------------------------|---|---|--------------------|------|-----------|
| | | | | | | | | | | | | | | | | | | | |
| 2015 Deep Dive | | | | | | | | | | | | | | | | | | | |
| DD1 | The organisation's Accountable Emergency Officer has taken the result of the 2016/17 EPRR assurance process and annual work plan to a public Board/Governing Body meeting for sign off within the last 12 months. | <ul style="list-style-type: none"> The organisation has taken the LHRP agreed results of their 2016/17 NHS EPRR assurance process to a public Board meeting or Governing Body, within the last 12 months The organisations can evidence that the 2016/17 NHS EPRR assurance results Board/Governing Body results have been presented via meeting minutes. | Y | Y | Y | Y | Y | Y | Y | Y | Y | | | | <ul style="list-style-type: none"> Organisation's public Board/Governing Body report Organisation's public website <p>The results went to the November Governing Bodies. http://www.nottinghamnortheastccg.nhs.uk/wp-content/uploads/2016/11/GB16135-Chief-Officer-and-Chairs-Report-November-2016.pdf; http://www.nottinghamwestccg.nhs.uk/media/1887/mwccg-governing-body-papers-24-november-2016.pdf; http://www.rushcliffccg.nhs.uk/media/3758/16162-chief-officer-report.pdf; http://www.nottinghamcity.nhs.uk/images/stories/docs/GoverningBody2016-17/November_2016/CCG_Governing_Body_Public_Meeting_Supplement_Agenda_Pack_30_November_2016.pdf;</p> | | | | |
| DD2 | The organisation has published the results of the 2016/17 NHS EPRR assurance process in their annual report. | <ul style="list-style-type: none"> There is evidence that the organisation has published their 2016/17 assurance process results in their Annual Report | Y | Y | Y | Y | Y | Y | Y | Y | Y | | | | <ul style="list-style-type: none"> Organisation's Annual Report Organisation's public website <p>Detail is not in two of CCGs annual reports and will be included in subsequent version as per guidance. This has been included in the annual reports. http://www.nottinghamnortheastccg.nhs.uk/wp-content/uploads/2017/06/Annual-Report-16-17.pdf http://www.nottinghamcity.nhs.uk/images/stories/docs/GoverningBody2016-17/November_2016/CCG_Governing_Body_Public_Meeting_Supplement_Agenda_Pack_30_November_2016.pdf; http://www.nottinghamwestccg.nhs.uk/media/2128/mwccg-annual-report-and-accounts-2016-17.pdf; http://www.rushcliffccg.nhs.uk/media/4168/rushcliffccg-annual-report-and-accounts-2016-17.pdf; http://www.mansfieldanddashfieldccg.nhs.uk/media/1092/annual-report-2016-17.pdf; http://www.newarkandsherwoodccg.nhs.uk/media/1088/annual-report-2016-17.pdf</p> | | | | |
| DD3 | The organisation has an identified, active Non-executive Director/Governing Body Representative who formally holds the EPRR portfolio for the organisation. | <ul style="list-style-type: none"> The organisation has an identified Non-executive Director/Governing Body Representative who formally holds the EPRR portfolio. The organisation has publicly identified the Non-executive Director/Governing Body Representative that holds the EPRR portfolio via their public website and annual report The Non-executive Director/Governing Body Representative who formally holds the EPRR portfolio is a regular and active member of the Board/Governing Body The organisation has a formal and established process for keeping the Non-executive Director/Governing Body Representative briefed on the progress of the EPRR work plan outside of Board/Governing Body meetings | Y | Y | Y | Y | Y | Y | Y | Y | Y | | | | <ul style="list-style-type: none"> Organisation's Annual Report Organisation's public Board/Governing Body report Organisation's public website Minutes of meetings <p>included in paper that went to July GB (and will be going in September 2017). Part of Annual Report as per above. The Governing Body representative is the AEO. Responsibilities will be considered further as part of the restructure in Greater Nottingham, including the move to a Joint Commissioning Committee.</p> | | | | |
| DD4 | The organisation has an internal EPRR oversight/delivery group that oversees and drives the internal work of the EPRR function. | <ul style="list-style-type: none"> The organisation has an internal group that meets at least quarterly that agrees the EPRR work priorities and oversees the delivery of the organisation's EPRR function. | Y | Y | Y | Y | Y | Y | Y | Y | Y | | | | <ul style="list-style-type: none"> Minutes of meetings <p>There is an internal meeting that includes Bassetlaw CCG. The last meeting was held in August 2017.</p> | | | | |
| DD5 | The organisation's Accountable Emergency Officer regularly attends the organisations internal EPRR oversight/delivery group | <ul style="list-style-type: none"> The organisation's Accountable Emergency Officer is a regular attendee at the organisation's meeting that provides oversight to the delivery of the EPRR work program. The organisation's Accountable Emergency Officer has attended at least 50% of these meetings within the last 12 months. | Y | Y | Y | Y | Y | Y | Y | Y | Y | | | | <ul style="list-style-type: none"> Minutes of meetings <p>This is managed through lead CCG and AEO, Vicky Bailey, who reports into the other AEOs. AEOs receive feedback from LHRP. AEOs receive updates from Health Protection Strategy Group.</p> | | | | |
| DD6 | The organisation's Accountable Emergency Officer regularly attends the Local Health Resilience Partnership meetings | <ul style="list-style-type: none"> The organisation's Accountable Emergency Officer is a regular attendee at Local Health Resilience Partnership meetings The organisation's Accountable Emergency Officer has attended at least 75% of these meetings within the last 12 months. | Y | Y | Y | Y | Y | Y | Y | Y | Y | | | | <ul style="list-style-type: none"> Minutes of meetings <p>This is attended through lead CCG or deputy CCG. CCGs have been represented at all LHRPs and this has predominantly been by an Accountable Emergency Officer.</p> | | | | |

| Hazardous materials (HAZMAT) and chemical, biological, radiological and nuclear (CBRN) response core standards (NB this is designed as a stand alone sheet) | | Acute healthcare providers | Specialist providers | 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 | | | | | Evidence of assurance | | | |
| Preparedness | | | | | | | | | | |
| 53 | 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 | Y | • Being able to provide documentary evidence of a regular process for monitoring, reviewing and updating and approving arrangements • Version control | | |
| 54 | Staff are able to access the organisation HAZMAT/ CBRN management plans. | Decontamination trained staff can access the plan | Y | Y | Y | Y | Y | • Site inspection • IT system screen dump | | |
| 55 | 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 | Y | Y | Y | Y | Y | • Appropriate HAZMAT/ CBRN risk assessments are incorporated into EPRR risk assessments (see core standards 5-7) | | |
| 56 | Rotas are planned to ensure that there is adequate and appropriate decontamination capability available 24/7. | | Y | | Y | | | • Resource provision / % staff trained and available • Rota / rostering arrangements | | |
| 57 | 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 | | | | | | | | | | |
| 58 | 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.londonccn.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-jesip-do/training/ | Y | Y | Y | Y | Y | • completed inventory list (see overleaf) or Response Box (see Preparation for Incidents Involving Hazardous Materials - Guidance for Primary and Community Care Facilities (NHS London, 2011)) | | |
| 59 | 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 | | | | | |
| 60 | 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 | | | | | |
| 61 | 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 | | | | | |
| 62 | There are effective disposal arrangements in place for PPE no longer required. | (NHS England published guidance (May 2014) or subsequent later guidance when applicable) | Y | | Y | | | | | |
| Training | | | | | | | | | | |
| 63 | The current HAZMAT/ CBRN Decontamination training lead is appropriately trained to deliver HAZMAT/ CBRN training | | Y | | Y | | | | | |
| 64 | 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 | • Show evidence that achievement records are kept of staff trained and refresher training attended • Incorporation of HAZMAT/ CBRN issues into exercising programme | | |
| 65 | The organisation has sufficient number of trained decontamination trainers to fully support its staff HAZMAT/ CBRN training programme. | | Y | | Y | | | | | |
| 66 | 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.londonccn.nhs.uk/_store/documents/hazardous-material-incident-guidance-for-primary-and-community-care.pdf) | Y | Y | Y | Y | Y | | | |

HAZMAT CBRN equipment list - for use by Acute and Ambulance service 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 | Inflatable frame | | |
| E1.1 | Liner | | |
| E1.2 | Air inflator pump | | |
| E1.3 | 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 | | |
| E6 | Hose connectors and shower heads | | |
| E7 | Flooring appropriate to tent in use (with decontamination basin if needed) | | |
| E8 | Waste water pump and pipe | | |
| E9 | Waste water bladder | | |
| | 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 | | |
| | Ancillary | | |
| E12 | A facility to provide privacy and dignity to patients | | |
| E13 | Buckets, sponges, cloths and blue roll | | |
| E14 | Decontamination liquid (COSHH compliant) | | |
| E15 | Entry control board (including clock) | | |
| E16 | A means to prevent contamination of the water supply | | |
| E17 | Poly boom (if required by local Fire and Rescue Service) | | |
| E18 | Minimum of 20 x Disrobe packs or suitable equivalent (combination of sizes) | | |
| E19 | Minimum of 20 x re-robe packs or suitable alternative (combination of sizes - to match disrobe packs) | | |
| E20 | Waste bins | | |
| | Disposable gloves | | |
| E21 | Scissors - for removing patient clothes but of sufficient calibre to execute an emergency PRPS suit disrobe | | |
| E22 | FFP3 masks | | |
| E23 | Cordon tape | | |
| E24 | Loud Hailer | | |
| E25 | Signage | | |
| E26 | Tabbards identifying members of the decontamination team | | |
| E27 | 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 | | |
| E28 | RAM GENE monitors (x 2 per Emergency Department and/or HART team) | | |
| E29 | Hooded paper suits | | |
| E30 | Goggles | | |
| E31 | FFP3 Masks - for HART personnel only | | |
| E32 | Overshoes & Gloves | | |

