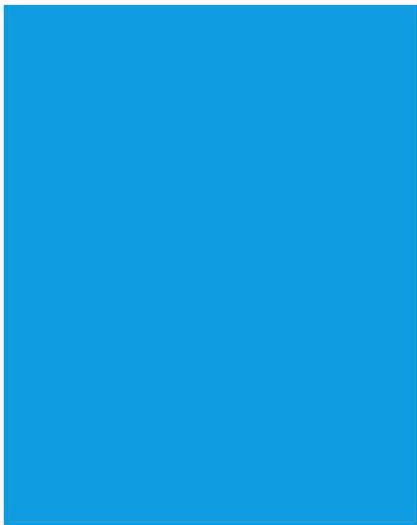


NHS Commissioning Board
Core Standards for Emergency
Preparedness, Resilience and
Response (EPRR)



NHS Commissioning Board Core Standards for Emergency Preparedness, Resilience and Response (EPRR)

Date	7 January 2013
Audience	<ul style="list-style-type: none"> • NHS Commissioning Board directors of operations and delivery • NHS Commissioning Board regional directors • NHS Commissioning Board area team directors • NHS Trust and NHS Foundation Trust chief executives • Ambulance Service chief executives • Clinical commissioning groups • Accountable emergency officers.
Copy to	<ul style="list-style-type: none"> • Members of local health resilience partnerships (LHRPs) • NHS Commissioning Board emergency planning leads • Strategic Health Authority emergency planning leads.
Description	<p>Please read this document in the context of:</p> <ul style="list-style-type: none"> • the NHS Commissioning Board Emergency Planning Framework (2013) • the NHS Commissioning Board Business Continuity Management Framework (service resilience) (2013) • NHS Commissioning Board command and control arrangements (2013) • the Civil Contingencies Act (2004).
Cross references and links	<p>http://www.commissioningboard.nhs.uk/eprp/</p> <p>Further links are listed in section 7.</p>
Action required	Accountable emergency officers must make sure that their organisations and sub-contractors work to these core standards.
Timing	As new health EPRR arrangements are introduced (by April 2013).
Contact details	<p>NHSCB.EPRR@nhs.net</p> <p>NHS Operations, Quarry House, Leeds LS2 7UE.</p>

Contents

1.	BACKGROUND	4
2.	HOW WILL THE CORE STANDARDS BE USED?	4
3.	WHAT ARE THEY FOR?	4
4.	A SUMMARY OF EPRR REQUIREMENTS	5
	General	5
	EPRR	5
	Service resilience planning	5
5.	CATEGORY ONE AND TWO RESPONDERS	6
6.	EQUALITY AND DIVERSITY	7
7.	REFERENCES AND INFORMATION SOURCES	7
8.	FREEDOM OF INFORMATION	8
9.	GLOSSARY	8
	APPENDIX 1 – CORE STANDARDS	9

1. Background

The NHS needs to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care. These could be anything from severe weather to an infectious disease outbreak or a major transport accident. Under the Civil Contingencies Act (2004), NHS organisations and sub-contractors must show that they can deal with these incidents while maintaining services to patients. This work is referred to in the health service as 'emergency preparation, resilience and response' (EPRR).

2. How will the core standards be used?

- 2.1. These are the minimum standards which NHS organisations and providers of NHS funded care **must** meet.
- 2.2. The accountable emergency officer in each organisation is responsible for making sure these standards are met.
- 2.3. All NHS Commissioning Board EPRR framework guidance will include relevant extracts from these standards. And EPRR control processes will require evidence that the standards are being met.
- 2.4. We may update these standards from time to time as lessons are learnt from testing, practical use and control processes.

3. What are they for?

The main aim is to clearly set out the minimum EPRR standards expected of each NHS organisation and provider of NHS funded care. However, the standards will also:

- enable agencies across the country to share a purpose and co-ordinate activities; and
- provide a consistent framework for self-assessment, peer review and more formal control processes carried out by the Commissioning Board and regulatory organisations.

4. A summary of EPRR requirements

4.1. The following lists provide a summary of the requirements which are set out in detail in appendix A.

General

4.2. NHS organisations and providers of NHS funded care must:

- i. nominate an accountable emergency officer who will be responsible for EPRR; and
- ii. contribute to area planning for EPRR through local health resilience partnerships (LHRPs) and other relevant groups.

EPRR

4.3. NHS Organisations and providers of NHS funded care must:

- i. have suitable, up to date plans which set out how they plan for, respond to and recover from major incidents and emergencies as identified in local and community risk registers;
- ii. test these plans through:
 - a communications exercise every six months;
 - a desktop exercise once a year; and
 - a major live or simulated exercise every three years;
- iii. have suitably trained, competent staff and the right facilities available round the clock to effectively manage a major incident or emergency; and
- iv. share their resources as required to respond to a major incident or emergency.

Service resilience planning

4.4. NHS organisations and providers of NHS funded care must have suitable, up to date plans which set out how they will:

- i. maintain continuous service when faced with disruption from identified local risks; and
- ii. resume key services which have been disrupted by, for example, severe weather, IT failure, an infectious disease, a fuel shortage or industrial action.

This planning should follow the principles of ISO 22301 and PAS 2015.

5. Category one and two responders

5.1. The Civil Contingencies Act (2004) identifies a wide range of public sector organisations as 'category one' responders. The category includes all Acute and Ambulance NHS Trusts, Public Health England and the NHS Commissioning Board.

These organisations have legal responsibilities in six specific areas, which are:

- i. co-operating with other responders;
- ii. risk assessment;
- iii. emergency planning;
- iv. communicating with the public;
- v. sharing information; and
- vi. business continuity.

5.2. Primary care, community providers, mental health and other NHS organisations (NHS Blood and Transplant, NHS Logistics and NHS Protect) are not listed in the Civil Contingencies Act 2004. However, Department of Health and NHS Commissioning Board guidance expects them to plan for and respond to incidents in the same way as category one responders.

5.3. Category two responders, such as Clinical Commissioning Groups, are seen as co-operating organisations. They are less likely to be involved in the heart of the planning, but they will be heavily involved in incidents that affect their sector.

5.4. Although category two responders have a lesser set of duties, it is vital that they share relevant information with other responders (both category one and two) if EPRR arrangements are to succeed.

5.5. Category one and two responders come together to form local resilience forums based on police areas. These forums help to co-ordinate activities and foster co-operation between local responders.

6. Equality and diversity

- 6.1. Investing in a diverse NHS workforce enables us to deliver a better service and improve patient care in the NHS. Equality is about creating a fairer society where everyone has the opportunity to fulfil their potential. Diversity is about recognising and valuing difference in its broadest sense.
- 6.2. When putting arrangements in place to reflect this suite of documents, organisations should be mindful of their obligations under the Equality Act 2010. The Equality Duty ensures that public bodies consider the needs of all individuals in shaping policy, delivering services, and in relation to their own employees. It encourages public bodies to understand how different people will be affected by their activities on different people so that policies and services are appropriate and accessible to all and meet different people's needs.

7. References and information sources

This document should be read in the context of the following sources of information.

- 7.1. The Civil Contingencies Act 2004¹.
- 7.2. The Cabinet Office website².
- 7.3. The Health and Social Care Act 2012³.
- 7.4. NHS Commissioning Board EPRR documents and supporting materials⁴, including:
 - a. NHS Commissioning Board Business Continuity Management Framework (service resilience) (2013)
 - b. NHS CB Emergency Planning Framework (2013); and
 - c. NHS Commissioning Board Command and Control Framework for the NHS during significant incidents and emergencies (2013).
- 7.5. National Occupational Standards (NOS) for Civil Contingencies – Skills for Justice⁵.
- 7.6. BSI PAS 2015 – Framework for Health Services Resilience⁶.
- 7.7. ISO 22301 Societal Security - Business Continuity Management Systems – Requirements⁷.

¹ <http://www.legislation.gov.uk/ukpga/2004/36/contents>

² <http://www.cabinetoffice.gov.uk/ukresilience>

³ <http://www.legislation.gov.uk/ukpga/2012/7/enacted>

⁴ www.commissioningboard.nhs.uk/epr/

⁵ <http://www.skillsforjustice-nosfinder.com/epc/aboutnos.php>

⁶ <http://shop.bsigroup.com/en/ProductDetail/?pid=000000000030201297>

8. Freedom of information

This document is available to the public.

9. Glossary

BSI	British Standards Institution
CCG	Clinical Commissioning Groups
EPRR	Emergency preparation, resilience and response
ISO	International Standards Organisation
NHS CB	NHS Commissioning Board
NHSBT	NHS Blood and Transplant
LHRP	Local Health Resilience Partnership
LRF	Local Resilience Forum
PAS	Publicly Available Specification

⁷ http://www.iso.org/iso/catalogue_detail?csnumber=50038

Appendix 1 – Core standards

These standards will be updated from time to time. The following extract is correct at the time of publication. To view the latest list of core standards, please see the NHS Commissioning Board Core Standards for Emergency Preparation, Resilience and Response Framework at www.commissioningboard.nhs.uk/epr/

	NHS Core Standards for Emergency Preparedness, Resilience & Response (EPRR)	Cat 1 responders				Cat 2	Not categorised			
		Acute trusts	Ambulance trusts	NHS CB area teams	NHS CB regional &	CCGs	Primary care	Other NHS organisations*	Community providers	Mental health
1	All NHS organisations and providers of NHS funded care must nominate an accountable emergency officer who will be responsible for EPRR and business continuity management.	X	X	X	X	X	X	X	X	X
2	All NHS organisations and providers of NHS funded care must share their resources as necessary when they are required to respond to a significant incident or emergency.	X	X	X	X	X	X	X	X	X
3	3. All NHS organisations and providers of NHS funded care must have plans setting out how they contribute to co-ordinated planning for emergency preparedness and resilience (for example surge, winter & service continuity) across the area through LHRPs and relevant sub-groups. These plans must include details of:	X	X	X	-	X	X	X	X	X
3 . 1	director-level representation at the LHRP; and	X	X	X	-	X	-	X	X	X
3 . 2	representation at the LRF.	-	X	X	-	-	-	-	-	-
4	All NHS organisations and providers of NHS funded care must contribute to an annual NHS CB report on the health sector's EPRR capability and capacity in responding to national, regional and LRF incidents. Reports must include control and assurance processes, information-sharing, training and exercise programmes and national capabilities surveys. They must be made through the organisations' formal reporting structures.	X	X	X	X	X	X	X	X	X
4 . 1	Organisations must have an annual work programme to reduce risks and learn the lessons identified relating to EPRR (including details of training and exercises). This work programme should link back to the National Risk Assessment (NRA) and Community Risk Register (CRR).	X	X	X	X	X	X	X	X	X
4 . 2	Organisations must maintain a risk register which links back to the National Risk Assessment (NRA) and Community Risk Register (CRR).	X	X	X	X	X	X	X	X	X

NHS Core Standards for Emergency Preparedness, Resilience & Response (EPRR)		Acute trusts	Ambulance trusts	NHS CB area teams	NHS CB regional &	CCGs	Primary care	Other NHS organisatio	Community providers	Mental health
5	All NHS organisations and providers of NHS funded care must have plans which set out how they plan for, respond to and recover from disruptions, significant incidents and emergencies. Incident response plans must:	X	X	X	X	Note ¹	Note ₁	Note ₁	Note ₁	Note ₁
5 . 1	be based on risk-assessed worst-case scenarios;	X	X	X	X	X	X	X	X	X
5 . 2	make sure that all arrangements are trialled and validated through testing or exercises;	X	X	X	X	X	X	X	X	X
5 . 3	make sure that the funding and resources are available to cover the EPRR arrangements;	X	X	X	X	X	X	X	X	X
5 . 4	plan for the potential effects of a significant incident or emergency or for providing healthcare services to prisons, the military and iconic sites; and	X	X	-	X	-	-	-	X	X
5 . 5	include plans to maintain the resilience of the organisation as a whole, so that the Estates Department and Facilities Department are not planning in isolation.	X	X	-	X	-	-	-	X	X
	Incident response plans must be in line with published guidance, threat-specific plans and the plans of other responding partners. They must:	X	X	X	X	X	X	X	X	X
5 . 6	refer to all relevant national guidance, other supporting and threat-specific plans (eg pandemic flu, CBRN, mass casualties, burns, fuel shortages, industrial action, evacuation, lockdown, severe weather etc) and policies, and all other supporting documents that enhance the organisation's incident response plan;	X	X	X	X	X	X	X	X	X
5 . 7	refer to all other associated plans identified by local, regional and national risk registers;	X	X	X	X	X	X	X	X	X
5 . 8	have been written in collaboration with all relevant partner organisations;	X	X	X	X	X	X	X	X	X
5 . 9	refer to incident response plans used by partners, including LRF plans;	X	X	X	X	X	-	X	-	-
5 . 10	have been written in collaboration with PHE;	X	X	X	X	X	X	-	-	X
5 . 11	have been written in collaboration with all burns, trauma and critical care networks; and	X	X	X	X	X	-	X	X	-
5 . 12	define how the organisation will meet the Prevent strategy's objectives for health (1. prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support and 2. work with sectors and institutions where there are risks of radicalisation which we need to address, and the wider CONTEST strategy).	X	X	X	-	X	-	-	X	X

Note 1. All NHS Organisations and providers of NHS funded care must maintain suitable incident response plans. However, the details in these plans will depend on the organisation's size and role. Providers of NHS funded care include:

- independent hospitals under contract to deliver NHS care;
- urgent care centres;
- nursing homes;
- residential and elderly mentally-impaired (EMI) homes; and
- patient care transport providers.

NHS Core Standards for Emergency Preparedness, Resilience & Response (EPRR)		Acute trusts	Ambulance trusts	NHS CB area teams	NHS CB regional &	CCGs	Primary care	Other NHS organisatio	Community providers	Mental health
	Incident response plans must follow NHS governance arrangements. They must:	X	X	X	X	X	X	X	X	X
5 . 13	be approved by the relevant board;	X	X	X	X	X	-	X	X	X
5 . 14	be signed off by the Chief Executive;	X	X	X	X	X	X	X	X	X
5 . 15	set out how legal advice can be obtained in relation to the CCA;	X	X	X	X	X	-	X	-	X
5 . 16	identify who is responsible for making sure the plan is updated, distributed and regularly tested;	X	X	X	X	X	X	X	X	X
5 . 17	explain how internal and external consultation will be carried out to validate the plan;	X	X	X	X	X	-	X	X	X
5 . 18	include version controls to be sure the user has the latest version;	X	X	X	X	X	X	X	X	X
5 . 19	set out how the plan will be published – for example, on a website;	X	X	X	X	X	X	X	X	X
5 . 20	include an audit trail to record changes and updates;	X	X	X	X	X	X	X	X	X
5 . 21	explain how predicted and unexpected spending will be covered and how a unique cost centre and budget code can be made available to track costs; and	X	X	X	X	X	X	X	X	X
5 . 22	demonstrate a systematic risk assessment process in identifying risks relating to any part of the plan or the identified emergency.	X	X	X	X	X	X	X	X	X
	Staff must be aware of the Incident Response Plan, competent in their roles and suitably trained.	X	X	X	X	X	X	X	X	X
5 . 23	Key staff must know where to find the plan on the intranet or shared drive.	X	X	X	X	X	X	X	X	X
5 . 24	There must be an annual work programme setting out training and exercises relating to EPRR and how lessons will be learnt.	X	X	X	X	X	-	X	X	X
5 . 25	Key knowledge and skills for staff must be based on the National Occupation Standards for Civil Contingencies. Directors of NHS CB on-call rotas must meet NHS CB published competencies.	X	X	X	X	X	-	X	X	X
5 . 26	It must be clear how awareness of the plan will be maintained amongst all staff (for example, through ongoing education and information programmes or e-learning).	X	X	X	X	X	-	X	X	X
5 . 27	It must be clear how key staff can achieve and maintain suitable knowledge and skills.	X	X	X	X	X	-	X	X	X
	Set out responsibilities for carrying out the plan and how the plan works, including command and control arrangements and stand-down protocols.	X	X	X	X	X	X	X	X	X
5 . 28	Describe the alerting arrangements for external and self-declared incidents (including trigger points, decision trees and escalation/de-escalation procedures)	X	X	X	X	X	X	X	X	X
5 . 29	Set out the procedures for escalating emergencies to NHS CB area teams, regions, national office and DH	-	-	X	X	-	-	-	X	-
5 . 30	Explain how the emergency on-call rota will be set up and managed over the short and longer term.	X	X	X	X	-	-	X	X	-
5 . 31	Include 24-hour arrangements for alerting managers and other key staff, and explain how contact lists will be kept up to date.	X	X	X	X	X	X	X	X	X
5 . 32	Set out the responsibilities of key staff and departments.	X	X	X	X	X	X	X	X	X
5 . 33	Set out the responsibilities of the Chief Executive or nominated Executive Director.	X	X	X	X	X	X	X	X	X
5 . 34	Explain how mutual aid arrangements will be activated and maintained.	X	X	X	X	X	-	X	X	X
5 . 35	Identify where the incident or emergency will be managed from (the ICC).	X	X	X	X	X	-	X	X	X
5 . 36	Define the role of the loggist to record decisions made and meetings held during and after the incident, and how an incident report will be produced.	X	X	X	X	-	-	X	X	X
5 . 37	Best Practice: Use an electronic data-logging system to record the decisions made.	X	X	-	-	-	-	-	-	-
5 . 38	Best Practice: Use the National Resilience Extranet.	X	X	X	X	-	-	-	X	-

NHS Core Standards for Emergency Preparedness, Resilience & Response (EPRR)		Acute trusts	Ambulance trusts	NHS CB area teams	NHS CB regional &	CCGs	Primary care	Other NHS organisations	Community providers	Mental health
	Incident response plans must follow NHS governance arrangements. They must:	X	X	X	X	X	X	X	X	X
5 . 39	Refer to specific action cards relating to using the incident response plan.	X	X	X	X	X	X	X	X	X
5 . 40	Explain the process for completing, authorising and submitting NHS CB standard threat-specific situation reports and how other relevant information will be shared with other organisations.	X	X	X	X	X	X	X	X	X
5 . 41	Explain how extended working hours will apply and how they can be sustained. Explain how handovers are completed.	X	X	X	-	X	-	X	X	X
5 . 42	Explain how to communicate with partners, the public and internal staff based on a formal communications strategy. This must take into account the FOI Act 2000, the Data Protection Act 1998 and the CCA 2004 'duty to communicate with the public'. Social networking tools may be of use here.	X	X	X	X	X	X	X	X	X
5 . 43	Have agreements in place with local 111 providers so they know how they can help with an incident	X	X	X	X	X	X	-	X	-
5 . 44	Consider using helplines in an emergency. Set up procedures in advance which explain the arrangements. Make sure foreign language lines are part of these arrangements.	X	X	X	X	X	X	X	X	X
5 . 45	Describe how stores and supplies will be maintained.	X	X	-	-	X	X	X	X	X
5 . 46	Explain how specific casualties will be managed – for example, burns, paediatrics and those from certain faiths.	X	X	-	-	-	-	-	X	X
5 . 47	Explain how VIPs will be managed, whether they are casualties or visiting others who are casualties.	X	X	-	X	-	-	-	-	X
5 . 48	Explain the process of recovery and returning to normal processes.	X	X	X	X	X	X	X	X	X
5 . 49	Explain the de-briefing process (hot, local and multi-agency) at the end of an incident.	X	X	X	X	X	-	X	X	X
5 . 50	Explain how to support patients, staff and relatives before, during and after an incident (including counselling and mental health services).	X	X	X	X	X	-	X	X	X
	Set out how surges in demand will be managed.	X	X	X	X	X	X	X	X	X
5 . 51	Explain who will be responsible for managing escalation and surges.	X	X	X	X	X	X	X	X	X
5 . 52	Describe local escalation arrangements and trigger points in line with regional escalation plans and working alongside acute, ambulance and community providers.	X	X	X	X	X	X	X	X	X
	Link the Incident Response Plan to threat-specific incidents	X	X	X			X	X	X	X
5 . 53	CBRN incidents;	X	X	-	-	-	X	X	X	X
5 . 54	mass casualty incidents;	X	X	-	-	-	X	X	X	X
5 . 55	pandemic flu;	X	-	X	-	-	X	X	X	X
5 . 56	patients with burns requiring critical care; and	X	-	-	-	-	X	X	X	X
5 . 57	severe weather.	-	X	X	-	-	X	X	X	X

NHS Core Standards for Emergency Preparedness, Resilience & Response (EPRR)		Acute trusts	Ambulance trusts	NHS CB area teams	NHS CB regional &	CCGs	Primary care	Other NHS organisatio	Community providers	Mental health
6	All NHS organisations must provide a suitable environment for managing a significant incident or emergency (an ICC). This should include a suitable space for making decisions and collecting and sharing information quickly and efficiently.	X	X	X	X	Note ²	Note ₂	Note ₂	Note ₂	Note ₂
6 . 1	There should be a plan setting out how the ICC will operate.	X	X	X	X	X	X	X	X	X
6 . 2	There must be detailed operating procedures to help manage the ICC (for example, contact lists and reporting templates).	X	X	X	X	X	X	X	X	X
6 . 3	There must be a plan setting out how the Incident Coordination Team will be called in and managed over any length of time	X	X	X	X	X	X	X	X	X
6 . 4	Facilities and equipment must meet the requirements of the NHS CB Corporate Incident Response Plan.	X	X	X	X	X	X	X	X	X
7	All NHS organisations and providers of NHS funded care must develop, maintain and continually improve their business continuity management systems. This means having suitable plans which set out how each organisation will maintain continuity in its services during a disruption from identified local risks and how they will recover delivery of key services in line with ISO22301. Organisations must:	X	X	X	X	X	X	X	X	X
7 . 1	make sure that there are suitable financial resources for their BCMS and that those delivering the BCMS understand and are competent in their roles;	X	X	X	X	X	X	X	X	X
7 . 2	set out how finances and unexpected spending will be covered, and how unique cost centres and budget codes can be made available to track costs;	X	X	X	X	X	X	X	X	X
7 . 3	develop business continuity strategies for continuing and recovering critical activities within agreed timescales, including the resources required such as people, premises, ICT, information, utilities, equipment, suppliers and stakeholders; and	X	X	X	X	X	X	X	X	X
7 . 4	develop, use and maintain business continuity plans to manage disruptions and significant incidents based on recovery time objectives and timescales identified in the business impact analysis	X	X	X	X	X	X	X	X	X
	Business continuity plans must include governance and management arrangements linked to relevant risks and in line with international standards.	X	X	X	X	X	X	X	X	X
7 . 5	Each organisation's BCMS should be based on its legal responsibilities, internal and external issues that could affect service delivery and the needs and expectations of interested parties.	X	X	X	X	X	X	X	X	X
7 . 6	Organisations should establish a business continuity policy which is agreed by top management, built into business processes and shared with internal and external interested parties.	X	X	X	X	X	X	X	X	X
7 . 7	Organisations must make clear how their plan will be published, for example on a website.	X	X	X	X	X	X	X	X	X
7 . 8	The BCMS policy and business continuity plan must be approved by the relevant board and signed off by the Chief Executive.	X	X	X	X	X	X	X	X	X
7 . 9	There must be an audit trail to record changes and updates such as changes to policy and staffing.	X	X	X	X	X	X	X	X	X
7 . 10	The planning process must take into account nationally available toolkits that are seen as good practice.	X	X	X	X	X	X	X	X	X

Note: 2. Each NHS organisation is responsible for providing a suitable environment for managing a significant incident or emergency (an ICC). However, the exact specification of the ICC will depend on the organisation's size and role.

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	Business continuity plans must take into account the organisation's critical activities, the analysis of the effects of disruption and the actual risks of disruption.	X	X	X	X	X	X	X	X	X
7 . 11	Organisations must identify and manage internal and external risks and opportunities relating to the continuity of their operations.	X	X	X	X	X	X	X	X	X
7 . 12	Plans must be maintained based on risk-assessed worst-case scenarios.	X	X	X	X	X	X	X	X	X
7 . 13	Risk assessments should take into account community risk registers and at very least include worst-case scenarios for: • severe weather (including snow, heatwave, prolonged periods of cold weather and flooding); • staff absence (including industrial action); • the working environment, buildings and equipment; • fuel shortages; • surges in activity; • IT and communications; • supply chain failure; and • associated risks in the surrounding area (e.g. COMAH and iconic sites).	X	X	X	X	X	X	X	X	X
7 . 14	Organisations must develop, use and maintain a formal and documented process for business impact analysis and risk assessment.	X	X	X	X	X	X	X	X	X
7 . 15	They must identify all critical activities using a business impact analysis. This should set out the effect business disruption may have on the organisation and how this will be overcome, including the maximum period of tolerable disruption.	X	X	X	X	X	X	X	X	X
7 . 16	Organisations must highlight which of their critical activities have been put on the corporate risk register and how these risks are being addressed.	X	X	X	X	X	X	X	X	X
	Business continuity plans should set out how the plans will be called into use, escalated and operated.	X	X	X	X	X	X	X	X	X
7 . 17	Organisations must develop, use, maintain and test procedures for receiving and cascading warnings and other communications before, during and after a disruption or significant incident. If appropriate, business continuity plans should be published on external websites and through other information-sharing media.	X	X	X	X	X	X	X	X	X
7 . 18	Plans should set out: the alerting arrangements for external and self-declared incidents, including trigger points and escalation procedures;	X	X	X	X	X	X	X	X	X
7 . 19	the procedures for escalating emergencies to CCGs and the NHS CB area, regional and national teams;	X	X	X	X	X	X	X	X	X
7 . 20	24-hour arrangements for alerting managers and other key staff, including how up-to-date contact lists will be maintained;	X	X	X	X	X	X	X	X	X
7 . 21	the responsibilities of key staff and departments;	X	X	X	X	X	X	X	X	X
7 . 22	the responsibilities of the Chief Executive or Executive Director;	X	X	X	X	X	X	X	X	X
7 . 23	how mutual aid arrangements will be called into use and maintained;	X	X	X	X	X	-	X	X	X
7 . 24	where the incident or emergency will be managed from (the ICC);	X	X	X	X	X	-	X	X	X
7 . 25	how the independent healthcare sector may help if required; and	X	X	X	X	X	X	X	X	X
7 . 26	the insurance arrangement that are in place and how they may apply.	X	X	X	X	X	X	X	X	X

NHS Core Standards for Emergency Preparedness, Resilience & Response (EPRR)		Acute trusts	Ambulance trusts	NHS CB area teams	NHS CB regional & regional &	CCGs	Primary care	Other NHS organisatio	Community providers	Mental health
	Business continuity plans should describe the effects of any disruption and how they can be managed. Plans should include:	X	X	X	X	X	X	X	X	X
7 . 27	contact details for all key stakeholders;	X	X	X	X	X	X	X	X	X
7 . 28	alternative locations for the business;	X	X	X	X	X	X	X	X	X
7 . 29	a scalable plan setting out how incidents will be managed and by whom;	X	X	X	X	X	X	X	X	X
7 . 30	recovery and restoration processes and how they will be set up following an incident;	X	X	X	X	X	X	X	X	X
7 . 31	how decisions and meetings will be recorded during and after an incident, and how the incident report will be compiled;	X	X	X	X	X	X	X	X	X
7 . 32	how the organisation will respond to the media following a significant incident, in line with the formal communications strategy;	X	X	X	X	X	X	X	X	X
7 . 33	how staff will be accommodated overnight if necessary;	X	X	X	X	X	X	X	X	X
7 . 34	how stores and supplies will be managed and maintained; and	X	X	-	-	X	X	X	X	X
7 . 35	details of a surge plan to maintain critical services.	X	X	X	X	X	X	X	X	X
	Business continuity plans should specify how they will be used, maintained and reviewed.	X	X	X	X	X	X	X	X	X
7 . 36	Organisations must use, exercise and test their plans to show that they meet the needs of the organisation and of other interested parties. If possible, these exercises and tests should involve relevant interested parties. Lessons learnt must be acted on as part of continuous improvement.	X	X	X	X	X	X	X	X	X
7 . 37	Plans should identify who is responsible for making sure the plan is updated, distributed and regularly tested.	X	X	X	X	X	X	X	X	X
7 . 38	Organisations must monitor, measure, analyse and assess the effectiveness of their BCMS against their own requirements, those of relevant interested parties and any legal responsibilities.	X	X	X	X	X	X	X	X	X
7 . 39	Organisations must identify and take action to correct any irregularities identified through the BCMS and must take steps to prevent them from happening again. They must continually improve the suitability and effectiveness of their BCMS.	X	X	X	X	X	X	X	X	X
	Business continuity plans should specify how they will be communicated to and accessed by staff. Plans should include:	X	X	X	X	X	X	X	X	X
7 . 40	details of the training provided to staff and how the training record is maintained;	X	X	X	X	X	X	X	X	X
7 . 41	reference to the National Occupation standards for Civil Contingencies and NHS CB competencies when identifying key knowledge and skills for staff; (directors of NHS CB on-call rotas to meet NHS CB published competencies);	X	X	X	X	X	-	X	X	X
7 . 42	details of the tools that will be used to make sure staff remain aware through ongoing education and information programmes (for example, e-learning and induction training); and	X	X	X	X	X	-	X	X	X
7 . 43	details of how suitable knowledge and skills will be achieved and maintained.	X	X	X	X	X	-	X	X	X
8	NHS Acute Trusts must also include:	-	-	-	-	-	-	-	-	-
8 . 1	detailed lockdown procedures;	X	-	-	-	-	-	-	-	-
8 . 2	detailed evacuation procedures;	X	-	-	-	-	-	-	-	-
8 . 3	details of how they will manage relatives for any length of time, how patients and relatives will be reunited and how patients will be transported home if necessary;	X	-	-	-	-	-	-	-	-
8 . 4	details of how they will manage fatalities and the relatives of fatalities; and	X	-	-	-	-	-	-	-	-
8 . 5	Best Practice: reference to the Clinical Guidelines for Major Incidents.	X	X	-	-	-	-	-	-	-

	NHS Core Standards for Emergency Preparedness, Resilience & Response (EPRR)	Acute trusts	Ambulance trusts	NHS CB area teams	NHS CB regional &	CCGs	Primary care	Other NHS organisatio	Community providers	Mental health
9	NHS Ambulance Trusts must also:	-	X	-	-	-	-	-	-	-
9 . 1	refer to the National Ambulance Service Command and Control Guidance 2012 and any other relevant ambulance specific guidance relating to major incidents;	-	X	-	-	-	-	-	-	-
9 . 2	manage up to four incidents at a time in urban areas and two in rural areas;	-	X	-	-	-	-	-	-	-
9 . 3	have flexible IT and staff arrangements so that they can operate more than one control centre and manage any events required;	-	X	-	-	-	-	-	-	-
9 . 4	have formal arrangements for recalling staff to duty if necessary;	-	X	-	-	-	-	-	-	-
9 . 5	be able to provide a forward control team if necessary;	-	X	-	-	-	-	-	-	-
9 . 6	have an on-call and an on duty loggist drawn from a wide pool of staff;	-	X	-	-	-	-	-	-	-
9 . 7	have arrangements to communicate with and control resources from other ambulance providers;	-	X	-	-	-	-	-	-	-
9 . 8	have a 24-hour specialist adviser for incidents involving firearms or chemical, biological, radiological, nuclear, explosive or hazardous materials, and support gold and silver command in managing these events;	-	X	-	-	-	-	-	-	-
9 . 9	have 24-hour radiation protection supervisor arrangements in line with local and national mutual aid arrangements;	-	X	-	-	-	-	-	-	-
9 . 10	make sure all commanders maintain a continuous personal development portfolio;	-	X	-	-	-	-	-	-	-
9 . 11	have a Hazardous Area Response Team (HART) in line with the current national service specification, including a vehicles and equipment replacement programme;	-	X	-	-	-	-	-	-	-
9 . 12	be able to respond to firearms incidents in line with National Joint Operating Procedures;	-	X	-	-	-	-	-	-	-
9 . 13	have a Mobile Emergency Response Incident Team (MERIT) to cover the area in line with Department of Health guidance;	-	X	-	-	-	-	-	-	-
9 . 14	be able to manage a casualty clearing station with large numbers of patients for a long period of time in line with Department of Health guidance;	-	X	-	-	-	-	-	-	-
9 . 15	be able to identify the location and availability of assets across the organisation and the country;	-	X	-	-	-	-	-	-	-
9 . 16	be able to respond with assets across the organisation and the country and provide situation reports to the National Ambulance Co-ordination Centre;	-	X	-	-	-	-	-	-	-
9 . 17	be able to dispatch and receive assets following an agreed trigger mechanism, supported by a robust audit process;	-	X	-	-	-	-	-	-	-
9 . 18	have a trigger mechanism for requesting mutual aid and a nominated person to agree to these requests, supported by a clear profile of what is required, what can be provided and how the response will be managed in the field;	-	X	-	-	-	-	-	-	-
9 . 19	have systems to manage the media at Emergency Operational Centres, fall-back locations and across the organisation;	-	X	-	-	-	-	-	-	-
9 . 20	have arrangements in place for routine public events, for example, demonstrations and public gatherings;	-	X	-	-	-	-	-	-	-
9 . 21	attend safety advisory groups to reduce organisational risk during planning and at the actual event;	-	X	-	-	-	-	-	-	-
9 . 22	have arrangements in place to deal with public disorder incidents;	-	X	-	-	-	-	-	-	-
9 . 23	have arrangements in place to provide radiation protection supervisors;	-	X	-	-	-	-	-	-	-
9 . 24	have arrangements in place to train voluntary and community first responders	-	X	-	-	-	-	-	-	-
9 . 25	have arrangements in place to provide training support to NHS partners in the use of personal protective equipment for chemical, biological, radiological, nuclear, hazardous material and casualty clearing.	-	X	-	-	-	-	-	-	-
9 . 26	have processes and an audit trail which allow all staff to train with partner agencies;	-	X	-	-	-	-	-	-	-
9 . 27	have arrangements in place to train with the voluntary sector;	-	X	-	-	-	-	-	-	-
9 . 28	have arrangements in place to train with acute trusts;	-	X	-	-	-	-	-	-	-

	NHS Core Standards for Emergency Preparedness, Resilience & Response (EPRR)	Acute trusts	Ambulance trusts	NHS CB area teams	NHS CB regional &	CCGs	Primary care	Other NHS organisatio	Community providers	Mental health
9 . 29	have arrangements in place to share the outcome of training and exercises with other ambulance trusts and government stakeholders across the country;	-	X	-	-	-	-	-	-	-
9 . 30	have strong processes for profiling staff and managing facilities to accommodate EPRR and store assets in line with CCA requirements;	-	X	-	-	-	-	-	-	-
9 . 31	have arrangements in place for counselling and supporting staff, and advising on long-term clinical care following a traumatic or high-profile incident;	-	X	-	-	-	-	-	-	-
9 . 32	have suitable IT arrangements in place to support a significant incident or any event that requires specialised IT;	-	X	-	-	-	-	-	-	-
9 . 33	explain the systems for alerting, mobilising and co-ordinating all primary NHS resources necessary to deal with an incident on the scene (in coordination with NHS CB area team gold command);	-	X	-	-	-	-	-	-	-
9 . 34	list their key strategic, tactical and operational responsibilities as set out in the NHS Emergency Planning Guidance 2005 (or subsequent relevant guidance);	-	X	-	-	-	-	-	-	-
9 . 35	explain how and when MERIT, HART and MIA (the Medical incident Adviser) will be used;	-	X	-	-	-	-	-	-	-
9 . 36	identify how voluntary aid societies will be used;	-	X	-	-	-	-	-	-	-
9 . 37	explain working arrangements with all emergency services;	-	X	-	-	-	-	-	-	-
9 . 38	explain the arrangements for managing triage, treatment and transport for casualties;	-	X	-	-	-	-	-	-	-
9 . 39	state who will represent the service at LHRP, LRF and similar groups;	-	X	-	-	-	-	-	-	-
9 . 40	explain the roles of the Hospital Ambulance Liaison Officer (HALO) and Hospital Ambulance Liaison Control Officer (HALCO) in acute trusts;	-	X	-	-	-	-	-	-	-
9 . 41	refer to other relevant plans such as REAP;	-	X	-	-	-	-	-	-	-
9 . 42	explain how the Mobile Privileged Access Scheme (MTPAS) and Fixed Telecommunications Privileged Access Scheme (FTPAS) will be provided across the organisation; and	-	X	-	-	-	-	-	-	-
9 . 43	describe how Airwave systems will be managed within the organisation and how talk groups will be used to communicate with the emergency services.	-	X	-	-	-	-	-	-	-
10	NHS CB area teams must also:	-	-	X	-	-	-	-	-	-
10 . 1	make sure that the incident response plans for all providers in an LRF are co-ordinated and compatible;	-	-	X	-	-	-	-	-	-
10 . 2	define when the NHS will take the leading role in a significant incident or emergency;	-	-	X	-	-	-	-	-	-
10 . 3	mobilise primary and secondary care resources to support acute and non-acute trusts;	-	-	X	-	X	-	-	-	-
10 . 4	describe the arrangements for setting up a Science and Technical Advice Cell (STAC) in consultation with local Public Health England centres;	-	-	X	X	-	-	-	-	-
10 . 5	identify who will attend the Strategic Co-ordination Group (SCG);	-	-	X	X	-	-	-	-	-
10 . 6	provide a co-chair and secretariat for LHRPs;	-	-	X	-	-	-	-	-	-
10 . 7	define the roles and responsibilities of LHRP; and	-	-	X	-	-	-	-	-	-
10 . 8	develop plans which demonstrate the command and control of resources from all NHS organisations and providers of NHS funded care within an LRF area to respond to a significant incident or emergency.	-	-	X	-	-	-	-	-	-

NHS Core Standards for Emergency Preparedness, Resilience & Response (EPRR)		Acute trusts	Ambulance trusts	NHS CB area teams	NHS CB regional &	CCGs	Primary care	Other NHS organisatio	Community providers	Mental health
11	NHS CB corporate and regional offices must also:	-	-	-	X	-	-	-	-	-
11 . 1	assign an NHS CB area team to each LHRP or LRF;	-	-	-	X	-	-	-	-	-
11 . 2	define how strategic EPRR advice and support will be given to these teams;	-	-	-	X	-	-	-	-	-
11 . 3	make sure that area team incident response plans in a region are co-ordinated and compatible;	-	-	-	X	-	-	-	-	-
11 . 4	outline the procedure for responding to incidents which affect two or more LHRPs or LRFs;	-	-	-	X	-	-	-	-	-
11 . 5	outline the procedure for responding to incidents which affect two or more regions;	-	-	-	X	-	-	-	-	-
11 . 6	define how links will be made between the NHS CB, the Department of Health and PHE	-	-	X	X	-	-	-	-	-
11 . 7	define how the NHS's ability to respond to emergencies will be measured and controlled;	-	-	-	X	-	-	-	-	-
11 . 8	outline how the Department of Health will be supported in its emergency response role;	-	-	-	X	-	-	-	-	-
11 . 9	outline how information relating to national emergencies will be co-ordinated and shared; and	-	-	X	X	-	-	-	-	-
11 . 10	establish a link between the Regional Prevent Co-ordinator in the NHS CB local area and those involved in Protect.	-	-	-	X	-	-	-	-	-
12	CCGs will, in addition:	-	-	-	-	X	-	-	-	-
12 . 1	carry out their duties as category two responders under the CCA and provide details of how they will do this;	-	-	-	-	X	-	-	-	-
12 . 2	outline how GP services will be delivered 24 hours a day – either directly or through out-of-hours services;	-	-	-	-	X	-	-	-	-
12 . 3	make sure agreements with providers of NHS funded care include suitable EPRR provisions and categorise funds allocated to EPRR activities;(for example, testing and exercising);	-	-	-	-	X	-	-	-	-
12 . 4	support NHS CB in discharging its EPRR functions and duties locally.	-	-	-	-	X	-	-	-	-
12 . 5	define a route for providers to escalate issues 24 hours a day, supported by trained and competent people, in case they cannot maintain delivery of core services;	-	-	-	-	X	-	-	-	-
12 . 6	outline how the CCG will carry out its role during and after an incident;	-	-	-	-	X	-	-	-	-
12 . 7	explain how training and exercises will be maintained as part of the duties of a category two responder; and	-	-	-	-	X	-	-	-	-
12 . 8	identify in advance how costs will be built into ambulance trust budgets for non-planned events (such as large public gatherings that the NHS must respond to) which will not be in baseline budget allocations.	-	-	-	-	X	-	-	-	-
13	Community pharmacists must also:	-	-	-	-	-	X	-	-	-
13 . 1	explain how they will support essential care in the community during a significant incident or emergency;	-	-	-	-	-	X	-	-	-
13 . 2	support hospitals, GPs and ambulance services during the treatment phase of an influenza pandemic or any other public health emergency;	-	-	-	-	-	X	-	-	-
13 . 3	outline how they will give accurate and specific clinical advice;	-	-	-	-	-	X	-	-	-
13 . 4	outline how they will share information with other relevant organisations; and	-	-	-	-	-	X	-	-	-
13 . 5	describe how the police or other emergency services can get access to a key-holder list for any pharmacy.	-	-	-	-	-	X	-	-	-
14	NHS Logistics must also:	-	-	-	-	-	-	X	-	-
14 . 1	outline how healthcare products and supply chain services can be provided 24 hours a day in times of crisis; and	-	-	-	-	-	-	X	-	-
14 . 2	explain how an efficient and effective procurement service can be maintained for NHS organisations.	-	-	-	-	-	-	X	-	-

NHS Core Standards for Emergency Preparedness, Resilience & Response (EPRR)		Acute trusts	Ambulance trusts	NHS CB area teams	NHS CB regional &	CCGs	Primary care	Other NHS organisatio	Community providers	Mental health
15	NHS Protect must also:	-	-	-	-	-	-	X	-	-
15 . 1	refer to all relevant guidance that provides a safe and secure environment for NHS staff and resources	-	-	-	-	-	-	X	-	-
15 . 2	define its aims for managing security issues across the NHS;	-	-	-	-	-	-	X	-	-
15 . 3	outline how conflict resolution training can be used by all NHS organisations to prevent violence against staff and patients;	-	-	-	-	-	-	X	-	-
15 . 4	outline how NHS organisations can manage risks relating to economic crime such as fraud, bribery and corruption;	-	-	-	-	-	-	X	-	-
15 . 5	describe how their plans will be related to the national threat levels for counter terrorism security;	-	-	-	-	-	-	X	-	-
15 . 6	explain how threat levels will be based on the broad nature of the threat but could include specific areas of business, geographic vulnerabilities, acceptable risk and specific events;	-	-	-	-	-	-	X	-	-
15 . 7	describe how NHS sites can be locked down by managing site security and the security of staff, patients and visitors;	-	-	-	-	-	-	X	-	-
15 . 8	outline how NHS organisations can access Project Artemis and Project Argus Health;	-	-	-	-	-	-	X	-	-
15 . 9	outline how local security management specialists (LSMS) can advise on managing a security culture;	-	-	-	-	-	-	X	-	-
15 . 10	outline how NHS organisations can manage specific security issues, for example, VIPs and bomb threats;	-	-	-	-	-	-	X	-	-
15 . 11	explain how it will use effective communication strategies to work in partnership with EPRR stakeholders; and	-	-	-	-	-	-	X	-	-
15 . 12	establish links with LSMS and Prevent leads in trusts.	-	-	-	-	-	-	X	-	-
16	NHS Direct / 111	-	-	-	-	-	-	X	-	-
16 . 1	must also outline how they will support NHS organisations affected by service disruption, including communications and response procedures for significant incidents and emergencies (for example, informing the public and GPs if local emergency departments are closed).	-	-	-	-	-	-	X	-	-
17	Community providers must also:	-	-	-	-	-	-	-	X	-
17 . 1	take into account how vulnerable adults and children can be managed to avoid admissions, with special focus on providing healthcare to displaced populations in rest centres;	-	-	-	-	-	-	-	X	-
17 . 2	outline how they can assist acute trusts and ambulance services during and after an incident (with reference to specific roles that support discharge from hospital);	-	-	-	-	-	-	-	X	-
17 . 3	where relevant, set out detailed plans for lockdown, evacuation and managing relatives.	-	-	-	-	-	-	-	X	-
18	Mental healthcare providers must also:	-	-	-	-	-	-	-	-	X
18 . 1	co-ordinate and provide mental health support to staff, patients and relatives in collaboration with Social Services;	-	-	-	-	-	-	-	-	X
18 . 2	outline how, when required, Ministry of Justice approval will be gained for an evacuation;	-	-	-	-	-	-	-	-	X
18 . 3	identify locations which patients can be transferred to if there is an incident;	-	-	-	-	-	-	-	-	X
18 . 4	support local acute trusts by managing physically unwell inpatients if there is an infectious disease outbreak; and	-	-	-	-	-	-	-	-	X
18 . 5	make sure the needs of mental health patients involved in a significant incident or emergency are met and that they are discharged home with suitable support.	-	-	-	-	-	-	-	-	X
19	Urgent care centres must also:	-	-	-	-	-	-	X	-	-
19 . 1	outline how they can support NHS organisations affected by service disruption, especially by treating minor injuries to reduce the pressure on emergency departments. They will need to develop procedures for this in partnership with local acute trusts and ambulance and patient care transport providers.	-	-	-	-	-	-	X	-	-