

Appendix 1 EPRR Self-Assessment

No	NHS Core Standard for Emergency Preparedness Resilience & Response (EPRR)	Clarifying Information	Evidence of Assurance	Self Assessment	Action to be taken	Lead	Timescale	Additional Comments
Governance								
1	Organisations have a director level accountable emergency officer who is responsible for EPRR (including business continuity management)		The Trust has an accountable EPRR Accountable Officer at Board Level. Julie Pearce. This can be found on page 1 of the incident response plan and page 6 of the Emergency Planning and Business Continuity Policy		None	PJ	N/A	
2	Organisations have an annual work programme to mitigate against identified risks and incorporate the lessons identified relating to EPRR (including details of training and exercises and past incidents) and improve response.	Lessons identified from your organisation and other partner organisations. NHS organisations and providers of NHS funded care treat EPRR (including business continuity) as a systematic and continuous process and have procedures and processes in place for updating and maintaining plans to ensure that they reflect: - the undertaking of risk assessments and any changes in that risk assessment(s) - lessons identified from exercises, emergencies and business continuity incidents - restructuring and changes in the organisations - changes in key personnel - changes in guidance and policy	The Trust has an annual work programme which dictates the work required to be undertaken by the Emergency Planning and Business Continuity Team. Please see Emergency Planning and Business Continuity Strategic Plan 2013 - 2015		None	PJ	N/A	
3	Organisations have an overarching framework or policy which sets out expectations of emergency preparedness, resilience and response.	Arrangements are put in place for emergency preparedness, resilience and response which: • Have a change control process and version control • Take account of changing business objectives and processes • Take account of any changes in the organisations functions and/ or organisational and structural and staff changes • Take account of change in key suppliers and contractual arrangements • Take account of any updates to risk assessment(s) • Have a review schedule • Use consistent unambiguous terminology. • Identify who is responsible for making sure the policies and arrangements are updated, distributed and regularly tested; • Key staff must know where to find policies and plans on the intranet or shared drive. • Have an expectation that a lessons identified report should be produced following exercises, emergencies and /or business continuity incidents and share for each exercise or incident and a corrective action plan put in place. • Include references to other sources of information and supporting documentation	The Trust has a robust and comprehensive Emergency Planning and Business Continuity Policy which establishes standards for analysing, reporting, and mitigating risk for the timely and orderly restoration of "Business as Usual" state. It has the following objectives. • Provide a Framework to establish comprehensive Major Incident Plans across the Trust through a Structured GAP analysis and where required multi-agency working. • Provide a Framework to establish comprehensive Chemical, Biological, Radiological, Nuclear and Explosives (CBRN(e)) plans across the Trust through structured multi-agency working and GAP analysis. • Provide a Framework to establish measurements of Business Continuity through structured GAP analysis and quarterly business reporting. • Provide a methodology to enhance recovery strategies to increase effectiveness. • Provide a Framework to support the quality agenda by supporting the Divisions in realising that Emergency Planning and Business Continuity is their responsibility on a day-to-day basis. • Increase the resilience of the Trust by moving away from a reactive to a proactive approach. • Ensure Emergency Planning and Business Continuity is a core business function.		None	PJ	N/A	
4	The accountable emergency officer will ensure that the Board and/or Governing Body will receive as appropriate reports, no less frequently than annually, regarding EPRR, including reports on exercises undertaken by the organisation, significant incidents, and that adequate resources are made available to enable the organisation to meet the requirements of these core standards.	After every significant incident a report should go to the Board/ Governing Body (or appropriate delegated governing group) . Must include information about the organisation's position in relation to the NHS England EPRR core standards self assessment.	The Emergency Planning and Business Continuity Manager provides 6 monthly reports to the RMGG / QAB. On an annual basis a report is also submitted to the Board of Directors, expressing the progress of the Emergency Planning and Business Continuity Team		None	PJ	N/A	
Duty to assess risk								
5	Assess the risk, no less frequently than annually, of emergencies or business continuity incidents occurring which affect or may affect the ability of the organisation to deliver it's functions.	Risk assessments should take into account community risk registers and at the very least include reasonable worst-case scenarios for: • severe weather (including snow, heat wave, prolonged periods of cold weather and flooding); • staff absence (including industrial action); • the working environment, buildings and equipment (including denial of	All Plans are based upon Annual Risk Assessments, these Risks are identified in an overarching Emergency Planning and Business Continuity Risk Register, any risks which are deemed to be high is incorporated into the Corporate Risk Register.		None	PJ	N/A	

6	There is a process to ensure that the risk assessment(s) is in line with the organisational, Local Health Resilience Partnership, other relevant parties, community (Local Resilience Forum/ Borough Resilience Forum), and national risk registers.	access); • fuel shortages; • surges and escalation of activity; • IT and communications; • utilities failure; • response a major incident / mass casualty event	All Risk Assessments are aligned to emerging risks identified by the LHRP, and / or Kent Resilience Forum and incorporated into the Trusts Planning. However current Risk Register is currently under review		Review, and amend current Risk Register to ensure that it incorporates all risks identified by the LHRP and Kent Resilience Forum.	PJ / SM	31st October 2014	
7	There is a process to ensure that the risk assessment(s) is informed by, and consulted and shared with your organisation and relevant partners.	Other relevant parties could include COMAH site partners, PHE etc.	All risks identified is shared to all necessary individuals by the Emergency Planning and Business Continuity Committee, which meets on a monthly basis..		Present the revised risk register with Emergency Planning and Business Continuity Committee for sign off.	PJ / SM	30th November 2014	
Duty to maintain plans – emergency plans and business continuity plans								
8	Effective arrangements are in place to respond to the risks the organisation is exposed to, appropriate to the role, size and scope of the organisation, and there is a process to ensure the likely extent to which particular types of emergencies will place demands on your resources and capacity.		The Trust has identified both an internal and external notification, escalation, Command and Control and individual actions to be carried out for such emergencies and business continuity events. Contained in the Incident Response Plan.		None		N/A	
	Have arrangements for (but not necessarily have a separate plan for) some or all of the following (organisation dependent) (NB, this list is not exhaustive):	Incidents and emergencies (Incident Response Plan (IRP) (Major Incident Plan))	The Trust has a robust and Comprehensive Incident Response Plan which is reviewed annually and signed off by the Board of Directors once per annum		None		N/A	
		corporate and service level Business Continuity (aligned to current nationally recognised BC standards)	The trust has robust and comprehensive Business Continuity Plans in place which are aligned to the BS25999 (NHS) Standard which are currently under review.		None		N/A	
		HAZMAT/ CBRN	The Trust is currently reviewing the CBRNe Plan (which incorporates the HAZMAT), once review has been completed the plan will then be published.		Review and consult the current CBRNe Plan (October) to ensure compliance with local standards and publish plan by 30th November 2014	SM / PJ	30th November 2014	
		Severe Weather (heat wave, flooding, snow and cold weather)	The Trust has separate plans to deal with Severe Weather, however these plan will be incorporated under one plan by the end of March 2015		Integrate all Plans	Pj	Mar-15	
		Pandemic Influenza	The Trust has a Pandemic Flu Plan which needs to be reviewed and amended, currently waiting on further Guidance from the Department of Health to further assist in the review of the Plan.		Review and amend the current Pandemic Flu Plan and ensure that it is aligned to the new Department of Health Guidance.	PJ	30th November 2014	
		Mass Countermeasures (e.g. mass prophylaxis, or mass vaccination)	The Trust has a robust Antibiotic Collection Centre Plan (Mass prophylaxis plan). However this plan does need to be reviewed and tested.		Review and test the ACC Plan to ensure that it is fit for purpose.	PJ / SM	30th January 2015	
		Mass Casualties	Currently mass casualties is incorporated in the IRP. However, the EP Team is developing a Mass Casualties Plan that will be completed by 30th Jan 2015.		Write, quality assure, gain approval, publish, test and validate Mass Casualties Plan.	PJ	19th December 2014	
		Fuel Disruption	The current fuel plan will be reviewed Early 2015, and will be aligned to Kent Resilience Forum's Fuel Plan.		need to review	PJ	31st March 2015	
		Surge and Escalation Management (Inc. links to appropriate clinical networks e.g. Burns, Trauma and Critical Care)	Seasonal Pressures Plan 2014/15 signed off by Trust Board 29th August, this plan identifies the key risks to the operational delivery of safe services during periods of increases in demand and activity.		Complete the final modelling and to publish plan 30th September. Carry out training for all key staff by 30th October 2014 Capture lessons identified and build into planning cycle for 2015 / 16 (Feb 2015)	PJ	30th September 2014	
		Infectious Disease Outbreak	Haemorrhagic Fever Plan currently in Place.		The Trust has a Haemorrhagic Fever Plan. This needs to be reviewed and amended to include all infectious Disease Outbreaks (including Ebola) SM to work with infection	SM	30th September 2014	

		Evacuation	Joint project with Maidstone and Tunbridge Wells Hospital Trust. Students from both Trusts will be engaging on this project with a dead line of March 2015 for completion.		Plan to be completed, quality assure, gain approval, published, tested and validated.	MH	31st March 2015	
		Lockdown	Joint project with Maidstone and Tunbridge Wells Hospital Trust. Students from both Trusts are currently working on this project with a dead line of December 2014 for completion.		Plan to be completed, quality assure, gain approval, published, tested and validated.	MH	30th November 2014	
		Utilities, IT and Telecommunications Failure	Currently plans are in place, however these are not holistic in approach. Therefore all plans will be reviewed and implemented.		PJ to work with the necessary Departments in identifying and reviewing all plans.	PJ	31st March 2015	
		Excess Deaths/ Mass Fatalities	The Trust is currently completing the Mass Fatalities Plan, once review has been completed the plan will then be published.		Review and amend the current Mass Fatalities Plan to ensure that arrangements are fit for purpose.	PJ	30th January 2015	
9	Ensure that plans are prepared in line with current guidance and good practice which includes:	<ul style="list-style-type: none"> Aim of the plan, including links with plans of other responders Information about the specific hazard or contingency or site for which the plan has been prepared and realistic assumptions Trigger for activation of the plan, including alert and standby procedures Activation procedures Identification, roles and actions (including action cards) of incident response team Identification, roles and actions (including action cards) of support staff including communications Location of incident co-ordination centre (ICC) from which emergency or business continuity incident will be managed Generic roles of all parts of the organisation in relation to responding to emergencies or business continuity incidents Complementary generic arrangements of other responders (including acknowledgement of multi-agency working) Stand-down procedures, including debriefing and the process of recovery and returning to (new) normal processes Contact details of key personnel and relevant partner agencies Plan maintenance procedures (Based on Cabinet Office publication Emergency Preparedness, Emergency	The Trust's Incident Response Plan incorporates all required information and is compliant and aligned to all current guidance. Further work is being investigated to bolster current arrangements specifically around the cascade process for alerting Staff.		Investigate the development and implementation of a bespoke Trust wide Cascade process for alerting Staff.	PJ/SM	N/A	
10	Arrangements include a procedure for determining whether an emergency or business continuity incident has occurred. And if an emergency or business continuity incident has occurred, whether this requires changing the deployment of resources or acquiring additional resources.	Enable an identified person to determine whether an emergency has occurred <ul style="list-style-type: none"> Specify the procedure that person should adopt in making the decision Specify who should be consulted before making the decision Specify who should be informed once the decision has been made (including clinical staff) 	All arrangements are identified within the Trust's Incident Response Plan.		None	PJ/SM	N/A	
11	Arrangements include how to continue your organisation's prioritised activities (critical activities) in the event of an emergency or business continuity incident insofar as is practical.	Decide: <ul style="list-style-type: none"> Which activities and functions are critical What is an acceptable level of service in the event of different types of emergency for all your services Identifying in your risk assessments in what way emergencies and business continuity incidents threaten the performance of your organisation's functions, especially critical activities 	The Trust does have an prioritised list of priorities (Critical activities).		business continuity plans to ensure fit for purpose, and any gaps have been identified. A review of all Critical Services will be done on an annual basis	PJ	31st March 2015	
12	Arrangements explain how VIP and/or high profile patients will be managed.	This refers to both clinical (including HAZMAT incidents) management and media / communications management of VIPs and / or high profile management	revisit current process for dealing with VIPs and VVIPs		Revisit current process for dealing with VIPs and VVIPs	PJ	30th November 2014	
13	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		All policies and procedures are developed with our internal and external stakeholders, and are always consulted before publication.		An Annual Review of all internal and external stakeholders is conducted	PJ	N/A	
14	Arrangements include a debrief process so as to identify learning and inform future arrangements	Explain the de-briefing process (hot, local and multi-agency, cold)at the end of an incident.	Processes for de-briefing are identified and incorporated in the Trust's IRP.		None	SM	N/A	
Command and Control (C2)								
15	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.	Organisation to have a 24/7 on call rota in place with access to strategic and/or executive level personnel	Both Executive and General Management arrangements are identified and rostered appropriately. The Executive and General Manager On Call can be contacted 24/7 via switchboard.		None	PJ	N/A	

16	Those on-call must meet identified competencies and key knowledge and skills for staff.	NHS England published competencies are based upon National Occupation Standards .	Executive and General Management On Call training is currently being reviewed. Further training will be delivered on a rolling basis starting October 2014. Running along side the training will be the implementation of Exec and GM On Call grab bags, which will contain all vital documentation to assist them in the management of an incident.		Refresh current training package to reflect NHS England's National Occupation Standards	PJ / SM	30th January 2015	
17	Documents identify where and how the emergency or business continuity incident will be managed from, i.e. 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 .	This should be proportionate to the size and scope of the organisation.	All the required information is identified within the Trusts IRP.		None	PJ	N/A	
18	Arrangements ensure that decisions are recorded during an emergency or business continuity incident.		Arrangements for recording key decisions during an incident is identified in the IRP		None	SM	N/A	
19	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.		All the required information is identified within the Trusts IRP.		None	PJ	N/A	
20	Arrangements to have access to 24-hour specialist adviser available for incidents involving firearms or chemical, biological, radiological, nuclear, explosive or hazardous materials, and support strategic/gold and tactical/silver command in managing these events.	Both acute and ambulance providers are expected to have in place arrangements for accessing specialist advice in the event of incidents chemical, biological, radiological, nuclear, explosive or hazardous materials	All specialist advisers are available on a 24/7 basis and can be accessed via Switchboard.		None	SM	N/A	
21	Arrangements to have access to 24-hour radiation protection supervisor available in line with local and national mutual aid arrangements;	Both acute and ambulance providers are expected to have arrangements in place for accessing specialist advice in the event of a radiation incident	Arrangements have been identified and is currently under review.		Review Medical Physics 24 hour process to ensure compliance with Trust Incident Response Plan	SM	19th December 2014	
Duty to communicate with the public								
22	Arrangements demonstrate warning and informing processes for emergencies and business continuity incidents.	Arrangements include a process to inform and advise the public by providing relevant timely information about the nature of the unfolding event and about: - Any immediate actions to be taken by responders - Actions the public can take - How further information can be obtained - The end of an emergency and the return to normal arrangements Communications arrangements/ protocols: - have regard to managing the media (including both on and off site implications) - include the process of communication with internal staff - consider what should be published on intranet/internet sites - have regard for the warning and informing arrangements of other Category 1 and 2 responders and other organisations.	Process are identified and incorporated in the IRP. The Trust will use multiple mechanisms to engage with the public during an incident including (but not limited to) Twitter, TV and Radio.		None	PJ	N/A	
23	Arrangements ensure the ability to communicate internally and externally during communication equipment failures		Comprehensive and robust Disaster Recovery Phones have been identified to be utilised during a complete communications failure. These processes have been tested.		None	PJ/SM	N/A	
Information Sharing – mandatory requirements								
24	Arrangements contain information sharing protocols to ensure appropriate communication with partners.	These must take into account and include DH (2007) Data Protection and Sharing – Guidance for Emergency Planners and Responders or any guidance which supersedes this, the FOI Act 2000, the Data Protection Act 1998 and the CCA 2004 'duty to communicate with the public', or subsequent / additional legislation and/or guidance.	Incorporated in the Trusts Communication Plan.		None	SM	N/A	
Co-operation								
25	Organisations actively participate in or are represented at the Local Resilience Forum (or Borough Resilience Forum in London if appropriate)		The Trust is actively involved and represented at the KRF to the extent that the Emergency Planning and Business Continuity Manager is the Chair of one of the KRFs Working Groups.		None	PJ	N/A	
26	Demonstrate active engagement and co-operation with other category 1 and 2 responders in accordance with the CCA		Through the FRF the Trust engages with all Cat 1 and 2 providers.		None	PJ	N/A	
27	Arrangements include how mutual aid agreements will be requested, co-ordinated and maintained.	NB: mutual aid agreements are wider than staff and should include equipment, services and supplies.	Where appropriate mutual aid agreements are identified and maintained.		None	PJ	N/A	
28	Arrangements demonstrate how organisations support NHS England locally in discharging its EPRR functions and duties	Examples include completing of SITREPs, cascading of information, supporting mutual aid discussions, prioritising activities and/or services etc.	This is detailed in the Trusts IRP.		None	PJ	N/A	

29	Arrangements are in place to ensure attendance at all Local Health Resilience Partnership meetings at a director level		The Accountable Officer does attend the LHRP meetings. In their absence, the Associate Director of Operations and the Emergency Planning Manager will attend.		None	PJ	N/A	
Training And Exercising								
30	Arrangements include a training plan with a training needs analysis and on going training of staff required to deliver the response to emergencies and business continuity incidents	<ul style="list-style-type: none"> Staff are clear about their roles in a plan Training is linked to the National Occupational Standards and is relevant and proportionate to the organisation type. Training is linked to Joint Emergency Response Interoperability Programme (JESIP) where appropriate Arrangements demonstrate the provision to train an appropriate number of staff and anyone else for whom training would be appropriate for the purpose of ensuring that the plan(s) is effective Arrangements include providing training to an appropriate number of staff to ensure that warning and informing arrangements are effective 	The Trust has a CBRNe and Major incident training plan. Also captured in the training plan is Silver and Gold training. The area of Business Continuity across the Trust is now being collated and designed. This will then make this area fully compliant.		Revisit current training programme and training needs analysis to ensure they incorporate the principles of Business Continuity.	SM	30th October 2014	All A&E Staff have been booked on specific Major Incident and CBRN training which will be taking place throughout September, October and November. All Staff are aware of their role and responsibilities in the Incident Response Plan and are competent to perform that role at the required level
31	Arrangements include an on going exercising programme that includes an exercising needs analysis and informs future work.	<ul style="list-style-type: none"> Exercises consider the need to validate plans and capabilities Arrangements must identify exercises which are relevant to local risks and meet the needs of the organisation type and of other interested parties. Arrangements are in line with NHS England requirements which include a six-monthly communications test, annual table-top exercise and live exercise at least once every three years. If possible, these exercises should involve relevant interested parties. Lessons identified must be acted on as part of continuous improvement. Arrangements include provision for carrying out exercises for the purpose of ensuring warning and informing arrangements are effective 	The Trust has a comprehensive exercise programme in place which delivers both locally driven exercises as well as Multi Agency driven exercises.		None	SM	N/A	
32	Demonstrate organisation wide (including on call personnel) appropriate participation in multi-agency exercises		The Trust has a comprehensive exercise programme in place which delivers both locally driven exercises as well as Multi Agency driven exercises.		None	SM	N/A	
33	Preparedness ensures all incident commanders (on call directors and managers) maintain a continuous personal development portfolio demonstrating training and/or incident /exercise participation.		The Trust has a comprehensive exercise programme in place which delivers both locally driven exercises as well as Multi Agency driven exercises.		None	SM	N/A	
CBRNE								
Preparedness								
34	There is an organisation specific HAZMAT/ CBRN plan (or dedicated annex)	Arrangements include: <ul style="list-style-type: none"> 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 	The Trust has a CBRN and HAZMAT plan in place, which is currently being tested by the Emergency Planning and Business Continuity Team to make sure that the processes identified are fit for purpose and the implementation process is sufficient. This also incorporates the clarification of the Roles and Responsibilities. This review is in the collaboration of all Multi-Agency Colleagues		Continue to test the CBRN and HAZMAT Plan.	PJ/SM	19th December 2014	
35	Staff are able to access the organisation HAZMAT/ CBRN management plans.	Decontamination trained staff can access the plan	The Trust has a CBRN and HAZMAT plan in place, which is currently being tested by the Emergency Planning and Business Continuity Team to make sure that the processes identified are fit for purpose and the implementation process is sufficient.		Continue to test the CBRN and HAZMAT Plan.	SM	19th December 2014	
36	HAZMAT/ CBRN decontamination risk assessments are in place which are appropriate to the organisation.	<ul style="list-style-type: none"> Documented systems of work List of required competencies Impact assessment of CBRN decontamination on other key facilities Arrangements for the management of hazardous waste 	The Trust has a CBRN and HAZMAT plan in place, which is currently being tested by the Emergency Planning and Business Continuity Team to make sure that the processes identified are fit for purpose and the implementation process is sufficient.		Continue to test the CBRN and HAZMAT Plan.	SM	19th December 2014	

37	Rotas are planned to ensure that there is adequate and appropriate decontamination capability available 24/7.		The Trusts decontamination capabilities are available 24/7.		None	SM	N/A	
38	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.	All staff within the 2 A&Es and 1 ECC have been provided with necessary training on the CBRN(e) equipment and the mechanisms required to in act the equipment. Further training is being implemented throughout September and October 2014 to ensure all staff within A&Es and ECC are fully ofay with the equipment .		Continue to test the CBRN and HAZMAT Plan.	SM	19th December 2014	
Decontamination Equipment								
39	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.	<ul style="list-style-type: none"> Acute and Ambulance service providers - see Equipment checklist overlaid 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/ 	The Emergency Planning Department holds comprehensive inventory of all CBRN(e) equipment across all sites.		None	MH	N/A	
40	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	<p>Currently the Trust has 35 number of suits, using the planning assumption that only one of our sites will be responding to a CBRN€ incident at any one point in time, the Trust has the capabilities to move suits across all sites.</p> <p>The Trust has raised further clarification through NHS England as to the rational of the requirement of having 24 suits per site, as it is felt that a risk informed based approach should determine how many suits a site / Trust should have at their disposal.</p>		It is likely that additional investment is required, to ensure that the Trust has the required amount of suits. (need to purchase 15 new suits)	SM / PJ	19th December 2014	
41	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	All CBRN€ is checked on a quarterly basis and is recorded in the Emergency Planning Departments audit records.		None	MH	N/A	
42	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		<p>There is a maintenance programme for the following CBRN€€ equipment: Tents, Pumps, Ram Gene's and other equipment.</p> <p>Further work is required for the CBRN€ suits. A business case is currently being developed for this purpose and to provide a replacement plan for all kit.</p>		It is likely that additional investment is required, to ensure that the Trust has the required amount of suits. (need to purchase 15 new suits)	SM/PJ	19th December 2014	
43	There are effective disposal arrangements in place for PPE no longer required.	(NHS England published guidance (May 2014) or subsequent later guidance when applicable)	The disposal arrangements for contaminated equipment is currently under review, this review will also incorporate the disposal of equipment (such as PPE) which is no longer required.		Subject to confirmation of current disposal arrangements	SM/PJ	19th December 2014	
Training								
44	The current HAZMAT/ CBRN Decontamination training lead is appropriately trained to deliver HAZMAT/ CBRN training		Currently the EP Manager has undertaken train the trainer training and has provided his knowledge and skills to the remainder of the Team. However, the remainder Team Members will be sent on train the training in 2015.		Train remainder of the team	SM/PJ	19th December 2014	
45	Internal training is based upon current good practice and uses material that has been supplied as appropriate.	<ul style="list-style-type: none"> 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 on going 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/ 	All training that is provided covers all current good practice, and uses appropriate materials.		None	PJ/SM	N/A	

46	The organisation has sufficient number of trained decontamination trainers to fully support it's staff HAZMAT/ CBRN training programme.		Currently the EP Manager has undertaken train the trainer training and has provided his knowledge and skills to the remainder of the Team. However, the remainder Team Members will be sent on train the training in 2015.		Train remainder of the team	SM/PJ	19th December 2014	
47	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.	<ul style="list-style-type: none"> Including, where appropriate, Initial Operating Response (IOR) and other material: http://www.jesip.org.uk/what-will-jesip-do/training/ Community, Mental Health and Specialist service providers - see Response Box in 'Preparation for Incidents Involving Hazardous Materials - Guidance for Primary and Community Care Facilities' (NHS London, 2011) (found at: http://www.londoncon.nhs.uk/_store/documents/hazardous-material-incident-guidance-for-primary-and-community-care.pdf) 	All relevant information is covered within the training provided.		None	SM/PJ	N/A	

CBRN(e) Equipment Checklist

The Following Section relates to CBRN Equipment the Trust has and does not form part of the core standard questions. NHS England has asked for this as a supplementary evidence in addition to the above core standards.

EITHER: Inflatable mobile structure

1	Inflatable frame	Total Trust Number: 2						
	Kent and Canterbury Hospital	NHS Decas tent. Model details have fallen off the equipment	Inflatable Tent is only required at KCH as the other sites have a Rigid Tent. We also have a contingency of 1 extra inflatable tent which will be moved from site to site as required.			SM		
	William Harvey Hospital	N/A						
	Queen Elizabeth the Queen Mother Hospital	NHS Decas tent. Product code: 8000502788						
2	Liner	Total Trust Number: 0						
	Kent and Canterbury Hospital	N/A	Not Required			SM		
	William Harvey Hospital	N/A						
	Queen Elizabeth the Queen Mother Hospital	N/A						
3	Air inflator pump	Total Trust Number: 2						
	Kent and Canterbury Hospital	Model Number: INY01 Serial Number: 03072218	Compliant			SM		
	William Harvey Hospital	N/A						
	Queen Elizabeth the Queen Mother Hospital	Model Number: INY01 Serial Number: 03030419						
4	Repair kit	Total Trust Number: 2						
	Kent and Canterbury Hospital	N/A	Compliant			SM		
	William Harvey Hospital	Professional Protection Systems: Shelter Repair Kit RP2L						
	Queen Elizabeth the Queen Mother Hospital	Professional Protection Systems: Shelter Repair Kit RP35						
5	Tethering equipment	Total Trust Number: 3						
	Kent and Canterbury Hospital	8 tent pegs and 1 Guide Rope	Compliant			SM		
	William Harvey Hospital	Professional Protection Systems Anchor Kit Medium						
	Queen Elizabeth the Queen Mother Hospital	Professional Protection Systems Anchor Kit Medium						

OR: Rigid/ cantilever structure

6	Tent shell	Total Trust Number: 2						
	Kent and Canterbury Hospital	N/A	2 rigid tents at WHH and QEOM respectively			SM		
	William Harvey Hospital	Professional Protection Systems RP2L7 Shower Shelter.						
	Queen Elizabeth the Queen Mother Hospital	Professional Protection Systems RP2L7 Shower Shelter.						

OR: Built structure

7	Decontamination unit or room	Total Trust Number: 0	N/A					
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AND:

8	Lights (or way of illuminating decontamination area if dark)	Total Trust Number: 4						
	Kent and Canterbury Hospital	N/A	Compliant	Further lights will be purchased to bolster our current lightage capacity		SM		
	William Harvey Hospital	3 x "Slam Tube" Lights Product Code: ST236C 110 Watt						
	Queen Elizabeth the Queen Mother Hospital	1 x "Slam Tube" Lights Product Code: ST236C 110 Watt						
9	Shower heads	See Section 10						
	Kent and Canterbury Hospital	N/A	N/A See Section 10			SM		
	William Harvey Hospital	N/A						
	Queen Elizabeth the Queen Mother Hospital	N/A						
10	Hose connectors and shower heads	Total Trust Number: 10						
	Kent and Canterbury Hospital	2 & what's built into the tent	Compliant			SM		
	William Harvey Hospital	4 Hoses (2 x Brushes & 2 x Rinse)						

11	Queen Elizabeth the Queen Mother Hospital	4 Hoses (2 x Brushes & 2 x Rinse)						
	Flooring appropriate to tent in use (with decontamination basin if needed)	Total Trust Number: 24						
	Kent and Canterbury Hospital	8 x Rigid Mats	Compliant				SM	
	William Harvey Hospital	8 x Rigid Mats						
	Queen Elizabeth the Queen Mother Hospital	8 x Rigid Mats						
12	Waste water pump and pipe							
	Kent and Canterbury Hospital	Tsurumi Residue Pump Product Code: 163767	Compliant				SM	
	William Harvey Hospital	Tsurumi Residue Pump Product Code: 163756						
	Queen Elizabeth the Queen Mother Hospital	Tsurumi Residue Pump Product Code: 163768						
13	Waste water bladder							
	Kent and Canterbury Hospital	1000 Litre Serial Number: 35451/3	Further work required				SM	
	William Harvey Hospital	Professional Protection Systems Speed Con 1000b Serial Number: 48848						
	Queen Elizabeth the Queen Mother Hospital	1000 Litre Serial Number: 35451/4						
PPE for chemical, and biological incidents								
14	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).	Total Trust Number: 35						
	Kent and Canterbury Hospital	12 Suits	Further work required				SM	
	Small	1 - NHS12553 2 - NHS12554 3 - NHS12558						
	Medium	1 - NHS12565 2 - NHS12566						
	Large	1 - NHS12574 2 - NHS12576						
	Extra Large	1 - NHS12581 2 - NHS12582 3 - NHS12584						
	Extra Extra Large	1 - NHS12585 2 - NHS12586						
	William Harvey Hospital	13 Suits	Further work required				SM	
	Small	1 - NHS12556 2 - NHS12559						
	Medium	1 - NHS12564 2 - NHS12567 3 - NHS12561						
	Large	4 - NHS12563						
	Extra Large	1 - NHS12570 2 - NHS12571 3 - NHS12573						
	Extra Extra Large	1 - NHS12578 2 - NHS12579 3 - NHS12580						
	Queen Elizabeth the Queen Mother Hospital	10 Suits	Further work required				SM	
	Small	1 - NHS12560 2 - NHS12557 3 - NHS12555						
	Medium	1 - NHS12568 2 - NHS12562						
	Large	1 - NHS12575 2 - NHS 12572 3 - NHS12569						
	Extra Large	1 - NHS12583 2 - NHS12577						
	Extra Extra Large							
15	Providers to ensure that they hold enough training suits in order to facilitate their local training programme							
	Kent and Canterbury Hospital	8 Suits	Further work required				SM	
	Small	1 - NHST2667						
	Medium	1 - NHST1438 2 - NHST1429						
	Large	1 - NHST2872 2 - NHST2884						
	Extra Large	1 - NHST3218 2 - NHST2982						
	Extra Extra Large	1 - NHST3347						
	William Harvey Hospital	5 Suits	Further work required				SM	
	Small	1 - NHST2790						
	Medium	1 - NHST1441 2 - NHST1487						
	Large	1 - NHST2897						
	Extra Large	1 - NHST2973						
	Extra Extra Large	N/A						
	Queen Elizabeth the Queen Mother Hospital	9 Suits	Further work required				SM	
	Small	1 - NHST2803 2 - NHST4530						
	Medium	1 - NHST1451 2 - NHST1490						
	Large	1 - NHST2318 2 - NHST1928						
	Extra Large	1 - NHST2984 2 - NHST3007						
	Extra Extra Large	1 - NHST3376						
Ancillary								
16	A facility to provide privacy and dignity to patients		Compliant				SM	
17	Buckets, sponges, cloths and blue roll							
	Kent and Canterbury Hospital	20 Buckets, 52 Sponges	Compliant					
	William Harvey Hospital	16 Buckets, 2 Rolls of Blue Roll, 2 sponges						
	Queen Elizabeth the Queen Mother Hospital	17 Buckets, 2 sponges,					SM	

18	Decontamination liquid (COSH compliant)					SM		
	Kent and Canterbury Hospital	Yesco Anti-Bacterial washing up Liquid (COSH Assessed)						
	William Harvey Hospital	N/A	Compliant			SM		
	Queen Elizabeth the Queen Mother Hospital	N/A						
19	Entry control board (including clock)	Diktron, Decontamination Entry Control Board and Tripod				SM		
	Kent and Canterbury Hospital	Serial Number: 862						
	William Harvey Hospital	Serial Number: 861	Compliant			SM		
	Queen Elizabeth the Queen Mother Hospital	Serial Number: 863						
20	A means to prevent contamination of the water supply	Dammit X Matts (Clay Matts) out of date on all sites	Further work required			SM		
21	Poly boom (if required by local Fire and Rescue Service)		3 Compliant			SM		
22	Minimum of 20 x Disrobe packs or suitable equivalent (combination of sizes)	Trust Total: 106 Packs				SM		
	Kent and Canterbury Hospital	30 Packs (Various Sizes)						
	William Harvey Hospital	33 Packs (Various Sizes)	Compliant			SM		
	Queen Elizabeth the Queen Mother Hospital	43 Packs (Various Sizes)						
23	Minimum of 20 x re-robe packs or suitable alternative (combination of sizes - to match disrobe packs)	Trust Total: 104 Packs				SM		
	Kent and Canterbury Hospital	40 Packs (Various Sizes)						
	William Harvey Hospital	34 Packs (Various Sizes)	Compliant			SM		
	Queen Elizabeth the Queen Mother Hospital	30 Packs (Various Sizes)						
24	Waste bins		5 Compliant			SM		
25	Disposable gloves		Compliant			SM		
26	Scissors - for removing patient clothes but of sufficient calibre to execute an emergency PRPS suit disrobe					SM		
	Kent and Canterbury Hospital		4					
	William Harvey Hospital		2 Compliant			SM		
	Queen Elizabeth the Queen Mother Hospital		0					
27	FFP3 masks	Trust Total: 0				SM		
28	Cordon tape	Trust Total: 7				SM		
	Kent and Canterbury Hospital	2 x Yellow 1 x Green/White						
	William Harvey Hospital	4 x Green/White	Compliant			SM		
	Queen Elizabeth the Queen Mother Hospital	1x yellow						
29	Loud Hailer	Trust total: 1	Part of Business Case			SM		
30	Signage					SM		
	Kent and Canterbury Hospital	1 x Danger Radiation						
	William Harvey Hospital	1 x Major Incident 3 x Relatives Holding Area 1 x No Parking	Compliant			SM		
	Queen Elizabeth the Queen Mother Hospital	N/A						
31	Tabards identifying members of the decontamination team					SM		
	Kent and Canterbury Hospital	1 x Forward Hospital Incident Manager						
	William Harvey Hospital	1 x Forward Hospital Incident Manager	Compliant			SM		
	Queen Elizabeth the Queen Mother Hospital	1 x Forward Hospital Incident Manager						
32	Chemical Equipment Assessment Kits (ChEAKs) (via PHE) (replaced Toxboxes in 2010)	Trust Total: 0	Further work required			SM		
SM								
33	RAM GENE monitors (x 2 per Emergency Department and/or HART team)	Trust Total: 6						
	Kent and Canterbury Hospital	2 x Ramgene by Rotem Industries	Compliant			SM		
	William Harvey Hospital	2 x Ramgene by Rotem Industries						
	Queen Elizabeth the Queen Mother Hospital	2 x Ramgene by Rotem Industries						
34	Hooded paper suits	Trust Total: 0	Part of Business Case			SM		
35	Goggles	Trust Total: 0	Part of Business Case			SM		
36	FFP3 Masks - for HART personnel only	Trust Total: 0	Part of Business Case			SM		
37	Overshoes & Gloves	Trust Total: 0	Part of Business Case			SM		