

**Brighton & Sussex University Hospitals NHS Trust**  
**EPRR Assurance**  
**Action Plan for 2015-2016**

<b>EPRR Core Standards 2014/2015</b>				
<b>Ratings</b>	<b>No. of Core Standard</b>	<b>Core Standard</b>	<b>Action</b>	<b>Date for Completion</b>
<b>Amber</b>	8	HAZMAT/ CBRN - see separate checklist on tab overleaf	Complete draft and get signed off	Aug 16
<b>Amber</b>	8	Pandemic Influenza (see pandemic influenza tab for deep dive 2015-16 questions)	Complete draft and get signed off	Dec 15
<b>Amber</b>	8	Evacuation	Complete draft and get signed off	Aug 16
<b>Red</b>	8	Fuel Disruption	low priority, low risk no action currently	Aug 17
<b>Amber</b>	16	Those on-call must meet identified competencies and key knowledge and skills for staff.	In house training offered to all on call managers and directors and major incident officers and site managers. Strategic leadership course being organised across Sussex	Aug 16
<b>Amber</b>	23	Arrangements ensure the ability to communicate internally and externally during communication equipment failures	Amber, Satellite phones and radios available but Sat phone needs to be maintained	Aug 16
<b>Amber</b>	33	Arrangements are in place to ensure attendance at all Local Health Resilience Partnership meetings at a director level	Amber, the Accountable Officer attends some LHRP Meetings	Ongoing
<b>Amber</b>	35	Arrangements include an ongoing exercising programme that includes an exercising needs analysis and informs future work.	Amber, 3 yearly live exercises planned for (undertaken in 2015). need to plan for yearly table tops	Aug 16
<b>Amber</b>	37	Preparedness ensures all incident commanders (oncall directors and managers) maintain a continuous personal development portfolio demonstrating training and/or incident /exercise participation.	Amber, written in to EPRR Policy for the Trust but not evidenced	Aug 16

<b>Pandemic Flu 2015/2016</b>				
<b>Ratings</b>	<b>No. of Core Standard</b>	<b>Core Standard</b>	<b>Action</b>	<b>Date for Completion</b>
<b>Amber</b>	DD1	Organisations have updated their pandemic influenza arrangements to reflect changes to the NHS and partner organisations, as well as lessons identified from the 2009/10 pandemic including through local debriefing	Complete Plan	Dec 15
<b>Amber</b>	DD3	Organisations have undertaken a pandemic influenza exercise or have one planned in the next six months	Plan a table top	Aug 16
<b>Amber</b>	DD4	Organisations have taken their plans to Boards / Governing bodies for sign off	present completed plan to the board for sign off	Dec 15

<b>HazMat/CBRN Core Standards 2015/2016</b>				
<b>Ratings</b>	<b>No. of Core Standard</b>	<b>Core Standard</b>	<b>Action</b>	<b>Date for Completion</b>
<b>Amber</b>	38 & 39	There is an organisation specific HAZMAT/ CBRN plan (or dedicated annex)	Plan in draft, needs to be commented on and published	Aug 16
<b>Amber</b>	40	HAZMAT/ CBRN decontamination risk assessments are in place which are appropriate to the organisation.	Establish what risk assessments are required and review the CBRN/HazMat plans to include reference to risk register	Aug 16
<b>Amber</b>	43	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	To buy hooded paper suits and overshoes	March 2016

## Appendix Three

		of staff.		
<b>Amber</b>	45	"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 "	Will be part of the ED Lead emergency dept. support workers role	March 2016
<b>Amber</b>	46	"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 "	We do not have a programme of maintenance in place but call the company to service the equipment as needed.  The equipment is checked a number of times a year during training sessions.	-
<b>Amber</b>	51	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.	Training needed for the ED reception staff. Waiting for dates to be arranged	March 2016

## Appendix Three

### Core Standard 43

<b>HAZMAT CBRN equipment list – For use by Acute and Ambulance service providers in relation to Core Standard 43.</b>				
<b>Ratings</b>	<b>No. of Core Standard</b>	<b>Core Standard</b>	<b>Action</b>	<b>Date for Completion</b>
<b>Amber</b>	43	Buckets, sponges, cloths and blue roll	To be ordered	30th March 2015
<b>Amber</b>	43	Decontamination liquid (COSHH compliant)	To be ordered	30th March 2015
<b>Amber</b>	43	Entry control board (including clock)	To be ordered	30th March 2015
<b>Amber</b>	43	Minimum of 20 x Disrobe packs or suitable equivalent (combination of sizes)	To be ordered	30th March 2015
<b>Amber</b>	43	Scissors - for removing patient clothes but of sufficient calibre to execute an emergency PRPS suit disrobe	To be ordered	30th March 2015
<b>Amber</b>	43	RAM GENE monitors (x 2 per Emergency Department and/or HART team)	To be ordered	30th March 2015
<b>Amber</b>	43	Overshoes & Gloves	To be ordered	30th March 2015
<b>Amber as above</b>	43	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).	As core standard 44 above	-