



## Emergency Preparedness Resilience & Response Policy

Policy Type	Non Clinical
Directorate	Medical Director
Policy Owner	Medical Director, as the Accountable Emergency Officer
Policy Author	Resilience Manager, Isle of Wight Council through a partnership arrangement with the IW NHS Trust
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**'During the COVID19 crisis, please read the policies in conjunction with any updates provided by National Guidance, which we are actively seeking to incorporate into policies through the Clinical Ethics Advisory Group and where necessary other relevant Oversight Groups'**

## DOCUMENT HISTORY

(Procedural document version numbering convention will follow the following format. Whole numbers for approved versions, e.g. 1.0, 2.0, 3.0 etc. With decimals being used to represent the current working draft version, e.g. 1.1, 1.2, 1.3, 1.4 etc. For example, when writing a procedural document for the first time – the initial draft will be version 0.1)

Date of Issue	Version No.	Date Approved	Director Responsible for Change	Nature of Change	Ratification / Approval
17.09.18	0.1		Medical Director	Agreed by	EP&BC Group
18.10.18	0.1		Medical Director	Draft on policy page for	Trust Staff Consultation
22.11.18	0.1		Medical Director	Amendments agreed at	Policy Management Sub Committee
22.11.18	1.0	22.11.18	Medical Director	Approved at	Policy Management Sub Committee
29.01.21	1.0	22.11.18	Medical Director	12 month blanket policy extension due to covid 19 applied with author review date set 180 days prior to Valid to Date.	Quality & Performance Committee
06.05.21	1.0	22.11.18	Medical Director	Extended policy uploaded and linked back with new cover sheet	Corporate Governance

NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust

<b>Contents</b>	<b>Page</b>
1. Executive Summary.....	4
2. Introduction.....	4
3. Definitions.....	4
4. Scope.....	5
5. Purpose.....	6
6. Roles & Responsibilities.....	6
7. Policy Detail / Course of Action.....	11
8. Consultation.....	12
9. Training.....	12
10. Monitoring Compliance and Effectiveness.....	13
11. Links to other Organisational Documents.....	13
12. References.....	14
13. Appendices.....	14

## **1. Executive Summary**

The Isle of Wight NHS Trust – henceforth referred as the ‘Trust’ – has a duty to promote the health of the community, which it serves, including and during incidents that fall outside the realm of business as usual operations. This policy sets out the principles that the Trust will adhere to, to ensure there is an efficient and effective response to any of these Emergency Preparedness, Resilience and Response (EPRR) events that affects the local community.

## **2. Introduction**

The Isle of Wight NHS Trust is an integrated organisation, with both Acute and Community aspects, a Mental Health element and an Emergency Ambulance Service as well as a number of support functions. Each of these elements as a discrete element must be resilient and continue to function, but they all form part of a wider health system that is integral to the safety of the community.

The Trust needs to work closely with and co-ordinate its plans with other NHS bodies, other category one responders and other appropriate organisations.

**All staff should be aware that this policy is not an emergency document. For details on how to respond to a Major Incident please see the Trust’s Incident Response Plans and other related plans.**

The arrangements documented in this policy can be equally applicable to those incidents above routine work but not meeting the definition of a Major Incident. This may be when the Trust’s own facilities and/or resources, or those of its neighbours, are overwhelmed and the Trust is required to implement special arrangements to ensure the effectiveness of the internal response, otherwise known as a Significant Incident.

## **3. Definitions**

### **Category One Responder**

Organisations at the core of any emergency response; for example, local authorities, the emergency services, NHS England, NHS Foundation Trusts with accident/emergency facilities, Ambulance Service NHS Trusts, Community Trusts and Public Health England have a legal obligation to manage an incident and to liaise with each other to have the best outcome for the public.

### **Category Two Responders**

Organisations that support Category One Responders; for example, utility companies, transport companies e.g. Network Rail, Highways Agency, Clinical Commissioning Group, etc. These organisations don’t have the same legal duties as with Category One Responders but have a duty to support and share information to assist with the management of an incident.

### **Emergency Preparedness Resilience & Response**

The collective term utilised by the NHS to cover Business Continuity Planning and the preparation and response to emergencies

### **Local Health Resilience Partnership (LHRP)**

The strategic forum for facilitating joint health community emergency planning.

### **Local Resilience Forum (LRF)**

The principal forum for multi-agency cooperation between Category 1 and Category 2 Responders. This is a statutory process identified within the Civil Contingences Act 2004.

### **Major Incident (NHS definition)**

“Any occurrence that presents serious threat to the health of the community, disruption to the service or causes (or is likely to cause) such numbers or types of casualties as to require special arrangements to be implemented by hospitals, ambulance Trusts or community provider organisations.” (NHS England Command and Control Framework 2013)

### **Incident Response Plan**

Clearly identified plan to be used in order to implement an effective and co-ordinated response to an emergency or major incident

### **Resilience**

“Ability of the community, services, area or infrastructure to detect, prevent and if necessary, to withstand, handle and recover from disruptive challenges.” (Emergency Preparedness 2012)

### **Exercise**

“A simulation designed to validate organisations’ *capability to manage incidents and emergencies*. Specifically, exercises will seek to validate training undertaken and the procedures and systems within Emergency or Business Continuity Plans.” (Emergency Preparedness 2012)

### **Command and Control**

For the Trust to effectively respond to disruptive Incidents in partnership with other responding agencies, a clear leadership pathway incorporating accountability in decision making is required. This structured approach to leadership under pressure is known as ‘command and control’ and is three-tiered consisting of Strategic level (or Gold), Tactical level (or Silver) and Operational level (or Bronze) – coterminous with partner responding agencies.

### **CBRNe**

A term used to describe Chemical, Biological, Radiological, Nuclear and Explosive materials. CBRNe terrorism is the actual or threatened dispersal of CBRN material (either on their own or in combination with each other or with explosives), with deliberate criminal, malicious or murderous intent.

## **4. Scope**

The EPRR Policy applies to all areas of patient care, support services and other departments within the Trust. It does not cover the activities of external organisations which are contracted to provide support to or supply the Trust. However, where appropriate in developing emergency plans, the Trust will consult and closely liaise

with stakeholders; partner agencies; other service providers and support services to ensure that Trust plans will be effective and mutually supportive in responding to an incident.

## **5. Purpose**

The aim of this policy is to describe the statutory and mandatory preparedness workstreams that the Trust will continuously perform to ensure there is a planned, organised and practised response to a full range of EPRR incidents.

Through a proactive approach to EPRR, this policy will achieve the stated aim through the following objectives, by ensuring:

That elements of Integrated Emergency Management are in place across the Trust which builds on the principles of Anticipation, Assessment, Prevention, Preparation, Response and Recovery.

An Incident Response Plan (IRP) is in place that is kept up to date, accessible, tested regularly and specifically addresses any potential causes of a disruptive incident which may impact on the trust delivering its core duties.

Appropriate and effective training arrangements are in place to ensure the competence of staff in performing Emergency Planning and Major Incident roles.

Suitable governance arrangements are in place for EPRR across the Trust

The Trust's EPRR arrangements are mutually compatible with and fully support arrangements within the wider health economy through the active participation in Local Health Resilience Partnerships (LHRP) and Local Resilience Forums (LRF)

A culture of resilience is adopted within and across the Trust that makes emergency preparedness an intrinsic element of management and operations.

The Board are assured that the Trust is both fully compliant with its statutory duties as a category one responder under the Civil Contingencies Act 2004 (the CCA) and the NHS England EPRR Core Competences.

There are no financial and resourcing impacts relating to the implementation of this policy. As a Category One Responder under the Act and through compliance NHS England EPRR Core Competencies, preparing to respond to emergencies is an element of business as usual activities for staff at all levels.

## **6. Roles and Responsibilities**

### **Trust Board**

The authority and responsibility for the establishment, maintenance, support and evaluation of the Emergency Preparedness policy is vested in the Trust Board of Directors.

### **Chief Executive (CEO)**

The CEO is responsible under the NHS England Emergency Preparedness Framework 2013 for ensuring that an EPRR system is in place and working effectively. The CEO is responsible under the Health and Social Care Act 2012 for the identification of an Accountable Emergency Officer who is the board-level director responsible for EPRR.

### **Accountable Emergency Officer (AEO)**

The AEO is the executive lead for EPRR and ensures that the Trust complies with EPRR related legal and policy requirements. The AEO will act as the Trust's executive representative on the Local Health Resilience Partnership (LHRP). The AEO will ensure that:

- The Trust is compliant with the EPRR requirements as set out in the CCA, the Health and Social Care Act (2012), the NHS planning framework and the NHS standard contract as applicable.
- The Trust is properly prepared and resourced for dealing with EPRR issues.
- NHS England is provided with such information as it may require for the purpose of discharging its functions.

### **Head of Emergency Preparedness, Resilience and Response (HOEPRR)**

The HOEPRR is the lead for the Trust wide coordination of its duties under the Act. Any SLAs with the Local Authority allows the Trust to move towards integrated working but does not devolve the responsibility of the Trust to maintain its own EPRR function under the NHS Act 2006. The HOEPRR is responsible for:

- Ensuring that Trust meets its statutory obligations under the Civil Contingencies Act 2004 and complies with all relevant NHS EPRR guidance.
- Ensuring that collaboration takes place with the Isle of Wight Council's Resilience Manager, other Category 1 and Category 2 Responders and the Voluntary Sector.
- Managing and co-ordinating the EPRR activities of staff from other agencies employed through service level agreements or as a secondment, recognising that this does not devolve the responsibility of the trust to maintain its own EPRR function under the NHS Act 2006.
- Developing and delivering the Trusts emergency preparedness and business continuity planning, improving standards of emergency preparedness across the organisation.
- Providing advice on specialist emergency preparedness and resilience issues.

- Reviewing emergency preparedness in light of new and emerging risks, recommendations, guidance and statutory requirements and organisational changes.
- Keeping the Accountable Emergency Officer up dated on matters related to emergency preparedness, providing regular reports on resilience matters.
- Ensuring that the organisation maintains an up to date Incident Response Plan and has an Incident Control Centre (ICC) available.
- Providing advice and training to appropriate staff in relation to emergency preparedness, resilience and response.
- Liaising with emergency partners and within the organisation to ensure we can support the response to a major incident or emergency affecting the wider community.
- Ensuring debriefs - are conducted (as appropriate) so that lessons may be learned.
- Ensuring auditing is undertaken of Trust levels of preparedness with the aim of continual improvement in performance.
- Producing an annual programme of exercises with the aim of testing the effectiveness of the Trust's Incident Response Plan.
- Providing the AEO with an annual report on the performance of the Trust's emergency preparedness, including, lessons from incidents and exercises.
- Ensuring that the Emergency Planning & Resilience Team is adequately supported to allow them to fulfil their role and responsibilities.
- Attending where appropriate strategic level forums, acting as technical advisor to the AEO
- Managing all paperwork from a Major Incident and ensures it is kept in a safe place, in case of an Enquiry/hearing. This information should be kept indefinitely.
- Writing a report after all Major Incidents to identify learning.
- Chairing the Emergency Planning and Business Continuity Group.

### **Ambulance Service Emergency Preparedness and Business Continuity Lead**

The Ambulance Service EP&BC Lead has the duty to ensure that the ambulance element of the IOW NHS Trust meets its duties under the CCA 2004 and the NHS Health and Social Care Act 2012. The Ambulance Service EP&BC Lead is responsible for:



- Ensuring that Trust meets its statutory obligations under the Civil Contingencies Act 2004 and complies with all relevant NHS EPRR guidance that applies to ambulance services.
- Developing and delivering the ambulance service emergency preparedness and business continuity planning, improving standards of emergency preparedness across the organisation.
- Providing advice and training to appropriate staff in relation to ambulance emergency preparedness, resilience and response.
- Providing advice on ambulance emergency preparedness and resilience issues.
- Reviewing ambulance emergency preparedness in light of new and emerging risks, recommendations, guidance, - statutory requirements and organisational changes.
- Keeping the HOEPRR up dated on matters related to ambulance emergency preparedness.

#### **Major Incident Clinical Lead**

The Major Incident Clinical Lead has the duty to provide professional advice on the clinical components of the Trust's - Incident Response Plan and emergency planning training requirements.

#### **On-Call Executive Directors and Senior On-Call Managers**

Responsibilities for all senior on-call managers include the following;

- Duty Executives will be prepared to assume the role of Gold (Strategic) or Silver (Tactical) Commander for the trust during a Major Incident.
- Ensuring they attend EPRR training when requested (to include loggist training)
- Maintaining an awareness of the Trust- Incident Response Plan.
- Leading the divisional or Trust wide response to a Major Incident or Emergency.

#### **Directors**

Directors are responsible for ensuring that the requirements of the Trust's Emergency Preparedness policies and procedures are effectively managed within their Division or Department and that their staff are aware of, and implement, those requirements. Further responsibilities include;

- Ensuring EPRR responsibilities are properly assigned and fulfilled whilst ensuring job descriptions reflect these assignments.
- Ensuring EPRR activities are reflected adequately within Local Area Plans.

- Being familiar with this Policy and to ensure that emergency preparedness becomes part of the everyday culture of the organisation.
- Ensuring the Policy is followed and implemented within their areas of responsibility.
- That adequate resources from within their division must be made available to ensure that Local Action Plans are developed and maintained.
- Ensuring all Local Action Plans are reviewed at least annually and signed off at Divisional Board.
- Ensuring that their Division is adequately represented at the Emergency Planning and Business Continuity Group (EP & BC Group) through the provision of nominated Divisional Emergency Planning Leads.
- Monitoring and auditing of their service's Local Action Plans.
- Ensure that plans are tested within their areas of responsibility

#### **Care Group / Departmental Managers**

Care Group/Departmental Managers will ensure that all Emergency Preparedness policies and programmes are managed and implemented within their areas. They will;

- Attend Trust Emergency Preparedness training commensurate with their role in a Major Incident.
- Ensure all staff are aware of emergency preparedness and business continuity issues that may impact their areas of responsibility.
- Participate in and regularly report on progress to the EP & BC Group.
- Ensure systems are in place so these are regularly reviewed and updated at least annually and validated through annual table top exercises.
- Contribute to the updating of local risk registers as new information comes to light in accordance with Trust risk management policy and procedures.
- Promote a preparedness culture within their teams by encouraging activities that develop this, such as regular reviews, training and exercising.
- Ensure that processes are in place that keep their divisional management team updated.
- Ensure that all staff are aware of their own responsibilities within the Incident Response Plan and the location of their copy of the Incident Response Plan and the Incident Coordination Centre.

### **The Emergency Planning and Business Continuity Group (EP & BC Group)**

Providing a forum for the consideration of EPRR issues, approving actions as necessary to ensure the Trust maintains effective emergency plans. This group should meet quarterly to consider the EPRR Action Plan, or as required by the terms of reference.

### **Trust Staff**

The Trust recognises that emergency preparedness and resilience should be a consideration of all staff either directly or indirectly employed by the Trust and through induction training and regular updates, ensures that all staff are:

- Familiar with the arrangements detailed in the Trust's – Incident Response Plans, including the expectation of all Trust staff to be able and willing to perform roles outside of their usual duties/locations in the response to a major incident.
- Familiar with the roles and responsibilities as listed in the – Incident Response Plan and its incident specific supplementary plans.
- Aware of and attend as necessary the training available to support them in their emergency response role (where applicable).

## **7. Policy detail / Course of Action**

The overarching strategy of the EPRR policy is to ensure that the Trust is working closely with partner organisations to maintain the safety of the community which it serves. Whatever the cause of the incident or event, the Trusts plan and response should ensure that a unified and consistent approach is maintained throughout, focusing on consequence management. As such, there are certain key principles that should be adhered to throughout all elements of the EPRR process.

The AEO (or their deputy, Head of EPRR) will attend strategic level meetings and the Head of EPRR operational/ delivery meetings. On occasion it may be necessary for the Head of EPRR to accompany the AEO to strategic level meetings, acting as a technical advisor.

The AEO will be the designated contact for the Department of Health and Social Care in respect of all EPRR communications and guidance other than those directed to Trust Chief Executives or Medical Directors.

The NHS England Core Standards for EPRR places a duty upon all NHS organisations to maintain a risk register which links back to the National Risk Assessment (NRA) and Community Risk Register. The Trust will ensure that the development of emergency plans is based on preparing the organisation for risks identified on the National, Local (where applicable) Community Risk Registers and the Trust's risk register and will take account of other relevant documents and information where applicable. It will cover planning for response to known and

emerging threats and take an all hazards approach, which will aim to cover unknown or unanticipated threats.

All identified emergency preparedness risks will be recorded and will be reviewed in line with the Trust's Risk Management Policy.

The Trust will maintain an Incident Response Plan, supplemented by a series of risk specific plans each developed adopting best practice principles as described by the Civil Contingencies Secretariat. (Appendix A)

These describe the arrangements the Trust will put in place to respond to disruptive incidents, including – but not limited to – Major Incidents (LRF), Significant Incidents, Business Continuity Incidents and Mass Casualty Incidents.

The following principles apply:

- The Trust Incident Response Plan is generic and flexible and is to be used as a framework for response and not as a rule.
- The need for risk specific plans is based on identifying the very high risks from community risk registers and government requirements, such as Pandemic Influenza or CBRNe response plans
- The Trust's Incident Response Plan invokes a management structure that is co-terminus with the principles of Command & Control i.e. Strategic level (or Gold), Tactical level (or Silver) and Operational level (or Bronze) this is coterminous with partner responding agencies.

These plans are reviewed and validated at least annually.

## **8. Consultation**

Ratification of this policy will be undertaken through the EP & BC Group and Trust Intranet this will include consultation with NHSE (Hampshire, Isle of Wight and Thames Valley) EPRR Team. And where appropriate, other category 1 Responders.

This ratification will take into account changes within the organization, changes within partner organisations, changes to legislation and learning from the debriefs of exercises, training and responses to incidents.

Approval of this policy will be undertaken by the Policy Management Sub Committee.

## **9. Training**

This EPRR policy does not have a mandatory training requirement or any other training needs; however, EPRR related plans do have mandatory training needs:

The Trust is committed to an exercise and training programme to make staff aware of their Major Incident roles and responsibilities as this will lead to an overall more coordinated and successful Major Incident response.

The EP & BC Group will develop guidance for Emergency Planning Leads on the necessary EPRR training for their staff. Training areas addressed will include:

- Bespoke training for individuals or teams who have a specialist response role i.e. CBRNe (for ED, Porters) including Radiation training (Radiation Protection Advisors).
- Targeted training where individuals or teams are identified as having a specific role in the event of a Major Incident Declared, i.e. Strategic and Tactical Commander leadership training.
- Locally delivered table top exercises to validate departmental Local Action Plans and raise awareness and role clarity for front line staff.

#### **10. Monitoring Compliance and Effectiveness**

The AEO will ensure that this policy is included as an agenda item in the EP & BC Group meetings, allowing a review of the content and where appropriate, amendments to be considered and decided upon.

The results of such will identify the appropriate governance route within the amendments to the policy can be progressed and will be included as evidence in the annual core standards submission to NHSE.

#### **11. Links to other Organisational Documents**

- IOW NHST Incident Response Plan
- IOW NHST Pandemic Influenza Plan
- IOW NHST Outbreak Plan
- IOW NHST CBRNe Plan
- IOW NHST Heat Wave Plan
- IOW NHST Adverse Weather Plan

- IOW NHST Business Continuity Policy
- IOW NHST Mass Casualty Plan
- IOW NHST Risk Management Policy
- IOW NHST Systems Resilience Plans

## **12. References**

- Cabinet Office (2004): Civil Contingencies Act 2004
- Cabinet Office (2012): Emergency Preparedness
- Department of Health and Social Care (2010): Care Quality Commission Standards for Better Health
- Department of Health and Social Care (2011): The Operating Framework for the NHS in England 2012/13
- The Health and Social Care Act 2012
- NHS CB Emergency Preparedness Framework 2013
- NHS CB Command and Control Framework for the NHS during significant incidents and emergencies (2013)
- NHS CB Core Standards for Emergency Preparedness, Resilience and Response (2013)

## **13. Appendices**

**Appendix A** Best Practice Principles

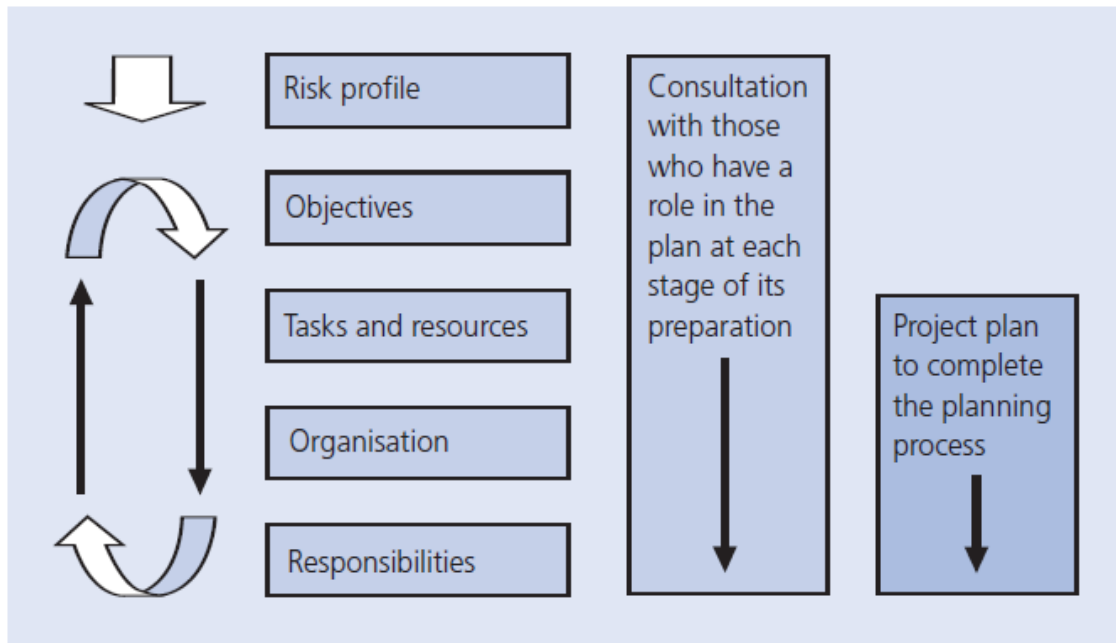
**Appendix B** NHS CB Incident Alert Levels

**Appendix C** Financial and Resourcing Impact Assessment on Policy Implementation

**Appendix D** Equality Impact Assessment (EIA)

Best Practice Principles

**The Five Steps for Preparing an Emergency Plan  
(Emergency Preparedness Chapter 5) HM Government 2005)**



**Step One: Risk Profile**

The aim is to define the situations or scenarios for which response capabilities are needed, in accordance with the responder’s functions. As a result of this stage, an overview is achieved of the scenarios which the plan is designed to address.

**Step Two: Objectives**

The basic scenarios delivered by the risk assessment then need to be translated into a series of objectives – including a first assessment of the capabilities needed to meet them.

Key operational officers at middle-management level need to be asked how they would expect to deal with relevant scenarios. They should be talked to individually, to try to get them to think honestly ‘outside the box’ about emergencies that are likely to test to its limits their professional experience and the competence of their organisation.

At a certain point, the key professionals from various disciplines should be brought together to agree these objectives between themselves, and to confirm that all are thinking along the same lines in terms of an agreed set of planning assumptions and capabilities.

Once the objectives are agreed in terms of the need to develop capabilities, the scope and ambition of the plan are determined.

### **Step Three: Tasks and Resources**

The function-based capabilities of the organisation should be determined with key staff in each department. The basic questions are:

- What are we going to have to do?
- How are we going to do it?
- Do we have the right teams, the right numbers, the right skills, the right training?
- Are the management and communication structures in place to do it?
- Who might be called upon to reinforce the local capability? Are our resources of facilities, materials, vehicles, and equipment sufficient? If not, where do we get them from?

A detailed list is subsequently created of all the many activities which will need to be undertaken successfully during an emergency.

### **Step Four: Organisation**

The large number of emergency tasks identified at Step 3 above needs to be pulled into a proper management framework for dealing with response.

Suitable Command and Control arrangements need to be formalised and agreed by those involved.

### **Step Five: Responsibilities**

As the organisational framework of the plan is addressed, so the allocation of responsibilities across teams and responders can be firmed up.

Responsibilities can be clearly assigned, with emergency objectives and tasks spelled out and an organisational framework agreed for pulling all the capabilities together.

Task lists can be prepared, allocated by responsibility.

The whole process is ongoing and should be reviewed as the plan develops and as circumstances change.

The key to an effective planning process is to be clear about its objectives. There should be buy-in to those objectives from all the responders and their key staff affected by the plan.



NHS CB Incident Alert Levels  
(NHS CB Emergency Preparedness Framework 2013)

As an incident evolves it may be described, in terms of its level, as one to four as identified in the table below.

Alert	Activity	Action	NHS CB Incident levels	
<b>Alert</b>	<b>Dynamic Risk Assessment</b>	<b>Declaration of Incident level</b>	<b>1</b>	A health related incident that can be responded to and managed by local health provider organisations that requires co-ordination by the local CCG.
			<b>2</b>	A health related incident that requires the response of a number of health provider organisations across an NHSCB area team boundary and will require an NHSCB Area Team to co-ordinate the NHS local support.
			<b>3</b>	A health related incident, that requires the response of a number of health provider organisations across and NHSCB area teams across an NHS CB region and requires NHS CB Regional co-ordination to meet the demands of the incident
			<b>4</b>	A health related incident, that requires NHSCB National co-ordination to support the NHS and NHS CB response

**Financial and Resourcing Impact Assessment on Policy Implementation**

*NB this form must be completed where the introduction of this policy will have either a positive or negative impact on resources. Therefore, this form should not be completed where the resources are already deployed, and the introduction of this policy will have no further resourcing impact.*

<b>Document title</b>	<b>Emergency Preparedness Resilience &amp; Response Policy</b>
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<b>Totals</b>	<b>WTE</b>	<b>Recurring £</b>	<b>Non-Recurring £</b>
Manpower Costs		NIL	NIL
Training Staff		NIL	NIL
Equipment & Provision of resources		NIL	NIL

**Summary of Impact:** The Policy will support the Trust in delivery of its EPRR requirement

**Risk Management Issues:** These have been identified on DATIX

**Benefits / Savings to the organisation:**

**Equality Impact Assessment**

- Has this been appropriately carried out? YES
- Are there any reported equality issues? NO

If "YES" please specify:

**Use additional sheets if necessary.**

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

<b>Manpower</b>	<b>WTE</b>	<b>Recurring £</b>	<b>Non-Recurring £</b>
Operational running costs			
<b>Totals:</b>			

<b>Staff Training Impact</b>	<b>Recurring £</b>	<b>Non-Recurring £</b>
<b>Totals:</b>		

<b>Equipment and Provision of Resources</b>	<b>Recurring £ *</b>	<b>Non-Recurring £ *</b>
Accommodation / facilities needed		
Building alterations (extensions/new)		
IT Hardware / software / licences		
Medical equipment		
Stationery / publicity		
Travel costs		
Utilities e.g. telephones		
Process change		
Rolling replacement of equipment		
Equipment maintenance		
Marketing – booklets/posters/handouts, etc		
<b>Totals:</b>		

- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked & agreed by finance:	
Signature & date of financial accountant:	
Funding / costs have been agreed and are in place:	
Signature of appropriate Executive or Associate Director:	



### Equality Impact Assessment (EIA) Screening Tool

Document Title:	Emergency Preparedness Resilience & Response Policy
Purpose of document	This policy sets out the principles that the Trust will adhere to, to ensure there is an efficient and effective response to any Emergency Preparedness, Resilience and Response (EPRR) events that affects the local community.
Target Audience	<i>All Staff</i>
Person or Committee undertaken the Equality Impact Assessment	<i>Lisa Scovell-Strickland, Emergency Planning Manager, EPRR</i>

1. To be completed and attached to all procedural/policy documents created within individual services.
2. Does the document have, or have the potential to deliver differential outcomes or affect in an adverse way any of the groups listed below?

If no confirm underneath in relevant section the data and/or research which provides evidence e.g. JSNA, Workforce Profile, Quality Improvement Framework, Commissioning Intentions, etc.

If yes, please detail underneath in relevant section and provide priority rating and determine if full EIA is required.

		Positive Impact	Negative Impact	Reasons
<b>Gender</b>	Men	None	None	<i>The aim of this policy is to describe the statutory and mandatory preparedness work streams that the Trust will continuously perform to ensure there is a planned, organised and practised response to a full range of EPRR incidents. On this basis it is not considered that that the policy or activities arising from it will have any impact on this group within the protected characteristic of gender</i>
	Women	None	None	<i>See Above</i>

<b>Race</b>	Asian or Asian British People	None	None	<i>The aim of this policy is to describe the statutory and mandatory preparedness work streams that the Trust will continuously perform to ensure there is a planned, organised and practised response to a full range of EPRR incidents. On this basis it is not considered that that the policy or activities arising from it will have any impact on this group within the protected characteristic of race</i>
	Black or Black British People	None	None	See Above
	Chinese people	None	None	See Above
	People of Mixed Race	None	None	See Above
	White people (including Irish people)	None	None	See Above
	People with Physical Disabilities, Learning Disabilities or Mental Health Issues	None	None	<i>The aim of this policy is to describe the statutory and mandatory preparedness work streams that the Trust will continuously perform to ensure there is a planned, organised and practised response to a full range of EPRR incidents. On this basis it is not considered that that the policy or activities arising from it will have any impact on this protected characteristic</i>
<b>Sexual Orientation</b>	Transgender	None	None	<i>The aim of this policy is to describe the statutory and mandatory preparedness work streams that the Trust will continuously perform to ensure there is a planned, organised and practised response to a full range of EPRR incidents. On this basis it is not considered that that the policy or activities arising from it will have any impact on this group within the protected characteristic of Sexual Orientation.</i>
	Lesbian, Gay men and bisexual	None	None	See Above
<b>Age</b>	Children	None	None	<i>The aim of this policy is to describe the statutory and mandatory preparedness work streams that the Trust will continuously perform to ensure there is a planned, organised</i>

				<i>and practised response to a full range of EPRR incidents. On this basis it is not considered that that the policy or activities arising from it will have any impact on this group within the protected characteristic of Age.</i>
	Older People (60+)	None	None	See Above
	Younger People (17 to 25 yrs)	None	None	See Above
<b>Faith Group</b>		None	None	<i>The aim of this policy is to describe the statutory and mandatory preparedness work streams that the Trust will continuously perform to ensure there is a planned, organised and practised response to a full range of EPRR incidents. On this basis it is not considered that that the policy or activities arising from it will have any impact on this protected characteristic</i>
<b>Pregnancy &amp; Maternity</b>		None	None	<i>The aim of this policy is to describe the statutory and mandatory preparedness work streams that the Trust will continuously perform to ensure there is a planned, organised and practised response to a full range of EPRR incidents. On this basis it is not considered that that the policy or activities arising from it will have any impact on this protected characteristic</i>
<b>Equal Opportunities and/or improved relations</b>		None	None	<i>The aim of this policy is to describe the statutory and mandatory preparedness work streams that the Trust will continuously perform to ensure there is a planned, organised and practised response to a full range of EPRR incidents. On this basis it is not considered that that the policy or activities arising from it will have any impact on this.</i>

**Notes:**

Faith groups cover a wide range of groupings, the most common of which are Buddhist, Christian, Hindus, Jews, Muslims and Sikhs. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

**3. Level of Impact**

If you have indicated that there is a negative impact, is that impact:		
	YES	NO
<b>Legal</b> (it is not discriminatory under anti-discriminatory law)		
<b>Intended</b>		

If the negative impact is possibly discriminatory and not intended and/or of high impact, then please complete a thorough assessment after completing the rest of this form.

3.1 Could you minimise or remove any negative impact that is of low significance? Explain how below:	
3.2 Could you improve the strategy, function or policy positive impact? Explain how below:	
3.3 If there is no evidence that this strategy, function or policy promotes equality of opportunity or improves relations – could it be adapted so it does? How? If not, why not?	
Scheduled for Full Impact Assessment	Date:
Name of persons/group completing the full assessment.	
Date Initial Screening completed	