

<b>CBRN (E) Hazmat Decontamination incident planning &amp; management Policy</b>	<b>Policy Register No: 12012</b> <b>Status: Confidential - Internal Only</b>
--	---

Developed in response to:	Category 1 responder. Civil Contingency Act (2004) Local Health Resilience Partnership NHS England Emergency Preparedness, Resilience and Response (EPRR) Chemical incidents: Planning for the management of self-presenting patients in healthcare settings (2015)
---------------------------	---

Contributes to CQC Regulation number:	11
---------------------------------------	----

Consulted With	Post / Committee / Group	Date
Health and Safety Group members	Health and Safety Group	October 2015
Dr Aziz	ED Consultant	
Dr Tim Lightfoot	ICU anaesthetic consultant	
Cathy Geddes	Chief Nurse	
Suzanne Hoare	ED Lead Nurse decontamination	
Gemma Davies	ED Matron	
Helen Ali	Clinical operations team lead	
Eric Carter	Security Manager	
Chris Brown	CCT, Decontamination equipment lead	
Gareth Boynton	EoE Ambulance HART	
<b>Professionally Approved By</b>	Carin Charlton, Director Strategy & Corporate Services	

Version Number	2.0
Issuing Directorate	Estates & Facilities, emergency planning
Ratified by:	Document Ratification Group
Ratified on:	27 <sup>th</sup> January 2016
Trust Executive Board Date	February 2016
Implementation Date	5 <sup>th</sup> February 2016
Next Review Date	March 2018
Author/Contact for Information	Doug Smale
Policy to be followed by (target staff)	All Staff
Distribution Method	Intranet
Related Trust Policies (to be read in conjunction with)	Major Incident Plan Internal Incident Plan

Document Review History

Version No	Authored/Reviewed by	Active Date
1.0	Doug Smale	16 <sup>th</sup> May 2012
2.0	Doug Smale	5 <sup>th</sup> February 2016

## **Contents**

- 1.0 Purpose
- 2.0 Aims of Decontamination Incident planning and management.
- 3.0 Scope of Decontamination Incident planning and management.
- 4.0 Decontamination Incident management group
- 5.0 Decontamination Incident training
- 6.0 Decontamination Incident training ED
- 7.0 Equipment Requirements
- 8.0 Responsibilities
- 9.0 Contingency
- 10.0 Auditing this Policy
- 11.0 Communication and Implementation
- 12.0 References

## 1.0 Purpose

- 1.1 This policy describes the requirements and management for decontamination of casualties contaminated with chemical, biological, radioactive and nuclear substances and other hazardous substances whether deliberate or accidentally contaminated passively or due to explosive devices (E), (CBRN(E)/Hazmat.) – Chemical, Biological, Radiological, Nuclear materials / Hazardous Materials.
- 1.2 The document also highlights decontamination planning and operational function. This will include department roles and accountability, training requirements and resource management as required in order that the Trust has the effective ability to decontaminate self presenting patients according to the CBRN(E)/Hazmat Decontamination plan.

## 2.0 Aims of Decontamination Incident Planning and Management

- 2.1 To provide an effective CBRN(E)/Hazmat Decontamination service within Mid Essex Hospitals NHS Trust (MEHT), inline with the Civil Contingency Act (2004) and as a category 1 responder and in association with the Trusts Major Incident Plan and outcomes of 'Exercise Aquarius' (2011).

## 3.0 Scope of Decontamination Incident Planning and Management

- 3.1 The scope of decontamination incident planning and management includes:
- Affective ability to deploy and man the Mobile Decontamination Unit (MDU).
  - Develop and maintain appropriate training schedule for staff, directly and indirectly, involved with decontamination incidents.
  - Management maintains and review of decontamination incident equipment.
  - The creation and maintenance of a decontamination incident management planning group.
  - Establish agreed role and responsibilities for both departments and individuals for decontamination incident planning and management.
  - Review, maintenance and communication of the Decontamination Incident Plan in conjunction with the Trusts Major Incident Plan.
  - Recovery and service continuity planning and management during and after a decontamination incident.
- 3.2 **Inclusion Criteria:** Decontamination Incident planning and management includes all issues associated with the Trust being able to deploy the MDU and the management of self presenting contaminated casualties on the Broomfield hospital site. This includes securing the site, working with other Trusts as necessary and key external partners (CCG, NHS England, Essex Fire & Rescue Service (FRS), Public health England, EoE Ambulance Service & Essex Police/Forensics etc) and recovery and service continuity planning and management.
- 3.3 **Exclusion Criteria:** Decontamination Incident planning and management within the Trust excludes any planning and management of a contamination incident on the hospital site involving containment of toxic spillages etc, this will be managed by the FRS however any contaminated casualties may be managed on site at the designated decontamination area.

3.4 **Planning and Management Criteria:** Any plans and management of decontamination incidents will be in line with the requirements of a category 1 responder and in accordance with the Civil Contingency Act (2004) and any other current guidance or requirements from other agencies or partners.

#### 4.0 **Decontamination Incident Management Planning Group**

4.1 The Decontamination Incident Management Planning Group will consist of:

- Consultant lead (Chair)
- Emergency Planning & Resilience Manager
- Clinical Operations Team lead
- ED lead for decontamination incidents
- CCT lead for decontamination equipment
- Estates / FM lead
- EoE Ambulance representative (as required)

4.2 The Decontamination incident management planning group will report to the Emergency Preparedness group according to the terms of reference.

4.3 The Decontamination incident management planning group will create an annual report, and other updates as necessary, documenting the Trusts readiness and any other planning or management issues relating to the Trusts ability to manage a decontamination incident. This report will be presented to the Emergency preparedness group

4.4 The Decontamination incident management planning group will meet formally twice a year and formally at other intervals as required.

4.5 The Decontamination incident management planning group will regularly review and amend the Decontamination Incident Plan in association with the Trusts Major Incident Plan.

4.5 **Decontamination Incident Exercises:** The Decontamination incident management planning group will be responsible for organising internal Decontamination Incident exercises and practice deployments of the MDU.

4.6 Full MDU practice deployments will take part at least two times a year involving MDU deployment and the ED staff, clinical operations team staff and support staff.

4.7 A 'desk top' Decontamination Incident exercise will take place two times a year; this may also be conducted in conjunction with a desk top Major Incident exercise and full MDU deployment exercises.

#### 5.0 **Decontamination Incident Training**

5.1 **Staffing Profile:** In order that a decontamination incident can be effectively managed an adequate level of up to date trained staff needs to be in place that can be call upon at any time an incident may occur with out producing a shortfall to other critical services.

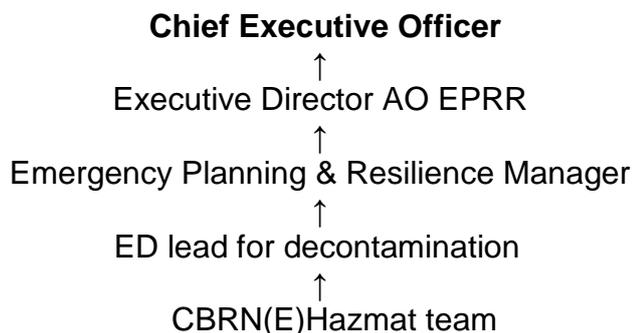
- 5.2 A cohort of staff recruited from other areas or departments other than ED will be established in order that the critical function of ED is not compromised during a decontamination incident as the ED will be involved, and pivotal in the management of the casualties within the ED post decontamination. Clinical operations staff will be the key initial coordinators of any decontamination management call out and ongoing coordination.
- 5.3 **Consultant staff:** Agreed consultant staff will be identified and trained as required in decontamination incident management, plans and procedures. A core of Consultant staff will be trained in MDU procedures.
- 5.3 **Training and Education, Mobile Decontamination Unit (MDU) procedures:** A cohort of at least 20 multi-disciplinary staff will be trained in MDU deployment and decontamination suit training.
- 5.4 With departmental managers' agreement, selected staff from various departments will be trained as required in MDU deployment, causality decontamination procedures, primary and secondary triage (only if clinically trained to perform role) and MDU (PRPS) suit training.
- 5.5 By agreeing to release staff for MDU training, departmental management also agree to release staff to engage in agreed update training and at least two practice exercises a year. These training updates and exercises will be planned at least six months in advance by the Decontamination incident management group and will be communicated to both MDU staff and their relevant manager.
- 5.6 Decontamination plan exercises will take place 4 times a year, two of which will be a full MDU deployment exercise and two integrated 'desk top' exercises with the Major Incident plan and the ED.
- 6.0 Decontamination Incident Training ED**
- 6.1 ED decontamination plan exercises will take place 2 times a year, 1 of which will be a full MDU deployment exercise and 1 integrated 'desk top' exercise with the Major Incident plan or full MDU deployment exercise.
- 6.2 ED departmental training will be maintained by the ED decontamination / CBRN (E) Hazmat lead and audited every six months. Updated training audits will be documented and communicated to the Decontamination incident management planning group by ED lead.
- 6.3 ED training scope will be agreed and updated as necessary through the Decontamination incident management planning group.
- 6.4 Funding for training will be identified through the Decontamination incident management planning group and requirements for consideration will be reported to the Emergency Preparedness Group.

## 7.0 Equipment Requirements

- 7.1 The equipment required to manage a decontamination incident will be in line with the MEHT CBRN(E) Hazmat Decontamination plan and any revised or updated recommendations or requirements will be considered according to advice from external agencies, i.e. Public Health England and EoE Ambulance Service. The equipment will be replaced / serviced according to the manufacturer's specified instructions.
- 7.2 Funding for decontamination equipment will be identified through the Decontamination incident management planning group and requirements for consideration will be reported to the Emergency Preparedness Group.

## 8.0 Responsibilities

- 8.1 The ED lead is operationally and financially accountable for the service delivery. Clinical staff forming any part of the CBRN (E) Hazmat Team will remain professionally accountable for their actions. They will work in conjunction with the ED lead for decontamination and the Emergency Planning and Resilience manager to ensure that the service is delivered within the confines of any agreed budget and operational requirements. The Emergency Planning and Resilience manager has responsibility for ensuring that Decontamination incident planning and plans are aligned in accordance with the Trust's Major Incident Plan and other emergency plans.



## 9.0 Contingency

- 9.1 EoE Ambulance services will provide support to the Trust for CBRN (E) Hazmat Decontamination of casualties in cases where:
- The Trust's ability to manage an incident is compromised due to high numbers of self-presenting patients.
  - Other unforeseen circumstances which may compromise decontamination and containment of contaminated patients.

## 10.0 Auditing this Policy

- 10.1 All live incidents will be reported via DATIX for review and formal investigation and review of outcomes.

10.2 This policy will be also audited annually following outcomes and ‘lessons learned’ from both live incidents and desk top exercises to ensure both this policy and the ‘Decontamination Plan’ aims and objectives are being met. The audit will also take into account any change in requirements from internal stakeholders and external agencies and guidance.

10.3 The ED lead and the Emergency Planning and Resilience manager will evaluate the exercises and compile a summary report which will be presented to the ‘Emergency Preparedness Group’ and used to direct any amendment to the ‘Decontamination Plan’ and this policy.

10.4 Updating of this policy will be undertaken by the Clinical and Technical Leads following audit feedback from the ED lead and the Emergency Planning and Resilience manager.

## **11.0 Communication and Implementation**

11.1 Following consultation and approval by the Trust Board, this policy document will be distributed to all relevant Directors and Heads of Department/Services highlighting individual’s responsibilities as per this policy.

## **12.0 References**

<http://www.dh.gov.uk/assetRoot/04/12/37/80/04123780.pdf>

[www.hpa.org.uk](http://www.hpa.org.uk)

<http://www.england.nhs.uk/ourwork/epr/>

MEHT CBRN(E)Hazmat decontamination plan