

NHS England Core Standards for Emergency preparedness, resilience and response
v2.0

The attached EPRR Core Standards spreadsheet has 3 tabs:

EPRR Core Standards tab - with core standards nos 1 - 37.

HAZMAT/ CBRN core standards tab: with core standards 38- 51. Please note this is designed as a stand alone tab.

HAZMAT/ CBRN equipment checklist: designed to support acute and ambulance service providers in core standard 43.

Self assessment RAG

Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months.

Amber = Not compliant but evidence of progress and in the EPRR work plan for the next 12 months.

Green = fully compliant with core standard.

Core standard	Evidence of assurance	Self assessment RAG Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months.
Governance		
1 Organisations have a director level accountable emergency officer who is responsible for EPRR (including business continuity management)	• Ensuring accountable emergency officer's commitment to the plans and giving a member of the executive management board and/or governing body overall responsibility for the Emergency Preparedness Resilience and Response, and Business Continuity Management agendas	
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.	• Having a documented process for capturing and taking forward the lessons identified from exercises and emergencies, including who is responsible. • Appointing an emergency preparedness, resilience and response (EPRR) professional(s) who can demonstrate an understanding of EPRR principles.	
3 Organisations have an overarching framework or policy which sets out expectations of emergency preparedness, resilience and response.	• Appointing a business continuity management (BCM) professional(s) who can demonstrate an understanding of BCM principles. • Being able to provide evidence of a documented and agreed corporate policy or framework for building resilience across the organisation so that EPRR and Business continuity issues are mainstreamed in processes, strategies and action plans across the organisation. • That there is an appropriate budget and staff resources in place to enable the organisation to meet the requirements of these core standards. This budget and resource should be proportionate to the size and scope of the organisation.	
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.		
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 its functions.	• Being able to provide documentary evidence of a regular process for monitoring, reviewing and updating and approving risk assessments • Version control	
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.	• Consulting widely with relevant internal and external stakeholders during risk evaluation and analysis stages • Assurances from suppliers which could include, statements of commitment to BC, accreditation, business continuity plans.	
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.	• Sharing appropriately once risk assessment(s) completed	
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. 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):	Relevant plans: • demonstrate appropriate and sufficient equipment (inc. vehicles if relevant) to deliver the required responses • identify locations which patients can be transferred to if there is an incident that requires an evacuation; • outline how, when required (for mental health services), Ministry of Justice approval will be gained for an evacuation; • take into account how vulnerable adults and children can be managed to avoid admissions, and include appropriate focus on providing healthcare to displaced populations in rest centres; • include arrangements to co-ordinate and provide mental health support to patients and relatives, in collaboration with Social Care if necessary, during and after an incident as required; • make sure the mental health needs of patients involved in a significant incident or emergency are met and that they are discharged home with suitable support • ensure that the needs of self-presenters from a hazardous materials or chemical, biological, nuclear or radiation incident are met. • for each of the types of emergency listed evidence can be either within existing response plans or as stand alone arrangements, as appropriate.	
		n/a
		n/a

	Core standard	Evidence of assurance	Self assessment RAG Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months.
9	Ensure that plans are prepared in line with current guidance and good practice which includes:	<ul style="list-style-type: none"> • Being able to provide documentary evidence that plans are regularly monitored, reviewed and systematically updated, based on sound assumptions: • Being able to provide evidence of an approval process for EPRR plans and documents • Asking peers to review and comment on your plans via consultation • Using identified good practice examples to develop emergency plans • Adopting plans which are flexible, allowing for the unexpected and can be scaled up or down • Version control and change process controls • List of contributors • References and list of sources • Explain how to support patients, staff and relatives before, during and after an incident (including counselling and mental health services). 	
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.	<ul style="list-style-type: none"> • Oncall Standards and expectations are set out • Include 24-hour arrangements for alerting managers and other key staff. 	
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.		
12	Arrangements explain how VIP and/or high profile patients will be managed.		
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	<ul style="list-style-type: none"> • Specify who has been consulted on the relevant documents/ plans etc. 	
14	Arrangements include a debrief process so as to identify learning and inform future arrangements		
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.	Explain how the emergency on-call rota will be set up and managed over the short and longer term.	
16	Those on-call must meet identified competencies and key knowledge and skills for staff.	Training is delivered at the level for which the individual is expected to operate (ie operational/ bronze, tactical/ silver and strategic/gold). for example strategic/gold level leadership is delivered via the 'Strategic Leadership in a Crisis' course and other similar courses.	
17	Documents identify where and how the emergency or business continuity incident will be managed from, ie 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 .	Arrangements detail operating procedures to help manage the ICC (for example, set-up, contact lists etc.), contact details for all key stakeholders and flexible IT and staff arrangements so that they can operate more than one control/coordination centre and manage any events required.	
18	Arrangements ensure that decisions are recorded and meetings are minuted during an emergency or business continuity incident.		
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.		
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.		
21	Arrangements to have access to 24-hour radiation protection supervisor available in line with local and national mutual aid arrangements;		
Duty to communicate with the public			

Core standard		Evidence of assurance	Self assessment RAG Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months.
22	Arrangements demonstrate warning and informing processes for emergencies and business continuity incidents.	<ul style="list-style-type: none"> • Have emergency communications response arrangements in place • Be able to demonstrate that you have considered which target audience you are aiming at or addressing in publishing materials (including staff, public and other agencies) • Communicating with the public to encourage and empower the community to help themselves in an emergency in a way which compliments the response of responders • Using lessons identified from previous information campaigns to inform the development of future campaigns • Setting up protocols with the media for warning and informing • Having an agreed media strategy which identifies and trains key staff in dealing with the media including nominating spokespeople and 'talking heads'. • Having a systematic process for tracking information flows and logging information requests and being able to deal with multiple requests for information as part of normal business processes. • Being able to demonstrate that publication of plans and assessments is part of a joined-up communications strategy and part of your organisation's warning and informing work. 	

	Core standard	Evidence of assurance	Self assessment RAG Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months.
23	Arrangements ensure the ability to communicate internally and externally during communication equipment failures	<ul style="list-style-type: none"> Have arrangements in place for resilient communications, as far as reasonably practicable, based on risk. 	
Information Sharing – mandatory requirements			
24	Arrangements contain information sharing protocols to ensure appropriate communication with partners.	<ul style="list-style-type: none"> Where possible channelling formal information requests through as small as possible a number of known routes. Sharing information via the Local Resilience Forum(s) / Borough Resilience Forum(s) and other groups. Collectively developing an information sharing protocol with the Local Resilience Forum(s) / Borough Resilience Forum(s). Social networking tools may be of use here. 	
Co-operation			
25	Organisations actively participate in or are represented at the Local Resilience Forum (or Borough Resilience Forum in London if appropriate)	<ul style="list-style-type: none"> Attendance at or receipt of minutes from relevant Local Resilience Forum(s) / Borough Resilience Forum(s) meetings, that meetings take place and membership is quorat. 	
26	Demonstrate active engagement and co-operation with other category 1 and 2 responders in accordance with the CCA	<ul style="list-style-type: none"> Treating the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Partnership as strategic level groups 	
27	Arrangements include how mutual aid agreements will be requested, co-ordinated and maintained.	<ul style="list-style-type: none"> Taking lessons learned from all resilience activities 	
28	Arrangements outline the procedure for responding to incidents which affect two or more Local Health Resilience Partnership (LHRP) areas or Local Resilience Forum (LRF) areas.	<ul style="list-style-type: none"> Using the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Partnership to consider policy initiatives 	n/a
29	Arrangements outline the procedure for responding to incidents which affect two or more regions.	<ul style="list-style-type: none"> Establish mutual aid agreements 	n/a
30	Arrangements demonstrate how organisations support NHS England locally in discharging its EPRR functions and duties	<ul style="list-style-type: none"> Identifying useful lessons from your own practice and those learned from collaboration with other responders and strategic thinking and using the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Partnership to share them with colleagues 	
31	Plans define how links will be made between NHS England, the Department of Health and PHE. Including how information relating to national emergencies will be co-ordinated and shared	<ul style="list-style-type: none"> Having a list of contacts among both Cat. 1 and Cat 2. responders with in the Local Resilience Forum(s) / Borough Resilience Forum(s) area 	n/a
32	Arrangements are in place to ensure an Local Health Resilience Partnership (LHRP) (and/or Patch LHRP for the London region) meets at least once every 6 months		n/a
33	Arrangements are in place to ensure attendance at all Local Health Resilience Partnership meetings at a director level		
Training And Exercising			
34	Arrangements include a training plan with a training needs analysis and ongoing training of staff required to deliver the response to emergencies and business continuity incidents	<ul style="list-style-type: none"> Taking lessons from all resilience activities and using the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Partnership and network meetings to share good practice 	
35	Arrangements include an ongoing exercising programme that includes an exercising needs analysis and informs future work.	<ul style="list-style-type: none"> Being able to demonstrate that people responsible for carrying out function in the plan are aware of their roles 	
36	Demonstrate organisation wide (including oncall personnel) appropriate participation in multi-agency exercises	<ul style="list-style-type: none"> Through direct and bilateral collaboration, requesting that other Cat 1. and Cat 2 responders take part in your exercises 	
37	Preparedness ensures all incident commanders (oncall directors and managers) maintain a continuous personal development portfolio demonstrating training and/or incident /exercise participation.	<ul style="list-style-type: none"> Refer to the NHS England guidance and National Occupational Standards For Civil Contingencies when identifying training needs. Developing and documenting a training and briefing programme for staff and key stakeholders Being able to demonstrate lessons identified in exercises and emergencies and business continuity 	

Hazardous materials (HAZMAT) and chemical, biological, radiological and nuclear (CBRN) response core standards (NB this is designed as a stand alone sheet)			Acute healthcare providers	Community services providers		Self assessment RAG Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months.	Action to be taken	Lead	Timescale
Q	Core standard	Clarifying information			Evidence of assurance				
Preparedness									
38	There is an organisation specific HAZMAT/ CBRN plan (or dedicated annex)	Arrangements include: • command and control interfaces • tried and tested process for activating the staff and equipment (inc. Step 1-2-3 Plus)	Y	Y	• Being able to provide documentary evidence of a regular process for monitoring, reviewing and updating and approving arrangements • Version control				
39	Staff are able to access the organisation HAZMAT/ CBRN management plans.	Decontamination trained staff can access the plan	Y	Y	• Site inspection • IT system screen dump				
40	HAZMAT/ CBRN decontamination risk assessments are in place which are appropriate to the organisation.	• Documented systems of work • List of required competencies	Y	Y	• Appropriate HAZMAT/ CBRN risk assessments are incorporated into EPRR risk assessments (see core standards 5-7)				
41	Rotas are planned to ensure that there is adequate and appropriate decontamination capability available 24/7.		Y		• Resource provision / % staff trained and available • Rota / rostering arrangements				
42	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.	Y	Y	• Provision documented in plan / procedures • Staff awareness Must ensure that the decon file makes it explicit				
Decontamination Equipment									
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 of staff.	• Acute and Ambulance service providers - see Equipment checklist overleaf 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.nhs.uk)	Y	Y	• completed inventory list (see overleaf) or Response Box (see Preparation for Incidents Involving Hazardous Materials - Guidance for Primary and Community Care Facilities (NHS London, 2011))	SEE OTHER TAB for acute			
44	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 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	Y						
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	There is a named role responsible for ensuring these checks take place	Y						
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		Y						
47	There are effective disposal arrangements in place for PPE no longer required.	NHS England published guidance (May 2014) or subsequent later guidance when applicable)	Y						
Training									
48	The current HAZMAT/ CBRN Decontamination training lead is appropriately trained to deliver HAZMAT/ CBRN training		Y						
49	Internal training is based upon current good practice and uses material that has been supplied as appropriate.	• Documented training programme • Primary Care HAZMAT/ CBRN guidance • Lead identified for training	Y	Y	• Show evidence that achievement records are kept of staff trained and refresher training attended • Incorporation of HAZMAT/ CBRN issues into exercising programme				
50	The organisation has sufficient number of trained decontamination trainers to fully support it's staff HAZMAT/ CBRN training programme.		Y						
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.	• 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.nhs.uk)	Y	Y					

HAZMAT CBRN equipment list - for use by Acute and Ambulance service providers in relation to Core Standard 43.

No	Equipment	Equipment model/ generation/ details etc.	Self assessment RAG Red = Not in place and not in the EPRR work plan to be in place within the next 12 months. Amber = Not in place and in the EPRR work plan to be in place within the next 12 months. Green = In place.
EITHER: Inflatable mobile structure			
E1	Inflatable frame	N/a	N/a
E1.1	Liner	N/a	N/a
E1.2	Air inflator pump	N/a	N/a
E1.3	Repair kit	N/a	N/a
E1.2	Tethering equipment	N/a	N/a
OR: Rigid/ cantilever structure			
E2	Tent shell		
OR: Built structure			
E3	Decontamination unit or room	Yes	
AND:			
E4	Lights (or way of illuminating decontamination area if dark)	Yes	
E5	Shower heads	Yes	
E6	Hose connectors and shower heads	Taps on outside of decont room	
E7	Flooring appropriate to tent in use (with decontamination basin if needed)	n/a	Flooring appropriate in decontamination room.
E8	Waste water pump and pipe	n/a	n/a
E9	Waste water bladder	n/a	n/a
PPE for chemical, and biological incidents			
E10	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).	Yes. Being refitted November 2014	
E11	Providers to ensure that they hold enough training suits in order to facilitate their local training programme	yes, 3	
Ancillary			
E12	A facility to provide privacy and dignity to patients	Decon room	
E13	Buckets, sponges, cloths and blue roll	Yes	
E14	Decontamination liquid (COSHH compliant)	Yes	
E15	Entry control board (including clock)	Yes, is placed in corridor	
E16	A means to prevent contamination of the water supply	Yes	

E17	Poly boom (if required by local Fire and Rescue Service)	n/a	
E18	Minimum of 20 x Disrobe packs or suitable equivalent (combination of sizes)	Yes - next room round (relatives room)	
E19	Minimum of 20 x re-robe packs or suitable alternative (combination of sizes - to match disrobe packs)	Yes - next room round (relatives room)	
E20	Waste bins	Waste bin. Yellow bags.	
	Disposable gloves	yes	
E21	Scissors - for removing patient clothes but of sufficient calibre to execute an emergency PRPS suit disrobe	toughcuts	
E22	FFP3 masks	yes	
E23	Cordon tape	yes	
E24	Loud Hailer	No	
E25	Signage	hang on red tape and door	
E26	Tabbards identifying members of the decontamination team	no - as area is closed off they are only staff there	
E27	Chemical Equipment Assessment Kits (ChEAKs) (via PHE) (replaced Toxboxes in 2010)	PHE have not provided	
	Radiation		
E28	RAM GENE monitors (x 2 per Emergency Department and/or HART team)	yes	
E29	Hooded paper suits	yes - in emergency cupboard	
E30	Goggles	yes	
E31	FFP3 Masks - for HART personnel only	n/a	N/a
E32	Overshoes & Gloves	yes	