Emergency Planning – a live training needs analysis

The purpose of this document is to analyse training needs for emergency planning in a meaningful and achievable way, and to say how they will be achieved at the most economic cost. It will be maintained as the approach to training develops.

A definition, and why we are doing this

The purpose is not here to consider exercises – separate provision is already being made for exercises, and the Trust has a good record in this regard. The 4 functions are:

- identifying key risks facing the organisation
- planning to meet those risks
- training staff to meet the risks
- undertaking exercises to meet the risks.

The relationship between exercises and plans is as follows, as defined on http://www.ukresilience.info/preparedness/training/index.shtm:

Exercises are both a type of training, and a distinct type of emergency preparedness. Exercises have three main purposes: to validate plans; to develop staff competencies and give them practice in carrying out their roles in emergency plans (training); and to test well-established procedures. It is important that people taking part in exercises should be trained beforehand. Participants should have an awareness of their roles and be reasonably comfortable with them, before they are subject to the stresses of an exercise.

Of the four functions, there has been, so far, little evidence to say that training needs are being met in a rigorous way.

The consequence of not being able to prove that training needs have been met, should things go wrong, is the risk at best of being subject to considerable performance management pressure on major incidents, and at worst a charge of corporate manslaughter, with criminal law consequences. If things do go wrong and we can prove we have met the four functions above in a rational way and have kept our approach under review, we are likely to avoid censure.

On the other hand, there is a need to achieve this in the following ways:

- a rational and ‘best-value’ way, recognising that staff time equals money
- measurable and meaningful, so it can be proved to have happened
- not scattergun, but well-targeted.
National Requirements on Emergency Planning Training

The following is what the Trust has to do:


- Training, testing and exercising should take place within the context of:
- A training needs analysis that reflects normal good training practice
- The definition of different training needs along a spectrum from general awareness to specific training for staff with key roles
- Providing a framework that states clearly who is accountable for ensuring training and exercising takes place, the respective frequency for each element, is based on an annual plan for the process and is supported by appropriate documentation and record keeping and allows for post exercise reporting and debriefing
- Recognising that training involves a significant investment in cost, time and resources. Nevertheless, if they are to effectively manage an incident, organisations must be fully committed to training for responding to major incidents or business continuity issues. A comprehensive training strategy needs to be put in place to ensure that staff are confident in their roles.


4. Competency, Protection and Training of Staff

4.1. A key part of planning for the response will be to have staff who:

- Understand the role they are to fulfil in the event of an incident
- Have the necessary competencies to fulfil that role
- Have received training to fulfil those competencies

4.2. The requirement for training extends to all staff likely to participate in planning for a response to an incident and must include not only the traditional responders - emergency department services, switchboards, portering and security services and on-call Directors - but also those in associated services - critical care, paediatric intensive care, surgical services, etc.

4.3. Acute Trusts will want to consider the development of an annual training programme to meet the needs of those involved in a major incident response. Consideration should be given to the value of joint training with the Emergency Services. Advantage should be taken of existing opportunities to train including, for example, induction training for all new staff.
“General awareness”?  

The first of the points above made on the overarching Emergency Planning Guidance has the phrase ‘general awareness’ – hard to argue with, but equally hard to pin down. An internet search of UK sites revealed only one concrete example of this type of training amongst the first 30 hits:

http://www.northamptonshire.gov.uk/Safety/EP/NCC+internal+training+day.htm

• To make participants aware of the Emergency Planning function
• To make participants aware of their roles and responsibilities with respect to emergency planning
• To make participants aware of current procedures and plans in place with respect to emergency planning
• To make participants aware of the potential impact of major emergencies in their service areas.

The word “aware” is also difficult to pin down in a formal teaching and learning sense: nor do we know with such an imprecise term what coverage has been achieved by this training.

The recommended approach to this issue of “all staff awareness” is to convert it into a series of specific action points to be followed by all staff. The most economical means of doing this in terms of staff time is via a taught session on induction, bring the following to staffs’ attention the need to check their responsibilities with their departmental head on their return to the workplace. Material is already available for this to happen – see Appendix 1. As funding became available it is also possible to issue to all staff at relatively low cost via a salary drop (£180 + 2 staff for half a day) with a ‘credit card’ to meet this requirement - see below – achieved in June 2007. The content covers information usually provided through induction. Another element of ‘general awareness’ is already in place at no cost – the expanded staff Intranet site on Emergency Planning, particularly in relation to the ‘What's New’ section updated on 1st of each month – senior managers are in a place to encourage staff to visit the site on a diaried ‘once a month’ basis – this also requires auditing periodically to ensure compliance. More levels of ‘general awareness’ will occur as the programme for Business Continuity Management is rolled-out, and as exercises are planned and take place.

The conclusion; awareness comes in many forms, one of which is basic information.
Solutions: training for specific members of staff

The following groups require targeting as regards their specific roles in the Major Incident Plan. The items in italics represent what the learning outcomes will be.

- Emergency Care Centre nursing and SHO staff - start August 2007, on an ‘as available basis’ depending on departmental workload - 7a.m. and 9a.m. daily
  - General Major Incident response
    - What are the alerts?
    - Main Action Cards – senior ECC nurse – senior ECC clinician
      - Band 7 then
      - Band 6
    - Departmental Action Cards
      - Triage, stock, prepare, empty
    - Triage point(s)
    - Call – out of staff
    - ECC security
    - Documentation
    - Variations
      - CBRN
      - Children
    - ECC and wider hospital
      - Bed management
        - Escalation
          1. CDU
          2. Short Stay (med), Orrell (surg)
          3. other sitting areas
      - Hospital management and the outside world
      - Surgical and anaesthetic triage
      - Discharge suite
      - Press
    - Brief seminar-type simulation and debrief
    - Where is information on this subject available from?
  - Dealing with contaminated patients - programme in place
    - Who are the players?
    - What are the alerts?
    - Decontamination – what it is, and what the risks are
    - How is the normal plan changed?
    - Flow of patients
    - Use of suits, equipment and decon. Tent
    - Where is information on this subject available from?
  - Clerical staff - started June 2007
    - what is a major incident
    - how will you know there is a major incident
    - what is in the major incident box?
    - role of the Police Documentation Team and protocols for the sharing of information with other agencies
    - the rest of the hospital system during a major incident
    - working through some examples of what might happen
• assessment of individual learning – possibly multiple choice on some of the scenarios
  o Mobile Medical Team members – in place
    • Specialist training provided out of house to a range of medical and nursing professionals, and this is funded and approved through the Trust's normal professional training structures
    • Training includes Advanced Trauma Life Support (ATLS) training, Advanced Life Support (ALS) training, Advanced Paediatric Life Support (APLS) training and Major Incident Medical Management and Support (MIMMS)
    • Training leads to accreditation under a national scheme as a Mobile Medical Team member.
• Switchboard staff – start September 2007
  • Who are the players?
  • What are the alerts?
  • What are the main parts of the plan?
  • Role of the Cascade Cards
  • The Cascade Exercise
  • Debriefing
  • Where is information on this subject available from?
• Portering staff – in place from November 2006 – current achievement 50% of staff, programme continuing
  • look at the real action cards – walk through – scenario – 3p.m. on Wednesday - 3a.m. on Thursday
  • reality and priorities
    • simulation for engagement and information
    • security cordon
    • press
    • concept that ‘not enough to go round’
  • safety nets
    • NHS indemnity
    • Action cards
    • debrief
• Security staff – start date to be agreed
  • Action Card
  • Areas to isolate
    • ECC
    • Vehicle entrances
  • Who should be allowed onto site and not
    • Non-incident patients
    • Incident relatives
    • Press
    • Interested bystanders
    • Staff without ID cards
  • Team working
  • Escalation
  • Where is information on this subject available from?
• On-call and managerial staff – commenced and ready for exercise
  o On-call directors
• For ‘conventional’ major incidents
  • Personal discussion and ‘walk and talk’ of key sites, - free form, allowing for questions
• For ‘extended’ incidents (e.g. a flu pandemic)
  • Briefing at start of incident or in immediate run-up
  • Based on pandemic control concept
    o On call senior managers leading the Hospital Control Room function
      • Personal discussion and ‘walk and talk’ of key sites
      • Specific tailored exercises
      • Elements may be provided externally, at low cost/free: e.g. Wigan multi-agency training given below.

• Next key priority at June 2007 - Other people with a senior management role and with co-ordinating roles during major incidents, including the additional functions identified under para. 4.2 of the Trusts and Foundation Trusts advice given above: ‘key players’: this will include:
  o senior managers
  o medical staff
  o nurses with the potential to be in charge of wards
  o matrons
  o leads or on-call leads for clinical support functions
  o on-call managers for Facilities, and people likely to be in RAEI site charge for Facilities functions
    • The nature of the alert
    • Main players in the major incident plan
      • internally
      • externally
    • What are the main parts of the plan?
    • One key principle – making capacity available for what is coming in through the door
    • Role of the Action Cards
    • Brief simulation
    • Debrief
    • Help for staff
    • Where is information on this subject available from?

• Other site specific major incident functions
  o “Semi-live” and desk top exercise approach
• Other medical staff – all specialties, all grades
  o In next SHO wave - starts June 2007

Frequency of training

There is no definitive guidance on this - what do other people say?

‘A rolling training programme will be needed to account for staff turn-over, and also to ensure all staff are regularly refreshed and practiced in emergency response’.
http://www.ukresilience.info/preparedness/training/index.shtm

‘Refresher training will be required periodically. The frequency of this will depend upon factors such as participation in real emergency responses, the introduction of new procedures or technology and the period of time elapsed since the previous training session. This will call for careful monitoring of training records and procedures’. http://www.canterbury.gov.uk/assets/emergencyplan/sect15.pdf
Costs and benefits to the organisation

Benefits to the organisation include the security of knowing that an appropriate response to major incidents has been provided for given the 4 principles above, and insurance for the organisation against criticism and legal action as outlined on the first page.

Costs include:
- The cost of the Emergency Planning function – already budgeted for
- Releasing staff; difficult to quantify, and a cost which will inevitably be borne by Directorates – mitigated by my belief that the training sessions should be no more the 40 minutes to be effective
- The cost to the organisation of any external training.

Training - internal

Training internal to the organisation will be provided by the Emergency Planning Officer who is a qualified teacher and experienced NHS manager, with considerable emergency planning experience at many levels within the NHS. Training will be available both in- and out-of-hours, and can be carried out close to the workplace.

Training - external

As the profile of emergency planning in the modern world grows, so do the opportunities for both free (to the Trust) and paid externally-moderated training via:
- the Local Authority
- the Emergency Planning College.

For example:
Wednesday 14th March 2007 - 09.00 - 12.30 - The Robin Park Sports Arena – Inter Agency Awareness Training Seminar covering the approach to joint work on accidents, adverse weather and a flu pandemic – useful for seeing the big picture of how local agencies work together – used for on-call managers and ‘key players’

Ad-hoc events

For example:
Thursday 19th April 2007 – 16.00 -17.00 – Lecture Theatre, Wigan Post Graduate Education Centre, Wigan Lane – Exercise Unity feedback – the Trust took part in a 2-day multi-agency simulation held in February at the Cabinet Office Emergency Planning College with 100+ participants from Greater Manchester, which reviewed the short- and long term-response to the aftermath of a hypothetical series of major terrorist attacks in Greater Manchester - the only simulation event of its kind in the UK outside London – this seminar will illustrate what were the many key challenges produced by the scenario and how the response fared.

Subject specific

As the profile of emergency planning in the modern world grows, so do the numbers of different aspects on which awareness is required:
For example: The publication of *Data Protection and Sharing – Guidance for Emergency Planners and Responders* Non-statutory guidance to complement *Emergency Preparedness and Emergency Response* requires the updating of patient information, producing a staff awareness article, and the introduction of an information sharing module using the networks set up by the Caldicott Guardian.

**E-learning**

This option is being pursued for pandemic flu via an HPA-funded module adapted for the Trust, and is currently under development.

**Style of teaching**

1. No ‘one size fits all’ approach
2. Do not assume prior learning
3. Not just chalk and talk, but engaging and ‘fun’, or challenging
4. Evaluation is on retention of learning rather then acceptability of package.

*RK 15.5.07*