



National Ambulance
Resilience Unit
NARU



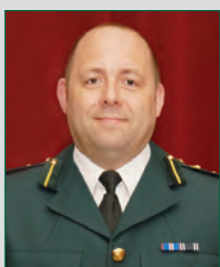
National Ambulance Service Guidance for Preparing an Emergency Plan



Approved by:
Association of Ambulance Chief Executives



Foreword



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Resilience Unit

The purpose of this document is to provide a generic framework and guidance for emergency planners within Ambulance Trusts for preparing an emergency plan. The Guidance complements *NHS Emergency Planning Guidance 2005* and *Emergency Preparedness 2005* and draws on statutory requirements laid down in the *Civil Contingencies Act 2004* and other legislation.

It is important that this Guidance is adhered to by Trusts as it draws on good practice and lessons identified from previous especially challenging incidents and the direct experiences of a broad range of Ambulance staff. It can be adapted to meet local circumstances and priorities and it will also help ensure all emergency plans are prepared in a consistent manner.

Whilst providing a framework and structure for strategic, operational and spontaneous planning, this Guidance should be considered as the minimum standard for organisations to attain. It is not intended to be exhaustive or restrictive and does not preclude the innovative use of strategies, plans or tactics which are lawful, Human Rights compliant and which have been adequately risk assessed.

The National Ambulance Resilience Unit (NARU)

The National Ambulance Resilience Unit (NARU) was established in summer 2011 and works with all NHS Ambulance Trusts in England – and those in the Devolved Administrations – to help strengthen national resilience and improve patient outcomes in a variety of challenging pre-hospital environments.

NARU works with Ambulance Trusts to support the development of properly trained, equipped and prepared Ambulance responders to deal with hazardous or difficult situations, particularly mass casualty incidents that represent a significant risk to public health.

For use by:

*PCT CEs, NHS Trust CEs, SHA CEs,
Care Trust CEs, Foundation Trust CEs,
Medical Directors, Directors of PH,
Directors of Nursing, Special HA CEs,
Directors of HR, Directors of Finance,
Allied Health Professionals, GPs,
Communications Leads, Emergency
Care Leads, Ambulance Trust Chief
Executives.*

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1.0 Purpose

The purpose of this document is to provide a generic framework and guidance for emergency planners within Ambulance Trusts for preparing an Emergency Plan. The Guidance complements *NHS Emergency Planning Guidance 2005* and *Emergency Preparedness 2005* and ensures all plans are prepared in a consistent manner.

The Guidance draws on good practice and lessons identified, and can be adapted to meet local circumstances, experiences and priorities. It is highly advisable for organisations to take proper account of Statutory or National Guidance in order to minimise the organisational risks exemplified by the first instance court judgement of October 1987 holding Cardiff City Council and South Glamorgan County Council liable for flood damage.

The Cardiff judgement found that the two public authorities had been negligent in their preparation and implementation of emergency plans and in doing so breached their common law duty of care. It was established that the authorities had not followed guidance from an august Government body. The court held that not to follow relevant guidance from a Government department could be held to be in breach of their duty of care unless a good reason could be proven for a departure from that guidance.

2.0 Scope

The content of this Guidance draws on statutory requirements laid down in the *Civil Contingencies Act 2004* and the other legislation and guidance set out within ANNEX A Legislative Drivers of this document.

Whilst providing a framework and structure for strategic, operational and spontaneous planning, this document should be considered as the minimum standard for organisations to attain. Guidance for planning procedures is not intended to be exhaustive or restrictive and does not preclude the innovative use of strategies, plans or tactics which are lawful, Human Rights compliant and which have been adequately risk assessed. It does not provide a directory of approved tactics and does not affect the ongoing responsibility of Ambulance Managers to identify specialist training needs based on regular environmental scanning and associated threat assessments.





3.0 Plan Development

Elements contained within this section are considered a mandatory requirement of any planning document and as such the management of this aspect of Ambulance operations aligns with the governance arrangements of the Association of Ambulance Chief Executives (AACE).

Organisational plans will at some point be audited as part of a peer review process or a National requirement and this may follow the format outlined in **ANNEX D Assurance Framework**. Organisations identified as not compliant through the audit process will be required to provide a rationale for their decisions.

The development and revision of a plan typically follows new National guidance being issued or an untoward event from which lessons have been identified, for example pandemic flu, flooding, heat waves, sporting events or riot. Whilst the *Civil Contingencies Act 2004* provides a generic level of civil protection activity across the United Kingdom, the development of any plan that supports this activity must be associated with a risk and/or threat assessment and be compliant with the mandatory elements listed below.

When developing any plan, responders must consider their own organisational circumstances and local priorities whilst using this framework.

3.1 Aim and Strategic Objective

The aim should be realistic and meet the needs of the risk or threat assessed when preparing the document. The aim will be part of the organisational framework to mitigate risks. Strategic objectives of the Plan must be compatible with the organisational objectives and must describe how the Plan will deliver the strategic intent. Any strategy should have an ethical basis and it should be agreed, shared and easily communicated. The strategy should define the tactical parameters: for example, what we will do and what we will not do.

3.2 Risk Identification

This should be defined and based on any intelligence provided. The risk identification process must be supported by a graded NHS Risk Assessment, as this requires managers to assess risks to their staff and others who may be affected by their work.

A comprehensive Risk Assessment should be compliant with the *Management of Health and Safety at Work Regulations 1999* and

completed using the following outline process:

- Identify hazards
- Identify people who may be harmed and how
- Identify existing precautions
- Evaluate the risks
- Decide what actions are required to mitigate each risk
- Ensure a named individual is tasked with conducting a Risk Assessment as part of actions to prepare

Risk identification may also be supported by an event resource assessment, such as the example in **ANNEX B**. The plan must also outline the dynamic Risk Assessment process and how this will operate when the Plan is activated.

3.3 Threat Assessment

Linked to risk identification, Threat Assessment must establish if there is a threat and what it involves eg terrorism, firearms, public disorder, CBRN or crowd dynamics. When completing a threat assessment consideration must be given to:

- What is the threat posed?
- Who is at risk from the threat?
 - Ambulance crews
 - Public
 - Partner Agencies
- What level does the threat pose?
 - High
 - Medium
 - Low

The intelligence and information gained from the Threat Assessment will set the overall Threat Level for the Plan as high, medium or low.

3.4 Management Of Intelligence

Information received will assist the decision making model which organisations currently use. The decision process should consider:

- What the subject is
- What is already known or believed
- What is established fact
- What is assumed
- What actions have been or can be taken to improve the intelligence picture
- What vulnerable people are or may be involved



3.5 Concept of Operations or Method of Delivery

These must be clearly set out within the Plan and identify what the arrangements are for responding to and recovering from the event for which the Plan has been created, irrespective of its cause or location.

The Plan must describe and provide clarity on a number of key elements such as command, for example what structure the command chain will have and what the process is to ensure it will function. The command process must be justified with the Commander having the authority to act, and the decisions made should be proportionate and in line with the Plan content. Decisions must have an audit trail in order to be robust and defensible.

For an effective response a reliable internal and external communications process must be in place. The process must consider the wider strategic objectives of keeping properly informed those who need to be informed.

The requirements for logistical or support services should be articulated within the Plan; this should also include arrangements for how additional resources may be obtained.

3.6 Equipment and PPE

Equipment and Personal Protective Equipment (PPE) should be identified expressly to ensure delivery of the Plan and keep the organisation compliant with Health and Safety requirements.

3.7 Training of Staff

Staff training requirements in relation to the Plan and how this will be achieved must be identified.

3.8 Testing and Exercising

These must be clearly defined although it is acknowledged that not all elements of a plan may be capable of being tested or exercised for practical reasons. Some essential elements must engage with a testing process in line with the requirements of *Emergency Preparedness 2005*. These essential elements are the *Contact List*, *Activation Procedure*, *Communications Equipment* and *Information Management*.

3.9 Event Resource Assessment

ANNEX B suggests a process for assessing the appropriate level of resources to be committed to an event. Whilst this may not cover all eventualities, it does embrace best practice and provides the Plan developer with a stable platform for resource management.

4.0 Plan Examples

The following are examples of generic plans which organisations may have or consider putting in place as part of organisational business continuity arrangements.

- Emergency or Major Incident Plan
- Access to resources
- Communications Team arrangements for Press and Media
- Communications arrangements to Warn and Inform the Public
- Emergency Operations Centre Operating Procedures
- Emergency Operations Centre Fallback arrangements
- Emergency Radio and Mobile Communications
- Evacuation: Minor, Major and Mass
- Expenditure Procedures During an Emergency
- Mutual Aid
- Recovery
- Rest Centres
- Use of Voluntary Organisations

Following the generic plan format, organisations must consider arrangements for specific hazards or have in place contingency arrangements to manage:

- Aircraft accidents
- Chemical, Biological, Radiological, Nuclear and Explosives incidents
- Chemical Hazards
- Fuel leaks and Explosions
- Failure of major utilities: electricity, gas, telephone and water
- Influenza Pandemics
- Rail accidents
- Severe weather

Organisations must consider planning arrangements for specific sites or locations which may include the following:

- | | |
|----------------------------------|---------------------------------|
| ● Airports | ● Nuclear power stations |
| ● City or town centre evacuation | ● Public event temporary venues |
| ● Severe weather disruption | ● Road tunnels |
| ● Methane migration | ● Shopping centres |
| ● Multi storey buildings | ● Specific flooding sites |
| ● COMAH industrial sites | ● Sports grounds |
| ● Non COMAH industrial sites | |



5.0 Plan Information

The following, whilst not mandatory, provides suggestions for the minimum level of information to be contained in a plan.

5.1 Inside Front Cover should contain change of record information, a documentation and version number (where appropriate), identify who the author is and who the approving manager is. Each plan should have a date of approval showing when it was issued and when it should be reviewed. Under the auspices of the Government Protective Marking System the status of the document should be clear to the reader.

5.2 Introduction should outline available intelligence (eg historic information, specific threats); specify the reason for developing the Plan; analyse the health impact on the organisation and community from the particular event; specify how information will be gathered, managed and turned into intelligence for use in decision making. Some examples of intelligence sources are Police, Emergency Operations Centre, Acute Trusts, Frontline Commanders, Ambulance technical solutions, media and the web. Specify how intelligence gaps will be filled or otherwise managed.

5.3 Trigger for Activation of the Plan should be early in the document and contain information indicating the severity of the incident and what the triggers are.

5.4 Activation Procedures Including Alert and Standby Procedures should be associated with the initial assessment relating to the triggers and, if required, could refer to specific action cards. The activation process should link to the organisation's Major Incident Plan.

5.5 Identification and Generic Roles of Command Team may be linked to or already identified in the organisational Major Incident Plan. The Plan should include any specialist functions that are to be provided. This element specifies what is available to the Commander and should be complementary to the outcome of the Risk Assessment.

5.6 Identification of Staff and Resource Requirements should include any specialist functions that are to be provided and what resources are required to manage the event. This may include specialists such as:

- Logistics Officers
- Marshalling Officers

- Welfare Officers
- Dedicated Briefing Officers
- Media Managers
- Loggists
- Intelligence Officers
- Inter agency Liaison Officers
- Incident Command Vehicle Drivers
- Emergency Operations Centre staff

5.7 Significant Locations are those that may impact on the Command and Response arrangements. Whilst not exhaustive or in any particular order, the list below provides some examples of significant locations:

- Gold Command Location
- Silver Command Location
- Rendezvous Points
- Forward Control Points
- Observation Points
- Communications Control
- Control Points eg Ambulance Loading Points
- Hospitals used for patient reception (descending priority), agreed in advance
- Ambulance Stations where briefing/debriefing will take place
- Helicopter Landing Zones
- Equipment or Vehicle Storage Locations
- Refreshment Facilities
- Press Conference Location
- First Aid Points
- Site Management or Security Office
- Section of roads or junctions subject to operations by other agencies that are to be avoided. Include as a specific Traffic Management Section if needed
- The venue where a public event will take place such as a sports stadium
- Entrances and exits to particular sites or premises
- Contingency locations eg places to which the public will be directed in an emergency, such as Survivor Reception Centres.

5.8 Generic Roles of All Parts of the Organisation in Responding to Emergencies should be identified such as what resources are being brought in to support the Plan and how departmental Business Continuity Plans will be able to cope with the abstraction.

5.9 Complementary Generic Arrangements with Other Responders (such as any Memorandum of Understanding arrangements with





external stakeholder agencies) should be included with details on how their involvement may support the organisation. Identify procedures for handover of command of external stakeholder medical assets for major and critical incidents to Ambulance Services. The Plan then needs to set out what the procedure will be for handing back command of the medical assets from the Ambulance Service after stand down.

5.10 Communications Procedures should be specific, identifying which operating channels will be used and the contingency arrangements should the primary communications fail. Consideration must be given to notifying Airwave to provide additional capacity if required.

5.11 Contingency Arrangements must identify what actions will need to be implemented in the event of a reasonably foreseeable circumstance.

5.12 Stand Down Procedures should identify what the triggers are for standing down the Plan and related response. Identify in consultation with other responders what the process will be for Ambulance Services to leave the scene and/or the command structure. Identify what the process or procedure will be for the Ambulance Service to hand back the command of medical assets following a Major or Critical Incident.

5.13 Administration Identify whether the Plan requires protective markings and who is to be on the circulation list. Each plan should have a review date and an effective Records Management Process. The Administration Process should consider pre-briefing managers and staff who may be involved with delivering the Plan as a strategic, operational or spontaneous event.

5.14 IIMARC Briefing Model -a briefing model used within the Ambulance Service which provides a structured process for briefing staff.

● **Information**

- Provide an overview of the incident
- Describe the tactical mode
- Describe what is involved
- Describe the location
- Describe any specific intelligence
- Describe when the incident occurred
- Describe the likely duration of the incident

● **Intentions**

- Objectives for managing the incident
- What we will do
- What we won't do

● **Method**

- How we will achieve our objectives
- What tactics we will employ
- Who will have what roles and responsibilities

● **Administration**

- Describe record keeping procedures
- Issue log books
- Describe welfare arrangements
- Describe access control arrangements

● **Risks**

- Describe the known risks and hazards
- Describe what existing control measures are in place
- Describe what actions are required
- Describe who the nominated Safety Officer is
- Describe contingency arrangements for new hazards

● **Communications**

- Confirm what talk groups will be used
- Confirm if Airwave interoperability is in place
- Confirm if mobile phones are permitted or functioning
- Confirm arrangements for briefings
- Confirm debriefing arrangements

5.15 Links to Other Plans Identify how the Plan should be used in conjunction with other relevant internal and external plans.

5.16 Annex Containing Contact Details of Key Personnel This annex should be aligned to a function rather than being individual-specific.

5.17 Plan Validation is an essential element of robust planning arrangements. To achieve validation the process could follow the principles of a peer review either internally or externally or by way of auditing using an assurance framework such as the one set out in **ANNEX D**. Tabletop evaluation is a cost effective method for validation and if appropriate and finance permitting a live exercise should be considered.

5.18 Training Schedule Training should be in line with the organisation's Strategic Objective and balanced against the detail and complexity of the Plan.

5.19 Linked to the Plan should be a Comprehensive Training Record indicating individual staff members' details regarding roles and responsibilities, any courses attended and what formal qualifications have been attained. To support this, records should identify any expiry date of those qualifications along with details of exercises attended and the role which they played. This process underpins future planning and training arrangements against the relevant plans.





ANNEX A LEGISLATIVE DRIVERS

Civil Contingencies Act 2004

Control of Major Accident Hazards Regulations 1999

Corporate Manslaughter and Corporate Homicide Act 2007

Freedom of Information Act 2000

Health and Safety at Work etc Act 1974

Management of Health and Safety at Work Regulations 1999

Pipelines Safety Regulations 1996

*Ambulance Service Guidance on dealing with Radiological Incidents
and Emergencies*
(2010) Department of Health

Counter Terrorist Contingency Planning Guidance
(2005) Cabinet Office

Emergency Planning for Major Accidents
(1999) Health & Safety Executive

Emergency Preparedness
(2005) HM Government

Emergency Response and Recovery
(2007) Cabinet Office

Emergency Response and Recovery
(2009) Cabinet Office

Emergency Response and Recovery
(2010) Cabinet Office

Evacuation and Shelter Guidance
(2006) HM Government

*Expectations and Indicators of Good Practice set for Cat 1
and Cat 2 Responders*
(2009) Cabinet Office

Five Steps to Risk Assessment
(2011) Health & Safety Executive

Guide to the COMAH Regulations 1999

(2006) Health & Safety Executive

Guide to the Pipelines Safety Regulations 1996

(1996) Health & Safety Executive

Home Office Response to Terrorist Attacks

(2010) Home Office

Humanitarian Assistance in Emergencies

(2006) Cabinet Office

Identifying People who are Vulnerable in a Crisis

(2008) Cabinet Office

Lessons Identified from UK Exercises & Operations

(2011) Cabinet Office

Model Response to CBRN Events, Edition 1

(2006) Home Office

National CBRN Tacticians Forum ManConOps for CBRN

(2005) National CBRN Tacticians Forum

NHS Emergency Planning Guidance

(2005) Department of Health

Operating Framework for the NHS in England 2010/11

(2011) Department of Health

Preparing for Emergencies

(2004) HM Government

Recovery Guidance

(2009) Cabinet Office

*Responding to Emergencies: the UK Central Government Response
Concept of Operations*

(2010) Cabinet Office

Standard Contracts for Ambulance Services 2011/12

(2011) Department of Health

Strategic Command Arrangements for the NHS during a Major Incident

(2007) Department of Health

*The United Kingdom's Strategy for Countering Chemical, Biological,
Radiological and Nuclear (CBRN) Terrorism*

(2010) Home Office



ANNEX B EVENT RESOURCE ASSESSMENT

Medical cover at events can be organised in a variety of different ways and what is considered the most appropriate model will vary according to the medical provider and the nature of the event. The following tables set out a method of estimating a reasonable level of resource.

It is emphasised that these figures may require modification as some providers may choose to substitute medical staff or paramedics for first aiders. In any case, the suggested levels of resource are intended only as general guidance and should not be regarded as prescriptive. The tables are not a substitute for a full risk assessment of the event. Figures do not take account of dedicated cover for performers or VIPs.

- Use **Table 1** to allocate a score based on the nature of the event
- Use **Table 2** to allocate a score based on available history and pre event intelligence
- Use **Table 3** to take into consideration additional elements which may have an effect on the likelihood of risk
- Use **Table 4** to indicate a suggested resource requirement



Table 1
Event Nature

Item	Details	Score	Actual
A Nature of event	Classical performance	2	
	Public exhibition	3	
	Pop/rock concert	5	
	Dance event	8	
	Agricultural/country show	2	
	Marine	3	
	Motorcycle display	3	
	Aviation	3	
	Motor sport	4	
	State occasions	2	
	VIP visits/summit	3	
	Music festival	3	
	Bonfire/pyrotechnic display	4	
	New Year celebrations	7	
	Demonstrations/marches/political events:		
	<i>Low risk of disorder</i>	2	
	<i>Medium risk of disorder</i>	5	
	<i>High risk of disorder</i>	7	
	<i>Opposing factions involved</i>	9	
B Venue	Indoor	1	
	Stadium	2	
	Outdoor in confined location eg park	2	
	Other outdoor eg festival	3	
	Widespread public location in streets	4	
	Temporary outdoor structures	4	
	Includes overnight camping	5	
C Standing/seated	Seated	1	
	Mixed	2	
	Standing	3	
D Audience profile	Full mix, in family groups	2	
	Full mix, not in family groups	3	
	Predominantly young adults	3	
	Predominantly children and teenagers	4	
	Predominantly elderly	4	
	Full mix, rival factions	5	
Add A+B+C+D		TOTAL SCORE FOR TABLE 1	



Table 2
Event Intelligence

Item	Details	Score	Actual
E Past history	Good data, low casualty rate previously (Less than 1%)	-1	
	Good data, medium casualty rate previously (1%-2%)	1	
	Good data, high casualty rate previously (more than 2%)	2	
	First event, no data	3	
F Expected numbers	< 1,000	1	
	< 3,000	2	
	< 5,000	8	
	< 10,000	12	
	< 20,000	16	
	< 30,000	20	
	< 40,000	24	
	< 60,000	28	
	< 80,000	34	
	< 100,000	42	
	< 200,000	50	
	< 300,000	58	
Add E+F	TOTAL SCORE FOR TABLE 2		

Table 3
Sample of Additional Considerations

Item	Details	Score	Actual
G Expected queuing	Less than 4 hours	1	
	More than 4 hours	2	
	More than 12 hours	3	
H Time of year Outdoor Events	Summer	2	
	Autumn	1	
	Winter	2	
	Spring	1	
I Proximity to definitive care nearest suitable A&E facility	Less than 30 min by road	0	
	More than 30 min by road	2	
J Profile of definitive care	Choice of A&E departments	1	
	Large A&E department	2	
	Small A&E department	3	
K Additional hazards	Carnival	1	
	Helicopters	1	
	Motor sport	1	
	Parachute display	1	
	Street theatre	1	
L Additional on-site facilities	Suturing	-2	
	X-ray	-2	
	Minor surgery	-2	
	Plastering	-2	
	Psychiatric / GP facilities	-2	
Add G+H+I+J+K	Total score		
	Total L		
	Subtract L		
	TOTAL SCORE FOR TABLE 3		



Table 4
Suggested Resource Requirement

TOTAL SCORE FOR TABLES 1,2 AND 3

Score	Ambulance	First Aider	Ambulance Personnel	Doctor	Nurse	NHS Ambulance Manager	Support Unit
<20	0	4	0	0	0	0	0
21-25	1	6	2	0	0	visit	0
26-30	1	8	2	0	0	visit	0
31-35	2	12	8	1	2	1	0
36-40	3	20	10	2	4	1	0
41-50	4	40	12	3	6	2	1
51-60	4	60	12	4	8	2	1
61-65	5	80	14	5	10	3	1
66-70	6	100	16	6	12	4	2
71-75	10	150	24	9	18	6	3
>75	15+	200+	35+	12+	24+	8+	3

ANNEX C

EQUALITY IMPACT ASSESSMENT

Where there is a need for a document to be approved at Executive or Board level, identified on a policy register, and published on the organisation's intranet or internet, an Equality Impact Assessment is required to demonstrate that the approved document has been assessed against key legislation eg Gender, Race, Employment and Disability Discrimination.

An EIA once completed should automatically be reviewed whenever the Plan to which it relates is reviewed.

An example of an EIA format is shown below:

Equality Impact Assessment Report Outline

- 1 Name of Policy or Service
- 2 Responsible Manager
- 3 Date EIA Completed
- 4 Description and Aims of Policy/Service
(including relevance to equalities)
- 5 Brief Summary of Research and Relevant Data
- 6 Methods and Outcome of Consultation
- 7 Results of Initial Screening or Full Equality Impact Assessment:

Equality Group	Assessment of Impact
Age	
Gender	
Race	
Sexual orientation	
Religion and beliefs	
Disability	
Deprivation	
General (Human Rights)	



**8 Decisions and/or Recommendations
(including supporting rationale)**

9 Equality Action Plan (if required)

**10 Monitoring and Review Arrangements
(including date of next full review)**

Schedule of Responsibilities

Level	Responsibilities
Ambulance Service Trust Board	<ul style="list-style-type: none"> Ensures that the Trust's direction and vision enables it to carry out its statutory equality and diversity responsibilities Receives an Annual Report on results of all impact assessments
Senior Management Team	<ul style="list-style-type: none"> Ensures appropriate organisational frameworks in place for staff to carry out EIA responsibilities and duties, with resources available for implementing action plans to achieve positive outcomes for service users Receives regular reports on results of impact assessments undertaken, action plans developed and implementation achieved
Equality & Diversity Steering Group (Corporate Equality Group)	<ul style="list-style-type: none"> Develops Equality Impact Assessment guidelines Offers support and guidance to directorates carrying out assessments Receives and examines completed EIAs before publication Identifies resource issues to be fed into the budget process Oversees the production of the Annual Report to the Trust Board and regular updates to the Senior Management Team
Directorate Management Teams	<ul style="list-style-type: none"> Ensure initial screening of all policies and services within their remit Identify policies and services for full impact assessment and review Identify staff and resources to complete the assessments and reviews on time Ensure that consultation activities take full account of the diversity of users, non-users, relevant staff, partners and interested groups Integrate results into service and business planning processes highlighting resource pressures or savings for the budget cycle Ensure completed EIAs are forwarded to the Trust's Diversity Lead for publication
Other Key Lead Staff	<ul style="list-style-type: none"> Contribute to the Impact Assessment by generating ideas, providing data and other relevant information to enable a successful impact assessment of services and policies
Front Line Staff	<ul style="list-style-type: none"> Should expect to be asked to contribute to an Impact Assessment in relation to service provision

Background and further information:

Acts of UK Parliament www.legislation.gov.uk - database of Acts and statutory instruments, including Equalities Legislation.

Equality and Human Rights Commission www.equalityhumanrights.com

Department for Communities and Local Government
www.communities.gov.uk/

The Government department that leads on cross-cutting policies and strategies to reduce inequalities and deprivation.

Department of Health www.dh.gov.uk





SCREENING GRID

Equality Area	Key Equalities Legislation / Policy	Is this Policy or Service RELEVANT to this Equality Area? YES / NO	Assessment of Potential Impact:		Reasons for Assessment
			+ve	-ve	
Gender	Equality Acts 2006 & 2010 Gender Recognition Act 2004				
Race	Equality Acts 2006 & 2010				
Disability	Equality Act 2010				
Age	Equality Act 2010				
Sexual orientation	Equality Acts 2006 and 2010 Relevant Employment Legislation				
Religion and beliefs	Equality Acts 2006 & 2010 Relevant Employment Legislation				
Deprivation					
General (Human Rights)	Human Rights Act 1998				

IMPACT GRID					
Relevant Equality Area	Key points of Research and Consultation	Does the Policy / Service or its implementation:			Key issues for action (Will form basis of Action Plan)
		Breach Equalities Legislation?	Prevent Discrimination or Inequality?	Promote Equality / Good Relations?	
Gender					
Race					
Disability					
Age					
Sexual orientation					
Religion and beliefs					
Deprivation					
General (Human Rights)					



ACTION PLAN TEMPLATE

Name of Policy or Service:

Equality Groups or Communities Affected	Issue Identified	Action to be Taken	By When	Responsible Person	Expected Outcome	Monitoring Arrangements	Data Required

ANNEX D ASSURANCE FRAMEWORK

At some point in the planning cycle all plans should go through a process of self-regulation within the profession. An audit may also be undertaken by qualified individuals within the relevant field. Audit methods are employed to maintain standards, improve performance, provide credibility and provide Government Departments with assurance that organisations are compliant with National requirements.

Plans may be requested under the Freedom of Information legislation, and the audit process will help test if they are suitable for publication. The tables below seek to reflect the elements for an audit as part of the Assurance Framework.





CONTENTS OF THE EMERGENCY PLAN

Detail	Evidenced in Plan?			Evidence	Comments
	Yes	Partially	No		
The aim of the Plan is clearly stated along with links to supporting plans and the plans of other organisations					
The Plan is capable of dealing with a wide range of incidents					
The Plan has been prepared taking into account local and organisational risks. Specific plans have been prepared where appropriate					
There are clear triggers for when the Plan should be activated and there are robust call out procedures					
There is a contact directory of all key personnel, and appropriate cascade arrangements to contact other staff and other organisations that might be needed in the Response to an Emergency					
There are procedures to follow to activate the Plan					

CONTENTS OF THE EMERGENCY PLAN (Continued)				
Detail	Evidenced in Plan?			Comments
	Yes	Partially	No	
The Plan identifies an Emergency Management Team which will coordinate the response to an incident, and it sets out the Team's generic role				
The Plan identifies generic support staff to assist the Management Team in the response to an incident				
An Emergency Control Centre has been identified as a location from which the emergency will be managed				
The Plan identifies the generic roles of all parts of the organisation in relation to responding to emergencies				
Where appropriate, the Plan identifies the complementary generic arrangements of other responders				
The Plan specifies how arrangements will be stood down following the incident				



CONTENTS OF THE EMERGENCY PLAN (Continued)

Detail	Evidenced in Plan?			Evidence	Comments
	Yes	Partially	No		
The Plan pays regard to the needs of diverse and/or more vulnerable members of the community as appropriate					
The Plan is integrated with internal Business Continuity Plans					
There are appropriate contingency arrangements in place should resources be unavailable in an emergency eg backup locations, emergency grab boxes of duplicate plans					
The Plan includes an agreed process for authorising expenditure					
The Plan is capable of operating over a prolonged period					
The Plan is realistic and workable, and is based on resources that can be accessed during an emergency					
There is an identified process for learning lessons as a result of an emergency					

MAINTAINING THE EMERGENCY PLAN				
Detail	Evidenced in Plan?			Evidence
	Yes	Partially	No	
There is a clear maintenance policy specifying the frequency and process of review, and there are appropriate control measures in place to ensure that the policy is being implemented				
The Plan is maintained by competent individuals				
The Plan is prepared and maintained in such a way so that the contents are clear, unambiguous and easy to use				
The Plan has regard for media relations, informing and warning the public, plus victim and staff support				



TRAINING PEOPLE TO USE THE EMERGENCY PLAN

Detail	Evidenced in Plan?			Evidence	Comments
	Yes	Partially	No		
There is a clear Training Policy to ensure that all staff with a role to play in the response to an emergency are aware of their role					
The Policy specifies the frequency and process of training and there are appropriate control measures in place to ensure that the Policy is being implemented					
All personnel / organisations with a potential role to play in the response to an emergency are involved in the Training Policy					
Quality of the training provided is assessed and training is adapted as appropriate					

TESTING THE EMERGENCY PLAN					
Detail	Evidenced in Plan?			Evidence	Comments
	Yes	Partially	No		
There is a Testing Policy to make sure that the Plan works in practice. The Policy specifies the frequency and process of tests and there are appropriate control measures in place to ensure that the policy is being implemented					
Records are kept of tests and improvements are made to the Emergency Plan as a result of lessons learned					
All people / organisations with a potential role to play in the response to an emergency are involved in the testing of the Plan					



CORPORATE COMMITMENT					
Detail	Evidenced in Plan?			Evidence	Comments
	Yes	Partially	No		
Senior Managers, Elected Members, Governors etc (as relevant) are aware of their Emergency Planning responsibilities, and have been involved in preparing the Emergency Plan					
Emergency Planning arrangements are seen to be an aspect of service management					
Emergency Planning is integrated into the appropriate corporate governance arrangements through eg strategic Risk Registers and audit arrangements					

A TEMPLATE REPORT FORMAT FOR SUMMARISING THE OUTCOMES OF THE SELF-ASSESSMENT CHECKLIST

STRENGTHS, WEAKNESSES, OPPORTUNITY AND THREATS ANALYSIS OF THE <ADD NAME> PLAN

Strengths	Possible Omissions	Development Opportunities	Threats
EXAMPLE 1 – AIMS AND OBJECTIVES			
<ul style="list-style-type: none"> The aims of the Plan are stated The Plan is designed to cope with a range of generic emergencies Consideration has been given to having incident specific Contingency Plans. Identified in the Strategic Risk Register 	<ul style="list-style-type: none"> There are no links to other plans eg contractor plans / business continuity plans The specific needs of vulnerable people are not addressed (eg nursery / under 18s) There is no evidence that the response could be tailored to deal with different levels of hazard and threat. For example, will 24 hour working be required? 	<ul style="list-style-type: none"> To better understand the needs and roles of partners / vulnerable people and staff so that the Critical Incident Team can better cater for them during an emergency To develop a Business Continuity Plan to assist in providing essential services during and after an emergency To develop the plans identified in the Strategic Risk Register 	<ul style="list-style-type: none"> An uncoordinated response with partners Inadequate consideration of vulnerable people Overworking staff
<KEY AREA 2>			
●	●	●	●
<KEY AREA 3>			
●	●	●	●



National Ambulance
Resilience Unit
NARU



National Ambulance Service Guidance for Preparing an Emergency Plan

For further information please contact:

National Ambulance Resilience Unit (NARU)

Website: www.naru.org.uk

Approved by:
Association of Ambulance Chief Executives