Harrogate & Rural District (HaRD) CCG

INCIDENT RESPONSE PLAN

Version 1

To be used in conjunction with:


<table>
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<tr>
<th>Implemented:</th>
<th>December 2017</th>
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<tr>
<td>Revision due:</td>
<td>December 2018 or in the event of any changes to information and guidance (whichever occurs first)</td>
</tr>
<tr>
<td>Authors:</td>
<td>Clare Hedges, Head of Quality &amp; Performance</td>
</tr>
<tr>
<td>Version:</td>
<td>One, January 2018</td>
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<tr>
<td>Authorised by:</td>
<td>Governing Body, HaRD CCG and Senior Management Team, HaRD CCG</td>
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A hard copy of this and the above document can be found in the on-call file. However the on-line version is the only version that is maintained. Any printed copies should therefore be viewed as ‘uncontrolled’ and should be checked that the version corresponds with the on-line version.
## REVISIONS/AMENDMENTS SINCE LAST VERSION

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## GLOSSARY

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<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>A&amp;EDB</td>
<td>A &amp; E Delivery Board (previously SRG)</td>
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<tr>
<td>CCA</td>
<td>Civil Contingencies Act (2004)</td>
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<tr>
<td>EPRR</td>
<td>Emergency preparedness, resilience and response</td>
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<tr>
<td>HaRD CCG</td>
<td>Harrogate and Rural District Clinical Commissioning Group</td>
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<tr>
<td>LHRP</td>
<td>Local Health Resilience Partnership</td>
</tr>
<tr>
<td>LRF</td>
<td>Local Resilience Forum</td>
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<tr>
<td>PHE</td>
<td>Public Health England</td>
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EMERGENCY PLANNING PROCEDURE

1. Identifying significant incidents or emergencies

1.1 Overview

This procedure covers the HaRD CCG response to a wide range of incidents and emergencies that could affect health or patient care, referred to in the health service as ‘emergency preparedness resilience and response’ (EPRR).

1.2 Definition

A significant incident or emergency can be described as any event that cannot be managed within routine service arrangements.

Each requires the implementation of special procedures and may involve one or more of the emergency services, the wider NHS or a local authority. A significant incident or emergency may include;

- Any occurrence where NHS funded organisations are required to implement special arrangements to ensure the effectiveness of the organisation’s internal response. This is to ensure that incidents above routine work but not meeting the definition of a major incident are managed effectively.

- An event or situation that threatens serious damage to human welfare in a place in the UK or to the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK.

- The term “major incident” is commonly used to describe such emergencies. These may include multiple casualty incidents, terrorism or national emergencies such as pandemic influenza.

1.3 Types of incident

An incident may present as a variety of different scenarios, they may start as a response to a routine emergency call or 999 response situation and as this evolves it may then become a significant incident or be declared as a major incident.

Examples of these scenarios are:

- **Big Bang** – a serious transport accident, explosion, or series of smaller incidents.

- **Rising Tide** – a developing infectious disease epidemic, or a capacity/staffing crisis or industrial action.

- **Cloud on the Horizon** – a serious threat such as a significant chemical or nuclear release developing elsewhere and needing preparatory action.

- **Headline news** – public or media alarm about an impending situation.
- **Internal incidents** – fire, breakdown of utilities, significant equipment failure, hospital acquired infections, violent crime.

- **CBRN(e)** – Deliberate (criminal intent) release of chemical, biological, radioactive, nuclear materials or explosive device.

- **HAZMAT** – Incident involving Hazardous Materials.

- **Mass casualties.**

### 1.4 Incident level

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

<table>
<thead>
<tr>
<th>NHS England Incident levels</th>
<th>Description</th>
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<tr>
<td>1</td>
<td>An incident that can be responded to and managed by a local health provider organisation within their respective business as usual capabilities and business continuity plans in liaison with local commissioners.</td>
</tr>
<tr>
<td>2</td>
<td>An incident that requires the response of a number of health providers within a defined health economy and will require NHS coordination by the local commissioner(s) in liaison with the NHS England local office.</td>
</tr>
<tr>
<td>3</td>
<td>An incident that requires the response of a number of health organisations across geographical areas within a NHS England region. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.</td>
</tr>
<tr>
<td>4</td>
<td>An incident that requires NHS England National Command and Control to support the NHS response. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.</td>
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### 1.5 Triage levels

Priority is given to patients most likely to deteriorate clinically and triage takes account of vital signs, pre-hospital clinical course, mechanism of injury and other medical conditions. Triage is a dynamic process and patients should be reassessed frequently. In the UK, the 'P system' is conventionally used at a major incident:

- **P1** Immediate priority: Require immediate life-saving intervention (Red).
- **P2** Urgent priority: Requires significant intervention within 2 to 4 hours (Yellow).
- **P3** Delayed priority: Require intervention, but not within 4 hours (Green).
- **P4** Expectant priority: treatment at an early stage would divert resources from potentially beneficial casualties, with no significant chance of a successful outcome (Black).

Triage systems are most often used following trauma incidents but may be required in other situations, such as an influenza epidemic.
2. The role of the CCG within the local area

HaRD CCG is a Category 2 Responder and is seen as a ‘co-operating body’. The CCG is less likely to be involved in the heart of the planning, but may be heavily involved in incidents that affect the local sector through cooperation in response and the sharing of information.

It is vital that the CCG shares relevant information with other responders (both Category 1 and 2) if emergency preparedness, resilience and response arrangements are to succeed.

A significant or major incident could place an immense strain on the resources of the NHS and the wider community, impact on the vulnerable people in our community and could affect the ability of the CCG to work normally.

When events like these happen, the CCG’s emergency resilience arrangements will be activated.

It is important that all staff are familiar with this procedure and are aware of their responsibilities.

Staff should ensure that they are regularly updated to any changes in the emergency response, as notified by the Accountable Emergency Officer.

All HaRD CCG departments / teams must also maintain accurate contact details of their staff, to ensure that people are accessible during an incident.

3. Scenarios

3.1 Major incident declared by an Ambulance Service

Yorkshire Ambulance Service NHS Trust is responsible for informing receiving hospitals and the NHSE North Yorkshire and Humber Team whenever the service declares a “major incident” or “major incident standby”.

NHSE North Yorkshire and Humber Team is also responsible for advising the NHS England of any major incidents or other significant incidents.

Level 1
CCG establishes co-ordination of local NHS response and maintains contact with NHSE Yorkshire and Humber

Level 2 to 4
NHSE Yorkshire and Humber establishes strategic co-ordination of NHS response in Yorkshire and Humber
3.2 Major Incident declared by NHS England

The NHS England North Yorkshire and Humber Area Team is responsible for informing the ambulance services and CCGs of any national, regional or area “major incident,” “major incident standby,” or similar message where there is a need to respond locally or cross border mutual aid is required. The Ambulance Service will then inform acute hospitals and the CCG will inform other providers.

Top down Cascade by NHS England

3.3 Independent Plan Activation

Any Head of Service may activate the Incident Response Plan after discussion with the Accountable Emergency Officer regardless of any formal alerting message. Such action may be taken when it is apparent that severe weather or an environmental hazard may demand the implementation of special arrangements or when a spontaneous response by members of the public results in the presentation of major incident casualties at any health care setting e.g. acute or community hospital, walk in centre, health centre, GP Practice or minor injuries unit.
STEP BY STEP GUIDE FOR ON CALL SENIOR MANAGER ALERTED TO AN ACTUAL OR POTENTIAL MAJOR INCIDENT

**VERIFY**
The caller’s credentials, the contact details, the known facts of the incident

**ASSESS**
Is it a major incident for the CCG, or another health organisation? Is action by the CCG required?

**SHARE**
Contact Director on call and discuss

**DECIDE TO**
- Activate Major Incident Plan
- Open incident room/notify others as appropriate
- Put the Plan on ‘standby’
- Check progress of potential incident
- Monitor developments
- Regularly, liaise as necessary

Follow instructions on Action Card 1

**COMMUNICATE**
- Internal
- Incident control team
- Medical control team
- External
- Who else needs to know?
- Who can help me?
- How do I access help?
- Emergency services
- NCC Multi-agency partners
- Health Community Colleagues

Action cards, key contacts pages in MIP

**RECORD**
Log time of calls, information received, names and telephone numbers of people and agencies involved etc.
4. Planning and Prevention

4.1 Partnership Working

In order to ensure coordinated planning and response across our area, it is essential that HaRD CCG works closely with partner agencies across the area, ensuring appropriate representation.

**Local Resilience Forums (LRF)**

Category 1 and 2 Responders come together to form Local Resilience Forums (LRF) based on Police areas. These forums help to co-ordinate activities and facilitate co-operation between local responders. The North Yorkshire LRF is the vehicle where the multi-agency planning takes place via a variety of groups which relate to specific emergencies like fuel shortage, floods, industrial hazards and recovery.

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

For the NHS, the strategic forum for joint planning for health emergencies is via the Local Health Resilience Partnership (LHRP) that supports the health sector’s contribution to multi-agency planning through the Local Resilience Forum (LRF).

The diagram below shows the NHS England’s EPRR response structure and its interaction with key partner organisations.
4.2 Contracting responsibilities

HaRD CCG is responsible for ensuring that resilience and response is “commissioned in” as part of the standard provider contracts and that provider plans reflect the local risks identified through wider multi-agency planning.

HaRD CCG must record these risks on the internal risk register.

In addition HaRD CCG is expected to ensure delivery of these outcomes through contribution to an annual EPRR assurance process facilitated by NHSE.

The NHS Standard Contract includes the appropriate EPRR provision and this contractual framework will be used wherever appropriate by the CCG when commissioning services.

Contract monitoring and review will encompass the review of EPRR and there may be occasions where the Local Health Resilience Partnership uses HaRD CCG (and other CCGs where appropriate) as a route of escalation where providers are not meeting expected standards.

5. Hazard Analysis and Risk Assessment:

A hazard analysis & risk assessment is undertaken by the Local Health Resilience Partnership (LHRP) and this includes detailed assessments of potential incidents that may occur. The assessments are monitored through this forum.

Risk assessments are regularly reviewed or when such an incident dictates the need to do so earlier.

Any external risk may be required to be entered onto the North Yorkshire LRF Community Risk Register if it is felt to pose a significant risk to the population.

This action will be co-ordinated through the LHRP. The purpose of producing these lists of hazards and threats is to ensure that each organisation can focus their emergency planning efforts towards those risks that are likely (or could possibly) occur.

5.1 North Yorkshire Community Risk Register

Like anywhere in the UK, North Yorkshire has a number of natural and manmade hazards.

To ensure we are prepared for these hazards the North Yorkshire LRF has created a Community Risk Register which identifies the wide range of risks and emergencies we could potentially face. This Risk Register is then used by the forum to inform priorities for planning, training and exercising.

The North Yorkshire Community Risk Register can be found at: http://www.emergencynorthyorks.gov.uk/node/10 and https://www.northyorks.gov.uk/resilience-and-emergencies-unit
### 5.2 Specific Local Risks

A number of specific risks that HaRD CCG may potentially have are listed below alongside the planned response.

Assurance will be obtained through the contracting route by the CCG’s Commissioning/Contracting lead and also via local partnership emergency planning fora within the local geographic area.

<table>
<thead>
<tr>
<th>Risks</th>
<th>Description</th>
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<tbody>
<tr>
<td>Fuel shortage</td>
<td>International and national shortages of fuel can adversely impact on the delivery of NHS services.</td>
</tr>
<tr>
<td></td>
<td>HaRD CCG will seek assurance that commissioned services have plans in place to manage fuel shortages and will work with the Local Health Resilience Partnership (LHRP) and Local Resilience Forum (LRF) on wider community resilience.</td>
</tr>
<tr>
<td></td>
<td>Local risks identified will be escalated appropriately.</td>
</tr>
<tr>
<td>Flooding</td>
<td>The Environment Agency provides a flood warning service for areas at risk of flooding from rivers or the sea. Their flood warning services give advance notice of flooding and time to prepare.</td>
</tr>
<tr>
<td></td>
<td>HaRD CCG will seek assurance that commissioned services have plans in place to manage local flooding incidents and will work with the Local Health Resilience Partnership (LHRP) and Local Resilience Forum (LRF) on wider community resilience.</td>
</tr>
<tr>
<td></td>
<td>Local risks identified will be escalated appropriately.</td>
</tr>
<tr>
<td>Evacuation &amp; Shelter</td>
<td>Incidents such as town centre closures, flooding, or significant damage to healthcare premises could lead to the closure of key healthcare premises.</td>
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<tr>
<td></td>
<td>HaRD CCG will seek assurance that commissioned services have plans in place to manage local evacuation and shelter incidents, will work in partnership with the Local Authority, and will work with the Local Health Resilience Partnership (LHRP) and Local Resilience Forum (LRF) on wider community resilience.</td>
</tr>
<tr>
<td></td>
<td>Local risks identified will be escalated appropriately.</td>
</tr>
<tr>
<td>Pandemic influenza</td>
<td>Pandemics arise when a new virus emerges which is capable of spreading in the worldwide population. Unlike ordinary seasonal influenza that occurs every winter in the UK, pandemic flu can occur at any time of the year.</td>
</tr>
<tr>
<td>Event Type</td>
<td>Description</td>
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<tr>
<td><strong>Infectious/contagious diseases</strong></td>
<td>E.g. Ebola and Marburg viruses. Alerts are received from NHS England and Resilience Direct. Yorkshire Ambulance Trust and York Hospitals Trust have trained staff in containment of infectious diseases.</td>
</tr>
<tr>
<td><strong>Heatwave</strong></td>
<td>The Department of Health and the Met Office work closely to monitor temperatures during the summer months. Local organisations such as the NHS and Local Authorities plan to make sure that services reach the people that need them during periods of extreme weather.</td>
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</table>
| HaRD CCG will seek assurance that commissioned services have plans in place that align to the national Heatwave Plan, and that will manage local heatwave incidents.  
HaRD CCG will cascade local heatwave communications, and will work with the LHRP and LRF on wider community resilience.  
Local risks identified will be escalated appropriately.  
HaRD CCG will work with and through the HaRD A&EDB to manage unplanned care as a result of heatwave and will manage normal local surge and escalation. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| **Severe Winter Weather**        | Each year millions of people in the UK are affected by the winter conditions, whether it's travelling through the snow or keeping warm during rising energy prices.  
Winter brings with it many hazards that can affect people either directly or indirectly. Severe weather is one of the most common disruptions people face during winter.  
HaRD CCG will seek assurance that commissioned services have plans in place to manage local severe winter weather, will cascade local winter communications, and will work with the Local Health Resilience Partnership (LHRP) and Local Resilience Forum (LRF) on wider community resilience.  
Local risks identified will be escalated appropriately. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
HaRD CCG will work with and through the HaRD A&EDB to manage unplanned care as a result of severe winter weather and will manage normal local surge and escalation through winter communication plans.

The North Yorkshire footprint consists of NHS organisations in the NHS England Yorkshire and Humber area.

An ambulance Divert Policy agreed across Yorkshire and Humber is in place to manage this risk – this includes, and relates to, all hospital sites receiving HaRD patients.

The Divert Policy should only be used when trusts have exhausted internal systems and local community-wide health and social care plans to manage demand.

A total view of system capacity should be taken including acute resource, community response, intermediate care and community in-patient capacity.

Details of any diverts involving Harrogate District NHSFT (HDFT) “out of hours” will be directed to the e-mail in box hardccg.oncall@nhs.net and will be followed up the next working day directly with the provider. Diverts affecting HDFT “in hours” will be advised through the agreed escalation protocol (Appendix 1).

5.3 Assurance

Assurance in respect of HaRD CCG emergency planning and preparedness will be provided to the CCG Governing Body via the assurance framework and also briefed upon annually (in public) at a Governing Body meeting.
6. Escalation, Activation & Response

**VERIFY**
The information provided and the known facts of the incident

**ASSESS**
Is it a major incident for HaRD CCG or another health organisation? Is action by HaRD CCG necessary? Contact other Heads of Service/Directors to discuss.

**DECIDE**
Is it a major incident for HaRD CCG or another health organisation? Is action or stand-by by HaRD CCG necessary?

- Monitor developments
- Activate the Plan

**ACTIVATE**
The Accountable Emergency Officer activates the plan
Refer to Action Cards 1 and 2

**ESCALATE**
Identify the Category 1 Lead for escalation

|----------------------------------------|-----------------------------------------------|--------------------------------------------|

If required, activate/attend Incident Control Centre (Boardroom 1) and “stand up” Incident Control Team (Heads of Service/ Directors)

- Loggist (designated staff) begins to complete the incident log. Action Card 4a
- Support staff attend Incident Control Centre and set up equipment as required

- Hold initial meeting; agree current situation and decisions to be made.
- Liaise with multi-agency partners
- Agree any communications.
- Agree frequency of meetings.
- Ensure the meeting is minuted and a log kept of all decisions.
7. Communication Cascade System

Chief Executive

Chief Officer

Director of Transformation and Delivery

Chief Finance Officer

Executive Nurse

Head of Finance

Head of Contracting

Head of Commissioning

Head of Medicines Mgmt

Deputy Executive Nurse

Finance Team IG Support HR Support

Contracting Team BI Support

Contracting Team

Medicines Management Team

Corporate Team Admin Team Comms Team
7.1 **Action Cards**
Action Card describing the activation process and the response are appended to this plan as Appendix 2.

7.2 **CCG Response**
As a Category 2 Responder (as identified under the Civil Contingency Act 2004), HaRD CCG must respond to reasonable requests to assist and co-operate with NHSE and/or the Local Authority should any emergency require wider NHS resources to be mobilised.

Through its contracts, HaRD CCG will oversee service delivery across the local health economy to prevent “business as usual” pressures and minor incidents within individual providers from becoming significant or major incidents.

This could include the management of commissioned providers to effectively coordinate increases in activity across their health economy which may include support with surge pressure.

The HaRD A&EDB escalation process, work plans and meetings provide a process to manage these pressures and to escalate to NHSE as appropriate.

7.3 **Local NHSE (Y&H) Team Response**
The North Yorkshire & Humber operates a two tier on-call system for Emergency Preparedness, Resilience and Response (EPRR).

This system is not restricted to major emergencies and could be mobilised to assess the impact of a range of incidents affecting, or having the potential to affect, healthcare delivery within North Yorkshire and the Humber.

In respect of EPRR for incidents/risks that only affect the NHS, the North Yorkshire & the Humber Area covers the following North Yorkshire local authority areas:

- North Yorkshire County Council
- York City Council

In respect of EPRR for incidents/risks that affect all multi-agency partners, the North Yorkshire & the Humber Local Team provides strategic co-ordination of the local health economy and represents the NHS at the North Yorkshire LRF.

The initial communication of an incident alert to the first on-call officer of the NHSE (Y&H) area is via any of the organisations.

An additional role of the NHSE (Y&H) is to activate the response from independent contractors as required.

7.4 **Public Health England**
Public Health England co-ordinate any incident that relates to infectious diseases.
8. **Information Governance**

For further details regarding sharing personal information see Appendix 3

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### Multi-agency response

The Police would lead on the communications and media support.

### Non-public health incident

NHSE (Y&H) would lead on the communications.
**Public Health incident**  
Public Health England would lead on communications

**HaRD CCG**  
Role would be to liaise with the NHSE or Category 1 Responder communication lead as appropriate, supply information as requested and cascade communications.

**NHS Blood and Transplant**  
Will be responsible for any public messages regarding the donation of blood. NHS England will reflect this messaging in communications with the public.

**Additional NHS England Information**  
Public messaging will be delivered through a dedicated incident page on NHS Choices (www.nhs.uk/incident).  
This page will only go live if a Level 4 incident is declared and this page is not visible at other times. A sample of the content of the NHS Choices web page is attached at Appendix 4. It will contain commonly recognised information about the incident and will signpost the public to places where they can obtain further information (such as the relevant police website, or missing persons bureau).

It will also inform people of which hospitals are receiving mass casualties and where and how to obtain alternative healthcare services.

Appropriate public messaging will also be delivered through use of traditional and social media. Messages will be developed by the EPRR Communications Lead in conjunction with the Incident Director and will be issued via the NHS England national media team.

All messaging should be agreed with the local Strategic Coordination Group prior to issue and should be open and transparent, reflecting an accurate picture of the situation as it is known at that time.

**See Action Cards for further information on roles and responsibilities.**

**10. Stand Down**

After discussion with the Accountable Emergency Officer or their deputy, the incident may be stood down if it can be dealt with using normal resources. The appropriate personnel should be notified a watching brief maintained.

Continue to reassess the situation as further information becomes available and determine if any additional action is required.

In the event of any increase in the scale / impact of the incident reassess the risk and escalate as needed.
11. Vulnerable People

The Civil Contingencies Act 2004 places the duty upon Category 1 and 2 Responders to have regard for the needs of vulnerable people.

It is not easy to define in advance who are the vulnerable people to whom special considerations should be given in emergency plans.

Those who are vulnerable will vary depending on the nature of the emergency. For planning purposes there are broadly three categories that should be considered:

- Those who for whatever reason have mobility difficulties, including people with physical disabilities or a medical condition and even pregnant women;
- Those with mental health conditions or learning difficulties;
- Others who are dependent, such as children or very elderly.
- Homeless

HaRD CCG needs to ensure that in an incident people in the vulnerable people categories can be identified via contact with other Providers such as HDFT and TEWV as well as healthcare services such as local GPs and Social Care.

The contact for HaRD CCG to identify vulnerable people in the community is the manager for the Community Care Team

12. Recovery

In contrast to the response to an emergency, the recovery may take months or even years to complete, as it seeks to address the enduring human physical and psychological effects, environmental, social and economic consequences.

Response and recovery are not, however, two discrete activities and the response and recovery phases may not occur sequentially.

Recovery should be an integral part of the combined response from the beginning, as actions taken at all times during an emergency can influence the long-term outcomes for communities.

12.1 Debriefing and Staff Support

HaRD CCG will be responsible for debriefing and provision of support to staff where required following an emergency. Helpline numbers are available in Appendix 5.

This is the responsibility of individual line managers coordinated by the Accountable Emergency Officer. De-briefing may also be on a multi-agency footprint.

Any lessons learned from the incident will be fed back to staff and actioned appropriately.
13. **Testing & Monitoring of Plans**

HaRD CCG’s emergency resilience plans will be reviewed annually by the Accountable Emergency Officer.

As part of the CCG’s emergency preparedness and planning, the organisation will participate in exercises both locally and across the North Yorkshire LRF with our partners. This helps staff to understand their roles and responsibilities when a situation occurs.

“Live” incidents which require the plans to be evoked will conclude with a debrief process and lead to review/improvements of the plans.
14. Contact Details

Use Mobile devices to call so that identifiable numbers are logged. Switchboards have no Caller ID.

14.1 Partner Organisations
<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
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</table>
14.3 Staff Contact List (By Cascade Group)
14.5 GP Emergency Contact Details

Confidential – For Emergency Use Only - Do not distribute
Harrogate and Rural District CCG Divert Policy
January 2018

The Divert Policy should only be used when trusts have exhausted internal systems and local community-wide health and social care plans to manage demand. A total view of system capacity should be taken including acute response, community response, intermediate care and community in-patient capacity.

Trusts with multiple sites should have locally agreed arrangements to manage patient flows, these arrangements are not part of this divert policy. Similarly, current network systems in place for the management of specialist services e.g. Neonatal and Critical Care have their own escalation systems and are outside the remit of this policy.

The process below outlines what is required by each organisation when they have to initiate and implement their escalation plans leading to invocation of this divert policy.

**Principles for all Trusts**

The decision to divert patients should only be taken when Trusts do not have a single bed, including an escalation bed into which a patient can be placed. Under no circumstances should it be used to protect elective beds or, to avoid excessive waits in Accident and Emergency Departments.

The decision to divert patients from acute hospital trusts, outside local established network arrangements, must be authorised by the Trust’s Director of Operations or their Executive Director on-call following discussion with the Consultant in charge/On-Call for Accident and Emergency department in the diverting hospital.

Before approaching other acute hospital trusts all pre-escalation arrangements must be exhausted.

The Accident and Emergency Department at the diverting trust must remain open for resuscitation and emergency paediatric attendances.

Once the decision to divert has been made, the diverting on-call Executive Director must consult and agree the parameters of the diversion with the receiving Trust on-call Executive Director.

The receiving Director must discuss the divert with the receiving Consultant in charge /On-Call for Accident and Emergency and be assured and take responsibility that the receiving Trust has capacity to accept the divert in order to minimise clinical risk.

This agreement must include the timeframe for initial divert (Maximum 4 hours) and the time of review.

Once agreement has been made between the diverting and receiving Trusts Executive Directors, the diverting Trust’s Director on-call must contact and agree the diversion
arrangements with the Ambulance Trust Gold on-call using the Ambulance Divert Request Form (attached). A completed copy of this form should be sent to Yorkshire Ambulance Service (YAS) within 60 minutes of the request being initiated.

The Ambulance Service Gold on-call Director will risk assess the implications of the diversion with the diverting Trust’s Executive Director on-call before agreeing to the diversion request and agreeing a timeframe for the request to be reviewed, which will be no longer than 4 hours. The risk assessment will include consideration of the number of diversions already in place and the impact than an additional diversion may have on patient safety and their ability to maintain a normal service.

All diverts (intra site and inter site) will be documented by YAS. This will include a list of individual patients who have been diverted.

Each Trust Director on-call responsible for implementing a patient diversion process should cascade information regarding this action as appropriate to internal policies.

The on-call Director in the diverting Trust responsible for implementing a patient diversion process should inform NHS England via the on-call number. The Trust Director should also notify the CCG Director of Transformation and Delivery by ringing xxxx if the divert occurs during working hours. If the divert occurs out of working hours, the CCG on-call Senior Manager should be contacted via the on-call arrangements on xxxx. The on-call Senior Manager will then notify a CCG Director of Transformation and Delivery of the divert.

If a divert cannot be agreed or there are concerns that a divert may present a significant risk, then the Trust Director on-call responsible for requesting a patient divert should contact the NHS England (North) Area Team 1st on-call immediately.

**Ambulance Service**

If an Ambulance Clinician determines that the patient’s condition is not sufficiently clinically stable to be diverted then the patient will be taken to the nearest Accident and Emergency Department for stabilisation prior to onward transfer.

**NHS 111**

NHS 111 must not divert calls to the GP Out of Hours (GOOOH) Service without discussion and agreement with the receiving Director on call and the senior clinician on duty in the GPOOH Service. The GPOOH Service must have capacity to accept the divert in order to minimise clinical risk.

**CCG**

The CCG will monitor the generic email boxes as well as the named winter planning leads email inboxes and pick up issues on the next working day directly with providers.

January 2018
Review: January 2019
YORKSHIRE AMBULANCE DIVERT REQUEST FORM
Appendix 2: Action Cards

ACTION CARDS
ACTION CARDS 1- 6

ROLES AND RESPONSIBILITIES

These action cards describe the general action required and should be adapted as necessary to apply to the specific circumstances of the incident.

They include:

1. Incident Lead Executive
2. Incident Emergency Planning Co-ordinator
3. Communication Lead
4. Loggist
5. Logging Pages
6. Support Staff

NOTE:

LOGS MUST BE KEPT WITH DATED & TIMED ENTRIES BY ALL STAFF MAKING DECISIONS IN A MAJOR INCIDENT ON APPROVED LOG SHEETS: NO RECORDS NO DEFENCE

ALL STAFF SHOULD ALSO MAKE THEIR OWN NOTES FOR REFERENCE DURING AND FOLLOWING THE INCIDENT
# 1 - INCIDENT LEAD EXECUTIVE

<table>
<thead>
<tr>
<th>Your role</th>
<th>Incident Lead – Accountable Officer or Director.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your base</td>
<td>Boardroom 1, Grimbold Court</td>
</tr>
<tr>
<td>Your responsibility</td>
<td>You are responsible for directing HaRD CCG’s emergency response.</td>
</tr>
<tr>
<td>Your immediate actions</td>
<td>Obtain as much information as practicable and assess the situation before implementing the required actions:</td>
</tr>
<tr>
<td></td>
<td>Is this an emergency? METHANE</td>
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<td></td>
<td><img src="image" alt="METHANE Diagram" /></td>
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<tr>
<td></td>
<td>If the incident is assessed as an emergency, activate the plan.</td>
</tr>
<tr>
<td></td>
<td>SEE ACTIVATION / ESCALATION ACTION CARD (2)</td>
</tr>
<tr>
<td></td>
<td>Assign ACTION CARDS in accordance with the key functions to support you.</td>
</tr>
<tr>
<td></td>
<td>Proceed to the Incident Control Room.</td>
</tr>
<tr>
<td>Ongoing management</td>
<td>Systematically review the situation and maintain overall control of the HaRD CCG response.</td>
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<td>- S urvey</td>
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<td>- A ssess</td>
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<td></td>
<td>- D isseminate</td>
</tr>
<tr>
<td></td>
<td>Approve content and timings of press releases / statements and attend conferences if required.</td>
</tr>
<tr>
<td>Stand down</td>
<td>If it can be dealt with using normal resources, notify the appropriate personnel and maintain a watching brief.</td>
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<tr>
<td></td>
<td>Continue to reassess the situation as further information becomes available and determine if any additional action is required</td>
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<td></td>
<td>In the event of any increase in the scale / impact of the incident reassess the risk and escalate as needed.</td>
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</table>
## 2 - INCIDENT EMERGENCY PLANNING CO-ORDINATOR

<table>
<thead>
<tr>
<th>Your role</th>
<th>Incident Emergency Planning Coordinator (any member of CCG staff at Band 8 or above)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your base</td>
<td>Boardroom 1, Grimbald Court</td>
</tr>
<tr>
<td>Your responsibility</td>
<td>You are responsible for coordinating HaRD CCG’s tactical response and ensuring all aspects of the plan are followed. You will establish and maintain lines of communication with all other organisations involved, coordinating a joint response where circumstances require.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Your immediate actions</th>
<th>1. Proceed to the Incident Control Room.</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>2. Record all relevant details of the incident and the response – identify a loggist to carry out this action.</td>
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<td>3. With the Incident Lead Executive, assess the facts and clarify the lines of communication accordingly.</td>
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<td>4. Call in Support Managers as required.</td>
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<td>5. Allocate rooms, telephone lines and support staff as required.</td>
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<tr>
<td></td>
<td>6. Notify and liaise as necessary with health community and inter-agency emergency planning contacts.</td>
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<td>Consider Contacting:</td>
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<td>GPs</td>
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<td>Safeguarding Teams</td>
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<td>MH Liaison</td>
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<td>Other CCGs</td>
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<td>County Council</td>
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<td>Borough Council</td>
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<td>Environment Agency</td>
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<td>STP Communications Lead</td>
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</table>

| Ongoing management | Systematically review the situation with the Incident Lead Executive and ensure coordination of the CCG response. |

| Stand down | Following stand-down, prepare a report for the Chief Officer. Arrange a “hot” de-brief for all staff involved immediately after the incident. Arrange a structured de-brief for all staff within a month of the incident. |
### 3 - COMMUNICATIONS LEAD

<table>
<thead>
<tr>
<th>Your role</th>
<th>Communication Lead</th>
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<tbody>
<tr>
<td>Your base</td>
<td>Boardroom 1, Grimbald Court</td>
</tr>
<tr>
<td>Your responsibility</td>
<td>You are responsible for preparing and disseminating media information by agreement with the Incident Lead Executive. If necessary, you will organise facilities for media visits and briefings.</td>
</tr>
<tr>
<td>Your immediate actions</td>
<td>Proceed to the Incident Control Room.</td>
</tr>
<tr>
<td>Ongoing management</td>
<td></td>
</tr>
<tr>
<td>Stand down</td>
<td>Participate in a “hot” de-brief immediately after the incident and any subsequent structured de-brief. Following stand-down evaluate communications effectiveness and any lessons learned and report these to the Incident Emergency Planning Coordinator for inclusion in the report to the Chief Officer.</td>
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## 4 - LOGGIST

<table>
<thead>
<tr>
<th>Your role</th>
<th>Loggist for the duration of the Major Incident</th>
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<tbody>
<tr>
<td>Your base</td>
<td>Boardroom 1, Grimbald Court</td>
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<tr>
<td>Your responsibility</td>
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<tr>
<td>Your immediate actions</td>
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<tr>
<td>Ongoing management</td>
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<tr>
<td>Stand down</td>
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4a - INCIDENT LOG PAGES

Print out multiple pages and ensure consecutive numbering at the foot of each page

Incident name: ________________________________

<table>
<thead>
<tr>
<th>Loggist initials</th>
<th>Date &amp; Time</th>
<th>Description of action / decision / communication</th>
<th>Action taken by / Decision made by</th>
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Log Page number [   ]
5 - SUPPORT STAFF

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<thead>
<tr>
<th>Your role</th>
<th>To support all responders with anything they require during the duration of the incident.</th>
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<tr>
<td>Your base</td>
<td>Boardroom 1, Grimbald Court</td>
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<td>Your responsibility</td>
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<tr>
<td>Your immediate actions</td>
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<tr>
<td>Ongoing management</td>
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<td>Stand down</td>
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Appendix 3 - Sharing Personal Information

The Civil Contingencies Act 2004 (CCA) requires the PCT, as a Category One responder, to share information with other Category One and Category Two responders to facilitate risk assessment, assist business continuity planning and inform the planning for, response to and recovery from an emergency.

The CCA makes an initial presumption that all information should be shared, however it recognises that the release of some information, and of information to some audiences, may need to be restricted. Any information that is shared can be restricted in its use by the providing organisation.

Whilst there is a formal procedure for requesting information under the CCA, other alternatives should be considered first. Where possible, information should be shared as part of a culture of co-operation.

It is possible that the PCT might be asked to share personal data, as defined by the Data Protection Act 1998 (DPA), in order to assist in the response to the major incident. An example would be a request from the emergency services to provide information regarding vulnerable people within a community to assist during an evacuation. Personal data is defined with the DPA as any data relating to a living individual who can be identified from the data. The DPA further defines some personal data as sensitive personal data and this would include data relating to an individual’s health. The way in which personal data can be used is governed by the 8 data protection principles in schedule 1 of the DPA.

The balance in either sharing or not sharing information can shift during the phases of an emergency. Consideration should be given to the risks and harm which may result if the information is not shared. During an emergency, it is more likely than not that it will be in the interests of the individual for personal data to be shared. When considering the legal issues and to help get the right decision in an emergency, it is acceptable for responders to have in mind some fairly broad-brush and straightforward questions:

- Is it unfair to the individual to disclose their information?
- What expectations would they have in the emergency at hand?
- Am I acting for their benefit and is it in the public interest to share this information?

Whilst the answers to these questions are not a substitute for deciding about fair and lawful processing, whether a DPA condition is met, or whether a duty of confidentiality applies, they are useful tools for getting to the right view.

A number of enabling conditions must be met by organisations that wish to share sensitive data about any living individual, if the information could be used to identify that individual. Dependent upon the circumstances of the emergency, it is possible that the enabling conditions could reasonable be met. The key conditions which must be met are:

- A legal basis to share the information – the regulations made under the CCA to provide a legitimising criteria for the sharing of the personal data under the DPA.
- A condition from Schedule 2 of the DPA – sharing information to protect the person’s vital interests (vital interests include situations where there is a risk of significant harm to life) would meet this condition.
- A condition from Schedule 3 of the DPA – sharing information to protect someone’s vital interests from when the person to whom the information relates cannot consent, is unreasonably withholding consent, or consent cannot reasonably obtained would meet this condition.
In order to remain compliant with the DPA, when sharing information as part of CCA duties, the following requirements must also be met:

- Information is being shared for a specific purpose;
- Information is being shared for a limited time;
- Information is only to be shared between named Category 1 and Category 2 responders that have a defined (as assessed by the requesting organisation or individual).

The processing of personal data must be proportionate to the requirements of the emergency. Whilst there may be a need to identify a particular individual as requiring additional assistance due to their being vulnerable, there is unlikely to be a need to share specific medical or health information. The principle should be to share the minimum amount of personal data. The 6 Caldicott principles must be followed when handling patient-identifiable information. They are:

- Justify the purpose(s) of every proposed use or transfer;
- Don't use it unless it is absolutely necessary, and;
- Use the minimum necessary;
- Access to it should be on a strict need-to-know basis;
- Everyone with access to it should be aware of their responsibilities, and;
- Understand and comply with the law.

In making any decision to share information or not, a record should always be kept of the reasons for the decision. Where the decision is made to share data, then a record should be kept of what the information was and who it was shared with. Individuals should be informed that their data may be shared for emergency response or recovery purposes unless to do so involves disproportionate effort.

The Human Rights Act 1998 (HRA) provides individuals with the right to respect for private and family life, home and correspondence. Where data collection and sharing is taking place without the individual's consent, the protection afforded by the HRA may be relevant. The HRA does provide lawful restrictions on these rights for use by public authorities in certain circumstances such as public safety and the protection of health. The collection and sharing of data in the pursuit of these lawful aims (sharing data in an emergency) is therefore likely to be legitimate.

Further information regarding the sharing of information in an emergency can be found in the document ‘Data Protection and Sharing – Guidance for Emergency planners and Responders’ via [http://www.cabinetoffice.gov.uk/media/132709/dataprotection.pdf](http://www.cabinetoffice.gov.uk/media/132709/dataprotection.pdf)
Annex 1: NHS Choices Web Page

Proposed web address: www.nhs.uk/incident

Advice for patients

We are aware of an emerging incident in [insert geographical area]. The NHS is forming part of the emergency response for this incident, which is being led by [police force name]. For further information, please visit [insert police web address] and possible central Government and/or PHE web links depending on incident.

If you are concerned about a family member you believe may have been in the area and you are unable to make contact with them, please call [xxxxx] or visit [www.xxxxx] to register their details.

The NHS is working hard to ensure that as few patients as possible are affected. The following hospitals are currently receiving patients from this incident:

- [insert list of receiving hospitals]
- 
- 

If you were in the [xxxxx] area and have been affected by this incident, please visit your GP for further advice and support. Possible link to PHE public health messages - depending on nature of incident.

Helping the NHS at this time

You can help the NHS cope by choosing the right service for your needs, and attending A&E only if it is essential. If it is possible, you should try to avoid attending the A&E Departments listed above at the present time, as demand for services is extremely high and this will impact on the amount of time you have to wait to be seen and treated if your problem is not immediately life threatening.

NHS Blood and Transplant

We have sufficient blood stock at this current time, but if you wish to donate in the future please register here https://www.blood.co.uk/

Other services

Apart from your hospital, there’s a range of other primary care services that can offer help, such as your GP, pharmacist, dentist or optician. There are also specific services provided by midwives, health visitors and specialist nurses.

Planned treatment and outpatient appointments

If you have a planned operation, procedure or outpatient appointment at a hospital affected by this incident, please visit the hospital website for further advice and information about routine services at this time. If you are still unsure what to do, contact the hospital direct.

Patients already in hospital at this time will continue to receive normal care.

Inpatients will be told if any changes to their planned treatment are needed because of this incident.
GPs
Your GP practice will be open and working as normal but may be experiencing higher than usual demand for services. Please be patient when contacting them

A&E
If you need emergency care, Accident and Emergency departments will be open to deal with serious and life-threatening conditions. As is always the case, only those adults and children with genuine emergency needs should go to A&E. Emergencies include:

- major injuries, such as broken limbs or severe head injury
- loss of consciousness
- an acute confused state
- fits
- severe chest pain
- breathing difficulties
- severe bleeding that can’t be stopped
- severe allergic reactions
- severe burns or scalds

Alternatives to A&E
If you become ill with a non-urgent condition and need advice, please visit Health A-Z for information or go to your local pharmacist. For more urgent conditions that you believe you can’t take care of yourself, you should contact your GP as usual, or call 111.

For minor injuries or illness (cuts, sprains, rashes and so forth) you could visit a walk-in centre, minor injuries unit or urgent care centre if the problem can’t wait for a GP appointment. Bear in mind that these services may be busy because of the incident which has just occurred.
Appendix 5 - Access to post incident mental health services

How can I help myself or others to overcome these difficulties?

Do:
- Take time out to get sufficient sleep (your normal amount), rest and relax, and eat regularly and healthily.
- Tell people what you need. Talk to people you trust. You don’t have to tell everyone everything but telling nobody anything is often unhelpful.
- Take care at home or when driving or riding - accidents are more common after a traumatic or stressful event.
- Try to reduce outside demands on you and don’t take on extra responsibilities for the time being.
- Make time to go to a place where you feel safe and calmly go over what happened in your mind. Don’t force yourself to do this if the feelings are too strong at the moment.

Don’t:
- Bottle up these feelings. Think whether it would be helpful to talk about them with someone you trust. The memories may not disappear straight away.
- Get embarrassed by your feelings and thoughts, or those of others. They are normal reactions to a very stressful event.
- Avoid people you trust.

You might need help if you have been experiencing any of the following reactions for several weeks and there is no sign of them getting better:
- You want to talk about what happened and feel you don’t have anyone to share your feelings with.
- You feel you are easily startled and agitated.
- You experience vivid images of what you saw and have intense emotional reactions to them.
- You have disturbed sleep, disturbing thoughts preventing you sleeping or dreams and nightmares.
- You are experiencing overwhelming emotions that you feel unable to cope with or experience changes in mood for no obvious reason.
- You experience tiredness, loss of memory, palpitations (rapid heartbeat), diarrhoea, headaches, loss of concentration, breathing difficulties or a choking feeling in your throat and chest.
- You feel emotionally numb.
- Your relationships seem to be suffering since the incident.
- You are worried about your alcohol or drug use since the incident.
- Someone who you are close to tells you they are concerned about you.

More information on post trauma reactions

www.cogho.org.uk/healthwatch/problems/traumaticdisorder/
posttraumastressdisorder/factsheet.html
www.nhs.uk/Conditions/Post-traumatic-stress-disorder/Pages/Treatment.aspx
www.gpsr.org.uk/guidelines/mentalhealth/task
www.nhs.uk/guidance/mentalhealthtask
www.nhs.uk/conditions/PTSD

Coping with stress following a major incident

You may find this leaflet helpful if you have been involved in, or affected by, a traumatic incident, in particular the recent events in Wiltshire.

It provides information on how you may expect to feel in the days and months ahead, and to help you understand and have more control over your experience.

In addition, if a child has witnessed or experienced a traumatic event it is quite natural for them to be stressed. They may be very upset and/or frightened. This should not usually last beyond four weeks.

If symptoms of being very upset continue beyond four weeks, this may indicate Post Traumatic Stress Disorder (PTSD) and it is important to seek help for your child.

These are typical reactions after a traumatic event:
- Nightmares.
- Memories or pictures of the event unexpectedly popping into their mind.
- Feeling as if it is actually happening again.
- Feeling or dreaming about the event time and time again.
- Not wanting to think or talk about the event.
- Avoiding anything that might remind them of the event.
- Getting angry or upset more easily.
- Not being able to concentrate.
- Not being able to sleep.
- Becoming more jumpy and being on the lookout for danger.
- Becoming more clingy with parents or carers.
- Physical complaints such as stomach aches or headaches.
- Temporarily losing abilities (e.g., feeding and toiletining).
- Problems at school.

How to help your child:
- Try to keep things as normal as possible, keeping to your usual routine and doing normal activities as much as you can, will help your child feel safer more quickly.
- Be available to talk to your child as and when they are ready. If it is difficult for you to do this, ask a trusted adult such as a family member or teacher to help.
- Try to help your child understand what has happened by giving a truthful explanation that is appropriate for their age. This may help reduce feelings of confusion, anger, sadness and fear. It can also help correct misunderstandings that might, for example, lead the child to feel that they are to blame. They can also help reassure the child that although bad things can happen, they don’t need to be scared all the time.
- In the event of a death, particularly a traumatic one, it can be difficult to accept the reality of what has happened. It is important to be patient, simple and honest in response to questions about a death. Some children, for example, will seem to accept a death but then repeatedly ask when that person is coming back. It is important to be patient and clear when dealing with these questions, for example, it is better to say “John has died” than “John has gone on a journey”.

What to do:
- Children experiencing PTSD might show that they think differently either about themselves or other people.
- They might:
  - Blame themselves or show lowered self-esteem.
  - Describe thinking that they are a bad person or talk about thoughts of harming bad things happen to them.
  - Show less trust in other people and be less able to experience a sense of safety.
  - Experience overwhelming feelings in the form of shame, sadness and fear.
  - Avoid situations that they fear could increase their emotional response - i.e. might make them feel more frightened, threatened, ashamed or reminded of the event.

What to do:
If you have any concerns about your child, it is important to seek help via your GP. There are some very effective treatments including Cognitive Behavioral Therapy (CBT) for children and young people experiencing the effects of trauma.