



Health and Care Services Contingency and Business Continuity Plan

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The Contingency Plan will be reviewed by the Directorate's Contingency Planning Group after each incident and training exercise.

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1. INTRODUCTION AND BACKGROUND

The aim of this plan is to state the response of the Health and Care Services to any incident which threatens the safety of the community or environment, or disrupts the Council's normal provision of services.

Government guidance indicates that top tier local authorities and those with social care functions, lead on humanitarian assistance (welfare) during and following an emergency.

“Top tier and unitary local authorities are responsible for coordinating welfare support to affected communities in the event of an emergency...social care departments...are best placed to fulfil the humanitarian assistance function, taking into account the provisions of the Local Government 2000, Children’s Act 2004 and the Civil Contingencies Act 2004”

HM Government 2006, Humanitarian Assistance in Emergencies

The Plan is generic and outlines how Health and Care Services will respond to an emergency situation. As emergencies and incidents vary considerably, this plan provides a core set of principles and processes that can be applied to handle a range of situations.

2. DEFINITIONS

Business Continuity	The capability of an organisation at strategic, tactical and operational levels to business disruptions in order to continue business operations to an acceptable pre-determined level.
Category 1 responders	Core responders in an emergency. They include the usual 'blue light' emergency services as well as others such as local authorities.
Category 2 responders	Key operational responders that act in support of Category 1 responders such as utility companies and transport operators.
Civil Contingencies Act 2004	The Civil Contingences Act 2004 establishes a single framework for civil protection at the local level, establishing a clear set of roles and responsibilities for local responders.
Community Risk Register	Ensure all Category 1 responders have an accurate and shared understanding of the risks they have so that planning may be proportionate. The Community Risk Register is available online on the Council's website.
Control Centre	Multi-directorate / agency centre for the County Council management of any incident – often referred to as County Council SILVER. Deals with all requests and decisions on action to follow by individual service directorates.
Crisis Support Team	Localised Adult Social Care response to an incident, led by the District Lead.
Cumbria Resilience Forum (CRF)	The principal mechanism for multi agency co-operation between Category 1 and Category 2 responders is via Cumbria Resilience Forum and is chaired by Cumbria Police.
Emergency Assistance Centre	Established on a temporary basis during an emergency to provide accommodation, registration, food and welfare for evacuees, survivors, friends and families.
Major Incident	An incident, the scale of which requires a full multi-agency response. A Major Incident can be declared by any Category 1 responder but should be done so in consultation with the Police. A decision by the County Council to declare a Major Incident can only be done by the Duty Director in consultation with the Police.
Maximum Tolerable Period of Disruption (MTPD)	Duration after which an organisation's viability will be irrevocably threatened if service delivery cannot be resumed.

Request to Implement	“Implement” will be used to request the immediate deployment of officers and resources in activation of the Plan.
Request to Stand By	“Stand by” will be used as an early warning to relevant officers of a situation which might at some later stage require a response from the County Council.
Request to Stand Down	Will be used to signify the phased withdrawal of the County Council response.
Risk	Risk measures the significance of a potential event in terms of likelihood and impact.
Strategic Co-ordinating Group (SCG)	Multi agency strategic group, chaired by the Police: often referred to as GOLD.
Unusual incident	An incident which because of its nature or effects requires a co-ordinated response by the County Council in isolation or in support of a limited multi-agency response. An Unusual Incident can be declared by any Category 1 responder, who will then provide a control room to deal with the incident and invite selected agencies to attend.
Welfare Coordination Team	Multi agency team responsible for co-ordinating welfare tasks to agencies and to formulate policies.
Welfare Co-ordinator	Key role within the Directorate for small scale or in the very acute phase of an incident, to lead and co-ordinate the welfare response within a multi agency setting.

3. Equality and Diversity

As in all areas of work undertaken by the Health and Care Services, the requirements of the spiritual and religious beliefs of service users, the public and our own staff must be taken into account as far as is practicable. Given that there is immense diversity between different cultures and religions, general guidance is available. An equality impact assessment has been produced to accompany this plan.

4. Scope of the Plan

This plan sets out what action may be taken and services maintained/provided when an incident takes place which disrupts the work of the Directorate to the extent that normal operations cannot be maintained.

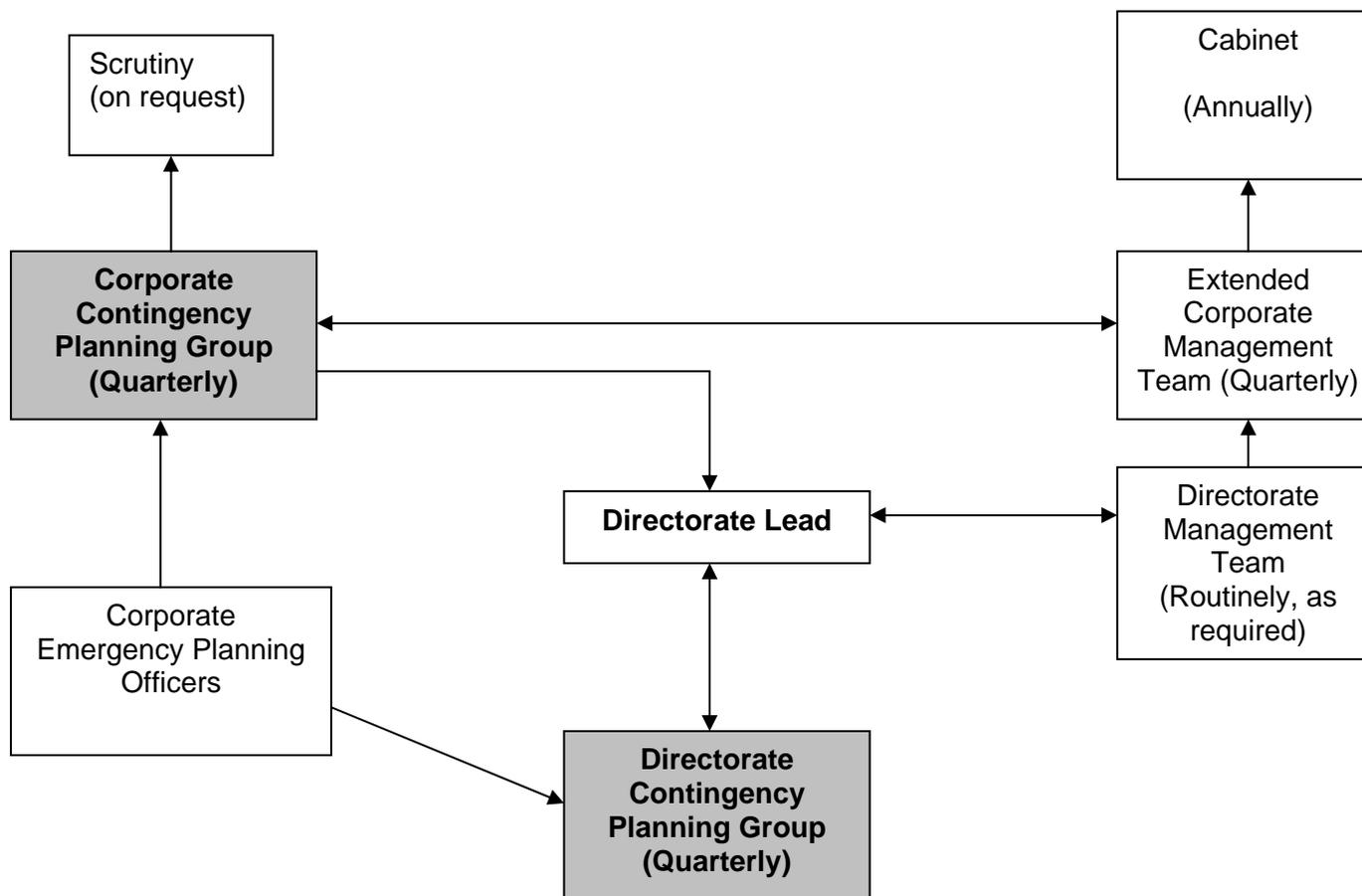
It is supported by a series of appendices which provide further detail of specific responsibilities and actions required of the Health and Care Services.

5. Ownership of the Plan and the Plan review cycle

This Plan is owned and agreed by the Directorate Management Team and managed and monitored by the Directorate Contingency Planning Group, who will ensure it is reviewed on an annual basis.

In addition it will be reviewed following any exercise or incident.

6. Corporate Contingency Planning, Review and Reporting Structure



7. Financial Arrangements

In general, the Director of Resources will manage the financial and legal implications on the County Council as a result of the incident. Staff committing expenditure on behalf of the Directorate should follow the General Finance Policy of the County Council which states:

- In the initial stages of the emergency, life saving activity must take precedence over the budgetary considerations. However, where possible, significant expenditure should be authorised by the Emergency Co-ordinator.
- As soon as possible, a mechanism for authorising and recording expenditure must be established, including the allocation of appropriate cost codes.
- If the incident can be attributed to a particular site or activity operator, seek, as soon as possible, an agreement that the Company, or their insurers will meet the incurred expenditure.
- Where there is any confusion as to the ability to commit expenditure, relevant Health and Care Services staff will be notified in writing by a member of the Directorate Management Team.

8. Record Keeping

The possibility of legal proceedings after the event must be borne in mind and the recording of data and collection of information should be designed to assist in preparing the subsequent report on the action taken by the County Council. For this reason officers should ensure that their principal actions are recorded and retained for collation at the end of the incident. It is important that officers log the details of messages which are passed personally on the forms provided. The completed forms should be retained for collation at the end of the incident.

9. Emergency Response Register

Staff who put their contact details forwarded to be included on the Emergency Response Register, and are subsequently called out to assist with the response, will be reimbursed for their time outside normal working hours. Responders should discuss with their line manager regarding the reimbursement of the time spent.

10. Staff welfare, health and safety

Staff at all levels are likely to be placed under more pressure than normal when dealing with and responding to a major incident. Health and Care Services commits to give a high priority to staff welfare issues whilst also managing the immediate impacts of the incident.

If staff have any concerns regarding welfare issues, these should be brought to the attention of their line manager as soon as possible in order that appropriate action can be taken.

11. Resilience Direct

The Directorate has access to the Resilience Direct Extranet. Resilience Direct is used to store key documents relating to emergency response in Cumbria and to post public warning messages etc during an emergency.

12. PLAN ACTIVATION AND CALL OUT PROCEDURES

How the Plan will be Activated

- The alert will be received from the Duty Emergency Planning Officer/Duty Director, by the Key Directorate Contact on behalf of the Directorate.
- The Key Directorate Contact will undertake the role of Welfare Co-ordinator or nominate an appropriate officer.
- Once the decision has been taken to activate this plan, the following categories will be used to ensure that nominated Officers are kept informed, during an Unusual or Major Incident, whilst avoiding if possible the unnecessary commitment of personnel and resources:
 - (i) Request to “Stand By”.
 - (ii) Request to “Implement”.
 - (iii) Request to “Stand Down”.
- “Stand by” will be used as an early warning to relevant officers of a situation which might at some later stage require a response from the County Council.
- “Implement” will be used to request the immediate deployment of officers and resources in activation of the Plan.
- “Stand down” will be used to signify the phased withdrawal of the County Council response.
- The Duty Emergency Planning Officer or Duty Director will notify the Directorate should the situation change, and will advise the Directorate to review the current activation status.

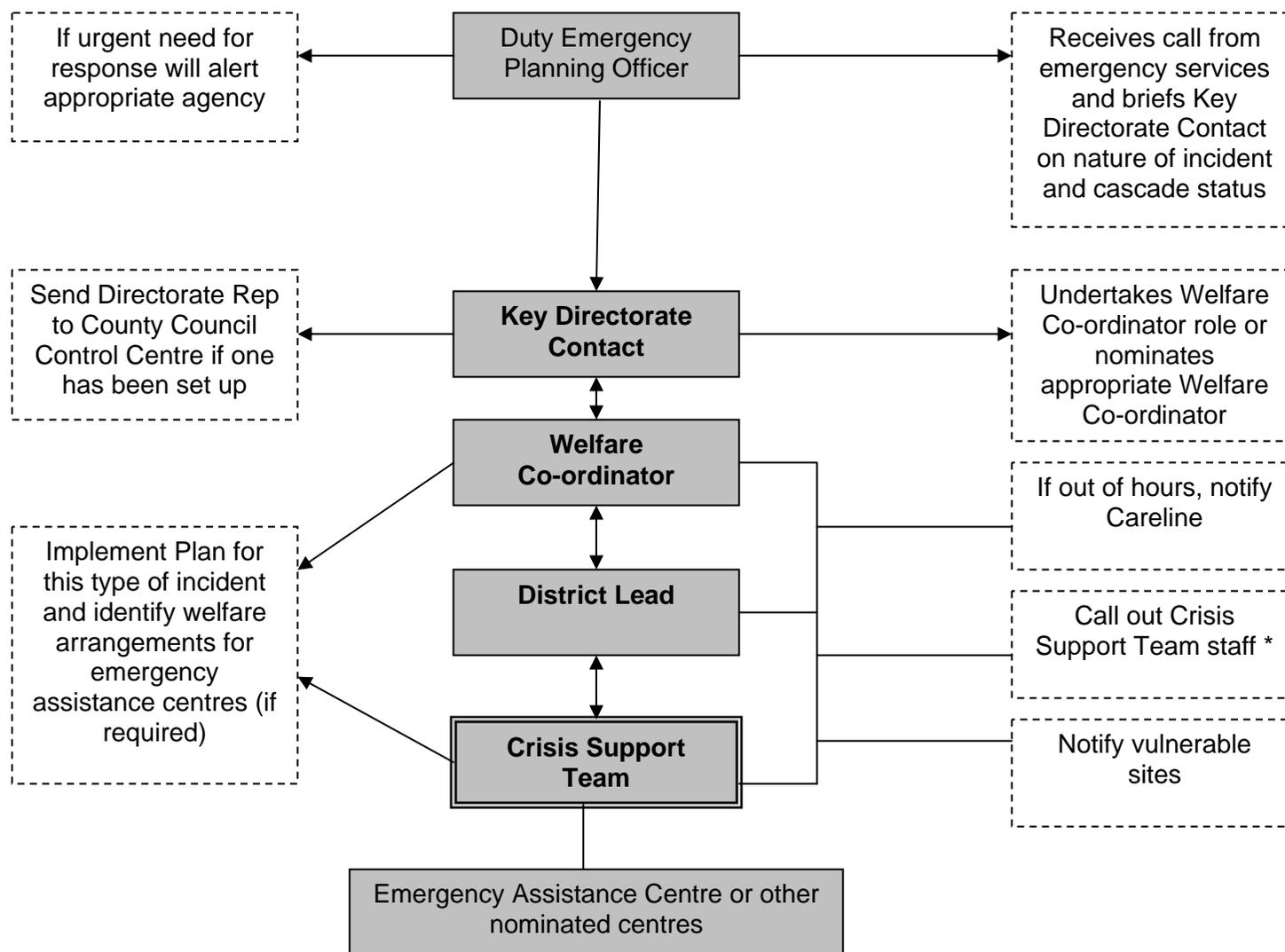
Call Out Procedures

As is shown in Emergency Response Activation and Call out Procedures diagram, a Key Directorate Contact will be contacted by the Duty Emergency Planning Officer or Duty Assistant Director with as much information as is available at that time and a request to Stand By or Implement some or all or specified responses.

It should be noted that whilst the actual circumstances of an individual incident will dictate how it is handled, all staff are expected to take a full and active part in any action required of them, unless there are clear reason why they cannot do so. When called to respond, staff will be expected to cancel appointments and meetings and give total priority to the work requested.

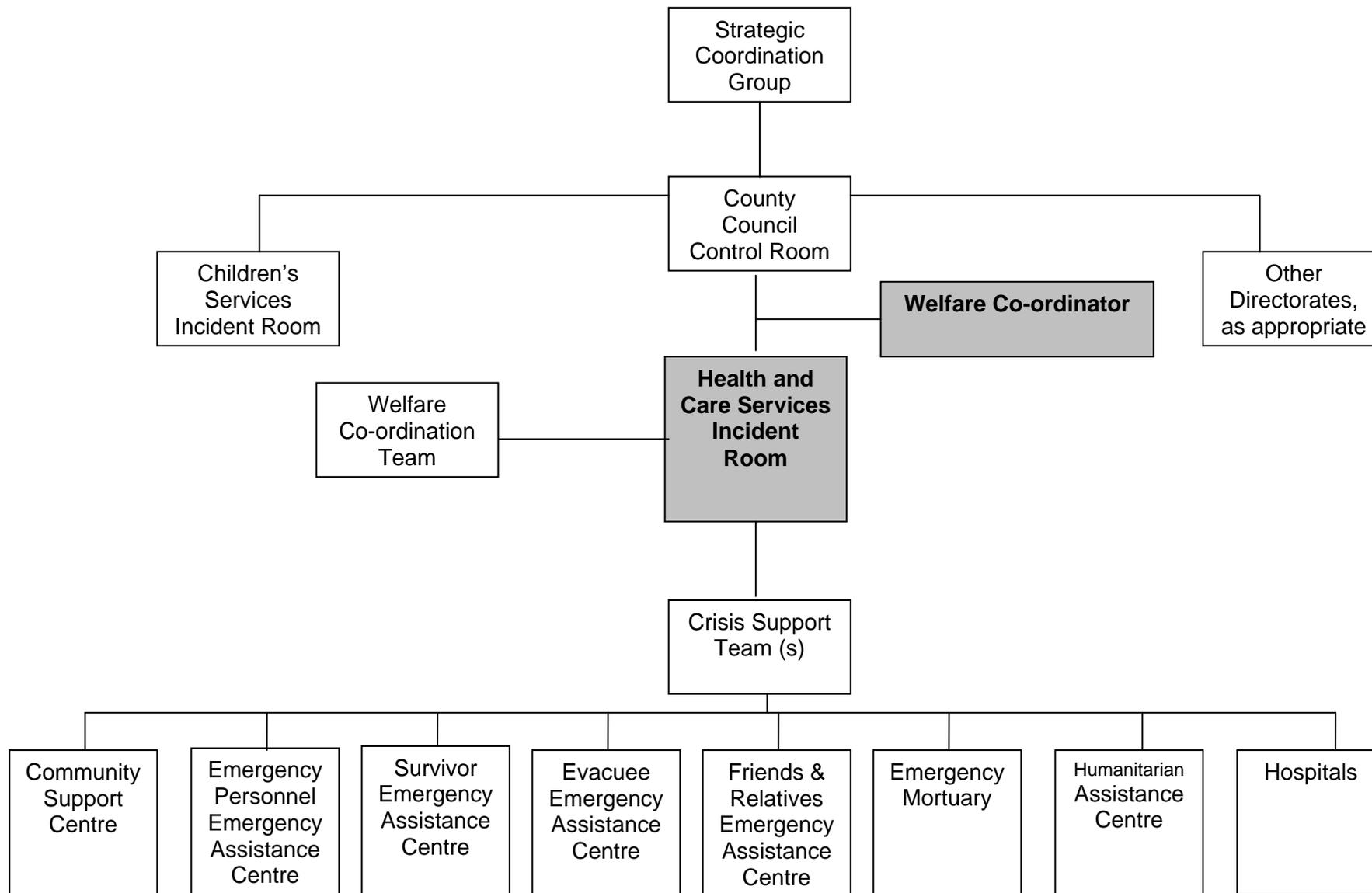
A regular check of staff who have agreed to be called out in an emergency (Emergency Response Register) is maintained by the Customer Support Development Manager. This list will be updated on an annual basis and is kept in the storage facility in the Incident Room at Health and Care Services and issued to Key Directorate Contacts.

Emergency Response Activation and Call Out Procedures



* The Key Directorate Contact / Welfare Co-ordinator may call out the Crisis Support Team directly. Crisis Support Teams may not be called out, depending upon the incident

Health and Care Services Emergency Response Structure Diagram



10. ROLES AND RESPONSIBILITIES

A. Key Directorate Contacts

Obtain as much information as possible about the incident including:

- The nature of the incident (e.g. Fire, flood, etc)
- Where exactly it has taken place
- The scale of the incident (numbers involved, casualties etc)
- Telephone number for further contact and subsequent information
- Location and telephone number, if available, of any Centres/facilities established, and what they are
- Expected response
- Any other relevant information

Contact and call out resources as required, including:

- Other senior managers to assist in the mobilisation of staff and resources
- Staff as required to attend any Emergency Assistance Centres established (*ONLY ON THE REQUEST OF AN EMERGENCY PLANNING OFFICER*)
- Staff to attend other Centres established
- Staff to open up the Incident Room (if required).

The Directorate has identified the following Officers from Directorate Management Team as Key Directorate Contacts:

- Corporate Director Health and Care Services
- Assistant Director – Disability
- Assistant Director – Older People
- Assistant Director – Cumbria Care
- Assistant Director – Health and Well Being
- Other Nominated Officers

The names and telephone numbers of Directorate Emergency Contacts are kept by the Key Contacts and are also contained within the County Council Emergency Communications Directory.

See [APPENDIX K – ACTION CARD: KEY DIRECTORATE CONTACT](#) for an Action Card relating to the Key Directorate Contact role and the key considerations.

B. Welfare Co-ordinator

During small scale incidents and prior to the establishment of the Welfare Co-ordination Team, an appropriate Welfare Co-ordinator will be appointed by either Health and Care Services or Children's Services to lead and co-ordinate the welfare response appropriate to the emergency.

The key roles of the welfare co-ordinator are:

- Liaise with Resilience Unit Duty Officer
- Liaise with Crisis Support Teams
- Assess the need to convene a Welfare Co-ordination Team

- Establish communication with multi agency welfare partners such as District Council, Police Family Liaison Co-ordinator, Cumbria Partnership Foundation Trust, Clinical Commissioning Group, NHS England, relevant voluntary agencies.
- First point of contact for all welfare issues relating to the emergency.
- Cascade information to Careline if out of hours.
- Cascade information to vulnerable sites.
- Maintain log of all actions and decisions taken.

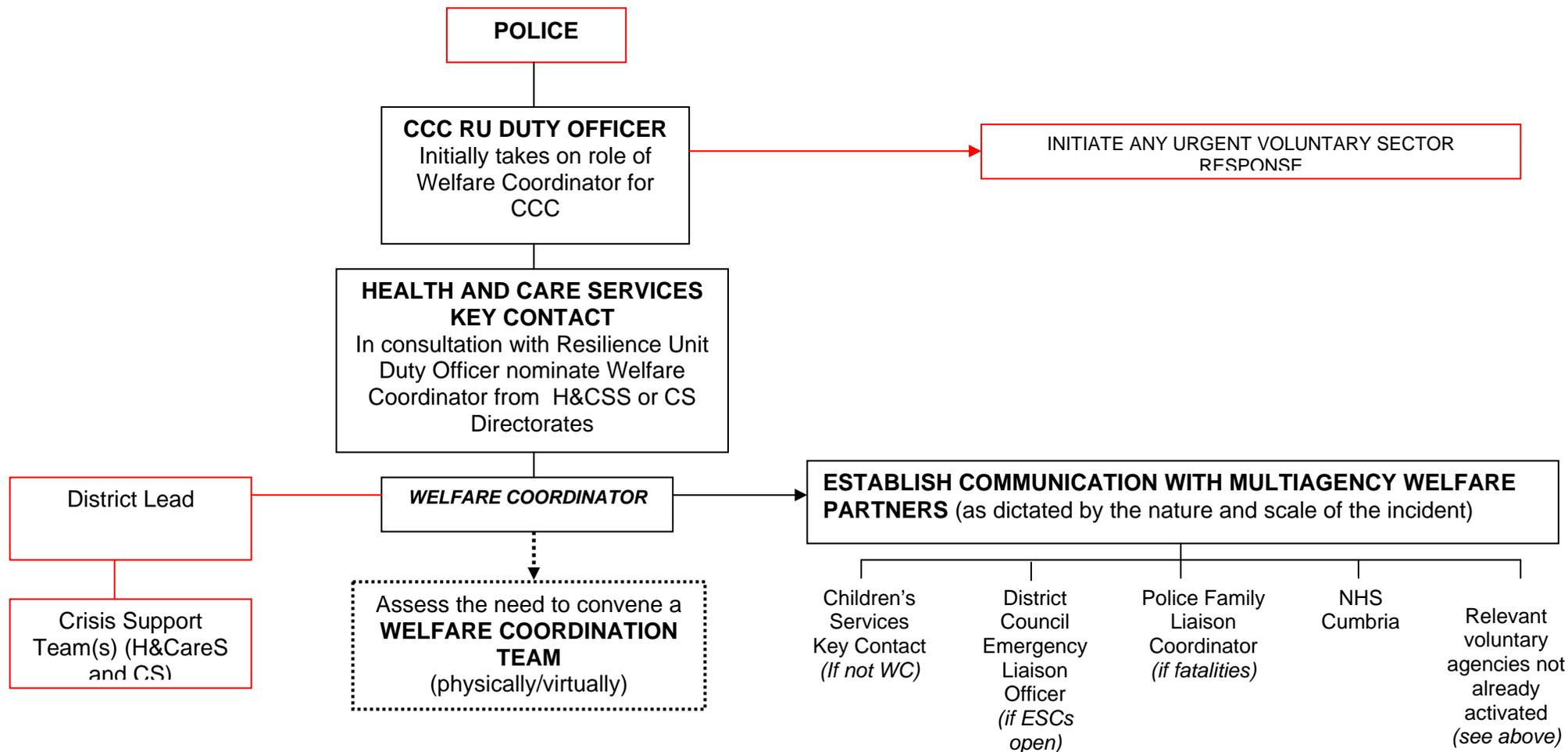
This role ensures clarity around the Directorate's own response in terms of business continuity, and the lead multi agency welfare role.

The welfare co-ordinator has full authority to allocate resources, and how the welfare aspects of the Supporting People in Emergencies plan are delivered on behalf of Cumbria County Council in conjunction with the Assistant Director representative at the Control Centre or the County Council representative at Strategic Co-ordinating Group (SCG).

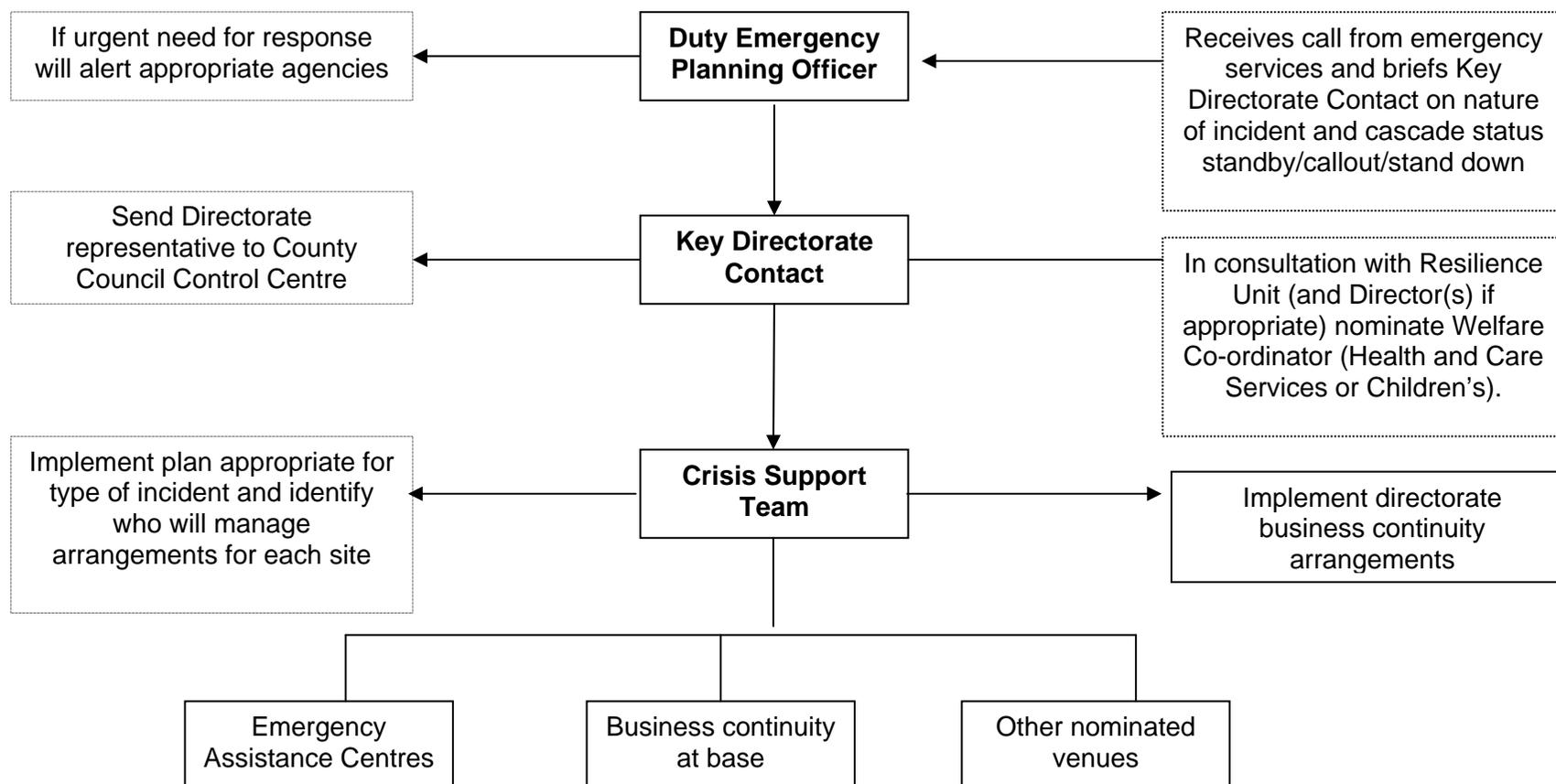
The Welfare Co-ordinator can be based at any location as deemed practical by the incident, and will be included in any teleconferences with County Council representatives at Strategic Co-ordination Group.

See [APPENDIX J – ACTION CARD: WELFARE CO-ORDINATOR](#) for Welfare Co-ordinator Action Card.

Welfare Coordinator Activation and Alerting Cascade – Multi Agency



Health and Care Services – Call Out Procedures



C. County Council Control Centre

The 'Control Centre' is the centre of the County Council management of any incident. It is multi-Directorate/agency and is based in the Control Room in Fire HQ at Penrith. Access is limited to specific managers, (plus their secretarial/administrative support), nominated by individual Directorates and/or agencies, (depending upon the specific incident), with each being allocated a work area, including telephones and computer access.

The Control Centre is the place to which all requests and/or queries are routed, either by senior managers or the public/partner agencies. The managers staffing the Centre will make decisions, based on information received, as to the next stages of action to follow. This may include requesting specific information or action to be undertaken via the Directorate 'Incident Room', (see below), or liaison with other Directorates/Agencies to agree the action required and clarify responsibilities.

The lead officer at the Control Centre will need to ensure that any specific printed documentation and documents stored at the Control Centre for the sole use of Health and Care Services are kept up to date.

Health and Care Services managers staffing the Control Centre must maintain detailed logs of all activities. Specific stationery will be available in the Control Centre for this purpose.

D. Incident Room

The 'Incident Room' is the centre of the Health and Care Services management and co-ordination of any incident. It is most likely to be based in the Conference Room in the Headquarters building on Portland Square, Carlisle, but in exceptional circumstances may be based in alternative accommodation. Requests for information and/or action to be taken by the Directorate will be managed through the Incident Room.

Notification of an incident and the requirement to set up the Incident Room will come via the Key Directorate Contact, Corporate Director of Health and Care Services or a representative, following notification of an incident. In the case of notification, any prior booking for the Conference Room will be cancelled and staff will be expected to relocate to the room immediately.

The people who will probably be required to staff the Incident Room will be;

- Representative from Directorate Management Team
- Secretarial support to interrogate Health and Care Services client records
- Administrative support
- Representative of Social Care
- Representative of Cumbria Care
- Representative from Public Health
- Health and Safety Manager
- Representative of the Contracts Section
- Other relevant managers as necessary

A lead manager should be appointed for the Incident Room who will:

- Receive handover from Welfare Co-ordinator.
- Establish contact with the County Council Control Centre.
- Establish contact with the Crisis Support Team/s.
- Establish contact with any relevant providers.
- Ensure the maintenance of detailed logs of all activities.
- Ensure sufficient staff are available within the Centre to operate effectively.
- Organise staff rotas.

These staff will have the ability to call on any other relevant staff and partner/provider agencies to support action required depending on the incident being dealt with. It may also require staff to work outside of their normal contracted work on a temporary basis to support the situation.

These staff will be expected to keep a detailed log of all activities, including phone calls received and made; requests for staff; partners/providers contacted and response received; funding expended and/or committed, etc. These logs will be collected at the end of any incident, used for debrief and to provide evidence of activity. They will be stored in Headquarters and be available for any queries following the incident.

Full details of the facilities available for use in an emergency are provided in [Appendix A – Health and Care Services Incident Room](#) as is how to arrange access to the facilities.

When each Incident Room is closed down at the end of an emergency this store will be replenished to ensure it is ready for the next incident. When specific items are updated as part of the routine revising of documents, forms, etc, the old version must also be replaced in the store.

E. Welfare Co-ordination Team

The Director of Health and Care Services will establish and Chair the Welfare Coordination Team. The Directorate will also provide secretariat for the Team.

The Welfare Coordination Team will report to the Strategic (then subsequently the Recovery) Coordinating Group.

The following agencies will be represented on the Welfare Co-ordination Team:

- Health and Care Services
- Police.
- Children's Services
- Cumbria Partnership Foundation Trust / Clinical Commissioning Group
- Health Protection Agency
- Public Health
- Representatives from the responding voluntary agencies e.g. Churches Together in Cumbria, WRVS, British Red Cross, The Samaritans.
- District Council (for the area(s) in which the emergency has occurred).
- Resilience Unit
- Other agencies (co-opted with the agreement of the Team).

The Welfare Co-ordination Team will meet at regular intervals throughout the emergency in order to formulate policy concerning the provision of welfare.

See [APPENDIX I – ACTION CARD: WELFARE CO-ORDINATION TEAM](#) Welfare Co-ordination Team Action Card.

F. Crisis Support Teams

'Crisis Support Teams' are the localised response to an incident.

Where the Key Directorate Contact / Welfare Co-ordinator considers that the Crisis Support Team should be activated and convened, it will be the responsibility of the District Lead (or deputy) to gather the appropriate representatives together.

These will include:

- District Lead
- Teams Manager(s)
- District Support Team Manager
- Locality Support Manager
- Cumbria Care Operations Manager
- Representative from Children's Services

They will liaise with, or may even be based together with the other relevant agencies, depending on the specific circumstances of the incident.

Crisis Support Teams will be led by Health and Care Services staff (or Children's Services if more appropriate) but may be multi-agency and include specific agencies, such as Churches Together, Cumbria Fire and Rescue, Cumbria Police, Samaritans and the Salvation Army. The Team/s may be operating in different locations depending upon the incident.

The Crisis Support Team will be led by the District Lead, and will:

- Appoint Emergency Assistance Centre Lead Manager for each Centre established
- Organise, oversee and support all staff involved in the welfare response at the local level.
 - Establish contact with the Incident Room and give regular updates
 - Organise staff rotas in the Centres established
 - Raise any potential and actual problems with the Incident Room, or Welfare Co-ordinator, as soon as possible.
 - Maintain a detailed log of all actions taken during the incident and ensure these logs are transferred to the Incident Room at the end of the Incident.
 - Record any lessons from the response and feed into the main incident debrief
 - Undertake business continuity management for priority services within the District.

It will be necessary for detailed logs to be maintained of all actions taken during the incident. These logs will be stored in Headquarters along with the logs from the Incident Room.

The County Council as a whole supports the District Councils in the provision of Emergency Assistance Centres, and it is the responsibility of the Resilience Unit to activate the Alerting Cascade to ensure that all appropriate agencies attend the Centre. They will also ensure the Emergency Assistance Centre Emergency Box is taken to the venue to facilitate setting up and running the Centre.

The Health and Care Services has specific responsibilities in Emergency Assistance Centres, in partnership with other Agencies, especially Children's Services. These are:

- Lead on and coordinate the welfare response in the Emergency Assistance Centre, including the management of voluntary agency staff.
- Establish a desk within the Centre to deal with requests for welfare support
- Assess and where possible meet the welfare needs of people within the Centre
- Provide activities and support for children
- Ensure safeguarding procedures are established and observed
- If necessary, arrange for interpreters and other facilities to support ethnic groups within the Centre.

If Emergency Assistance Centres are set up, the response needs to be swift and the Key Directorate Contact / Welfare Co-ordinator / Crisis Support Team will need to mobilise staff to attend as soon as possible. Further details on available equipment are provided in Appendix D – Emergency Assistance Centre Response Kit.

If the Emergency Assistance Centre is required to continue beyond the first seven hours the Crisis Support Team will make arrangements for relief and any necessary ongoing support.

See [APPENDIX K – ACTION CARD: CRISIS SUPPORT TEAM LEADER](#) for Crisis Support Team Leader Action Card.

G. Humanitarian Assistance Centres

The purpose of a Humanitarian Assistance Centre is to;

- Act as a focal point for humanitarian assistance to bereaved families and friends and survivors, and where appropriate to anyone else who has been affected
- Enable those affected to gain as much information as is currently available about missing family members and friends
- Enable the gathering of mass forensic samples in a timely manner, which enhances the ability to identify loved ones quickly
- Offer access to a range of facilities that will allow families and survivors to make informed choices according to their needs
- Ensure a seamless multi-agency approach to humanitarian assistance in emergencies that will minimise duplication.

The role is broader and longer term than that of Emergency Assistance Centres, encompassing the provision of support whilst investigation and recovery operations are taking place.

A Humanitarian Assistance Centre Management Group will be set up. Further detailed guidance is available on establishing and running a Humanitarian Assistance Centre is available in the Supporting People in Emergencies plan (www.cumbria.gov.uk/emergency)

The operation of this Centre will have major long term resource implications for the Directorate (and other parts of the County Council) and will be managed at the strategic level by the Corporate Management Team.

G. Community Support Centre

The Health and Care Services attendance at this type of centre is likely to be limited and dependant upon the nature of the support provided by the Centre.

H. Emergency Mortuary Arrangements

The setting up of an Emergency Mortuary in a mass fatality incident, (ie where the number of fatalities is greater than the normal local arrangements can manage), is the overall responsibility of HM Coroner, supported by Cumbria County Council. However, the Health and Care Services has a specific series of roles to play;

- Oversee all welfare aspects associated with an Emergency Mortuary, in particular the Humanitarian Assistance Centre (see above); accommodation for bereaved travelling to the area; and a suitable welfare system.
- Appoint social workers/specialist volunteers to work with Police Family Liaison Officers and the Coroners Officer.
- Oversee religious and cultural issues.

Further guidance can be found in the Cumbria Mass Fatalities Plan.

G. Internal Incident

The exact response to an internal incident will depend on the actual incident, but will be led by a representative from Directorate Management Team, supported by a specifically convened Directorate Action Group, (DAG) comprising managers from the appropriate geographical and service areas.

Function	Role	Responsibility
Co-ordination	Provision of information to staff.	Communications Team
	Establish DAG involving all relevant managers, including District Lead, Operations Managers	Appropriate DMT or deputy / Welfare Co-ordinator
Directorate Action Group	Clarify impact and consequences of incident.	Appropriate DMT or deputy / Welfare Co-ordinator. District Lead
	Agree and prioritise required actions and develop action plan.	DAG
	Implement and monitor action plan.	DAG

4. DEBRIEFING

Debrief should take place as soon as practicable after stand down is declared. The purpose of the debrief is to:

- Identify any key learning points
- Identify any weaknesses in the current system
- Identify any opportunities for improvement
- Identify any risks with the current management arrangements
- Identify any good practice.

Outcomes of the debrief sessions will be fed through to the Lessons Learnt Group and the Directorate Contingency Planning Group.

5. BUSINESS CONTINUITY MANAGEMENT

ESSENTIAL SERVICE PRIORITISATION – BUSINESS CONTINUITY PLANNING

In the event of a disruption to normal service delivery, from whatever source, services have been identified which are time critical and need to be maintained. These have been prioritised as shown in the tables below.

Business continuity management will be overseen by the Directorate Management Team. It is important that it is managed as a separate activity to that of any incident response..

A risk assessment will need to be undertaken when reducing / suspending services.

A. Directorate Recovery Group

In the event of any incident which results in service disruption, a 'Directorate Recovery Group' will be convened to consider measures for the Health and Care Services to return to normal operations, including buildings, IT, work backlogs, staff absence and total prioritisation of all work and requirements. This will include an assessment of current available range of services plus timescale to gear up services which have ceased during the incident.

This Group will be led by an Assistant Director, and will include relevant members of the Directorate.

B. Key to Identifying Priorities for Essential Services

Priority of Service/Function	Duration without Service / Function	Alternative Providers
5 – Vital	5 – Not at all	5 – None
4 – High	4 – One to three days	4 – 25%
3 – Medium	3 – Up to 5 days	3 – 50%
2 – Low	2 – Up to 10 days	2 – 75%
1 – Non Vital	1 – Up to fourteen days	1 – 100%

C. Priority Scores for Essential Services

Service/ Function	Business Impacts	Priority of Service/ Function	Duration without Service/ Function	Alternative Providers	Score
Social Care					
All Residential and Respite Care	<ul style="list-style-type: none"> • Forced to find alternatives. • Increased costs. • Risk of loss of life. 	5	5	4	100
Domiciliary Care (including Disability Supported Living)	<ul style="list-style-type: none"> • Forced to find alternatives. • Increased costs. • Risk of loss of life. 	5	5	3	75
Administration of client monies	<ul style="list-style-type: none"> • No money available for client 	5	5	5	100
Mental Health Act Referrals / Assessments	<ul style="list-style-type: none"> • Do not find out about need • Risk to life • No alternative provider 	5	5	5	100
Safeguarding Referrals / Assessment	<ul style="list-style-type: none"> • Do not find out about need • No alternative provider. 	5	5	5	100
Day Care	<ul style="list-style-type: none"> • Forced to find an alternative. • Increased costs. • Media coverage. • Political impact. 	3	3	2	18
Nursing Home Care	<ul style="list-style-type: none"> • Forced to find alternatives. • Increased costs. • Risk of loss of life. 	5	5	4	100
Meals on Wheels	<ul style="list-style-type: none"> • No meals (users miss a lunch). • Disruption to service users. 	3	3	1	9
Other Social Work Referral	<ul style="list-style-type: none"> • Do not find out about need. • Not helping some people. 	5	5	3	75

Vulnerable Adults	<ul style="list-style-type: none"> • Service disrupted. • Risk to life and limb. 	5	5	3	75
Payment to Providers	<ul style="list-style-type: none"> • Payments not done. • Providers staff not paid. • Complaints from Providers. 	2	1	5	10
Finance Function	<ul style="list-style-type: none"> • Finance function not carried out. • Unable to spend money. • Lack of financial control. 	2	1	1	2
Transport	<ul style="list-style-type: none"> • Unable to move people about. • Disruption to services. 	2	3	2	12
Social Care Assessment	<ul style="list-style-type: none"> • Service disrupted. • Risk to life and limb. 	5	5	3	75
Provision of Equipment	<ul style="list-style-type: none"> • Service disrupted. 	3	3	2	18
OT Assessment	<ul style="list-style-type: none"> • Assessment not carried out. • Service disruption. 	3	3	3	27
CCC Switchboard service	<ul style="list-style-type: none"> • Service disrupted. • Loss of contact for members of public 	3	4	5	60
Ways to Welfare	<ul style="list-style-type: none"> • No alternative provider • Financial hardship 	3	4	5	60
Public Health					
Health emergency planning	<ul style="list-style-type: none"> • Risk to life • Inaccurate / uninformed decisions being made 	5	5	4	100
Infection prevention	<ul style="list-style-type: none"> • Risk to life • Service disrupted 	5	5	5	100

D. The Priority order of Essential Services/Functions

The essential services/functions are shown below in priority order:

Priority	Essential Services/Functions
1	Residential Care Nursing Home Care Administration of client monies Mental Health Act Referrals and Assessments Safeguarding Referrals and Assessments Public Health – health emergency planning Public Health – infection prevention
2	Other Social Care referral Vulnerable Adults Domiciliary Care (including Disability Supported Living) Social Care Assessment HM Coroners
3	OT Assessment Ways to Welfare Switchboard
4	Day Care Provision of equipment
5	Transport
6	Payment to Providers
7	Meals on Wheels
8	Finance function

E. Business Continuity Plan

Business Continuity Management (BCM) will provide Health and Care Services with a framework for building resilience and the capability for an effective response to events that might threaten it, so safeguarding the interests of those supported by our service.

BCM is being implemented to ensure that in the event of an incident that causes disruption to the Council's operations, it can continue to provide essential services and recover the remaining services in a controlled manner.

Business Continuity Strategies

Business Continuity strategies need to be determined for the loss of part or all of the operational capability of each of the Health and Care Services service areas at each of the locations out of which the services operate.

A loss of operational capability could be caused by the loss of:

- People
- Processes (including ICT)
- Premises – buildings, facilities and equipment
- Providers – supply chain, including outsourcing and utilities

There are three phases of continuity and recovery for which strategies need to be developed and selected:

- Continuity – critical functions operated at a minimum acceptable level.
- Recovery – critical functions operate at a sustainable level, and all other functions start to operate at a minimum acceptable level and are brought up to a sustainable level.
- Resumption – all functions operated at a normal level.

Adult Social Care

In the event of loss of operational capability at any of the locations out of which Adult Social Care operates:

- Relocate staff, where possible, to other Adult Social Care offices.
- Where required, redeploy Adult Social Care staff based in other offices to undertake the critical functions to ensure that they operate at a minimum acceptable level.
- Prioritise services based on the Essential Services list in the Directorate's Contingency Plan.
- The District Lead will be responsible for business continuity management within the locality.
- Escalation to Directorate Management Team.

Cumbria Care

In the event of loss of operational capability at any of the locations out of which Cumbria Care operates:

- Follow local emergency plans for specific site.

Public Health

In the event of loss of operational capability at any of the locations out of which Public Health operates:

- Relocate staff, where possible, to other offices.
- Where required, redeploy Adult Social Care staff based in other offices to undertake the critical functions to ensure that they operate at a minimum acceptable level.

- Prioritise services based on the Essential Services list in the Directorate's Contingency Plan.
- Escalation to Directorate Management Team.
- Liaison with Public Health England.

BUSINESS CONTINUITY DATA

SERVICE TEAM: Health and Care Services

Stage I – service audit

1 Please list the generic services provided by your unit team (add more rows if required)

	Services provided by your unit team
1.	Residential Care – Cumbria Care (includes Disability)
2.	Nursing Home Care – independent providers
3.	Administration of client monies – Adult Social Care
4.	Mental Health Act Referrals and Assessments – Adult Social Care
5.	Safeguarding Referrals and Assessments – Adult Social Care
6.	Public Health – Health emergency planning
7.	Public Health – infection prevention
8.	Other Social Care Referrals – Adult Social Care
9.	Domiciliary Care and Supported Living Services
10.	Social Care Assessment – Adult Social Care
11.	OT Assessment – Adult Social Care
12.	Ways to Welfare
13.	Day Care – Cumbria Care
14.	Provision of equipment – Adult Social Care
15.	Transport – Adult Social Care
16.	Payment to Providers – Adult Social Care
17.	Meals on Wheels – Adult Social Care
18.	Finance Function – Adult Social Care
19.	Cumbria County Council Switchboard

2 Please list the work locations from which the generic services are provided by your unit team and the number of employees involved – also indicating (Yes/No) whether or not this location is key for service continuity (add more rows if required)

	Service	Work location from which the service is provided	Key location for service continuity (Yes/No)	Number of employees at this location
1	Residential Care	Applethwaite Green, Old College Lane, Windermere	Yes	31
		Bevan House, Stackwood Avenue, Barrow in Furness	Yes	55

	Brackenthwaite, Senhouse Street, Whitehaven	Yes	41
	Bridge House, Manorside, Flookburgh, Grange Over Sands	Yes	47
	Castlemount, Bookwell, Egremont	Yes	42
	Christian Head, Silver Street, Kirkby Stephen	Yes	39
	Combe House, Central Drive, Walney	Yes	58
	Croftside, Beetham Road, Milnthorpe	Yes	43
	Dentholme, Cragg Road, Cleator Moor	Yes	41
	Edenside, Holme Street, Appleby	Yes	35
	Elizabeth Welsh, Pennine Way, Carlisle	Yes	45
	Elmhurst, Priory Road, Ulverston	Yes	59
	Eskdale House, Swan Street, Longtown	Yes	29
	Greengarth Residential Home	Yes	39
	Grisedale Croft, Church Road, Alston	Yes	29
	Inglewood, Lowmoor Road, Wigton	Yes	53
	Langrigg House, Langrigg Road, Carlisle	Yes	46
	Lapstone House, Lapstone Road, Millom	Yes	34
	Marsh House, Victoria Road, Ulverston	Yes	36
	Maudes Meadow, Windermere Road, Kendal	Yes	39
	Moot Lodge, Market Place, Brampton	Yes	28
	Park Lodge, Outgang Road, Aspatria	Yes	22
	Parkside, Netherhall Road, Maryport	Yes	37
	Petteril House, Petteril Bank Road, Carlisle	Yes	39
	Pow Beck House, Meadow Road, Mirebeck, Whitehaven	Yes	49
	Richmond Park, High Street, Workington	Yes	42
	Riverside House, Wattsfield Road, Kendal	Yes	39
	Rock Lea, Abbey Road, Barrow in Furness	Yes	36
	The Abbey, Main Street, Staveley, Kendal	Yes	43
Residential Care – Disability	Tarn House, Mill Lane, Walney, Barrow in Furness	Yes	32
	Peat Lane House, Peat Lane, Kendal	Yes	46
	Cavendish House Respite Service, Elizabeth Street, Workington	Yes	19
Supported Living Disability	North Supported Living Service, Petteril House, Lightfoot Drive, Carlisle	Yes	87
	South Supported Living Service, Neville House, Ulverston	Yes	118

2	Nursing Home Care	Independent providers – maintained by Contracts Team	Yes	n/a
3	Administration of client monies	Allerdale – New Oxford Street, Workington	Yes	51 – staff in building
		Barrow – Priory Grove, Friars Lane, Barrow in Furness	Yes	45 – staff in building
		Carlisle – Civic Centre, Carlisle	Yes	124 – staff in building
		Copeland – Blencathra House, Whitehaven	Yes	31 – staff in building
		Eden – Skirsgill, Penrith	Yes	56 – staff in building
		South Lakeland – County Offices, Kendal	Yes	91 – staff in building
4	Mental Health Act Referrals and Assessments	Referrals from six main District Offices; assessments undertaken in service users' home		
		Allerdale – New Oxford Street, Workington	Yes	51
		Barrow – Priory Grove, Friars Lane, Barrow in Furness	Yes	45
		Carlisle – Civic Centre, Carlisle	Yes	124
		Copeland – Blencathra House, Whitehaven	Yes	31
		Eden – Skirsgill, Penrith	Yes	56
		South Lakeland – County Offices, Kendal	Yes	91
5	Safeguarding Referrals and Assessments	Referrals from six main District Offices; assessments undertaken in service users' home		
		Allerdale – New Oxford Street, Workington	Yes	51
		Barrow – Priory Grove, Friars Lane, Barrow in Furness	Yes	45
		Carlisle – Civic Centre, Carlisle	Yes	124
		Copeland – Blencathra House, Whitehaven	Yes	31
		Eden – Skirsgill, Penrith	Yes	56
		South Lakeland – County Offices, Kendal	Yes	91
6	Public Health – health emergency planning	Staff located at various sites: The Courts – Carlisle; Fire HQ – Penrith; County Offices – Kendal; Nan Tait – Barrow in Furness	No – can be co-ordinated for alternative locations	
7	Public Health – injection control	Staff located at various sites: The Courts – Carlisle; Fire HQ – Penrith; County Offices – Kendal; Nan Tait – Barrow in Furness	No – can be co-ordinated for alternative locations	
8	Other Social Care Referrals	Referrals from six main District Offices; assessments undertaken in service users' home		
		Allerdale – New Oxford Street, Workington	Yes	51
		Barrow – Priory Grove, Friars Lane, Barrow in Furness	Yes	45

		Carlisle – Civic Centre, Carlisle	Yes	124
		Copeland – Blencathra House, Whitehaven	Yes	31
		Eden – Skirsgill, Penrith	Yes	56
		South Lakeland – County Offices, Kendal	Yes	91
9	Domiciliary care – Cumbria Care	Service users’ homes: co-ordinated via -	Yes	
		Carlisle/North Eden Domiciliary Care, Lightfoot Drive, Carlisle	Yes	163
		Barrow Domiciliary, Centenary Welfare Centre, Abbey Road, Barrow In Furness	Yes	121
		Allerdale/Copeland Domiciliary Care, Elizabeth Street, Workington	Yes	156
		South Lakes Domiciliary Care, Kendal Day Centre, Dowker Lane, Kendal	Yes	93
10	Social Care Assessment	Predominantly undertaken in service users’ home; coordinated from six district offices	n/a	
11	OT Assessment	Predominantly undertaken in service users’ home; coordinated from six district offices	n/a	
12	Ways to Welfare	15 Portland Square, Carlisle CA1 1QQ	Yes	4
13	Day Care	Bevan House Day Care, Stackwood Avenue, Barrow in Furness	Depending upon priority of services	5
		Bridge House. Manorside, Flookburgh, Grange Over Sands	Depending upon priority of services	2
		Centenary Welfare Centre, Abbey Road, Barrow In Furness	Depending upon priority of services	6
		Cross Keys Day Centre. Senhouse Street, Whitehaven	Depending upon priority of services	6
		Princess Street Day Centre, Princess Street, Workington	Depending upon priority of services	7
		Kendal Day Centre, Dowkers Lane, Kendal	Depending upon priority of services	8
		Tynefield Day Centre, Bridge Lane, Penrith	Depending upon priority of services	2
		St Jude's Day Centre, The Old People's Welfare Centre, Chapel Street, Dalton In Furness	Depending upon priority of services	6
		Ella Thompson Day Centre, Union Lane, Brampton	Depending upon priority of services	5

	Carleton Day Centre, London Road, Carleton, Carlisle	Depending upon priority of services	31
	Broadacre House, Lowther Street, Carlisle	Depending upon priority of services	10
	Employment Liaison Service, 8 Chapel Street, Carlisle	Depending upon priority of services	3
	Garden Linx, Carlisle Cemetery, Richardson Street, Carlisle	Depending upon priority of services	8
	Carlisle Day Services, Petteril House, Lightfoot Drive, Carlisle	Depending upon priority of services	4
	The Old Dispensary, Chapel Street, Carlisle	Depending upon priority of services	18
	Denton Wood Craft, Units 10, 11 & 12 Denton Holme Trading Estate Carlisle	Depending upon priority of services	9
	Outreach Services, Petteril House, Petteril Street, Carlisle	Depending upon priority of services	18
	Cockermouth Day Services, Cockermouth Unit, C/o The Town Hall Basement, Market Square, Cockermouth	Depending upon priority of services	5
	Distington Day Services, Carleton Road, Unit 21A Carleton Road, Workington	Depending upon priority of services	16
	Maryport Day Services, Maryport Unit, C/o 70 King Street, Maryport	Depending upon priority of services	4
	Moorclose Woodwork Services, Clay Flatts Industrial Estate, 6B / 6C Buddle Road, Clay Flatts, Workington	Depending upon priority of services	2
	Distington Day Services, Bankfield Services, Bankfield Cottage, Newlands Lane, Workington	Depending upon priority of services	2
	Edington Centre, Unit 1 Gilwilly Road, Gilwilly Industrial Estate, Penrith	Depending upon priority of services	30
	Blencathra House, 4 Blencathra Court, Clifford Road, Penrith	Depending upon priority of services	0
	Day Care West, C/O Park Lane Clinic, Workington	Depending upon priority of	2

			services	
		Hensingham Day Services, Moresby Road, Whitehaven	Depending upon priority of services	40
		Richmond Annexe, Catherine Street, Whitehaven	Depending upon priority of services	5
		Mill Lane Day Services, Mill Lane, Walney, Barrow In Furness	Depending upon priority of services	45
		Chatsworth Crafts, 35 & 52 Trinity Enterprise Centre, Ironworks Road, Barrow in Furness	Depending upon priority of services	6
		Jubilee House, Abbey Road, Barrow In Furness	Depending upon priority of services	7
		APEX, Hindpool Community Centre, Nelson Street, Barrow In Furness	Depending upon priority of services	6
		PAVE, C/O Jubilee House, 15 Abbey Road, Barrow In Furness	Depending upon priority of services	5
		Kendal Residential Services, Peat Lane House, Peat Lane, Kendal	Depending upon priority of services	29
		Barrow Residential Services, Tarn House, Mill Lane, Walney, Barrow In Furness	Depending upon priority of services	15
		Cavendish House Respite Service, Cavendish House, Elizabeth Street, Workington	Depending upon priority of services	20
		Whinfell Centre, Longpool, Kendal	Depending upon priority of services	12
		Windmill, C/O Kendal Day Centre, Dowker Lane, Kendal	Depending upon priority of services	9
		W.O.S.P, 27 Allhallows Lane, Kendal	Depending upon priority of services	3.5
		Horticare, 54 Wattsfield Road, Kendal	Depending upon priority of services	3
		Day Break, C/O Kendal Day Centre, Dowker Lane, Kendal	Depending upon priority of services	2
		Ulverston Day Services, The Old Library, Cavendish Street,	Depending upon priority of	5

		Ulverston	services	
		Ulverston Day Services, Ford Park, Ford Park House, Ulverston	Depending upon priority of services	4.5
		Ulverston Day Services, Lightburn Unit, Lightburn Industrial Estate, Lightburn Road, Ulverston	Depending upon priority of services	5.5
		Eden Mental Health, Beckside, 2 Tynefield Drive, Penrith, CA11 8HZ	Depending upon priority of services	
		Grassroots, Moresby Road, Hensingham, Whitehaven, CA28 8TU	Depending upon priority of services	
14	Provision of equipment	Community Equipment Stores (delivery drivers provided by Resources Unit):		
		Unit 16a, Solway Trading Estate, Maryport	Depending upon priority of services	
		Unit 3, Lightburn Estate, Ulverston	Depending upon priority of services	
15	Transport	Provided by Transport Operations Team: transport from service user's home to day care / residential care	n/a	n/a
16	Payment to Providers	Allerdale – New Oxford Street, Workington	See Priority of Services	51
		Barrow – Priory Grove, Friars Lane, Barrow in Furness	See Priority of Services	45
		Carlisle – Civic Centre, Carlisle	See Priority of Services	124
		Copeland – Blencathra House, Whitehaven	See Priority of Services	31
		Eden – Skirsgill, Penrith	See Priority of Services	56
		South Lakeland – County Offices, Kendal	See Priority of Services	91
17	Meals on Wheels	Service provided by Resources Directorate	See Priority of Services	
18	Finance Function	Headquarters, 15 Portland Square, Carlisle	See Priority of Services	50
19	Cumbria County Council Switchboard	15 Portland Square, Carlisle CA1 1QQ	Yes	7

3 Please outline the resources necessary to provide the services at each work location (add more rows if required) eg. telephones, PCs, printers, access to Internet, fax machine, photocopier, desks & chairs, paper & pens, vehicles, PPE, specialist equipment or facilities of any kind etc

	Work location from which your team service is provided	Resources necessary to provide service
1.	Residential Care – see above residential care locations	Operational residential home – staffing, heating, lighting, electricity, food, water etc
2.	Nursing Home Care	Contracted Independent providers
3.	Administration of client monies	Staffing, access to computer systems, banking system for cash, front office reception facility to accept visitors
4.	Mental Health Referrals and Assessments	Referrals: Locality Support Administrators to take referrals, telephones, PCs and systems, desk and chairs Assessments: Social Workers, vehicles, telephones, PCs and systems
5.	Safeguarding Referrals and Assessments	Referrals: Locality Support Administrators to take referrals, telephones, PCs and systems (SAP/IAS), desk and chairs, pens and paper, fax machine Assessments: Social Workers, vehicles, telephones
6.	Public Health – health emergency planning	Access to systems, telephones. Liaison with North West Area Team, NHS England and Public Health England.
7.	Public Health – injection control	Access to systems, telephones. Liaison with North West Area Team, NHS England and Public Health England.
8.	Other Social Care Referrals	Locality Support Administrators to take referrals, telephones, PCs and systems (SAP/IAS), desk and chairs, pens and paper, fax machine, pens and paper, fax machine.
9.	Domiciliary Care including Supported Living	Staffing, transport. Back office: telephones, PC, desks and chairs
10.	Social Care Assessment	Social care staff, telephones, PCs and systems, transport
11.	OT Assessment	OT staff, telephones, PCs and systems (SAP/IAS/Cambels), transport
12.	Ways to Welfare	Staff, telephones, PCs and systems
13.	Day Care	Staff, building, heating, lighting, electricity, water, food, transport (via Transport Operations Team)
14.	Provision of Equipment	Equipment stores (see above); vans and drivers (provided by Resources Unit); PCs, telephones, specialist equipment from suppliers
15.	Transport	Provided by Transport Operations Team. Co-ordinated via six district offices. Telephones, PCs and systems (Respond), desk & chairs, pens and paper
16.	Payment to Providers	Staffing, access to IT systems (RAS / NAS)
17.	Meals on Wheels	Provided by Resources Directorate – co-ordinated via District Office. Telephones, desk & chairs, pens and paper

18.	Finance Function	Staff, access to computer systems, telephones, desks & chairs, paper and pens.
19.	Cumbria County Council Switchboard	Telephone switchboard, staffing, PCs.

4 In the event of loss of operational capability at any work locations identified as key for service continuity (question 2), how would you reorganise your team to maintain service continuity? eg. Instruct staff to work from home, move to neighbouring workplace etc (add more rows if required)

	Key location for service continuity	Actions to ensure service continuity is maintained
1.	Residential Care – see above residential care locations	Each residential home has local business continuity plan in place with identified alternative locations to temporarily move service users to in the event of emergency evacuation.
2.	Nursing Home Care	Independent providers have business continuity plans in place as part of their contractual obligations.
3.	Administration of client monies	Relocate staff to alternative workplace; advise service users to collect monies from alternative location
4.	Mental Health Referrals and Assessments	Relocate staff to alternative workplace, Social Work staff may be instructed to work from home. Referrals can be taken via telephone by another District office
5.	Safeguarding Referrals and Assessments	Relocate staff to alternative workplace, Social Work staff may be instructed to work from home. Referrals can be taken via telephone by another District office
6.	Public Health – health emergency planning	Relocate staff to alternative workplace.
7.	Public Health – injection control	Relocate staff to alternative workplace.
8.	Other Social Care Referrals	Relocate staff to alternative workplace, relocate function to alternative district office (for example, transfer telephone calls).
9.	Domiciliary Care including Supported Living	Undertaken in service user's home
10.	Social Care Assessment	Advise staff to work from home, or relocate staff to alternative workplace
11.	OT Assessment	Advise staff to work from home, or relocate staff to alternative workplace
12.	Ways to Welfare	Relocate staff to alternative workplace
13.	Day Care	Suspend day care operations, relocate service users to alternative location
14.	Provision of Equipment	Co-ordinate and delivery from alternative store
15.	Transport	Co-ordinated via Transport Operations Team
16.	Payment to Providers	Relocate staff to alternative workplace
17.	Meals on Wheels	Co-ordinated via Resource Directorate – have Business Continuity plan in place
18.	Finance Function	Relocate staff to alternative workplace
19.	Cumbria County Council Switchboard	Relocate service to a County Council office.

Stage II – identification of critical services & resources necessary to maintain them

5 Are any of your team’s services vital to the well-being or recovery of local communities? (Please remember that some support services might indirectly impact on a community if they were not delivered eg. a library can be used as a local point for public information even if it is not issuing loaned books)

YES /NO (delete as appropriate) *If your answer is ‘No’ , please go to question*

If ‘yes’, please list the services that are vital to the well-being or recovery of local communities and their locations (add more rows if required)

	Vital team service	Work location from which the service is provided
1.	Residential Care – see above residential care locations	As above
2.	Nursing Home Care	As above
3.	Administration of client monies	As above
4.	Mental Health Referrals and Assessments	As above
5.	Safeguarding Referrals and Assessments	As above
6.	Public Health – health emergency planning	As above
7.	Public Health – injection control	As above
8.	Other Social Care Referrals	As above
9.	Domiciliary Care including Supported Living	As above
10.	Social Care Assessment	As above
11.	OT Assessment	As above
12.	Ways to Welfare	As above
13.	Day Care	As above
14.	Provision of Equipment	As above
15.	Transport	As above
16.	Payment to Providers	As above
17.	Meals on Wheels	As above
18.	Finance Function	As above
19.	Cumbria County Council Switchboard	As above

6 Thinking about your team’s generic services, for how long could you reasonably cease to provide each one before the disruption would become intolerable? eg. a primary school might be able to close for 2 weeks, a secondary school for 7 days and special needs unit for 24 hours. This time span is referred to as the “ maximum tolerable period of disruption”. **How many people and what basic resources would you need to maintain or reinstate a minimum acceptable level of service?**

NB: In particular, we need to identify those specific service activities that must be delivered within 7 days or less of any operational disruption and what resources and tactics are necessary to maintain or reinstate an absolute minimum acceptable level of service.

	Service provided by your unit team	Maximum tolerable period of disruption (please state XX months/ weeks/ days/ hours)	Number of people needed to maintain or reinstate a minimum acceptable level of service	Resources and tactics required to maintain or reinstate a minimum acceptable level of service
1.	Residential Care – see above residential care locations	0 days	Varies from residential home	Redeployment of staff to cover essential services (for example, suspend day care)
2.	Nursing Home Care	0 days		Contracted providers
3.	Administration of client monies	0 days	1 Business Support Team member per District office	Redeployment of staff within Team, or from other District office
4.	Mental Health Referrals and Assessments	0 days	Minimum 1 Customer Advisor Minimum 1 Social Worker (per district)	Redeployment of staff from other locations/teams. Transfer of calls to other District office
5.	Safeguarding Referrals and Assessments	0 days	Minimum 1 Customer Advisor Minimum 1 Social Worker (per district)	Redeployment of staff from other locations/teams. Transfer of calls to other District office
6.	Public Health – health emergency planning	0 days		Redeployment of staff from other locations. Liaison with Public Health England
7.	Public Health – injection control	0 days	Dependant upon incident – for example; pandemic flu	Specific issues depending upon incident – such as pandemic flu.
8.	Other Social Care Referrals	0 days	Minimum 1 Customer Advisor per district	Redeployment of staff from other locations/teams. Transfer of calls to other District office
9.	Domiciliary Care including Supported Living	0 days	Variable	Redeployment of staff to cover home care visits. In the event of wide scale disruption, prioritisation

				of home care call depending upon Fairer Access to Care criteria
10.	Social Care Assessment	0 days	Number of staff would determine number of assessments undertaken	Redeployment of staff from other locations/teams. Prioritisation of assessments by Service or Team Manager
11.	OT Assessment	5 days	Number of staff would determine number of assessments undertaken	Redeployment of staff from other locations/teams. Prioritisation of assessments by Service or Team Manager
12.	Ways to Welfare	1-3 days	Minimum 1 Social Care Worker	Relocate to an alternative location. Use staff from another location to take basic information.
13.	Day Care	5 days	Varies between day care establishments	Suspend day care operations. Relocate to an alternative location. Use staff from another location. Disability & Mental Health Day Care have higher needs, therefore requires alternative provision.
14.	Provision of Equipment	5 days	Minimum 1 person based at stores to co-ordinate	Operate service from alternative location. Drivers and cleaners provided by Resources Directorate.
15.	Transport	5 days	1 Admin person per district office to co-ordinate with Transport Operations Team.	Actual transport provision co-ordinated via Transport Operations Team. Co-ordinate via alternative district office
16.	Payment to Providers	14 days	Minimum 1 per district	Relocate to another office, or use staff from another District office
17.	Meals on Wheels	5 days	1 Admin person per district office to co-ordinate	Actual Meals on Wheels provision undertaken via Resources Directorate Co-ordinate via alternative district office
18.	Finance Function	14 days		Relocate to another office Use staff from another district office
19.	Cumbria County Council – Switchboard	1-2 days	Minimum 2 staff to cover telephones	Redeployment of staff to cover contact centre

7 Please list any partners (eg ICT, 3rd sector organisations, district councils etc) or internal CCC departments on whom your team depends to maintain critical services that must be delivered within 7 days or less of any operational disruption.

	Service with a maximum tolerable period of disruption of 7 days or less	Partners or internal CCC departments on whom your team depends for that service delivery
1.	Residential Care – see above residential care locations	Procurement Team: key suppliers
2.	Nursing Home Care	Contracted providers – see supplier list.
3.	Administration of client monies	ICT, banks
4.	Mental Health Referrals and Assessments	ICT, Cumbria PCT
5.	Safeguarding Referrals and Assessments	ICT
6.	Public Health – health emergency planning	ICT
7.	Public Health – injection control	ICT
8.	Other Social Care Referrals	ICT
9.	Domiciliary Care including Supported Living	
10.	Social Care Assessment	ICT
11.	OT Assessment	ICT, Equipment Suppliers, ICES Stores, Cambels system (Msoft)
12.	Ways to Welfare	ICT
13.	Day Care	Independent providers
14.	Provision of Equipment	Careability (maintenance)
15.	Transport	Transport Operations Team
16.	Payment to Providers	Accounts Payable, ICT
17.	Meals on Wheels	Resources Directorate
18.	Finance Function	ICT
19.	Cumbria County Council Switchboard	ICT

5. TRAINING and EXERCISING

Training for Contingency Planning needs to be on several levels for different groups of staff, and delivered by a range of training providers.

- A. Corporate Exercises and Training
 - Specific Briefing for Senior Managers in relation to planned exercises
 - Ad hoc exercises / briefings when necessary to support revision of the Contingency Plan
- B. Multi Agency Exercises
 - Such as Oscar (Sellafield)
- C. Training and exercising for Local Crisis Support Teams
 - Help County Council staff to clarify roles and processes they would use in the event of an incident in their locality
- D. Training on roles in Emergency Assistance Centres / Humanitarian Assistance Centres
 - Multi-agency training for staff who may undertake roles in Emergency Assistance Centres
- E. Briefing information for staff who may be asked to volunteer to be on the Emergency Response Register:
 - Provide guidance on the emergency plan
 - How they would be contacted if they were asked to stand by, or respond to an incident
 - What type of things they might be expected to do based on examples of previous incidents
 - What support they will receive during an incident
 - What happens after the incident in terms of debrief / support in short/medium and long term

6. RECOVERY

Roles and Responsibilities of Directorate in Recovery

The welfare response to an emergency will continue for many months, possibly years, depending upon the nature and effects of the emergency. Health and Care Services may retain the lead responsibility for coordinating the response. The structures that will be put in place under a Recovery Coordinating Group are shown in the Recovery Guidance for Cumbria document.

Recovery Phase

Once the scale of the emergency subsides, the strategic focus will move from response to recovery and the following key principles should be considered.

- **Consequence Management** – taking steps to prevent the escalation of the impacts of an emergency.

Health and Care Services will restore suspended services as quickly as reasonable practicable to minimise ongoing disruption for service users. Consideration will be given to available staffing resources at the point of recovery – however, services will generally be reintroduced in line with the business continuity plan. Staff will be redeployed to re-introduce our key priority services. However, depending on length of time for service suspension it may become essential to introduce other functions.

- **Restoration of the wellbeing of individuals, communities, the infrastructure which supports them as well as the organisation**

The welfare of staff needs to be considered fully in the recovery phase – for example, staff who have cancelled leave, worked additional hours. This will need to be undertaken at team manager level. There may also be other welfare issues to be considered post incident such as death of family and friends, therefore there may be a need for psychological support.

At Service / Team level, a review should be undertaken to consider the impacts of any emergency. For example, for care management backlogs of 'non priority' referrals and assessments, reintroduction of normal business etc.

It is likely that during the recovery phase there will be a backlog of work due to postponement of non-critical services across all service areas.

- **Exploiting opportunities following an emergency**

A full review needs to be undertaken to establish what happened throughout an emergency, the response of the Directorate, any potential areas of improvements and lessons learnt. This will be co-ordinated via the Directorate's Contingency Planning Group and will be fed into Directorate Management Team.

In addition, our liaison and joint working with Health, voluntary agencies etc will be reviewed to consider further areas of collaborative working.

The Directorate's Contingency and Business Continuity Plan will need to be updated to reflect the review and lessons learnt.

Recovery – Key Points Checklist

Programme

The Contingency and Business Continuity Plan will be reviewed by the Directorate's Contingency Planning Group following the incident. Key areas of review will include:

- review of the plans to ensure they remain robust
- the local delivery strategies adopted to cope with the incident
- commissioned services, and their business continuity plans
- financial impacts and implications for the organisation.
- any opportunities for new and developed service provision.

People

Review workforce plans - for example:

- review minimum resource requirements for each service area
- track information on leave/care leave/sick leave
- consider impact on staff caused by workload, stress, illness and bereavement
- manage volunteers

Identify gaps - for example:

- review demand for services and identify gaps
- redeploy staff as required
- arrange staff training, if necessary.

Fulfil contractual obligations:

- ensure payroll processes for staff
- provide support to staff who have been affected by the pandemic.

Communicate:

- acknowledge staff contribution include external partners, contractors, suppliers and volunteers
- provide regular communication

Psychological support:

- provide opportunities for staff that wish to meet to debrief
- provide training in developing psychological resilience prior to pandemic

Processes

Review business continuity management processes and activities:

- Review response activities
- Identify lessons learnt
- Update business continuity plans
- Review key emergency contact information.

Restore information:

- Restore and update core information, such as personnel records (sick leave etc), service user records, IT systems

Premises

Stock: take stock of resources and re-stock if required.

Equipment: check equipment and arrange for routine inspection/service or replacement.

Contamination: identify areas that require deep clean and arrange, if required.

Buildings: arrange any necessary maintenance work on buildings.

Providers

Managing providers:

- Inform suppliers and providers of the restoration actions that are being undertaken
- Be flexible and supportive in approach to providers who are struggling to recover
- Consider resilience capability of providers that are required for key functions
- Identify alternative providers, if required.
- Identify areas requiring strengthening for future planning.
- Update contact information for external suppliers
- Review reciprocal arrangements
- Ensure providers are paid in timely manner.
- Review terms of all contracts to ensure robust business continuity plans are required for future contracts

Profile

Manage stakeholders:

- Review communication plans
- Keep service users and their carers informed on restoration actions
- Keep people informed of expected delays in service provision
- Identify actions that can be taken to reduce potential reputational damage to the organisation

Performance

Restoration of key services:

- Re-establish normal working practice
- Managing the flow of service users
- Review waiting list for services
- Establish priorities
- Manage the backlog

Appendix A – Health and Care Services Incident Room

CONFERENCE ROOM - HEADQUARTERS, 15 PORTLAND SQUARE, CARLISLE, CA1 1QQ

In case of emergency, the Headquarters Conference Room will be used by senior managers in the Directorate as an Incident Room.

Access to the Incident Room during office hours is via the main reception at the front of the building. Disabled access and parking is available at the rear of the building. Out of office hours, staff arriving to set up the Incident Room will need to have a key to the external door, a pass key to the internal door and knowledge of how to disarm the alarm system. It is vitally important that staff remain only within the Health and Care Services building out of hours and the adjacent building can be accessed direct from the main hallway, but is alarmed by a different system.

It will be the responsibility of the Office Manager to ensure that the necessary equipment and stationery etc is maintained and easily accessible when there is an order to set up the Incident Room.

There are various facilities in the:

- Conference Room itself;
- Adjacent offices;
- Building as a whole.

FACILITIES/EQUIPMENT AVAILABLE IN CONFERENCE ROOM	COMMENTS
Emergency box	Stored in walk-in cupboard at back of Conference Room. Box contains emergency stationery supplies. Contents to be monitored regularly by Directorate Support Team Leader.
Computer (networked via socket SS023 – situated to left of mantelpiece)	Computer linked to adjacent printer.
Incident Room e-mail address	An account has been set up for the Incident Room: E-mail address: acshqincidentroom@cumbria.gov.uk Password: Emergency1 Network: Cumbria

Laptop (can be networked by plugging it into socket SS024 – situated to left of mantelpiece)	Could work off battery, if electrical power supply is down.
2 VOIP telephone line	Full number: 01228 221456 01228 227157
WiFi	
Video conferencing facility	Instructions for use in the conference room.
Refreshments	Coffee machine and kettle. Additional supplies in cupboard.

FACILITIES/EQUIPMENT AVAILABLE ON GROUND FLOOR	COMMENTS
<u>ENTRANCE HALL</u> Water cooler	
<u>ROOM 1</u> Four networked computers Multi Function Device One networked printer Four VOIP phone lines Laptop and projector	Stored in large tambour unit.
<u>ROOM 2</u> Three networked computers Three phone lines	
FACILITIES/EQUIPMENT AVAILABLE IN BUILDING AS A WHOLE	
FIRST FLOOR Multi function device	
<u>OUTSIDE ROOM 6</u> Two portable first aid kits	
<u>ALL ROOMS</u> Phones and networked computers available	

SECOND FLOOR (mezzanine level off stairs)

MAIN KITCHEN FOR BUILDING

Microwave
Water cooler
Hot water drinks machine
Two fridges
Dishwasher

ALL ROOMS

Phones and networked computers available

THINGS TO NOTE

Access to building	Access requires both a front door key for the external door and a security door fob for the interior door. Staff based at HQ will have both.
Security alarm code	Situated on left of vestibule door – activated as soon as door is opened. Most staff based at HQ will have access code.
Security firm for building	Any problems with alarm – information is provided on health and safety notice
Areas to avoid – re: security alarm systems	15 – 19 Portland Square is a shared occupancy building for: Health and Care Services, and Property and Transport Unit The Property and Transport Unit have a separate alarm system which will be triggered if anyone enters their area. Internal entry doors to their areas are clearly labelled in red.
Keyholders for building	Staff based at HQ.
First Aid	First Aid Kits available outside Room 6. First aid notices situated throughout the building.
Fire	In case of alarm follow evacuation procedures. Fire instruction notices posted throughout the building.

Appendix B – Incident Log Sheet

INCIDENT LOG SHEET

Incident:

Page Number:

Name of Logger:

Serial No	Date	Time	From	To	Occurrence / Message / Incident	Reply / Actions / Remarks	Closed (y/n)

Appendix C – Emergency Assistance Centres: Staffing / Operation

TASK RELATIVES	SURVIVOR	EVACUE	EMERGENCY SERVICES	FRIENDS AND
Opening Centre	Police in consultation with District Council and Emergency Planning Unit			
Management of Centre	Police assisted by District Council Manager and Emergency Planning Unit	District Council Manager for Facilities. Health and Care Services for welfare.	Police assisted by District Council Manager and Emergency Planning Unit	
Registration	Police	District Council assisted by Voluntary Agencies	Police	
Refreshments and General Support	Salvation Army / British Red Cross / WRVS / Churches Together/ Samaritans			
Provision of Meals	Cumbria Catering via Facilities Management			
Welfare	Health and Care Services / Children's Services / Voluntary Agencies / Police Family Liaison Officers			
First Aid / Health Support	Primary Care Trust / British Red Cross / St John Ambulance			
Provision of Information	Police	District Council Manager	Police	Police Family Liaison Officers
Care of Pets	District Council Dog Warden / RSPCA		N/A	
Security	Police			
Personal Monitoring	Health Service		N/A	
Transport	Transport – Environment Directorate			
Media Liaison	Police / District Council Manager			

ROLES OF EMERGENCY ASSISTANCE CENTRES

Centre	Purpose	Timescale	Lead Agency
Survivor Emergency Assistance Centre	Support for uninjured survivors. Registration and evidence gathering	Immediate <i>(may transfer to Humanitarian Assistance Centre).</i>	Police with support from District Council
Evacuee Emergency Assistance Centre	Accommodation, support and registration for evacuees/homeless	Immediate	District Council: facilities County Council (Adults): welfare
Emergency Personnel Emergency Assistance Centre	Facilities for briefing, deployment, refreshments and if necessary accommodation for emergency services, armed forces, volunteers etc	Immediate <i>(may be required for the short to medium term period)</i>	Police with support from District Council
Friends and Relatives Emergency Assistance Centre	Support for friends and relatives of victims who have travelled to the scene of the emergency	Immediate <i>(may transfer to Humanitarian Assistance Centre)</i>	Police with support from District Council
Community Support Centre	Support and practical assistance to people affected by the emergency who are able to remain in their homes	Immediate <i>(may transfer to Humanitarian Assistance Centre)</i>	Various depending upon nature of emergency
Humanitarian Assistance Centre	Support and assistance to anyone affected by the emergency	Longer Term	Cumbria County Council

Appendix D – Emergency Assistance Centre Response Kit

Each District office has an 'Health and Care Services Response Kit', (previously known as an 'Emergency Box'), which forms the basis of equipment required to initiate the operation of emergency activity by the Directorate. This equipment complements the equipment maintained by the Corporate Emergency Planning Team.

The equipment contained in the Directorate boxes falls into two main areas. Firstly equipment to be able to function in Emergency Assistance Centres, and secondly equipment and items that may be required to provide instant support to people attending the centres.

These boxes are continually reviewed in terms of the appropriateness and range of their contents. In general, they will contain;

- First aid box
- A4 note pad
- Shorthand pad
- Colouring book
- Message pad
- Colouring pens
- Pencils
- Stapler
- Torch and batteries
- Notelets
- Internal telephone directory
- Directory of services
- List of Schools and Other Educational Establishments
- Contact 1 referral forms
- Pack of dominoes
- Pack of playing cards
- Maps
- Laminated list of key contacts
- Mobile printer
- Printer paper

It is the responsibility of the local Locality Support Manager / District Support Team Manager to maintain this box and ensure that it is easily accessible should an emergency centre needs to be set up.

Appendix E - Checklist of Tasks And Responsibilities

Function	Task	Responsibility
Emergency Assistance Centres	Establish a desk within the Centre to deal with requests for welfare support.	Crisis Support Team
	Assess and where possible meet the welfare needs of people within the Centre.	Crisis Support Team Local Assessment and Care Management staff.
	If necessary, arrange for interpreters and other facilities to support people from ethnic minority groups within the Centre.	Crisis Support Team
Welfare	Provide welfare support at any Emergency Assistance Centres.	Local Assessment and Care Management staff
Welfare Co-ordination Team	Lead the Welfare Co-ordination Team, specifically;	Corporate Director of Health and Care Services/Senior Manager – Customer Support
	* Provide Chair and secretarial support to the Team	Secretarial support via DMT Support Team
	* Undertake welfare tasks as agreed by the Team	Crisis Support Team
	* Establish and manage a Humanitarian Assistance Centre if required.	Liaison with other Adult Services staff
County Council Control Centre	Provide Senior Manager and Admin. support.	DMT / County Managers

OA Reablement service	OA Day Care	OA Residential Care	Domiciliary Services	DMH Day Services	DMH Supported Living	DMH Residential Services	EIA'd
✓	✓	✓	✓	✓	✓	✓	✓

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EMERGENCY / CONTINGENCY PLAN

Appendix F – Cumbria Care Emergency Plan

CUMBRIA CARE EMERGENCY / CONTINGENCY PLAN

Establishment Name:

OA Reablement service	OA Day Care	OA Residential Care	Domiciliary Services	DMH Day Services	DMH Supported Living	DMH Residential Services	EIA'd
✓	✓	✓	✓	✓	✓	✓	✓

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EMERGENCY / CONTINGENCY PLAN

CONTENTS

1. Introduction
2. Alert cascade
3. Senior manager duties
4. Emergency file
5. Emergency box
6. Evacuation locations and key holders
7. Not evacuating in an emergency

- Appendix 1* - Incident recording form
- Appendix 2* - Local support agencies
- Appendix 3* - List of Cumbria Care establishments
- Appendix 4* - Emergency file / box contents list
- Appendix 5a & b* - Relocation site details
- Appendix 6 - Useful telephone numbers

OA Reablement service	OA Day Care	OA Residential Care	Domiciliary Services	DMH Day Services	DMH Supported Living	DMH Residential Services	EIA'd
✓	✓	✓	✓	✓	✓	✓	✓

E4

EMERGENCY / CONTINGENCY PLAN

POLICY STATEMENT

This policy is to ensure staff are aware of their responsibilities in the event of an emergency / incident.

This policy compliments the Health and Care Services Contingency plan.
(A copy of which should be held at each establishment).

*Definition of Emergency / incident:
a sudden unforeseen event needing prompt action.*

PROCEDURE

1. INTRODUCTION

This section deals with those incidents/emergencies within any Cumbria Care service, which requires a response or support beyond that which is routinely provided and may require additional resources.

This kind of incident/emergency could be a serious incident to service users, staff or buildings and would not normally be dealt with under the Health and Care Services Contingency Plan procedures.

Such incidents / emergencies could be:

- Gas leak
- Fire
- Flood
- Legionnaires disease outbreak
- Disease / infection outbreak.
- Asbestos release.
- Bomb / security threat
- Heating / power failure of 3 or more hours
- Structural damage – structural failure/collapse.
- Loss of water supply
- Loss of service user/s

(Note: **NOT** an exhaustive list.)

2. ALERT CASCADE

If necessary, contact the Emergency services.

Alert your operations manager or if out of hours, the manager on call.

The on call / operations manager will usually act as the emergency / incident co-ordinator but if necessary they may need to delegate the incident co-ordinator

OA Reablement service	OA Day Care	OA Residential Care	Domiciliary Services	DMH Day Services	DMH Supported Living	DMH Residential Services	EIA'd
✓	✓	✓	✓	✓	✓	✓	✓

E4

EMERGENCY / CONTINGENCY PLAN

role to another appropriate member of staff. It is the responsibility of the operations manager / on call manager to inform the SMT and other agencies as necessary. (See appendix 6)

The emergency / incident co-ordinator will:

Obtain as much information as possible about the incident and record this on appendix 1. This could include:

- The nature of the incident.
- Where exactly it has taken place.
- The scale of the incident (number of people involved, injuries, fatalities etc).
- Telephone number for further contact and subsequent information.
- Details of other agencies that have been alerted/mobilised, including phone numbers. (See appendix 2)
- Details of any immediate action that needs to be carried out by a senior manager.
- Any other relevant information

Once this information has been obtained the emergency / incident co-ordinator should consider the following actions:

- Coordinate appropriate responses.
- Contact the accommodation manager if required.
- Contact staff, service users and relatives/carers as appropriate.
- Update the incident recording form on a regular basis (see appendix 1).
N.B All press interest must be referred to the CCC media department in line with the M8 policy and procedure.

3. SENIOR MANAGER DUTIES.

- (a) If necessary the operations manager / on call manager will arrange an "Incident Management" meeting between the appropriate people and will also request administrative/clerical support as required.

OA Reablement service	OA Day Care	OA Residential Care	Domiciliary Services	DMH Day Services	DMH Supported Living	DMH Residential Services	EIA'd
✓	✓	✓	✓	✓	✓	✓	✓

E4

EMERGENCY / CONTINGENCY PLAN

- (b) Office accommodation outside normal office hours can be made available through the use of residential home facilities. A schedule of addresses and contacts is included. (See appendix 3)
- (c) Operations manager / on call manager will alert the CCC media team of any incidents or emergencies.
- (d) At the initial meeting of the management incident team the following issues will need to be addressed:
 - Who else needs to be notified of the incident, e.g. Primary Care Trust, Voluntary Organisations etc)?
 - What support services need to be mobilised in respect of the incident and how should these be provided in the short term?
 - Consider communication issues.
 - Make arrangements to relieve key staff and hand over the management of the incident to another member of senior staff if necessary.
 - Identify, allocate and monitor any tasks / actions.
 - Prepare briefings, issue and update as necessary.
 - Monitor and review the arrangements already in place.
 - Consider whether a visit to the incident site is necessary and if so, by whom.
 - Maintain an incident recording form. (See appendix 1)
 - Consider longer-term support to service users, carers, relatives, friends, and staff involved in the incident.

4. EMERGENCY FILE

An emergency file should be set up and maintained so that in the event of an evacuation it can be taken off site quickly. For information to be kept in this file see appendix 4.

This file **MUST** be kept securely in a location that can be easily accessed in an emergency.

OA Reablement service	OA Day Care	OA Residential Care	Domiciliary Services	DMH Day Services	DMH Supported Living	DMH Residential Services	EIA'd
✓	✓	✓	✓	✓	✓	✓	✓

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EMERGENCY / CONTINGENCY PLAN

5. EMERGENCY BOX

An emergency box should be set up and maintained so that in the event of an evacuation it can be taken off site quickly. For information on what is kept in this box see appendix 4.

This box must be kept in a location that can be easily accessed in an emergency. On the box you must clearly state where the emergency file and / or information is stored.

Other items that should be taken off site, if it is safe to do so, may include:

- Details of medication
- Visitors book.
- Registers / attendance sheets / signing in & out books

6. EVACUATION LOCATION(S) / KEY HOLDERS

The decision to evacuate will be made by either the emergency / incident co-ordinator, a Cumbria Care senior manager or a professional from the emergency services.

In the event of an establishment needing to be evacuated, it will be necessary for those who are evacuated to go to a suitable location. Your emergency plan must include details of your evacuation location. (See appendix 5a & 5b) These may be:

A building that is close by with suitable facilities to meet your needs e.g. another Cumbria Care establishments, church halls, community centres, schools, medical centres etc.

Once you have these evacuation locations, you will need to ensure that this information is kept up to date.

7. NOT EVACUATING IN AN EMERGENCY

In some emergencies it may not be necessary to evacuate. If this is the case it will be the responsibility of the establishment to ensure that the service users in their care are kept safe and comfortable for the duration of the emergency.

OA Reablement service	OA Day Care	OA Residential Care	Domiciliary Services	DMH Day Services	DMH Supported Living	DMH Residential Services	EIA'd
✓	✓	✓	✓	✓	✓	✓	✓

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EMERGENCY / CONTINGENCY PLAN



OA Reablement service	OA Day Care	OA Residential Care	Domiciliary Services	DMH Day Services	DMH Supported Living	DMH Residential Services	EIA'd
✓	✓	✓	✓	✓	✓	✓	✓

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EMERGENCY / CONTINGENCY PLAN

APPENDIX 2 LOCAL SUPPORT AGENCIES

Local Contacts and Telephone numbers to be completed as appropriate to the service site.

Agency	Local Contact	Telephone Number
Police:		
Gas:		
Electricity:		
Water:		
Voluntary Organisations:		
Local Hospital(s):		
District Council for e.g. Emergency Planning: Housing: Environmental Health:		
Taxi's / Local Transport:		
Landlord Contact:		
OA Residential Day Care Contact if applicable:		

OA Reablement service	OA Day Care	OA Residential Care	Domiciliary Services	DMH Day Services	DMH Supported Living	DMH Residential Services	EIA'd
✓	✓	✓	✓	✓	✓	✓	✓

E4

EMERGENCY / CONTINGENCY PLAN

APPENDIX 3

RESIDENTIAL SERVICES – OLDER ADULTS

* Denotes a day services in the home

Applethwaite Green

Phoenix Way
Windermere
Cumbria
LA23 1BY
Tel: 015394 62440

Bevan House *

Stackwood Avenue
Barrow in Furness
Cumbria
LA13 9HQ
Tel: 01229 894547

Brackenthwaite

Senhouse Street
Whitehaven
Cumbria
CA28 7ES
Tel: 01946 852561

Bridge House*

Manorside
Market Street
Flookburgh
Grange-over-Sands
Cumbria LA11 7JS
Tel: 015395 58622

Castle Mount

Bookwell
Egremont
Cumbria
CA22 2JP
Tel: 01946 820454

Christian Head

Silver Street
Kirkby Stephen
CA17 4HA
Tel: 017683 71429

Combe House

Central Drive
Walney Island
Barrow in Furness
Cumbria
LA7 7QR
Tel: 01229 473617

Coftside

Beetham Road
Milnthorpe
Cumbria
LA17 7QR
Tel: 015395 63325

Dentholme

Cragg Road
Cleator Moor
Cumbria
CA25 5PR
Tel: 01946 810831

Edenside

Holme Street
Appleby
Cumbria
CA16 6QU
Tel: 017683 51163

Elizabeth Welsh*

Pennine Way
Carlisle
Cumbria
CA1 3QD
Tel: 01228 606394

Elmhurst

Priory Road
Ulverston
Cumbria
LA12 9HU
Tel: 01229 894115

Eskdale House

Swan Street
Longtown
Carlisle
CA6 5UZ
Tel: 01228 791366

Greengarth*

Bridge Lane
Penrith
Cumbria
CA11 8HY
Tel: 01768 242040

Grisedale Croft

Church Road
Alston
Cumbria
CA9 3QS
Tel: 01434 381221

OA Reablement service	OA Day Care	OA Residential Care	Domiciliary Services	DMH Day Services	DMH Supported Living	DMH Residential Services	EIA'd
✓	✓	✓	✓	✓	✓	✓	✓

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EMERGENCY / CONTINGENCY PLAN

Inglewood*

Lowmoor Road
Wigton
Cumbria
CA7 9QL
Tel: 016973 66158

Langrigg House*

Langrigg Road
Carlisle
Cumbria
CA2 6DT
Tel: 01228 606391

Lapstone House

Lapstone Road
Millom
Cumbria
LA18 4BY
Tel: 01229 772527

Maudes Meadow

Town View
Windermere Road
Kendal
Cumbria
LA9 4QJ
Tel: 01539 773092

Marsh House

Victoria Road
Ulverston
Cumbria
LA12 0ER
Tel: 01229 894114

Moot Lodge

Market Place
Brampton
Cumbria
CA8 1RW
Tel: 016977 2643

Park Lodge

Outgang Road
Aspatria
Cumbria
CA5 3HP
Tel: 016973 20636

Parkside

Netherhall Road
Maryport
Cumbria
CA15 6NT
Tel: 01900 812723

Petteril House

Lightfoot Drive
Carlisle
Cumbria
CA1 3BN
Tel: 01228 226393

Pow Beck House*

Meadow Road
Mirebeck
Whitehaven
Cumbria
CA28 8JL
Tel: 01946 852563

Richmond Park*

High Street
Workington
Cumbria
CA14 4ES
Tel: 01900 325030

Riverside House

Wattsfield Road
Kendal
Cumbria
LA9 5JL
Tel: 01539 773090

Rock Lea

Abbey Road
Barrow in Furness
Cumbria
LA13 9JS
Tel: 01229 894546

The Abbey

Main Street
Staveley
Kendal
Cumbria
LA9 8LT
Tel: 01539 821342

OA Reablement service	OA Day Care	OA Residential Care	Domiciliary Services	DMH Day Services	DMH Supported Living	DMH Residential Services	EIA'd
✓	✓	✓	✓	✓	✓	✓	✓

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EMERGENCY / CONTINGENCY PLAN

DAY CENTRES - OLDER ADULTS

Centenary Welfare Centre

Abbey Road
Barrow in Furness
Cumbria
LA14 1XH
Tel: 01229 894320

Cross Keys Day Centre

Senhouse Street
Whitehaven
Cumbria
CA28 7ES
Tel: 01946 852560

Dalton Day Centre

Off Chapel Street
Dalton in Furness
Cumbria
LA15 8DA
Tel: 01229 466139

Ella Thompson Day Centre

Union Lane
Brampton
Cumbria
CA8 2BX
Tel: 016977 41758

Kendal Day Centre

Dowkers Lane
Kendal
Cumbria
LA9 4HD
Tel: 01539 713093

Princess Street Day Centre

Princess Street
Workington
Cumbria
CA14 2QG
Tel: 01900 325027

Tynefield Drive Day Centre

Bridge Lane
Penrith
Cumbria
CA11 8HY
Tel: 01768 242040

DOMICILIARY / REABLEMENT SERVICES – OLDER ADULTS

Allerdale / Copeland Domiciliary / Reablement

Cavendish House
Elizabeth Street
Workington
Cumbria
CA14 4DA
Tel: 01900 325201

Barrow Domiciliary / Reablement

Centenary Welfare Centre
Abbey Road
Barrow in Furness
LA14 1XH
Tel: 01229 407569

OA Reablement service	OA Day Care	OA Residential Care	Domiciliary Services	DMH Day Services	DMH Supported Living	DMH Residential Services	EIA'd
✓	✓	✓	✓	✓	✓	✓	✓

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EMERGENCY / CONTINGENCY PLAN

Carlisle / North Eden Domiciliary /

Reablement

Lightfoot Drive
Carlisle
Cumbria
CA1 3BN
Tel: 01228 226281

Out of Hours Office

Lightfoot Drive
Carlisle
Cumbria
CA1 3BN
Tel: 01228 226395

South Lakes Domiciliary / Reablement

Kendal Day Centre
Dowker Lane
Kendal
LA9 4HD
Tel: 01539 713089

DAY SERVICES – DISABILITY AND MENTAL HEALTH

CARLISLE AND EDEN DAY SERVICES

Broadacre House

1st floor, Lowther Street
Carlisle
Cumbria
CA1 1BJ
Tel: 01228 606487

Blencathra House

4 Blencathra Court
Clifford Road
Penrith
CA11 8PY
Tel: 01768 242398

Carlisle Day Services HQ

Petteril House
Lightfoot Drive
Harraby, Carlisle
Cumbria, CA1 3BN
Tel: 01228 606023

Carleton Day Centre

London Road
Carleton, Carlisle
Cumbria
CA1 3DP
Tel: 01228 606499

Denton Wood Craft

Units 10, 11, 12
Denton Holme Trading Estate
Carlisle
Cumbria
CA2 6AL
Tel: 01228 606409

Edington Centre

Unit 1
Gilwilly Road
Gilwilly Industrial Estate
Penrith
CA11 9BF
Tel: 01768 242398

OA Reablement service	OA Day Care	OA Residential Care	Domiciliary Services	DMH Day Services	DMH Supported Living	DMH Residential Services	EIA'd
✓	✓	✓	✓	✓	✓	✓	✓

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EMERGENCY / CONTINGENCY PLAN

Employment Liaison Service

8 Chapel Street
Carlisle
Cumbria
CA1 1JA
Tel: 01228 606501

Garden Linx

Carlisle Cemetery
Richardson Street
Carlisle
Cumbria, CA2 6AL
Tel: 01228 606503

Outreach Services

Centre 47
47 Nelson Street
Carlisle
Cumbria
CA2 5NE
07973 811871

The Dispensary

Chapel Street
Carlisle
Cumbria
CA1 1JA
Tel: 01228 606492

ALLERDALE AND COPELAND DAY SERVICES

Bankfield Day Opportunities

Bankfield Cottage
Newlands Lane, Workington
Cumbria
CA14 3JG
Tel: 01900 606870

Cockermouth Day Opportunities

C/o The Town Hall Basement
Market Square
Cockermouth
CA13 9NT
Tel: 01900 823839

Distington Day Opportunities

21A Carleton Road
Workington
CA14 4BX
Tel: 01900 325410
Fax: 01900 325415

Grass Roots – gardening scheme

Grassroots Horticulture Services
Morresby Road
Whitehaven
CA28 8TU
Tel: 01946 852578

Hensingham Centre & Grassroots

Moresby Road
Whitehaven
Cumbria
CA28 8TU
Tel: 01946 852577

Moorclose Woodwork Services

Clay Flatts Industrial Estate
6B / 6C Buddle Road
Clay Flatts
Workington. CA14 3YD
Tel: 0190 871099

OA Reablement service	OA Day Care	OA Residential Care	Domiciliary Services	DMH Day Services	DMH Supported Living	DMH Residential Services	EIA'd
✓	✓	✓	✓	✓	✓	✓	✓

E4

EMERGENCY / CONTINGENCY PLAN

Richmond Annexe

Catherine Street,
Whitehaven.
Cumbria
Tel: 01946 64351

FURNESS DAY SERVICES

APEX

Community Centre
Nelson Street, Barrow in Furness
Cumbria
LA14 1NF
Tel: 01229 832082

Chatsworth Crafts

35 and 52
Trinity Enterprise Centre
Ironworks Road
Barrow in Furness
LA14 2PG
Tel: 01229 430117 & 835314

Jubilee House

15 Abbey Road
Barrow in Furness
Cumbria
LA14 5UD
Tel: 01229 407232

Mill Lane Day Services

Mill Lane, Walney
Barrow in Furness
Cumbria
LA14 3XX
Tel: 01229 472748
Fax: 01229 473243

PAVE

C/O Jubilee House,
15 Abbey Road,
Barrow in Furness.
Cumbria
LA14 5UD
Tel: 01229 407292

KENDAL AND ULVERSTON DAY SERVICES

Day Break

C/O Kendal Day Centre
Dowkers Lane
Kendal
LA9 6HD
Tel: 01539 741157

Ford Park

Ford Park House
Ulverston
LA12 7JP
Tel: 01229 894035 or 29

OA Reablement service	OA Day Care	OA Residential Care	Domiciliary Services	DMH Day Services	DMH Supported Living	DMH Residential Services	EIA'd
✓	✓	✓	✓	✓	✓	✓	✓

E4

EMERGENCY / CONTINGENCY PLAN

Horticare

54 Wattsfeld Road
Kendal
LA9 5JL
Tel: 01539 773518

Lightburn Unit

Lightburn Industrial Estate
Lightburn Road
Ulverston
LA12 7NE
Tel: 01229 894039

The Old Library

Cavendish Street
Ulverston
LA12 0AL
Tel: 01229 894033

Whinfell Centre

Longpool
Kendal, LA9 6ER
Tel: 01539 713081
Fax: 01539 721126

Windmill

c/o Kendal Day Centre
Dowkers Lane
Kendal, LA9 6HD
Tel: 01539 773513

W.O.S.P

27 Allhallows Lane
Kendal
LA9 4JH
Tel: 01539 773167

Ulverston Day Services Office HQ

Neville House
County Road
Ulverston
Cumbria
LA12 OBL
Tel: 01229 404031

DOMICILIARY SUPPORT LIVING SERVICES – DIASBILITY AND MENTAL HEALTH

NORTH CUMBRIA DOMICILIARY SUPPORT LIVING SERVICES

Petteril House,
Lightfoot Drive,
Harraby,
Carlisle,
CA1 3BN.
Tel: 01228 227177

Cavendish House,
Elizabeth Street,
Workington,
CA14 4DA
Tel: 01900 872741.

OA Reablement service	OA Day Care	OA Residential Care	Domiciliary Services	DMH Day Services	DMH Supported Living	DMH Residential Services	EIA'd
✓	✓	✓	✓	✓	✓	✓	✓

E4

EMERGENCY / CONTINGENCY PLAN

SOUTH CUMBRIA DOMICILIARY SUPPORT LIVING SERVICES

Neville House
 County Road
 Ulverston
 Cumbria
 LA12 OBL
 Tel: 01229 404010

RESIDENTIAL SERVICES – DISABILITY AND MENTAL HEALTH

Barrow Residential Services

Tarn House
 Mill Lane
 Walney
 Barrow in Furness
 Tel: 01229 471798

Cavendish House Respite

Elizabeth Street
 Workington
 CA14 4DA
 Tel: 01900 605280

Tel:

01539 773073

Kendal Residential Services

Peat Lane House
 Peat Lane
 Kendal
 LA9 6LA
 Tel: 01539 773073

OA Reablement service	OA Day Care	OA Residential Care	Domiciliary Services	DMH Day Services	DMH Supported Living	DMH Residential Services	EIA'd
✓	✓	✓	✓	✓	✓	✓	✓

E4

EMERGENCY / CONTINGENCY PLAN

EMERGENCY FILE / BOX CONTENTS LIST- APPENDIX 4

EMERGENCY FILE	OA Day Care (stand alone)	OA Day Care within a residential home (as per residential)	OA Residential	Domiciliary & Reablement	DMH Day Services	DMH Supported Living	DMH Residential
Your Local Plan (Updated / reviewed yearly)	✓			✓	✓	✓	✓
The details of your evacuation location(s) and key holders. (Appendix 5a & 5b)	✓		✓	1 evacuation point being the nearest domiciliary care office	✓	✓	✓
Floor plan of the building	✓		✓	✓	✓	✓	✓
On call rota and contact details	✓	N/A	✓	✓	✓	✓	✓
Contact details for all staff e.g. S4 Sheet, cardex, file	✓	✓	✓	✓	✓	✓	✓
Copy of the service user details e.g. front sheet, cardex, with a photograph where applicable. This should be added to the plan on the day of admission e.g. front sheet or DMH grab sheet.	✓	✓	✓	✓	✓	✓	✓
Personal emergency evacuation spreadsheet staff (F5 Appendix E Section 6)	✓	✓	✓	Only for staff working in the main offices	✓	✓	✓
Two copies of the personal emergency evacuation spreadsheet service users (F5 Appendix E section 5)	N/A	✓	✓	N/A	N/A	✓	✓
The Adult Services Contingency Plan.	✓	As per residential	✓	✓	✓	✓	✓
EMERGENCY BOX							
Hand held torches / lantern torches	✓	As per residential box	✓	✓	✓	✓	✓
Spare batteries if required	✓		✓	✓	✓	✓	✓
Standard plug in phone (in case the electricity goes off)	✓		✓	✓	✓	✓	✓
Note book	✓		✓	✓	✓	✓	✓
Pens / pencils	✓		✓	✓	✓	✓	✓
Glove / aprons	✓		✓	✓	✓	✓	✓
Hand gel	✓		✓	✓	✓	✓	✓
Wristbands (to be kept blank until needed)	N/A		✓	N/A	✓	N/A	✓

OA Reablement service	OA Day Care	OA Residential Care	Domiciliary Services	DMH Day Services	DMH Supported Living	DMH Residential Services	EIA'd
✓	✓	✓	✓	✓	✓	✓	✓

E4 EMERGENCY / CONTINGENCY PLAN

APPENDIX 5A RELOCATION SITE DETAILS

RELOCATION SITE A

Name:

Address:

Telephone No:

Secondary No:

Location of keys if applicable:

If not held on site contact key holder

Key holders Name:

Key holders Address:

Key holders Tel No:

General Risk Assessment (for none Cumbria Care establishments - see attached.

Site Plan attached: Yes No

Site to be identified in advance to consider:	
<ul style="list-style-type: none"> • Catering • Security • Health & Safety Including fire exits 	<ul style="list-style-type: none"> • First aid facilities • Communications • Sleeping facilities

Transport arrangements for relocation to this site:
e.g. Taxi name & telephone number, mini bus, staff cars etc.

OA Reablement service	OA Day Care	OA Residential Care	Domiciliary Services	DMH Day Services	DMH Supported Living	DMH Residential Services	EIA'd
✓	✓	✓	✓	✓	✓	✓	✓

E4

EMERGENCY / CONTINGENCY PLAN

APPENDIX 5B RELOCATION SITE DETAILS

RELOCATION SITE B

Name:

Address:

Telephone No:

Secondary No:

Location of keys if applicable:

If not held on site contact key holder

Key holders Name:

Key holders Address:

Key holders Tel No:

General Risk Assessment (for none Cumbria Care establishments - see attached.

Site Plan attached: Yes No

Site to be identified in advance to consider:	
<ul style="list-style-type: none"> • Catering • Security • Health & Safety Including fire exits 	<ul style="list-style-type: none"> • First aid facilities • Communications • Sleeping facilities

Transport arrangements for relocation to this site:
e.g. Taxi name & telephone number, mini bus, staff cars etc.

OA Reablement service	OA Day Care	OA Residential Care	Domiciliary Services	DMH Day Services	DMH Supported Living	DMH Residential Services	EIA'd
✓	✓	✓	✓	✓	✓	✓	✓

E4

EMERGENCY / CONTINGENCY PLAN

OA Reablement service	OA Day Care	OA Residential Care	Domiciliary Services	DMH Day Services	DMH Supported Living	DMH Residential Services	EIA'd
✓	✓	✓	✓	✓	✓	✓	✓

E4

EMERGENCY / CONTINGENCY PLAN

APPENDIX 6

Key contact details

Intentionally blank

Appendix H - Pandemic Influenza

Being updated – to include

Appendix I – Supporting People in Emergencies



A separate multi agency plan – Supporting People in Emergencies – is available which outlines the various responsibilities of agencies in Cumbria in terms of welfare and humanitarian assistance.

The Plan is available on the e-library. The Plan is maintained by the Humanitarian Assistance Sub-Group.

Within the plan is a separate section outlining the key principles when setting up and establishing a Humanitarian Assistance Centre.

APPENDIX K – ACTION CARD: KEY DIRECTORATE CONTACT

ACTION CARD / CHECKLIST AND LOG

KEY DIRECTORATE CONTACT

You will need to consider some or all of these steps depending on the nature of the incident

KEY DIRECTORATE CONTACT

OBTAIN AS MUCH INFORMATION AS POSSIBLE ABOUT THE INCIDENT

- ✓ Including nature of the incident
- ✓ Where it has taken place
- ✓ Scale of the incident (numbers involved, casualties)
- ✓ Telephone number for further contact and subsequent information
- ✓ Location and telephone number of any Centres established, and what they are
- ✓ Expected response

DATE / TIME

DUTY EMERGENCY PLANING OFFICER AND CONTACT NUMBER

WELFARE ACTIONS TAKEN BY DUTY OFFICER

Details of welfare actions taken to date by Duty Officer

EMERGENCY ASSISTANCE CENTRE(S) TO BE SET UP

If YES, Location of centre / expected numbers:

CONTACT AND CALL OUT RESOURCES AS REQUIRED

- ✓ Other managers to assist in the mobilisation of staff and resources
- ✓ Staff as required to attend any Emergency Assistance Centres established (only on request of an Emergency Planning Officer)
- ✓ Staff to open up the Incident Room if required

CRISIS SUPPORT TEAM DEPLOYED

Response required and contact details:

NOMINATE WELFARE CO-ORDINATOR

Nominate or undertake welfare co-ordinator role

HANDOVER TO WELFARE CO-ORDINATOR OR RETAIN ROLE

Nominate or undertake welfare co-ordinator role

APPENDIX J – ACTION CARD: WELFARE CO-ORDINATOR

ACTION CARD / CHECKLIST AND LOG

You will need to consider some or all of these steps depending on the nature of the incident

WELFARE CO-ORDINATOR

NATURE OF INCIDENT

DATE / TIME

DUTY EMERGENCY PLANING OFFICER AND CONTACT NUMBER

WELFARE ACTIONS TAKEN BY KEY DIRECTORATE CONTACT

EMERGENCY ASSISTANCE CENTRE(S) TO BE SET UP

If YES, Location of centre / expected numbers:

CRISIS SUPPORT TEAM DEPLOYED

Response required and contact details:

ALERT CARELINE (IF OUT OF HOURS)

Update Careline of emergency situation

CONTACT DISTRICT COUNCIL EMERGENCY LIASON OFFICER

Multi agency response

VOLUNTARY AGENCY INPUT

*Is voluntary agency input required? Refer to CVAC capabilities matrix and funding protocol. In discussion with District Lead / Crisis Support Team Manager.
Agencies activated and response required:*

IF FATALITIES

Contact Family Liaison Co-ordinator via Police to discuss multi agency response

CONSIDER NEED FOR WELFARE CO-ORDINATION TEAM

Convene multi agency team for large scale and protracted welfare response

CONSIDER BUSINESS CONTINUITY

Consider business continuity management in line with Directorate's plan

ONGOING LIAISON AND COMMUNICATION

With Crisis Support Team / all agencies / County Council Control Centre / Strategic Co-ordinating Group

Refer to Supporting People in Emergencies plan for multi agency response

APPENDIX K – ACTION CARD: CRISIS SUPPORT TEAM LEADER

ACTION CARD / CHECKLIST AND LOG

CRISIS SUPPORT TEAM LEADER

You will need to consider some or all of these steps depending on the nature of the incident

CRISIS SUPPORT TEAM LEADER
NATURE OF INCIDENT
DATE / TIME
NAME AND CONTACT – WELFARE CO-ORDINATOR
ALERT / CONVENE CRISIS SUPPORT TEAM (IF REQUIRED)
<i>Including Cumbria Care, Children's Services etc</i>
CHECK STAFF WELFARE IN THE FIELD
<i>If appropriate, depending upon on incident</i>
EMERGENCY ASSISTANCE CENTRE(S) TO BE SET UP
If YES, Location of centre / expected numbers:
STAFF DEPLOYED TO EMERGENCY ASSISTANCE CENTRE
Response required and contact details:
ALLOCATE TEAM LEADER AT EMERGENCY ASSISTANCE CENTRE(S)
<i>Also allocate Deputy</i>
EMERGENCY BOXES DEPLOYED
<i>Emergency boxes to be sent to emergency assistance centre with essential supplies</i>

CONSIDER IMPACT ON SERVICE USERS

Impact on home care, meals on wheels, etc etc

ALERT VULNERABLE SITES

Eg residential homes, day care centres etc

ACCESS DATA ON SERVICE USERS

Complete list of service users available which can be used if required

CHECK BUSINESS CONTINUITY ARRANGEMENTS

*Review impact on service provision / oversee welfare response at a local level
Escalate business continuity issues to DMT*

ESTABLISH CONTACT WITH WELFARE CO-ORDINATOR / INCIDENT ROOM

ORGANISE STAFF ROTAS IF PROTRACTED RESPONSE REQUIRED

SUPPORT REQUIRED FROM NEIGHBOURING TEAM

As required

SUPPORT REQUIRED FOR OTHER AGENCIES

Consider local multi agency support required such as voluntary agencies – to be escalated to Welfare Co-ordinator / Incident Room

ESTABLISH INCIDENT LOGGING

At base and at emergency assistance centre

APPENDIX I – ACTION CARD: WELFARE CO-ORDINATION TEAM

ACTION CARD / CHECKLIST AND LOG

WELFARE CO-ORDINATION TEAM

You will need to consider some or all of these steps depending on the nature of the incident

CHAIR OF WELFARE CO-ORDINATION TEAM

AGENCIES INVOLVED IN WELFARE CO-ORDINATION TEAM

- ✓ Health and Care Services
- ✓ Police
- ✓ Children's Services
- ✓ Public Health
- ✓ NHS England North West Area Team
- ✓ Health Protection Agency
- ✓ Representatives from the responding voluntary agencies
- ✓ District Council for appropriate area
- ✓ Resilience Unit
- ✓ Other Agencies, as required and appropriate to the incident

FREQUENCY OF MEETINGS

The Welfare Co-ordination Team will meet at regular intervals throughout the emergency – frequency to be confirmed and as appropriate to nature of incident.

PRIMARY FUNCTIONS OF THE WELFARE CO-ORDINATION TEAM

- ✓ Allocation of welfare tasks to individual agencies.
- ✓ Co-ordination in order to avoid duplication of effort.
- ✓ Formulation of policies to protect those affected by the emergency.
- ✓ Media relations
- ✓ The keeping of accurate records

CHECKLIST

- What welfare assistance has already been provided?
- Are there any problems requiring immediate attention?
- What are the likely welfare needs in the foreseeable future?
- Are there other agencies who should be invited to join the Welfare Co-ordination Team?
- Liaison with the media
- Arrangements for relief staff

- Consider the following areas of welfare assistance:
 - √ At the scene.
 - √ At Evacuation Emergency Assistance Centres.
 - √ At mortuaries.
 - √ At Friends and Relatives Emergency Assistance Centres
 - √ At Public Information Centres
 - √ Support to those dealing with the emergency
 - √ Community Support Centre (s)
 - √ Humanitarian Assistance Centre
 - √ Telephone help lines
 - √ Emergency payments
 - √ Assisting Police with notification of relatives.
 - √ Transport and escorts.
 - √ Receiving offers of help
 - √ Disaster fund
 - √ Newsletters and publicity.
 - √ 'Drop in' centres.
 - √ Special help for the vulnerable
 - √ Family support.
 - √ Assistance with compensation claims and insurance
 - √ Memorial service.
 - √ Funerals
 - √ Accommodation for relatives

APPENDIX I – ACTION CARD: EMERGENCY ASSISTANCE CENTRE – WELFARE TEAM LEADER

ACTION CARD / CHECKLIST AND LOG

EMERGENCY ASSISTANCE CENTRE – WELFARE TEAM LEADER

You will need to consider some or all of these steps depending on the nature of the incident

To be used when an Emergency Assistance Centre is being established

WELFARE TEAM LEADER
<i>Allocated nominated Team Leader for the emergency assistance centre, and deputy</i>
ESTABLISH CONTACT WITH THE EMERGENCY ASSISTANCE CENTRE MANAGER
<i>The District Council will provide a centre manager to oversee the facilities management of the centre</i>
ASSESS STAFFING REQUIREMENTS FOR THE CENTRE
<i>Deploy resources to the centre as required, dependent upon numbers reporting to the facility</i>
ASSESS NEED FOR ADDITIONAL SUPPORT FROM OTHER AGENCIES
<i>Multi agency support required such as voluntary agency – escalate to welfare co-ordinator / incident room</i>
ESTABLISH CONTACT WITH CRISIS SUPPORT TEAM / INCIDENT ROOM
ESTABLISH DESK / FACILITY TO DEAL WITH WELFARE REQUESTS
ENSURE LONE WORKING POLICY FOR STAFF ATTENDING CENTRE

ESTABLISH EFFECTIVE RECORD KEEPING

APPOINT FLOOR WALKER

To oversee welfare arrangements on the ground at the centre

LIAISON WITH CHILDREN'S SERVICES

To oversee welfare arrangements

CONSIDER EXIT STRATEGY

Consider exit strategy from the emergency assistance centre in discussion with Crisis Support Team Manager and Incident Room

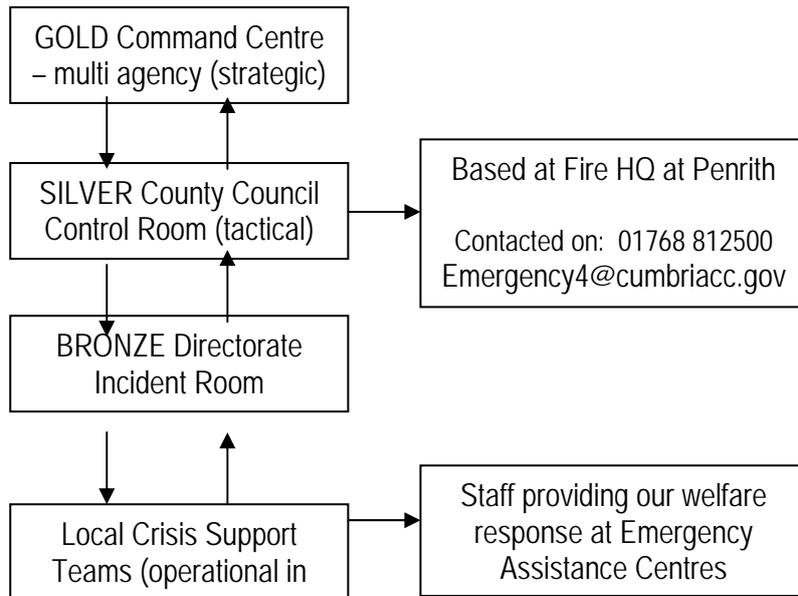
APPENDIX J - HEALTH AND CARE SERVICES - INCIDENT ROOM

Welcome to the Health and Care Services Incident Room. This Team is responsible for co-ordinating the Directorate's response to the emergency.

The response will be different for incidents depending on the nature and scale of the emergency.

For detailed information on the Incident Room and its operation please refer to the Directorate's contingency plan.

STRUCTURE



FIRST STEPS:

- ✓ Ensure good representation across the Directorate (for example, Cumbria Care, Older People, Disability etc etc).
- ✓ Nominate chair person.
- ✓ Ensure one / two administrative support within Incident Team. Key roles include: checking and responding to e-mails, taking telephone calls, keeping log of key issues and decisions.

IT IS CRITICAL THAT ALL DECISIONS AND ACTIONS ARE DOCUMENTED

- ✓ Stationery and other essential supplies and resources are stored in the small room –they should contain everything you need to operate the Incident Room.
- ✓ A dedicated e-mail account has been set up for the Incident Room: acshqincidentroom@cumbria.gov.uk (Password is Emergency1 / Network is Cumbria).

COMMUNICATION:

- ✓ Communication is critical to the success of the Directorate's response.
- ✓ The Incident Room will be contacted directly by the Directorate representative at the County Council's Control Room with information and request for actions to be taken.

- ✓ Any issues or areas of concern requiring a decision should be feed back up to the Control Centre (it may then be flagged up to GOLD command for a decision / input)
- ✓ Depending on the incident, there is likely to be local Crisis Support Teams in operation. These teams will provide the response within the locality. This Team may also be required to arrange staff cover to provide welfare support at the various centres such as Emergency Assistance Centres. Regular and ongoing communication between the Incident room and the Crisis Support Teams is essential.

KEY CONSIDERATIONS:

- ✓ How long is the Incident Room likely to be operational for? It may be that a rota needs to be set up to cover an extended period. Ensure that the Crisis Support Teams are also making the same arrangements in the locality. Ensure periods of rest.
- ✓ Lone working – ensure lone working policies are adhered to for staff working out of hours, in the field.

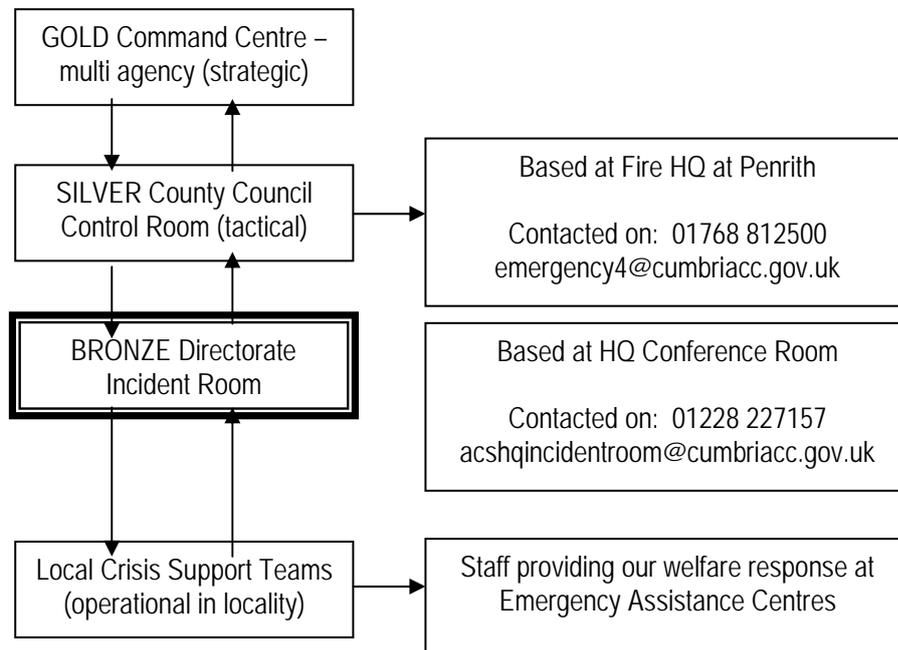
APPENDIX J - HEALTH AND CARE SERVICES - INCIDENT ROOM

There is a dedicated area in the Control Room for each Directorate. Each area has telephones and computer access.

In addition, there is a box of Directorate specific resources such as Contingency Plan, Telephone Directories, and Emergency Response Registers etc which you should find useful. Please ask a member of the Resilience Unit for the box.

For detailed information on managing and co-ordinating the Directorate's response, please refer to the Directorate's Contingency Plan.

STRUCTURE



- Strategic decisions and discussions will take place at the GOLD command centre. This information will be feed through to the Control Room via regular briefing sessions.
- Information from the briefing sessions should be feed back to the Directorate Incident Room in order to co-ordinate our local response.
- The Directorate Incident Room will feed up to the Control Room issues that require a decision or further information – you may also have to refer to the GOLD Command Centre.
- **IT IS CRITICAL THAT ALL DECISIONS AND ACTIONS ARE DOCUMENTED**