

## LOCKDOWN POLICY

Approved by: **Trust Executive Committee**

On: **24 October 2017**

Review Date: **October 2020**

Corporate / Directorate **Corporate**

Clinical / Non Clinical **Non Clinical**

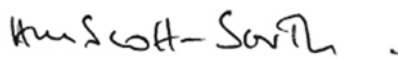
Department Responsible for Review: **Head of Health & Safety/ Local Security Management Specialist (LSMS) & Emergency Preparedness Manager**

Distribution:

- Essential Reading for: **All Staff**
- Information for: **All Staff**

Policy Number: **351**

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Signature: 

**Chief Executive**

Date : **24 October 2017**

## Burton Hospitals NHS Foundation Trust

### POLICY INDEX SHEET

<b>Title:</b>	<b>Lockdown Policy</b>
<b>Original Issue Date:</b>	<b>October 2017</b>
<b>Date of Last Review:</b>	<b>New Policy</b>
<b>Responsibility:</b>	<b>Director of Governance Head of Health &amp; Safety/ Local Security Management Specialist (LSMS) Emergency Preparedness Manager</b>
<b>Stored:</b>	<b>Intranet site</b>
<b>Linked Trust Policies:</b>	<b>Health &amp; Safety Policy Security Management Policy Safe and Secure Environment Policy Major Incident Policy CBRNe/HAZMAT Policy Ward/Departmental Business Continuity Plans</b>
<b>Equality Impact assessed?</b>	<b>EIA</b>
<b>Consulted</b>	<b>Trust Executive Committee Health &amp; Safety Group Staff Side Estates &amp; Facilities</b>

## REVIEW AND AMENDMENT LOG

Version	Type of change	Date	Description of Change
1	New Policy	October	The Trust is required to have a robust lockdown policy to ensure the safety of patients, staff, visitors, members of the public and contractors.

# LOCKDOWN POLICY

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# Burton Hospitals NHS Foundation Trust

## LOCKDOWN POLICY

### 1. INTRODUCTION

Lockdown is the process of controlling the movement, access and egress of people around NHS property, or other specific building/area in response to an identified risk, threat or hazard that might impact on the safety and security of people and assets or, indeed the capacity of that facility to continue to operate.

A lockdown may be implemented by the Trust as part of a security incident or the major incident plan. This may be in partnership with other organisations both NHS and external e.g. due to Police intelligence.

Ward / Departmental managers may also need to be able to lockdown their own area e.g. in the event of a missing patient or a possible incident of violence and aggression within their area or department, where the manager decides to lockdown the area for safety and security of patients, staff, visitors, contractors and members of the public.

The ability of NHS Trusts to lockdown their site or buildings fits in with their statutory responsibilities as category 1 responders that is those organisations at the core of any emergency response e.g. fire, police, ambulance, as defined by the Civil Contingencies Act 2004. (See Major Incident Policy or CCA 2004 for details).

### 2. PURPOSE

The purpose of this policy and procedure is to provide guidance to Ward / Departmental managers and staff that will enable them to follow appropriate steps to achieve a lockdown of the site that they manage/occupy.

It is to work alongside the Major Incident Plan, Security Management Policy other emergency plans / continuity plans, but may be used as a standalone policy if required.

It is important to remember that many sites/buildings have multi-occupancy arrangements and the Trust plan must fit with the overarching lockdown plan that may be in place.

### 3. SCOPE

The policy and procedure applies to all buildings, sites and areas where Trust staff are based. It requires all managers of such areas, building or sites to work with the Head of Health & Safety/ Local Security Management Specialist (LSMS) to prepare a process whereby the area, building or site can be locked down when required in a safe and efficient manner. This may require collaborative working with other agencies or organisations.

This policy is to be viewed as complimentary to the Security Management Policy.

- Queens Hospital Burton
- Outwoods Site
- Sir Robert Peel Hospital, Tamworth
- Samuel Johnson Hospital, Lichfield

## 4. RESPONSIBILITIES AND DUTIES

### 4.1 Board of Directors

The Board of Directors has overall responsibility for ensuring that the Trust meets its statutory obligations that effective security and lockdown arrangements are in place and are periodically reviewed.

### 4.2 Director of Governance

The Director of Governance is the nominated Executive Lead for security management within the Trust.

The Director of Governance is responsible for providing, so far as is reasonably practicable, a safe and secure working environment and ensuring the safety and security of patients, staff, visitors, contractors and members of the public.

The Director of Governance is responsible for the work of the Head of Health and Safety/ LSMS.

### 4.3 Head of Health & Safety/ Local Security Management Specialist (LSMS)

The Local Security Management Specialist (LSMS) is responsible for;

- The development of this policy in accordance with current NHS National guidance.
- The implementation of the policy across the Trust
- Assist ward / departmental managers in the creation of lockdown procedures for each area, building or site
- Overseeing the review of these lockdown procedures as and when required.
- Reference will be made to the National NHS Lockdown Guidance on publication. On release of this guidance this policy will be reviewed.
- Incorporation of the **Move to Critical** (MtC) Plan for UK Threat Level based on 'notable practice' when released by the Civil Contingencies Unit (CCU).

### 4.4 Emergency Preparedness Manager

The Emergency Preparedness Manager (EPM) is responsible for;

- The writing and updating of the Major Incident Plan and policies and procedures which come from it.
- Liaising with the LSMS / LSMS to ensure this policy interfaces with the Major Incident Plan and other related policies and plans.

#### **4.5 Departmental/ Ward Managers – Person in Charge**

Managers are responsible for:

- Being conversant with this policy and ensuring that their staff are made aware of their localized lockdown plan.
- Working with the LSMS / EPM/ Estates to create a lockdown procedure for their area.
- Working with this policy and deciding which Lockdown procedures should be implemented in the specific area and communication to staff.
- Managing lockdown practices to ensure that all staff are aware of their role within a lockdown scenario
- Providing a copy of the completed lockdown procedure to the LSMS
- The implementation of the lockdown procedure when required
- Reviewing their lockdown procedures at yearly intervals or if there is any significant change which impacts upon the procedure.

#### **4.6 Risk Compliance Group**

The Risk and Compliance Group is to receive reports on;

- Key operational lockdown risk areas and assurances by the Head of Health & Safety/ LSMS or nominated deputy.

#### **4.7 Health & Safety Group**

The Health and Safety Group is to:

- Monitor the completion of the Ward / Departmental Lockdown Procedures and the effectiveness of the lockdown procedures as they are practiced.
- Report to the Quality Committee.

#### **4.8 All Staff**

All staff are responsible for;

- Assisting the manager to create a suitable and sufficient lockdown procedure for their work area
- Participating in any lockdown practice
- Complying and assisting in any implementation of a lockdown

#### **4.9 Security Staff**

All Security guards, including the in-house team that provide cover during the day and the contracted team that provide cover during the night and weekend are trained and licensed by the Security Industry Authority (SIA). Security guards are responsible for patrolling areas, and generally basing themselves around the Emergency department. They will respond promptly to all call outs from wards/departments as required and act appropriately. Any Security incidents or acts of crime will be reported to the Head of Health and Safety/ Local Security Management Specialist.

## **5. PROCEDURE / IMPLEMENTATION**

### **5.1 Types of Lockdown**

In locking down a facility, there are three key elements;

- Preventing the entry of people on a trust site.
- Preventing the exit of people on a trust site.
- Preventing the movement of people within a trust site.

In preventing the entry, exit or movement of people, or a mixture of the three, the overarching aim of implementing a lockdown is to either exclude or contain staff, patients and visitors.

A lockdown may be;

- Partial
- Progressive
- Full
- Dynamic

Lockdown is achieved through the combination of physical security measures and the deployment of security personnel.

All visitors are requested to follow directions to support a lockdown; however, it is noted that the containment of any person against their will is prohibited.

#### **5.1.1 Partial Lockdown**

A partial lockdown is the locking down of a specific building or part of a building. The decision to implement a partial lockdown will usually be in response to an incident. This response will help to ensure that identified critical assets such as personnel and property are protected.

#### **5.1.2 Progressive Lockdown**

A progressive or incremental lockdown can be a step-by-step lockdown of a site or building in response to an escalating scenario. The trust should be able to systematically expand the lockdown procedure across a wide range of areas and buildings.

#### **5.1.3 Full Lockdown**

A full lockdown is the process of preventing freedom of entry to and exit from either an entire NHS trust site; specific NHS building or premises that offer NHS services.



In order to ensure a safe and secure environment it is essential that all relevant stakeholders engage in the development of a robust Lockdown Procedure/ plan.

#### **5.1.4 Dynamic Lockdown**

A dynamic lockdown is used in response to a fast moving incident such as firearms or weapons attack either at the site or in the vicinity.

Dynamic lockdown is the ability to quickly restrict access and egress to a site or building (or part of) through physical measures in response to a threat, either external or internal. The aim of lockdown is to prevent people moving into danger areas and preventing or frustrating the attackers accessing a site (or part of). It is recognised that due to their nature some sites may not be able to physically achieve lockdown.

It is likely that a dynamic lockdown would also be used in conjunction with the 'Stay Safe' principles of RUN – HIDE – TELL.

### **5.2 Implementation of a Lockdown**

By its very nature a lockdown should be considered in a variety of situations, many of which require an immediate implementation and others which are in response to a major incident.

It is clear that if an incident is occurring outside a premise, the Ward / Departmental manager or senior member of staff in the premise should have the authority to make a decision to lock the premise as an immediate response to protect patients, staff and property.

Equally, the lockdown can be called by the On-Call Manager as part of the major incident plan in response to a larger or impending risk.

Any lockdown will involve reporting to the Chief Operating Officer (COO)/ Director or On Call Director/ Manager will decide the stage of lockdown:

- Activated
- Deployed
- Maintained
- Stand Down

#### **5.2.1 Activated**

This stage considers the role of staff at the initiation of a lockdown, e.g. where they have to report to and what resources they may require for their role. The Ward/ Department Lockdown Procedure will be activated by the Person in Charge.

The COO/ Director; or On Call Director or Manager will decide the stage of lockdown

### **5.2.2 Deployed**

The Person in Charge or Ward/Department Manager considers the roles staff may be assigned to during a lockdown and how these can be facilitated; further details will be in the Ward/ Department Lockdown Plan.

Key staff such as Portering and Security staff will assist with manual lockdown of entry and exit points to main hospital sites.

### **5.2.3 Maintained**

Details of maintaining lockdown will be in the Ward/ Department Lockdown Plan detailing what action staff should take, this will be managed by the Ward/Departmental Manger or Person in Charge and appropriate erection of signage as necessary.

Key staff, such as Portering and Security staff will assist in maintaining lockdown of the entry and exit points to the main hospital sites erect appropriate signage or cordon off areas as necessary.

### **5.2.4 Stand Down**

The nature and size of the incident will determine if the decision to stand-down is made at a strategic or tactical level e.g. COO/ Director or On-Call Director/ Manager (out of hours).

Once the decision to stand down has been taken, the message to stand down should then be relayed centrally via switchboard to those involved in the lockdown.

The stand-down procedure will be dependent on the nature of the incident by the Person in Charge following consultation from the COO/Director or On-Call Director/Manager. Specific doors and windows may need to be opened first and signage removed in a certain order determined by risk assessing the area when completing the local Lockdown Plan.

## **5.3 Controlling Access in the Event of a Lockdown**

When following assigned duties in the event of a lockdown all employees must remember that because all healthcare sites and buildings are usually open to the public, members of the public have an implied license to enter them.

However, the owner of any such premises has the right to refuse access to any of these premises.

While NHS professionals can give direction within their premises (for example, stating which exit someone can use), it is unlawful to forcibly prevent exit from NHS premises (with the exception of patients legally detained).

Nonetheless, there may be circumstances when a lockdown from existing NHS premises (or part of them) is desirable. If this occurs, NHS staff can only appeal to individuals to stay in the site and/or building identified for

lockdown. If individuals chose to leave then a safe route must be available for them to do so. (With the exception of patients legally detained).

## **5.4 Developing Plans for Lockdown**

- a) Identify Local Stakeholders
- b) Complete the Building / Departmental / Ward Profile – consider a refuge room.
- c) Complete a local Lockdown Plan for your Ward/ Department or areas – refer to Checklist and Action Flowcharts. Ensure your Lockdown Plan is accessible in an emergency.
- d) Communicate with and Training of all relevant staff

### **5.4.1 Identification of Local Stakeholders**

Stakeholders in this context are the people / organisations who will be either instrumental in establishing an effective lockdown, or affected by the implementation of a lockdown. These stakeholders must be included in the planning process at some point.

#### **Internal:**

- Health & Safety/ LSMS, EPM, Estates, Fire, Security, Ward / Departmental Managers

#### **External:**

- Police, Fire, Ambulance, Civil Contingencies Unit (CCU), Local Authority, other NHS Trusts.

### **5.4.2 Building Profile**

Create a building/ departmental/ ward profile (Appendix A) to review the functionality and capability of the buildings to lockdown either fully, partially or progressively. This will help you assess the risks that are present, and the complexities of locking the building down.

This will include:

- A full inventory of doors and windows,
- The ability to control access either manually or automatically
- Location of access and egress points

To be considered by Estates department:

- The amount of glazing and ability to resist a blast or forced entry
- The building shape, height and condition for surviving a blast
- Whether there is air conditioning or air management throughout which could spread a contaminant
- Where power supplies are housed

### **5.4.3 Refuge Room**

As part of the assessment, a room should be identified which has a telephone, is lockable and ideally has minimal windows. This will be the safest area in the event of a major assault against the building. Although unlikely to be required, it is preferable to have identified this room prior to it being required (note in Building Profile).

### **5.4.4 Lockdown Plan**

Each Trust building or site should be capable of quickly achieving a partial or full lockdown in the event of any given emergency. These arrangements will vary in complexity depending on the size of the premises and the scale of the emergency.

For each building or site an assessment will be made on the capacity and capability to lockdown, which will feed into the creation of robust lockdown procedures for that separate premise and site. The level and robustness of the lockdown will be dependent on a variety of factors and a specific Lockdown Plan is required.

The Lockdown Plan is to be completed by the Department/ Ward Manager, with the advice of the Head of H&S/LSMS, EPM and Estates department if required.

The Lockdown Plan checklist (Appendix B) is an aide memoire to ensure that the person creating the procedure has considered all aspects that may be required. If, after completing the checklist, any aspect has a NO answer, then this should be rectified and the checklist completed again until the answer is YES.

### **5.4.5 Lockdown Action Flowchart**

Depending on the nature and type of incident refer to the Action Flowcharts in Appendix D and E and your localized ward/ department Lockdown Procedure.

Ensure the Action Flowcharts and signage in Appendix C, D and E is printed off and kept with your Lockdown Procedure.

## **5.5 Storing the Lockdown Plan**

Copies of the Lockdown Plans will be available in each of the Trust premises. In addition to this copies of all the Trust Lockdown procedures will be held by the Head of Health & Safety / LSMS and EPM who will be responsible for monitoring that the plans are updated as required.

## **5.6 Communication and Training**

All staff should be aware of what is needed when a lockdown is required, this should be discussed at team meetings or other means and regularly updated.

There are no specific training needs in relation to this policy, but the following staff will need to be familiar with its contents:

- Managers of buildings, departments, wards and areas
- Security staff, including their managers
- Estates Officers/ Managers
- And any other individual or group with a responsibility for implementing the contents of this policy.

All staff must be aware of the key points that this policy covers and their own local ward/department Lockdown Plan, they can be made aware through a variety of means such as:

Team Brief	Weekly Newsletter	Trust wide mail drop
Team meetings	One to one	Trust wide email
Special meetings	Supervision	Local Induction
Posters / A Boards	CPD sessions	Practice Development days

## **5 MONITORING ARRANGEMENTS**

Head of H&S/ LSMS and EPM will monitor the effectiveness of this policy and will amend as required in light of updated or further guidance.

## **6 EQUALITY IMPACT ASSESSMENT**

An Equality Impact Assessment (EIA) has been conducted for this Policy.

## Building / Departmental / Ward Profile

<b>Site: Ward/Dept:</b>		<b>Manager: Division:</b>
<b>Characteristics</b>	<b>Information Required</b>	<b>Status</b>
<b>Description of building's present use</b>	What is it used for? Is it multi- occupancy?	Checked by:
	Is it secure area (i.e. unrestricted movement within the building)?	Date:
<b>Basic plan of Ward/ Department (include No of Beds)</b>	<b>Basic Plan of Ward/ Department can be attached and brief details including floor level and surrounding area:</b>	Checked by:  Date
<b>Are you able to secure your Ward/ Department?</b>	<b>How many entrance/ exit points are there to your Ward/ Department including fire exits? Are doors lockable?</b>	Checked by:  Date
<b>Access and egress points in the building</b>	<b>Do you need a swipe access card to access your Ward/ Department? Please specify in hours and out of hours:</b>	Checked by:  Date
<b>Refuge Safe Area</b>	<b>Is there a refuge safe area with a telephone, minimal windows and lockable door?</b>	Checked by:  Date
<b>Who owns the property</b>	<b>If it is private property, can it be locked down?</b>	
<b>Completed By:</b>		<b>Date:</b>

Completed copy to Head of Health & Safety/LSMS and Emergency Planning Manager Retain a Copy for your file

## Checklist for Ward/ Department Lockdown Plan

<b>PRELIMINARIES</b>	<b>Yes/No Comments</b>
Is there a Ward / Departmental / manager?	
Were they involved in this assessment and procedure?	
Have you completed the Building/ Departmental/ Ward profile?	
Have you had discussions with other building occupiers?	
Have you printed off all Action Flowcharts and Notice signs?	
Ensure your Ward/ Departmental Lockdown Plan is stored with your Business Continuity Plan (BCP) which is accessible in emergency.	
<b>ASSESSMENT</b>	<b>Yes/No Comments</b>
Are all the doors lockable? Who has access to the keys?	
Can you over-ride swipe access doors? If so, how?	
Are all the windows lockable or restricted access?	
Have you designated a single entrance for use in emergencies? Are all other entrances locked?	
Do you have a designated 'refuge' room within your area? (land line, mobile friendly and lockable)?	
Are portering or security staff required in your area to physically stand at entrances/exit?	
<b>KNOWLEDGE</b>	<b>Yes/No Comments</b>
Have staff been notified of lockdown and what it is?	
Are staff aware of location of Lockdown Plan, signs and Action Flowcharts?	
Are staff aware of who the Person in Charge is should the manager be absent?	
Is the person in Charge aware of action to take in the event of a lockdown?	
Do all staff know where the designated 'refuge' room is (land line, mobile friendly and lockable)?	
Do staff know who to report to? (Switchboard/ Ops control room / Director/ On-Call Director)?	
<b>CHECKING</b>	<b>Yes/No Comments</b>
Test your Lockdown Plan at least once a year? Please add any comments with regard to your last test.	
Time and date of last Lockdown Plan test.	
Have you informed the Head of Health & Safety/LSMS and Emergency Preparedness Manager?	

PROCEDURE	Yes/No Comments
Is there a fast and effective process for notifying all the staff of a lockdown.	
Do staff have access to the Lockdown Plan, Action Flowcharts and signage?	
Do staff know how to lockdown windows and doors and implement the Lockdown Plan?	
Are staff aware of the role of portering and security staff.	
Do staff know which telephone is going to be used by the Ops control or Switchboard to contact them.	

If the answer is NO to any of the above, rectify and re-assess.

**Completed copy to Head of Health & Safety/LSMS and Emergency Planning Manager  
Retain a Copy for your file**



Due to an incident the hospital

Is

**Locked Down**

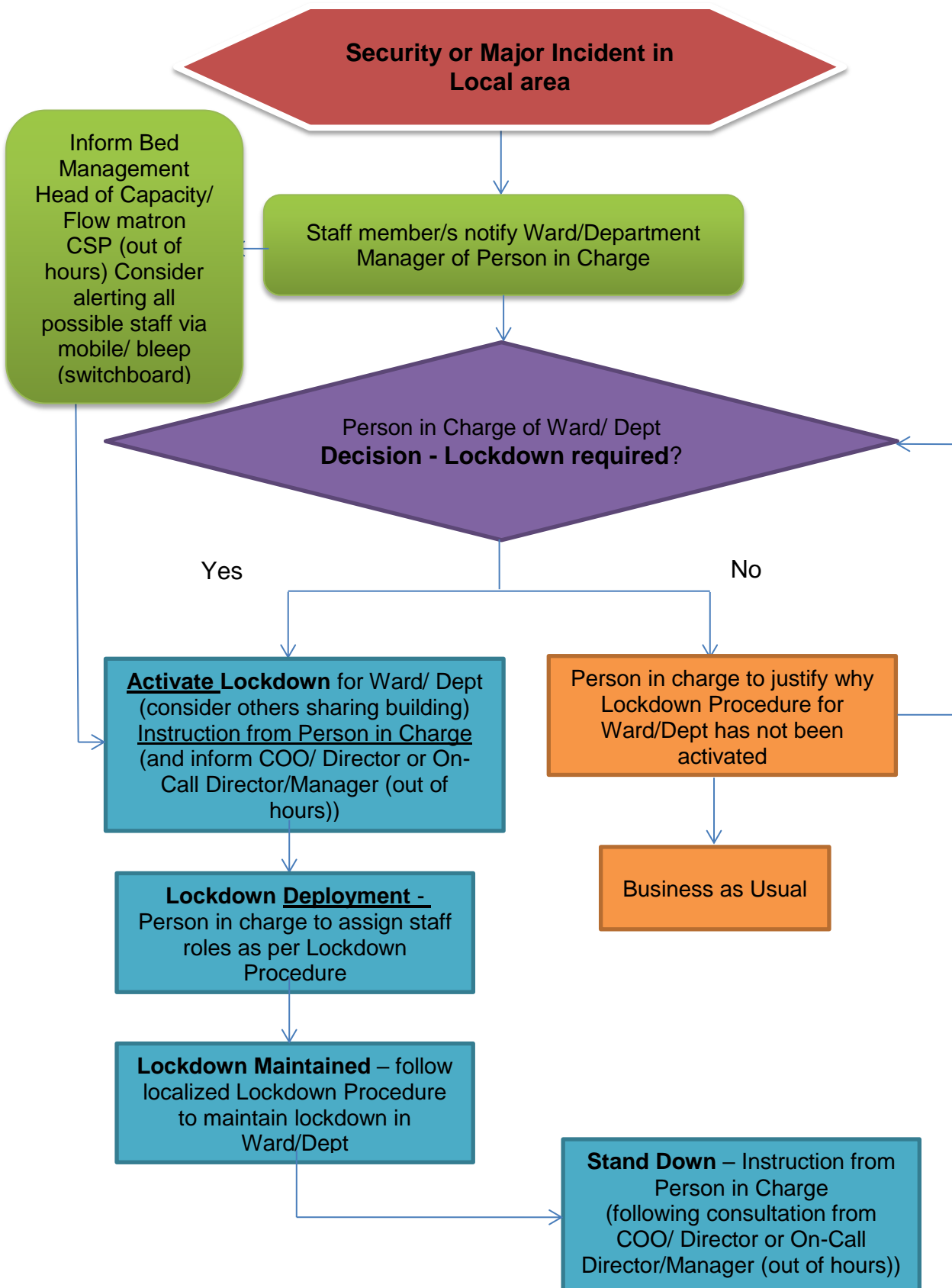
And this entrance is currently

**CLOSED**

This situation is under constant review and access will be re-opened as soon as it is safe to do so.

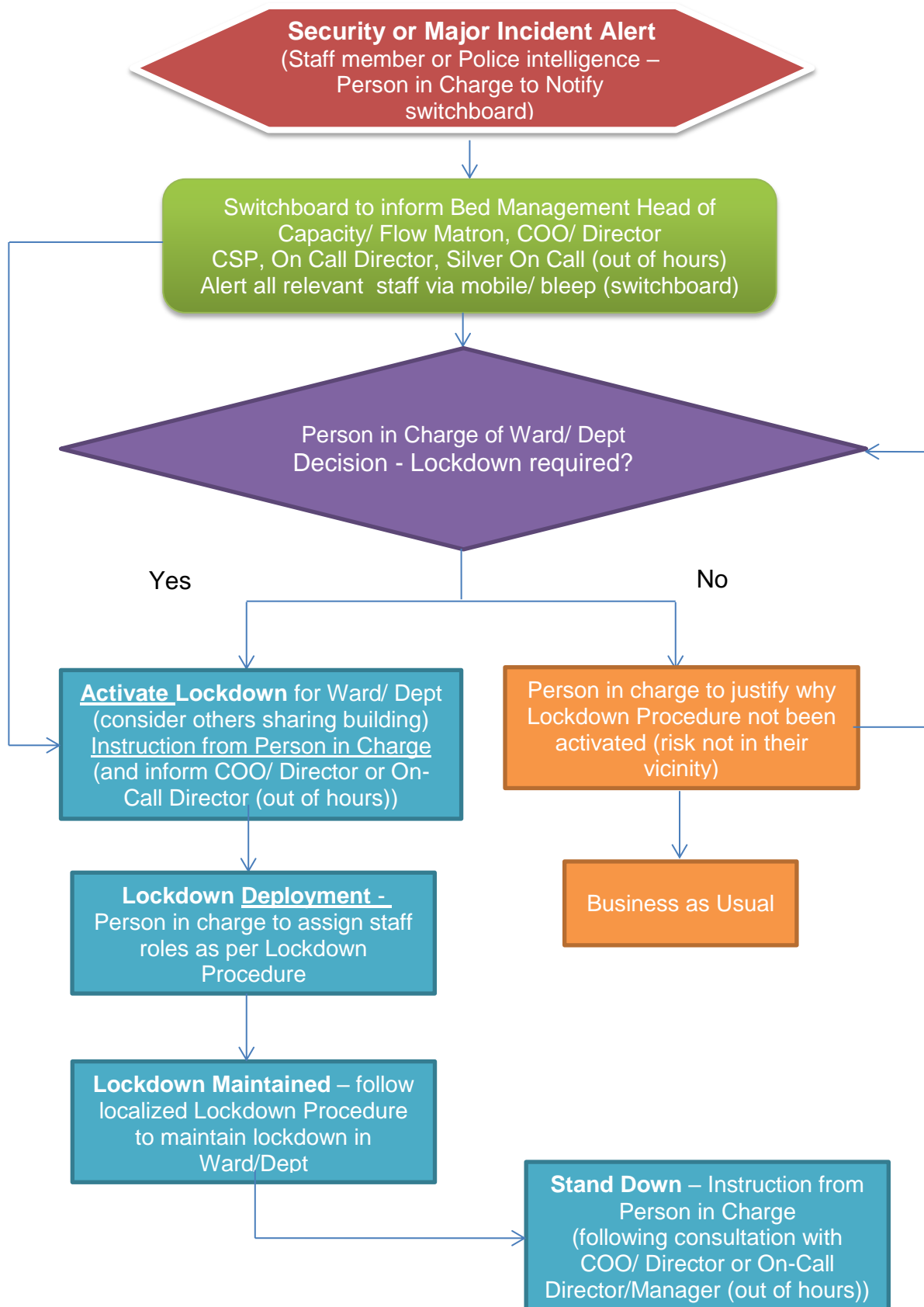
Staff members should use the designated entrance or an entrance as, directed.

### Lockdown Action Flowchart – Local Risk



**Note:** refer to Major Incident Plan and Business Continuity Plan for your Ward/Dept

## Lockdown Action Flowchart – Trust-wide Risk



**Note:** refer to Major Incident Plan and Business Continuity Plan for your Ward/Dept

