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SLRF Emergency Home Closure Protocol

Emergency Home Closure Protocol

Final Draft Version 1.0

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Surrey's
Local Resilience
Forum

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This protocol is to be used to respond to an emergency event such as a flood, or fire which has affected a care or nursing home.

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Section 1: Overview

1.1. Background and Purpose

- 1.1.1 A care home may be closed during an emergency if it is affected by a flood, fire, or another event which may require the evacuation of a care or nursing home. This might be a partial or full evacuation.
- 1.1.2 The evacuation of a care home during an emergency may need to occur in quick time (in response to a fire for example), or there might be some time to plan before an evacuation has to occur, (for example in response to a flood event).
- 1.1.3 In either case the evacuation of a care home is likely to need a specialist response from partners to ensure that there is appropriate support provided to vulnerable residents. (Please see section 2.9 a list of partners who may be required to support such a response.)
- 1.1.4 Whilst all care and nursing homes should have emergency response/ business continuity plans in place to manage such an event, they are likely to require support from across responding agencies.

1.2. Aim and Objectives

- 1.2.1 This protocol aims to ensure that an emergency care home closure is dealt with effectively between Surrey Local Resilience Forum (SLRF) responding partners.
- 1.2.2 The objectives of this protocol are:
- To identify the way in which this protocol will be activated and partners notified
 - To explain how the process of a care home evacuation will be managed between responding organisations
 - To clarify the roles and responsibilities of agencies in providing care support

1.3. Scope

- 1.3.1 Arrangements detailed within this protocol intend to supplement organisations internal welfare plans and arrangements. The arrangements for how each agency will meet the requirements detailed within this protocol should be detailed within internal response plans.
- 1.3.2 The term care home encompasses the following:
- Residential Care Home
 - Nursing Home
 - Dual Registered Home

1.4. Linking Plans

1.4.1 This plan should be read in conjunction with the following documents and aims to compliment command and control arrangements, as well as outline the roles and responsibilities of responders listed within them:

- Internal Care Provider Failure Plans
- SLRF Emergency Assistance Centre Plan
- SLRF Identifying Vulnerable People in an Emergency Plan
- SLRF Major Incident Communications Plan
- SLRF Major Incident Protocol
- SLRF Mass Evacuation Plan
- SLRF Supporting Vulnerable People in Situ Protocol
- SLRF Voluntary Capabilities Document
- Surrey 4x4 Vehicle Protocol

Section 2: Activation

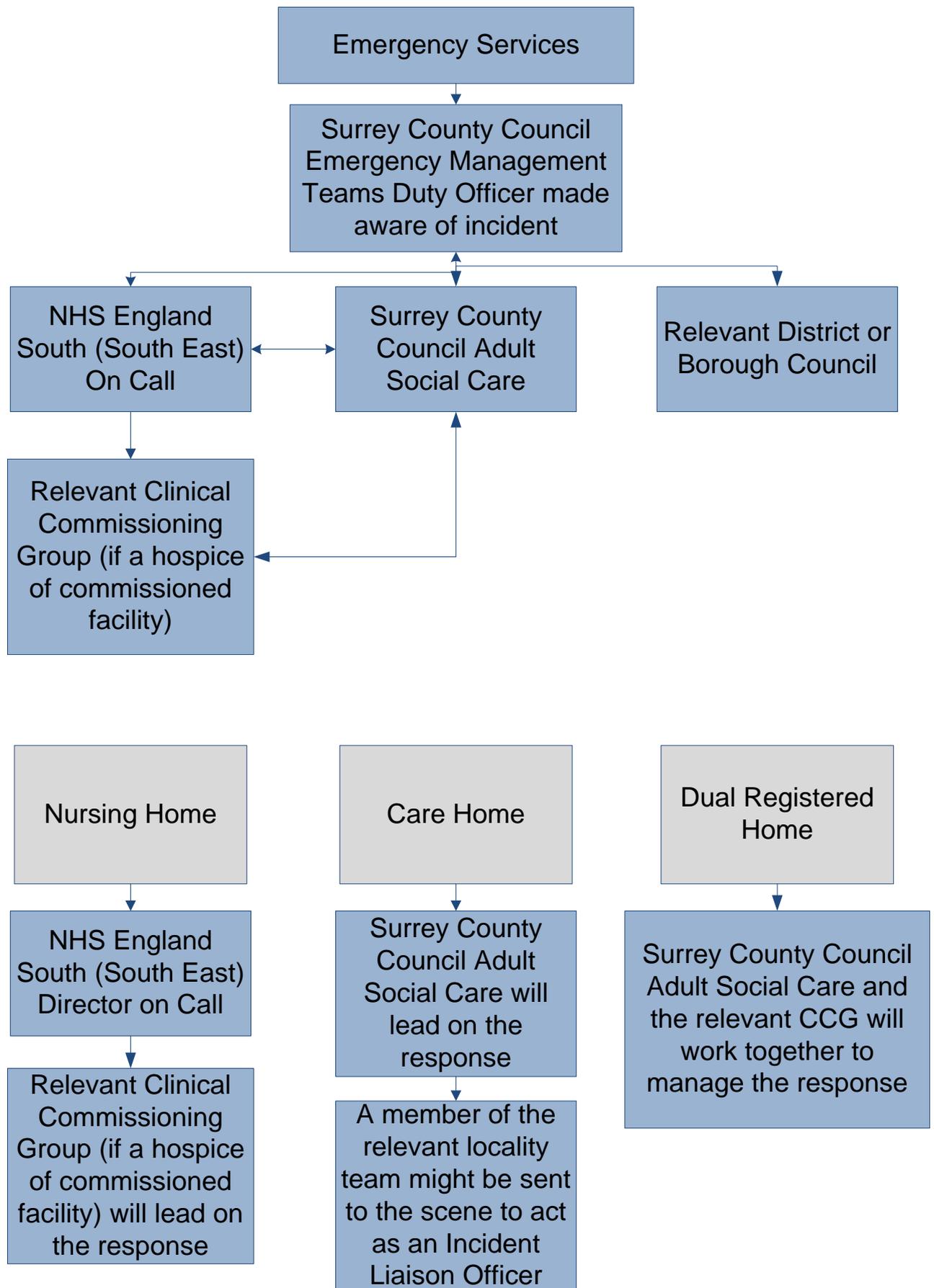
- 2.1 Emergency Services will contact Surrey County Councils (SCC) Emergency Management Team (EMT) (via the Duty Officer), to inform them of an incident affecting a care or nursing home if an emergency event occurs.
- 2.2 The SCC Duty Officer will then contact SCC Adult Social Care, NHS England South (South East) On Call and the relevant District or Borough Council to notify them of this incident.
- 2.3 If the premise affected is a nursing home, or another health commissioned home, the NHS England South (South East) On-Call will then contact the relevant Clinical Commissioning Group/s (CCG) (s) to take the lead on the response and onward care of the residents.
- 2.4 The relevant CCG are to maintain a close liaison with the SCC Adult Social Care representative and the SCC Duty Officer to ensure that a collaborative response to the incident occurs.
- 2.5 If the premise affected is a care home, then SCC Adult Social Care will take the lead on the response and onward care of the residents, but will maintain a close liaison with the NHS England South (South East) On-Call, the relevant Clinical Commissioning Group/s (CCG) (s), and the SCC Duty Officer to ensure that a collaborative response occurs.
- 2.6 SCC Adult Social Care is likely to send a member of the relevant locality team to attend the scene to ensure that the care of residents is being coordinated effectively.
- 2.7 If the home is dual registered then SCC Adult Social Care the relevant Clinical Commissioning Group/s (CCG) (s) and the NHS England South (South East) On-Call will work together to manage the welfare response and onward care of the residents.

2.8 Figure 1 below, the Home Closure Response Activation highlights this communication flow, as well as the lead agency responsible for taking the lead on each type of home.

2.9 To ensure that a multi-agency response occurs to meet welfare needs effectively and in a coordinated manner, it is advisable that the SCC Duty Officer sets up a teleconference between the following partners to discuss how the welfare needs of affected residents will be met. Please see [Appendix 1](#) for a suggested agenda.

- Adult Social Care
- Care Home Provider
- NHS England South (South East) On Call
- Relevant Clinical Commissioning Group/s (CCG) (s)
- Relevant District and Borough council
- Voluntary Sector (as required)

Figure 1 Home Closure Response Activation



It is advisable that a teleconference is called by the SCC Duty Officer once partners have been notified to discuss how the welfare needs of affected residents will be met during the response.
Please see Appendix 1 for a suggested agenda.

Section 3: Actions, Roles and Responsibilities

3.1 Action

- 3.1.1 Once all partners as highlighted in [section 2.9](#) above have agreed an action plan for responding to this incident then all partners are to undertake their roles and responsibilities as detailed below.
- 3.1.2 The emergency services will be responsible for undertaking the evacuation of an affected home as required. The SLRF Major Incident Protocol provides further detail around organisations roles and responsibilities at an incident scene.
- 3.1.3 In response to an emergency event South East Coast Ambulance Service (SECamb) would assist in transporting residents to a place of safety, as per their clinical need.
- 3.1.4 Care Home Providers should have in place emergency response/ business continuity plans to manage such an event. If this is the case then agencies should provide support, as required.
- 3.1.5 Residents should be moved to a place of safety appropriate for them. This may be in other care or nursing home facility sourced by health or social care colleagues, or in other temporary accommodation such as a rest centre or hotel, as appropriate. This should be determined by the ASC ILO on scene

3.2 Clinical Commissioning Group

- 3.2.1 Clinical Commissioning Groups are responsible for:
- Keeping a record of all actions and decisions made
 - Attending the initial teleconference to discuss how residents welfare needs will be supported
 - For a health care commissioned, or dual registered home identify and source bed spaces in other facilities for affected residents with the relevant adult social lead
 - For a health care commissioned, or dual registered home identify and source staff to assist in caring for affected residents at new identified homes with the relevant adult social lead
 - Facilitating the provision of emergency or replacement medication via 111 (or out of hours GP service). A local pharmacy can also be opened if required
 - Liaising with the relevant Community Providers to:
 - Respond to medical needs as required
 - Provide appropriately qualified staff to administer medication, prophylactics, vaccines and other counter measures if required
 - Arrange for the provision of mental health assessment or psychosocial support if required
 - Coordinate appropriate psycho-social support to affected residents and family and friends of deceased following an incident

- Provide appropriately qualified staff to a Rest Centre if opened to give assistance to those evacuees requiring non-acute medical care and suffering from the effects of trauma
- Amending NHS patient's care plans as appropriate following an incident

3.3 District or Borough Council

3.3.1 District or Borough Councils are responsible for:

- Keeping a record of all actions and decisions made
- Activating their internal Identifying Vulnerable People in an Emergency Plan
- Attending the initial teleconference to discuss how residents welfare needs will be supported
- Assisting in providing transport to take affected residents to new homes, or emergency assistance centres, as required
- Sourcing, opening and managing an appropriate Rest Centre as required

3.4 NHS England South (South East)

3.4.1 The NHS South (South East) Director on Call is responsible for:

- Keeping a record of all actions and decisions made
- Activating the NHS Identifying Vulnerable People in an Emergency Plan
- Supporting the relevant Clinical Commissioning Group/s (CCG) (s) as they liaise with Community Providers as set out above.

3.5 Surrey County Council- Adult Social Care

3.5.1 Adult Social Care is responsible for:

- Keeping a record of all actions and decisions made
- Activating the SCC Identifying Vulnerable People in an Emergency Plan
- Send a locality team member to the scene to act as an Incident Liaison Officer (ILO) to ensure welfare needs are being met if possible and to coordinate the response at the scene. The ILO is to maintain a close liaison with the Area Director, or Senior on Call Manager for the duration of the incident
- For a care or dual registered home identify and source bed spaces in other facilities for affected residents along with the relevant clinical commissioning groups (CCGs), NHS community and mental health service providers
- For a care or dual registered home identify and source staff to assist in caring for affected residents at new identified homes, or emergency assistance centres, along with the relevant clinical commissioning groups (CCGs), NHS community and mental health service providers
- Update case notes as appropriate following an incident
- Amended care plans as appropriate following an incident

3.6 Surrey County Council- Emergency Management Team

3.6.1 The Emergency Management Team is responsible for:

- Keeping a record of all actions and decisions made
- Activating the initial teleconference to discuss how residents welfare needs will be supported
- Activating the Identifying Vulnerable People in an Emergency Plan Part 1
- Sending an Incident Liaison Officer to the scene, if appropriate and required
- Assisting in providing transport to take affected residents to new homes, or emergency assistance centres, as required
- Activating voluntary agency support as required
- Maintain a close liaison with all partners as required
- Ensuring that a formal de-brief takes place following an incident of this nature

3.7 Voluntary Sector

3.7.1 The Voluntary sector can be called upon to provide support in the form of:

- Care of animals
- Clothing
- Emotional support
- First aid
- Psycho-social support
- Refreshments
- Transport including ambulance support for non emergency cases. Please see the SLRF Mass Evacuation Plan for transportation options.

3.8 Care or Nursing Home Provider

3.8 Care or nursing home providers are responsible for having business continuity/ evacuation plans which they are to follow in such an event.

Section 4: Stand Down

- 4.1 The responsible agency as detailed in [Figure 1](#) above, in liaison with other responding partners will be in charge of standing down, once they are happy that all residents' welfare needs have been dealt with, and when the incident itself is over. Stand down should only occur when all relevant actions have been followed up to a satisfactory level and appropriate details transferred to case notes as applicable.
- 4.2 The SCC Duty Officer should be informed when responding teams have been stood down.
- 4.3 Residents of affected premises may have to be helped to return to their homes once the incident has been stood down and homes have been checked to determine if they are habitable. District and Borough Councils and

the SCC Duty Officer should liaise to ensure that any transport needs to assist with this process are dealt with.

4.4 Following an incident a formal debrief should be held with all responding partners so that learning can be identified and lessons learnt.

4.5 Responding partners may also want to hold internal debriefs to ensure that learning identified for their organisation is captured and built upon.

Section 5: Appendices

Appendix 1- Suggested Agenda

Agenda/ Actions

1. Introduction of attendees, roles and responsibilities
2. Confirm the nature and extent of the incident
3. Confirm the number of identified vulnerable people affected within the home
4. Confirm their needs
5. Determine what the business continuity arrangements of the affected premises are and how these can be assisted if appropriate
6. If no alternative accommodation arrangements are in place determine if residents should be sheltered at an emergency assistance centre whilst spare beds are being sought
7. Agree the process for identifying spare bed capacity
8. Confirm the support available
9. Assist in arranging appropriate transport and further support as required
10. Agree next steps
11. Agree the time of a next meeting if required

Appendix 2- Glossary

Glossary

ASC	Adult Social Care
CCG	Clinical Commissioning Group
EMT	Emergency Management Team
ILO	Incident Liaison Officer
SCC	Surrey County Council
SLRF	Surrey's Local Resilience Forum
