NHS
Northumberland, Tyne and Wear
NHS Foundation Trust

SM-PGN-10 Security Management - Practice Guidance Note Hospital Lock Down in Emergency Situations V03		
Date Issued **Issue 1 – Mar 2018**	**Planned Review** **Mar 2021**	**SM-PGN-10** Part of NTW(O)21- Security Management Policy
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Appendices-Listed separate to the PGN

EQUALITY STATEMENT

Northumberland, Tyne and Wear NHS Foundation Trust (the Trust) aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the Human Rights Act 1998 and promotes equal opportunities for all. This document has been assessed to ensure that no employee receives less favourable treatment on grounds of their gender, sexual orientation, marital status, race, religion, age, ethnic origin, nationality, or disability.

Members of staff, volunteers or members of the public may request assistance with this policy if they have particular needs. If the member of staff has language difficulties and difficulty in understanding this policy, the use of an interpreter will be considered.

The Trust embraces the four staff pledges in the NHS Constitution. This practice guidance note (PGN) is consistent with these pledges.

1 INTRODUCTION

Lockdown is the process of controlling the movement and access – both entry and exit – of people (NHS staff, patients and visitors) around a Trust site or other specific building/area in response to an identified risk, threat or hazard that might impact on the security of patients, staff and assets or, indeed the capacity of that facility to continue to operate. A lockdown is achieved through a combination of physical security measures and the deployment of security personnel.

1.1 In the event of a terrorist incident the response by the NHS will be of paramount importance in protecting its staff, patients and visitors, and its properties and assets.

1.2 The lockdown principles and toolkit contained in this guidance will help to ensure the safety and security of all of the above in the event of a terrorist incident. However, locking down a health sector site will not only occur in these circumstances. It is far more likely that a lockdown will be called in response to other kinds of security breach, such as a serious altercation in a hospital based public area or a suspected infant abduction. A decision to lock down may take place as a result of a Major Incident. This guidance and procedure should be read in conjunction with Trust Major Incident Plans.

2 PURPOSE AND SCOPE

2.1 In collaboration with Northumbria Police or as a result of a major incident, a lockdown may be implemented as part of Northumberland, Tyne and Wear NHS Foundation Trust (the Trust/NTW) Major Incident Plan. However; there may be occasions when local Managers will need to achieve a lockdown, for example in the event of a missing child or patient, and to avoid precious moments being lost,

commence the process for securing an area. Similarly if a brawl between youths were to break out in a hospital based public area, the person in charge of the department may make the decision to lockdown the department to prevent other patients being affected.

2.2 The purpose of this guidance is to provide managers and staff with a toolkit that enables them to follow appropriate steps to develop a robust plan to achieve a lockdown of the site that they manage/occupy. It is important to remember many sites/buildings have multi-occupancy arrangements and these must fit with the high level lockdown plan.

2.3 This guidance relates to managers and employees of the Trust.

2.4 This guidance covers all employees within the Trust and will supersede all other relevant guidance under previous terms and conditions of employment held by individuals who have transferred into the Trust from other NHS organisations.

3 DUTIES AND RESPONSIBILITIES

3.1 The **Chief Executive** holds the overall responsibility on behalf of the Trust as the Accountable Officer and the **Executive Director of Nursing & Chief Operating Officer** is the nominated Board Member with special responsibility as the Security Management Director. Their responsibility includes:

- Ensuring the aims and objectives of this guidance and procedure are met.
- Ensuring adequate resources are made available.
- Ensuring any processes in place for management of a lockdown are reviewed by managers and the Board.

3.2 The Trust Resilience Leads are responsible for the development of the Emergency Preparedness Plan which documents plans and advice on preparing for specific types of disaster and/or attacks. The Trust Resilience Leads and the Clinical Police Liaison Lead will be responsible for maintaining relationships with external agencies which will include:

- The **Police,** who will be able to inform on local threats and hazards. They will also be able to estimate the level of support they can provide during a lockdown.
- Representatives from **fire** and **ambulance services** will need to be engaged to identify if and how lockdown will affect their work.
- Representatives from the **local authority** will need to be engaged with as they will be responsible for roads on the NHS site and roads directly adjacent to the NHS site/building. During a lockdown, some of the roads may need to be closed.

3.3 As part of the emergency preparedness procedures the Trust Resilience Leads will hold copies of the lockdown plans that relate to the various premises. These may need to be referred to in the event of a major incident and will also be available in Directors on-call packs.

3.4 The **Safer Care Department** can offer advice about the identification of critical assets and assessing risk (for example in relation to building capability) and how risks can be minimised.

3.5 The Trust **Fire Safety Officer** will provide advice on fire safety and the operation and functionality of fire doors. Liaison with the local fire service may also be necessary at this point too.

3.6 **NTW Solutions** will lead on issues relating to the functionality of buildings and building resilience. They will have an in-depth knowledge of the structure and various systems that operate within any building and their knowledge will be invaluable when determining whether it is possible to achieve a full or partial lockdown.

3.7 The **Communications Team** will help to ensure that a controlled message for staff, patients and visitors within the Trust and a message for the outside world as well. The local media can be very helpful in directing people away from a site or building. The communications team will be able to seek their assistance, so it is important that they are involved and kept up to date over the situation.

3.8 The **Head / Deputy Head of Safety, Security and Resilience** are responsible for:

- Providing guidance over the characteristics that will influence the ability of any site to effectively lock down, and the resources required to do so.
- Assist in the development of a lockdown risk profile, taking into consideration local circumstances.
- Assist in undertaking a lockdown.
- Support inter-agency collaboration.

3.9 All **Group Directors / Associate Directors / Departmental Managers** are accountable for ensuring that:

- They work with their teams, estates representatives, the Fire Officer and the Head / Deputy Head of Safety, Security and Resilience to, identify and document the critical assets within the site;
- Where necessary help to develop a lockdown profile for their site/department taking into consideration local circumstances and the NHS services provided. Managers must keep in mind that if there is a change to the services provided at a site, the lockdown plan must be reviewed to ensure that it reflects the new situation. For example the opening of a new ward or re-locating of children's' services to a remote area within a building or premises.
- Help determine if a lockdown (or partial lockdown) is achievable
- Where necessary identify appropriate resources to undertake a lockdown
- In consultation with local Stakeholders develop a lockdown plan.
- Share details of the agreed lockdown plan with their teams to ensure that if, or when implemented, all staff is aware of their role and responsibility.

- That plans are tested for robustness and appropriate amendments or revisions are cascaded.

3.10 All **Employees** have a responsibility to take reasonable care of their own safety and security, as well as the safety and security of others and to participate as required in the event of the implementation of a lockdown. In order to support a lockdown, staff are likely to have to carry out activities that are outside of their normal job description.

3.11 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.

4 TYPES OF LOCKDOWN

4.1 In locking down a facility, there are three key elements; preventing the **entry, exit** and **movement** of people on a Trust site, part of a Trust building or in a building or site where NHS services are provided. 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.

4.2 A lockdown is the process of preventing freedom of entry to, exit from or movement within a Trust site. In this way either contain or exclude staff, patients and visitors. A lockdown may be characterised as either **partial (static or portable), progressive** or **full**.

4.3 Controlling access or the exit of members of the public in the event of a lockdown.

4.3.1 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 licence to enter them. However, the owner of any such premises has the right to refuse access to any of these premises.

4.3.2 In the absence of the police, who are able to enforce a containment cordon, it will be only lawful for an NHS Trust to prevent the exit of a significant number of people from its premises by utilising specific legislative provision (e.g. emergency regulations under the Civil Contingencies Act and/or Public Health (Control of Infectious Disease) Act 1984) which provides for the protection of the public from notifiable disease. Even when these specific regulations can be used, specific tenets of the Human Rights Act 1998 must be considered – for example a person's right to liberty (Article 5) and an individual's right to a family (Article 12). Without these regulations it is likely that exit could **only** be prevented in relation to specific individuals in certain circumstances, which are likely to be limited to the following situations:

- The individual is committing an offence or causing injury or damage to property which may lead to him being arrested
- They are detained under the Mental Health Act or otherwise lawfully detained.

4.3.3 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 unless it is for the reasons stated above. Without these justifications, NHS staff could be open to legal action under criminal and/or civil law if they prevent a person from leaving.

4.3.4 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.

4.4 Partial Lockdown (Static or Portable)

4.4.1 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.

4.4.2 A partial lockdown which may have been **static** in nature may evolve into a **portable lockdown** whereby an ongoing lockdown is moved from one location to another.

4.4.3 **Example –** A member of a gang has attended a Walk in Clinic for treatment. Staff are aware that other gang members may attend to retaliate, so lockdown the department. The lockdown is not sustainable for long periods so the gang member is moved to a secure room/ward area where similar lockdown procedures can be applied, for example by security staff being stationed outside the room/ward.

4.5 Progressive Lockdown

4.5.1 A **progressive** or **incremental lockdown** can be a step-by-step lockdown of a site or building in response to an escalating scenario.

4.6 Full Lockdown

4.6.1 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.

4.6.2 It is important to take into consideration that preventing freedom of access to NHS premises at a particular entry point may result in attendees seeking other points of access.

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

5 PROCEDURE

5.1 By using the appendices that accompany this guidance, the Director/Manager of each site will be able to develop a lockdown profile which may be categorised as **adequate lockdown capability** or **additional resources are needed**.

5.2 Key factors are:

- **Identification of local Stakeholders**
- **Identify and complete a critical asset inventory (Appendix A)** and establish vulnerabilities, for example Walk in Clinics and generators. This should be done by the **Head / Deputy Head of Safety, Security and Resilience** in conjunction with the clinical staff, who will need to identify specific vulnerabilities surrounding patients.
- **Categorise the vulnerability of the property or assets (Appendix B):**

  - **High Risk** – site or part of site/building is a high profile area/building as it contains a critical asset, either physical or non-physical, and the site/building security profile is inadequate to lock it down
  - **Moderate risk** – site or part of site/ building is a moderate-profile area/building, the asset is important but not critical and the building and security profile is marginally adequate but could be improved
  - **Low risk -** site or part of site/ building is not a high profile area/building as it does not contain a critical asset, and the existing building and security profile is adequate
  - Develop a **Site Profile (Appendix C)** taking into account the physical geography of the healthcare site – for example, the size of the site, marking out its perimeter, access and egress points, the location and route of communications and the number of buildings on the site. Up to date site maps, floor plans and aerial maps in conjunction with a live walk through should facilitate the development of this profile. This should be done in conjunction with a member of the Estates team and the Head / Deputy Head of Safety, Security and Resilience.
  - Create a **Building Profile (Appendix D)** to review the functionality and capability of the buildings to lockdown either fully, partially or progressively. This will include a full inventory of doors and windows and their locations, the ratio of glazing and the ability to control access either manually or automatically. The condition of the premises, its shape and height, whether it has air conditioning and where power supplies are housed will all need to be documented
  - **Security Profile (Appendix E)** this will concentrate on existing security measures and it is important to establish where there are vulnerabilities that may threaten the ability to lock down fully, partially or progressively. In simple terms when reviewing the site it should be considered in concentric rings, the outer perimeter, building perimeter and interior of the buildings. It is recommended that these rings enclose the critical asset so that the robustness of security measures increase towards it. In this way we may have multiple sets of concentric rings within a single site depending on the location of critical assets
  - **Review of staff support for a lockdown (Appendix F).** This will enable Managers to establish who is available to support a lockdown. Consideration should be given to neighbouring NHS locations as arrangements may be put in place to allow staff to be released to support a lockdown

5.3 Following the review of the site, building and security of the premises, managers will be able to develop a planned approach to implementing a lockdown whether it is partial, full or progressive. Using the Lockdown scenario and evaluation framework **Appendix I** will assist in this task. The local stakeholders should assist and the Head / Deputy Head of Safety, Security and Resilience will be able to provide support over security issues. Staff members should be allocated tasks and responsibilities and these should be documented on staff action cards **(Appendix G)** to ensure the incident is managed. Additional training may be required, for example communication or Conflict Resolution Training for those who may have the responsibility for keeping visitors and patients either inside or out of the area.

- **Staff actions cards (Appendix G)** will need to be created to document the actions that will need to be carried out to ensure a successful lockdown. Cards will need to document the roles of those who will command and control the lockdown process; these should be based around a **Strategic** and **Operational** command. Within staff action cards all roles will need to document the actions that are required to be taken during all stages of a lockdown; activation, deployment, maintenance and stand-down

- **Equipment review (Appendix H)** to establish if appropriate equipment is held to support a lockdown. The equipment documented is not exhaustive and the level of equipment required will be dependent on the profile of the building/site and its vulnerability and the likelihood of potential numbers involved in a lockdown situation

5.4 Once a plan has been developed, it is appropriate to test the plan to ensure that it is effective; to identify and to capture any areas of weakness and to feed these into the development of improved procedures. When testing, it is important to consider the implications of a real event taking place at different times and whether in different circumstances the plan would have succeeded. The implications of a lockdown on Monday at 10am may be significantly different to a Friday at 5pm. **Appendices J, K and L** provide templates to enable staff to evaluate the effectiveness of a lockdown test.

6 APPROVAL, RATIFICATION AND REVIEW PROCESS

6.1 The **Head / Deputy Head of Safety, Security and Resilience** will be responsible for the development of appropriate guidance to support the development and effectiveness of lockdown procedures.

7 REFERENCES

7.1 In developing and documenting this practice guidance note, due account has been taken of the following source documents:

- NHS SMS, Department of Health's Emergency Preparedness Division[1]
- www.dh.gov/Emergencyplanning.
- Secured by Design – Hospitals
- www.securedbydesign.com.pdfs/SBD_Hospitals_110405.pdf.

- The Health Building Note (HBN) 07 and other HBNs and Health Technical Notes (HTNs) – Department of Health's Estates and Facilities' Knowledge and Information portal:

  http://195.92.246.148/nhsestates/knowledge/knowledge_content/home/home.asp

[1] The Emergency Preparedness Division works with a variety of stakeholders to ensure that the NHS is prepared to respond to a wide range of disruptive events, including terrorist attacks, infectious disease outbreaks and natural disasters.