

External Major Incident Plan Ref PLAN-0002-v6(2)

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Document type: Plan

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1. Purpose

Following this plan will help the Trust meet its obligations to:

• Support the major incident plans of other Trusts and Authorities throughout the North East and Yorkshire region. See Appendix 1.

1.1. NHS service-wide for emergency

The NHS service-wide objective for emergency preparedness and response is:

- to ensure the NHS is capable of responding to major incidents of any scale in a way that delivers optimum care and assistance to the victims;
- to minimise the consequential disruption to healthcare services;
- to bring about a speedy return to normal levels of functioning.

2. Related documents

This procedure refers to:-

- Business Continuity Policy
- Security Policy (bomb hoax)
- Internal Emergency Plan
- Locality service plans
 - Durham and Darlington
 - Teesside
 - North Yorkshire and York
 - Child and Adolescent Mental Health Services
 - Forensic Services

3. External major incident process flowchart



The Trust command will be based at: Emergency Control Room (Staff Meeting Room)

West Park Hospital Edward Pease Way Darlington DL2 2TS Tel: 01325 55225 5/6/7/8/9 Fax: 01325 552 260/552 254

Satellite command rooms may be located at:

Roseberry Park IT Education Suite Block 7, Cleveland Way, Room 07.0J014 Marton Road Middlesbrough TS4 3AF Tel: 01642 838091/2/3/4/5/6/7/8/9 Fax: 01642 838 100 / 838 090

Satellite command rooms may be located at:

Cross Lane Hospital Board Room (Room 84) Scarborough North Yorkshire YO12 6DN Tel: 01723 384800/384641 Fax: 01723 365892/341546

4. Command and Control Team

4.1. Based at

Emergency Room (Staff Meeting Room)

West Park Hospital

Edward Pease Way

Darlington

DL2 2TS

Tel: 01325 552 255/6/7/8/9

Fax: 01325 552 260 / 01325 552 254

4.2. Satellite Command Rooms

May be located at:

Roseberry Park Cross Lane Hospital

IT Education Suite Cross Lane
Block 7, Cleveland Way Scarborough
ROOM 07/OJ014 North Yorkshire

Middlesbrough YO12 6DN

TS4 3AF **Tel:** 01723 343 500

Fax: 01642 838 100 / 01642 838 090

4.3. Membership of Command and Control Team

4.3.1 Command and Control Team Members

Team Role	Named Person	Deputy 1	Deputy 2
Team Leader Trust Emergency Planning / Pandemic Influenza Lead	Brent Kilmurray Chief Operating Officer 01325 552306 brent.kilmurray@nhs.net	Chris Stanbury Director of Nursing and Governance 0191 333 3583 07971 020257 (w) 07799 455920 (p) Chris.stanbury@nhs.net	Director On Call
Nursing and Governance	Chris Stanbury Director of Nursing and Governance 0191 333 3583 07971 020257 (w) 07799 455920 (p) Chris.stanbury@nhs.net	Lesley Mawson Associate Director of Nursing and Compliance 0191 333 6591 07974 222893 Lesley.mawson@nhs.net	Christine McCann Associate Director of Nursing and Governance 0191 333 6513 0791 9014410 07500148936 Christinemccann@nhs.net
Infection Prevention Control PI Project Lead	Angela Ridley IPC and physical Health Care Lead Nurse 0191 333 6343 07881 824564 Angela.ridley1@nhs.net	Alexia Hardy IPC and Physical Health Care Senior Nurse 01642 516435 07901 446 869 Alexia.hardy@nhs.net	Emma Jones IPC and Physical Healthcare Nurse 01642 516121 07917 246426 e.jones7@nhs.net
Operational Lead	Brent Kilmurray Chief Operating Officer 01325 552306 brent.kilmurray@nhs.net	David Brown Service Director 01642 853560 07989 307280 Davidbrown@nhs.net	Paul Newton Service Director 01642 837533 07717 541600 Paul.newton3@nhs.net
E&F Lead	Rob Cowell Director of Operations EFM 0191 333 6224 07810 836460 Rob.cowell@nhs.net	Linda Parsons Associate Director of Operational Services 0191 333 6207 07789504779 Linda.parsons5@nhs.net	Dave Turner Associate Director of Estates 0191 333 6226 07810 881 375 dave.turner1@nhs.net
Human Resource Lead	Beverley Vardon-Odonkor Head of Workforce Information and Assurance 01642 835491 07922 100179 Beverley.vardon-odonkor@nhs.net	Sheila Cowan Head of Operational Human Resources 01642 516883 0778 6915439 Sheila.cowan@nhs.net	David Levy Director of Human Resources and Organisational Development 01642 516410 07826 874800 d.levy@nhs.net
Communications Lead	Angie Binns Communications manager 01325 552303 07796 612015 Angie.binns@nhs.net	Julie Jones Head of Communications 01325 552310 07788 627680 Julie.jones30@nhs.net	Jeanette Duffy Communications Officer 01325 552023 Jeanette.duffy@nhs.net
IMT and Telecoms Lead	Linda Blenkinsopp Head of Information (Operations) 01642 516288 07979 457601 Linda.blenkinsopp@nhs.net	Carole Walker-Jones Head of Information - Strategic Projects 01642 283978 0771 7571627 carole.walker-jones@nhs.net	Adam Lavington Information Product Manager 0779 5221792 adam.lavington@nhs.net
Pharmacy Lead	Richard Morris Deputy Head of Pharmacy 01642 838250 Richard.morris2@nhs.net	Sue Hunter Associate Director of Pharmacy 01642 837664 07776 245337 Sue.hunter2@nhs.net	Ros Prior Clinical Pharmacy Services Manager 0191 4415782 07717 727668 Ros.prior@nhs.net
Emergency Planning Lead	Nigel Packer Emergency Planning and Business Continuity Manager 07775 626866 Nigelpacker@nhs.net	Linda Parsons Associate Director of Operational Services 0191 3336207 07789504779 Linda.parsons5@nhs.net	
Communications On-Call Contact	07920 297057		

Updated: 30/12/2014

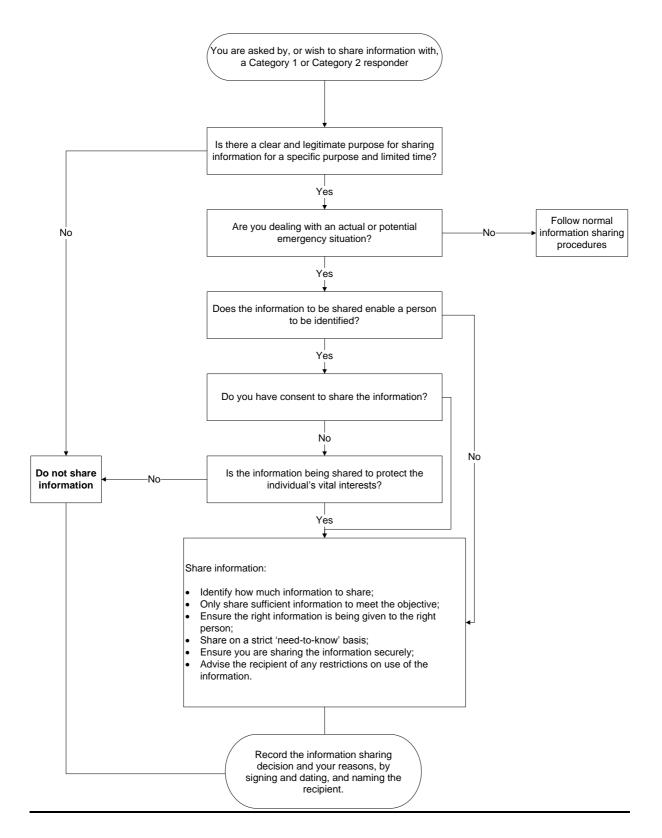
4.3.2 Loggist Contact Details

Name	Telephone	Email	Work Base
Kathy Alexander	01325 55 2306	kathyalexander@nhs.net	West Park Hospital
			Darlington
Julie Allen	01642 837 683	Julie.allen15@nhs.net	Adult Mental Health Inpatient
			Services, First Floor
			Roseberry Park, Middlesbrough
Glynis Arkle	0191 333 6272	Glynis.arkle@nhs.net	Estates and Facilities
			Management, LRH, Durham
Linda Beames	01642 516440	Linda.beames@nhs.net	Flatts Lane Centre
			Middlesbrough
Lesley Blair	01642 837533	Lesley.blair1@nhs.net	Flatts Lane Centre
			Middlesbrough
Zoe Briggs	0191 594 5794	z.briggs@nhs.net	Admin Lead and PA
			CAMHS
			North End House
			Durham
Tracey Brightwell	0191 594 5822	Tracey.brightwell@nhs.net	CQUIN Secretary
			CAMHS
			North End House
			Durham
Suzanne Cox	01642 424179	Suzannecox1@nhs.net	1 st Floor Admin Office
			Roseberry Park, Middlesbrough
Shauna Donnelly	01723 384 693	Shauna.donnelly@nhs.net	Crisis Resolution and Home
			Treatment Team
			Cross Lane Hospital
			Scarborough
Steph Hedley	01325 743 170	stephaniehedley@nhs.net	Team Secretary
			Darlington CAMHS
Kelly Jacobs	01723 384 665	Kellyjacobst@nhs.net	Currently off sick
Carol Marshall	01723 384 600	Carol.marshall4@nhs.net	MHSOP Secretary
			Cross Lane
			Scarborough
Susan Meakin	01723 384 632	smeakin@nhs.net	Cross Lane Hospital
			Scarborough
Jackie Mitchell	01642 838 205	Jacqueline.mitchell3@nhs.net	Roseberry Park
			Middlesbrough
Joy Raw	01423 55 3681	Joy.raw@nhs.net	Briary Wing
			Harrogate District Hospital
Pam Watson	0191 333 6595	pam.watson@nhs.net	Estates and Facilities
			Management, LRH, Durham
Sandra Whitehead	01642 527 549	Sandra.whitehad2@nhs.net	Stockton Psychosis Tea
			Ideal House
			Thornaby
			Stockton
Ann Wilson	01325 552077	ann.wilson10@nhs.net	West Park Hospital
			Darlington
Dawn Woods	01642 837 512	dawnwoods@nhs.net	Currently on leave until early
			December

4.3.3 Secretariat Contact Details

Named Person	Work Tel	Email
Catherine Ainsworth	0191 333 6517	Catherine.ainsworth@nhs.net
Sue Harvey	01642 358918	Sue.harvey8@nhs.net

5. Information sharing in an emergency



For further details regarding sharing personal information see Appendix 3.

6. Definitions

Term	Definition			
LHRP	Local Health Resilience Partnership			
NHS EAT	NHS England Area Team			
CCA	Civil Contingencies Act (2004)			
DPA	Data Protection Act (1998)			
HRA	Human Rights Act (1998)			
Major incident	Any occurrence that presents serious threat to the health of the community, disruption to the service or causes (or is likely to cause) such numbers or types of casualties as to require special arrangements to be implemented by hospitals, ambulance trusts or primary care organisations.			
	NHS Emergency planning guidance 2005			
	 An incident where the number and types of casualties overwhelm or threaten to overwhelm normal services and special arrangements are needed to deal with them e.g. Major incident, fire. 			
	An incident which poses a serious threat to the health of the community e.g. Terrorism.			
	Where there is a potential for the health service itself to suffer serious internal disruption.			

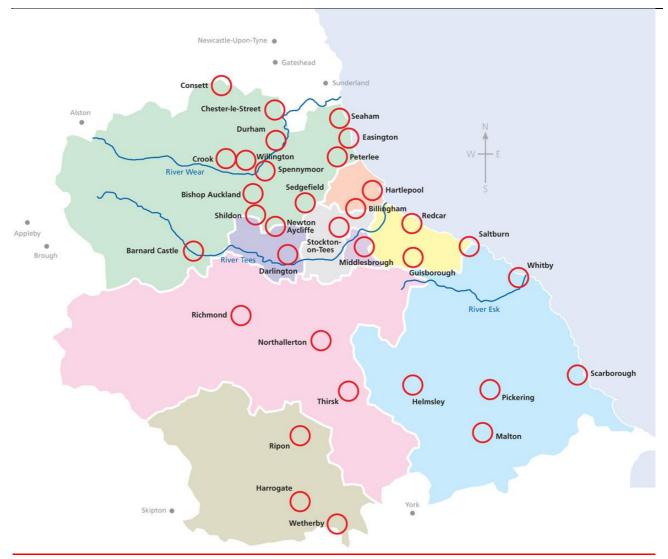
Category 1 Responder – Acute Trust, Ambulance Trust, Police, Fire Brigade, Maritime and Coastguard, Local Authorities, Public Health England (PHE), NHS England

Category 2 Responder – Utility companies and transport i.e. gas, electricity, water; Health and Safety Executive (HSE)

7. Document control

Date of approval:	3 July 2013				
Next review date:	3 July 2016				
This document replaces:	External Major Incident Plar	n v6			
Lead:	Name	Title			
	Nigel Packer	Emergency Planning and Business Continuity Manager			
Members of working party:	Name	Title			
This document has been	Name	Title			
agreed and accepted by: (Director)	Chris Parsons	Director of Estates and Facilities Management			
This document was approved	Name of committee/group	Date			
by:	Executive Management 3 July 2013 Team				
An equality analysis was completed on this document on:	29 February 2012				
Amendment details:	Minor amendments to telephone numbers				

Appendix 1 - Tees, Esk and Wear Valleys geographical areas





Appendix 2 – Trust contacts

Contact	Title	Location	Phone / Mobile	Fax	Email Address
On Call director	Out of Hours	Trustwide			
On Can unector	Out of flours		0191 3332333		
		(Durham)			
		(Darlington)	01325 552000 or		
			01325 380100		
On Call for Estates		PFI Roseberry	01642 837300		
dept		Park	07917 098250		
			0191 4415700		
		PFI Lanchester			
		Road	0191 333 2333		
		Durham	01642 631010		
		Teesside	01042 031010		
On Call Communications Contact			07920 297057		
Main Switchboard		Durham	0191 3332333	0191 3332966	
Main Switchboard		Darlington	01325 380100	01325 743588	Jackie.inston@cddft.nhs.uk
Main Switchboard		Scarborough	01723 368111	01723 342264	telephonistemailgroup@acute.sney.nhs.uk
Main Switchboard		North Tees	01642 617617	01642 624286	
Cross Lane	General Managers Office	Scarborough	01723 343 500	01723 343534	
West Park		Darlington	01325 552000	01325 552203	Stuart.johnson2@nhs.net
Roseberry Park		Middlesbrough	01642 837300	01642 838090	tewv.rpoperations@nhs.net
Ridgeway		Middlesbrough	01642 837108		
Flatts Lane		Middlesbrough	01642 288288	01642 283425	

Contact	Title	Location	Phone / Mobile	Fax	NHS Foundation Trust Email Address
Martin Barkley	Chief Executive Officer	West Park	01325 552077	01325 552024	Martinbarkley@nhs.net
•			07887 996045		
Laslav Bassaut	Oh simm su	West David		04005 550004	Laslavikasasat@akaasat
Lesley Bessant	Chairman	West Park	01325 55 2077	01325 552024	Lesley.bessant@nhs.net
			07866 699235		
Brent Kilmurray	Chief Operating Officer	West Park	01325 552306	01325 552205	brent.kilmurray@nhs.net
Phillip Bellas	Trust Secretary	West Park	01325 552001	01325 552225	p.bellas@nhs.net
Dr Nick Land	Medical Director	West Park	01325 552304	01325 552205	Nick.land@nhs.net
David Levy	Director of Human Resources &	Flatts Lane	01642 516410	01642 516470	d.levy@nhs.net
	Organisational Development		07826 874800		
Beverley Vardon-	Head of Workforce Information	Flatts Lane	01642 280131	01642 288955	beverley.vardon-odonkor@nhs.net
Odonkor	& Assurance				
Julie Jones	Head of Communications	West Park	01325 552310		Julie.jones30@nhs.net
Colin Martin	Director of Finance	Flatts Lane	01642 516408	01642 516470	Colinmartin@.nhs.net
			07789 504817		
John Chapman	Financial Controller	Flatts Lane	01642 283922	01642 283920	john.chapman4@nhs.net
Linda Blenkinsopp	Head of Operations IM&T	Flatts Lane	01642 516288	01642 283954	Linda.blenkinsopp@nhs.net
			07979 457601		
Chris Stanbury	Director of Nursing &	Lanchester Road	0191 3333583	0191 3336377	Chris.stanbury@nhs.net
	Governance		07971 020257		
Angela Ridley	Lead Senior Nurse IPC and	Lanchester Road	0191 333 6343	0191 333 6377	Angela.ridley1@nhs.net
	Physical Health Care		07881 824564		
Emma Jones	IPC and Physical Healthcare	Lanchester Road	01642 516 121	01642 283 389	e.jones7@nhs.net
	Nurse		07917 246426		
Stephen Scorer	Deputy Director of Nursing	Flatts Lane Centre	01642 516216	01642 516491	Stephen.scorer@nhs.net
			07771931258		
Christine McCann	Associate Director of Nursing	Lanchester Road	0191 333 6513	0191 3336363	christinemccann@nhs.net
	and Governance		07919 014410		



NHS Foundation Trust Title Phone /Mobile Email Address Contact Location Fax 01642 853560 **David Brown Director of Operations for** Lancaster Road. 01642 853556 davidbrown@nhs.net Stockton-on-Tees Teesside 07989 307280 **Head of Service** 01642 837687 tina.ienks@nhs.net **Tina Jenks** Roseberry Park 01642 837684 AMH - Tees Middlesbrough 07775 630944 Roseberry Park 01642 837687 shaunmayo@nhs.net **Shaun Mayo Head of Service** 01642 837659 MHSOP - Tees Middlesbrough 07795 565 286 **Paul Ellis Head of Service** Warren Street 01429 405845 01429 867315 pellis1@nhs.net LD - Tees Hartlepool 07984 762734 **Chris Davis** Head of Service **Sniperley House** 0191 3336201 0191 333 6594 chris.davis4@nhs.net CAMHS T3 and CAMHS LD -**Lanchester Road** 07786 915435 Tees and Durham and D'ton Durham Paul Newton **Director of Operations Durham** Lanchester Road 07717 541600 01642 837689 paul.newton3@nhs.net & Darlington 01642 837533 Jo Dawson **Head of Service AMH Lanchester Road** 0191 333 6504 0191 4415894 jodawson@nhs.net **Durham & Darlington** 07795 563152 Sheila Halpin **Head of Service Lanchester Road** 0191 4415946 sheila.halpin@nhs.net 0191 441 5796 **Learning Disabilities** 07899 054369 **Durham & Darlington Carl Bashford Head of Service MHSOP West Park** 0191 441 5915 0191 441 5894 cbashford@nhs.net **Durham and Darlington** 077717546564 Levi Buckley Director of Operations -Roseberry Park 01642 837533 01642 837689 levi.buckley@nhs.net **Forensics** 07768033598 Simon Lancashire Head of Service - Forensic Roseberry Park 01642 837479 01642 837688 Simon.lancashire@nhs.net **Mental Health** Middlesbrough 07717543078 Head of Service - Forensic **Paul Cartmell** Roseberry Park 01642 837535 01642 837450 paul.cartmell@nhs.net **Learning Disabilities** Middlesbrough 07788 415 313



NHS Foundation Trust	
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Contact	Title	Location	Phone /Mobile	Fax	Email Address
Jackie Ennis	General Manager C&YPS	Lancaster House	01642 853561	01642 853556	Jackie.ennis@nhs.net
Adele Coulthard	Service Director - NYY	Friarage Hospital	07768 033108	07944 608555	adele.coulthard@nhs.net
Jan McLauchlan	Head of Service NYY MHSOP	Friarage Hospital	01609 763426	01609 764634	jan.mclauchlan@nhs.net
			01653 696661		
Paul Hyde	Head of NYY AMH	Cross Lane	01723 384636	01723 343534	Paul.hyde@nhs.net
			07901 511428		
Sue Hunter	Head of Pharmacy	Roseberry Park	01642 837664	01642 837664	sue.hunter2@nhs.net
		Middlesbrough			
Sharon Pickering	Deputy Director of Planning and	Lanchester Road	0191 333 6506	01642 516470	Sharon.pickering1@nhs.net
	Performance		07919 044985		
Linda Parsons	Associate Director of	Lanchester Road	0191 33 6207	0191 333 3039	Linda.parsons5@nhs.net
	Operational Services		07789 504779		
Rob Cowell	Director of Operations EFM	Lanchester Road	0191 333 6224	0191 333 6340	Rob.cowell@nhs.net
			07810 836460		
Nigel Packer	EP & BC Manager	Flatts Lane	01642 516850	0191 333 3039	Nigelpacker@nhs.net
			07775 626866		
Paul Jemmett	Regional Manager	West Park	01325 552251	01325 552253	Paul.jemmett@integral.co.uk
			07753 561720		
Keith Atkinson	Site Supervisor	West Park	01325 5532251	01325 552253	keith.atkinson@integral.co.uk
			07739 634371		
Richard Hersey	Operations Director	PFI Lanchester Road	07919 535 322	01423 521 767	rhersey@gfm-uk.com
Gary Kenneth	Site Supervisor	PFI Lanchester	0191 384 2251	0191 383 0318	lanchester@gfmuk.com
		Road	07769 217 222		
Peter Higgins	Estates & Facilities Manager	PFI Roseberry Park	01642 837375 07917839424		peter.higgins@laing.com



Appendix 3 – Emergency service contacts

Service	Location	Contact	Phone	Fax	Email address
Emergency Services: Fire, Police, Ambulance, Coast Guard			999 (May need to be pre- fixed with a 9 for eternal line i.e.9 999).		
Civil Contingency Unit	Durham, DH1 5JR		0191 332 42 86	0191 383 04 89	ccuenquiries@ddfire.gov.uk
Cleveland Fire Authority			01429 872 311		info@clevelandfire.gov.uk
North Yorkshire Fire Control			01609 788595		
Durham & Darlington Fire and Rescue Service	Durham	John Robson Risk and Resilience Team	0191 384 33 81	0191 383 09 07	serviceHQ@ddfire.gov.uk
Police Authorities – Non	Durham		101		
Emergency	Cleveland		01642 326 326		
	North Yorkshire		0845 60 60 247		
Yorkshire Ambulance Service NHS Trust	Wakefield		01904 666020		
North East Ambulance Services NHS Trust	Newcastle		0191 273 12 12		publicrelations@neas.nhs.uk
Emergency Planning Officer North Yorkshire Police		Mark Davies	01609 789 069		Mark.davies@northyorkshire.pnn.police.uk
Emergency Planning Manager North Yorkshire	County Council	Mark Wilkinson	01609 532 110 07891 587 376		Mark.wilkinson@northyorks.gov.uk



Appendix 4 – External contacts

Organisation	Switchboard Telephone Number	Contact Name	Contact Name Telephone number/fax	Contact Name Email address	ECR Telephone/ fax	Emergency Room Email Address	Out of Hours Contact Number
NHS England Area Team - Durham, Darlington and Tees	01642 850850	Andy Summerbell	01138251615 07824 432 876	andy.summerbell@nhs.net		Majorincident1@nhs.net Majorincident2@nhs.net Majorincident3@nhs.net	0191 430 2453 0191 430 2498
NHS England Area Team - North Yorkshire and Humber Monks Cross,		Donna Jermyn Head of Emergency Planning (from July 1st 2014)	01138257632 07900 715459	donna.jermyn@nhs.net			07623 503739 07623 909180 (pagers)
Public Health England North East Floor 2, Citygate Gallowgate Newcastle upon Tyne NE1 4WH		Ian Rufus	T: 0845 2253550 F: 0191 221 2584				0191 2697714
Public Health England North Yorkshire and Humber, Block 2 FERA, York YO41 1LZ	01904 687100	Stephen Morton Valerie Ellison	T: 01904 468900 T: 01904 468051	Stephen.morton@phe.gov.uk Valerie.ellison@phe.gov.uk			0300 3300260 ask for Duty Clinician



Organisation	Switchboard Telephone Number	Contact Name	Contact Name Telephone number/fax	Contact Name Email address	ECR Telephone/ fax	Emergency Room Email Address	Out of Hours Contact Number
NHS Durham, Dales, Easington and Sedgefield Commissioning Group	0191 3713222	Clair White	T: 0191 3713225 T: 07884 234521	Clairwhite1@nhs.net			
		Deborah Perry	T: 0191 3713218 T: 07881 366518	Deborah.perry@nhs.net			
N Yorks & Humber Clinical Commissioning Group							07623 947 141 (pager)
University Hospital North Durham/ Darlington Memorial Hospital	0191 3332333 01325 380100	Diane Murphy	01325 743339	Diane.murphy@cddft.nhs.uk	0191 333 2540 01325 744 359	Trust.Command@cddft.nhs.uk	0191 3332333
University Hospital North Tees / Hartlepool	01642 617617	Gaynor Young	01642 383984	Gaynor.young2@nth.nhs.uk	01642 74 6001 01642 74 6002 01642 74 6003 01642 74 6004 01642 74 6005 01642 62 4476 01642 670 932	majorincidentroomNT@nth.nhs.uk	01642 617617
James Cook Hospital	01642 850850	TBC			01642 282 839 01642 854 224	MICP@stees.nhs.uk	



Appendix 5 – Sharing Personal Information

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

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

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

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

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

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

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

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

- A legal basis to share the information the regulations made under the CCA to provide a legitimising criteria for the sharing of the personal data under the DPA.
- A condition from Schedule 2 of the DPA sharing information to protect the person's vital interests (vital interests include situations where there is a risk of significant harm to life) would meet this condition.
- A condition from Schedule 3 of the DPA sharing information to protect someone's vital interests from when the person to whom the information relates cannot consent, is unreasonably withholding consent, or consent cannot reasonably obtained would meet this condition.

Updated: 28/10/2014

In order to remain compliant with the DPA, when sharing information as part of CCA duties, the following requirements must also be met:

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

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

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

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

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

Further information regarding the sharing of information in an emergency can be found in the document 'Data Protection and Sharing – Guidance for Emergency planners and Responders' via http://www.cabinetoffice.gov.uk/media/132709/dataprotection.pdf or from the Trusts Information Governance Department.

Appendix 6 - Psychological therapy - good practice guidelines

The following Good Practice Points are based on NICE guidance. The relevant Guideline reference is given in brackets. For more detailed guidance please see the NICE Guideline 26 Post Traumatic Stress Disorder (PTSD). The management of PTSD in adults and children in primary and secondary care. (2005).

- 1. All Health and Social Care workers should be aware of the psychological impact of traumatic incidents (11.9.1.3). See section 4.1 and 4.2.
- 2. Routine use of a brief screening tool for PTSD after a major incident should be considered (11.2.3.1) but a single debriefing session should not be offered (11.9.1.3).
- 3. Watchful waiting for 4 weeks post trauma is an acceptable way of managing PTSD but follow up should be arranged within a month. As sufferers can avoid engaging in treatment it is important that non-attendees should be followed up to ensure that the sufferer is not attending due to the effects of the trauma (11.9.1.1).
- 4. Treatment for PTSD can be offered within 1 month of the trauma if the reaction is severe enough to warrant it (11.9.1).
- 5. Healthcare professionals should only consider psychological therapy when the sufferer considers it safe to proceed. (11.8.1.5).
- 6. **Co-Morbidities**. Where the patient has both depression and PTSD, the PTSD should be treated first however there may be circumstance in which this is not appropriate (11.8.2.1).
- 7. **Co-Morbidities**. Where there is a high risk of suicide or harm to others, this risk should be managed first. (11.8.2.2).
- 8. **Co-Morbidities**. Where the depression is so severe that psychological treatment for PTSD is difficult, the depression should be treated first. (11.8.2.3).
- 9. **Co-Morbidities**. Where the sufferer is drug or alcohol dependent, and this will significantly interfere with treatment, this should be treated first. (11.8.2.4).
- 10. Where sufferers of PTSD are jointly managed between Primary and Secondary Care responsibility for monitoring should be agreed and recorded in writing. This agreement should be shared with sufferers and where appropriate their family and carers. (11.4.1.4).
- 11. For people who do not speak English or where there are cultural differences interpreters and bicultural therapists should be used. (11.7.1.3).
- 12. Children should have access to psychological therapy for PTSD. (11.9.5).



Appendix 7 – Traumatic Events

During the Incident

- When you are involved in a traumatic incident you will have a number of reactions that you can expect to feel. These include:
 - Anger
 - Confusion
 - Disbelief
 - Fast breathing
 - o Intense fear
 - Nausea
 - Numbness
 - Pounding heart
 - Sweating
 - Trembling or shaking
- These are normal responses and **most** subside when we know we are out of danger.

Following the Incident



After being involved in a traumatic incident you will have a number of **normal** responses which can continue for a **few weeks** after the trauma.

You may feel:

- Anxiety or fear of being alone or other frightening situations of danger to ourselves, to those we love, or of a similar event happening again;
- Avoidance of situations or thoughts that remind you of the traumatic event;
- Being easily startled by loud noises or sudden movements;
- **Flashbacks** where images of the traumatic event come suddenly into your mind for no apparent reason or where you mentally re-experience the event;
- Lack of interest in usual activities, including loss of appetite or sexual interest;
- Feeling sad, alone, or experiencing a sense of loss;
- **Shock or disbelief** at what has happened, feeling numb or unreal, or feeling isolated or having nightmares;
- **Sleep problems** including getting to sleep, waking in the middle of the night, dreams or nightmares;
- Problems with thinking, concentrating or remembering things;
- Preoccupation with the trauma;
- **Guilt and self-doubt** for not having acted in some way during the trauma, or for being better off than others, or feeling 'responsible' for another person's death;
- Anger or irritability at what has happened, at the senseless nature of it all, at what

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caused the event to happen, often asking 'why me?';

• **Physical symptoms** may consist of tense muscles, trembling, shaking, diarrhoea, constipation, nausea, headaches, sweating and tiredness.



If you have any of the above symptoms lasting longer than 4 weeks, or you are concerned about your symptoms please contact your GP to talk to someone about them.

If you have been given an appointment, please attend, even if you **do not** think it necessary. This appointment is to identify **whether or not** your need further help.





How might this affect my behaviour?

You might have some of the following physical and emotional symptoms:

Apprehension - you may find that you are easily startled and agitated.

Problems with sleeping - you may have disturbed sleep, disturbing thoughts preventing you sleeping or dreams and nightmares.

Flashbacks - might occur without warning at any time or place. These may be brought on, for example, by a smell, a sound or something you see.

Mood swings - you might experience a change in mood for no obvious reason.

Fears or anxieties - of the place, other reminders of the incident, of the dark and of being alone or crowded places.

Physical symptoms - you might experience tiredness, loss of memory, palpitations (rapid heartbeat, dizziness, shaking, aching muscles, nausea (feeling sick) and diarrhoea, loss of concentration, breathing difficulties or a choking feeling in your throat and chest.

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

Do

- Take time out to sleep, rest and relax.
- · Tell people what you need.
- Take care at home or when driving or riding - accidents are more common after a traumatic or stressful event.
- Try to find someone you trust to talk over the event, more than once. If you were part of a group of people, get together and talk, support, listen and try to understand how others feel and what they are experiencing.

Don't

- Bottle up these feelings, it is helpful to talk about them. The memories may not disappear straight away.
- Get embarrassed by your feelings and thoughts, or those of others.

If you need any further help or advice please contact NHS direct, your GP or the Samaritans.





Common reactions to traumatic events

Information for patients

Updated: 28/10/2014



This leaflet tells you about common reactions to traumatic events and explains ways to cope with them

What is a traumatic event?

A traumatic event is any serious incident you experience which is sudden and unexpected which can result in emotional as well as physical trauma (injury) and shock. This emotional shock can cause stress reactions, which are known as *Post Traumatic Stress Reaction*.

The emotions you experience are a normal reaction to this abnormal traumatic event.

How may I react to and feel after a traumatic event?

To feel you are not able to cope is normal. Sometimes you do not want to let others know you can't cope as you fear you will be seen as being weak. You may feel you should 'keep a stiff upper lip' and try to carry on. The following are some common reactions you may experience when you have dealt with, or been involved in, such an event

Shock:

- disbelief and numbness
- · the experience appears unreal
- · a slow realisation of what has happened

Fears of:

- it happening again (looking for signs of danger)
- vulnerability (feeling unsafe)
- being alone
- losing control
- Helplessness
- · Loved ones being ill/hurt

Sadness:

- · about possible loss of life
- · loss of belief that the world is a safe place

Anger:

- towards those who caused it to happen
- at the injustice and senselessness
- at the lack of understanding of others
- at it happening why me?
- general anger

Confusion because:

- · of strange feelings
- something in your past is troubling you again
- · your world has changed
- · Of uncontrollable emotions

These feelings are normal and common, you may feel all or some of them.

Discussing them allows time to heal.

They usually only last for short periods at a time and gradually diminish (reduce).

It is very common to experience intrusive memories (flashbacks) without warning and dreams. These may not correspond (match) with what happened but may represent fears or feelings about what happened. These may start a long time after the event or almost straight away.

Further information is available from:

NHS Direct 24 hour helpline 0845 4647

www.nhsdirect.nhs.uk

Samaritans 0845 7909090

