Policy
OPS 013 - Lockdown Policy

Executive Director lead	Deputy Chief Executive and Accountable Emergency Officer
Policy Owner	Emergency Planning Manager
Policy Author	Emergency Planning Manager

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Summary of policy

Lockdown is the process of controlling the movement and access-both entry and exit-of people (NHS staff, people that access our services 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 people who access our services, staff and assets and/or service provision.

Lockdown may be partial, progressive or full and for a number of reasons from security breaches, infectious disease, violence, terrorist or other major incident.

It is important that as part of SHSC's Emergency preparedness all services operating in sites it owns, controls or leases have in place a procedure for lockdown.

This is version 2 of this policy. The previous plan will be removed and archived. Any hard copies of the original plan should be destroyed.

Target audience	All staff

Keywords	Policy, Lockdown

Storage

This policy is stored and available through the SHSC extranet platform, JARVIS.

Contents

Version Control/Review and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
1.0	Complete re-write to change from Plan to Policy, providing guidance to formulate plans.	August 2019	Sent out for consultation. Policy is a requirement of NHS England under its Emergency Preparedness, Resilience & Response (EPRR) core standards and within the security requirements of NHS Standard contracts with commissioners.
2.0	Scheduled review of policy	July 2022	A few updates in staff titles, terminology but otherwise unchanged.

FLOW CHART

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                    ┌─────────────────────────┐
                    │ Senior SHSC Manager of  │
                    │ site develops a lockdown│
                    │ profile                 │
                    └─────────────────────────┘
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| Consider Critical assets | Consider vulnerability of the property or assets | Develop a Building profile | Shared Occupancy? → | Agree shared Lockdown Plans & communication |

Prepare Staff Action cards

Staff training

Equipment review

Test plan

Post Lockdown evaluation

Categorise lockdown as adequate lockdown capability or additional resources are needed.

1 Introduction

Lockdown is the action undertaken to secure an area when a threat is posed to service users, staff and visitors from a situation that requires an immediate security response; it is a process of controlling movement, access and egress of people around a given area, property or other specific buildings/areas in response to a credible 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 will be called in response to many kinds of security breach, such as a serious altercation in a hospital or community setting/clinic based public area or unit, a suspected contamination or infection, missing service user. A decision to lockdown may take place because of a major incident (see EPRR Policy).

Lockdown of an area may be implemented by any person identifying a necessity to do so. However, if this is not a person with delegated responsibility for the security of the area, the decision should be reviewed at the earliest opportunity and the need and level of lockdown assessed.

2 Purpose

To provide an unambiguous statement of Lockdown applicable to Sheffield Health and Social Care NHS Foundation Trust (SHSC).

Where Lockdown is implemented, this policy aims to minimise the impact of such occurrence on safety, the delivery of service user care, the environment and property.

This policy applies wherever SHSC owes a duty of care to service users, staff or other individuals. It is to provide managers and staff with the necessary information to develop Lockdown plans within the service areas for which they have responsibility.

3 Definitions

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, people who access our services and visitors.

3.1 Controlling access or exit of members of the public in the event of a lockdown.
   When following assigned duties in the event of a lockdown, all employees must remember that where 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, in consultation with the services therein.

   In the absence of the police, who are able to enforce a containment cordon, it will only be 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 life (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:

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

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.

Nonetheless, there may be circumstances when a lockdown of an 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 choose to leave then a safe route must be available for them to do so if possible.

3.2 Partial Lockdown (Static or Portable)

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.

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.

Example – A member of a gang has attended a clinic appointment for treatment. Staff are aware that rival gang members may attend 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 staff being stationed outside the room/ward.

3.3 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.

3.4 Full lockdown

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

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.

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

4 Roles and responsibilities

4.1 Chief Executive

The Trust Chief Executive has overall accountability for the Trust's Security arrangements. The Chief Executive has delegated the responsibility of ensuring effective implementation of security arrangements to the Executive Director of Finance.

4.2 SHSC Board
The Board will discharge its responsibilities as a provider of healthcare to ensure that suitable and sufficient governance arrangements are in place to manage security related matters, and to minimise risk.

4.3 Accountable Emergency Officer (AEO)
This person assumes overall responsibility for the EPRR and Business Continuity Agendas, assumes responsibility to the Board of Directors to ensure compliance with EPRR core standards, provides a strategic lead on EPRR matters including attendance at Local Health Resilience Partnership (LHRP) meetings, with the Emergency Planning Manager, reviews this policy on an annual basis to ensure its continued relevance, and provides an annual report to the Board of Directors on the Trust's position in relation to the EPRR core standards. This role is held by the Executive Director of Nursing, Professions and Operations.

4.4 Emergency Planning Manager (EPM)
This role is performed by the policy author who provides an operational lead on EPRR matters across all Trust business, ensures that EPRR matters are scrutinised by the Trust Audit Committee and appropriate assurance sought on each EPRR work stream; supports the Accountable Emergency Officer at a strategic level, writes and updates EPRR plans and policies and ensure these are distributed for consultation internally and externally as appropriate, liaises with staff at all levels as appropriate to assist with their understanding of EPRR requirements, represents the Trust at external meetings and exercises, is available to provide operational support and advice as necessary with regard to EPRR matters in the event of a Critical or Major Incident.

4.5 Non-Executive Director
The requirement for a Non-Executive Director is set out in the Secretary of State Directions to NHS Bodies on Security Management Measures 2004 (amended 2006). Their role is to support, and where appropriate, challenge the Executive Director of Finance on issues relating to security management at Board level.

4.6 Security and Fire Officer
The Security and Fire Officer is available to offer support and advice in matters of Security as considered necessary within the workplace.

4.7 All staff
All staff must adhere to this policy and the Trust's relevant security procedures in the areas for which they are responsible and / or for the activities they undertake.

All staff must take reasonable precautions for their own security and that of persons who may be affected by their acts or omissions at work.

The responsibility for providing a safe and secure environment affects all staff groups. It is therefore fair for all staff to accept responsibility for security in the course of their normal working duties to promote the security awareness culture as it affects everyone. To support a lockdown, staff are likely to have to carry out activities that are outside of their normal job description.

4.8 Departmental / Line managers and heads of department
Managers and Heads of Department will ensure Risk Assessments are carried out in relation to the potential for security related incidents within their working environments and are reviewed. They will ensure that all security incidents are reported through the SHSC Procedure for Managing and Reporting of Accidents, Untoward Incidents and Serious Untoward Incidents.

Managers shall, when planning new service developments, be aware of potential security issues. The implications of these should be considered and control measures should be implemented.

Managers will ensure that all staff, particularly those working in high risk environments, are protected as far as is reasonably practicable and all relevant control measures are implemented.

Managers, where necessary are to help in developing a lockdown profile for their site/department taking into consideration local circumstances and the NHS services provided at a site. 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 services to a remote area within a building or premises.

Details of the agreed lockdown plan are to be shared with their teams to ensure that if, or when implemented, all staff are aware of their role and responsibilities.

5 Procedure and Implementation

The appendices to this policy are not prescriptive but intended as a guide to assist managers of each site to develop a lockdown plan which may be categorised as adequate lockdown capability or additional resources are needed.

5.1 key factors are:

Identification of local stakeholders

Critical asset inventory (Appendix B) to establish vulnerabilities, for example Outpatient Clinics and generators. This should be done by clinical staff with support if required, who will need to identify specific vulnerabilities surrounding people who access our services.

Categorise the vulnerability of the property or assets:

- High risk – site or part of site/building is a high-profile area as it contains a critical asset, either physical or non-physical, and the site/building security profile is inadequate to lock down.
- Moderate risk – site or part of site/building is a moderate profile area; 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 as it does not contain a critical asset, and the existing building and security profile is adequate.

5.2 Building Profile (Appendix A) 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 should all be documented.

5.3   Following the review of the building and critical assets managers will be able to develop a planned approach to implementing a lockdown whether it is partial, full or progressive. Staff members should be allocated tasks and responsibilities, and these should be documented on staff action cards to ensure the incident is managed. Additional training may be required, for example communication or Respect training for those who may have the responsibility for keeping visitors and people who access our services either inside or out of the area.

5.4   Staff Action Cards will need to be created to document the actions that must 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. The staff action cards for 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. It is expected that these action cards will form generic roles suitable for all sites or services.

5.5 Equipment review to establish whether appropriate equipment is held to support a lockdown. The level of equipment required will be dependent on the profile of the building and its vulnerability and the likelihood of potential numbers involved in a lockdown situation. It is recognised there may be financial implications in obtaining necessary equipment that will be subject to negotiation with the site owner and service lead.

5.6   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.

6   Shared Occupancy Sites
Where SHSC shares occupancy with another organisation, agreement must be reached to implement shared Lockdown plans with respective managers each reporting to their respective organisations whilst ensuring effective communications are maintained.

7   Stand down from Lockdown
Once Lockdown has been completed and normal work routines recommence, all additional restrictive practices implemented because of Lockdown should be removed in a controlled manner as soon as practicably possible. The senior member of staff in control of the Lockdown is to ensure a debrief of the incident is undertaken with all persons to analyse and evaluate the effectiveness of the Lockdown plan.

Incidents are to be reported in line with SHSC Incident reporting processes and the evaluation of the Lockdown used to amend/revise the plan where necessary.

8   Training

Support and guidance is available to Team/Service managers to assist the writing of a Lockdown Plan. Once completed, all staff will require training on how to implement the plan and their responsibilities within it. Awareness will be raised via Trust Communications and team meetings from the Emergency Planning Manager.

9   Audit, monitoring and review

Area for Monitoring	How	Who by	Reported to	Frequency
Adherence of policy to EPRR core standards guidance issued by NHS England	Monitor NHS England EPRR guidance	Emergency Planning Manager	Audit and Risk Committee	5 times per annum
Compliance of Trust with core standards for EPRR	Written report to Trust Board of Directors	Accountable Emergency Officer	Audit and Risk Committee	5 times per annum
Consultation/Production and revision of EPRR plans and policies as required by EPRR core standards	Plans and Policies to be sent to appropriate staff and presented to Policy Governance Group for approval. Written reports on progress to be provided to Audit and Risk Committee.	Emergency Planning Manager	Policy Governance Group (Policies) Accountable Emergency Officer (Plans) Audit and Risk Committee	Plans and Policies in line with annual review dates. As scheduled 5 times per annum
Process for implementing, exercising and testing Lockdown Plans	Prioritise sites for preparing plans and implement within 3 months	Emergency Planning Manager	Directorate Governance Meetings	Annually

10   Implementation plan

Objective	Task	Executive/ Deputy/ Associate Director Responsibility	Timescale
Dissemination, storage and archiving	Version 2 will be included in extranet platform, JARVIS	Emergency Planning Manager	7/22

Publicising the policy	Communications	Emergency Planning Manager	7/22
	Policies Section intranet page and Trust Internet	Emergency Planning Manager	7/22
	Archive former plan	Director of Corporate Governance	7/22

11   Development, consultation and approval

Consultation has taken place with all services and interdependencies including Communications, Finance, Facilities, Operational leads and Staff Side.

Policy approval through Policy Governance Group to Audit and Risk Committee

12   Links to other policies, standards (Associated documents)

Access and Exit Policy
Emergency Preparedness, Resilience and Response (EPRR) Policy
Security Policy
Critical and Major Incident Plan
Health & Safety Policy
Lone worker policy
Aggression and Violence Policy
Visitors Policy

13   References

NHS Protect Standards for providers 2015-16: Security management – standard 3.13
NHS Protect 20b Lockdown Guidance: NHS Security Management Manual.
NHS Protect, Department of Health's Emergency Preparedness Division
Secured by Design – Hospitals
The Health Building Note (HBN) 07 and other HBNs and Health Technical Memoranda (HTMs) – Department of Health's Estates and Facilities' Knowledge and Information portal.
NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR) 2022 – NHS England
NHS England Emergency Preparedness, Resilience and Response Framework 2022
NHS England National Emergency Preparedness, Resilience and Response Unit
Civil Contingencies Act 2004
NHS Act 2006

14   Dissemination Record

Version	Date on extranet, JARVIS	Date of "all SHSC staff" email or equivalent	Any other promotion/ dissemination (include dates)
1.0	September 2019	September 2019	
2.0	November 2022	November 2022	

15   Equality Impact Assessment

The management of SHSC are committed to providing equality of opportunity, not only in its employment practices but also in the services for this policy for which it is responsible. The Equality Impact Assessment of the policy is neutral.

SHSC also value and respect the diversity of their respective employees and the communities they service. In applying this policy they will have due regard for the need to:

- Eliminate unlawful discrimination
- Promote equality of opportunity
- Provide for good relations between people of diverse groups.

16   Contact details

Title	Name	Phone	Email
Emergency Planning Manager	Terry Geraghty	0114 226 3147	Terry.Geraghty@shsc.nhs.uk
Fire & Security Officer	Stephen Price	0114 271 8189	Stephen.Price@shsc.nhs.uk

Building Profile

Site:	Manager:	
Characteristics	**Information required**	**Status**
Description of building's present use		Checked by: Date:
Basic shape		Checked by: Date:
Height of building, number of floors and their use		Checked by: Date:
Condition of the building		Checked by: Date:
Corridors		Checked by: Date:
Access and egress points in the building		Checked by: Date:
Car parking facilities for the buildings(s)		Checked by: Date:
External and internal doors		Checked by: Date:
Air conditioning facilities and vents		Checked by: Date:
How is the building powered?		Checked by: Date:
Who owns the property		Checked by: Date:
Security measures e.g. CCTV / access control / alarms		Checked by: Date:

Critical Assets Inventory

Site:

Services provided:
The critical asset of the NHS and the first priority for any healthcare site is to protect the staff. Other human critical assets will be the service users who receive treatment and any visitors on site. Consideration must be given to measures already in place to protect them, what makes them vulnerable and what measures can be implemented to address vulnerabilities.

Non-physical assets
(comprises staff, patients and visitors)

Description	Priority (High, Medium, Low)	Location of critical assets (map or site plan if possible)
Staff	High	Throughout hospital
Service Users	High	Throughout hospital
Visitors	Medium	Throughout hospital

Physical assets
(may include Departments/Clinics, energy supplies, generators, Comms Rooms and food)

Description	Priority	Location of critical assets
Medical Gases	High	
Plant rooms	High	
Water supply	High	
Food supplies	High	
Comms Rooms	High	

Lockdown Flowchart

Emergency Situation

Is partial/progressive/full lockdown required?

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Dynamic Risk Assessment – is Lockdown required?
Any member of staff is empowered to implement Lockdown but if not authorised, the decision must be reviewed at the earliest opportunity by a responsible manager

↓ (Yes)   ↓ (No)

Yes   **No**

↓

Commence Lockdown process to secure and make safe identified area/s;
Inform appropriate senior manager of the situation;
Establish safe/controlled areas;
Establish liaison with emergency services (if required);
All on-site staff not engaged in immediate service user care to assist the incident lead as required.

Lockdown unnecessary at present – monitor and review situation

↓

Stand down when directed → Complete Incident Form
And
Post Incident
Evaluation for lessons learned

Lockdown Post Incident Evaluation

	Questions?	Yes	No	Action(s)
	The Local Lockdown Plan			
1	Did the local lockdown alert system work?			
2	Were all appropriate individuals informed?			
3	Did all individual respond to the plan in a timely manner?			
4	Was the sequence for securing doors/windows correct?			
5	Were cordons established at identified locations in a timely manner?			
6	During lockdown was communications distributed/received quickly?			
7	During the activation stage were identified outcomes achieved?			
8	During the deployment stage were outcomes achieved?			
9	During the maintenance stage were outcomes achieved?			
10	During the stand-down stage were outcomes achieved?			
11	Throughout the lockdown were business continuity arrangements satisfactory?			

	Questions?	Yes	No	Action(s)
	Security Factors			
12	Was the appropriate lockdown alert/alarm system activated at the onset and did it work effectively?			
13	Did all locks function correctly?			
14	Were all locks of suitable strengths to perform their function?			
15	Where appropriate were all external doors locked?			
16	Where appropriate were all internal doors locked?			
17	Where appropriate were all windows locked?			
18	Where all identified access/egress points secured?			

	Questions?	Yes	No	Action(s)
	Security Factors cont.			
19	Where appropriate were corridors secured/			
20	If a manual lockdown was initiated was the building/Site secured?			
21	Where access control systems were used were they appropriately controlled/			
22	Were there any breaches in the lockdown? if so how?			
23	Where security lighting systems were used did they perform suitably to support lockdown?			
24	Where appropriate were car parking areas secured?			

	Questions?	Yes	No	Action(s)
25	Were cordons established and if so were they effective?			
26	Where safety and controlled zones were established were they effective?			
27	Where air-conditioning systems and building services i.e. gas/electricity were required to be isolated was this implemented effectively?			

Questions?		Yes	No	Action(s)
Work Force				
28	Did all staff collect their action cards?			
29	Did the action cards reflect the staff roles during lockdown?			
30	Did action cards require fulfil their purpose?			
31	Where appropriate were the supporting lockdown resources easily accessible?			
32	Were the supporting lockdown resources adequate?			
33	Did all staff collect their supporting lockdown resources?			
34	Were all supporting resources working correctly?			
35	Did all staff take up their lockdown positions within the agreed timeframe?			
36	Was there adequate numbers of staff available to achieve the lockdown? If not how many additional staff are required and where are they to be sourced from?			
37	Did all appointed command groups work effectively?			
38	Were all communications appropriate and sent/received to the appointed people at the right time?			

Questions?		Yes	No	Action(s)
Work Force cont.				
39	Where appropriate were joint working arrangements between internal and external stakeholders achieved?			
40	Were all crowd management issues effectively controlled? If not provide reasons?			
41	During lockdown were staff effectively managed to provide resilience?			
42	Has a staff de-brief been conducted where the effectiveness of arrangements, roles and responsibilities during lockdown were discussed			
43	During staff debrief was it identified that the lockdown was both suitable and sufficient? if not provided details of how the lockdown plan is to be amended.			