



**PWYLLGOR IECHYD A DIOGELWCH
HEALTH & SAFETY COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	9 May 2023
TITLE OF WRITTEN CONTROL DOCUMENT:	749 – Lockdown Policy
ARWEINYDD CYFARWYDDWR: EXECUTIVE LEAD (POLICY ONLY)	Mandy Rayani, Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Tim Harrison, Head of Health, Safety & Security

**ADRODDIAD
REPORT**

Sefyllfa / Situation

The Health and Safety Committee are asked to approve 749 – Lockdown Policy

This report provides the required assurance that Major Incident Plan 2022/23 – Written Control Documentation has been adhered to in the development of the written control document (WCD) and that therefore the WCD is in line with legislation/regulations, available evidence base and can be implemented within the Health Board.

Cefndir / Background

1. Brief summary of the WCD:

The purpose of this Policy is to set out the lawful approach of Hywel Dda University Health Board (HDUHB) regards to the Lock Down of the four acute General Hospitals.

2. Scope of the WCD:

As a priority and based upon recommendations made by the Police Counter Terrorism and Security Adviser this policy will apply to the four acute General Hospitals in the first instance i.e. Bronglais, Glangwili, Prince Phillip and Withybush. However this Policy will apply for every HDUHB site.

3. Reason(s) for developing:

The purpose of this Policy is to provide guidance to managers and staff that will enable them to follow appropriate steps to achieve a lockdown of the site that they manage / occupy. It provides the Strategic direction for the development of Hospital Lockdown Plans to be written so they can be used in response to a fast moving incident such as a firearms or weapons attack, either directly at the site or in the vicinity.

4. Owning group:

Health and Safety Advisory Group

Assurance

1. Equality Impact Assessment: Completed
2. Privacy Impact Assessment: Not applicable.
3. Evidence base:

4. Compliance with Legislation/Relevant Law

- Health and Safety at Work Act 1974
- Mental Health Act 1983
- Deprivation of Liberty Safeguards Authorisation under the MCA 2005
- Court order under s.16 MCA 2005

5. Interested Parties: A record of involvement of all interested parties –

The Health and Safety Advisory Group is the owning group and representative members were directly consulted with its development.

6. Implementation:

This Policy will be available in all areas via the HDUHB Policy Intranet site. All managers will need to ensure that the Policy is followed whenever a need for a Lock Down is required.

7. Monitoring:

This document will be reviewed every three years or earlier should audit results or changes to legislation/practice within HDUHB indicate otherwise.

Argymhelliad / Recommendation

For the Health and Safety Committee to approve 749 – Lockdown Policy and recommend it for uploading to the Health Board Policy page on the intranet by the Policy Co-ordination Officer (for procedures and guidelines only).

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Safon(au) Gofal Iechyd:
Health and Care Standard(s):
[Health Care Standards](#)

- Health Care Standards Theme 1 Staying Healthy: Standard 1.1 Health promotion, protection and improvement
- Health Care Standards Theme 2 Safe Care: Standard 2.1 Managing risk and promoting health & safety.

Amcanion Strategol y BI:
HB Strategic Objectives:
[Strategic Objectives Leads](#)

- To ensure the UHB meets its legal requirements in legislation and NHS guidelines.
- Provide a skilled and confident workforce.

Lockdown Policy

Policy information

Policy number: 749

Classification:

Corporate

Supersedes:

Previous versions

Version number:

2

Date of Equality Impact Assessment:

16/03/2023

Approval information

Approved by:

Health and Safety Committee

Date of approval:

09/05/2023

Date made active:

Enter date made active (completion by policy team)

Review date:

09/05/2024

Summary of document:

The purpose of this document is to outline Hywel Dda University Health Board (HDUHB) procedures in developing lockdown plans for all sites

Scope:

This policy will be applied initially to all four Acute General Hospitals.

To be read in conjunction with:

Patient information:

Include links to [Patient Information Library](#)

Owning group:

Health and Safety Advisory Group

08/02/2023

Executive Director job title:

Director of Nursing, Quality and Patient Experience

Reviews and updates:

1 – approved 30.1.2019

2 – full review

Keywords

Lockdown

Glossary of terms

HDUHB – Hywel Dda University Health Board

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Contents

Policy information.....	1
Approval information.....	1
Introduction.....	4
Policy statement.....	4
Scope.....	4
Definitions.....	4
Development of Hospital Lockdown Plans.....	5
Responsibilities Command and Control Arrangements.....	7
Training Requirements.....	7
Legal Framework.....	7
Monitoring Policy.....	8
APPENDIX 1 – EXAMPLE OF LOCKDOWN ACTION CARD FOR HOSPITAL SITE.....	9

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INTRODUCTION

Hywel Dda University Health Board (H DUHB) recognises its duties to prepare and plan for serious security incidents, howsoever they arise. The H DUHB is committed to plan for unexpected situations, including those that may require full, partial or progressive lockdown of the four acute General Hospitals.

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

A lockdown may be implemented by the individual hospital as part of a security incident or as part of the Major Incident Policy being activated. This may be in partnership with other organisations both NHS and external e.g. Police intelligence.

Policy Statement

This Policy is to provide guidance to managers and staff that will enable them to follow appropriate steps to achieve a lockdown of the site that they manage / occupy. It provides the Strategic direction for the development of Hospital Lockdown Plans to be written so they can be used in response to a fast moving incident such as a firearms or weapons attack, either directly at the site or in the vicinity.

Using the latest NHS Protect and National Counter Terrorism Policing guidance this Policy sets out the requirement to:

1. Develop a suite of lock down plans for key sites across the Hywel Dda University Health Board (H DUHB) Estate. These plans will be flexible in terms of making them bespoke for each site and will be proportionate to the risk posed.
2. In line with H DUHB Hospital Major Incident Plans stipulate Command and Control arrangements including activation and deactivation of a Lock Down situation.
3. Identification for arrangements that are generic for each Hospital site

SCOPE

As a priority and based upon recommendations made by the Police Counter Terrorism and Security Advisers this policy will apply to the four acute General Hospitals in the first instance i.e. Bronglais, Glangwili, Prince Phillip and Witybush.

DEFINITIONS

Lockdown

Lockdown is the process of controlling the movement, access and egress of people around H DUHB sites or premises in response to an identified risk, threat or hazard. A lockdown is achieved through a combination of physical security measures and the deployment of personnel.

DEVELOPMENT OF HOSPITAL LOCKDOWN PLANS

Types of Lockdown

In locking down a facility, there are three key elements; preventing the entry, exit and movement of people on a hospital site, part of a hospital building. In preventing the entry, exit or movement of people, or a mixture of the three, the overarching aim of implementing a lockdown is to either exclude or contain staff, patients and visitors. A lockdown may be either, partial, progressive or full. All visitors should be requested to follow directions to support a lockdown; however, it is noted that the containment of any person against their will is prohibited.

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 can be static or part of a portable lockdown whereby an ongoing lockdown is moved from one location to another.

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.

Full Lockdown

A full lockdown is the process of preventing freedom of entry to an exit from either an entire Hospital site. 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.

Who Can Implement a Lockdown?

By its very nature, a lockdown should be considered in a variety of situations, many of which require an immediate implementation and others which are in response to a major incident. It is clear that if an incident is occurring outside a premise, the senior member of staff in the premise should have the authority to make a decision to lock the premise as an immediate response to protect patients, staff and property (assets).

Equally, the lockdown can be called by the Duty Manager as part of the Health Boards Major Incident Response Plan in response to a larger or impending risk. Any lockdown will involve reporting to the Duty On-Call Senior Manager / On-Call Director and it is this person who decides if the lockdown should continue and when it is to end.

Controlling Access / Egress in the Event of a Lockdown

When following assigned duties in the event of a lockdown, all employees must remember that because all health care 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 when required.

While NHS professionals can give direction within their premises (e.g. stating which exit someone can use), it is unlawful to forcibly prevent exit from NHS premises, with the exception of service users legally detained under the MHA. Nonetheless, there may be circumstances when a lockdown from existing NHS premises (or part of them) is desirable.

If this occurs, 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, with the exception of service users legally detained.

Guidance on Developing Plans for Lockdown

Creating a lockdown procedure is a four step process:

- Complete the Building Profile – this will help you assess the risks that are present and the complexities of locking the building down.
- Develop lockdown action cards – the lockdown action card is an aide memoire for your staff to use if a lockdown is required. It sits with the Major Incident Response Plan Action Cards and works with them.
- Communicate with all staff – all staff should be aware of what is needed when a lockdown is required. This should be discussed at team meetings and regularly updated.
- Practice – At least once every 5 years, a lockdown practice should be completed to ensure that the plan works and staff are aware of their duties.

Site Profile ([Appendix A](#) – opens in a new tab)

Develop a Site Profile, taking into account the physical geography of the hospital site for example:

- The size of the site,
- Marking out its perimeter,
- Access and egress points,
- Up to date hospital site floor plans,

Refuge

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

Lockdown Action Card ([Appendix 1](#) – opens in a new tab)

An example of a Lockdown Action Card Suitable for a building where Health Board staff are the only occupier and are fully responsible for the building. It is recognised that specific action cards need to be completed for each hospital site.

Creation of the Lockdown Plans

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

The hospital lockdown plan is to be completed by the hospital site management team with the advice of the Security Manager.

COMMAND AND CONTROL ARRANGEMENTS (RESPONSIBILITIES)

The Chief Executive

The Chief Executive has default authority to call a lockdown situation. In the absence of the Chief Executive, authority is delegated to their nominated deputy.

Director of Operations/Director of Public Health/General Manager/Senior Manager

In accordance with the Major Incident Plan, authority to call a lockdown lies with the Director of Operations/Director of Public Health or the General Manager/Senior Manager for each site. However, there may be occasions when staff present at the incident location calls for a Lockdown following dynamic assessment of the situation.

Managers

In the event of an incident staff must seek approval from the senior on call manager immediately of any situation they consider may justify a Lockdown. However, circumstances may be such that dynamic assessment of the situation calls for an immediate lockdown, in which case the Local Manager has delegated authority to do so.

All Staff

All staff should be familiar with the lockdown arrangements in their area, including actions they need to take should a lockdown be called. Refer to [training section](#) for training.

Authority to Declare Stand-Down

Authority to call a lockdown situation defaults to the Chief Executive. In their absence authority is delegated to the Chief Executive's nominated deputy – Director of Operations/Director of Public Health.

TRAINING REQUIREMENTS

There are no specific training needs in relation to this policy or in the development of the individual hospital lockdown plans. However the following staff will key in developing the bespoke plans and need to be familiar with the contents of this Policy and should ideally have undertaken the Project Argus training presentation:

- Estates/Facilities Managers/Supervisors
- Departmental Managers
- Fire Safety Adviser
- Emergency Planning Adviser
- Security Manager

LEGAL FRAMEWORK

Article 5 of the European Court of Human Rights provides that no-one may be deprived of their liberty unless it is in accordance with a procedure prescribed by law. In the healthcare context in England and Wales, there are primarily three legal frameworks regulating a deprivation of liberty:

- Mental Health Act 1983
- Deprivation of Liberty Safeguards Authorisation under the MCA 2005

- Court order under s.16 MCA 2005
- A lockdown, although a temporary measure, could still be construed as depriving a person of their liberty and as such, the above legal framework should be borne in mind.

MONITORING OF POLICY

The monitoring of effectiveness of the Hospital Lockdown Policy is the responsibility of the Health and Safety and Emergency Planning Sub-Committee

Monitoring the effectiveness of the Hospital Lockdown Plan is the responsibility of the Hospital General Manager and their Hospital Management Team. This will be supported by the Security Manager and Health Emergency Planning.

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APPENDIX 1 – EXAMPLE OF LOCKDOWN ACTION CARD FOR HOSPITAL SITE

COMMUNICATE LOCKDOWN STATUS

- Lockdown instruction received, authorised by (identify Authoriser), and for what risk.
- Confirm lockdown with authoriser.
- Follow Incident Response Plan – Start incident log/book.
- Communicate to all building occupants “Lockdown” vial all medium available.
- Ensure “this is not a drill / practice” is communicated.

IMPLEMENT ASSIGNED RESPONSIBILITIES.

- If required, call 999 and request assistance as needed.
- In normal working hours, notify the Duty On-Call Director of building status. Out of Hours, notify the Duty On-Call Director.
- Lock all exit (external windows and doors) points to the building.
- Assign duties of staffing main access point for emergency access via identity card only (excluding Chemical, biological, Radioactive or Nuclear (CBRN) incident).
- Hand over control to emergency services where it is a CBRN incident.
- Assign duties of controlling exit from the building where service users and visitors are present.

BUILDING OCCUPANTS

- If riot or malicious individuals outside, close any curtains / blinds, stay away from windows and doors. Shut off lights. Be quiet.
- Do not use landline or mobile devices for anything other than lockdown.
- Await instruction, updates and / or all clear.

RECOVERY

- Resume normal operations ASAP.
Ensure any after care where required and debriefings are carried out.

SUMMARY EQUALITY IMPACT ASSESSMENT – 749 – Lockdown Policy

Organisation:	Hywel Dda University Health Board
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Proposal Sponsored by:	Name:	Tim Harrison
	Title:	Head of Health, Safety and Security
	Department:	Health, Safety & Security Department

Policy Title:	749 – Lockdown Policy.
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Brief Aims and Objectives of Policy:	<p>This Policy is to provide guidance to managers and staff that will enable them to follow appropriate steps to achieve a lockdown of the site that they manage / occupy. It provides the Strategic direction for the development of Hospital Lockdown Plans to be written so they can be used in response to a fast moving incident such as a firearms or weapons attack, either directly at the site or in the vicinity.</p> <p>Using the latest NHS Protect and National Counter Terrorism Policing guidance this Policy sets out the requirement to:</p> <ul style="list-style-type: none"> • Develop a suite of lock down plans for key sites across the Hywel Dda University Health Board (H DUHB) Estate. These plans will be flexible in terms of making them bespoke for each site and will be proportionate to the risk posed. • In line with H DUHB Hospital Major Incident Plans stipulate Command and Control arrangements including activation and deactivation of a Lock Down situation. • Identification for arrangements that are generic for each Hospital site
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Was the decision reached to proceed to full Equality Impact Assessment?	Yes	No ✓
	<p>An initial screening equality impact assessment has been carried out and has identified that the policy does not have an adverse or detrimental impact on any of the proscribed equality groups as the policy is designed to protect all staff who carry out work for or on behalf of H DUHB.</p>	

	Example of a similar organisations approach can be found in the link below: https://www.solent.nhs.uk/media/2451/rk06-emergency-lockdown-policy-v2.pdf	
If no, are there any issues to be addressed?	Yes	No ✓

Is the Policy Lawful?	Yes	This Procedure complies with relevant health and safety legislation.
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Will the Policy be adopted?	Yes	
	If no, please record the reason and any further action required:	

Are monitoring arrangements in place?	Yes	
	Any complaints received regarding the implementation of the Policy around issues of equality and diversity will be addressed appropriately on an individual basis and appropriate action taken.	

Who is the Lead Officer?	Name:	Tim Harrison
	Title:	Head of Health, Safety and Security
	Department:	Health, Safety & Security Department

Review Date of Policy:	The policy will be reviewed on a three-yearly basis.
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Signature of all parties:	Name	Title	Signature
	Tim Harrison	Head of Health, Safety and Security	05/05/2023
	Alan Winter	Senior Diversity & Inclusion Officer	

Please Note: An Action Plan should be attached to this Outcome Report prior to signature