



Hull York Medical School

Code of Practice on Emergency Measures

| Approval Process: | |
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| Committee | Outcome/Date of approval |
| HYMS Management Board | 23 rd September 2013 16 th December 2013 |
| HYMS Quality Committee | 22 nd July 2013 |
| HYMS Joint Senate Committee | 16 th January 2014 20 th January 2014 (Chair's action) |
| To be implemented from: | 1st February 2014 |
| Minor changes to presentation and titles only - for academic year 2014-15 | Head of Quality and Standards |
| Code next due for review: | 2015-16 |
| Responsibility to update: | Chief Operating Officer |

| Publication: | |
|--------------|---------------------------|
| Location | Date |
| HYMS website | 1 st July 2014 |
| K:drive | 1 st July 2014 |

To obtain this Code of Practice in an alternative format:
Contact the HYMS Quality Officer.

1. Overview

1.1. The purpose of this Code of Practice is to provide the means and powers by which HYMS can respond quickly and flexibly to an emergency situation. The Code will enable the medical school to:

1.1.1 ensure student and staff safety;

1.1.2 maintain normal HYMS activities, as far as possible;

1.1.3 identify and control current and future risk, including adverse educational, reputational or financial impact;

1.1.4 plan for and oversee recovery from the emergency situation.

1.2. The Code follows the broad line taken for NHS and government body responses to emergency. This involves planning at a level of strategic ("Gold"), tactical ("Silver") and operational ("Bronze") committees.

2. Declaration of emergency

2.1. An emergency situation should be declared when circumstances arise where HYMS will be unable to function in the normal way, and these circumstances can be anticipated to continue for a sufficient period of time that special adjustments are required.

2.2. Responsibility for declaring an emergency within HYMS lies with the Dean, following appropriate discussion with senior colleagues and stakeholders. In the absence of the Dean the responsibility falls sequentially to the first available of: Deputy Dean (Education), Associate Deans for Research, the Chief Operating Officer.

2.3. Once it is clear that special adjustments are no longer needed, the emergency situation should be terminated by the strategic emergency committee set up as described below. However, the emergency situation might be continued beyond the period of emergency circumstances in order to take account of continuing adjustments to HYMS functions during a recovery phase as described in section 3.

Examples of situations that might lead to a declaration of emergency include (but are not limited to):

- 2.3.1 in response to an emergency situation which has been declared nationally, regionally, or in one or more partner organisations;
- 2.3.2 following serious and continuing damage to HYMS buildings, which prevent normal use (e.g. by fire, flood, terrorist action);
- 2.3.3 following serious and continuing damage to communications essential for HYMS functions;
- 2.3.4 in response to a situation causing serious and continuing staff and/or student absences,
 - 2.3.4.1 e.g. pandemic influenza leading to absence through sickness, care responsibilities, and redeployment of unaffected clinical staff away from teaching functions.

3. Emergency management committees

- 3.1. A strategic emergency committee ("Gold") will be established to determine the strategic response to an emergency situation, devise an emergency action plan and take action to allow that strategy to be implemented. The powers of the strategic emergency committee will include:
 - 3.1.1 establishing tactical ("Silver") and operational ("Bronze") emergency committees with appropriate expertise to ensure the strategy is put into effect;
 - 3.1.2 prioritising activities, recognising that in an emergency some activities may not be sustainable;
 - 3.1.3 deploying HYMS resources (including staff) as necessary;
 - 3.1.4 suspending or modifying HYMS Codes of Practice as necessary to maintain continuity. While any Code might be modified, the committee must not make any change which would compromise the safety of patients in HYMS teaching locations, the safety of students or staff, or public confidence in HYMS students and graduates.
 - 3.1.5 recording all actions taken;
 - 3.1.6 ensuring that there is full consultation with HYMS stakeholders (where practicable) before any emergency response is implemented, and that

actions decided are communicated effectively to staff, students, and all relevant parties;

- 3.1.7 reviewing development of the situation and the implementation of the emergency action plan on at least a weekly basis, taking further actions or restoring normal functions as appropriate;
 - 3.1.8 putting into place a recovery plan;
 - 3.1.9 declaring an end to the emergency when normal activities can be resumed and any continuing recovery actions can be assigned to HYMS academic and management committees established for non-emergency situations;
 - 3.1.10 reporting to the Joint Board of HYMS.
- 3.2. Membership of the strategic committee is by role, recognising that in an emergency any particular individual may be unavailable:
- 3.2.1 the Dean or designated deputy (Chair);
 - 3.2.2 designated strategic lead(s) for medical education;
 - 3.2.3 designated strategic lead(s) for research;
 - 3.2.4 designated strategic lead for administration;
 - 3.2.5 designated strategic lead for communication;
 - 3.2.6 designated strategic lead for IT;
 - 3.2.7 designated strategic lead for liaison with NHS partners and other placement providers;
 - 3.2.8 others co-opted as required by the particular emergency, recognising that this committee is not operational and that its effectiveness will be decreased by larger numbers.
- 3.3. The strategic emergency committee will establish a tactical emergency committee ("Silver"), with responsibility for establishing the best means for maintaining HYMS activities in the emergency situation. This committee will report to, and work within the remit conferred by, the strategic committee. It will refer to the strategic committee requests for:

- 3.3.1 a temporary change in HYMS regulations;
 - 3.3.2 additional resources to cope with the emergency, recognising that these will be redeployed from some other HYMS activity;
 - 3.3.3 any action that can only be agreed jointly between HYMS and its stakeholders.
- 3.4. The membership of the “Silver” committee will be determined by the “Gold” committee in the light of the particular situation.
- 3.5. The strategic emergency committee (“Gold”), in consultation with the tactical committee (“Silver”), will establish operational emergency committees (“Bronze”), as necessary. Depending on the circumstances it might be necessary to set up separate operational committees, for HYMS locations, or for specific classes of activity.
- 3.6. The method of meeting (face-to-face, telephone, video-link, electronic, etc) of these committees and their frequency should be chosen for maximum effectiveness in the emergency situation.
4. Advanced planning
- 4.1. HYMS should develop outline plans for responding to the possible scenarios listed below. These plans should be drawn up within HYMS academic and management committees, and should be reviewed by the relevant committee annually to ensure currency.
- 4.1.1 shortage of staff due to illness or other cause;
 - 4.1.1.1 A particular concern is that emergence of pandemic influenza would very likely mean healthy clinical teaching staff were redeployed for essential NHS duties.
 - 4.1.1.2 Some parts of the course may need to be delivered by different means, and others may need to be suspended during the emergency.
 - 4.1.2 circumstances leading to student absences beyond what is normally acceptable;

- 4.1.2.1 Recognising that student absence may be as a result of their own health problems, or as a result of care responsibilities.
- 4.1.3 the need for welfare support for students affected by the emergency situation;
- 4.1.4 national or local restrictions on movement of staff and students, or on large gatherings;
 - 4.1.4.1 This might include normal teaching activities.
- 4.1.5 restrictions on areas available for clinical teaching within placement provider organisations;
- 4.1.6 whether there are emergency clinical duties that could be undertaken by suitably qualified HYMS students, and how their competence might be validated by NHS trusts;
 - 4.1.6.1 It would need to be recognised that such duties must be voluntary, thus cannot be taken as substitute clinical experience.
- 4.1.7 major and sustained damage to IT infrastructure relied upon by HYMS;
- 4.1.8 major and sustained damage to any physical location used for HYMS teaching;
- 4.1.9 major and sustained damage to any location or equipment used for research by HYMS staff;
- 4.1.10 the need to communicate rapidly with students and staff;
- 4.1.11 the need to communicate with HYMS stakeholders and the public in a timely manner;
- 4.1.12 the impact of any emergency situation on student assessment and progression decisions;
 - 4.1.12.1 It may be necessary to use different evidence in making decisions (e.g. if an OSCE could not be organised as a result of the emergency situation).

- 4.1.13 the impact of an emergency situation on the final examinations leading to qualification in medicine;
- 4.1.14 the impact of any emergency situation on student recruitment and registration.