

HYMS Code of Practice on Emergency Measures

**Approved by HYMS Management Board
12th September 2008**

HYMS Code of Practice on Emergency Measures

I Overview

- 1.1 The need for advance planning to deal with emergency situations was originally advised by HEFCE in relation to the prospect of pandemic influenza occurring in the foreseeable future. Consideration of the uncertainties in that threat led to the conclusion that a wider plan needed developing that would have the flexibility to allow quick and responsive actions to an emergency of any sort. The purpose of this Code of Practice is to provide the means and powers by which HYMS can respond to an emergency situation. The underlying purpose is:
- a) to maintain normal HYMS activities as far as possible
 - b) to ensure student and staff safety at a time of emergency.
 - c) to identify and control current and future risk, including adverse impacts which are educational, reputational or financial
 - d) to plan for and oversee recovery from the emergency situation
- 1.2 At the suggestion of several of the collaborating organisations consulted, 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 The Dean has the responsibility for declaring an emergency within HYMS after appropriate discussion with senior colleagues and stakeholders. In the absence of the Dean the responsibility falls sequentially to the first available of: Deputy Dean, Director of the Medical Education Unit, Associate Dean for Students, Associate Dean for Research, Head of Administration.
- 2.3 The emergency situation should be terminated by the strategic emergency committee set up as described below once it is clear that any special adjustments are no longer needed. This might continue beyond the period of emergency circumstances to take account of continuing adjustments to HYMS functions during a recovery phase.

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

- a) in response to an emergency situation which has been declared nationally, regionally, or in one or more partner organisations
- b) following serious and continuing damage to HYMS buildings (e.g. by fire, flood, terrorist action) which prevent normal use
- c) following serious and continuing damage to communications essential for HYMS functions
- d) in response to a situation causing serious and continuing staff and/or student absences, e.g. pandemic influenza leading to absence through sickness and 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 strategy of a response to an emergency situation, and to take action to allow that strategy to be followed. The powers of the committee will include:
- a) establishing tactical (“Silver”) and operational (“Bronze”) emergency committees with appropriate expertise to ensure the strategy is put into effect
 - b) prioritising activities, recognising that in an emergency some activities may not be sustainable
 - c) deploying HYMS resources (including staff) as necessary
 - d) 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 safety of patients in HYMS teaching locations, safety of students or staff, or public confidence in HYMS students and graduates.
 - e) recording all actions taken, to enable necessary actions to be taken for recovery
 - f) ensuring as full consultation as practicable is taken with HYMS stakeholders before any emergency response, and that actions decided are communicated effectively to staff, students, and all interested parties.
 - g) reviewing development of the situation on at least a weekly basis, taking further actions or restoring normal functions as appropriate
 - h) putting into place a recovery plan
 - i) declaring an end to the emergency when normal activities can be resumed and any continuing recovery actions can be assigned to normal HYMS committees
 - j) reporting to the HYMS Board
- 3.2 Membership of the strategic committee is indicated below by role, recognising that by the nature of an emergency any particular individual may be unavailable.
- a) the Dean or designated deputy (chair)
 - b) strategy leads for medical education
 - c) strategy lead for administration
 - d) strategy lead for communication
 - e) strategy lead for IT
 - f) strategy lead for liaison with NHS partners
 - g) others co-opted because of the requirements of the particular emergency, while recognising that this committee is strategic not operational and that its effectiveness will be decreased by larger numbers
- 3.3 A tactical emergency committee (“Silver”) will be set up by the strategic committee to establish the best means for maintaining HYMS activities in the emergency situation. This committee will work within the remit given by the strategic committee, and report to it as frequently as necessary. It will refer to the strategic committee for decision and record keeping any request for:
- a) a temporary change in HYMS regulations
 - b) additional resources to cope with the emergency, recognising that these will be redeployed from some other HYMS activity
 - c) 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 Operational emergency committees (“Bronze”) will be set up by the “Gold” committee, in consultation with the “Silver” committee as necessary. These committees might, depending on the circumstances, be set up separately for HYMS locations or for specific classes of activity.
- 3.6 The method of meeting (face-to-face, telephone, video-link, email, etc) of these committees and their frequency should be chosen for maximum effectiveness in the emergency situation.

4 Advance planning

- 4.1 While any emergency situation is likely to create specific circumstances that can not reasonably be anticipated and planned for in detail, routine committees within HYMS should address the possible need to respond to:
 - a) shortage of staff due to illness or other cause. A particular concern is that emergence of pandemic influenza would very likely mean healthy clinical teaching staff were redeployed for essential NHS duties. Some parts of the course may need to be delivered by different means, and others may need to be suspended during the emergency.
 - b) circumstances leading to student absences beyond what is normally acceptable. This should recognise that in addition to their own health problems some individuals may have care responsibilities
 - c) the need for welfare support of students affected by the emergency situation
 - d) national or local restrictions on movement of staff and students, or on large gatherings (which might include normal teaching activities)
 - e) restrictions on NHS areas available for clinical teaching.
 - f) 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. It would need to be recognised that such duties must be voluntary, thus cannot be taken as substitute clinical experience.
 - g) major and sustained damage to IT infrastructure relied upon by HYMS
 - h) major and sustained damage to any physical location used for HYMS teaching
 - i) major and sustained damage to any location or equipment used for research by HYMS staff
 - j) the need to communicate rapidly with students and staff
 - k) the need to communicate with HYMS stakeholders and the public in a timely manner
 - l) the impact of any emergency situation on student assessment and progression decisions. It may be necessary to use different evidence in making decisions (e.g. if an OSCPE exam was impossible to organise)
 - m) the impact of an emergency situation on the final examinations leading to qualification in medicine
 - n) the impact of any emergency situation on student recruitment and registration

The HYMS risk register is the place where any such outline plans should be recorded.