

Emergency Medicine Standard Operating Procedures

Internal Declaration of Lockdown

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Approved by	
Date of Approval	
Date of next review This is the most current document and is to be used until a revised version is available	

Aim and scope of Standard Operating Procedure

Target Staff Categories

Introduction

ED lockdown has traditionally been viewed as an action that is only taken during a Major Incident, however in recent years it has unfortunately become apparent that a lockdown may need to be used for other situations eg. lone attacker (gun, knife), escaped prisoner, gang related threats, missing child, HazMat issue.

It is essential that when making the decision to lockdown the department the relative risks are considered, accepting that this is likely to have to be done extremely quickly and probably with limited information but ultimately with the intention of protecting patients and staff. The type of threat needs to be weighed carefully to avoid inadvertently creating more risk (eg. trapping both hostile and patients and staff).

Locking down the department is a form of detention and there are legal implications around this action. NHS professionals can give direction within their premises (for example stating which exits to use) but it is unlawful to prevent exit from the premises unless the person is committing an offence or causing injury or damage to property which may lead to them being arrested or they are detained under the MHA or otherwise lawfully detained.

This advice does not cover what actions need to be taken when locking down the Isolation Room Area in 'minors'.

Action to be taken in the Event of a Possible Lockdown being required

- If time allows, discuss with Clinical Site manager bleep 300 and agree need for lockdown.
- Discussion should involve senior nurse and senior doctor on duty.
- Assess potential threats / risks already within the department and likelihood of any new threats.
- Do you need to confirm that any information regarding a potential threat is genuine eg. by contacting police directly.

Lockdown decision made

•Phone 2222 and ask the Switchboard to institute a lockdown of the WRH Emergency Department (A&E immediately – this will trigger:

1. Remote lockdown of ED perimeter doors as shown in diagram 1 by the security team. The department will be isolated from AEC and Radiology and ICU.

2. Security team will rapidly deploy to ED waiting to lock the waiting room door with a key

•Consider what other help may be needed immediately eg. Police, Fire & Rescue and contact them as soon as possible.

•Inform all staff on duty of lockdown and take any actions to minimise the risk to patients (and staff) depending on this situation or threat eg. moving patients away from windowed areas of the waiting room in the event of a lone gun man approaching from outside.

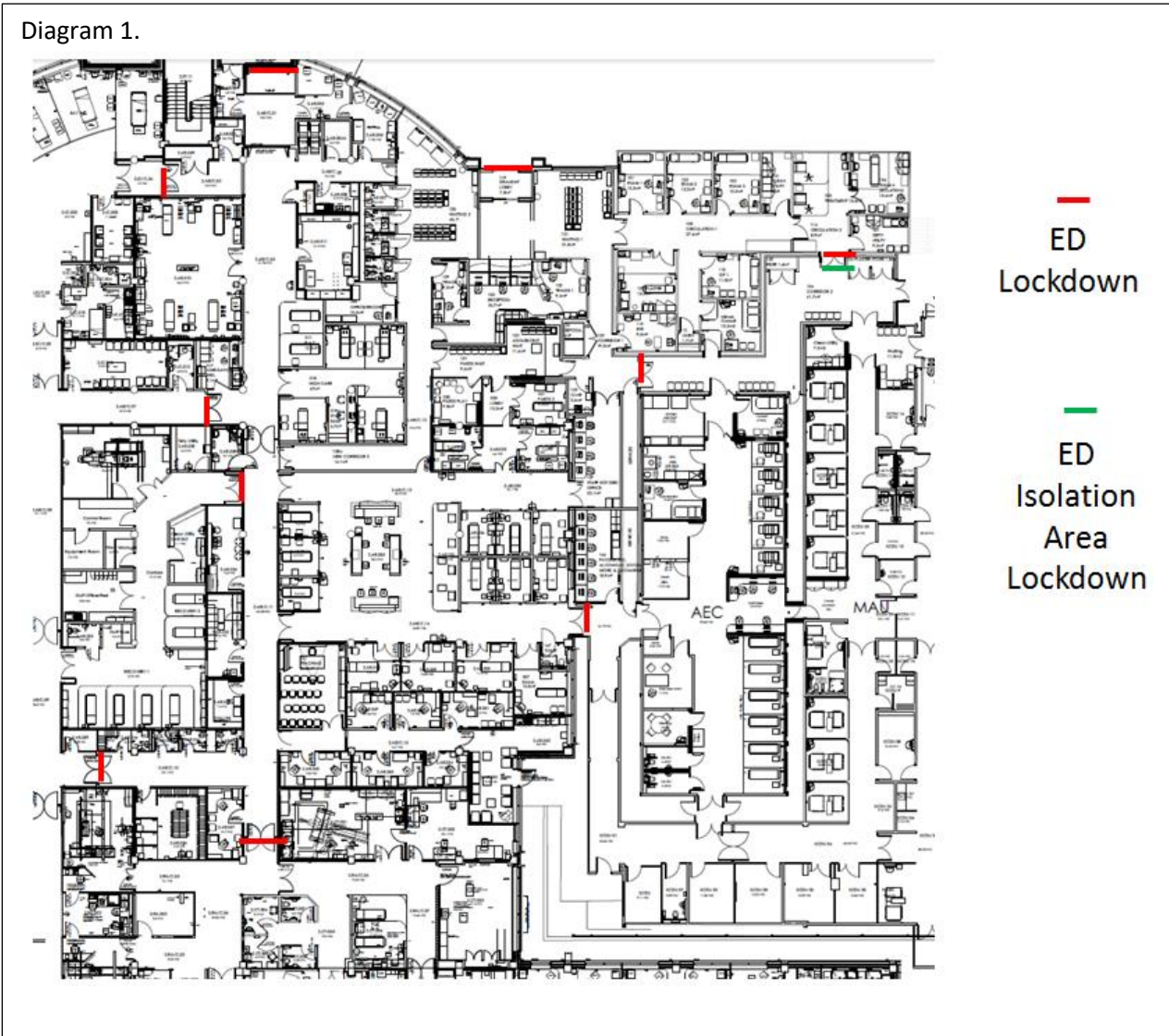
•Physical lockdown –windows in minors, Fire Escape Door in the Staff Room.

•Ensure adjacent clinical areas are made aware (radiology, ICU, AEC, Cath Lab, MAU)

Lockdown No longer required

- Inform Switchboard stand down Lockdown in WRH Emergency department (A&E)

Diagram 1.



Appendix 1 – Ward/Departmental Lockdown Template

WARD / DEPT PROFILE	
Description	Information
Describe the Ward / Department providing the following information: <ul style="list-style-type: none"> • Brief description of the purpose of the department including <ul style="list-style-type: none"> o Clinical or Non-Clinical o Type of patients in area – ambulant / non-ambulant o Opening times – 24/7 / office hours / Monday – Friday o Does it house any valuable/sensitive/dangerous equipment o Attach a plan of the Ward / Department 	Open 24hrs per day Designated space for 21 trolley's, however frequently often double this number (in corridors) and significant number of patients on beds also. variable number of ambulant patients in waiting room - seats <number> Locked medications inc opiates Surgical equipment
SECURITY	
LOCATION	
Description	Information
Location in building (ground floor etc/neighbouring departments/proximity to public areas)	Level 2
Number of access/egress points (marked on a plan of department) – where do they go?	Ambulance triage entrance/exit Main waiting room entrance/exit Entrance/exit back of minors to AEC corridor/ESTC Entrance/exit to AEC corridor Entrance/exit to MAU Entrance/exit to AEC Entrance/exit to Radiology department Entrance/exit to ICU corridor ①&② Entrance/exit to ICU Entrance/exit Decontamination Room (locked permanently) Entrance/exit to Cath Lab Fire Exit in staff room Entrance/exit to staff room corridor

Description	Information
Location in building (ground floor etc/neighbouring departments/proximity to public areas)	Level 2
Number of access/egress points (marked on a plan of department) – where do they go?	See previous
Lockable v unlockable doors – external/internal	Waiting room – lockable key Staff room?
Controlled access – how/who has access external/internal	All other lockable remotely by security.
CCTV – where (mark on plan)	Paediatrics, waiting room
Windows – locked? Where are the keys? / restricted opening	Windows in minors restricted opening
Alarms – how controlled / activated	Panic alarm triage rooms

STAFFING	
Description	Information
Number of staff in department – office hours/out of hours	Variable 20 out of hours up to 50 in hours
Type of staff in department	Nurses, Doctors, Admin, Receptionists, Allied Health Care Professionals
Visiting staff to department (e.g. porters to move patients / lab staff / etc (to include staff who are regularly present on ward)	Porters, security, site managers, WMAS crews
How many staff are present that could leave their normal work to help lockdown ward/department (office hours/out of hours)	5 in hours – 3 out of hours

SAFETY	
Description	Information
How will you maintain patient / staff safety	Communication, planning
What actions will staff take to protect patients in the area?	Depends on circumstances / threats

POTENTIAL REASON TO LOCKDOWN	
Description	Information
What situation would result in the need to lock down the local area? e.g: <ul style="list-style-type: none"> • External instruction from SILVER / GOLD command • Violent incident • Absconded patient / prisoner • Fire • Contamination • Infection Control • Security Incident 	<ul style="list-style-type: none"> • Yes • Yes • Yes • Yes • Yes • Maybe • Yes
Who can make the decision to lockdown?	Senior Nurse / Doctor

MANAGEMENT AND COMMUNICATION	
Description	Information
Who is BRONZE Commander? (ward manager/department manager/most senior person on duty)	Clinical Site Manager
Who will cascade information within the Ward / Department?	Nurse in Charge
Who will inform neighbouring departments?	Clinical Site Manager / Switchboard
Will they contact anybody from the department who is currently not on duty – who/how?	Depends on circumstances – MAJAX switchboard call out

ACTIONS AND WHO TAKES THEM

Description	Information
Who is in charge – BRONZE Commander?	Clinical Site Manager
What steps are to be taken to lock what can be locked?	Security remotely & ED waiting room entrance by key held by security team
Who will take these steps?	Security
Liaise with neighbouring departments – who will do this?	Clinical Site Manager
Inform staff within the department – who will do this?	Nurse in Charge
Who will communicate with Switchboard/SILVER/Emergency Services?	Clinical Site Manager

STAND DOWN

Description	Information
Who makes the decision to stand down?	Nurse / Doctor on charge +/- Clinical Site Manager
How will that be communicated and to whom?	Switchboard & Clinical Site Manager
How will the department return to normal?	Gradually