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Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board

## **Abertawe Bro Morgannwg University Health Board**

### **Lockdown Procedure**

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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 Health Board site or other specific building/area in response to an identified risk, threat or hazard that might impact on the security of people, assets and/or service provision

### Quick Read Summary

<b>Introduction</b>	Lockdown is the process of controlling the movement and access – both entry and exit – of people (NHS staff and people that access our services and visitors) around a Health Board 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 or indeed the capacity of that facility to continue to operate.
<b>Purpose</b>	The purpose of this document is to provide managers and staff with an overview of the circumstances around which a lockdown may be required and also explain the basic steps detailed within the action cards that need to be implemented in the event of a lockdown being requested by senior management either as a response to a major incident or a security breach. Recognising that many sites/buildings have multi-occupancy arrangements and these must fit with the high-level lockdown plan.
<b>Duties &amp; Responsibilities</b>	The <b>Chief Executive</b> holds the overall responsibility on behalf of the Health Board as the Accountable Officer and is the nominated Board Member with special responsibility as the Security Management Director.
<b>Types of Lockdown</b>	A lockdown may be characterised as either <b>partial (static or portable), progressive</b> or <b>full</b> .
<b>Procedure</b>	The action cards provided document procedure to be implemented by staff when a lockdown is requested by senior management. This document provides guidance and support to managers who are required to implement lockdown processes within their department or facility.
<b>Monitoring &amp; Review</b>	The procedure will be incorporated into the Health Board Security Lockdown Policy this will be monitored by the Security Management Group on behalf of the Health and Safety Committee. The Policy will be reviewed every two years or earlier in light of changing legislation and/or circumstances.

## Contents

<b>Section</b>		<b>Page</b>
1	Introduction	3
2	The requirement to lockdown	3
3	Duties and responsibilities	3
4	Types of lockdown – definitions	4
4.1	Controlling access	4
4.2	Partial lockdown – static or portable	5
4.3	Progressive lockdown	5
4.4	full lockdown	5
5	Procedure	8
6	Monitoring and Review	10
7	References	10
<b>Appendices</b>		
Appendix A	<u>Staff</u> Action card - controlled partial lockdown	12
Appendix B	Staff action cannot – uncontrolled partial lockdown	13
Appendix C	Staff action Card - lockdown	14

## 1 INTRODUCTION

Lockdown is the process of controlling the movement and access – both entry and exit – of people (NHS staff and people that access our services and visitors) around a Health Board 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 or indeed the capacity of that facility to continue to operate. A lockdown is achieved through a combination of physical security measures and the deployment of staff.

In the event of a terrorist incident the response by the NHS will be of paramount importance in protecting its staff, people that access our services and visitors, and its properties and assets.

The lockdown procedure forms part of the Health Boards response to security incidents and seeks to ensure the safety and security of all of the above in the event of a terrorist or security incident. Whilst it is far more likely that a lockdown will be called in response to other kinds of security breach, such as a serious altercation in a hospital based public area or unit. A decision to lockdown may take place as a result of a major incident. This procedure should be read in conjunction Health Board Major Incident Plans.

## 2 THE REQUIREMENT TO LOCKDOWN

In collaboration with South Wales Police or as a result of a major incident, a lockdown may be implemented as part of ABMU HB Major Incident Plan. However; there may be occasions when local managers will need to achieve a lockdown, for example in the event of a missing person who accesses our services, and to avoid precious moments being lost, commence the process for securing an area. Similarly if a brawl between youths were to break out in a hospital based public area or unit, the person in charge of the department may make the decision to lockdown the department to prevent other people who access our services being affected.

The purpose of this procedure is to identify the steps required to achieve a lockdown within the main acute sites. It is important to remember that many sites/buildings have multi-occupancy arrangements and these must fit with the high-level lockdown plan.

This procedure relates to managers and employees of ABMU HB and is considered good practice for those who provide NHS services across South Wales.

Services hosted on other Health Board sites e.g. NPT Hospital, will still need to develop a lockdown profile for their area in accordance with the lockdown policy supported by the lockdown toolkit which has been developed by the Health Board.

## 3 DUTIES AND RESPONSIBILITIES

The **Chief Executive** holds the overall responsibility on behalf of the Health Board as the Accountable Officer and is the nominated Board Member with special responsibility as the Security Management Director. Their responsibility includes:

- Ensuring that the aims and objectives of this guidance and procedure are met
- Ensuring that adequate resources are made available

- Ensuring that any processes in place for management of a lockdown is reviewed by managers and the Board.

The Emergency Planning Lead is responsible for the development of the Emergency Preparedness Plan which documents plans and advice on preparing for specific types of disaster and/or attacks. The Emergency Planning Lead will also be responsible for maintaining relationships with external agencies which will include:

- The **Police**, who will be able to inform on local threats and hazards. They will also be able to estimate the level of support they can provide during a lockdown.
- Representatives from **Fire and Ambulance Services** will need to be engaged with to identify if and how lockdown will affect their work.
- Representatives from the **Local Authority** will need to be engaged with as they will be responsible for roads directly adjacent to the NHS sites/buildings. During a lockdown, some of these roads may need to be closed.

As part of the emergency preparedness procedures, the Emergency Planning Lead will hold copies of the lockdown procedures that relate to the main acute sites. These may need to be referred to in the event of a major incident and will also be available in on-call packs.

All **Employees** have a responsibility to take reasonable care of their own safety and security, as well as the safety and security of others and to participate as required in the event of the implementation of a lockdown. In order to support a lockdown, staff are likely to have to carry out activities that are outside of their normal job description.

All **Visitors** are requested to follow directions to support a lockdown, however it is noted that the containment of any person against their will is unlawful.

## 4 TYPES OF LOCKDOWN (Definitions)

In locking down a facility, there are three key elements; preventing the **entry, exit** and **movement** of people on a Health Board site, part of a Health Board 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.

A lockdown is the process of preventing freedom of entry to, exit from or movement within a health board site. In this way either contain or exclude staff, people who access our services and visitors. A lockdown may be characterised as either **partial (static or portable), progressive** or **full**.

### 4.1 Controlling access or the 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 because all 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 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 (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:

- The individual is committing an offence or causing injury or damage to property which may lead to him being arrested
- 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 from 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.

## 4.2 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.

Where a partial lockdown can be achieved without any discernible impact to the services provided by the Department staff, patients or visitors this is classified as a controlled partial lockdown.

Where it is not possible to achieve a partial lockdown without discernible impact on the services provided or on staff patients or visitors this is classified as an uncontrolled partial lockdown.

*Example – A member of a gang has attended an Outpatients Clinic for treatment. Staff are aware that members of another gang may attend site to retaliate, 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.*

## 4.3 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.

## 4.4 Full Lockdown

A full lockdown is the process of preventing freedom of entry to and exit from either an entire NHS health board site; specific NHS 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.

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.

## 5 PROCEDURE

See action cards in appendices

## 6 MONITORING AND REVIEW

The Emergency Planning Lead together with the Health Board Security Management Specialist will be responsible for the development of appropriate guidance to support the development and effectiveness of lockdown procedures.

The policy will be monitored by the Security Management Group and the Health & Safety Committee. Both meet quarterly.

All sites/units will be asked to develop a lockdown profile, a list of all sites/units compliance with this will be kept by the Local Security Management Specialist and Emergency Planning Lead. Non-compliance will be followed up with an action plan and supported by the Local Security Management Specialist and Emergency Planning Lead and reported to the committees listed below.

This Policy will be reviewed by the following:

- Security Management Group
- Health & Safety Committee
- Emergency Planning

This Policy will be reviewed every two years, or earlier in the light of changing circumstances or legislation.

## 7 REFERENCES

In developing and documenting this policy, due account has been taken of the following source documents:

- NHS Security Management Service 20b Lockdown Guidance: NHS Security Management Manual. The manual is restricted to accredited LSMS
- NHS SMS, Department of Health's Emergency Preparedness Division<sup>1</sup>  
[www.dh.gov/Emergencyplanning](http://www.dh.gov/Emergencyplanning)
- Secured by Design – Hospitals  
[www.securedbydesign.com/pdfs/SBD\\_Hospitals\\_110405.pdf](http://www.securedbydesign.com/pdfs/SBD_Hospitals_110405.pdf)
- Counter terrorism chapter of the NHS Security Management Manual (accessed via the secure website [www.cfsms.nhs.uk](http://www.cfsms.nhs.uk))
- The Health Building Note (HBN) 07 and other HBNs and Health Technical Notes (HTNs) – Department of Health's Estates and Facilities' Knowledge and Information portal:

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<sup>1</sup> The Emergency Preparedness Division works with a variety of stakeholders to ensure that the NHS is prepared to respond to a wide range of disruptive events, including terrorist attacks, infectious disease outbreaks and natural disasters.

[http://195.92.246.148/nhsestates/knowledge/knowledge\\_content/home/home.asp](http://195.92.246.148/nhsestates/knowledge/knowledge_content/home/home.asp)



**Staff Action Card: controlled partial lockdown**

**Department manager (this may be different out of hours)**

Document actions to be taken in the event of a controlled partial lockdown:

**This is where a room or small area within the Department may need to be made secure for a short period of time either in the event of a security incident or as part of the management of an ongoing situation within a ward or department.**

**The Department manager can instigate a controlled partial lockdown, without informing the site manager if there is no risk to patients and visitors and no discernible effect on patient services.**

A number of departments and wards are secure by the nature of their services. Therefore where partial lockdown can be achieved in a controlled way, no further steps would be required. The site management would only need to be informed of the situation escalates to uncontrolled partial lockdown.

**Staff Action Card: uncontrolled partial lockdown****Department manager (this may be different out of hours)**

Document actions to be taken in the event of an uncontrolled partial lockdown:

Uncontrolled partial lockdown where there is a security incident which may affect patient, visitors or staff however it is not possible to easily secure the room or area affected within the Department.

**Department manager**

Where there is need to instigate partial lockdown this cannot be completed without affecting patient services or treatment the Department manager should contact the site manager and advise them of the need to instigate an uncontrolled partial lockdown.

You will need to ensure that access and egress is controlled within the areas identified and may mean that you have to allocate staff from the wards or departments to man entrances and exits to control access and egress for a short period of time.

This may result from needing to deal with a difficult patient or conflict between two patients within the Department and/or to take action following an incident such as cordoning off an area of cleaning. It is important to ensure the safety of staff, visitors and patients alike is considered at all times.

**Site manager**

Where a department advises that they instigated an uncontrolled partial lockdown consideration should be given to provide additional support from support services and/or from other wards and departments within the hospital.

Confirm with the departmental manager the extent and suggested duration of the uncontrolled partial lockdown will need to be instigated. Confirm they have sufficient staffing to support the incident.

Where the Department manager feels it does not have this is sufficient staff to support the incident they should contact the portering supervisor to request additional support. Where it is perceived that these measures will need to be in place for some time (more than a couple of hours) the service director on-call site manager should consider informing the on-call senior manager where it will adversely affect patient services.

It should be noted that uncontrolled partial lockdown will normally be instigated for short periods of time in response to incident or to assist in the management of a security incident. It is not envisaged that a partial lockdown would be put in place for a sustained period of time. Unless it is part of a major incident.

### **Portering supervisor**

Where departments need assistance in the provision of an uncontrolled partial lockdown existing available staff should be allocated to the task.

Where staffing is not readily unavailable discussions should take place with the site manager and departmental manager on the expected duration of the incident.

Where applicable need to identify the impact on other services provided within the hospital

Where appropriate measures should be taken to provide additional staffing **if agreed by the Service Director.**

**Staff Action Card: Site lockdown****Department manager****Site manager/hospital director****out of hours senior manager on site on call manager on call exec****portering supervisor/support services manager****Estates manager/on-call Estates manager**

Document actions to be taken in the event the need to lock down an acute site:

**In the event of the security incident and/or the notification of a major incident which necessitates the shutting down of the hospital the department concerned should contact the site manager and inform immediately of the incident**

**Department manager**

Where a major incident has been declared or where there this is seen any serious breach of security there maybe the need to instigate formal lockdown of the hospital. Instances where this may be appropriate may be:

- In response to a major incident
- in response to a security breach
- in response to viable threat to patient, visitors and or staff (excluding armed attack)

**Contact the senior site manager or senior manager on duty out of hours and advise them of the situation.**

**SITE MANAGER**

In the event of one of the above situations the command and control centre will be instigated for the hospital concerned. However, on the initial notification of the incident where appropriate a hospital lockdown will be instigated.

Contact the portering supervisor instructing them to secure all entrances to the hospital that can be secured and then have the others manned.

Contact the Estates manager or out of hours the on-call Estates manager and ask them to allocate staff to support some portering services in the manning of the main entrances.

Where it is necessary to restrict vehicle access to the site then portering staff should be posted that the main entrances to the site only allowing vehicles into the hospital grounds if it is felt safe to do so in conjunction with discussions with police and external bodies where appropriate.

Contact the Communications Department advising them of the incident and start to agree what information will be shared by staff restricting access and egress in the first instance; they can simply advise patients and visitors that has been a security incident.

Where the shutdown is the result of a viable threat to the building a lead will be taken from senior police officials at the time.

### Portering Supervisor

Allocate staff to the locking of all entrances that can normally be secured at night.

Ensure the staff display notices rerouting visitors' patients and staff alike to an alternative entrance.

Inform support services manager or on-call manager and advice of the nature and extent of the incident.

Linked with the Estates officers on site over provision of staff to man entrances into the hospital

Physically man the main entrances to the hospital site taking into consideration the public's right to access healthcare premises see the table below:

<b>Princess of Wales</b>	<b>Morrison</b>	<b>Singleton</b>
<b>Main entrance</b>	Present Main Hospital entrance	<b>Main OPD Entrance</b>
<b>A&amp;E</b>	(2) CY6 (Rear entrance/exit)	<b>Crush Hall Entrance</b>
<b>Postgraduate centre entrance</b>	(3) Pharmacy main entrance	<b>VIP Entrance</b>
<b>Short stay entrance</b>	(4) Pharmacy side entrance	<b>Rehab entrance</b>
<b>Template 15 entrance</b>	(5) Burns and Plastics entrance (consider security/police presence on this entrance)	<b>West Ward Block/Maternity entrance</b>
<b>Rear entrance by x-ray</b>	(6) Cardiac OPD entrance	<b>Red link entrance</b>
<b>Loading bay entrance</b>	(7) Service centre entrance	<b>Old Pharmacy/Bulk stores entrance</b>
<b>Day surgery entrance</b>	(8) Medical Electronics entrance	<b>Gum Entrance</b>

<b>Quality clinic entrance</b>	(9) ALAC entrance  Would both afford access to the main building via an internal connecting door in the main corridor. Both these doors (8) and (9) are secured at night as is the internal access door.  Doors (1) - (9) are all external affording direct access to the hospital. There are also two internal access points to consider	<b>Minor Injuries Unit</b>
<b>Mac Millen centre entrance</b>	(10) Bubble tunnel/main corridor	
	(11) Fracture clinic corridor/main corridor	

**Green denotes entrances that can be secured**

Inserting for each site

**Estates manager / Estates manager on-call**

On confirmation that the hospital has instigated a site lockdown link with support services managers/portering supervisor to provide additional staffing where required to support the lockdown procedures.

If this happens out of hours use on-call staff in the first instance to support any emergency response.

The Estates Manager on-call should advise the Assistant Director of Strategy (Estates) once arrangements are in place the start of the staff to attend site.