

Hospital Lockdown: A Framework for NHSScotland

Strategic Guidance for NHSScotland

Contents

	<i>Page</i>
1. Introduction.....	5
2. Best Practice and relevant Legislation and Regulation	7
2.1 Best Practice	7
2.8 Relevant legislation and regulation	8
3. Lockdown Definition	9
3.1 Definition of site/building lockdown.....	9
3.4 Partial lockdown	9
3.5 Portable lockdown	10
3.6 Progressive/incremental lockdown	10
3.8 Full lockdown.....	11
4. Developing a lockdown profile.....	12
4.3 Needs Analysis	13
4.4 Critical asset profile.....	14
4.9 Risk Management	14
4.10 Threat and hazard assessment.....	14
4.13 Lockdown threat and hazard checklist	15
4.17 Vulnerability assessment of people, property and assets	16
4.19 Physical considerations.....	17
4.21 Site profile	17
4.22 Building profile.....	18
4.29 Security profile	19
4.33 Lockdown manpower requirements	21
4.35 Lockdown risk profile.....	21
4.38 Additional resource	22
4.40 Conclusion	22
5. Preparing a lockdown plan	23
5.2 Command and control.....	24
5.4 Staff roles and responsibilities.....	24
5.8 Stakeholder management	25
5.20 Stage 1 – Lockdown activation.....	28

5.21	Stage 2 – Lockdown deployment	29
5.23	Stage 3 – Lockdown maintenance	30
5.25	Stage 4 – Lockdown stand-down	30
5.26	Supporting physical security measures	31
6.	Response – utilising a lockdown in an major incident	34
6.8	Authority to call a lockdown.....	36
6.10	Time of a lockdown	36
6.11	Internal communications	36
6.12	External communications with stakeholders	37
6.13	Safety and control zone	37
6.14	Security	37
6.15	Cordons	37
6.16	Traffic management	38
6.17	Human resources.....	38
6.19	Media handling.....	38
6.21	Crowd management and control	38
6.24	Business continuity during lockdown.....	39
6.27	Evacuation	39
7.	Recovery	40
	Appendices: Toolkit – a Practical Guide for Security Managers	41
	Appendix 1: Tables.....	42
	Appendix 2: Checklists	49
	References.....	56

Disclaimer

The contents of this document are provided by way of general guidance only at the time of its publication. Any party making any use thereof or placing any reliance thereon shall do so only upon exercise of that party's own judgement as to the adequacy of the contents in the particular circumstances of its use and application. No warranty is given as to the accuracy, relevance or completeness of the contents of this document and Health Facilities Scotland shall have no responsibility for any errors in or omissions there from, or any use made of, or reliance placed upon, any of the contents of this document.

1. Introduction

- 1.1 This document provides guidance on the planning and execution of a lockdown of a healthcare site or building within NHSScotland and it complements best practice advice laid out elsewhere in other guidance and framework publications. It is published by Health Facilities Scotland (HFS) in partnership with the Scottish Government and is one of a series that provides guidance on security and counter terrorism measures for NHSScotland. The publication has been developed from the document 'Lockdown Guidance,' issued by NHS Security Management and the Department of Health in February 2009.
- 1.2 This document has been developed to provide guidance for those within NHSScotland that may be involved in either the planning and/or implementation of a lockdown. Although much of the document provides those responsible for security with principles that can be used to ensure relevant security arrangements are properly considered during the preparation of a lockdown, the document also contains useful guidance that can be used by other NHS professionals who may be involved in lockdown planning/implementation e.g. NHS management, emergency planning officers, estates managers, communications officers etc.
- 1.3 The information provided in this document is intended to reflect best practice. It is recognised that the size of healthcare sites and the level of manpower resources available vary greatly across NHSScotland. Organisations are recommended to use the guidance provided to develop lockdown plans appropriate to the size, location, and circumstances of the particular site to which it is being applied.
- 1.4 The guidance in this document does not alter the responsibilities of NHSScotland Boards, who are accountable to the Scottish Government Health Directorate (SGHD) for the overall assessment of health needs of all people within their geographic areas and for arranging for those needs to be met. An emergency does not alter the statutory purposes of NHSScotland Boards which remains the securing of improved health for people within their area and the prevention, diagnosis, and treatment of illness.
- 1.5 The document covers the following topics:
- the aims of the guidance;
 - the existing guidance and legislation that support the use of a lockdown;
 - clarification and definition of a lockdown;
 - the development of a lockdown profile;
 - best practice associated with lockdown preparation;
 - the key issues to be considered at the initiation of a lockdown;
 - the lockdown recovery phase.

- 1.6 The document's Appendices contain a toolkit to aid the planning and implementation of a lockdown. The toolkit is a practical resource which Security Managers/those with responsibility for security can use to ensure all relevant issues are considered during lockdown of a facility
- 1.7 Healthcare facilities can be vulnerable to a wide range of threats and hazards. Such threats and hazards include but are not limited to a terrorist incident, an altercation in an Emergency Department, and a suspected infant abduction. The lockdown of a site or building which restricts access or egress may be a proportionate response to safeguard staff, patients, visitors, and assets. This guidance contains principles that can be used to lockdown all or part of a site or building in response to such threats and hazards.
- 1.8 Organisations within NHSScotland are recommended to use the information provided in this guidance to develop appropriate lockdown plans. These plans should be developed in collaboration with other local stakeholders and should be exercised regularly. The development and exercise of a lockdown plan can contribute to the provision of safe and secure environment for staff, patients, and visitors.

2. Best Practice and relevant Legislation and Regulation

Best practice

- 2.1 There is further useful information available which may be of use in the development of lockdown plans and it is recommended that this document is read in conjunction with other guidance issued by Scottish Government, Health Facilities Scotland (HFS), and the police.
- 2.2 'Secured by Design' is a UK police initiative that supports the principles of 'designing out crime' through use of effective crime prevention and security standards for a range of applications. 'Secured by Design' principles can support a lockdown, see www.securedbydesign.com.
- 2.3 The 'Secured by Design – Hospitals' guidance written as part of the 'Secured by Design' initiative provides advice on establishing and maintaining a safe and secure environment on healthcare sites. Its aim is to assist those involved in the development, procurement, and management of hospitals. The objective of the guidance is the reduction of opportunity for crime and anti-social behaviour and the reduction of the fear of crime in hospitals. This guidance may also provide useful information relating to lockdown and can be found at www.securedbydesign.com/pdfs/SBD_Hospitals_110405.pdf
- 2.4 The document Security Management Framework for NHS Boards in Scotland issued by HFS provides guidance on risk and vulnerability analysis. Such guidance can be used in the development of a lockdown policy. Please follow the link from <http://www.hfs.scot.nhs.uk/online-services/publications/facilities/>
- 2.5 The Scottish Government's 'National Health Service in Scotland Manual of Guidance – Responding to Emergencies' provides guidance on the provision of services in the event of a major emergency. The document also considers coordination with other responders and stakeholders and is available at <http://www.sehd.scot.nhs.uk/emergencyplanning/guidance.htm>
- 2.6 The Scottish Health Planning Note 00-07 issued by HFS provides guidance on the development of healthcare facilities that are resilient to a range of threats and hazards. Further information is available at <http://www.hfs.scot.nhs.uk/online-services/publications/property/>
- 2.7 A number of other Scottish Health Planning Notes (SHPN's) and Scottish Health Technical Memoranda (SHTM's) provide best practice guidance that may help the lockdown of a site or building. These SHPN's and SHTM's can be found on the HFS website <http://www.hfs.scot.nhs.uk>.

Relevant legislation and regulation

- 2.8 For those organisations within NHSScotland designated as Category 1 Responders, the ability to lockdown a site and/or building fits with their statutory duties as defined by the Civil Contingencies Act 2004 [and the Civil Contingencies Act (Contingency Planning) (Scotland) Regulations 2005.] This legislation requires Category 1 Responders to assess risks and have plans in place to manage them. The lockdown of a site or building may be the most suitable response in a range of emergencies. Lockdown may also support an organisation's major incident response, e.g. the evacuation of a hospital.
- 2.9 The consequences of invoking a proportionate lockdown and the short, medium, and long-term effect it may have on NHS services must be fully considered by management. Management should be aware of the legal implications of a lockdown. The legal advice in paragraphs 2.10 – 2.13 focuses on the right of entry and exit of individuals onto and from an NHS site during the course of a lockdown.
- 2.10 Healthcare sites and buildings are normally open to the public, therefore, they have an implied licence to enter. The owners of such sites, however, have a right to refuse access and reasonable force may be used to either prevent entry or to remove individuals.
- 2.11 In the absence of the police, who are able to enforce a containment cordon, it will only be lawful to prevent egress from premises by utilising specific legislative provisions e.g. emergency regulations under the Civil Contingencies Act and/or Public Health (Scotland) Act 2008 which provides for the protection of the public from notifiable diseases. Without these regulations, it is likely that exit could only be prevented in relation to specific individuals and 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 them being arrested;
 - they are detained under the Mental Health Act or otherwise lawfully detained.
- 2.12 While professionals within NHSScotland can give direction within their premises e.g. stating which exit someone can use, it is unlawful to forcibly prevent exit from premises unless it is for the reasons stated above.
- 2.13 There may, however, be circumstances when a lockdown which seeks to prevent individuals from exiting NHS premises (or part of them) is desirable. In such circumstances, staff can only appeal to individuals to stay within the site/building identified for lockdown. If individuals still choose to exit, then a safe route must be made available for them to do so.

3. Lockdown Definition

Definition of site/building lockdown

3.1 Lockdown can be defined as follows:

“Lockdown is the process of controlling the movement and access, both entry and exit, of people (staff, patients, and visitors) around a site or other specific building/area in response to an identified risk, threat or hazard that might impact upon the security of patients, 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 personnel.”

3.2 There are three elements of a lockdown:

- the prevention of entry of people to a site/building;
- the prevention of exit of people from a site/building;
- the prevention of movement of people within a site/building.

These elements result in either exclusion or containment of staff, patients, and visitors. Examples of possible lockdowns involving exclusion and containment are:

- lockdown of an Emergency Department may be called after a member of a youth gang has entered seeking treatment. When other gang members arrive, the nurse in charge may decide to lockdown the department to prevent an escalation of trouble. The aim of such a lockdown is exclusion;
- the arrival of a large number of self-presenting casualties from a chemical, biological, radiological and nuclear (CBRN) incident may result in a hospital lockdown to avoid risk of contamination of the building and people (staff, patients, etc.). The aim of such a lockdown is containment.

3.3 As discussed above, lockdown is the process of restriction of freedom of entry to, exit from, or movement within a site or building to contain or exclude staff, patients or visitors. Lockdown provides the means to either exclude or contain staff, patients or visitors. A lockdown may be characterised as partial (static or portable), progressive or full.

Partial lockdown

3.4 A partial lockdown can exist when a specific part of a site, a specific building, or part of a building is subject to lockdown. A partial lockdown can also exist when entry restrictions are placed on a specific site or building to control the flow of people into it e.g. via identification checks. Such a scenario is also known as 'controlled access.' In both these cases, the partial lockdown can be characterised as 'static,' i.e. the partial lockdown is maintained at a specific part

of a site or building and it remains there. Any decision to implement a partial lockdown will normally be the initial response to an incident.

Portable lockdown

- 3.5 A partial lockdown which may originally have been ‘static’ in nature may evolve into a ‘portable lockdown.’ A portable lockdown can exist when an ongoing lockdown is moved from one location on a site or in a building to another. An example of such a portable lockdown may follow the self-presentation of a victim of gang related violence. Aware that other gang members may attend the Emergency Department to continue the dispute, the nurse in charge may call a departmental lockdown. However, an Emergency Department lockdown cannot be sustained indefinitely. The victim may therefore be moved to a secure ward/room where similar lockdown principles can be applied.

Progressive/incremental lockdown

- 3.6 A progressive lockdown, which can also be called incremental lockdown, is a step-by-step lockdown of a site or building that is implemented in response to an escalating scenario. A decision may be taken to lockdown an Emergency Department following the receipt of specific intelligence, e.g. a white powder incident. Subsequent intelligence updates may require lockdown of other departments to avoid the risk of contamination. In such a situation, an organisation should be able to systematically expand lockdown across its various departments. Ideally, a progressive lockdown should be implemented in an ordered manner. There may be occasions when this may not be possible. For example, contaminated self-presenters seeking medical treatment may attempt to gain access to a building through a variety of entry points. While a progressive lockdown will still be a suitable response to this situation, this lockdown will be characterised as modular as it occurs at separate and potentially unconnected locations around a site or within a building.
- 3.7 If a progressive lockdown is undertaken, managers should be aware that while lockdown actions may remove risk from one part of a site or building, they can result in unexpected consequences in other areas. The exclusion of self-presenters from a particular entry point may result in these individuals seeking entry from another entrance. Such circumstances must be considered when preparing to lockdown.

Good practice example – completing a progressive lockdown

Initial lockdown plans may be based around a progressive lockdown strategy.

- the initial stage of the plan may concentrate on the protection of key critical assets, e.g. the Emergency Department. This stage may involve the deployment of security officers or other relevant staff at specific identified points where they may set up barriers to create an artificial perimeter with controlled access points in and out of the lockdown area;
- the second stage of the plan may involve the movement of these barriers to encompass more of the site;
- the final stage may involve the deployment of security officers/relevant staff and barriers at the periphery of the site and at all identified access points.

The decision to expand the lockdown should be taken at a strategic level and should be based upon intelligence relating to the scenario.

Full lockdown

- 3.8 A full lockdown is the prevention of freedom of entry to, and exit from, either an entire site or an entire building
- 3.9 It is important to note that, regardless of the nature of the lockdown or whether it is a full, partial or progressive, the broad objective is always the same. A lockdown should be used to ensure the safety and security of staff, patients, public, property and assets.

4. Developing a lockdown profile

4.1 This section of the guidance describes the development of a lockdown risk profile for a site/building. The development of such a profile involves a number of key steps which are:

- identify the key stakeholders required to develop a lockdown plan;
- carry out a needs analysis for the organisation;
- prepare a site-specific risk assessment which should be informed by the local risk register and resilience plans. The risk assessment should also include a threat and hazard assessment and an assessment of the vulnerabilities in relation to the site, buildings, and security.

This information can be used to develop a lockdown profile as illustrated in Diagram 1 below. The diagram shows the cyclical nature of lockdown profile development.

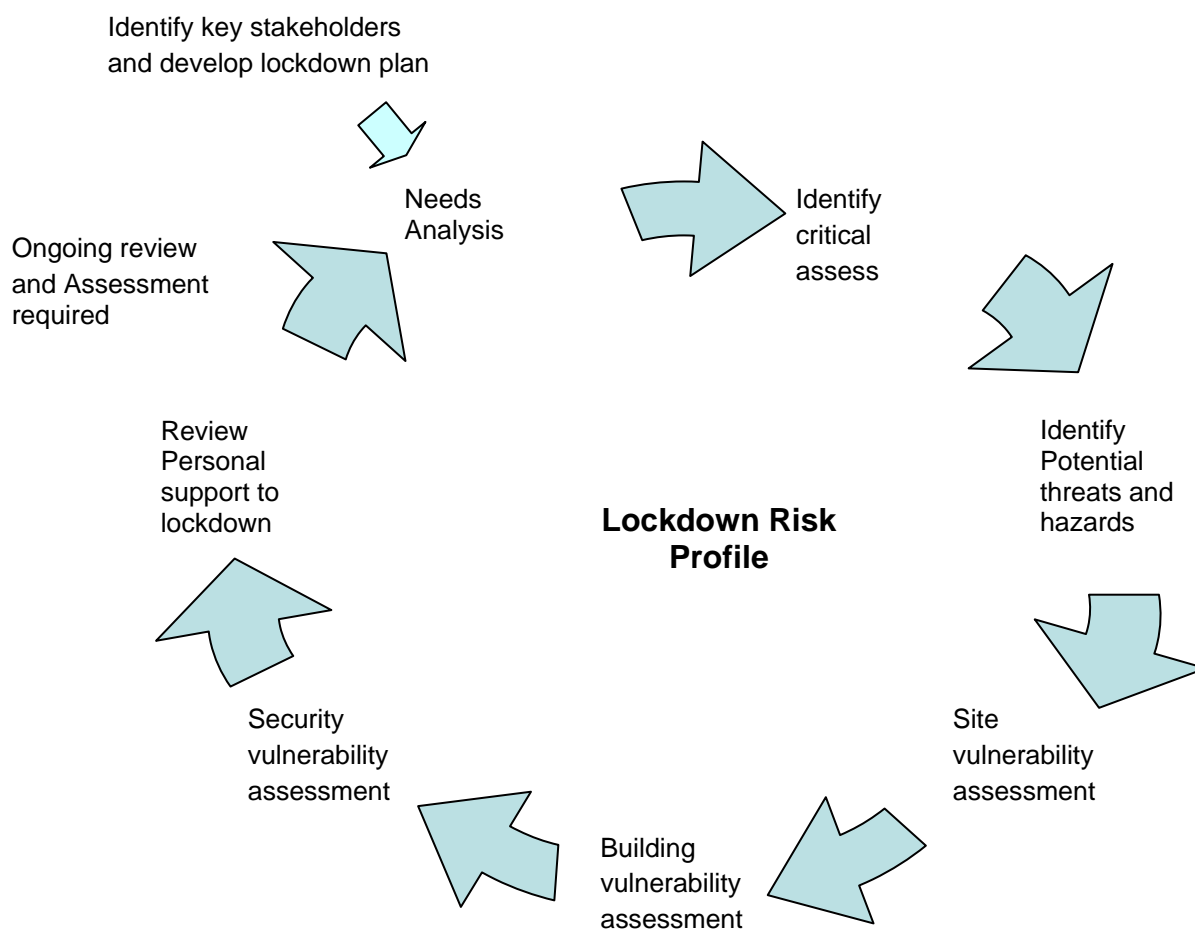


Diagram 1 – the development of a lockdown profile

4.2

It is recommended that the lockdown risk profile is developed by a multi-disciplinary team. Without such an approach, it is possible that an organisation may develop a plan that is not fit for purpose. It is recommended that this team consists of at least the following NHS staff and should be chaired by a senior manager or appropriate director:

- the Emergency Planning Officer to oversee preparation and planning of the organisation's response to a major incident, which includes a lockdown incident;
- the Security Manager/person responsible for security to provide expertise on aspects of security including the capability and functionality of security arrangements;
- a representative from Estates Facilities to lead on issues relating to building functionality and resilience;
- the Risk Manager to provide advice on the identification of critical assets, risk assessment, and risk minimisation;
- a clinical representative to provide an understanding of asset criticality;
- the Fire Officer to provide advice on fire safety and the operation and functionality of fire doors. Liaison with the local fire service may also be necessary at this point;
- the Media/Communications Officer to develop suitable messages related to possible threats and hazards:
 - for staff, patients, and visitors,
 - for the outside world. This is of particular importance since any lockdown of a healthcare site/ building following a major incident will attract interest from both the media and the wider community.

Key external stakeholders should also be consulted. These include the following:

- representatives from the police who need to provide specific information on local threats and hazards and estimate the level of support that may be available during the course of a lockdown;
- representatives from the fire and ambulance services to identify any impact of a lockdown on their work.

Needs Analysis

4.3

A needs analysis lists the activities that are required to collect the necessary data relating to an organisation's lockdown capability. This data provides a 'picture' of the organisation's capability in relation to lockdown and what resources would be required to support such a lockdown.

Critical asset profile

- 4.4 There are resources and services in every organisation that will be considered critical assets. Such assets must be protected. On healthcare sites, the critical assets can be both physical (i.e. buildings and facilities) and non-physical (i.e. staff, patients, and visitors).
- 4.5 As part of their duty of care obligations as an employer, NHS Boards must ensure the wellbeing of their most critical asset, their staff. NHS Boards also have a responsibility to protect the wellbeing of patients and visitors. It is recommended that plans take into consideration:
- the measures already in place to protect these groups from threats and hazards;
 - what makes these groups vulnerable in any given scenario;
 - what measures can be implemented to address these vulnerabilities.
- 4.6 In order to determine which assets are critical, it is necessary to draw up an inventory of possible assets then consider how critical each asset is to the functioning of the organisation, the service it provides, and the consequence for the organisation if the asset was lost.
- 4.7 Most NHS Boards will consider their Emergency Departments as critical assets vital for service delivery. However, other assets that may not relate directly to patient care may also be regarded as critical and may need to be considered.
- 4.8 The identification of critical assets is essential to establish the areas of a site or building which should be prioritised if a lockdown is activated and determine where resources should be spent to ensure lockdown capability. The identification of critical assets is particularly important if 'defence in depth' principles are adopted during lockdown. These 'defence in depth' principals are discussed later in this guidance at [paragraph 4.31](#). [Table 1 in Appendix 1](#) can be used to develop a critical asset profile.

Risk Management

- 4.9 Organisations should carry out site specific risk assessment of their capability to lockdown. Such risk assessments should consider the key risks identified in the Community Risk Register of the relevant Strategic Coordinating Group (SCG).¹ The development of lockdown plans that consider national and local risks will help ensure that such plans compliment the plans of other agencies.

Threat and hazard assessment

- 4.10 It is recommended that the full range of threats and hazards should be considered during the development of lockdown plans.

- a threat refers to a malicious event instigated by a group or individual which has the potential to cause injury or loss or damage to an asset (e.g. terrorist and technological attacks);
- a hazard is a source of potential danger or adverse condition;
- natural hazards are events such as floods, landslides, and storms;

¹ *Strategic Coordinating Groups (SCG) bring together category 1 and category 2 responders within a police area to ensure their cooperation in the fulfilment of their duties under the Civil Contingencies Act.*

4.11 The following questions should be considered during the development of lockdown plans:

- does the local geography contain any hazards?
- are there any local industrial sites that store/handle hazardous materials?
- are hazardous chemicals transported via the local road or railway system?
- are there people related threats e.g. are there individuals or groups of individuals whose alcohol-induced behaviour may regularly result in departmental lockdown?
- are there buildings that may be more likely to require lockdown, e.g. buildings with laboratories that contain radio-active materials?

4.12 The following sources of information should be consulted during the development of a threat and risk assessment:

- the organisation's Risk Register;
- the Community Risk Register from the local SCG;
- the local Police force's counter terrorism and security advisor.

[Table 2 in Appendix 1](#) provides a chart to help consider possible threats and hazards and their possible consequences. The consequences can be classified as catastrophic, critical, marginal, or negligible.

Lockdown threat and hazard checklist

4.13 As discussed above, a wide range of threats and hazards should be considered during the development of a lockdown plan. Some potential threats and hazards are suggested in the following table.

Potential threats and hazards to NHSScotland

Malicious threats to persons	Malicious threats to buildings and estates	Malicious threats to property	Potential lockdown hazards
Violence against staff, patients, and visitors	Vandalism	Theft of hospital assets and personal property	Flood
Abuse against staff, patients, and visitors	Unlawful entry	Adulteration of clinical supplies and products	Fire
Terrorism	Terrorism	Terrorism	Contamination ex-Chemical, Biological, Radiological and Nuclear (CBRN) incidents

- 4.14 It is recommended that a scenario is developed for each threat and hazard. Two examples of a lockdown threat and hazard scenario are shown below.

Threat	Threat scenario
No. 1	Potential knife attack on staff
No. 2	Bomb is brought onto an NHS site and detonates

Hazard	Hazard scenario
No. 1	Fire within NHS premises
No. 2	Severe rain resulting in flooding

- 4.15 Developed scenarios should be assessed in terms of likelihood and anticipated impact. An example of a threat likelihood and resulting impact assessment is given below:

Bomb threat likelihood and impact assessment

Threat scenario	A bomb is brought on to an NHS site and detonates
Likelihood (low, medium, high)	Low
Likelihood assumptions	Random bag searches are conducted
Impact (low, medium, or high)	High
Impact assumptions	Possible mass casualties including fatalities

- 4.16 It is recommended that all lockdown scenarios are considered in terms of their likelihood and their impact.

Vulnerability assessment of people, property and assets

- 4.17 A risk analysis needs to be carried out on the individual assets (both physical and non-physical) on the critical asset inventory to identify vulnerabilities. It is suggested that the persons responsible for security lead on this analysis in consultation with clinical staff.
- 4.18 The results from these risk analyses may be categorised as:

- a high risk site/building or part of site/building is a high-profile site/building which contains a critical asset, either physical or non-physical, and the site/building and security profile is inadequate to facilitate lockdown;
- a moderate risk site/building or part of site/building is a moderate-profile site/building, the asset is important but not critical and the building and security profile is marginally adequate but could be improved;
- a low risk site/building or part of site/building is not a high-profile site/building which does not contain a critical asset and the existing building and security profile is adequate.

Physical considerations

- 4.19 The following paragraphs provide guidance on the physical aspects of a healthcare site that need to be considered. Specifically, concentrating on the development of site and building profiles and describes the development of security profiles. These profiles focus on the vulnerabilities in terms of the site, building, and existing security arrangements respectively.
- 4.20 The identification of vulnerabilities must consider the physical environment of the site. These vulnerabilities should be included in the site and building profiles.

Site profile

- 4.21 The development of a site profile concentrates on the physical geography of the healthcare site, e.g. the size of the site, its perimeter, access and egress points, the location and route of pathways and internal roads, and the number of buildings on site. It is recommended that up-to-date site maps, floor plans, aerial maps, and live 'walk-through' are used to develop such a profile. Ideally, the lead for the development of a site profile will be a representative from Estates/Facilities. However, the Security Manager/person responsible for security should also be involved to identify any possible security breaches.

[Checklist 1 in Appendix 2](#) can be used to develop site profiles. A summary of this checklist is included.

Site profile checklist

- location;
- area and perimeter;
- site characteristics;
- landscape summary;
- local road access;
- access and egress points including unofficial access and egress points;
- public transport access;

- traffic movement around site;
- neighbouring land use;
- car parking facilities;
- number of buildings on site;
- power supply.

Building profile

- 4.22 Organisations should review the lockdown capability (partial, progressive, or full) of a building and how such a lockdown would be achieved. This review should consider the physical layout of the building, location of the site boundaries, and specific features e.g. ventilation system, power supply etc. The review should also identify access and egress points and which, if any, are integrated with other buildings and building use e.g. secure mental health services. It is advisable that a workforce description i.e. roles and responsibilities and general shift patterns, is included in the building profile.
- 4.23 It is recommended that building profiles should include an inventory of all doors and windows, their location, whether they contain glass, whether they can be locked from both inside and outside, and the means by which they can be locked e.g. by access control or manually. Useful guidance for assessing doors and windows is included in the relevant SHTNs which can be found on the Health Facilities Scotland website: www.hfs.scot.nhs.uk. In particular, SHTN 58 'SHTM Building Component Series Internal Doorsets' and SHTN 55 'SHTM Building Component Series Windows'.
- 4.24 It is important that fire doors are reviewed. Particular attention should be given to their location and their release mechanism:
- are they managed by access control?
 - can they be opened manually?
- The Fire officer and the local Fire service must be involved in any discussion pertaining to the lockdown of fire doors. It is recommended that the relevant SHTMs should also be consulted.
- 4.25 Regulation 13(1) of the Fire Safety (Scotland) Regulations (2006) requires the relevant persons *"ensure that routes to emergency exits from the relevant premises and the exits themselves are kept free from obstruction at all times."* Healthcare sites are not exempt from this requirement. In the event of a lockdown, fire escapes that are locked to prevent access/egress to/from the premises may constitute a breach of this regulation.
- 4.26 NHSScotland sites may have multi-occupancy arrangements in place. The development of site and building plans must take into account these co-occupants in any lockdown arrangements.

- 4.27 The use of up-to-date site maps, floor plans, aerial maps and live ‘walk-through’ can assist with the development of a building profile. Ideally, a representative from the Estates/Facilities Department should lead on the development of the building profile

Good practice example – ability of a building to lock down

The chief factor determining whether a site/building can lockdown will probably be the ability of the site/building to physically lockdown. While many NHS buildings have been renovated, lockdown capability will largely be dependent on the building. Realistically, older NHS buildings may not be secured without additional resources. If additional security arrangements are needed, a business case may be required. Please see the toolkit at the end of this guidance for help with the development of such a business case.

Since most older sites and buildings were not designed with a lockdown in mind, there may come a point when investment in the capability of a site/building to lockdown becomes disproportionate to the risk. Relocation of key assets to an area of a site/building which is more supportive of physical security and lockdown may need to be considered.

New NHS building projects provide the opportunity to ensure that robust security measures that can facilitate a lockdown are provided as part of the initial construction project.

- 4.28 The development of a building profile should consider a number of factors. These factors are listed below. A fuller version of this checklist is available in [Appendix 2](#) (see [Checklist 2](#)).

Building profile checklist

- description of building’s current use;
- basic shape of building;
- height of building and number of floors;
- use of each floor;
- general condition of building;
- review of corridors;
- access and egress points;
- car parking facilities for building;
- review of external and internal doors;
- review of fire doors;
- review of external and internal windows;
- review of air conditioning facilities and vents;
- power provision.

Security profile

- 4.29 The development of a security profile should concentrate on the existing security measures currently in place. The profile should consider where there are vulnerabilities that may threaten the site/building’s ability to lockdown, whether fully, partially or progressively.

- 4.30 When assessing an organisation's capability to lockdown a healthcare site or building, it may be useful to consider the facility in terms of concentric rings. At its simplest level, the 'rings' should include the following.

Outer perimeter

This profile should consider the distant reaches of the site and involve an assessment of the fencing, natural barriers (e.g. wooded areas), secure fencing, and the availability of CCTV and lighting.

Building perimeter

This profile should include car park facilities and areas immediately surrounding the building. Security measures that should be considered include lighting, alarms, CCTV, fencing, locking devices for external doors and windows, defensive planting, and the access control measures that are in place. The profile should also identify any vulnerabilities in the measures around the perimeter

Building interior

This profile should cover the entire interior of the building. Such areas for consideration include internal windows and doors and their ability to be locked, access and intrusion alarms, CCTV, access control measures, and lighting.

- 4.31 It is recommended that these 'rings' enclose the critical asset so that the robustness of security measures increases towards the asset. In this way, there can be multiple sets of concentric rings within a single site depending on the location of critical assets. The adoption of such an approach to security builds on the military concept of 'defence in depth.'
- 4.32 The data collected from a site/building security profile can be used to assess the capability to lockdown the facility. [Checklist 3 in Appendix 2](#) can be used to develop a security profile. A summary of this checklist is included below. It is important to note that security measures that facilitate a lockdown will also bolster other strands of security work such as a crime prevention strategy.

Security profile checklist

- review of external doors;
- review of buildings;
- review of internal doors;
- review of the building interiors;
- review of windows;
- review of CCTV;
- review of security lighting;
- review of alarms on specific buildings;

- review of car parking security;
- number of security officers;
- role and responsibilities of security officers.

Lockdown manpower requirements

- 4.33 Although some lockdowns will be facilitated and supported by physical measures, in reality lockdown can be a labour-intensive exercise. The speed at which a lockdown can be achieved, expanded and moved will, in most cases, be reliant on human activity. It is therefore essential to consider what human intervention will be needed to support a lockdown at the planning stage.
- 4.34 The number of staff needed to support a lockdown should be considered. This number will be proportionate to the size of the site/building and the assessed risk situation. The numbers of other key staff (e.g. estates/facilities and clinical) should also be considered. Staff involved in the different levels of command should also be identified.

Lockdown risk profile

- 4.35 The information collected can be assessed to determine the lockdown capability of a site/building. (whether full, partial or progressively). The checklist below summarises the information that should be collected.

Lockdown risk profile checklist

- identify key stakeholders;
 - complete needs analysis;
 - identify critical assets;
 - identify potential threats and hazards;
 - carry out a site vulnerability assessment;
 - carry out a building vulnerability assessment;
 - review personnel required to support a lockdown.
- 4.36 A lockdown risk profile provides a picture of the site/building's ability to lockdown.

Outcome from the development of a lockdown profile

- 4.37 The final outcome from the development of a risk profile can be either of the following:

Adequate lockdown capability:

The capability of the site/building or part of the site/building to lock down partially, fully or progressively is sufficient for the threat and hazard assessment, critical assets profile, and vulnerability assessment

Additional resources required:

The threat and hazard assessment, the critical assets profile, and vulnerability assessments have revealed that the site/building or part of the site/building does not have the capability to lockdown partially, fully or progressively and additional resources are needed to facilitate a lockdown. The threat and hazard assessment can be used to determine what resources (equipment and staff) are needed to bolster the lockdown capability of a site or building.

Additional resource

- 4.38 The outcome from the development of a lockdown profile may show a difference between the desired and actual capability to lockdown. Any such deficiency in an organisation's capability to lockdown may be the result of various tangible costs including the purchase of supporting resources and the cost of undertaking a lockdown e.g. additional staff. Any deficiency should be considered in terms of the financial cost of improving the lockdown capability and the local risk appetite. If additional resources are required it may be necessary for Security Managers/those responsible for security to prepare a business case to secure additional resources.

Note: The nature of the lockdown will determine the resources required. The resource required to successfully lockdown a site should always be proportionate to the complexity of the unfolding incident and size of the affected area.

- 4.39 If additional resources cannot be obtained, a partial lockdown may be the only viable option available. In this case, it is recommended that a 'defence in depth' principle is adopted (see [paragraph 4.31](#)).

Conclusion

- 4.40 The key stages of best practice in the development of a lockdown profile are:
- threat and hazard assessment;
 - development of a critical asset profile;
 - development of the organisation's profile which includes site, building and security profiles;
 - a review of personnel required to support a lockdown.

This information provides a detailed picture of an organisation's lockdown capability. This assessment can be used to support the requirement for any additional resource required to bolster full, partial or progressive lockdown capabilities. If additional resources cannot be secured, the profile itself will determine what can be locked down in the event of a major incident.

5. Preparing a lockdown plan

5.1. Development of a lockdown profile can provide management with a picture of the organisation's lockdown capability and capacity. This section describes the issues that need to be considered when preparing a lockdown plan. The issues that need to be considered include:

- command and control roles;
- staff roles and responsibilities;
- stakeholder management;
- training and development;
- the practical security measures needed to support a lockdown;
- testing regime.

Command and control

5.2 Command and control arrangements describe the management framework that a healthcare site will adopt in an emergency situation.

5.3 The use of a command and control framework based around a strategic (gold), tactical (silver), and operational (bronze) structure can help clarify roles and responsibilities. Within such a framework, each level of management has specific roles and responsibilities within a lockdown:

- strategic managers have overall responsibility and make the high level policy decisions, but should not become involved in tactical management;
- tactical managers provide direct overall management of the response and prioritise tasks and allocate resources;
- operational managers control the immediate 'hands-on' work.

The use of such arrangements will dovetail with the external emergency services command structures and aid communications (see [Appendix 1, Table 3](#)).

Staff roles and responsibilities

5.4 As an employer, Health Boards must ensure the wellbeing of their staff. The roles and responsibilities of staff in a lockdown situation must be consistent with their job description and level of training.

5.5 It is staff within an organisation that enable a site/building to lockdown. Such staff must understand their roles and responsibilities within the lockdown and it is recommended that action cards are provided as an aide memoir. These cards should contain information about each staff member's specific lockdown

duties, the location of these duties, and any supporting resources they may need. [Table 3](#) (see [Appendix 1](#)) provides a lockdown action card template.

5.6 Specific staff members should have the responsibility to act as the interface with external agencies and 'blue light' services. It is recommended that, during a lockdown situation, the Security Manager/person responsible for security acts as the liaison point between the hospital and blue light services.

5.7 Lockdown roles and responsibilities can be broken down into four stages:

Lockdown activation

This stage considers the role of staff at the initiation of a lockdown, e.g. where they have to report to and what resources they may require for their role.

Lockdown deployment

This stage considers the roles staff may be assigned to during a lockdown and how these can be facilitated.

Lockdown maintenance

This stage considers the actions that staff should take to maintain a lockdown and how these can be achieved.

Lockdown stand-down

This stage considers the roles staff have to facilitate the end of a lockdown.

Stakeholder management

5.8 Preparation for lockdown of a site/building requires considerable thought. Various internal and external stakeholders should be involved in the preparation. The extent of this involvement will depend on the nature of the lockdown

The key internal stakeholders that should be involved in preparation of a lockdown include the following:

Security Manager/Person responsible for Security

The Security Manager/person responsible for security should lead on all aspects relating to security in a lockdown.

Operations Management/Emergency Planning Officer

Operations are responsible for the planning and operational element of a lockdown. The Emergency Planning Officer, who oversees the preparation and planning for the response to major incidents, may be able to provide assistance.

Health and Safety Officer

The Health and Safety at Work Act requires organisations within NHSScotland to ensure the health and safety of staff and patients. As part of this legal responsibility, Health and Safety Officers should prepare detailed risk assessments of potential hazards that may arise during a lockdown situation.

Estates/Facilities

Representatives from Estates/Facilities should lead on issues relating to the fabric of the building, e.g. air conditioning facilities and building resilience. The fabric of a building will, in many cases, determine the success or otherwise of a lockdown.

Business Continuity Lead

The Business Continuity Lead should ensure that the organisation has plans in place that enable it to maintain its critical services whatever happens to its infrastructure (including a lockdown situation).

Emergency Department Clinical Lead

It is likely that the Emergency Department will be one of the critical assets in terms of clinical care and delivery. It is therefore vital that local plans are in place to respond to a major incident that incorporates a lockdown, especially when decontamination of patients is required.

Human Resources

Human Resources should be consulted in relation to the roles and responsibilities of staff during a lockdown.

Media and Communication Officers

The Media and Communications Officers should lead on the relay of appropriate messages to both internal and external stakeholders during the course of a lockdown.

- 5.10 Lockdown situations may require a multi-agency response. It is vital that any lockdown that requires such a response e.g. a full lockdown of a large site has support and participation from the relevant external agencies.
- 5.11 It is important to note that physical support from external agencies cannot be relied upon. The nature of the incident will determine the level of support an organisation can expect to receive from key external stakeholders. A dynamic risk assessment of the incident will determine if or when external stakeholders are called. Some incidents that result in a lockdown can be dealt with internally e.g. the behaviour of an intoxicated individual in an Emergency Department) and some will require the assistance of external agencies e.g. a CBRN incident.

The key external stakeholders that should be involved in preparation of a lockdown include the following:

Strategic Coordinating Group (SCG)

The relevant SCG should be involved since lockdown plans should support the wider regional plans coordinated by the SCG.

Ambulance and Fire Services

The role of the emergency services in a lockdown will depend on its nature. If the lockdown is based on a CBRN incident, then the Emergency Services may have a vital role. There may be some instances when a lockdown causes severe disruption to an Emergency Department. In such circumstances, ambulance control should be alerted as there may be a need to divert patients to alternate facilities.

Police

It is recommended that discussions are held with the local police force to gauge the level of support it will be able to provide for a lockdown in the event of a major incident and how quickly such support will arrive. In all likelihood, police availability will be proportionate to the urgency of the incident but disproportionate to the scale. Dependent on the circumstances, it is therefore probable that in the first instance, the police will not be in a position to support a large-scale lockdown of a site. When preparing to lock down, it is recommended that organisations do not rely on the police for support or assign the police specific functions such as manning cordons and crowd management. These functions may need to be carried out by available security staff supported by general staff.

- 5.13 Resources that can help identify stakeholders and facilitate collaboration is contained on the 'Mind Tools' website which can be found at:
www.mindtools.com/pages/article/newPPM_07.htm.

Mutual aid

- 5.14 An NHS Board may have to resort to a fallback provision during a lockdown. Management may decide to move essential activities and support services to alternative temporary locations. Such a response may be necessary if a critical asset such as an Emergency Department becomes contaminated or overwhelmed in terms of patient capacity. In either case, it might be necessary to establish an alternative Emergency Department at another location on-site or redirect patients to another site possibly out with the Board's geographical area. It is recommended that scenarios that may require a fallback provision are considered during lockdown preparation.
- 5.15 It may be appropriate to formalise agreements with external stakeholders with the use of local memorandums of understanding.

Training

- 5.16 Staff should receive appropriate training on the various types of lockdown and their own roles and responsibilities within these. It is vital that all staff know what is expected of them during a lockdown (e.g. staff that are assigned to operate radios must be adequately trained in their use). Such training should be subject to regular refresher training on an appropriate basis. Although this guidance is primarily aimed at those staff responsible for security and their training needs and roles and responsibilities are addressed below, many of the general principles outlined in the following paragraphs can also inform the training needs for other members of staff.

Security officer training

- 5.17 Externally contracted security officers are licensed by the Security Industry Authority (SIA). SIA training provides foundation knowledge for a major incident such as a lockdown. SIA training Part 1, 'The Role and Responsibilities of Security Officers,' covers emergencies, communication and reporting, and customer care, all of which can be utilised in a lockdown situation. SIA training Part 2, 'Communication Skills and Conflict Management,' focuses on conflict and risk reduction. Such skills can also be utilised in a lockdown situation. Further details of this training can be found on the SIA website at www.the-sia.org.uk
- 5.18 Although SIA-licensed staff have received the foundation level training discussed above, they will need additional training specific to their role within a lockdown situation. This training requirement may differ for partial, progressive, and full lockdowns.
- 5.19 Training needs to consider the role of the security officer/relevant staff in the four stages of a lockdown. These four stages are, activation, deployment, maintenance, and stand-down. It is recommended that this training (whether provided to SIA-licensed staff or to an in-house team) should be backed-up with the provision of action cards.

The four stages of a lockdown are discussed below.

Stage 1 – Lockdown activation

- 5.20 As soon as a lockdown has been called, all relevant staff should report to an agreed location to pick up key resources, all of which should be stored in a safe and secure manner. These resources are outlined below.

Action cards

It is recommended that action cards are provided to staff with specific roles in a lockdown. These cards should be preferably laminated and act as a prompt for staff during a lockdown.

Map

A map of the site/building should either be included on the action card or provided as a separate resource. The map should outline the perimeter of the site and/or buildings and main entrance points. It should also include the specific locations of security officers/relevant personnel around the site/building.

Keys

Security officers/relevant staff will probably require access to appropriate keys to secure relevant doors and windows.

Radio

Good communications are essential during a lockdown. All security officers/relevant staff should have access to an agreed radio channel for communications with the Security Manager/person responsible for security and/or others. A protocol for radio communications should be in place.

Appropriate visible clothing

A lockdown may be called at any time of the day, including the hours of darkness, and in all types of weather. Security officers/relevant staff should be provided with appropriate clothing including luminous tabards.

Signage

Signage may be required during a lockdown. Please see [paragraphs 5.31 and 5.32](#) for further details on signage.

Physical barriers

Barriers may be required to secure a perimeter.

Lockdown activation checklist

A lockdown activation checklist should include the following:

- activation of the lockdown alert system;
- collection of lockdown action cards from pre-arranged locations;
- collection of supporting resources from pre-arranged locations.

Stage 2 – Lockdown deployment

5.21

The initial stages of a lockdown should be carried out as quickly as possible to secure the site/building. The time taken from initiation of the alert to lockdown and complete deployment is known as the lead time. Such lead times should be known by management. Lead times can be reduced by use of access controls across the site and by regular practise.

- 5.22 Manual lockdown lead times can be reduced by careful consideration of the order in which doors and windows are secured. This order should be determined through risk assessment. This risk assessment should consider the building use and its visibility and accessibility to the general public. Way-finding principles should also be considered.

Lockdown deployment checklist

A lockdown deployment checklist should contain the following:

- security personnel deployed to their lockdown locations within an agreed timeframe;
- risk-assessed sequential lockdown of a site and/or building initiated;
- supporting resources deployed;
- call-back system in place that confirms all of the above has been completed.

Stage 3 – Lockdown maintenance

- 5.23 Security Managers/persons responsible for security need to consider how they ensure relevant staff fulfil their objectives during a lockdown. Key to this is a robust communications system. Consideration should be given to the introduction of a system that involves regular communication with relevant staff. Use of such a system also allows the provision of regular progress updates to those staff directly involved in the lockdown and others.
- 5.24 In the event that the period of lockdown is extended then it should be noted that staff involved in the lockdown may require refreshment and comfort breaks.

Lockdown maintenance checklist

A lockdown maintenance checklist should contain the following:

- ongoing communication with staff involved in the lockdown;
- ongoing review of relevant personnel to ensure they are carrying out their designated roles and responsibilities;
- resilience of staff involved in the lockdown.

Stage 4 – Lockdown stand-down

- 5.25 The nature and size of the incident will determine if the decision to stand-down is made at a strategic or tactical level. Once the decision to stand down has been taken, the message to stand down should then be relayed from the central command centre to those involved in the lockdown. The stand-down procedure will be dependent on the nature of the incident. Specific doors and windows may need to be opened first and signage removed in a certain order. The order in which doors and windows are opened and signage removed should be determined locally through risk assessment.

Lockdown stand-down checklist

A lockdown stand-down checklist should contain the following:

- stand-down alert system initiated;
- risk-assessed sequential opening of doors and windows;
- cordons disabled;
- supporting resources returned/collected e.g. signage, keys, barriers;
- lockdown debrief arranged.

Supporting physical security measures

- 5.26 As discussed, lockdown can be either undertaken manually or via access controls. An access control system will be quicker. However, manual lockdown can be just as effective. Regular exercise can reduce the lead time for either type lockdown.
- 5.27 Although an effective lockdown can be achieved either manually or via access controls, investment in supporting technology will reduce the burden on human resources.

An outline of manual lockdown good practice is provided.

Good practice example – Manual lockdown

Hospitals sites that do not have an access control system in place can still complete a manual lockdown by utilising available staff such as security staff, porters, and car parking assistants. The aim should be to secure the site or specific buildings within the shortest time possible. When a lockdown is called, relevant staff should report to the control room to pick up the necessary resources such as keys and signage.

These people should then 'fan out' across the site to lockdown all relevant doors etc. Porters and car park assistants can aid the lockdown by placing signage at agreed internal and external access and egress points. This signage should be specific, e.g. state which entrance points are for staff and which are for the public. Once this has been completed, relevant staff can supervise controlled access into the agreed entrance points.

Closed circuit television

- 5.28 Closed circuit television (CCTV) can provide updates on internal and external events to the control centre and management. The use of strategically placed CCTV around a site/building can help secure critical assets and support controlled movement in and out of lockdown areas.

Appropriate locks to support a lockdown

- 5.29 Special attention should be given to doors and locks as they must be sufficiently robust to support and sustain a lockdown. Locks should be strong enough to withstand pressure that may result from significant public disorder scenarios. It is recommended that locks should be risk-assessed to ensure an appropriate level of security.

Fencing – site perimeter

- 5.30 Temporary fencing may be needed to prevent people entering a healthcare site during a lockdown situation.

Signage

- 5.31 Staff may need to put out signage in a lockdown situation. Such signage may direct traffic, identify access and egress points, or simply inform the public that a lockdown of the site/building is in progress. Signage must be appropriate and may need to reflect the ethnic and cultural make-up of the site's catchment area.

Way-finding

- 5.32 The positioning of signage during a lockdown should reflect how people find their way in, out, and around a site/building. An assessment of the frequency of use of access/egress points by staff, patients, and visitors is required to obtain a clear indication of the resource (manpower and signage) required to facilitate the controlled movement of people during a lockdown situation.

Additional supporting resources

- 5.34 Specific resources may help assist the effective running of a lockdown. These resources are commonly found in the Hospital Control Room and include computers, telephones, and radios. Such equipment aid internal and external communication. The provision of a television and internet connection can ensure that news events are directly relayed to management.

Testing

- 5.35 The importance of exercising major incident plans is laid out in the Civil Contingencies Act (2004) and the corresponding Civil Contingencies Act (Contingency Planning) (Scotland) Regulations 2005. It is a statutory requirement that Category 1 and Category 2 responders exercise their major incident plans. Such exercising may include the organisation's ability to lockdown fully, partially, or progressively.

A lockdown plan can be tested by:

- **Table-top exercise:**

This type of exercise can be of value as it simulates a real-life situation without risks to service provision;

- **Live exercise;**

Live exercise can provide staff with real experience of situations. However, care must be taken to ensure that the exercise does adversely affect normal service provision.

As discussed, lockdowns can be partial, progressive, or full and involve either exclusion or containment. The scenario that is chosen for exercise will determine the resource needed. Possible scenarios could include any of the following:

Possible child abduction

A child is reported missing from a maternity/paediatric department. Lockdown is called to restrict egress from the site/building until a thorough search has been completed.

Possible gang related violence

A young gang member is brought into an Emergency Department after a stabbing incident. Intelligence is obtained that other gang members are approaching the department and lockdown is called to ensure the security of the department.

Suspected bio-terrorism attack

Casualties present themselves at an Emergency Department and inform staff that they have been caught up in a suspected bio-terrorism attack. The decision is taken to initially lockdown the Emergency Department until preliminary tests are undertaken to assess the nature of the attack.

CBRN incident

Following a CBRN incident in the local vicinity, casualties start to self-present at the Emergency Department. The site has only limited lockdown capability and only the critical assets can be secured.

VIP admittance

A VIP, Minister of the Realm, or a member of the Royal Household is admitted to the Emergency Department. A partial and progressive lockdown is employed to prevent a threat to that person.

- 5.38 Project Argus is a free event which uses a multi-media simulation developed by the National Counter Terrorism Office. The event takes participants through a hospital based terrorist scenario and can be used to explore responses with the participants. Further details of Project Argus are included in [Appendix 3](#) of this document.
- 5.39 Exercise is necessary to demonstrate the effectiveness of a lockdown plan. [Table 4 in Appendix 1](#) provides a framework to follow during the course of a lockdown exercise and suggests possible key aims and objectives.
- 5.40 The primary aim of a lockdown plan exercise is the evaluation of the plan's effectiveness to meet its requirement to partially, progressively, or fully lockdown a site/building. Evaluation of the exercise may identify gaps that need to be addressed, e.g. the building infrastructure may need to be improved.

5.41

The flow chart in diagram 2 outlines the key stages that should be evaluated during the course of a lockdown. Checklists 4-6 in Appendix 2 contain a number of questions that can be used to evaluate a lockdown.

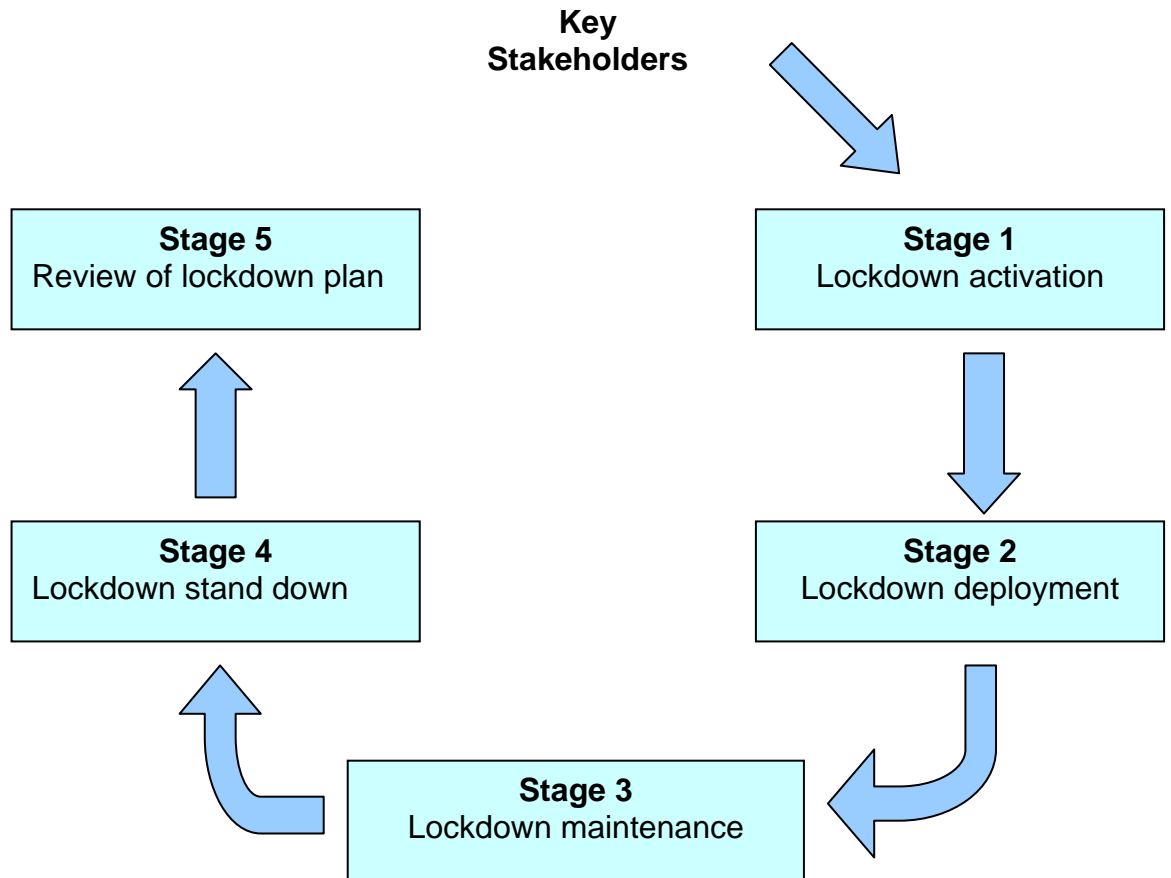


Diagram 2 – key lockdown evaluation stages

6. Response – utilising a lockdown in a major incident

- 6.1 The decision to lockdown a site/building should be guided by the following four principles:
- the protection of staff, patients, visitors, and assets;
 - the isolation of a threat or hazard;
 - the establishment of a safe distance between staff/patients/visitors/assets and a threat or hazard;
 - the neutralisation of a threat or hazard.
- 6.2 The decision to lockdown may be taken if any of the conditions above is required. It is the internal/external threat/hazard which determines the resource needed. Different lockdown drivers, e.g. a CBRN incident, flooding, the abduction of a child, or a violent patient, may result in different lockdowns in terms of size, duration, and supporting resource needed.
- 6.3 A lockdown in response to a CBRN incident supports the management of self-presenters at a site/building. The ability to lockdown provides a means of managing overall surge and protects staff, patients, visitors, and assets from cross-contamination. The dangers of cross-contamination and the difficulties of responding to a terrorist incident were illustrated by events following the nerve poison attack on the Tokyo underground in 1995. This incident showed the potential strain a healthcare provider can be put under in the aftermath of such a CBRN terrorist incident.
- 6.4 A lockdown that results from a CBRN incident will be quite different from other lockdowns. It will likely be geographically larger and extend beyond the boundaries of the NHS site. The lockdown will also likely be part of a wider cross-agency response. There will be a greater emphasis on crowd control. A site may potentially have to deal with large numbers of self-presenting P2 and P3 casualties and the ‘worried well’ (up to 10 times the usual number of casualties).
- 6.5 Lockdown of a site or building due to a CBRN incident may require specific security actions and staff may require specific training. Staff may be required to use protective suits and provide assistance with the initial marshalling of casualties to designated waiting areas prior to decontamination and then to chaperone casualties to the decontamination area.

Note: There are three triage categories – P1, P2, and P3. The most seriously injured fall into the P1 category. Those with the next most serious injuries are considered P2. The walking injured are categorised as P3.

- 6.6 It may be necessary to secure the dirty and clean routes to and from a site or building during a CBRN incident. Relevant staff may need to be positioned at the entrance of the clean side of the decontamination area to ensure that the security of the clean side is maintained and is not breached by potentially contaminated patients.
- 6.7 Further guidance on roles and responsibilities during a CBRN incident can be found in 'Guidance for the Emergency Services on Decontamination of People exposed to Hazardous Chemical, Biological or Radiological Substances, Version 3(i)' published by the Scottish Government. This document provides guidance for individuals involved in the decontamination of victims and clearly identifies the role of the emergency services in such a situation.

Note: At the time of issue, this document was currently subject to review on a UK-wide basis.)

Authority to call a lockdown

- 6.8 The authority to initiate a lockdown will depend on the nature of the incident. A nurse in charge of an Emergency Department may need to make the decision following a brawl between youths on a Friday night. It is recommended that action cards are provided to aid such a decision. The action card should outline how the lockdown should be called, the specific access controls that need to be activated, and which third parties need to be informed. It is further recommended that such action cards are kept in the relevant staff station area.
- 6.9 In the case of a major incident, unless other arrangements are in place, responsibility for calling a lockdown rests with the Chief Executive. Even when those responsibilities are delegated to others, the Chief Executive retains accountability.

Time of a lockdown

- 6.10 The success of a lockdown may depend upon the time of day that it is initiated. A lockdown called at two o'clock on a Sunday morning may be harder to achieve because there may be fewer staff on duty. Conversely, fewer patients/visitors are likely to be on-site at this time which may make a lockdown easier to maintain. Best practice guidance suggests that lockdown scenarios should be trialled when the organisation is at its most vulnerable in terms of staffing etc. Such practice is likely to help develop resilience.

Internal communications

- 6.11 There are a number of ways to alert staff that a lockdown plan is going to be or is activated. These include:
- pagers;
 - phones;

- e mail system;
- use of a special signal;
- internal switchboard.

Whatever system is used, it should be fast. Since there are risks associated with all of these forms of communication, contingency plans should be in place to provide a back-up in case of failure, inaccessibility etc.

External communications with stakeholders

- 6.12 External communication systems with the police and other emergency services must be robust. The adoption of a command and control system (see [Appendix 1, Table 3](#)) can aid robust external communications. Such an approach will identify those within the organisation that the police and emergency services should liaise with on strategic and operational issues.

Safe and control zones

- 6.13 In the event that a major incident results in a lockdown, it may be appropriate to identify safe zones/control zones. Safe and control zones are rooms or areas which people can occupy or use in the event of an incident. Such zones can also be used for crowd management. People can be siphoned off into these zones for their protection. This can be of particular significance when surges in people are expected on site. The nature of the event will determine the location of these safe zones/control zones, e.g. building construction and proximity to high-risk areas will determine bomb and blast safe zones. It should be noted that safe/control zones may need to be 'portable' as they may have to be moved if there is a risk of contamination.

Security

- 6.14 Lockdown is a response to a specific threat or hazard. Any resulting security response will be in addition to normal security activities. It may be necessary to undertake extra security patrols to ensure that the lockdown is not breached at particular vulnerable points. The frequency and route of such patrols should be identified and agreed at the lockdown planning stage.

Cordons

- 6.15 In the event of a major incident e.g. a terrorist attack, the use of cordons may be used to provide controlled access for self-presenting patients to a site/building. In such circumstances, the controlled access of patients can assist systematic triage. Careful consideration should be given to the location of such cordons and how they can be effectively staffed. Decisions relating to the placement of cordons should be made in collaboration with the police who are the only individuals that can enforce such a cordon.

Traffic management

- 6.16 Traffic management may be necessary during a lockdown. The use of signage may not be sufficient and may need to be supplemented. Staff may still be required to direct traffic to ensure flow through the site or to the appropriate car park. In the event of a CBRN incident, potential casualties may arrive via car which may, or may not, be contaminated. The best location for these vehicles is likely to be outside the site perimeter. Such a parking area should be identified and agreed with stakeholders.

Human resources

- 6.17 The numbers of staff needed during a lockdown will depend on the nature and size of the incident. Lockdowns can be small, medium, or large-scale depending on the type of incident. The number of staff needed will be dependent on a number of variables relating to the size of the site, number of buildings, access and egress points, and existing security arrangements. Organisations should assess the number of staff required for different scenarios. Such manpower assessments should be subject to regular review.
- 6.18 The nature of the lockdown may affect the number of personnel available. In the event of a major incident such as a CBRN incident, staff may be unable to get into work or may choose not to come into work because of the perceived risks to themselves. Contingency plans should consider this possibility and make arrangements to accommodate it. Organisations with contracted-out security officers should have the ability to call on additional security staff during a lockdown. This provision should be included in the contract with the security company. Such contracts should clearly state the obligations in the event of a lockdown, e.g. call-off contracts, response times, cost of additional staff to support a lockdown etc.

Media handling

- 6.19 Major incidents that result in a lockdown are likely to be of interest to the media. Organisations should have a robust media policy in place. This policy should ensure that, where possible, members of the media are chaperoned to a safe location out-with the lockdown area. Staff may be required to keep the media at a safe distance and keep them informed.
- 6.20 Organisations that do not have a crisis communication plan in place are strongly recommended to develop one as soon as possible. It is further recommended that the Security Manager/person responsible for security is involved in the development of such a plan. Organisations are also recommended to exercise their communication plan to ensure that the plan is effective and to facilitate learning.

Crowd management and control

- 6.21 Members of the public involved in a lockdown may feel anxious when they are either contained within or excluded from a site/building. Such feelings may be

increased by the nature of the lockdown, e.g. a CBRN incident. It is likely that public cooperation will be proportionate to the period of lockdown and their perception of the risk to themselves.

- 6.22 It is recommended that appropriate phrases are developed to assist staff who may be required to provide information to the public involved in a lockdown situation. For example, in the case where an agitated individual wishes to leave a site or building under lockdown and this may put that individual or others at risk, a statement such as *“For your own safety, you should stay on site/in the building”* may be appropriate.
- 6.23 There may be various circumstances when a lockdown can be breached. A breach of a lockdown is more likely to occur when anxious members of the public demand to be let out of the site or building to return home. If members of the public demand to leave a locked down site/building, as previously discussed, legally it is not possible to stop them (see [Section 2](#)). In this situation, an organisation should consider identifying a pre-arranged secure route out of the site or building that leads to a specific exit with robust security measures in place.

Business continuity during a lockdown

- 6.24 Business Continuity Management (BCM) is a continual process that prepares organisations to prevent, wherever possible, respond to, and recover from disruptions or incidents regardless of the nature and size or the type of impacts they may have. BCM concentrates on the maintenance of the organisation's essential business deliverables in the event of a major event or disruption. While a lockdown plan may interface with and support a number of major incident responses, e.g. the management of mass casualties and evacuation procedures, it may also support ongoing business continuity, e.g. the exclusion of contaminated individuals from a site/building may allow ongoing service provision to continue. Similarly, the containment of individuals within a lockdown may prevent the spread of contamination which can also support the organisations business continuity arrangements.

Evacuation

- 6.27 Evacuation and lockdown plans can be mutually supportive. If a lockdown continues to the point where the organisation can no longer adequately function, then a partial or full evacuation may be necessary.

7. Recovery

A recovery plan should be developed to explain how 'business as usual' will be restored after a lockdown. The following should be considered during the development of such a plan:

- who is responsible for each aspect of the recovery?
- when and in what order functions need to be restored?
- where staff and patients are to be relocated if areas of the site/building are not functioning?
- what resources are available for the recovery process?

The Security Manager/person responsible for security and their staff should also ensure the security of buildings during the recovery process.

Appendices: Toolkit- a Practical Guide for Security Managers

[Appendix 1: Tables](#)

[Appendix 2: Checklists](#)

Appendix 1: Tables

Table 1 Critical Asset Profile

Table 2 Threat and Hazard Assessment

Table 3 Information Consideration for a Lockdown Action Card

Table 4 Lockdown Scenario and Evaluation Framework

Table 1 – Critical Asset Profile

Organisations may have assets that will be considered critical. Table 1 may help identify these critical assets.

Stakeholders	What are the critical assets?	Rationale used to identify critical assets?	On what basis can assets be prioritised (e.g. in order of necessity to vital business, monetary value, ease of replacement, substitution etc.)	Where are the critical assets located?	What features of the critical asset may or may not facilitate a lockdown?	Lockdown action point
Who in the organisation needs to be consulted to identify critical assets? Staff? Estates/Facilities management? Security? Clinicians?	Brainstorm a provisional list of critical assets.	How will a consensus be reached on the Importance of each critical asset? What rationale will inform this decision?	A categorisation such as 'high' 'medium,' and 'low' may facilitate this.	Where are the critical assets located on site. You may want to map them.	Evaluate the critical assets' lockdown capability.	If resources are inadequate, who needs to be consulted? Does an operational requirement in relation to the security of the critical asset need to be prepared?

Table 2 – Threat and Hazard Assessment

It is necessary to consider the full spectrum of threats and hazards (e.g. natural, criminal, terrorist, accidental). when deciding on what circumstances a site/building should be locked down. Table 2 has been developed to facilitate consideration of these potential threats and hazards and their implications for a lockdown.

What are the local threats and hazards?	Have any of the identified threats and hazards occurred?	What would be the consequence of each threat or hazard on the organisation?	For each potential threat or hazard, would the organisation lockdown? If so, what would be the rationale for doing so?	What resources would be needed to lockdown?
Is the threat natural or man-made? Does the location of the site (urban or rural) suggest a threat or hazard? List all threats and hazards.	Have any of these threats and hazards occurred? Do any reports on the effects of these threats and hazards exist? If so, can they be viewed? What were the lessons identified from these past experiences?	How would the threats and hazards affect the organisation? The consequences may be considered as 'critical', 'marginal or 'negligible'.	Would a full, partial or progressive lockdown be an appropriate response? Why?	If a lockdown is appropriate, list the resources (people and equipment, etc) needed to ensure a lockdown could be achieved?

Table 3 – Information Considerations for a Lockdown Action Card

Provides a lockdown action card template. The use of such cards can help facilitate a successful lockdown.

Named role	
Principal role and responsibilities	Role and responsibilities should be in line with strategic, tactical, and operational command. Strategic command takes overall responsibility for the management of the incident in their area of expertise and establishes the policy and tactical framework within which the tactical team will work. Tactical command provides overall management of the response to a major incident. Tactical managers determine priorities in allocating resources, obtain further resources as required, and ensure a coordinated, coherent and integrated response. Finally, operational command manages the immediate 'hands-on' work undertaken during a major incident.
Stage 1 Role and responsibilities during lockdown activation	The following should be considered when deciding staff activities during the lockdown deployment stage. How will staff be alerted and by whom? Who should staff report to? Where are action cards stored? Is operational equipment such as radio, signage needed? If so, where is this equipment stored? Who is responsible for collecting it/setting it up?
Stage 2 Role and responsibilities during lockdown deployment	The following should be considered when deciding staff activities during the lockdown maintenance stage. Where are staff going to be positioned? What is the timescale for staff to be in position? What are staff's initial responsibilities once deployed? How will roles and responsibilities be monitored and by whom?
Stage 3 Role and responsibilities during lockdown maintenance	The following should be considered when deciding staff activities during the lockdown stand-down stage. How will staff be alerted? Who is responsible for each aspect of recovery? When and in what order will functions be restored? What resources are available for recovery?
Stage 4 Role and responsibilities during lockdown stand-down	

Table 4 – Lockdown Scenario and Evaluation Framework

Provides a framework that can be used to test key lockdown principles. Testing these principles will facilitate the evaluation of the lockdown capacity and capability of a site/building.

	What?	Where?	When?	How?	Why?	Who?
Lockdown alert mechanism	What is the problem?	Where should the alert be sent?	When should stakeholders be alerted?	How should stakeholders be alerted?	Why is a lockdown necessary, e.g. what is the risk to the building?	Identification of stakeholders
What is being tested?	Correct identification of issue/problem	Communication of information to relevant stakeholders	Speed of communication	Effectiveness of communication	Correct analysis of risk	Relevance
Lockdown decision making	What are the options for lockdown?	Where should lockdown take place?	When should lockdown take place?	How will the decision be made?	Why lockdown?	Who should lead on decision making?
What is being tested?	All feasible options are considered	Contain/exclude the problem as appropriate	Successful containment/exclusion	All evidence is considered	Reasons for lockdown valid	Clarity of roles and responsibilities
Initial lockdown effectiveness	What is to be locked down?	Where is the location?	When will the lockdown take place (time framework)?	Procedures and processes	Reasons for the initial lockdown	Who should be involved in the initial lockdown?
What is being tested?	The problem is successfully contained/excluded	Correct identification of problem	Appropriate timing of initial lockdown	Robustness	Reasons for an initial lockdown are valid	Availability of relevant stakeholders and their knowledge of undertaking an initial lockdown

Table 4 (cont) – Lockdown Scenario and Evaluation Framework

	What?	Where?	When?	How?	Why?	Who?
Progressive lockdown	What is to be contained/excluded?	Where is the offender?	When is the next stage of progressive lockdown?	How will the progressive lockdown take place?	Why undertake a progressive lockdown?	Who makes the decision/initiates the process to undertake a progressive lockdown?
What is being tested?	Correct identification of what is to be contained/excluded?	Correct location and identification of the offender	Risks to move to next stage of lockdown have been assessed	There is capability to undertake a progressive lockdown	Reasons for a progressive lockdown valid	The relevant skills set/evidence to initiate a progressive lockdown exists
Communication	What should be communicated?	Where is the communication going?	When should information be delivered to different stakeholders/audiences?	How should information be communicated?	Why should information be communicated?	Who should take responsibility for communicating information?
What is being tested?	Appropriateness of information	Appropriateness of communication being sent	Timeliness of information	Effectiveness of communication	Reasons valid	Responsibilities are undertaken
Lockdown roles and responsibilities	What roles and responsibilities are required for a lockdown?	Where do the roles and responsibilities lie?	When should individuals undertake their role/responsibilities?	How will the roles and responsibilities be determined for a particular scenario?	Why are these roles and responsibilities necessary?	Who is involved in determining roles and responsibilities?
What is being tested?	Correct set of stakeholders involved	Appropriateness of roles and responsibilities	Lockdown undertaken smoothly	Full set of roles and responsibilities required for a particular scenario identified	Accurate understanding of situation(s)	Decision maker has knowledge of roles/responsibilities required

Table 4 (cont)– Lockdown Scenario and Evaluation Framework

	What?	Where?	When?	How?	Why?	Who?
Lockdown stand-down	What needs to be done to revert to business as usual?	Where should action be prioritised to effect business as usual?	When should stand-down take place?	How will stand-down be implemented?	Why should a stand-down take place?	Who will decide when a stand-down should take place?
What is being tested?	Correct action(s) identified	Priority areas identified	Timeliness of action	Processes and procedures in place to effect a stand-down	Mitigation of risk	Level of command and authority

Appendix 2: Checklists

Checklist 1 Site Profile

Checklist 2 Building Profile

Checklist 3 Security Profile

Checklist 4 Evaluating a Lockdown – The Human Element

Checklist 5 Evaluating a Lockdown - Processes

Checklist 6 Evaluating a Lockdown – Security Element

Checklist 1 – Site Profile

A detailed profile of the site should be collated. Checklist 1 may help to establish the initial capability to lock down.

Characteristic	Information required	Status
Location	General description of location.	Checked by: Date:
Area	Overall area of site/building.	Checked by: Date:
Site characteristics	Number of buildings on site? Is it a multi-occupancy site?	Checked by: Date:
Landscape summary	General description of the site, shape and slope	Checked by: Date:
Local road access	Description of type of roads and number of them around and onto site	Checked by: Date:
Public transport access	Description of bus routes, frequencies and their route(s) onto site. Are there other public transport systems on-site?	Checked by: Date:
Traffic movement around site	Direction/ movement of traffic around site	Checked by: Date:
Neighbouring land uses	Is it residential? Industrial? Energy supplies?	Checked by: Date:
Car parking facilities	Number of them? Where are they situated? How many access and egress points do they have?	Checked by: Date:
Number of buildings on site	Number of buildings and how they are spread across the site?	Checked by: Date:
Total number of official and unofficial access and egress points on site	Where are the access and egress points?	Checked by: Date:

Checklist 2 – Building Profile

A detailed profile of the building(s) needs to be collected. This will help to establish initial capability to lock down. Consideration must be given to the use of the building (storage, administration, treatment, etc). A review of both internal and external facilities should be undertaken. The checklist below may help develop this profile.

Characteristic	Information required	Status
Description of building's present use	What is it used for? Is it multi occupancy? Is it an un-zoned area (i.e. unrestricted movement within the building)?	Checked by: Date:
Basic shape	Basic shape of the building, size of it, and space that surrounds it	Checked by: Date:
Height of building, number of floors, and their use	Include what each level of the building is used for	Checked by: Date:
Condition of building	General description of the building	Checked by: Date:
Corridors	How many corridors? How do they interconnect, where do they lead to?	Checked by: Date:
Access and egress points in building(s)	Number of access points into each building and their location Number of egress points from each building and their location	Checked by: Date:
Car parking facilities for building	Number of spaces How close are they to the main buildings?	Checked by: Date:
External and internal doors	How many doors facilitate access and egress of each building or part of a building?	Checked by: Date:
Air conditioning facilities and vents	Does air conditioning exist? If so, where is it controlled from? Who is responsible for maintaining it? How quickly can it be turned off?	Checked by: Date:
How is the building powered?	Where is the power supply located and how is it controlled? Is the power supply secure from tampering? Is uninterrupted power supply available?	Checked by: Date:
Who owns the property?	Who owns the property? Is it NHS property? Is it privately owned/rented from the NHS? If it is a private property, can it be locked own?	Checked by: Date:

Checklist 3 – Security Profile

A systematic way of assessing security, and a useful one when considering locking down a site, building or part of a building, is to consider the site in terms of concentric rings – the defence in depth principle. The ‘rings’ should include outer perimeter protection, building perimeter and interior of the buildings. Checklist 3 may help develop a security profile.

Characteristic	Information required	Status
External doors (external perimeters of buildings)	How are doors locked? By access control system or manually? Who is responsible for the access control system? How many doors do not have any kind of security arrangements?	Checked by: Date:
Internal doors (building interior)	Where are they located? How are doors locked? By access control system or manually?	Checked by: Date:
Windows	Has a risk assessment been undertaken to identify which windows need to be locked? How can they be secured? What is their locking device? If they are manually locked, who holds the keys?	Checked by: Date:
CCTV	Is CCTV in place? Where are the cameras located? Is there a map of their location? What are they trained on? Can they be used to monitor people approaching a site/building in the event of a lockdown?	Checked by: Date:
Security lighting	Which buildings have security alarms? How are they controlled? How are they activated?	Checked by: Date:
Alarms on specific buildings	Which buildings have security alarms? How are they controlled? How are they activated?	Checked by: Date:
Security at car parking sites	Where are the car parks? What size are they? Are car parks staffed? What are the existing security arrangements?	Checked by: Date:
Security staff	Number of security officers during the day/evening and night? Shift patterns? What is the location of them around site? What are their general site duties? How would these duties facilitate a lockdown?	Checked by: Date:

Checklist 4 – Evaluating a Lockdown: The Human Element

Provides some questions that can be used to evaluate the human element of a lockdown.

Question	Yes	No	Action
Did all staff collect their action cards?			
Did the action cards reflect staff roles during the lockdown? If not, do they need to be revised?			
Where appropriate, were the supporting lockdown resources easily accessible?			
Did everyone collect their supporting lockdown resources?			
Were all the supporting resources in correct working order?			
Did staff take up their lockdown location position in the agreed timeframe?			
Was there an adequate number of staff to achieve the lockdown?			
Did all staff in gold, silver and bronze command work to their correct remits?			
Were communications appropriate, e.g. were the communications sent to the right staff and at the right time?			
If appropriate, could all staff use their radios?			
Was joint working between internal and external stakeholders effective?			
Were there any crowd management issues? If so, what was the role of staff in managing these?			
Did staff execute their lockdown roles effectively throughout all stages of the lockdown?			
Did staff consider their own resilience during the lockdown?			
Has a staff debrief session been organised to discuss their roles during the lockdown?			

Checklist 5 – Evaluating a Lockdown: Processes

Provides some questions that can be used to evaluate the process of a lockdown.

Question	Yes	No	Action
Did the lockdown alert system work?			
Were all appropriate individuals informed? If so, how long did it take for them to receive information?			
Was the sequence of closing doors/windows correct?			
If appropriate, were cordons set up in the correct order?			
Was communication received quickly enough during the lockdown?			
If appropriate, was the communication between gold, silver and bronze commands adequate?			
Were the outcomes achieved during the activation stage?			
Were the outcomes achieved during the deployment stage?			
Were the outcomes achieved during the maintenance stage?			
Were the outcomes achieved during the stand-down stage?			
Were business continuity arrangements satisfactory throughout the lockdown?			

Checklist 6 – Evaluating a Lockdown: Security Element

Provides some questions that can be used to evaluate the security element of a lockdown.

Question	Yes	No	Action
Was an alarm system activated at the onset of the lockdown? Did it work effectively?			
Did all of the locks function? Were they all appropriate for the lockdown (i.e. in terms of strength)?			
Where appropriate, did all of the external doors lock?			
Where appropriate, did all of the internal doors lock?			
If appropriate, were any windows locked during the lockdown? If so, how effective were the locks?			
Were all identified access and egress points secured?			
Where appropriate, could corridors be secured?			
If it was a manual lockdown, was the site/building secured?			
If an access control system was used, was the building/site locked down?			
Were there any breaches in the lockdown? If so, where were they? Were they contained?			
Did security lighting support the lockdown? If so, how?			
If appropriate, were the car parking areas secured?			
Were cordons established? If so, were they maintained?			
Were safety and control zones established? If so, were they maintained?			
If appropriate, was the air conditioning system successfully turned off during the lockdown?			

References

This Section Includes useful information sources that may help plan and implement a hospital lockdown.

Building management and secured by design

- Health Facilities Scotland website <http://www.hfs.scot.nhs.uk/>;
- Designing Out Crime Association website www.doca.org.uk;
- Scottish Government Private Finance Initiative guidance and documents <http://www.pfcu.scot.nhs.uk/Guidance.html>;
- details of the Secured by Design initiative is on the www.securedbydesign.com;
- Guidance on the maintenance of a safe and secure environment at a hospital site <http://www.securedbydesign.com/professionals/guides.aspx> ;

Communications

‘Connecting in a Crisis’ is an initiative by the BBC to help ensure that the public has the information it needs and demands during a civil emergency. It sets out to encourage organisations to work closely with broadcasters in the preparation of strategies for communicating essential information. www.bbc.co.uk/connectinginacrisis/index.shtml.

Emergency planning training

The Emergency Planning College is run by the Cabinet Office. The college is the UK Government’s centre for running short seminars, workshops, and courses on an inter-agency basis in the field of crisis management and emergency planning. www.epcollege.gov.uk;

Guidance on responding to an emergency

- Scottish Government’s NHSScotland Resilience website <http://www.sehd.scot.nhs.uk/EmergencyPlanning/>;
- further information relating to the Scottish Government’s overall resilience arrangements at the Scottish Resilience website: <http://intranet/InExec/AboutUs/Justice/JDPCSG/ScottishResilience/Introduction>;
- further information relating to emergency preparedness. www.ukresilience.info/

Guidance on chemical, biological, radiological and nuclear substances

- advice on the Home Office CBRN resilience programme www.security.homeoffice.gov.uk/cbrn-resilience/?version=2;
- the Scottish Government's 'Manual of Guidance – Responding to Emergencies' issued by NHSScotland Resilience provides guidance on chemical and ionising radiation incidents. This guidance also provides useful links to responsible agencies and organisations. <http://www.sehd.scot.nhs.uk/EmergencyPlanning/guidance.htm>;
- 'Guidance for the Emergency Services on Decontamination of People Exposed to Hazardous Chemical, Biological or Radiological Substances, Version 3(i)' published by the Scottish Government;
- Chatham House is a policy think-tank. It is an independent membership-based organisation that brings together people from government, politics, business, Non Government Organisations (NGOs), the academic world, and the media. It recently published a report on chemical, biological, radiological and nuclear terrorism. www.chathamhouse.org.uk;
- Chapters 14 and 17 of the 'NHS Security Management Manual' cover the security of CBRN material.

Project Argus

Project Argus events take attendees through a terrorist attack scenario using a multi-media simulation. Attendees develop a response to the attack as the scenario unfolds. Such events can be organised via the local Counter Terrorism Security Advisor. www.nactso.gov.uk/argus.php.

Training for Security Officers

- the Security Industry Authority (SIA) manages the licensing of the private security industry as set out in the Private Security Industry Act 2001. It also aims to raise standards of professionalism and skills within the private security industry and to promote and spread best practice. www.the-sia.org.uk;
- 'Skills for Security' delivers a range of educational and related service to ensure security staff skills are fit for purpose including in relation to crowd safety training. <http://www.skillsforsecurity.org.uk/>.