



Hazardous Area Response Team Deployment Procedure

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1. Scope

- 1.1. South East Coast Ambulance Service NHS Foundation Trust (the Trust) is committed to providing high quality patient care and is able to provide this capability in hazardous environments with the deployment of the Hazardous Area Response Team (HART)
- 1.2. The Trust's HART are commissioned to provide NHS Paramedic care to patients in hazardous environments, to increase survival rates and improve clinical outcomes in situations that would otherwise be beyond the reach of NHS care within the "inner cordon".
- 1.3. The Government National Risk Register for Civil Emergencies lists threats to the population of England and the devolved governments and HART teams

are considered a “key component” of the NHS commitment to the Central Government resilience strategies, which include CONTEST and Cabinet Office National Capabilities programme.

- 1.4. HART whilst having a duty to provide a local resource which can respond to hazardous area`s and situations within its Trust borders, must maintain a national capability, which can work alongside HART from other Trusts if requested to do so.
- 1.5. Interoperability standards for HART are set out within the Emergency Preparedness, Resilience and Response (EPRR) Framework. This specifies that HART must be equipped and trained to enable them to provide support to any mutual aid request from any other part of the country. To maintain interoperability we will conduct our operations inline with the nationally agreed Standard Operating Procedures (SOP), unless there is a Trust specific local agreement in place for identified operations.
- 1.6. HART must maintain compliance with the National Standards set out in the National Interoperability Performance Standards, issued by the National Ambulance Resilience Unit (NARU) for NHS England as part of the EPRR Framework.

HART Units are commissioned to maintain the following tactical capabilities:

- Hazardous materials
 - Chemical, Biological, Radiological, Nuclear (CBRN)
 - High Consequence Infectious Disease (HCID)
 - Marauding Terrorist Attack (MTA)
 - Safe Working at Height
 - Confined Space
 - Unstable Terrain
 - Water Operations (SRT)
 - All-Terrain Vehicle operations
 - Support to Security Operations (SSO)
- 1.7. In order to ensure that the Trust comply with the NHS HART National Standards this procedure outlines the operational deployment arrangements for the SECamb HART assets, with the objectives outlined in the section below.

2. Objectives

2.1. The objectives of this procedure are set out below:

- To ensure as far as possible the HART core capabilities are understood by those within the Trust who are responsible for the deployment of HART.

- To ensure that the HART national standards are clearly defined and available.
- To ensure there is a clear procedure to maximise the potential use and availability of HART, to ultimately benefit any patient that find themselves within a hazardous area.
- To ensure that there is an agreed and documented mechanism for HART to be redeployed to a higher priority call should the need arise.

3. Procedure

3.1 NARU Standards

3.1.1 In accordance with the National Interoperability Performance Standards. The Trust must meet the following with regards to deployment:

- The Trust must maintain a minimum of 6 Operational HART staff on duty per team at all times (24/7) for live deployments.
- A minimum of four HART staff must be available to respond to any incident requiring HART services within **15 minutes** of the call being received by the Emergency Operations Centre (EOC). This does not apply to pre-planned operations.
- Once a full HART capability is confirmed as being required at scene, The Trust must ensure that 6 HART staff (including the 4 already mobilised) are released and able to respond to scene within **10 minutes** of that confirmation.
- The Trust must maintain a HART service capable of placing 6 competent HART staff on scene at strategic sites of interest within **45 minutes**. These sites are currently defined within the Home Office Model Response Doctrine.
- HART are required to maintain a **30-minute** notice to move when activated by The Trust to respond to a mutual aid request. An exception to this time period can be claimed if the team are already providing HART capability to a local incident.

3.1.2 If the Trust are unable to maintain a full HART capability then NARU **must** be informed as soon as practicable via the NARU on call system or by the daily on line reporting system contained on PROCLUS.

Support of A&E Operations

3.1.3 It is clear that HART paramedics need to ensure they are able to maintain and develop their clinical skills in order to provide the best possible care to a patient in a hazardous area when needed. Therefore, it is HART's

intention to support normal A&E operations within the Trust when appropriate.

- 3.1.4 In support of A&E operations, when available (booked on with EOC), HART Primary Response Vehicle (PRV) will be available to respond to Category 1 calls. At SMP 4 the PRV will be available for Category 1 and 2 calls.
- 3.1.5 The support of the PRV will be dependent on vehicle availability and staff numbers on duty and will be in accordance with the following table:

Staff number in duty team:	PRV booked on:
=>6	2
5	1
=<4	0

- 3.1.6 HART Primary Response Vehicles will remain tethered to their respective HART base and respond to C1 calls (and category 2 in escalation (see 2.5)) as a first response within a 6 mile radius, in line with the auto dispatch parameter. They will also be available to be dispatched by the Critical Care Desk (CCD) or HART Tasking Desk (HTD) to support with C1/Grade 1 backup incidents in their respective Operating Unit (ASHFORD OU and GATWICK OU) where additional paramedic skills may be required (E.g. LUCAS, etc), and these cannot be offered due to CCP availability or response time.
- 3.1.7 The HART PRV will be treated as a community responder and **must** be backed up immediately (C1 or 2 calls, not when providing additional skill support). This will ensure The Trust has the best chance of releasing the HART operative from scene to respond to a HART incident in compliance with the service standard set out in paragraph 2.2.
- 3.1.8 Local dispatchers Ashford (HART East) and Crawley (HART West) should dispatch the PRV to category 1 calls (and category 2 during escalation (see 2.5)) where they are the nearest resource within the 6-mile catchment area. The dispatcher should then immediately contact the HTD / CCD and inform them of the activation.
- 3.1.9 If while HART are working in support of A&E operations the Trust starts to escalate within the Surge Management Plan (SMP), the HART PRV will still need to be automatically backed up for both Category 1 and 2 calls, to ensure that HART are able to be released should it be required. Any changes to this must be authorised by the duty Strategic Commander.
- 3.1.10 It is the EOC's responsibility to ensure that HART resources are released should attendance at a HART incident be required in line with the service standard set out above (Paragraph 2.2).

3.2 HART Deployment

Booking On

- 3.2.1 The HART Operational Team Leader (HOTL) is responsible for booking on the HART team with the HTD/CCD via the dedicated telephone number or radio channel.
- 3.2.2 If the HOTL is unable to make contact with the HTD/CCD, they must contact the local dispatch team leader (East and West EOC) without any delay to advise of their availability.
- 3.2.3 It is the responsibility of the staff member working on the PRV to contact the relevant local dispatch desk (Ashford/Gatwick) to advise of their Category 1 availability, so these HART assets can be made visible at that dispatch desk.
- 3.2.4 When booking onto vehicles staff must comply with the relevant section from the Trust's Dispatch Standard Operating Procedures. HART get 45 minutes to carry out mandated PPE checks at shift handover so may incur a response delay if activated to any calls during this time. This will be notified to EOC at the earliest opportunity.

Tasking

- 3.2.5 On a day to day basis responsibility for the deployment of specialist assets sits with the on Duty Tactical Commander, this is delegated to the HTD/CCD/local dispatch to action. The HTD and CCD are not funded commissioned services to provide HART activation and operate this function voluntarily within the capacity of their Operational duties. The dispatching resource (HTD/CCD/local dispatch) must inform the Tactical commander of any HART deployments. Due to incident type/intel it might be appropriate to 'pre deploy' the opposite team to a standby location within the Trust, this decision will be authorised by the Tactical Commander.
- 3.2.6 HART can be activated to respond to pre-planned taskings to support partner agencies (Support to Security Operations (SSO)). The Trust can be notified of these operations by a variety of means, but these are Primarily handled by the TacAd/NILO and Tactical Commander. These operations may involve all or part of the live HART, or additional HART staff brought in specifically to staff the operation. The TacAd/NILO or Tactical Commander will liaise with the HTD/EOC to ensure a CAD ID is generated for the deployment.
- 3.2.7 SECamb HART resources will be tasked to incidents by EOC primarily from the HTD/CCD, however HART can be dispatched by any dispatcher if a HART appropriate incident is identified. Incident types are described in **Appendix A**.
- 3.2.8 If the HART Team are deployed to an incident by EOC, they will respond immediately to that request, to ensure any patient need is addressed without

delay. It is the HOTL's responsibility to request any specialist additional information whilst on route if required.

- 3.2.9 The HOTL will ensure the correct vehicles and equipment are deployed to ensure safe systems of work can be implemented.
- 3.2.10 All HART Teams when deployed to any incident must comply with all national and local performance standards and operating procedures. Any intervention at scene involving a safe system of work or safety critical PPE needs to be authorised by the Tactical commander (an exception to this would be any snatch rescue/immediate response for life saving intervention).
- 3.2.11 A 'crew request' (for a HART response) will receive, wherever possible, an immediate, appropriate HART response for the incident, while the HTD/CCD (or local dispatcher) will gather additional information for the rationale and appropriateness of the deployment.
- 3.2.12 HART deployments will be reviewed if the threat from local or international terrorism increases to critical. Consideration should be made to return all HART resources to base in order to provide a rapid response to such incidents. This will be a strategic level decision based on current threat intelligence.
- 3.2.13 The HOTL will ensure that all HART deployments are recorded (including support of A&E operations from the PRV) on the NARU Proclus system to ensure these incidents can be reviewed and the Trust is able to comply with our contractual standards regarding national reporting.
- 3.2.14 HART staff manning the HART DCA (DCA as part of the HART rota) will record all incidents on the NARU Proclus system to ensure these incidents can be reviewed and included as part of HART clinical governance, and the Trust are able to comply with our contractual standards regarding national reporting.

Proactive Deployments

- 3.2.15 In order to offer the best possible response to our patients the HART team must maintain a proactive approach and assist their dispatch by identifying and deploying to any potential incident where a HART deployment will benefit our patients.
- 3.2.16 Therefore, when the HTD is not staffed and when available, a nominated member of the duty HART will monitor the CAD remotely to identify incidents appropriate for HART attendance.
- 3.2.17 On identification of an incident the HOTL will inform EOC of their Proactive Deployment to an incident, advising of the incident number & call signs of the

HART assets deployed. Contact will be made via airwave priority request to speak button on the appropriate talk group.

Stand Down

3.2.18 The intention when deploying HART to an incident is to ultimately benefit our patients and assist our operational colleagues at scene, therefore the decision to stand down HART prior to arrival at scene, must be considered carefully and be based on all available information.

3.2.19 The decision to stand down will be a shared decision between the dispatcher (HTD/CCD), HOTL and Operational Commander (if on scene), as these people are best placed to consider all available information at that time.

3.2.20 The following list are appropriate reasons for stand-down:

- The dispatcher and HOTL have discussed any updated information and agreed that the incident no longer meets the deployment criteria.
- A SECamb resource on scene has provided a SITREP, which confirms there is no patient need, scene safety, access, or scene management risks that require, or would benefit from a HART attendance.
- The incident is resolved or ambulance resources are stood down prior to HART arrival (being mindful that there may still be a requirement for HART to provide medical cover for other Emergency responders at scene).
- A higher priority incident occurs, or an evolving situation requires HART to monitor before committing to a deployed location.

3.2.21 In order to gain greater situational awareness to aid decision making and provide advice about support that HART could offer, the HOTL may elect to have a direct discussion with a SECamb resource on scene (e.g. Operational commander, CCP, Paramedic).

3.2.22 Contact with HART can be achieved via Airwave point to point or HART talk groups:

- Ashford
- Gatwick

3.3 Meal Break

3.3.15 HART will comply with the agreed SECamb arrangement for meal breaks that sits with the SECamb meal break policy.

4 Definitions

4.1 Proclus is the NARU electronic national reporting system.

5 Responsibilities

- 5.1 The **Executive Director of Operations (EDO)** is responsible for the development of the HART Deployment Procedure within the Trust. This may be delegated on a day-to-day basis to the **Regional Operations Manager – Central and Specialist Operations**
- 5.2 The **HART and Specialist Operations Manager** and **HART Operations Managers (HOM)** are responsible for the implementation of the HART Deployment Procedure.
- 5.3 The **HART Training Manager (HTM)** is responsible for ensuring all members of staff are trained to an appropriate level to ensure a HART capability.
- 5.4 The **HART Tasking Desk (HTD) / Critical Care Desk (CCD) and/or Dispatcher** is responsible for ensuring that HART resources are appropriately tasked or allocated to incidents that trigger the criteria within this guideline (Appendix A).
- 5.5 The **HART Operational Team Leaders (HOTL)** are responsible for ensuring their team are fully aware of and comply with this procedure.
- 5.6 The **HART Operatives** are responsible for ensuring they are aware of this procedure and adhere to its principles and content.

6 Audit and Review

- 6.1 All procedures have their effectiveness audited by the responsible Management Group at regular intervals, and initially six months after a new policy is approved and disseminated.
- 6.2 Effectiveness will be reviewed using the tools set out in the Trust's Policy and Procedure for the Development and Management of Trust Policies and Procedures (also known as the Policy on Policies).
- 6.3 This document will be reviewed in its entirety every three years or sooner if new legislation, codes of practice or national standards are introduced, or if feedback from employees indicates that the policy is not working effectively.
- 6.4 All changes made to this procedure will go through the governance route for development and approval as set out in the Policy on Policies.
- 6.5 HART deployments will be reviewed on a regular basis and as a standing agenda item at the HART Team C leadership meeting.

- 6.6 HART deployments will also be reviewed as part of the NARU compliance audit.

7 Associated Documentation

- Response Standard Operating Procedures
- Meal Break Policy
- Radio Communication Procedure
- CFR Deployment Procedure
- Treatment of Bariatric Patients Procedure

8 References

- NARU HART National standards
- Home Office Model Response Plan

9 Glossary

- HART- Hazardous Area Response Team
- NARU- National Ambulance Response Unit
- EOC- Emergency Operation Centre
- PRV- Primary Response Vehicle
- CCD- Critical Care Desk
- HTD- HART Tasking Desk
- OTL- Operational Team Leader
- CCP- Critical Care Paramedic
- HEMS- Air Ambulance
- CAD- Computer Aided Dispatch System
- SITREP- Situation Report
- IRU- Incident Response Unit
- HAZMAT- Hazardous Materials
- CBRN- Chemical, Biological, Radiological, Nuclear
- SOR- Specialist Operational Response
- USAR- Urban Search & Rescue
- SWaH- Safe working at Height
- ConSpace- Confined Space
- IWO- Inland Water Operations
- SRT- Swift Water & Flood Rescue Technician
- DEFRA- Department for Environment Food & Rural affairs
- Module 3- SRT DEFRA standard
- TMO- Tactical Medicine Operations
- PPE- Personal Protective Equipment
- SSO- Support to Security Operations

