



Hull York Medical School

Code of Practice on Emergency Management and Recovery

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To obtain this Code of Practice in an alternative format:
 Contact governance@hyms.ac.uk.

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1. Context and purpose

- 1.1. In the event of a major incident or emergency, it is recognised that decisions may need to be made by exception outwith normal practices. In which case the Medical School will follow the Code of Practice on Emergency Management and Recovery. Whenever possible, decisions made under this Code of Practice will be discussed with the Chair (or designated deputy) of the Strategic Planning Group on corporate governance matters and with the Chair (or designated deputy) of the Joint Senate Committee on academic governance matters.
- 1.2. In extreme situations when the Medical School has to respond to an emergency quickly and discussions with the Strategic Planning Group and Joint Senate Committee are not viable, the Dean of the Medical School and Chair of the Board of Studies will report respectively to the Chair of the Strategic Planning Group and the Chair of the Joint Senate Committee any decisions that have been made for emergency management.
- 1.3. The purpose of this Code of Practice is to provide the means and powers by which the Hull York Medical School can respond quickly and flexibly to an emergency situation. The Code will enable the Medical School to:
 - 1.3.1. ensure student and staff safety;
 - 1.3.2. maintain normal activities, as far as possible;
 - 1.3.3. identify and control current and future risks, including adverse educational, reputational or financial impact;
 - 1.3.4. plan for and oversee recovery from the emergency situation.
- 1.4. The Code follows the broad line taken for NHS and government body responses to emergency. This involves planning at a level of strategic (“Gold”), tactical (“Silver”) and operational (“Bronze”) committees.

2. Declaration of emergency

- 2.1. An emergency situation should be declared when circumstances arise where the Medical School will be unable to function in the normal way, and these circumstances can be anticipated to continue for a sufficient period of time that special adjustments are required.

- 2.2. Responsibility for declaring an emergency lies with the Dean of the Medical School, following appropriate discussion with senior colleagues and stakeholders in our partnerships with the University of Hull, the University of York, and the NHS. In the absence of the Dean the responsibility falls sequentially to the first available of: Deputy Dean and Chief Operating Officer.
- 2.3. Examples of situations that might lead to a declaration of emergency include (but are not limited to):
 - 2.3.1. in response to an emergency situation which has been declared nationally, regionally, or in one or more of the Universities of Hull and York or other partner organisations;
 - 2.3.2. following serious and continuing damage to the Medical School buildings, which prevent normal use (e.g. by fire, flood, terrorist action);
 - 2.3.3. following serious and continuing damage to communications essential for the Medical School functions;
 - 2.3.4. in response to a situation causing serious and continuing staff and/or student absences, e.g. pandemic influenza leading to absence through sickness, care responsibilities, and redeployment of unaffected clinical staff away from teaching functions.

3. Emergency management and recovery

- 3.1. A Strategic Emergency Committee (SEC) (“Gold”) will be established to determine the strategic response to an emergency situation, devise an emergency action plan, and take action to allow that strategy to be implemented. The powers of the SEC will include:
 - 3.1.1. establishing Tactical Emergency Committee (TEC) (“Silver”) and Operational Emergency Committee (OEC) (“Bronze”) with appropriate expertise to ensure the strategy is put into effect;
 - 3.1.2. prioritising activities, recognising that in an emergency some activities may not be sustainable;
 - 3.1.3. deploying resources (including staff) as necessary;
 - 3.1.4. suspending or modifying the Medical School’s Codes of Practice as necessary to maintain continuity. Any Codes or Policies of a teaching and learning nature will require decision by the Joint Senate Committee. While any Code might be modified, the SEC must not make any change which would compromise the safety of patients in teaching locations, the safety of students or staff, or public confidence in our students and graduates.
 - 3.1.5. recording all actions taken;
 - 3.1.6. ensuring that there is full consultation with key stakeholders, including the Universities (where practicable) before any emergency response is implemented, and that actions decided are communicated effectively to staff, students, and all relevant parties;

- 3.1.7. reviewing development of the situation and the implementation of the emergency action plan on at least a weekly basis, taking further actions or restoring normal functions as appropriate;
 - 3.1.8. putting into place a recovery plan;
 - 3.1.9. declaring an end to the emergency when normal activities can be resumed and any continuing recovery actions can be assigned to the Medical School's academic and management committees established for non-emergency situations;
 - 3.1.10. reporting to the Medical School's Strategic Planning Group (SPG).
- 3.2. Membership of the SEC is by role, recognising that in an emergency any particular individual may be unavailable:
- 3.2.1. the Dean of the Medical School or designated deputy (Chair);
 - 3.2.2. the Chief Operating Officer or designated deputy;
 - 3.2.3. the Chair of Board of Studies or designated deputy;
 - 3.2.4. designated strategic lead(s) for education;
 - 3.2.5. designated strategic lead(s) for research;
 - 3.2.6. designated strategic lead for communication;
 - 3.2.7. designated strategic lead for liaison with NHS partners and other placement providers;
 - 3.2.8. others co-opted as required by the particular emergency, recognising that SEC is not operational and that its effectiveness will be decreased by larger membership.
- 3.3. The SEC will establish the Tactical Emergency Committee (TEC), with responsibility for establishing the best means for maintaining Medical School activities in the emergency situation. The TEC will report to, and work within the remit conferred by, the SEC. It will refer to the SEC requests for:
- 3.3.1. a temporary change in the Medical School's regulations in discussion with the Joint Senate Committee;
 - 3.3.2. additional resources to cope with the emergency, recognising that these will be redeployed from some other activity;
 - 3.3.3. any action that can only be agreed jointly between the Medical School and its stakeholders.
- 3.4. The membership of the TEC will be determined by the SEC in the light of the particular situation.
- 3.5. The SEC, in consultation with the TEC, can establish the Operational Emergency Committees (OEC), as necessary. Depending on the circumstances it might be

necessary to set up separate operational committees, for the Medical School locations, or for specific classes of activity.

- 3.6. The method of meeting (face-to-face, telephone, video-link, electronic, etc.) of these committees and their frequency should be chosen for maximum effectiveness in the emergency situation.

4. Advanced planning

- 4.1. The Medical School should develop outline plans for responding to the possible scenarios listed below. These plans should be drawn up within the Medical School's academic and management committees in discussion with the two Universities, and should be reviewed by the relevant committee annually to ensure currency.

4.1.1. Shortage of staff due to illness or other cause;

- a. A particular concern is that emergence of pandemic influenza would very likely mean healthy clinical teaching staff were redeployed for essential NHS duties.
- b. Some parts of a programme may need to be delivered by different means, and others may need to be suspended during the emergency.

4.1.2. Circumstances leading to student absences beyond what is normally acceptable;

- a. Recognising that student absence may be as a result of their own health problems, or as a result of care responsibilities.

4.1.3. The need for welfare support for students affected by the emergency situation;

4.1.4. National or local restrictions on movement of staff and students, or on large gatherings;

- a. This might include normal teaching activities.

4.1.5. Restrictions on areas available for clinical teaching within placement provider organisations;

4.1.6. Whether there are emergency clinical duties that could be undertaken by suitably qualified medical students, and how their competence might be validated by NHS trusts;

- a. It would need to be recognised that such duties must be voluntary, thus cannot be taken as substitute clinical experience.

4.1.7. Major and sustained damage to IT infrastructure relied upon by the Medical School;

4.1.8. Major and sustained damage to any physical location used for teaching;

4.1.9. Major and sustained damage to any location or equipment used for research by staff;

- 4.1.10. The need to communicate rapidly with students and staff;
- 4.1.11. The need to communicate with stakeholders and the public in a timely manner;
- 4.1.12. The impact of any emergency situation on student assessment and progression decisions;
 - a. It may be necessary to use different evidence in making decisions (e.g. if an examination could not be organised as a result of the emergency situation).
- 4.1.13. The impact of an emergency situation on the final examinations leading to qualification in medicine;
- 4.1.14. The impact of any emergency situation on student recruitment and registration.