

RSPH Level 4 Diploma in Health Emergency Preparedness, Resilience and Response

January 2020

Total Qualification Time **450 hours**
Guided Learning Hours **310 hours**

Ofqual Qualification Number: **601/8742/6**

Description

Emergencies, whether man-made such as road or rail disasters; natural such as flooding or other extreme weather conditions; or the result of terrorism have the potential to cause disruption for communities on a large scale and present major operational problems for the National Health Service. Healthcare organisations (NHS organisations and providers of NHS funded care) therefore need to plan, prepare and respond to such emergencies.

The Civil Contingencies Act (2004) and the Health and Social Care Act (2012) imposes duties on all healthcare organisations (NHS organisations and providers of NHS funded care) with regards to civil protection. Organisations will need to carry out risk management processes to ensure that Emergency Preparedness, Resilience and Response (EPRR) arrangements are sound and effective.

The objective of the qualification is to provide the knowledge and skills necessary for candidates to participate in the development and delivery of EPRR arrangements in healthcare organisations (NHS organizations and providers of NHS funded care).

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Unit HEPRR 1 Integrated Emergency Management and Health Emergency Preparedness

Guided Learning: 48 hours
Total Unit time 70 hours
Unit Level: 4
Unit Reference Number: H/508/3585

Learning Outcomes and Assessment Criteria

- 1 Understand the requirements relating to Health Emergency Preparedness, by being able to meet the following assessment criteria:**
 - 1.1 Outline the legislative and governance requirements that relate to organisations concerned with health emergency planning
 - 1.2 Describe how Emergency Preparedness, Resilience and Response (EPRR) is implemented in health care organisations
 - 1.3 Outline the benefit for patients and communities of the application of EPRR

- 2 Understand the responsibilities of Category 1 and 2 responders, the Civil Contingencies Act 2004 and the third sector, by being able to meet the following assessment criteria:**
 - 2.1 Outline the differences between the legal requirements of Category 1 and 2 responders
 - 2.2 Describe how the Civil Contingencies Act 2004 (CCA 2004) requires multi-agency collaboration
 - 2.3 Explain how legislation facilitates the incorporation of third sector organisations into emergency preparedness

- 3 Understand the principles of Integrated Emergency Management in Health Emergency Preparedness, Resilience and Response by being able to meet the following assessment criteria:**
 - 3.1 Explain the role of integrated emergency management in anticipating and assessing the risk of emergencies
 - 3.2 Describe the six step risk assessment process

- 4 Know how to determine the likelihood and potential impact of an emergency occurring in a local community, by being able to meet the following assessment criteria:**
 - 4.1 Describe the characteristics of a local area that will influence the likelihood and impact of an emergency occurring in the community
 - 4.2 Assess the likelihood and potential impact of hazards and threats on a local community by the use of risk assessments.

Indicative Content:

1 Requirements relating to Health Emergency Preparedness

- 1.1 *Legislative and governance requirements:* The relevant legislation, organisational policies and procedures that apply to organisations involved in health emergency preparedness
- 1.2 *How Emergency Preparedness, Resilience and Response (EPRR) is implemented:* The roles, functions and structures of healthcare organisations (NHS organisations and providers of NHS funded care) involved in civil protection / health emergency planning.
- 1.3 *Benefit for patients and communities:* The links between planning and patient outcome, ensuring patient care during times of incident or emergency e.g. CBRN, mass casualty, pandemic Influenza etc, safeguarding vulnerable people, putting in measures to mitigate the impact of the emergency

2 Responsibilities of Category 1 and 2 responders and the third sector

- 2.1 *Differences between the legal requirements of Category 1 and 2 responders:* Legislative requirements of Category 1 responders, legislative requirements of Category 2 responders – Civil Contingencies Act 2004, Health and Social Care Act 2012, Health and Safety at Work etc Act 1974, Health Protection Regulations 2010, Management of Health and Safety at Work Regulations 1999, differences between Category 1 and Category 2 responders, roles and responsibilities under the CCA of Category 1 and Category 2 responders.
- 2.2 *How the Civil Contingencies Act 2004 (CCA 2004) requires multi-agency collaboration:* Duty to collaborate and share information, legislation and guidance that apply to information sharing, data protection and information security, types of sensitive information.
- 2.3 *How legislation facilitates the incorporation of third sector organisations into emergency preparedness:* Duty on Category 1 responders to engage with third sector organisations, third sector guidance within CCA 2004, Emergency Preparedness and its associated regulations.

3 Principles of Integrated Emergency Management in Health Emergency Preparedness, Resilience and Response

- 3.1 *Role of IEM:* Nature and purpose of IEM in anticipating and assessing the risk of emergencies, role of forums for co- operative risk assessment, options for risk treatment such as development of emergency and business continuity plans
- 3.2 *The six step risk assessment process:* Contextualisation of risk, hazard review and allocation for assessment, risk analysis, risk evaluation, risk treatment, monitoring and reviewing.

4 Determine the likelihood and potential impact of an emergency occurring in a local community

- 4.1 *Characteristics of a local area that will influence the likelihood and impact of an emergency occurring:* Aspects and characteristics such as social, environmental, infrastructure and hazardous sites, emerging hazards (e.g. disease epidemics / pandemics) or threats (e.g. terrorism, malicious acts), geography of the area (e.g. risk of flooding), age profile of population, presence of vulnerable groups, health status, availability of health facilities.
- 4.2 *Using risk assessments:* Assess potential hazards to the local community by use of risk assessments, analysis of risk assessments to determine specific risks for a local community, how to prioritise risks to the community due to likely impact and threat of risk, justification of risk rating by reference to the specific community factors.

Unit HEPRR 2 Developing Emergency Preparedness Resilience and Response Arrangements

Guided Learning: 32 hours
Total Unit Time: 50 hours
Unit Level: 4
Unit Reference Number: K/508/3748

Learning Outcomes and Assessment Criteria

- 1 Know how to develop EPRR arrangements, by being able to meet the following assessment criteria:**
 - 1.1 Describe the development process for emergency plans and arrangements
 - 1.2 Explain the structure and implementation of emergency plans and arrangements

- 2 Understand how to evaluate and revise EPRR arrangements, by being able to meet the following assessment criteria:**
 - 2.1 Evaluate EPRR arrangements against compliance requirements
 - 2.2 Evaluate effectiveness of emergency plans and arrangements
 - 2.3 Explain the procedure for analysing and revising emergency plans and arrangements

Indicative Content

- 1 Develop EPRR arrangements**
 - 1.1 *Development process:* Importance of involvement of key stakeholders, need for collaborative working, co-ordination of the planning process and plan design between agencies and organisations, methods and procedures for ensuring integration and compatibility of emergency plans between agencies and organisations.
 - 1.2 *Structure and implementation:* Aim, scope and objectives of emergency plans and arrangements, key elements of plans, generic and specific emergency plans, resource and personnel requirements, allocation of specific roles within plan to personnel, consideration of local infrastructure and communities, use of risk assessments.

- 2 Evaluate and revise EPRR arrangements**
 - 2.1 *Compliance requirements:* Need to ensure plans comply with current guidance and good practice, procedures for ensuring compliance, effect of non-compliance, procedures in the event of non-compliance.
 - 2.2 *Evaluate effectiveness:* Evaluation procedures and processes, development and use of evaluation criteria, use of evidence such as performance of plan during exercises, incidents or emergencies and, feedback from partner agencies and stakeholders, identification of areas of the plan that performed badly, possible reasons for poor performance.

2.3 *Procedure for analyzing and revising emergency plans and arrangements:* Emergency planning cycles, service delivery priorities, factors /evidence that may require amendments to plans, implementing revisions to plans following changes in risk assessments or as the result of evaluations following exercises, incidents or emergencies, need for consultation with respect to plan revisions, distribution of revised plan and reasons for revision, need to raise and maintain awareness of emergency plans and arrangements.

Unit HEPRR 3 Delivering Emergency Preparedness Resilience and Response in Healthcare

Guided Learning: 32 hours
Total Unit time 50 hours
Unit Level: 4
Unit Reference Number: M/508/3749

Learning Outcomes and Assessment Criteria

- 1 Know how to develop an annual work plan, by being able to meet the following assessment criteria:**
 - 1.1 Determine the benefits of the core standards in maintaining safe and effective levels of preparedness
 - 1.2 Describe the annual EPRR planning cycle
 - 1.3 Evaluate the use of a single national assurance process as a mechanism to ensure resilient healthcare

- 2 Understand the EPRR governance arrangements for healthcare organisations (NHS organisations and providers of NHS funded care), by being able to meet the following assessment criteria:**
 - 2.1 Explain the EPRR governance arrangements for a Category 1 healthcare organisation
 - 2.2 Assess how a healthcare organisation's EPRR governance arrangements link to the national EPRR governance programme

- 3 Understand how to develop and maintain multi-agency partnerships, by being able to meet the following assessment criteria:**
 - 3.1 Describe the processes involved in the development of multi-agency partnerships
 - 3.2 Explain the procedures and protocols involved in the management and maintenance of multi-agency partnerships

Indicative Content

- 1 Develop an annual work plan**
 - 1.1 *Benefits of the core standards:* A systematic and ongoing process, cycle of activities, interlinked phases – consult and embed, consult - direction from risk assessment, objective setting, determining actions and responsibilities, embed - agreement and finalising, issue and disseminate, training staff, validation through exercising and response, maintenance, review, revision.
 - 1.2 *Annual EPRR planning cycle:* National minimum consistent EPRR standard, relevance and application to different healthcare organisations, guidance and support in developing annual work plan, internal assurance (self-assessment).

- 1.3 *Use of a single national assurance process:* Single consistent cohesive framework for self-assessment, assessment of local healthcare preparedness, highlights areas of good practice, areas for development and regional and national trends, informs objective setting, funding priorities and allocation of resources at all levels, healthcare organisation self-assessment against core standards, annual reporting - self assessment against core standards and work plan to Board and Local Health Resilience Partnerships (LHRP), LHRP, regional team and central team confirm and challenge process, assurance mechanism from healthcare organisations to Secretary of State

2 EPRR governance arrangements for healthcare organisations

- 2.1 *EPRR governance arrangements:* Mechanism to confirm that organisations are compliant with relevant legislation, policies, guidance and procedures, systems through which organisations are accountable for continuously improving quality of delivery of EPRR, sustains high standards in service, produces a legally auditable trail, EPRR roles and responsibilities of Chief Executive Officer (CEO), Board, nominated Accountable Emergency Officer (AEO), Emergency Planning Manager (EPM), internal governance group.
- 2.2 *How a healthcare organisation's EPRR governance arrangements link to the national EPRR governance programme:* Role of LHRP's, Care Quality Commission (CQC), LRFs (regulatory bodies), CCA Indicators of Good Practice, EPRR Partnership Board – holds National Health Service England (NHS E) and Public Health England (PHE) to account over EPRR arrangements, EPRR Oversight Group – EPRR National Programme

3 Develop and maintain multi-agency partnerships

- 3.1 *Processes involved in the development of multi-agency partnerships:* Importance of partnership working, development of partnerships: development of governance protocols (e.g. information sharing), understanding culture, strategic aims and objectives of different partners and its impact on governance of partnership, contribution and resources available from different partners, legislative framework for operation of partnerships – Local Resilience Forum (LRF), LHRP.
- 3.2 *Procedures and protocols involved in the management and maintenance of multi-agency partnerships:* Management of partnership working: Importance of recognising and managing potential conflict between aims and objectives of individual partners, managing contributions and resources of different partners, how changing priorities may affect partnership working, assessing effectiveness of partnership working.

Unit HEPRR 4 Command, Control and Communication Arrangements

Guided Learning: 32 hours
Total Unit time: 50 hours
Unit Level: 4
Unit Reference Number: K/508/3751

Learning Outcomes and Assessment Criteria

- 1 Understand the national command structures for health, by being able to meet the following assessment criteria:**
 - 1.1 Detail the internal command, control and communication arrangements within a healthcare organisation
 - 1.2 Describe the command, control and communication arrangements within a local health resilience partnership area
 - 1.3 Explain the command, control and communication arrangements for healthcare regionally and nationally

- 2 Understand the command, control and coordination structure at the operational, tactical and strategic levels for multi-agency working, by being able to meet the following assessment criteria:**
 - 2.1 Describe the interaction of the multi-agency response to emergencies at an operational, tactical and strategic level
 - 2.2 Explain the interaction and coordination of incidents at the national level

- 3 Know how to develop and produce communications procedures used in preparation, response and recovery from an emergency, by being able to meet the following assessment criteria:**
 - 3.1 Develop effective procedures for communicating with the community
 - 3.2 Develop effective procedures for communicating with other agencies
 - 3.3 Describe the internal and upward communication and briefing procedures

Indicative Content

- 1 National command structures for health**
 - 1.1 *Internal command, control and communication arrangements within a healthcare organisation:* Internal command/leadership, management structure, governance, authority, accountability, decision making, Joint Decision Model (JDM), physical resources, communication with staff at all levels and across levels.
 - 1.2 *Command, control and communication arrangements within a Local Health Resilience Partnership area:* Local health economy – working in unison, achievement of common goals, authority and leadership across organisations, communication across

organisations, Strategic Coordinating Group (SCG).

- 1.3 *Command, control and communication arrangements for healthcare regionally and nationally:* Health management structures, strategic national and regional leadership, collation and dissemination of information, Cabinet Office Briefing Rooms (COBR), ministerial briefings, national response plans.

2 Command, control and coordination structure at the operational, tactical and strategic levels for multi-agency working

- 2.1 *Interaction of the multi-agency response to emergencies at the operational, tactical and strategic level:* Application of operational, tactical and strategic command within a healthcare organisation including roles and responsibilities, interface with other operational responders, how the organisation applies operational command during a crisis, importance of joint working in multi-agency response at an operational level, Joint Emergency Services Interoperability Programme (JESIP) principles for interoperability.
- 2.2 *Interaction and coordination of incidents at the national level:* Multi agency management structures at the national level including COBR, sharing of information, Government Concept of Operations.

3 Communications procedures used in preparation, response and recovery from an emergency

- 3.1 *Procedures for communicating with the community:* Communication objectives, methods for communicating with the community in preparation, response and recovery from an emergency such as public information space including social media, who to communicate with within a community, extent and frequency of communication, methods for effective communication with vulnerable people and hard to reach communities, risk communication.
- 3.2 *Procedures for communicating with other agencies:* Identification of other agencies that will be involved in preparation, response and recovery from an emergency within the community, protocols for communicating with other agencies, co-ordination of communications from all relevant agencies to a community, methods and procedures for ensuring consistency of message / information communicated.
- 3.3 *Internal and upward communication and briefing procedures:* Staff communication, collation of information, briefings, Situation Reports (SitReps), Common Recognised Information Picture (CRIP).

Unit HEPRR 5 Managing the Response to Healthcare Incidents and Emergencies

Guided Learning:	32 hours
Total Unit time:	50 hours
Unit Level:	4
Unit Reference Number:	M/508/3752

Learning Outcomes and Assessment Criteria

- 1 Understand the specific health response arrangements required to mitigate the effects of health emergencies, by being able to meet the following assessment criteria:**
 - 1.1 Detail the requirements for effective crisis and consequence management of health emergencies
 - 1.2 Describe the management of public health emergencies
 - 1.3 Explain the specific health arrangements for special incidents

- 2 Understand the requirements for the operation of an Incident Coordination Centre during incidents or emergencies, by being able to meet the following assessment criteria:**
 - 2.1 Explain the function of an Incident Coordination Centre during a major incident or emergency
 - 2.2 Determine the key human and physical resources of an effective Incident Coordination Centre
 - 2.3 Describe the activation and deactivation procedures for an Incident Coordination Centre
 - 2.4 Describe the roles and responsibilities of key Incident Coordination Centre staff

- 3 Understand the need for effective information management to optimise decision making during incidents or emergencies, by being able to meet the following assessment criteria:**
 - 3.1 Explain the requirements for record keeping
 - 3.2 Assess how information has been used to support decision making

Indicative Content

- 1 Specific health response arrangements required to mitigate the effects of health emergencies**
 - 1.1 *Requirements for effective crisis and consequence management:* Plans, health surveillance, syndromic surveillance (spotter practices), training, exercises, toxicology, access to specialists, Science and Technical Advice Cell (STAC),
 - 1.2 *Management of public health emergencies:* Interaction with other agencies, e.g. Public Health England, police, Environment Agency, outbreak control teams, contact tracing,

surveillance, STAC/ Scientific Advisory Group in Emergencies (SAGE), public health information campaigns, containment, voluntary and compulsory quarantine.

- 1.3 *Specific health arrangements for special incidents:* Triage (at scene, in Emergency Department (ED) and in reverse to inform discharge arrangements), decontamination and treatment (scene and self-presenters), outbreak control teams, Hazardous Area Response Teams (HART), security and protection arrangements.

2 Operation of an Incident Coordination Centre during incidents or emergencies

- 2.1 *Function of an Incident Coordination Centre:* Receive, process and relay information and instructions, co-ordinate response, allocate and direct resources.
- 2.2 *Human and physical resources:* Key members of staff required to operate an Incident Coordination Centre, staffing levels, safe working hours and practices, psychosocial hazards and minimizing consequences, location, room design, minimum equipment requirement, facilities, additional resource requirements during an incident, maintaining resources during an incident
- 2.3 *Activation and deactivation procedures for an Incident Coordination Centre:* Triggers that result in the need for an Incident Coordination Centre, how an Incident Coordination Centre is activated, how an Incident Coordination Centre is deactivated.
- 2.4 *Roles and responsibilities:* Roles and responsibilities of Incident Coordination Centre staff, reporting procedures and decision making.

3 Need for effective information management to optimise decision making during an incident or emergency

- 3.1 *Requirements for record keeping:* Advantages and disadvantages of different information systems including those that are paper based or electronic and how they are maintained, interoperability of individual organisation's systems and those in a multi-agency setting, factors to consider when sharing information across different systems, retrieval of records, access requirements, need to comply with organisational and legal requirements (e.g. to provide evidence for any future enquiries).
- 3.2 *How information can be used to support the joint decision making model:* Core skills required when capturing information to ensure its accuracy and relevance in supporting decision making, how information can be used to identify facts, patterns and trends that will inform the response to emergencies and be of use after the event, need for information to be made available promptly, clearly, concisely and accurately and in a format which will promote understanding by the recipient.

Unit HEPRR 6 Healthcare Resilience Continuity Arrangements

Guided Learning: 32 hours
Total Unit time: 50 hours
Unit Level: 4
Unit Reference Number: A/508/3754

Learning Outcomes and Assessment Criteria

- 1 Understand healthcare resilience in the context of EPRR, by being able to meet the following assessment criteria:**
 - 1.1 Explain the application of EPRR principles when responding to day-to-day incidents
 - 1.2 Describe the NHS system resilience escalation and de-escalation levels

- 2 Understand how to develop, invoke and review a business continuity plan, by being able to meet the following assessment criteria:**
 - 2.1 Describe the development process for business continuity plans
 - 2.2 Explain the structure and implementation of business continuity plans
 - 2.3 Describe how to invoke business continuity plans
 - 2.4 Detail the processes for reviewing and revising business continuity plans

- 3 Understand the recovery processes following the response to incidents or emergencies, by being able to meet the following assessment criteria:**
 - 3.1 Explain the likely short, medium and long term recovery issues for your organisation
 - 3.2 Explain the likely short, medium and long term recovery issues for your community
 - 3.3 Detail appropriate staff health, safety and welfare arrangements for your organisation during the recovery phase

Indicative Content

- 1 Healthcare resilience in the context of EPRR**
 - 1.1 *EPRR principles:* Command, control, communication, coordination, training and exercising; day-to-day incidents such as severe weather, power failure, unpredictable increased demand.
 - 1.2 *System resilience levels:* Roles, responsibilities and actions at each level; partnership working; internal actions such as cancelling elective surgery, rapid/early discharge, diverting ambulances; working with partners (community and social care); risk sharing/distribution.

2 Develop and invoke a business continuity plan

- 2.1 *Development process for business continuity plans:* Importance of business continuity and the healthcare resilience capacity plan, requirement for business continuity plans, identification of critical activities and the risk to these, key services and resources, development of business impact analysis, involvement of key stakeholders, need for collaborative working, impact of service disruption on an organisation, provision of resources.
- 2.2 *Structure and implementation of business continuity plans:* Purpose and scope of business continuity plans, ownership and maintenance of plans, implementing the plan and managing an incident, maintenance of critical activities and information requirements following a business interruption or emergency, identification of continuity and recovery actions, resource requirements, consideration of local infrastructure and communities, use of risk assessments.
- 2.3 *How to invoke business continuity plans:* Triggers (e.g. types of disruptive events), command structure (e.g. authority to invoke, who will direct the response, Business Continuity Management Team), internal communication and communication with stakeholders and media, fallback arrangements.
- 2.4 *Processes for reviewing and revising business continuity plans:* Ensuring plans comply with current guidance and good practice, (e.g. International and National standards, Cabinet Office guidance), evaluation procedures and processes, use of evidence (e.g. performance of plan during exercises/incidents, feedback from partner agencies and stakeholders), business continuity management cycles (e.g. service delivery priorities, factors/evidence that may require amendments to plans, implementing changes to plans following changes in circumstances, requirements of and methods for systematic review of business continuity plans, need for consultation with respect to plan revisions).

3 Recovery requirements following the response to incidents or emergencies

- 3.1 *Organisational short, medium and long term recovery issues:* The post incident challenges that an organisation may encounter as it returns to routine services after an emergency (e.g. loss of infrastructure, damage to reputation, staff considerations, contractual obligations that must be met, additional unaccounted costs and meeting targets, communication with staff and stakeholders).
- 3.2 *Community short, medium and long term recovery issues:* The post incident challenges that a community may encounter during recovery (e.g. housing, accessibility, transportation, healthcare, psychological support, commemoration events, financial support to businesses and individuals), Cabinet Office Guidance.
- 3.3 *Staff health, safety and welfare arrangements during the recovery phase:* Informal and formal arrangements for supporting the health, safety and welfare of staff after their involvement in an emergency response, (e.g. Trauma Risk Management (TRiM), psychological first aid and support, leave, overtime, appropriate recognition), provision of long term support for staff.

Unit HEPRR 7 Prepare, Deliver and Evaluate EPRR training

Guided Learning: 44 hours
Total Unit time: 60 hours
Unit Level: 4
Unit Reference Number: F/508/3755

Learning Outcomes and Assessment Criteria

- 1 Be able to prepare to deliver EPRR training, by being able to meet the following assessment criteria:**
 - 1.1 To plan the delivery of training
 - 1.2 To select appropriate training methods

- 2 Be able to deliver EPRR training, by being able to meet the following assessment criteria:**
 - 2.1 Deliver the training in accordance with the session plan
 - 2.2 Encourage interaction, monitor progress and assess achievement

- 3 Be able to evaluate EPRR training after delivery, by being able to meet the following assessment criteria:**
 - 3.1 Analyse, with the use of appropriate evidence, aspects of the delivery of the training session that performed well and aspects that performed less well
 - 3.2 Determine how the training session could be revised as a result of the analysis

Indicative Content

- 1 Prepare to deliver EPRR training**
 - 1.1 *Plan delivery of training:* Training cycle; session plan to include aims, objectives, timings, resources (e.g. staff, physical environment and equipment), assessment criteria; costing and budgeting; compliance with relevant legislation and standards (e.g. Equality Act (2010) and organisational standards/requirements).
 - 1.2 *Select appropriate training methods:* Range of training methods considered, justification for training method selected regarding its suitability, consideration of different learning styles, Honey and Mumford, active/passive learning, identification of potential problems that might occur during the training and mitigation (e.g. IT failure, challenging students).

- 2 Deliver EPRR training**
 - 2.1 *Deliver the training:* Training is carried out in accordance with the session plan adapting delivery as appropriate to take account learning styles, progress and problems

encountered to ensure that learning is taking place.

Encourage interaction, monitor the progress and assess achievement: Range of techniques used to encourage interaction, monitor progress and assess achievement (e.g. questioning techniques, feedback/praise, group work, observation, quiz/test, case studies).

3 Evaluate effectiveness of EPRR training after delivery

3.1 *Analysis of training session:* Suitable evidence used (e.g. achievement of objectives, feedback, results).

3.2 *Revise delivery:* Appropriate revisions made to session plan taking in to account feedback and personal reflections.

Unit HEPRR 8 Plan, Conduct and Evaluate EPRR Exercises

Guided Learning: 58 hours
Total Unit time: 70 hours
Unit Level: 4
Unit Reference Number: J/508/3756

Learning Outcomes and Assessment Criteria

- 1 Be able to plan and develop exercises, by being able to meet the following assessment criteria:**
 - 1.1 Explain the rationale for EPRR exercises
 - 1.2 Justify the use of different types of EPRR exercises
 - 1.3 Develop an exercise to test, practice or validate EPRR arrangements

- 2 Be able to direct and facilitate EPRR exercises, by being able to meet the following assessment criteria:**
 - 2.1 Undertake preliminary activities necessary for the effective delivery of an exercise
 - 2.2 Conduct an exercise to meet a defined aim and objectives

- 3 Be able to evaluate the effectiveness of an exercise, by being able to meet the following assessment criteria:**
 - 3.1 Conduct the debriefing of participants to obtain information relating to the effectiveness of the exercise
 - 3.2 Evaluate the effectiveness of an exercise and its implications for emergency arrangements

Indicative Content

- 1 Plan exercises**
 - 1.1 *Rationale for exercises:* Testing/practicing/validating new or existing arrangements and plans, training, developing competence, maintaining currency, legislative requirement, governance and assurance, identification of capability gaps, addressing potential weaknesses highlighted through lessons identified processes.
 - 1.2 *Different types of exercise:* Exercises such as discussion-based, table-top, live, communication, command post; advantages and disadvantages of each for testing particular objectives; time and resource implications; need to involve other agencies; roles and responsibilities of planners; limitations of exercises.
 - 1.3 *Development of exercise:* Setting aim and objectives, developing scenarios and master events list, assigning roles, pre-exercise activities (e.g. invitations, documentation,

exercise handbook), anticipation of potential problems and their possible solutions, allocation of staff roles and responsibilities.

2 Direct and facilitate EPRR exercises

- 2.1 *Preliminary activities*: Risk assessment, registration of participants, welcome of participants, introductory briefing, scene setting, timing of key stages, role and responsibilities of participating organisations, resource check, communications check.
- 2.2 *Meeting aims and objectives*: Need to ensure exercise follows agreed scenario and master events list, use of log-books and/or check-lists for recording progress of exercise, use of exercise control to maintain the flow of the exercise, events that may require a premature halt, time shift or intervention in the exercise, identifying achievement during the exercise.

3 Evaluate the effectiveness of an exercise

- 3.1 *Debrief participants*: Reasons for debriefing after exercises, advantages and disadvantages of 'hot' and 'cold' debriefs, information required before a debrief, key issues to be addressed, staff who should be involved in a debriefing, need to obtain a variety of views and opinions.
- 3.2 *Evaluation of exercise*: Purpose of report, collation of evidence, evaluation of performance of plan during exercise, lessons identified and action required, identification of additional training and exercise requirements in the light of lessons identified, development of action plans and ownership of actions, suggested revisions to EPRR arrangements, dissemination of report.

Mapping to National Occupational Standards

This qualification has been mapped to the National Occupational Standards for Civil Contingencies, which describe those activities required for the provision of integrated emergency management for events or situations, within or affecting the UK, which may threaten serious damage to human welfare, the environment or national security.

The NOS for Civil Contingencies are particularly relevant to Category 1 and 2 responders, identified under the Civil Contingencies Act 2004. Additionally, many occupational sectors with a role in civil protection do have their own sector specific NOS. For instance, for the NHS and NHS funded healthcare providers the Skills for Health NOS apply; but, it is also important to note that the NOS for Civil Contingencies are complementary to the Skills for Health NOS, hence their emphasis on integrated emergency management.

In addition to the Civil Contingencies and sector specific NOS, a number of other existing NOS have been identified as relevant to the Civil Contingencies occupational area and these have been selected from:

Health & Safety
Managing Volunteers
Management and Leadership
Each unit will map to specific NOS.

Managing Volunteers NOS

D1 Plan, organise and monitor volunteering activities

Management and Leadership NOS

MLB1 Develop and implement operational plans for your area of authority
MLB2 Map the environment in which your organisation operates
MLB8 Ensure compliance with legal, regulatory, ethical and social requirements.
MLB10 Manage Risk

Health and Safety NOS

HSS1 Make sure your own actions reduce risks to health and safety.
HSP6 Identify; assess and control health and safety risks
HSP10 Develop and implement health and safety emergency response systems and procedures

Skills for Justice NOS for Civil Contingencies

SFJCCAA1 Work in co-operation with other organisations
SFJCCAA2 Share information with other organisations

SFJCCAA3	Manage Information to support civil protection decision making
SFJCCAB	Anticipate & assess the risk of emergencies
SFJCCAC1	Develop, maintain & evaluate emergency plans & arrangements
SFJAE1	Create exercises to practice or validate emergency or business continuity plans and arrangements
SFJCCAI1.1	Develop, maintain and evaluate business continuity plans and arrangements
SFJCCAE2	Direct and facilitate exercises to practice or validate emergency or business continuity arrangements
SFJCCAE3	Conduct debriefing after an emergency, exercise or other activity.
SFJCCAF1	Raise awareness of the Risk, potential impact and arrangements in place for emergencies
SFJCCAF2	Warn, inform & advise communities about emergencies
SFJCCAG1	Respond to emergencies at the strategic (gold) level
SFJCCAG2	Respond to emergencies at the tactical (silver) level
SFJCCAG3	Respond to emergencies at the operational level (bronze)
SFJCCAG4	Address the needs of individuals during the initial response to emergencies.
SFJCCAH1:	Provide on-going support to meet the needs of individuals affected by emergencies.
SFJCCAH2	Manage community recovery from emergencies.
L6	Develop training sessions
L7	Prepare and develop resources to support learning
L10	Enable learning through presentations.
L13	Enable group learning.

Skills for Health NOS

SFHEC34	Organise emergency reception and treatment services following a major incident
SFHHP1	Identify hazards and assess risks to health, wellbeing and safety from information provided by individuals
SFHHP2	Collate, analyse and interpret surveillance data to assess risks to population health, wellbeing and safety
SFHHP3	Monitor and analyse routine surveillance data to assess risks to health, wellbeing and safety
SFHHP7	Provide information and advice to at-risk contacts, to protect health, wellbeing and safety
SFHHP8	Develop materials for information and education for specific audiences to support their engagement and participation in health protection processes
SFHHP14	Plan, implement and manage systems for the exchange of sensitive information, data and intelligence.

SFHHP15	Coordinate a team investigating and managing an incident or Outbreak
SFHHP17	Contribute to implementing measures to manage an incident or outbreak
SFHHP19	Work in partnership with others to plan investigations to protect the public's health and wellbeing from specific risks
SFHHP20	Work in partnership with others to identify how to apply plans to protect the public's health and wellbeing from specific risks
SFHHP21	Undertake own role in a partnership to protect the public's health and wellbeing from specific risks
SFHPS06	Assess risks to the population's health and wellbeing and apply this to practice

Further details of these National Occupational Standards can be obtained from RSPH Qualifications.

Learner Guidance

Assessment

Attainment of the Learning Outcomes for each unit will be assessed by centre-designed assignments. The assignments and candidate work will be subject to external verification by RSPH Qualifications. In order to obtain a Pass for each unit, candidates must be able to demonstrate that they have achieved the learning outcomes for the unit.

In order to achieve a Pass for the qualification, candidates must obtain a Pass for each of the units.

Essential Reading:

Civil Contingencies Act 2004 (Contingency Planning) Regulation 2005

HM Government: Emergency Preparedness (Guidance on Part 1 of the Civil Contingencies Act 2004, its associated Regulations and non-statutory arrangements)

HM Government: Emergency Response and Recovery (Non-statutory guidance to complement Emergency Preparedness)

Current NHS Emergency Planning Guidance

Progression:

On completion of this qualification, learners will be able to progress onto relevant degree programmes or employment.

Centre Guidance

Registration of Candidates

Candidates must be registered with RSPH and have a candidate number before any work can be submitted for external verification.

Candidate registration forms can be downloaded from the Centre Area of the Qualifications section of the RSPH web-site (www.rsph.org.uk).

Special Assessment Needs

Centres that have candidates with special assessment needs should consult The Society's Reasonable Adjustments and Special Consideration Policy; this is available from The Society and The Society's web site (www.rsph.org.uk).

How to apply to offer this qualification

To become a centre approved to offer this qualification, please complete the 'Centre Application Form' which can be found in the Qualifications section of our web-site. If you are already an approved centre, please complete the 'Add an additional qualification form' which can be downloaded from the Centre area on the website. Please ensure that you include details of your quality assurance procedures. You will need to attach a CV to this application. Please contact the Qualifications Department at examinationsl@rsph.org.uk if you need any assistance.

Recommended Qualifications and Experience of Tutors

The Society would expect that tutors have teaching experience and at least a level 4 qualification or equivalent level of vocational expertise in an emergency planning discipline, but recognises that experienced teachers can often compensate for a lack of initial subject knowledge, or experienced practitioners for a lack of teaching experience. It is, however, recommended that tutors have experience of the development and delivery of emergency planning procedures.

Other Information:

All RSPH specifications are subject to review. Any changes to the assessment or learning outcomes will be notified to Centres in advance of their introduction. To check the currency of this version of the specification, please contact the Qualifications Department or consult the RSPH website.

Centres must be registered with RSPH.

Any enquiries about this qualification should be made to:

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Royal Society for Public Health
John Snow House
59 Mansell Street
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Fax: 020 7265 7301
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