### Document Control

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<th><strong>Document Title</strong></th>
<th>Responding to CBRN Incidents: Mass Prophylaxis Centre Planning. Guidance for Health Boards in Scotland</th>
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| **Owner and contact details** | NHSScotland Resilience, Scottish Government, St. Andrews House, 1 Regent Road, Edinburgh EH1 3DG  
Tel: 0131 244 3782  
nhsscotlandresilienceteam@scotland.gsi.gov.uk |
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### Reader Information Box

| **Target Audience** | NHS Chief Executives  
Directors of Public Health  
NHS Resilience Officers  
Directors of Pharmacy |
| **Document Purpose** | To provide guidance for Health Boards on planning for the establishment of Mass Prophylaxis Centres (MPC) in the event of a CBRN incident. |
| **Description** | Guidance for Health Boards on developing plans for the establishment of MPCs if required in the event of a CBRN incident. Set in the context of Preparing For Emergencies: Guidance for Health Boards in Scotland (2013), this brief document highlights five key areas (location, staffing, finance, technical and communications) and encompassing issues to be taken into account when preparing plans for a MPC. |
| **Superseded Documents** | None |
| **Action Required** | Health Board's Civil Contingencies Planning Groups should consider this guidance as part of the process of preparing to respond in the event of a CBRN incident and incorporate relevant actions into their major incident plans. |
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1. INTRODUCTION

1.1 The purpose of this document is to support NHSScotland, specifically Territorial Health Boards, in refining or developing local plans to establish Mass Prophylaxis Centres (MPCs) to deliver prophylaxis and/or treatment in the event of a Chemical, Biological, Radiological or Nuclear (CBRN) incident.

1.2 The Scottish Government publication Preparing For Emergencies: Guidance for Health Boards in Scotland http://www.scotland.gov.uk/Resource/0043/00434687.pdf sets out the expectations of Health Boards in relation to responding to major incidents and emergency situations and it outlines the NHS responsibilities in response to CBRN incidents. This document should be read in conjunction with that guidance.

1.3 Health Board Civil Contingencies/Resilience Committees should use this document to review their local plans for responding in the event of a CBRN incident.
2. Prophylaxis and treatment for CBRN incidents

2.1 As part of the strategy to protect the population from the impact of an incident involving the accidental or deliberate release of chemical, biological or radiological agents central government holds reserves of medical countermeasures.

2.2 During an incident these countermeasures would be supplied to the public, either as prophylaxis to a proportion of the population considered to be at risk of exposure, or to treat symptomatic or asymptomatic people who may have been exposed to the agent.

2.3 In the event of an incident affecting a wide geographical area, or involving exposure of a large number of people, Health Boards will be expected to facilitate the rapid distribution of countermeasures to a large proportion of the population by establishing Mass Prophylaxis Centres (MPCs) at short notice.

2.4 Depending on the nature of the incident, MPCs may be required to be ready to operate within 5 hours of the incident being identified. Health Boards should therefore ensure that their major incident plans appropriately reflect contingencies to facilitate this.

2.5 Many Health Boards developed plans for establishing Mass Prophylaxis Centres or Antiviral Collection Points during the response to the influenza pandemic in 2009. The learning from that experience may help to inform the content of local level plans for establishing MPCs to respond to a CBRN incident.

2.6 Response plans should be flexible and scalable to cater for a range of scenarios, from treating a relatively small number of exposed people, to dispensing thousands of courses of prophylactic medication in a short time period, considering such issues as the demographic profile of the Health Board.

2.7 In the context of a large scale, time-critical response Health Boards must be ready to establish MPCs without impacting on the critical routine services of the NHS.
3. Mass Prophylaxis Centre Plans

3.1 MPC plans should consider the strategic development, tactical coordination and operational delivery of MPCs within the Health Board, ensuring that they are integrated with existing local major incident plans.

3.2 Health Boards should consider the following issues as part of the process of planning for an MPC:

- **Location**
  - 'normal' use and role of the chosen site(s) and its current resilience, with regard to business continuity arrangements and emergency procedures;
  - ease of access for the general public (via public transport where possible);
  - safety and accessibility for people with disabilities;
  - ability to receive deliveries of countermeasures (possibly in large volumes);
  - space to deal with high demand and to accommodate a queuing system;
  - requirement for lockable premises and storage facilities to enable safe and secure handling of medicines (including possible overnight and out-of-hours storage);
  - separate entrances and exits for times of high demand;
  - facilities to separate any unwell or symptomatic patients who may arrive at the MPC;
  - adequate hygiene facilities for drinking water, toileting and washing complying with current infection control procedures; and,
  - compliance with relevant Workplace Health and Safety legislation.

- **Staffing**
  - existing workforce capacity and skill sets required (clinical and non-clinical);
  - options to call staff in from other areas of business to enhance capacity;
  - ability to contact appropriate staff out-of-hours;
  - ability to contact appropriately authorised and qualified managers to provide leadership out-of-hours;
  - business continuity arrangements;
  - availability of staff trained in maintaining appropriate, contemporaneous records and producing data for reporting to relevant stakeholders;
  - access to interpreter services, especially out-of-hours;
  - access to cleaning services in the identified facility; and,
  - additional training and support needs and how these will be addressed.
• Finance
  - staffing demands may require overtime payments;
  - additional signage may need to be purchased;
  - printing/photocopying costs of large volumes of information leaflets; and,
  - capital and furnishing cost implications.

• Technical
  - computer equipment and software to access up to date guidance and Patient Group Directions (PGDs);
  - printers for PGDs, patient information leaflets;
  - IT equipment and software linked to the Board’s own IT infrastructure so that staff can access emails, local guidance etc.;
  - access to relevant stationery and consumables;
  - access to IT support, especially out-of-hours, if required;
  - a sufficient number of telephone lines; and,
  - access to personal protective equipment if appropriate;

• Communications
  - internal communication channels to disseminate timely updates to NHS staff informing them of the requirement for mass treatment and then providing ongoing key messages and reassurance;
  - external communication channels to provide regular situation reports and data to relevant stakeholders;
  - the best way to provide accurate information to the general public, potentially including the use of social media platforms, rapid leaflet distribution or pre-prepared press releases;
  - protocol for media management in line with the Board’s major incident communication plan.