



BELAMIE GABLES
Your Home, That Cares



Belamie Gables RG7 1DG

AWE Business Continuity

Emergency Plan

Quick View Actions

What to do in the unlikely event of a radiation emergency		
	Go in	Go indoors and follow the advice below.
	Stay in	Close and stay away from all windows and doors. Damp down or put out fires and turn off any fans that could draw in air from outside.
	Tune in	Tune in to local radio, TV channels, news websites, the AWE website and Twitter account @AWE_plc which will give further information or instructions, including updates on schools.
	Don't use your landline	Don't use your landline phone. This will help to keep the phone lines clear to use for emergency calls. Don't phone the emergency services unless there is a separate emergency.
	Don't leave the area	Don't leave the area unless told to do so by the emergency services. You will be much safer indoors.
KEEP THIS CARD SAFE		

Introduction and Context

Belamie Gables is a 27-bedroom dementia care home located at 210 Hyde End Road, Spencers Wood, within the Detailed Emergency Planning Zone (DEPZ) for the AWE Burghfield nuclear licensed site. This plan has been revised to ensure compliance with the **Radiation (Emergency Preparedness and Public Information) Regulations 2019** (REPPiR 2019), Wokingham Borough Council's emergency planning policies, and the specific expectations outlined in the 2023 planning response by local authorities. Under REPPiR 2019, local authorities (in partnership with the site operator AWE plc) must develop detailed off-site emergency arrangements for the DEPZ and inform the public of required actions in the event of a radiation emergency [westberks.gov.uk](https://www.westberks.gov.uk). As an occupied facility within this zone, Belamie Gables is obligated to have a robust, site-specific emergency plan that protects its vulnerable residents and does not adversely impact the overall off-site emergency response [wokingham.gov.uk](https://www.wokingham.gov.uk). This document serves as the Business Continuity and Emergency Plan for Belamie Gables in the event of an incident at AWE Burghfield.

Belamie Gables cares for elderly residents living with dementia, a population with high vulnerability and complex needs. The home operates with **9 full-time equivalent (FTE) staff during daytime** hours and **3 FTE staff overnight**, reflecting minimal staffing during nocturnal hours. This plan recognizes these staffing levels and the challenges they pose, particularly if an emergency occurs at night. It is written in a formal UK planning report style and is intended for submission to local planning officers and emergency services for approval. All procedures and responsibilities herein align with current guidance from Wokingham Borough Council (WBC), West Berkshire Council (the lead authority for AWE off-site planning), and the multi-agency AWE Off-Site Emergency Plan (OSEP). Oxford-style references to source documents are provided throughout (as footnote-style citations in brackets) to demonstrate compliance with relevant regulations and guidance.

Aim and Objectives of the Plan

Aim: To protect the life, health and well-being of Belamie Gables residents and staff in the event of a radiation emergency at AWE Burghfield, through effective shelter-in-place (self-contained) procedures, communication and coordination with authorities, and readiness for possible evacuation or other protective actions as directed.

Objectives:

- **Safety of Residents and Staff:** Ensure all residents (especially those with dementia) are kept safe, calm, and cared for during an AWE-related emergency. This includes maintaining a secure indoor environment (shelter/lockdown) for the duration instructed by authorities.
- **Regulatory Compliance:** Meet the requirements of REPPiR 2019 and local emergency planning policy by having a detailed plan that dovetails with the off-site emergency arrangements. The plan implements the protective actions ("Go in, Stay in, Tune in") recommended in the WBC REPPiR Public Information Booklet (2023).
- **Communication and Coordination:** Establish reliable communication channels with AWE's alerting systems, WBC/West Berkshire emergency coordination centres, and emergency services. Ensure that the home can both receive timely warnings/updates and send situation reports or requests for assistance.
- **Business Continuity:** Maintain continuity of critical care services (medication administration, basic needs provision, health monitoring) during the emergency. Leverage resources such as electronic medication administration records (EMAR) and the LogMyCare digital care system on Wi-Fi-enabled devices to support ongoing care and documentation.

- **Emergency Resources and Equipment:** Identify and effectively utilize emergency equipment, notably the red emergency “grab bag” (containing Personal Emergency Evacuation Plans, first aid kit, key documents, torches, etc.), as well as on-site supplies (food, water, medicines, PPE) needed for prolonged sheltering.
- **Evacuation Preparedness:** Although shelter-in-place is the default strategy, be prepared to evacuate the home safely if instructed by the authorities (e.g. if conditions change or as part of relocation after initial sheltering). Ensure that up-to-date PEEPs are available for each resident to facilitate assisted evacuation, and that reception/rest centre arrangements with WBC are understood.
- **Recovery and Post-Incident Actions:** Outline steps for “All Clear” and recovery phase – including emotional support to residents, communication with families, debriefing staff, and restoring normal operations.

By achieving these objectives, the plan seeks to provide assurance to regulators and emergency planners that Belamie Gables can respond effectively without external assistance for the initial phase of an incident, thereby not impeding the wider community emergency response. (Notably, ONR’s land-use planning guidance advises against developments in the DEPZ unless it is demonstrated that off-site plan operability remains viable. This plan forms part of that demonstration.)

Regulatory and Policy Framework

REPPIR 2019: The Radiation (Emergency Preparedness and Public Information) Regulations 2019 provide the overarching framework for nuclear emergency preparedness. Under REPPIR, AWE plc as the operator must identify potential accident scenarios and consequences (through a Consequence Report) and West Berkshire Council (as the lead local authority) must determine an appropriate DEPZ radius based on that risk. The DEPZ for AWE Burghfield was reviewed and re-confirmed in January 2023. Belamie Gables lies within this zone (post-2020 expanded boundary), approximately X km from the AWE Burghfield site (exact distance to be confirmed by mapping in Appendix B). REPPIR 2019 also mandates that the public within the DEPZ be provided with prior information on what to do in an emergency; this is accomplished via the public information booklet “What to do in the event of an emergency at AWE” (2023 edition). This plan incorporates the advice from that booklet and fulfils the care home’s duty to have an effective emergency response aligning with the off-site plan.

Wokingham Borough Council Emergency Planning Policy: WBC, as a Category 1 responder under the Civil Contingencies Act 2004, has a responsibility to ensure local care facilities are prepared for emergencies. WBC’s Emergency Response Framework (2024) emphasizes coordinated response, protection of vulnerable people, and business continuity management in civil emergencies. Additionally, WBC’s planning policy (Draft Local Plan Policy SS7 – Development in the vicinity of AWE) presumes against intensification of vulnerable uses in the DEPZ and expects stringent emergency planning measures for any permitted facilities. A Statement of Common Ground between WBC and ONR in 2025 notes that “*the AWE Burghfield DEPZ should not be a location for planned growth*” and that any development must fully address public safety and emergency response considerations. In line with this policy context, Belamie Gables’ management is committed to maintaining this emergency plan and ensuring staff are trained in its execution. The plan is shared with WBC Emergency Planning officers and is reviewed annually or after any exercises/incidents.

AWE Off-Site Emergency Plan (OSEP): West Berkshire Council, with multi-agency partners (including WBC), maintains the confidential Off-Site Emergency Plan for AWE Aldermaston and Burghfield. This site-specific plan details how agencies will respond (command and control structure, warning & informing, public protection measures such as shelter or evacuation, etc.). Belamie Gables falls under the “vulnerable premises” category in the off-site plan (care homes, schools, etc.), meaning the home should expect priority communication in an emergency and may receive support or instructions through that framework. While the full OSEP is not public, this Belamie Gables plan has been developed to complement it ensuring our internal actions (like immediately locking down and later coordinating

evacuation if needed) mesh with the external plans. We acknowledge that the OSEP includes arrangements for Rest Centres and the provision of assistance to vulnerable groups; our plan will liaise with those arrangements when activated.

Expectations from 2023 Planning Response: In response to a 2022–2023 planning application relating to Belamie Gables, the WBC Emergency Planning team and AWE’s liaison representatives outlined specific expectations for the home’s emergency preparedness. These included: (1) demonstrating the ability to shelter-in-place for an appropriate duration with minimal external help, (2) having clear protocols to communicate with the local authority’s Emergency Operations Centre (EOC) and with AWE if necessary, (3) incorporating the use of the AWE automated alerting systems and Public Information Booklet guidance into staff instructions, (4) accounting for the special needs of dementia residents under stress (e.g. risk of confusion during lockdown), and (5) ensuring critical records (personal details, medical needs) and evacuation aids (PEEPs, transfer equipment) are readily available. This revised plan has been structured to meet those expectations, with detailed procedures and an on-site emergency checklist (see Appendix A) for staff. It should be noted that a planning appeal decision in 2024 reaffirmed that without such robust measures, additional development in the AWE Burghfield DEPZ would be refused on safety grounds. Belamie Gables intends to set a best-practice example of emergency readiness for a care home in the DEPZ.

Site Description and Vulnerabilities

Facility Details: Belamie Gables is a detached two-storey care home building with a capacity of 20 residents at present and planning and CQC registration sought for 27 residents, post successful planning, cqc application and building works completion. The residents’ rooms, lounges, and dining areas are spread over the ground and first floors. The building is of brick construction. It has multiple large windows, which are points of potential vulnerability in a radiation emergency (windows would be closed and residents moved away from them to reduce exposure or risk from any blast effects). There is a central hallway on each floor suitable for congregating residents away from external windows if necessary. The home has a commercial kitchen and food stores capable of providing meals for residents and staff for several days, which is beneficial if deliveries are disrupted during an emergency. Backup power is provided by a small generator (sufficient for critical lighting and charging devices), and battery-powered lanterns/torches are stored in the grab bag and office filing cabinet for lighting during potential power cuts.

Resident Profile: All residents are elderly and diagnosed with dementia (varying stages from mild cognitive impairment to advanced dementia). Many have additional medical comorbidities and mobility impairments: approximately 40% are wheelchair users or require hoists for transfers; others can walk with assistance. A few residents are prone to wandering due to dementia – a critical consideration for lockdown as extra supervision is needed to keep them safely indoors during the emergency. Communication with residents can be challenging; many may not comprehend instructions or the nature of an emergency. They are easily distressed by sudden changes in routine, loud noises (such as alarms or sirens), or unfamiliar personnel (like emergency services in protective gear). This plan addresses these vulnerabilities by focusing on calm shelter-in-place tactics and leveraging familiar staff to reassure residents.

Staffing: During the day (approximately 08:00–20:00), staffing typically includes 1 Registered Manager or senior shift leader, 4–5 care assistants, 1 cook, and 1 housekeeping/ancillary staff FTE, totaling about 9 staff on site. At night (20:00–08:00), staffing is reduced to 3 care staff (usually senior carers) with on-call management by phone. The limited night staff means each person will have multiple responsibilities in an emergency (e.g. one staff member may have to both call emergency services and help move residents). Therefore, this plan’s procedures are designed to be *simple and prioritised*, especially for overnight implementation. Key roles are assigned (see Section Roles and Responsibilities below) to ensure nothing critical is overlooked even with minimal personnel. We also plan for the possibility of calling in off-duty staff if an incident is protracted (though only when it is safe and when instructed by authorities, to avoid unnecessary exposure).

Location within the Detailed Emergency Planning Zone (DEPZ): Belamie Gables (post code RG7 1DG) is located approximately 3.3 km east of the centre of the AWE Burghfield site, clearly placing it within the Detailed Emergency Planning Zone (DEPZ) following the revised boundary established in 2020 under REPPiR 2019. This zone extends to a radius of 3.16 km from the AWE site, although its actual boundary is irregular and follows populated and road areas, not a perfect circle. Belamie Gables lies about 140 m inside the DEPZ, given the 3.3 km distance compared to the 3.16 km minimum contour.

The DEPZ now encompasses much of Spencer's Wood, even though parts of it extend beyond the 3.16 km mark, as confirmed by the Planning Inspectorate's appeal decision in 2019, which noted that certain properties lie at least 3.3 km from the AWE centre yet remain within the zone Planning Inspectorate. That appeal reinforces the understanding that the DEPZ boundary is not strictly circular, and that Belamie Gables, at this distance, is unequivocally within the area requiring detailed emergency planning.

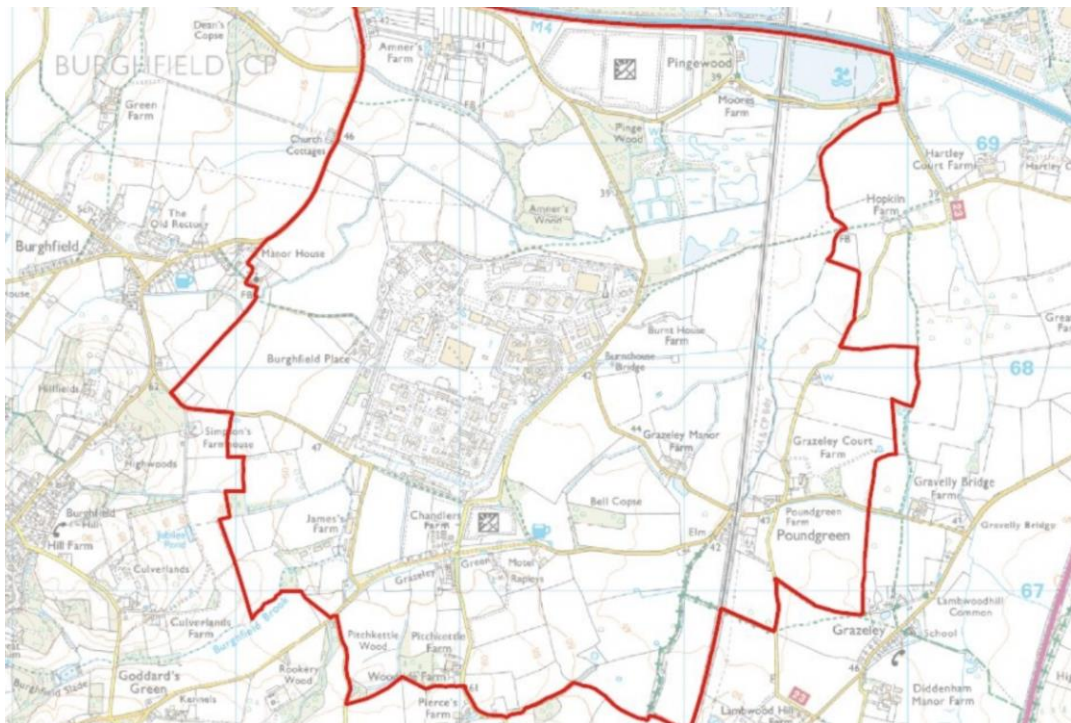


Fig.1: Map of AWE Burghfield Detailed Emergency Planning Zone (post-2020 boundaries), indicating Belamie Gables' approximate location within the zone. Residents and businesses inside this area receive prior instructions to "Go In, Stay In, Tune In" in the event of an AWE emergency.

Infrastructure and Resources: The home is equipped with a fire alarm and internal PA system which can be repurposed to make announcements during an emergency (e.g. instructing staff to initiate lockdown). There is a single main entrance and several side/back doors, all of which can be locked. Windows can be locked shut as well.

Ventilation/HVAC: The building has a mechanical ventilation system providing fresh air – in a radiation emergency scenario, this system would be switched off immediately to prevent drawing in outside air. Each resident's room has an en-suite bathroom; water supply is mains-fed (with limited tank storage). In an emergency, per guidance, public water supplies are expected to remain safe in most cases, but we also stock bottled water as a precaution for at least 72 hours.

The **red “grab bag”** is located in the ground floor staff office (near the front entrance) on a hook for quick access. It contains: hard copies of all Personal Emergency Evacuation Plans (PEEPs) for residents; a printed resident register with next-of-kin contact details and GP info; a basic first aid kit; high-visibility tabards for staff identification; a solar-powered DAB radio (to monitor BBC Radio Berkshire and other news); spare batteries; two flashlights; a whistle; notepad and pens; and some comfort items for residents (e.g. a few blankets, simple sensory toys for dementia calming, and snacks). The bag will be taken into the secure shelter area and eventually if evacuation is required. Medications for residents are stored in a locked medicine trolley; however, we maintain a small reserve of critical medications in the grab bag (e.g. emergency doses for diabetes or severe pain) in case the trolley is not immediately reachable. The home’s care records are digital (LogMyCare system) and medication charts are electronic (EMAR). Staff have two tablet devices and one smartphone that connect to our Wi-Fi. These devices are kept charged on docking stations. In an emergency, they will be used to access care plans, drug charts, and to log any important information (they can run on battery for 6+ hours; additionally a power bank is in the grab bag). If internet connectivity is lost, the staff can refer to printed summaries in the grab bag (we print hard copies of each resident’s latest care plan, MAR sheet, and PEEP monthly and when any changes occur, placing them in the grab bag file). This dual approach ensures we have critical data available under all circumstances.

Roles and Responsibilities

During any emergency at Belamie Gables, normal hierarchical roles may adjust to meet immediate needs. The following designations are made for an AWE-related incident:

- **Incident Manager (IM):** This will be the senior person on duty at the time. During daytime, it will typically be the Registered Manager or the senior shift leader. At night (when only 3 staff are present), the most senior care staff (e.g. Team Leader on duty) automatically assumes this role. The IM has overall command of the on-site response: initiating the emergency plan, ensuring all procedures (sheltering, communications, etc.) are carried out, and liaising with external agencies. They will make strategic decisions such as whether to relocate residents within the building or how to prioritize tasks given limited staff. The IM also is responsible for maintaining an incident log (noting times of key actions and communications – our LogMyCare app or the notepad in grab bag can be used for this).
- **Deputy Incident Manager / Communications Lead:** (Daytime only – when staff numbers permit). This person, designated by the IM, will focus on communications – staying by the phone/receiving device to await incoming information from AWE/WBC, making outgoing emergency calls if needed, tuning the radio/TV for news, and keeping the IM informed. They will also handle communication with residents’ families if required (or prepare statements to send later). At night with only 3 staff, the IM will directly handle or delegate communications as feasible (one staff might be assigned solely to monitor the phone and radio).
- **Safety Officers (Lockdown Wardens):** All care staff on duty effectively become “wardens” to secure the premises. The IM will assign specific staff to check that all external doors and windows are promptly closed and locked, that ventilation fans or AC are off, and that no persons remain outside. One staff member will be tasked to do a sweep of outdoor areas (if safe to do so immediately when alerted) to bring everyone in – bearing in mind that, as per the Public Info Booklet, the safest action is to get indoors and stay there. Staff must also ensure that any visitors or contractors on site are brought in and included in the shelter arrangements. Once lockdown is achieved, these same staff will continue to monitor the building’s integrity (periodically checking doors remain closed, etc., without going outside).
- **Resident Care Teams:** Care assistants/nurses will focus on the residents’ immediate needs and safety. Upon activation of the plan, their first priority is to account for every resident’s whereabouts (conduct a roll-call against the register). Then they will reassure and calm residents, many of whom may be confused or alarmed by the sudden activity. They will engage residents in distraction activities (singing softly, reminiscence conversation, listening to soothing music, a radio is available but should be tuned to news at low volume, or use personal music devices if available). The care team must also attend to any residents who have critical

medical needs during the incident (e.g. scheduled medications like insulin noting that medication times might have to be flexible but not missed). Each resident's PEEP will guide particular requirements (e.g. Resident X must not be moved from bed due to frailty – so staff will shelter them in place in their room; Resident Y becomes very anxious in darkness – so ensure a flashlight or familiar object is with them, etc.). The care team divides as necessary to cover all residents – typically by wings or floors of the building.

- **Maintenance/Ancillary Staff:** If maintenance or housekeeping staff are present (daytime), they will support the lockdown process by assisting with shutting down air handling units, turning off gas stoves or other potential hazards (to “damp down or put out fires” as advised), and then join the care staff in either manning the entrance (preventing entry/exit) or helping with resident care as needed. The cook/chef will secure the kitchen (turn off appliances for safety) and can prepare flasks of drinks or cold food that can be distributed to residents in the sheltering phase to keep them comfortable.
- **Liaison with Emergency Services:** The Incident Manager (or Communications Lead) will be the point of contact to liaise with responding agencies. If the Police or Fire & Rescue service arrive at our site or make contact by phone, the IM will relay information on our status (e.g. “All 27 residents and 6 staff are sheltered and safe, no immediate medical emergencies, we can shelter for at least 24 hours with supplies”) and will follow any specific instructions given. We expect that in a radiation emergency, direct deployment of emergency services to the care home is unlikely in the initial stages (they would focus on assessing the incident at AWE and cordoning areas). Therefore, proactive communication from our side is important if we have urgent needs. The plan's communication protocol (next section) ensures we know whom to call under various circumstances.

Training and Familiarisation: All staff, including part-time and agency staff, will receive training on this emergency plan at induction and refresher training annually. We conduct a shelter-in-place drill twice a year (one drill during day shift, one during night shift) to practice these roles under simulated conditions. Lessons from drills are recorded and the plan is updated if necessary. Given the cognitive needs of residents, full-scale alarm drills are done sensitively (we do not use loud alarms that could distress residents; instead, staff are signalled discreetly to initiate drill procedures). Staff have also been provided with written “aide-memoire” cards summarizing their key actions in an AWE emergency.

Communication and Alerting Procedures

Timely awareness of an AWE emergency is crucial for prompt action. Belamie Gables employs multiple, redundant communication channels to ensure we receive alerts and can communicate out:

1. Automated Alert Systems: Historically, residents and businesses in the DEPZ are enrolled in an automated telephone alert system. In the event of a radiation emergency, this system will ring listed landline phones with a pre-recorded message instructing what protective actions to take. We have registered our main landline number (0118 988 3417) with West Berkshire Council's alerting database so that Belamie Gables will receive these calls. The phone is located at the nurse's station and has a distinctive ring; staff are trained to recognize that any such emergency call message (or any emergency text alert) must be acted on immediately. **Important:** The legacy system works on landlines, not mobiles. Therefore, the presence of staff to answer the main phone at all times is mandatory. If an AWE emergency occurs overnight, the on-duty team (though small) will have at least one person near the phone until an alert is received or all-clear is confirmed.

In addition to landline calls, in mid-2025 a text-based alerting service was introduced by AWE and West Berkshire for DEPZ residents. Belamie Gables has subscribed a dedicated mobile phone to this service (by texting “B” for Burghfield to the registration number). This means we should receive SMS alerts on that phone with similar instructions. The phone is kept charged and with the shift leader. This new service is an enhancement to ensure prompt contact – we have included it in our procedures even though it was launched post-2023, as it increases resilience in our alerting. (We continue to maintain the landline registration as well, since multiple channels are beneficial.)

2. External Notifications: If an incident at AWE is significant, the wider public alert may also come via **media broadcasts**. Staff will “tune in” to local radio (BBC Radio Berkshire and local TV news) for emergency announcements. The grab bag radio is preset to BBC Radio Berkshire. Additionally, smartphones can receive push notifications from news or the Thames Valley Alert system if subscribed. We ensure at least one staff mobile is set to receive government Emergency Alerts (the UK national cell broadcast system) which might be used for a major incident. These would display a warning message on the smartphone even if silent.

Local radio and TV stations to tune	
Heart Berkshire	97.0 and 102.9 MHz FM
BBC Radio Berkshire	95.4 and 104.1 MHz FM
The Breeze (Basingstoke and North Hampshire)	107.6 MHz FM
The Breeze (Newbury)	105.6 and 107.4 MHz FM
BBC Radio Solent (Hampshire)	96.1 and 103.8 MHz FM
Jack FM Berkshire	107 MHz FM
BBC South	
ITV Meridian	

3. Direct Calls from Authorities: Wokingham Borough Council’s Emergency Planning Officer or Adult Social Care emergency duty team may contact the home directly once they know an incident affects our area. We have provided WBC with up-to-date 24-hour contact details for the home (landline and the Registered Manager’s mobile). If we receive a call from any official source (e.g. “This is WBC Emergency Operations Centre, there has been an incident at AWE, please shelter in place”), the staff will treat it as authentic and act accordingly. The staff member taking the call will write down all information and instructions, then immediately inform the Incident Manager to trigger this plan.

4. Initiation of Internal Alarm: The first staff member who becomes aware of a confirmed AWE emergency (via any of the above channels) will **raise the alarm internally** by notifying the Incident Manager and using the agreed code phrase “**Code Black**” over the radio/phone or shouting to colleagues. We avoid causing resident panic by not using terms like “nuclear emergency” in their earshot. If needed, the fire alarm system can be sounded in a distinctive pattern to signal staff (though we prefer verbal alerts to avoid residents evacuating mistakenly). Once informed, the Incident Manager will announce a lockdown is in effect, and all staff will immediately start the **Initial Actions** (see Section **Emergency Response Procedures** below).

Communication During the Incident: After we have secured the home and accounted for everyone, communication duties focus on two directions: inbound (listening for updates) and outbound (reporting our status or requesting help).

- **Inbound – Receiving Information:** Staff will continuously monitor the radio for official advice. Government advice is to “tune in” to media for updates, and critical instructions (like whether to take any protective measures or if evacuation is ordered) will be broadcast. We expect messages such as “Residents in the vicinity of AWE Burghfield are to remain indoors until further notice – emergency services are dealing with an incident...”. We also anticipate that, as part of the Off-Site Plan, a media coordination centre will put out frequent bulletins. Social media accounts of WBC, Thames Valley Police, and AWE might also post updates – if internet is available, the Communications Lead will monitor these on a tablet. Additionally, West Berkshire Council may use SMS or email to share status updates with DEPZ organisations. We have provided an email contact to the West Berkshire Emergency Planning distribution list for this purpose.
- **Outbound – Contacting Authorities:** Immediately after securing the residents, the Incident Manager (or delegate) will place a call to the Thames Valley Police AWE Emergency Helpline if such number is provided in the Public Information Booklet (historically, a special helpline number is given to DEPZ residents to contact if they need urgent assistance or to report their status). We will inform them: our location, that we

have sheltered, population (X number of vulnerable residents, X number of staff), and any immediate needs (e.g. if someone is in life-threatening medical crisis which might need evacuation irrespective of radiation – though we would try to handle internally if possible). WBC Adult Social Care emergency line (or the Emergency Operations Centre line, if known to us) will also be attempted to ensure the local authority knows our situation. Essentially, one phone line will be kept open for incoming official calls, and another phone (or a staff mobile) will be used for outgoing updates. We will avoid using phones for personal calls to keep lines free. Families of residents will be contacted once initial emergency actions are done and if phone networks are stable – we have a standard text/email template prepared to send to multiple families quickly, reassuring them that residents are safe and instructing them *not to come to the home during the emergency*. (It is important to discourage well-meaning relatives from travelling into the DEPZ, which could hinder the response or expose them to danger. The Public Information Booklet advises the public not to leave the area or make unnecessary calls, and we reinforce that message to families.)

- **Coordination with AWE/WBC:** We understand from West Berkshire’s plan that an emergency control centre will manage the off-site response and may designate specific liaison officers to contact key locations (like care homes). We will follow any communication protocol requested (e.g. if told to check-in via email or a web form, we will do so, since our Wi-Fi devices could send an email if phone lines are busy). If the situation permits and authorities set up a door-knocking team (for example, sending police or council staff to physically check on DEPZ addresses), our staff will verify identity (through the window or door) before allowing any entry, to maintain security during lockdown.

Internal Communication: Within the home, staff will communicate using hand-held radios (we have three two-way radios for staff use) or verbally, to coordinate tasks. Quiet and clear communication is emphasized to avoid alarming residents. If any staff are in distant parts of the building, the IM will ensure they get the message to shelter immediately. We have designated the ground-floor lounge as a potential central gathering point (if feasible to move residents there safely); otherwise staff circulate to each resident’s room to convey reassurance and keep them informed in simple terms (“There’s an incident outside, so we are staying indoors for a while; let’s have some tea and a chat here”). This internal comms plan balances keeping residents calm with keeping staff informed of changes.

Media and Public Relations: Staff have been instructed *not* to speak to the media or share any incident details publicly during the emergency. All media inquiries are to be directed to the WBC or Thames Valley Police press office as per instruction in emergency literature. If reporters or others somehow contact the home (phone or even arrive at perimeter), staff will politely refuse comment. Protecting resident confidentiality and avoiding spread of misinformation are priorities. After the incident, the Registered Manager will coordinate any necessary communications or incident reports with regulatory bodies (CQC, etc.) and families, but during the emergency, focus remains on operational response.

Emergency Response Procedures

This section describes in detail the procedures to be followed in an AWE radiation emergency. The response is divided into phases for clarity, though in practice some phases overlap:

A. Alert and Activation Phase

Detection/Notification: An AWE site emergency may be detected via the channels described (automated call, text alert, siren, media newsflash, etc.). As soon as any staff member receives such an alert or has reason to believe an AWE emergency is occurring, they will notify the Incident Manager (IM) or most senior person present without delay. Time is of the essence – guidance suggests that if a significant release occurs, the public should take shelter

immediately and *not wait for confirmation of radiation*. Therefore, our stance is **“If in doubt, lock down”** even if an alarm turns out false, it is safer to have sheltered unnecessarily than to delay.

Initial Announcement: The IM will announce “Code Black – initiate AWE Emergency Plan” to the staff. If the alarm comes via telephone message, the person answering will signal others (e.g., ringing a hand bell that we have in the office for drills, or using the radio to announce code). Each staff member, upon hearing this, must stop non-essential activities and pivot to emergency duties.

Immediate Actions (within first 1-2 minutes):

- **Secure the Building:** Staff assigned as Lockdown Wardens rush to all exits and windows. All doors are shut and locked. Window handles are closed; curtains and blinds are drawn (to reduce visibility of outside and provide some protection from any minor blast or radiation shine). The ventilation system is turned off at the main switch. Any open flames or running appliances are turned off (this is both to reduce fire risk and per emergency guidance to “damp down or put out fires” which could otherwise draw in contaminated air or contribute to smoke). If there are visitors, they are instructed to stay inside with us; no one leaves. A quick sweep of immediate outdoor areas (garden, car park) is done *only if* it can be accomplished in seconds – for example, if a resident was outside on the patio, a staff will grab them in. Otherwise, assume people will come in on their own if alarmed; staff should not linger outside at all. We anticipate having the building fully closed up within 1–2 minutes of alarm.
- **Gather People / Shelter-in-Place:** Ideally, residents will be moved into the safest part of the building. Our predetermined safe areas are the **central corridors** and **interior lounge** on the ground floor, which have fewer windows and are structurally robust. If time and resident condition allow, staff will lead ambulatory residents to the main lounge and assist wheelchair/bedbound residents into corridors (beds on wheels can be rolled a short distance away from windows). Residents in rooms on ground floor will be moved to the hallway just outside their rooms (still indoors, just not next to windows). On the upper floor, if there are enough staff, we may relocate those residents to the ground floor to consolidate, because it is easier to manage everyone together and the ground floor has easier exit options if evacuation later needed. However, if moving everyone is too disruptive or slow, residents can remain in their own rooms with doors closed – staff will then stay with those who cannot be moved and ensure windows in those rooms remain shut and curtains closed. The emphasis is on quickly getting everyone inside and away from direct exposure.
- **Account for All Persons:** While sheltering actions are happening, one staff (often the IM or deputy) takes the register from the grab bag or uses LogMyCare on a device to tick off each resident and staff. A headcount ensures no one is missing. If anyone were unaccounted (e.g. a gardener or visitor not found), the IM would decide whether it’s feasible to search within the building for them; we will *not* send anyone outdoors to search during the initial crisis. Missing persons will be reported to emergency services when we make contact.
- **Deploy Resources:** Grab bag is fetched by a staff from the office and brought to the IM at the shelter area. The radio is switched on to monitor news. Flashlights are kept handy in case power fails. The IM or Communications Lead positions themselves by the landline phone with notepad ready for any incoming call (e.g. automated message or instruction from authorities). All staff don high-visibility armbands or tabards (from the grab bag) if available, to be easily identifiable in the commotion (also useful if outside responders later enter the building). If any staff have personal dosimeters (not standard issue for us, but if provided by authorities, etc.), they would activate them now. (Currently, we are not provided with such equipment; instead authorities will monitor overall radiation levels and inform us when it’s safe.)

These immediate actions align with the advice **“Go in, Stay in, Tune in”** given to the public. By this point (a few minutes in), we expect to have everyone inside, building sealed, and to remain inside until told otherwise.

Initial Communication: As soon as the critical shelter actions are done (within 5 minutes), the Communications Lead will use a phone to notify emergency services of our status as previously described. If the initial alert came as an

automated call, often it will include instructions like “stay indoors and await further advice” we comply and then seek confirmation from other channels. One of the first outgoing calls (if not already ringing) will be to 999 (Police) or the designated DEPZ helpline to register that *“Belamie Gables has implemented shelter-in-place, we have 30 persons on site (27 residents, 3 staff for example), all safe at the moment.”* We will request any specific information (like expected duration or whether any additional measures like potassium iodate tablets are needed – though for AWE, iodine tablets are *not* required). This call also serves to flag to the multi-agency responders that our care home may need assistance if the situation is prolonged.

Information to Residents: Simultaneously, care staff will be explaining to residents in a simplified, reassuring manner. We avoid technical terms – instead of “radiation emergency,” we might say, *“There’s something happening outside, so we’re going to stay here inside where it’s safe. Let’s all keep each other company.”* The tone is calm and confident. If any resident is very agitated or attempting to leave, staff will use distraction and if needed gentle physical redirection to keep them indoors (in extreme cases, as a last resort, a doctor may later advise a mild sedative for a severely distressed resident, but that would be under medical guidance). At this stage, most residents might not fully grasp the situation but will take cues from staff demeanor.

B. Sustained Shelter and Monitoring Phase

Once the immediate flurry of activity settles, the home enters a waiting phase. This could last for a few hours up to 24+ hours depending on the incident severity. Our plan is designed to sustain shelter for at least 48 hours without external aid, if necessary.

Shelter Environment: All residents and staff remain indoors, and doors stay closed. We do *not* allow anyone to leave the building – the instruction “don’t leave the area unless told to do so by emergency services” is explicitly followed. Windows remain shut; heating/cooling is kept off unless needed for life-threatening temperature control (in which case we’d use internal heating that recirculates indoor air only). We monitor the indoor environment – if it becomes stuffy due to lack of ventilation, we can manage by internal fans (not drawing outside air). We position residents comfortably – some may sit in the lounge with the TV on low volume (only if content is not upsetting), others rest in their rooms with a staff member checking in regularly. We ensure everyone has blankets or is kept warm if needed, since windows closed might alter ventilation.

Radiation Protective Measures: According to public guidance, the main protective action is staying inside a solid building, which reduces radiation exposure significantly. There is no distribution of iodine tablets for AWE incidents, so we do not administer any unless authorities unexpectedly advise (unlikely, as AWE doesn’t pose radio-iodine risk). We do have dust masks in our kit which staff could use if there were concern of airborne radioactive dust indoors (again unlikely unless building was compromised). Taping of windows and doors is not specifically instructed in UK guidance (and our building is not designed to be fully sealed), but as a precaution, we have duct tape in the grab bag which maintenance staff could use to seal any noticeable drafts if required. These are secondary measures – the primary is simply to remain inside closed rooms.

Communication with Authorities: Throughout the shelter period, we stay tuned to official channels. The IM will update the Police or Council helpline periodically, especially if our status changes (for example, if someone falls ill or if structural issues arise). If communications are working, WBC may contact us to pass on news (like “the plume has passed, remain indoors for now but prepare for possible evacuation in X hours” or “all-clear, it is safe to come out”). We follow exactly what instructions are given by the lead responders.

Caring for Residents’ Needs: We continue as close to normal care routine as possible inside the shelter environment. This includes: giving medications at scheduled times (our EMAR system will alarm for due meds, and staff will administer from the medicine trolley – all done within the building as usual); providing food and drinks – our kitchen can still be used if it’s safe (we will have turned off appliances initially, but once things are stable, the cook can prepare

sandwiches or use the gas/electric stove with caution, ensuring any extraction fans remain off to not pull outside air). We have plenty of non-perishable food that can be served cold if cooking is inadvisable. Hydration is monitored; cups of tea and water rounds will be done. Toilets and sinks can still be used normally, if any advisory comes about water safety (unlikely, as environment agencies monitor and water is usually safe), we have stored water. We also have commodes available should we later need to avoid using plumbing (only if instructed due to contamination, which is not expected in this scenario).

Staff will also manage residents' medical conditions: blood sugar checks for diabetics, oxygen therapy if anyone on it (ensuring oxygen use is safe given no sparks etc.), and so forth. If any resident has an acute medical event (unrelated to radiation) such as a heart attack, we will call 999 and inform them of the dual scenario – it will be up to emergency services whether they can respond immediately or advise us on first aid until the area is clear. We have first aiders on site to handle basic emergencies.

Managing Dementia Challenges: Being confined indoors and sensing the tension could cause behavioural issues (e.g. wandering, agitation, sundowning if overnight). Staff will implement our dementia care strategies: engaging residents with familiar activities (like a sing-along, reminiscence therapy with photo albums, simple tactile games). The grab bag's sensory items (stress balls, fidget blankets) will be distributed to those who benefit. We will keep the atmosphere as routine as possible – e.g., follow usual mealtimes, play music or even run a familiar TV show/movie to occupy attention (ensuring news is followed by staff in another room). Curtains drawn and perhaps moving to interior spaces also conveniently limit residents' awareness of any external abnormal sights (like emergency vehicles lights or unusual silence outside). For those who persistently ask to go out or for their family, staff will kindly repeat reassurance like "It's safer to stay inside now; we'll let you see your family as soon as we can. Let's have a cup of tea together while we wait." If anyone is at risk of leaving (e.g. if they go to a door and try to open it), a staff is assigned to gently redirect them at all times. In extremis, if a resident is combative or trying to exit, we would consider activating our Deprivation of Liberty Safeguards as per care plan to keep them safe (e.g. using a keypad lock which we have on main doors; they wouldn't know the code, and we'd not let them out).

Staff Rotation and Rest: Particularly for a long shelter-in-place, staff need breaks. Day staff complement (9 people) can rotate so that each gets short rest while coverage is maintained. During a long incident, off-duty staff might offer to come help; however, official advice during a radiation emergency is that people should *not enter* the area either. We will thus *not* ask any off-duty staff to come in until an all-clear or specific permission is given. If the emergency overlaps a shift change (e.g. extends into the night or next day), the staff on duty will remain until relieved, as movement in/out is restricted. We have basic bedding (mats, blankets) for staff to nap in turns if it goes overnight into next day. Morale and stress management for staff are important too – the manager (or IM) will ensure staff communicate their needs and we support each other, perhaps with brief updates, words of encouragement, maybe a quick private moment to call their own family if feasible and not clogging lines.

Updates to Families: Once the situation stabilizes (within a couple of hours) and assuming phone networks are not overwhelmed, the IM or a designated staff will send a pre-drafted SMS/email broadcast to all next-of-kin contacts: e.g. *"Belamie Gables Update: We are safe and sheltering in place due to an incident at AWE. All residents are well and being cared for. Please do not attempt to visit or phone residents at this time; we will keep you informed. Thank you for your cooperation."* This serves to reassure and instruct families. Our phone line is likely to receive inbound calls from worried relatives as news spreads – we will have one staff handle those, giving brief reassurance. If lines must be kept free, we may let it go to a recorded message – we have a voicemail that can be updated with a message about the situation.

External Conditions Monitoring: We rely on official information for whether it's safe outside. We do not have our own radiation detectors. However, we can observe obvious signs: for example, if there was an explosion at AWE, we might have heard a boom or see smoke cloud, but we will not go to look. If any unusual odor or fumes enter the building (unlikely if sealed), we'll mention it to the authorities. The building structure provides protection; in case of

any structural damage (for instance, if an explosion shockwave caused window glass breakage), staff would move residents away from affected areas and use materials (plastic sheets, tape) to cover broken windows to minimize air ingress. First aid would be applied for any cuts from glass. We include this scenario in training even though it's low probability.

We continue in this sustained shelter mode until we receive an **“All Clear” or further instruction**.

C. Evacuation (if ordered) or Escalation Phase

The default plan is to remain sheltered until the emergency is resolved. However, certain circumstances may require evacuation of Belamie Gables:

- Authorities might **order** a precautionary evacuation of the DEPZ if conditions worsen (for example, if a prolonged release is expected or if a change in wind could affect us more, or if the facility itself is under risk like a secondary hazard – though AWE's scenario planning suggests shelter-in-place is usually safer). Evacuation will only be done under the direction of emergency services as part of the off-site plan, in a controlled manner.
- Alternatively, we might need to evacuate due to internal issues – such as a fire in our building during the shelter period or structural damage that makes us stay unsafe, or a medical emergency that can't be handled on-site. In such a case, we'd coordinate with emergency services to evacuate despite the radiation emergency, taking measures to minimize exposure (like moving out only when transport and route are ready).

Preparation to Evacuate: The Incident Manager will be notified via radio/phone by authorities if evacuation is required. The likely instructions would include where to evacuate to (e.g. a Rest Centre outside the DEPZ, such as a school or community hall that has been set up) and possibly the transport arrangements (buses or taxis or Group support staff sent to us). Upon receiving such an order, the IM will: announce to staff to prepare for evacuation and calmly inform residents that “we will be moving to another safe location now, and help is coming to assist.

Steps for evacuation:

- We retrieve all PEEPs from the grab bag and quickly review any particular requirements (who needs wheelchair, who needs stretcher, who must have oxygen, etc.). Assign each staff or pairing to specific residents as “evacuation buddies.” With 27 residents and, say, 9 staff (daytime), we pair up as much as possible and note who needs extra personnel. If at night (3 staff), evacuation is extremely challenging, we would immediately request additional assistance from the Normanhurst service that residents are being evacuated to and local staff drivers (emergency services will likely send support teams in that case). We will not self-evacuate 27 frail individuals with 3 staff alone; we'd wait for responders. It's understood by planners that evacuating a care home requires multi-agency support, so we may receive help if evacuation is mandated, however the service would not put any additional pressure on blue light services and would use transport from the other Group Services to support in Berkshire and North Somerset.
- Collect essential items: the red grab bag (already packed with documents and small supplies) and the medications (the med trolley or a prepared medicines bag) are taken. Each resident will at least have basic clothing/blanket – if time permits and it's safe, staff may grab coats for residents due to weather, but if not, just wrap them in blankets which we have plenty of. We also ensure each resident has an ID label (we have pre-made ID wristbands in the grab bag that can be put on each resident listing name, DOB, and our contact info in case we get separated during transfer).
- **Transportation:** We will follow the guidance of emergency services upon evacuation. Likely, we will keep residents indoors until transport is literally at our door to minimize outside exposure. When vehicles arrive (e.g. minibuses, transport support from the group homes to a temporary safe place there), staff will transfer

residents one by one or in small groups. Non-ambulant residents will need stretchers or wheelchair-capable transport – we will communicate those needs to responders (our PEEPs summary indicates how many wheelchair users, etc.). If using our own facility minibus (if available and functional) is an option to shuttle residents out, we could, but only if coordinated with the wider evacuation to ensure a safe destination and route.

- Staff accompany residents in the vehicles (one carer for a few residents, more if possible). The IM or Deputy will be last to leave, after checking no one is left behind and the building is secured (doors closed but left unlocked for emergency services to re-enter if needed to double-check). We will place a notice on the door stating “Belamie Gables evacuated on [date, time] to [Rest Centre X]. All persons evacuated.” to inform any late-arriving responders that we are gone, to avoid search and rescue wasting time. (This is a tip from emergency planners in rest centre documentation.)

During Transport: Residents may be frightened by the evacuation; staff will continue reassurance. If any resident’s health deteriorates en-route, inform ambulance staff (if present) or ensure priority on arrival to get medical review.

Rest Centre & Continuity of Care: We expect to be taken to a Rest Centre operated by local authorities outside the risk zone (for example, Loddon Valley Leisure Centre or another predetermined site). At the rest centre, the Incident Manager remains responsible for Belamie Gables residents, but now in cooperation with rest centre managers. We will register each person at the centre, provide their PEEP and medical info to on-site health teams, and continue care tasks as much as possible (feeding, toileting, medication with our brought supplies). The grab bag documents help identify any special needs (e.g. one resident is prone to wandering – we alert rest centre staff to keep doors monitored; another is diabetic – we ensure access to food and check sugars). We coordinate with the WBC Adult Social Care team who likely will be present at the centre for support. Families will be informed of the evacuation location via phone or public announcements so they can rendezvous if appropriate (subject to check-in and possibly after radiation monitoring if required).

Radiological Monitoring and Decontamination: If the emergency involved actual release of radioactive materials that reached our site, authorities might screen us for contamination after evacuation. This could involve use of handheld detectors at the rest centre. Since we sheltered indoors, contamination on people is expected to be negligible. If any measurable contamination is found on clothing, the standard procedure would be to have the person remove that outer clothing and shower; we have spare clothes/blankets to redress residents if needed. The plan ensures we bring some spare adult incontinence pads, wipes, etc., which could assist in clean-up if needed. We will fully cooperate with any decontamination operations – staff will assist their residents through that process (noting that showering and changing could be confusing or upsetting for dementia patients, so our familiar staff presence is crucial).

Security and Records: If evacuated, the building is left locked. We would later return with permission to collect valuables. All critical documents are with us. We maintain our incident log through the evacuation.

It is worth noting that mass evacuation of a fragile population is a last resort. The preference by emergency planners is to have us shelter safely in situ unless conditions absolutely demand evacuation. Therefore, this evacuation section is a contingency; the primary expectation is that Belamie Gables will not need to evacuate during the peak of the incident, only possibly afterward if the site needs to be cleared.

D. All-Clear and Recovery Phase

Eventually, the authorities will declare the emergency over or sufficiently controlled. The “All Clear” might be communicated via media (“the incident at AWE is now under control, it is safe to come outside”), or directly from WBC or Police to us. At that time, we will carefully transition to normality:

If we remained in shelter on-site: The IM will confirm the announcement with the official source (to avoid any misinformation). Once confirmed, staff will open some windows/turn ventilation on to freshen air if needed. Residents can be informed that the situation is resolved. However, we will likely keep residents inside until any residual issues (like traffic or curious onlookers outside) settle. We will stand down the emergency status but continue to monitor news in case of any changes. The Registered Manager (if not present, will come as soon as allowed) will lead a debrief with staff: discussing what went well, any problems (for example, if a piece of equipment failed or a communication was missed). These notes will be used to update the plan. We will also do a headcount and health check of every resident post-incident, documenting any effects (e.g. “Resident A was anxious for a few hours, now settled after all-clear” or “Resident B missed one dose of medication due to incident, GP informed”).

We will notify families that the danger has passed and normal visits/services will resume shortly. If any resident needs medical review (stress-induced symptoms or minor injuries), we arrange that promptly.

If we evacuated off-site: Return to Belamie Gables will happen only when authorities deem the area safe. This could be later that day or several days, depending on clean-up. In the interim, we continue to care for residents at the rest centre or alternative accommodation. WBC may help relocate residents to other care facilities temporarily if return is delayed. The manager coordinates such placements and ensures any moved resident has necessary medication and paperwork moved with them.

Once allowed back, staff will carefully inspect the facility before bringing residents in: checking that no contamination or damage is present (engineers or environmental health may assist in this). We then transport residents back (again in an organized way, perhaps via the same vehicles). Families might pick up some residents if that’s safe and desired, but we will manage this carefully through proper sign-out – remembering some with dementia cannot just go home with family if they need our care continuously, except for those who might have power of attorney decisions.

After return, similar debrief and health checks as above are done. Building systems (ventilation, water) will be flushed or reset if needed per any official guidance.

Psychological Support: Recognizing that such an emergency is traumatic, we will provide and seek psychological support for residents and staff. For residents, maintaining routine and gentle reassurance in the following days is key. Engaging families in visits and familiar comfort will help normalize things. For staff, we will hold a debrief meeting and encourage anyone feeling stressed to utilize counselling services (the company has an Employee Assistance Programme).

Restocking and Reporting: We use this time to restock the grab bag (any items used are replaced), ensure equipment is functional (e.g. replace flashlight batteries used). All logs and notes taken during the incident are compiled. An incident report will be drafted by the Registered Manager to be shared with WBC Emergency Planning and Care Quality Commission (CQC) as needed, highlighting how the plan worked and any issues. If there were any injuries or safeguarding concerns during the event, those are reported through normal channels.

Business Continuity: The plan also considers continuity: if the home were to be uninhabitable for a longer period (e.g. contamination or damage), management has arrangements with partner care homes in neighbouring areas to potentially host some residents temporarily. We have insurance coverage that includes evacuation and temporary lodging for emergencies.

Finally, the management will formally review this plan in light of the incident, incorporating any lessons learned or updated guidance. REPPiR public information is reviewed at least every 3 years, and we will update our staff training and resident information accordingly.

Throughout all phases, the guiding principle remains the safety and well-being of the residents, closely following official advice. By adhering to this plan, Belamie Gables aims to fulfill its duty of care even under the extraordinary circumstances of an AWE emergency, without exacerbating the burden on emergency responders or risking lives.

Conclusion

In summary, the Belamie Gables Business Continuity Emergency Plan provides a comprehensive and practical framework for responding to an AWE Burghfield radiation emergency. It reflects the latest regulatory standards (REPPiR 2019) and local policy expectations by prioritizing shelter-in-place, clear communication, and tailored care for our highly vulnerable dementia residents. The plan has been coordinated with public guidance – notably the West Berkshire Council REPPiR Public Information Booklet (2023), which instructs those in the DEPZ to “Go in, Stay in, Tune in”. By implementing those instructions internally and preparing our staff and resources, we ensure that Belamie Gables can effectively protect its residents until external assistance and the all-clear are provided.

The inclusion of detailed procedures for lockdown, liaison with AWE/WBC, and utilisation of tools like the grab bag, EMAR, and LogMyCare demonstrates our proactive stance on emergency preparedness. We acknowledge that as a care home in the DEPZ, we hold a unique responsibility: businesses within the DEPZ are expected to have bespoke action plans for such incidents and this document serves to meet and exceed that expectation.

Belamie Gables stands committed to continuous improvement of this plan through regular drills, staff training, and collaboration with emergency planning authorities. We will supply copies of this plan to Wokingham Borough Council Emergency Planning Team and integrate any feedback. In doing so, we contribute to the overall resilience of the community around AWE Burghfield, ensuring that our residents, among the most vulnerable in society, are not only protected in theory but can be practically safeguarded during an emergency with minimal confusion or delay.

This plan is hereby submitted for approval by the relevant planning and emergency services authorities. It demonstrates that Belamie Gables is prepared to respond calmly, efficiently, and in harmony with multi-agency emergency plans, thereby upholding the safety of residents and the wider public interest.

(Prepared by Adam Heeroo, Nominated CQC Individual, Nadam Care Limited T/A Belamie Gables.

Date: 17th July 2025

Appendix A: Emergency Checklist for On-Site Staff (AWE Radiation Emergency)

IMMEDIATE ACTIONS (upon Alert):

1. **Alert Received** – (e.g. phone message “AWE emergency”, siren heard, or instruction from authorities): **Activate Plan.** Announce “Code Black – Lockdown” to all staff.
2. **Secure Building** – Immediately bring everyone indoors. Close and lock all doors and windows. Turn off ventilation/air-con; extinguish any open flames/appliances westberks.gov.uk. Draw curtains/blinds.
3. **Shelter Residents** – Guide residents to safe areas away from windows (corridors, lounge). If time/ability, move able residents to ground-floor lounge; otherwise keep them in rooms with doors closed. Use blankets to cover residents if needed.
4. **Grab Bag & Register** – Grab the emergency bag and resident register (or tablet with LogMyCare). Conduct a roll call of all residents and staff. Verify everyone is inside and accounted for.
5. **Communication – Initial** – Designate person to monitor phone. *If* no official instruction received yet, call 999 or DEPZ emergency helpline to notify our status (27 vulnerable residents sheltering) and seek info. Do not use phones otherwise (keep lines open).
6. **Tune In** – Turn on radio (BBC Berkshire) or TV news for official updates. Continue to monitor continuously.

ONGOING ACTIONS (while Sheltering):

7. **Maintain Lockdown** – Keep all doors/windows closed. Do not allow anyone to leave. Post a staff by main entrance to prevent exit/entry.
8. **Resident Care** – Comfort and reassure residents. Use calm activities (music, conversation, tea/food). Attend to urgent care needs (toileting, medical issues). Administer medications as scheduled (within reason) – *use EMAR for prompts*.
9. **Monitor Health** – Watch for any resident illness or injury. Provide first aid from kit as needed. If serious medical emergency, call 999 and inform them of radiation emergency situation.
10. **Updates to Authorities** – At least every 30 minutes (or as directed), attempt to get updates via official channels. If we have critical needs (e.g. dwindling supplies or a fire), inform emergency services immediately.
11. **Family Communications** – When initial situation stable, send brief message to families (if possible) that residents are safe and we are following emergency procedures. Advise them *NOT* to come to the home until all-clear.
12. **Staff Management** – Rotate staff for breaks if incident is prolonged. Ensure someone is always monitoring communications (phone/radio). Keep incident log of key events and times (note communications, any issues).
13. **Stay Alert** – Remain indoors until explicit “All Clear” or evacuation order is received nuclearinfo.org. Do **not** go outside to investigate. Avoid using telephones except for vital communication.

IF EVACUATION IS ORDERED:

THE EVACUATION LOCATION IS: NORMANHURST RESIDENTIAL HOME SL6 1PB

14. **Prepare to Evacuate** – On instruction from Police/WBC, gather PEEPs and assign staff to residents for evacuation. Calmly explain to residents that we will move to a safe location with help.
15. **Grab Essentials** – Take the grab bag, medication packs, and any readily available supplies (water, blankets).

Each resident should have a coat/blanket and ID (put on ID wristbands from grab bag).

16. **Assist Response Teams** – When transport arrives, follow responders' directions. Load residents as per their mobility needs (wheelchairs onto group transport and taxis, stretchers with ambulance crews if any unwell residents). Staff accompany residents (ensure ratio such that no resident is alone).

17. **Headcount** – Do one final headcount before leaving the building. Check all rooms to ensure no one (and nothing ignitable) is left.

18. **Handover** – Lock doors if possible, but leave a note on door for responders indicating evacuation completed and destination (if known). Inform emergency services on site that “all 27 residents + staff are now evacuating to [Rest Centre].”

19. **During Evacuation** – Monitor residents for any distress. Upon arrival at rest centre or safe zone, register everyone and inform centre staff of any medical or care needs. Continue to care for residents at new location.

ALL CLEAR & RECOVERY:

20. **Official All Clear** – Once authorities declare it safe, follow instructions on returning. If on-site sheltering, await confirmation before opening doors/windows. If off-site, coordinate return with WBC.

21. **Ventilation and Safety** – Open windows and turn on ventilation to air out building (after all-clear). Conduct a walk-round to check for any damages or hazards.

22. **Resident Well-being** – Inform residents the incident is over. Reassure and return to normal routines gradually. Check each resident for any health concerns. Engage families – allow visits or calls as appropriate to alleviate concern.

23. **Notification** – Inform families formally that the emergency has ended and everyone is safe. (Use phone tree or email as appropriate.) Notify CQC or relevant authorities as required that incident occurred and was managed.

24. **Debrief** – Gather staff as soon as practical to debrief: note what went well and any problems. Provide support if staff are upset. Document timeline of events while fresh.

25. **Restock/Reset** – Replace any used emergency supplies (medications, first aid items, batteries). Ensure grab bag is complete and ready in case of another emergency. Update any resident records if health status changed.

26. **Report and Review** – Complete an incident report for management and WBC Emergency Planning. Update the emergency plan if needed (lessons learned). Thank staff and acknowledge their efforts to keep residents safe.

(This checklist is a quick-reference supplement to the full emergency plan. Staff should familiarize themselves with it and keep a copy accessible at nurses' station and in the grab bag.)

References (excerpt):

- West Berkshire Council (2023). *What to do in the event of an emergency at AWE* (REPPiR Public Information Booklet). – **Key guidance on shelter-in-place (“Go in, Stay in, Tune in”) for DEPZ residents** [westberks.gov.uk](https://www.westberks.gov.uk)
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- Wokingham Borough Council (2024). *Emergency Response Framework*. – **WBC emergency management objectives and responsibilities under CCA 2004** wokingham.gov.ukwokingham.gov.uk.

(Full bibliography available on request – all sources used are publicly accessible documents or official guidance relevant to DEPZ emergency planning.)