



Bomb Threat Procedure (Includes Suspect Packages)

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|---|---|
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| Responsible Committee/Sub Committee | Health, Safety and Welfare Group |
| Document approved by & date: | Workforce and Organisational Development Sub-Committee |
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| What type of document is this (delete as appropriate) | Protocol/Procedure |
| Document applicable to (Identify by location and staff groups): | All staff groups |
| If new document, reason for development: | |
| Synopsis outlining document aims: | This procedure is to support Trust Staff should there be a bomb threat or a suspect package. It includes dealing with telephone warnings of a bomb threat and the procedure on how to deal with the receipt of postal devices and suspicious packages |
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| How will the implementation of this document be monitored and reviewed | This procedure will be implemented and monitored via the Workforce and Organisational Development Sub-Committee |
| Review Date (default 2 years¹): | July 2010 |
| Document to be read in conjunction with: | Major Incident Plan Management On-Call Policy Incident Reporting Policy |
| Financial resource implications of this document and how these are going to be addressed: | |

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¹ Check with Clinical Governance/Risk Manager to ensure that there is not an external requirement that determines review date

| | |
|---|--|
| <p>Is this document carried out wholly or in part by contractors, or organisations with which the Trust has a service level agreement, and if so state the relevant contractor</p> | |
|---|--|

Document Change History (changes from previous issues of policy (if appropriate) :

| Issue Number | Page | Changes made with rationale and impact on practice | Date |
|--------------|------|--|-------|
| 2 | All | New policy format in-line with NHSLA risk management standards | 07/08 |
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1. INTRODUCTION/BACKGROUND

This procedure is to support Trust Staff should there be a bomb threat or a suspect package (including possible chemical agents). Please refer to the Trusts Major Incident Plan in conjunction to this procedure. Bomb scares whether real or false alarms are a regrettable hazard of modern day living.

Bombs can be of four main types:

- **Letter and Parcel Bombs** sent through the mail. They will generally contain only a few ounces of explosives.
- **Anti-personnel bombs** for indiscriminate attacks on people, the aim being to kill or maim as many as possible. These can be nails or other jagged metal having a shrapnel effect.
- **Anti-property** for damaging buildings, especially dangerous in modern high rise buildings. They vary in size from a few pounds to 500lbs or more.
- **Incendiaries** can be simple devices such as petrol bombs or more sophisticated including highly flammable and long burning materials.

The following procedure is to be used as guidance to adapt to a bomb threat should it occur and in order that staff can respond effectively and consequently increase safety to staff, visitors and patients.

2. CONTENT OF POLICY

This policy was compiled in response to national guidance from the NHS Security Management Service (NHS SMS). The overriding priority of the NHS SMS is to ensure the safety and security of staff and others. To this end, it is stressed from the onset that, where there are any concerns about the security of any individual, the police should be called immediately.

Throughout this document, the term 'weapon' means any knife or other type of sharply bladed or pointed object, or any object that could be used to injure another person

The possession of any many objects that may be used as weapons will only be unlawful when they are carried in a public place. Both Acts (see below) define a public place and this will include most NHS premises:

Prevention of Crime Act 1953, s.1

In this section 'public place' include any highway and any other premises or place to which at the material time the public have or are permitted to have access, whether on payment or otherwise.

Criminal Justice Act 1988, s.139

In this section 'public place' includes any place to which at the material time the public have or are permitted access, whether on payment or otherwise.

2.1 Duties and responsibilities

The Chief Executive

The Chief Executive has overall responsibility for the effective implementation of Bomb Threat Procedure.

The Security Management Director (SMD)

The Trusts' Chief Operating Officer has operational responsibility for all security matters as the Security Management Director as specified in the Secretary of State Directions.

The Local Security Management Specialist (LSMS)

The LSMS is responsible for providing advice, guidance and support to managers in developing individual local arrangements under this policy. Also for providing advice, guidance and support to any employee relevant to the policy. The LSMS is responsible for working with the Security Management Director (SMD) and other managers to investigate any incident of violence or security breach, to identify ways to reduce the risk further.

The Health, Safety and Welfare Group

The Health, Safety and Welfare Group will be responsible for the overall implementation and monitoring of Bomb Threat Procedure.

Line Managers

- Line Managers are responsible for reviewing operations to identify situations where employees may be exposed to foreseeable risks etc. verbal abuse, physical assault or a work related safety hazard. They are responsible for undertaking and implementing and documenting risk assessments and reviewing and maintaining their effectiveness at intervals not exceeding one year or when a significant change in circumstances occurs and following any incident.
- Line Managers must ensure that monitoring complies with the risk assessment recommendations and control measures set out by the Trust. Line Managers must communicate these measures clearly to employees and to ensure they receive appropriate essential training. Ensuring all upward incidents are reported via agreed systems (see Incident Reporting Policy).
- Line Managers must ensure that other agencies are informed of risk assessments, any subsequent reviews and changes to the work plan, especially when planning changes in service provision, which take account of possible risks to safety and make arrangements for their avoidance or control.
- Line Managers must monitor reports of incidents or potential incidents to ensure that correct action is taken to prevent a recurrence. (See Incident Reporting Policy GR1).

All Trust Employees

- All Trust staff will be expected to fully familiarise themselves with contents of this policy;
- Following an incident the employee must ensure details of the incident are recorded in accordance with the Trust's Incident Reporting Policy;
- Trust staff will be expected to co-operate in any enquiry into such incidents or where losses by theft or otherwise, is or may be expected.

3. REFERENCES

NHS Security Management Service 'Offensive Weapons' (2006)

Appendix 1

General Guidelines

A bomb or incendiary device is easily disguised, and is designed to cause damage by blast or fire. They can be concealed in a briefcase, handbag and flask or in the case of incendiary devices, in a cigarette pack, cassette pack, cassette tape or similar container.

Litterbins and toilets have been favoured for depositing devices in the past. In recent times we have also seen effects of suicide bombers.

- 1) Report any object/person you see which you consider is suspicious. Don't hesitate or think twice about it. No one will criticise you for a false alarm.
- 2) Do not touch or attempt to move it.
- 3) Remain at a safe distance from the object and keep others away. Do not transmit from radios within 25 metres.
- 4) Notify switchboard immediately, giving your name and location.
- 5) The police and bomb disposal will want to talk to you so make yourself known to the Emergency Service. Your first hand account of what you have seen is essential.

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Appendix 2

Dealing with Telephone Warnings of a Bomb Threat

Historically it is switchboard operators who most frequently receive telephone bomb warnings, but any member of staff with a direct dial facility might also receive a threat.

Very often terrorists issue telephone warnings to organisations that would not be affected by the explosions (i.e. a third party). However, **in all cases telephone the police immediately via the 999 system** with as much information as possible.

Four key rules:

1. **KEEP CALM**
2. **TRY TO OBTAIN AS MUCH INFORMATION AS POSSIBLE FROM THE CALLER - MAKE NOTES**
3. **KEEP THE LINE OPEN EVEN AFTER THE CALLER HAS HUNG UP**
4. **REPORT THE CALL TO THE POLICE AND GENERAL MANAGER/HEAD OF SERVICES**

An Aide Memoire is attached within this procedure document which should be printed, laminated and displayed prominently within the switchboard department.

A form to be completed in receipt of a bomb threat is also attached and should be used in all cases. This form should be displayed prominently in the Switchboard Department and departments with a direct dial facility.

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Appendix 3
QUICK REFERENCE GUIDE FOR A BOMB THREAT

DO NOT PUT DOWN THE HANDSET OR CUT OFF THE CALLER

Please try and remain calm and obtain as much information as you can. Try and make a note of the information below.

THREAT MESSAGE (exact words)

.....
.....

| | | |
|---|--------------------------------------|--------------------------------|
| WHERE IS IT? | WHAT IS YOUR NAME? | DID YOU PLACE THE BOMB? |
| WHAT TIME WILL IT GO OFF? | WHAT IS YOUR ADDRESS? | WHY ARE YOU DOING THIS? |
| WHAT DOES IT LOOK LIKE? | TELEPHONE No? | WHO DO YOU REPRESENT? |
| WHAT KIND OF BOMB IS IT? (Type of explosive) | WHAT WILL CAUSE IT TO GO OFF? | |

DETAILS OF CALLER

Man Woman Child Old/young Approx age:

THREAT LANGUAGE

Well-spoken (educated) Foul Irrational

Taped Message Incoherent Message obviously being read

CALLER'S VOICE

| | | | |
|--|------------------------------------|--|---|
| Calm <input type="checkbox"/> | Angry <input type="checkbox"/> | Excited <input type="checkbox"/> | Slow <input type="checkbox"/> |
| Soft <input type="checkbox"/> | Rapid <input type="checkbox"/> | Loud <input type="checkbox"/> | Laughter <input type="checkbox"/> |
| Crying <input type="checkbox"/> | Normal <input type="checkbox"/> | Distinct <input type="checkbox"/> | Slurred <input type="checkbox"/> |
| Nasal <input type="checkbox"/> | Stutter <input type="checkbox"/> | Lisp <input type="checkbox"/> | Raspy <input type="checkbox"/> |
| Deep <input type="checkbox"/> | Ragged <input type="checkbox"/> | Clearing throat <input type="checkbox"/> | Deep breathing <input type="checkbox"/> |
| Cracking voice <input type="checkbox"/> | Disguised <input type="checkbox"/> | Accent <input type="checkbox"/> | Familiar <input type="checkbox"/> |
| If voice is familiar, who did it sound like? | | | |

BACKGROUND SOUNDS

| | | | |
|---|--|--|--|
| Interruptions <input type="checkbox"/> | Some one in background? <input type="checkbox"/> | Street noises <input type="checkbox"/> | Crockery <input type="checkbox"/> |
| Voices <input type="checkbox"/> | PA system <input type="checkbox"/> | Music <input type="checkbox"/> | House noises <input type="checkbox"/> |
| Motor Vehicles <input type="checkbox"/> | Office machinery <input type="checkbox"/> | Phone Booth <input type="checkbox"/> | Factory machinery <input type="checkbox"/> |
| Animal noises <input type="checkbox"/> | Clear <input type="checkbox"/> | Static <input type="checkbox"/> | Local <input type="checkbox"/> |
| Long distance <input type="checkbox"/> | Aircraft <input type="checkbox"/> | Children <input type="checkbox"/> | Others <input type="checkbox"/> |
| REMARKS | | | |



Appendix 4

TELEPHONE BOMB THREAT WARNING RECORD FORM

Immediately alert someone else if possible (so that the Security Service may be informed)

DO NOT PUT DOWN THE HANDSET OR CUT OFF THE CALLER. Obtain as much information as you can.

Complete this form as you go along, asking questions in sequence as necessary.

THREAT MESSAGE (exact words)

| | |
|---|--|
| Where is it? | |
| What time will it go off? | |
| What does it look like? | |
| What kind of bomb is it? (type of explosive) | |
| What will cause it to go off? | |
| Did you place the bomb? | |
| Why are you doing this? | |
| Who do you represent? | |
| What is your name? | |
| What is your address? | |
| Telephone no? | |

If the threat relates to another site or location, contact the police at once by dialling 999.

COMPLETE THE FOLLOWING AS SOON AS PRACTICABLE

| | |
|---|--|
| Extension number at which call was received | |
| Date of call | |
| Time of call | |
| Length of call | |

DETAILS OF CALLER

| | | | | |
|-----|-------|-------|-----------|-------------|
| Man | Woman | Child | Old/young | Approx age: |
|-----|-------|-------|-----------|-------------|

THREAT LANGUAGE

| | | |
|------------------------|------------|------------------------------|
| Well-spoken (educated) | Foul | Irrational |
| Taped | Incoherent | Message obviously being read |

CALLER'S VOICE

| | | | |
|--------|--------|----------|----------|
| Calm | Angry | Excited | Slow |
| Soft | Rapid | Loud | Laughter |
| Crying | Normal | Distinct | Slurred |

| | | | |
|--|-----------|-----------------|----------------|
| Nasal | Stutter | Lisp | Raspy |
| Deep | Ragged | Clearing throat | Deep breathing |
| Cracking voice | Disguised | Accent | Familiar |
| If voice is familiar, who did it sound like? | | | |

BACKGROUND SOUNDS

| | | | |
|---------------|-------------------------|---------------|-------------------|
| Interruptions | Some one in background? | Street noises | Crockery |
| Voices | PA system | Music | House noises |
| Motors | Office machinery | Booth | Factory machinery |
| Animal noises | Clear | Static | Local |
| Long distance | Aircraft | Children | Others |
| REMARKS | | | |

DETAILS OF PERSON RECEIVING PHONE CALL

| | |
|--|--|
| Full Name | |
| Job Title | |
| Base | |
| Telephone Number | |
| Did anyone else hear the content of the call? (Yes or No) If YES, please provide details | |
| Time/day/date | |
| Police informed | |
| Details of person informing Police | |

DETAILS OF FIRST PERSON INFORMED OF CALL BY THE CALL RECEIVER

| | |
|---------------------------------|--|
| Full Name | |
| Post Title | |
| Telephone Number | |
| Any other relevant information: | |

Signed) (Print name)

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Appendix 5

Guidance Postal Bombs – Possible Signs and Actions

Any one of the following signs should alert members of staff to the possibility that a letter or package contains an explosive device.

- Grease marks on the envelope or wrapping.
- An unusual odour such as marzipan or machine oil
- Visible wiring or tin foil, especially if the envelope or package is damaged.
- The envelope or package may feel heavy for its size.
- The weight/distribution may be uneven. The contents may be rigid in a flexible envelope.
- It may have been delivered by hand from an unknown source or posted from an unusual place.
- If a package, it may have excessive wrapping.
- There may be poor handwriting, spelling or typing.
- It may be wrongfully addressed or come from an unexpected source.
- There may be too many stamps for the weight of the package.

Actions for dealing with a package that may contain an explosive device.

1. Put it down gently and walk away from it, for a minimum of 100 metres.
2. Evacuate the immediate area and raise the alarm.
3. Inform the police via the 999 system.
4. Do not place the package into anything (e.g. water) or place anything on top of it.
5. Do not tamper with or open the package.
6. Make a description of the article and its location within the room (e.g. size, shape, lettering on it).
7. Establish, if possible, whether the person to whom the package is addressed is expecting the package.
8. Complete Suspect Package Report Form and return to Trust Board.
9. Complete Trust Incident Report Form.

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Appendix 6

Suspicious Package Report Form

ALL STAFF WHO MIGHT BE REQUIRED TO OPEN MAIL SHOULD BE MADE AWARE OF THESE GUIDELINES

Out of normal office hours which are 9.00 a.m. to 5.00 p.m., Monday to Friday, the manager on-call should be notified

Suspicious Package Report Form

| | |
|------------------|--|
| Where found | |
| Date | |
| Time | |
| Description | |
| Action taken | |
| Signature | |
| Print name | |
| Follow Up action | |

Signed by Executive Director (to be completed by Executive Director at Trust Board Offices)
Fax completed form to Executive Directors, Trust Board Offices, 01244 364340

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Appendix 7
Internal Procedure

Member of staff receiving call

Notify:

1. Clinical Services Manager/Bleep Holder.
2. Switch Board (in-patient only)
3. Police 999

Start log of events e.g. time calls received etc.

The Role of the Senior Nurse/Manager on Call

1. If information indicated the location of a bomb, make a quick survey and if necessary arrange evacuation to a safe area.
2. Supervise at scene until help arrives.
3. In the event of an explosion, survey casualties, arrange for call out of doctors, additional nurses.
4. Identify any casualties.
5. Liaise with the Executive director and collate information.

Chief Executive/Executive Director/On-Call Manager 3rd Tier

1. Put on stand by or activate the Trust's Major Incident Plan depending on a threat or explosion.
2. Take charge and control log of events.
3. Liaise with Senior Manager at the scene.

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Appendix 8

The 'Rinse-Wipe-Rinse' Method of Casualty Decontamination (equipment required)

For effective application of the rinse-wipe-rinse method, the following equipment is required:

- Water (preferably lukewarm)
- A bucket or other container (5–10 litre capacity)
- Liquid soap
- A sponge or soft brush.

Procedures

1. For contamination by industrial chemicals, suspected chemical weaponry, biological agents or other unidentified substances, make up a solution of 0.5% soap in lukewarm water (5 ml of soap per litre of water or approximately three squirts of liquid soap in a bucket of water). These decontaminants are the best for use in the circumstances under consideration, but their efficiency is limited.
2. If the removal of clothes is required, remove from head downwards to ensure particles are not inhaled.
3. Having removed any contaminated clothing, rinse the affected areas with the soap solution. The first rinse helps to remove particles and water-based chemicals, such as acids and alkalis. Rinse from the head downwards.
4. The rinse should be applied to contaminated areas of skin only, to avoid spread to uncontaminated areas.
5. Wipe the affected areas with a wet sponge or soft brush. The first wash helps to remove organic chemicals and petrochemicals that adhere to the skin.
6. Rinse using the soap solution a second time to remove any residual chemicals (this is particularly important if it is known that the contaminant primarily comprises biological material) and dry the skin with a clean towel.
7. This process should not take more than three to five minutes. Repeat the rinse-wipe-rinse procedure only if skin contamination remains obvious.
8. Remain cautious and observe for ill effects in the decontaminated person and others nearby.
9. The rinse water will be contaminated and must be considered hazardous. Care should therefore be taken to avoid further contamination.
10. Brushes and sponges used will also be contaminated and should not be used on new patients

APPENDIX 9

Training Needs Analysis for the approved document

Please tick as appropriate

| | |
|---|---|
| There is no specific training requirements- awareness for relevant staff required, disseminated via appropriate channels (Do not continue to complete this form-no formal training needs analysis required) | ✓ |
| There is specific training requirements for staff groups (Please complete the remainder of the form-formal training needs analysis required- link with learning and development department. | |

| Staff Group | ✓ if appropriate | Frequency | Suggested Delivery Method (traditional/ face to face / e-learning/handout) | Is this included in Trustwide essential learning programme for this staff group (✓ if yes) |
|---|------------------|-----------|--|--|
| Career Grade Doctor | | | | |
| Training Grade Doctors | | | | |
| Locum medical staff | | | | |
| Inpatient Registered Nurse | | | | |
| Inpatient Non- registered Nurse/Care Assistant | | | | |
| Community Registered Nurse | | | | |
| Community Non Registered Nurses/Care Assistants | | | | |
| Psychologists/Pharmacists | | | | |
| Therapists | | | | |
| Clinical bank staff regular worker | | | | |
| Clinical bank staff infrequent worker | | | | |
| Non-clinical patient contact | | | | |
| Non-clinical non patient contact | | | | |

Please give any additional information impacting on identified staff group training needs (if applicable)

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Please give the source that has informed the training requirement outlined within the policy i.e. National Confidential Inquiry/NICE guidance etc

ADDITIONAL INFORMATION FOR CONSIDERATION:

NAME

DATE

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APPENDIX 10

Equality and diversity/Human Rights impact assessment

| | IS IT RELEVANT? | | HOW RELEVANT IS IT? | |
|---------------------|---|--|--|--|
| | Does the policy include anything that ... Eliminates discrimination and/or Promotes equal opportunities (Answer yes, no or N/A for each category listed) | Is there evidence to believe that groups could be treated different- if so, which groups within each category(e.g. under 16 year olds in age category) | How much evidence do you have None or a little Some Substantial | Is there public concern that the policy is discriminatory ² (Answer yes, no or N/A for each category listed) |
| Race | NO | NO | N/A | N/A |
| Gender | NO | NO | N/A | N/A |
| Disability | NO | NO | N/A | N/A |
| Age | NO | NO | N/A | N/A |
| Sexual orientation | NO | NO | N/A | N/A |
| Religion or beliefs | NO | NO | N/A | N/A |

Now evaluate your answers by using the criteria provided and underline which describes your policy

| Relevance | Rationale | Monitoring ³ |
|-----------------------|--|---|
| <u>High relevance</u> | If there is substantial evidence that indicates that groups could be treated differently because of the policy | You need to start monitoring the impact of this policy within a year of it being introduced |
| Medium relevance | If there is some evidence that indicates that groups could be treated differently because of the policy | You need to start monitoring the impact of this policy within 2 years of it being introduced: |
| <u>Low relevance</u> | If there is little/no evidence that indicates that groups could be treated differently because of the policy | Impact monitored at least every 3 years |

² Could be gauged from surveys, audit data, complaints etc,

³ Policy Reviews Group working with Equality & Diversity/Human Rights Group must monitor the impact of policies through the following channels: results from the national service user survey, the national mental health and ethnicity census, complaints data, PALS feedback, individual systems within clinical services through which ward and community staff liaise with service users and carers i.e. ward meetings, modern matron meetings

⁴ This assent will be reviewed by the Equality and Diversity/Human Rights group

Human Rights

When developing any policies, policy writers should ask themselves 'does the policy engage/restrict anyone's Human Rights?'

| | | | | | | | |
|---|---|---|--|---|--|--|---|
| <p>What is the Convention of Human Rights?</p> | <p>There are 16 basic rights in the Human Rights Act, all taken from the European Convention on Human Rights. There are 3 types of rights detailed as follows:</p> <table border="1"> <tr> <td data-bbox="486 432 922 701"> <p>Absolute- cannot opt out of these rights under any circumstance- cannot be balanced against any public interest</p> </td> <td data-bbox="922 432 1458 701"> <p>Right to life Prohibition of torture Prohibition of slavery and forced labour No punishment without law Right to free elections Right to marry Abolition of the death penalty</p> </td> </tr> <tr> <td data-bbox="486 701 922 801"> <p>Limited- these rights are subject to predetermined exceptions</p> </td> <td data-bbox="922 701 1458 801"> <p>Right to liberty and security Right to a fair trial</p> </td> </tr> <tr> <td data-bbox="486 801 922 1070"> <p>Qualified- these rights can be challenged in order to protect the rights of other people</p> </td> <td data-bbox="922 801 1458 1070"> <p>Respect for private and family life Right to freedom of thought, conscience and religion Freedom of expression Freedom of assembly and association Prohibition of discrimination Protection of property Right to education</p> </td> </tr> </table> | <p>Absolute- cannot opt out of these rights under any circumstance- cannot be balanced against any public interest</p> | <p>Right to life Prohibition of torture Prohibition of slavery and forced labour No punishment without law Right to free elections Right to marry Abolition of the death penalty</p> | <p>Limited- these rights are subject to predetermined exceptions</p> | <p>Right to liberty and security Right to a fair trial</p> | <p>Qualified- these rights can be challenged in order to protect the rights of other people</p> | <p>Respect for private and family life Right to freedom of thought, conscience and religion Freedom of expression Freedom of assembly and association Prohibition of discrimination Protection of property Right to education</p> |
| <p>Absolute- cannot opt out of these rights under any circumstance- cannot be balanced against any public interest</p> | <p>Right to life Prohibition of torture Prohibition of slavery and forced labour No punishment without law Right to free elections Right to marry Abolition of the death penalty</p> | | | | | | |
| <p>Limited- these rights are subject to predetermined exceptions</p> | <p>Right to liberty and security Right to a fair trial</p> | | | | | | |
| <p>Qualified- these rights can be challenged in order to protect the rights of other people</p> | <p>Respect for private and family life Right to freedom of thought, conscience and religion Freedom of expression Freedom of assembly and association Prohibition of discrimination Protection of property Right to education</p> | | | | | | |
| <p>Where can I get more information about this?</p> | <p>More details can be found at the Department of Constitutional Affairs (DCA) http://www.dca.gov.uk/peoples-rights/human-rights/publications.htm Publications DCA (Oct 2004) Human rights: human lives – a handbook for public authorities, crown copyright DCA (Oct 2006) Making sense of human rights – a short introduction, crown copyright DCA (Oct 2006) A Guide to the Human Rights Act 1998, crown copyright</p> | | | | | | |
| <p>What should I do if I suspect my policy affects anyone's Human Rights?</p> | <p>You should forward for discussion at the Trustwide Equality and Diversity and Human Rights Group within the Trust- contact John Short, Chief Operating Officer, executive lead for Equality & Diversity and Human Rights mailto: john.short@cwpa.nhs.uk</p> | | | | | | |

Please tick one of the following

| | |
|--|----------|
| <p>The above has been considered and to the best of my knowledge my policy does not affect any of the human rights listed</p> | <p>✓</p> |
| <p>The above has been considered and my policy does affect a human right article(s) but this has been discussed and 'qualified' at Trust Equality and Diversity and Human Rights Group</p> | <p></p> |