TRUST BOARD IN PUBLIC	Date: 26th September 2013 Agenda Item: 4.6
REPORT TITLE:	Major Incident Plan
EXECUTIVE SPONSOR:	Paul Bostock, Chief Operating Officer
REPORT AUTHOR:	Andrea Strudwick, Business Continuity Manager
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)	Management Board 27th February 2013

Purpose of the Report and Action Required:		(√)
To approve and sign off Major Incident Plan	**Approval**	√
	Discussion	
	Information/Assurance	

Summary: (Key Issues)
The major incident plan was tested in June 2012 by participation in an Emergo Exercise facilitated by the Health Protection Agency. The Major Incident Plan was reviewed in February 2013 in accordance with the recommendations of the Emergo Report and also incorporating internal SASH changes. The plan was ratified at Management Board on 27th February 2013 and has come to the Trust Board now as part of the governance cycle of the plan.
Relationship to Trust Corporate Objectives & Assurance Framework:
Objective 1 – delivering safe, high quality, coordinated care.

Corporate Impact Assessment:	
Legal and regulatory implications	Compliant with Civil Contingencies Act 2004
Financial implications	N/A
Patient Experience/Engagement	N/A
Risk & Performance Management	Compliant with risk management standards
NHS Constitution/Equality & Diversity/Communication	Equality Assessment Attached

Attachments:
Major Incident Plan

This policy replaces all previous versions of this plan.
Please destroy all other versions of this document

Surrey and Sussex Healthcare NHS Trust

An Organisation-wide Policy for MAJOR INCIDENTS

Version:	5
Status:	Final Version
Date ratified:	27.2.13
Name of Owner	Andrea Strudwick
Name of Sponsor Group	Management Board
Name of Ratifying Group	Executive team
Type of Procedural document	Policy
Policy Reference:	To be completed by Policy Coordinator
Date issued:	13/09/09, Revised 27.2.13
Review date:	February 2016
Target audience:	All hospital staff and external agencies such as Secamb, Fire service and police
Human Rights Statement	The Trust incorporates and supports the human rights of the individual, as set out by the European Convention on Human Rights and the Human Rights Act 1988
EIA Status	Completed and attached
This policy is available on request in different formats and languages from the Policy Coordinator / PALS.	
The latest approved version of this document supersedes all other versions. Upon receipt of the latest approved versions all other version should be destroyed, unless specifically stated that the previous version(s) are to remain extant. If in any doubt please contact the document owner or Policy Coordinator.	

STOP

IF THIS IS A MAJOR INCIDENT AND YOU HAVE NOT READ THIS DOCUMENT--

DO NOT READ IT NOW!

- DO NOT GO TO THE EMERGENCY DEPARTMENT
- DO NOT GO TO THE MAJOR INCIDENT CONTROL CENTRE
- GO TO YOUR NORMAL PLACE OF WORK

UNLESS YOU HAVE A SPECIFIED ROLE IN A DIFFERENT AREA E.G. ON CALL MEDICAL CONSULTANT

IF YOU ARE IN THE HOSPITAL REPORT IMMEDIATELY TO YOUR *NORMAL* PLACE OF WORK AND CONTACT THE ASSIGNED MANAGER

IF YOU ARE NOT REQUIRED AT YOUR NORMAL PLACE OF WORK YOU WILL GO TO THE STAFF HOLDING AREA AND BE RE-ASSIGNED.

IF YOU DO NOT UNDERSTAND OR UNSURE WHERE YOU SHOULD BE, ASK YOUR MANAGER OR A MEMBER OF THE MAJOR INCIDENT CONTROL TEAM

Please think carefully and remember your training in the event of a Major Incident. Please wear your identity/security badge at all times.

Page No Contents

SECTION ONE

GENERAL INFORMATION FOR STAFF

SURREY AND SUSSEX HOSPITALS NHS TRUST

MAJOR INCIDENT PLAN

INTRODUCTION

Aim of Plan

The aim of the Major Incident Plan is to ensure that as a Trust we are prepared to provide an organised and practiced response with appropriately trained and equipped staff to deal with any type of Major Incident. The purpose of this Major Incident Plan document is to explain the procedures to be followed in the event of a declared Major Incident and outline how SASH will:

- Respond in the event of an emergency
- Meet the statutory duties as a 'Category 1' responder under the *Civil Contingencies Act (2004)*
- Undertake the responsibilities detailed in the *NHS Emergency Planning Guidance (2005)* and subsequent associated guidance and best practice
- Meet the requirements within the Department of Health's Operating Framework.

This Plan has been developed taking into consideration the risks and hazards identified in the Surrey Community Risk Register and Trusts risk register. Potential Hazards see page 88.

As an acute hospital with a 24 hour ED department, we are designated as a main 'receiving' hospital in the event of any incident and our role and responsibility is as defined in the NHS Guidance.:

The primary responsibilities of 'Receiving' Hospitals are:-

- **Provide and control a clinical response for managing a large number of casualties**
- **Maintain hospital services so patients can be cared for in a routine way.**
- **Manage communications, the media, relatives, friends, general enquiries and VIP visits**
- **Liaise with the emergency services, other receiving hospitals, supporting hospitals and other agencies**

RESPONSIBILITIES OF STAFF

(1) **All members of staff are expected to:**
- Be aware of their role in the event of a Major Incident
- Update themselves at regular intervals
- Participate in exercises and attend training seminars.

Individuals must be conversant with the basic framework of the plan, what their individual roles and responsibilities are and where to report in the event of a Major Incident.

It is the personal responsibility of each member of staff to ensure that their contact details are kept up to date both on the central Human Resources database and your departmental lists, so that they can be contacted in such an emergency.

(2) Department Managers are responsible for:

- Making the Major Incident Plan available to their staff
- Updating their staff call-in lists
- Keeping Administration Manager of Trust's Switchboard updated

Staff awareness and training will be done by:

- Rolling programme of major incident lectures
- Six monthly communications exercises

- Table top and live exercises to validate and test plans as per DOH guidelines
- Emergency planning website intranet page

Information regarding available training can be obtained from the head of Emergency Panning.

REVISION OF THE PLAN

The Major Incident Plan is reviewed annually and a complete revision will be undertaken every three years. In addition department plans require continuous updating and review to take into account change in situations.

RESPONSIBILITIES OF THE CHIEF EXECUTIVE

The Chief Executive has overall responsibility for the Trusts response to any Major Incident. The Chief Executive will appoint an Executive Director at Trust Board level who will have nominated responsibility for the Trust Emergency Preparedness. It will be the responsibility of the Chief Executive in conjunction with the nominated Executive Director to ensure that:

- The Trust has an up-to-date Major Incident Plan, which is reviewed on an annual basis.
- The Plan is to be tested in accordance with Department of Health Guidance.
- That all staff are appropriately trained to respond to a Major Incident.
- That the Trust has arranged and has in place plans and procedures to mobilise appropriate resources to respond effectively to any Major Incident.
- Arrangements are in place with other NHS bodies and external organisations for a coordinated healthcare response to a Major Incident.
- An annual controls assurance statement is signed by the Chief Executive certifying that the Major Incident Plans are fully compliant with the NHS operational doctrine on Major Incident preparedness and planning.

WHAT IS A MAJOR INCIDENT AND ITS DEFINITIONS

A MAJOR INCIDENT is a term to describe an event or incident that requires the implementation of special arrangements in order to manage the situation effectively.

The NHS defines a 'major incident' as follows:

> *"Any occurrence which presents a serious threat to the health of the community, disruption to the service or causes (or is likely to cause) such numbers or types of casualties as to require special arrangements to be implemented by hospitals, ambulance trusts or primary care organisations" (Emergency Planning Guidance Department of Health 2005)*

Internal disruption (This is also known as Business Continuity Planning)

- Fire, breakdown of utilities, major equipment failure e.g. IT, telephony, medical; hospital acquired infections, adverse incidents involving screening programmes, violent crime or security breach.

An external local emergency (major incident) may be:

- Big Bang - serious immediate transport accident, fire, explosion or series of
- smaller events
- Rising Tide – a developing infectious disease epidemic or a capacity / staff
- crisis, overseas incident
- Cloud on the Horizon – a serious threat such as a major chemical or nuclear
- release developing elsewhere and needing preparatory action
- Headline News – public or media alarm about a personal threat
- Deliberate or accidental release of chemical, biological, radiological or nuclear
- (CBRN) materials (e.g. terrorist or major industrial incident)
- Mass casualties
- Pre-planned major events that require planning – demonstrations, sporting fixtures, race meetings and air shows

The key difference between a local emergency (major incident) and other health related incidents which the NHS regularly handles is that a local emergency (major incident) requires the implementation of special arrangements. Examples of special arrangements during a major incident could include a mass administration of vaccine during an epidemic.

INCIDENT NOTIFICATION PROCEDURE

WHO CAN DECLARE A MAJOR INCIDENT

- Ambulance Service
- The Police
- The Fire Brigade
- The Nurse in Charge of E.D.
- E.D. Consultant/Senior Doctor on duty
- Casualties may present at ED prior to notification

Major Incident Standby:

This is where a potential incident has been identified and SASH will be required to alert key staff in preparedness of an incident via a call in list used by Switchboard.

Actions:-

- Clinical Site Coordinator considers hospital capacity
- ED Nurse in Charge reviews patients and notifies staff on duty.
- Expedite ward transfers if bed allocated

Major Incident Declared:

This is where a Major Incident response is implemented. It is declared by an external agency, normally the Ambulance Service but can be declared by any CAT 1 Responder or senior member of staff.

Action: - Activate Plan

During a Major incident ALL aspects of Hospital activity will be under the direction of the major Incident control Room situated in AD 77 Trust Headquarters. The team will consist of:-

- On call General Manager
- Senior Consultant
- Clinical Site Coordinator
- Loggist
- Patient Tracker

If we are the **supporting hospital** - you need to prepare the hospital as an incident could be declared and therefore called upon to take major incident patients in the future.

Major Incident Cancelled:

This is where a standby has been initiated but an incident did not occur.

Major Incident Stand Down:

This is the command given to state the incident is over, or the special arrangements can cease. After a DECLARED status, a stand down can only be given by the agency calling the alert and will be communicated to hospital switch board. Switchboard will notify the Control Centre Incident Manager who will take the decision to stand the hospital down after considering the following:-

- Remaining casualties on route to the hospital
- Current situation in the Emergency Department Theatres and ITU
- Patients waiting for discharge home
- Needs of relatives
- Information for the media
- Plans to return hospital to normal function
- Staffing needs throughout the trust
- Arrangements for debriefing staff

YOU WILL BE TOLD YOUR HOSPITAL IS EITHER ON STANDBY OR DECLARED.

If we are declared – then put the plan into immediate effect.

Please remember that you must NOT STAND DOWN until you are told to. This message will only come from the Control Room. This instruction will only be given when there are no more casualties expected from the incident site and normal hospital business is resumed. Be prepared, this could be many hours after the site of the incident has been evacuated and the hospital is back to a manageable capacity.

Patient Flow

- Once an incident is declared **All** presenting patients will be triaged as major Incident casualties via the emergency department ambulance entrance.
- Walking patients will be sent to the Trauma & Orthopaedic Clinic, following triage from the MI team.

All other areas of the hospital should assemble staff, start to prepare areas, assess patients for discharge if necessary but don't move patients until asked to do so by the Control Room or Ward Liaison Matron.

Activation of staff call out will be at the instruction of the Ward Liaison Matron.

ACTION CARDS, give clear guidelines for staff with **specific responsibilities** in the event of a Major Incident, these will be allocated either within your own department or the Control Room. If you have been issued a management or runner action card you must advise the control room as they need to know who has been allocated a role and where there are gaps.

Please think carefully and remember your training in the event of a Major Incident. Please wear your identity/security badge at all times.

IN THE EVENT OF A MAJOR INCIDENT READ YOUR ACTION CARD CAREFULLY BEFORE TAKING ANY ACTION –
PLEASE DO NOT MAKE
ANY CALLS VIA THE SWITCHBOARD UNLESS URGENT.
REMEMBER HOSPITAL SECURITY AT ALL TIMES

Once allocated to an area go directly to that area. DO NOT go to ED or the Control Room unless specifically asked to do so. Please stay in your allocated areas.

IN THE EVENT OF A MASS CASUALTY SITUATION.

Definition

A major incident of extremely serious proportions involving potentially large numbers of casualties. i.e. casualty numbers that are beyond the capacity created by local implementation of major incident plans - or other major disruptive challenges to the delivery of health care, regardless of their cause.

Conventional accidents, public health emergencies such as outbreaks of infectious diseases or the accidental or deliberate release of radiological, chemical or biological material might all cause incidents with mass casualties.

Department of Health 2008

If SASH is faced with a mass casualty situation, all facilities and resources will be used to the fullest extent. Provision would therefore have to be made to move even more patients than would be necessary in a normal major incident. This means discharging patients who are medically fit but their discharge has been delayed as quickly as possible. This would be done under the guidance of Consultants in liaison with Ward Managers and Clinical Site Manager (CSM).

The Redwood Theatres and POPPA will be used as either extra capacity or as additional surgical operating space dependent on the incident and type of injuries.

All areas of the hospital will be expected to take more patients than they are established for during normal working practice.

Provision will have to be made to ensure staff are properly rotated to ensure 24/7 cover over the coming days.

Press appeals for extra staff may be thought of as an option to increase staffing levels.

CARE PROVISION FOR THE CHILDREN OF STAFF CALLED IN

The Trust encourages all staff to endeavour to leave their children at home or in a safe place if called in for a major incident. However it is recognised that this is not always possible.

In the event of a full scale major incident some staff will be needed immediately but others will be required as the incident progresses.

Therefore to help with the planning of staff rotas, please ensure your emergency childcare is arranged prior to advising the hospital of your availability.

STAFF WELFARE POST MAJOR INCIDENT

Following a major incident, staff welfare is of paramount importance. The following support will be in place for staff.

A designated area for staff will be set up in AD65 in the Trust Management Offices, 1st floor Trust Headquarters. This will be an area where staff can get refreshments, talk to each other, sit quietly, or talk to Occupational Health staff and counsellors if they wish to. Everyone is different and there will be options for all.

1. This area will be run by Occupational Health Department staff, with input from Chaplains, Psychologists etc. The Occupational Health Manager will manage this service and be contacted via switchboard. This area will be set up during the incident as staff will be finishing duty at different times.

2. Information packs will be available to those who wish to speak to a counsellor confidentially in the days and weeks after the incident.

3. A series of debriefing sessions will be held within the hospital after a Major Incident. These will be co-ordinated by the Occupational Health Department, Chief Executive and managers. Some debriefs will be departmental, some will be hospital wide.

After a Major Incident, Chaplains, Clinical Psychologists, Social Workers and Community Psychiatric Nurses will be available in the Management offices in Trust Headquarters, to speak to any member of staff who wishes to discuss their involvement in the event and to give assistance to those who request it. These disciplines will also be stationed in the Outpatients Department to give assistance to patients and relatives during and after the major incident.

PATIENT PROPERTY

- ALL PROPERTY NEEDS TO BE KEPT WITH THE PATIENT AT ALL TIMES even when they go to Theatre or ICU.
- IT MUST BE BAGGED, SEALED AND LABELLED CLEARLY with the patients name and major incident number.
- THIS APPLIES TO THE PROPERTY OF DECEASED PATIENTS AS WELL. Property must accompany the patient to the mortuary.

The exception to the above is a CBRNe incident where patient's property will be double bagged, in line with the policy, and dealt with appropriately.

Police may collect property from the patient for forensic evidence at anytime. This may also apply to any debris removed from the patient i.e. shrapnel. All property taken by the police must be signed for and handed over as per Trust property policy. All property taken away must be recorded in the ward property book.

LOCATION OF KEY ACTIVITIES / PERSONNEL

SERIOUS CASUALTIES	Main ED Department	**Telephone (01737 768511….) 6063/6064/6065**	
ED SISTER	ED	(bleep 281) *** followed by extension #**	
WALKING WOUNDED	T&O Clinic	1729	
ICU		6381/1670/2749	
AMU WARD	Medical MI patients	2885/2886/1994	
PAEDIATRIC WARD	Outwood ward	1677	
BUCKLAND WARD	Surgical MI patients	6324/6326/1654	
THEATRES		6030	
HOSPITAL CONTROL ROOM	AD77Control Room	6077/6078	
TRIAGE OFFICER	Ambulance entrance to ED Department		
CLINICAL IMAGING/XRAY	6577 CT (always manned)	1604	
CLINICAL SITE MANAGER	AD77 Control Room	6077/6078	
PATHOLOGY		6474 Path Lab 6452	
MEDICAL CO-ORDINATOR	Control Room	6077/6078	6188
POLICE INCIDENT ROOM			5562
PRESS AREA	Post grad centre	6623/6615	5562
CHAPLAINS		6120 ***C of E bleep 511***	
WEST SUSSEX SOCIAL SERVICES			
SURREY SOCIAL SERVICES		1636	
WAITING AREA FOR ALL UNALLOCATED STAFF ***(including medical and nursing)***	General Assembly point - coffee shop, main entrance	6576, 6575	
ED STAFF	ED Coffee Room		
RELATIVES TELEPHONE ENQUIRIES (Mass event only)	PGEC 7/8		
RELATIVES	Main Outpatients		
VOLUNTEERS	Volunteers office		
MAJOR INCIDENT STORE			
PORTERS	Porters lodge	Bleep 571/572	
MANAGER for RESTAURANT	Facilities	1624	
SECURITY	Security office	6400/6225 (bleep 336)	
LAUNDRY		6111	
TEMPORARY STAFFING OFFICE	Bank office	1875	
PATIENTS PROPERTY	***All patient property to be kept with patient at all times***		
DISCHARGE LOUNGE	**Inpatients waiting to be discharged**		
OUTPATIENTS	**Bereaved relatives**		

SECTION TWO

SPECIAL INSTRUCTIONS / ACTION CARDS FOR STAFF

All Action cards will have a statement of intent at the top of the page, giving you instant knowledge of that role.

Switchboard Operators: - To disseminate information clearly and decisively to all relevant personnel.

SWITCHBOARD OPERATOR

In the event of a Major Incident, South East Coast Ambulance Service [SECAMB] will inform the duty telephonist that Surrey and Sussex Healthcare (SASH) will be a supporting or receiving hospital. You will also be told whether you are on **STANDBY** or **DECLARED.**

The message you will receive will be as follows.

MAJOR INCIDENT STANDBY OR MAJOR INCIDENT DECLARED – ACTIVATE PLAN.

Document the following information on the sheet provided in the major incident folder in your department.

- Type of incident
- Location (if known)
- Type and estimated number of casualties

Confirm identity of caller and call back ambulance control on this number to confirm

Read back the message and agree time of message and exchange initials.

1. If the hospital is on **STANDBY** follow standby call out protocol and message. – (see call out list in your MI folder). *Be ready to go to the declared protocol at any time.*

   If the hospital is immediately **DECLARED** follow declared call out protocol – (see call out list in your MI folder) and send the message **"MAJOR INCIDENT DECLARED"** and ask staff to attend the hospital immediately.

2. If you receive calls from relatives, transfer calls to ext 8338, situated in Room7/8 PGEC. They will deal with all relative enquiries.

3. Allocate one of your staff to call in your own staff, allowing relief for next shift.

4. During incident, direct calls as necessary to relevant areas and personnel. Keep messages brief and clear.

5. Don't answer unnecessary questions you need to keep phone lines as free as possible.

6. Ensure all phones are unblocked for outside lines, with the help of IT staff on call so that each department can easily call in their own staff.

7. When confirmation is received from the Major Incident scene that the evacuation of casualties is complete, you will be given a message from Ambulance Control saying **'SCENE EVACUATION COMPLETE'.**

8. IF you get this message, inform the Control Room (ext 6077/6078), that the **'SCENE EVACUATION IS COMPLETE'. This does not mean that the hospital has finished its role or that you can stand down.**

9. You must not '**STAND DOWN**' until informed to do so by the control room team.

TELEPHONE OPERATORS - call out order.

Standby Protocol – excluding Gatwick alerts

Contact	Message
ED Sister	'Major incident Standby and then give full details of the Incident
Switchboard staff	'Major Incident Standby
Oncall General Manager (or Clinical Site Manager until On Call GM arrives)	'Major Incident Standby
Clinical Site Manager	'Major Incident Standby
ED Consultant	'Major Incident Standby
ED matron	'Major incident Standby'
ED Registrar	'Major Incident Standby
On Call/Duty Registrar/SHO Surgery} On Call/Duty Registrar/SHO Orthopaedics} On Call/Duty Registrar/SHO Anaesthetics} On Call/Duty Registrar/SHO Medicine}	Voice Over on Bleep' Major Incident Standby
Facilities help desk	'Major Incident Standby
Facilities Manager	'Major Incident Standby
Security Guard	'Major Incident Standby
On Call Consultant Physician	'Major Incident Standby
On Call Consultant Surgeon On Call Consultant Orthopod On Call Consultant Anaesthetist	'Major Incident Standby
Senior Nurse ED Department	'Major Incident Standby
All Matrons all areas (Ward Liaison Matron will inform wards and departments)	'Major Incident Standby
Sister in charge OPD	'Major incident Standby
Main Theatre Sister in Charge	'Major incident Standby
Radiographer	'Major incident Standby
Pharmacist	'Major incident Standby
CSSD	'Major incident Standby
BMS Haematology	'Major incident Standby
BMS Clinical Chemistry	'Major incident Standby
Mortuary	'Major Incident Standby
All other Consultants	'Major Incident Standby
Chaplain	'Major Incident Standby
ICU consultant	'Major Incident Standby

UPDATED PHONE NUMBERS AND BLEEP NUMBERS ARE KEPT AT SWITCH

DUTY TELEPHONE OPERATORS - call out order.

Declared Protocol

Give all areas the internal phone release code so they can call their own staff in.

Contact	Message
ED Sister	'Major incident Declared and then give full details of the Incident
Switchboard staff	'Major Incident Declared - please come in'
Oncall General Manager (or Clinical Site Coordinator until GM arrives)	'Major Incident Standby go to control room
Clinical Site Manager	'Major Incident Declared go to control room
ED Consultant	'Major Incident Declared & report to ED sister
ED matron	'Major Incident Declared & report to ED sister
ED Registrar	'Major Incident Declared & report to ED sister
On Call/Duty Registrar/SHO Surgery} On Call/Duty Registrar/SHO Orthopaedics} On Call/Duty Registrar/SHO Anaesthetics} On Call/Duty Registrar/SHO Medicine} On call/ Duty Registrar Obstetrics On call/ Duty registrar ICU	Voice Over on Bleep' Major Incident Declared go to ED
Facilities help desk	'Major Incident Declared
Facilities Manager	'Major Incident Declared
Security Guard	'Major Incident Declared
On Call Consultant Physician	'Major Incident Declared go to control room
On Call Consultant Surgeon On Call Consultant Orthopod On Call Consultant Anaesthetist	'Major Incident Declared go to ED
Senior Nurse ED Department	'Major Incident Declared
All Matrons all areas	'Major Incident Declared – Prepare areas
Sister in charge OPD in hours	'Major incident Declared – Prepare areas
Main Theatre Sister in Charge	'Major incident Declared – Prepare areas
Radiographer	'Major Incident Declared
Pharmacist	'Major Incident Declared
CSSD	'Major Incident Declared
BMS Haematology	'Major Incident Declared
BMS Clinical Chemistry	'Major Incident Declared
Mortuary	'Major Incident Declared
All other Consultants	'Major Incident Declared
Chaplain	'Major Incident Declared
ICU consultant	'Major Incident Declared go to ED

Accident and Emergency and related cards

To co-ordinate and manage the incident in the ED in conjunction with the ED Consultant

SISTER IN CHARGE

EMERGENCY DEPARTMENT

Ext 6063 and 6064

1. On being informed of a Major Incident Standby (Excluding Routine Calls from Gatwick Airport) or Declared by switchboard, take down the following details
    - Type of incident
    - Location
    - Type and estimated number of casualties if known

2. Assemble all medical, nursing, reception, and portering staff, informing them of the situation.

3. Get out your additional major incident folder containing your additional internal action cards.

4. Assume the role of sister in charge of ED until relieved by a more senior ED nurse if necessary.

5. Whether on Standby or Declared start setting up the department and clearing existing patients.

6. Appoint one nurse to institute ED call-in of nursing, medical staff. Do not call in the next shift initially as they will have to relieve the unit later.

7. Allocate nurses into the following roles and ensure they are issued with tabards (if appropriate) and action cards

    NIC - Resus
    NIC – Majors
    NIC – Minors (out of hours)
    Triage Nurse - to Ambulance Entrance
    Senior Paediatric Nurse
    2 x runners to transfer information (these do not need to be ED staff)

8. With Consultant in Charge of ED, organise the admission / discharge of current patients in cubicles within ED and the clinical decision unit. Major patients for admission to go to general wards and not to Buckland. Allocate appropriate staff to transfer patients to wards. Paediatric patients to be transferred to CAU.

9. Inform Control Room ext 60777/6078 of how many non major incident patients need admission and transfer directly to wards, not to Buckland.

10. Once set up, assign a doctor and nurse team to each bed area. As more staff attend department direct to ED staff pool situated in ED Coffee Room. Allocate Doctor and Nurse Teams to department as required. Teams to return to ED staff pool once their patients are transferred out of ED. This area is only for ED staff, all non ED staff to go to Main Entrance Coffee Shop area and await instructions.

11. Nurse in Charge of Minors (dependent of time of day may be an ED nurse or ENP allocated to this role) to assess all minor injuries waiting to be seen and send to appropriate areas, i.e., to be seen and discharged in minors, Crawley UTC, to GP or home.

12. Liaise with the Nurse in Charge of discharge area in respect of patients awaiting discharge/transport.

13. Non Major Incident patients who are medical or surgical GP referrals who arrive and need emergency treatment during an incident should be triaged and sent to AMU for medical patients and SAU for surgical patients to be fully assessed by medical / surgical teams.

14. Continue to assess the current ED staffing and bed state and advise Control Room and Consultant in Charge ED.

15. Once the incident has started, in conjunction with ED Consultant ensure Control Room ext 6077/6078 and SECAMB liaison informed when the department can no longer take/ or need a break from taking certain category MI patients and duration of break required.

16. Liaise with Control Room regarding current level of stores / linen / pharmacy. Request Equipment and / or modesty PODS as necessary via control room.

17. Liaise with Control Room for provision of food for staff.

18. You are there to control and manage the department. DO NOT get involved in individual patient care.

19. Keep in close contact with Trauma and Orthopaedic unit via phone or runner with regard to their situation, staffing, supplies etc.

20. Provide regular casualty statements to the Control Room.

21. Once you are told that the site is clear, continue with the plan until the department is clear of major incident patients. Take into consideration rotation and relieving of all staff as necessary, and once the department is clear inform the control room. At this point ensure that your staff have enough time to clean and tidy department, have a break and time to debrief if necessary before you reopen the department for normal working.

22. Even if the site is clear, **do not** stand down until told to do so by the Control Room.

23. Ensure forensic evidence is kept with the patient and ensure documentation of release of evidence to the Police Incident Officer.

To co-ordinate and manage minor injuries situated within the Trauma & Orthopaedic Clinic in conjunction with the ED Senior Doctor.

NURSE IN CHARGE OF MINORS
Senior ENP

Out of hours ED Nurse (Band 6 or above) to assume control of Minors until arrival of Minors Senior ENP

Ext. 2791, 2793, 2794, 2795

After taking control of the area, ensure that you have:

NURSE IN CHARGE OF MINORS TABBARD

EMERGENCY DEPARTMENT
This will be an ED nurse Band 6 or above
Ext 1551, 1550, 1552

After being allocated to this area take

- Senior ED doctor
- Receptionist

1. Clear department, treat, refer to GP or Crawley UTC or home.
2. Relocate to Fracture Clinic taking necessary equipment
3. Co-ordinate and manage treatment teams.
4. Allocate 1 nurse to act as triage nurse to reassess priorities of care.
5. In conjunction with the ED Senior Doctor, ensure treatment teams are aware of their responsibilities, have their action cards and are wearing the appropriate tabards (if required). Allocate a doctor and nurse for every examination room. Remember to check tetanus status of every patient and respond as appropriate.
6. Liaise with Nurse in Charge ED to ensure you have adequate equipment (resus trolley, oxygen cylinders, defibrillator)
7. Obtain Major Incident Drugs from Pharmacy. Ensure you have a ``good supply of analgesia, Tetanus vaccine and TTO packs.
8. Provide regular updates of patient status to Consultant/Nurse in Charge of ED and Control Room ext 6077/6078.
9. Continue to co-ordinate and Treatment Teams. Teams to report back to Senior Minors nurse as patients are discharged/transferred for reallocation.
10. Liaise with Nurse in Charge of ED regarding any admissions you need to make and the need for more Doctors and Nurses / supplies / catering etc
11. Liaise with Surgeons / Orthopaedics / Radiology / Labs
12. Liaise with Control Room ext 6077/6078 to ensure adequate stores / linen / pharmacy.
13. Ensure that Major Incident Tracking Form is completed as required and sent to appropriate areas to assist in monitoring of patient numbers and locations. Police control room via runner using duplicate tear off notes at front of Casualty Card.

14. Ensure documentation from Treatment Teams is complete prior to the Major Incident patient being transferred / admitted / discharged.

15. Ensure forensic evidence is kept with the patient and ensure documentation of release of evidence to the Police Incident Officer.

16. If any patient requires admission from minors details should be given to the Control Room and the Clinical site Manager will arrange admission. All MI patients should go to Buckland ward in the 1st instance.

17. When patients are ready for discharge, ensure all paperwork accompanies patient. Patients to be directed to the Discharge Lounge for discharge process.

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To: - assess all patients on their arrival at the hospital in conjunction with Triage officer and categorise accordingly.

ED TRIAGE NURSE

EMERGENCY DEPARTMENT

This will be an ED nurse band 6 or above

SITUATE YOURSELF AT THE AMBULANCE ENTRANCE NEXT TO RESUS.

1. Liaise with Sister in Charge of ED on a regular basis

Awaiting MAJOR INCIDENT Patient Arrival:

1. Ensure Minors reception doors are kept closed and directional signs are in place. In the first instance all patients will come in through the ambulance entrance only, in order to ensure accurate documentation and consistent triage.

2. Co-ordinate Triage Team at the ambulance entrance next to Resus.
   Team consists of:
   Consultant
   Triage Nurse
   Receptionist
   Triage Runner
   Ambulance Liaison Officer

5. Ensure you have all major incident patient notes packs ready.

Upon arrival of MAJOR INCIDENT patients:

1. Triage MAJOR INCIDENT patients using triage sieve and allocate patients to appropriate areas within the department or Minors according to priority.

2. Allocate MAJOR INCIDENT notes / wristband / property bag (labelled) to each patient.

3. Ensure Major Incident Tracking Form is completed by the login receptionist, and ensure that tear-off sheets are sent to relevant areas, communicated to Control Room and police control room via runner on a very regular basis.

4. Walking wounded patients to be sent to Minors in the Trauma & Orthopaedic Clinic

5. Liaise with Ambulance Liaison Officer regarding expected casualty numbers.

If by any chance a patient arrives that has died in transit they will need to be certified by Triage Doctor, documented and taken to mortuary by ambulance staff.

To manage the ED department with Sister in Charge and take charge of all clinical matters in ED, emergency patient treatment and priority flow out of ED

CONSULTANT IN CHARGE ED

On receiving the message **'MAJOR INCIDENT / STANDBY OR DECLARED'**

1. Report to the ED Sister in Charge and get all current information of type of incident, number if patients expected if known.
2. The first Consultant to arrive will act as the Triage Officer - Please see action card for further instructions.
3. One Consultant will work as a team with the Sister-in-charge to co-ordinate ED activity.
4. Allocate an ED Consultant or appropriate senior ED Doctor to assume Senior Medical Role within Minors.
5. Ensure that the appropriate skill level of doctor/s and nurse/s are allocated to each patient in Majors and Resus areas.
6. Aid the ED sister to clear all existing patients from the main department and waiting room.
7. You will be expected to liaise with the Incident Control Room ext 6077/6078 Medical Co-ordinator, Sister in ED and Ambulance Liaison Officer to constantly reassess the number of casualties you will be receiving. Be aware that you may well be expected to take more casualties than you are able to deal with on a long-term basis, especially if there is a mass casualty situation.
8. Keep in close liaison with the Senior Surgeon at all times.
9. Be aware that some non major incident patients may arrive at the department and need treatment. Ensure they receive appropriate and timely treatment

To triage all Major Incident patients on arrival in ED and direct them appropriately depending on their triage category.

TRIAGE OFFICER.

Will be the first ED Consultant to arrive.

ON RECEIVING THE MESSAGE 'MAJOR INCIDENT IS DECLARED',

REPORT DIRECTLY TO THE SISTER IN CHARGE OF THE EMERGENCY DEPARTMENT

1. Position yourself with the triage nurse at the Ambulance entrance of ED.
2. Assess each case on arrival. Direct:

   ADULTS

   - Category GREEN, walking wounded and minor injuries, to Minors (T&O Clinic)
   - Category YELLOW to Majors
   - Category RED to Resuscitation
   - Category WHITE is dead - go to mortuary ASAP

   CHILDREN

   - Category RED/ YELLOW children to the Paediatric area or resus or majors depending on the situation.
   - Category GREEN children to Minors.
3. Liaise with the Consultant in charge of ED at any time for advice or further information.
4. There will be an Ambulance Liaison Officer situated at the back of reception for 2-way communication with the site of the incident.
5. If at any time you are concerned about the ability of the department to cope, liaise with the ED Consultant and Sister in Charge, Incident Control Room and the Ambulance Liaison Officer in order to define the remaining number of expected casualties and the ability of the department and hospital to continue to receive patients.

On completion of the triage function, liaise with the Consultant in Charge of the ED.

To co-ordinate and manage the Minor Injuries situated in Trauma & Orthopaedic Clinic in conjunction with the Senior Nurse in Charge of this area.

SENIOR DOCTOR IN CHARGE OF MINORS

EMERGENCY DEPARTMENT

Ext 1550, 1551, 1552

To work in close liaison with the Nurse in Charge of minor injuries.

1. Co-ordinate and manage treatment teams and ensure patient records are accurate.
2. In conjunction with the Minors Senior Nurse, ensure treatment teams are aware of their responsibilities, have their action cards and are wearing the appropriate tabards if required. Allocate a doctor and nurse for every cubicle. Remember to check tetanus status of every patient as act accordingly.
3. Give advice as help to all medical and nursing staff as necessary.
4. Liaise with Nurse in Charge of ED to ensure you have adequate equipment (resus trolley, oxygen cylinders, etc)
5. Provide regular updates of patient status to Consultant/Senior Nurse in Charge ED and Control Room ext.
6. Liaise with Surgeons / Orthopaedics / Radiology / Labs as necessary
7. Ensure Treatment Teams are given breaks in between patients
8. Ensure documentation from Treatment Teams is complete prior to Major Incident patient being transferred / admitted / discharged.
9. Ensure forensic evidence is kept with the patient and ensure documentation of release of evidence to the Police Incident Officer.
10. If any patient requires admission from Minors details should be given to the Control Room and the Clinical Site Manager will arrange admission. All MI patients should go to Buckland ward in the 1st instance.

Senior surgical / orthopaedic consultant who will organise and support surgical matters in the Emergency Department, prioritise theatre order and provide general advice to all areas of the hospital. Do not treat.

THE SENIOR SURGEON

Will be the first

SURGICAL / ORTHOPAEDIC CONSULTANT to arrive in the Emergency Department.

On receiving the message **'MAJOR INCIDENT DECLARED'**

1. Report to the control room and collect your action card and radio.
2. Report to ED Consultant / Sister in Charge team managing the incident in the ED.
2. The **SENIOR SURGEON** will be responsible for assessing the needs of major incident patients allocated to Resus and Majors - Assess their priority for theatre, ICU, transfers, ward etc and advising on treatment.

   Do not become too involved with any one patient, work only in a supervisory capacity liaising with the ED Consultant and Sister in Charge to ensure appropriate flow of patients.
3. Direct a senior member of the Surgical Team to Buckland Ward to assist in re-assessing casualties admitted to ward, Liaise with Control Room ext. as necessary.
4. **All other surgical consultants** will report to the ED waiting area, in the ED coffee room unless they are directed to theatre/ICU etc and wait for instructions to be allocated to all areas needing surgical intervention.

EMERGENCY DEPARTMENT- CLERICAL STAFF

TRIAGE RECEPTIONIST

YOU WILL COLLECT THE ED NOTES FROM THE MAJOR INCIDENT CUPBOARD AND GO TO THE TRIAGE AREA AT THE AMBULANCE DOORS.

1. Work under close direction from the Triage Nurse and ED Consultant (Triage officer)
2. As each patient arrives, allocate them a set of notes in numerical order, attach the duplicated front sheet to the casualty card and complete any details as soon as possible. Remove the top three sheets from the duplicated front sheet and sent to appropriate area via runner. White copy to be sent to Reception, Blue Copy to the Police Liaison Officer, Yellow Copy to Control Room, Green Copy remains with patient. Place the name band on the patient's arm. The notes are to be given to either the patient (Minors) or the members of staff allocated to the patient in majors/ resus.
3. Do not leave this post at any time. Once you have completed this role, you will be allocated another by the Sister in Charge.

BOOKING IN RECEPTIONIST x 2 + MINORS RECEPTIONIST (BASED IN T&O CLINIC)

YOU WILL BE SITUATED IN THE MINORS/ED RECEPTION.

DO NOT LEAVE THE RECEPTION AREA UNLESS CLEARLY INSTRUCTED TO BY THE NURSE IN CHARGE!

1. You will transfer all information from the sheets received from the clinical areas onto the Cerner computer system.
2. After patient leaves the ED, the Log Out receptionist will document this on the Major Incident Tracking Form.
3. All communication to the Nurse-in-charge should be done via the runner on hand written messages.
4. In the event of patients attending the department who are not part of the incident, these patients should be treated as if they are part of the incident if their condition dictates. As such all Major Incident documentation should be completed.
5. *If there are spare reception staff, allocate them to help gain information in all main areas of the Emergency Department.*

LOG OUT RECEPTIONIST

YOU WILL SITUATE YOURSELF BY THE DOORS LEADING OUT OF THE EMERGENCY DEPARTMENT TO THE MAIN HOSPITAL STREET

1. As the patients leaves the ED complete the major Incident Tracking Form. Add any information that may have been omitted on arrival (if possible).
2. Via a runner send 1 copy to the Control Room, 1 copy to Police Control Room and 1 to Reception. The last copy remains attached to the patient's casualty card.
3. Ensure that notes accompany patient as they leave the department

Do not leave your post at anytime. Communicate to Sister in Charge via the runner.

NURSE IN CHARGE OF RESUS – Priority 1

EMERGENCY DEPARTMENT

This will be an ED nurse band 6 or above

Carry out only life saving and necessary emergency treatment in resus and transfer to ICU / theatre at the earliest opportunity.

1. Once being allocated to Resus check all bed areas are ready for new patients and run through IV fluids as necessary.
2. Make provision for moving any patients already in resus when they are stable enough and it is safe to do so.
3. Inform sister in charge of the number of patients that need moving and she will arrange transfer.
4. Keep in regular contact with the sister in charge regarding bed status, patient's destination needs, requirement for more Doctors and Nurses. Use runners to communicate.
5. A doctor and nurse team will be allocated to each bed area. Senior doctor, anaesthetist if necessary and 1-2 nurses. If you need specialist help liaise with sister in charge.
6. Don't get involved with patient care directly
7. You are there to manage / organise treatment and help as necessary to see that patients move through resus as quickly and safely as possible.
8. Ensure only emergency treatment / x rays are carried out. Life saving treatment, plaster any limb fractures, pressure dressings etc and make safe.
9. Ensure all property remains with the patient. – keep everything you find including bits of shrapnel etc with property in case the police need it for forensics.
10. Check tetanus status of all patients
11. Ensure as far as possible that patient records are accurate on Major Incident Tracking Form.
12. Liaise with Nurse in Charge of ED to ensure adequate stores / linen / pharmacy.
13. Ensure documentation from Treatment Teams is complete prior to Major Incident patient being transferred / admitted.

NB Only emergency treatment should be carried out in ED. The final destination for all major incident admissions should be Buckland Ward, ICU, Theatre or AMU for medical incidents.

ED NURSES IN CHARGE OF MAJORS – Priority 2

EMERGENCY DEPARTMENT

This will be an ED nurse band 6 or above

Carry out only life saving and necessary emergency treatment and transfer to ICU / theatre / ward at the earliest opportunity.

1. Assess all current patients with ED consultant or similar and transfer / discharge or admit current patients in majors and minors. Liaise with sister in charge who will sort transfer with the clinical site manager.

2. Ensure the clearance of the ED Clinical Decision Unit to hold patients needing admitting from the major and minor areas.

3. Prepare Majors bed areas, run through IV fluids etc.

4. Keep in regular contact with the sister in charge regarding bed status, patient's destination requirements, and if you require further Doctors and Nurses. Use runners to communicate.

5. Liaise with sister in charge regarding movement of patients she needs to be aware of before patients are admitted, in order that she can liaise with control room.

6. A doctor and nurse team will be allocated to each bed area. If you need specialist help liaise with sister in charge.

7. Don't get involved with patient care directly

8. You are there to manage / organise treatment and help as necessary to see that patients move through the department as quickly and safely as possible.

9. Ensure only emergency and life saving treatment is carried out in the ED, plaster any limb fractures, pressure dressings etc and make safe.

10. Ensure all property remains with the patient. – keep everything you find including bits of shrapnel etc with patients property in case the police need it for forensics.

11. Check tetanus status of all patients

12. Ensure as far as possible that patient records are accurate on Major incident Tracking Form.

13. Liaise with Nurse in Charge of ED to ensure adequate stores / linen / pharmacy.

14. Ensure documentation from Treatment Teams is complete prior to Major Incident patient being transferred / admitted.

ED RUNNERS WHO WILL TRANSFER MINOR INJURY PATIENTS FROM TRIAGE TO TRAUMA & ORTHOPAEDIC CLINIC

These can be HCA's, student nurses or similar.

It is important that all patients major and minor are triaged through the same place i.e. ambulance entrance of the Emergency Department.
This is so that all patient information is captured and documented and that all patients are triaged and categorised.

ED runners given this job will escort patients from the triage point at the ambulance entrance of the Emergency Department to the Minors area in the Trauma & Orthopaedic Clinic.

It may be necessary to take minor injury patients directly to the Trauma & Orthopaedic Clinic.

In addition to the above tasks, ED runners should be available to carry messages between the Triage point, the Nurse/Consultant in Charge, Control Room etc.

To manage and co-ordinate the entire incident and make all necessary decisions in conjunction with the Medical Co-ordinator. This is the main point of contact for internal and external agencies.

INCIDENT MANAGER

Ext 6077/6078 Fax 01737 231901**.**

Persons contacted by switchboard for this role will be as follows:-

ON CALL GENERAL MANAGER OR CLINICAL SITE MANAGER UNTIL GM ARRIVES

On receiving the message 'MAJOR INCIDENT STANDBY or DECLARED'

You will also be given the full details of the incident.

1. Report to the ED Sister to get an update of the situation.
2. Help the CSM Set up AD77, Trust Headquarters as the Incident Control Room. Clear out all unnecessary equipment from this room; plug in your fax and phones. Take a few minutes to ensure you have everything ready.
3. If there are paediatric casualties, ensure Paediatric Matron has been informed.
4. Contact other GM's / managers (see list in the Major Incident Information File in the MI Box.) Ask them to report to the Control Room immediately. Inform the first Director to arrive to call in all staff on their action card.
5. **As GM's and Directors report to you in the control room, allocate managers to manage the following areas and regularly report back to you:**
   - i) Allocate a manager to the General Assembly Point (Main entrance coffee shop lounge) to manage and allocate arriving staff as necessary to appropriate areas for their skills. Give them call in log sheets and action card. This person must keep a record of whom they have sent where. Any managers reporting should be directed to the Control Room.
   - ii) Allocate staff to set up relatives enquiry room (Room 7/8 PGEC) in the event of mass casualty incident, give them action card and ask them to collect equipment box from PGEC office.
   - iii) Allocate a press officer and Director to liaise with the Press in PGEC.
   - iv) Allocate a manager to manage relatives waiting area in main outpatients area.
   - v) Allocate a staff member to track patients in the control room.
6. The Facilities Manager / or on call facilities manager will oversee all **portering, security, stores, catering and laundry needs**. They will be based in the porters' lodge ext 6117/6227 All porters will communicate between themselves, via walkie talkies. Security manager will be based at the security office ext 6400.They will be responsible for unlocking any areas out of hours.
7. Liaise with Facilities Manager situated in the facilities dept to arrange catering requirements for all patients and staff.
8. **In conjunction with the Medical Co-ordinator, establish runners to take information from you to each area and back:**
   - ED
   - T&O Clinic (minor injuries)
   - ICU/Theatres
   - Discharge area
   - Relatives Enquiries

- Outpatients (Counselling team and Relatives Reception Area)
- Post grad centre, ground floor, East Wing (Press Room)

There may be other areas in which you need a runner. Allocate as necessary.

9. One of the Clinical Site Managers will be based in the Control Room. She/he will collect all bed information and be responsible for bed movement and any nursing issues within the hospital. You will co-ordinate closely with the Clinical Site Manager and make decisions between you.

10. It is the responsibility of the Medical Co-ordinator in conjunction with the Clinical Site Manager and consultant colleagues to facilitate ward discharges, and create additional bed areas in the case of a mass casualty situation.

11. Remember critically injured children may have to be transferred to other hospitals as SASH does not have a critical care facilities for Paediatrics.

12. **Manage the incident.** As information about patients and their status arrives, record this, and keep it up to date. You will receive a copy of every Major Incident patient from ED. you will also get info sheet when they leave ED with details of their destination.

13. Deal with problems and queries as they arise in conjunction with Medical Co-ordinator and other relevant staff, i.e. Clinical Site Manager, Sister ED, ward sisters, other managers, supplies etc.

14. You will keep in regular contact with Police Control Room and Ambulance Liaison Officer situated in ED by the ambulance doors. The number and type of casualties received will be constantly re-evaluated as the incident progresses.

15. You may receive more casualties than the hospital can cope with on a long-term basis. These patients will need to be seen, treated and transferred later.

16. Liaise with the Chief Executive, or Press Officer to release regular statements to the press.

    Information will arrive via the runners from ED and Minors (walking wounded).

17. Liaise with Medical Co-ordinator, Manager coordinating staff and Clinical Site Manager to:

    i) Ascertain when ED / ICU / Theatres / Buckland Ward cannot take any more casualties

    ii) Ascertain when hospital staff need to be replaced.

    iii) Liaise with Ambulance Control about hospital status and ability to receive additional casualties

18. Do not forget to liaise with PCT's, and HEPA. They can help you with advice and resources.

19. Do not allow anyone else into the Control Room. Take messages and information in an orderly fashion. Ask all runners and managers to queue outside the Control Room.

20. If wards and departments ask for extra medical equipment this can be obtained from the equipment library. Porters have keys.

21. You and the Medical Co-ordinator will decide when to stand down the hospital after the incident. This may be many hours after the site of the incident has been cleared. Once the decision has been made to 'stand down' advise switchboard to send this message to the call out list.

22. An area for staff will be set up in AD65, Trust Headquarters run by Occupational Health, this area will provide refreshment, an area for staff to be away from the incident and counselling if needed.

DO NOT RE OPEN HOSPTIAL TOO SOON ONCE IT HAS BEEN STOOD DOWN. STAFF NEED A LITTLE TIME TO CLEAR UP, RE GROUP AND DEBRIEF AS NECESSARY.

Co-ordinate the incident with the Incident Manager, you will be based in the Control Room.

MEDICAL CO-ORDINATOR

Based in and must stay in the Control Room (AD77)

(ext 6077/6078) Fax 01737231901

THE FIRST CONSULTANT PHYSICIAN TO ARRIVE, WILL BECOME THE MEDICAL CO-ORDINATOR

YOUR DUTIES ARE CO-ORDINATION NOT TREATMENT

& ENSURING THE SMOOTH RUNNING OF THE PROCEDURE.

You will make all decisions in conjunction with the Incident Manager.

On receiving the message **'MAJOR INCIDENT DECLARED'** COME DIRECTLY TO THE HOSPITAL.

1. Go to the Control Room (AD77, Trust Headquarters)
2. Receive a handover from the Medical Registrar and Incident Manager who will advise you as to:
   - i) runners established
   - ii) bed state, theatres
   - iii) ICU position.
3. Liaise with the Incident Manager and Clinical Site Manager to plan the distribution of casualties. Allocate Consultant colleagues to undertake bed clearance in medical, surgical and orthopaedic units.
4. Liaise with Ambulance Liaison Officer situated behind at ambulance entrance, ED Consultant, Senior Surgeon in ED and Incident Manager to constantly re-evaluate the hospital's capacity to accept new admissions
5. Liaise with the Senior Surgeon in ED and inform him of the plan for distribution of casualties.
6. Direct the medical staff reporting to you to the areas requiring support, where they can be most effective. Medical staff will be required in the following areas:
   - ED (ext 5746)
   - Buckland Ward - including a surgical consultant (ext 6324/6326)
   - AMU (ext 1680/6439)
   - Trauma & Orthopaedic Clinic - Minor injuries (ext)
   - ICU (ext.)
   - Theatre (ext. 6030)
   - Paediatrics – Outwood Ward (ext.)
7. In conjunction with the Incident Manager, ED Staff and Clinical Site Manager make decisions about the hospitals capacity and ability to take patients and then keep SECAMB informed via SECAMB Liaison officer.
8. On receipt of message 'Scene of incident evacuated' from M. I. Ambulance Officer, inform ED.

9. When no more casualties are expected, and all have been admitted, inform all departments that no more patients are expected from the incident, and to await further instructions.

10. No department will STAND DOWN until you advise them to do so. Be aware this could be many hours after you have been given the message that the scene has been evacuated. There will be a list of who to inform in the managers box.

To co-ordinate the movement and placement of patients, normal and major incident, and to help with any nursing issues.

CLINICAL SITE MANAGER

Based in the Control Room (AD77)

(ext 6077/6078) Fax 01737231901

Out of hours the Clinical Site Manager (CSM) will take on the duties of the incident manager until they arrive.

1. On receiving the call - major incident standby or declared go directly to the Control Room (AD77)

2. You must base yourself in the Control Room at all times. You are responsible for all bed movement within the hospital.

3. If any nursing requests / issues or problems come to the Control Room, deal with them as you can with the Incident Manager or ask hospital matrons to do so.

4. Extra staff can be obtained from the staff holding area situated in the General Assembly Point (Main entrance coffee shop)

5. If you are on standby discuss with oncall manager, the level of initial response. If declared activate the plan immediately.

6. The second Clinical Site Manager should remain in the ops centre and continue to liaise with wards to manage discharges, compile lists of patients who are suitable for discharge or transfer to the discharge lounge, to Nursing Homes or Residential homes and speak to said home for arrange transfer as soon as possible. Ensure you give regular capacity updates to control room.

7. Find out how many non major incident patients in ED and ED observation ward need admission and admit to other wards but not Buckland ward or AMU.

8. Ensure patients on the 2 receiving wards AMU (for medicine) and Buckland ward (for surgery) are transferred into available beds on other wards or patients discharged as appropriate.

9. The CSM is responsible for and will keep accurate records of all patients moved from ED and wards / ICU. You must ensure that all information of patient movement is kept post Major Incident.
   Major incident admissions,
   Non Major Incident admissions,
   Non Major Incident discharges and movement of patients with final destinations.

10. Keep Control Room colleagues aware of when all beds in the hospital are full and there is no further capacity.

To manage and allocate staff appropriately throughout the hospital as directed by the Control Room.

MANAGER FOR POOL OF STAFF WAITING FOR ALLOCATION.
BASED IN GENERAL ASSEMBLY POINT
COFFEE SHOP, MAIN ENTRANCE.

You will be a senior manager allocated by the Incident Manager to manage all staff that are called in or sent from wards and departments to form a pool of staff in the coffee shop waiting area.

1. Ensure staff arriving are who they say they are – either recognised or ID badge
2. Log all staff arriving, their name, their expertise and usual place of work.
3. Any ED staff arriving should be sent directly to ED assembly point in the ED coffee room.
4. Any nursing staff from Theatre or ICU should be sent directly to the nurse in charge in those areas.
5. Keep all other staff including medical staff until you need to deploy them in other areas.
6. You will be in constant communication with the Incident Control Room ex 6078/6077. This is situated in AD77, Trust Headquarters.
7. When you allocate staff to an area, record this on the paper work provided.
8. Use your initiative; staff can be used for other jobs than their own if necessary. Ensure you send the most appropriate staff member for the job needed.

To manage relatives and MI discharged patients in main outpatients communicating with ED and Control room as necessary to keep relatives informed.

SENIOR MANAGER FOR RELATIVES ASSEMBLY POINT

1. After being allocated this role go to Main Outpatients.
2. Take a log book with you to log essential information as necessary.
3. Ensure you have all your support staff – 2 x receptionists, Chaplin's, psychologists, social services etc in place or coming and allocate rooms so that relatives and discharged patients from the incident can have privacy if they wish.
4. Liaise via runner with areas of hospital and control room re patient information and if and when relatives can see patients.
5. Ensure refreshments are available
6. Deal with any problems as they arise.

Key role is to disseminate information around the hospital, both written and verbal.

HOSPITAL RUNNERS

THIS ROLE CAN BE UNDERTAKEN BY ANY PERSONNEL FAMILIAR WITH THE HOSPITAL LAYOUT AND KEY PERSONNEL WITHIN IT.

1. Your responsibility is to take information both written and verbal as directed from the Sister in charge ED, or Senior Managers in the Control Room, or Managers co-ordinating hospital activity.
2. You will be allocated to one area and be responsible for taking information to and from that area and ensuring that information is accurately and appropriately related.

   Ensure all written messages are timed and signed and delivered immediately. Use self-duplicating books from managers box located in the Incident Control Room.
3. Always return immediately to the member of staff to whom you have been assigned after delivering the message. DO NOT DELAY.
4. Convey messages accurately and factually, do not add your own 'spin' or any rumour or information received other than that of the team members you are working with.

To document all activities decisions and actions of core staff in Control Room and ED

LOGGIST
For Control Room and ED

This role will be nominated by the Major Incident Manager. There are certain staff within the Trust who have been given training for this job.

One loggist will record all decisions and actions taken by Incident Management Team,
One loggist will record decisions by ED Sister in Charge.

The purpose for this is to ensure accurate record keeping of decisions/actions taken during the incident. There is always a debrief and a legal inquest after an incident (this is common practice). For this reason the notes taken must be entirely factual, not expressing any opinions or subjective feelings of the writer.

1. On receiving the call go straight to the Control Room (AD77).

2. Take log book/ spare paper and pens from Major Incident cupboard in Control Room

3. Listen carefully and take notes of all decisions taken by team

4. Liaise with Incident management team or Sister in charge ED, as necessary to ensure you have accurate record of events

5. Sign date and time all entries

6. Record any change over of staff

7. Help the Control Room staff as you can

8. At the end of your shift sign notes and give to Incident Manager

To document all patient arrival, movement and discharge/admission of major incident patients

PATIENT TRACKING CO-ORDINATOR

1. Report to Major Incident Control Room

2. Put up patient tracker forms on wall near to windows in AD77

3. As the ED runners arrive with tracking forms, transfer information onto tracking sheets

4. Put actioned tracking sheets into disposal tray

5. Prepare information for Incident Manager briefings as requested ie

    - How many casualties have arrived in total
    - How many P1, P2 and P3 casualties SASH have been received

6. Do not leave the room unless authorised to do so by Incident Manager

7. Do not stand down until told to do so by Incident Manager

8. Ensure all documentation remains within the control room

Responsible for cascading Major Incident alerts to the wards and departments, supporting wards and departments during a major incident

WARD LIAISON MATRON

The first Matron or Service Manager to arrive assumes this role and bases themselves in the operations centre. They should be assisted by colleagues as staffing allows.

1. Liaise with the control centre team (AD77) to ascertain the nature of the incident and likely casualties

2. Cascade the information to the wards and departments, assisted by next arriving matron/service manager

    - The nature of the incident and likely number of casualties
    - If the need for additional staff is identifie

3. If extra staffing is required, ask the wards/departments to commence their own telephone cascades

4. Advise the staff holding area of the number of additional staff required for each area, as requests are received

5. At all times inform the Control Centre of progress made

6. Document your actions

7. All documentation to be handed to the Control Centre when the incident is stood down

8. Do not stand down until the Incident Manager has called “Major Incident Stand Down”.

To aid the smooth running of the incident by maintaining accurate records wherever you are sent.

To support the work of the Control Room, deal with press and liaison with external agencies.

TRUST DIRECTORS

The first Director to arrive should assume the role of Gold Command and base themselves in their office. They should liaise with the LAT, CCG's etc and support Silver as required. If you require additional help, call colleagues in as per the list below.

The second Director to arrive should assume the role of Press Liaison Officer and base themselves in the Post Grad centre, ground Floor, East Wing – see separate Action card.

1)	Chief Executive: Michael Wilson	01737 768511 x 6830 Via Switchboard
2)	Chief Operating Officer Paul Bostock	01737 768511 x Via Switchboard
3)	Chief Nurse: Andrew Clough (Interim)	01737368511 x 6841 Via Switchboard
4)	Director of Human Resources: Yvonne Parker	01737 768511 x 6191 Via Switchboard
5)	Director of Finance & Performance: Paul Simpson	01737768511 x 1815 Via Switchboard
6]	Director of Operations Joe Chadwick-Bell	01737768511 x Via Switchboard
7]	Director of Information and Facilities Ian Mackenzie	01737768511 Via Switchboard
8)	Notify all on call Area Team Director	In on call file
9)	Crawley CCG	In on call file
10)	East Surrey CCG	In on call file

(Mobile Numbers where applicable, are kept in the MI Box)

All other directors should be flexible and take on other roles as asked to do by the Incident Manager.

Responsible for all outside communication with press

ON-SITE MEDIA RELATIONS MANAGER

Communications Manager/CEO or another Director

1. The on-site media relations manager will be based in Post Grad centre, Ground floor, East wing.

2. Information to discuss with the Major Incident Management Team :
    a. Who is available to come to the hospital and how many staff you need to man the press room?
    b. The details of incident (i.e. Train crash etc.)
        - Number of triaged casualties – figures should include; male, female, children (under 16), critically ill, seriously ill, stable, walking wounded and discharged.
        - Establish other hospitals on Major Incident alert
    c. What information should be released?
    d. Who will write and agree the press statement(s) with CEO?

3. Record in writing all activities including press calls.

4. The post grad centre is a designated area for the Media to receive briefings. Ensure security opens it and allocates a member of staff to manage visiting press officials.

5. All statements issued about the incident must be factual and not contain speculation. **IF THERE IS ANY QUESTION ABOUT TERRORISM YOU CAN GIVE NO DETAILS AT ALL UNTIL ADVISED BY THE POLICE VIA THE STRATEGIC HEALTH AUTHROITY PRESS OFFICE**

6. Contact Strategic Health Authority Press Office and establish whether a press officer is available or if appropriate to attend.

7. Provide information in 2 above to Strategic Health Authority and agree how often they need updated information. This is usually provided every hour, at 15 minutes to the hour.

8. If you are on site alone, you will need to ask the Major Incident Manager to appoint additional helpers to manage and control media representatives who arrive on site and to help answer phone calls.

9. Make contact with potential spokespersons CEO, Medical Director, Director of Nursing, etc and arrange for them to come to the press office.

10. CEO or deputy and/or medical director or deputy should brief the media based on agreed statement.

11. Separate briefings for broadcast media may be appropriate, especially if they have specific deadlines for filing news reports.

12. Where appropriate, liaise with other emergency services press offices, and/or local police press. **This is particularly important in cases that may involve a police investigation.**

13. <u>PRESS STATEMENTS</u>

- Prepare holding statement for use with the press. This will be updated every 30 minutes or whenever appropriate, to coincide with developments including press briefings by the senior spokesman. They should be put on web site and journalists referred to this to avoid faxing etc
- Prepare Questions and Answers as the basis for ongoing communications and preparation for interviews

14. SET UP PRESS AREA
    - The post grad centre is where the press can be hosted/kept under control/briefed. Any area chosen for briefings should not interfere with the incident – i.e. away from the entrance to ED.
    - Agree sharing of TV footage between TV crews if filming in clinical areas. This is standard practice for TV companies in major incidents.

    A manager should be allocated to the role of hosting the press. He/she should remain with journalists. Inform journalists re timings of briefings, that they should not take pictures without consent, should not enter clinical areas, should respect patient confidentiality.

To speak to and gather information from relatives phoning into the hospital during a MASS CASUALTY INCIDENT ONLY.

RELATIVES PHONE ENQUIRY DESK (MASS CASUALTY EVENT ONLY)
Situated in Room 7/8 PGEC

1. Inform switchboard when you are set up and ready to receive calls.

2. You will receive calls from people who wish to know the whereabouts and conditions of relatives and friends who may have been involved in the incident. **The Control Room will be providing you with information of people that the hospital has received.**

3. **You must only collect information from the caller** and complete the form supplied:

- Explain to the caller that you can only take down the details of the person they are looking for and this will be passed to the Police, the form should be passed onto the Police Documentation Team

- If the relative wishes to attend the hospital they should be directed to go to the Main Outpatient Department. They will then be assisted from there but they must not to go directly to any patient area as they will be busy attending to the patients.

- All callers should be asked to call the **National Casualty Bureau. The number will be issued by the police at the time of the incident.** You will be given the number at the earliest opportunity by the Control room or from the police control room.

4. If the caller is from the press or you suspect they are fishing for information, the call should then be diverted to the Press Room **you should never answer any press questions.**

6. Before leaving the help desk inform switchboard that the desk is closing.

To initially co-ordinate Facilities operations until set up in the Facilities dept

FACILITIES HELP DESK OPERATOR

1. Phone Facilities Duty Manager to notify of the type of incident, whether Standby or Declared. If declared, ask them to attend site and report to the control room situated in AD77.

   Refer to action card and issue service action cards.

2. If **Major incident declared -** Inform all on site Facilities personnel of major incident status and to report in to help desk so that you know who has responded, until such time as the control room is operational

3. Phone Security and notify of incident. Inform Security to liaise with Control room and put into action processes on their action card locked in the Security Office

4. Phone Senior Management Team, Director, Hotel Services Manager & Estate Manager, and Engineer and notify of Incident, **standby or declared.**

5. Phone Duty Engineer to notify of Incident, **standby or declared.**

6. Phone Portering supervisor and/or night supervisor to notify of Incident, **standby or declared.**

7. **If declared** ensure Portering supervisor provides extra porters to move patients to other wards from ED when requested. These extra porters to stay in ED as extra resources and base themselves in ED assembly area outside the ED matron's office, until called for by A/E sister. Ensure extra linen is put into ED. Refer to Patient Transport/ Portering action card.

8. If on **standby** stay at help desk
   If **declared,** once you have carried out all these actions and documented which staff have responded. Close the help desk, divert the help desk phone line to the porters lodge and take on any job you are allocated. This will ensure all communications and directions come through to one place that is in the main hospital building.

FACILITIES DUTY MANAGER

To be situated in security office for duration of the incident.

1. On receipt of a telephone call confirming a **Major Incident standby or declared**, report to the control room (AD77) for briefing by Major Incident Team. Then precede to facilities dept to co-ordinate your staff.

2. When a Major Incident is declared ask security to unlock and deactivate the alarms for OPD, Trust Management Offices and the Education Centre.

3. Issue Action sheets and ensure the following are put into action:

Patient Transport and Portering	Security	Catering	Linen
↓	↓	↓	↓
The Portering lead/ supervisor to ensure that there are sufficient Porters to move patients: From ED to AMU/Buckland and OPD From AMU/Buckland to the other wards If required contact a local taxi company for assistance in patient transfers. Allocate a porter to switchboard to help field persons walking in	Security lead to ensure the following: Set up signage to direct: Incoming casualties toward the ambulance entrance of ED (or the Decontamination Unit in the event of a Toxic Incident) Relatives to Hazelwood (escorted through east entrance) All Media/Press to Post Grad centre (escorted through west entrance) are contained Security to close off all other entrances to ED as instructed by MIT If CBRN/lock down then security to prevent public access to site.	Catering lead (if outside normal hours then facilities manager) to Provide patients, relatives, staff and voluntary helpers with free hot beverages. Provide free hot beverages & sandwiches to staff in the ED, Theatres and any other areas identified by the Control Room. Also refreshments to press area. If required arrange supplies of extra food for patients and staff.	Linen lead (if outside normal hours then facilities manager)to Ensure Additional linen is supplied to ED, Buckland, AMU and the ward areas. Linen supplies contact during the day is ext. 6111.

To co-ordinate and manage the cessation of current operating and manage the theatre space for MI patients

THEATRE CO-ORDINATOR

Ext.

On receiving the message '**Major Incident Declared**'

1. Alert all staff that are on duty working.
2. Liaise with Incident Manager as to whether planned surgery can continue or should cease
3. Liaise with the Incident Control Room (ext.6078/6077) or by runner at all times, regarding the state of the theatres, and when you are ready to take Major incident patients and as the incident goes on when you can no longer take patients. You can also contact them if you require additional staff.
4. Prepare to receive casualties from ED, at any time and with telephone warning from Clinical Site Manager, but in exceptional circumstances without warning. A doctor and a nurse will accompany these patients, and you will receive a full handover. These patients should be labelled with their name, and a Major Incident number. They will come with all their property which must be kept with patient at all times.

Allocate one member of staff to call in other staff, according to your own procedure.

5. The prioritising of patients for surgery, will be determined by
   - i) The Senior Surgeon (Surgical Consultant)
   - ii) The Nurse in Charge of theatres
   - iii) Consultant Anaesthetist
6. Surgeons will either have come from ED with the patients, as designated by the Senior Surgeon, or been allocated by the Medical Co-ordinator in the Incident Control Room.
7. Follow your own procedure as to the use of each theatre, the clearance of the department, and the preparation of appropriate equipment.
8. Major Incident patients following recovery will be sent to Buckland Ward (ext 6324/6326). Inform Buckland ward who to expect. If they need intensive care then other arrangements need to be made; liaise with ICU, and the Clinical Site Manager (ext 6077/6078). All patients must be accompanied by a nurse, to fully handover the care of the patient to the ward. Remember to take property with patient.
9. You must not stand down until told by the Incident Control Team.

NURSE IN CHARGE OF ICU

Ext 6381/1670 bleep 528

Capacity to take 10 ventilated patients and 6 HDU. Escalation into Recovery 4 HDU type patients

On receiving the call major incident standby / declared.

Standby – assemble all you staff and with Consultant in charge assess which patients can move either to a ward or to another hospital. Do not move patients unless the hospital is declared.

1. Ensure all extra equipment is fully charged i.e. syringe drivers, monitors etc
2. Check all stock levels.
3. Check pharmacy levels - stock drugs and fluids.

Declared –

1. Inform all medical and nursing staff and ICU Matron.
2. Delegate Ward Clerk / receptionist to call in staff as directed using unit call out sheet.

3.4. Liaise with the Anaesthetic Consultant and medical staff to determine which patients can move and organise a Doctor to Doctor transfer with the appropriate hospital. The control room will organise the transport. If the patient is moving internally liaise with the Clinical site Manager in the control room (ext 6077/6078).

5. Coronary Care patients will be considered for transfer if more beds are needed. This will be done in conjunction with Medical Co-ordinator and CSM in the control room (ext 6077/6078).
6. Delegate staff to set up bed areas for the arrival of new MI patients.
7. During the incident, if a patient from the Major Incident dies in ICU, inform the control room immediately and send the body, all property and relevant paper work to the mortuary.
8. Relatives / visitors will be held in Main Outpatients Department, liaise with them via runner when you are ready for relatives/ visitors to come to the unit.

Follow more in depth locally held plans in your major incident File.

To co-ordinate and manage the ward receiving all major incident patients needing admission.

NURSE IN CHARGE – BUCKLAND WARD

Ext 6324 / 6326

IF you receive the message MAJOR INCIDENT STANDBY start to decide who can be discharged and make plans for where patients can be moved to but don't move anyone until you have been declared. Liaise with the Clinical Site Manager.

On receiving the message **'MAJOR INCIDENT DECLARED' from Switchboard.**

1. Inform all staff on the ward; ' Major Incident Declared'.
2. Allocate a member of the team to call out staff that are off duty. Keep the message brief:-

   ONLY USE DIRECT DIALING NOT SWITCHBOARD.

   'Major Incident Declared - Report to Buckland Ward.'

Be aware of covering the next few shifts so that there are staff to relieve current staff.

3. In liaison with the Clinical Site Manager and Surgical Matron, transfer all other patients to empty beds on other wards. A porter will be allocated with a patient trolley, to your ward, to assist you in this.
4. Record on the bed state and *Major Incident discharge planner (found in the back of policy)* which wards the patients are transferred to and send it by runner to the Clinical Site Manager in Control Room via a runner.
5. Ensure all vacant beds are ready to receive major incident casualties. Casualties will arrive on ward from ED without prior warning. The Clinical Site Manager will try to inform you of expected patients as often as possible. You may receive patients pre-operatively as well as post operatively.
6. Patients will arrive from ED in a variety of states they may still be partially dressed and will need to be cleaned up, dressings reapplied and will need reassessing. Remember only emergency treatment will be carried out in ED.
7. Ensure all casualties have an identification tag on when they arrive and keep all property with patient at all times.
8. Keep any and all bits of i.e. shrapnel etc that you find with patients property. The police may need this for forensics
9. The Surgical SHO or other senior surgical officers will be based on the ward to further assess the needs of the casualties. If you do not have them, please inform the Control Room (ext 6078/6077) immediately so that this can be rectified.
10. Contact the Medical Co-ordinator or Incident Manager in the Incident Control Room, (ext 6078/6077) for further assistance as required.
11. Follow detailed action cards on ward.
12. Liaise at all times with the Surgical Matron (bleep 676) who will base herself on Buckland Ward.
13. If AMU take an over spill of surgical patients from the incident then they will need surgical nurse help.

14. If it is a medical incident i.e. chemical then patients will go to AMU in the first instance and Buckland ward will back them up.

Used if the incident is a medical incident, or as an overflow ward once Buckland ward is full and/or to see and assess non major incident medical patients.

NURSE IN CHARGE OF AMU

Ext 1680/6439

IF you receive the message MAJOR INCIDENT STANDBY start to decide who can be discharged and make plans for where patients can be moved to but don't move anyone until you have been declared. Liaise with the Clinical Site Manager.

On receiving the message **'MAJOR INCIDENT DECLARED' from Switchboard.**

1. Inform all staff on the ward; ' Major Incident Declared'.
2. Allocate a member of the team to call out staff that are off duty. Keep the message brief:-

'Major Incident Declared - Report to AMU.'

Be aware of covering the next few shifts so that there are staff to relieve current staff

3. In liaison with the Clinical Site Manager and Medical Matron, decide which patients can be transferred if necessary and allocate to a medical ward as necessary. Record on the bed state and *Major Incident discharge planner (found in the back of policy)* which wards the patients are transferred to and send it by runner to the Clinical Site Manager in Control Room.
4. You will take patients from the major incident in the first instance if the incident is medical in nature. Otherwise you will take surgical patients as an overflow from Buckland ward once they are full, and/or non major incident medical patients from ED needing assessment.
5. Use the SAU for receiving non major incident surgical patients who need assessment by the surgical team. There should not be many of these patients but if you do get one ensure a member of surgical team see them. Speak to Control Room if you need help.
6. Casualties will arrive on ward from ED without prior warning. The Clinical Site Manager will try to inform you of expected patients as often as possible.
7. When receiving Major Incident patients, they will arrive from ED in a variety of states they may still be partially dressed and will need to be cleaned up; dressings reapplied and will need reassessing. Remember only emergency treatment will be carried out in ED.
8. Ensure all casualties have an identification tag on when they arrive and keep all property with patient at all times.
9. If dealing with Major Incident patients keep any bits of foreign bodies i.e. shrapnel etc that you find with patients property. The police may need this for forensics
10. A Medical SHO or other Registrar will be based on the ward to assess the needs of patients arriving from ED. If you do not have them, please inform the Control Room (ext 6078/6077) immediately so that this can be rectified.
11. Contact the Medical Co-ordinator or Incident Manager in the Incident Control Room, (ext 6078/6077) for further assistance as required.
12. Follow detailed action cards on ward.

13. Liaise at all times with the Medical Matron who will base herself on AMU.
14. If AMU take an over spill of surgical patients from the incident then they will need surgical nursing and medical help.

To co-ordinate and manage the ward receiving all major incident paediatric patients needing admission.

NURSE IN CHARGE – PAEDIATRICS

OUTWOOD WARD– 23 BEDS + 6 DAY CASE BEDS

Ext.6416/ 6415

(IN RESPECT OF CHILD CASUALTIES)

Outwood ext 1677/6416/6415 will be used to take any non major incident children from ED who need assessment by a Paediatrician or potential admission and also an over spill of major incident patients.

On receiving the message **'MAJOR INCIDENT DECLARED'**

1. Inform staff on the Unit 'Major Incident Declared'.
2. Coordinator to allocate someone to call out your staff. Keep the message brief:-

   'Major Incident Declared - Report to the Outwood ward.'

   Expect all existing non-major incident children from ED directly to your area, for assessment, admission or discharge. (Any child already in ED with minor injuries will be treated by staff in Trauma & Orthopaedic Clinic, where minor injuries will be treated during an incident)

If paediatric casualties are expected:-

3. Ensure that all paediatric medical staff are contacted. There should be a call out list on the unit.
4. Arrange to clear beds as appropriate to accept casualties. Make arrangements to clear any high dependency patients, if necessary, or ensure adequate nursing support. The Control Room will help in this matter. Keep them informed of your situation ext. 6078/6077
5. Liaise with the Clinical Site Manager regarding bed state, at all times.
6. Move all mobile children and their belongings into the CAU, play area, or other areas within paediatric unit.
7. Make a list of all children who are to be moved to CAU and send it to Clinical Site Manager situated in the Control Room via runner.
8. The Control Room will aid you if you need to transfer children to another hospital.
9. Record any transfers on the bed state.
10. Ensure all vacant beds/cots are ready for the reception of casualties, who may arrive without prior warning.
11. Ensure all casualties have an identification tag on when they arrive.
12. Keep all property with the patient.
13. Casualties will be further assessed for priority treatment by a senior paediatric medical staff and surgical teams.
14. Contact the Control Room (ext.6078/6077) for further assistance, equipment, advice etc. as required.
15. Follow detailed action card held on ward.

To aid with Surgical Nursing Issues.
To co-ordinate activity on the Surgical and Orthopaedic units – communicate with Control room on behalf of surgical and orthopaedic unit.

SURGICAL MATRON

Bleep no 544/676/298

On receiving the message **'MAJOR INCIDENT DECLARED'**

Base yourself on Buckland Ward liaise with the Surgical SHO, and other members of the surgical team on the ward, to keep everyone fully up to date with the incident. Ensure there are enough surgical doctors of all grades to care for patients on wards. Ensure all surplus staff are sent to the General assembly point, coffee shop, West Entrance.

1. Ensure all Surgical, Orthopaedic and Gynaecological wards are aware of the incident and start assessing patients for discharge and be ready to accept patients from Buckland ward. The Maternity unit may be able to take a small number of Gynae patients from the ward to help make space.
2. Remind all wards that they will be receiving patients from Buckland Ward without prior warning and that initially they may have more than their normal patient quota.
3. Liaise with NIC of Buckland Ward. Ensure they are aware of the Major Incident. Ask for the following information and report to the Clinical Site Manager in Control Room.
    - No. of male/female patients
    - No. of very ill patients
    - No. of mobile patients who can be discharged and go directly to Discharge Lounge to await collection or transport home.
4. Ensure adequate staffing levels on all wards and ask them to call in their own staff from the Staff Call Out Lists and Duty Rotas' if required.

    Tell wards to keep the message brief,

    'Major Incident Declared'

    Ask them to report to the General Assembly Point, Coffee lounge, and West entrance to wait to be assigned.
5. Liaise with Clinical Site Manager and the Medical / Orthopaedic Matrons AT ALL TIMES, to help co-ordinate the safe transfer of patients throughout the hospital.
6. If there are orthopaedic injuries, ensure nurses from orthopaedic wards are sent to Buckland Ward.

To co-ordinate the activity on the medical unit and treatment of non-major incident patients.

MEDICAL MATRON

Bleep no 318

Base yourself on the AMU to help clear the ward as necessary.

AMU will take, non major incident patients from ED needing assessment and treatment.

AMU will take the over flow from Buckland Ward if necessary or Major Incident patients if the incident is of a medical nature.

ON RECEIVING THE MESSAGE **'MAJOR INCIDENT DECLARED'**

1. Ensure all medical wards are aware and ask them to get their staff Call Out Lists and Duty Rotas' ready for you and ascertain their staffing levels.

2. If extra staff is required, the ward liaison matron will ring the wards and ask them to commence their cascade call outs.

3. List patients moved from AMU to wards and send to Clinical Site Manager in the Control Room via a runner. All new non-major incident patients coming from ED to go to AMU. List new arrivals and ensure they are assessed, treated and admitted or discharged as necessary. Send list of new patients to Clinical Site Manager.

4. Liaise with the other matrons and Clinical Site Manager regularly, to help co-ordinate the safe transfer of patients throughout the hospital.

5. Liaise with the Medical SHO. Ensure you have enough medical staff. Call Control Room (6078/6077) if you need more.

6. Keep wards and other areas informed of progress at all times.

7. Be aware that your area may initially get more patients than you have bed spaces for.

8. Porters can be contacted via Facilities Manager based in porters lodge.

To look after relatives of patients involved in the major incident.

SENIOR SPECIALIST NURSES

On being contacted - 'Major Incident declared '

1. Go to the Control Room (AD77) and let them know you have arrived. Set up your area with Outpatient staff and wait for relatives to arrive.
2. Liaise with Sister in Charge ED to let her know you are in place so that they can send any relatives that by chance arrive at ED. Also if she has any patient details that will be helpful to you.
3. Liaise with Sister in Charge of Buckland Ward, Theatre and ICU so that they know you are in place and able to care for relatives.
4. Log details of all relatives that you deal with and give regular copies to the Control Room and Police Control Room.
5. There are religious Chaplains and Psychological staff in the Outpatients dept if you need assistance.
6. Care of these relatives and help them as you can.
7. Keep in regular contact with the Control Room for information and to keep them updated.

To receive all non-major incident patients from ED, ICU, Buckland Ward.

OTHER WARDS / TEAMS

(Except Buckland / AMU / Outwood Ward)

On receiving the message **'MAJOR INCIDENT DECLARED'** from the Matron in your area:

MEDICAL WARDS ONLY.

1. All wards prepare to receive patients immediately from the AMU and ED. You may well receive more patients than you have bed spaces for. These patients will have to be fitted in as you can in the first instance.
2. **AMU** will receive all non-major incident medical patients directly from ED on trolleys or wheelchairs and act as an over flow ward for major incident. They may well arrive without prior warning.
3. These patients will need to be assessed, clerked, treated and admitted or discharged.
4. Liaise with Clinical Site Manager Ext (6078/6077) and Medical bleep holder at all times.

ALL OTHER WARDS / TEAMS

1. Surgical wards prepare to receive wheelchair/stretcher patients immediately from Buckland Ward. Discharge any elective patients you can in liaison with medical staff. You may well receive more patients than you have bed spaces for. These patients will have to be fitted in as you can in the first instance.
2. Although Buckland Ward is the main receiving ward for Major Incident patients, you must be prepared to receive immediately any non major incident patients from the ED department, who will need to be assessed and treated as necessary.
3. When the Ward Liaison Matron asks you to call in your own staff using Staff Call Out Lists and Duty Rotas allocate a member of staff to commence this. Keep the Medical/Surgical Matrons informed of progress. Be aware of ensuring that you have enough staff coming onto the next few shifts to relieve.
4. Immediately send any spare nurses to the General Assembly point, coffee lounge, main entrance
5. DO NOT USE THE SWITCHBOARD OR BLEEP SYSTEM UNLESS URGENT.
6. Medical SHO's will be based in the AMU to assess the newly arrived non Major Incident patients and to deal with on-going medical needs.
7. Surgical, Gynaecology, Orthopaedic and Medical staff not needed on their ward /department, ED, Buckland Ward, or Theatre should go to General Assessment Point coffee shop, main entrance and wait to be allocated a job.
8. If you need a doctor contact control room and they will allocate.
9. Keep in regular contact with the relevant Unit Matron for help or advice.

NURSE IN CHARGE OF OUT PATIENT DEPARTMENT.

OPD will be used for the care of bereaved relatives of patients who have died during the major incident and will be staffed by specialist nurses with the help of Out Patient staff as necessary.

In working hours

ON RECEIVING THE MESSAGE **'MAJOR INCIDENT DECLARED'**

1. Inform all the department's medical/nursing staff **'MAJOR INCIDENT DECLARED'.**
2. Close the Outpatients clinics. All patients should be sent home and advised that further appointments will be made.
4. Send spare medical, nursing and A&C staff to the general assembly point, coffee lounge, main entrance, as soon as possible.
5. Collect Staff Call Out Lists, and, if asked by the ward liaison matron to do so, commence phoning staff that are off duty. Keep the Message brief:-

"**Major Incident Declared: - Report to the general assembly area coffee lounge, main entrance."**

6. When you have completed your tasks, stay in OPD to aid the senior nurses and help manage the Outpatient area.

See local action cards kept in Major Incident file.

Base yourself on AMU. Call in colleagues via list. Help medical Matron with non-MI patients.

MEDICAL SHO ON DUTY / ON CALL

ON RECEIVING THE MESSAGE '**MAJOR INCIDENT DECLARED'**

1. Contact SHO/Registrar colleagues on duty and off duty and ask them to report to the General assembly point coffee shop, west entrance.

2. Assess bed state on your ward / unit; identify patients for possible transfer to the community and discharge. Liaise with the Medical Matron. A consultant will be allocated to undertake bed clearance and the placement of patients.

3. Any GP telephoning you directly about a patient that they wish to send in should be advised that the hospital is only accepting Major Incident cases. Do not accept unless there are life threatening or exceptional circumstances, in which case patients should be advised to through the MI triage process, but to advise staff that they are a medically expected patient. Inform AMU of patients pending arrival. Highlight patient on medically expected patient database

4. Assess and treat all non Major Incident patients who arrive in the unit. These will be any patient who was already in ED and GP (medical) referrals who were accepted before the Major Incident started. They may be half way through clerking or may not have been seen by a doctor, so please ensure every patient has had an assessment and priority given.

5. Liaise with the Incident Control Room at all times (ext 6078/6077) regarding your need for medical assistance, bed space etc.

Base yourself in ED/ICU. [Dependant on role] Call in colleagues via list. Support ED and surgical consultant/ colleagues in ICU

ANAESTHETISTS

ON RECEIVING THE MESSAGE '**MAJOR INCIDENT DECLARED**'

1. 830 bleep holder and one of the 2 consultants on call [General or critical care] to attend ED Resus and prepare to receive patients. Until more staff arrive the consultant should not be involved with one patient but should support the work of the 830 bleep holder assuming the role of the Anaesthetic Team Leader.

2. The second consultant should remain in ICU to organise the department, liaise with the Anaesthetic Team Leader and allocate staff as they arrive, assuming the role of the ICU Team Leader

3. 930/730 bleep holders to commence Anaesthetic Department call out cascade.

4. The call out should include all anaesthetic staff starting with all permanent senior staff, but to include trainees if necessary. After the first 10 staff have agreed to attend within 30 minutes plans can be discussed with the Anaesthetic Team Leader regarding ongoing staffing after the first 8 hours

5. Attending consultant anaesthetists should report to the ICU Team Leader, to be allocated patients in ED, ICU or Theatres as appropriate, aiming to have one senior anaesthetist per seriously injured patients.

6. Liaise with the Incident Control Room at all times (ext 6078/6077) regarding your need for medical assistance, bed space etc.

To manage surgical admissions to Buckland Ward and provide surgical support to ED, wards, ICU and Theatre.

GENERAL SURGICAL TEAM ON DUTY

On receiving the message **'MAJOR INCIDENT DECLARED'**

1. One member of the team to contact other colleagues and off duty surgical teams.

   Keep your message brief:-

   'Major Incident Declared - report to General Assembly point coffee lounge, west entrance.'

2. The Surgical SHO or another member of the Surgical Team should go to Buckland Ward and in liaison with nursing staff commence ward clearance and should remain on the ward to receive patients and reassess them as they arrive from ED.

   Keep in contact with the Medical Co-ordinator in the Incident Control Room (AD77) ext 6077/6078.

3. All other on duty staff to report to the ED waiting area outside ED matron's office and wait to be allocated to a major incident patient.

4. All samples sent to the Pathology Department must be accurately labelled. Do not phone the department, send them direct.

5. On being allocated to a patient in the Emergency Dept, remain with that patient until he/she is handed over to ICU/Theatre/Ward.

   The ED department is for the initial assessment and emergency treatment of patients.

6. Any GP telephoning you directly about a patient they wish to send in should be advised that the hospital is only accepting major incident cases. But in exceptional cases you must accept patient and see and treat on SAU. Ensure these patients are seen and assessed in good time.

To act in whatever capacity, as directed by the Medical Incident Co–ordinator.

All CONSULTANTS

Excluding ED, Medical and Surgical teams on take.

On receiving the message **'MAJOR INCIDENT DECLARED'**

1. Proceed immediately to your wards and in conjunction with the nurse in charge, assess which patients could be discharged if required.
2. Ensure your team are writing TTO's and discharge summaries immediately.
3. Provide other support as requested by the Medical Incident Co-Ordinator.

To provide support to the hospital, to move patients, supplies and equipment to all areas.

PORTERING SUPERVISOR / PORTERS

Portering supervisor and porters will be based in the porters lodge, with access to security office.

(ext 6117/6227)

The portering supervisor on duty will manage the porters until a facilities Manager arrives. All portering activity must be recorded.

ON RECEIVING THE MESSAGE **'MAJOR INCIDENT DECLARED',**

All porters should assemble at the porters lodge and take orders from the portering supervisor until the facilities manager arrives.

1. The ED porter should liaise with Sister in ED
2. **The portering supervisor should allocate the following tasks to porters / security as they arrive:**
   - i) One porter to co-ordinate putting out all Major Incident signs. He should then return to the lodge after this task is completed.
   - ii) One porter should transfer patient trolleys from outside theatres and take to the back of ED.
   - iii) One porter, with a patient trolley should go to Buckland, stay there to help transfer patients to other wards. He should then return to the lodge once the ward is finished with him.
   - iv) The next available porter should report to the x-ray department and help there if there is no porter there.

   ED porters should remain in ED and will be directed by sister in charge. She may request additional portering help.
3. Be ready to respond to any request from ED sister or anywhere else in hospital to facilitate the transfer of patients and equipment throughout the hospital. If short of porters; use other staff waiting in the lodge as necessary,
4. When porters have completed their tasks, they should report to the lodge for further instruction.

Do not stand down until you have been informed to do so by the Control Room.

To provide support to the hospital and ensure access to all necessary areas.

HEAD SECURITY OFFICER

Security will be based at the Security offices

The most senior security guard on duty will manage the security staff until a facilities Manager arrives. ALL security activity must be recorded.

ON RECEIVING THE MESSAGE **'MAJOR INCIDENT DECLARED'**

The Head Security officer on duty should remain in the security office to:

- Telephone off duty staff
- Issue keys
- Issue action cards

For OUT OF HOURS allocate security personnel to:

1. Take the keys to unlock the OPD and any other area as requested by the Control Room or the help-desk.
2. Guard the main entrances and guide patients and relatives who need access through the entrance to the wards. NB Some relatives will have been told to go to OPD 1 please send those relatives to that area. Assist access via Atrium to staff, police and other relevant personnel as necessary.
3. Direct the press to the Post Grad medical centre on the ground floor, Trust Headquarters, through the side entrance near the multi faith centre and help the manager in charge of that area with any security matters. ENSURE THAT THE PRESS REMAIN IN THAT AREA

During normal working hours, other contractual staff will help undertake these duties as necessary.

All security personnel should assemble at security office and take orders from the most senior security personnel on duty until the facilities Manager arrives.

When security has completed their tasks, they should report back to the security for further instruction.

Do not stand down until you have been informed to do so by the Incident Control Room.

To Process all samples from major incident patients with relevance and speed.

PATHOLOGY DEPARTMENT

In the event of a Toxic Incident, it is essential that the Consultant Microbiologist is contacted and speaks directly to the ED Consultant and Control room.

Out of hours:

Switchboard will contact the on-call Biomedical Scientist for Haematology on bleep 554 and the on-call Biomedical Scientist, Clinical Biochemistry bleep 553 with the following message;

'Major Incident Standby or Declared'

Out of hours call out cascade

The Haematologist will:

- Contact the Senior Haematologist who will Alert / call in staff – contact details held locally within department and aircall Consultant Haematologist
- Prepare labs

The Biochemist will:

- Contact lab managers
- Senior Biochemist

1. Contact Control Room ext 6078/6077 to ascertain **type of incident**, estimated number of casualties, estimated time of arrival.
2. Samples and request forms arriving to Pathology must be ***clearly*** labelled with the following mandatory information, if available.

   Sample:

   Major Incident number, Surname, Forename, Date of Birth, Date of Sample and Signature of Requesting Doctor

   The following information on the sample is considered useful:

   Time and source of sample

   Request Form

   Major Incident number, Surname, Forename, patient gender, Date of Birth [or approx age if not known], Date of Sample and printed name of Requesting Doctor and, if available, bleep number

   The following information on the sample is considered useful:

   Clinical details and medication

Unknown Patients

Where the identity of a patient cannot be confirmed, the patient ***must*** be clearly identified with the **Major Incident Number** on both sample and request form. This number will be used as the surname until identity is established

Pathology runners will be available to ensure prompt delivery of blood and blood products. A runner will be allocated to the lab from the staff pool.

Incidents Involving Exposure to Biological, Radioactive and Chemical Agents including the Neurotoxin SARIN

Please refer to protocols available in the CNBR Response File

In the case of a chemical incident,

Samples will only be taken from the patient once they have been decontaminated. These samples should be clearly marked as being taken from a decontaminated patient.

If the chemical substance is known, the ED department will inform the Pathology Department what it is at the earliest time.

No waste material is to be sent to the Pathology Department for disposal.

To perform Imaging as appropriate

DIAGNOSTIC IMAGING DEPARTMENT

Ext 2889 (General) / 6002 / 6073 (CT)

On receiving the following message **'MAJOR INCIDENT DECLARED'**

1. Inform staff members on duty, with the message **'MAJOR INCIDENT DECLARED'**
2. Out of hours, the most senior radiographer on duty to ensure off-site staff (including doctors, DIA's, nurses and admin staff) are contacted urgently and asked to attend via the cascade call out system.
3. In hours, Consultant Radiologist to determine the request priority, in close liaison with ED Consultants and Senior Surgeons in ED.
4. 1 x Radiologist to go to CT to provide advice and hot report trauma scans.
5. 1 x Radiologist to hot report plain films/be available for Ultrasound (Fastscan), if required.
6. 1 x Radiographer to go to Resus in ED to carry out any portable x-rays if required.
7. 1 x Radiographer to go to Theatres and ICU for portable x-rays if required.
8. Onsite staff to complete current inpatient examinations, vet the remaining inpatient requests for clinical urgency. Non urgent patients should be discontinued once the incident begins. Remaining staff prepare to do emergency CTs and plain x-rays of patients sent from ED.
9. Remind ED staff to use paper requests/M number system.
10. CT 'Radiographer' coordinator to control workflow to scanners.
11. Nursing staff make preparations to assist in interventional procedures.
12. In hours, clerical staff to rearrange booked appointments
13. Out of hours, clerical staff should assist with 'booking in/registering patients'.
14. DIA's should prepare Ultrasound rooms/copy discs/use IEP.
15. See locally held additional Major Incident folder for the department.

To provide support to all areas of hospital as necessary.

DUTY ENGINEER

On receiving the message **'MAJOR INCIDENT DECLARED'**

1. Contact the Duty Fitter, Duty Electrician and instruct them to meet you in the Engineer's office.

3. Report to the Facilities manager situated in the facilities dept.

4. Ensure any breakdowns are rectified immediately and modifications to services are carried out as required.

5. Any spare works staff should be volunteered to act as porters and report to the General Assembly point coffee lounge, west entrance, for allocation of jobs.

To provide Pharmacy Services to all areas of the hospital.

PHARMACY STAFF

(Inpatient dispensary no. ext 6247/1681.)

During working hours the switchboard will phone the dispensary on 6247. The member of staff receiving the alert must inform the Chief Pharmacist or most senior pharmacist on site immediately.
Out of hours the on call Pharmacist will be called.

On receiving the message "**Major incident declared**":

1. The most senior pharmacist / first pharmacist to arrive (out of hours) will report to the hospital Incident Control Room ext 6078/6077 and inform of arrival and then go to pharmacy.

2. The most senior pharmacist will co-ordinate work in the pharmacy, calling in staff as necessary. All staff to report to pharmacy department.

3. The senior pharmacist will then:

   a) Send sufficient staff to complete outstanding out-patient and in-patient dispensing and to ensure rapid supply of drugs to the major incident sites as required.

   b) Designate liaison pharmacists for ED and Theatres.

   c) Designate a senior pharmacist in charge of the dispensary.

   d) Terminate routine drug delivery rounds and put both porters on standby for immediate delivery of drugs.

   e) Ensure that routine distribution and production work is completed as far as possible and that staff are deployed appropriately.

   f) Get purchasing staff to check stocks of those drugs that are likely to be required:

      IV fluids including plasma expanders
      Controlled drugs
      Anaesthetic agents
      Antibiotics
      Tetanus Toxoid
      Anti-tetanus immunoglobulin
      Medical Gases (always stress the importance of the incident to BOC)
      and to contact the wholesalers, manufacturers or other hospitals for further supplies if necessary

4. Medicines including analgesia, antibiotics TTO packs, will be delivered to the T&O Clinic (Walking wounded area) for Major Incident patients who are being discharged.

5. Contact the Major Incident Manager for information.

6. Designate one member of staff to ensure that there are adequate Emergency Drugs boxes and that these are refilled immediately.

7. Inform staff that they may not leave until they have received the 'stand down' message.

8. Once the 'stand down' message is received, assemble all staff and debrief as appropriate.

To supply stock to all parts of the hospital on request.

STORES STAFF

(ext. 6549)

On receiving the message: **'MAJOR INCIDENT DECLARED'**

The Assistant Director of procurement's phone number will be held in the manager's box in the Incident Control Room.

1. The first member of staff to arrive should report to the Hospital Incident Control Room – operations room (ext 6077/6078).
2. Two assistants will be allocated by the Incident Manager to help the Supplies staff. They will go to the department.
3. You will keep a list of addition stock that all main areas may need in the case of a Major Incident.
4. Inform NHS supply chain and ask for listed stock to be sent directly to the hospital. This list will be held in your major incident file.
5. Call in staff as appropriate. Call out list held locally in major incident file.
6. Staff will check regularly with the following areas to check their additional requirements:
    - Paediatrics (if applicable)
    - ED
    - Buckland ward and AMU
    - Minors in T&O Clinic
    - Theatre
    - ICU

See local policy for further action points.

To supply refreshments to all areas of the hospital for patients and staff.

CATERING.

1. On receiving the message major incident declared via switchboard, the manager will come into the hospital and report to the Facilities manager Situated in the Facilities dept.

2. They will call in their staff via their call out list.

3. Liaise with the Incident Control Room ext 6078/6077 to establish where refreshments need to go to and the timing of these.

4. Remember to send refreshments to the Press Area, Main Outpatients and Discharge Lounge where relatives and discharged patients will be assembled.

5. Also remember that staff may not be able to leave their clinical areas, therefore refreshments will need to be sent to these areas for staff. ED, ICU, Theatres, Buckland ward, AMU etc

To support relative and discharge patients involved in the incident. Provide practical help where necessary.

SOCIAL WORKERS

Ext 1802

On receiving the message **'MAJOR INCIDENT DECLARED'**

1. Inform your colleagues - '**Major Incident Declared**'.
2. Set up consulting area in the Outpatients.
3. Provide support/counselling to all distressed persons referred to you. (Casualties, relatives etc.).
4. Please complete records and ensure they will be available for future reference.
5. Once informed to Stand Down, refer all outstanding cases to Surrey/West Sussex Social Services.

To support relative and discharge patients involved in the incident. Provide practical help where necessary

CHAPLAINS

Ext 6120

On receiving the message **'MAJOR INCIDENT DECLARED'**

1. Contact your colleagues and part-time Chaplains.
2. Report to Outpatients and offer support to distressed persons.
3. Remain there, unless specifically requested to offer support elsewhere.
4. Please complete records and ensure they will be available for future reference.
5. Contact the Outpatient staff if you need further information or help.

To provide volunteers to various parts of the hospital as required.

VOLUNTARY SERVICES

Ext 1719

THIS MAY BE THE VOLUNTARY SERVICES MANAGER

ON RECEIVING THE MESSAGE **'MAJOR INCIDENT DECLARED'**

Working Hours

1. On arrival voluntary services manager or deputy voluntary services manager to attend voluntary services office and initiate telephone cascade advising volunteers to attend main entrance staff holding area.
2. Volunteers to go to the reception desk in the main entrance, and log in. Ensure they have their ID badges on them then go to normal place of work.
3. 2-3 Volunteers will be sent to base themselves in Main Outpatients to assist with relatives and the discharge lounge to assist in the discharge process of MI patients.

Out of Hours

Collect the Volunteer Call Out List, which will be in the MI Box, in the Volunteers Office.

At all times

1. Commence phoning. Keep your message brief:-

'**Major Incident Declared - Can you come in? Report to the Staff Holding Area in the Main Entrance.'**

2. Process as above
3. If any volunteers are able to work as runners or porters, please identify them to the GM co-ordinating the Staff Holding Area at the main entrance.

Care of deceased patients.

MORTUARY
Ext 1695

Access Mortuary via swipe card. Security team will override key access.

You will follow local more in depth policies kept in the department.

1. ED, ICU, Theatre and other departments will inform you of deceased patients. Sometimes deceased patients may arrive without prior warning.
2. Porters will convey deceased patients to the Mortuary.
3. Deceased patients will be labelled by ward / department they are coming from and their MI number.
4. Any shrapnel or other clothing/ property found on the patient must be kept for forensics.
5. Contact Control Room ext 6077/6078 and kept them up to date with capacity or any other issues.

EXCEEDED FRIDGE CAPACITY

- If fridge spaces are full and our local Funeral Directors are unable to accommodate our over-flow, deceased patients can be laid out respectfully in the viewing room and post-mortem room.

NB: ADULTS AND CHILDREN ARE TREATED THE SAME.

SECTION THREE

APPENDICES – PAPER WORK FORMS AND ADDITIONAL INFORMATION

INCIDENT RECORDING FORM

Information Received		**Response/ Actions**		
Time Information Received	Who Received Information	Time Action(s) Undertaken	Name of Person Undertaking Action(s)	Actions Taken

MAJOR INCIDENT DISCHARGE PLANNER – for non Major incident patients being discharged from wards

Ward / Department:……..……

Compiled by (Capital letters) ……..……

CATEGORISE ALL PATIENTS ON THE WARD BY ENTERING PATIENTS NAME AND TICKING THE APPROPRIATE BOX

Bed No.	Patients Name	Status					
		Green	Amber				Red
		Medically fit (Preop) Out-patients Due home today / tomorrow	Needs periodic care District Nursing e.g. drains, dressings	Equipment needed. E.g. O_2	Cleared by panel **(awaiting Nursing Home)**	Been accepted by intermediate care **(awaiting placement)**	Unsafe discharge Not medically fit/ needs acute Nursing Care

Staff Call Out Log sheet - Ward / dept ……..

To be used by control room, all wards and departments calling in staff. To be used in conjunction with up to date departmental call out lists. Please keep all call out lists and give to manager at the end of incident.

NAME OF STAFF	*Time called*	*Answered*	*Able to attend*	*Expected time of arrival*	*ALLOCATED AREA*	*ADDITIONAL COMMENTS*
		Yes / no	Yes / no			
		Yes / no	Yes / no			
		Yes / no	Yes / no			
		Yes / no	Yes / no			
		Yes / no	Yes / no			
		Yes / no	Yes / no			
		Yes / no	Yes / no			
		Yes / no	Yes / no			
		Yes / no	Yes / no			
		Yes / no	Yes / no			
		Yes / no	Yes / no			

WHERE SHOULD STAFF REPORT TO

All staff called in as a result of the major incident should report to the locations identified below with their staff identity badge.

STAFF	Control Room AD77	ED	Porters Lodge	General Assembly Point Coffee Shop Main Entrance	Stay/Go To Own Department
Chief Executive, Directors and GM's	**X log in at control room (CR) and then to allocated job**				
On call GM	**x**				
On call Clinical Site Manager	**x**				
ED doctors & on call medical teams		**x**			
Nurse in charge of ED		**x**			
Duty Consultant/ Registrar Medicine	**x**				
Facilities Duty Manager					**x**
Supporting matron(s)	**X then go to own areas**				**x**
Theatre manager/bleep					**x**

holder					
STAFF	**Control Room AD77**	**ED**	**Porters Lodge and Security Office**	**Outpatients**	**Stay/Go To Own Department**
manager/ deputy	**X log in at CR and then to allocated job**				
Other Managers	**X log in at CR and then to allocated job**				
ED, AMU &ICU nurses called in					**x**
Other nursing staff called in					**Or x**
Chaplaincy				**x**	
Porters and security staff			**x**		
Out Patient Manager/sister				**x**	
All other Ward/Departmental staff on duty or called in to your specific department					

CIVIL CONTINGENCIES ACT

The Civil Contingencies Act (2004) defines a Major Incident as:

'An event or situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK, war or terrorism which threatens serious damage to the security of the UK.'
(Civil Contingencies Act, 2004)

The main civil protection duties that fall on Category 1 Responders are to:

- Assess the risk of emergencies occurring and use this to inform contingency planning
- Put in place emergency plans
- Put in place Business Continuity Management arrangements
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency
- Share information with other local responders to enhance co-ordination
- Co-operate with other local responders to enhance co-ordination and efficiency;
- Provide advice and assistance to businesses and voluntary organisations about business continuity management (local authorities only).
- The principal mechanism for multi-agency co-operation under the Civil Contingencies Act is the Local Resilience Forum (LRF), based on each police area.

The LRF

The principal mechanism for multi-agency co-operation under the Act is the Local Resilience Forum (LRF), based on each police area.

The Surrey Local Resilience Forum includes the following members:

- The Chief Constable of Surrey Police
- The Chief Executive of Surrey County Council
- The County Chief Fire Officer
- The Chief Executive of the South East Coast Ambulance Service
- The Chief Executive of the Primary Care Trust
- Two District Chief Executives representing Surrey's 11 districts and boroughs
- An Acute Hospital Chief Executive representing Surrey's four acute hospitals
- The Commander of Deepcut Garrison
- A Director from the Government Office for the South East
- The Area Manager South East Area, Thames Region of the Environment Agency
- A Director from the Highways Agency
- A Director from the Health Protection Unit (Surrey and Sussex)
- A Director from the Surrey and Borders Partnership NHS Foundation Trust.

POTENTIAL HAZARDS

Major Traffic Accident:
Involving coaches or multiple cars. A3 A31 M25 M3 Road systems and hazardous chemicals being transported

Aircraft incident: Gatwick, Heathrow, Farnborough Airport, and small airfields.

Railways:
Train crash / derailment / incident

Industries:
Mostly Light Factories,

Evacuation / Collapse of hospital / nursing home / school fire

Epsom Race course

London to Brighton Events

Concerts and festivals

Terrorist activity:
Deliberate Release of biological or chemical agents or radioactive devices.

In the event of a terrorist incident, the Home Office assume the role of Lead Government Department and will appoint Home Office Government Liaison Teams (HO GLT). The role of the Home Office GLO in terrorist incidents, and where the GO role fits into these arrangements, is detailed in the Home Office Counter Terrorism Manual which has been issued to all UK Police Forces.

Accidental spillage :
On rail/road transportation of chemical or other hazardous substances.

NOTE: Incidents involving communicable disease, chemical and radiological hazards/ terrorist release require specialist input. Surrey Communicable Disease Control Service (Surrey Health Protection Unit) will play a key role in this regard. This team must always be consulted and in many incidences will lead the public health response on behalf of the involved PCT's.

FURTHER READING

- **Civil Contingencies Act 2004**

- **Emergency Preparedness: Guidance on Part 1 of the Civil Contingencies Act**

- **Emergency Response and Recovery: Non Statutory guidance to complement *Emergency Preparedness***

- **The NHS Emergency Planning Guidance 2005**

- **Beyond a Major Incident**

- **Surrey (Local Resilience Forum) - Major Incident Plan (SMIP)**

- ***A Guide to the Surrey Trauma Support Service***
  The aim of the Trauma Support Service (TSS) is to provide specialist social and psychological support in the aftermath of a Major Incident. A Guide to the Surrey Trauma Support Service describes how the TSS is organised and how it can be activated. You can get a copy from Surrey County Council's Contingency Planning Unit.

- ***Emergency Response & Recovery: Decontamination of People Exposed to Chemical, Biological, Radiological or Nuclear (CBRN) Substances or Material: Strategic National Guidance***
  This online document provides an agreed set of principles, common terminology and a shared understanding of each organisation's roles and responsibilities. It is specifically designed to help responding organisations to deal more effectively with dangerous material that has been released deliberately. Further information can be found at **http://www.ukresilience.gov.uk.**

- ***Surrey Churches' Multi Faith Plan***
  The Surrey Churches' Multi Faith Plan is designed to help the different faith communities respond to official requests for spiritual comfort and guidance to those affected by a Major Incident, and for the provision of longer term comfort to those in need. The faith communities work with Services for Families and other agencies. You can get a copy from Surrey County Council's Contingency Planning Unit.

- Community Risk Register (CRR) can be found on the following web site:
  http://www.surreycc.gov.uk/__data/assets/pdf_file/0009/176175/Surrey-Community information-2011.pdf
- Department of Health 2005
  http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4121072

Implementation Plan

Procedure name MI plan Executive Sponsor Bernie Bluhm
Procedure Lead Andrea Strudwick
Sponsor Group Management Board

Objective	Actions	Person Responsible	Date for completion	Evaluation/ Evidence
Procedural document ID, disseminated and staff can access correct version	Alert system dissemination to directorates. Intranet updated. Trust library of procedural documents updated. Old version archived.	Policy Coordinator	Day of launch	*Library has old version in archive section. Confirmation e-mail to Director. Alert system evidence of dissemination. Report to Directorate.*
Procedural document disseminated within directorates to relevant staff groups. Old versions removed. Understanding of procedure confirmed.	Alert recipients will inform their staff of new procedure and its implications for practice. Alert recipients will remove old versions from their areas of responsibility. Alert recipients will maintain a register of those staff who have been informed and understand the new or updated procedure.	Matrons Head of Nursing / Midwifery and Governance Clinical Directors Lead Clinicians Associate Directors	Within I month of launch	Alert reply e-mail confirming. Register of staff aware and understanding procedure. Dates of meetings (e.g. ward) where any changes to practice or risks to compliance with procedure occurred.

Objective	**Actions**	**Person Responsible**	**Date for completion**	**Evaluation/ Evidence**
	Alert recipients will contact Risk Manager if any risk to compliance in their area is identified.		Within I month of launch	Risk assessment performed. Risk registers entry.
Appropriate training is provided to staff to support the procedure.	Training programme to be rolled out to all members of staff	Matrons Head of Nursing / Midwifery and Governance Clinical Directors Lead Clinicians Associate Directors BCM	Within 3 months of procedural launch	Major incident live exercise, table top and communication testing confirms embedment of policy and demonstrates that staff adequately trained and confident in plan

Equality Impact Assessment
Stage One: Screening for Relevance to Protected Characteristics and the Equality General Duty and Prioritising

Names of assessors carrying out the screening procedure (min of 2- author / manager and staff member / patient representative) • Andrea Strudwick • Joe Chadwick-Bell	**Name of lead author /manager & contact number** Andrea Strudwick Ext 6533
1. Name of the strategy / policy / proposal / service function Major Incident Policy	**Date last reviewed or created & version number.** Version 5 February 2013
2. Who is the strategy / policy / proposal / service function aimed at? All staff, patients and external agencies (such as Fire, Ambulance and Police Services)	
3. What are the main aims and objectives? To provide a comprehensive and effective Major Incident plan to ensure the trust can robustly deliver safe care to all patients during a major incident scenario.	
4. Consider & list what data / information you have regarding the use of the strategy / policy / proposal / service function by diverse groups? The previous version of this policy dated September 2009 was assessed for relevance to the equality general duty and potential Equality Impacts (EIA) in September 2009. Any potential impacts were reduced / removed from the policy prior to its publication. This policy has been reviewed in line with Trust policy and contains minor amendments only indicated on the front sheet of the policy. Consideration has been given to the new equality general duty and protected characteristics and this document reflects that review.	

5. Is the strategy / policy / proposal / service function relevant to any of the protected characteristics or human rights below?
If **YES** please indicate if the relevance is **LOW, MEDIUM or HIGH**

- .

	Protected Characteristics	**Patient, their carer or family**	**Staff**
•	**Age**	No	No
•	**Disability**	No	No
a	Physical	No	No
b	Learning disability	No	No
c	Sensory impairment, Hearing, sight	No	No
d	Speech or communication difficulty	No	No
e	Mental ill health	No	No

f	People with HIV / AIDS	No	No	
g	Head injury, cognitive loss	No	No	
h	Other			
•	**Gender Reassignment**	No	No	
•	**Race/ Ethnic Communities / groups**	No	No	
•	**Religion or belief**	No	No	
•	**Sex** (male female)	No	No	
•	**Sexual Orientation** (Bisexual, Gay, heterosexual, Lesbian)	No	No	
•	**Marriage & Civil Partnership**	No	No	
•	**Pregnancy & Maternity**	No	No	
•	**Human Rights**	No	No	

6.	**What aspects of the strategy / policy / proposal / service function are of particular relevance to the protected characteristics?** N/A	
7.	**Does the strategy / policy / proposal / service function relate to an area where there are known inequalities? If so which and how?** N/A	
8.	**Please identify what evidence you have used / referred to in carrying out this assessment.** See q 4	
9.	**If you identify LOW relevance only can you introduce any minor changes to the strategy / policy / proposal / service function which will reduce potential adverse impacts at this stage? If so please identify here.** N/A	
10.	**Please indicate if a Full Equality Impact Assessment is recommended**. (required for **all** where there is **MEDIUM & HIGH** relevance)	**NO**
11.	**If you are not recommending a Full Equality Impact assessment please explain why.** The revised policy has low relevance to the equality general duty and does not contain any new potential impacts upon the protected characteristics as identified above.	
12.	**Signature of author / manager** **Andrea Strudwick**	**Date of completion and submission** **25th February 2013**

Checklist for Procedural Documents

To be completed by the Procedure Lead and attached to any procedural document submitted to a group for consideration and approval.

Document Title:		Yes/No Unsure	Comments
1	**Title:**		
	Is it clear and relevant?	**yes**	
2	**Purpose:**		
	Are the reasons the document was developed clearly stated?	**yes**	
3	**Development Process**		
	Are the persons involved in the development identified?	**yes**	
	Has a reasonable attempt been made to involve the relevant expertise?	**yes**	
	Is there evidence of consultation with the relevant stakeholders?	**yes**	**In meeting minutes**
4	**Style/ Format**		
	Is it in the approved organisational format?	**yes**	
	Is the document clear and concise?	**yes**	
5	**Content**		
	Are the key terms defined?	**yes**	
	Is the objective of the document clear to the reader?	**yes**	
	Are the expected outcomes described?	**yes**	
6	**Evidence base**		
	Is the type of evidence supporting the document identified explicitly?	**n/a**	**Appendix document**
	Are the key references cited?	**n/a**	
	Are the references cited in full in the organisations approved format?	**n/a**	
	Are supporting documents referenced?	**n/a**	**Appendix**
7	**Approval**		
	Does the document identify the sponsor group?	**yes**	
	If relevant, has it been reviewed by Workforce / staff side?	**yes**	
8	**Dissemination**		
	Has the implementation plan been completed and is it attached to the procedural	**yes**	If the answer to this is NO or Unsure the Sponsor Group cannot approve the

	document?		procedural document.
	Dissemination (continued)		
	Does it clearly identify how the document will be disseminated?	**yes**	
	Does it clearly identify how staff will be developed to comply with the document?	**yes**	
9	**Document Control**		
	Does the document record the correct version control information and history?	**yes**	
	Have the archiving arrangements for superseded documents been addressed?	Yes	To be completed by Policy Coordinator in line with Trust policy.
10	**Equality Impact assessment**		
	Has the EIA been completed?	**yes**	
	Have any actions/ changes been undertaken to address issues raised during the EIA?	**yes**	
11	**Review Date**		
	Is the review date clearly identified?	**yes**	
12	**Overall responsibility for document?**		
	Is it clear who is responsible for co-ordinating the implementation and review of the document?	**yes**	