

TRUST BOARD IN PUBLIC		Date: 7th August 2014	
		Agenda Item: 4.5	
REPORT TITLE:		Chemical 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)		Executive Committee 23 rd July 2014	
Action Required:			
Approval (√)	Discussion (√)	Assurance (√)	
Summary of Key Issues			
<p>Legal requirement of Civil Contingencies Act 2004 for Business Continuity/Major Incident Plans to be signed off at Trust Board.</p> <p>The Chemical Incident Plan has been re-written to reflect changes in NHS structure and to reflect NHS England Core Standards. The plan also aligns with robust education programme which has been in place for the past two years.</p>			
Relationship to Trust Strategic Objectives & Assurance Framework:			
<p>SO2: Effective - Deliver effective and sustainable clinical services within the local health economy</p> <p>SO5: Well – led</p>			
Corporate Impact Assessment:			
Legal and regulatory implications	A requirements of the Civil Contingencies Act 2004		
Financial implications	N/A		
Patient Experience/Engagement	Included within the report		
Risk & Performance Management	Included within the report		
NHS Constitution/Equality & Diversity/Communication	Included within the report		
Attachments:			
Chemical Incident Plan			

TRUST BOARD REPORT – 7th August 2014

Chemical Incident Plan

1. Introduction

The Trust has a legal duty to provide a response to any Chemical/decontamination incident.

The policy has been written to reflect changes to the NHS structure during the past two years and in line with the NHS England core standards.

The plan has been written to reflect the robust education programme which has been in place for the past two years for Emergency Department, Clinical Site Team and Portering staff.

2. Recommendation

The Trust Board is asked to approve and sign off the Chemical Response Plan as an operational plan.

Paul Bostock
Chief Operating Officer
August 2014

An Organisation-Wide Policy for Dealing With Chemically Contaminated Casualties

Status (Draft/ Ratified):	Final
Date ratified:	dd/mm/yyyy
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Approved Sponsor Group:	Resilience Steering Group
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Owner:	Andrea Strudwick
Owner's job title:	Business Continuity Manager
Author:	Andrea Strudwick
Author's job title:	Business Continuity Manager
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Date issue:	30 th June 2014
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Replaces:	Special Incidents Chemical Plan 2009
Unique Document Number:	<i>To be completed by the Corporate Governance Officer</i>

Equality statement

This document demonstrates commitment to create a positive culture of respect for all individuals, including staff, patients, their families and carers as well as community partners. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to use the Human Rights Act 1998 to promote positive practice and value the diversity of all individuals and communities. This document is available in different languages and formats upon request to the Trust Procedural Documents Coordinator and the Equality and Diversity Lead.

Please do not delete the Equality Statement. It's presence in your Policy helps the Trust to demonstrate its Equality Obligations.

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Introduction:

Throughout the area served by the trust there are many chemical risks including industrial sites and transportation of hazardous cargo via the road and rail network. It is essential that adequate plans are in place to deal effectively with casualties from such incidents whilst at the same time ensuring the safety of staff, patients and visitors. Plans also need to consider the risk to buildings, estate and services.

The threat of terrorism is very real and plans reflect this additional risk but the trust acknowledge the biggest risk is from industrial or transport related incidents also due to the close proximity to Gatwick airport and the M23/M25. It is important to remember that management of such incidents cannot be undertaken in isolation and plans must reflect integrated arrangements with other parts of the NHS and the emergency services.

Scope of the Plan:

The plan aims to consider:

1. Dealing with isolated incidents involving only a few casualties
2. Dealing with major incidents involving larger numbers of casualties

Roles and responsibilities of other Agencies:**Ambulance Service:**

The Ambulance Service will notify the Emergency department (ED) of any chemical incident that may produce casualties giving details of chemicals involved and location if available. The ambulance service attending the scene will be responsible for decontaminating casualties using approved NHS methods including removal of clothing. If patients still require treatment after decontamination then they will be taken to the nearest Emergency Department. It follows that these patients should not need to be decontaminated further at ED. Ambulance Control will always be notified by the hospital if it is dealing with an isolated incident that may affect its ability to continue with normal operations.

Fire Service:

The fire service will take the lead role at the scene for safety and management of the inner cordon. They have access to specialist Hazmat officers who are trained to manage such incidents as well as access to other specialist advice agencies. The Fire Service will always be notified by ED if it is dealing with an isolated incident to provide advice. It is not the responsibility of the Fire Service to remove contaminated waste.

Environment Agency:

The Environment Agency (EA) has a responsibility to protect the environment and their advice must always be sought. It is recognised that protection of life is paramount but environmental protection must be considered at all times. The EA can also contact and provide advice about protection of water supplies and disposal of contaminated waste. They will not however dispose of waste which is the responsibility of the trust.

Police:

The Police will take responsibility for scene control, cordon management, crowd control and above all crime investigation and incident overall co-ordination. The advice of the Police should always be sought before clothes or other property is given back to victims in case they are needed for crime investigation purposes. All media statements must be agreed by the Police prior to issue.

General Principles:**1. Safety**

Ensure safety of staff, scene and patient

2. Containment

Stop contamination spreading and prevent further contamination.

3. Triage

Who do you want to decontaminate first?

4. Decontamination

Decontaminate by removing clothing and RINSE – WIPE - RINSE

5. Triage

Who needs treatment first?

6. Treatment

Provide appropriate treatment including specific antidotes indicated

7. Aftermath

Provide follow up including notification to GPs, Public Health England and Environment Agency.

Staff must not attempt treatment before considering personal safety.

Section 1 – Isolated Incidents:

In the event of an isolated incident involving contaminated casualties who self present to ED they will usually appear at reception. Reception staff must be alert to this and ensure all such patients remain where they are or are asked to step outside the doors whilst a senior nurse is consulted immediately to prevent further spread of contamination.

The nurse in charge of ED will then need to make a decision on the procedures to be adopted. If the patient just has minor contamination such as an arm then it may be possible to decontaminate easily using a bucket and sponge outside. The nurse should consider the need for staff to wear PPE, which may range from gloves/aprons/goggles or full chemical PRPS Suits.

If there is more than one patient or contamination is extensive then it may be necessary to deploy the decontamination unit with staff in PRPS suits.

The priority at all times is staff safety, containment and then adequate decontamination prior to treatment. Advice should be obtained from Public Health England on 0844 892 0555 who will advise on both patient treatment and decontamination advice and if contamination involves plant, estate or a wide area then Surrey Fire Service should be asked to deploy for advice and support. The responsibility for decontaminating the casualties is an NHS one NOT a fire service one and if they are deployed will work under the direction of the NHS.

The nurse in charge of ED must inform the Clinical Site Matron (Bleep 339) of all chemical incidents. Always ask Ambulance Control to deploy a Liaison Officer. As soon as possible the Environment Agency must be notified for advice on dealing with contaminated water, clothing etc.

Section 2 - Chemical Major Incidents:

1. Activation:

The chemical major incident can be declared in three ways:

- By the Ambulance Service in response to intelligence, actual casualties or suspected incident
- By the hospital in response to actual casualties arriving at the hospital or in response to information received.
- In response to an internal incident

2. Alerting:

Ambulance Control will alert the hospital using standard contact numbers via the hospital switchboard. The Switchboard will contact the Senior Site Matron on (339), who will discuss with on-call manager +/- NIC ED. Switchboard will activate actions given to them by the Site Manager and activate major incident plan if requested to do so.

Essentially the trust will deal with a chemical major incident in the same way as a conventional one except that containment and decontamination become the top priorities.

3. Emergency Lock down/securing procedures:

In the event of a message from Ambulance Control requesting Emergency Securing measures/Lockdown, then the Switchboard will immediately inform the Clinical Site Matron (339) and the Clinical Site Matron in conjunction with the on-call manager and estates manager will request the Porters to begin locking all doors to prevent contaminated patients entering the hospital. It may not be the ambulance service that requests the lockdown, they may recommend it but it will be the Trust's decision.

If such a measure is deemed necessary then rapid communication to all wards and departments is necessary to provide information, reassure and gain co-operation.

If emergency lock down is ordered the only entrances available for staff to use will be the rear entrance next to CCU and the Angio suite. This entrance will have staff on duty to restrict entrance to staff and prevent contaminated people entering the hospital.

4. Deceased Bodies:

Any bodies that have not been decontaminated should be moved to one side and covered with a sheet, preserving privacy and dignity. After the incident is stood down, the body should be put inside a yellow body bag by staff wearing PPE and the bodies left outside in the decontamination shower unit screened from view until advice can be obtained on whether it is safe to use the mortuary or whether they should be decontaminated. Advice can be obtained from the Police and CIRS in the first instance. Bodies that have been decontaminated such as those who die in ED/theatre etc can be moved to the mortuary but last offices should not be carried out until the Coroner has agreed. Chemical Resistant Body Bags are available from the HART Team (Secamb) at present but SASH will be purchasing some shortly, to be kept in the red external storage container.

5. Contaminated waste

Water – Consult the Environment Agency. In most cases they will consent to its disposal in a foul sewer however this must not happen until permission is granted. If not, then a contractor will need to be called in to remove.

Clothing – Consult Public Health England and Environment Agency. It may be possible in some cases for the person to take clothing home to wash but if not a contractor will need to remove it. Remember all clothing should be contained within appropriate bags and clearly labelled.

Suits – Suits need to be decontaminated and returned to the supplier (Respirex 01737 778600). Protocol and forms available in returns folder kept in decon store cupboard.

Other Waste or Actual Chemicals – Arrange a contractor to remove the waste via the Estates Department.

Contractors: Contact via Estates Department. The trust will be invoiced for the cost of removal.

6. Training & Exercising

All ED staff, site managers, estates and on call managers must attend yearly training. Exercises will be held every two years.

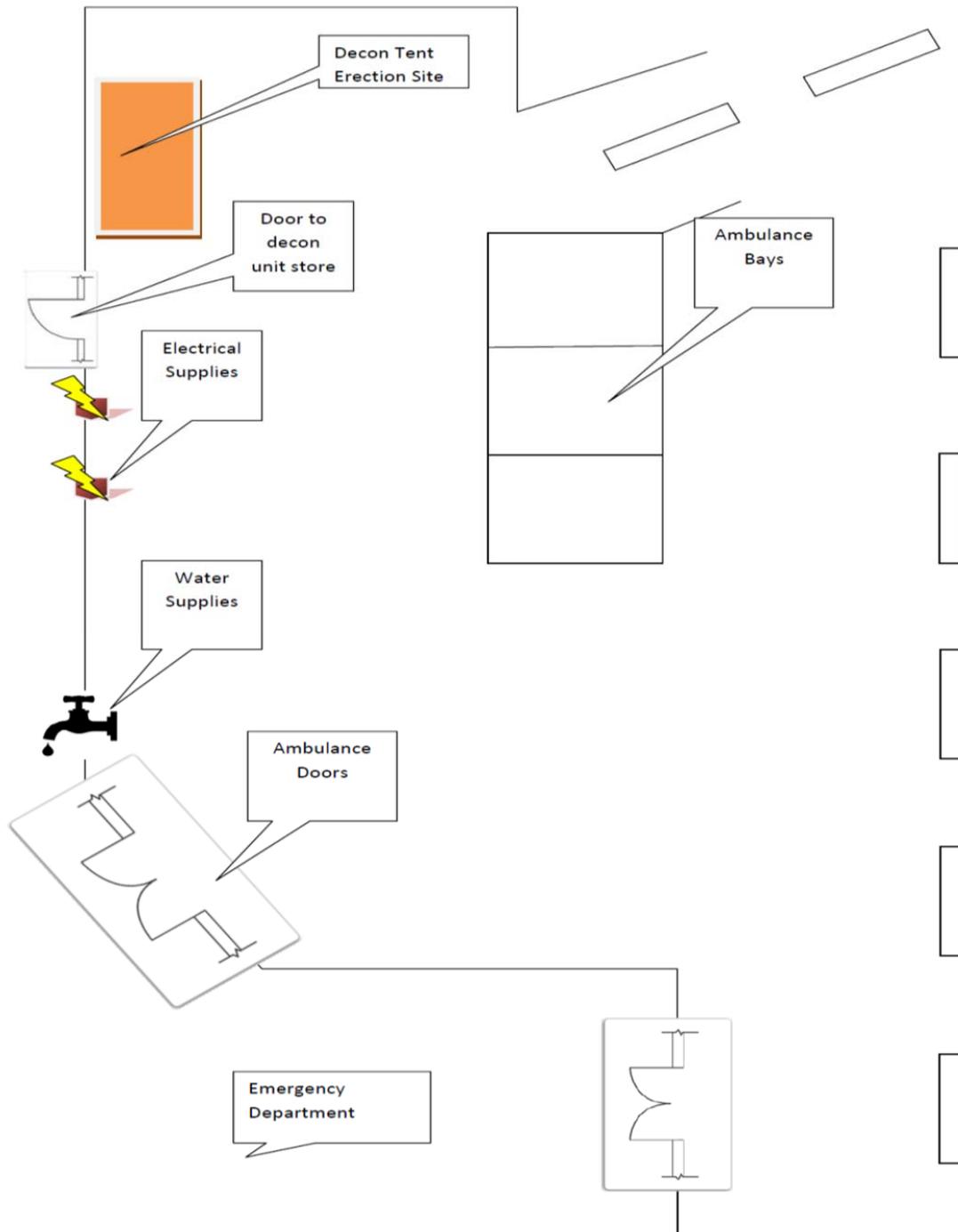


This is the tent the decontamination team are trained to erect with the help of the trained portering staff.



This is the Protective suits available to staff to use to protect themselves when responding to an incident and should only be worn with an in date permit to work which will have been issued at the end of their training session and is valid for a year.

Site Plan for external decontamination tent.



ACTION CARDS - CHEMICAL INCIDENT PLAN

- 1) On Call Manager (Hospital Silver)
- 2) Forward Hospital Incident Manager (Clinical Site Matron)
- 3) Decontamination Team Members
- 4) Decontamination Zone Incident Manager (Hospital Bronze)
- 5) ED Nurse in Charge
- 6) ED Senior Doctor
- 7) Executive Director (Hospital Gold)
- 8) Porter

YOU ARE A SILVER LEVEL MANAGER

ACTION CARD 1 ON-CALL MANAGER

THIS CARD STATES ACTIONS TO BE CARRIED OUT BY THE ON-CALL MANAGER IN THE EVENT OF A CHEMICAL INCIDENT WHETHER OR NOT A MAJOR INCIDENT HAS BEEN DECLARED. REMEMBER IF IN DOUBT DECLARE A MAJOR INCIDENT BY CONTACTING SWITCHBOARD

In the event of the hospital being alerted by SECAMB that a chemical incident is in progress and self-referring patients are likely consider whether lockdown of the hospital is required and if so, contact the Porters to activate their action card. The message from SECAMB may be “activate emergency securing procedures”.

- 1. Remember the priorities when dealing with a CHEMICAL incident:**
 - Safety
 - Containment
 - Triage
 - Decontamination
 - Triage
 - Treatment
 - Aftermath

You should ensure that the safety of our staff and existing patients followed by containment to prevent further contamination is a top priority. Any areas already contaminated must be closed and staff within should be treated as contaminated.

You must now don the HOSPITAL INCIDENT MANAGER tabard and take responsibility for the hospital response.

Ensure that ED have activated their CBRNE plan and have allocated roles for decontamination of casualties.

Ensure the FORWARD HOSPITAL INCIDENT MANAGER (Clinical Site Matron) has been deployed to ED to liaise with Emergency Service Incident Officers. This person to collect tabard and radio from you - this person is directly responsible to you.

If lockdown has not been initiated, discuss with Forward Hospital Incident Manager and activate if appropriate.

- 1. If more than 3 patients then opening the Hospital Control Centre should be considered. If more than 6 patients then consider declaring a Major Incident.**

2. **Ensure the Exec on-call has been notified and appraised of situation.**
3. **Ensure Emergency Planning Officer has been notified.**
4. **Consider requesting closure of the Emergency Department and diversion of ambulance cases in discussion with on-call Executive. Safety of existing patients and staff must be paramount.**
5. **If access, privacy or press become an issue contact Communications Officer (via Switchboard) and Surrey Police.**
6. **Ensure advice from the Fire Service, Ambulance Service and Environment Agency has been taken with regards to identifying contaminant. All staff either exposed to contaminant or those who have been involved in the decontamination team must be referred to Occupational Health as a priority.**
7. **In the event of a Major Incident where lockdown has been activated ensure staff called in use rear exits (by Angio Suite) to enter hospital. Safety of staff is paramount and if they are in danger due to numbers of casualties involved withdraw them inside, to a safe area.**
8. **The hospital has some antidotes to treat some types of patients. These are stored in the antidote cupboard in ED or in the Pharmacy Emergency Cupboard. The On Call Pharmacist will advise.**
9. **Remain on site until the incident is stood down, ensuring enough resources on site to manage a further incident (may need to discuss with Secamb or a neighbouring Trust).**
10. **Ensure an internal hot debrief is undertaken as soon as possible.**

**REMEMBER IF A MAJOR INCIDENT HAS BEEN DECLARED YOU WILL NEED TO
ACTIVATE YOUR MAJOR INCIDENT ACTION CARDS AS WELL**

**THESE CARD GIVES ACTIONS TO BE CARRIED OUT BY THE ON CALL MANAGER
IN THE EVENT OF A CHEMICAL INCIDENT WHETHER OR NOT A MAJOR INCIDENT
HAS BEEN DECLARED. REMEMBER IF IN DOUBT DECLARE A MAJOR INCIDENT
BY CONTACTING SWITCHBOARD YOU ARE A SILVER LEVEL MANAGER**

ACTION CARD 2
FORWARD HOSPITAL INCIDENT MANAGER
(CLINICAL SITE MATRON)

THIS CARD STATES ACTIONS TO BE CARRIED OUT BY THE CLINICAL SITE MATRON IN THE EVENT OF A CHEMICAL INCIDENT WHETHER OR NOT A MAJOR INCIDENT HAS BEEN DECLARED. REMEMBER IF IN DOUBT DECLARE A MAJOR INCIDENT BY CONTACTING SWITCHBOARD

In the event of the hospital being alerted by SECAMB that a chemical incident is in progress and self-referring patients are likely consider whether lockdown of the hospital is required and if so, contact the Porters to activate their action card. The message from SECAMB may be “activate emergency securing procedures”.

Remember the priorities when dealing with a CHEMICAL incident:

Safety
Containment
Triage
Decontamination
Triage
Treatment
Aftermath

1. You must don the Forward Hospital Incident Manager tabard, collect a radio from AD77 and make yourself know to the Emergency Services Liaison Officers outside of the hospital.
2. Ensure that a Decontamination Zone Manager has been deployed by ED and check communications channels.
3. Assess whether lockdown is required and initiate as appropriate. If lockdown is initiated ensure all ward and departments are aware by cascade or runner. Ensure wards/areas close doors and windows, turn off air conditioning.
4. Ensure the nurse in charge of ED has contacted Public Health England on 0844 892 0555 for advice.
5. Ensure on-call manager has been notified and requested to attend.
6. Ensure security have been notified and deploy as appropriate.
7. Ensure that an Ambulance Liaison Officer has been requested via ambulance Control
8. Contact Surrey Fire & Rescue control stating you have contaminated

Casualties and requesting a liaison officer to attend. Remember the responsibility for decontamination remains an NHS one, the Fire Service may attend to support but this needs to be discussed with their liaison officer.

- 9. Decide with the Decontamination Zone Incident Manager if additional CBRNE trained staff need to be called in. Remember ED will need massive amount of support and additional staff must be made available by redeploying from across the trust if needed.**
- 10. Contact the Environment Agency on 0800 252 676 or 01903 832000 advising them we are dealing with a chemical incident and decontamination is underway. Ask them to deploy an officer or give advice on environmental impact and waste water management.**

ACTION CARD 3

DECONTAMINATION TEAM MEMBERS SASH

THIS CARD GIVES ACTIONS TO BE CARRIED OUT BY THE DECONTAMINATION TEAM MEMBERS IN THE EVENT OF A CHEMICAL INCIDENT WHETHER OR NOT A MAJOR INCIDENT HAS BEEN DECLARED.

Remember the priorities when dealing with a CHEMICAL incident:

**Safety
Containment
Triage
Decontamination
Triage
Treatment
Aftermath**

- 1. Safety – initially a minimum of 2 staff should be deployed in PRPS suits with two ready to be deployed as back up. Under no circumstances must only one person be deployed in PRPS.**

- 2. Decontamination teams should change into theatre scrubs prior to putting on PRPS suits.**

- 3. Patients should be briefly triaged outside and given a disrobe pack (orange). Full instructions are on the pack. Some patients will need help to remove clothing and footwear. Removed clothing should be put into the large clear plastic bags. Items such as keys, wallets and phones should be put into the small plastic bag. The numbered wristband should then be attached to the patient's wrist – this corresponds to the numbered label on the bag.**

- 4. While waiting for decontamination patients can be given a bucket and sponge to begin preliminary decontamination ensuring all waste water is treated as contaminated and disposed of appropriately.**

- 5. Patients should be decontaminated inside the unit using warm water and detergent. The method is using RINSE – WIPE – RINSE process.**

6. If decontamination of eyes, ears or mouth is necessary then use a bag of normal saline and giving set.
7. Once decontaminated then patients should be given a re-robe kit to cover themselves. They are then taken through to the ED where they should be retriaged and booked in. Stocks of re robe packs are available in ED which contains towels and a green two piece suit to wear.
8. Property is left sealed up until advice from the Fire Service or Environment Agency is obtained. If crime is suspected then the Police will need to be consulted before clothing or other property is given back.
9. Remember to follow all pre entry checks with your Decontamination Zone Manager prior to deployment into warm zone.
10. You must come out of your PRPS suit when the Amber light flashes next to a solid green light, in a controlled manner and as an emergency extraction if red light displays.
11. Remember, prior to a controlled exit from suit, it must be cleaned down for a clear 12 minutes before being removed and bagged for return to company for deep cleaning and checking.
12. Following an emergency extraction, the battery and filters must remain insitu and the contaminated suit, bagged and labelled appropriately and returned to Respirix for investigation/disposal.

**REMEMBER YOUR SUITS MUST BE CUT OFF WITH SCISSORS AND LABELLED
FAULTY IF EMERGENCY EXTRACTION IS REQUIRED
WHEN LEAVING THE DECONTAMINATION ZONE YOU MUST GET CHANGED AND
HAVE A BREAK OF AT LEAST 20 MINUTES ENSURING YOU GET A DRINK AND
SOMETHING TO EAT IF YOU FEEL ABLE TO GO BACK IN FOR A SECOND SESSION
IN A PRPS SUIT YOU MUST TAKE A NEW SUIT FROM THE CUPBOARD AND NOT
REUSE YOUR OLD SUIT.
THEN REPORT TO THE DECONTAMINATION ZONE MANAGER RE TASKING**

DECONTAMINATION ZONE INCIDENT MANAGER SASH **ACTION CARD 4**

1. You have responsibility for the safe management of the Decontamination Zone.
2. **YOU MUST ONLY WORK IN THE CLEAN ZONE!**
3. Remember the priorities when dealing with a CHEMICAL incident:

Safety
Containment
Triage
Decontamination
Triage
Treatment
Aftermath
4. You should ensure that the safety of our staff and existing patients followed by containment to prevent further contamination is a top priority.
5. Ensure sufficient staff are deployed in PRPS suits. There must be a minimum of two staff in PRPS suits at all times. Always prepare a stand by team to go in if required.
6. Ensure all windows in ED and surrounding areas are closed and all air conditioning is switched off.
7. You must record the time that staff are deployed in PRPS suits using your nominator board and checking they have an indate permit to work. Ensure staff are fully briefed about their role and any hazards including light sequence and safety measures. Decontamination of the staff member is routinely required after 60 minutes. A new set of staff should be ready in their PRPS suits to take over. Keep accurate records of in and out times of all staff.
8. As patients arrive in the warm zone the team should issue the patients with the orange disrobe packs which include wristbands and property bags. The number on the wristband corresponds to the number on the clear plastic bag. The large bag is for clothing and small bag is for wallet, keys and Mobile phones etc.

9. **Once inside the unit, remaining clothing and the cape is removed, bagged and left in the warm zone.**
10. **The patient is then decontaminated using the approved RINSE WIPE RINSE technique using a solution of detergent and warm water.**
11. **Once cleaned patients are given a re-robe pack to dry and re-dress, then escorted inside the ED.**
12. **The patients should be triaged in ED and guided on for further treatment.**
13. **Remember to maintain the integrity of the clean/dirty areas.**
14. **Once decontamination is completed – it is essential that staff follow the process for decontaminating suits as outlined in action card 3.**
15. **Take advice from Fire, PHE or Chemical Incident Reponse Service re the process for cleaning and airing tent/integral unit.**
16. **The flooring should be showered down and left to dry in the clean zone. Whilst all waste water is pumped out into the appropriate waste container.**
17. **The pump is then removed into a bucket and flushed through with clean water.**
18. **Contaminated water must be disposed of in accordance with the plan and suits and solid waste should be bagged and labelled. Contact the Duty Estates Manager and ask them for a contractor to remove the waste.**
19. **The warm zone is out of bounds until all contaminated waste is disposed of. A cordon and clear signs must be in place to prevent unauthorised entry to this area.**
20. **Report to the Hospital Incident Manager**

NURSE IN CHARGE OF SASH ED **ACTION CARD 5**

Remember the priorities when dealing with a CHEMICAL incident:

Safety
Containment
Triage
Decontamination
Triage
Treatment
Aftermath

1. **You should ensure that the safety of your staff and existing patients, followed by containment to prevent further contamination is a top priority. Issue Chemical Incident Action Cards to staff. Ensure staff collect Green Tabards (Decon Room) and radios (AD77).**
2. **Remember to lock the pedestrian (reception) entrance to ED and screen all other attendees unless you are certain that there will be no other attendees from the incident. Tell reception and triage in ED what to look out for.**
3. **Make sure the Clinical Site Matron and on-call manager have been informed and appraised of the situation to allow them to undertake their roles. You are responsible for declaring a CHEMICAL INCIDENT – the Clinical Site Matron will decide if it warrants activation of a major incident response.**
4. **Gather as much information as you can. Decide if full decontamination is required, remember respiratory contamination is best treated in the fresh air. In some cases if only one or two patients arrive with localised contamination it may be possible to disrobe them and decontaminate outside, by giving them buckets of water, sponges and screens, or use the purpose built decon room within ED. All outer clothing and footwear should be removed and bagged before entering.**
5. **If full decontamination is required deploy staff to activate the decontamination unit. All equipment is located in the decontamination room or incident store adjacent to the estates building (red storage unit). Key is in Resus CD cupboard.**
6. **You must deploy a minimum of five staff to the decontamination area. There**

must be no less than 2 staff in PRPS at any one time. One member of staff must be appointed to act as the Decontamination Zone Manager. This person should take charge of the decontamination area and put on the green tabard and collect a radio. This person should be decontamination trained.

- 7. Work closely with the Forward Hospital Incident Manager and other key managers.**
- 8. If patients have arrived in a car or other vehicle notify the Fire Service and treat as contaminated. Decontamination of this vehicle is not your responsibility.**
- 9. Decide if assistance is required from the Fire Service. You may need their advice if parts of the hospital have been contaminated. Always ensure Ambulance Control have been asked to deploy a liaison officer to the department**
- 10. Patients will enter the department via the Ambulance Doors once decontaminated, ensure someone is available to triage these patients and provide appropriate support and documentation including booking in. Re robe packs containing clothing and towels are available in the store. Hot drinks may be beneficial if condition allows.**
- 11. Once staff have finished decontamination they MUST take a meal break of at least 20 minutes. This is not negotiable.**
- 12. Make arrangements with the Clinical Site Matron/On-call Manager with regard to closing the decontamination zone and disposal of contaminated clothing, unit and suits. Decide when it is safe to unlock areas around ED.**

**REMEMBER – IF A MAJOR INCIDENT HAS BEEN DECLARED THEN YOU MUST
ACTIVATE YOUR MAJOR INCIDENT ACTION CARD AS WELL**

SENIOR DOCTOR SASH ED **ACTION CARD 6**

Remember the priorities when dealing with a CHEMICAL incident:

Safety
Containment
Triage
Decontamination
Triage
Treatment
Aftermath

1. **You should ensure that the safety of our staff and existing patients followed by containment to prevent further contamination is a top priority. This is a legal responsibility.**

2. **No patients should be brought into ED unless properly decontaminated using the approved RINSE – WIPE – RINSE techniques – irrespective of their medical condition. The only exception to this is where contamination is limited to hands or other small areas of the body where decontamination can be achieved by using a bucket and sponge outside. Shoes and outer clothing must be removed and bagged as a precaution.**

3. **You will need advice from Public Health England. Decide between you and the Senior Nurse who will contact them. The emergency number 0844 892 0555 the service may suggest samples are taken from the patient and sent to them – these should be taken and sent using the TOXIBOX system available in ED. Full instructions inside box.**

4. **Share all information available with other medical and nursing staff. Call in additional medical staff as required.**

5. **You should not get involved in decontamination – your role starts once patients have been decontaminated and arrive in the ED.**

6. **If antidotes are required the hospital has stocks of the majority of antidotes enough for about 15 patients. The on call pharmacist will advise on accessing those not stored in ED.**

7. **In the event of a major incident involving chemicals/biological agents then additional equipment and antidotes can be accessed via the National Reserve Stock accessible via the Secamb HART Team (Hazardous Area Response Team). Requests for these to be made via the Forward Hospital Incident Manager to the HART Team. In a Major Incident the Hospital Control Centre should access these for you.**

8. **Once patients have been decontaminated they will need to be triaged and then treated. Advice on treatment can be gained from Public Health England.**

EXECUTIVE DIRECTOR ON CALL **ACTION CARD 7**

Remember the priorities when dealing with a CHEMICAL incident:

Safety
Containment
Triage
Decontamination
Triage
Treatment
Aftermath

1. **You should ensure that the safety of our staff and existing patients followed by containment to prevent further contamination is a top priority.**
2. **You should liaise with the on call manager and ascertain how many patients are involved. Clinical Site Matrons are under instructions to set up the emergency control centres if there are more than 3 contaminated casualties.**
3. **ED will need significant support to manage these incidents. At least 1 senior Manager MUST be present on site at all times.**
4. **Any contamination incident becomes reportable under the Adverse Incident Policy.**
5. **Take the lead role in any media enquiries and involve the communications Team.**
6. **All staff involved in decontamination should be referred to Occupational Health by their manager post incident to ensure our duty of care to staff.**
7. **Consider issues relating to disposal of contaminated waste with the Site Matrons (forward incident officer)**

PORTERS **ACTION CARD 8**

YOU WILL BE ALERTED BY THE SENIOR NURSE ON DUTY EITHER IN ED OR CLINICAL SITE TEAM – IF THEY INSTRUCT YOU TO COMMENCE A LOCKDOWN YOU SHOULD GIVE THIS PRIORITY OVER ANYTHING ELSE.

- 1. At the request of the Clinical Site Matron lock all external doors around the hospital starting with the main reception doors. Station a member of staff at the doors between CCU and Angio, leading to accommodation to allow identifiable staff in. Collect the Chemical Incident Notices from the control room and stick them on all doors so that the correct side of the notice is visible from the correct side of the door.**

This is to stop potentially contaminated casualties entering the hospital.

- 2. If requested, assist ED staff to assemble the mobile decontamination unit as a priority (remembering to ascertain which areas are warm and which are cold).**
- 3. Follow instructions from Clinical Site Matron on further actions to be taken.**
- 4. Close any doors and windows around the hospital as you go about your duties.**
- 5. Give every assistance to ED in moving patients.**