

# Major Incident Plan

<b>VERSION:</b>	V 2.0
<b>CATEGORY AND NUMBER:</b>	Trustwide
<b>APPROVED BY:</b>	H&S
<b>DATE APPROVED:</b>	December 2011
<b>NAME OF AUTHOR:</b>	Natasza Lentner
<b>NAME OF RESPONSIBLE COMMITTEE/INDIVIDUAL:</b>	Health and Safety Committee Natasza Lentner
<b>DATE REVIEWED:</b>	Jan 2014
<b>NEXT REVIEW DATE:</b>	Jan 2017
<b>TARGET AUDIENCE:</b>	Trustwide And All Stakeholders
<b>ACCESSIBILITY</b>	Infonet

**IF A MAJOR INCIDENT HAS BEEN  
DECLARED PLEASE FOLLOW YOUR  
ACTION CARD  
FOUND IN APPENDIX 1 SECTION 18**

**IF YOU DO NOT HAVE AN ACTION CARD  
CONTINUE YOUR NORMAL WORK  
UNLESS INSTRUCTED TO DO  
OTHERWISE BY THE EMERGENCY  
CONTROL CENTRE**

**FOR FURTHER RESPONSE  
INFORMATION PLEASE GO TO  
SECTION 10: THE RESPONSE PLAN**

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## 2. POLICY DETAILS

### 2.1 VERSION CONTROL & AMENDMENT LIST

Version process

- Any new plan in draft format should read v0.1.
- After distributed to peers for review the amended version should read v0.2
- After reviewed at Health and Safety Committee Meeting the amended version should read v0.3
- Once plan approved and signed off at H&S Committee Meeting the final version will be sent to Hospital Management Board and will then read V1.0
- When the plan is due for review it reverts to draft format so will read v1.1
- After distributed to peers for review the amended version should read v1.2
- After reviewed the amended version should read v1.3
- Once plan approved and signed off at H&S Committee Meeting the final version will read v2.0

This process will continue each time the plan is reviewed. Therefore:

- V indicates version (v0.1)
- 1<sup>st</sup> number indicates number of final approvals (v1.0)
- 2<sup>nd</sup> number indicates plan is in draft format (v1.1)



<b>AMENDMENT LIST</b>				
Version	Date	Author	Status	Status Comment
V.2.0	31 <sup>st</sup> July 2012	Natasza Lentner	Plan updated following EMERGO Feb 2012	Changes to plan: update to command and control within the ECC. ED MAJAX symphony instructions and Radio Communication advice added to appendix. Minor alterations to wording and/or typos throughout. AEB will now be the media reception area not Rozas House as in previous plans.
	April/ May 2013	Natasza Lentner	Update	Plan amended to include the Post April 2013 NHS command structure ECC layout updated
	Sept/Oc t 2013	Natasza Lentner	Update	Clinical Site Team action card updated following discussions so they are now based in the ECC during incidents. References to the Resilience meeting (7.1.3 and 14.1.5) amended with Health & Safety Committee section instead. Updates to the incident levels and LAT and CCG coordination Incident control room email details changed in the action cards to control.incident1@bsuh.nhs.uk

<b>AMENDMENT LIST CONT...</b>				
<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Status</b>	<b>Status Comment</b>

## 2.2 PLAN FOR DISSEMINATION OF POLICIES

Title Of Document:	Major Incident Plan				
Date Finalised:	?	Dissemination Lead:	Natasza Lentner 01273 696955 Ext 4495		
Previous Document Already Being Used?	Yes / No				
If Yes, In What Format And Where?	Hard Copies And On The Infonet				
Proposed Action To Retrieve Out Of Date Copies Of The Document:	<ul style="list-style-type: none"> <li>•Ask People To Send Copies Back To Head Of Resilience.</li> <li>• Walk Round And Check For Hard Copies.</li> <li>•Email External Stakeholders, Ask Them To Destroy And Send Head Of Resilience Confirmation Of This.</li> <li>•Put Message On The Infonet</li> </ul>				
To Be Disseminated To:	How Will It Be Disseminated, Who Will Do It And When?	Format	Comments:		
The Whole Trust	On Infonet & In All Staff Email	Electronic			
SECamb	Available on the NRE	Electronic			
Sussex Police					
West Sussex FRS East Sussex FRS					
Western Sussex Hosp East Sussex Hospitals QVH Surrey And Sussex					
CCG CB LAT					
Sussex Community Trust					
Sussex Partnership					
Adur District Brighton & Hove City Mid Sussex District East Sussex County West Sussex County					
Sussex Resilience Forum					
St John Amb					
Red Cross					
PRH/RSCH ED			Head Of Resilience To ensure a Copy is in each Area	Paper Copy	
PRH/RSCH ECC				Paper Copy	
PRH/RSCH CSM Office				Paper Copy	
Head Of Resilience	Paper Copy				
PRH/RSCH Security	Email To Them & Ask For Confirmation Of Receipt	Electronic			
ADO/ADCO/ Heads Of Divisions					

## 2.3 STATEMENT ON HEALTH AND SAFETY

In a major incident it is very easy to become absorbed by the events unfolding around you and to forget that the usual rules and regulations regarding health and safety still apply.

It is essential that these regulations are observed during a major incident and that the same thought processes with regard to risk assessment and management are adhered to in the same manner as any other task during the working day.

Appropriate personal protection equipment (PPE) and procedures must be used and followed, as must the Trust Policy and Procedures for issues such as infection control, manual handling or the safe use of hazardous substances. As with any other task if you are unsure of anything during a major incident seek advice from the nearest appropriate person.

## 2.4 STATEMENT ON THE PRESERVATION OF EVIDENCE

All major incidents will be subject to some form of investigation. This may be in the form of a Criminal, Judicial or Coroners enquiry. It is essential that all staff bear in mind the absolute need for **ALL** paperwork, patients' property and clothing to be preserved. It is also essential that any Dry wipe boards used are preserved until they can be recorded using cameras for submission to the relevant investigating agencies.

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### 3. INTRODUCTION

As a category one responder under the Civil Contingencies Act of 2004 (the Act) Brighton and Sussex University Hospital NHS Trust (BSUH) has a legal responsibility to plan for and respond to emergencies by:

- Assessing the risk of emergencies occurring and use this to inform contingency planning
- Putting in place emergency plans
- Putting in place Business Continuity Management arrangements
- Putting 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
- Sharing information with other local responders to enhance co-ordination
- Co-operating with other local responders to enhance co-ordination and efficiency

This plan is the result of an integrated emergency management process managed by the Head of Resilience, in order to allow the Trust to fulfil it's obligations as a Category 1 responder under the Act.

## 4. PURPOSE & SCOPE

### 4.1 SCOPE

This plan relates to Brighton and Sussex University Hospitals NHS Trust (BSUH). It has been devised using the guidance in the following documents:

- The NHS Emergency Planning Guidance 2005
- The Civil Contingencies Act 2004
- Beyond a Major Incident 2004
- South East Coast Major Incident Plan (SECSHA) 2009
- South East England Mass Casualties Framework 2008
- DH, Emergency Preparedness Division, Mass Casualties Incidents – A Framework for Planning, 2007
- TW001 - Policy Development Framework
- PAS2015 A Framework for NHS Resilience

This plan applies to all departments and services within the Trust.

### 4.2 AIM

The aim of this plan is to:

Set out the management process for emergency planning within BSUH to include the operational response in the event of an emergency occurring that threatens to overrun the current resources of the Trust and to provide clear strategies and procedures to enable swift recovery.

### 4.3 OBJECTIVES

- To ensure that the Trust complies with the statutory duties under the Civil Contingencies Act (2004).
- To ensure the Trust managers adopt principles of good practice and include elements of contingency planning and business continuity planning into their everyday processes.
- Give clear guidance on the lines of responsibility for emergency planning, response and recovery within the Trust.
- Give information to the staff to allow them to respond to an incident effectively.
- To reduce, control or mitigate as far as is practically possible the effects of an emergency.
- To ensure that staff are aware of the command and control structure that will be required to strategically manage the Trust throughout an incident.
- To ensure that it is recognised that staff may be traumatised by the effects of responding to an emergency and to put in place a mechanism to deal with this.
- To provide Trust staff with information to enable them to deal with special circumstances such as an incident involving children or one that involves large numbers of casualties (a mass casualty situation).

## 5. DEFINITIONS

- BCP - Business Continuity Plan
- BSUH Major Incident Plan - this document.
- CCG – Clinical Commissioning Group
- EA - Environment Agency
- ECC - Emergency Control Centre
- HALO - Hospital Ambulance Liaison Officer
- HPA - Health Protection Agency
- IEM - Integrated Emergency management
- Incident control Room and Emergency Control Room - Emergency Control Centre
- LA - Local Authority
- MI - major incident
- PHE - Public Health England
- SRF – Sussex resilience Forum
- Trust - Brighton and Sussex University Hospital NHS Trust



## **6. MAJOR INCIDENT, EMERGENCY OR SIGNIFICANT INCIDENT?**

### **6.1 WHAT IS A MAJOR INCIDENT (EMERGENCY) OR SIGNIFICANT INCIDENT?**

A significant incident or emergency can be described as any event that cannot be managed within routine service arrangements.

Each require the implementation of special procedures and may involve one or more of the emergency services, the wider NHS or a Local Authority.

#### **Significant Incidents**

Times of severe pressure, such as winter periods, a sustained increase in demand for services such as surge or an infectious disease outbreak that would necessitate the declaration of a significant incident however not a major incident;

Any occurrence where the NHS funded organisations are required to implement special arrangements to ensure the effectiveness of the organisation's internal response. This is to ensure that incidents above routine work but not meeting the definition of a major incident are managed effectively.

#### **Emergency or Major Incident**

An emergency or major incident is an event or situation that threatens serious damage to human welfare in a place in the UK or to the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK. The term "major incident" is commonly used to describe such emergencies. These may include multiple casualty incidents, terrorism or national emergencies such as pandemic influenza.

**In the first instance NHS organisations must consider declaring a significant incident before escalating to a major incident.**

## 6.2 SCENARIOS THAT MAY BECOME SIGNIFICANT INCIDENTS, EMERGENCIES OR MAJOR INCIDENTS

- A big bang incident – such as a serious transport accident, explosion or series of smaller incidents. The Trust has experienced several local road traffic incidents in the last three years.
- Rising tide - a developing infectious disease epidemic or a capacity/staffing crisis. Pandemic flu is the major concern at the time of writing.
- Cloud on the horizon – a serious threat, such as a major chemical or nuclear release developing elsewhere but needing preparatory action..
- Headline news – public or media alarm about a personal threat.
- Internal incidents – such as fire, loss of a utility, equipment failure. These issues are covered under Business Continuity Planning for the Trust.
- Deliberate or accidental release of chemicals, biological or nuclear materials. Please refer to the separate Haz Mat/CBRN Plan for further details on specific actions to take in the event of an incident involving hazardous materials
- Mass casualties – where it is not possible for one organisation to cope with the number of people affected.
- Pre planned major events – such as those agreed by the Local Authority for the local area.

## 6.3 SCALE OF MAJOR INCIDENTS

Historically, the NHS has been expected to respond, more or less independently, to emergencies arising. It is now expected that all category 1 responders (as defined by the Civil Contingencies Act 2004) will liaise with each other in the preparation of emergency plans, to ensure a joined up approach to any response. In an ever changing global society, the preparation of emergency plans must also now consider escalation levels above anything previously considered before.

- **Major** – the Trust will receive patients from an incident, but will be able to resume 'normal' service shortly after, and the overall impact will be limited.
- **Mass** – much larger incidents involving hundreds rather than tens of patients, which will involve many category one organisations across the area, including neighbouring NHS Trusts. The impact on the organisations ability to provide services is likely to be widespread, and recovery will be slow. Co-ordination of such events is likely to be at a Regional level, and may involve central Government in the form of COBR (Cabinet Office Briefing Room).

- **Catastrophic** – resulting in severe disruption to health and social care functions that exceed even the combined local capability of the area. These events will require National co-ordination via Central Government, and the impact cannot be fully understood.

As an incident level evolves it may be described in terms of its level. This will determine the level at which the incident is managed.

A level 1 incident will be coordinate by the lead CGG (B&HCCG), a level 2 incident will be co-ordinated by the local area team (S&SAT), a level 3 incident will be coordinated regionally and a level 4 incident will be coordinated nationally.

Alert	Activity	Action	NHS CB Incident Levels	
Alert	Dynamic risk assessment	Declaration of incident level	1	A health related incident that can be responded to and managed by local health provider organisations that requires co-ordination by the local CCG
			2	A health related incident that requires the response of a number of health provider organisations across an NHSCB area team boundary and will require S&SAT to coordinate the NHS local support
			3	A health related incident that requires the response of a number of health provider organisations across NHSCB area teams and region and requires NHSCB regional co-ordination to meet the demands of the incident
			4	A health related incident that requires NHSCB national co-ordination to support the NHS CB response

## 6.4 HISTORY OF MAJOR INCIDENTS IN SUSSEX

### Grand bombing 1984

Five people were killed and 34 injured on 12 October 1984 when the IRA bombed the Grand Hotel in Brighton, where the Conservative party was holding its annual conference.

### Other incidents

Since then the main types of major incident that BSUH have responded to are big bang incidents such as road traffic collisions and major fires/explosions. The Trust also responded to the Pandemic Influenza of 2009-2010 but this was not a declared major incident for the Trust.

## 6.5 AGENCIES INVOLVED IN RESPONDING TO & RECOVERING FROM EMERGENCIES

The Civil Contingencies Act lists the organisations that have responsibilities under the Act and categorises them as either Category 1 responders or category 2 responders.

<b>CATEGORY ONE RESPONDERS</b>	
<b>EMERGENCY SERVICES</b>	<b>POLICE FORCES</b> <b>BTP</b> <b>FIRE</b> <b>AMBULANCE</b> <b>MARITIME &amp; COASTGUARD AGENCY</b>
<b>HEALTH</b>	<b>ACUTE TRUSTS</b> <b>FOUNDATION TRUSTS</b> <b>LOCAL HEALTH BOARDS IN WALES</b> <b>ANY WELSH NHS TRUST THAT PROVIDES PUBLIC HEALTH SERVICES</b> <b>PUBLIC HEALTH ENGLAND</b> <b>NHS COMMISSIONING BOARD</b>
<b>LOCAL AUTHORITY</b>	<b>ALL PRINCIPLE LOCAL AUTHORITIES</b> <b>PORT AUTHORITIES</b>
<b>GOVERNMENT AGENCIES</b>	<b>ENVIRONMENT AGENCY</b> <b>SCOTTISH ENVIRONMENT AGENCY</b>
<b>CATEGORY TWO RESPONDERS</b>	
<b>UTILITIES</b>	<b>ELECTRICITY SUPPLIERS</b> <b>WATER SUPPLIES</b> <b>GAS SUPPLIERS</b> <b>PUBLIC COMMS PROVIDERS (LANDLINES AND MOBILES)</b>
<b>TRANSPORT</b>	<b>NETWORK RAIL</b> <b>TRAIN OPERATING COMPANIES (PASSENGER AND FREIGHT)</b> <b>AIRPORTS</b> <b>HIGHWAYS AGENCY</b> <b>LONDON UNDERGROUND</b> <b>TRANSPORT FOR LONDON</b> <b>AIRPORT OPERATORS</b> <b>HARBOUR AUTHORITIES</b>
<b>OTHER</b>	<b>HEALTH AND SAFETY EXEC</b> <b>STRATEGIC HEALTH AUTHORITY</b> <b>CLINICAL COMMISSIONING GROUPS</b>

## 6.6 ROLES AND RESPONSIBILITIES OF CATEGORY ONE RESPONDERS

*Extracts from HM Emergency Response and Recovery Aug 2009*

### 6.6.1 POLICE SERVICES

**For the police, as for other responders, the saving and protection of life is the priority. However they must also ensure the scene is preserved, so as to safeguard evidence for subsequent enquiries and, possibly, criminal proceedings.**

- The police will normally co-ordinate the activities of those responding to a land-based sudden impact emergency, at and around the scene. There are however exceptions, for example the Fire and Rescue Service would co-ordinate the response at the scene for a major fire.
- Once lifesaving is complete, the area will be preserved as a crime scene until it is confirmed otherwise (unless the emergency results from severe weather or other natural phenomena and no element of human culpability is involved).
- The police oversee any criminal investigation.
- They facilitate inquiries carried out by the responsible accident investigation bodies, such as the Health and Safety Executive (HSE) or the Air, Rail or Marine Accident Investigation Branches.
- If there is the possibility that an emergency has been caused by terrorist action, then that will be taken as the working assumption until demonstrated otherwise.
- Where practical, the police, in consultation with other emergency services and specialists, establish and maintain cordons at appropriate distances.
- Where terrorist action is suspected to be the cause of an emergency, the police will take additional measures to protect the scene (which will be treated as the scene of a crime) and will assume overall control of the incident
- The police process casualty information and have responsibility for identifying and arranging for the removal of fatalities. In this task, they act on behalf of HM Coroner, who has the legal responsibility for investigating the cause and circumstances of any deaths involved.
- Survivors or casualties: If this is necessary, the police will normally coordinate search activities on land.

## 6.6.2 FIRE AND RESCUE SERVICES

**The primary role of fire and rescue services in an emergency is the rescue of people trapped by fire, wreckage or debris.**

- They will prevent further escalation of an incident by controlling or extinguishing fires, rescuing people and undertaking other protective measures.
- They will deal with released chemicals or other contaminants in order to render the incident site safe or recommend exclusion zones.
- They will assist other agencies in the removal of large quantities of flood water. They will also assist ambulance services with casualty-handling, and the police with the recovery of bodies.
- In some areas there are agreements between fire and rescue and the police for controlling entry to cordons. Where this is the case fire and rescue are trained and equipped to manage gateways into the inner cordon and will liaise with the police to establish who should be granted access and keep a record of people entering and exiting.
- Although the National Health Service (NHS) is responsible for the decontamination of casualties, fire and rescue services will, where required, undertake mass decontamination of the general public in circumstances where large numbers of people have been exposed to chemical, biological, radiological or nuclear substances. This is done on behalf of the NHS, in consultation with ambulance services.

## 6.6.3 AMBULANCE SERVICES

**As part of the NHS, Ambulance Trusts have the responsibility for responding to and coordinating the on-site NHS response to short notice or sudden impact emergencies.**

- This includes identifying the receiving hospital(s) to which injured people should be taken, which depending on the types and numbers of injured, may include numerous hospitals remote from the immediate area where the incident has occurred. The person with overall responsibility for this, at the scene of an emergency, is the Ambulance Incident Commander (AIC).
- If necessary, the AIC may seek the attendance of a Medical Incident Commander (MIC) and/or mobilise specialist medical teams, for instance Medical Emergency Response Incident Teams (MERITs). Both the MIC and these specialist medical teams would come from across the local NHS.
- Ambulance Trusts, in conjunction with the MIC, medical teams and other emergency services, endeavour to sustain life through effective prioritisation of emergency treatment at the scene. This enables the AIC to determine the priority for release of trapped, treatment and where necessary,

decontamination of casualties. This will allow patients to be transported in order of priority, to receiving hospitals.

- Ambulance services may seek support from other organisations specifically the third sector (e.g. British Red Cross, St John Ambulance) in managing and transporting casualties. If these resources are deployed, these organisations would work under the direction of the Ambulance Trust.

#### **6.6.4 LOCAL AUTHORITIES (LA) [UPPER TIER AND UNITARY]**

Through the Director of Public Health (DPH) the LA will provide leadership for the public health system within their local authority area. Through the DPH they will take steps to ensure that plans are in place to protect the health of their populations and escalate any concerns or issues to the relevant organisation or to the Local Health Resilience Partnership (LHRP) as appropriate. They will also identify and agree a lead DPH within an LRF area to co-chair the LHRP) and to co-ordinate LA public health input to preparedness and planning for emergencies at the Local Resilience Forum (LRF) level

Through the DPH they LA will provide initial leadership with Public Health England for the response to public health incidents and emergencies within their local authority area. The DPH will maintain oversight of population health and ensure effective communication with local communities. PHE will deliver and manage the specialist health protection services. The LA will also fulfil the responsibilities of a Category 1 responder under the CCA including

- Provide immediate shelter and welfare for survivors not requiring medical support and their families and friends via Evacuation, Rest, Humanitarian and other Centres to meet their immediate to short term needs.
- Provide medium to longer-term welfare of survivors (e.g. social services support and financial assistance which may be generated from appeal funds and also provide help-lines which should answer the public's questions as a one stop shop). Local authorities have a large part in addressing community needs via drop-in centres and organising anniversaries and memorials as part of the recovery effort.
- Provide Investigating and Enforcement Officers under the provision of the Food and Environment Protection Act 1985 as requested by Defra;
- Facilitate the inspection of dangerous structures to ensure that they are safe for emergency personnel to enter;
- Clean up of pollution and facilitate the remediation and reoccupation of sites or areas affected by an emergency;
- Liaise with the coroner's office to provide emergency mortuary capacity in the event that existing mortuary provision is exceeded.
- Co-ordinate the activities of the various voluntary sector agencies involved and spontaneous volunteers;
- May provide catering facilities, toilets and rest rooms for use by all agencies in one place, for the welfare of emergency response personnel in the event of a

protracted emergency. This will depend on the circumstances and available premises;

- Lead the recovery effort, which is likely to carry on for a considerable time and is likely to involve many organisations who are not ordinarily involved in, or used to the speed and scale of the recovery effort.

### **6.6.5 ENVIRONMENT AGENCY (EA)**

The EA is the leading public body for protecting and improving the environment in England and Wales. As an environmental regulator, with a wide range of roles and responsibilities, it responds to many different types of incident affecting the natural environment, human health or property.

The EA's main priorities, during the response and recovery phases are to:

- Prevent or minimise the impact of the incident;
- Investigate the cause of the incident and consider enforcement action; and
- Seek remediation, clean-up or restoration of the environment.
- The role of the Environment Agency at an incident depends on the nature of the event. For example:

**In a flood event;** it focuses on operational issues such as issuing flood warnings, predicting the location, timing and magnitude of flooding and operating its flood defence assets to protect communities and critical infrastructure.

**In a pollution incident;** it will seek to prevent/control and monitor the input of pollutants to the environment. In emergencies involving air pollution the EA will co-ordinate a multi-Agency Air Quality Cell to provide interpreted air quality information.

**In other emergencies;** (such as animal disease outbreaks), its principal role is usually to regulate and provide advice and support on waste disposal issues.

### **6.6.6 MARITIME AND COASTGUARD AGENCY (MCA)**

MCA is an executive agency of the Department for Transport (DfT). The MCA's Directorate of Maritime Services includes HM Coastguard (responsible for civil maritime search and rescue) and the Counter Pollution and Response Branch.

The primary responsibility of HM Coastguard is to initiate and co-ordinate civil maritime search and rescue within the UK Search and Rescue Region. This includes mobilising, organising and dispatching resources to assist people in distress at sea, or in danger on the cliffs or shoreline, or in certain inland areas.

HM Coastguard may assist other emergency services and local authorities during civil emergencies, such as flooding, at the specific request of the police or local authority. The Counter Pollution and Response Branch is responsible for dealing with pollution at sea, and assists local authorities with shoreline clean-ups.

Co-located with the MCA is the Secretary of State's Representative (SOSREP). SOSREP is empowered under merchant shipping legislation to intervene on behalf of the Secretary of State for purposes relating to safety or pollution in respect of ships, given certain conditions.



## **6.6.7 ACUTE TRUSTS AND FOUNDATION TRUSTS**

In responding to a major incident, the roles and responsibilities of Acute Trusts are to:

- Provide a safe and secure environment for the assessment and treatment of patients.
- Provide a safe and secure environment for staff that will ensure the health, safety and welfare of staff including appropriate arrangements for the professional and personal indemnification of staff.
- Provide a clinical response including provision of general support and specific/specialist health care to all casualties, victims and responders.
- Liaise with the ambulance service, Commissioning Board Local Area teams, local CCGs, (including GPs, out-of-hours services, Minor Injuries Units (MIUs) and other primary care providers), other hospitals, independent sector providers and other agencies in order to manage the impact of the incident.
- Ensure there is an operational response to provide at scene medical cover using, for example, BASICS and other immediate care teams where they exist. Members of these teams will be trained to an appropriate standard. The Medical Incident Commander should not routinely be taken from the receiving hospital so as not to deplete resources.
- Ensure that the hospital reviews all its essential functions throughout the incident.
- Provide appropriate support to any designated receiving hospital or other neighbouring service that is substantially affected.
- Provide limited decontamination facilities and personal protective equipment to manage contaminated self presenting casualties.
- Acute Trusts will be expected to establish a Memorandum of Understanding (MOU) with their local Fire And Rescue Service on decontamination.
- Acute Trusts will need to make arrangements to reflect national guidance from the Home Office for dealing with the bodies of contaminated patients who die at the hospital.
- Liaise with activated health emergency control centres and/or on call Officers as appropriate
- Maintain communications with relatives and friends of existing patients and those from the incident, the Casualty Bureau, the local community, the media and VIPs

## **7.6.8 PRIMARY AND COMMUNITY CARE SERVICES**

The provision of primary and community care covers a range of health professions, including general practitioners, community nurses, health visitors, mental health services and pharmacists, many of whom would need to be involved, particularly during the recovery phase of an emergency.

In the early stages following an emergency, the focus would be on the follow up to injuries incurred at the incident, i.e. the continuing recovery of patients,

physiotherapy, chest clinics, orthopaedic clinics, dressings, drug regimes and the post-traumatic stress caused by the event. Depending on the nature of the emergency, there may then be a requirement for more long-term health monitoring / surveillance. Appropriate NHS organisations ensure that these primary care services are engaged in NHS emergency preparedness activities.

### **6.6.9 PUBLIC HEALTH ENGLAND (PHE)**

Public Health England will set a risk-based national Emergency Preparedness, Resilience and Response (EPRR) implementation strategy for PHE. They will ensure there is a comprehensive EPRR system that operates for public health at all levels and assure itself that the system is fit for purpose.

They are responsible for leading the mobilisation of PHE in the event of an emergency or incident. They will work together with the NHS at all levels and where appropriate develop joint response plans.

PHE will deliver public health services including, but not limited to, surveillance, intelligence gathering, risk assessment, scientific and technical advice, and microbiology services to emergency responders, Government and the public during emergencies, at all levels.

They will participate in and provide specialist expert public health input to national, sub-national and LHRP planning for emergencies and will undertake, at all levels their responsibilities on behalf of Secretary of State for Health as a Category 1 responder under the CCA

### **6.6.10 NHS COMMISSIONING BOARD**

Will set a risk-based EPRR implementation strategy for the NHS. At all levels they will ensure there is a comprehensive NHS EPRR system and assure itself that the system is fit for purpose. At all levels they will lead the mobilisation of the NHS in the event of an emergency or incident and will work together with PHE and where appropriate to develop joint response plans.

### **6.6.11 PORT HEALTH AUTHORITIES**

These are separately constituted local authorities in England that carry out a range of functions at seaports and airports. Their primary duties in an emergency relate to the control of infectious disease, environmental protection, imported food control and hygiene on vessels. In some instances, they are part of a local authority, in others they may be a joint board of local authorities serving a number of ports in a harbour, or a single authority carrying out the function across the districts of a number of local authorities. They work closely with the Health Protection Agency, Food Standards Agency, Maritime and Coastguard Agency, Department for Environment, Food and Rural Affairs (Defra), Welsh Assembly Government and the National Public Health Service for Wales.

## 6.7 NHS STRATEGIC COMMAND

Extract from *Arrangements for Health Emergency preparedness, Resilience and Response from April 2013, 2012*

**The Secretary of State is ultimately accountable for the health response to emergencies, supported by the Chief Medical Officer and the Department of Health and with a direct line of sight to the front line through the NHS Commissioning Board (CB) and Public Health England (PHE).**

The following key principles underpin the proposed arrangements for Emergency Preparedness, Resilience and Response (EPRR):

In emergencies, the Secretary of State will have a direct line of sight to the front line through the NHS Commissioning Board (NHS CB) and Public Health England (PHE).

The NHS CB and PHE will work together at all levels to ensure nationally consistent health emergency preparedness and response capability.

Incidents will be dealt with at the most appropriate level (in most cases at local level with escalation occurring when necessary).

In the event of an emergency or incident, NHS CB, at an appropriate level, will lead the NHS response to any emergency that has the potential to or impacts on the delivery of NHS services, or requires the services or assets of the NHS to be mobilised, taking scientific and technical advice from PHE.

PHE will provide national leadership and co-ordination of the public health response to the emergency preparedness, resilience and response system.

The local authority, and the Director of Public Health acting on its behalf, have a pivotal place in protecting the health of its population. They will be required to ensure plans are in place to protect the health of their geographical population from threats ranging from relatively minor outbreaks to full-scale emergencies.

At Local Resilience Fora (LRF) level, the co-ordination of health system Emergency Preparedness, Resilience & Response (EPRR) will be aligned with multi-sector emergency preparedness and response reflecting Local Resilience Forum (LRF) boundaries.

There will be a national co-ordination function for major (national) crises and incidents that will be led by the Department of Health, bringing together the NHS CB and PHE at national level. .

As an incident level evolves it may be described in terms of its level as described in section 6.1. This will determine the level at which the incident is managed.

A level 1 incident will be coordinate by the lead CGG (B&HCCG), a level 2 incident will be co-ordinated by the local area team (S&SAT), a level 3 incident will be coordinated regionally and a level 4 incident will be coordinated nationally.

Although B&H CCG is not a category 1 responder they do have an emergency plan in place that delivers a 24/7 on call director rota and the ability to set up a emergency control room in an incident.

BSUH will notify the lead CCG (B&HCCG) of any Red or Black alerts levels within the organisation. If necessary B&HCCG will escalate this to the S&SAT and the incident will be coordinated at the appropriate level.

## **7. EMERGENCY PLANNING MANAGEMENT**

### **7.1 INTEGRATED EMERGENCY MANAGEMENT**

Civil protection in the UK is based on the concept of integrated emergency management. In order to manage such a large project the Trust also uses the Integrated Emergency Management (IEM) tool to direct the emergency planning process. Under Integrated Emergency Management, both preparation for and response to emergencies focuses on the effects of events, rather than their causes.

The six activities of IEM are

1. Anticipation
2. Risk assessment
3. Prevention
4. Preparation
5. Response
6. Recovery

Integrated emergency management relies on inter agency co-operation and a joined up approach to emergency planning and response.

Within Sussex the process is overseen by the Sussex Resilience Forum (SRF) which is compiled of executive representatives from all category 1 responders; (police, fire, ambulance, NHS and local authority etc) as well as representatives from the voluntary sector and utilities providers. The SRF forms the principle mechanism for multi agency co-operation.

All our category 1 partners have their own response plans available on request. We also do joint working as part of the Sussex Resilience Forum to ensure these plans all link together and work together to produce SRF multiagency plans

The Head of Resilience has used the integrated emergency management process to produce this policy. The following pages take the reader through the 6 steps of IEM and how the Head of Resilience has used them to focus the planning process and produces a robust and workable major incident plan

## **7.1.1 ANTICIPATION AND RISK ASSESSMENT**

In order to comply with the CCA and fulfil the first two activities of IEM we need to understand the organisation and anticipate and assess the risks it faces

### **7.1.1.1 UNDERSTANDING THE ORGANISATION**

- Brighton & Sussex University Hospitals NHS Trust
- Covers a population of approx 500,000
- Is on two main sites with small satellite units
- Has 915 Emergency admissions a week in winter
- Has 851 Elective admissions weekly in winter
- Employs approx 6000 staff
- Is a regional trauma centre
- Is applying to become a Foundation Trust

### **7.1.1.2 UNDERSTANDING THE ORGANISATION'S RISKS**

The Trust has a duty to assess the various risks and hazards that are likely to cause activation of the Trust emergency response.

These risks form part of the Trust Risk Register, which is maintained by the Risk Management Department.

Together with the risks that are specific to the Trust, there are also those that are common to all of the emergency services and supporting agencies.

These risks go to make up the Community Risk Register, which is co-ordinated by the Sussex Resilience Forum. The Community Risk Register for Sussex is accessible via the staff intranet and the emergency planning web pages from the Trust internet site, and is a public access document.

[Sussex Resilience Forum: Community Risks for Sussex](#)

The Trust will report any significant Trust specific risks to the Sussex Resilience Forum for consideration to be included on the Community Risk Register.

**7.1.1.3 THE PRINCIPLE RISKS FOR THE TRUST ARE CONSIDERED TO BE:**

<b>NO.</b>	<b>BSUH RISKS</b>	<b>EXAMPLES</b>	<b>PLAN</b>
<b>1</b>	Long Term Fuel Disruption	A Disruption In The Supply Chain, Fuel Strikes, Transport Disruptions Etc	<b>BC Plan</b>
<b>2</b>	Major Incident Caused By A Local Event	Sussex Attracts Many Local Events Such As Pride, London To Brighton Bike Ride, Brighton Marathon Etc	<b>MI Plan</b>
<b>3</b>	Major Incident Involving CBRN/Hazmat	Accidental Contamination Following Transportation Of Hazardous Materials Or Deliberate Release Of CBRN Materials	<b>MI Plan</b> <b>CBRN Plan</b>
<b>4</b>	Mass Casualty Incident	Transport Incidents Due To Accidents On Fast Country Lanes, Dual Carriage Ways And Motorways Such As The A23, A27 And M23 Railway Incidents – High Speed Rail Link Between Brighton And London Maritime Incidents –Involving Passenger Or Hazardous Cargo. Within Our Area We Have 2 Ports And A Significant Stretch Of Coastline Aeroplane Incidents – From Gatwick, Local Annual Air Shows Terrorist Related Incidents – In View Of The High Profile Events Held Locally Fires Or Explosions Building Collapse	<b>MI Plan</b>
<b>5</b>	Flu Pandemic And Other Infectious Diseases	Significant Staff Shortages Due To Pandemic Illness	<b>Pan Flu Plan</b>
<b>6</b>	Mass Evacuation Of Part Or All Of A Site Due To Internal Major Incident	Fire Or Bomb Threat	<b>Evacuation Plan</b>
<b>7</b>	Utilities Failure Affecting Trust's Ability To Provide Critical Services	Loss Of Power Or It Infrastructure	<b>BC Plan</b>
<b>8</b>	Adverse Weather Affecting Trust's Ability To Provide Critical Services	Severe Snow Conditions Causing Transport Disruption, Staff Unable To Get To Work Etc	<b>BC Plan</b>
<b>9</b>	Disruption Of Supply Chain Affecting Trust's Ability To Provide Critical Services	Disruption To Food Supplies Or Medical Equipment	<b>BC Plan</b>

#### **7.1.1.4 MITIGATION OF BSUH RISKS**

From the above risk assessment (Section 8.1.1.3) it is clear we need plans to:

- Respond to mass casualty incidents (risk 2 and 4)
- Plans to respond to CBRN/HazMat incidents (risk 3).

Risks 1, 7, 8, and 9 will be dealt with within the BSUH Trust Business Continuity plan.

Risk 5 is dealt with within the BSUH Trust's Pandemic Flu Plan.

Risk 6 will be dealt with within the BSUH Trust Evacuation plan (to be written)

#### **7.1.2 PREVENTION AND PREPARATION**

Unfortunately as a Trust there is little we can do to lower the likelihood of external threats such as transport incidents, fires or building collapse but one way to mitigate these risks is to lower their impact. We can do that by ensuring the Trust is prepared to respond to incidents, has plans to continue to deliver critical services during an incident and is able to recover post incident. This can be achieved through a robust response plan, adequate training for those involved in the response and regular testing exercising and reviewing of the plans.

One other way we can lower the likelihood and impact of an incident at an event is multiagency event planning to lower the risk of an incident at a local event.

The Trust is now represented on the local authority Safety Advisory Group within Brighton, and at local authority emergency planning meetings across the region.

The Safety Advisory Group is responsible for reviewing all local events that may potentially have an impact on the City and responding emergency services.

Information obtained at these meetings allows the Emergency Planning officer to undertake risk assessments for the potential impact of any event on the Trust services.

An example of this is the preparations that are made for the local Pride event in Brighton. This event sees an estimated 120,000 people attending Preston Park during an afternoon and evening party celebration. The risks that are involved include excessive alcohol consumption and drug taking; also considered are the risks specific to large public gatherings.

## 7.1.3 RESILIENCE GROUP MEETINGS

The Resilience group has now been merged with the Health and Safety Committee to encourage better attendance and to ensure a staff side representative is included in any review or discussions regarding resilience.

Under the civil contingencies act (2004) the group must ensure that the trust adheres to requirements made upon it to:

- Assess the risk of emergencies occurring and use this to inform contingency planning
- Put in place emergency plans
- 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

The work of the trust's Head of Resilience will be reviewed, to ensure that activities remain focused upon priority issues within emergency planning for the trust.

The group will review reports and action plans produced by the trust's Head of Resilience as a result of training exercises or major incidents or emergencies within the trust.

When appropriate, trust departmental operational procedures will be discussed, to ensure that the trust response to major incidents remains effective.

### **Areas of work**

Major incident planning  
CBRN/hazmat planning  
Business continuity planning  
Pandemic flu planning  
Heatwave planning  
Severe weather planning  
Hospital evacuation planning  
Event planning  
Merit  
Training/exercises  
Local events



## **7.1.4 RESPONSE**

Please see section 10 for [Response](#) procedures.

## **7.1.5 RECOVERY**

Please see section 11 for [Recovery](#).

## 7.2 BUSINESS CONTINUITY

### What is Business Continuity?

The Strategic and Tactical capability of the organisation to plan for and respond to incidents and business disruptions in order to continue business operations at an acceptable predefined level

### What is a Business Continuity Incident?

For the NHS a service interruption is defined in the NHS Resilience and Business Continuity Management Guidance as:

“Any disruptive challenge that threatens personnel, buildings or the operational procedures of an organisation and which requires special measures to be taken to restore normal operating functions”.

All major incidents may also cause a disruption to business that may need the activation of the BC plan.

### During a major incident

It is the responsibility of the Director on call to assess the business continuity status of the Trust as a whole but it is everyone’s individual responsibility to assess the impact on their own services and activate their service level BC Plans as necessary. Please see Trust Business Continuity Plan

This plan is the result of an integrated emergency management process, on which civil protection in the UK is based, and will comply with the BSUH’s statutory requirements as a Category 1 Responder under the Civil Contingencies act 2004. The decision to implement the Major Incident plan is inextricably linked to the possibility that activation of the business continuity plans will be required, therefore the decision flow chart (See [section 9.3](#) for flow chart) will be followed in making any decision to implement all or part of the emergency or business continuity plans.

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## Business Continuity

- A requirement in law
- Withstand business interruption
- Preserve critical functions
- Protect the Trust’s reputation



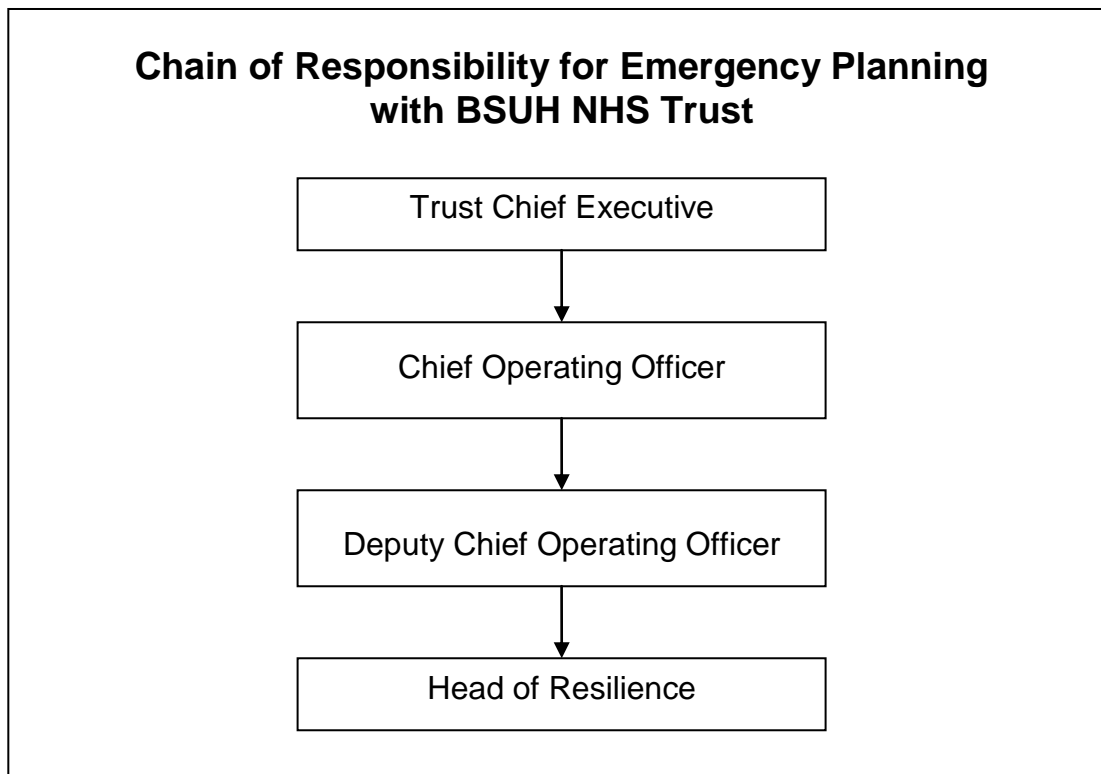
**BC is an integral part of Trust operations**

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## 8. CHAIN OF RESPONSIBILITY FOR EMERGENCY PLANNING

The ultimate responsibility for emergency planning lies with Chief Executive but the Chief Operating Officer will lead on emergency planning at board level

The Trust Deputy Chief Operating Officer and the Trust Head of Resilience are responsible for the day to day management of Emergency Planning and Business Continuity. They report back to the Chief Operating Officer, who in turn will present information and updates to the Trust Board.



The maintenance and integration of emergency planning at the operational level will be supported by all service leaders and divisional management leads within the Trust

BSUH has a duty under the Act to assess the hazards and risks that may result in an emergency either within or affecting BSUH's area of responsibility and have plans to respond to an emergency.

As an organisation, BSUH embraces the culture of emergency planning training, exercising and responding, and encourages all staff to do so also

## 9. ACTIVATING THE PLAN

### 9.1 MAJOR INCIDENT MESSAGES

#### STANDARD MESSAGES USED BY THE NHS

To avoid confusion about when to implement plans, it is essential to use these standard messages:



#### 9.1.1 MAJOR INCIDENT – STANDBY

This alerts the NHS that a major incident may need to be declared. Major incident standby is likely to involve the participating NHS organisations making preparatory arrangements appropriate to the incident, whether it is a 'big bang', a 'rising tide' or a pre planned event

#### 9.1.2 MAJOR INCIDENT DECLARED – ACTIVATE PLAN

This alerts NHS organisations that they need to activate their plan and mobilise additional resources

#### 9.1.3 MAJOR INCIDENT – CANCELLED

This message cancels either of the first two messages at any time

#### 9.1.4 MAJOR INCIDENT – CASUALTY EVACUATION COMPLETE

When the casualties have all been cleared from the site but organisations are still responding

#### 9.1.5 MAJOR INCIDENT- STAND DOWN

All receiving hospitals are alerted as soon as all live casualties have been removed from the site. Where possible the Ambulance Incident Commander will make it clear whether any casualties are still en-route. While ambulance services will notify the receiving hospitals(s) that the scene is clear of live casualties, it is the responsibility of each NHS organisation to assess when it is appropriate for them to stand down

## 9.2 ACTIVATION OF THE MAJOR INCIDENT PAN

### WHO WILL NOTIFY US OF A MAJOR INCIDENT?

There are two ways to activate the major incident plan:

1. The Ambulance Trust notifies us and asks us to activate our plans
2. Declared by the trust

#### 1. Ambulance declare Major Incident

The Trust is usually made aware of a major incident by the Local Ambulance Trust. If an incident is declared by the Ambulance Trust and we are a receiving hospital they will ring the major Incident number which is directed to our switchboard and say:

***THIS IS THE SOUTH EAST COAST AMBULANCE SERVICE, LEWES CONTROL, MAJOR INCIDENT STAND-BY OR MAJOR INCIDENT DECLARED: ACTIVATE PLAN.***

**Then they will give the following details:**

Type of incident (if known).....  
Location.....  
The time now is: .....  
My initials are: .....  
To whom am I speaking? (Confirm initials) .....



#### 2. Trust declares Major Incident

On the rare occasion that the Trust may have to declare a major incident ie the need to evacuate the site etc. the decision to declare a Major Incident for the Trust must be made jointly by:

- Director on Call

**and**

- The Chief Operating Officer, the Deputy Chief Operating Officer, Chief Nurse or Associate Chief Nurse of Clinical Operations, following discussions with the ED Consultant on call and the ED Shift Leader.

The decision to declare or not to declare a major incident within the Trust must be recorded in the Director on call's Log Book.

If a major incident is declared within the Trust then Switchboard must be informed immediately and they must begin the communication cascade to include SECamb.

***This Is Brighton & Sussex University Hospital: Major Incident Stand-By Or Major Incident Declared: We have activated our Plan.***

Then give the following details:

**Type of incident (if known).....**

**Location.....**

**The time now is: .....**

**My initials are: .....**

**To whom am I speaking? (Confirm initials) .....**

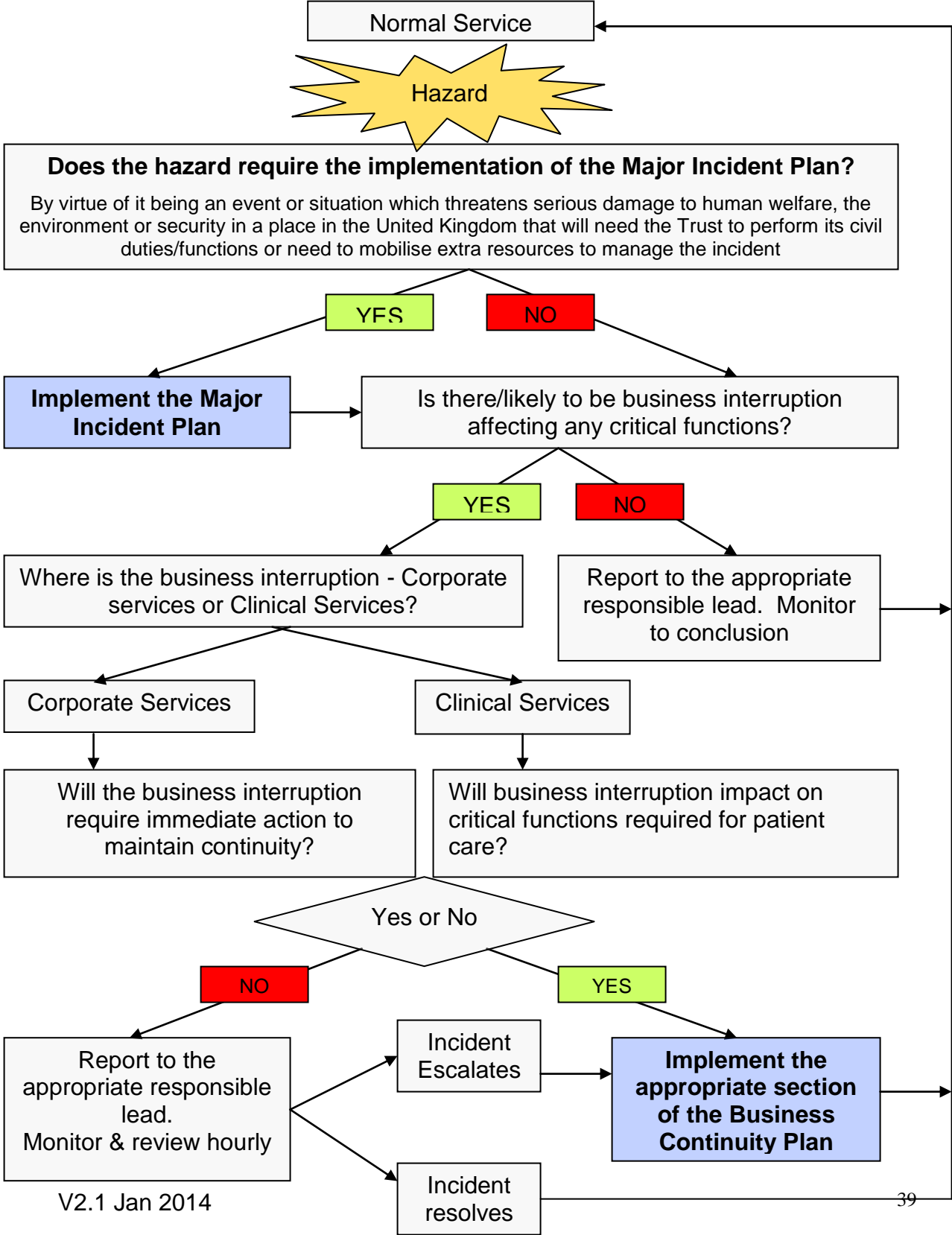


If the situation does not require immediate action but there is a chance that it might escalate, colleagues and other resources can be put on standby. A watching brief can then be maintained whereby the response can be escalated or stood down, as appropriate. The universal emergency planning rule “it is better to activate than procrastinate” will apply.

Once our Trust Switchboard receives the call to alert them to a major incident they will activate their plan and start the communication cascade. All members of staff alerted will then be asked to follow their action cards.

See [section 9.3 Diagram](#) for a flow chart detailing the Decision Process for Implementation of The Major Incident and Business Continuity Plans

# 9.3 BSUH DECISION PROCESS FOR IMPLEMENTATION OF THE MAJOR INCIDENT & BUSINESS CONTINUITY PLANS



## 9.4 COMMAND AND CONTROL WITHIN THE TRUST

### 9.4.1 STRATEGIC COMMAND

The term strategic refers to the role a person fulfils who is in overall executive command of their organisation with responsibility for formulating with others the strategy for responding to the incident. Each strategic commander (sometimes called Gold) has overall command of the resources of their own organisation, but delegate's tactical decisions to their respective tactical commanders. Strategic command has a key role in strategic monitoring of the response to an incident. They will set the strategic aim of the Trust which The Tactical Command team will work to achieve.

The Director on call will take the role of Strategic Command for the Trust on behalf of the Chief Executive.

Their role in a major incident will be to lead the Trusts Strategic response to the Major Incident, set the aim and support the Silver Commander's Tactical decision making. They will be responsible for analysing the overall impact of the incident on staff, patients & services & planning the return to normality

### 9.4.2 TACTICAL COMMAND

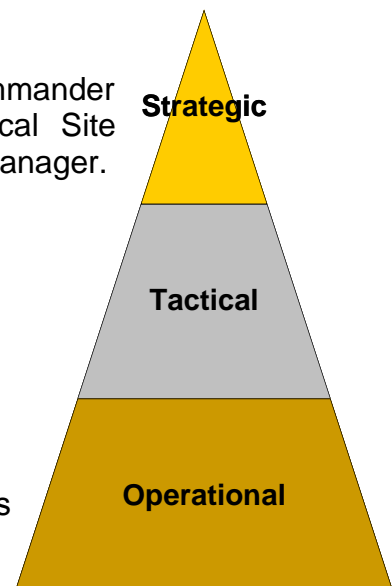
The term tactical (sometimes referred to as Silver) refers to those providing overall management of the response to an emergency. Tactical managers determine, with others, priorities in allocating resources, obtaining further resources as required, planning, and coordinating tasks. Tactical managers are responsible for formulating the tactical plan for implementation by their organisation to achieve the strategic direction set by the strategic Command. Tactical command should oversee, but not be directly involved in, providing any operational response in the incident(s).

The on call manager will take on the role of Tactical commander and will chair the tactical command team. The Clinical Site manager will hold this role until the arrival of the On Call Manager.

The Tactical Command team will also consist of:

- The Major Incident Officer
- The Facilities Manager on call
- A Loggist
- Admin support
- +/- Paediatric representative

Their role in a major incident will be to lead the Trust's operational activity & formulate the tactical plan to achieve





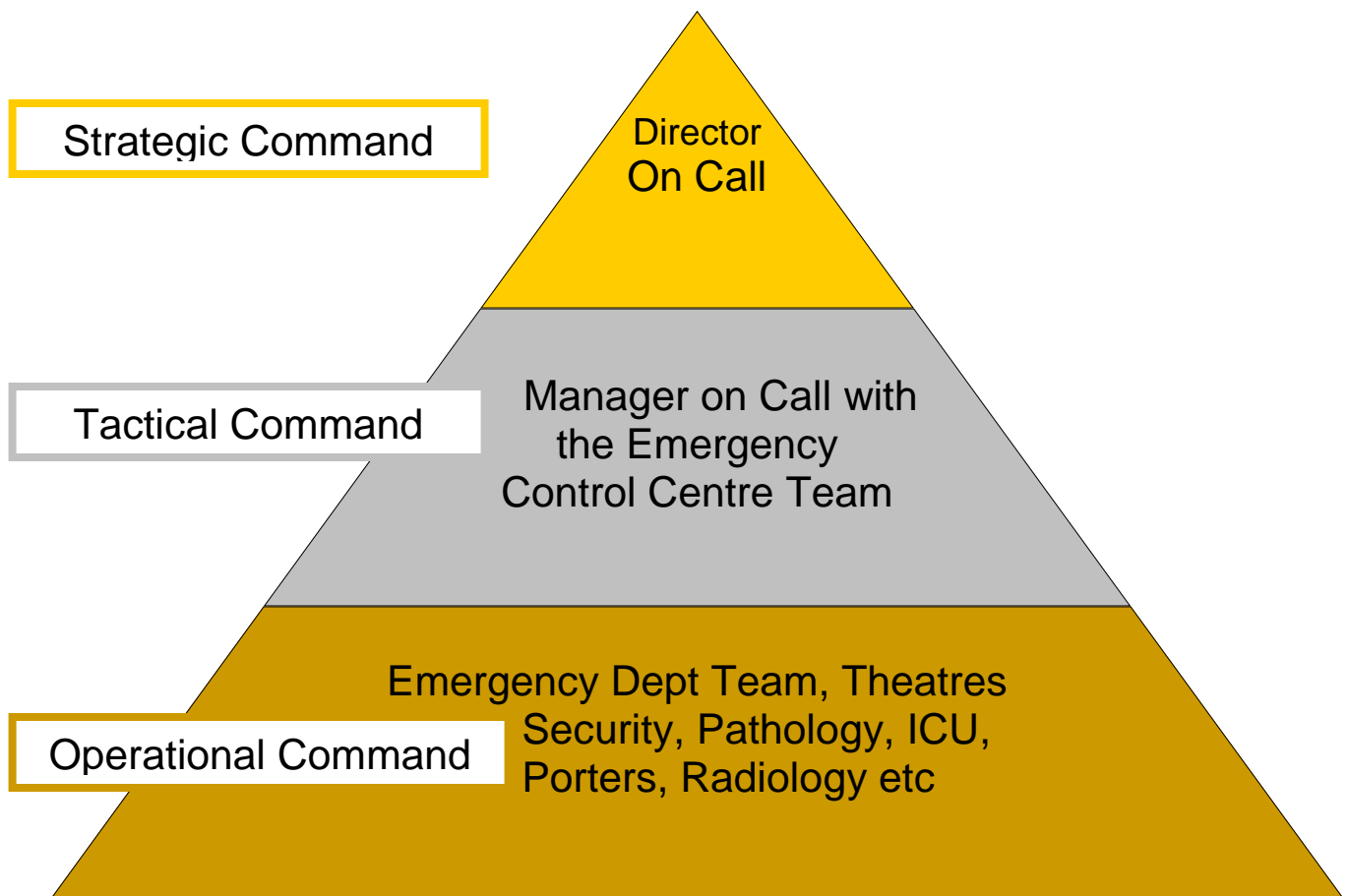
the strategic aim set by the Strategic Commander. They will determine priorities in allocating resources, obtaining further resources as required, planning & coordinating tasks.

### 9.4.3 OPERATIONAL COMMAND

The term operational refers to those who will provide the main operational response (sometimes referred to as Bronze) in an incident. They will implement the tactical plan defined by silver/tactical managers.

Operational teams will be the teams carrying out the actions, dealing with the patients, relatives or directly responding to the incident such as the Emergency Dept, Relatives Reception, Critical Care, Theaters, Communications Team and Security Team etc.

If an operational team is unable to resolve an issue it should be escalated to the Tactical command (the incident control team/Emergency Control Centre). Likewise the Tactical Command may require regular updates from the Operational Teams in order to inform their tactical planning.



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## 10. RESPONSE PLAN

### 10.1 Strategic Response

Once our Trust Switchboard receives the call to alert them to a major incident they will activate their plan and start the communication cascade. All members of staff alerted will then be asked to follow their action cards.

If the Trust is declaring a Major Incident it's self then please ensure Switchboard is informed who will in turn inform SECamb before completing the usual Major Incident Cascade.

#### **Strategic Commander**

The On call Director should head to the incident control (ECC) to gain an update of the situation & should then agree with Tactical Commander (On Call Manager) a written strategy and adopt high level tactics to drive the resolution of the incident.

Examples of strategic aims:

- Save life and protect the health and safety of the public and responders;
- Prevent escalation of an incident;
- Relieve suffering;
- Mitigate the effects on the economy;
- Warn and keep the public informed.

The Strategic commander should then relocate to a separate room to ensure he/she is not disturbed by the tactical or operational issues and continue to follow his/her actions as per the action card.

The Strategic commander can work from anywhere in the Trust but must be contactable by the Tactical team. Head Quarters would be the preferable location for the Strategic Commander.

The Strategic Commander should return to the control room for an hourly/2 hourly update meeting and to review the strategic aims.

The strategic commander should start to consider the longer term Business Continuity (BC) issues & need to enact part/all of the BC Plans. If a prolonged incident or large impact on Trust operations is expected nominate a Recovery Team to begin this process.

## 10.2 Tactical Response

### Tactical Command

The term tactical (sometimes referred to as Silver) refers to those providing overall management of the response to an emergency. Tactical managers determine, with others, priorities in allocating resources, obtaining further resources as required, planning, and coordinating tasks. Tactical managers are responsible for formulating the tactical plan for implementation by their organisation to achieve the strategic direction set by the strategic Command. Tactical command should oversee, but not be directly involved in, providing any operational response in the incident(s).

The on call manager will take on the role of Tactical commander and will chair the tactical command team. The Clinical Site manager will hold this role until the arrival of the On Call Manager.

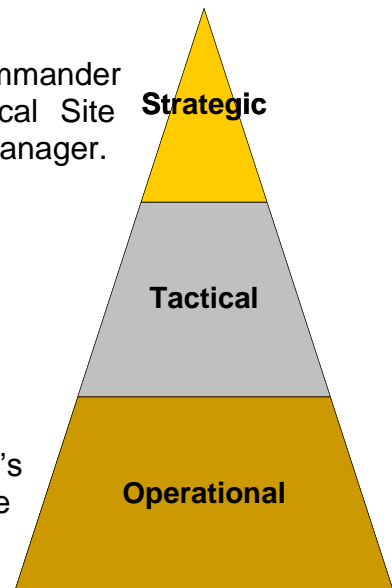
The Tactical Command team will also consist of:

- The Major Incident Officer
- The Facilities Manager on call
- A Loggist
- Admin support
- +/- Paediatric representative

Their role in a major incident will be to lead the Trust's operational activity & formulate the tactical plan to achieve the strategic aim set by the Strategic Commander. They will determine priorities in allocating resources, obtaining further resources as required, planning & coordinating tasks.

The Tactical Team, consisting of the On Call Manager, Major Incident Officer & On Call Facilities Manager, should proceed straight to the Emergency Control Centre to meet the Director on call. If the incident involves children then the Paediatric Head of Nursing will also become part of the Tactical Command Team.

Please see ????? for outline of the Emergency Control Centre roles and responsibilities. Please see action cards for further information.



## Emergency Control Centre

**Overarching Role:** To provide overall management of the response to an emergency.

The room is lead by the Tactical Commander (Manger On Call) who has overall command of the Trust's response.

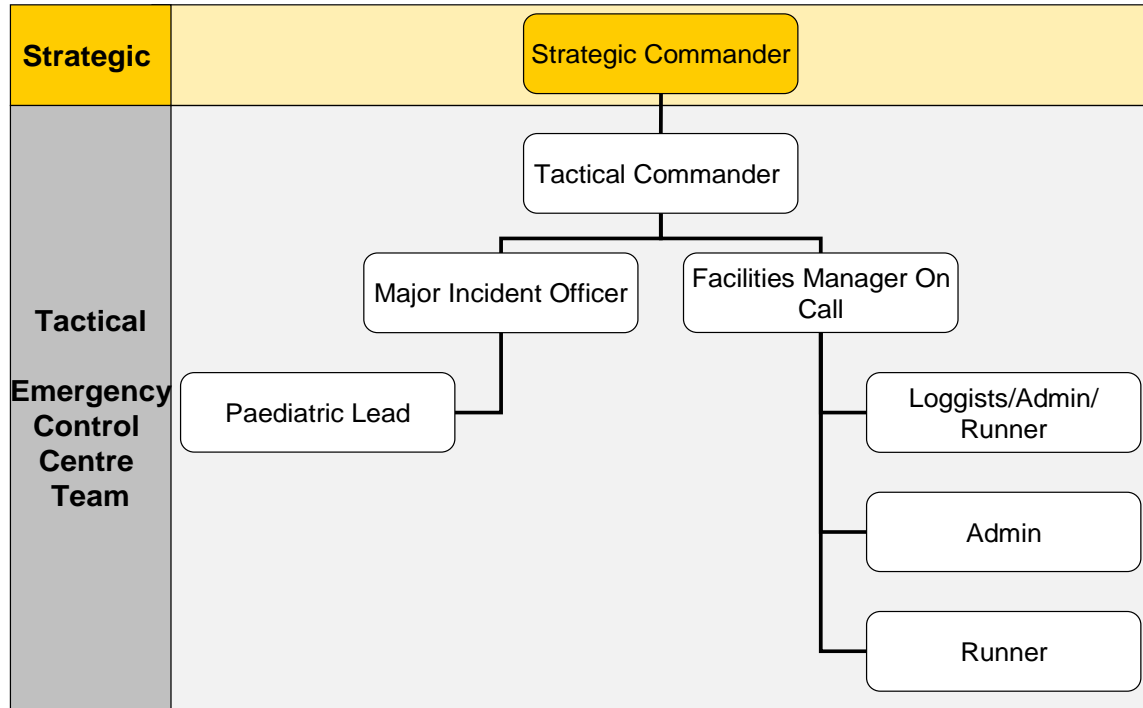
The Tactical Commander is responsible for formulating the tactical plan to achieve the strategy set by the Strategic Command. They will liaise closely with the Major Incident Officer who is responsible for the medical response to the incident.

The Tactical Commander will determine, with others, priorities in allocating resources, obtaining further resources as required, planning, and coordinating tasks. They will oversee, but not be directly involved in, providing any operational response.

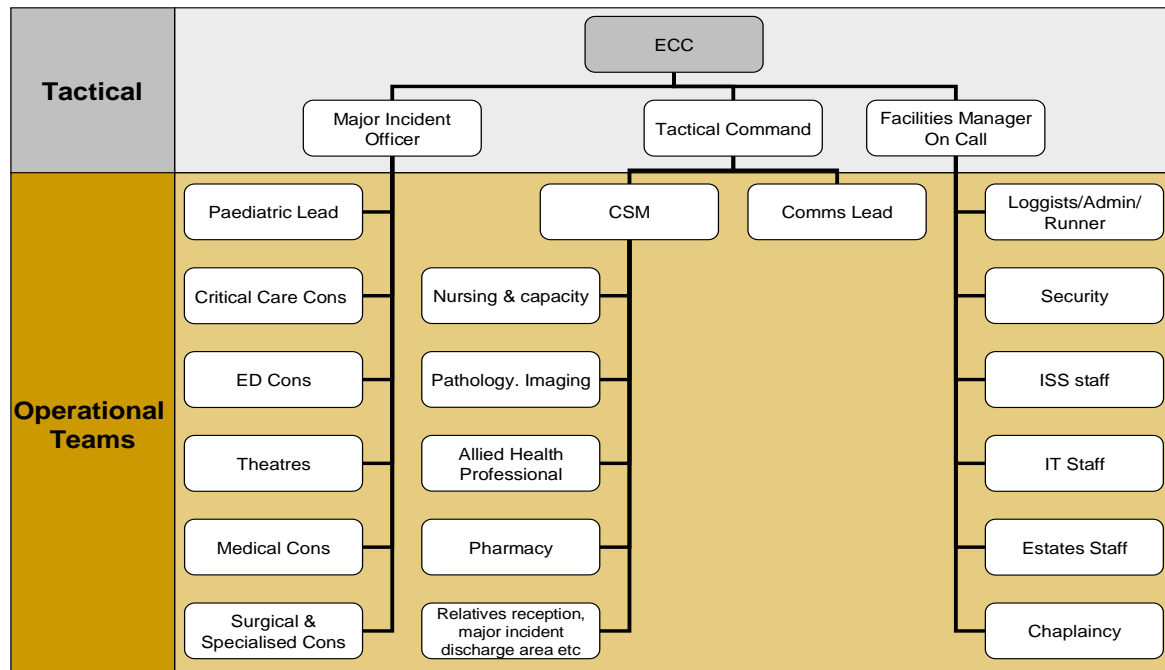
Operational teams/ staff should only contact the ECC if they are unable to implement the tactics defined by tactical command or are unable to solve a problem via the usual routes.

Function	Role	Responsibilities
Overall command of the Trust's Tactical Response	The Tactical Commander	Will lead the Trust's operational activity & formulate the tactical plan to achieve the strategic aim set by the Strategic Commander. They will determine priorities in allocating resources; obtain further resources as required and plan & coordinating tasks.
Responsibility for the Medical response during the incident	The Major Incident Officer	Has overall responsibility for the Medical response to the incident and will support the Tactical Commander by providing clinical experience to the Trust response. This is a hands off role & is based within the ECC. Please see section <a href="#">10.4.2.1.7. For further information on the "Expectant" Triage Category.</a>
Support the Trust's response	The Facilities Manager On Call	Will support the ECC team, coordinate the Admin support within the ECC including the loggist. Liaise with Security, ISS Manger, Portering charge hand and IT support and restrict access to the ECC.
Keeping an accurate log of decisions made by the Tactical Commander	Loggist	A loggist will keep an accurate log of decisions made by the Tactical Commander & the reasons for those decisions. Also recording the reasons why actions where not taken
Support the Control Centre Manager in managing the room	Admin support	Admin Support will support the Control Centre Manager in managing the room, answering the phones/emails, keeping the ECC boards up to date with capacity and staffing information & taking minutes of the regular briefings etc
Coordinate the paediatric response	The Head of Paediatric Nursing	Will coordinate the paediatric response if necessary and to give paediatric advice to the major Incident Officer

## Strategic and Tactical Command



## Tactical and Operational Command & Control



### 10.2.1 Control Centres

The control centre can be set up in a number of locations depending on the incident but the preferable location is the pathology Library RSCH

Below are some other options. Whichever area is chosen ensure your contact details are made available to everyone by informing Switch and the Communication team

<b>CONTROL CENTRES</b>	<b>LOCATION</b>	<b>CONTACT NO</b>
The main emergency control centre (ECC)	Pathology library (as in the major incident plan)	Director on call: 4998 Manager on call: 4995
One of the back up emergency control centres	Sussex house RSCH	Director on call: Manager on call:
	Downsmere PRH (Has Video Link To Trust HQ F110)	Director On Call: 5421 Manager On Call: 5420
Trust HQ	F110 (has video link to PRH Downsmere)	Would need to ensure phone connected
Clinical ops room RSCH (has video link to clinical ops room PRH)	Stephen Ralli building RSCH	

For list of Main Emergency Control Centre cupboard contents please see appendix 5

## 10.3 Operational Response

All other teams providing a service during a major incident will be classed as operational teams. These include the Emergency Department team, Theatres, the Relatives Reception Team, the Critical Care Teams and Security. Please see box below for further list of Operational teams:

Emergency Department	Relatives Reception
Theatres	Press/Media Reception Area
Critical Care	Staff Muster Point Coordinator
Out Reach	SSD Manager
Amu	Porter
Wards	All Reception Staff
Discharge Ward	Sussex House Nursery Manager
Clinical Teams	Estates Engineer On Call
IDT	General Manager ISS Mediclean
Pathology	It Engineer On Call/Sussex His
Pharmacy	Mortuary Technician
Imaging	Coordinating Chaplain
Security	All Service Managers
ISS	Emergency Planning Officer
Paediatric Teams	



## 10.4 OPERATIONAL TEAMS

The following section looks at some of these Operational teams and their responsibilities during a major incident.

### 10.4.1 SWITCHBOARD



BSUH Switchboard will be the first to respond to a major incident message from SECamb. They will be tasked with contacting all those on the major incident call out list and the list is quite extensive.

If a major incident is declared within the Trust then Switchboard must be informed immediately and they must begin the communication cascade to include SECamb.

#### Message to SECamb if BSUH declare a major incident themselves:

***This Is Brighton & Sussex University Hospital: Major Incident Stand-By Or Major Incident Declared: We have activated our Plan.***

Then give the following details:

**Type of incident (if known).....**

**Location.....**

**The time now is: .....**

**My initials are: .....**

**To whom am I speaking? (Confirm initials) .....**



It is essential that staff members try not to call through to switch during a major incident as the phone lines are going to be very busy with Switchboard contacting those on the call out list. This is particularly important out of hours as there is only one staff member manning the switchboard at the RSCH.

### RSCH

Will call all those on the call out list, recording the times they call/bleep someone and the time that they get a reply.

### PRH

Will contact all wards to inform them of the incident.

## 10.4.2 EMERGENCY DEPARTMENT



### **ED Consultant & Shift Leader Role**

The ED Consultant on call will become the ED Commander. He/she will Lead the Emergency Department's response to the Major Incident, (this is a hands off role). They will work with Emergency Department Shift Leader to effectively manage the ED response to the incident. The ED Consultant will consult with the Major Incident Officer regarding the response to the incident. They may also be told if the use of the Expectant triage category has been instigated at scene should the number of casualties greatly out weigh the available resources.

### **For the ED Consultant & Shift Leader to consider:**

1. Staffing
2. Managing the department
3. Resources
4. Recovery

### **Staffing**

The ED Commander and Shift Leader will be responsible for allocating staff to the following roles and ensuring the teams are fully staffed and resourced:

#### **Doctors**

- ED Triage Doctor
- ED Zone 1 Team Leader
- ED Zone 2a Team Leader
- ED Zone 2b Team Leader
- UCC Team leader
- 

#### **Nurses**

- ED Triage Nurse
- ED Zone 1 Nurse Coordinator
- ED Zone 2a Nurse Coordinator
- ED Zone 2b Nurse Coordinator
- UCC Nurse Coordinator

#### **Receptionists**

- ED Triage Receptionist

#### **Other staffing**

Further staff will need to be called in and allocated to the appropriate ED Teams (Triage, Zone 1, Zone 2a, Zone 2b, and UCC).

## 10.4.2.1 TRIAGE



### 10.4.2.1.1 TRIAGE SIEVE AND SORT AND CRUCIFORMS

**At the scene:**

The Ambulance Trust (SECAmb) will Triage Sieve and Sort patients at the scene using the following categories:

<b>IMMEDIATE FIRST PRIORITY</b>	<b>RED</b>
<b>URGENT SECOND PRIORITY</b>	<b>YELLOW</b>
<b>DELAYED THIRD PRIORITY</b>	<b>GREEN</b>
<b>EXPECTANT FOURTH PRIORITY</b>	<b>RED WITH BLUE CORNER</b>
<b>DECEASED</b>	<b>WHITE</b>

**Triage Sieve:** Patients initially triaged using the principle of the “Triage Sieve”, will be identified by an appropriate Major Incident Triage Armband.

**Triage Sort:** The “Triage Sort” is carried out following the “Triage Sieve” usually at the Casualty Clearing Station, using the “Cruciform” card and further documentation detail. A Major Incident Triage Armband pack is carried.

## **Barts and the London NHS Trust on behalf of London Air Ambulance**

Response to recommendation 8 in the report under rule 43 of the coroner's rules 1984 following the inquests into the 52 deaths as a result of the bombings on the London transport system on July 7 2005 and your subsequent rule 43 report,

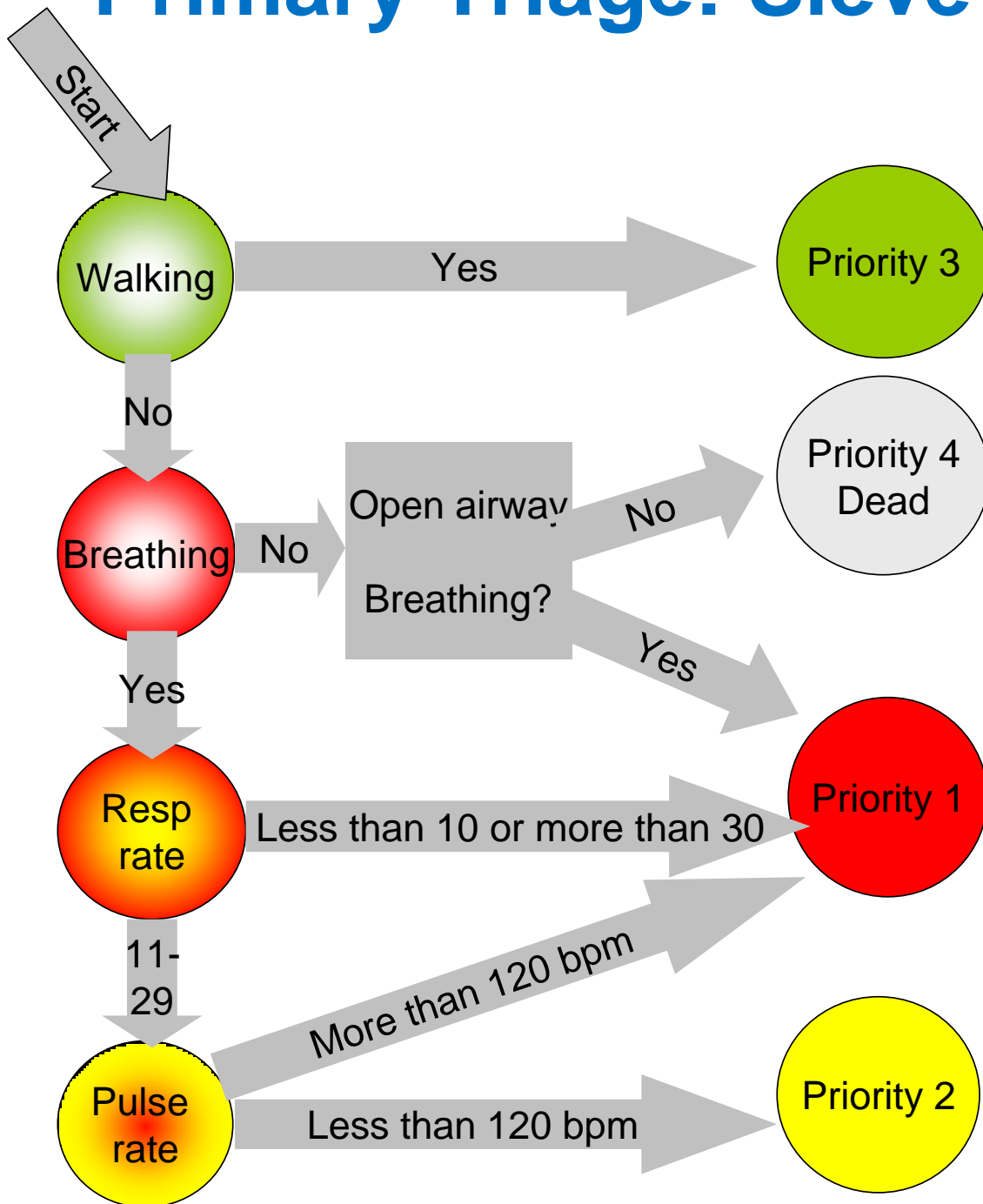
...the group also discussed and agreed that the existing triage sieve is fit for purpose.

The possibility of adding in a pulse check was discussed, however it was felt that this is an unreliable clinical sign and has a high false positive rate, even when performed by experienced clinicians. The group therefore recommended that the triage sieve will now include looking for signs of life.

In addition we have agreed that basic life saving interventions are appropriate and may reduce suffering. These will be undertaken at the time of triage sieve and include basic airway manoeuvres and the use of airway adjuncts, together with the use of the recovery position.

The group further agreed the use of tourniquets or pressure dressings in the event of catastrophic haemorrhage.

# Primary Triage: Sieve



# Primary Triage: Sort

<b>GCS</b>	<b>DATE:</b>	<b>TIME:</b>						
<b>EYE OPENING</b>	<b>SPONTANEOUS</b>	<b>4</b>						
	<b>TO VOICE</b>	<b>3</b>						
	<b>TO PAIN</b>	<b>2</b>						
	<b>NONE</b>	<b>1</b>						
<b>VERBAL RESPONSE</b>	<b>ORIENTATED</b>	<b>5</b>						
	<b>CONFUSED</b>	<b>4</b>						
	<b>INAPPROPRIATE WORDS</b>	<b>3</b>						
	<b>INCOMPREHENSIBLE</b>	<b>2</b>						
	<b>NONE</b>	<b>1</b>						
<b>MOTOR RESPONSE</b>	<b>OBEYS COMMANDS</b>	<b>6</b>						
	<b>LOCALISES</b>	<b>5</b>						
	<b>WITHDRAWS TO PAIN</b>	<b>4</b>						
	<b>FLEXION TO PAIN</b>	<b>3</b>						
	<b>EXTENSION TO PAIN</b>	<b>2</b>						
	<b>NO RESPONSE</b>	<b>1</b>						
<b>TOTAL GCS</b>								
<b>TOTAL GCS</b>	<b>13-15</b>	<b>4</b>						
	<b>9-12</b>	<b>3</b>						
	<b>6-8</b>	<b>2</b>						
	<b>4-5</b>	<b>1</b>						
	<b>3</b>	<b>0</b>						
<b>RESP RATE</b>	<b>10-29</b>	<b>4</b>						
	<b>MORE THAN 29</b>	<b>3</b>						
	<b>6-9</b>	<b>2</b>						
	<b>1-5</b>	<b>1</b>						
	<b>0</b>	<b>0</b>						
<b>SYSTOLIC BP</b>	<b>90 OR MORE</b>	<b>4</b>						
	<b>76-89</b>	<b>3</b>						
	<b>50-75</b>	<b>2</b>						
	<b>7-49</b>	<b>1</b>						
	<b>0</b>	<b>0</b>						
<b>TOTAL TRIAGE SORT NUMBER</b>								
<b>TRIAGE SORT PRIORITY</b>	<b>12</b>	<b>PRIORITY 3</b>						
	<b>11</b>	<b>PRIORITY 2</b>						
	<b>10 OR LESS</b>	<b>PRIORITY 1</b>						

### **10.4.2.1.2 IN THE ACUTE TRUST**

Patients should arrive at the hospital having already been triaged by the Ambulance personnel and will come with a triage cruciform attached. In the rare case that that hasn't happened (if patients have been brought straight to hospital by a member of the public for example) they will not have a triage cruciform and you will be the first to triage them.

On arrival at the Emergency Department the Triage teams should **Triage Sort** the attending patients using the recognised triage process on the following pages and direct patients through to the most appropriate area of the department for further assessment and treatment. There is separate triage documentation for children, please see [section 10.5.1.3](#) for this information.

At triage you should deliver basic life saving interventions including basic airway manoeuvres and the use of airway adjuncts, together with the use of the recovery position and the use of tourniquets or pressure dressings in the event of catastrophic haemorrhage. This process should be very quick and further assessments and treatment should be undertaken within the designated Emergency Department Area where teams will be waiting to take over.

During a mass casualty incident or a catastrophic incident the Major Incident Officer in conjunction with the Emergency Department Consultant may ask you to use the **Triage Sieve** instead. This is quicker but is not as accurate at determining the most appropriate triage category.

### **10.4.2.1.3 THE TRIAGE TEAM**

#### **1. ED Triage Doctor**

Triage all patients arriving at the Hospital through Ambulance entrance. This role is assigned by the ED Commander (Consultant in Charge of the ED). Consider taking the ED camera with you to photograph each Major incident patient next to their ID number to aid identification later.

#### **2. ED Triage Nurse**

The Triage nurse will work with the Triage doctor & reception staff to triage all patients arriving at the Hospital through Ambulance entrance, they will also ensure each patient is given an ID band that matches their unique MI number and number on their notes. Ensure you take ID bands with you. This role is assigned by the ED Shift Leader.

#### **3. ED Triage Receptionist**

The Triage receptionist will work with the Triage nurse and Dr. They will take details of all patients that attend whilst the hospital is in declared Major Incident status and give them their unique MI number, notes and ID band. Ensure patient details updated onto Symphony MAJAX screen ASAP. Ensure you take a set of pre numbered ED front sheets, a number of back sheets and an attendance record with you.

If the incident is larger such as a mass casualty or catastrophic incident a second triage team may need to be selected and positioned at the entrance to the priority 3/minor injuries location

### 10.4.2.1.4 TRIAGE DOCUMENTATION

There will be 3 simple bits of paperwork that need to be completed at Triage.

1. The Triage Doctor should fill out the triage category (P1/2/3) and any noted injuries and a description that may help identification later. This should be written on the front of the ED attendance sheet.

Below is a copy of the major Incident Sticker to be added to the front of the ED Attendance sheet and filled in by the Triage Doctor if available. Information to be written on the front of the ED notes if no stickers available

<b>ADULT MAJOR INCIDENT TRIAGE SORT</b>							
Stick to the front of the Emergency Department notes. Circle the appropriate numbers and add up to get the triage sort priority							
1. GCS		2. TRIAGE SORT			3. LIFE SAVING INTERVENTIONS UNDERTAKEN AT TRIAGE		
Eye opening	Spontaneous	4	Total GCS	13-15	4	Basic airway manoeuvres:	
	To voice	3		9-12	3		
	To pain	2		6-8	2		
	None	1		4-5	1		
Verbal Response	Orientated	5	Resp Rate	3	0	Airway adjuncts:	
	Confused	4		10-29	4		
	Inappropriate words	3		More than 29	3		
	Incomprehensible	2		6-9	2		
Motor Response	None	1	Systolic BP	1-5	1	Use of the recovery position:	
	Obeys commands	6		0	0		
	Localises	5		90 or more	4		
	Withdraws to pain	4		76-89	3		
	Flexion to pain	3		50-75	2		
	Extension to pain	2		7-49	1		
GCS Total =	No response	1	Triage Sort Total =	0	0	Use of tourniquets/pressure dressings in the event of catastrophic haemorrhage:	
		13-15					
		9-12					
		6-8		Triage Sort	12 =		Priority 3
		4-5		Priority	11 =		Priority 2
	3		10 or less =	Priority 1			
Identify Triage Sort Priority colour here							
Identify location for patient: _____							

2. The Triage Nurse should ensure that the patient is given an ID band that corresponds with the ED attendance front sheet given to them by reception and that an ID sticker for that patient is added to the BSUH Major Incident Patient Attendance Details form (below).. This is to enable us to track patients at a later time and as a back up in case Symphony or the IT system fails.



Copy of the BSUH Major Incident Patient Attendance Details form, to be filled in by the Triage Nurse.

BSUH Major Incident Patient Attendance Details							
Date: ____/____/____		Time List Started _____		List no: _____		Completed by: _____	
MI number (stick labels here)	Time arrived	On Symphony ?	Name/ Description	Noted Injuries	Sex M/F	Priority P 1/2/3	Destinat ion Zone

- The Triage Receptionist will ensure that the triage team have enough pre printed ED front sheets and that as patients are allocated a front sheet and ED number that they are added on to Symphony Immediately. This may require many of the fields being skipped ie GP details and next of kin if they are not known at this time, this information can be added in later. See Triage Receptionist Action card for further details on printing Major Incident front sheets and Major Incident Symphony.

#### 10.4.2.1.5 TRIAGE LOCATIONS

**During a major incident:** The triage desk should be set up in the ambulance entrance of the ED and this should be the only point of entry to the Department. All patients attending the department during the incident will be triaged through this triage point.

Ensure you have the correct paperwork and equipment to deliver life saving interventions such as basic airway manoeuvres and the use of airway adjuncts, together with the use of the recovery position and the use of tourniquets or pressure dressings in the event of catastrophic haemorrhage.

**During a larger incident, a Mass casualty or catastrophic major incident:** An incident classed as mass casualty or catastrophic incident (hundreds or thousands of casualties) is likely to require a different approach. If there are large numbers of Priority 1, 2 and 3 patients arriving at the same time two triage points may need to be set up. All walking wounded will then be sign posted to the Priority 3/minor injuries area.

#### **10.4.2.1.6 EQUIPMENT NEEDED AT TRIAGE**

- Sphygmomanometer & stethoscope
- Pen torch
- Simple airway adjuncts
- Pressure bandages/tourniquets
- Pens
- Camera if available
- Triage paperwork
  - Pre printed and numbered ED front sheets
  - ED Back sheets
  - Triage attendance sheet
  - Triage stamp/stickers
  - ID bands

#### **10.4.2.1.7 EXPECTANT TRIAGE CATEGORY**

In triage the use of the “expectant” category is reserved for those patients whose injuries are deemed to be unsurvivable. This may be because of the nature of their injuries per se, as would be the case in a conventional situation, or because of the number and severity of casualties and a corresponding lack of resources. It is important to consider the use of the expectant category so that resources are directed to where they can do the most good. The decision to use the expectant category and individual decisions regarding which patients should be so categorised must be made by at least two of the most senior doctors available. If the expectant category is used as a consequence of inadequate resources it will be necessary to review the management of the situation e.g. sending further casualties to other hospitals, calling in more staff, re-assigning staff, opening more theatres and transferring patients. Patients in this category must be reviewed at regular intervals with a view to symptomatic treatment (especially pain relief) and possible-triaging either as the situation is brought under control or if their condition improves.

#### **10.4.2.1.8 WHO CAN MAKE THE DECISION TO USE THE EXPECTANT CATEGORY?**

The use of expectant triage is likely to be made by the Medical Incident Advisor with the Ambulance Service at the scene; this information will be communicated to the Trust’s ECC.

## 10.4.2.2 PRIORITY 1 PATIENTS



### **Zone 1 Team**

#### **ED Zone 1 Nurse Coordinator**

Works in conjunction with the Senior ED Dr to co- ordinate the resuscitation room. This role is assigned by the ED Shift Leader.

#### **ED Zone 1 Team Leader**

Will coordinate the clinical care of all patients within ED Resus. Will report directly to the ED Commander and provide them with regular updates on care & capacity. They will work closely with Zone 1 Nurse Coordinator This role is assigned by the ED Commander.

Other staff should be allocated to the zone 1 bays as they become available

### **Priority 1/Zone 1 location**

**APPROX 5 PATIENTS CAN BE ACCOMMODATED IN ZONE 1**

**APPROX 4-6 HIGH DEPENDENCY CUBICLES IN ZONE 2 COULD BE USED FOR P1/RESUS PATIENTS**

If there are large numbers of P1 (Zone1/Resus) patients the paediatric cubicle may have to be used for adults. Please ensure this has the right equipment in it.

P1 patients may also have to be cared for in Zone 2 as above, please ensure the right equipment is made available in these areas.

### 10.4.2.3 PRIORITY 2 PATIENTS



<b>ZONE 2a TEAM</b>	<b>ZONE 2a TEAM</b>
<b>ED Zone 2a Nurse Coordinator</b>	<b>ED Zone 2b Nurse Coordinator</b>
Will co-ordinate the care & flow of existing ED & Major Incident patients. They will maintain close communication with ED commander (Consultant), ED shift leader & ECC. This role is assigned by the ED Shift Leader.	Will co-ordinate the care & flow of existing ED & incoming Major Incident patients. They will work with the designated Zone 2b Dr and maintain close communication with the ED commander (consultant) and ED shift leader & the ECC. This role is assigned by the ED Shift Leader.
<b>ED Zone 2a Team Leader</b>	<b>ED Zone 2b Team Leader</b>
Will lead the clinical care of all patients within ED Zone 2. They will report directly to the ED Commander and provide them with regular updates on care and capacity. They will work closely with Zone 2 Nurse Coordinator. This role is assigned by the ED Commander.	Will lead the clinical care of all patients within ED Zone 2b. They will ensure all patients are promptly reassessed following triage. They will report directly to the ED Commander and provide them with regular updates on care and capacity. They will work closely with Zone 2b Nurse Coordinator. This role is assigned by the ED Commander.

### ZONE 2a and 2b LOCATIONS

<b>ZONE 2A LOCATIONS</b>	<b>ZONE 2B LOCATIONS</b>
Approx 20 patients can be accommodated on trolleys in zone 2a	11 patients can be accommodated in cubicles in zone 2b and zone 4
If there is capacity and there are no p1 patients, up to 5 patients could be accommodated in zone 1	Approx 15 patients could be accommodated in the Zone 4 waiting room

If there are large numbers of P2 patients expected or arriving the ED Consultant and Shift Leader will need to consider the areas to be used. Zone 2a and b should be cleared of patients as soon as possible. Liaise with the Clinical Site manager to organise this. Day Surgery (& possibly Endoscopy) can be utilised for quick movement of patients out of Zone2/majors if not being utilised as extra minor injury capacity. When clear, Zone 2aMajors can take up to 12 patients in

curtained cubicles and 2 patients in side rooms. Patients can also be accommodated in the Zone 2 corridor (approximately 6).

Some zone 2a/Majors cubicles may have to be used for P1 patients (Zone 1/Resus patients) especially the high dependency cubicles such as cubicle 1, 2, 3 and 11 & 12.

#### 10.4.2.4 Priority 3 patients



#### **UCC Nurse Coordinator**

Will co-ordinate the care and flow of existing ED and incoming major incident patients. They will ensure all patients are promptly reassessed following triage. They will maintain close communication with the ED commander (consultant) and ED shift leader and ECC room. This role is assigned by the ED Shift Leader.

Other staff should be allocated to UCC as they become available

#### **UCC Team Leader**

Will lead the clinical care of all patients within UCC. They will ensure all patients are promptly reassessed following triage. They will report directly to the ED Commander and provide them with regular updates on care and capacity. They will work closely with UCC Nurse Coordinator. This role is assigned by the ED Commander.

### **PRIORITY 3/MINOR INJURIES LOCATIONS**

8 patients could be accommodated in the 8 UCC rooms  
Approx 25 patients could be accommodated in the UCC waiting room

The ED Consultant and Shift Leader will also need to assess whether a further areas may need to be opened and staffed to cater for P3 patients.

This may need to be considered if there are high numbers of Priority 3/ Minor injuries patients **or** if high numbers of Priority 2 patients need to be cared for in Zone 2b or UCC. Should the incident involve mass casualties it may be preferable to open Out Patient areas or Day Surgery as the area to assess and treat the walking wounded. If this is the case the ED Commander & Shift leader must ensure the appropriate staff and resources are sent to these areas and that the Emergency Control team are made aware.

## **EXTRA CAPACITY AREAS FOR THE ED**

The use of any extra capacity areas must be discussed with the ED commander and Shift Leader in the Emergency Department **AND** with the Tactical Commander (Manager on call) and the Major Incident Officer in the Emergency Control Centre (ECC). The use of out patient departments or Day Surgery will mean Business Continuity Plans will need to be activated to enable cessation of non critical activity during the incident (for example elective day surgery and/or outpatient appointments).

If any area is used as extra capacity for the Emergency Department the ED shift Leader and ED Commander must ensure that adequate staffing and equipment is made available to these areas.

## **DAY SURGERY**

Priority 3 patients may also be relocated to the Day Surgery department if numbers mean that there is limited capacity in the Emergency Department.

This area may also be used as extra capacity for existing ED patients and/or as an admission area for major incident patients.

This area is very flexible and is ideally situated with a large waiting room and very close to theatres.

The waiting room can be used for waiting P3 patients and the cubicles and assessment/procedure rooms can be used for P3 patients requiring minor procedures (Plaster of Paris application, manipulation under sedation, suturing etc

## **OUT PATIENT DEPARTMENTS (INCLUDING ALL OUTPATIENT AREAS)**

The Main Out patient Department is likely to be used as a Relative's Reception and a Major Incident discharge area but as a last resort out patients areas can be used for P3 patients instead.

Priority 3 patients may be relocated to the Out patients department if large numbers mean that there is limited capacity in the Emergency Department and/or day surgery. Some patients triaged as P3 patients can actually be quite unwell therefore

Triage teams will need to ensure only those with minor injuries are sent here as the Main department is remote from the main hospital site and is not close to X-ray.

The Urgent Care Centre GPs may also relocate to Main Out Patients. Depending on the type and size of the incident they may continue in their normal role or they may assist by assessing minor injury patients.

Other out patient areas can also be considered for minor injury patients such as ENT, Orthopaedic and Fracture clinic and Cardiac Out Patients.

**If any of these extra capacity areas are used it is vital that the appropriate staffing and equipment is made available.**

Please call Alexi Hallsworth (or her deputy, via Switchboard) to help coordinate the use of the out patient areas during a major incident day or night.

Please see section on Relatives Reception for further details on this.

#### 10.4.2.5 RECEPTION



### RECEPTION TEAM

- **ED Receptionist**

They will manage the ED Reception Team and call in extra staff as needed. They will also ensure all patients attending are documented on the attendance form, [see 10.4.2.1.4 Triage Documentation](#) and ensure their details are updated on to Symphony MAJAX. They will also assist the Zone Coordinators in keeping patient information up to date, answering queries/phone calls. Liaising closely with the ED Shift Leader. Please see Appendix

- **ED Triage receptionist**

[See Triage section](#)

- **Second ED Triage receptionist**

Same actions as first Triage Receptionist but will be working from another location. Ensure you take a set of pre numbered ED front sheets, a number of back sheets and an attendance record with you and please ensure their details are updated on to Symphony MAJAX as soon as possible.

### 10.4.2.6 Other staff in the Emergency Department



Further Emergency Department staff and other staff called in to assist will be allocated to one of the above teams.

Healthcare assistants and Ops assistants also play a vital role in a major incident and should be allocated to work with the teams as appropriate. They can also be used to ensure all areas have the necessary equipment and can help convey messages throughout the department.

The Emergency Department Shift leader will allocate them and other staff members called in to help to teams or tasks as required.

#### **Other Teams that will arrive in the Emergency Department:**

These members of staff may then work out of the ED for the duration of the incident or they may assess the situation and return to their own areas of work.

- Porters  
One porter should be positioned at the triage desk to take any walking wounded patients to their allocated Zone or the RACH following triage.  
Other porters should be allocated to each Zone to work with the Zone leaders.
- Nurse from AMU  
An AMU nurse will arrive at Zone 2 to assess any existing patients that could be transferred to AMU or to extra capacity areas.
- Surgical Consultant on call
- Orthopaedic consultant on call
- Consultant radiologist
- Cardiothoracic Surgeon
- Cardiothoracic Anaesthetist



### 10.4.3 All other staff



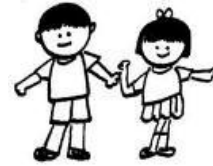
For all other wards, departments and services please see your action cards in appendix 1.

#### **For those who don't have specific action cards:**

1. If you are at work continue your normal role unless told otherwise by your line manager or the Emergency Control Centre.
2. If you are at home ensure the hospital is able to contact you, you may be called and asked to come in and help if you are able to do so. They may ask you to help out now or later on for the next shift.
3. You may be asked to continue your normal role or you may be asked to help in one of the major incident support roles.
4. If you are asked to undertake a role that is not your usual job please ensure you inform the Emergency Control Centre if you do not feel you have the right skills/competencies for the job.
5. If you are asked to come into work ensure you have everything you may need such as any food you may want, a small amount of money and/or a change of clothes in case of an emergency where it may be safer for you to stay at work than travel home e.g. during a severe snow episode.

## 10.5 SPECIAL CIRCUMSTANCES TO CONSIDER

### 10.5.1 Paediatric patients



#### **Major Incidents involving Children & Young People**

Children and young people have specific needs which need to be considered within the major incident plan. The needs of this client group relate to:

1. Physical injury - there may be a variety of ages involved or, a large number of children of similar age which will have implications for the availability of equipment and expertise.
2. Psychological Trauma associated with the loss of friends or witnessing the death or injury of family members.
3. Children who may be brought to the hospital as part of family groups and whose treatment may result in separation from parent/carers.

In addition, further considerations must include the capacity of the emergency department to deal with large numbers of children. Thus close liaison with the Children's Emergency Department at the RACH is essential to ensure the smooth transition of patients out of the main Emergency department.

Medical and nursing staff must also have an understanding of age specific physiological variables when undertaking the role of triage. To assist this, paediatric nursing staff will complement the Main Emergency Department medical and nursing teams to provide advice and support.

Consideration should be given to ensuring less seriously injured children are not separated from relatives unless this is deemed in the best interest of the child. For those less seriously injured children separated from family members, staff should reunite as soon as possible, and protect from any publicity. Safeguarding and the care of unaccompanied children are paramount and the local safeguarding guidelines must be utilised when indicated.

### 10.5.1.1 Paediatric Division Plan

Throughout the hospital there are the following paediatric areas:

1. Level 9 medical ward: 14 beds funded (Total complement 31 available plus 4 day case oncology beds)
2. Level 8 surgical ward: 12 bed funded (Total complement 15)
3. Level 8 HDU: 6 HDU and 1 PICU (Total complement of 12 beds plus 3 PICU if staffing available)
4. Level 7 Day surgical Unit: 17 beds funded (Total complement 25 if staffed)
5. Level 6 PED/CASU: 10 trolleys and 6 beds
6. Level 5 Paediatric OPD: Ground Floor; 15 clinic rooms

The paediatric plan is written utilising staffing available out of hours to ensure that a consistent response can be mounted at any time of the day of night.

#### Standby:

In the event that a major incident standby is notified the senior paediatric nurse bleep holder (8651) will take the role of the paediatric lead until a more senior member of the team is able to take over.

There will be an immediate medical and nursing review of all current in-patients to assess suitability for discharge.

#### Declared:

Patients identified for discharge from ALL inpatient areas to decant to paediatric discharge areas:

- Level 9 will use playroom/quiet room
- Level 8 will use playroom/quiet room
- Level 7 will use play room
- Level 6 will use the adolescent waiting room.

As level 7 Day surgical unit will be the second receiving area, the decision to cancel elective work will be actioned following instruction from the Senior Paediatric Nurse. Staff will ensure that existing children with parents/carers are safely discharged. The nurse in charge will communicate with the Senior Paediatric Nurse regarding re-deployment of released staff.

### **Staff reporting area:**

Paediatric staff called into work or attending to assist must report to "Staff Reporting Area" in the staff room in the CED/CASU prior to going to their usual area of work. The Senior Paediatric Nurse will base him/herself in the staff base of the PED/CASU. The nominated reporting area is the PED/CASU where contact with the Senior Paediatric Nurse should immediately occur.

### **Relatives Room:**

For patients in the CED/CASU this will be the Parents Kitchen. Children may also be accompanying parents/cares in the main Relative's Reception which is likely to be in Main out Patients. Please liaise with the Main Relatives Reception in case paediatric support or advice is required.

## **10.5.1.2 Children's Emergency Department and Children Assessment Unit (Level 6)**

### Responsibilities

- Provide advice on management of paediatric patients
- Identify likely requirements for these patients
- Facilitate the smooth movement of patients out of the main emergency department at RSCH

### **Nurse in Charge duties**

Nurse in charge of the CED will liaise with the paediatric doctor in charge after team brief to confirm team roles and inform of incident details.

Explain to patients and carers waiting in the CED that a major incident has occurred.

With the most senior paediatric doctor rapidly review all patients in the CED:

- Redirect suitable children from the CED to primary care
- Identify who can be discharged and who will need admission
- Inform the senior paediatric nurse (Bleep 8651) of any admissions and move patients to suitable beds on level 9 or level 8.
- Liaise with the lead nurse in the main ED regarding the deployment of Paediatric ED nurses and doctors to the main department.
- Prepare CED for the arrival of Priority 3 patients with Treatment rooms 1- 4 and Trolleys 1-3 allocated as the designated treatment area.
- Allocate an APENP/PNP or Paediatric nurse to oversee the treatment areas.

The Children's Emergency Department (CED)/CASU will be the receiving unit for injured children following triage by the main emergency department at the RSCH. In the event that the CED reaches full capacity then the second receiving area will be level 7 day-care unit.

**During a major incident all paediatric patients should be triaged through the main Emergency Department and not brought straight to the Children's Emergency Department.**

### **Paediatric Nurse: Resus/Majors P1 and P2**

Informed by: Paediatric ED Nurse in Charge

Responsible to: Main ED Lead Nurse

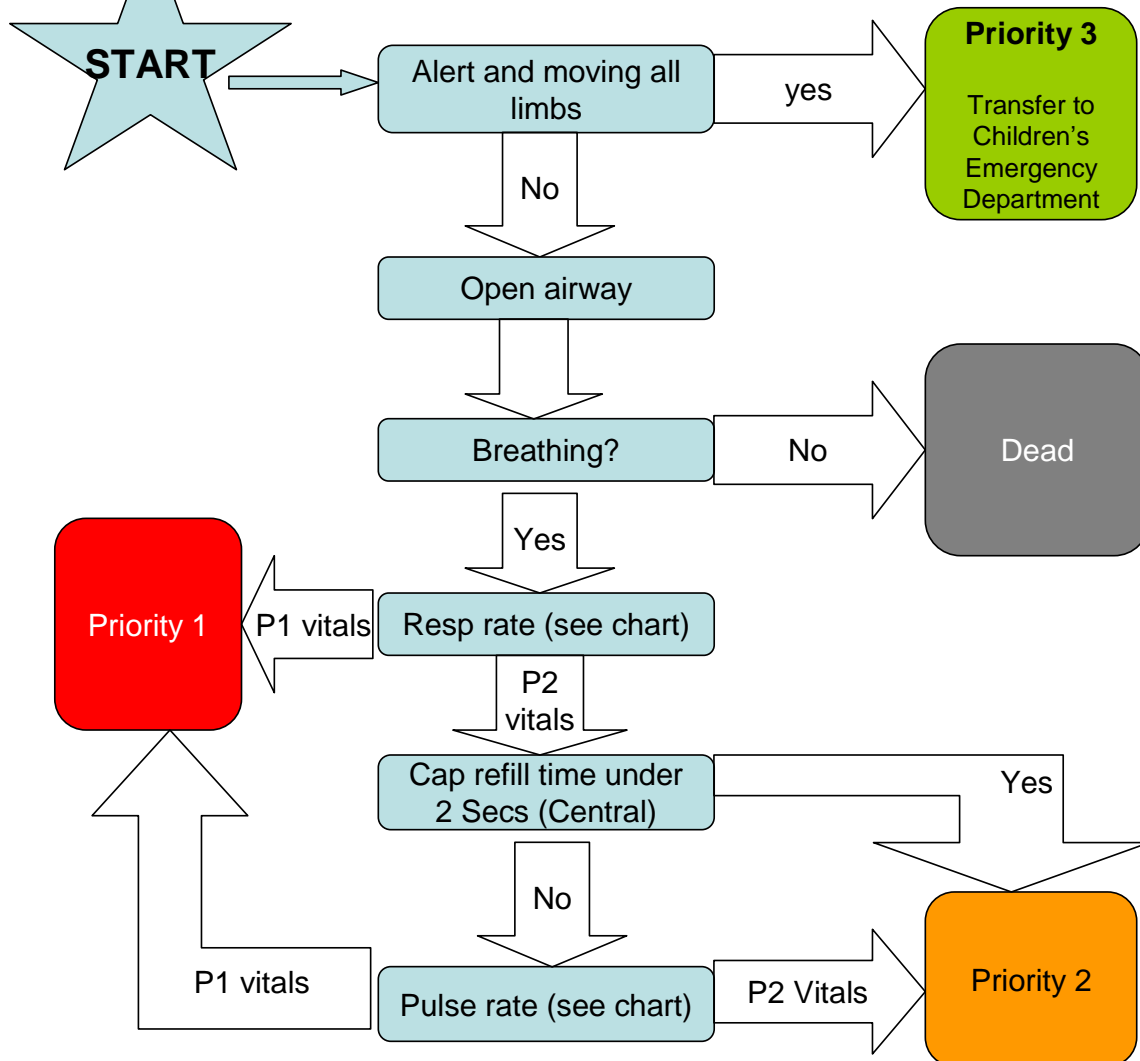
Responsibilities:

- Provide advice and oversee management of P1 and P2 paediatric patients and facilitate the smooth movement of patients through the department, including the transfer of children to the RACH.

Tasks:

- Work with the resus/majors teams supervising the treatment of paediatric patients (i.e. advising and not "hands on")
- Act as a runner for paediatric patients in both resus and majors as required.
- Liaise with the PED nurse in charge regarding the deployment of paediatric nurses and doctors.

## 10.5.1.3 Paediatric Triage Sieve



Age	RR	HR	Triage
Birth – 1 year 3-10 kg	Less than 19 or more than 50 Reprs	Less than 90 or more than 180 bpm	P1
	19-50 resps	90-180 bpm	P2
13 mths – 5 yrs 10kg-18kg	Less than 14 or more than 40 reps	Less than 80 or more than 160 bpm	P1
	14-40 resps	80-160 bpm	P2
Over 6 years More than 18kg	Less than 10 or more than 30 resps	Less than 70 or more than 140 bpm	P1
	10 – 30 resps	70-140bpm	P2

### 10.5.1.4 Paediatric Triage Sort

1. Total Glasgow Coma Score (For Paediatric GCS Scale please see over)	
13-15 =	4
9-12 =	3
6-8 =	2
4-5 =	1
3 =	0

2. Respiratory rate ( circle correct score dependant on age)					
Birth -1 year		13 month-5 years		More than 5 years	
31-60	5	21-40	5	10-20	5
26-30	4	16-20	4	21 or more	4
21-25	3	11-15	3	6-9	3
15-20	2	5-10	2	1-5	2
14 or under	1	4 or under	1	0	1

3. Systolic Blood Pressure ( circle correct score dependant on age)					
Birth - 1 year		13 months - 5 years		More than 5 years	
51-65	4	66-70	4	75-90	4
41-50	3	51-65	3	91 or more	60-75
30-40	2	40-50	2	60-74	2under 60
Under 29	1	Under 39	1	Less than 60	10
0	0	0	0	0	0

4. Paediatric Triage Sort Scoring		
Total Glasgow Coma Scale score =		
Respiratory Rate score =		
Systolic Blood Pressure score =		
Total=		
<b>Paediatric Triage Sort Score</b>	12 =	<b>Priority 3</b>
	11 =	<b>Priority 2</b>
	10 or less =	<b>Priority 1</b>

<b>Paediatric Glasgow Coma Scale</b>			
Circle appropriate response		Scores	
<b>1. Best eye response</b>	Open Spontaneously	4	
	Open to verbal command	3	
	Open to pain	2	
	No eye opening	1	
<b>2. Verbal or Non verbal response</b>	<b>Best verbal response</b>	Alert. Babbles, coos, words or sentences to usual ability	5
		Less than usual ability &/or spontaneous irritable cry	4
		Cries inappropriately	3
		Occasional whimpers &/or moans	2
		No vocal response	1
	<b>Best grimace response</b>	Spontaneous normal facial or motor activity	5
		Less than normal spontaneous activity or more response to touch stimuli	4
		Vigorous grimace to pain	3
		Mild grimace to pain	2
		No response to pain	1
<b>3. Best motor response</b>	Obeys commands/normal spontaneous movements	6	
	Localises to painful stimuli or withdraws to touch	5	
	Withdrawal to painful stimuli	4	
	Abnormal flexion to pain	3	
	Abnormal extension to pain (decorticate)	2	
	No motor response to pain (decerebrate)	1	
<b>Total Glasgow Coma Scale =</b>			



## 10.5.2 Burn Injuries

The following information has been taken from the DH Guidance: Planning for the Management of Burn Injured Patients in the Event of a Major Incident, 2011 and the National Network of Burn Care: <http://www.specialisedservices.nhs.uk/burncare>

The baseline for funded burn bed capacity in June 2007 was 393 across the British Isles. The totals of funded beds in each country are:

- England, 279
- Wales, 32
- Scotland, 49
- Northern Ireland, 19
- Ireland, 14

The National Burn Bed Bureau (NBBB) was officially launched in April 2003. It is managed by the Capacity Management Team, part of the First Response Agency, and is based at West Midlands Ambulance Service NHS Trust.

Across the British Isles, NBBB provides:

- 24 hour coverage of availability in response to requests for patient transfers to specialist burn services across the British Isles;
  - Twice-daily establishment of bed capacity and availability;
  - A coordinated approach to bed availability
  - Part of the nationwide response to a major incident involving burn injuries
- **Our local Burn Care Network is the London & South East Burns Care Network**
- **Our local Burn Centre is The Queen Victoria Hospital NHS Foundation Trust**

### **10.5.2.1 THE QUEEN VICTORIA HOSPITAL NHS FOUNDATION TRUST**

[http://qvh.nhs.uk/our\\_services/plastic\\_surgery\\_and\\_burns/burns.php](http://qvh.nhs.uk/our_services/plastic_surgery_and_burns/burns.php)

The QVH Burns Unit is a key member of the South East Burns Network which covers Kent, Surrey, Sussex and parts of South London. It provides all levels of adult care and up to high dependency care for children. In addition, they provide an outpatient clinic, physiotherapy, occupational therapy and psychological support, rehabilitation for patients recovering from major burn injury and reconstruction clinics to review healed burns.

The QVH Outreach Burns Service provides specialist care for those patients within the region with burns that are not able to be transferred to the Burns Unit or for those with smaller burns who can be managed as out-patients nearer to their homes.

The burns team can be contacted for advice and appointments to see patients with acute or chronic burn wounds can be arranged by direct telephone referral (01342 414440)

### **10.5.2.2 BURN ASSESSMENT TEAMS (BATS)**

BATs may be activated if there is a major incident to provide advice and support at the site of an incident or at the receiving hospital(s).

It is the responsibility of the Burn Care Network in the area and the Burn Service to ensure that the individuals likely to form this team are aware of who they are and their role. Reference should therefore be made to the appropriate burn unit for details of BATs.

### **10.5.2.3 BURNS CARE WITHIN BSUH**

Each NHS Acute and Foundation Trust with critical care services should plan for how it will manage the care of burn injured patients in the event of an emergency working in partnership with formally designated services for burn injured patients. In these circumstances it is understood that ways of working and clinical practices may have to be adapted but should be sustainable for a period of up to three months.

To support this approach, NHS organisations should endeavor to ensure that staff are well prepared and can be supported appropriately in the event of an emergency. To support this approach, it is suggested that NHS organisations consider:

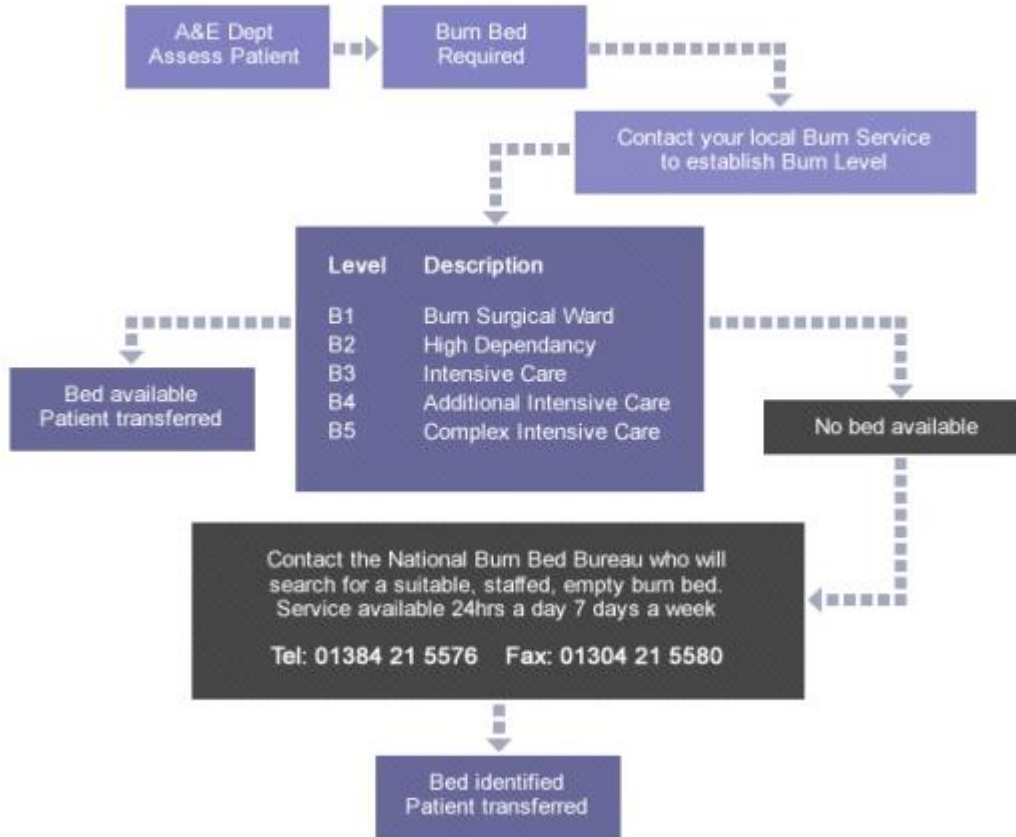
- Facilitating access to appropriate training for staff and for other staff who may be called upon to expand burn care services, either directly or indirectly, in the event of an emergency, including clinical and essential support staff;
- Making plans to ensure the best use of existing resources including escalation of services as part of an organisational approach. Account might need to be given to the extent to which burn care clinicians and others who provide related services such as plastic surgery can continue be involved in the care of less severely burn injured patients depending on the scenario being responded to.
- Reviewing the availability of essential equipment and supplies to support the provision of existing and expanded critical care services.
- Reviewing the processes for planning and responding to a major incident or incidents of emergency where the number of patients substantially exceeds normal burn care capacity to fit in with local, regional and national command, coordination and control and decision making arrangements.
- Considering arrangements that can be put in place to provide long-term follow up care for patients including psychological support. This might include enabling access for patients to trauma support services such as those offered, for example, by the charity Changing Faces whilst still patients in hospital.

In planning for a burn major incident, Acute Trusts should identify minimum staffing levels. Support and training for non-specialist staff such as that provided by the British Burn Association in the emergency management of severe burns should be used to develop potential capacity with the trust as much as possible, thus providing choice to clinicians making decisions on the care of individual patients.

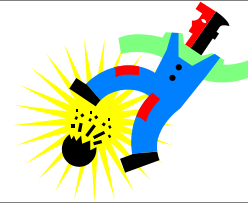
Burns capacity within BSUH: depending on the patient's condition burns patients could be cared for in a number of locations within BSUH including Critical care and surgical wards. Should a patient require transfer to a Burns Unit such as that at Queen Victoria Hospital staff should follow the usual procedure for contacting the Queen Victoria. They will coordinate Burns beds within the network locally and nationally.

## 10.5.2.4 PROCESS FOR ACCESSING BURNS BED BUREAU

### Process for accessing the Bed Bureau



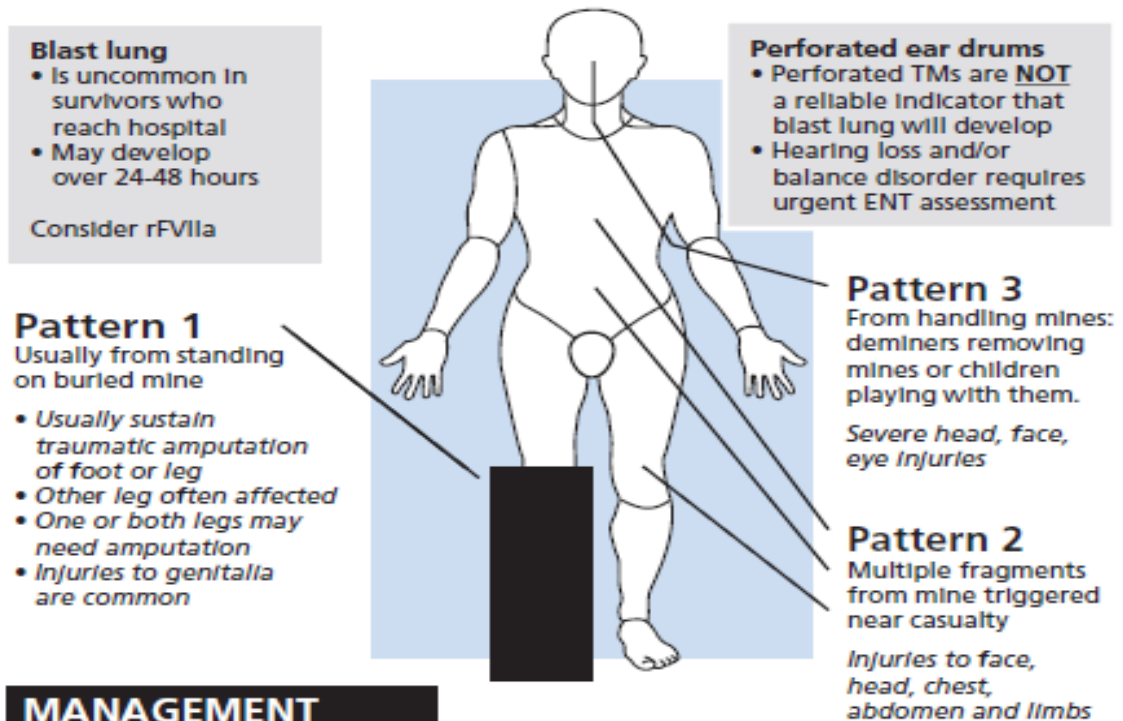
## 10.5.3 BLAST INJURES



See below image taken from the Clinical Guidelines for use in Major Incidents 2011

### 5. MANAGEMENT OF BLAST INJURIES

ICRC (International Committee of the Red Cross) describe 3 injury patterns for an anti-personnel mine. [BMJ 1991;303:1509-12.]



### MANAGEMENT

#### <C>ABCDE approach

Have a high index of suspicion for bowel injury - clinical diagnosis, ultrasound and CT can be inconclusive: diagnostic peritoneal lavage may reveal vegetable matter and raised amylase/white count.

Associated ballistic injury?  
Associated blunt injury?  
Associated burn?

## 10.5.4 Non-English-speaking Communities and Faith Groups



### 10.5.4.1 NON ENGLISH SPEAKING COMMUNITIES

The following Information is available on the Trust website.

#### What do I do if I need an interpreter?

We recognise that the patient profile from the area that we serve is diverse, and some service users will require an interpreter. We can offer translation services in 106 languages.

To ensure that we can meet your interpreting needs please arrange for the department or ward to be contacted, to inform them of your requirements. Please make sure that you provide us with as much notice as possible to ensure that the most appropriate service is available to you.

However in an emergency situation we appreciate that it is not always possible to give notice, so we will do our best to accommodate your needs.

#### Language interpretation / translation

If your primary provider is not able to provide an interpreter for the patient, you must contact the secondary provider.

#### **Sussex Interpreting Services (SIS)**

The Trust is under core contract with SIS to provide interpreters to meet the language needs for all patients being treated by BSUH.

Non emergency – 01273 702005

Emergency – 07811 459315

Online booking form (elective procedures) [www.sussexinterpreting.org.uk](http://www.sussexinterpreting.org.uk)

In the event that SIS is unable to provide an interpreter for an appointment it is then permissible to contact:

### **Vandu Language Services (VLS)**

Telephone – 01273 473986

Mobile – 07989 023460

Online booking form (elective procedures) [www.vlslanguages.com](http://www.vlslanguages.com)

Communication interpretation/translation

### **Neals Communication Agency Limited**

Provide British Sign Language, Lip-speaking and Deafblind interpretation. Interpreters can be booked by contacting:

Telephone: 0870 163 0556

Online booking form (elective procedures) [www.neal.uk.com](http://www.neal.uk.com)

### **Deafblind UK**

Provide free and confidential communication and guiding support for all medical appointments in Brighton and Hove for people with sight and hearing loss. Deafblind UK can also provide Deafblind interpreters (which is chargeable)

Advice Line: 0800 132 320

### **Blatchington Court Trust**

Can provide translation of small documents (in plain text) into Braille, for larger documents Blatchington Court Trust can provide advice on alternative suppliers.

Please email Word documents to: [alison@blatchingtoncourt.org.uk](mailto:alison@blatchingtoncourt.org.uk)

### **Portable Induction Loops**

These can be hired by contacting the Estates helpdesks:

RSCH	–	extn.	4129
PRH – extn. 5929			

## 10.5.4.2 FAITH GROUPS

The following Information is available on the Trust website.

Both in Brighton and in Haywards Heath a chaplain is on-call 24 hours a day, seven days a week. In emergencies they can be contacted via switchboard - ask switchboard to page the duty chaplain for you.

The chaplain/s will be available in the relative reception for friends and relatives of loved ones that may have been involved in the incident and are patients in the hospital. The chaplains or other faith leaders can also be called to visit patients.

- On call for major incidents via switchboard.

In non-emergencies contact the chaplains via the following phone numbers:

- Chaplaincy and Spiritual Care Department for RSCH: extn. 4122
  - Chaplaincy and Spiritual Care Department for PRH: extn. 8232
- 

Faith traditions - religious needs

The Chaplaincy Department provides every ward with a copy of the booklet, 'Religions and Cultures: a Guide to Beliefs, Customs and Diversity for Health and Social Care Services'. This is a valuable resource. Please contact the Chaplaincy Department if you would like further copies of this booklet.

[See the 'useful links' section of this site](#)

Other important and valuable resources are available on-line:

The Scottish NHS has produced a useful multi faith resource for Hospital Staff. It gives information on the needs of members of a wide range of religious traditions.

[Click here to download a copy](#)

[Click here to access the BBC Guide to World Religions](#)

[Click here to access a document](#) produced by Basildon and Thurrock University Hospitals NHS Foundation Trust and promoted by the Multifaith Group for Healthcare Chaplaincy. This contains a general introduction to spiritual care in the healthcare setting and advice on the spiritual needs of people from various faith communities. It also explores the spiritual needs of patients who do not have any allegiance to a particular faith tradition.



## 10.5.5 People with Learning Disabilities and Mental Health problems



### 10.5.5.1 MENTAL HEALTH

See table below for extract taken from the Sussex Partnership Trust Emergency Plan for Major Incidents and Disaster Recovery Plan written in 2007.

In the event of a major incident being declared, Sussex Partnership Trust (SPT) has a responsibility to provide Mental Health Support to identified Receiving Hospitals in East and West Sussex, and continued support in the community.

If it is determined that immediate psychiatric support is required this will concentrate on the assessment of casualties for presence of abnormal psychological or psychiatric response (acute reaction, fugue state etc).

If The Mental Health Response Team is required they should conduct an assessment of the needs of casualties, relatives and friends, and NHS staff. This assessment should include the identification of need in local communities and consideration of any special requirements such as the involvement of OPMHS or CAMHS

The Trust (Sussex Partnership Trust) holds electronic file copies of the information leaflet 'Coping with Personal Crisis' which, it has been agreed, will be distributed by both Social Services and the Mental Health Support Team. A store, accessible in an emergency, holding a stock of these leaflets will be identified

### 10.5.5.2 LEARNING DISABILITY LIAISON TEAM

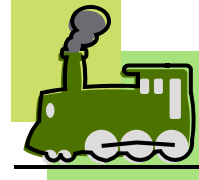
The Learning Disabilities Liaison Team aims to provide active support, education and advice for professionals, acute hospital staff, the patient and their family and carers.

The team can be contacted on 01273 696955 extn. 4975 or bleep 8514, and are available Monday to Friday, from 8.30am - 4.30pm. The team will support healthcare professionals and patient, service users and their carers or family during admission or attendance at our hospitals.

Out of hours contact Sussex Partnership Foundation Trust switchboard, 01273 871680 (Neville Hospital) and they need to ask to speak to the on call manager.

To move and accommodate anyone with a Learning Disability at BSUH they should go back to main carer for duty social services 295550.

## 10.5.6 RAIL CARE



### Incidents involving the Rail Network

The Train Operating Companies (TOC) operates **Rail Care Teams**. These are specially trained volunteers from within the TOC who offer enhanced customer care and support to passengers and their families involved in serious rail incidents. They are not involved in the investigation of the cause of the incident but purely in humanitarian assistance to survivors and their families or to the families of those fatally injured. They can provide assistance with emergency accommodation (hotels etc), onward travel, repatriation (by land, sea or air), food, clothing, replacement of luggage as well as other means of assistance and support. This can include arranging for family members to visit patients hospitalised as a result of a rail incident. Rail Care Teams carry identity cards and will report to the Emergency Departments at Receiving Hospitals. They are trained not to impede medical treatment and should be considered by hospital staff as an asset that can assist patients and their relatives. Once treatment has been given, and it is safe to do so, Rail Care Team members should be given access to patients, so as to be able to offer their assistance. Emergency Department Staff should consider, in their pre-incident planning, where Rail Care Teams, usually comprising a minimum of two, to a maximum of six staff, may be accommodated within the Department should they attend the aftermath to a rail incident.

## 10.5.7 POLICE DOCUMENTATION TEAM

In certain major incidents involving large numbers of casualties the police will take responsibility for recording the details of the people involved, in order to reconcile them with those trying to locate missing family and friends who have rang the emergency phone numbers. The police will set up a Casualty Bureau to handle all this information. Police Documentation Teams will attend key locations, including Hospitals, to record the details of casualties; these are then passed back to the Casualty Bureau to be matched against the information received from the public. The members of the Documentation Teams will need to ensure that everyone admitted from a major incident is recorded, including their Hospital Major Incident number. In the event of an unconscious casualty the police team will complete a descriptive form initially, to allow work to begin on identifying person. It is the aim of the police to work together with the Hospital staff to achieve our shared goals of managing casualties and ensuring loved ones are reunited with them, in what could be time critical circumstances.

As a standard procedure, the ambulance service will advise the police of the hospital involvement in response to a major incident. A Police Documentation Team will, for an incident of significant size, then be deployed to the hospital to collate all relevant casualty detail for onward transmission to the Police Casualty Bureau.

The role of the Police Documentation Team is not to give information, but to gather and forward to the Casualty Bureau. No details of person' involved will be disclosed to any party not having the appropriate authority to have access to such information.

**It is important that casualty details should be passed to the Documentation Team with the utmost speed so that the Casualty Bureau may respond to the high volume of enquiries which may be expected.**

Prompt action will help to prevent unnecessary calls to the hospital switchboards. The Police Documentation Team will be located in the Relatives Reception and Major Incident Discharge Area.

Police Documentation teams will work in conjunction with hospital staff who will be documenting casualties for hospital record purposes. A copy of each patient's details, including description, will be available for the Police Documentation Team. Owing to the need for continuity in criminal prosecution cases, a recommended method is for the Documentation Team to record details simultaneously to hospital staff, but under no circumstances will the Police Officer delay hospital treatment.

Police Documentation Teams will also be working out of the Relatives reception area and liaising directly with the Emergency department. They will work out of the admin offices in the Diabetes centre using the PCs, fax machine and PCs here. See section 10.5.7 for further information.

## 10.5.8 PROPERTY

It is the responsibility of the Trust to safeguard the property of casualties admitted to the hospital. In exceptional circumstances and where necessary for evidential purposes, it will become the responsibility of the Police Documentation Team to take possession of some items of property. All items seized will be sealed using the appropriate method.

Clothing and personal property must be left with dead casualties for identification purposes and a record kept as per Trust policy.

## 10.5.9 HOSPITAL AMBULANCE LIAISON OFFICER

In a major incident SECamb will send a Hospital Ambulance Liaison Officer (HALO) to the receiving hospitals. They will base themselves in the emergency Control Centre and will be the link between SECamb and the Trust.

## 10.5.10 RELATIVE'S RECEPTION AND DISCHARGED MAJOR INCIDENT PATIENTS & POLICE DOCUMENTATION TEAMS

Experience has shown that in the immediate aftermath of an incident many people will travel to the scene or to meeting points such as travel terminals if they believe their family or friends may have been involved in an emergency.

Those responsible should give the fullest possible information to enquirers seeking news of people who might be affected, while taking care to preserve the privacy of the individual. Friends and relatives who may be feeling intense anxiety, shock or grief, need a sympathetic and understanding approach. Proper liaison and control must be in place to ensure that information is accurate, consistent and non-contradictory.

**This extract is taken from Emergency Response and Recovery, Cabinet Office, 2005**

Depending on the size of the incident either the Diabetes Clinic or/and the Main Out Patient reception and clinic rooms will be used.

If possible BSUH should endeavor to make sure the majority of out patient clinics can continue to run as normal. Despite this some clinics may be disrupted and in a large scale incident all clinics may need to be cancelled. This decision will be made by the Emergency Control Centre team.

All relatives and friends of those involved in the incident should be directed to the Relatives Reception area in Main Outpatients. Here they will be met by members of staff who will log their details and the details of those they are worried about. A senior member of nursing staff will also be available to liaise directly with those worried about loved ones and if appropriate accompany them to see the patient. The Chaplaincy will also be working within this area to offer support as needed.

## Police Documentation Teams

Police Documentation Teams will also be working out of the Relatives reception area and liaising directly with the Emergency department. They will work out of the admin offices in the Diabetes centre using the PCs, fax machine and PCs here. See [section 10.5.7](#) for further information.

Major incident patients will also be sent here once they have been discharged. This is to allow the Police Documentation teams to speak to them and record their information and to allow the patients to be reunited with any family or friends waiting in the relative's reception.

## Response Plan

Once a major incident has been declared the Emergency Control Centre Team will decide on the level of response needed.

## Location

### Small scale incident

If the incident is fairly small and there are only expected to be **30-40 relatives, discharged major incident patients** waiting there at any one time then the Diabetes Centre will be used. The benefit of this is that other clinics can continue and the most urgent diabetes clinic patients can be relocated.

The Diabetes Centre also has its own reception desk which can be utilised to book relatives in and record their details.

### Larger incident

If the incident looks larger and there is a potential for more than 40 relatives and/or discharged Major incident patients then the main Outpatient Department will be used. This can accommodate approximately **80 relatives/discharged Major Incident Patients**.

If more room is needed the Main Outpatient Reception and the Diabetic Centre could accommodate approximately **120 relatives/discharged Major Incident patients**.

This will require the cancellation and rebooking of all patients in this area. Services can decide to relocate urgent appointments to other areas of the trust not involved with the Trust response if necessary. The main reception desk can then be used to book relatives in.

### Other space available

The third floor of Main Outpatients can only accommodate about 20 people but does have 10 examination rooms.

The gynae/colposcopy unit in the basement has 5 exam rooms and probably waiting room for 20 with access at the back of the department for walking wounded.

## Staffing

The ECC team will assess the staffing required. Staff required will include a senior member of nursing staff to act as liaison between the ED & further support staff.

The EEC should call Alexi Hallsworth (or her deputy) via Switchboard to help coordinate the use of the out patient areas during a major incident day or night.

The Chaplaincy will also be called by Switchboard and will attend the Relatives Reception to support those waiting.

Volunteers can also be called in to help staff these or other areas. This will be done through the Control Centre Manager (Facilities Manager on call) who will coordinate the Volunteers.

Security may need to be present to ensure the press/media do not enter the Relatives Reception. If security is needed then the Emergency Control Centre should be contacted.

## Documentation

Staff in the Relatives Reception must log the details of the relative/friend attending the Relatives reception and the details of those they are worried about. See documentation over:

# Relative/Friends Record Sheet

Date: \_\_\_/\_\_\_/\_\_\_

**SAMPLE**

Name of relative/friend you are enquiring about	Your name and relationship to patient	Your contact telephone no	Your address	Any details we may need to know about your relative/friend? Eg allergies, identifying marks, NOK details	Any other information	Time in	Time Out
Homer Simpson	Natasza Lentner. Friend of Homer	07878530878	The office, Brighton	No allergies, yellow skin, medium build, NOK wife: Marge Simpson, Springfield, 07878787878	Relative Deaf, taken to see friend by Sister Blogs	12:20	14:45
Elizabeth Bennett	Mr Dacy	07878530878	The manor, Hertfordshire	No known allergies, NOK: father Mr Bennett, 07878787878		1256	

## **Other uses for Main Outpatients**

As a last resort out patients areas can be used for P3 (walking wounded) patients instead. If this is the case the Relatives Reception and Major Incident Patient Discharge area should be relocated to the Sussex Cancer Centre

The Urgent Care Centre GPs may also relocate to Main Out Patients. Depending on the type and size of the incident they may continue in their normal role or they may assist by assessing minor injury patients.

## **10.6 STAFFING**

In the event of a Major Incident / Business Continuity, Managers will be required to manage the impact on their workforce and activity locally. If staff are required to attend work, managers will refer to Trust policies, procedures and local guidance. Staffing a response during a business continuity incident can be difficult depending on the cause of the disruption. It may be necessary for other services and departments not directly linked with the response to activate their service level plans to free up staff to assist other services. For example during severe weather causing a Trustwide business continuity incident the finance team may need to activate their service level plan to free up staff to help man the emergency control room.

The Trust Voluntary Services can also help with staffing requirements during a major incident and many of the volunteers have agreed to help the Trust during times of emergency. Volunteers can be asked to undertake a number of roles in a major incident depending on their skills and experience. Examples of areas that volunteers may be able to help with are:

- Relatives Reception
- Press/Media Reception Area
- Staff Muster Point Coordinator & Reception areas
- Admin/clerical roles
- Loggists (if trained)

During an incident the facilities Manager will contact the Trust Voluntary Services Manager or their deputy to coordinate the use of volunteers.

During protracted incidents it is also important to think about future staffing requirements. The Tactical Commander (On Call Manager) will need to assess the staffing needs for the Incident Control Team and may need to plan a rota of staffing for the next few days. Service Managers, Divisional Leads, Ward Managers and Matrons should also assess the staffing needs of their own teams and ensure there is adequate cover.

Individuals can respond differently to the same traumatic event. Managers should be aware this can manifest in an emotional, physiological, behavioural and relational manner. Please refer to training available through the Health Employee Learning & Psychotherapy Service if you require further training or information on how to recognise this.

## 10.7 DOCUMENTATION

During an incident it is important that all decisions and actions are documented clearly and concisely. All actions taken by the ECC must be documented within an emergency log book. It may be necessary to nominate a member of staff to undertake the role of loggist for the incident.

Log books are available within the main Emergency Control Centre cupboard or from the Head of Resilience.

Following stand down of the incident all documentation must be labelled and locked within the ECC cupboard or returned to the Head of Resilience for the Trust. The Tactical commander for the incident must then complete the Business Continuity & Major Incident Online Datix Form.

A report will be generated and all paperwork from the incident will be seized for storage by the Head of Resilience for any inquiry that may be initiated.

## 10.8 MEDIA

Depending on the type and scale of the incident the media may be very interested in the Trust and how it is responding to the incident

Should we begin to get the media interest the Incident Control team should decide on the need to open a media reception area.

As in the major Incident Plan the areas designated for receiving the press and media are: RSCH – AEB

There are signs available to direct the media to these areas.

The Communications team are responsible for dealing with the press representatives. However, in their absence, this role will fall to Incident Control team within the designated Incident Control Centre. A Communications Pack is available within the Major Incident Emergency Control Centre Cupboard.

All media representatives will be logged in when they arrive, and issued a Trust specific media pass (see appendix 8 for Media log).

An initial holding statement is available within the Communications pack in the Emergency Control Centre Cupboard. This gives basic details about the Trust structure and major incident response.

Following the release of this statement if the incident is affecting other organisations all future statements must be written in conjunction with the other emergency services, and co-ordinated and approved by Sussex Police.

Please See [Appendix 1 for Action Cards for the Head of Communications and for the Staff Member Assigned to the Media Reception](#)

Please also see the trust policy for dealing with the media available on the infonet [dealing with the media policy](#).



## 10.9 MUTUAL AID

Mutual Aid is defined as:

“An agreement between responders within the same sector or across sectors and across boundaries to provide assistance with the additional resources during an emergency which may go beyond the resources of individual respondents.”  
(DoH 2005, The NHS Emergency Planning Guidance).

This is the agreed definition within the NHS for providing assistance between organisations as an emergency dictates. There are standing agreements between this trust and local partners to participate in providing mutual aid.

It should be borne in mind that mutual aid may come from internal sources when combating a BC incident e.g. Temporary transfer of staff between divisions or sharing of stocks and other resources.

Please see appendix 2 for the South East Coast SHA Mutual Aid Agreement which is still in use but due to be reviewed by the Sussex and Surrey Local Area Team.

## 10.10 MASS CASUALTY INCIDENTS

Extract from the South East England Mass Casualties Framework 2008

### Acute trusts

**Role** - Acute Trust plans should build on local specific contingency measures that allow them to maximise their bed availability and rapidly free up capacity in conjunction with community and primary care partners.

In the event of a CBRN Mass casualties Incident, to protect the resources at those Acute Hospitals with major Emergency Departments from cross contamination by self-presenters, by activating lockdown and decontamination procedures in order to maintain the sanctity of the services.

### Responsibilities:

Plans should include procedures for:

- Identification of core services that need to be protected, including the consideration of regionalised services i.e. renal, intensive care, neuro-surgical, burns, cardiac, paediatric
- Ceasing all elective activity and identifying patients suitable for rapid discharge.

- If commissioned to, provide MERIT<sup>1</sup> personnel, if appropriate to do so, as requested by the Ambulance Service add in footnote
  - Informs the Lead PCT (Commissioning Board Local Area Teams post April 2013) by providing regular situation reports (SITREPs)
- Consider welfare issues for responding personnel

*Department of Health, Emergency Preparedness Division, Mass Casualties Incidents – A Framework for Planning, 2007*

## **10.11 WORKING WITH OTHER ORGANISATIONS**

The organisation will work with the Police, Military and other authorities to ensure that appropriate routes to and from essential health facilities are maintained and that designated health staff have access to fuel etc. This can be done a number of ways. Either by direct communications with between the other organisation and our onsite Tactical Commander (Silver/on call manager) such as with the Ambulance Liaison officer or Police Documentation teams which will work out of out Relatives Reception Area. Or b through the command and control channels, ie through Health Gold (NHS Sussex) and on to the Strategic Coordinating Group (SCG/Multi Agency Gold).

## **10.12 ACCESSING PUBLIC HEALTH INFORMATION**

Health Protection Agency contact details are as follows:

- In hours 0845 894 2944
- Fax no – 01403 251006
- Out of hours contact is 0870 238 5156

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<sup>1</sup> The activation of MERITS will be based on local activation arrangements

# 11. RECOVERY AND BC PLANNING

## 11.1 RECOVERY

During a declared Major Incident and/or Business Continuity Incident it is essential that recovery forms an integral part of the response from a very early stage.

It is the responsibility of the Tactical Commander within the Incident Control Room to appoint a recovery team at an early stage of an incident thus allowing the Tactical commander to manage the response.

A return to new normality may involve such issues as recovering targets in the Emergency Department or the 18 week target. Commissioning issues may arise, there could be a need to augment supplies or deal with staffing needs, again this is not an exhaustive list of tasks for a recovery team to handle.

The recovery team will work adjacent to and share information with the Incident Control team and will assume control of the incident after a Stand Down has been declared by the incident control team.

The recovery team will then be mandated to take the necessary actions to restore the trust to its new normal operations as quickly as possible.

## 11.2 RECOVERY MANAGEMENT PRIORITIES

- Managing the return to normal service delivery
- Priority of elective services including the impact on targets
- Communication with patients affected by the incident including the re booking of cancelled appointments
- Staffing levels in the immediate future
- Identifying patients who require further surgical intervention
- Number of beds occupied by major incident casualties including critical care beds and other specialist beds
- Support of staff welfare including appropriate counseling
- Re stocking of supplies and equipment
- Auditing and reporting of the incident

## **11.3 PATIENT FOLLOW UP**

Circumstances may mean that it is necessary for patients involved in the major incident to be sent home without having had the benefit of a full work up. Follow-up clinics should be held at an agreed time after the incident to enable the Acute Trust to review patients and identify any further treatment or care appropriate.

## **11.4 DEACTIVATION OF THE PLAN**

The Incident Control Team will stand down from the incident and deactivate the plan once it has assessed the whole situation and after performing a full assessment of the continuing impact of the incident on the Trust sites. This assessment will take into consideration the impact of the incident on the whole Trust including the assessment from the Recovery Team. When the Recovery Team Commander reaches a position where a new normality has been regained they can report this to the Tactical Commander for a decision on whether or not a stand down can be declared.

The Tactical Commander will then hand over control of the continued recovery of the incident to the Recovery Team. The last actions for the Tactical Commander before handing over to the Recovery team will be to:

- Inform Comms and Switchboard of the situation and ensure all Stakeholders (including BSUH staff) are aware of the Trust position
- Assess the need for, and organise if necessary, a hot debrief
- Complete Business Continuity & Major Incident Online Datix Form
- Ensure all actions are documented and all documentation and/or evidence is labelled and locked within the ECC cupboard or returned to the Head of Resilience for the Trust.

## **11.5 DEBRIEFING**

A hot debrief will take place immediately after the incident has been stood down, a post incident debrief will be arranged by the Health Employee Learning and Psychotherapy services (HELP) service approximately 2 weeks after the incident and an After Action Review will also be held.

### **11.5.1 HOT DEBRIEF**

A hot debrief will be held to acknowledge impact and recognize the range of 'normal' psychological and emotional/physical responses that individuals may experience, and to sign post support agents available within the Trust.

If a hot debrief is required this should take place in the designated control centre or site of the main response. The Emergency Control team should ensure that all staff involved in the response are made aware of the hot debrief and where it is to take place. In hours please contact the HELP service to facilitate this. Out of hours and event of HELP personnel unavailable this will be facilitated by the Manager on call. Hot Debrief training for Managers on call is available; please speak to the Head of Resilience to arrange.

Managers On Call please see appendix ??? for further information on facilitating Hot Debriefs.

### **11.5.2 POST INCIDENT DEBRIEF**

A post Incident Debrief is available to all staff to support the potential emotive and psychological impact of the event. This will be arranged approximately 2 weeks after the incident.

### **11.5.3 AFTER ACTION REVIEW**

A formal AAR may also be held. An AAR is a discussion of an event that enables the individuals involved to learn for themselves what happened, why it happened, what went well and what can be improved. This is a very useful tool to ensure that lessons are identified and actions taken to improve plans for the future.

### **11.5.4 ONE TO ONE SUPPORT**

This is also available through HELP and managers, OH and HR can refer individual staff members to the service. Please see the Infonet for further details [Health, Employee Learning and Psychotherapy Service \(HELP\)](#).

## 12. REVIEWING & MAINTAINING

The Head of resilience is keen to promote a management system that has the capacity for continual improvement.

The Major incident Plan was shared with all divisions during its formation and the Head of Resilience welcomed comments from all members of staff regarding its content, particularly the response structures and action cards.

The Major Incident Plan will be formally reviewed yearly. It will also be reviewed following any significant changes or when a debrief or AAR highlights the need for review.

The plan will be reviewed by the Head of Resilience and by the Health & Safety Committee by self assessment and may also be reviewed as an audit to ensure the Trust is compliant with all appropriate legislation and guidance..

The results of any review will need to be clearly documented and communicated to all necessary staff and stakeholders at the health & Safety Committee, Weekly Operational meetings and ad hoc meetings where required. The documentation will be held by the Head of Resilience.

The review programme will include:

- Reviewing and challenging and assumptions made within the current major Incident Plan
- Verifying compliance with the CCA and alignment with relevant Guidance.
- Reviewing the possible need to amend parts of the plan following debriefs, AARs, audits, exercises and formal reviews
- Reviewing the plans of external partners and providers
- Review of any input or feedback from external partners or stakeholders

## 13. TRAINING & EXERCISING

### 13.1 TRAINING PROGRAMME

The Head of Resilience provides awareness training on Major incidents and Business Continuity Management to all new staff at the Trust Corporate Induction which takes place across the trust twice a month

One to One training and Service/Divisional group training is made available to all staff who's responsibility it is to fill out the Service Level Plans (SLP).

The Head of Resilience will keep a record of training provided and attended

### 13.2 TRAINING NEED ANALYSIS

	Emergency Planning & Business Continuity Awareness training (Induction)	Managers and Director on call major Incident training	Manager and Director on call Debrief training	Service Specific Training
<b>Session Ref No</b>	<b>1</b>	<b>4</b>		<b>5</b>
All NHS Staff	✓			
Chief Executive	✓			
On Call Directors/Managers	✓	✓	✓	
Clinical Operations Team	✓			
Site management	✓			✓
Communication Leads	✓			
Service leads	✓			
Divisional Leads (ADOs & ACNs)	✓			
Volunteer support staff	✓			✓
Clerical/admin support staff	✓			✓
Loggist Training	✓			✓
Emergency Department	✓			✓

## 13.3 EXERCISES AND EXERCISE SCHEDULE REPORTS

Plans cannot be considered reliable until they are exercised and have proved to be workable. Exercising should involve: validating plans; rehearsing key staff; and testing systems which are relied upon to deliver resilience (e.g. uninterrupted power supply)

Exercises must have defined aims and objectives that may include:

- affirmation that everyone understands their role and that there is an overall appreciation of the plan
- checking that the invocation procedures and callout communications work
- ensuring that the accommodation, equipment, systems and services provided are appropriate and operational
- testing the key services can be recovered within the RTO and to the levels required.

## 13.4 TYPES OF EXERCISE

Complexity	Exercise	Process	Variants	Frequency
Simple	Desk check	Review/amendment of content	Update/Validation	At least annually
		Challenge content of BCP	Audit/verification	Annually
Medium	Walk-through of plan	Challenge content of BCP	Include interaction and validate participants roles Incorporate associated plans	Annually
	Simulation  Exercise Critical Activities	Use artificial situations to validate that the BCPs contain both necessary & sufficient information to enable a successful recovery  Invocation in a controlled situation that does not jeopardize business as usual operation	Defined operations from alternative site for a fixed time	Annually or twice a year  Annually or less
Complex	Exercise full BCP, including incident management	Building exclusion zone wide exercise		Annually or less



## 13.5 FREQUENCY

The Head of resilience will plan a Trustwide complex table top exercise once a year and a live exercise every three years..

Plus smaller walk through exercises within services and department to test local responses throughout the year and if requested following and incident

See [appendix 9 for example of a post exercise report](#)

- Review of any preventative or corrective measures to improve the risk ratings
- Review of the Trust Emergency planning risks including any new threats not reviewed before
- Review of any internal or external changes that could affect the BCP
- Review of recent good practice and current guidelines
- Review of results of incidents
- Review of available resources and funding

## 14. MONITORING ARRANGEMENTS

### 14.1 LEGISLATION, GUIDANCE & MONITORING

The following legislation, guidance and monitoring arrangements underpin the Trust's need for effective Major Incident preparedness:

- CCA 2004
- Care Quality Commission
- The NHS Annual Operating Plan
- Emergency preparedness 2004
- Emergency response and recovery 2004
- Health specific: NHS emergency planning guidance 2005
- The Health & Safety Committee

#### 14.1.1 CCA 2004

As a category one responder under the Civil Contingencies Act of 2004 we have a legal responsibility to plan for and respond to emergencies

#### 14.1.2 THE CARE QUALITY COMMISSION

The Care Quality Commission (CQC) is the independent regulator of all health and adult social care in England. Their aim is to make sure better care is provided for everyone, whether that's in hospital, in care homes, in people's own homes, or elsewhere.

This major Incident plan will support the Trust in fulfilling its responsibility to provide the essential standards of quality and safety patients should expect when they receive NHS hospital care. And therefore reaching compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009

Outcome 4: care and welfare of people who use services

People using the service should :

- Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights. This is because providers who comply with the regulations will:

Reduce the risk of people receiving unsafe or inappropriate care treatment and support by:

- Assessing the needs of people who use services
- Planning and delivering care, treatment and support so that people are safe, their welfare is protected and their needs are met
- Taking account of published research and guidance
- Making reasonable adjustments to reflect people's needs, values and diversity
- *Having arrangements for dealing with foreseeable emergencies.*

The regulations state that we should make plans in advance of a foreseeable emergency, to ensure the needs of people who use the services will continue to be met before, during and after the emergency.

These plans include:

- defined roles and accountabilities
- contingency arrangements to respond to additional demands while maintaining the essential standards of quality and safety.
- 

### **14.1.3 THE NHS ANNUAL OPERATING PLAN**

The NHS Annual Operating Plan for 2010 -2011 for the 3<sup>rd</sup> year lists 'Emergency Preparedness' as one of its five key targets. (Other than comments relating to command & control and pandemic flu), the AOP clearly states on Page 20 that;

- All NHS organisations, other contracted healthcare providers, local authorities and other local organisations should give high priority to putting in place and testing plans and arrangements to deliver an effective response ...CBRN threats, conventional terrorism, fuel and supplies disruption, flooding and public health incidents, and climate change.
- The boards of NHS organisations are responsible for ensuring that their organisation has effective plans in place, as part of their corporate governance. Every NHS board should assure itself that the following strands of an effective response are in place and able to deployed at short notice should the situation demand it:
  - ✓ developed and tested clinically led surge plans, including for adult and paediatric critical care;
  - ✓ business continuity (BC) and associated workforce protection strategies, including appropriate HR policies, patient and public engagement and vaccination delivery models;
  - ✓ a strategy covering escalation of the service response to an emerging situation, including triggers, bed management, equipment and stock, staffing implications and communications; and
  - ✓ a systematic, embedded and resilient approach to mutual aid, in collaboration with the local ambulance service.

### **14.1.4 NATIONAL GUIDANCE**

The following National Guidance documents should be treated as good as legislation:

- Emergency preparedness 2004
- Emergency response and recovery 2004
- Health specific: NHS emergency planning guidance 2005

## 14.1. 5 THE HEALTH & SAFETY COMMITTEE

The health & Safety Committee meets every month and discusses major Incident planning and management within the Trust as well as other Resilience issues affecting the Trust. Any resilience issues are reported to Management Board

## 14.2 MONITORING COMPLIANCE WITH THIS POLICY

The following table outlines the how this policy is monitored for compliance. This section should identify how the organisation plans to monitor compliance it should include all the NHSLA criteria at level 1

<b>Measurable Policy Objective</b>	<b>Monitoring/ Audit method</b>	<b>Frequency</b>	<b>Responsibility for performing the monitoring</b>	<b>Where is monitoring reported &amp; which groups/ committees will be responsible for progressing &amp; reviewing action plans</b>
The effectiveness of the major Incident Plan including the effectiveness of the response structure, action cards etc.	Assessing the results from Table Top exercises, Audits, Post incident AARs and debriefs	Annually plus a review will be conducted following any significant incidents of if there have been considerable changes	The Head of Resilience	The results of the monitoring will be reported to the H&S Committee who will take responsibility for any actions required, produce an action plan and monitor its progression. Actions may include putting on extra training for staff, reviewing and rewriting parts of the plan to include new information or to make things easier to understand or highlighting shortfalls

# 15. EQUALITY IMPACT ASSESSMENT SCREENING

## EQUALITY IMPACT ASSESSMENT TOOL

To be completed and attached to any policy when submitted to the appropriate committee for consideration and approval.







	Yes/No	Comments
1. Does the document/guidance affect one group less or more favourably than another on the basis of: <input type="checkbox"/> Race <input type="checkbox"/> Ethnic origins (including gypsies and travellers) <input type="checkbox"/> Nationality <input type="checkbox"/> Gender <input type="checkbox"/> Culture <input type="checkbox"/> Religion or belief <input type="checkbox"/> Sexual orientation including lesbian, gay and bisexual people <input type="checkbox"/> Age <input type="checkbox"/> Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2. Is there any evidence that some groups are affected differently and what is/are the evidence source(s)?	No	
3. If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?	N/A	
4. Is the impact of the document/guidance likely to be negative?	No	
5. If so, can the impact be avoided?	N/A	
6. What alternative is there to achieving the document/guidance without the impact?	N/A	
7. Can we reduce the impact by taking different action and, if not, what, if any, are the reasons why the policy should continue in its current form ?	N/A	

If you have identified a potential discriminatory impact of this policy, please refer it to [insert name of appropriate person], together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Natasza Lentner EXT 4495.

## 16. LINKS TO OTHER TRUST POLICIES

Emergency preparedness and business continuity documents available on the Infonet

	Title	Created	Download
	<a href="#">Trustwide Business Continuity Plan - May 2011 (1.99 MB)</a>	22/07/2011	<a href="#">Download</a>
	<a href="#">BSUH winter plan - escalation cards only (110 KB)</a>	11/05/2011	<a href="#">Download</a>
	<a href="#">BSUH winter plan (327 KB)</a>	01/12/2010	<a href="#">Download</a>
	<a href="#">BSUH Heatwave plan 2011 (317 KB)</a>	27/05/2010	<a href="#">Download</a>
	<a href="#">Pandemic flu operational plan (1.41 MB)</a>	04/11/2009	<a href="#">Download</a>
	<a href="#">Major Incident and Bomb Threat Plan (1.80 MB)</a>	03/11/2008	<a href="#">Download</a>

## 17. LINKS TO ASSOCIATED DOCUMENTATION

- NHS Emergency Planning Guidance  
[http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh\\_4121072](http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_4121072)
- The Civil Contingencies Act 2004  
<http://www.legislation.gov.uk/ukpga/2004/36/contents>
- Beyond a Major Incident 2004  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4098252](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4098252)
- South East Coast Major Incident Plan (SECSHA) 2009  
<http://www.southeastcoast.nhs.uk/Downloads/Emergency%20planning/Major%20Incident%20Plan.pdf>
- DH, Emergency Preparedness Division, Mass Casualties Incidents – A Framework for Planning, 2007  
[http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh\\_073395](http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_073395)
- PAS2015 A Framework for NHS Resilience  
<http://shop.bsigroup.com/en/ProductDetail/?pid=000000000030201297>

## 18. APPENDICES

1. [Major Incident Action Cards](#)
2. [Mutual Aid](#)
3. [Emergency Department Capacity Management Guidelines](#)
4. [Emergency Department RSCH Major Incident Cupboard Contents](#)
5. [Emergency Control Centre\)](#)



## Appendix 1: BSUH Major incident Action Cards

	N O	MAJOR INCIDENT ROLE	JOB TITLE	PAG E
EMERGENCY CONTROL  ACTION CARDS	1	<a href="#">Chief executive</a>	Chief executive	
	2	<a href="#">Strategic commander</a>	Director on call	
	3	<a href="#">Tactical commander</a>	Manager on call	
	4	<a href="#">Major incident officer</a>	Cons urologist on call	
	5	<a href="#">Control Centre Manager</a>	Facilities manager on call	
	6	<a href="#">Admin/Clerical Manager</a>	Admin/Clerical Manager	
	7	<a href="#">Clinical Site Manager</a>	Clinical site manager	
	8	<a href="#">Admin Assistant 1</a>	Admin assigned by ECC	
	9	<a href="#">Loggist (Admin Assistant 2)</a>	Admin assigned by ECC	
	10	<a href="#">Comms &amp; Media Liaison Officer</a>	Comms Director/on call comms	
EMERGENCY DEPARTMENT  ACTION CARDS	11	<a href="#">ED Consultant In Charge</a>	ED consultant	
	12	<a href="#">ED Shift Leader</a>	ED shift leader	
	13	<a href="#">ED Triage Nurse</a>	ED senior staff nurse	
	14	<a href="#">ED Triage Doctor</a>	ED senior doctor	
	15	<a href="#">ED Triage Receptionist</a>	ED receptionist	
	16	<a href="#">ED Zone 1 Nurse Coordinator</a>	ED senior staff nurse	
	17	<a href="#">ED Zone 1 Team Leader</a>	ED senior doctor	
	18	<a href="#">ED Zone 2 Nurse Coordinator</a>	ED senior staff nurse	
	19	<a href="#">ED Zone 2 Team Leader</a>	ED senior doctor	
	20	<a href="#">ED Zone 2b Nurse Coordinator</a>	ED senior staff nurse	
	21	<a href="#">ED Zone 2b Team Leader</a>	ED senior doctor	
	22	<a href="#">UCC Nurse Coordinator</a>	ED senior staff nurse	
	23	<a href="#">UCC Team Leader</a>	ED Senior doctor	
23	<a href="#">ED Reception</a>	ED receptionist		
MEDICAL STAFF  ACTION CARDS	24	<a href="#">Medical Consultant On Call</a>	Medical consultant	
	25	<a href="#">ICU Consultant On Call</a>	Itu anaesthetic consultant	
	26	<a href="#">General Anaesthetic Consultant On Call</a>	Anaesthetic consultant	
	27	<a href="#">Surgical Consultant On Call</a>	Surgical consultant	
	28	<a href="#">Orthopaedic Consultant On Call</a>	Orthopaedic consultant	
	29	<a href="#">Consultant Radiologist On Call</a>	Radiology consultant	
	30	<a href="#">Cardiothoracic Surgeon On Call</a>	Cardiothoracic consultant	
	31	<a href="#">Cardiothoracic Anaesthetist On Call</a>	Cardiothoracic anaesthetist	
	32	<a href="#">All Medical Staff/Team Leaders</a>	All medical staff	

NURSING & AHPS  ACTION CARDS	33	<a href="#">AMU Coordinator</a>	Amu coordinator	
	34	<a href="#">Nurse In Charge Of ICU, RSCH</a>	ICU nurse in charge	
	35	<a href="#">Theatre Manager, RSCH</a>	Theatre manager	
	36	<a href="#">Ward Staff (RSCH +/-PRH)</a>	All ward staff	
	37	<a href="#">Discharge Lounge Coordinator</a>	Discharge lounge coordinator	
	38	<a href="#">Discharge Team, RSCH</a>	IDT team, RSCH	
	39	<a href="#">Outreach Team/Resus Officers</a>	Outreach team/Resus officers	
	40	<a href="#">Level 5 Radiography coordinator</a>	Level 5 senior radiographer	
	41	<a href="#">Emergency Duty Pharmacist</a>	Emergency duty pharmacist	
	42	<a href="#">Ward Pharmacists</a>	Ward pharmacists	
	43	<a href="#">Haematology Coordinator</a>	Haematology senior staff	
	44	<a href="#">Biochemistry Coordinator</a>	Biochemistry senior staff	
	45	<a href="#">Pathology Coordinator</a>	Pathology senior staff	
	46	<a href="#">Relatives Reception</a>	Assigned by ECC	
	47	<a href="#">Press/Media Reception Area</a>	Assigned by ECC	
	48	<a href="#">Staff Muster Point Coordinator</a>	Assigned by ECC	
	49	<a href="#">Matrons/Night Sisters/Night Charge Nurses</a>	Matrons/night sisters/night charge nurses	
50	<a href="#">HELP Service</a>	HELP Service		
CORPORATE AND SUPPORT STAFF  ACTION CARDS	51	<a href="#">SSD Manager</a>	SSD manager	
	52	<a href="#">Charge Hand Porter</a>	Charge hand porter	
	53	<a href="#">Porters On Door Duty</a>	Porters	
	54	<a href="#">Trust Security Manager</a>	Security manager	
	55	<a href="#">Security Officers</a>	Security officers	
	56	<a href="#">All Reception Staff</a>	Reception staff	
	57	<a href="#">Sussex House Nursery Manager</a>	Sussex house nursery manager	
	58	<a href="#">Estates Engineer On Call</a>	Estates engineer	
	59	<a href="#">General Manager ISS Mediclean</a>	ISS Mediclean manager	
	60	<a href="#">IT Engineer On Call/Sussex HIS</a>	It engineer on call/sussex his	
	61	<a href="#">Mortuary Technician</a>	Mortuary technician	
	62	<a href="#">Coordinating Chaplain</a>	Coordinating chaplain	
	63	<a href="#">All Service Managers</a>	All service managers	
	64	<a href="#">Emergency Planning Officer</a>	Emergency planning officer	
PRH ACTION CARDS	65	<a href="#">Senior Emergency Department Clinician</a>	Senior emergency department clinician	
	66	<a href="#">PRH ED Shift Leader</a>	PRH ED shift leader	
	67	<a href="#">PRH ED Receptionist</a>	PRH ED receptionist	
	68	<a href="#">PRH Medical Consultant On Call</a>	PRH medical consultant on call	
	69	<a href="#">PRH Clinical Site Manager</a>	PRH clinical site manager	
	70	<a href="#">PRH ICU Consultant On Call</a>	PRH ICU consultant on call	
	71	<a href="#">HWP ICU Consultant</a>	HWP ICU consultant	

PAEDIACTRIC ACTION CARDS	72	<a href="#">Head Of Paediatric Nursing (Or Paediatric Matron)</a>	
	73	<a href="#">Paediatric Nurse Bleep Holders</a>	
	74	<a href="#">RACH Operational Manager (Or Deputy)</a>	
	75	<a href="#">Consultant Paediatrician On Call</a>	
	76	<a href="#">Paediatric ED Consultant</a>	
	77	<a href="#">Paediatric Surgical Consultant On Call</a>	
	78	<a href="#">Consultant Paediatric Anaesthetist On Call</a>	
	79	<a href="#">Paediatric Surgical And Paediatric Anaesthetic Staff</a>	
	80	<a href="#">Paediatric Wards And Theatres</a>	
	81	<a href="#">Paediatric Pharmacist/Ward Pharmacist RACH</a>	
	82	<a href="#">Consultant Paediatric Radiologist On Call</a>	
	83	<a href="#">Patient Access Manager (Or Deputy)</a>	
	84	<a href="#">RACH Relative Reception Area</a>	
	85	<a href="#">Security Officer/Receptionist</a>	

<b>ACTION CARD</b>	<b>NO 1</b>	<b>(1 OF 1)</b>
<b>JOB TITLE</b>	<b>CHIEF EXECUTIVE</b>	
<b>INCIDENT ROLE</b>		
<b>LOCATION</b>	<b>TRUST HEAD QUARTERS</b>	
<b>ROLE DESCRIPTION</b>	To consider the wider impact of the incident on trust services for the immediate & long term future to enable a recovery plan to be developed	

<b>STANDBY</b>		Time
Notification from On call Director or on call Manager		
<b>1</b>	<b>Consider</b> whether to attend the RSCH	
<b>2</b>	<b>Emails:</b> If during working hours and of significant scale, instruct PA to monitor emails and inform you immediately of any significant ones relating to the incident.	
<b>3</b>	<b>ECC:</b> Establish and maintain close liaison with the Strategic Commander and the Emergency Control Centre team at RSCH.	

<b>DECLARED</b>		Time
Notification as with Standby		
<b>4</b>	<b>Ensure</b> above standby actions 1-3 have been undertaken	
<b>5</b>	<b>Attend ECC:</b> Attend RSCH Emergency Control Centre (Pathology Library) to obtain a full up to date picture of the situation.	
<b>6</b>	<b>CB LAT/DH:</b> For incidents involving more than a local response, maintain a link with your email system for messages and/or instructions from CB LAT or DH.	
<b>7</b>	<b>Other CEOs:</b> When appropriate, establish contact with CEOs of local partners and stakeholders. Provide information on the Trust response when necessary.	
<b>8</b>	<b>Comms/Media:</b> Maintain close links with the Comms Team/Media Liaison Officer; ensure that you are available (when required) to give media statements that you and the ECC team have prepared.	
<b>9</b>	<b>Recovery &amp; Business Continuity:</b> Begin to consider the wider impact of the incident on Trust services for the immediate & longer term future.	

<b>STAND DOWN</b>		Time
Decision made by ECC team		
<b>10</b>	<b>Post Incident:</b> Consider the post incident requirements, such as business continuity issues, finance, VIP visit, media etc	
<b>11</b>	<b>Debrief:</b> If possible, attend the 'hot' debrief and provide support and encouragement to all staff concerned	

<b>ACTION CARD</b>	<b>NO 2</b> <span style="float: right;"><b>(1 OF 2)</b></span>
<b>JOB TITLE</b>	<b>DIRECTOR ON CALL</b>
<b>INCIDENT ROLE</b>	<b>STRATEGIC COMMANDER</b>
<b>LOCATION</b>	TRUST HEAD QUARTERS & ECC
<b>ROLE DESCRIPTION</b>	To lead the trusts strategic response to the major incident, set the aim and support the tactical commander's decision making. Responsible for analysing the overall impact of the incident on staff, patients & services & planning the return to normality

<b>STANDBY ACTIONS</b>		Time
Notification from RSCH Switchboard		
<b>1</b>	<b>Proceed immediately to the Emergency Control Centre</b> at RSCH (Pathology Library).	
<b>2</b>	<b>Check details</b> of incident & current situation within the Trust with Tactical Commander (On Call Manager) & Major Incident Officer (Urology Consultant). <b>If the Trust is declaring an incident internally following discussions with the Director On Call please ensure they have informed switch &amp; asked them to complete the cascade AND inform SECamb.</b>	
<b>3</b>	<b>Log:</b> Commence incident log in your log book. Establish contact with your loggist, if loggists not available ensure you document decisions made and/or actions taken within the logbook.	
<b>4</b>	<b>Notify</b> the Chief Exec, Chairman, Medical Director & COO (or DCOO)	

<b>DECLARED ACTIONS</b>		Time
Notification from RSCH Switchboard		
<b>5</b>	<b>Ensure</b> above standby actions 1-4 have been taken.	
<b>6</b>	<b>Base yourself in Trust Headquarters</b> , this is to ensure you maintain a strategic Trustwide perspective & don't get involved with tactical level actions/issues. Keep in regular contact with the Tactical Commander within the ECC and attend the regular update meetings within the ECC.	
<b>7</b>	<b>Formulate the Strategy:</b> Formulate a written strategy & identify the Trust aim and objectives to drive the resolution of the incident. Share this with the Tactical Commander (On Call Manager)	
<b>8</b>	<b><u>CALL THE B&amp;H CCG ON CALL MANAGER CALL 07623 503912 &amp; give message to operator</u></b> <b>Details they will want to know:</b> <ol style="list-style-type: none"> <li>Confirmation that SECamb have informed you that they are declaring and what you are doing about it (i.e. are you declaring in support, standing-by or not declaring?) Any 'Trust' incident which you are declaring.</li> <li>Any specific assistance required.</li> <li>Any change in alert status once declared / on standby.</li> <li>The person informing us and their contact details.</li> </ol>	

<b>ACTION CARD</b>	<b>NO 2 CONT...</b>	<b>(2 OF 2)</b>
<b>JOB TITLE</b>	<b>DIRECTOR ON CALL</b>	
<b>INCIDENT ROLE</b>	<b>STRATEGIC COMMANDER</b>	

<b>DECLARED ACTIONS cont...</b>		Time
<b>9</b>	<b>Contact other agencies:</b> Ensure that contact has been made with local CCGs, Police, Fire, SECAmb control rooms, neighbouring Trusts and Local Authorities if necessary and mutual aid requested if needed.	
<b>10</b>	<b>Comms:</b> Ensure that The Comms Team and Divisional Leads/Matrons inform all staff of the Incident & nature of the Trust's MI response. Comms to work with Police on messages out to the public.	
<b>11</b>	<b>Two Hourly MI briefing:</b> Establish & chair 2 hourly Major Incident briefing within the ECC, documenting updates & actions for completion (See appendix 7 for draft agenda). Brief by exception the CEO.	
<b>12</b>	<b>Support the Tactical Commander's</b> decision making as necessary during the Major Incident.	
<b>13</b>	<b>Business Continuity:</b> Start to consider the longer term Business Continuity issues & the need to enact part/all of the BC Plans. If it is a prolonged incident or a large impact on Trust operations is expected nominate a Recovery Team to begin this process early.	
<b>14</b>	<b>Relief:</b> If it is a prolonged incident assess need to call in another Director & Manager to take over from you & the Tactical Commander after 12 hours or when necessary.	
<b>15</b>	<b>Walk rounds:</b> Provide moral support to areas by conducting walk rounds with the CEO and Chairman, when appropriate to do so.	

<b>STAND DOWN</b>		Time
Decision to be taken by Trust ECC.		
<b>16</b>	<b>Stand down:</b> RSCH Switchboard will inform you that SECAmb have notified the Trust of 'Casualty evacuation complete'. This is not an instruction for the Trust to stand down. The decision to stand down must be made by the ECC team having performed a full assessment of the continuing impact of the incident on the Trust. Notify all external agencies previously notified of the stand down declaration	
<b>17</b>	<b>Post incident:</b> Consider the post incident requirements, such as business continuity issues, finance, VIP visit, media etc.	
<b>18</b>	<b>Debrief:</b> Attend the 'hot' debrief immediately after the incident.	
<b>19</b>	<b>Recovery:</b> Oversee the Trust recovery and return to 'normal' service. Following a long incident, it may be necessary for you to handover to the nominated Recovery Team.	
<b>20</b>	<b>SitRep:</b> Ensure details of incident included in daily Sitrep.	
<b>21</b>	<b>Documentation:</b> Complete any documentation created during the incident, and leave within the ECC cupboard.	

<b>ACTION CARD</b>	<b>NO 3</b>	<b>(1 OF 2)</b>
<b>JOB TITLE</b>	<b>MANAGER ON CALL</b>	
<b>INCIDENT ROLE</b>	<b>TACTICAL COMMANDER</b>	
<b>LOCATION</b>	EMERGENCY CONTROL CENTRE (ECC)	
<b>ROLE DESCRIPTION</b>	To lead the trust's operational activity & formulate the tactical plan to achieve the strategic aim set by the strategic commander. Determine priorities in obtaining & allocating resources as required, planning & coordinating tasks.	

<b>STANDBY</b>		Time
Notification from RSCH Switchboard		
<b>1</b>	<b>Proceed immediately to RSCH Control Room (ECC) &amp; Ensure ECC is set up &amp; that all telephones plugged in</b>	
<b>2</b>	<b>Establish situation:</b> Establish the current situation within the Trust relating to capacity, staffing, ED & theatre activity, Out patient activity & anything else that may affect the Trust's ability to receive patients upon escalation.	
<b>3</b>	<b>Log:</b> Commence incident log. Establish contact with your loggist; if a loggist is not available ensure you document decisions made and/or actions taken.	
<b>4</b>	<b>Brief Strategic Commander:</b> With the Major Incident Officer brief the Strategic Commander of incident details & current Trust situation.	
<b>5</b>	<b>Consider the need to call in specific staff now</b> prior to a declaration of a major incident. If Staff don't need to come in yet create a list of the staff you might need to call in at Declared Status & ensure you have their contact details to hand.	
<b>6</b>	<b>If the Trust is on stand by for a prolonged period</b> please update any staff/departments that are responding/ready to respond of the current situation	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard		
<b>7</b>	<b>Ensure</b> above standby actions 1-5 have been undertaken	
<b>8</b>	<b>Liaise with SECamb</b> , ensure divert of non urgent non major incident patients has been requested. SECamb Liaison officer may join you in the ECC.	
<b>9</b>	<b>Consider the level of response</b> required by departments in light of information received from the incident scene e.g. do you need to open Out Patients as a relatives reception area or Day Surgery as extra capacity for Minor Injuries etc	
<b>10</b>	<b>Staffing &amp; extra capacity:</b> Liaise with CSM (bleep 8152) and consider the need to open and staff extra capacity beds to make capacity on AMU to allow them to receive Major Incident patients.	
<b>11</b>	<b>Security:</b> Consider Site/Trust lock down with Facilities & Security	
<b>12</b>	<b>Media:</b> Contact Comms ( BSUH Comms team or OOH contact)& decide with the Comms Rep on the need for a Media Reception Area. If needed ensure it is been opened; that signage is in place & that staff are available to chaperone the media.	
<b>13</b>	<b>Bed Capacity:</b> Work with Site Manager on regular bed states	
<b>14</b>	<b>Trustwide activity:</b> Decisions may have to be taken concerning cancellation of electives & out patient clinics to free up resources, liaise with Major Incident Officer. This info must be relayed to all appropriate service managers.	

<b>ACTION CARD</b>	<b>NO 3 CONT...</b>	<b>(2 OF 2)</b>
<b>JOB TITLE</b>	<b>MANAGER ON CALL</b>	
<b>INCIDENT ROLE</b>	<b>TACTICAL COMMANDER</b>	

<b>DECLARED ACTIONS cont...</b>		Time
<b>15</b>	<b>PRH:</b> In discussion with the ECC team establish need to initiate a response at PRH. Inform PRH ED Cons & Shift Leader, PRH CSM & main switchboard.	
<b>16</b>	<b>Staffing:</b> In conjunction with the Control Centre Manager and Clinical Site manager deploy nursing & support staff to the following areas if necessary (ensure they are given their action cards to follow): <ul style="list-style-type: none"> <li>• <b>Discharge Lounge</b>– for the reception of rapid discharges created by the discharge ward round. Ensure Pharmacy aware of extra capacity areas that may need their input</li> <li>• <b>Staff Muster Point</b> (may not be needed) – L6a Millennium Reception</li> <li>• <b>Relative Reception &amp; Major Incident Discharge Area</b> (Main Out Patients) including a senior member of nursing staff to act as liaison between the ED &amp; further support staff. Utilise chaplaincy, volunteers &amp; WRVS to support this. Please call Alexi Hallsworth (via Switchboard or her deputy) to help coordinate the use of the out patient areas during a major incident day or night.</li> <li>• <b>Media reception-</b> (AEB) to greet and log in media representatives.</li> </ul>	
<b>17</b>	<b>Consider the need the allocate staff to relieve</b> those allocated earlier. <b>Consider the psychological impact of the incident on staff</b> within these areas	
<b>18</b>	<b>Two Hourly MI briefing:</b> Attend 2 hourly Major Incident briefings within the ECC chaired by Strategic commander. Ensure an update is sent out to <b>all</b> relevant staff/departments	
<b>19</b>	<b>Relief:</b> If this is likely to be a prolonged incident assess the need to call in another Manager to take over from you after 12 hours or when necessary.	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
<b>20</b>	<b>Stand down:</b> RSCH Switchboard will inform you that SECamb have notified the Trust of 'Casualty evacuation complete'. This is not an instruction for the Trust to stand down. <ul style="list-style-type: none"> <li>• The decision to stand down must be made by the ECC team having performed a full assessment of the continuing impact of the incident on the Trust.</li> <li>• Inform Switchboard, the Comms Team &amp; the Divisional Leads when the decision to Stand down the Trust has been made to allow them to communicate this to <b>all</b> areas within BSUH. This will be achieved through the switchboard stand down cascade, through the Comms Team (all staff emails/Infonet/Trust Website etc) &amp; via Divisional Leads and senior nurses</li> <li>• Notify all external agencies previously notified of the stand down declaration.</li> </ul>	
<b>21</b>	<b>Business Continuity:</b> Together with the CEO & Strategic Commander, consider the business continuity implications caused by the incident & work with the Recovery Team & prepare a plan to address them.	
<b>22</b>	<b>Establish a 'hot' debrief for staff that</b> responded to the incident. <b>The HELP Service will facilitate this if they are available;</b> inform them ASAP on declaration of stand down. If the HELP team are not available you will need to facilitate the hot debrief, please follow notes in the main plan. Ensure staff aware.	
<b>23</b>	<b>Maintain ECC:</b> Ensure that the ECC remains established – with phones connected & staff present, for 1-2 hours after stand down.	
<b>23</b>	<b>Documentation:</b> Complete any documentation & leave within the ECC cupboard	



<b>ACTION CARD</b>	<b>NO 4</b> (1 OF 2)
<b>JOB TITLE</b>	<b>CONSULTANT UROLOGIST</b>
<b>INCIDENT ROLE</b>	<b>MAJOR INCIDENT OFFICER</b>
<b>LOCATION</b>	<b>EMERGENCY CONTROL CENTRE (ECC)</b>
<b>ROLE DESCRIPTION</b>	Has overall responsibility for the medical response to the incident and will support the tactical commander by providing clinical experience to the trust response. This is a hands off role & is based within the ECC.

<b>STANDBY</b>		Time
Notification from RSCH Switchboard		
1	<b>Proceed immediately to RSCH ECC</b>	
2	<b>Ensure ECC is set up &amp; that all the telephones plugged in.</b>	
3	<b>Log:</b> Ensure you document all decisions made & actions taken	
4	<b>Contact ED Commander:</b> Establish contact with ED Commander (X4218) regarding front line resource availability – including clinical resources, capacity and equipment availability. Establish number of P1, P2 & P3 patients we can admit. Establish the current situation with the Incident: What type of incident, how many people affected, what are the likely types of injuries etc	

<b>Triage Status</b>		
Category	Clinical Need	Location
<b>Priority One (P1)</b>	<b>Immediate</b>	<b>Resuscitation Room Zone1</b>
<b>Priority Two (P2)</b>	<b>Serious</b>	<b>Majors/Zone 2a/Zone 2b</b>
<b>Priority Three (P3)</b>	<b>Walking wounded</b>	<b>UCC/Zone 2b</b>
<b>Dead</b>	<b>Dead</b>	<b>Mortuary</b>

5	<b>Brief Strategic Commander:</b> With the Tactical Commander brief Strategic Commander of the details of incident & current	
6	<b>Liase with</b> the Surgical Consultant On Call & Orthopaedic Consultant On Call and discuss any required actions at this stage – which may include delaying the start of any long surgical cases and reviewing patients for discharge. <b>Inform</b> Pathology about need for blood products.	
7	<b>Contact Urology Registrar to attend &amp; act as an assistant.</b>	
8	<b>Liase with the SEC</b> Ambulance representative within ECC if available & the ED Consultant concerning the number & severity of incoming patients & the Trusts ability to continue to receive them. Establish which areas of ED will be utilised and what resources will be needed.	
9	<b>If the triage category “expectant” has been instigated</b> by the Medical Incident Advisor on scene make sure this is communicated to the ED and the triage team.	

<b>ACTION CARD</b>	<b>NO 4 CONT...</b>	<b>(2 OF 2)</b>
<b>JOB TITLE</b>	<b>CONSULTANT UROLOGIST</b>	
<b>INCIDENT ROLE</b>	<b>MAJOR INCIDENT OFFICER</b>	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard		
<b>10</b>	<b>Ensure</b> above standby actions 1-9 have been undertaken	
<b>11</b>	<b>Maintain an accurate list of the MI patients</b> and their current location within the hospital. This can be done using Symphony in the ECC which can be set up using the projector available. The ED will keep a paper copy of attendees in case of an IT failure. If this system fails ask the ED Triage to call through with patient details.	
<b>12</b>	<b>Theatres:</b> In conjunction with the Consultant Surgeon & Anaesthetist, ensure the continued provision of clinical resources within the operating theatres.	
<b>13</b>	<b>Out Patients &amp; Electives:</b> Consider need to cancel Outpatient clinics & electives within the Trust in order to redirect resources towards MI patients, liaise with Tactical Commander. Ensure this decision is communicated to all appropriate managers.	
<b>14</b>	<b>Assess Consultant's work loads:</b> In conjunction with the responding clinical Consultants, ensure that each Consultants work load remains workable and fair – even if this means transferring the care of patients to other medical teams, or calling in further Consultants to assist.	
<b>15</b>	<b>Relief:</b> If this is likely to be a prolonged incident assess the need to call in another Major Incident Officer to take over from you after 12 hours or when necessary.	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
<b>16</b>	<b>For Info:</b> This decision must be made by the ECC team having performed a full assessment of the continuing impact of the incident on the Trust. <b>Stand down:</b> When the ECC team have decided that it is time to stand down the Trust this must be communicated to <b>all</b> areas within BSUH through the switchboard cascade and through the Comms team & divisional leads. All external agencies previously notified will also need to be informed of the stand down declaration	
<b>17</b>	<b>Assess Trust position:</b> In conjunction with other clinical colleagues, assess the Trust position in relation to ED, Operating Theatre, recovery & ICU workload currently & for the next 6-12 hours (considering the impact of the MI patient's requirements).	
<b>18</b>	<b>Attend the 'hot' debrief</b>	
<b>19</b>	<b>Documentation:</b> Complete any documentation created during the incident, and leave within the ECC cupboard.	

<b>ACTION CARD</b>	<b>NO 5</b> (1 OF 2)
<b>JOB TITLE</b>	<b>FACILITIES DUTY CONTRACT MANAGER</b>
<b>INCIDENT ROLE</b>	<b>CONTROL CENTRE MANAGER</b>
<b>LOCATION</b>	<b>EMERGENCY CONTROL CENTRE (ECC)</b>
<b>ROLE DESCRIPTION</b>	To support the ECC team, coordinate the admin support including the loggist. Liaise with security, ISS manager, portering, IT support & restrict access to the ECC

<b>STANDBY</b>		Time
Notification from RSCH Switchboard		
<b>1</b>	<b>Proceed immediately to RSCH ECC</b>	
<b>2</b>	<b>Ensure ECC is set up with others in the room</b> & that all the telephones plugged in (security will unlock the Major Incident Cupboard)	
<b>3</b>	<b>Log:</b> Ensure you document all the decisions you make & actions you've taken within your log book (found in the Major Incident cupboard).	
<b>4</b>	<b>Restrict access to the ECC</b> by positioning yourself at the entrance door. The only staff that should be in the ECC at all times are the Tactical Commander, Major Incident Officer & their support, admin /support staff and yourself. Log the names of those working in the ECC.	
<b>5</b>	<b>Establish current situation</b> regarding number of porters/security officers, catering staff available & any resource/supply problems.	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard		
<b>6</b>	Ensure above actions 1-5 have been completed	
<b>7</b>	<b>Support MI areas if opened:</b> In conjunction with Tactical commander ensure the following areas are supported if necessary, they may need staffing, catering, security support etc <ul style="list-style-type: none"> <li>Discharge Lounge, Relative Reception Area (Main Out patients Dept), Media Reception Area (AEB)</li> </ul>	
<b>8</b>	<b>Establish contact with the Estates Engineer on call.</b> Consider the effect of on site contractors & the need for them to stop work, etc.	
<b>9</b>	<b>Reception:</b> Ensure all reception areas aware of the situation & ask them to refer to their action cards	
<b>10</b>	<b>Liaise with the RACH</b> Operational Manager and Integral for resource issues arising within the RACH.	
<b>11</b>	<b>Establish the need for Voluntary services</b> and contact the relevant manager (Julie Wiseman or deputy Joyce McKenzie, contact via switch)	
<b>12</b>	<b>Establish whether Main Out Patients Dept is being utilised</b> to accommodate relatives & discharged patients from the MI & that adequate resources such as security, refreshments and cleaning are available.	
<b>13</b>	<b>Consider need to support Discharge Lounge &amp; Media reception area in AEB</b> with personnel & resources such as security, refreshments and cleaning are available.	

<b>ACTION CARD</b>	<b>NO 5 CONT...</b>	<b>(2 OF 2)</b>
<b>JOB TITLE</b>	<b>FACILITIES DUTY CONTRACT MANAGER</b>	
<b>INCIDENT ROLE</b>	<b>CONTROL CENTRE MANAGER</b>	

<b>DECLARED ACTIONS cont...</b>		Time
<b>14</b>	<b>In hours inform the HELP service</b> that their services may be required during the incident & to facilitate the post incident hot debrief. Out of hours ensure that the HELP team are made aware of the situation as soon a possible in hours.	
<b>15</b>	<b>Establish contact with Crèche Manager</b> if required– the Crèche will have been called in via Switchboard. Crèche facilities may need to be provided for extended periods, OOH & for children that do not usually attend. The Crèche have a policy for this	
<b>16</b>	<b>Refreshments:</b> Consider the need for refreshments for ED, Theatres, ICU and the ECC team themselves.	
<b>17</b>	<b>Review all staffing</b> you have organised. Do any areas need relieving for breaks, need covering for the next shift? Consider who will relieve you?	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
<b>18</b>	<b>For Info:</b> When the ECC team have decided to Stand the Trust down from the incident –make sure that this decision is communicated to <b>all</b> previously staffed departments/areas that you have notified of the incident. All those declared by Switchboard will be stood down by switch	
<b>19</b>	<b>Maintain Services:</b> Together with the relevant area managers, ensure that there are enough facilities and support staff to maintain service within the hospital for the next 48 hours. Consider recovery needs.	
<b>20</b>	<b>Attend the ‘hot’ debrief.</b>	
<b>21</b>	<b>Documentation:</b> Complete any documentation created during the incident, and leave within the ECC cupboard.	

<b>ACTION CARD</b>	<b>NO 6</b> <span style="float: right;"><b>(1 OF 2)</b></span>
<b>JOB TITLE</b>	<b>ADMIN/CLERICAL MANAGER</b>
<b>INCIDENT ROLE</b>	<b>ADMIN/CLERICAL MANAGER</b>
<b>LOCATION</b>	EMERGENCY CONTROL CENTRE (ECC)
<b>ROLE DESCRIPTION</b>	To support the ECC team, coordinate the admin support including the loggist.

<b>STANDBY</b>		Time
Notification from RSCH Switchboard		
<b>1</b>	<b>Proceed immediately to RSCH ECC</b>	
<b>2</b>	<b>Ensure ECC is set up with other in the room</b> & that all the telephones plugged in (security will unlock the Major Incident Cupboard)	
<b>3</b>	<b>Log:</b> Ensure you document all the decisions you make & actions you've taken within your log book (found in the Major Incident cupboard).	
<b>4</b>	<b>Loggists &amp; Admin:</b> Contact Loggists & admin staff & runners to support the ECC as necessary (loggists will need relieving approx every one-two hours therefore ensure you have a number of loggists ready to respond)	
<b>5</b>	<b>The Strategic Commander will come and chair the 2 hourly briefing.</b> Ensure these meetings take place within the ECC & are fully documented.	
<b>6</b>	<b>Set up ECC white board</b> with incident details & up to date information from the 2 hourly updates & ambulance liaison present. Ensure ED screen (Symphony) logged on & displayed via projector to show major incident patients as they arrive.	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard		
<b>7</b>	Ensure above actions 1-6 have been completed	
<b>8</b>	<b>Switchboard cascade:</b> Contact switchboard at RSCH & PRH & obtain details of the MI cascade being undertaken & any problems.	
<b>9</b>	<b>Organise the admin support</b> that has been called in to man the General Enquiry extensions and/or take minutes & ensure loggist is able to maintain an accurate log & time line of control room activities.	
<b>10</b>	<b>Review all staffing you have organised.</b> Do any areas need relieving for breaks, need covering for the next shift? Consider who will relieve you?	

<b>ACTION CARD</b>	<b>NO 6</b>	<b>(2 OF 2)</b>
<b>JOB TITLE</b>	<b>ADMIN/CLERICAL MANAGER</b>	
<b>INCIDENT ROLE</b>	<b>ADMIN/CLERICAL MANAGER</b>	

<b>STAND DOWN</b> Decision to be taken within ECC		Time
<b>11</b>	<b>For Info:</b> When the ECC team have decided to Stand the Trust down from the incident –make sure that this decision is communicated to <b>all</b> previously staffed departments/areas that you have notified of the incident. All those declared by Switchboard will be stood down by switch	
<b>12</b>	<b>Maintain Services:</b> Together with the relevant area managers, ensure that there are enough support staff to maintain service within the hospital for the next 48 hours. Consider recovery needs.	
<b>13</b>	<b>Attend and minute the 'hot' debrief.</b>	
<b>14</b>	<b>Documentation:</b> Complete any documentation created during the incident, and leave within the ECC cupboard. Ensure all documentation regarding the incident from the ECC is collected and either locked in the ECC or given directly to the Head of Resilience.	

<b>ACTION CARD</b>	<b>NO 7</b> <span style="float: right;"><b>(1 OF 2)</b></span>
<b>JOB TITLE</b>	<b>CLINICAL SITE MANAGER</b>
<b>INCIDENT ROLE</b>	<b>CLINICAL SITE MANAGER</b>
<b>LOCATION</b>	EMERGENCY CONTROL CENTRE
<b>ROLE DESCRIPTION</b>	Act as tactical commander until relieved by the manager on call. Continue usual CSM role. Deploy nursing staff as necessary. Assess capacity and staffing within the trust with the bed manager

<b>STANDBY</b>		Time
Notification from RSCH Switchboard		
<b>1</b>	<b>Act as the Tactical Commander</b> (following their action card) until relieved by the Manager On Call. You may be able to communicate with the On Call Manager whilst they are travelling to the Trust if out of hours.	
<b>2</b>	<b>Proceed immediately to RSCH ECC</b>	
<b>3</b>	<b>Ensure ECC is set up</b> & that all the telephones plugged in.	
<b>4</b>	<b>Document:</b> Ensure you document all decisions made & actions taken	
<b>5</b>	<b>Establish current situation within the Trust</b> re. staffing & capacity	
<b>6</b>	<b>Establish contact with ED Shift Leader</b>	
<b>7</b>	<b>Set up ECC white board</b> ready to record major incident details if needed and Ensure ED screen (Symphony) logged on & to show major incident patients as they arrive.	
<b>8</b>	When able <b>hand over to the Tactical Commander</b> (Manager on call) and continue your usual role	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard		
<b>9</b>	<b>Ensure</b> above standby actions 1-8 have been undertaken	
<b>10</b>	<b>Request CSM/Bed Managers:</b> Call in extra Clinical Site Managers/Bed Managers if necessary.	
<b>11</b>	<b>Assess Staffing &amp; Capacity:</b> Assess staffing/capacity for the Trust & reallocate nursing/resources as necessary. Consider the need for extra critical care staff to support ED/Theatre Recovery. Liaise with ICU Nurse in charge to coordinate the call in cascade of extra ICU staff	
<b>12</b>	Check for details of ward's staffing, activity and capacity issues and check with matrons/senior nursing who will be out supporting areas and feeding information regarding staffing and capacity back the you and the ECC.	

<b>ACTION CARD</b>	<b>NO 7 CONT...</b>	<b>(2 OF 2)</b>
<b>JOB TITLE</b>	<b>CLINICAL SITE MANAGER</b>	
<b>INCIDENT ROLE</b>	<b>CLINICAL SITE MANAGER</b>	

<b>DECLARED ACTIONS cont...</b>		Time
<b>13</b>	<b>Assess need for extra Capacity:</b> Liaise with Tactical Commander and consider the need to open and staff extra capacity beds to make capacity on AMU to allow them to receive Major Incident patients.	
<b>14</b>	<b>Make capacity on AMU</b> to allow them to receive patients.	
<b>15</b>	<b>Where appropriate, try to keep major incident patients together</b> in one place.	
<b>16</b>	<b>Liaise with the Discharge ward round and Discharge Lounge</b> concerning the transfer of patients to partner organisations/step down beds where appropriate.	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
<b>17</b>	<b>For Info:</b> When the ECC team have decided to Stand the Trust down from the incident make sure that this decision is communicated to all departments/areas.	
<b>18</b>	<b>Assess both the current nursing levels &amp; those for the next 24 hours</b> within the hospital. Ensure key areas affected by the incident have enough staff to facilitate a return to normal service. Consider the psychological impact of the incident on staff within these areas.	
<b>19</b>	<b>Attend the 'hot' debrief</b>	
<b>20</b>	<b>Documentation:</b> Complete any documentation created during the incident, and leave within the ECC cupboard.	



<b>ACTION CARD</b>	<b>NO 8</b> (1 OF 1)
<b>JOB TITLE</b>	<b>ADMIN ASSISTANT 1, ASSIGNED BY ECC</b>
<b>INCIDENT ROLE</b>	<b>ADMIN ASSISTANT</b>
<b>LOCATION</b>	<b>EMERGENCY CONTROL CENTRE (ECC)</b>
<b>ROLE DESCRIPTION</b>	To support the control centre manager in managing the room, answering the phones/emails, keeping the ECC boards up to date with capacity and staffing information & taking minutes of the hour briefings etc

<b>STANDBY</b>		Time
Notification from RSCH ECC		
<b>1</b>	<b>Proceed immediately to RSCH ECC</b>	
<b>2</b>	<b>Ensure ECC is set up</b> & that all the telephones plugged in.	
<b>3</b>	<b>Document:</b> Ensure you document all decisions made & actions taken	

<b>DECLARED</b>		Time
Notification from RSCH ECC		
<b>4</b>	<b>Ensure</b> above standby actions 1-3 have been undertaken	
<b>5</b>	<b>Maintain thorough documentation</b> of any actions taken or calls received throughout the incident.	
<b>6</b>	<b>Liaise with &amp; request support from Control Centre Manager</b>	
<b>7</b>	<b>Log onto the ECC computer and email</b> <b>Username: control.incident1</b> <b>Password: <i>Emergency1</i></b> To send emails, click on the Microsoft outlook logo on the desktop. This will allow you to send and receive both internal and external emails. The email address for the control room is: <a href="mailto:control.incident1@bsuh.nhs.uk">control.incident1@bsuh.nhs.uk</a> Wards will be contacting you, possibly by email, with details of staffing, activity & capacity etc for the attention of the Clinical Site Manager Ensure ED screen (Symphony) logged on & displayed via projector	
<b>8</b>	<b>Telephones:</b> Take up position within the ECC at the General Enquiries telephone point. Record all phone calls in log book	
<b>9</b>	<b>Update ECC white board</b> with incident details and up to date information from the hourly updates & ambulance liaison present	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
<b>10</b>	<b>Maintain ECC:</b> Maintain presence within the ECC for up to 2 hours after the incident, answering telephones, recording information and passing on any messages taken.	
<b>11</b>	<b>Attend the 'hot' debrief</b>	
<b>12</b>	<b>Complete any documentation</b> & leave within ECC cupboard	

<b>ACTION CARD</b>	<b>NO 9</b> (1 OF 2)
<b>JOB TITLE</b>	<b>ADMIN ASSISTANT 2 ASSIGNED BY ECC</b>
<b>INCIDENT ROLE</b>	<b>LOGGIST</b>
<b>LOCATION</b>	EMERGENCY CONTROL CENTRE (ECC)
<b>ROLE DESCRIPTION</b>	To keep an accurate log of decisions made by the strategic commander & the reasons for those decisions. Also recording the reasons why actions were not taken.

<b>STANDBY</b>		Time
Notification from RSCH ECC		
<b>1</b>	<b>Proceed immediately to RSCH ECC</b>	
<b>2</b>	<b>Ensure ECC is set up &amp; that all the telephones plugged in.</b>	
<b>3</b>	<b>Make contact with the Tactical Commander.</b> Get a briefing and check that there will be a minute taker for meetings & admin support (not you) and ensure you both sign the log	

<b>DECLARED</b>		Time
Notification from RSCH ECC		
<b>4</b>	<b>Ensure</b> above standby actions 1-3 have been undertaken	
<b>5</b>	<b>Note details</b> of the venue, date, time and If possible complete a table plan of who is present.	
<b>6</b>	<ul style="list-style-type: none"> <li>Your entries must be Clear Intelligible Accurate.</li> <li>Write in permanent black ink. Write legibly. Avoid blue ink.</li> <li>Your record must be contemporaneous (written at the time not in retrospect).</li> <li>Ensure you note dates, times (use the 24 hour clock) places and people concerned.</li> <li>Record any non verbal communication. Do not put your own interpretation on that non-verbal communication.</li> <li>Only note down facts. Do not assume anything, give your own comment or give your own opinion.</li> <li>Entries in the record must be in chronological order</li> </ul>	
<b>7</b>	<b>If unsure what to log ask the strategic commander</b>	
<b>8</b>	<ul style="list-style-type: none"> <li><b>NO: Erasures, Leaves</b> must be torn out of the Log Book, <b>Blank spaces</b> – rule them through, <b>Overwriting, Writing</b> above or below lined area</li> <li>Unused space at end of a page must be ruled through with a diagonal line, initialed by you, dated and timed.</li> <li>Record all questions and answers in direct speech.</li> <li>Unused spaces must be ruled out with a single line.</li> <li>Mistakes must be ruled through with a single line and initialed.</li> <li>Any mistake you make which you notice at the time of writing must be ruled through by you with a single line, initialed and the correct word added after the mistake.</li> </ul>	

<b>ACTION CARD</b>	<b>NO 9 CONT...</b> <span style="float: right;"><b>(2 OF 2)</b></span>
<b>JOB TITLE</b>	<b>ADMIN ASSISTANT 2, ASSIGNED BY ECC</b>
<b>INCIDENT ROLE</b>	<b>LOGGIST</b>

<b>DECLARED ACTIONS cont...</b>		Time
<b>9</b>	<ul style="list-style-type: none"> <li>• Overwriting or writing above the ruled through error must not be made.</li> <li>• Correction fluid must not be used in any circumstances.</li> <li>• If you notice a mistake or an omission in the record later, during the debrief, or at any other time, you must tell your senior manager and the mistake must be corrected or the omission made good. Cross reference the mistake (in red ink) to the corrected entry on the next available page using letters from the alphabet, consecutively.</li> <li>• Make clear references to exhibits (such as maps, flip chart pages, etc) and other documents so that it is clear in the record which particular exhibit is being referred to.</li> <li>• Each series of entries must be signed off, dated and timed at their close.</li> <li>• Loggists should sign off their notes at the end of their shift to ensure the integrity of the record.</li> </ul>	
<b>10</b>	<p><b>Sensitive data:</b></p> <ul style="list-style-type: none"> <li>• Rule through space under previous entry, sign, date and time as usual</li> <li>• Record sensitive info on following page in red ink.</li> <li>• Rule through to bottom of page sign date and time as usual</li> <li>• Re start recording normally on</li> </ul>	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
<b>11</b>	<b>Stand down:</b> When the ECC team have decided to Stand the Trust down make sure this decision is communicated to all depts/areas	
<b>12</b>	<b>Go through log with decision maker and debrief</b> Sign off the notes at the end of the shift to ensure the integrity of the record & leave within ECC cupboard	
<b>13</b>	<b>Attend the 'hot' debrief</b>	

<b>ACTION CARD</b>	<b>NO 10</b> <span style="float: right;"><b>(1 OF 2)</b></span>
<b>JOB TITLE</b>	<b>COMMUNICATIONS MANAGER</b>
<b>INCIDENT ROLE</b>	<b>COMMS/MEDIA LIAISON OFFICER</b>
<b>LOCATION</b>	ED MATRON OFFICE OR OTHER DESIGNATED ROOM
<b>ROLE DESCRIPTION</b>	Prepare and distribute the trusts communications to media, the public and bsuh staff during a major incident

<b>STANDBY</b>		Time
Notification from the ECC		
<b>1</b>	<b>Obtain a full update of the situation</b> from the Strategic Commander or Tactical Commander within the Emergency Control Centre (ECC). Decide on the need to attend at this stage or not.	
<b>2</b>	<b>In the event of a prolonged incident</b> , attend the 2 hourly ECC incident briefings to ensure that you are fully informed.	

<b>DECLARED</b>		Time
Notification from the ECC		
<b>3</b>	<b>Ensure</b> above standby actions 1-2 have been undertaken	
<b>4</b>	<b>Establish a press liaison phone number within HQ</b> All telephone enquires from the media will be directed to this number. Alternatively inform switchboard and the ECC team of your mobile communication device.	
<b>5</b>	<b>Ensure that the Media Reception area is established</b> (AEB, liaise with Tactical Commander) that all media representatives are logged in & given Trust media pass from the pack in ECC cupboard.	
<b>6</b>	<b>Prepare a press statement.</b> Include: basic details about the incident, the number of casualties received, general nature of injuries and the fact that BSUH is a large teaching Trust with experienced ED and critical care teams and that the organisation has a well rehearsed Major Incident Plan that is put into effect in these situations. This should be given to all media reps on their arrival.	
<b>7</b>	<b>Make contact with comms lead in the Police, Fire, Ambulance, local CCGs and local authority press officers where able</b>	
<b>8</b>	<b>Police Comms:</b> Media statements prepared in conjunction with the ECC team should be verified through the Police Communications Team; and should also be provided to partner NHS agencies.	
<b>9</b>	<b>Consider the need for press conferences</b> and the facilities that will be required. (Possible use of the Audrey Emerton Lecture facilities).	

<b>ACTION CARD</b>	<b>NO 10 CONT...</b>	<b>(2 OF 2)</b>
<b>JOB TITLE</b>	<b>COMMUNICATIONS MANAGER</b>	
<b>INCIDENT ROLE</b>	<b>COMMS &amp; MEDIA LIAISON OFFICER</b>	

<b>DECLARED ACTIONS cont...</b>		Time
<b>10</b>	<b>Any further resources required</b> will need to be requested through the Control Centre Manager (Ext 4995).	
<b>11</b>	<b>Identify a spokesperson.</b> This may be the Chief Executive, Medical Director or Director of Nursing in the early stages of a response, followed later by an ED Consultant. Establish a timetable with spokespeople & the media for regular press reports	
<b>12</b>	<b>Keep in regular contact with the Tactical Commander</b>	
<b>13</b>	<b>Prepare all staff email</b> informing staff of the Major Incident response, progress and thanking them for their ongoing efforts. Update the staff intranet with the same information	
<b>14</b>	<b>Update BSUH website with press statement</b>	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
<b>15</b>	<b>Stand down:</b> Following the Stand down of the Trust – be prepared to continue with Press liaison, concerning condition updates on patients involved in the incident.	
<b>16</b>	<b>Consider the possibility of a VIP visit</b> to the Trust in the ensuing 24-48 hours, and the arrangements that will need to be made for this.	
<b>17</b>	<b>Ensure that the Communications office extension is manned</b> for a further 2 hours after the stand down is announced. Before leaving the Trust, ensure that ongoing Communications issues are handed over to an appropriate person and switchboard are aware.	
<b>18</b>	<b>All staff comms:</b> When the ECC team have decided to Stand the Trust down make sure this decision is communicated to all depts/areas via all staff comms, info net etc	
<b>20</b>	<b>Attend the 'hot' debrief</b>	

<b>ACTION CARD</b>	<b>NO 11</b> <span style="float: right;"><b>(1 OF 2)</b></span>
<b>JOB TITLE</b>	<b>ED CONSULTANT</b>
<b>INCIDENT ROLE</b>	<b>ED COMMANDER</b>
<b>LOCATION</b>	RSCH EMERGENCY DEPARTMENT
<b>ROLE DESCRIPTION</b>	Lead the emergency department's response to the major incident (this is a hands off role). Work with nurse in charge of emergency department to effectively manage the ED response to the incident.

<b>STANDBY</b>		Time
Notification from RSCH Switchboard		
<b>1</b>	<b>Notification:</b> If notification received from anyone other than RSCH Switchboard – contact SECAMB Sussex control room (phone: 01273 402 114) to confirm and request that they notify RSCH switchboard at once. <b>If the Trust is declaring an incident internally following discussions with the Director On Call please ensure they have informed switch &amp; asked them to complete the cascade AND inform SECamb.</b>	
<b>2</b>	<b>Attend the ED. Inform Pead ED Cons bleep 8641 or via switch OOH</b>	
<b>3</b>	<b>Assess current capacity &amp; staffing levels &amp; Inform PRH ED Senior Dr</b>	
<b>4</b>	<b>Review existing ED patients:</b> Allocate Senior doctors (this may include yourself) to work with the nurse coordinators of all areas to review all existing ED patients in Zones 1, 2a, 2b, UCC and SSW/CDU & identify patients that could be discharged, directly referred, redirected to GP or transferred to wards/AMU if a Major Incident is declared. Coordinators to write on left side of coordinators board where you would like patient to go.	
<b>5</b>	<b>Assess Staffing:</b> Assess whether further senior ED Drs/ F2's are required, detail a member of reception staff to call in more if necessary. (Numbers should be available in Major Incident File, Sisters Office).	
<b>6</b>	<b>Liaise with the Major Incident Officer</b> in the ECC (ext 4993) & contact PRH Emergency Department and update them on the situation.	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard		
<b>7</b>	<b>Ensure</b> above standby actions 1-6 have been undertaken. Update PRH.	
<b>8</b>	<b>Collect ED consultant's portable phone (X 4218), put on yellow surcoat</b> and record all decisions in a log book.	
<b>9</b>	<b>Inform ED waiting rooms</b> of situation, advise patients to go home if able. <b>Expedite Patients</b> identified in action 3 for immediate discharge/ transfer/ referral/ redirect to GP.	
<b>10</b>	<b>Allocate clinical resources</b> to maintain the care of existing patients	
<b>11</b>	<b>Liaise with the Major Incident Officer</b> in the ECC (ext 4993).	
<b>12</b>	<b>Brief Team Leaders and Triage Doctor</b> on type of incident and casualty information as available. Update Team Leaders/Nurse Co-ordinators and Triage Doctor when more information becomes available, ensure that this is cascaded through their respective teams.	

<b>ACTION CARD</b>	<b>NO 11 CONT...</b>	<b>(2 OF 2)</b>
<b>JOB TITLE</b>	<b>ED CONSULTANT</b>	
<b>INCIDENT ROLE</b>	<b>ED COMMANDER</b>	

<b>DECLARED ACTIONS cont...</b>		Time
<b>13</b>	<p><b>Allocate Triage Dr:</b> allocate a Senior Dr to undertake Triage Doctor Role (<b>assume the role until further senior ED assistance arrives</b>). If this is a mass casualty incident or there are large numbers of walking wounded you may want to set up two triage points.</p> <p><b>Allocate Team Leaders:</b> allocate Drs to Team Leader Roles to work with Zone Coordinators in Zone 1, Zone 2a, Zone 2b &amp; UCC</p> <p><b>Allocate other staff:</b> Allocate teams of existing ED staff &amp; arriving staff to each Zone according to skills to include Paed staff from RACH</p> <p><b>Ensure</b> relevant action cards are given to Triage and Team Leaders</p>	
<b>14</b>	<p><b>Assess use of the Zones with ED shift leader:</b> If large numbers of P3/Minor injury patients expected liaise with the ED Shift Leader &amp; the ECC regarding the use of UCC/Zone 2b/Day Surgery as extra capacity for minor injuries.</p>	
<b>15</b>	<p><b>Inform</b> ECC Team when the ED is fully manned and ready to respond to Major Incident (major Incident Officer X4993).</p>	
<b>16</b>	<p><b>Ensure</b> that ED capacity/staffing/resources are assessed throughout the Major Incident. Provide regular updates and request support via the ECC throughout the Incident (Control Centre Manager X4995). <b>Assess need for</b> specific resources within the ED including radiology, critical care, theatres, burns etc and inform the appropriate teams.</p>	
<b>17</b>	<p><b>Relief:</b> Ensure all team Leaders/Triage Drs are relieved for breaks where possible &amp; Organise staffing for the next 2 shifts</p>	
<b>18</b>	<p><b>Discharges:</b> Ensure that all patients that are suitable for discharge are first sent to be logged by the Police Documentation Team located in Main Out Patients before discharge.</p>	

<b>STAND DOWN</b>		Time
Decision made by ECC team		
<b>19</b>	<p>Once SECamb has notified us that 'Casualty Clearance is complete' the ECC team must assess when it is safe &amp; appropriate to stand the Trust down. Only begin to Stand down when notified by ECC team.</p>	
<b>20</b>	<p><b>Recovery:</b> Review the medical staffing and senior cover within the department for the next 48 hours – adjust as necessary.</p>	
<b>21</b>	<p><b>Documentation:</b> Ensure any paperwork relating to the MI is completed &amp; left in the ECC cupboard in pathology Library before leaving</p>	
<b>21</b>	<p><b>Arrange for yourself &amp; your staff to attend 'hot' debrief if possible</b></p>	

<b>ACTION CARD</b>	<b>NO 12</b> <span style="float: right;"><b>(1 OF 2)</b></span>
<b>JOB TITLE</b>	<b>SHIFT LEADER</b>
<b>INCIDENT ROLE</b>	<b>ED SHIFT LEADER</b>
<b>LOCATION</b>	EMERGENCY DEPARTMENT
<b>ROLE DESCRIPTION</b>	Work with ED Commander (consultant) in charge of emergency department to effectively manage the Emergency Department response to the incident.

<b>STANDBY</b>		Time
Notification from RSCH Switchboard		
<b>1</b>	<b>Notification:</b> If notification received from anyone other than RSCH Switch contact SECAmb control room to confirm the situation & request they follow correct procedures & notify RSCH switchboard at once	
<b>2</b>	<b>Inform ED Consultant/Senior ED Doc</b> in dept & other staff as necessary. Inform Children's ED Nurse in Charge bleep 8145. Consider informing the ED Matron.	
<b>3</b>	<b>Inform the AMU Co-ordinator &amp; ED Shift Leader at PRH</b>	
<b>4</b>	<b>Inform Reception</b>	
<b>5</b>	<b>Liaise with the Clinical Site Manager</b> concerning the movement of existing patients to wards & the general situation in the department.	
<b>6</b>	<b>Review existing ED patients:</b> Work alongside the ED Commander who will be allocating Senior doctors to work with the nurse coordinators of all areas to review all existing ED patients in Zones 1, 2, 2b, UCC & SSW/ CDU & identify patients that could be discharged, directly referred, redirected to GP or transferred to wards/AMU if a Major Incident is declared. Coordinators to write on left side of coordinators board where you would like patient to go if capacity available.	
<b>7</b>	<b>Call in staff:</b> In conjunction with the ED consultant decide if the MI will require extra staff to be called in if so designate a person (e.g. Ops Assistant) to obtain the Major Incident list of staff from the Sisters office & contact staff to attend (according to set protocols). Ensure this process is fully documented & retained.	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard		
<b>8</b>	<b>Ensure</b> above standby actions 1-7 have been undertaken	
<b>9</b>	<b>Comms:</b> Put on yellow surcoat & ensure you have access to your bleep & a phone & meet with the ED Commander	
<b>10</b>	<b>Reception:</b> Ensure that there are sufficient reception staff; that the head of reception has been contacted; that the Majax system has be initiated on the computer system & that the documentation process is adhered. Patients must receive an ED number & identification name band <b>on arrival</b> to the dept.	
<b>11</b>	<b>Maintain close contact with the Emergency Control Centre</b> providing regular updates on the situation within the department.	



<b>ACTION CARD</b>	<b>NO 12 CONT...</b>	<b>(2 OF 2)</b>
<b>JOB TITLE</b>	<b>SHIFT LEADER</b>	
<b>INCIDENT ROLE</b>	<b>ED SHIFT LEADER</b>	

<b>DECLARED ACTIONS cont...</b>		Time
<b>12</b>	<b>Assess use of the Zones with ED Consultant:</b> If large numbers of P3/Minor injury patients expected liaise with the ED Shift Leader & the ECC regarding the use of UCC/Zone 2b/Day Surgery as extra capacity for minor injuries.	
<b>13</b>	<b>Allocate:</b> Nurse Co-ordinators to Zone 1, Zone 2, Zone 2b & UCC. <b>Allocate:</b> A senior ED nurse to undertake Triage Nurse Role. <b>Allocate:</b> Teams of existing ED staff & arriving staff to each Zone according to skills including Paediatric staff from the RACH. <b>Ensure</b> relevant action cards are given to Coordinators/Triage Nurse <b>Record the details of all staff involved in the incident at email to <a href="mailto:donna.butler@bsuh.nhs.uk">donna.butler@bsuh.nhs.uk</a> at the end of the incident.</b> <b>Inform the ECC when all critical staff have arrived in the Dept.</b>	
<b>14</b>	With the ED Commander: <b>Oversee</b> the movement of existing patients from the Emergency Department including those in SSW/CDU. <b>Oversee</b> the flow of Major Incident patients through the ED	
<b>15</b>	<b>Ensure</b> that ED capacity/staffing/resources are assessed throughout the Major Incident and request extra support/resources through ECC	
<b>16</b>	<b>Relief:</b> Ensure all Zone Coordinators and staff are relieved for breaks where possible. Organise staffing for the next 2 shifts	
<b>17</b>	<b>Discharges:</b> Ensure that all patients that are suitable for discharge are first sent to be interviewed by the Police Documentation Team located in Main Out Patients before discharge.	
<b>18</b>	Maintain a list of all staff within the department for debrief purposes	

<b>STAND DOWN</b>		Time
Decision made by ECC team		
<b>19</b>	<b>Notification:</b> Only begin to Stand down when notified by ECC	
<b>20</b>	<b>Documentation:</b> Ensure any paperwork relating to the Major Incident is completed & given to Head of Resilience or left in ECC cupboard in Pathology library before leaving the hospital.	
<b>21</b>	<b>Debrief:</b> Ensure as many staff involved in the incident attend the 'hot debrief' being co-ordinated by the ECC team. Ensure that staff are given support to minimise the psychological trauma the incident may cause.	
<b>22</b>	<b>Recovery:</b> Begin to look at future staffing of the department Ensure there are adequate nurses & support staff for the next 48 hrs. <b>Re stock:</b> Ensure that all areas of the department are fully re stocked.	

<b>ACTION CARD</b>	<b>NO 13</b> <span style="float: right;"><b>(1 OF 2)</b></span>
<b>JOB TITLE</b>	<b>ED NURSE</b>
<b>INCIDENT ROLE</b>	<b>ED TRIAGE NURSE</b>
<b>LOCATION</b>	AMBULANCE ENTRANCE EMERGENCY DEPT.
<b>ROLE DESCRIPTION</b>	Work with the triage doctor & reception staff to triage all patients arriving at the hospital through ambulance entrance. This role is assigned by the ED shift leader

<b>STANDBY</b>		Time
Notification from ED Shift Leader		
<b>1</b>	<b>Notification:</b> No actions required unless notified otherwise by the ED Consultant in charge/Shift Leader	

<b>DECLARED</b>		Time
Notification from ED Shift Leader		
<b>2</b>	<b>Set Up:</b> Collect paperwork (triage cards, back sheets and ED digital camera). Setup outside police holding room by reception & inside ambulance entrance. Ensure phone from reception available for your use.	
<b>3</b>	<b>Distribute yellow surcoats</b> throughout department (if time allows)	
<b>4</b>	<b>Locate</b> at ambulance doors with the Triage Team (yourself, the Triage Dr & Triage Receptionist)	
<b>5</b>	<b>Triage:</b> With the Triage Dr assess severity of casualties on their arrival at the ED entrance and direct them to the appropriate Zone. Use the most appropriate triage method depending on the number and type of casualties arriving. Triage Sieve and Sort procedures are in the main Plan. If able take a photo of each patient with their MI number clearly in the photo for identification later. Use the ED digital camera.	

<b>Direct Ambulances According To Triage Status</b>		
Category	Clinical Need	Location
<b>Priority One (P1)</b>	<b>Immediate</b>	<b>Resuscitation Room Zone1</b>
<b>Priority Two (P2)</b>	<b>Serious</b>	<b>Majors/Zone 2a/Zone 2b</b>
<b>Priority Three (P3)</b>	<b>Walking wounded</b>	<b>UCC/Zone 2b</b>
<b>Dead</b>	<b>Dead</b>	<b>Mortuary</b>
<b>6</b>	<b>Patient MI Numbers:</b> Ensure all patients have been given a Major Incident ED number with wrist band with that number on before leaving triage point. Reception will have started the MAJAX symphony screen and printed off a number of front sheets with numbers. Reception will put details on the triage sheet and will transfer to symphony as soon as possible.	

<b>ACTION CARD</b>	<b>NO 13 CONT...</b>	<b>(2 OF 2)</b>
<b>JOB TITLE</b>	<b>ED NURSE</b>	
<b>INCIDENT ROLE</b>	<b>ED TRIAGE NURSE</b>	

<b>DECLARED ACTIONS cont...</b>		Time
<b>7</b>	<p><b>Ensure MI patient attendance paperwork is maintained</b> with accurate information. Reception will have copies of the Major Incident Patient Attendance Sheet, copies also in the main plan.</p> <p>Reception will transfer each patient form the pre attendance Symphony Screen to the arrived screen as they give them their ID numbers.</p> <p>Ensure they also add in patients triage location at this point (Zone 1, 2, 3, 4 etc)</p> <p>The Major Incident Officer will be tracking all patients via Symphony within the ECC. If this system fails you may be asked to call through to the ECC with details of each attending patient.</p>	
<b>8</b>	<b>Escalate any problems via ED shift leader</b>	

<b>STAND DOWN</b>		Time
Decision made by ECC team		
<b>9</b>	<b>Ignore</b> rumours and talk of stand down. Await confirmation from ECC via ED Shift Leader/ED consultant in Charge.	
<b>10</b>	<b>Documentation:</b> Ensure any paperwork relating to the Major Incident is completed before leaving the hospital and leave with the Head of Resilience or within ECC cupboard in pathology library.	
<b>11</b>	<b>Debrief:</b> Provide as many staff involved in the incident as possible to attend the 'hot debrief' being co-ordinated by the ECC team	
<b>12</b>	<b>Ensure your Zone is restocked and safe to receive patients</b>	

<b>ACTION CARD</b>	<b>NO 14</b> (1 OF 2)
<b>JOB TITLE</b>	<b>SENIOR ED DOCTOR</b>
<b>INCIDENT ROLE</b>	<b>ED TRIAGE DOCTOR</b>
<b>LOCATION</b>	INSIDE AMBULANCE ENTRANCE OF RSCH ED
<b>ROLE DESCRIPTION</b>	Triage all patients arriving at the hospital. This role is assigned by the ED commander (consultant in charge of emergency department)

<b>STANDBY</b>		Time
Notification from the ED Commander		
1	No actions required unless notified otherwise by the ED Consultant in charge and Shift Leader. If notified ensure Emergency Department camera ready for use.	

<b>DECLARED</b>		Time
Notification as with Standby		
2	<b>Put on yellow surcoat</b>	
3	<b>Go to the ED ambulance entrance</b> with the Triage Nurse & set up the triage point. Ensure phone from reception is available for your use and documentation paperwork available for patient details and camera to photograph patients to help identification later.	
4	<b>Triage:</b> Assess the severity of patients at the ED entrance using triage category. Each patient should be triaged in < 1 minute. Use the most appropriate triage method depending on the number and type of casualties arriving. Triage Sieve and Sort procedures are in the main Plan. If able take a photo of each patient with their MI number clearly in the photo for identification later. Use the ED digital camera.	
5	<b>MI Number:</b> Ensure all patients are given a Major Incident ED number with wrist band with that number on before leaving triage point.	
6	<b>Make notes on ED front sheet with corresponding MI number on</b>	

<b>Direct Ambulances According To Triage Status</b>		
Category	Clinical Need	Location
<b>Priority One (P1)</b>	<b>Immediate</b>	<b>Resuscitation Room Zone1</b>
<b>Priority Two (P2)</b>	<b>Serious</b>	<b>Majors/Zone 2a/Zone 2b</b>
<b>Priority Three (P3)</b>	<b>Walking wounded</b>	<b>UCC/Zone 2b</b>
<b>Dead</b>	<b>Dead</b>	<b>Mortuary</b>

<b>ACTION CARD</b>	<b>NO 14 CONT...</b>	<b>(2 OF 2)</b>
<b>JOB TITLE</b>	<b>SENIOR ED DOCTOR</b>	
<b>INCIDENT ROLE</b>	<b>ED TRIAGE DOCTOR</b>	

<b>7</b>	<b>Communicate regularly with the ED Commander</b> and provide them with regular updates via ED consultant's phone. EXT 4218	
<b>8</b>	<b>Ensure MI paperwork is maintained</b> with triage nurse & receptionist	
<b>9</b>	<b>Escalate any problems via ED Commander(consultant in charge)</b>	

<b>STAND DOWN</b>		Time
Decision made by ECC team		
<b>10</b>	<b>Stand down:</b> Ignore rumours and talk of stand down. Await confirmation from ECC via ED Shift Leader/ED consultant in Charge.	
<b>11</b>	<b>Documentation:</b> Ensure any paperwork relating to the Major Incident is completed before leaving the hospital. Make a copy for the Emergency Dept and a copy for the Head of Resilience which will need leaving with the Head of resilience or within ECC cupboard in Pathology library.	
<b>12</b>	<b>Debrief:</b> Provide as many staff involved in the incident as possible to attend the 'hot debrief' being co-ordinated by the ECC team	
<b>13</b>	<b>Ensure your Zone is restocked and safe to receive patients</b>	

<b>ACTION CARD</b>	<b>NO 15</b> <span style="float: right;"><b>(1 OF 1)</b></span>
<b>JOB TITLE</b>	<b>ED RECEPTIONIST</b>
<b>INCIDENT ROLE</b>	<b>ED TRIAGE RECEPTIONIST</b>
<b>LOCATION</b>	INSIDE AMBULANCE ENTRANCE OF RSCH ED
<b>ROLE DESCRIPTION</b>	Work with the triage nurse & dr. Take details of all patients that attend whilst the hospital is in declared major incident status, give them their unique MI number, notes and id band. Ensure patient details updated onto symphony Majax screen asap

<b>STANDBY</b>		Time
Notification from ED Reception/ED Shift Leader		
<b>1</b>	No actions required unless notified otherwise by the ED Commander and Shift Leader.	

<b>DECLARED</b>		Time
Notification from ED Reception/ED Shift Leader		
<b>2</b>	Start Major Incident Symphony (MAJAX). Go to tools, click major incident, click declare major incident, put in the day's date as a name & print out front sheets and labels.	
<b>3</b>	<b>Set Up:</b> Collect paperwork from the major incident cupboard (back sheets, patient ID bands & triage cards). Setup outside police holding room by reception & inside ambulance entrance. If adequate staffing request an extra receptionist to help you upload information onto symphony. Ensure paperwork ready. Stick labels in chronological order on the triage form ready to add patient's details to.	
<b>4</b>	<b>Locate yourself</b> at the reception desk by the ambulance doors with the Triage Team (yourself, the Triage Dr & Triage Nurse)	
<b>5</b>	<b>Triage: As the patients arrive add them onto the triage paperwork &amp; assign them a Major Incident Number that corresponds with the symphony number. Ensure their name band &amp; major incident paperwork all have the same number. Update symphony as soon as possible &amp; ensure patient number corresponds with correct symphony number.</b>  All patients arriving (MI or non MI patients) will now be entered onto the MAJAX Symphony screen and will be assigned a MI number. You must be the only member of staff to hand out MI numbers, notes and ID bands to ensure there is no confusion.	

<b>ACTION CARD</b>	<b>NO 15 CONT...</b>	<b>(2 OF 2)</b>
<b>JOB TITLE</b>	<b>ED RECEPTIONIST</b>	
<b>INCIDENT ROLE</b>	<b>ED TRIAGE RECEPTIONIST</b>	

<b>DECLARED ACTIONS cont...</b>						Time
<b>Example of Triage paperwork:</b>						
<b>Major Incident Patient Details</b>						
MI number (stick labels here)	On sympho ny	Name/ Description	Injuries	Sex M/F	Priority P 1/2/3	Destin ation Zone
120098	Yes	Mary, 80s	HI inj	F	P3	UUC
120099	No	30ish white,	Abdo inj	M	P1	Zone 1

<b>STAND DOWN</b>		Time
Decision made by ECC team		
<b>6</b>	<b>Stand down:</b> Ignore rumours and talk of stand down. Await confirmation from ECC via ED Shift Leader/ED consultant in Charge.	
<b>7</b>	<b>Documentation:</b> Ensure all MI patient notes are copied and take an extra copy to place in the MI Police Folder. Ensure any other paperwork relating to the Major Incident is completed before leaving the hospital and leave with the Head of Resilience or within ECC cupboard, in Pathology Library.	
<b>8</b>	<b>Debrief:</b> Provide as many staff involved in the incident as possible to attend the 'hot debrief' being co-ordinated by the ECC team	
<b>9</b>	<b>Ensure the MI documentation is restocked and ready for another major Incident</b>	

<b>ACTION CARD</b>	<b>NO 16</b>	<b>(1 OF 2)</b>
<b>JOB TITLE</b>	<b>ED NURSE</b>	
<b>INCIDENT ROLE</b>	<b>ED ZONE 1 NURSE COORDINATOR</b>	
<b>LOCATION</b>	ED RESUSCITATION ROOM(ZONE1)	
<b>ROLE DESCRIPTION</b>	In conjunction with the senior ED Dr co- ordinate the resuscitation room. This role is assigned by the ED shift leader	

<b>STANDBY</b>		Time
Notification from ED Shift Leader		
<b>1</b>	<b>Review existing Zone 1 patients:</b> Work with the allocated Senior doctor to review all existing Zone 1 patients and identify patients that could be or transferred to Zone 2/ITU/Recovery/wards/AMU if a Major Incident is declared. <b>Assess Zone 1 capacity</b> & how much could be made available id MI declared and inform Zone 2 coordinator No further actions required unless notified otherwise by the ED Consultant in charge and Shift Leader.	

<b>DECLARED</b>		Time
Notification from ED Shift Leader		
<b>2</b>	<b>Decant all suitable patients</b> to zone 2/ward liaising with the zone 2 co-ordinator.	
<b>3</b>	<b>Put on yellow surcoat</b>	
<b>4</b>	<b>Prepare and check each cubicle</b> ensuring each cubicle is safe to receive patients. Restock any equipment.	
<b>5</b>	<b>Ensure availability of trauma trolleys.</b> Liaise with porters if necessary	
<b>6</b>	<b>Fill fluid warming cupboard with extra Hartmans</b>	
<b>7</b>	<b>Staffing:</b> Assemble as many resuscitation teams as possible from available medical / nursing staff. As staff arrive allocate them to the various teams. Ensure that only required people are located in Resus.	
<b>8</b>	<b>Support staff</b> allocated to each bay and ensure all staff working within your Zone are relieved for breaks where possible	
<b>9</b>	<b>Ensure all blood samples are marked “Major Incident”.</b>	
<b>10</b>	<b>Request any extra staff/resources and escalate</b> any problems or concerns via shift leader	
<b>11</b>	<b>Patient movement:</b> Ensure the Clinical Site Manager (ECC X 4994) is informed of all patients’ movements.	
<b>12</b>	<b>Discharges:</b> Ensure that all patients that are suitable for discharge are first sent to be interviewed by the Police Documentation Team located in Main Out Patients before discharge.	



<b>ACTION CARD</b>	<b>NO 16 CONT...</b>	<b>(2 OF 2)</b>
<b>JOB TITLE</b>	<b>ED NURSE</b>	
<b>INCIDENT ROLE</b>	<b>ED ZONE 1 NURSE COORDINATOR</b>	

<b>STAND DOWN</b> Decision made by ECC team		Time
<b>13</b>	<b>Ignore</b> rumours and talk of stand down. Await confirmation from ECC via ED Shift Leader/ED consultant in Charge.	
<b>14</b>	<b>Documentation:</b> Ensure any paperwork relating to the Major Incident is completed before leaving the hospital and leave within ECC cupboard	
<b>15</b>	<b>Debrief:</b> Provide as many staff involved in the incident as possible to attend the 'hot debrief' being co-ordinated by the ECC team	
<b>16</b>	<b>Ensure your Zone is restocked and safe to receive patients</b>	

<b>ACTION CARD</b>	<b>NO 17</b> <span style="float: right;"><b>(1 OF 2)</b></span>
<b>JOB TITLE</b>	<b>ED CONSULTANT / REGISTRAR</b>
<b>INCIDENT ROLE</b>	<b>ED ZONE 1 TEAM LEADER</b>
<b>LOCATION</b>	ED ZONE 1
<b>ROLE DESCRIPTION</b>	Coordinate the clinical care of all patients within ED Resus. Report directly to the ED commander and provide them with regular updates on care & capacity. Work closely with zone 1 nurse coordinator This role is assigned by the ED commander

<b>STAND BY</b>		Time
Notification from ED Commander		
<b>1</b>	<b>Review existing Zone 1 patients:</b> Work with the allocated Zone 1 nurse to review all existing Zone 1 patients and identify patients that could be or transferred to Zone 2/ITU/Recovery/wards/AMU if a Major Incident is declared. <b>Assess Zone 1 capacity</b> & how much could be made available if MI declared & inform Zone 1 nurse who will inform Zone 2 coordinator. No further actions required unless notified otherwise by the ECC	

<b>DECLARED</b>		Time
Notification from Ed Commander		
<b>2</b>	<b>Put on yellow surcoat and locate yourself in the Resuscitation Room</b> (Zone 1). <b>Do not</b> get involved in patient management, but maintain an overview of the room (you may need to get involved until relieved by staff called in). Work closely with Zone 1 Nurse Coordinator. Keep noise to an absolute minimum.	
<b>3</b>	<b>Keep a log of all actions and decisions taken</b> during the incident. Allocate a medical student to scribe if possible	
<b>4</b>	<b>Staffing:</b> Assemble as many resuscitation teams as possible from available medical / nursing staff. As staff arrive allocate them to the various teams. Ensure that only required people are located in Resus.	
<b>5</b>	<b>Ensure all blood samples are marked "Major Incident".</b>	
<b>6</b>	<b>Allocate resources to each team as requested.</b>	
<b>7</b>	<b>Liase with</b> ED Consultant, Anaesthetic Consultant on call, Surgical consultant on call, Consultant orthopaedic surgeon on call, Consultant radiologist on call, Cardiothoracic surgeon on call as necessary	
<b>7</b>	<b>Ensure the Zone 1 Coordinator is informed of all patient movement.</b> The Zone 1 Coordinator will liaise with the Site Manager	
<b>8</b>	<b>Escalate all problems and requests to the ED Commander.</b>	
<b>9</b>	<b>Support staff</b> allocated to each bay and ensure all staff working within your Zone are relieved for breaks where possible	
<b>10</b>	<b>Discharges:</b> Ensure that all patients that are suitable for discharge are first sent to be interviewed by the Police Documentation Team located in Main Out Patients before discharge.	

<b>ACTION CARD</b>	<b>NO 17 CONT...</b>	<b>(2 OF 2)</b>
<b>JOB TITLE</b>	<b>ED CONSULTANT / REGISTRAR</b>	
<b>INCIDENT ROLE</b>	<b>ED ZONE 1 TEAM LEADER</b>	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
<b>11</b>	<b>Ignore</b> rumours and talk of stand down. Await confirmation from ECC via ED Shift Leader/ED consultant in Charge.	
<b>12</b>	<b>Documentation:</b> Ensure any paperwork relating to the Major Incident is completed before leaving the hospital and leave with the Head of Resilience or within ECC cupboard	
<b>13</b>	<b>Debrief:</b> Provide as many staff involved in the incident as possible to attend the 'hot debrief' being co-ordinated by the ECC team	
<b>14</b>	<b>Ensure your Zone is restocked and safe to receive patients</b>	

<b>ACTION CARD</b>	<b>NO 18</b> <span style="float: right;"><b>(1 OF 2)</b></span>
<b>JOB TITLE</b>	<b>ED NURSE</b>
<b>INCIDENT ROLE</b>	<b>ZONE 2a NURSE CO-ORDINATOR</b>
<b>LOCATION</b>	ZONE 2A RSCH
<b>ROLE DESCRIPTION</b>	Co-ordinate the care & flow of existing ED & major incident patients. Maintain close communication with ED commander (consultant), ED shift leader & ECC This role is assigned by the ED shift leader

<b>STANDBY</b>		Time
Notification from ED Shift Leader		
<b>1</b>	<b>Review existing ED patients:</b> Work with the allocated Senior doctor to review all existing ED patients in your Zone and identify patients that could be discharged, directly referred, redirected to GP/UCC or transferred to wards/AMU if a Major Incident is declared. Coordinator to write on left side of coordinators board where you would like patient to go.	

<b>DECLARED</b>		Time
Notification from ED Shift Leader		
<b>2</b>	<b>Put on yellow surcoat</b>	
<b>3</b>	<b>Expedite Patients</b> identified in action 1 for immediate discharge/ transfer/move to AMU/referral/ redirect to GP/ UCC	
<b>4</b>	<b>Liase with AMU co-ordinator</b> ensuring suitable patients transferred to AMU ASAP	
<b>5</b>	<b>Liase with the Bed Bureau</b> (bleep 8152 or X2599) or CSM (4994/bleep 8152) within the ECC in order to decant all remaining patients to designated wards.	
<b>6</b>	<b>Liase with CSM</b> (X4994/bleep 8152) to decide if ward staff will be requested to collect their patients. A number of porters will be based on level 5. Further requests for porters should be made via the control Centre Manager within the ECC (X4995)	
<b>7</b>	<b>Allocate staff to cubicles for the incoming Major Incident patients.</b>	
<b>8</b>	<b>Ensure cubicles are prepared and stocked with equipment.</b>	
<b>9</b>	<b>Ensure all blood samples are marked "Major Incident".</b>	
<b>10</b>	<b>Inform CSM of all MI patient movement</b>	
<b>11</b>	<b>Bed requests:</b> Major incident patients requiring admission should be notified to the ECC team as early as possible. (Bed Bureau X 2559)	
<b>12</b>	<b>Support</b> staff allocated to each bay and ensure all staff working within your Zone are relieved for breaks where possible	
<b>13</b>	<b>Discharges:</b> Ensure that all patients that are suitable for discharge are first sent to be interviewed by the Police Documentation Team located in Main Out Patients before discharge.	

<b>ACTION CARD</b>	<b>NO 18</b>	<b>(2 OF 2)</b>
<b>JOB TITLE</b>	<b>ED NURSE</b>	
<b>INCIDENT ROLE</b>	<b>ZONE 2a NURSE CO-ORDINATOR</b>	

<b>STAND DOWN</b> Decision made by ECC team		Time
<b>14</b>	<b>Ignore</b> rumours and talk of stand down. Await confirmation from ECC via ED Shift Leader/ED consultant in Charge.	
<b>15</b>	<b>Documentation:</b> Ensure any paperwork relating to the Major Incident is completed before leaving the hospital and leave with Head of Resilience or within ECC cupboard.	
<b>16</b>	<b>Debrief:</b> Provide as many staff involved in the incident as possible to attend the 'hot debrief' being co-ordinated by the ECC team	
<b>17</b>	<b>Ensure your Zone is restocked and safe to receive patients</b>	

<b>ACTION CARD</b>	<b>NO 19</b> <span style="float: right;"><b>(1 OF 2)</b></span>
<b>JOB TITLE</b>	<b>ED CONSULTANT / REGISTRAR</b>
<b>INCIDENT ROLE</b>	<b>ZONE 2a TEAM LEADER</b>
<b>LOCATION</b>	ED ZONE 2A
<b>ROLE DESCRIPTION</b>	Lead the clinical care of all patients within ED zone 2. Report directly to the ED commander and provide them with regular updates on care and capacity. Work closely with zone 2 nurse coordinator This role is assigned by the ED commander

<b>STANDBY</b>		Time
Notification from ED Commander		
<b>1</b>	<b>Review existing ED patients:</b> Review all existing ED patients in you Zone and identify patients that could be discharged, directly referred, redirected to GP/UCC or transferred to wards/AMU if a Major Incident is declared.	

<b>DECLARED</b>		Time
Notification from ED Commander		
<b>2</b>	<b>Put on yellow surcoat and locate yourself in Zone 2.</b> <b>Do not</b> get involved in patient management but maintain an overview of the room (you may need to get involved until relieved by staff called in). Work closely with Majors/Zone 2 Nurse Coordinator Keep noise to an absolute minimum.	
<b>3</b>	<b>Document</b> all actions and decisions taken during the incident.	
<b>4</b>	<b>Expedite Patients</b> identified in action 1 for immediate discharge/ transfer/ referral/ redirect to GP/ UCC	
<b>5</b>	<b>Assemble as many teams as possible</b> from available medical/Nursing staff. As staff arrive allocate them to the various teams. Ensure that only required people are located in Zone 2.	
<b>6</b>	<b>Allocate resources to each team as requested.</b>	
<b>7</b>	<b>Ensure all blood samples are marked "Major Incident".</b>	
<b>8</b>	<b>Liaise with</b> ED Consultant, Anaesthetic Consultant on call, Surgical consultant on call, Consultant orthopaedic surgeon on call, Consultant radiologist on call, Cardiothoracic surgeon on call as necessary	
<b>9</b>	<b>Ensure the Zone 2 Coordinator is informed of all patient movement.</b> The Zone 2 Coordinator will then liaise with Site Manager	
<b>10</b>	<b>Escalate all problems and requests to the ED Commander.</b>	
<b>11</b>	<b>Support</b> staff allocated to each bay and ensure all staff working within your Zone are relieved for breaks where possible	
<b>12</b>	<b>Discharges:</b> Ensure that all patients that are suitable for discharge are first sent to be interviewed by the Police Documentation Team located in Main Out Patients before discharged.	

<b>ACTION CARD</b>	<b>NO 19 CONT...</b>	<b>(2 OF 2)</b>
<b>JOB TITLE</b>	<b>ED CONSULTANT / REGISTRAR</b>	
<b>INCIDENT ROLE</b>	<b>ZONE 2a TEAM LEADER</b>	

<b>STAND DOWN</b> Decision to be taken within ECC		Time
<b>13</b>	<b>Ignore</b> rumours and talk of stand down. Await confirmation from ECC via ED Shift Leader/ED consultant in Charge.	
<b>14</b>	<b>Documentation:</b> Ensure any paperwork relating to the Major Incident is completed before leaving the hospital and leave within ECC cupboard	
<b>15</b>	<b>Debrief:</b> Provide as many staff involved in the incident as possible to attend the 'hot debrief' being co-ordinated by the ECC team	
<b>16</b>	<b>Ensure your Zone is restocked and safe to receive patients</b>	

<b>ACTION CARD</b>	<b>NO 20</b> <span style="float: right;"><b>(1 OF 2)</b></span>
<b>JOB TITLE</b>	<b>ED NURSE</b>
<b>INCIDENT ROLE</b>	<b>ZONE 2b NURSE CO-ORDINATOR</b>
<b>LOCATION</b>	ZONE 2B RSCH
<b>ROLE DESCRIPTION</b>	Co-ordinate the care & flow of existing ED & incoming major incident patients. Work with the designated zone 2b dr. Maintain close communication with the ED commander (consultant) and ED shift leader & the ECC.

<b>STANDBY</b>		Time
Notification from ED Shift Leader		
<b>1</b>	<b>Review existing ED patients:</b> Work with the allocated Senior Dr+/- ENP to review all existing ED patients in your Zone & identify patients that could be discharged, directly referred, redirected to GP/UCC or transferred to wards/AMU if a Major Incident is declared. Write on left side of coordinators board/patients notes where you would like the patients to go.	

<b>DECLARED</b>		Time
Notification as with Standby		
<b>2</b>	<b>Put on yellow surcoat</b>	
<b>3</b>	<b>Inform UCC GP's &amp; South East Health GP coordinator aware of MI.</b>	
<b>4</b>	<b>Expedite Patients</b> identified in action 1 for immediate discharge/ transfer/ referral/ redirect to GP/ UCC	
<b>5</b>	<b>Liase with the Bed bureau</b> (bleep 8152 or X2599) or CSM (4994/bleep 8152) within the ECC in order to decant all remaining patients to designated wards.	
<b>6</b>	<b>Ensure Senior ED DR/Nurse has advised existing patients in the Waiting room</b>	
<b>7</b>	<b>Ensure Senior Nurse allocated to coordinate UCC</b> via Shift Leader	
<b>8</b>	<b>Assemble as many teams as possible</b> from available medical/Nursing staff. As staff arrive allocate them to the various teams. Ensure that only required people are located in Zone 2b.	
<b>9</b>	<b>Prepare:</b> Ensure all cubicles are ready to receive patients. Restock equipment. Ensure x1 box Hartmans x1 box n/saline & giving set are brought to the nurses station in Zone 2b and that x4 wheel chairs available.	
<b>10</b>	<b>Ensure teams aware of the need to label blood tests as MI Patient</b>	
<b>11</b>	<b>Inform CSM of all MI patient movement</b>	
<b>12</b>	<b>Hand over any decanted patients to UCC Coordinator.</b>	
<b>13</b>	<b>Bed requests:</b> Major incident patients requiring admission should be notified to the ECC team as early as possible. (Bed Bureau X 2559)	
<b>14</b>	<b>Inform CSM of all MI patient movement</b>	
<b>15</b>	<b>Request extra staff/resources &amp; escalate problems to Shift Leader (bleep 8121).</b>	



<b>ACTION CARD</b>	<b>NO 20 CONT...</b>	<b>(2 OF 2)</b>
<b>JOB TITLE</b>	<b>ED NURSE</b>	
<b>INCIDENT ROLE</b>	<b>ZONE 2b NURSE CO-ORDINATOR</b>	

<b>DECLARED cont...</b> Notification as with Standby		Time
<b>16</b>	<b>Support</b> staff allocated to each bay and ensure all staff working within your Zone are relieved for breaks where possible	
<b>17</b>	• <b>Ensure cardiac arrest trolleys available as needed.</b>	
<b>18</b>	<b>Discharges:</b> Ensure that all patients that are suitable for discharge are first sent to be interviewed by the Police Documentation Team located in Main Out Patients before discharge	

<b>STAND DOWN</b> Decision made by ECC team		Time
<b>19</b>	<b>Ignore</b> rumours and talk of stand down. Await confirmation from ECC via ED Shift Leader/ED consultant in Charge.	
<b>20</b>	<b>Documentation:</b> Ensure any paperwork relating to the Major Incident is completed before leaving the hospital and leave with the Head of Resilience or within ECC cupboard	
<b>21</b>	<b>Debrief:</b> Provide as many staff involved in the incident as possible to attend the 'hot debrief' being co-ordinated by the ECC team	
<b>22</b>	<b>Ensure your Zone is restocked and safe to receive patients</b>	

<b>ACTION CARD</b>	<b>NO 21</b> <span style="float: right;"><b>(1 OF 2)</b></span>
<b>JOB TITLE</b>	<b>ED CONSULTANT / REGISTRAR</b>
<b>INCIDENT ROLE</b>	<b>ZONE 2b TEAM LEADER</b>
<b>LOCATION</b>	ED ZONE 2B
<b>ROLE DESCRIPTION</b>	Lead the clinical care of all patients within ED zone 2b and UCC. Ensure all patients promptly reassessed following triage. Report directly to the ED commander and provide them with regular updates on care and capacity. Work closely with zone 2b nurse coordinator. This role is assigned by the ED Commander.

<b>STANDBY</b>		Time
Notification from ED Commander		
<b>1</b>	<b>Review existing ED patients:</b> Work with the Zone 2b Coordinator to review all existing ED patients in your Zone & identify patients that could be discharged, directly referred, redirected to GP/UCC or transferred to wards/AMU if a Major Incident is declared.	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard		
<b>2</b>	<b>Put on yellow surcoat.</b> Locate yourself in zone 2b. Document all actions and decisions taken during the incident.	
<b>3</b>	<b>Expedite Patients</b> identified in action 1 for immediate discharge/ transfer/ referral/ redirect to GP	
<b>4</b>	<b>Assemble as many teams as possible</b> from available medical/Nursing staff and allocate to Assessment Teams & Zone 2b Teams. As staff arrive allocate them to the various teams. Ensure that only required people are located in Zone 2b	
<b>5</b>	<b>Document</b> all actions and decisions taken during the incident.	
<b>6</b>	<b>Ensure all attending patients are assessed</b> by identified DR & Nurse teams following triage and treated as necessary. Ensure all current ED patients continue to be treated.	
<b>7</b>	<b>Ensure that the UCC are provided with additional supplies</b> to treat the patients being sent to this area	
<b>8</b>	<b>Ensure all blood samples are marked "Major Incident".</b>	
<b>9</b>	<b>Allocate resources to the area as required.</b>	
<b>10</b>	<b>Liase</b> with ED Consultant, anaesthetic consultant on call, Surgical consultant on call, Consultant orthopaedic surgeon on call, Consultant radiologist on call, Cardiothoracic surgeon on call as necessary	
<b>11</b>	<b>Ensure the Clinical Site Manager</b> (ECC X 4994/bleep 8152) is informed of all patients' movements via the Zone 2b nurse coordinator.	
<b>12</b>	<b>Escalate all problems and requests to the ED Commander</b>	
<b>13</b>	<b>Discharges:</b> Ensure that all patients that are suitable for discharge are first sent to be interviewed by the Police Documentation Team located in Main Out Patients before discharge.	

<b>ACTION CARD</b>	<b>NO 21 CONT...</b>	<b>(2 OF 2)</b>
<b>JOB TITLE</b>	<b>ED CONSULTANT / REGISTRAR</b>	
<b>INCIDENT ROLE</b>	<b>ZONE 2b TEAM LEADER</b>	

<b>STAND DOWN</b> Decision made by ECC team		Time
<b>14</b>	<b>Ignore</b> rumours and talk of stand down. Await confirmation from ECC via ED Shift Leader/ED consultant in Charge.	
<b>15</b>	<b>Document:</b> Ensure any paperwork relating to the Major Incident is completed before leaving the hospital and leave within ECC cupboard	
<b>16</b>	<b>Debrief:</b> Provide as many staff involved in the incident as possible to attend the 'hot debrief' being co-ordinated by the ECC team	
<b>17</b>	<b>Ensure your Zone is restocked and safe to receive patients</b>	

<b>ACTION CARD</b>	<b>NO 22</b> <span style="float: right;"><b>(1 OF 2)</b></span>
<b>JOB TITLE</b>	<b>ED NURSE/ENP</b>
<b>INCIDENT ROLE</b>	<b>UCC NURSE CO-ORDINATOR</b>
<b>LOCATION</b>	UCC
<b>ROLE DESCRIPTION</b>	Co-ordinate the care and flow of existing ED and incoming major incident patients. Ensure all patients are promptly reassessed following triage. Maintaining close communication with the D commander (consultant) and ED shift leader and ECC room. This role is assigned by the ED shift leader.

<b>STANDBY</b>		Time
Notification from ED Shift Leader		
<b>1</b>	<b>Review existing ED patients:</b> Work with the allocated Senior Dr+/- ENP to review all existing ED patients in your Zone & identify patients that could be discharged, directly referred, redirected to GP/UCC or transferred to wards/AMU if a Major Incident is declared.	

<b>DECLARED</b>		Time
Notification as with Standby		
<b>2</b>	<b>Put on yellow surcoat</b>	
<b>3</b>	<b>Prepare:</b> Ensure all rooms are clean & fully stocked to receive priority 3 patients	
<b>4</b>	<b>Inform:</b> Ensure existing decanted patients from other Zones have been informed of events and have plans in place.	
<b>5</b>	<b>Allocate arriving staff to Teams</b> in the Assessment Nurse rooms (room 8 & 7)	
<b>6</b>	<b>Consider setting up x 1 room for suturing/ wound care and x 1 room for Plaster of Paris application</b> (ensure equipment moved into appropriate rooms)	
<b>7</b>	<b>Ensure x6 wheel chairs and x 1 trolley available in UCC</b> entrance co-ordinate with porters if necessary	
<b>8</b>	<b>Ensure all MI patients are re-assessed promptly.</b>	
<b>9</b>	<b>Liaise with zone 2/3 co-ordinator</b> with any concerns with patients requiring greater care than priority 3	
<b>10</b>	<b>Request any extra staff and escalate any problems /concerns via Shift Leader (bleep 8121)</b>	
<b>11</b>	<b>Discharges:</b> Ensure that all patients that are suitable for discharge are first sent to be interviewed by the Police Documentation Team located in Main Out Patients before discharge.	

<b>ACTION CARD</b>	<b>NO 22 CONT...</b>	<b>(2 OF 2)</b>
<b>JOB TITLE</b>	<b>ED NURSE/ENP</b>	
<b>INCIDENT ROLE</b>	<b>UCC NURSE CO-ORDINATOR</b>	

<b>STAND DOWN</b> Decision made by ECC team		Time
<b>12</b>	<b>Ignore</b> rumours and talk of stand down. Await confirmation from ECC via ED Shift Leader/ED consultant in Charge.	
<b>13</b>	<b>Document:</b> Ensure any paperwork relating to the Major Incident is completed before leaving the hospital and leave with Head of Resilience or within ECC cupboard.	
<b>14</b>	<b>Debrief:</b> Provide as many staff involved in the incident as possible to attend the 'hot debrief' being co-ordinated by the ECC team	
<b>15</b>	<b>Ensure your Zone is restocked and safe to receive patients</b>	

<b>ACTION CARD</b>	<b>NO 23</b> (1 OF 2)
<b>JOB TITLE</b>	<b>ED CONSULTANT / REGISTRAR</b>
<b>INCIDENT ROLE</b>	<b>UCC TEAM LEADER</b>
<b>LOCATION</b>	UCC
<b>ROLE DESCRIPTION</b>	Lead the clinical care of all patients within UCC. Ensure all patients promptly reassessed following triage. Report directly to the ED commander and provide them with regular updates on care and capacity. Work closely with UCC nurse coordinator. This role is assigned by the ED Commander.

<b>STANDBY</b>		Time
Notification from ED Commander		
<b>1</b>	<b>Review existing ED patients:</b> Work with the UCC Coordinator to review all existing ED patients in your Zone & identify patients that could be discharged, directly referred, redirected to GP or transferred to wards/AMU if a Major Incident is declared.	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard		
<b>2</b>	<b>Put on yellow surcoat.</b> Locate yourself in the UCC. Document all actions and decisions taken during the incident.	
<b>3</b>	<b>Expedite Patients</b> identified in action 1 for immediate discharge/ transfer/ referral/ redirect to GP	
<b>4</b>	<b>Assemble as many teams as possible</b> from available medical/Nursing staff and allocate to Assessment Teams. As staff arrive allocate them to the various teams. Ensure that only required people are located in UCC.	
<b>5</b>	<b>Document</b> all actions and decisions taken during the incident.	
<b>6</b>	<b>Ensure all attending patients are assessed</b> by identified DR & Nurse teams following triage and treated as necessary. Ensure all current ED patients continue to be treated.	
<b>7</b>	<b>Ensure that the UCC are provided with additional supplies</b> to treat the patients being sent to this area	
<b>8</b>	<b>Ensure all blood samples are marked "Major Incident".</b>	
<b>9</b>	<b>Allocate resources to the area as required.</b>	
<b>10</b>	<b>Liase</b> with ED Consultant, anaesthetic consultant on call, Surgical consultant on call, Consultant orthopaedic surgeon on call, Consultant radiologist on call, Cardiothoracic surgeon on call as necessary	
<b>11</b>	<b>Ensure the Clinical Site Manager</b> (ECC X 4994/bleep 8152) is informed of all patients' movements via the UCC nurse coordinator.	
<b>12</b>	<b>Escalate all problems and requests to the ED Commander</b>	
<b>13</b>	<b>Discharges:</b> Ensure that all patients that are suitable for discharge are first sent to be interviewed by the Police Documentation Team located in Main Out Patients before discharge.	

<b>ACTION CARD</b>	<b>NO 23 CONT...</b>	<b>(2 OF 2)</b>
<b>JOB TITLE</b>	<b>ED CONSULTANT / REGISTRAR</b>	
<b>INCIDENT ROLE</b>	<b>UCC TEAM LEADER</b>	

<b>STAND DOWN</b> Decision made by ECC team		Time
<b>14</b>	<b>Ignore</b> rumours and talk of stand down. Await confirmation from ECC via ED Shift Leader/ED consultant in Charge.	
<b>15</b>	<b>Document:</b> Ensure any paperwork relating to the Major Incident is completed before leaving the hospital and leave within ECC cupboard	
<b>16</b>	<b>Debrief:</b> Provide as many staff involved in the incident as possible to attend the 'hot debrief' being co-ordinated by the ECC team	
<b>17</b>	<b>Ensure your Zone is restocked and safe to receive patients</b>	

<b>ACTION CARD</b>	<b>NO 23</b> <span style="float: right;"><b>(1 OF 2)</b></span>
<b>JOB TITLE</b>	<b>ED RECEPTIONIST</b>
<b>INCIDENT ROLE</b>	<b>ED RECEPTION STAFF</b>
<b>LOCATION</b>	EMERGENCY DEPARTMENT
<b>ROLE DESCRIPTION</b>	To document all patients attending and enter their information onto symphony Majax. To assist the zone coordinators in keep patient information up to date, answering queries/phone calls. Liaising closely with the ED shift leader

<b>STANDBY</b>		Time
Notification from ED Shift leader		
<b>1</b>	<b>Call in extra staff as per protocol.</b>	
<b>2</b>	<b>Nominate Triage Receptionist</b> and ensure they have the appropriate action card. Nominate 2 members of staff to this role if possible.	
<b>3</b>	<b>Be prepared to initiate the MAJAX Symphony</b> screen if the incident is declared.	

<b>DECLARED</b>		Time
Notification as with Standby		
<b>4</b>	<b>Ensure</b> above standby actions 1-3 have been undertaken.	
<b>5</b>	<b>Initiate the MAJAX Symphony screen.</b>	
<b>6</b>	<b>Staffing:</b> Ensure 1 receptionist at Main walk in entrance (no patient must enter this way, all patients to be redirected through the Triage team at the Ambulance Entrance, ensure they wear yellow surcoat. Request extra security presence if needed. <b>In large/mass casualty incidents the</b> ED Commander/Shift Leader may request two triage points to be set up; in this case you may be asked to set up a minor injury triage desk at the UCC entrance or at another location. Ensure staff allocated to this role take the appropriate paperwork and a copy of the Triage receptionist action card.	
<b>7</b>	<b>Staffing:</b> Ensure there is at least one receptionist in each zone to continually update details of major incident patients.	
<b>8</b>	<b>Staffing:</b> Ensure there are a number of receptionists to man reception	
<b>9</b>	<b>Inform</b> all staff where the relatives reception room is (Likely to be Main Out Patients) and the Press/Media reception (usually in AEB)	
<b>10</b>	<b>Symphony:</b> Triage receptionist will record all MI patients attending, assist them in entering this information onto MAJAX Symphony ASAP	



<b>ACTION CARD</b>	<b>NO 23</b>	<b>(2 OF 2)</b>
<b>JOB TITLE</b>	<b>ED RECEPTIONIST</b>	
<b>INCIDENT ROLE</b>	<b>ED RECEPTION STAFF</b>	
<b>LOCATION</b>	<b>EMERGENCY DEPARTMENT</b>	

<b>STAND DOWN</b>		Time
Decision made by ECC team		
<b>11</b>	<b>Stand down:</b> Ignore rumours and talk of stand down. Await confirmation from ECC via ED Shift Leader/ED consultant in Charge.	
<b>12</b>	<b>Document:</b> Ensure any paperwork relating to the Major Incident is completed before leaving the hospital and leave within ECC cupboard	
<b>13</b>	<b>If possible attend the 'hot' debrief</b> being coordinated by the ECC.	
<b>14</b>	<b>Ensure your area is restocked including MI paperwork</b>	

<b>Action Card</b>	<b>No 24</b> <span style="float: right;"><b>(1 of 1)</b></span>
<b>Job title</b>	<b>MEDICAL CONSULTANT ON CALL</b>
<b>Incident Role</b>	<b>MEDICAL CONSULTANT</b>
<b>Location</b>	<b>AMU and Medical wards</b>
<b>Role Description</b>	Initiate Major Incident Ward round starting on AMU and assess which patients can be safely discharged or transferred to alternative care settings Liaise with GPs Deploy Physicians to ED if required
This card must be maintained in a readily accessible place within the office and at home, for use by all those who may be called upon to carry out the duties of Consultant Medic on call, together with a register of staff laid out in priority call order, giving telephone numbers.	

<b>STANDBY</b>		Time
<b>1</b>	You may or may not be notified of the major incident standby – depending on the extent of the potential incident and assessment made by the ECC team.	
<b>2</b>	<b>If required, meet with the AMU co-ordinator and pharmacist on AMU to perform a discharge ward round.</b>	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard		
<b>3</b>	<b>Ensure above standby actions 1-2 have been undertaken</b>	
<b>4</b>	<b>Liaise with General Practitioners via HERMES</b> who are attempting to refer patients into the hospital – explaining the situation and investigating alternatives to admission.	
<b>5</b>	<b>Enlist the assistance of other members of your team</b> , together with any colleagues from other teams not involved with the incident.	
<b>6</b>	<b>Begin Major Incident discharge ward round</b>	
<b>7</b>	<b>Liaise with the Major Incident Officer</b> in the ECC (ext 4993) regarding the patients discharged and the ongoing need for the ward round reviews.	
<b>8</b>	<b>If required, deploy physicians to the Emergency Department.</b>	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
<b>9</b>	<b>Stand down:</b> Await confirmation from ECC	
<b>10</b>	<b>Document:</b> Ensure any paperwork relating to the Major Incident is completed before leaving the hospital and leave within ECC cupboard	
<b>11</b>	<b>Debrief:</b> Provide as many staff involved in the incident as possible to attend the 'hot debrief' being co-ordinated by the ECC team	
<b>12</b>	<b>Ensure your area is restocked as necessary and that staffing is adequate for the next 48 hours</b>	

<b>Action Card</b>	<b>No 25</b> <span style="float: right;"><b>(1 of 1)</b></span>
<b>Job title &amp; Incident Role</b>	<b>ICU CONSULTANT ON CALL</b>
<b>Location</b>	<b>ITU</b>
<b>Role Description</b>	Facilitate the availability of beds on ICU. Deploy ICU staff to ED as necessary. Liaise with Nurse in charge of ICU, Anaesthetic Consultant in theatres & assess need for further anaesthetic cover
This card must be maintained in a readily accessible place within the office and at home, for use by all those who may be called upon to carry out the duties of Consultant on call for ICU, together with a register of staff laid out in priority call order, giving telephone numbers.	

<b>STANDBY</b>		Time
Not normally notified at stand by		
<b>1</b>	Should you hear of the Trust undergoing a standby major incident, maintain normal business activity, unless notified otherwise by the Consultant on call or the Emergency Control Centre.	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard		
<b>2</b>	<b>Proceed to ICU at RSCH.</b>	
<b>3</b>	Call in colleagues as necessary ensuring there will be adequate staffing to for the next two shifts. liaise with the ICU consultant at PRH <b>Inform the ECC when your dept/service is fully staffed</b>	
<b>4</b>	<b>Bed capacity:</b> In consultation with the Nurse in charge of ICU, Outreach Team, Consultant Physician on call and Bed Bureau, facilitate the availability of beds on ICU at RSCH and PRH	
<b>5</b>	<b>Deploy ICU staff to ED</b> as necessary (including Consultant if necessary), liaising with the Consultant Anaesthetist in theatres to assess the need for further anaesthetic cover.	
<b>6</b>	<b>Ensure relief is available for the MERIT Medical Incident Officer</b> in charge of the Mobile Emergency Response Incident Team (MERIT), if requested by the Emergency Control Centre.	
<b>7</b>	<b>Keep the Major Incident Officer informed</b> of the situation (Ext 4993).	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
<b>8</b>	<b>Ignore rumours and talk of stand down.</b> Await confirmation from ECC	
<b>9</b>	<b>Document:</b> Ensure any paperwork relating to the Major Incident is completed before leaving the hospital and leave within ECC cupboard	
<b>10</b>	<b>Debrief:</b> Provide as many staff involved in the incident as possible to attend the 'hot debrief' being co-ordinated by the ECC team	
<b>11</b>	<b>Ensure your area is restocked</b> as necessary and that staffing is adequate for the next 48 hours	

<b>Action Card</b>	<b>No 26</b> (1 of 1)
<b>Job title</b>	<b>GENERAL ANAESTHETIC CONSULTANT ON</b>
<b>Incident Role</b>	<b>CALL</b>
<b>Location</b>	<b>Theatres RSCH</b>
<b>Role Description</b>	Coordinate the Anaesthetic team in theatres Provide resuscitation support in ED. Provide anaesthetic staff to support surgical teams in operating theatres. Liaise with ICU Consultant
This card must be maintained in a readily accessible place within the office and at home, for use by all those who may be called upon to carry out the duties of Consultant Anaesthetist on call, together with a register of staff laid out in priority call order, with telephone numbers.	

<b>STANDBY</b>		Time
Notification from RSCH Switchboard		
<b>1</b>	<b>Liaise with ED Consultant in ED (X4218) &amp; the Major Incident Officer (4993) in the ECC &amp; assess the current situation relating to anaesthetic resources across the hospital site.</b>	
<b>2</b>	<b>Standby for any escalation of the incident.</b>	

<b>DECLA00RED</b>		Time
Notification from RSCH Switchboard		
<b>3</b>	<b>Ensure above standby actions 1-2 have been undertaken</b>	
<b>4</b>	<b>Proceed to theatres at RSCH. Call in extra staff as needed.</b>	
<b>5</b>	<b>Liaise with the ED Consultant and Orthopaedic Consultant concerning the need to provide resuscitation support in ED.</b>	
<b>6</b>	<b>Arrange to provide anaesthetic staff to support surgical teams in operating theatres.</b>	
<b>7</b>	<b>Liaise with ICU Consultant and assess the need for further anaesthetic cover for ED.</b>	
<b>8</b>	<b>Deploy the Specialist Registrar on call as appropriate.</b>	
<b>9</b>	<b>Keep the Major Incident Officer informed of the situation (X4993).</b>	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
<b>10</b>	<b>Review the ongoing staffing of the anaesthetic department for the next 48 hours.</b>	
<b>11</b>	<b>Ensure anaesthetic resources available for the immediate future.</b>	
<b>12</b>	<b>Debrief:</b> Provide as many staff involved in the incident as possible to attend the 'hot debrief' being co-ordinated by the ECC team	
<b>13</b>	<b>Ensure your area is restocked as necessary and that staffing is adequate for the next 48 hours</b>	

<b>Action Card</b>	<b>No 27</b> <span style="float: right;"><b>(1 of 1)</b></span>
<b>Job title &amp; Incident Role</b>	<b>SURGICAL CONSULTANT ON CALL</b>
<b>Location</b>	<b>Emergency Department (ED)</b>
<b>Role Description</b>	Coordinate the Surgical Team, Assess requirement for surgical resources. Provide triage of surgical resources Assess the short and longer term impact on Theatres
This card must be maintained in a readily accessible place within the office and at home, for use by all those who may be called upon to carry out the duties of Surgical Consultant on call, together with a register of staff laid out in priority call order, with telephone numbers.	

<b>STANDBY</b>		Time
Not normally notified at stand by, may be notified from Major Incident Officer at this stage		
<b>1</b>	<b>The Major Incident Officer may discuss with you any required actions</b> at this stage – which may include delaying the start of any long surgical cases and reviewing patients for discharge.	
<b>2</b>	<b>Review current theatre activity with the Theatre manager.</b>	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard		
<b>3</b>	Ensure above standby actions 1-2 have been undertaken	
<b>4</b>	<b>Proceed to the Emergency Department &amp; report your arrival to the ED Consultant.</b> Put on yellow surcoat	
<b>5</b>	<b>Assess the requirement for surgical resources within the ED</b> considering the predicted patient numbers & types of injuries.	
<b>6</b>	<b>Provide triage of surgical resources to the patients</b> attending during the major incident – both in the ED and the operating theatres.	
<b>7</b>	<b>Liase with the Pathology Co-ordinator</b> within the ED regarding the need for blood products.	
<b>8</b>	<b>Advise the Major Incident Officer in the ECC (Ext 4993) if it is necessary for you to attend Theatres.</b>	
<b>9</b>	<b>Assess the short and longer term impact on Theatres &amp; liaise with the ECC</b> when they are requesting information to stand down.	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
<b>10</b>	<b>Ensure Surgical resources are available for on going theatre work</b> relating to MI patients & that surgical clinical cover is available	
<b>11</b>	<b>Consider:</b> Surgical work may have been cancelled or postponed and will need to be rescheduled afterwards.	
<b>12</b>	<b>Debrief:</b> Provide as many staff involved in the incident as possible to attend the 'hot debrief' being co-ordinated by the ECC team	
<b>13</b>	<b>Complete any documentation &amp; leave within patient notes or ECC</b>	

<b>Action Card</b>	<b>No 28</b> <span style="float: right;"><b>(1 of 1)</b></span>
<b>Job title &amp; Incident Role</b>	<b>ORTHOPAEDIC CONSULTANT ON CALL</b>
<b>Location</b>	<b>Emergency Department (ED)</b>
<b>Role Description</b>	Coordinate the Orthopaedic Team. Assess requirement for Orthopaedic resources. Provide triage of Ortho resources Assess the short and longer term impact on Theatres
This card must be maintained in a readily accessible place within the office and at home, for use by all those who may be called upon to carry out the duties of Surgical Consultant on call, together with a register of staff laid out in priority call order, with telephone numbers.	

<b>STANDBY</b>		Time
Not normally notified at stand by, may be notified from Major Incident Officer		
<b>1</b>	<b>The Major Incident Officer may discuss with you any required actions at this stage</b> – This may include delaying the start of any long orthopaedic cases and reviewing patients for discharge.	
<b>2</b>	<b>Review current orthopaedic theatre activity with Theatre manager</b>	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard		
<b>3</b>	Ensure above standby actions 1-2 have been undertaken	
<b>4</b>	<b>Proceed to the Emergency Department &amp; report your arrival to the ED Consultant.</b> Put on yellow surcoat	
<b>5</b>	<b>Assess the requirement for Orthopaedic resources</b> within the ED – considering the predicted patient numbers and types of injuries.	
<b>6</b>	<b>Provide triage of orthopaedic resources</b> to the patients attending during the major incident – both in the ED and the operating theatres.	
<b>7</b>	<b>Liaise with the Pathology Co-ordinator within the ED</b> regarding the need for blood products.	
<b>8</b>	<b>Consider</b> Orthopaedic support may be required within all areas of the Emergency Department.	
<b>9</b>	<b>Advise the Major Incident Officer in the ECC (Ext 4993)</b> if it is necessary for you to attend Theatres.	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
<b>10</b>	<b>Ensure Orthopaedic resources are available</b> for any on going theatre work relating to MI patients & that orthopaedic clinical cover is available.	
<b>11</b>	<b>Consider</b> Orthopaedic theatre and clinic work may have been cancelled or postponed and will need to be rescheduled afterwards.	
<b>12</b>	<b>Debrief:</b> Provide as many staff involved in the incident as possible to attend the 'hot debrief' being co-ordinated by the ECC team	
<b>13</b>	<b>Ensure your area is restocked</b> as necessary and that staffing is adequate for the next 48 hours	

<b>Action Card</b>	<b>No 29</b> <span style="float: right;"><b>(1 of 1)</b></span>
<b>Job title</b>	<b>CONSULTANT RADIOLOGIST ON CALL</b>
<b>Incident Role</b>	<b>CONSULTANT RADIOLOGIST</b>
<b>Location</b>	<b>Level 5</b>
<b>Role Description</b>	Liaise closely with Surgical & Ortho clinicians working within ED regarding the triage of patients for investigations. Be available for specialist procedures & diagnostic reporting for ED, theatres & wards
This card must be maintained in a readily accessible place within the office and at home, for use by all those who may be called upon to carry out the duties of Consultant Radiologist on call, together with a register of staff laid out in priority call order, with telephone numbers.	

<b>STANDBY</b>		Time
Not normally notified at stand by, may be notified from Major Incident Officer at this stage		
<b>1</b>	You will not be notified at stand by, no actions needed at present	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard		
<b>2</b>	<b>Contact from home the Consultant Manager</b> , or if that is you, contact one other Consultant Radiologist and inform them that they are now on standby for a major incident.	
<b>3</b>	<b>Proceed to the ED at RSCH</b> and report your arrival to the ED Consultant	
<b>4</b>	<b>Liaise closely with the clinicians</b> working within the ED and level 5 regarding the triage of patients for investigations	
<b>5</b>	<b>Liaise with</b> the Coordinating Radiographer throughout the incident	
<b>6</b>	<b>Be available for</b> specialist procedure and diagnostic reporting on X-rays for ED, theatres and wards.	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
<b>7</b>	<b>Work may be continuing after stand</b> down within Theatres and ICU that may require your input. <b>Please liaise with</b> the Coordinating Radiographer to agree plan for next 24 hours.	
<b>8</b>	<b>Document:</b> Ensure that all paperwork is completed.	
<b>9</b>	<b>Debrief:</b> Provide as many staff involved in the incident as possible to attend the 'hot debrief' being co-ordinated by the ECC team	

<b>Action Card</b>	<b>No 30</b> <span style="float: right;"><b>(1 of 1)</b></span>
<b>Job title &amp; Incident Role</b>	<b>CARDIOTHORACIC SURGEON ONCALL</b>
<b>Location</b>	<b>Emergency Department (ED)</b>
<b>Role Description</b>	<p>Coordinate the Cardio Thoracic Team          Liaise with the ED Consultant &amp; Cardio thoracic Anaesthetist on call.          Establish whether Cardio thoracic specialists are to be used in ED or in the Cardio thoracic or Main Theatres</p>
<p>This card must be maintained in a readily accessible place within the office and at home, for use by all those who may be called upon to carry out the duties of Cardiothoracic Surgeon on call, together with a register of staff laid out in priority call order, with telephone numbers.</p>	

<b>STANDBY</b>		Time
Not normally notified at stand by, may be notified from Major Incident Officer at this stage		
<b>1</b>	You will not be notified at stand by, no actions needed at present	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard		
<b>2</b>	Bleep number the on-call registrar (8490) and ask them to attend the Emergency Department at the RSCH. Proceed to the ED yourself.	
<b>3</b>	<b>Liaise with the ED Consultant</b> on duty & the Cardiothoracic Anaesthetist on call.	
<b>4</b>	<b>Establish whether Cardio thoracic specialists are to be used in ED or in the Cardio thoracic or Main Theatres.</b> Call in other staff that may be needed e.g. CT theatre staff, cardiac ODPs	
<b>5</b>	<b>If Cardio thoracic theatres are to be used, keep the Emergency Control Centre (ext 4993) informed</b> of number and condition of patients going to and in theatres and those post-op.	
<b>6</b>	<b>Liaise with the Cardio thoracic Anaesthetist &amp; Pathology Co-ordinator about quantity and type of blood and blood by-products.</b>	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
<b>7</b>	<b>Work may be continuing after stand down within Theatres and ICU that may require your input.</b>	
<b>8</b>	<b>Ensure that there will continue to be Cardio thoracic clinical cover after the incident is finished.</b>	
<b>9</b>	<b>Document:</b> Ensure that all paperwork is completed for major incident patients before leaving the hospital and leave within ECC cupboard	
<b>10</b>	<b>Debrief:</b> Provide as many staff involved in the incident as possible to	



attend the 'hot debrief' being co-ordinated by the ECC team	
<b>Action Card</b>	<b>No 31 (1 of 1)</b>
<b>Job title &amp; Incident Role</b>	<b>CARDIOTHORACIC ANAESTHETIST ONCALL</b>
<b>Location</b>	<b>Emergency Department (ED)</b>
<b>Role Description</b>	<p>Liaise with Consultant Anaesthetist on duty &amp; Cardio thoracic Surgeon on call.</p> <p>Establish whether Cardio thoracic specialists are to be used in ED or in Cardio Thoracics or Main Theatres.</p> <p>Arrange to provide anaesthetic staff to support surgical teams where required.</p>
<p>This card must be maintained in a readily accessible place within the office and at home, for use by all those who may be called upon to carry out the duties of Cardiothoracic Anaesthetist on call, together with a register of staff laid out in priority call order, with telephone numbers.</p>	

<b>STANDBY</b>		Time
Not normally notified at stand by, may be notified from Major Incident Officer at this stage		
1	You will not be notified at stand by, no actions needed at present	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard		
2	<b>Proceed to the Emergency Department at the RSCH.</b>	
3	<b>Liaise with the Consultant Anaesthetist on duty and the Cardio thoracic Surgeon on call.</b>	
4	<b>Establish whether Cardio thoracic specialists are to be used in ED or in the Cardio thoracic or Main Theatres.</b>	
5	<b>Arrange to provide anaesthetic staff to support surgical teams where required.</b>	
6	<b>Liaise with the Cardio thoracic Surgeon &amp; Pathology Co-ordinator about quantity and type of blood and blood by-products.</b>	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
7	<b>Work may be continuing after stand down within Theatres and ICU that may require your input.</b>	
8	<b>Ensure that there will continue to be Cardio thoracic anaesthetic cover after the incident is finished.</b>	
9	<b>Document:</b> Ensure that all paperwork is completed for major incident patients before leaving the hospital and leave within ECC cupboard	
10	<b>Debrief:</b> Provide as many staff involved in the incident as possible to attend the 'hot debrief' being co-ordinated by the ECC team	

<b>Action Card</b>	<b>No 32</b> <span style="float: right;"><b>(1 of 1)</b></span>
<b>Job title &amp; Incident Role</b>	<b>ALL MEDICAL STAFF/TEAM LEADERS</b>
<b>Location</b>	<b>Clinical Areas</b>
<b>Role Description</b>	Liaise with the ECC and establish need to provide clinical support to AMU and the Emergency Department Coordinate your team to provided support to AMU and/or ED and to expedite discharges from the hospital in order to prepare additional capacity for the major incident patients

<b>STANDBY</b>		Time
<b>1</b>	You will not be notified at stand by, no actions needed at present	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard		
<b>2</b>	As soon as you are aware that the Trust is undergoing a major incident, arrange to meet up with your clinical team colleagues.	
<b>3</b>	<b>Decide on the need to provide clinical support to AMU and the Emergency Department</b> , depending on the scale of the incident and the types of patients admitted; liaise with the ED Consultant & ECC (X4995).	
<b>4</b>	<b>There is a need expedite discharges from the hospital in order to prepare additional capacity for the major incident patients.</b> The Consultant Physician on call will commence a major incident discharge ward round throughout the hospital, commencing in AMU Review your current in patients that may be suitable for safe rapid discharge in light of the current situation.	
<b>5</b>	<b>Report any discharges during a major incident to the Major Incident Officer</b> within the Trust Emergency Control Centre (X4993).	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
<b>6</b>	<b>Ensure that all patients within your clinical areas are reviewed before leaving the hospital.</b>	
<b>7</b>	<b>Ensure that all required actions for any of your patients are handed over to the designated on call team afterwards.</b>	
<b>8</b>	<b>Inform the Major Incident Officer in the Emergency Control Centre before leaving the site.</b>	
<b>9</b>	<b>Ensure that all paperwork is completed for major incident patients before leaving the hospital and leave within ECC cupboard</b>	
<b>10</b>	<b>Arrange for yourself &amp; your staff to attend the 'hot' debrief if possible</b>	
<b>11</b>	<b>Ensure your area is restocked as necessary and that staffing is adequate for the next 48 hours</b>	

<b>Action Card</b>	<b>No 33</b> <span style="float: right;"><b>(1 of 2)</b></span>
<b>Job title</b>	<b>AMU COORDINATOR/SENIOR NURSE</b>
<b>Incident Role</b>	<b>AMU COORDINATOR</b>
<b>Location</b>	<b>AMU</b>
<b>Role Description</b>	To safely discharge or transfer all appropriate patients to make capacity for any MI patients that may need to be admitted
This card must be accessible on the Assessment Unit and anyone who may be expected to undertake the role of Co-ordinator should be familiar with it. A list of ASU staff and their contact details should also be maintained.	

<b>STANDBY</b>		Time
Notification from the ED Shift Leader		
<b>1</b>	<b>Maintain business as normal but begin to consider those patients who may be transferred or discharged more speedily.</b>	
<b>2</b>	<b>Notify the Medical Registrar on call</b> , make him aware of the situation & the possible need upon any escalation to vacate part of AMU – but take no further action.	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard and ED Shift Leader		
<b>3</b>	Ensure above standby actions 1-2 have been undertaken	
<b>4</b>	<b>Highlight patients who may be moved quickly to other ward areas.</b> Liaise with Clinical Site Manager within ECC (X 4994) regarding allocation of beds & with Control Centre Manager (X 4995) for porters to facilitate the moves.	
<b>5</b>	<b>Prepare for the Major Incident discharge ward round</b> – Medical Consultant and pharmacist – that will begin with AMU patients.	
<b>6</b>	<b>Staffing:</b> If further AMU staff are required, allocate staff member to use the contact details and protocol to call people in. <b>Inform the ECC when all critical staff have arrived in the Dept</b>	
<b>7</b>	<b>Request confirmation from Major Incident Officer within ECC (X4993) regarding continuation of GP referral calls or information to give out.</b>	
<b>8</b>	<b>Empty &amp; prepare a complete bay for receiving MI patient</b> and collect patients from the ED (discuss moves the shift leader). Each ED area will identify which patients will be suitable for AMU and will write this on the left of the coordinators board (or on patients notes in UCC).	
<b>9</b>	<b>Discharge:</b> There will be a discharge area to which patients may be sent to await TTOs, transport, relatives etc. The ECC team will confirm the location	
<b>10</b>	<b>Notify Site Manager within the ECC team of any patient movement &amp; keep them updated regularly regarding the situation within AMU</b>	

<b>Action Card</b>	<b>No 33 cont... (2 of 2)</b>
<b>Job title</b>	<b>AMU COORDINATOR/SENIOR NURSE</b>
<b>Incident Role</b>	<b>AMU COORDINATOR</b>

<b>STAND DOWN</b> Decision to be taken within ECC		Time
<b>11</b>	<b>Review the staffing levels for the next 48 hours.</b>	
<b>12</b>	<b>Debrief:</b> Try to send staff who were involved in the incident to the 'hot debrief' being coordinated by the ECC team.	
<b>13</b>	<b>Restock:</b> Ensure that all areas of the unit are re-stocked and ready to return to normal operations.	
<b>14</b>	<b>Liase with the Major Incident Officer regarding restarting any process of GP referrals (if necessary).</b>	
<b>15</b>	<b>Document:</b> Complete all paperwork relating to the discharged patients and attend the 'hot' debrief if possible.	

<b>Action Card</b>	<b>No 34</b> <span style="float: right;"><b>(1 of 1)</b></span>
<b>Job title</b>	<b>NURSE IN CHARGE OF ICU</b>
<b>Incident Role</b>	<b>NURSE IN CHARGE OF ICU RSCH</b>
<b>Location</b>	<b>ICU</b>
<b>Role Description</b>	To assess capacity and staffing levels within ICU. Liaise with ICU Consultant, CHDU and PRH ICU, liaise with regional bed coordinator. Consider use of recovery as extra capacity and call in extra staff as necessary.
This card must be maintained in a readily accessible place within the unit for use by all persons who may be called upon to carry out the duties of the Nurse in Charge of ICU, together with a register of staff, laid out in a priority call order giving telephone numbers.	

<b>STANDBY</b>		Time
Notification from RSCH Switchboard		
<b>1</b>	<b>Inform other members of the ICU team of the current alert status.</b>	
<b>2</b>	<b>Inform the Matron for ICU &amp; the ICU Consultant on call</b>	
<b>3</b>	<b>Prepare a list of current activity within the ICU</b> , highlighting those patients who may be suitable for transfer. This information will be required by the Emergency Control Centre team.	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard		
<b>4</b>	Ensure above standby actions 1-3 have been undertaken	
<b>5</b>	<b>Staffing:</b> Assess the current & future staffing levels within the dept & call in additional staff as necessary according to agreed protocol.	
<b>6</b>	<b>Inform CHDU and PRH ICU department. Liaise with the Nurse in Charge regarding possible capacity/staff sharing.</b>	
<b>7</b>	<b>Inform regional ICU bed coordinator of the current situation within the Trust.</b>	
<b>8</b>	<b>When necessary, consider escalation of capacity to Theatre recovery – with the need to provide further resources/staffing.</b>	
<b>9</b>	<b>Liaise with the Major Incident Officer in the ECC team (X 4993) regarding the number &amp; type of patients requiring ICU admission</b>	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
<b>10</b>	<b>Staffing:</b> Prepare a plan for ICU staffing for the next 48 hours – taking into account any additional workload.	
<b>11</b>	<b>Debrief:</b> If possible, provide staff for a hot debrief that will be organised by the ECC team.	
<b>12</b>	<b>Document:</b> Ensure that all paperwork is completed for major incident patients before leaving the hospital and leave within ECC cupboard	

<b>Action Card</b>	<b>No 35</b> <span style="float: right;"><b>(1 of 2)</b></span>
<b>Job title</b>	<b>LEVEL 5 THEATRE MANAGER, RSCH</b>
<b>Incident Role</b>	<b>THEATRE MANAGER, RSCH</b>
<b>Location</b>	<b>Theatres, RSCH</b>
<b>Role Description</b>	Assess capacity and staffing with theatres Ascertain the need for extra staff and call in as necessary Coordinate staff into teams Prepare projected work lists Assess need to provide prolonged ventilation in Recovery Liaise with SSD, Supplies and Pharmacy
This card must be maintained in a readily accessible place within the office and at home for use by all persons who may be called upon to carry out the duties of Theatres Manager, together with a register of staff, laid out in a priority call order giving telephone numbers.	

<b>STANDBY</b>		Time
<b>1</b>	Not formally notified at this stage, but may be required to supply information for the Emergency Control Centre (ECC) team.	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard		
<b>2</b>	<b>Contact the ECC (X 4993) for information</b> regarding the incident such as predicted patient numbers, types of injuries and the need to curtail current theatre work or not.	
<b>3</b>	<b>During working hours, contact other theatres</b> in the Trust & gather info on their position re staffing, supplies & current activity.	
<b>4</b>	<b>Staffing:</b> Ascertain the need for additional staff within Level 5 Theatres & call them in as necessary from the maintained contact list; other theatre units may need to be asked to call in staff as appropriate. <b>Inform the ECC when your dept/service is fully staffed</b>	
<b>5</b>	<b>Allocate nursing staff to surgical and anaesthetic teams.</b> Notify ECC of any shortages of medical staff.	
<b>6</b>	In conjunction with the Surgical Consultant and ED Shift leader within A&E, <b>prepare a projected work list for the anticipated work load.</b>	
<b>7</b>	<b>Keep the Clinical Site Manager in the ECC informed of the staffing situation</b> (X4994), expected caseload, arrival of patients for surgery, update on condition or deaths of patients & impending transfer of patients to wards.	
<b>8</b>	<b>Together with the ICU Manager or Outreach team, assess the need to provide prolonged ventilation within the recovery area;</b> the need for staff and additional resources. Inform the ECC staff.	
<b>9</b>	<b>Maintain liaison with supporting services such as radiography &amp; haematology.</b>	
<b>10</b>	<b>Estimate the knock on effect of the major incident patient workload and inform the ECC.</b>	

<b>Action Card</b>	<b>No 35 cont... (2 of 2)</b>
<b>Job title</b>	<b>LEVEL 5 THEATRE MANAGER, RSCH</b>
<b>Incident Role</b>	<b>THEATRE MANAGER, RSCH</b>

<b>STAND DOWN</b> Decision to be taken within ECC		Time
<b>11</b>	<b>Staffing:</b> Prepare a plan for theatre staffing for the next 48 hours – taking into account the additional workload of the major incident patients and the use of additional staff throughout the incident.	
<b>12</b>	<b>Liaise with SSD, supplies and pharmacy to ensure that all theatre areas are fully re stocked.</b>	
<b>13</b>	<b>In conjunction with the surgical and orthopaedic consultants and business managers, ensure that a plan is made to return to ‘normal’ working.</b>	
<b>14</b>	<b>Document:</b> Ensure that all paperwork is completed before leaving the hospital and leave within ECC cupboard	
<b>15</b>	<b>Debrief:</b> Arrange for yourself & your staff to attend the ‘hot’ debrief if possible	

<b>Action Card</b>	<b>No 36</b> <span style="float: right;"><b>(1 of 1)</b></span>
<b>Job title &amp; Incident Role</b>	<b>WARD STAFF</b>
<b>Location</b>	<b>Trustwide</b>
<b>Role Description</b>	Identify patients who may be discharged or transferred to alternative care settings. Send details of staffing levels, capacity & activity to ECC Be ready to deploy staff to other areas of the Trust
This card must be maintained in a readily accessible place within the office for use by all ward staff together with a register of staff, laid out in a priority call order giving telephone numbers.	

<b>STANDBY</b>		Time
<b>1</b>	Not formally notified at this stage and no actions required unless notified otherwise by the Emergency Control Centre	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard		
<b>2</b>	<b>Identify patients who may be discharged early</b> or transferred to alternative care settings in preparation for the discharge ward round that will be occurring.	
<b>3</b>	<b>Contact</b> the Bed Manager and give them the following information: <ul style="list-style-type: none"> <li>• Any empty bed spaces now</li> <li>• Any planned discharges for the next 24 hours</li> <li>• Any elective patients due for admission in the next 24 hours</li> <li>• Number &amp; type of nursing staff currently on duty &amp; on the next shift</li> <li>• Any other current problems on the ward</li> </ul>	
<b>4</b>	Do not cancel any elective admissions unless directed to by the ECC.	
<b>5</b>	<b>Surplus ward staff may be redeployed</b> to one of the following areas <ul style="list-style-type: none"> <li>• Sussex Cancer Centre waiting area – receiving relatives of major incident patients and discharge area/survivor resource centre</li> <li>• Discharge lounge – for discharged hospital patients</li> </ul>	
<b>6</b>	<b>Avoid contacting switchboard if at all possible.</b>	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
<b>7</b>	Ensure that staffing is adequate for the next 48 hours and all paperwork is completed for major incident admissions.	
<b>8</b>	Ensure that all paperwork is completed before leaving the hospital and leave within ECC cupboard	
<b>9</b>	Arrange for yourself & your staff to attend the 'hot' debrief if possible	



<b>Action Card</b>	<b>No 37</b> <span style="float: right;"><b>(1 of 1)</b></span>
<b>Job title</b>	<b>DISCHARGE LOUNGE</b>
<b>Incident Role</b>	<b>DISCHARGE LOUNGE COORDINATOR</b>
<b>Location</b>	<b>Discharge Lounge</b>
<b>Role Description</b>	Discharge patients quickly and safely to alternate settings Liaise with SECamb and other used transport providers Liaise with the Clinical Site manager in ECC (4994)

<b>STANDBY</b>		Time
<b>1</b>	Not formally notified at this stage and no actions required unless notified otherwise by the Emergency Control Centre	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard		
<b>2</b>	Once a Major Incident is declared a discharge ward round will be initiated, with the remit to create space on the wards as quickly as possible. It may be necessary to move those patients designated for discharge to an area quickly in order to make space for the major incident patients.	
<b>3</b>	<b>Patients transferred to the Discharge Lounge during this time must have a clear plan documented with them.</b>	
<b>4</b>	<b>Apart from basic details, other information should include:</b> <ul style="list-style-type: none"> <li>• Transport requirements</li> <li>• Pharmacy/TTO requirements</li> <li>• Next of kin contact details/notified or not</li> <li>• Community input required/arranged</li> <li>• Trust follow up/OPD arrangements</li> </ul>	
<b>5</b>	<b>It will be necessary to liaise with SECamb</b> regarding transport for those people who cannot be collected by relatives. An alternative transport provider may be required in large scale incidents.	
<b>6</b>	<b>Relatives should receive a full explanation as to why the discharge is occurring at this time.</b>	
<b>7</b>	All paperwork should be completed prior to patient leaving the Trust	
<b>8</b>	<b>Maintain close liaison with the Clinical Site Manager</b>	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
<b>9</b>	<b>Following stand down notification ensure that all patients are discharged before closing the area.</b>	
<b>10</b>	<b>Ensure that all paperwork is completed before leaving the hospital and leave within ECC cupboard</b>	
<b>11</b>	<b>Arrange for yourself &amp; your staff to attend the 'hot' debrief if possible</b>	

<b>Action Card</b>	<b>No 38</b> <span style="float: right;"><b>(1 of 1)</b></span>
<b>Job title &amp; Incident Role</b>	<b>DISCHARGE TEAM MANAGER</b>
<b>Location</b>	<b>Discharge Team Office. Trust HQ</b>
<b>Role Description</b>	Assess current community capacity Assess patients awaiting community services
This card must be maintained in a readily accessible place within the IDT office, together with a resource list and contact details of all community services that may be required.	

<b>STANDBY</b>		Time
<b>1</b>	Not formally notified at this stage and no actions required unless notified otherwise by the Emergency Control Centre	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard		
<b>2</b>	<b>Contact all Community services and obtain a list of current capacity</b> available. Communicate this to the Clinical Site team	
<b>3</b>	<b>Review the situation of all patients' currently awaiting community service initiation</b> – and discuss whether this can be initiated as a priority.	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
<b>4</b>	<b>Document:</b> Ensure that all paperwork is completed for patients discharged or transferred during the major incident & leave within ECC cupboard	
<b>5</b>	<b>Inform any community partners, previously alerted to the Trust major incident status that the Trust is standing down.</b>	
<b>6</b>	<b>Prepare a list of any community capacity remaining</b> at the end of the incident and provide this to the Bed Manager within the ECC.	
<b>7</b>	<b>Arrange for yourself &amp; your staff to attend the 'hot' debrief if possible</b>	

<b>Action Card</b>	<b>No 39</b> <span style="float: right;"><b>(1 of 1)</b></span>
<b>Job title &amp; Incident Role</b>	<b>OUTREACH TEAM/RESUS OFFICERS</b>
<b>Location</b>	<b>Trustwide</b>
<b>Role Description</b>	Provide staffing support to the Major Incident where possible

<b>STANDBY</b>		Time
<b>1</b>	Not formally notified at this stage and no actions required unless notified otherwise by the Emergency Control Centre	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard within hours		
<b>2</b>	Please assess the staffing and capacity within your service.	
<b>3</b>	Any staff that can be freed to support the Major Incident should be sent to the Emergency Department and report to the ED Shift Leader.	
<b>4</b>	Any issues within the Outreach/Resus service should be escalated via the ECC (X4995)	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
<b>5</b>	Ensure any paperwork relating to the Major Incident is completed before leaving the hospital and leave within ECC cupboard	
<b>6</b>	Arrange for yourself & your staff to attend the 'hot' debrief if possible	

<b>Action Card</b>	<b>No 40</b> <span style="float: right;"><b>(1 of 2)</b></span>
<b>Job title</b>	<b>LEVEL 5 RADIOGRAPHER</b>
<b>Incident Role</b>	<b>RADIOGRAPHER CO-ORDINATOR</b>
<b>Location</b>	<b>Level 5 X-ray</b>
<b>Role Description</b>	Undertake the role of the co-ordinating radiographer until senior support arrives Assess the staffing situation and call in staff as necessary Ensure x-ray rooms ready Liaise with Emergency Dept
This card must be maintained in a readily accessible place within the office and at home for use by all persons who may be called upon to carry out the duties of Level 5 Radiographer, together with an up to date register of staff laid out in priority call order, giving telephone numbers.	

<b>STANDBY</b>		Time
<b>1</b>	Not formally notified at this stage and no actions required unless notified otherwise by the Emergency Control Centre	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard		
<b>2</b>	<b>Take on the role of radiographer co-ordinator.</b> Act as liaison/central contact for x-ray services. Liaise with PRH radiography	
<b>3</b>	<b>Assess the staffing</b> situation within radiography and call in additional members of staff if necessary, to ensure that you have a minimum of six radiographers on duty (2 of which with CT training). Ensure PRH call in extra staff if increased activity at the PRH site.	
<b>4</b>	<b>Ensure that the x-ray rooms are ready to receive</b> patients & switch on the CT machine and run the daily tube preparation (if necessary).	
<b>5</b>	<b>Report the readiness of the</b> department to the Major Incident Officer in the Control Centre (X 4993) & ED Shift Leader (bleep 8121)	
<b>6</b>	<b>Inform the Imaging Service manager or Plain Film or CT Modality Manager.</b> If unavailable then contact one of the Superintendent Radiographers for Level 5. Ask them to attend and take over the role of the co-ordinating radiographer.	
<b>7</b>	<b>Establish with the ECC team the need to provide paediatric imaging services to the RACH if required.</b>	
<b>8</b>	<b>Liaise with the Zone 2 Co-ordinator and on call Consultant Radiologist in level 5</b> to assess when patients will leave the ED for X-ray & inform the ED when rooms are available to receive patients	
<b>9</b>	<b>Review staffing and capacity for the next 24 hours.</b>	

<b>Action Card</b>	<b>No 40 cont...</b> (2 of 2)
<b>Job title</b>	<b>LEVEL 5 RADIOGRAPHER</b>
<b>Incident Role</b>	<b>CO-ORDINATING RADIOGRAPHER</b>

<b>STAND DOWN</b> Decision to be taken within ECC		Time
<b>10</b>	<b>Staffing:</b> Prepare a plan for x-ray staffing for the next 48 hours – taking into account the additional workload of the major incident patients and the use of additional staff throughout the incident.	
<b>11</b>	<b>Provide information on any work that was cancelled as a result of the incident to the ECC and relevant Divisional business manager.</b>	
<b>12</b>	<b>Documentation:</b> Ensure that all paperwork is completed before leaving the hospital and leave within ECC cupboard	
<b>13</b>	<b>Arrange for yourself &amp; your staff to attend the ‘hot’ debrief if possible</b>	

<b>Action Card</b>	<b>No 41</b>	<b>(1 of 1)</b>
<b>Job title</b>	<b>EMERGENCY DUTY PHARMACIST</b>	
<b>Incident Role</b>	<b>EMERGENCY DUTY PHARMACIST</b>	
<b>Location</b>	<b>Pharmacy RSCH</b>	
<b>Role Description</b>	To provide appropriate pharmacy support and supplies during a major incident	

<b>STANDBY</b>		Time
<b>1</b>	Notification of a Major Incident Standby may occur for information only and no further action should be taken at this stage.	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard		
<b>2</b>	<b>Contact the Principal Pharmacist, Head of Pharmacy or deputy &amp; proceed to the pharmacy department at RSCH. You must attend</b>	
<b>3</b>	<b>Inform the ECC team on your arrival (X 4994)</b> and establish, if possible, the nature and extent of the incident with a view to providing appropriate pharmacy support and supplies.	
<b>4</b>	<b>Depending on the time of day, and nature of the incident, call in additional staff according to predicted need, including</b> the need for a pharmacist to cover the Children's Hospital. (Utilise a paediatric pharmacist when available).	
<b>5</b>	<b>Arrange for a pharmacist to take part on the adult Discharge Ward</b> round which will be commencing on AMU. Arrange liaison with ED to ensure that their stock levels are maintained throughout.	
<b>6</b>	<b>Confirm with the ECC the involvement of the RACH.</b> If necessary, arrange for a Paediatric trained Pharmacist to join the Paediatric Discharge Ward round – commencing in the RACH Day Case Unit. Otherwise a general pharmacist will need to attend.	
<b>7</b>	<b>Ensure that adequate stores of pharmaceuticals are continuously available by liaison with stores and suppliers.</b> Contact the Pharmacy Purchasing Manager or deputy for assistance.	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
<b>8</b>	<b>Ensure all critical areas are fully re-stocked prior to releasing staff after the incident.</b>	
<b>9</b>	<b>Review staffing &amp; ensure the department is staffed for the next 48 hrs</b>	
<b>10</b>	<b>Notify stores &amp; suppliers that have been previously informed of the Trust stand down.</b>	
<b>11</b>	<b>Debrief:</b> If possible, arrange for pharmacy staff, including yourself, to attend the 'hot' debrief organised by the ECC team.	
<b>12</b>	<b>Complete any documentation &amp; leave within ECC cupboard</b>	

<b>Action Card</b>	<b>No 42</b>	<b>(1 of 1)</b>
<b>Job title</b>	<b>WARD PHARMACIST</b>	
<b>Incident Role</b>	<b>WARD PHARMACIST</b>	
<b>Location</b>	<b>Pharmacy RSCH</b>	
<b>Role Description</b>	To providing appropriate pharmacy support and supplies	

<b>STANDBY</b>		Time
1	There will not usually be a discharge ward round at Major Incident Standby. However, this decision will be taken by the Emergency Control Centre.	

<b>DECLARED</b>		Time
Notification from RSCH Emergency Duty Pharmacist or Head of Pharmacy		
2	<b>When instructed by the Emergency Duty Pharmacist or Head of Pharmacy, proceed to AMU to meet with the Consultant Physician and AMU co-ordinator to take part in the discharge ward round (always starting with AMU).</b>	
3	<b>If required to support the RACH, proceed to the Day Case Unit to meet up with the Paediatric discharge ward round. From here, this will proceed to the Children's Assessment Unit, Level 8 then Level 9.</b>	
4	<b>Other pharmacists (when available) may be directed to speciality areas to undertake an assessment on their requirements – including the need for TTOs, stock level drugs and fluids.</b>	
5	<b>Report any requirements back to the Emergency Duty Pharmacist or Head of Pharmacy – to ensure overall co-ordination of the situation.</b>	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
6	<b>When directed by the Emergency Duty Pharmacist or Head of Pharmacy, proceed to your designated areas to ensure that they are fully re-stocked after the incident.</b>	
7	<b>Attend the 'hot' debrief being arranged by the ECC team.</b>	
8	<b>Complete any documentation &amp; leave within ECC cupboard</b>	

<b>Action Card</b>	<b>No 43</b> <span style="float: right;"><b>(1 of 1)</b></span>
<b>Job title</b>	<b>HAEMATOLOGY BMS ON CALL</b>
<b>Incident Role</b>	<b>HAEMATOLOGY COORDINATOR</b>
<b>Location</b>	<b>Pathology</b>
<b>Role Description</b>	Contact the Blood Bank Manager Make an assessment of the supply vs. demand for the Trust stock of blood. Advise the Blood Transfusion Service of the Trust situation. Process samples as prioritised by the Pathology Co-ordinator.
This card must be maintained in a readily accessible place within the office for use by all those who may be called upon to carry out the duties of Haematology BMS on call, together with a register of staff and their telephone numbers.	

<b>STANDBY</b>		Time
<b>1</b>	Not formally notified at this stage and no actions required unless notified otherwise by the Emergency Control Centre	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard		
<b>2</b>	<b>Contact the Blood Bank Manager to act as Pathology Co-ordinator</b> (at home OOH) & inform them of the situation asking them to attend.	
<b>3</b>	<b>Contact the Major Incident Officer within the ECC</b> (X 4993) to obtain info about the nature of the incident & types of injuries sustained; make assessment of the supply vs. demand for Trust's blood stock.	
<b>4</b>	<b>Inform the Consultant Haematologist on call of the situation.</b>	
<b>5</b>	<b>Call in a second on call BMS.</b>	
<b>6</b>	<b>Advise the Blood Transfusion Service of the Trust situation.</b>	
<b>7</b>	<b>During the incident process samples as prioritised by the Pathology Co-ordinator.</b>	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
<b>8</b>	<b>Assess the ongoing workload</b> created by major incident patients undergoing surgery or further transfusion.	
<b>9</b>	<b>Ensure department is adequately staffed</b> for next 48 hrs at least	
<b>10</b>	<b>Consider implications of the major incident on the workload of the department.</b>	
<b>11</b>	<b>Documentation:</b> Ensure that all paperwork is completed before leaving the hospital and leave within ECC cupboard	
<b>12</b>	<b>Arrange for yourself &amp; your staff to attend the 'hot' debrief if possible</b>	



<b>Action Card</b>	<b>No 44</b> <span style="float: right;"><b>(1 of 1)</b></span>
<b>Job title</b>	<b>DUTY BMS IN CHEMICAL PATHOLOGY</b>
<b>Incident Role</b>	<b>BIOCHEMISTRY COORDINATOR</b>
<b>Location</b>	<b>Clinical Biochemistry Laboratory</b>
<b>Role Description</b>	Process samples as prioritised by the Pathology Co-ordinator. Ensure that the analysers are operating correctly.

This card must be maintained in a readily accessible place within the office for use by all those who may be called upon to carry out the duties of Haematology BMS on call, together with a register of staff and their telephone numbers.

<b>STANDBY</b>		Time
<b>1</b>	Not formally notified at this stage and no actions required unless notified otherwise by the Emergency Control Centre	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard		
<b>2</b>	<b>Report to the Clinical Biochemistry Laboratory and ensure that the analysers are operating correctly.</b>	
<b>3</b>	<b>Contact Consultant Medical Biochemist or Consultant Clinical Scientist.</b> (If neither is available, contact another member of Senior Laboratory Staff).	
<b>4</b>	<b>Discuss with the Haematologist the nature of the incident and assess the need for further Biomedical staff.</b>	
<b>5</b>	<b>Liase with the Pathology Co-ordinator in the Emergency Department regarding the priority of processing samples.</b>	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
<b>6</b>	<b>Assess the ongoing workload created by major incident patients undergoing surgery.</b>	
<b>7</b>	<b>Ensure department is adequately staffed for the next 48 hrs at least.</b>	
<b>8</b>	<b>Consider the implications of the major incident on the workload of the department.</b>	
<b>9</b>	<b>Documentation:</b> Ensure that all paperwork is completed before leaving the hospital and leave within ECC cupboard	
<b>10</b>	<b>Debrief:</b> Arrange for yourself & your staff to attend the 'hot' debrief if possible	

<b>Action Card</b>	<b>No 45</b> <span style="float: right;"><b>(1 of 1)</b></span>
<b>Job title</b>	<b>BLOOD BANK MANAGER</b>
<b>Incident Role</b>	<b>PATHOLOGY COORDINATOR</b>
<b>Location</b>	<b>Emergency Department</b>
<b>Role Description</b>	Assess & prioritise requests for pathology investigations Assess & prioritise the request for blood & blood products in liaison with the ED & subsequently Theatres & ITU. Ensure samples & requests being sent are adequately identified with the appropriate information. Liaise with the BMS staff working in the laboratories regarding the provision of results & products where necessary.

<b>STANDBY</b>		Time
<b>1</b>	Not formally notified at this stage and no actions required unless notified otherwise by the Emergency Control Centre	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard		
<b>2</b>	<b>Proceed to the Emergency Department.</b> Ring the ECC (4993) and Inform them of your arrival and of your contact details (mobile phone/Blackberry no).	
<b>3</b>	<b>Inform the Emergency Department Consultant in charge of your arrival, and decide on your best location.</b> Liaise with Cardiothoracic, Surgical Cons and Ortho Cons in ED	
<b>4</b>	<b>Assess and prioritise the requests for pathology investigations being sent to the laboratories.</b>	
<b>5</b>	<b>Assess and prioritise the request for blood and blood products, in liaison with the clinical staff</b> within the Emergency Department, and subsequently Theatres and ICU.	
<b>6</b>	<b>Ensure that the samples and requests being sent are adequately identified with the appropriate information.</b>	
<b>7</b>	<b>Liaise with the BMS staff working in the laboratories regarding the provision of results and products where necessary.</b>	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
<b>8</b>	<b>Continue to maintain liaison between the Emergency areas and laboratories until it is decided that you may stand down.</b>	
<b>9</b>	<b>Documentation:</b> Ensure that all paperwork is completed before leaving the hospital and leave within ECC cupboard	
<b>10</b>	<b>Debrief:</b> Arrange for yourself & your staff to attend the 'hot' debrief if possible	

<b>Action Card</b>	<b>No 46</b> (1 of 2)
<b>Job title</b>	<b>STAFF MEMBER ASSIGNED BY ECC</b>
<b>Incident Role</b>	<b>RELATIVES RECEPTION &amp; MI PATIENT DISCHARGE COORDINATOR</b>
<b>Location</b>	<b>Sussex Cancer Centre Waiting Room access via Bristol Gate Entrance</b>
<b>Role Description</b>	Document details of relatives/friends/discharged MI Patients that arrive and provide these details to ECC Provide refreshments to the relatives/friends/discharged MI Patients that are waiting for information Request support from chaplain/other faith group via ECC Liaise with ECC, ED and Police Casualty Staff
This card must be kept in the Trust Emergency Control Centre & be given to the member of staff designated to look after the Relative Reception Centre at the time of a Major Incident. Security officers may have to open the designated area (if out of normal working hours).	

<b>STANDBY</b>		Time
1	Not formally notified at this stage and no actions required unless notified otherwise by the Emergency Control Centre	

<b>DECLARED</b> Notification from RSCH ECC		Time
2	<b>Attend Main Out Patients;</b> Ensure <b>paperwork</b> ready and contact made with the ECC. Liaise with Security to ensure correct signage in place.	
3	<b>Document details of all relatives/friends</b> that arrive and provide this information to the ECC (X4994)	
4	<b>Prevent the admission of any press or media to this area using Security officers if necessary.</b>	
5	<b>Provide refreshments to the discharged MI Patients and relatives &amp; friends</b> that are waiting for information. Contact the Control Centre Manager (X 4995) to place your request for refreshments.	
6	<b>The chaplain or other faith group</b> may be requested via ECC also	
7	<b>Requests for support should be made to the ECC.</b>	
8	<b>Any information on patient conditions must be given in a co-ordinated and structured way</b> – taking care of patient confidentiality. This must be done in conjunction with the Emergency Department staff, Police Casualty Bureau and ECC staff.	
9	<b>Police Documentation Teams</b> may want to work within the Relative's Reception Area to enable them to liaise with relatives and collect information. Please assist them with their requests ( they may need access to a computer and phone line) and ask for support via ECC	

<b>Action Card</b>	<b>No 46 cont...</b>	<b>(2 of 2)</b>
<b>Job title</b>	<b>STAFF MEMBER ASSIGNED BY ECC</b>	
<b>Incident Role</b>	<b>RELATIVES RECEPTION &amp; MI PATIENT DISCHARGE AREA COORDINATOR</b>	

<b>STAND DOWN</b> Decision to be taken within ECC		Time
<b>10</b>	<b>Keep area</b> open until all relatives/MI patients have been dealt with appropriately	
<b>11</b>	<b>Ensure that the area is left tidy and secure when you leave.</b>	
<b>12</b>	<b>Documentation:</b> Ensure that all paperwork is completed before leaving the hospital and leave within ECC cupboard	
<b>13</b>	<b>Debrief:</b> Attend the 'hot' debrief if possible.	

<b>Action Card</b>	<b>No 47</b> <span style="float: right;"><b>(1 of 1)</b></span>
<b>Job title</b>	<b>STAFF MEMBER, ASSIGNED BY ECC</b>
<b>Incident Role</b>	<b>PRESS/MEDIA RECEPTION AREA</b>
<b>Location</b>	<b>AEB</b>
<b>Role Description</b>	To coordinate the Media Reception & log in the press. Issue out pre written or Comms/ECC supplied media statements. Request assistance via ECC

<b>STANDBY</b>		Time
<b>1</b>	Not formally notified at this stage and no actions required unless notified otherwise by the Emergency Control Centre	

<b>DECLARED</b> Notification from RSCH ECC		Time
<b>2</b>	<b>Obtain the Press passes from the Communications pack</b> within the Emergency Control Centre cupboard and obtain Media holding Statement from Strategic Commander (generic holding statement in Press pack if holding statement not available)	
<b>3</b>	<b>Make your way to AEB</b> via Bristol Gate Security officers may have to open the designated area (if out of normal working hours).	
<b>4</b>	<b>Log the arrival of each member of the Press</b> on the <b>log sheet provided</b> and issue them each with a BSUH Media Pass. Statements will only be issued to members of the press with a Trust pass.	
<b>5</b>	<b>On arrival, issue each member of the press with the Trust holding statement</b> (contained within the Communications pack).	
<b>6</b>	<b>Log any requests</b> for information and report to the Communications Manager (X4114) or Emergency Control Centre staff (X4995).	
<b>7</b>	<b>Ensure that members of the press are not left</b> to roam around the hospital grounds unattended.	
<b>8</b>	<b>Requests for photos or footage</b> from outside of the Emergency Department must be passed through the ECC staff.	
<b>9</b>	<b>Ensure that the ECC staff are aware of all requests for information &amp; that they are providing regular statements where possible</b>	

<b>STAND DOWN</b> Decision to be taken within ECC		Time
<b>10</b>	<b>Keep the area open</b> until all press have been dealt with appropriately & have left the premises. Report to ECC before standing down	
<b>11</b>	<b>Ensure that the area is left tidy and secure when you leave.</b>	
<b>12</b>	<b>Documentation:</b> Ensure that all paperwork is completed before leaving the hospital and leave within ECC cupboard	
<b>13</b>	<b>Arrange</b> for yourself & your staff to attend the 'hot' debrief if possible	

<b>Action Card</b>	<b>No 48</b> <span style="float: right;"><b>(1 of 1)</b></span>
<b>Job title</b>	<b>STAFF MEMBER, ASSIGNED BY ECC</b>
<b>Incident Role</b>	<b>STAFF MUSTER POINT COORDINATOR</b>
<b>Location</b>	<b>6a Millennium Wing Reception</b>
<b>Role Description</b>	Record details of staff arriving to help and liaise with the Clinical Site Manager (CSM) in the Emergency Control Centre (ECC)

<b>STANDBY</b>		Time
<b>1</b>	Not formally notified at this stage and no actions required unless notified otherwise by the Emergency Control Centre	

<b>DECLARED</b> Notification from RSCH ECC		Time
<b>2</b>	<b>Liaise with the Clinical Site Manager;</b> obtain update on the situation and collect relevant <b>paperwork</b>	
<b>3</b>	<b>Make your way to the 6a Millennium Wing Reception (X7200)</b> and ensure telephone (or radio) contact established between yourself and the CSM (the phone gets locked away OOH and the key is held by the Cardiac Day Surgery Ward)	
<b>4</b>	<b>Record the details of any staff that arrive</b> including name, dob, usual place of work, qualifications and skills, transport arrangements, time arrived and time they can stay till	
<b>5</b>	<b>Ring the Clinical Site Manager (X4994)</b> and update them on the staff that have arrived/are available.	
<b>6</b>	<b>The Clinical Site Manager will decide where the staff member is needed.</b> Please ring the ward/dept and direct them to meet the staff member and introduce them to the ward/dept they will be working in (fire safety/sluiice/toilets etc)	
<b>7</b>	<b>Keep in regular contact with the CSM (X4994).</b> You will be stood down when the Muster Point is longer needed or when you are able to hand over to the next shift.	

<b>STAND DOWN</b> Decision to be taken within ECC		Time
<b>8</b>	<b>Ensure that the area is left tidy and secure when you leave.</b>	
<b>9</b>	<b>Documentation:</b> Ensure any paperwork relating to the Major Incident is completed before leaving the hospital and leave within ECC cupboard	
<b>10</b>	<b>Debrief:</b> Arrange for yourself & your staff to attend the 'hot' debrief if possible	

<b>Action Card</b>	<b>No 49</b> <span style="float: right;"><b>(1 of 1)</b></span>
<b>Job title &amp; Incident Role</b>	<b>MATRONS/NIGHT SISTERS/NIGHT CHARGE NURSES</b>
<b>Location</b>	<b>Trustwide</b>
<b>Role Description</b>	To facilitate communication flow between the wards and departments and the Emergency Control Centre and to support staff during the incident.

<b>STANDBY</b>		Time
<b>1</b>	Not formally notified at this stage and no actions required unless notified otherwise by the Emergency Control Centre	

<b>DECLARED</b>		Time
Notification from the switchboard via bleep		
<b>2</b>	If possible meet with other Matrons and the clinical Ops team within the Clinical Ops room from here you can get an update of the situation and decide who will go to which ward/dept.	
<b>3</b>	Communicate with other members of your team (admin/consultants, Allied health professionals etc) and update them on the situation	
<b>4</b>	Walk round your wards and departments, ensure they are informed of the situation and know to follow their action cards. Get an update on any capacity or staffing issues.	
<b>5</b>	Feed back to the clinical site manager of any free capacity or staff that can be released to help the response.	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
<b>6</b>	<b>Ignore</b> rumours and talk of stand down. Await confirmation from ECC via the Tactical Commander (On Call Manager)	
<b>7</b>	Ensure you update all wards/departments of the stand down message.	
<b>8</b>	<b>Attend the Hot Debrief</b> once the Trust has stood down	

<b>Action Card</b>	<b>No 50</b> <span style="float: right;"><b>(1 of 1)</b></span>
<b>Job title &amp; Incident Role</b>	<b>THE HEALTH EMPLOYEE LEARNING AND PSYCHOTHERAPY (HELP) SERVICE</b>
<b>Location</b>	<b>HELP Office or debriefing venue</b>
<b>Role Description</b>	To facilitate a hot debrief following a Major Incident and to provides staff with confidential support, counselling and psychotherapy following critical/ traumatic events

<b>STANDBY</b>		Time
<b>1</b>	Not formally notified at this stage and no actions required unless notified otherwise by the Emergency Control Centre	

<b>DECLARED</b>		Time
Notification from the ECC in hours		
<b>2</b>	<b>Support responding areas as necessary</b>	
<b>3</b>	<b>Consider the need to facilitate the Hot Debrief</b> once the Trust has stood down	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
<b>4</b>	<b>Ignore</b> rumours and talk of stand down. Await confirmation from ECC via the Tactical Commander (On Call Manager).	
<b>5</b>	<b>Facilitate the Hot Debrief</b> once the Trust has stood down	
<b>6</b>	Ensure you have a list of all staff involved, this will be emailed to you from the services who have responded to the incident.	
<b>7</b>	<b>Facilitate the Formal Debrief</b> 2-4 weeks following stand down from the incident.	
<b>8</b>	<b>Staff involved in the incident will be given priority access to psychological services available within the Trust's HELP Service.</b>	



<b>Action Card</b>	<b>No 51</b> <span style="float: right;"><b>(1 of 1)</b></span>
<b>Job title &amp; Incident Role</b>	<b>SSD MANAGER</b>
<b>Location</b>	<b>SSD</b>
<b>Role Description</b>	Assess the need to call in additional staff to assist Ensure that any necessary equipment/machinery is made ready. Ensure the provision of pre-prepared Theatre packs & ED equipment. In cases of problems with continued supply ensure that business continuity arrangements are in place with neighbouring Trusts and/or supply companies. Advise the Control Centre Manager within the ECC

<b>STANDBY</b>		Time
<b>1</b>	Not formally notified at this stage and no actions required unless notified otherwise by the Emergency Control Centre	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard		
<b>2</b>	<b>Liase with the Major Incident Officer</b> in the ECC (ext 4993). If the nature of the incident is known, then an assessment of the Theatre and SSD requirements will have to be made.	
<b>3</b>	<b>Contact the second in line</b> manager then report to the SSD at RSCH	
<b>4</b>	<b>Once the predicted workload is known, assess the need to call in additional staff to assist and action.</b>	
<b>5</b>	<b>Ensure that any necessary equipment/machinery is made ready.</b>	
<b>6</b>	<b>Ensure the provision of pre-prepared Theatre packs &amp; ED equipment.</b>	
<b>7</b>	<b>In cases of problems with continued supply ensure that business continuity arrangements are in place with neighbouring Trusts and/or supply companies.</b>	
<b>8</b>	<b>Advise the Control Centre Manager</b> within the ECC (X 4995) of any problems in SSD.	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
<b>9</b>	<b>Ensure that all areas are restocked</b> with SSD items - to a minimum stock level (at least).	
<b>10</b>	<b>Consider the need to extend SSD operating hours</b> to cope with the backlog of equipment used during the incident.	
<b>11</b>	<b>Documentation:</b> Ensure that all paperwork is completed before leaving the hospital and leave within ECC cupboard	
<b>12</b>	<b>Debrief:</b> Arrange for yourself & your staff to attend the 'hot' debrief if possible	

<b>Action Card</b>	<b>No 52</b> <span style="float: right;"><b>(1 of 1)</b></span>
<b>Job title &amp; Incident Role</b>	<b>CHARGE HAND PORTER</b>
<b>Location</b>	<b>Trustwide</b>
<b>Role Description</b>	Support ED and level 5 X-ray Support security in securing the site Assess staffing levels and call in extra staff as necessary

<b>STANDBY</b>		Time
<b>1</b>	Not formally notified at this stage and no actions required unless notified otherwise by the Emergency Control Centre	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard		
<b>2</b>	<b>Inform the Portering Manager of the current situation.</b>	
<b>3</b>	<b>Contact the Security Control Room (ext 7475) &amp; inform them of the amount of porters available for assisting in the security response.</b>	
<b>4</b>	<b>The following areas must be secured and access restricted to essential Trust and emergency service staff only:</b> <ul style="list-style-type: none"> <li>• A&amp;E Entrance from car park/ambulance bays</li> <li>• Level 5 Theatre corridor</li> <li>• Ambulance entrance from Bristol Gate to A&amp;E</li> </ul>	
<b>5</b>	<b>Send one porter to ED X ray level 5 and ensure that ED has 2 porters immediately available.</b>	
<b>6</b>	<b>If necessary, call in additional porters from home to assist.</b> Consider future staffing issues in a prolonged incident.	
<b>7</b>	<b>Liaise closely with the Emergency Control Centre (ext 4995) and ED regarding the allocation of porters for priority work.</b>	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
<b>8</b>	<b>Staffing:</b> With the portering manager ensure that staffing is covered for the next 48 hours.	
<b>9</b>	<b>Documentation:</b> Ensure any paperwork relating to the Major Incident is completed before leaving the hospital and leave within ECC cupboard	
<b>10</b>	<b>Debrief:</b> Arrange for yourself & your staff to attend the 'hot' debrief if possible	

<b>Action Card</b>	<b>No 53</b> <span style="float: right;"><b>(1 of 1)</b></span>
<b>Job title &amp; Incident Role</b>	<b>PORTERS ON DOOR DUTY</b>
<b>Location</b>	<b>Trustwide</b>
<b>Role Description</b>	Secure access points as directed

<b>STANDBY</b>		Time
<b>1</b>	Not formally notified at this stage and no actions required unless notified otherwise by the Emergency Control Centre	

<b>DECLARED</b>		Time
Notification by Charge Hand Porter		
<b>2</b>	<b>When directed by the Charge hand porter, (under the supervision of the Security staff) proceed to one of the following locations to prevent access by patients, relatives and staff without Trust photo id:</b> <ul style="list-style-type: none"> <li>• A&amp;E Entrance from car park/ambulance bays</li> <li>• Level 5 Theatre corridor</li> <li>• Ambulance entrance from Bristol Gate to A&amp;E</li> </ul>	
<b>3</b>	<b>For staff not wearing Trust photo id</b> – clarification of identity must be sought from either Security Control (x 7475) or Control Centre Manager (x 4995).	
<b>4</b>	<b>Staff &amp; public are free to leave these areas unless directed otherwise.</b>	
<b>5</b>	<b>All other people should be told that a Major Incident is in progress &amp; that they are not permitted in these areas until it is over.</b>	
<b>6</b>	<b>It is possible that emergency patients not involved in the major incident may still present via the ambulance bays</b> – in private cars, taxis etc. These patients should be assisted to the triage point via the ambulance entrance to the emergency department.	
<b>7</b>	<b>Relatives or friends of major incident patients</b> should be directed to Main Out Patients	
<b>8</b>	<b>Relatives or friends of non major incident patients</b> should also be directed to Main Out Patients	
<b>9</b>	<b>Off duty staff presenting for duty</b> should be directed to the Staff Muster Point, Millennium reception.	
<b>10</b>	<b>Notify Charge hand</b> porter before leaving your post for any reason	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
<b>11</b>	<b>Debrief:</b> Arrange for yourself & your staff to attend the 'hot' debrief if possible	

<b>Action Card</b>	<b>No 54</b> <span style="float: right;"><b>(1 of 1)</b></span>
<b>Job title &amp; Incident Role</b>	<b>TRUST SECURITY MANAGER</b>
<b>Location</b>	<b>Trustwide</b>
<b>Role Description</b>	Assess the position of the Security department Oversee the car parking issues Liaise with the Sussex Police rep in the ED (RSCH) & ensure Police Casualty Bureau receive support/resources
This card must be kept in a readily accessible place at work and at home, by the Trust Security Manager. A list of staff contact numbers should be available within the Security Control Room for use in an emergency.	

<b>STANDBY</b>		Time
<b>1</b>	Not formally notified at this stage and no actions required unless notified otherwise by the Emergency Control Centre	

<b>DECLARED</b>		Time
Notification from RSCH Security Officers		
<b>2</b>	<b>Out of hours – make your way to the hospital.</b> Once you arrive report to the Control Centre Manager within the ECC (X 4995).	
<b>3</b>	<b>Assess the position of the Security department</b> in terms of manpower and other resources, ensuring that all major entry points are secured. If necessary, arrange for further cover to be called in. Liaise with security at PRH & RACH assess the need for extra resources there.	
<b>4</b>	<b>Liaise with the ECC staff and head porter</b> in relation to the on going provision of security around the Trust sites. Special arrangements will have to be considered in cases where there is a possible contamination or where there are children involved. <b>Inform all reception areas open.</b>	
<b>5</b>	<b>Ensure Main Out Patients is</b> opened to receive relatives & discharged major incident patients. Assess the need to provide Security in this area.	
<b>6</b>	<b>Oversee car parking issues</b> that might arise as a result of extra staff presenting themselves for work or from relatives of the MI patients	
<b>7</b>	<b>Liaise with the Sussex Police representative</b> within the ED (RSCH) and in the ED (PRH) when necessary.	
<b>8</b>	<b>Ensure that Police Casualty Bureau receive the support</b> & resources that they require to manage patient information during the incident.	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
<b>9</b>	<b>Staffing:</b> Continue to assess and arrange the on going need for additional security for the Trust for the next 48 hours.	
<b>10</b>	<b>Debrief:</b> Ensure that the security officers receive the appropriate support and opportunity to attend the 'hot' debrief.	
<b>11</b>	<b>In the absence of the Trust Emergency Planning Officer,</b> ensure that all ECC paperwork is retained & that the ECC room is packed away.	

<b>Action Card</b>	<b>No 55</b> <span style="float: right;"><b>(1 of 2)</b></span>
<b>Job title &amp; Incident Role</b>	<b>SECURITY OFFICERS</b>
<b>Location</b>	<b>Trustwide</b>
<b>Role Description</b>	Open and set up ECC Provide security to ED and reviewing staffing for the whole Trust Maintain Ambulance access
This card must be accessible within the Security Control Room, and all Security Officers should be familiar with it. Keys to the Emergency Control room cupboard are located with Security	

<b>STANDBY</b>		Time
Notification from RSCH Switchboard		
<b>1</b>	<b>Proceed to the Emergency Control Centre (ECC - Level 6, Pathology library) with the keys to the Major Incident Cupboard.</b>	
<b>2</b>	<b>Access the cupboard, and set up the room as described on the room plan. Desk dividers not to be used unless requested</b>	
<b>3</b>	<b>Plug in all telephones and distribute the role designated boxes to the appropriate desk spaces.</b>	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard		
<b>4</b>	Ensure above standby actions 1-3 have been undertaken	
<b>5</b>	<b>Inform Trust Security Manager</b>	
<b>6</b>	<b>Provide a security officer to the Emergency Department;</b> to ensure that the Urgent Care Centre doors are locked and to maintain a position at the ambulance entrance. Ensure RACH is secured	
<b>7</b>	<b>Review staffing (call in as necessary).</b> Liaise with the Charge Hand Porter to obtain further porter/ security personnel to guard the following points: <ul style="list-style-type: none"> <li>• Level 5 theatre corridor</li> <li>• A&amp;E Car Park ramp (off Bristol Gate)</li> </ul>	
<b>8</b>	<b>Use CCTV cameras to watch over ED, ED car park, Level 3 lift lobby and North service road and RACH perimeter</b>	
<b>9</b>	<b>Provide</b> Police documentation to the Casualty Bureau/Police documentation team when they arrive.	
<b>10</b>	<b>Liaise with car parking</b> to ensure that car parking barriers are opened for staff access.	
<b>11</b>	<b>Maintain ambulance access to the ED department.</b>	
<b>12</b>	<b>Open &amp; assess need for security presence within the Relatives reception (main Outpatients) and/or the media reception (AEB)</b>	

<b>Action Card</b>	<b>No 55 cont....</b> <span style="float: right;"><b>(2 of 2)</b></span>
<b>Job title &amp; Incident Role</b>	<b>SECURITY OFFICERS</b>

<b>STAND DOWN</b> Decision to be taken within ECC		Time
<b>13</b>	<b>Review staffing for next 48 hours.</b>	
<b>14</b>	<b>Ensure continued security provision for the site.</b>	
<b>15</b>	<b>Documentation:</b> Ensure any paperwork relating to the Major Incident is completed before leaving the hospital and leave within ECC cupboard	
<b>16</b>	<b>Debrief:</b> Arrange for yourself & your staff to attend the 'hot' debrief if possible	

<b>Action Card</b>	<b>No 56</b> <span style="float: right;"><b>(1 of 1)</b></span>
<b>Job title &amp; Incident Role</b>	<b>ALL RECEPTION STAFF</b>
<b>Location</b>	<b>All reception areas</b>
<b>Role Description</b>	Inform the public of the situation Report any problems to the ECC Direct relatives, staff and media to the designated areas

<b>STANDBY</b>		Time
<b>1</b>	Not formally notified at this stage and no actions required unless notified otherwise by the Emergency Control Centre	

<b>DECLARED</b> Notification from Security		Time
<b>2</b>	<b>From this point on you must inform all patients and visitors that the Trust is undergoing a major incident.</b> This will affect the normal working of the Trust and it may affect normal Trust procedures	
<b>3</b>	<b>Nobody should be directed to the Emergency Department.</b> Anybody requesting directions to it should be advised to wait whilst you contact the Manager on call within the Trust Emergency Control Centre (ext 4996) – <b>unless it appears to be a clinical emergency.</b>	
<b>4</b>	<b>Security staff or porters should be present on the main hospital entrances.</b> If this is not the case, then please report it to the ECC staff on ext 4995.	
<b>5</b>	<b>Relatives of major incident patients should be directed to the Main Out Patients waiting room.</b> You should not attempt to contact the ED department yourself.	
<b>6</b>	<b>Any media representatives should be directed to AEB,</b> where someone from Comms will be available for them to speak to.	
<b>7</b>	<b>If staff present to assist with the incident please contact the Clinical Site Manager</b>	
<b>8</b>	<b>Notify the ECC on ext 4994 of any problems encountered.</b>	

<b>STAND DOWN</b> Decision to be taken within ECC		Time
<b>9</b>	<b>The areas mentioned above will remain open and people should continue to be directed there until you are notified otherwise.</b>	
<b>10</b>	<b>Documentation:</b> Ensure any paperwork relating to the Major Incident is completed before leaving the hospital and leave within ECC cupboard	
<b>11</b>	<b>Arrange for yourself &amp; your staff to attend the 'hot' debrief if possible</b>	

<b>Action Card</b>	<b>No 57</b> <span style="float: right;"><b>(1 of 1)</b></span>
<b>Job title &amp; Incident Role</b>	<b>SUSSEX HOUSE NURSERY MANAGER</b>
<b>Location</b>	<b>Sussex House Nursery</b>
<b>Role Description</b>	Prepare nursery for and receive children who may not be regular attendees at the nursery Assess the workload and request additional resources through the ECC
This card must be kept in a readily accessible place at work and at home, by the Manager of Sussex House Nursery, together with a list of staff contact numbers for use in an emergency.	

<b>STANDBY</b>		Time
1	Not formally notified at this stage and no actions required unless notified otherwise by the Emergency Control Centre	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard		
2	<b>When requested to, open the Nursery at Sussex House.</b> Attend the site and contact at least one other Nursery worker to come in to assist initially.	
3	<b>When you arrive on site, and have opened the Nursery, inform the Control Centre Manager in the ECC (ext 4995).</b>	
4	<b>Prepare the Nursery to receive children being dropped off by staff.</b> Where the child is not a regular attendee at the nursery, obtain written consent from the parent on the forms provided.	
5	<b>Requests for additional resources, including catering, should be made through the Control Centre Manager in the ECC (X 4995).</b>	
6	<b>Assess the workload and request the presence of further staff if required.</b>	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
7	<b>Continue caring for the children of staff until all have been collected.</b>	
8	<b>Once empty, ensure that the area is left secure.</b>	
9	<b>Review the staffing</b> for the next 48 hours in light of any additional hours that your staff may have worked during the incident.	
10	<b>Documentation:</b> Ensure any paperwork relating to the Major Incident is completed before leaving the hospital & leave within ECC cupboard	
11	<b>Debrief:</b> Arrange for yourself & your staff to attend the 'hot' debrief if possible	



<b>Action Card</b>	<b>No 58</b>	<b>(1 of 1)</b>
<b>Job title &amp; Incident Role</b>	<b>ESTATES ENGINEER ON CALL</b>	
<b>Location</b>	<b>Trustwide</b>	
<b>Role Description</b>	Assist Control Centre Manager with Estates related functions Assess effect of contractors on site and discuss with Control Centre Manager	
This card must be kept in a readily accessible place in the workshop and at home, by all persons who may be called upon carry out the duties below, together with a list of on site contractors contact numbers		

<b>STANDBY</b>		Time
<b>1</b>	Not formally notified at this stage and no actions required unless notified otherwise by the Emergency Control Centre	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard		
<b>2</b>	<b>OOH make your way to the RSCH immediately</b> , and once you arrive, report to the Control Centre Manager within the ECC (X 4995).	
<b>3</b>	<b>Ensure that the Control Centre Manager is aware of your location</b> and how to contact you when on site.	
<b>4</b>	<b>Confirm that the incident does not involve Chemical, Biological, Radiation or Nuclear material (CBRN) and require the establishment of the decontamination facilities. If it is a CBRN incident then refer to CBRN Action Card.</b>	
<b>5</b>	<b>Discuss with Control Centre Manager the effect of contractors working on site.</b> Where necessary contact the contractors & ask them to stop work & vacate the site until further notice	
<b>6</b>	<b>Assist the Control Centre Manager</b> (Facilities Manager on call) with any Estate related functions.	
<b>7</b>	<b>Remain on site until you are informed that the incident is finished and that you may stand down.</b>	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
<b>8</b>	<b>Staffing:</b> During and after a prolonged incident it may be necessary to request cover from a colleague rather than continuing in the role yourself. Inform RSCH Switchboard of person covering.	
<b>9</b>	<b>Notify the Control Centre Manager that you are leaving the site.</b>	
<b>10</b>	<b>Document:</b> Ensure any paperwork relating to the Major Incident is completed before leaving the hospital and leave within ECC cupboard	
<b>11</b>	<b>Debrief:</b> Arrange for yourself & your staff to attend the 'hot' debrief if possible	

<b>Action Card</b>	<b>No 59</b> <span style="float: right;"><b>(1 of 1)</b></span>
<b>Job title &amp; Incident Role</b>	<b>GENERAL SERVICES MANAGER FOR ISS MEDICLEAN</b>
<b>Location</b>	<b>Trustwide</b>
<b>Role Description</b>	Responsible for provision of portering, catering, linen and housekeeping in liaison with the Control Centre Manager
This card must be kept in a readily accessible place in the office and at home, by all persons who may be called upon carry out the duties below, together with a list of staff contact numbers for an emergency.	

<b>STANDBY</b>		Time
<b>1</b>	Not formally notified at this stage and no actions required unless notified otherwise by the Emergency Control Centre	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard		
<b>2</b>	<b>OOH, make your way to the hospital immediately.</b> Once you arrive, report to Control Centre Manager within ECC	
<b>3</b>	<b>Your main point of contact will always be the Control Centre Manager, and your responsibilities will be:</b> <ul style="list-style-type: none"> <li>• Provision of portering requirements during and after the incident</li> <li>• Provision of linen</li> <li>• Patient catering requirements</li> <li>• Staff catering requirements</li> <li>• Relative catering requirements within Relative Reception Area</li> <li>• Housekeeping arrangements during and after the incident</li> </ul>	
<b>4</b>	<b>Consideration should be given to forward planning &amp; notification of suppliers including requests to suppliers for additional stocks of food/linen when necessary.</b>	
<b>5</b>	<b>Consider liaising with WRVS</b> regarding the provision of refreshments & the opening of hospital shops out of hours.	
<b>6</b>	<b>Liaise with the Relative Reception Area</b> regarding the number of people that require refreshments.	
<b>7</b>	<b>Liaise with the Control Centre Manager (X 4995)</b> regarding any further areas opened during the incident & the need for ISS support.	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
<b>8</b>	<b>Ensure all ISS services continue to be supported</b> after the incident has been stood down & that resources are in place for the next 48hrs	
<b>9</b>	<b>Documentation:</b> Ensure any paperwork relating to the Major Incident is completed before leaving the hospital & leave within ECC	
<b>10</b>	<b>Debrief:</b> Arrange for yourself & your staff to attend the 'hot' debrief if possible	

<b>Action Card</b>	<b>No 60</b> <span style="float: right;"><b>(1 of 1)</b></span>
<b>Job title &amp; Incident Role</b>	<b>IT ENGINEER ON CALL/SUSSEX HIS</b>
<b>Location</b>	<b>Trustwide</b>
<b>Role Description</b>	Provide IT support to the Emergency Control Centre & establish any IT business continuity issues
<p>This card must be kept in a readily accessible place in the office and at home, by all persons who may be called upon carry out the duties below, together with a list of staff contact numbers for an emergency.</p>	

<b>STANDBY</b>		Time
Contact might be received from the Emergency Control Centre at this stage		
<b>1</b>	<b>You may be contacted at this stage to discuss the IT requirements</b> of the Emergency Control Room – if a large or prolonged incident appears likely.	
<b>2</b>	<b>Discuss the requirements amongst Sussex HIS staff</b> and decide on the most appropriate way of meeting the needs specified.	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard		
<b>3</b>	Ensure above standby actions 1-2 have been undertaken	
<b>4</b>	<b>Establish if there are any IT business continuity issues</b> – such as interruption to service caused by the incident. Decide on necessity to call in additional HIS staff (out of hours) for the purpose of rectifying any problems.	
<b>5</b>	<b>Provide support to the ECC during the incident.</b> Be on hand for any IT problems that might arise.	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
<b>6</b>	<b>Ensure that IT issues are resolved before leaving the site</b> – or notify the ECC team of problems that cannot be immediately rectified.	
<b>7</b>	<b>Ensure that someone from HIS is identified to be on call</b> (after you have gone home) and notify switchboard.	
<b>8</b>	<b>Documentation:</b> Ensure any paperwork relating to the Major Incident is completed before leaving the hospital and leave within ECC cupboard	
<b>9</b>	<b>Debrief:</b> Arrange for yourself & your staff to attend the ‘hot’ debrief if possible	

<b>Action Card</b>	<b>No 61</b> <span style="float: right;"><b>(1 of 1)</b></span>
<b>Job title &amp; Incident Role</b>	<b>MORTUARY TECHNICIAN</b>
<b>Location</b>	<b>Mortuary RSCH</b>
<b>Role Description</b>	Consider the need to increase capacity or utilise alternative body storing facilities Assess the need to contact further mortuary staff
This card must be maintained in a readily accessible place within the office for use by all those who may be called upon to carry out the duties of Mortuary Technician during a major incident – together with a list of staff contact details.	

<b>STANDBY</b>		Time
<b>1</b>	Not formally notified at this stage and no actions required unless notified otherwise by the Emergency Control Centre	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard		
<b>2</b>	<b>Proceed to the Mortuary at RSCH.</b>	
<b>3</b>	<b>Contact the Control Centre Manager</b> (ext 4995) within the Emergency Control Centre – to inform them of your arrival and of the number of spaces available.	
<b>4</b>	<b>During working hours inform the Consultant Histopathologist</b> of the occurrence of a major incident for the Trust.	
<b>5</b>	<b>When the number of critically or fatally injured casualties is high, consider the need to increase capacity</b> or utilise alternative body storing facilities – such as at PRH or with the Local Authority.	
<b>6</b>	<b>Ensure that body bags are available for the clinical areas.</b>	
<b>7</b>	<b>Assess the need to contact further mortuary staff</b> – depending on the scale of the incident in progress.	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
<b>8</b>	<b>Discuss with the Major Incident Officer within the Emergency Control Centre (ext 4993) the need to maintain mortuary staff in attendance after stand down.</b>	
<b>9</b>	<b>Prepare a list of all deceased patients from the major incident and their current locations.</b>	
<b>10</b>	<b>Liaise with the Police and the coroner regarding the undertaking of post mortems.</b>	
<b>11</b>	<b>Ensure staff are available for the mortuary for the next 48 hours</b>	
<b>12</b>	<b>Documentation:</b> Ensure any paperwork relating to the Major Incident is completed before leaving the hospital and leave within ECC	
<b>13</b>	<b>Debrief:</b> Arrange for yourself & your staff to attend the 'hot' debrief if possible	

<b>Action Card</b>	<b>No 62</b> <span style="float: right;"><b>(1 of 2)</b></span>
<b>Job title &amp; Incident Role</b>	<b>CO-ORDINATING CHAPLAIN</b>
<b>Location</b>	<b>Trustwide &amp; Relatives Reception Area</b>
<b>Role Description</b>	Assess the need for Chaplain and other faith support across the Trust. Co-ordinate and oversee the work of the Chaplaincy Volunteers during the incident. Liaise with religious representatives
This card must be kept in a readily accessible place by all persons who may be called upon carry out the duties below, together with the contact details of all on-call Chaplains and Chaplaincy Trust Volunteers.	

<b>STANDBY</b>		Time
<b>1</b>	Not formally notified at this stage and no actions required unless notified otherwise by the Emergency Control Centre	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard		
<b>2</b>	<b>Contact the Control Centre Manager in the ECC</b> (ext 4994). Establish location of the Relative Reception Centre (usually Sussex Cancer Centre waiting area), plus any other faith requirements known at this stage. Request Senior nurse to act as liaison.	
<b>3</b>	<b>Assess the need for Chaplain and other faith support</b> across the Trust sites and contact your colleagues on the Chaplaincy on call rota to see if they are available to attend.	
<b>4</b>	<b>Proceed to where you are to be based</b> , this should be Main Out Patients unless informed otherwise, collecting any additional information etc. on the way from the Chaplaincy office.	
<b>5</b>	<b>Contact Trust Chaplaincy volunteers from the list as required</b> , according to the situation asking them to attend with Trust Id & to report to you on arrival.	
<b>6</b>	<b>Contact the Sussex Emergency Response on call Chaplain/s to inform them that a Major Incident is taking place.</b> Phone on: 07771880577 and/or 269274, 725806 +/- the Police Chaplain 01444 413300 +/- the Gatwick Airport chaplain on: 01293 406001. Inform them of the situation within the Trust.	
<b>7</b>	<b>If required, contact religious representatives from any additional denominations and ask them to attend.</b>	
<b>8</b>	<b>Co-ordinate and oversee the work of the Chaplaincy Volunteers during the incident.</b>	
<b>9</b>	<b>Maintain liaison with Chaplain at PRH.</b> Report any problems or requirements to the ECC (ext 4994).	

<b>Action Card</b>	<b>No 62 cont...</b>	<b>(2 of 2)</b>
<b>Job title &amp; Incident Role</b>	<b>CO-ORDINATING CHAPLAIN</b>	

<b>STAND DOWN</b> Decision to be taken within ECC		Time
<b>10</b>	<b>Although the Trust may be standing down from the incident, it will be necessary to maintain the Relative Reception Centres for an extended period of time. Ensure that you have enough staff for this – including relief staff for a prolonged incident.</b>	
<b>11</b>	<b>Maintain support with other agencies present in the Relative Reception Centre</b> – this should include the police and may include social services and other voluntary agencies.	
<b>12</b>	<b>When appropriate, and in conjunction with the ECC team, prepare a structured approach to closing down the Relative Reception Centre.</b>	
<b>13</b>	<b>Where possible, provide support for staff involved in the incident.</b>	
<b>14</b>	<b>Documentation:</b> Ensure any paperwork relating to the Major Incident is completed before leaving the hospital and leave within ECC cupboard	
<b>15</b>	<b>Debrief:</b> Arrange for yourself & your staff to attend the ‘hot’ debrief if possible	

<b>Action Card</b>	<b>No 63</b> <span style="float: right;"><b>(1 of 1)</b></span>
<b>Job title &amp; Incident Role</b>	<b>ALL SERVICE MANAGERS</b>
<b>Location</b>	<b>Trustwide</b>
<b>Role Description</b>	Provide staffing support to the Major Incident where possible

<b>STANDBY</b>		Time
<b>1</b>	Not formally notified at this stage and no actions required unless notified otherwise by the Emergency Control Centre	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard or ECC/ email		
<b>2</b>	<b>Please assess the staffing and capacity within your service.</b>	
<b>3</b>	<b>Any staff that can be freed to support the Major Incident please contact the ECC</b> with their details and skills. In a large incident a Muster point may be set up in the Millennium Wing. Contact the ECC to find out about this.	
<b>4</b>	<b>Any issues within your service should be escalated to line manager/divisional management team</b>	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
<b>5</b>	<b>Documentation:</b> Ensure any paperwork relating to the Major Incident is completed before leaving the hospital and leave within ECC cupboard	
<b>6</b>	<b>Debrief:</b> Arrange for yourself & your staff to attend the 'hot' debrief if possible	

<b>Action Card</b>	<b>No 64</b> <span style="float: right;"><b>(1 of 1)</b></span>
<b>Job title &amp; Incident Role</b>	<b>EMERGENCY PLANNING OFFICER</b>
<b>Location</b>	<b>ECC</b>
<b>Role Description</b>	To support the ECC team

<b>STANDBY</b>		Time
Notification from RSCH Switchboard		
<b>1</b>	<b>If possible, attend the site and meet with the other Emergency Control Centre responders in the Pathology Library, level 6.</b>	
<b>2</b>	<b>Assist with the co-ordination of the setting up &amp; running of the ECC.</b>	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard		
<b>4</b>	<b>Ensure the interaction</b> of the Emergency Department, Emergency Control Centre and other areas within the hospital.	
<b>5</b>	<b>Ensure that communication</b> is established with external agencies as appropriate.	
<b>6</b>	Encourage the Duty Director and Duty Manager to begin <b>business continuity planning</b> for the Trust to return to normal service.	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
<b>7</b>	On receipt of the emergency service stand down message, ensure that the ECC team begin an assessment of the Trust position.	
<b>8</b>	<b>Ensure that the ECC is packed away;</b> that all paperwork used during the incident is collected; and that the Pathology library is left tidy.	
<b>9</b>	<b>Ensure that resources within the ECC cupboard are replaced as soon as possible.</b>	



<b>Action Card</b>	<b>No 65</b> <span style="float: right;"><b>(1 of 2)</b></span>
<b>Job title</b>	<b>PRH SENIOR EMERGENCY DEPARTMENT</b>
<b>Incident Role</b>	<b>CLINICIAN</b>
<b>Location</b>	<b>PRH ED</b>
<b>Role Description</b>	Lead the Emergency Department's response to the major incident (this is a hands off role). Work with nurse in charge of Emergency Department to effectively manage the Emergency Department response to the incident.

<b>STANDBY</b> Not notified		Time
<b>1</b>	No actions required	

<b>RSCH DECLARED WITH PRH ON STANDBY</b> Notification by RSCH ED Consultant		Time
<b>2</b>	Assess current patient activity and staffing levels within the Emergency department with the Nurse in Charge. <b>Objective 1:</b> rapid progression of patients through the department to either admission or discharge. <b>Objective 2:</b> identify and plan to cover staffing shortages.	
<b>3</b>	Review the current resources available within the department. The Major Incident Officer within the Emergency Control Centre will require a thorough assessment prior to deciding on the appropriateness of PRH to accept major incident patients.	
<b>4</b>	If CDU is open, delegate a doctor to review the patients, aiming for rapid discharge or admission in conjunction with the Clinical Site Manager in the Emergency Control Centre	

<b>RSCH and PRH DECLARED with PRH receiving casualties</b> Notification by ECC		Time
<b>6</b>	<b>Ensure</b> above standby actions 1-4 have been undertaken	
<b>7</b>	Staff will arrive in the ED, both ED and non-ED. Work with the Nurse in Charge: <ul style="list-style-type: none"> <li>• <b>Designate</b> treatment teams for each area.</li> <li>• <b>Allocate</b> clinical resources to maintain the care of existing patients within the department and expedite their disposal.</li> <li>• <b>Liaise</b> frequently with the Ambulance Liaison Officer (ALO) to ascertain case mix and numbers expected.</li> <li>• Consider the use of Fracture Clinic in the presence of large numbers of Priority 2 or 3 patients as secondary overflow.</li> </ul>	
<b>8</b>	Requests for additional Emergency Department doctors will have to be made via the RSCH ED Consultant in Charge.	

<b>Action Card</b>	<b>No 65 cont...</b>	<b>(2 of 2)</b>
<b>Job title</b>	<b>PRH SENIOR EMERGENCY DEPARTMENT</b>	
<b>Incident Role</b>	<b>CLINICIAN</b>	

<b>RSCH DECLARED WITH PRH ON STANDBY cont...</b>		Time
<b>9</b>	<b>Wear</b> your yellow surcoat. You are now triaging every person who attends. Take up position at the Ambulance entrance to the department. <b>Assess</b> each person rapidly and allocate a triage category. Share relevant data with the Police Documentation Team when they arrive.	
<b>10</b>	<b>Check list:</b> each patient must have a triage category, documentation pack with the special Major Incident ED number and a wrist band with that number written on it before leaving you. <b>Objective:</b> rapid assessment and documentation but no treatment. Patient with you less than 1 minute.	
<b>11</b>	Continuously review the department capacity. This must be communicated to SECamb via the Ambulance Liaison Officer or through the PRH ECC.	
<b>12</b>	Maintain regular contact with the Major Incident Officer within the RSCH Emergency Control Centre. Provide information on patients received and any updated information received from SECamb.	

<b>STAND DOWN</b> Decision made by ECC team		Time
<b>13</b>	<b>Notification:</b> Following notification from the scene of the incident that 'Casualty Clearance is complete' via SECamb the ECC team must assess when it is safe & appropriate to stand the Trust down. Only begin to Stand down when notified by ECC	
<b>14</b>	<b>Documentation:</b> Ensure any paperwork relating to the Major Incident is completed before leaving the hospital and leave within ECC cupboard	
<b>15</b>	<b>Debrief:</b> Provide as many staff involved in the incident as possible to attend the 'hot debrief' being co-ordinated by the ECC team	
<b>16</b>	<b>Future staffing:</b> Begin to look at future staffing of the department Ensure there are adequate medical staffing and senior cover for the next 48 hrs	
<b>17</b>	<b>Re stock:</b> Ensure that all areas of the department are fully re stocked and ready to receive patients.	
<b>18</b>	<b>Support:</b> Ensure that staff are given support to minimise the psychological trauma that the incident may have caused.	

<b>Action Card</b>	<b>No 66</b>	<b>(1 of 2)</b>
<b>Job title</b>	<b>PRH ED SHIFT LEADER</b>	
<b>Incident Role</b>		
<b>Location</b>	<b>PRH ED</b>	
<b>Role Description</b>	Work with Emergency Department Commander (consultant) in charge of Emergency Department to effectively manage the Emergency Department response to the incident.	

<b>STANDBY</b> Not notified		Time
<b>1</b>	No actions required	

<b>RSCH DECLARED WITH PRH ON STANDBY</b> Notification by RSCH ED Shift Leader		Time
<b>2</b>	Review the current activity within the department with the senior Emergency Department clinician available.	
<b>3</b>	Review the current and future staffing of the department with the aim of planning for the possible escalation of the incident.	
<b>4</b>	Liaise with the Clinical Site Manager regarding the early movement of patients out of the department to wards in preparation to receive patients.	
<b>5</b>	Inform the nurse in charge of MAU, Fracture Clinic and the ED receptionist of the current situation.	

<b>RSCH and PRH DECLARED with PRH receiving casualties</b> Notification from ECC		Time
<b>6</b>	<b>Ensure</b> above standby actions 1-5 have been undertaken	
<b>7</b>	A decision will be made by the ECC across the Trust as to whether PRH will be able to receive Category 3 (minor patients) from the major incident.	
<b>8</b>	If patients from the incident are expected, establish with SECamb the number and severity of injuries & prepare to receive them.	
<b>9</b>	Allocate someone to open the Major Incident Store Cupboard and distribute yellow surcoats.	
<b>10</b>	Consider the need to contact and request further staff to attend from the rota – ensuring that you do not call the next shift/night shift.	
<b>11</b>	In conjunction with the Senior ED Clinician: <ul style="list-style-type: none"> <li>• Designate treatment teams within the dept.</li> <li>• Allocate a nursing co-ordinator to each area of the department.</li> <li>• Consider the use of Fracture Clinic for large numbers of patients.</li> </ul>	

<b>Action Card</b>	<b>No 66 cont...</b>	<b>(2 of 2)</b>
<b>Job title</b>	<b>PRH ED SHIFT LEADER</b>	
<b>Incident Role</b>		

<b>RSCH and PRH DECLARED with PRH receiving casualties cont...</b>		Time
<b>12</b>	Arrange for a triage point to be established at the Ambulance entrance – with appropriate clinician, nurse and reception staff. Use Triage action card	
<b>13</b>	Ensure that the pedestrian access doors are locked and signs are established outside the department. All patients should be received via the major incident triage point.	
<b>14</b>	Oversee the allocation of non A&E nursing staff to the department – ensuring that they are supervised and supported. Maintain a list of all staff within the department for debrief purposes later.	
<b>15</b>	Patients will be treated in the Emergency Department and then may be admitted or discharged. Discharged patients should be sent to wait in Outpatients waiting room for documenting by the Police Documentation Team.	

<b>STAND DOWN</b> Decision made by ECC team		Time
<b>16</b>	<b>Notification:</b> Following notification from the scene of the incident that 'Casualty Clearance is complete' via SECamb the ECC team must assess when it is safe & appropriate to stand the Trust down. Only begin to Stand down when notified by ECC	
<b>17</b>	<b>Documentation:</b> Ensure any paperwork relating to the Major Incident is completed before leaving the hospital and leave within ECC cupboard	
<b>18</b>	<b>Debrief:</b> Provide as many staff involved in the incident as possible to attend the 'hot debrief' being co-ordinated by the ECC team	
<b>19</b>	<b>Future staffing:</b> Begin to look at future staffing of the department Ensure there are adequate nurses & support staff for the next 48 hrs	
<b>20</b>	<b>Re stock:</b> Ensure that all areas of the department are fully re stocked and ready to receive patients.	
<b>21</b>	<b>Support:</b> Ensure that staff are given support to minimise the psychological trauma that the incident may have caused.	

<b>Action Card</b>	<b>No 67</b> <span style="float: right;"><b>(1 of 2)</b></span>
<b>Job title</b>	<b>PRH ED RECEPTIONIST</b>
<b>Incident Role</b>	
<b>Location</b>	<b>PRH ED</b>
<b>Role Description</b>	To document all patients attending and enter their information onto symphony Majax. To assist the zone coordinators in keep patient information up to date, answering queries/phone calls. Liaising closely with the ED shift leader

<b>STANDBY</b> Not notified		Time
<b>1</b>	No actions required	

<b>RSCH DECLARED WITH PRH ON STANDBY</b> Notification from PRH ED Shift leader		Time
<b>2</b>	Ensure you are familiar with the Computer Major Incident system.	
<b>3</b>	Notify the Head of Reception if not already on duty.	

<b>RSCH and PRH DECLARED with PRH receiving casualties</b> Notification from PRH ED Shift leader		Time
<b>4</b>	<b>Ensure</b> above standby actions 1-3 have been undertaken	
<b>5</b>	Liaise closely with RSCH Emergency Department Reception regarding the initiation of the MAJAX computer system for each site.	
<b>6</b>	The name of the incident should be entered as the date. Print off an initial 20 sets of ED front sheets and corresponding labels. Further sets may be required later. Use in conjunction with the Major Incident pre prepared patient folders.	
<b>7</b>	Contact reception staff to attend (contact details should be available).	
<b>8</b>	Allocate a triage receptionist to assist at the Ambulance entrance if possible, to manually record the details of each patient arriving during the incident. A surcoat is available. (see action card)	
<b>9</b>	Every patient arriving must be allocated a unique ED number; have as many details as possible hand written onto the corresponding paperwork; and be given an identification wrist band to wear.	
<b>10</b>	Handwritten details must be updated onto the computer ASAP	

<b>Action Card</b>	<b>No 67 cont...</b>	<b>(2 of 2)</b>
<b>Job title</b>	<b>PRH ED RECEPTIONIST</b>	
<b>Incident Role</b>		

<b>STAND DOWN</b>		Time
Decision made by ECC team		
<b>11</b>	<b>Documentation:</b> Ensure any paperwork relating to the Major Incident is completed before leaving the hospital leave within MI cupboard	
<b>12</b>	<b>Debrief:</b> Provide as many staff involved in the incident as possible to attend the 'hot debrief' being co-ordinated by the ECC team	
<b>13</b>	<b>Future staffing:</b> Begin to look at future staffing of the department Ensure there are adequate nurses & support staff for the next 48 hrs	
<b>14</b>	<b>Re stock:</b> Ensure that all areas of the department are fully re stocked including MI documentation	

<b>Action Card</b>	<b>No 68</b> (1 of 2)
<b>Job title</b>	<b>PRH MEDICAL CONSULTANT ON CALL</b>
<b>Incident Role</b>	
<b>Location</b>	<b>PRH ECC</b>
<b>Role Description</b>	Initiate Major Incident Ward round starting on AMU & assess which patients can be safely discharged or transferred to alternative care settings. Liaise with GPs. Deploy Physicians to ED if required

<b>STANDBY</b> No notification at this stage		Time
1	No actions required	

<b>RSCH DECLARED WITH PRH ON STANDBY</b> Notification from Switchboard		Time
2	Proceed immediately to the ECC at PRH (Committee Room, Beechmont), to meet with the Clinical Site Manager (CSM).	
3	Assess the current situation across PRH and HWP sites relating to clinical capacity and staffing.	

<b>RSCH and PRH DECLARED with PRH receiving casualties</b> Notification from switchboard		Time
4	<b>Ensure</b> above standby actions 1-3 have been undertaken	
5	<b>Arrange for capacity</b> to be made available by reviewing all medical in-patients and facilitating discharges wherever possible – in conjunction with the CSM, ward staff and pharmacy.	
6	<b>Report all discharges</b> to the PRH Team.	
7	In conjunction with senior clinical colleagues in other specialities, review the clinical workload and call in assistance when necessary.	
8	<b>Liaise with the ECC regularly</b> to assist the staff in the running of the PRH and HWP sites during the rest of the incident with a particular emphasis on the allocation of clinical resources.	

<b>STAND DOWN</b> Decision made by ECC team		Time
9	Assist the ECC team in deciding on the appropriate time to stand down the response from PRH/HWP.	
10	<b>Documentation:</b> Ensure any paperwork relating to the Major Incident is completed before leaving the hospital leave within MI cupboard	
11	<b>Debrief:</b> Attend the hot debrief if possible	
12	<b>Future staffing:</b> Ensure that there is on going Senior cover for the medical teams remaining after the incident.	

<b>Action Card</b>	<b>No 69</b> (1 of 2)
<b>Job title</b>	<b>PRH CLINICAL SITE MANAGER</b>
<b>Incident Role</b>	
<b>Location</b>	<b>PRH ECC</b>
<b>Role Description</b>	Act as tactical commander until relieved by the manager on call. Continue usual CSM role. Deploy nursing staff as necessary. Assess capacity and staffing within the trust with the bed manager

<b>STANDBY</b> Not notified at standby		Time
1	No actions at present	

<b>RSCH DECLARED WITH PRH ON STANDBY</b> Notification from Switchboard		Time
2	<b>Proceed immediately to the Clinical Operations Room</b> at PRH, to meet with other members of the PRH team.	
3	<b>Ensure that the Room is set up</b> and video link to RSCH is set up. Mobile telephones are available from PRH Switchboard if needed.	
4	<b>Establish the current situation at PRH</b> relating to bed and ICU capacity, staffing levels, theatre activity, A&E activity and Out patient activity.	
5	Each role within the PRH team should be covered. RSCH team may be able to assist in the provision of cover should you require any.	
6	<b>Contact and inform the Nurse in Charge of Hurstwood Park.</b>	
7	<b>Conduct two hourly briefing meetings</b> within the Clinical Ops room to ensure that everybody is kept up to date & liaise with the ECC at RSCH.	

<b>RSCH and PRH DECLARED with PRH receiving casualties</b> Notification from Switchboard		Time
8	<b>Ensure</b> above standby actions 1-7 have been undertaken	
9	Maintain thorough documentation of any actions taken or calls received throughout the incident.	
10	Allocate a Senior Nurse/Matron to attend and participate in the Discharge ward round that should begin on MAU.	
11	In conjunction with other members of the PRH team, senior ED, theatre and ICU clinical staff, a decision must be taken as to whether PRH can accept patients from the major incident; and what type of patients. Once taken, this will need to be discussed with the RSCH control team and informed to the ambulance service.	



<b>Action Card</b>	<b>No 69 cont...</b>	<b>(2 of 2)</b>
<b>Job title</b>	<b>PRH CLINICAL SITE MANAGER</b>	
<b>Incident Role</b>		

<b>RSCH and PRH DECLARED cont... with PRH receiving casualties</b>		Time
Notification from RSCH Switch		
<b>12</b>	<b>Liase closely with the RSCH CSM</b> and Bed Managers regarding escalation capacity at PRH and the transfer of patients via ECC X4995	
<b>13</b>	In conjunction with the Control Centre Manager, deploy nursing and support staff to the following areas: <ul style="list-style-type: none"> <li>• Discharge Area (Out Patient Waiting Room) – for the reception of rapid discharges created by the discharge ward round.</li> <li>• Staff Muster Point – Downsmere reception area – to document any additional staff arriving for duty.</li> <li>• Relative Reception Area (Out Patient waiting room) – to care for the relatives and friends of major incident patients arriving.</li> </ul>	
<b>14</b>	Maintain an accurate list of all major incident patients and their current and final destinations.	
<b>15</b>	Consider the need to establish contact with neighbouring Trusts regarding additional capacity.	

<b>STAND DOWN</b>		Time
Decision made by ECC team		
<b>16</b>	<b>Notification:</b> Following notification from the scene of the incident that 'Casualty Clearance is complete' via SECamb the ECC team must assess when it is safe & appropriate to stand the Trust down. Only begin to Stand down when notified by ECC	
<b>17</b>	<b>Documentation:</b> Ensure any paperwork relating to the Major Incident is completed before leaving the hospital leave within MI cupboard	
<b>18</b>	<b>Debrief:</b> Provide as many staff involved in the incident as possible to attend the 'hot debrief' being co-ordinated by the ECC team	
<b>19</b>	<b>Future staffing:</b> Begin to look at future staffing of the department Ensure there are adequate nurses & support staff for the next 48 hrs	
<b>20</b>	<b>Re stock:</b> Ensure that all areas of the department are fully re stocked including MI documentation	

<b>Action Card</b>	<b>No 70</b> <span style="float: right;"><b>(1 of 2)</b></span>
<b>Job title &amp; Incident Role</b>	<b>PRH ICU CONSULTANT ON CALL</b>
<b>Location</b>	<b>PRH ITU</b>
<b>Role Description</b>	Facilitate the availability of beds on ICU Deploy ICU staff to ED as necessary Liaise with Nurse in charge of ICU, Anaesthetic Consultant in theatres & assess need for further anaesthetic cover
<p>This card must be maintained in a readily accessible place within the office and at home, for use by all those who may be called upon to carry out the duties of Consultant on call for ICU, together with a register of staff laid out in priority call order, giving telephone numbers.</p>	

<b>STANDBY</b>		Time
Not normally notified at stand by		
<b>1</b>	Should you hear of the Trust undergoing a standby major incident, maintain normal business activity, unless notified otherwise by the ICU Consultant on call at RSCH or the Emergency Control Centre.	

<b>RSCH DECLARED WITH PRH ON STANDBY</b>		Time
Notification from RSCH ICU Consultant		
<b>2</b>	<b>Proceed to ICU at PRH.</b>	
<b>3</b>	<b>Bed capacity:</b> In consultation with the Nurse in charge of ICU, Outreach Team, Consultant Physician on call and Bed Bureau, facilitate the availability of beds on ICU at RSCH and PRH	
<b>4</b>	Consider calling in staff to support the RSCH or PRH activity.	

<b>RSCH and PRH DECLARED with PRH receiving casualties</b>		Time
Notification from Switchboard		
<b>5</b>	Call in colleagues as necessary ensuring there will be adequate staffing to for the next two shifts. liaise with the ICU consultant at PRH	
<b>6</b>	<b>Deploy ICU staff to ED</b> as necessary (including Consultant if necessary), liaising with the Consultant Anaesthetist in theatres to assess the need for further anaesthetic cover.	
<b>7</b>	<b>Keep the Major Incident Officer (Cons Urologist) informed</b> of the situation (Ext 4993).	

<b>Action Card</b>	<b>No 70 cont...</b>	<b>(2 of 2)</b>
<b>Job title</b>	<b>PRH ICU CONSULTANT ON CALL</b>	
<b>Incident Role</b>		

<b>STAND DOWN</b> Decision to be taken within ECC		Time
<b>8</b>	<b>Stand down:</b> Ignore rumours and talk of stand down. Await confirmation from ECC	
<b>9</b>	<b>Document:</b> Ensure any paperwork relating to the Major Incident is completed before leaving the hospital and leave within ECC cupboard	
<b>10</b>	<b>Debrief:</b> Provide as many staff involved in the incident as possible to attend the 'hot debrief' being co-ordinated by the ECC team	
<b>11</b>	<b>Ensure your area is restocked as necessary and that staffing is adequate for the next 48 hours</b>	

<b>Action Card</b>	<b>No 71</b>	<b>(1 of 2)</b>
<b>Job title &amp; Incident Role</b>	<b>HWP ICU CONSULTANT</b>	
<b>Location</b>	<b>PRH ITU</b>	
<b>Role Description</b>	Facilitate the availability of beds on ICU Deploy ICU staff to ED as necessary Liaise with Nurse in charge of ICU, Anaesthetic Consultant in theatres & assess need for further anaesthetic cover	
This card must be maintained in a readily accessible place within the office and at home, for use by all those who may be called upon to carry out the duties of Consultant on call for ICU, together with a register of staff laid out in priority call order, giving telephone numbers.		

<b>STANDBY</b>		Time
Not normally notified at stand by		
<b>1</b>	Should you hear of the Trust undergoing a standby major incident, maintain normal business activity, unless notified otherwise by the ICU Consultant on call at RSCH or the Emergency Control Centre.	

<b>RSCH DECLARED WITH PRH ON STANDBY</b>		Time
Notification from RSCH ICU Consultant		
<b>2</b>	<b>Proceed to HWP at PRH.</b>	
<b>3</b>	<b>Bed capacity:</b> In consultation with the Nurse in charge of HWP ICU and Bed Bureau, facilitate the availability of beds on ICU at RSCH and PRH	
<b>4</b>	Consider calling in staff to support the RSCH or PRH activity.	
<b>5</b>	Liaise with the ICU consultant at PRH	

<b>RSCH and PRH DECLARED with PRH receiving casualties</b>		Time
Notification from Switchboard		
<b>6</b>	Call in colleagues as necessary ensuring there will be adequate staffing to for the next two shifts. liaise with the ICU consultant at PRH	
<b>7</b>	<b>Deploy HWP ICU staff to ED</b> if necessary (including Consultant if necessary), liaising with the PRH ICU Consultant to assess the need for further anaesthetic cover.	
<b>8</b>	<b>Keep the Major Incident Officer (Cons Urologist) informed</b> of the situation (Ext 4993).	

<b>Action Card</b>	<b>No 71 cont... (2 of 2)</b>
<b>Job title</b>	<b>HWP ICU CONSULTANT</b>
<b>Incident Role</b>	

<b>STAND DOWN</b> Decision to be taken within ECC		Time
<b>8</b>	<b>Stand down:</b> Ignore rumours and talk of stand down. Await confirmation from ECC	
<b>9</b>	<b>Document:</b> Ensure any paperwork relating to the Major Incident is completed before leaving the hospital and leave within ECC cupboard	
<b>10</b>	<b>Debrief:</b> Provide as many staff involved in the incident as possible to attend the 'hot debrief' being co-ordinated by the ECC team	
<b>11</b>	<b>Ensure your area is restocked as necessary and that staffing is adequate for the next 48 hours</b>	

# Paediatric Action Cards

<b>Action Card</b>	<b>No 72</b>	<b>(1 of 2)</b>
<b>Job title</b>	<b>HEAD OF PAEDIATRIC NURSING</b>	
<b>Incident Role</b>	<b>(OR PAEDIATRIC MATRON)</b>	
<b>Location</b>	<b>Level 6 Meeting Room</b>	
<b>Role Description</b>	To coordinate the paediatric response and to give paediatric advice to the major Incident Officer within the Emergency Control Centre	
This card must be maintained in a readily accessible place at work and at home for use by all persons who may be called upon to carry out the duties of Head of Paediatric Nursing.		

<b>STANDBY</b>		Time
Notification from RSCH Switchboard		
<b>1</b>	Proceed to Level 6 Meeting Room RACH and start a log of the incident	
<b>2</b>	Contact the Paediatric Bleep Holders & establish the current paediatric bed availability (including PICU), nurse staffing levels, theatre activity, out patient & x-ray workload. Liaise with the Emergency Control Centre (Ext: <b>4993</b> ) & ensure they are kept updated with your capacity/activity.	
<b>3</b>	Ensure regular updates to maintain an accurate position of the RACH	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard		
<b>4</b>	<b>Ensure</b> above standby actions 1-3 have been undertaken	
<b>5</b>	Establish whether children are involved in the incident (if known). Contact and send senior paediatric nurses to the Emergency Department following consultation with the nurse in charge of the Children's Emergency Department as soon as possible to assist with the initial assessment and treatment of child casualties arriving.	
<b>6</b>	Confirm with the ECC and with the ED Commander in the Main Emergency Department if P3 children can be sent directly from main triage to the Children's Emergency Department	
<b>7</b>	If the ambulance service confirm absolutely that there are no paediatric casualties from the incident then proceed to stand down RACH resources.	
<b>8</b>	<b>Out of hours:</b> If paediatric casualties are involved or could be involved contact a Paediatric Surgical Consultant and Anaesthetic Consultant who are not currently on call, inform them of the status, and request them to attend to provide backup in the RACH clinical areas. During working hours this can be achieved internally.	
<b>9</b>	Establish contact with the Paediatric bleep holder to obtain information about bed availability. Maintain information about cancelled operations and discharged patients.	
<b>10</b>	Contact neighbouring acute NHS paediatric admission units. Inform them of the Trust situation. Establish their current bed state and a designated future point of contact.	

<b>Action Card</b>	<b>No 72 cont...</b>	<b>(2 of 2)</b>
<b>Job title</b>	<b>HEAD OF PAEDIATRIC NURSING</b>	
<b>Incident Role</b>	<b>(OR PAEDIATRIC MATRON)</b>	

<b>DECLARED ACTIONS cont...</b>		<b>Time</b>
<b>10</b>	<p>In conjunction with the RACH Operational Manager the following areas must be staffed and made available as soon as possible:</p> <ul style="list-style-type: none"> <li>•Level 6 – Children’s Emergency Department - to become the Children’s treatment and discharge area</li> <li>•Main RSCH Out Patients Department - to become the Relatives Waiting Are (for all parents, families and carers). This will be staffed by Main Out Patients and Chaplaincy staff but will benefit from a paediatric link to act as a support to the Adults waiting for children OR as support to children that may be waiting for relatives involved in the incident?</li> </ul> <p>Staff may need to be called in to assist in the response. First call those on annual leave, days off, study leave etc but ensure you do not call in staff due in for the next 2 shifts, these will be needed to relieve staff currently responding to the incident.</p> <p>In addition to trained staff and equipment, consider chaplaincy/faith support, refreshments (opening of WRVS facilities) &amp; Social Service support (via Local Authority).</p>	
<b>11</b>	Consider the use of the Paediatric Escalation Policy to ensure that enough capacity is made available.	
<b>12</b>	Notify the Child and Adolescent Mental Health Service (CAMHS) of the incident – and request their support with post incident counselling.	
<b>13</b>	Ensure that contact is made regularly with the relatives’ area staff; when required, provide appropriate staff to escort relatives to the ED and support them once there.	
<b>14</b>	Maintain a strategic overview of paediatric resources from within the level 6 meeting room – noting the impact of the incident on the RACH building and staff.	
<b>15</b>	<b>Relief:</b> If this is likely to be a prolonged incident assess the need to call in another Manager to take over from you after 12 hours or when necessary.	

<b>STAND DOWN</b>		<b>Time</b>
Decision to be taken within ECC		
<b>16</b>	Participate in the ECC group assessment of whether to stand the Trust down, by assessing the situation across the RACH.	
<b>17</b>	When the ECC group decision has been taken to stand the Trust down – ensure that all paediatric areas within the RACH are informed. Continue to provide support to the relatives’ area after the incident – until it can be wound down.	
<b>18</b>	Participate in the hot debrief and ensure that all documentation is completed and sent to the emergency planning officer.	



<b>Action Card</b>	<b>No 73</b> <span style="float: right;"><b>(1 of 2)</b></span>
<b>Job title</b>	<b>PAEDIATRIC NURSE BLEEP HOLDER</b>
<b>Incident Role</b>	
<b>Location</b>	<b>RACH</b>
<b>Role Description</b>	Obtain up to date information on staffing, bed capacity and theatre capacity & liaise with the Head of Paediatric & Nursing (HoPN). Provide clinical support to the RACH ward areas throughout the incident
This card must be maintained in a readily accessible place for use by all persons who may be called upon to carry out the duties of Paediatric Nurse Bleep Holder	

<b>STANDBY</b>		Time
Notification from RSCH Switchboard		
<b>1</b>	Provide a current bed state for RACH, (including PICU) – taking into account children having elective procedures or due for discharge soon.	
<b>2</b>	Identify, but do not move, any extra staff available on the wards or in the clinical areas.	
<b>3</b>	Liaise with RACH Theatre Co-ordinator to obtain a briefing or operating list schedule.	
<b>4</b>	Liaise with the Head of Paediatric & Nursing and ensure they are kept updated with your capacity/activity they will in turn update the Emergency Control Centre.	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard		
<b>5</b>	<b>Ensure</b> above standby actions 1-4 have been undertaken	
<b>6</b>	Join the Nurse in Charge of the Children's Emergency Department to brief of incident prior to Joining the Paediatric discharge ward round. Communicate information about discharged patients to the HoPN in the ECC.	
<b>7</b>	Assess the situation regarding paediatric nursing staff availability across the RACH. If necessary, contact staff from home to attend.	
<b>8</b>	Provide clinical support to the RACH ward areas throughout the incident.	
<b>9</b>	Monitor the additional areas of the RACH that have been opened for the incident: <ul style="list-style-type: none"> <li>• Level 6 Children's Emergency Department for the treatment and discharge of children</li> <li>• Main RSCH Out Patients Department - to become the Relatives Waiting Area (for all parents, families and carers of patients in the incident).</li> <li>• Level 7 Day care for extra capacity if Level 6 becomes fully utilised</li> </ul>	
<b>10</b>	Provide updates to the ECC on all Paediatric issues.	
<b>11</b>	<b>Relief:</b> If this is likely to be a prolonged incident assess the need to call in another Manager to take over from you after 12 hours or when necessary.	

<b>Action Card</b>	<b>No 73 cont...</b>	<b>(2 of 2)</b>
<b>Job title</b>	<b>PAEDIATRIC NURSE BLEEP HOLDER</b>	
<b>Incident Role</b>		

<b>STAND DOWN</b> Decision to be taken within ECC		Time
<b>12</b>	Oversee the return to normal service of the nursing areas within the RACH. Report any issues back to the Level 6 Meeting Room team. Attend the 'hot' debrief if possible and ensure that all documentation is completed and sent to the emergency planning officer.	

<b>Action Card</b>	<b>No 74</b>	<b>(1 of 2)</b>
<b>Job title</b>	<b>RACH OPERATIONAL MANAGER</b>	
<b>Incident Role</b>	<b>(OR DEPUTY)</b>	
<b>Location</b>	<b>Level 6 Meeting Room RACH</b>	
<b>Role Description</b>	Co-ordinate Paediatric resources from within the ECC Consider Business Continuity implications and plan for the continuation of business following the incident.	
This card must be maintained in a readily accessible place for use by anyone expected to undertake the role of RACH Operational Manager.		

<b>STANDBY</b>		Time
Notification from RSCH Switchboard		
<b>1</b>	Proceed directly to the Level 6 Meeting Room RACH	
<b>2</b>	<b>Contact the Paediatric Patient Access Manager (PAM)</b> or deputy to establish the availability of administration staff across the RACH, and the current Out patient clinic activity.	
<b>3</b>	<b>Contact the following on call people</b> to advise them of the situation: Paediatrician, Paediatric Surgeon, Paediatric Anaesthetist, RACH theatres and RACH wards. Inform them that no action is required at this stage.	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard		
<b>4</b>	<b>Ensure</b> above standby actions 1-3 have been undertaken & ensure those notified in action 3 are aware of the declared status.	
<b>5</b>	<b>Co-ordinate Paediatric resources</b> from within the Level 6 Meeting Room RACH	
<b>6</b>	<b>If necessary, contact and advise paediatric support departments of the incident</b> , requesting attendance where appropriate. For example, SSD, Physio etc.	
<b>7</b>	<b>Contact Paediatric Access Manager</b> or deputy to ensure adequate Paediatric administrative support is available – to oversee the suspension of out patient and day case activity.	
<b>8</b>	<b>Liase with the Control Centre Manager</b> (ext 4995) to arrange the provision of facilities, including portering, catering, linen and security to the following areas: <ul style="list-style-type: none"> <li>• Level 6 Children’s emergency department</li> <li>• Level 7 Day case</li> </ul>	
<b>9</b>	<b>Out of hours:</b> When necessary, contact the on call Theatre team and instruct them to attend. Consider the effect of cancelled theatre time on any forthcoming elective admissions.	

<b>Action Card</b>	<b>No 74 cont...</b>	<b>(2 of 2)</b>
<b>Job title</b>	<b>RACH OPERATIONAL MANAGER</b>	
<b>Incident Role</b>	<b>(OR DEPUTY)</b>	

<b>DECLARED ACTIONS cont...</b>		Time
<b>10</b>	Discuss and plan for the continuation of business following the incident. The need for any additional resources or spending should be highlighted at this time.	
<b>11</b>	Consider the use of volunteer staff and agencies for dealing with the Relatives of the major incident patients.	
<b>12</b>	In conjunction with the HoPN, and other members of the Level 6 Meeting Room RACH team, consider early stand down of RACH paediatric resources if few or no children affected. (Do not make this decision without communicating first with the Emergency Control Centre	
<b>13</b>	Relief: If this is likely to be a prolonged incident assess the need to call in another Manager to take over from you after 12 hours or when necessary.	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
<b>14</b>	Review the current and predicted future impact on paediatric resources such as staffing, beds and equipment.	
<b>15</b>	Provide this information into the Level 6 Meeting Room team who will feed this information to the ECC who will decide when the Trust will stand down.	
<b>16</b>	When the ECC group decision has been taken to stand the Trust down – ensure that all paediatric areas are informed.	
<b>17</b>	Ensure that a senior paediatric representative remains within the Emergency Control Room for a period of at least one hour after the incident has been stood down.	
<b>18</b>	Participate in the hot debrief and ensure that all written records are kept safe and returned to the Emergency Planning Officer.	

<b>Action Card</b>	<b>No 75</b> <span style="float: right;"><b>(1 of 2)</b></span>
<b>Job title</b>	<b>CONSULTANT PAEDIATRICIAN ON CALL</b>
<b>Incident Role</b>	
<b>Location</b>	RACH
<b>Role Description</b>	Commence discharge ward round. Consider patients for discharge Consider liaison with Surgical colleagues
This card must be maintained in a readily accessible place at work and at home for use by all persons who may be called on to carry out the duties of the Consultant Paediatrician on call.	

<b>STANDBY</b>		Time
notified by RACH Operational Manager, for information only		
<b>1</b>	Continue with normal working arrangements until you are informed of any escalation of the alert level, or until you are requested to undertake any further action by the Emergency Control Centre (ECC) Team or Paediatric team within the Level 6 Meeting Room, RACH	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard		
<b>2</b>	<b>Ensure</b> above standby action has been undertaken	
<b>3</b>	<b>Proceed directly to the Level 6 Meeting Room RACH</b> to get an update on the situation then meet up with the Paediatric Bleep Holders and Paediatric Pharmacist in the Reception area, level 5, RACH	
<b>4</b>	Begin a paediatric discharge ward round. Ward round to commence on the Day Case Unit when open and on to levels 8 and 9.	
<b>5</b>	Contact further members of your team to assist with the discharge process if necessary.	
<b>6</b>	Consider patients for discharge: <ul style="list-style-type: none"> <li>• those with discharge dates in the next 24 hours that you consider fit for early discharge</li> <li>• those admitted for elective procedures where elective work has been suspended due to the major incident</li> <li>• Any other patients that ward staff bring to your attention as a potential early discharge.</li> </ul> Consider liaison with Surgical colleagues (not directly involved in the incident) for any patient discharge post surgery.	
<b>7</b>	Ensure that all paperwork for discharged patients is completed.	
<b>8</b>	Ensure that the Head of Paediatric Nursing in the Level 6 Meeting Room RACH is kept fully informed of any decisions that are taken.	
<b>9</b>	Inform the Level 6 Meeting Room RACH if you require any additional resources or assistance.	
<b>10</b>	Relief: If this is likely to be a prolonged incident assess the need to call in another Manager to take over from you after 12 hours or when necessary.	

<b>Action Card</b>	<b>No 75cont...</b>	<b>(2 of 2)</b>
<b>Job title</b>	<b>CONSULTANT PAEDIATRICIAN ON CALL</b>	
<b>Incident Role</b>		

<b>STAND DOWN</b> Decision to be taken within ECC		Time
<b>11</b>	Return any paperwork that you have generated to the ECC.	
<b>12</b>	Participate in the hot debrief.	

<b>Action Card</b>	<b>No 76</b>	<b>(1 of 1)</b>
<b>Job title</b>	<b>PAEDIATRIC ED CONSULTANT</b>	
<b>Incident Role</b>		
<b>Location</b>	<b>Proceed directly to the Children's Emergency Department</b>	
<b>Role Description</b>	Consider patients for discharge and referral to primary care Consider liaison with Paediatric Consultant on Call	
This card must be maintained in a readily accessible place at work and at home for use by all persons who may be called on to carry out the duties of the Paediatric ED Consultant		

<b>STANDBY</b>		Time
notified by RACH Operational Manager, for information only		
<b>1</b>	Continue with normal working arrangements until you are informed of any escalation of the alert level, or until you are requested to undertake any further action by the Emergency Control Centre (ECC) Team or Paediatric team within the Level 6 Meeting Room, RACH	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard		
<b>2</b>	<b>Ensure</b> above standby action has been undertaken.	
<b>3</b>	Meet up with the Paediatric Bleep Holder and CED Nurse in Charge in the Children's Emergency Department to begin a paediatric discharge round and review of current PED workload.	
<b>4</b>	Contact further members of your team to assist with the discharge process if necessary and allocation of duties	
<b>5</b>	Consider patients for discharge: <ul style="list-style-type: none"> <li>• those suitable for primary care</li> <li>• Those with minor injuries suitable for management the next day or by primary care clinician.</li> <li>• Any observation patients.</li> </ul> Consider liaison with Surgical colleagues (not directly involved in the incident) for the review and discharge of observation patients	
<b>6</b>	Ensure that all paperwork for discharged patients is completed.	
<b>7</b>	Ensure that the Head of Paediatric Nursing in the Level 6 Meeting Room RACH is kept fully informed of any decisions that are taken.	
<b>8</b>	Inform the Level 6 Meeting Room RACH if you require any additional resources or assistance.	
<b>9</b>	Relief: If this is likely to be a prolonged incident assess the need to call in another ED Consultant to take over from you after 12 hours or when necessary.	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
<b>10</b>	Return any paperwork that you have generated to the Level 6 Meeting Room RACH & Participate in the hot debrief.	

<b>Action Card</b>	<b>No 77</b> <span style="float: right;"><b>(1 of 1)</b></span>
<b>Job title</b>	<b>PAEDIATRIC SURGICAL CONSULTANT ON CALL</b>
<b>Incident Role</b>	
<b>Location</b>	<b>RSCH Emergency Department</b>
<b>Role Description</b>	Provide triage of paediatric major incident patients and paediatric surgical resources and report to the Emergency Department Consultant in charge and Head of Paediatric Nursing
This card must be maintained in a readily accessible place at work and at home for use by all persons who may be called on to carry out the duties of Paediatric Surgical Consultant on call (or their immediate deputies).	

<b>STANDBY</b>		Time
Notification from the RACH Operational Manager		
<b>1</b>	Continue with normal working arrangements until you are informed of any escalation of the alert level, or until you are requested to undertake any further action by the Emergency Control Centre (ECC) Team or Paediatric team within the Level 6 Meeting Room, RACH	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard		
<b>2</b>	Attend the Emergency Department at the RSCH immediately. On arrival collect your identification surcoat from the major incident room & report to the Emergency Department Consultant in charge. (If you are unable to attend immediately in person, then ensure that a senior member of your clinical team is sent to deputise for you until your arrival).	
<b>3</b>	In conjunction with the Consultant Paediatric Anaesthetist, provide triage of paediatric major incident patients and paediatric surgical resources. Acute paediatric patients will be received into the resuscitation area.	
<b>4</b>	If it is confirmed that children are involved, suspend RACH operating lists immediately.	
<b>5</b>	Contact the Head of Paediatric Nursing (HoPN) in the Level 6 Meeting Room RACH to inform them of each surgical intervention required & to co-ordinate & prioritise the use of the RACH operating theatres, and resources, SSD.	
<b>6</b>	Request additional paediatric clinical resources via the HoPN within the Emergency Control Centre.	
<b>7</b>	Relief: If this is likely to be a prolonged incident assess the need to call in another Consultant to take over from you after 12 hrs/when necessary	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
<b>8</b>	Ensure that a full hand over is given to a colleague for each child that requires on going surgical intervention, before leaving the site.	
<b>9</b>	Attend the hot debrief if possible (held immediately after stand down). Ensure cover for your role before leaving the site.	



<b>Action Card</b>	<b>No 78</b> <span style="float: right;"><b>(1 of 1)</b></span>
<b>Job title</b>	<b>CONSULTANT PAEDIATRIC ANAESTHETIST ON CALL</b>
<b>Incident Role</b>	
<b>Location</b>	<b>RSCH Emergency Department</b>
<b>Role Description</b>	In conjunction with the Paediatric Surgical Consultant, consider the suspension of paediatric operating lists. Provide assistance with the care and assessment of critically injured children arriving from the incident. Liaise closely with the Paediatric Surgical Consultant
This card must be maintained in a readily accessible place at work and at home for use by all persons who may be called on to carry out the duties of Paediatric Anaesthetic Consultant on call (or their immediate deputies).	

<b>STANDBY</b>		Time
Notification from the RACH Operational Manager for information only		
<b>1</b>	Continue with normal working arrangements until you are informed of any escalation of the alert level, or until you are requested to undertake any further action by the Emergency Control Centre (ECC) Team or Paediatric team within the Level 6 Meeting Room, RACH	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard		
<b>2</b>	Attend the Emergency Department at the RSCH immediately. On arrival, collect your identification surcoat from the major incident room and report to the Emergency Department Consultant in charge. If you are unable to attend immediately in person, then ensure that a senior member of your clinical team is sent to deputise for you until your arrival.	
<b>3</b>	In conjunction with the Paediatric Surgical Consultant, consider the suspension of paediatric operating lists.	
<b>4</b>	Where necessary, provide assistance with the care and assessment of critically injured children arriving from the incident.	
<b>5</b>	Requests for further paediatric anaesthetic resources should be made to the Head of Paediatric Nursing in the Level 6 Meeting Room RACH.	
<b>6</b>	Liaise closely with the Paediatric Surgical Consultant in respect of the triage of operating time and resources.	
<b>7</b>	Relief: If this is likely to be a prolonged incident assess the need to call in another Consultant to take over from you after 12 hrs/when necessary	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
<b>8</b>	Ensure that a full hand over is given to a colleague for each child that requires on going anaesthetic intervention, before leaving the site.	
<b>9</b>	Attend the hot debrief if possible (held immediately after stand down).	

<b>Action Card</b>	<b>No 79</b>	<b>(1 of 1)</b>
<b>Job title</b>	<b>PAEDIATRIC SURGICAL</b>	
<b>Incident Role</b>	<b>AND PAEDIATRIC ANAESTHETIC STAFF</b>	
<b>Location</b>	<b>RSCH Emergency Department</b>	
<b>Role Description</b>	In conjunction with the Paediatric Surgical Consultant, consider the suspension of paediatric operating lists. Provide assistance with the care and assessment of critically injured children arriving from the incident. Liaise closely with the Paediatric Surgical Consultant	
This card must be maintained in a readily accessible place at work and at home for use by all persons who may be called on to carry out the duties of Paediatric Anaesthetic Consultant on call (or their immediate deputies).		

<b>STANDBY</b>		Time
Notification from the RACH Operational Manager for information only		
<b>1</b>	Continue with normal working arrangements until you are informed of any escalation of the alert level, or until you are requested to undertake any further action by the Emergency Control Centre (ECC) Team or Paediatric team within the Level 6 Meeting Room, RACH	

<b>DECLARED</b>		Time
Notification from the RACH Operational Manager for information only		
<b>2</b>	Attend the Emergency Department at the RSCH immediately. On arrival, collect your identification surcoat from the major incident room and report to the Emergency Department Consultant in charge. If you are unable to attend immediately in person, then ensure that a senior member of your clinical team is sent to deputise for you until your arrival.	
<b>3</b>	In conjunction with the Paediatric Surgical Consultant, consider the suspension of paediatric operating lists.	
<b>4</b>	Where necessary, provide assistance with the care and assessment of critically injured children arriving from the incident.	
<b>5</b>	Requests for further paediatric anaesthetic resources should be made to the Head of Paediatric Nursing in the Level 6 Meeting Room, RACH.	
<b>6</b>	Liaise closely with the Paediatric Surgical Consultant in respect of the triage of operating time and resources.	
<b>7</b>	Relief: If this is likely to be a prolonged incident assess the need to call in another Consultant to take over from you after 12 hrs/when necessary	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
<b>8</b>	Ensure that a full hand over is given to a colleague for each child that requires on going anaesthetic intervention, before leaving the site.	
<b>9</b>	Attend the hot debrief if possible (held immediately after stand down).	

<b>Action Card</b>	<b>No 80</b>	<b>(1 of 1)</b>
<b>Job title</b>	<b>PAEDIATRIC WARDS AND THEATRES</b>	
<b>Incident Role</b>		
<b>Location</b>	<b>RACH</b>	
<b>Role Description</b>	Identify those children who could be discharged. Provide information on forthcoming elective admissions to the Paediatric Bleep holder. Provide information on paediatric nursing and operating theatre staff. Ensure that you are fully stocked	
This card must be maintained in a readily accessible place on each Paediatric Ward and within the Paediatric Theatres at RACH, and staff should be familiar with its contents.		

<b>STANDBY</b>		Time
Not notified (may be informed for information only at this stage unless requested to provide information by the Paediatric Nurse Bleep Holder(s)).		
<b>1</b>	May be requested to provide information by the Paediatric Nurse Bleep Holder.	

<b>DECLARED</b>		Time
Notification from RSCH Switchboard		
<b>2</b>	<b>Wards:</b> Identify those children who could be discharged immediately, in preparation for the paediatric discharge ward round being conducted by the Consultant Paediatrician, Paediatric Bleep Holder and Pharmacist.	
<b>3</b>	<b>Theatre:</b> Confirm with the Head of Paediatric Nursing whether to begin any further surgical procedures within the paediatric theatres.	
<b>4</b>	<b>Both:</b> Provide information on forthcoming elective admissions to the Paediatric Bleep holder.	
<b>5</b>	<b>Both:</b> Provide information on paediatric nursing and operating theatre staff currently on duty to the paediatric bleep holder. Highlight any staff currently on study days, days off or annual leave.	
<b>6</b>	<b>Wards:</b> Prepare any empty bed spaces for admissions.	
<b>7</b>	<b>Both:</b> Ensure that you are fully stocked, including supplies, SSD, linen and pharmacy. Notify the Paediatric Bleep Holder of any additional requirements or for clinical support during the incident.	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
<b>8</b>	Ensure that the ward/theatre staffing template is covered for the next 48 hours and that the area is fully restocked – report any problems to the Paediatric Bleep Holder.	

<b>Action Card</b>	<b>No 81</b> <span style="float: right;"><b>(1 of 1)</b></span>
<b>Job title</b>	<b>PAEDIATRIC PHARMACIST/ WARD PHARMACIST RACH</b>
<b>Incident Role</b>	
<b>Location</b>	<b>Ward round</b>
<b>Role Description</b>	Join the ward round. Ensure requests for medications are completed and dispatched. Ensure wards have adequate stock. Liaise with Pharmacy Department.
This card must be maintained in a readily accessible place within the pharmacy for use by anyone expected to undertake the role of the Paediatric Pharmacist at the RACH during a major incident.	

<b>STANDBY</b> Not notified at this stage	Time
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<b>DECLARED</b> Notification from RSCH Pharmacy Department or Emergency Duty Pharmacist (out of working hours)		Time
<b>1</b>	Join the Paediatric Discharge Ward Round that begins on the Day Case Unit (when open), and then proceeds to Children's Assessment Unit, level 8 and 9 of the RACH.	
<b>2</b>	Liaise closely with the pharmacy department to ensure the provision of all required take home medication as quickly as possible.	
<b>3</b>	Check with the nurse in charge of each ward that all paediatric ward areas have adequate stock levels for the current incident.	
<b>4</b>	Once the discharge ward round has been completed, return to assist in the pharmacy.	

<b>STAND DOWN</b> Decision to be taken within ECC		Time
<b>5</b>	Ensure that all requests for medication (either TTA's or paediatric ward stock) are completed and dispatched before leaving the site.	
<b>6</b>	Attend the hot debrief, if possible, (arranged by the ECC team).	

<b>Action Card</b>	<b>No 82</b> <span style="float: right;"><b>(1 of 1)</b></span>
<b>Job title</b>	<b>CONSULTANT PAEDIATRIC RADIOLOGIST ON CALL</b>
<b>Incident Role</b>	
<b>Location</b>	RACH X-ray department
<b>Role Description</b>	Co-ordinate the prioritisation of Paediatric radiological requests being received Liaise with the Paediatric Consultant Surgeon in the Emergency Department and the Theatre Co-ordinator in RACH Theatres. Provide Specialised interpretation of investigations as requested.
This card must be maintained in a readily accessible place within the office and at home by anyone expected to undertake the role of the Paediatric Radiologist on call at the RACH during a major incident.	

<b>STANDBY</b>	Time
Not notified (may be informed for information only at this stage unless requested to provide information by the Paediatric Nurse Bleep Holder(s)).	

<b>DECLARED</b>		Time
Notified by Switchboard		
<b>1</b>	Go to attend RACH X-ray department immediately. Inform the HoPN when you have arrived.	
<b>2</b>	Liaise with the Paediatric Consultant Surgeon in the Emergency Department and the Theatre Co-ordinator in RACH Theatres.	
<b>3</b>	Working in conjunction with the radiography co-ordinator and General Radiologist, ensure the availability of Children's imaging.	
<b>4</b>	Co-ordinate the prioritisation of Paediatric radiological requests being received from the Emergency Department and RACH wards and clinical areas.	
<b>5</b>	Provide Specialised interpretation of investigations as requested.	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
<b>6</b>	Assess the on going Paediatric radiology work load.	
<b>7</b>	Oversee the standing down of the Paediatric radiography service, in conjunction with general radiologist and Senior Radiographers.	
<b>8</b>	Attend the 'hot' debrief if possible.	

<b>Action Card</b>	<b>No 83</b>	<b>(1 of 1)</b>
<b>Job title</b>	<b>PATIENT ACCESS MANAGER (OR DEPUTY)</b>	
<b>Incident Role</b>		
<b>Location</b>	<b>Level 6 meeting room RACH</b>	
<b>Role Description</b>	Organise administrative support requirements. Establish the current Out Patient & Day Case activity. Coordinate the suspension of activity within the Out Patient & Day Case areas and prepare the areas to receive relatives of major incident patients.	
This card must be maintained in a readily accessible place for use by anyone expected to undertake the role of RACH Patient Access Manager.		

<b>STANDBY</b>	Time
May be notified by RACH Operational Manager for information only at this stage.	

<b>DECLARED</b>		Time
notified by RACH Operational Manager		
<b>1</b>	Proceed to the Level 6 meeting room, RACH to meet with the RACH Operational Manager.	
<b>2</b>	Discuss the administrative support requirements for the incident. Where necessary, arrange to contact extra administrative support from home to attend.	
<b>3</b>	During normal working hours - establish the current Out Patient and Day Case activity.	
<b>4</b>	When requested, co-ordinate the suspension of activity within the Out Patient and Day Case areas on level 5 and 7, RACH, and prepare the areas to receive relatives of major incident patients.	
<b>5</b>	Out of working hours - review the Out Patient and Day Case activity for the next working day with the RACH Operational Manager in the Level 6 Meeting Room RACH – if the decision is made to cancel this activity, then arrange to contact all patients' families at home to advise.	
<b>6</b>	Ensure that staff working on Level 5 RACH have access to telephones and computers to allow ease of communication with the Level 6 Meeting Room, RACH and Emergency Depts.	

<b>STAND DOWN</b>		Time
Decision to be taken within ECC		
<b>7</b>	Provide paediatric administrative support to the Level 6 Meeting Room RACH for 2 hours after official stand down.	
<b>8</b>	Prepare a list of all children who had cancelled Out Patient and Day Case appointments and hand it to the RACH Operational Manager.	
<b>9</b>	Attend the 'hot' debrief when possible, and ensure that people assisting with administrative support also have the opportunity to attend.	
<b>10</b>	Review the on going administrative staffing of the RACH for the next 48 hours.	

<b>Action Card</b>	<b>No 84</b>	<b>(1 of 1)</b>
<b>Job title</b>	<b>RACH RELATIVE RECEPTION AREA</b>	
<b>Incident Role</b>		
<b>Location</b>	Main Outpatients RSCH	
<b>Role Description</b>	Staff the Relatives Reception area. Maintain a close link with the Level 6 meeting room and the Police.	
This card must be kept in the Trust Emergency Control Room, and given out to staff working in the Relatives Reception area at the start of the major incident.		

<b>STANDBY</b> No action necessary at this stage	Time
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<b>DECLARED</b> notified by Senior Paediatric staff		Time
<b>1</b>	Proceed to Main Outpatients RSCH which will become the BSUH Relatives Reception area during the major incident.	
<b>2</b>	Relatives of children or children from the incident but uninjured waiting for parents involved in the major incident will be directed to this area throughout the incident.	
<b>3</b>	Ensure that the Paediatric Lead Nurse within the Level 6 meeting room is informed of the arrival of all relatives.	
<b>4</b>	Do not contact the Emergency Department directly. Information should be requested through the Lead Paediatric nurse.	
<b>5</b>	Requests for catering or Chaplaincy should be made through the person managing the Relatives Reception	
<b>6</b>	Anxious relatives must be given as much information as possible in conjunction with the Police.	
<b>7</b>	Every effort will be made to reunite families as soon as possible. Relatives must be escorted to the Emergency Department by appropriate staff when instructed. The Team within the Level 6 meeting room should be kept informed when this is the case.	

<b>STAND DOWN</b> Decision to be taken within ECC		Time
<b>8</b>	The Relatives Reception area will need to remain open after the Trust has stood down. Request support via the Level 6 meeting room.	
<b>9</b>	When possible, attend the 'hot' debrief organised by the ECC staff.	

<b>Action Card</b>	<b>No 85</b>	<b>(1 of 1)</b>
<b>Job title</b>	<b>SECURITY OFFICER/RECEPTIONIST</b>	
<b>Incident Role</b>		
<b>Location</b>	<b>RACH</b>	
<b>Role Description</b>	Secure main entrance Liaise with main security control room	
This action card must be left in an accessible place. In the event of a major incident follow the actions below.		

<b>STANDBY</b> No action necessary at this stage	Time
---	------

<b>DECLARED</b> notified by RSCH Security Control Room		Time
<b>1</b>	Secure the Main Entrance	
<b>2</b>	Challenge anyone not wearing approved photo I.D.	
<b>3</b>	Direct anyone presenting with injured or unwell children to the Main RSCH Emergency Department	
<b>4</b>	Update the Security Control Room and the ECC of any problems as they arise	
<b>5</b>	Assist any arriving staff with directions to muster points	

<b>STAND DOWN</b> Decision to be taken within ECC		Time
<b>6</b>	Re-open main entrance	
<b>7</b>	Remain vigilant for inappropriate persons attempting to access the site	
<b>8</b>	Remember that relatives or friends may still arrive in a distressed state	
<b>9</b>	Update the ECC or Security Control Room as required	



## APPENDIX 2: MUTUAL AID



# **South East Coast NHS and Foundation NHS and Social Enterprise Organisations Mutual Aid Process Agreement**

## **SOUTH EAST COAST NHS ORGANISATIONS - MUTUAL AID AGREEMENT**

### **Introduction**

- 1.1 This Mutual Aid Agreement explains arrangements for the request and provision of mutual aid by NHS organisations in the NHS South East Coast (NHS SEC) area as listed in Table 1.

**Table 1: List of South East Coast NHS Organisations included in this agreement**

Ashford and St. Peters Hospitals NHS Foundation Trust
Brighton and Hove City Teaching PCT
Brighton and Sussex University Hospitals NHS Trust
Central Surrey Health
East Kent Hospitals University NHS Foundation Trust
East Sussex Downs and Weald PCT
Eastern and Coastal Kent PCT
Eastern and Coastal Kent Community Health NHS Trust
East Sussex County Healthcare NHS Trust
Dartford & Gravesham NHS Trust
East Sussex Hospitals NHS Trust
Frimley Park Hospital NHS Foundation Trust
Hastings and Rother PCT
Kent & Medway NHS & Social Care Partnership Trust
Maidstone & Tunbridge Wells NHS Trust
Medway NHS Foundation Trust
Medway Teaching PCT
Queen Victoria Hospital NHS Foundation Trust
Royal Surrey County Hospital NHS Foundation Trust
Sussex Community NHS Trust
South East Coast Ambulance Service NHS Trust
Surrey and Borders Partnership NHS Foundation Trust
Surrey PCT
Surrey and Sussex Healthcare NHS Trust
Surrey Community Health Services
Sussex Partnership NHS Foundation Trust
NHS South East Coast Strategic Health Authority
West Kent PCT
West Kent Community Health
West Sussex PCT
Western Sussex Hospitals NHS Trust

- 1.2 Mutual Aid is defined as  
'An agreement between responders, within the same sector or across sectors and across boundaries, to provide assistance with additional resource during an emergency which may go beyond the resources of an individual responder'.  
(Glossary, NHS Emergency Planning Guidance 2005).
- 1.3 Responding to a major incident may place extreme pressure on the NHS organisation providing the initial response and many incidents demand resources from across the health sector.
- 1.4 Three types of mutual aid are described in this agreement:
- Mutual aid between NHS organisations in a single lead PCT area
  - Mutual aid between NHS organisations in different lead PCT areas
  - Mutual bid between NHS organisations in different SHA areas

## **2 Aim**

- 2.1 The aim of this agreement is to provide a framework for the request, provision and receipt of resources between NHS organisations when individual organisation resources are insufficient to provide an adequate response to the demands of major incident.

## **3 Criteria for implementation**

The requesting organisation has declared a major incident as defined in NHS Emergency Planning Guidance 2005

OR

The requesting organisation is recovering from a major incident as defined in NHS Emergency Planning Guidance 2005,

AND

The requesting organisation is unable to, or will imminently be unable to, manage the demands of the incident response with resources under its own control,

OR

Safe levels of critical services cannot be maintained by the requesting organisation.

#### **4 Types of Mutual Aid**

Mutual aid is not limited to physical resources such as buildings and equipment, and may include access to staff resources, directly or indirectly, for example through remote access to specialist advice.

#### **5 Requesting and Providing Mutual Aid – Process Description**

##### **5.1 Between NHS organisations in the same Lead PCT area in NHS SEC (as at Appendix B)**

- 5.1.1 A request for mutual aid will be made by the Director on-call or other nominated Executive Director of the originating NHS organisation. All communications regarding requests will be recorded in organisational and individual decision logs.
- 5.1.2 The Director from the requesting NHS organisation will make contact with the potential mutual aid provider and identify an initial point of contact in that organisation able to receive the pending request.
- 5.1.3 The Director making the request will complete the mutual aid template as at Appendix A and forward copies to the intended provider of mutual aid and a point of contact in the Lead PCT.
- 5.1.4 Any organisation receiving a request for mutual aid may as a consequence declare a major incident. This alone should not be considered a reason to deny any request received.
- 5.1.5 The NHS organisation receiving a request for mutual aid will give it prompt consideration and provide a clear written response, explaining whether all or part of the request will be met or denied, as soon as is practical.

##### **5.2 Between NHS organisations in NHS SEC, but in different Lead PCT areas (as at Appendix B)**

- 5.2.1 As above (5.1.1 – 5.1.5) before, with the additional requirement to notify both (or all) Lead PCTs that are involved.

##### **5.3 Between NHS organisations in different SHA areas.**

- 5.3.1 As for all steps in 5.1 and 5.2, with the additional requirement to inform both (or all) SHAs.

## **6 Action by NHS Organisations Supplying Mutual Aid**

As for 5.1.4 and 5.1.5 above and:

- 6.1 Inform the Lead PCT (for the NHS organisation receiving the request), and the originating NHS organisation, whether all or part of the request will be met or denied.
- 6.2 Allocate and brief a Lead Officer responsible for identifying assets and resources to be deployed or otherwise included in the response to the request for mutual aid.
- 6.3 Do not deploy or allocate resources not identified in the Mutual Aid Agreement.

## **7 Action by NHS Organisations Receiving Mutual Aid**

- 7.1 Agree an assembly area and or focal point where incoming resources will be met or received and communicate the details to contributing NHS organisations.
- 7.2 Ensure the Lead Officer or a fully briefed deputy is at the assembly area or focal point and prepared to liaise with or otherwise coordinate incoming resources.
- 7.3 The responsibility for deploying the Mutual Aid resources rests with the receiving NHS organisation.
- 7.4 The receiving NHS organisation is responsible for the command and control of all assets supplied by other services under the Mutual Aid arrangements.

## **8 Closing Actions / Terminations**

- 8.1 The receiving NHS organisation should notify supporting organisations and relevant Lead PCTs and SHAs when the need for support ends or can be reduced as soon as it is recognised.
- 8.2 Any NHS organisation providing mutual aid but no longer able to do so, or only able to do so in a limited capacity, should notify the receiving organisation and relevant Lead PCTs and SHAs as soon as it is recognised.

## **9 Site Specific Plans**

- 9.1 NHS organisations requesting mutual aid should recognise that in some circumstances providers of mutual aid will benefit from access to site specific plans. These should be provided by the NHS organisation requesting mutual aid.

## **10 Charging arrangements for Mutual Aid**

- 10.1 This agreement is based on the principle of 'shared risk' recognising the fact that the risk presented by major incidents is equal among all NHS organisations.
- 10.2 Any mutual aid provided by NHS organisations will be on the basis of 'shared risk' and costs lie where they fall. Consequently, there will be no cross charging for mutual aid between NHS organisations.
- 10.3 As part of the risk sharing agreement, the NHS is to collate all associated Mutual and Aid costs for audit purposes.
- 10.4 It is recognised that the level of resources NHS organisations are able to provide will have limits and this is acknowledged by requesting and supporting NHS organisations and will be identified in mutual aid agreements as far as is practical.
- 10.5 If any NHS organisation wishes to discuss associated costs of supplying mutual aid to other NHS organisations then discussions may take place between the relevant finance directors after the declaration of 'major incident stand-down'.

## **11 Requesting NHS Organisation Lead Officer / Supporting PCT Lead Officer**

- 11.1 The NHS Lead Officer will:
- Assume initial command for the incoming resources
  - Manage deployment of incoming resources
  - Maintain liaison with the supporting NHS organisations
  - Ensure that members of staff are appropriately briefed prior to being deployed on specific tasks
  - Arrange hot debriefs for staff of providing NHS organisations and ensure staff are rotated back to their home NHS organisation.
  - Ensure details of staff that have attended an incident are passed on to supporting services for the purpose of further monitoring, in accordance with local procedures
- 11.2 Where there is cross SHA border mutual aid requests the SHA will also nominate a Lead Officer who will act as the single point of contact for the NHS Lead Officer.

## **12 Existing South East Coast Ambulance Service NHS Trust Mutual Aid Arrangements**

- 12.1 This Mutual Aid Agreement does not supersede the existing arrangements between South East Coast Ambulance Service NHS Trusts and other UK Ambulance Services Trusts, but will be used in the event of mutual aid between the South East Coast Ambulance Services and other NHS Organisations within South East Coast Strategic Health Authority area.

**APPENDIX A**



Emergency Mutual Aid Request between NHS Organisations within the South East Coast Strategic Health Authority and NHS Organisations Directly Neighbouring

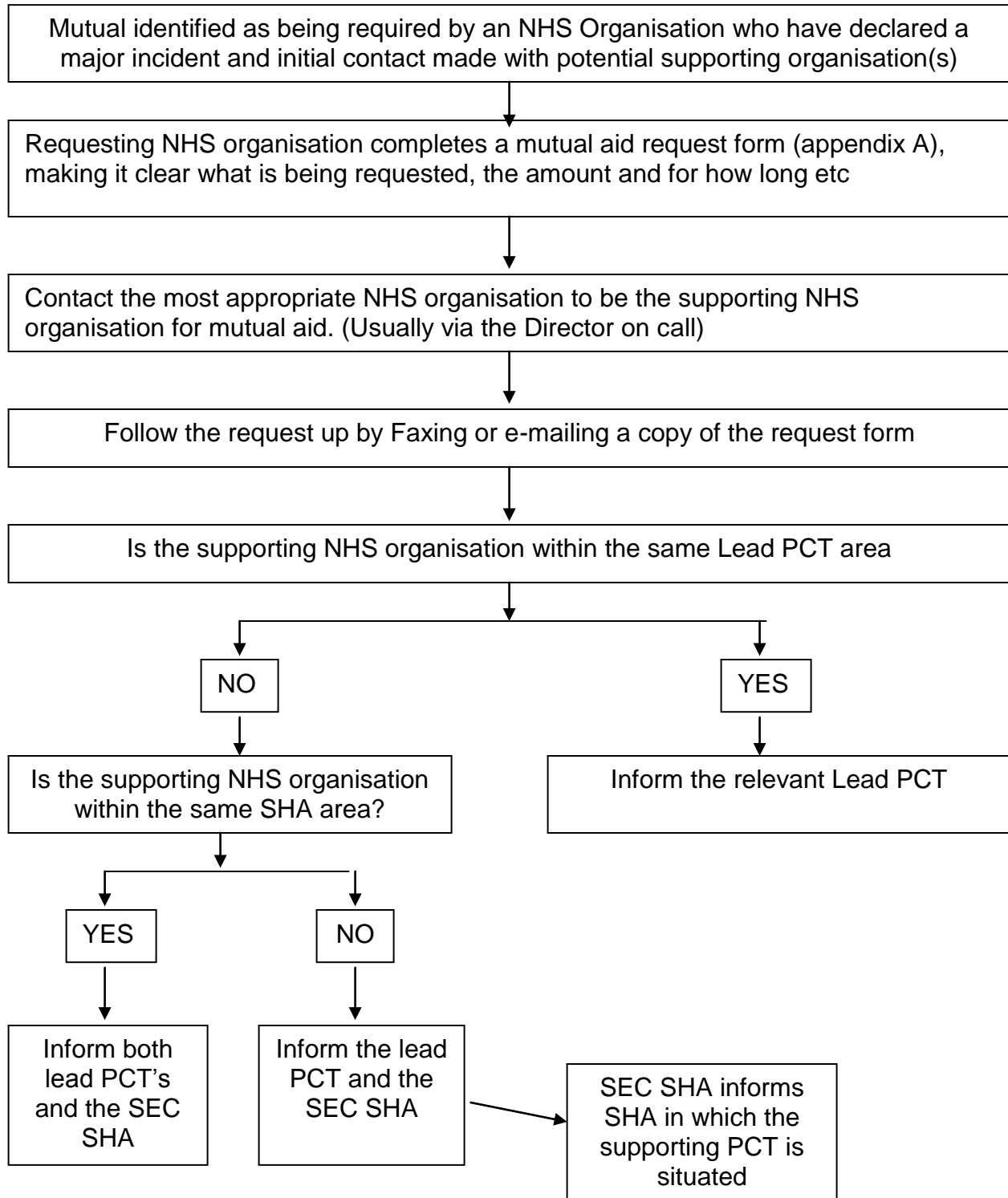
Date and Time of request	Date:	Time:
Requesting Organisation	From:	
Name of lead officer requesting Organisation		
Supporting Organisation	To:	
Lead PCT/ SHA Informed		
Name of lead officer Supporting organisation		
Mutual aid being requested. <ul style="list-style-type: none"> <li>• <b>This must be explicit, including exact quantities required, for how long, and for what purpose</b></li> <li>• <b>If equipment consider leads attachments etc</b></li> </ul>		
Where the Mutual Aid it to be sent. <ul style="list-style-type: none"> <li>• <b>Exact location where they / it will be greeted and by whom</b></li> </ul>		
Transport arrangements <ul style="list-style-type: none"> <li>• <b>Will the requesting organisation be providing transport or requesting this as well.</b></li> </ul>		
Contact arrangements between lead officers <ul style="list-style-type: none"> <li>• <b>An agreed contact for each party to be used throughout the emergency.</b></li> </ul>		
Signature of requesting lead officer		

- 1 Complete this form as far as possible prior to contact with the supporting NHS Organisation being asked for mutual aid.
- 2 Complete remainder of the form during first contact between requesting and supporting NHS Organisations.
- 3 Once completed FAX / E-mail a copy to the supporting NHS Organisation and the Lead PCT/SHA as appropriate.



**APPENDIX B**

**Mutual Aid Request Procedure Flow Chart**



## APPENDIX 3: EMERGENCY DEPARTMENT CAPACITY MANAGEMENT GUIDELINES

### EMERGENCY DEPARTMENT CAPACITY MANAGEMENT GUIDELINES\*

The Senior Doctor and ED Shift Leader manage capacity in the department

≤ 30  
MINS TO  
ASSESSMENT  
TREATMENT &  
TEST RESULTS  
WITHIN 2 HRS  
DECISION TO  
ADMIT,  
DISCHARGE,  
TRANSFER  
WITHIN  
3 HOURS

#### Alert status GREEN

If Patient numbers/dependencies result in waiting times between 15- 30 mins for assessment

**COORDINATOR TO INFORM SHIFT LEADER WHO WILL:**

- Allocate second assessment nurse to deal with delays
- Inform Consultant or Senior Dr
- Liaise with ED Senior Dr to reassess distribution of Drs within Dept

30-60  
MINS TO  
ASSESSMENT  
TREATMENT &  
TEST RESULTS  
WITHIN 2-3 HRS  
DECISION TO  
ADMIT,  
DISCHARGE,  
TRANSFER  
WITHIN  
3 HOURS

#### Alert Status AMBER

**COORDINATOR ADVISES SHIFT LEADER WHO ENACTS THE FOLLOWING ACCORDING TO CAUSE OF DELAY (ENSURE ACTIONS AT GREEN & GREEN PLUS UNDERTAKEN)**

- Re-evaluate nursing/support staff resources
  - Discuss distribution of Drs with Senior Dr
  - Utilise all possible areas CDU, SSW, MASU etc
  - Alert CSM of potential Specialty DTA's
  - If no change escalate to Consultant and ED Matron in hours/CSM OOH
- Delay with assessment: Alert Senior Dr & fast track specialty patients  
 •Delay with Specialty teams: Escalate via agreed 3 2 1 protocol, call Medical Director if no response  
 •Poor cubicle capacity: Coordinator to RV pts on trolleys, reallocate to chairs/WR if appropriate  
 •Delay with portering: Escalate to portering charge hand then ISS manager PTO for details  
 •Delay in investigations: Escalate to appropriate service Path/Radiology PTO for contact details

OVER  
1 HR TO  
ASSESSMENT  
TREATMENT &  
TEST RESULTS  
OVER 3 HRS  
DECISION TO  
ADMIT,  
DISCHARGE,  
TRANSFER  
OVER  
3 HOURS

#### Alert Status RED

**COORDINATOR TO CONTACT SHIFT LEADER TO REVIEW CAUSE & TAKE FOLLOWING ACTIONS (ENSURE ACTIONS AT GREEN & AMBER UNDERTAKEN)**

- ED Consultant (Senior Dr) to attend and manage pt flow/treatment
- MASU coordinator to be informed of alert status
- CSM's and Medical Matrons to attend ED Dept to assist if required
- CSM's to inform Clinical Ops team or OOH Duty Manager
- CSM's to consider divert
- Consider requesting: Additional Doctor/Nursing/Support Staff support for ED  
Specialty referral with limited clinical investigations  
Fast track Specialty pts to wards via Reg to Reg discussion

PT  
VOLUME  
EXCEEDS  
CAPACITY  
COMPROMISING  
PT EXPERIENCE  
>4 HOURS IN  
DEPT

#### Alert Status Purple

**(ENSURE ACTIONS AT GREEN, AMBER & RED UNDERTAKEN)**

- Contact CSM to arrange emergency meeting to include: Clinical Ops Team (OOH Duty Manager and Duty Director), ED Shift Leader and ED consultant.
- Can it be dealt with by the Clinical Ops team or do you need a coordinated Trustwide approach?
- Consider setting up the ECC as a central control centre & consider the need to declare a Major Incident/Business Continuity Incident

## **APPENDIX 4: EMERGENCY DEPARTMENT RSCH MAJOR INCIDENT CUPBOARD CONTENTS**

**NOTES  
ID BANDS  
MI STICKERS  
TRIAGE CARDS  
TABARDS  
  
ETC ETC**

## APPENDIX 5: EMERGENCY CONTROL CENTRE

The Trust is currently working on improving the current ECC as part of 3Ts. The below information highlights some of the planning going into ensuring the new ECC is up to the standard described in the new Emergency Planning Framework.

In March 2013, Natasza Lentner provided detail from the new emergency planning framework via the National Commissioning Board website (\*). This notes that the Major Incident Control Room (MICR) should provide communication, coordination, leadership and decision making during an incident or emergency.

The MICR works most effectively when divided into two:  
- an area for control and communication, which is generally busy and bustling;  
and  
- a command area for quiet discussion, thought and decision making without unwanted distractions.

Meeting Room 12 should be tested at 1:50 design to see if it can accommodate the Control Room functionality required for emergency preparedness. A neighbouring meeting room can also be commandeered as the command (discussion) area.

The Control Room should be set out with a large table in the middle of the room (Boardroom style) that fits up to 15 chairs around it. A second desk area is required for administration, seating 3 people.

A store cupboard is required to one corner of the room for equipment and materials required within the Control Room as per the Major Incident Policy.

The control room should include:

- Sufficient workstations and computers with internet and email access for everyone who will be required to operate within it - approximately 13 telephone sockets and 8 data points would be required, along with 8-10 double power sockets. 9 laptops should be provided for use by the Control Team. Safe provision of these network and power points should ensure that no cables will trail across work spaces, though this must not compromise the functionality of the room when used for meetings and MDTs (i.e. avoid power poles);
- A colour A3 printer / photocopier / scanner / fax – Nearest MFD to be commandeered (Meeting Room Reception? Simulation Suite?);
- A TV with news channel access - will the Meeting Room Screens have TV access?
- The Emergency Planning Team will also consider (some Equipment/IT Liaison required):
- A dedicated Major Incident email account with relevant user access, including a back-up NHS.net dedicated email account with relevant user access;

- Sufficient incoming and outgoing telephone lines with a single non geographic telephone number which can be diverted if you need to move to alternative premises;
- Telephones to be on a hunt group or group call facility;
- Telephones with headsets and a small number of cordless phones;
- Back-up direct copper wire telephone lines outside of the switchboard with connected telephones;
- Two independent fax machines (one incoming and one outgoing) outside of the switchboard (direct copper wire);
- TV recording ability;
- A DAB radio;
- A satellite telephone;
- A stationery pack, smart board, white boards and pens;
- A satellite-controlled digital clock;
- Access to restrooms (available on this floor);
- Access to refreshments (Level 6, although a coffee concession is being considered for the Meeting Suite);
- Tabards to identify individual roles and functions;
- Log books (call logs, decision logs and a master room log book);
- Incident management software;
- IT files and templates (pre-prepared and in a dedicated incident folder);
- Hard-copy plans, directories and maps

Emergency Preparedness- Relatives Area: It is felt that this would be best located in its current planned location in Main Outpatients, keeping relatives away from the Control Area and the main Clinical Areas.

Press Centre: It is felt that the Press Centre would be best located in its current planned location in Sussex House, away from the Control Area and the main Clinical Areas.

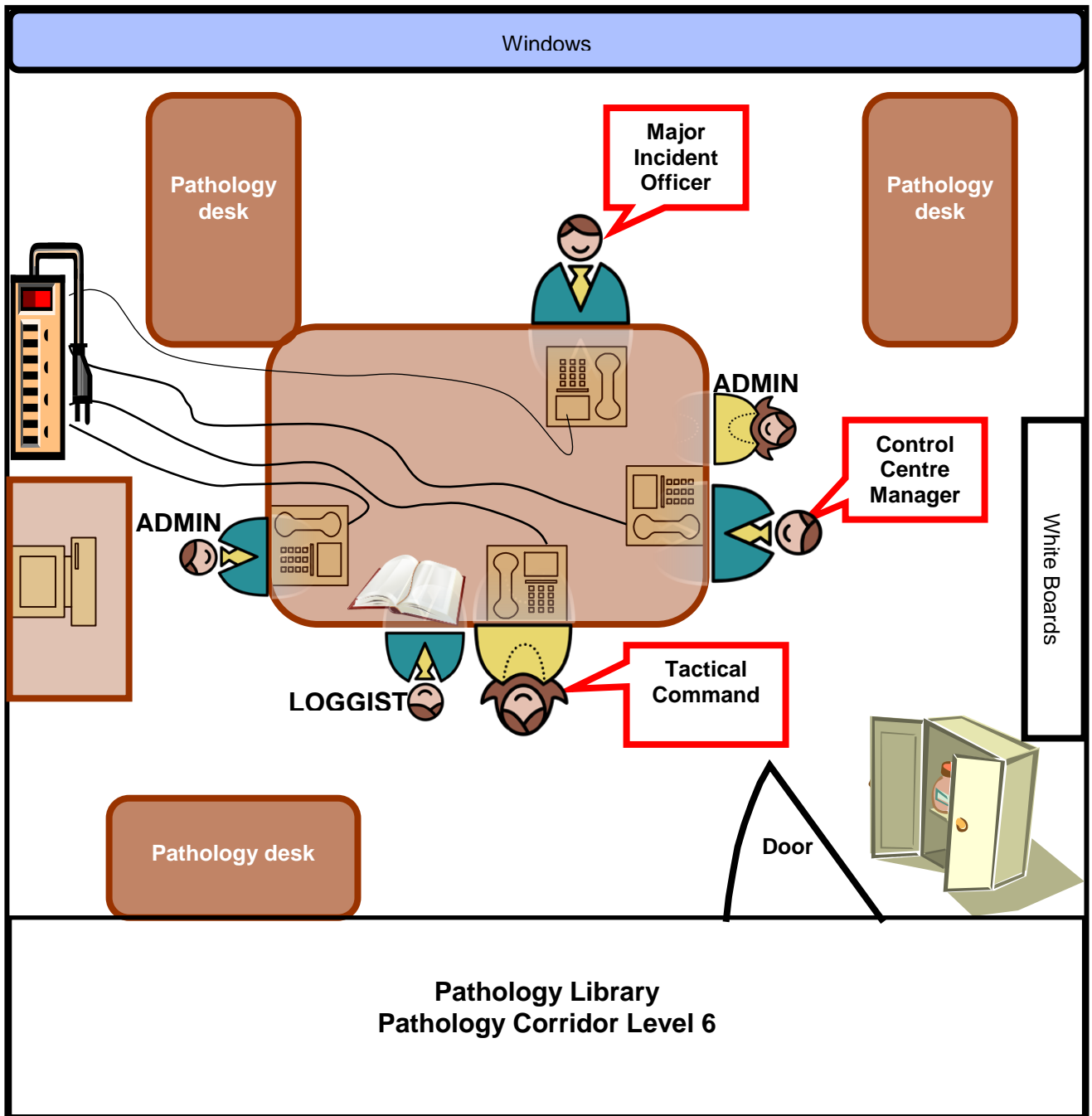
(\*) <http://www.commissioningboard.nhs.uk/wp-content/uploads/2013/01/comm-control-frame.pdf>

### **The current ECC Cupboard contents**

Log books Stationary Action cards Telephones and leads Emergency Plans Maps
--

# APPENDIX 6: LAYOUT OF THE EMERGENCY CONTROL CENTRE

## RSCH Pathology ECC suggested layout



## APPENDIX 7: AGENDA FOR THE EMERGENCY CONTROL CENTRE BRIEFING MEETING

<p><b>1. Review of actions from last meeting</b></p>
<p><b>2. Update on incident</b></p> <ul style="list-style-type: none"> <li>a. How many casualties expected</li> <li>b. What type of casualties/injuries expected</li> </ul>
<p><b>3. Update on Trust status</b></p> <ul style="list-style-type: none"> <li>• Capacity update: including ICU/Theatres/wards</li> <li>• Review of support areas opened: Major Incident Discharge Area/Relatives Reception Area etc</li> <li>• Staffing update: any issues? Staffing organised for next 2 shifts?</li> <li>• Resources review: any problems with equipment or supplies?</li> <li>• Update from All Divisions:             <ul style="list-style-type: none"> <li>○ Clinical Ops</li> <li>○ Medical</li> <li>○ Surgical</li> <li>○ Specialised</li> <li>○ W&amp;C</li> <li>○ Facilities and Estates</li> </ul> </li> </ul>
<p><b>4. Update from Comms</b></p> <ul style="list-style-type: none"> <li>• Media statement written?</li> <li>• Update regarding Media Reception</li> </ul>
<p><b>5. update on other Organisations status</b></p>
<p><b>6. Review strategic aim</b> set by the Director on call : below is an example of a strategic aim and objectives</p> <p><b><i>AIM: Save life and protect the health and safety of the public and responders;</i></b></p> <p><b><i>Objectives:</i></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Prevent escalation of an incident;</li> <li><input type="checkbox"/> Relieve suffering;</li> <li><input type="checkbox"/> Mitigate the effects on the organisation;</li> <li><input type="checkbox"/> Warn and keep the public informed.</li> </ul>

## APPENDIX 8: ED MAJAX SYMPHONY INSTRUCTIONS

### Starting a major incident on Symphony

1. Choose 'Majax' from the 'Tools' menu (figure 1) and the major incident box appears (figure 2)
2. Click on 'declare incident' (figure2)
3. In the 'declare major incident box' name the incident by **date** and **relevant description**. Keep it short e.g. 10/12/08 fire, 12/03/11 building collapse etc (figure 3)
4. Don't click on the box under incident name that says '*ask all new patients if in incident*' because we want all patients to be classified as 'Major incident patients'
5. Choose the sites affected, this will mainly be RSCH, and change number of patients to an appropriate number between 10—50 depending on the size of the incident, If unsure put in 20.(figure 4)
6. change Print labels to 'yes', this will then print the appropriate number of Cards and Labels (figure 4)
7. These numbers will now appear on the tracking screen under location of MAJAX and are ready to allocate to patients as they arrive (figure 5).
8. If you need to add more patients then you add this number to the existing figure i.e. if you needed to add 10 more patients you would change 20 to 30 and this would add another 10 patient numbers to the Majax tracking screen.
9. If you want to change the number of expected patients at a later time then you would need to choose 'Majax' from tools, highlight the current incident from the list and click 'edit' and this would bring you back to the same box as before.

### Managing an incident on Symphony

10. To see the pre-booked Majax numbers choose 'filter', 'location' and then MAJAX. This will then list all of the pre booked numbers ready to assign to patients as they arrive (figure 6).
11. Be aware that the numbers are filed with the first number being at the bottom of the Symphony screen (figure 5)



12. When a patient comes in allocate them a pre numbered front sheet from those you have just printed (the nurse should attach the relevant numbered name band to the patient at the same time) and click on the relevant pre-booked number on the Majax screen so it appears in the patient banner. Then click on 'ED Episode' and search for patient.
13. If the patient exists click on 'Select' and then 'Merge' and this will then bring up the screen to choose new or re-attender.
14. If it's a new patient then create the new patient details using the wizard and finish, this will add the name to the Majax episode number. Then click on 'ED Episode' and create the attendance details.
15. If necessary due to work load you can enter just the basic information on the ED Episode and further details (GP, next of Kin etc) can be collected later or by another member of reception staff.
16. On 'Episode' details make sure that 'where did it happen' field is completed with 'Major Incident' (figure 7).
17. When the Episode has been completed that patient will appear on the normal tracking screen (figure 8) and an updated front sheet should print out.
18. An icon will appear in the patient banner to show that the patient is involved in a major incident (a small blue light).
19. ensure the triage paperwork is also filled out to include a patient sticker, brief details including injuries and where patient is going post triage (zone 1, 2, 3 etc). This is in case Symphony fails during the incident.
20. If staffing allows there should be 2 reception staff completing this process

### **Ending a major incident on Symphony**

21. To end the Major Incident go back in to 'tools' and choose 'Majax' again, hi-light the current Major Incident and select 'end' from the top of this box. It will ask you if you want to end the incident and once you click 'yes' Symphony will go back to normal and the red background will disappear (figure9).
22. When starting the Major Incident the numbers will start from the last episode number used. If you only use some of the numbers and no normal attendances have been added the numbering will start from the last number used, when the incident has finished.
23. The MAJAX number will always appear on that patient's record in future.

Figure 1

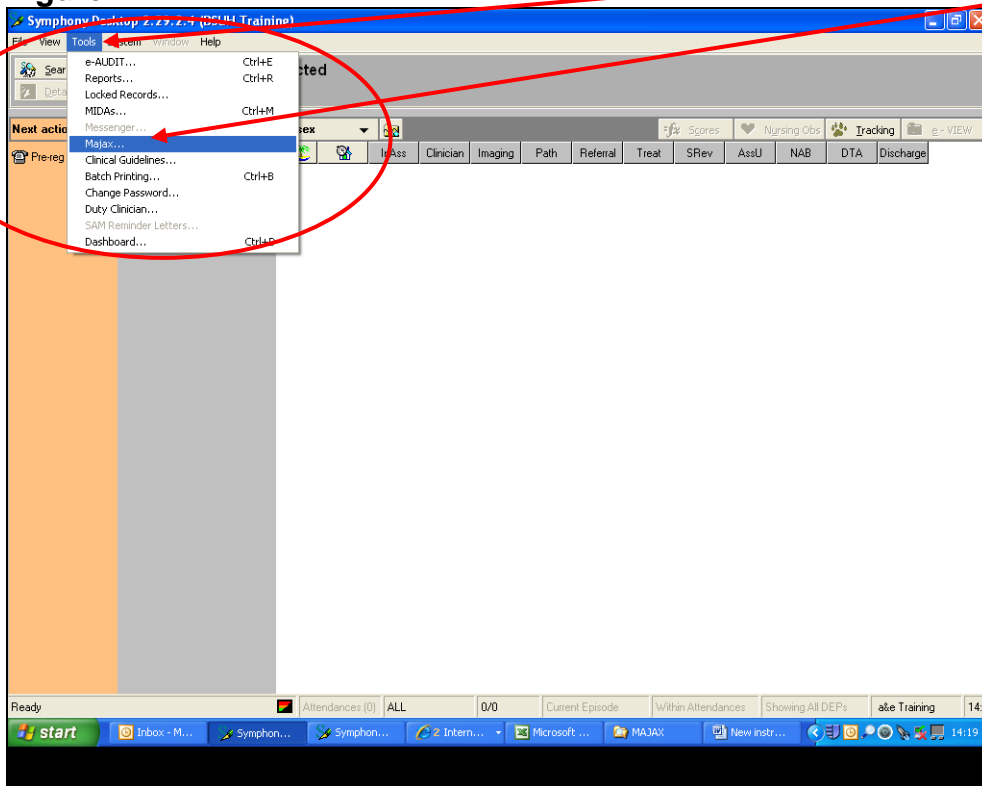


Figure 2

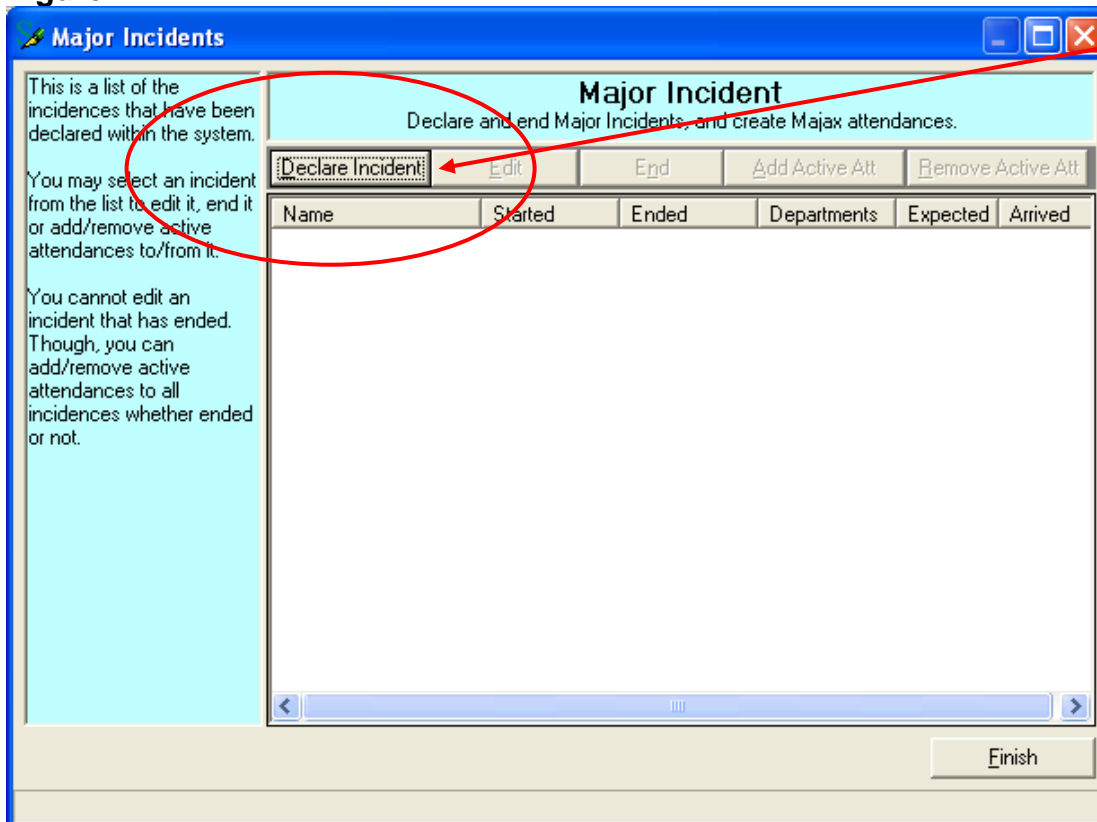
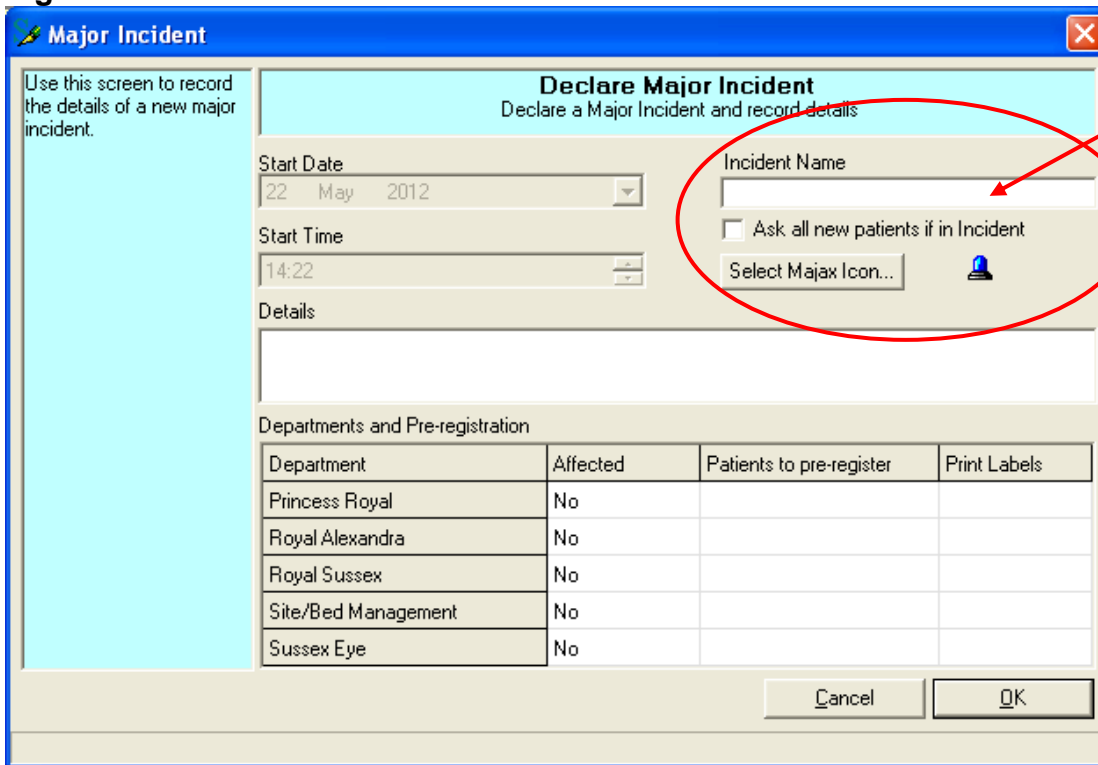


Figure 3



**Major Incident**

Use this screen to record the details of a new major incident.


**Declare Major Incident**  
 Declare a Major Incident and record details

Start Date: 22 May 2012

Start Time: 14:22

Incident Name: [Empty]

Ask all new patients if in Incident

Select Majax Icon... 

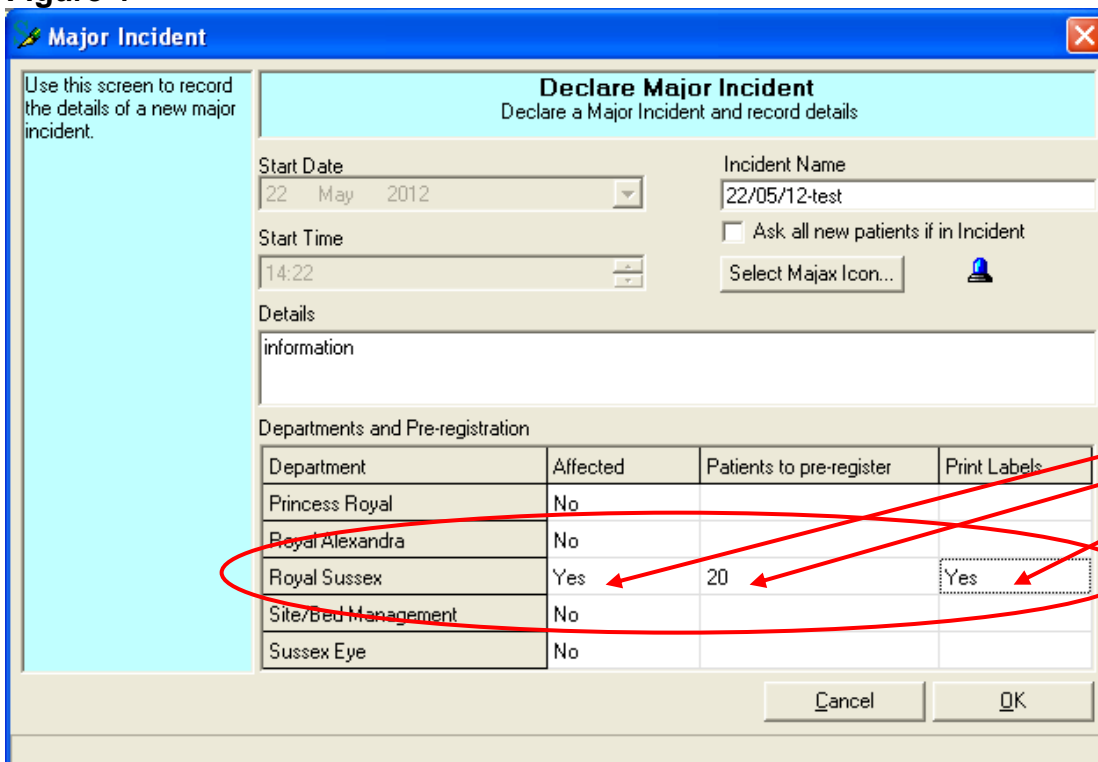
Details

Departments and Pre-registration

Department	Affected	Patients to pre-register	Print Labels
Princess Royal	No		
Royal Alexandra	No		
Royal Sussex	No		
Site/Bed Management	No		
Sussex Eye	No		

Cancel OK

Figure 4



**Major Incident**

Use this screen to record the details of a new major incident.


**Declare Major Incident**  
 Declare a Major Incident and record details

Start Date: 22 May 2012

Start Time: 14:22

Incident Name: 22/05/12-test

Ask all new patients if in Incident

Select Majax Icon... 

Details

information

Departments and Pre-registration

Department	Affected	Patients to pre-register	Print Labels
Princess Royal	No		
Royal Alexandra	No		
Royal Sussex	Yes	20	Yes
Site/Bed Management	No		
Sussex Eye	No		

Cancel OK

Figure 5

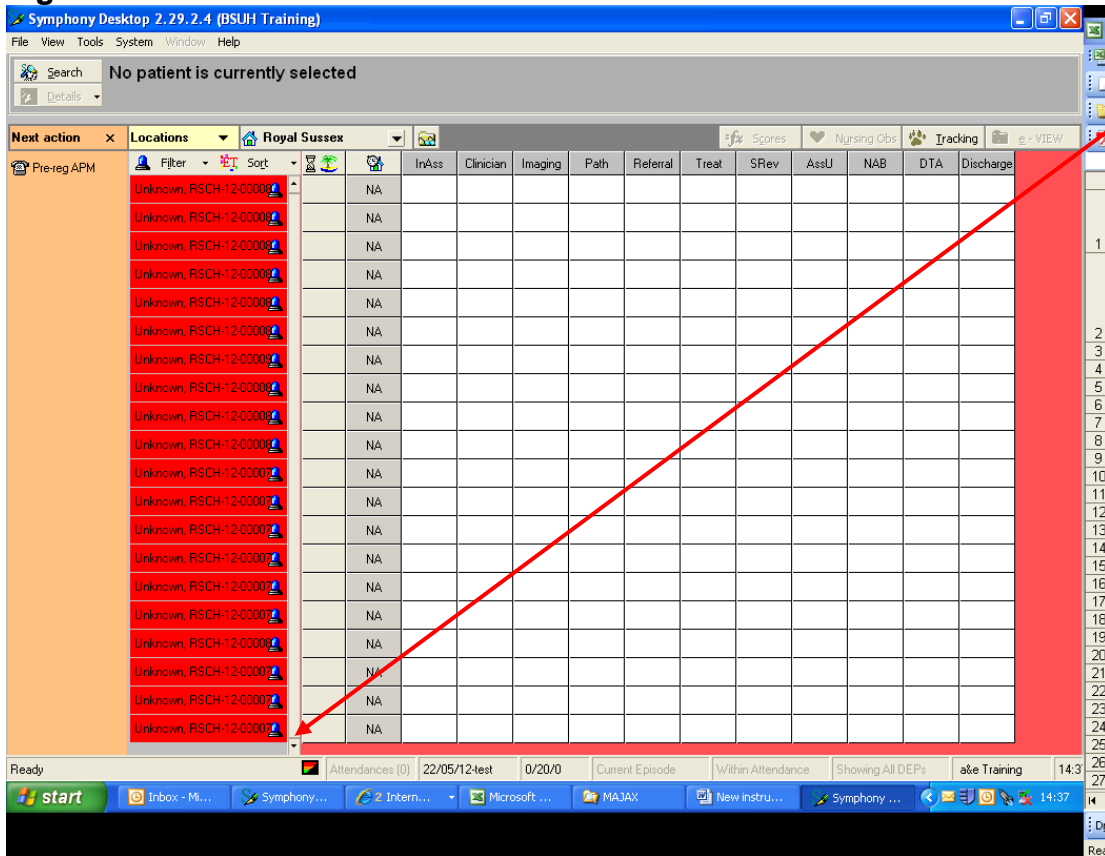


Figure 6

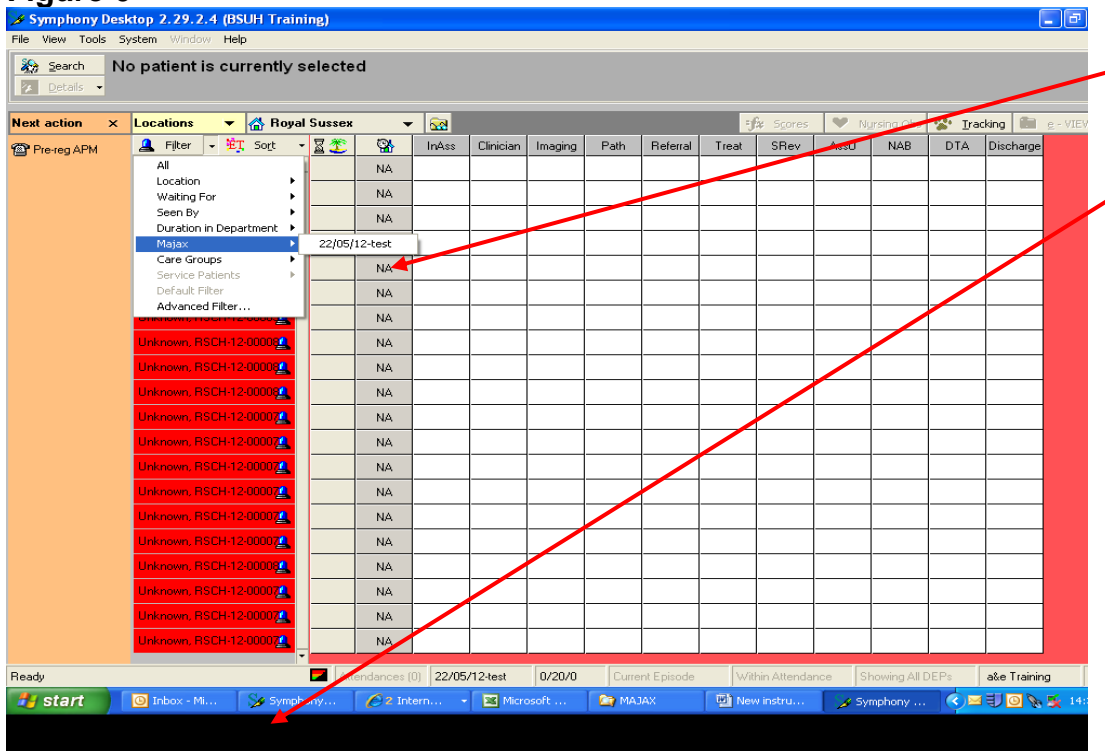


Figure 7

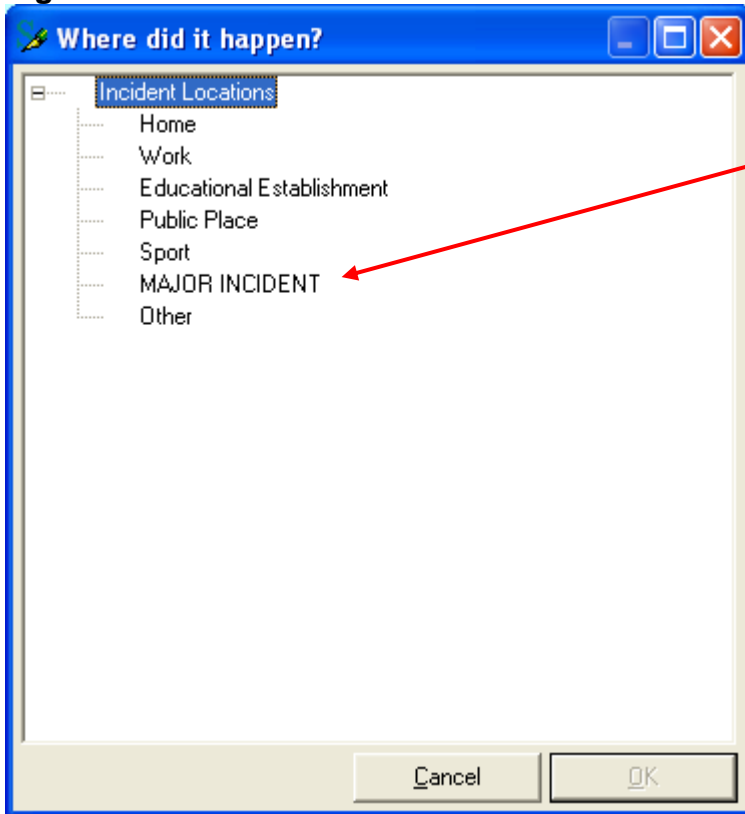


Figure 8

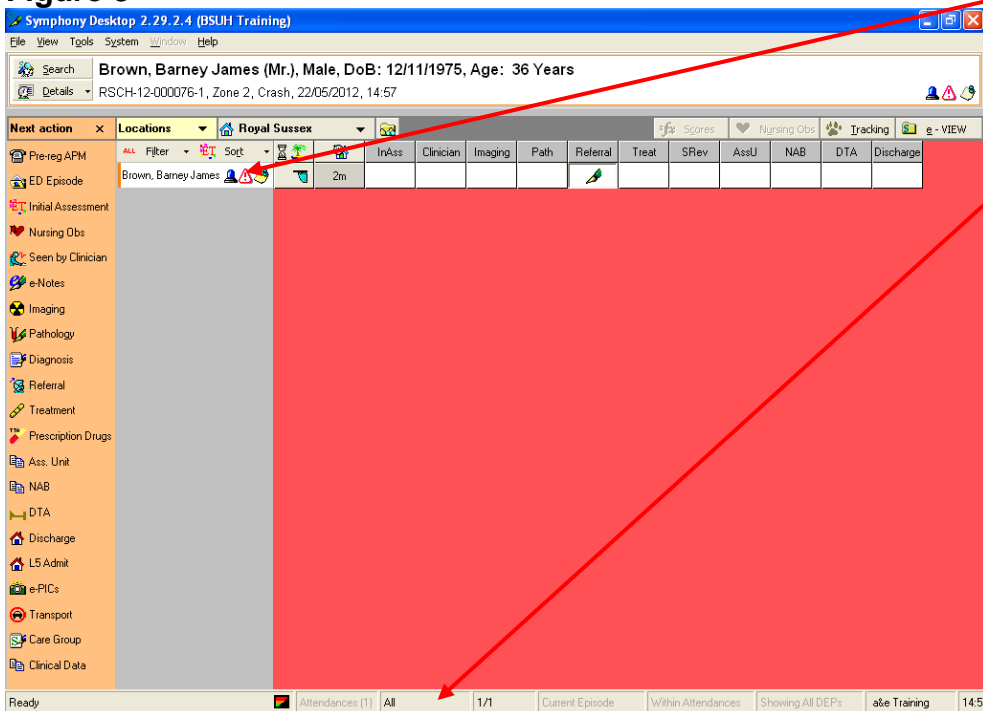
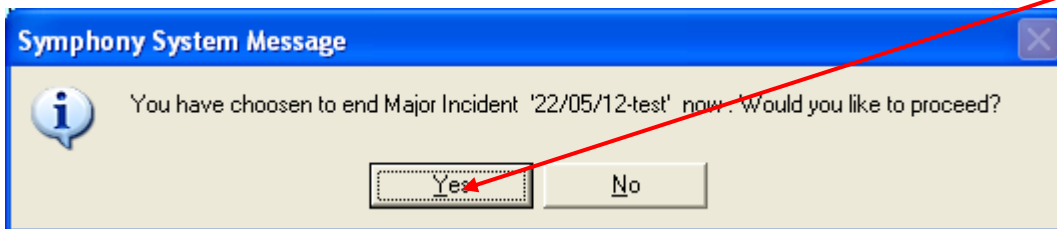
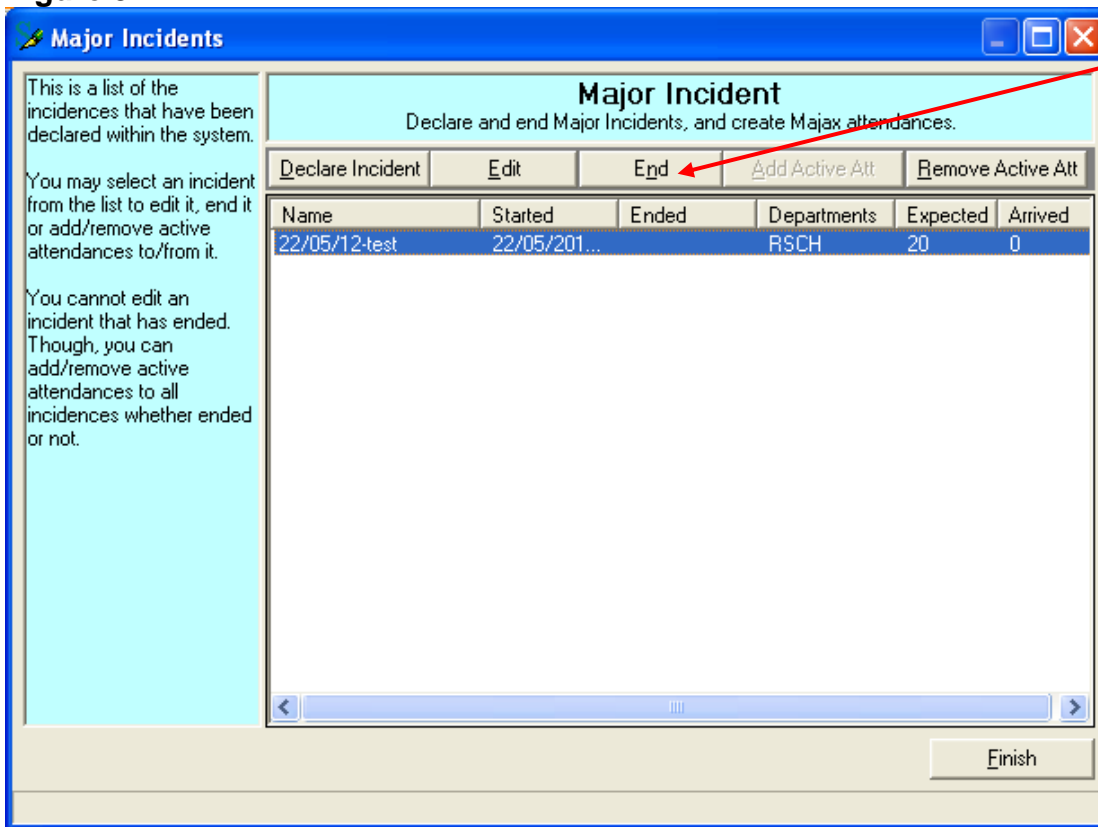


Figure 9



## **APPENDIX 9: RADIO COMMUNICATIONS**

Practically every professional security force today is equipped with radio communications. It provides many advantages not least of all flexibility and speed for deployment of Security Officers in their various fields of operation.

### **II. CARE OF EQUIPMENT**

Great care should be taken with items of radio equipment, particularly personal handsets, which may easily be damaged by carelessness or negligence. All defects are to be reported immediately via e-mail to the Security Operational Manager or in their absence the Trust Security Manager.

### **III. GENERAL OPERATING RULES**

#### **VOICE PROCEDURE**

- a) The importance of a uniform radio procedure for use by all security officers on official radio networks must be appreciated. And it should be remembered that it is possible for every word said on a radio system to be heard by the Department of Trade and Industry Radio Communications Agency monitoring teams.
- b) As with most radio systems, if two stations send at once, the result is chaos. It is essential, therefore, that all operators work to a common system to avoid the possibility of delay, misunderstanding and frustration at a time when speed of communication may be vital.

### **IV. DISCIPLINE**

As with any organisation, discipline on a radio network is essential. Radio discipline includes:

- a) Correct use of voice procedure.
- b) The correct opening up, testing and closing down of stations.
- c) A consistent and accurate watch maintained by all stations on the net.

Users must remember:

- a) Only one station can speak at a time, therefore:
- b) All concerned must listen out before speaking to ensure that the frequency is clear;
- c) Operators must not cut in on other transmissions. (Except with a 'PRIORITY' message)
- d) To leave a short pause at the end of each transmission.
- e) To answer all calls immediately and in correct order.

Operators should adhere to the prescribed procedure, and the following practices are discouraged:

- a) Using a radio call when telephone contact with the person being called can easily be established.
- b) Unofficial and unnecessary conversation between operators.
- c) Excessive testing of radio set.
- d) Transmitting information that would compromise patient confidentiality the DPA or an individuals call sign.
- e) Use of other than authorised pro-words.
- f) Using unauthorised plain language in place of applicable pro-words.
- g) Using profane, indecent or obscene language.

For easily understood speech remember:

**RHYTHM** Keep a natural rhythm.

**SPEED** Slightly slower than for normal conversation.

**VOLUME** As for normal conversation, never shout as this causes a distorted signal.

**PITCH** The voice should be pitched slightly higher than normal.



## V. PRO-WORDS

Easily pronounced words or phrases may be used to convey an exact meaning between operators, thus avoiding unnecessary repetition.

PRO-WORDS	EXPLANATION
'OVER'	This is the end of my transmission to you, and a response is necessary. Go ahead, transmit.
'OUT'	This is the end of my transmission to you, and no reply is required or necessary.
'RECEIVED'	I have received and understood your last transmission. It will be acted upon where necessary.
'REPEAT PLEASE'	Repeat your last transmission
'REPEAT ALL AFTER'	Repeat your last transmission from last word heard
CHECK	Used to check message is being received part way through long transmission.
'WAIT OR STANDBY'	Indicates that you are unable to reply immediately and is normally followed by an indication of time e.g. wait/standby one - wait one minute.
'E-T-A'	Estimated time of arrival.
I SPELL	Used during transmission prior to the use of the phonetic alphabet to spell a word or series of letters.

## VI. PHONETIC ALPHABET

Where necessary a word or series of letters may be spelt using the phonetic alphabet to avoid misunderstanding. For example, no difference can be discerned over the air between WHETHER and WEATHER and phonetic spelling may be essential to avoid confusion.

The PHONETIC alphabet, together with the pronunciation of letters should be used as follows:

A	ALPHA	N	NOVEMBER
B	BRAVO (BRAHVO)	O	OSCAR
C	CHARLIE	P	PAPA (PAHPAH)
D	DELTA	Q	QUEBEC (KWIBECK)
E	ECHO	R	ROMEO (ROHMEO)
F	FOXTROT	S	SIERRA
G	GOLF	T	TANGO
H	HOTEL (HOE-TEL)	U	UNIFORM
I	INDIA	V	VICTOR
J	JULIET	W	WHISKEY (WISKEY)
K	KILO (KEELO)	X	X-RAY
L	LIMA (LEEMA)	Y	YANKEE
M	MIKE	Z	ZULU

## FIGURES

To distinguish numerals from words similarly pronounced, the pro-word 'FIGURES' may be used preceding such numbers.

Numeral	Spoken as	Numeral	Spoken as
0	ZERO	5	FI-YIV
1	WUN	6	SIX
2	TOO	7	SEVEN
3	THU-REE	8	ATE
4	FOWER	9	NINER

Numbers should be transmitted digit by digit except that exact multitudes or hundreds and thousands may be spoken as such.

Examples:

Number	Spoken as
44	FO-WER FO-WER
90	NINER ZERO
136	WUN THU-REE SIX
500	FI-YIV HUNDRED
7,000	SEVEN THOW-ZAND
16,000	WUN SIX THOW-ZAND

## VII. THE 24-HOUR CLOCK

Use of the 24-hour clock system ensures clarity of the precise time of day.

The day starts at one minute past midnight, stated as '0001 hours', and completes at one minute to midnight, stated as '2359 hours'.

Four figures are always used, the first two denoting the hour and the second two the minutes past the hour.

To avoid any confusion '0000' or '2400' are never used as they both represent midnight.

Examples:

0100 = 1am  
 1300 = 1pm  
 1200 = Mid-day  
 0047 = 47 minutes past midnight  
 1045 = 10.45am  
 2245 = 10.45pm

If additional clarification is necessary the addition of the day, date and year may be desirable; Friday 30 August 1991 at 2110 hours. This would be particularly necessary in notebook and report entries.

### Summary

The 24-hour clock system is devised to avoid confusion. Clarity in security duties is of utmost importance, and use of this system will assist all security personnel in this objective.

## **VIII. CALL SIGNS**

For any radio transmission on the network, it is necessary for the transmitting station to identify itself and name the station with whom it wishes to communicate. Call signs are used primarily to establish a link between two or more stations of the network.

The following call signs will be used by all security personnel working at the RSCH site:

## APPNDIX 10: EMERGENCY PLANNING: UK RESERVE NATIONAL STOCK FOR MAJOR INCIDENTS

### HOW TO ACCESS STOCK

A. NHS acute trusts and primary care trusts should access the following items by contacting their local NHS ambulance service trust emergency control room:

1. **Nerve agent antidote** pod to treat 90 people.
2. **Obidoxime** further treatment for nerve agent poisoning.
3. **Dicobalt edetate** pod for treatment of cyanide poisoning in 90 people.
4. **Botulinum antitoxin**.

Ambulance Service NHS Trusts in England either initiating their own requests or responding to requests from NHS Acute Trusts should respond by contacting NHS Blood and Transplant as follows:

The primary number to be used is: **020 8201 3827**

The back-up number to be used is: **0845 8500 911**

B. NHS acute trusts and primary care trusts should access the following items through the department of health major incident coordination centre 0845 000 5555. Callers should clearly give the details of the incident, the number of pods requested and their contact details:

1. **Biological pods (oral ciprofloxacin)** to treat 100 or 250 adults, or 50 or 100 children, for 5 days, with post-exposure prophylaxis for anthrax, plague or tularaemia.
2. **Further stocks of ciprofloxacin** to complete a treatment course, and stocks of doxycycline to change treatment if required.
3. **Ciprofloxacin intravenous injection** for post-exposure treatment.
4. **Gentamicin intravenous/intramuscular injection** for post-exposure treatment.
5. **Potassium Iodate tablets** to block the uptake of radioactive iodine, plus information leaflets for the public.
6. **Prussian blue** for the treatment of thallium poisoning.
7. **Naloxone** for the treatment of opioid poisoning.

The decision to request these medical supplies will normally be taken by the local CCDC, DPH, or consultant in public health medicine, who must inform the regional director of public health of their request.

Copies of the guidance documents packed in the biological pods and of patient group directions for the countermeasures may be found here:

[http://www.dh.gov.uk/en/policyandguidance/emergencyplanning/dh\\_4069610](http://www.dh.gov.uk/en/policyandguidance/emergencyplanning/dh_4069610)

## APPENDIX 11: VOLUNTEER STAFFING DETAILS

### LOGGISTS

#### Trained 26<sup>th</sup> March 2012

Rae Lee - ?

Laura Onslow - HQ

#### Trained 8<sup>th</sup> March 2012

Nicki Corbett – PA HR

Shanti Deva Dass - Infection Control Admin

Ruth Haffenden – EPR

Katrina Kempson - HQ

#### Trained 21<sup>st</sup> June 2011

Mike Richardson - Volunteer

#### Trained 4<sup>th</sup> April 2011

Sandra Russell - Secretary Theatres

Sarah Loader - PA Matrons Surgery

#### Trained previously

Julie Davis – Patient Access Manager Home: 01273 692134 Mob: 07590 298185

Julie Hussey – Senior Admin Medicine

Caroline Johnson – PA Medicine Home: 01273 608232 Work: 01273 523102

Micki Lake – Secretarial Services Manager

### Staff to Help In The ECC In Hours

#### 3Ts Team

Please contact either Anna Barnes or Nick Groves who will coordinate 3Ts staffing

Dr Anna Barnes

01273 523405

07920545544

Nick Groves

X 3392

Mobile: 07707 289 534.

**IQ Team**

Please contact Niki Porter who will coordinate IQ staffing

**Niki Porter**

IQ Operational Services Manager

Finance and Business Support

Telephone 01273 696955 x7671 ☐

Mobile 07825 833817 ☐

Room E104, Stephen Ralli, RSCH

**HQ PAs**

Please contact Sian Finlay who will coordinate HQ PAs staffing

*Sian Finlay*

Executive Assistant to Chief Executive

Headquarters

*Direct dial - 01273 664902*

**Finance**

Please contact Chris Sethi or Kirsty who will coordinate Finance Team staffing

Chris Sethi

Chief Management Accountant

01273 696955 Extn 3932

Kirsty

Home no. 01323 727402

Work Mobile 07500 815135

Personal Mobile 07890 415953

## **Volunteers**

**Volunteers**

Julie Wiseman will coordinate any volunteers needed during a Business Continuity of Major Incident.

Please contact Julie Wiseman via switchboard to coordinate.

# APPENDIX 12: EXAMPLE INCIDENT REPORT FORM

**Internal Report following:** name of incident.....

**Date:**.....date of incident.....

**Staff involved in the response**

<b>MANAGEMENT AND RESPONSE – CORPORATE</b>	
<b>ROLE</b>	<b>Name</b>

<b>MANAGEMENT AND RESPONSE – CLINICAL</b>	
<b>ROLE</b>	<b>Name</b>

<b>MANAGEMENT AND RESPONSE – FACILITIES AND ESTATES</b>	
<b>ROLE</b>	<b>Name</b>

<b>MANAGEMENT AND RESPONSE – CORE SERVICES</b>	
<b>ROLE</b>	<b>Name</b>

<b>Pathology</b>	
<b>ROLE</b>	<b>Name</b>

<b>Pathology</b>	
<b>ROLE</b>	<b>Name</b>

<b>Microbiology</b>
---------------------



ROLE	Name

Pharmacy	
ROLE	Name

Radiology	
ROLE	Name

Sterile Services	
ROLE	Name

Comms	
ROLE	Name

--

ROLE	Name

ROLE	Name

ROLE	Name

ROLE	Name

## SEQUENCE OF EVENTS

--

<b>AREAS AFFECTED</b>

<b>Departments/Areas Affected</b>




## **APPENDIX 13: DEBRIEF NOTES**

**Debrief/ARR following:** name of incident.....

**Date:**.....date of incident.....

<b>Present:</b>             
---

**Apologies:**

**Notes:**



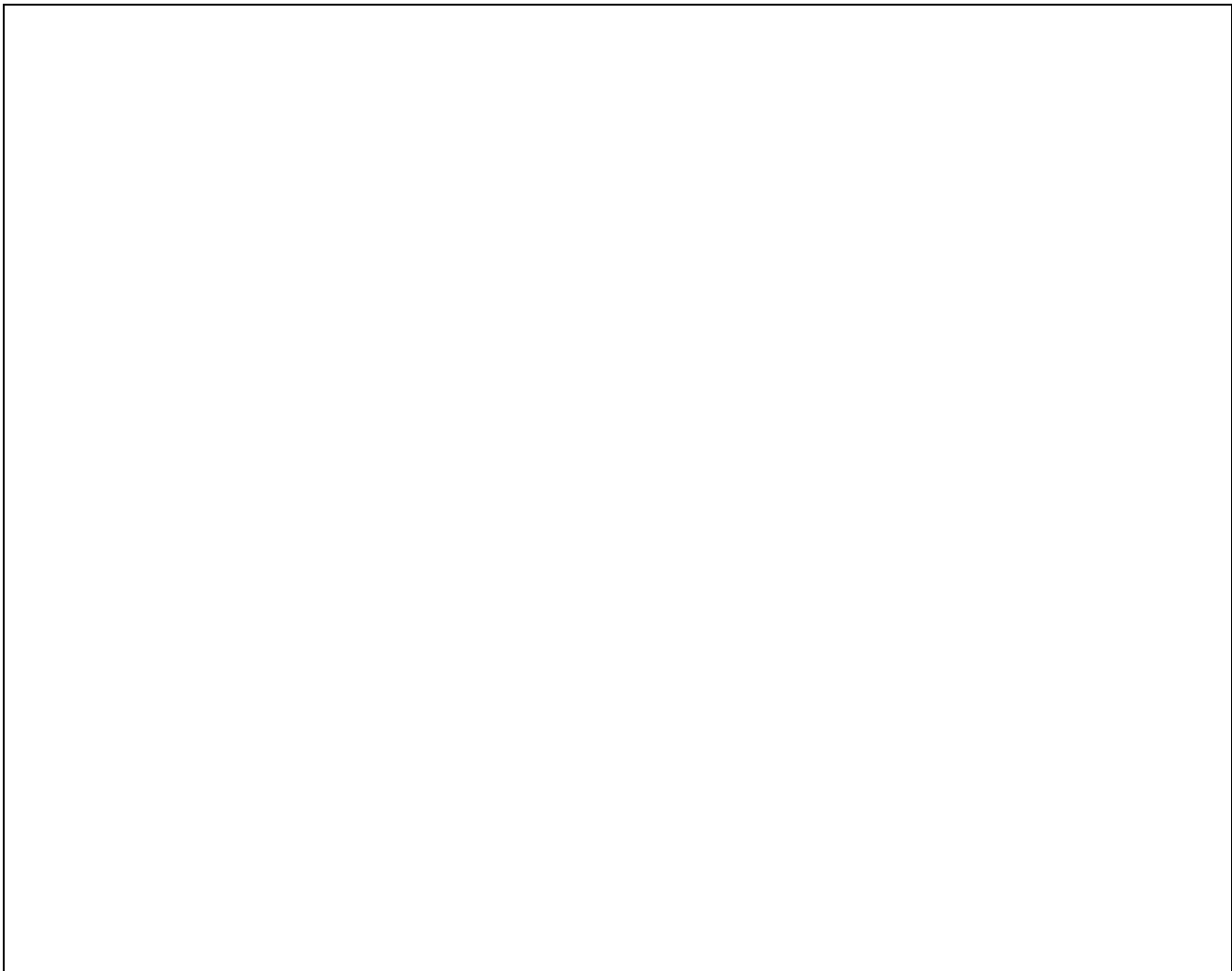


**Actions**



**Conclusion**

--






## APPENDIX 14: STAFF REDEPLOYMENT RECORD SHEET

### Staff Redeployment Record Sheet

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SAMPLE**

Name	Staff/agency number	Address	Transport arrangements	Qualifications	Usual place of work & Skills	Time in	Ward/department Redeployed to	Time Out
Natasza Lentner	10346243	Brighton	Car, can walk to RSCH	Registered Nurse,	Emergency Planning A&E skills	11:14	A&E RSCH	
Jo Blogs	Nurses R Us agency 253986	Haywards Heath	Car can walk to PRH	Registered Nurse	Recovery RSCH ITU skills	12:30	ITU PRH	

## Staff Redeployment Record Sheet

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name	Staff/ agency number	Address	Transport	Qualifications	Usual place of work & Skills	Time in	Ward/dept Redeployed to	Time Out

## APPENDIX 15: RELATIVES'/FRIENDS' RECORD SHEET

### Relative/Friends Record Sheet

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SAMPLE**

Name of relative/friend you are enquiring about	Your name	Your contact telephone no	Your address	Any details we may need to know about your relative/friend? Eg allergies, identifying marks, NOK details	Any other information
Homer Simpson	Natasza Lentner	07878530878	The office, Brighton	No allergies, yellow skin, medium build, NOK wife: Marge Simpson, Springfield, 07878787878	
Elizabeth Bennett	Mr Dacy	07878878887	The manor, Hertfordshire	No known allergies, NOK: father Mr Bennett, 07878787878	



## Relative/Friends Record Sheet

Date: \_\_\_ / \_\_\_ / \_\_\_

Name of relative/friend you are enquiring about	Your name	Your contact telephone no	Your address	Any details we may need to know about your relative/friend? Eg allergies, identifying marks, NOK details	Any other information

## APPENDIX 16: MEDIA REPRESENTATIVES' RECORD SHEET

### Media Representatives' Record Sheet

Date: \_\_\_/\_\_\_/\_\_\_

**SAMPLE**

Name	Company	Given a pass	Given a media briefing	Time in	Time Out		
Phil Tographer	The big bad newspaper	Yes	Yes	10:21			
S Napper	Big TV Company	Yes	Yes	10:36			

## Media Representatives' Record Sheet

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name	Company	Given a pass	Given a media briefing	Time in	Time Out		