Brighton and Sussex University Hospitals NHS Trust

Major Incident Plan

VERSION:	V 2.13
CATEGORY AND NUMBER:	Trustwide
APPROVED BY:	H&S
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NAME OF RESPONSIBLE COMMITTEE/INDIVIDUAL:	Health and Safety Committee Natasza Lentner
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TARGET AUDIENCE:	Trustwide And All Stakeholders
ACCESSIBILITY	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 TACTICAL COORDINATION TEAM WITHIN THE HOSPITAL INCIDENT COORDIANTINE CENTRE (HICC)

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

1. CONTENTS

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)
- 1st number indicates number of final approvals (v1.0)
- 2nd number indicates plan is in draft format (v1.1)

AMENDMENT LIST				
Version	Date	Author	Status	Status Comment
V.2.0	31st July 2012	Natasza Lentner	Plan updated following EMERGO Feb 2012	Changes to plan: update to command and control within the HICC. 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 HICC layout updated
	Sept/Oct 2013	Natasza Lentner	Update	Clinical Site Team action card updated following discussions so they are now based in the HICC 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 Control1.incident@bsuh.nhs.uk
V2.1	Sept/Oct	Natasza Lentner	Update	ISS changed to Sodexo and IT section action card updated to say IT Manager not IT Engineer). All references to Sussex HIS removed. HICC (Hospital Incident Coordination Centre) changed to Hospital Incident Coordination Centre (HICC) to be in line with NHS EPRR Guidance CONT…

AMENDMENT LIST CONT…				
Version	Date	Author	Status	Status Comment
V2.2	Feb 2015	Natasza Lentner	Update	Pead plan: Main Emergency department changed to RSCH emergency department, Pead ED changed to Children's ED. Action card for paed Operational Manager and Paed HoN action cards merged to form Directorate Lead Nurse/Paediatric Bleep Holder Action card, and extra action card was added for the second CED Cons called to the RSCH ED. Facilities and estates Action Card updated. Paediatric Section updated with new triage sieve. Bed capacity numbers for the RACH were updated. Minor changes to wording and typos corrected throughout. Updated appendix 10 with new national guidance. References to Divisions changed to Directorates. Sodexo references removed

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:	•Ask People To Send Copies Back To Head Of Resilience. • Walk Round And Check For Hard Copies. •Email External Stakeholders, Ask Them To Destroy And Send Head Of Resilience Confirmation Of This. •Put Message On The Infonet		

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 Resilience Direct	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 HICC		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	
Directorate leads, DMs and DLNs			

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 its obligations as a Category 1 responder under the Act and respond to a multiple casualty major incident.

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:

- NHS Commissioning Board Emergency Preparedness
- Framework 2013
- 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
- HALO - Hospital Ambulance Liaison Officer
- HICC – Hospital Incident Coordination Centre
- IEM - Integrated Emergency management
- LA - Local Authority
- MI - major incident
- PHE - Public Health England
- SRF – Sussex Resilience Forum
- The 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 the instigation of a command and control structure 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 of 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.

CATEGORY ONE RESPONDERS	
EMERGENCY SERVICES	Police Forces BTP Fire Ambulance Maritime & Coastguard Agency
HEALTH	Acute Trusts Foundation Trusts Local Health Boards In Wales Any Welsh NHS Trust That Provides Public Health Services Public Health England NHS Commissioning Board
LOCAL AUTHORITY	All Principle Local Authorities Port Authorities
GOVERNMENT AGENCIES	Environment Agency Scottish Environment Agency Natural Resources Wales
CATEGORY TWO RESPONDERS	
UTILITIES	Electricity Suppliers Water Supplies Gas Suppliers Public Comms Providers (Landlines And Mobiles)
TRANSPORT	Network Rail Train Operating Companies (Passenger And Freight) Airports Highways Agency London Underground Transport For London Airport Operators Harbour Authorities
OTHER	Health And Safety Exec Strategic Health Authority Clinical Commissioning Groups

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.

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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 AGENCIES (Environment Agency for England, Natural Resource Wales for Wales and Scottish Environment protection Agency for Scotland)

The Environment Agencies are the leading public bodies for protecting and improving the environment in the UK. As environmental regulators, with a wide range of roles and responsibilities, they respond to many different types of incident affecting the natural environment, human health or property.

The environment agencies' 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 coordination centers (control rooms) 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 Public health England, 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 ASSESMENT

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:

NO.	BSUH RISKS	EXAMPLES	PLAN
1	Long Term Fuel Disruption	A Disruption In The Supply Chain, Fuel Strikes, Transport Disruptions Etc	**BC Plan**
2	Major Incident Caused By A Local Event	Sussex Attracts Many Local Events Such As Pride, London To Brighton Bike Ride, Brighton Marathon Etc	**MI Plan**
3	Major Incident Involving CBRN/Hazmat	Accidental Contamination Following Transportation Of Hazardous Materials Or Deliberate Release Of CBRN Materials	**MI Plan CBRN Plan**
4	Mass Casualty Incident	Transport Incidents Due To Accidents On Fast Country Lanes, Duel 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	**MI Plan**
5	Flu Pandemic And Other Infectious Diseases	Significant Staff Shortages Due To Pandemic Illness	**Pan Flu Plan**
6	Mass Evacuation Of Part Or All Of A Site Due To Internal Major Incident	Fire Or Bomb Threat	**Evacuation Plan**
7	Utilities Failure Affecting Trust's Ability To Provide Critical Services	Loss Of Power Or It Infrastructure	**BC Plan**
8	Adverse Weather Affecting Trust's Ability To Provide Critical Services	Severe Snow Conditions Causing Transport Disruption, Staff Unable To Get To Work Etc	**BC Plan**
9	Disruption Of Supply Chain Affecting Trust's Ability To Provide Critical Services	Disruption To Food Supplies Or Medical Equipment	**BC Plan**

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 RESILEINCE 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

Pleases 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.

Business Continuity

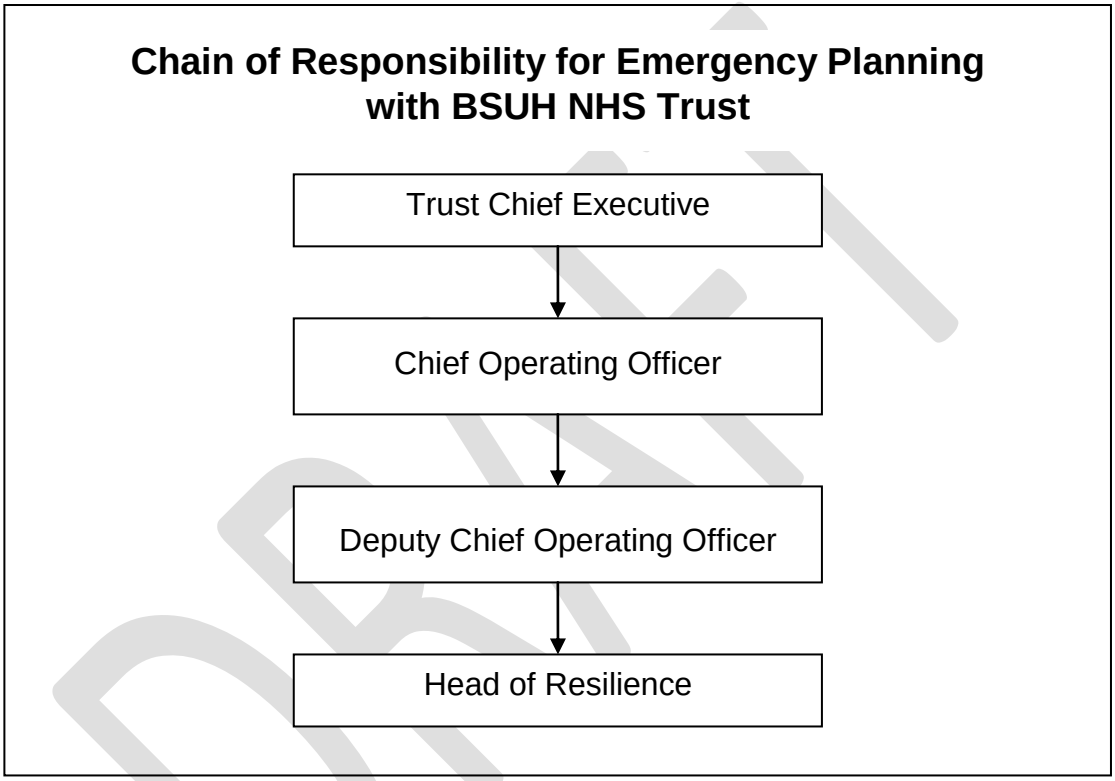
- A requirement in law
- Withstand business interruption
- Preserve critical functions
- Protect the Trust's reputation

BC is an integral part of Trust operations

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 directorate 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 ACTIVIATION OF THE MAJOR INCIDENT PLAN

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:

- The Chief Operating Officer or Director on Call

and one of the below

- The Chief Operating Officer, the Director on Call, The manager on Call, the Deputy Chief Operating Officer, Chief Nurse or Deputy Chief Nurse, The Clinical Site Manager, the ED Consultant on call or 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:

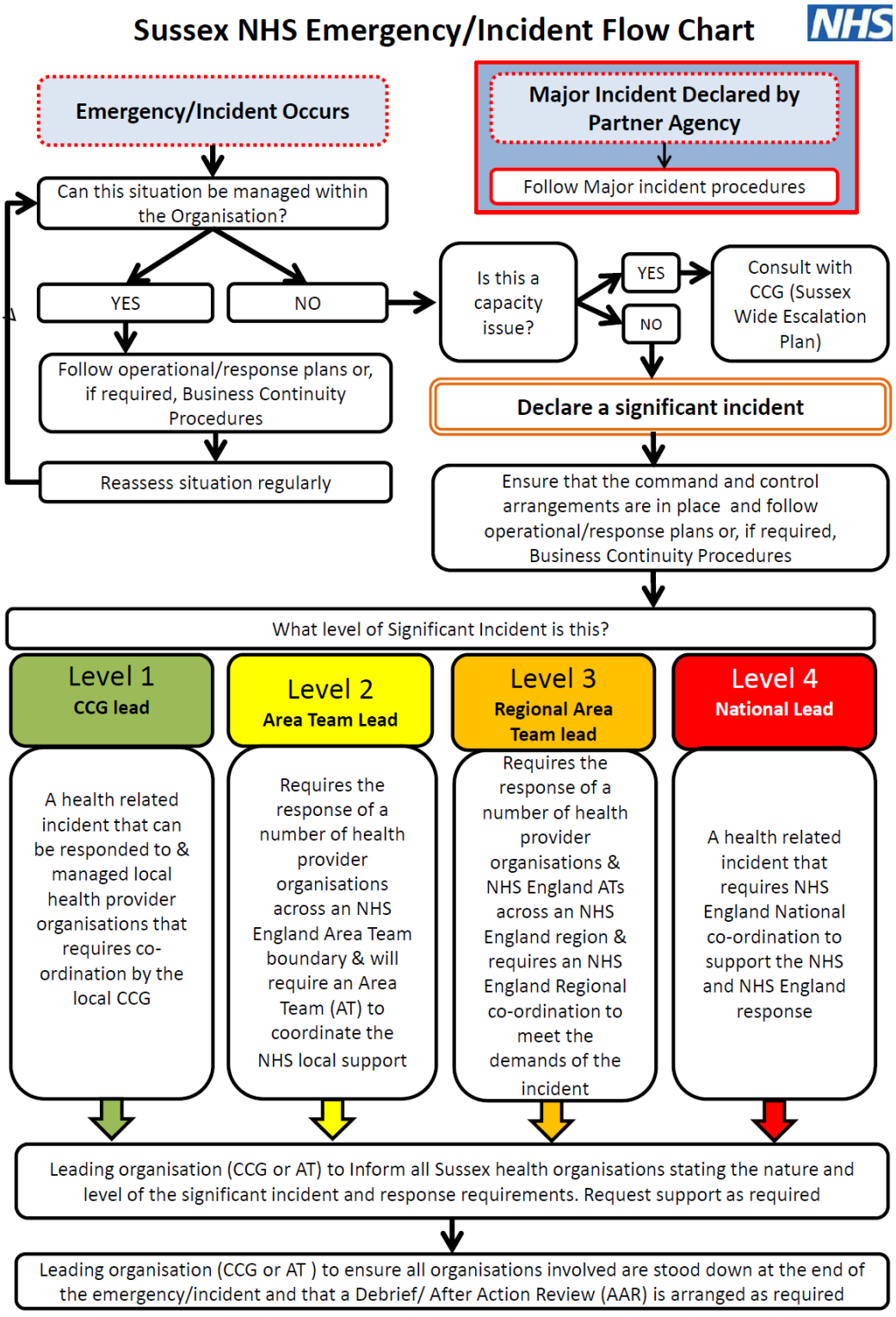
Type of incident (if known)……
Location……..
The time now is: …….
My initials are: …….
To whom am I speaking? (Confirm initials) …….

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 them 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.

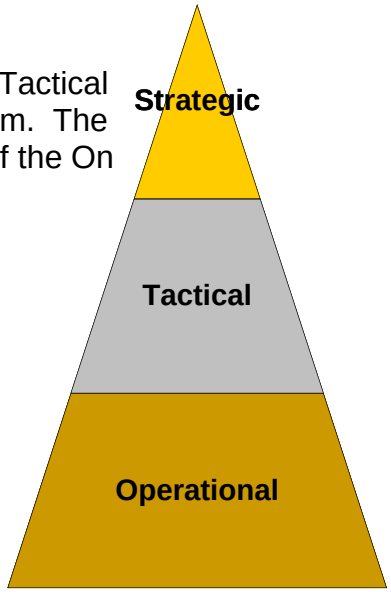
The Director on call will take the role of Strategic Command for the Trust on behalf of the Chief Executive.

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

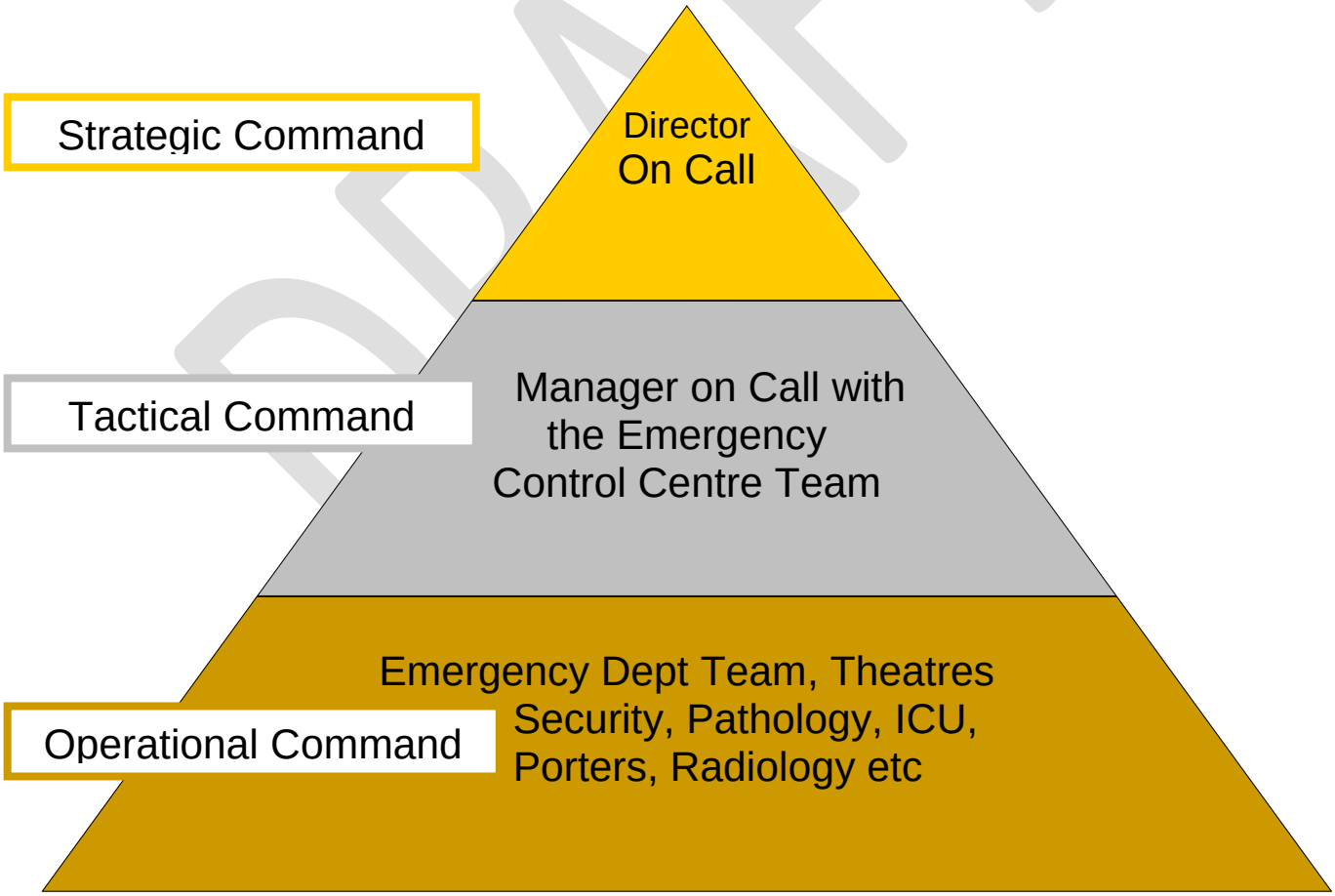
determine priorities in allocating resources, obtaining further resources as required, planning & coordinating tasks.

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 (Within the Hospital Incident Coordination Team (HICC)). 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 (HICC) 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.

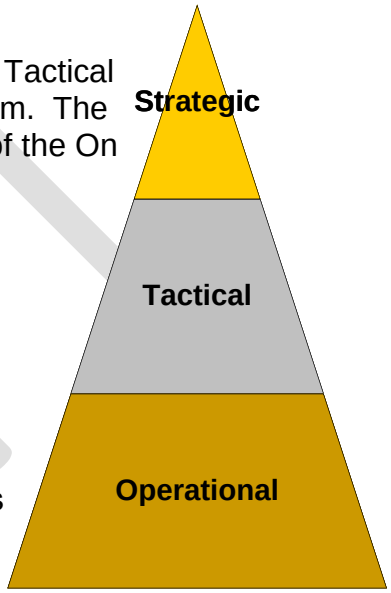
The strategic commander should start to consider the longer term Business Continuity (BC) issues & need to enact part/all of the BC Plans. If a prolonged incident or large impact on Trust operations is expected nominate a Recovery Team to begin this process.

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 Hospital Incident Coordination 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 the follow table for outline of the Hospital Incident Coordination Centre roles and responsibilities. Please see action cards for further information.

Hospital Incident Coordination Centre

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

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

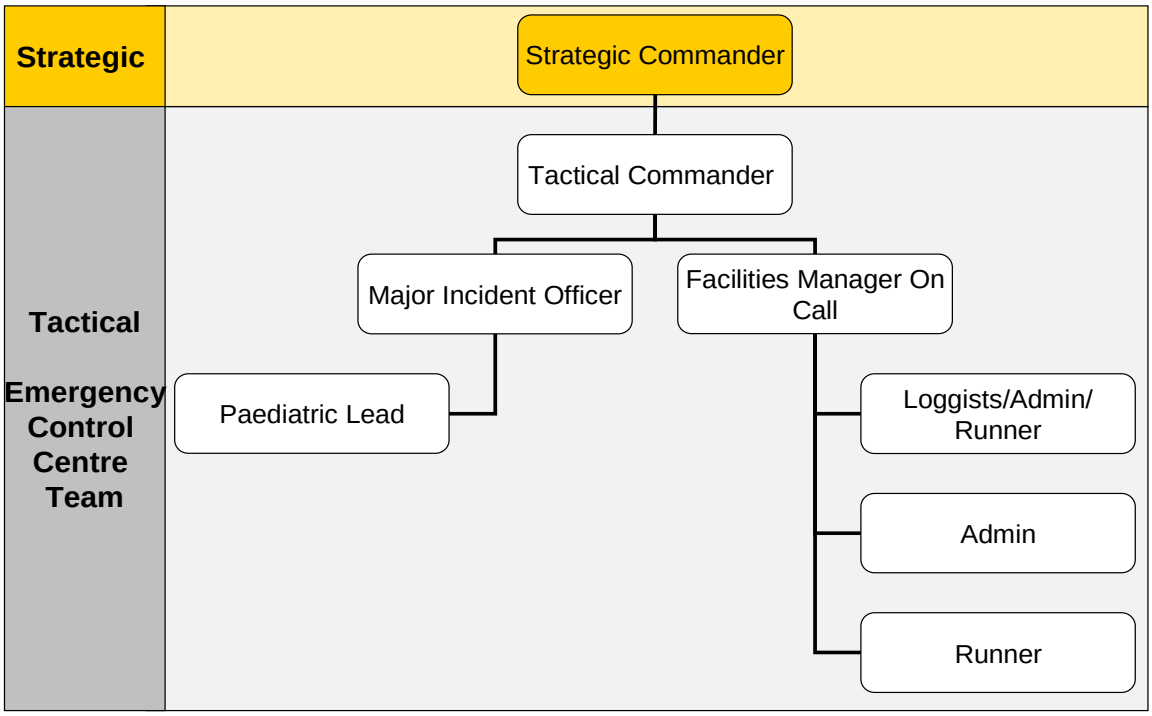
The Tactical Commander is responsible for formulating the tactical plan to achieve the strategy set by the Strategic Command. They will liaise closely with the Major Incident Officer who is responsible for the medical response to the incident.

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.

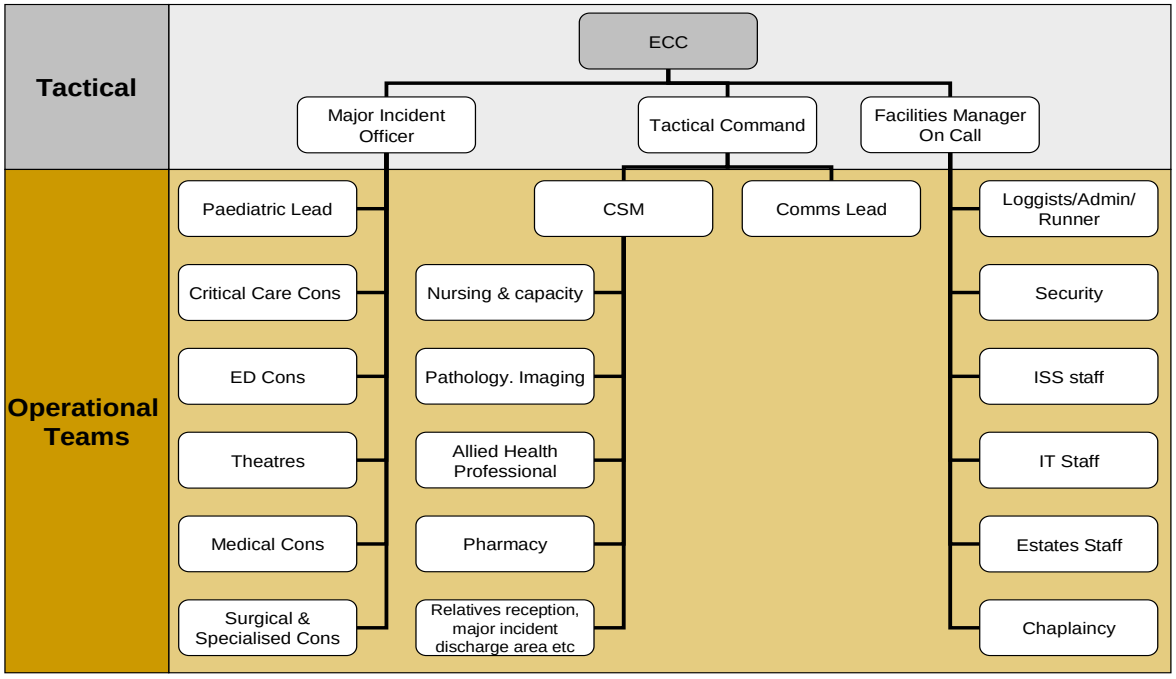
Operational teams/ staff should only contact the HICC if they are unable to implement the tactics defined by tactical command or are unable to solve a problem via the usual routes.

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 HICC. Please see section 10.4.2.1.7. For further information on the "Expectant" Triage Category.
Support the Trust's response	The Facilities Manager On Call	Will support the HICC team, coordinate the Admin support within the HICC including the loggist. Liaise with Security, Soft FM Manger, Portering charge hand and IT support and restrict access to the HICC.
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 HICC boards up to date with capacity and staffing information & taking minutes of the regular briefings etc
Coordinate the paediatric response	The Directorate Lead Nurse	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 Hospital incident Coordination Centres (HICC)

The control centre can be set up in a number of locations depending on the incident but the preferable location is the Stephen Ralli, Clinical Operations Room 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

Coordination Centres	LOCATION	CONTACT NO
The Main Trust Hospital Incident Coordination Centre (HICC)	Stephen Ralli, Clinical Operations Room	Director on call: mobile via switch Manager on call: 4998
PRH Operational (Bronze) Control Room	Clinical Ops Room PRH	Clinical Site Manager PRH: 8120 Bleep: 6014
Back up Hospital Incident Coordination Centres	Sussex house RSCH	Director on call: mobile via switch Manager on call:
	Downsmere PRH (Has Video Link To Trust HQ F110)	Director On Call: mobile via switch Manager On Call: 5420
Trust HQ	The boardroom (has video link to PRH Downsmere)	Would need to ensure phones were arranged and connected

For list of Main Hospital Incident Coordination 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
Hospital Rapid Discharge Team	Facilities General Manager
Pathology	It Manager On Call
Pharmacy	Mortuary Technician
Imaging	Coordinating Chaplain
Security	All Service Managers
Facilities	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.

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
- Acute Floor Zone 2b Team Leader
- UCC Team leader
-

Nurses
- ED Triage Nurse
- ED Zone 1 Nurse Coordinator
- ED Zone 2a Nurse Coordinator
- Acute Floor 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:

IMMEDIATE FIRST PRIORITY	**RED**
URGENT SECOND PRIORITY	**YELLOW**
DELAYED THIRD PRIORITY	**GREEN**
EXPECTANT FOURTH PRIORITY	**RED WITH BLUE CORNER**
DECEASED	**WHITE**

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,

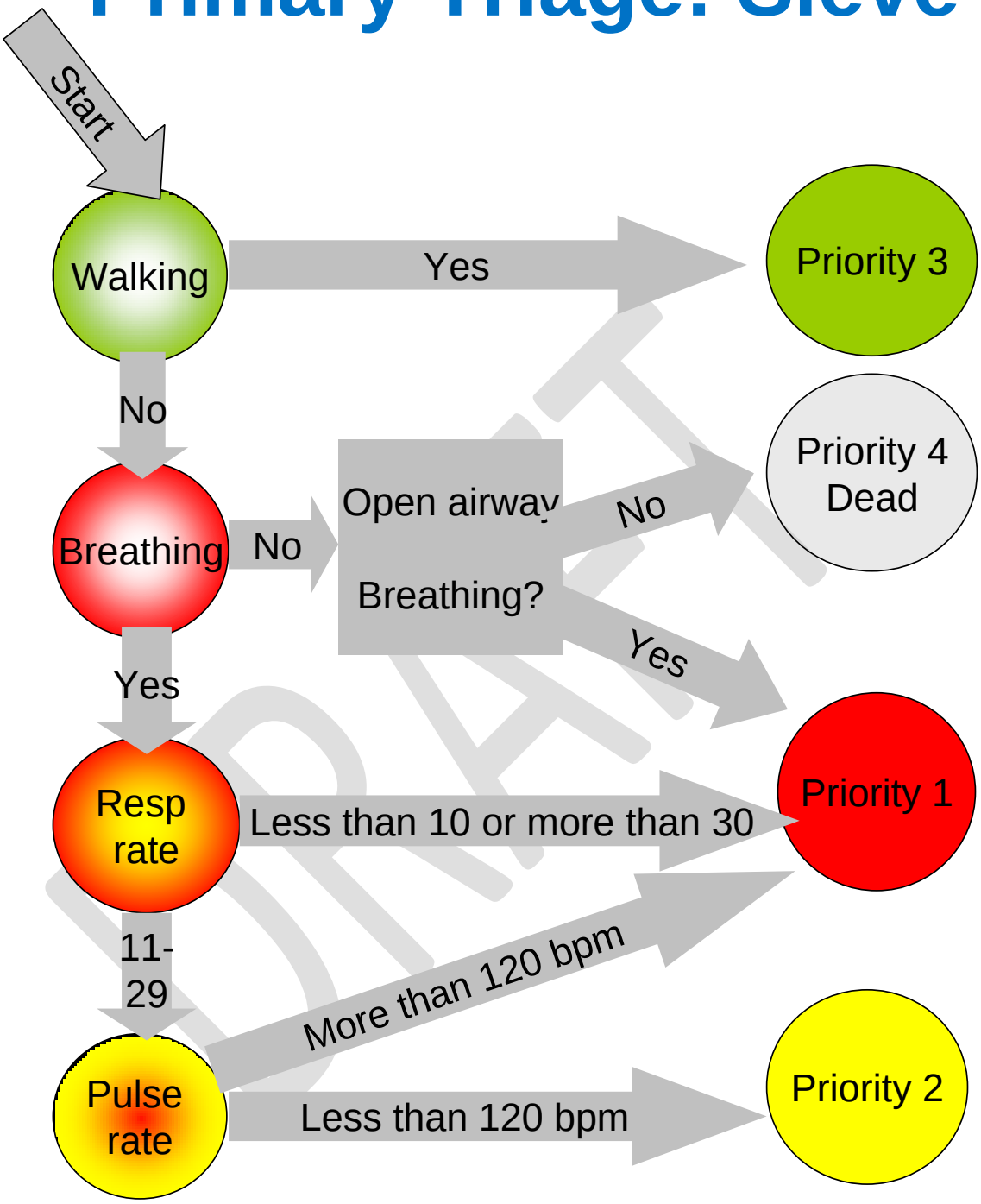
…the group also discussed and agreed that the existing triage sieve is fit for purpose.

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

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

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 bought 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.

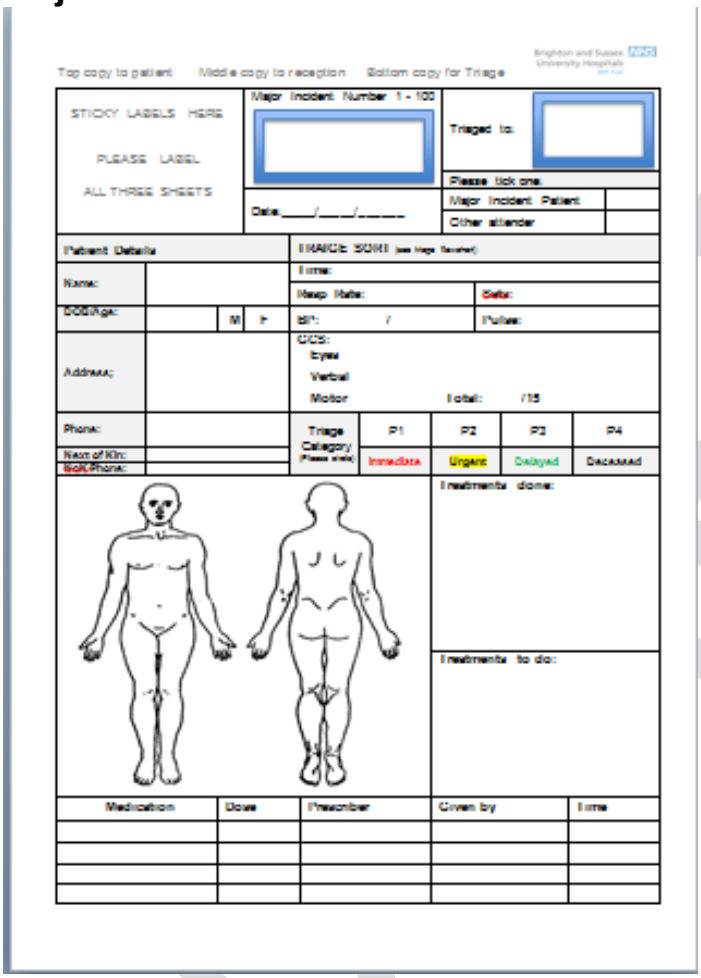
If the incident is larger such as a mass casualty or catastrophic incident a second triage team may need to be selected and positioned at the entrance to the priority 3/minor injuries location

10.4.2.1.4 TRIAGE DOCUMENTATION

There will be 2 simple bits of paperwork that need to be completed at Triage.

The Major Incident Patient Front Sheet including triage documentation and the Patients log.

Major Incident Patient Front Sheet



Top copy to patient Middle copy to reception Bottom copy for Triage

STICKY LABELS HERE

PLEASE LABEL

ALL THREE SHEETS

Major Incident Number 1 - 100

Triaged to:

Please tick one:

Major Incident Patient

Other attender

Date___/___/_____

Patient Details

TRIAGE SORT

Name:

Time:

DOB/Age: M F

Resp Rate: Sats:

BP: / Pulse:

Address:

GCS:

Eyes

Verbal

Motor Total: /15

Phone:

Next of Kin:

GP/Phone:

Triage Category (Please circle) P1 Immediate P2 Urgent P3 Delayed P4 Deceased

Treatments done:

Treatments to do:

Medication	Dose	Prescriber	Given by	Time

BSUH Major Incident Patient Attendance Log

BSUH Major Incident Patient Attendance Log							
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**	**Destination Zone**

1. The triage receptionist should number each Major Incident Patient Front Sheet from 1 upwards and put a corresponding patient label sticker on to each of the 3 pages of every front sheet

2. The Triage Receptionist will ensure that the triage team have enough pre-printed Major Incident Patient 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.

3. The Triage Nurse should ensure that the patient is given an ID band that corresponds with the Major incident Patient front sheet given to them by reception and that an ID sticker for that patient is added to the BSUH Major Incident Patient Attendance log form. 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. They should then work with the triage Dr to fill out the triage details on the Major Incident Patient Front Sheet and any other details as appropriate.

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.

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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 a 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 HICC.

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 Zone 1. 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

ZONE 2a TEAM	ZONE 2b TEAM
ED Zone 2a Nurse Coordinator	**Zone 2b Nurse Coordinator**
Will co-ordinate the care & flow of existing ED & Major Incident patients. They will maintain close communication with ED commander (Consultant), ED shift leader & HICC. This role is assigned by the ED Shift Leader.	Will co-ordinate the care & flow of existing & 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 HICC. This role is assigned by the ED Shift Leader.
ED Zone 2a Team Leader	**Zone 2b Team Leader**
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 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

ZONE 2A LOCATIONS	ZONE 2B LOCATIONS
Approx 20 patients can be accommodated on trolleys in zone 2a If there is capacity and there are no p1 patients, up to 5 patients could be accommodated in zone 1	12 patients can be accommodated in cubicles in zone 2b

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 2b should be cleared of patients as soon as possible. Liaise with the Clinical Site manager to organise this. MATU, SAU etc 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 HICC 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 or 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 Hospital Incident Coordination Centre (HICC). 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 form 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, Trauma, 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
- Trauma consultant on call
- Consultant radiologist
- Cardiothoracic Surgeon
- Cardiothoracic Anaesthetist

10.4.3 All other staff

For all other wards, departments and services please see you 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 Hospital Incident Coordination 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.

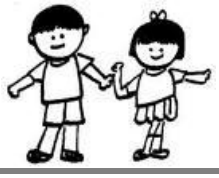
3. You may be asked to continue your normal role or you may be asked to help in one of the major incident support roles.

4. If you are asked to undertake a role that is not your usual job please ensure you inform the Hospital Incident Coordination 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 must 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 RSCH emergency department to deal with large numbers of children. Thus close liaison with the Children's Emergency Department (CED) at the RACH is essential to ensure the smooth transition of patients out of the RSCH 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 staff will complement the RSCH 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 Children's Directorate Plan

Throughout the hospital there are the following paediatric areas:

1. Level 9 medical ward: 22 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: 10 funded HDU beds (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 7 theatres: 3 theatres and 4 recovery bays
6. Level 6 CED/Short Stay Unit (SSU): 12 trolleys and 6 beds
7. 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.

The bleep holder will attend the CED and liaise with the CED Nurse in Charge

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

The bleep holder will then liaise with the Nurse in Charge of level 8, level 9, and High Dependency Unit (HDU) for an immediate review of all current inpatients

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 Directorate Lead Nurse/Paediatric Nurse Bleep Holder. 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 the "Staff Reporting Area" in Level 6 meeting Room (Seminar room in Admin block) prior to going to their usual area of work, where contact with Directorate Lead Nurse/Paediatric Nurse Bleep Holder should immediately occur.

Relatives Room:
Parents are likely to be sent to the Main Relatives Reception (likely to be main adult RSCH Out Patients dept.) in the first instance. Children may also be accompanying parents/carers in the Main Relative's Reception. Please liaise with the Main Relatives Reception (contact the HICC 4996 for the relative's reception contact number) to communicate with parents who may be there and in case paediatric support or advice is required.

10.5.1.2 Children's Emergency Department

Responsibilities

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

Nurse in Charge duties
Nurse in charge of the CED will liaise with CED registrar or Consultant if on site after team brief to confirm team roles and inform of incident details.

They will explain to patients and carers waiting in the CED that a major incident has occurred.

With the most senior paediatric doctor they will 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 Directorate Lead Nurse/Paediatric Nurse Bleep Holder (Bleep 8651) of any admissions and move patients to suitable beds on level 9 or level 8.
- ☐ Liaise with the RSCH Adult Emergency Department (ED) Shift Leader in the RSCH Adult ED (bleep 8121) regarding the deployment of CED nurses and doctors to the Adult Emergency Department.
- ☐ Prepare CED for the arrival of Priority 3 patients with Treatment rooms 1-6 and Trolleys 1-4 allocated as the designated treatment area.
- ☐ Allocate an APENP/PNP or Paediatric nurse to oversee the treatment areas.

The Children's Emergency Department (CED) will be the receiving unit for injured children following triage by the RSCH Adult 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 RSCH Adult Emergency Department and not brought straight to the Children's Emergency Department.

Actions for Children's Nurse (bleep 8145) in Adult Emergency Department RSCH

Informed by: CED Nurse in Charge

Responsible to: RSCH ED Lead Nurse

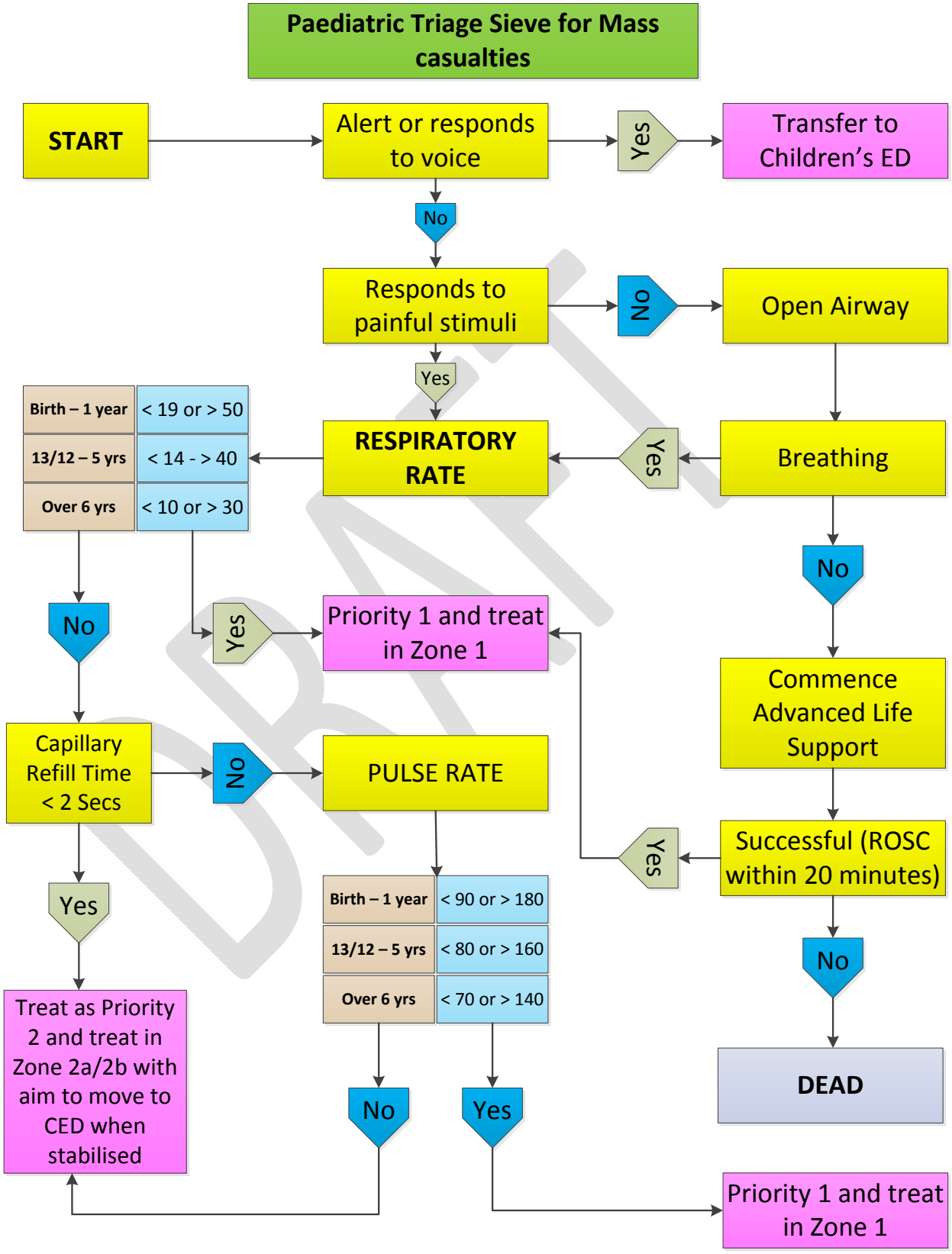
Responsibilities:

- ☐ In conjunction with the CED Doctor 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 Adult ED Zone 1/Zone 2 teams supervising the treatment of paediatric patients
- ☐ Act as a runner for paediatric patients in both Zone 1 and Zone 2 as required.
- ☐ Liaise with the CED Nurse in Charge regarding the deployment of paediatric nurses and doctors.

10.5.1.3 Paediatric Triage Sieve



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=		
Paediatric Triage Sort Score	**12 =**	**Priority 3**
	11 =	**Priority 2**
	10 or less =	**Priority 1**

Paediatric Glasgow Coma Scale				
Circle appropriate response				**Scores**
1. Best eye response		Open Spontaneously	**4**	
		Open to verbal command	**3**	
		Open to pain	**2**	
		No eye opening	**1**	
2. Verbal or Non verbal response	**Best verbal response**	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**	
	Best grimace response	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**	
3. Best motor response		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**	
			Total Glasgow Coma Scale =	

10.5.2 Burn Injuries

Queen Victoria Hospital NHS Foundation Trust

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

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.

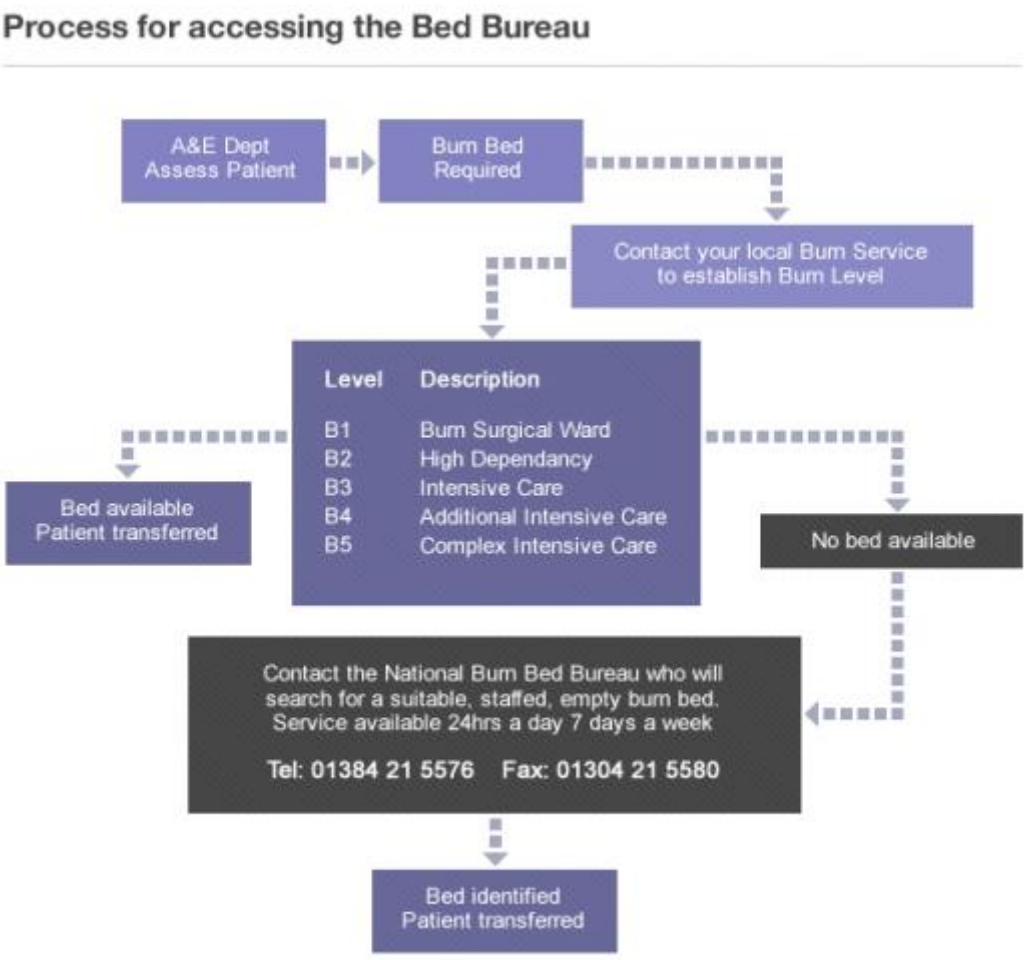
• Reviewing the processes for planning and responding to a major incident or incidents of emergency where the number of patients substantially exceeds normal burn care capacity to fit in with local, regional and national command, coordination and control and decision making arrangements.

• 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.

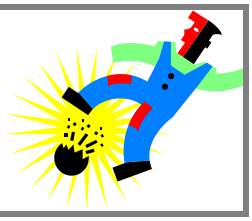
In planning for a burn major incident, Acute Trusts should identify minimum staffing levels. Support and training for non-specialist staff such as that provided by the British Burn Association in the emergency management of severe burns should be used to develop potential capacity with the trust as much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



10.5.3 BLAST INJURES



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

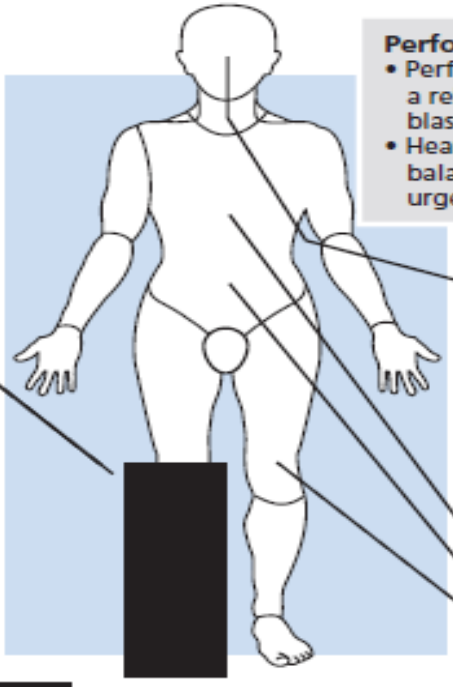
5. MANAGEMENT OF BLAST INJURIES

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

Blast lung
- Is uncommon in survivors who reach hospital
- May develop over 24-48 hours

Consider rFVIIa

Perforated ear drums
- Perforated TMs are **NOT** a reliable indicator that blast lung will develop
- Hearing loss and/or balance disorder requires urgent ENT assessment



Pattern 1
Usually from standing on buried mine
- *Usually sustain traumatic amputation of foot or leg*
- *Other leg often affected*
- *One or both legs may need amputation*
- *Injuries to genitalia are common*

Pattern 3
From handling mines: deminers removing mines or children playing with them.

Severe head, face, eye injuries

Pattern 2
Multiple fragments from mine triggered near casualty

Injuries to face, head, chest, abdomen and limbs

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 Communication Support Services & Faith Groups

10.5.4.1 NON ENGLISH SPEAKING COMMUNITIES

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. 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. Below is further info on our communication support services including telephone interpreting for overseas languages.

Brighton and Sussex University Hospitals NHS Trust | NHS Brighton and Hove CCG | Sussex Community NHS Trust

Communication Support Services available to our Patients from September 2014

Overseas Language Interpretation

Sussex Interpreting Services

Non-Emergency: 01273 702005
Emergency: 07811 459315
Online booking form (elective procedures): http://www.sussexinterpreting.org.uk

If Sussex Interpreting Services are unable to fulfil a request OR the patient has an established link with an interpreter from Vandu:

Vandu Language Services

Non-Emergency: 01273 473986
Emergency: 0800 008 7650
Online booking form (elective procedures): http://www.vlslanguages.com

Telephone Interpreting (Overseas Languages)

Pearl Linguistics

Telephone: 0800 206 1119

you will need an access code to use this service you can find the relevant documentation by going to: http://www.bsuh.nhs.uk/work-and-learn/equality-diversity-and-human-rights/resources/information-about-interpretation-and-translation or you can contact Barbara.Harris@bsuh.nhs.uk.

British Sign Language (BSL) and Lip Speaking

Action Deafness

Non-Emergency: 0844 593 8443
Emergency: 07947 714040
Online booking form (elective procedures): http://www.actiondeafness.org.uk/

Vision Impairment Transcription (including Braille, Audio and Large Print)

Soundtalking

Telephone: 01435 869313
Email: soundtalking@rnib.org.uk

Dual Sensory Loss Interpreting (Deaf Blind)

About Me (Subsidiary of DeafBlind UK)

Telephone: 01733 213490
Email: communicationsupport@aboutme.org.uk

Patients with Learning Disabilities

The Learning Disabilities Liaison Team can provide support and advice for both Trust staff and Patients with Learning Disabilities. The team are available Monday to Friday between 08:30-16:30.

You can contact the team by:

Telephone: 01273 664975 (RSCH) or 07833 436677 (PRH)
Email: LDLT@sussexpartnership.nhs.uk

Patients with Speech and Language Impairments

The SLT can assess, support and provide therapy for patients with an acquired language or communication difficulty, which may have/are: post stroke, a progressive neurological impairment or a head injury or other acquired brain injury. SLT can also perform swallowing assessments and assess mental capacity for such patients.

You can contact the team by:

Telephone: extension 4891 (RSCH) or 8057 (PRH)

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 form 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

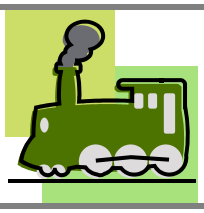
The Learning Disabilities Liaison Team aims to provide active support, education and advice for professionals, acute hospital staff, the patient and their family and carers.

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 10.5.10 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 Hospital Incident Coordination 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 Hospital Incident Coordination 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 Hospital Incident Coordination 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 HICC 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 Hospital Incident Coordination 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, Directorate 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 HICC 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 Hospital Incident Coordination Centre cupboard or from the Head of Resilience.

Following stand down of the incident all documentation must be labelled and locked within the HICC 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 Hospital Incident Coordination 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 Hospital Incident Coordination 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 directorates 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 [1] 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

[1] The activation of MERITS will be based on local activation arrangements

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

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

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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 HICC 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.

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 directorates 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 or 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
Directorate 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
Session Ref No	**1**	**4**		**5**
All NHS Staff	✓			
Chief Executive	✓			
On Call Directors/Managers	✓	✓	✓	
Clinical Operations Team	✓			
Site management	✓			✓
Communication Leads	✓			
Service leads	✓			
Directorate Leads	✓			
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	Annually
	Simulation	Use artificial situations to validate that the BCPs contain both necessary & sufficient information to enable a successful recovery	Incorporate associated plans	Annually or twice a year
	Exercise Critical Activities	Invocation in a controlled situation that does not jeopardize business as usual operation	Defined operations from alternative site for a fixed time	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 NATIONAL GUIDANCE

The NHS England Core Standards for Emergency preparedness, resilience and response (EPRR) set out clearly the minimum EPRR standards which NHS Organisations and providers of NHS-funded care must meet.

14.1. 4 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

Measurable Policy Objective	Monitoring/ Audit method	Frequency	Responsibility for performing the monitoring	Where is monitoring reported & which groups/ committees will be responsible for progressing & reviewing action plans
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	Three yearly plus a review will be conducted following any major/significant incidents or 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. DUE REGARDS ASSESSMENT TOOL

		Yes/ No	Comments
1	Does the document/guidance affect one group less or more favourably than another on the basis of:		
	Age	No	
	Disability	No	where a language or communication need is highlighted every effort will be made to provide support, the only exception would be in cases where the Trust will need to act in best interests – as referenced in 10.5.4.1 The plan makes provision to support those with mental health issues or Learning Disabilities who may need treatment – as referenced in 10.5.5.1
	Gender	No	
	Gender identity	No	
	Marriage & civil partnership	No	
	Pregnancy & maternity	No	
	Race	No	where a language or communication need is highlighted every effort will be made to provide support, the only exception would be in cases where the Trust will need to act in best interests – as referenced in 10.5.4.1
	Religion or belief	No	Where there is a religious or spiritual need the Trust will try to accommodate this – as referenced in 10.5.4.2
	Sexual orientation, including lesbian, gay and bisexual people	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 present form?	n/a	
8	Has the policy/guidance been assessed on terms of Human Rights to ensure service users, cares and staff are treated in line with the FREDA principles (fairness, respect, equality, dignity and autonomy)?	yes	This plan has been reviewed in line with the HRA 1998, where possible (given the nature of the plan) all reasonable support will be offered to those who require it to promote the FREDA principles.

16. LINKS TO OTHER TRUST POLICIES

Emergency preparedness and business continuity documents available on the Infonet

	Title	Created	Download
	NHS Heatwave Plan for England 2014 (1.15MB)	22/05/2014	Download
	BSUH Cold Weather Plan 2013 (441KB)	15/11/2013	Download
	TW022 - Patient Flow and Escalation Policy Procedures (1.58MB)	01/10/2013	Download
	Emergency Planning and Major Incident Awareness training workbook (4.04MB)	03/07/2013	Download
	Major incident plan (3.86MB)	05/01/2012	Download
	Trustwide Business Continuity Plan (1.31MB)	22/07/2011	Download
	BSUH Heatwave plan 2014 (911KB)	27/05/2010	Download
	Event Planning Briefing Guide for Medical Providers (50KB)	11/03/2010	Download

17. LINKS TO ASSOCIATED DOCUMENTATION

- NHS Emergency Planning Resilience and Response framework and national guidance
  http://www.england.nhs.uk/ourwork/eprr/
- 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
- 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
- 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. Hospital Incident Coordination Centre)

Appendix 1: BSUH Major incident Action Cards				
	NO	MAJOR INCIDENT ROLE	JOB TITLE	PAGE
EMERGENCY CONTROL ACTION CARDS	1	Chief executive	Chief executive	107
	2	Strategic commander	Director on call	
	3	Tactical commander	Manager on call	
	4	Major incident officer	Cons urologist on call	
	5	Facilities Services Coordinator	Facilities manager on call	
	6	Admin/Clerical Manager	Admin/Clerical Manager	
	7	Clinical Site Manager	Clinical site manager	
	8	Admin Assistant 1	Assigned by HICC	
	9	Loggist (Admin Assistant 2)	Assigned by HICC	
	10	Comms & Media Liaison Officer	Comms Director/on call comms	
EMERGENCY DEPARTMENT ACTION CARDS	11	ED Consultant In Charge	ED consultant	
	12	ED Shift Leader	ED shift leader	
	13	ED Triage Nurse	ED senior staff nurse	
	14	ED Triage Doctor	ED senior doctor	
	15	ED Triage Receptionist	ED receptionist	
	16	ED Zone 1 Nurse Coordinator	ED senior staff nurse	
	17	ED Zone 1 Team Leader	ED senior doctor	
	18	ED Zone 2 Nurse Coordinator	ED senior staff nurse	
	19	ED Zone 2 Team Leader	ED senior doctor	
	20	Acute Floor Zone 2b Nurse Coordinator	Acute Floor senior staff nurse	
	21	Acute Floor Zone 2b Team Leader	Acute Floor senior doctor	
	22	UCC Nurse Coordinator	ED senior staff nurse	
	23	UCC Team Leader	ED Senior doctor	
	24	ED Reception	ED receptionist	
MEDICAL STAFF ACTION CARDS	25	Medical Consultant On Call	Medical consultant	
	26	ICU Consultant On Call	Itu anaesthetic consultant	
	27	General Anaesthetic Consultant On Call	Anaesthetic consultant	
	28	Surgical Consultant On Call	Surgical consultant	
	29	Trauma Consultant On Call	Trauma consultant	
	30	Consultant Radiologist On Call	Radiology consultant	
	31	Cardiothoracic Surgeon On Call	Cardiothoracic consultant	
	32	Cardiothoracic Anaesthetist On Call	Cardiothoracic anaesthetist	
	33	All Medical Staff/Team Leaders	All medical staff	

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

PAEDIACTRIC ACTION CARDS	72	Directorate Lead Nurse/Paediatric Bleep Holder	
	73	Consultant Paediatrician On Call	
	74	Children's ED Consultant no.1	
	75	Children's ED Consultant no. 2	
	76	Paediatric Surgical Consultant On Call	
	77	Consultant Paediatric Anaesthetist On Call	
	78	Paediatric Surgical And Paediatric Anaesthetic Staff	
	79	Paediatric Wards And Theatres	
	80	Paediatric Pharmacist/Ward Pharmacist RACH	
	81	Consultant Paediatric Radiologist On Call	
	82	Patient Access Manager (Or Deputy)	
	83	RACH Relative Reception Area	
	84	Security Officer/Receptionist	

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ACTION CARD	NO 1 (1 OF 1)
JOB TITLE INCIDENT ROLE	CHIEF EXECUTIVE
LOCATION	TRUST HEAD QUARTERS
ROLE DESCRIPTION	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

	STANDBY Notification from On call Director or on call Manager	Time
1	**Consider** whether to attend the RSCH	
2	**Emails:** 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.	
3	**HICC:** Establish and maintain close liaison with the Strategic Commander and the Hospital Incident Coordination Centre team at RSCH.	

	DECLARED Notification as with Standby	Time
4	**Ensure** above standby actions 1-3 have been undertaken	
5	**Attend HICC:** Attend RSCH Hospital Incident Coordination Centre (Clinical Ops Room, Stephen Ralli) to obtain a full up to date picture of the situation.	
6	**CB LAT/DH:** 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.	
7	**Other CEOs:** When appropriate, establish contact with CEOs of local partners and stakeholders. Provide information on the Trust response when necessary.	
8	**Comms/Media:** 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 HICC team have prepared.	
9	**Recovery & Business Continuity:** Begin to consider the wider impact of the incident on Trust services for the immediate & longer term future.	

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

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ACTION CARD	NO 2 (1 OF 2)
JOB TITLE	DIRECTOR ON CALL
INCIDENT ROLE	STRATEGIC COMMANDER
LOCATION	TRUST HEAD QUARTERS & HICC
ROLE DESCRIPTION	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

	STANDBY ACTIONS Notification from RSCH Switchboard	Time
1	**Proceed immediately to the Hospital Incident Coordination Centre** at RSCH (Clinical Ops Room, Stephen Ralli).	
2	**Check details** of incident & current situation within the Trust with Tactical Commander (On Call Manager) & Major Incident Officer (Consultant). **If the Trust is declaring an incident internally following discussions with the Director On Call please ensure they have informed switch & asked them to complete the cascade AND inform SECAmb.**	
3	**Log:** 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.	
4	**Notify** the Chief Exec, Chairman, Medical Director & COO (or DCOO)	

	DECLARED ACTIONS Notification from RSCH Switchboard	Time
5	**Ensure** above standby actions 1-4 have been taken.	
6	**Base yourself in Trust Headquarters**, 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 HICC and attend the regular update meetings within the HICC.	
7	**Formulate the Strategy:** 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)	
8	**CALL THE B&H CCG ON CALL MANAGER CALL 07623 503912 & give message to operator** **Details they will want to know:** 1. 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. 2. Any specific assistance required. 3. Any change in alert status once declared / on standby. 4. The person informing us and their contact details.	

ACTION CARD	NO 2 CONT… (2 OF 2)
JOB TITLE	DIRECTOR ON CALL
INCIDENT ROLE	STRATEGIC COMMANDER

DECLARED ACTIONS cont…		Time
9	**Contact other agencies:** 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.	
10	**Comms:** Ensure that The Comms Team and Directorate 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.	
11	**Two Hourly MI briefing:** Establish & chair 2 hourly Major Incident briefing within the HICC, documenting updates & actions for completion (See appendix 7 for draft agenda). Brief by exception the CEO.	
12	**Support the Tactical Commander's** decision making as necessary during the Major Incident.	
13	**Business Continuity:** 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.	
14	**Relief:** If it is a prolonged incident assess need to call in another Director & Manager to take over from you & the Tactical Commander after 6-8 hours or when necessary.	
15	**Walk rounds:** Provide moral support to areas by conducting walk rounds with the CEO and Chairman, when appropriate to do so.	

STAND DOWN Decision to be taken by Trust HICC.		Time
16	**Stand down:** 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 HICC 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	
17	**Post incident:** Consider the post incident requirements, such as business continuity issues, finance, VIP visit, media etc.	
18	**Debrief:** Attend the 'hot' debrief immediately after the incident.	
19	**Recovery:** 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.	
20	**SitRep:** Ensure details of incident included in daily Sitrep.	
21	**Documentation:** Complete any documentation created during the incident, and leave within the HICC cupboard.	

ACTION CARD	**NO 3 (1 OF 2)**
JOB TITLE	**MANAGER ON CALL**
INCIDENT ROLE	**TACTICAL COMMANDER**
LOCATION	HOSPITAL INCIDENT COORDINATION CENTRE (HICC)
ROLE DESCRIPTION	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.

STANDBY Notification from RSCH Switchboard		Time
1	**Proceed to Control Room (HICC) Ensure it is set up** & control access to those with specific roles.	
2	**Log:** Commence incident log. Establish contact with your loggist; if a loggist is not available ensure you document decisions made and/or actions taken.	
3	**Establish Incident situation:** These details should be logged using the METHANE Acronym. Log this in the log book and display this in the HICC. **M:** Has a major incident been declared, by whom & what type? **E:** Exact location of incident **T:** Type & details of the incident **H:** Hazards present or suspected **A:** Access routes that are safe to use **N:** Number & Types of casualties **E:** Emergency service present or requested	
4	**Establish Trust situation:** Establish current situation within the Trust relating to capacity, staffing, ED, theatre & outpatient activity & anything else that may affect the Trust's ability to receive patients upon escalation & display in the HICC	
5	**Brief Strategic Commander:** With the Major Incident Officer brief the Strategic Commander of incident details & current Trust situation.	
6	**Consider the need to call in specific staff now** 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.	
7	**If the Trust is on stand by for a prolonged period** please update any staff/departments that are responding/ready to respond of the current situation	

DECLARED Notification from RSCH Switchboard		Time
8	**Ensure** above standby actions 1-7 have been undertaken	
9	**Liaise with SECAmb**, ensure divert of Non Critical, Non major incident patients is requested. A Hospital Ambulance Liaison Officer (HALO) may join your HICC	
10	**Consider the level of response** 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 another area as extra capacity for Minor Injuries etc	
11	**Capacity:** Liaise with the Clinical Site Manager (CSM) on regular bed states and jointly consider the need to open and staff extra capacity beds to make capacity on AMU to allow them to receive Major Incident patients.	
	Trustwide activity: Decisions may have to be taken concerning cancellation of electives & outpatient clinics to free up resources, liaise with Major Incident Officer. This info must be relayed to all appropriate service managers.	

ACTION CARD	NO 3 CONT… (2 OF 2)
JOB TITLE	MANAGER ON CALL
INCIDENT ROLE	TACTICAL COMMANDER

	DECLARED ACTIONS cont…	Time
13	**Staffing:** 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): •**Discharge Lounge**– for the reception of rapid discharges created by the discharge ward round. Ensure Pharmacy aware of extra capacity areas that may need their input •**Staff Muster Point** (may not be needed) – L6a Millennium Reception •**Relative Reception & Major Incident Discharge Area** (Main Out Patients) including a senior member of nursing staff to act as liaison between the ED & further support staff. Utilise chaplaincy, volunteers & WRVS to support this. Please call Alexi Hallsworth (via Switchboard or her deputy) to help coordinate the use of the outpatient areas during a major incident day or night. •**Media reception**- (AEB) to greet and log in media representatives.	
14	**Security:** Consider Site/Trust lock down with Facilities & Security	
15	**PRH:** In discussion with the HICC team establish need to initiate a response at PRH. Inform PRH ED Cons & Shift Leader, PRH CSM & main switchboard.	
16	**Media:** 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.	
17	**Consider the need the allocate staff to relieve** those allocated earlier. **Consider the psychological impact of the incident on staff** within these areas	
18	**Two Hourly MI briefing:** Attend 2 hourly Major Incident briefings within the HICC chaired by Strategic commander. Ensure an update is sent out to **all** relevant staff/departments	
19	**Relief:** If this is likely to be a prolonged incident assess the need to call in another Manager to take over from you after 6-8 hours or when necessary.	

	STAND DOWN Decision to be taken within HICC	Time
20	**Stand down:** 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 HICC team having performed a full assessment of the continuing impact of the incident on the Trust. • Inform Switchboard, the Comms Team & the Directorate Leads when the decision to Stand down the Trust has been made to allow them to communicate this to **all** areas within BSUH. This will be achieved through the switchboard stand down cascade, through the Comms Team (all staff emails/Infonet/Trust Website etc) & via Directorate Leads and senior nurses • Notify all external agencies previously notified of the stand down declaration.	
21	**Business Continuity:** 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.	
22	**Establish a 'hot' debrief for staff that** responded to the incident. **The HELP Service will facilitate this if they are available**; 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.	
23	**Maintain HICC:** Ensure that the HICC remains established – with phones connected & staff present, for 1-2 hours after stand down.	
24	**Documentation:** Complete any documentation & leave within the HICC cupboard	

ACTION CARD	NO 4 (1 OF 2)
JOB TITLE	CONSULTANT ON CALL
INCIDENT ROLE	MAJOR INCIDENT OFFICER
LOCATION	HOSPITAL INCIDENT COORDINATION CENTRE (HICC)
ROLE DESCRIPTION	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 HICC.

	STANDBY Notification from RSCH Switchboard	Time
1	**Proceed immediately to RSCH HICC**	
2	**Ensure HICC is set** up & that all the telephones plugged in.	
3	**Log:** Ensure you document all decisions made & actions taken	
4	**Contact ED Commander:** 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 from the Tactical Commander (Manager on Call)	

Triage Status

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

5	**Brief Strategic Commander:** With the Tactical Commander brief Strategic Commander of the details of incident & current	
6	**Liaise with** the Surgical Consultant On Call & Trauma 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. **Inform** Pathology about need for blood products.	
7	**Contact Registrar or other colleague to attend & act as an assistant**	
8	**Liaise with the SECAmb** representative within HICC 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	**If the triage category "expectant" has been instigated** by the Medical Incident Advisor on scene make sure this is communicated to the ED and the triage team.	

ACTION CARD	NO 4 CONT… (2 OF 2)
JOB TITLE	CONSULTANT ON CALL
INCIDENT ROLE	MAJOR INCIDENT OFFICER

	DECLARED Notification from RSCH Switchboard	Time
10	**Ensure** above standby actions 1-9 have been undertaken	
11	**Maintain an accurate list of the MI patients** and their current location within the hospital. This can be done using Symphony in the HICC 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.	
12	**Theatres:** In conjunction with the Consultant Surgeon & Anaesthetist, ensure the continued provision of clinical resources within the operating theatres.	
13	**Out Patients & Electives:** 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.	
14	**Assess Consultant's work loads:** 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.	
15	**Relief:** 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 6-8 hours or when necessary.	

	STAND DOWN Decision to be taken within HICC	Time
16	**For Info:** This decision must be made by the HICC team having performed a full assessment of the continuing impact of the incident on the Trust. **Stand down:** When the HICC team have decided that it is time to stand down the Trust this must be communicated to **all** areas within BSUH through the switchboard cascade and through the Comms team & Directorate leads. All external agencies previously notified will also need to be informed of the stand down declaration	
17	**Assess Trust position:** 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).	
18	**Attend the 'hot' debrief**	
19	**Documentation:** Complete any documentation created during the incident, and leave within the HICC cupboard.	

ACTION CARD	**NO 5 (1 OF 2)**
JOB TITLE	**FACILITIES & ESTATES ON CALL MANAGER**
INCIDENT ROLE	**FACILITIES SERVICES COORDINATOR**
LOCATION	HOSPITAL INCIDENT COORDINATION CENTRE
ROLE DESCRIPTION	To coordinate the response to the Major Incident of the Facilities management Services ensuring that the services can respond to the increased demands on services. To support the ECC team.

STANDBY Notification from RSCH Switchboard		Time
1	**Proceed immediately to RSCH HICC**	
2	**Ensure HICC is set up with others in the room** & that all the telephones plugged in (security will unlock the Major Incident Cupboard)	
3	**Log:** Ensure you document all the decisions you make & actions you've taken within your log book (found in the Major Incident cupboard).	
4	**Establish the current situation** with the provision of Facilities and Estates Services. Secure an update of the numbers of staff of the different disciplines on site and those being requested to attend site. Maintain an detailed status report on each FM service in terms of capacity, staffing, activities being undertaken, pressures and potential issues by liaising with each service head on site	
5	**Prepare an option appraisal of what each FM service could do to increase its capacity** and activities to meet an increased patient/clinical demand. Prepare a plan to ensure that staff are replaced/stood down when appropriate and without extended periods of work i.e. breaks, shift change etc;	

DECLARED Notification from RSCH Switchboard		Time
6	Ensure above actions 1-5 have been completed	
7	**Support MI areas if opened:** In conjunction with Tactical commander ensure the following areas are supported if necessary, they may need staffing, catering, security support etc Discharge Lounge, Relative Reception Area (Main Out patients Dept), Media Reception Area (AEB	
8	**Establish contact with the Estates Manager on call**. Consider the effect of on-site contractors & the need for them to stop work, etc.	
9	**Reception:** Ask Security to ensure all reception areas aware of the situation & ask them to refer to their action cards	
10	**Liaise with the Directorate Lead Nurse/Paediatric Bleep Holder** for resource issues within RACH	
11	**Establish the need for Voluntary services** and contact the relevant manager (Julie Wiseman or deputy Joyce McKenzie, contact via switch)	
12	**Establish whether Main Out Patients Dept is being utilised** to accommodate relatives & discharged patients from the MI & that resources such as security, refreshments, cleaning are available	
13	**Consider need to support Discharge Lounge & Media reception area in AEB** with personnel & resources such as security, refreshments and cleaning are available.	

ACTION CARD	NO 5 CONT… (2 OF 2)
JOB TITLE	FACILITIES & ESTATES ON CALL MANAGER
INCIDENT ROLE	FACILITIES SERVICES COORDINATOR

DECLARED ACTIONS cont…		Time
14	**In hours inform the HELP service** 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.	
15	**Establish contact with Crèche Manager** 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	
16	**Refreshments:** Consider the need for refreshments for ED, Theatres, ICU and the HICC team themselves.	
17	**Review all staffing** you have organised. Do any areas need relieving for breaks, need covering for the next shift? Consider who will relieve you?	

STAND DOWN Decision to be taken within HICC		Time
18	**For Info:** When the HICC team have decided to Stand the Trust down from the incident –make sure that this decision is communicated to **all** previously staffed departments/areas that you have notified of the incident. All those declared by Switchboard will be stood down by switch	
19	**Maintain Services:** 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.	
20	**Attend the 'hot' debrief.**	
21	**Documentation:** Complete any documentation created during the incident, and leave within the HICC cupboard.	

ACTION CARD	NO 6 (1 OF 2)
JOB TITLE	ADMIN/CLERICAL MANAGER
INCIDENT ROLE	ADMIN/CLERICAL MANAGER
LOCATION	HOSPITAL INCIDENT COORDINATION CENTRE (HICC)
ROLE DESCRIPTION	To support the HICC team, coordinate the admin support including the loggist.

	STANDBY Notification from RSCH Switchboard	Time
1	**Proceed immediately to RSCH HICC. If unable to attend site manage from home.**	
2	**Ensure HICC is set up with other in the room** & that all the telephones plugged in (security will unlock the Major Incident Cupboard)	
3	**Log:** Ensure you document all the decisions you make & actions you've taken within your log book (found in the Major Incident cupboard).	
4	**Loggists & Admin:** Contact Loggists & admin staff & runners to support the HICC as necessary (loggists will need relieving approx every one-two hours therefore ensure you have a number of loggists ready to respond)	
5	**The Strategic Commander will come and chair the 2 hourly briefing**. Ensure these meetings take place within the HICC & are fully documented.	
6	**Set up HICC white board** 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.	

	DECLARED Notification from RSCH Switchboard	Time
7	Ensure above actions 1-6 have been completed	
8	**Switchboard cascade:** Contact switchboard at RSCH & PRH & obtain details of the MI cascade being undertaken & any problems.	
9	**Organise the admin support** 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.	
10	**Review all staffing you have organised.** Do any areas need relieving for breaks, need covering for the next shift? Consider who will relieve you?	

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

	STAND DOWN Decision to be taken within HICC	Time
11	**For Info:** When the HICC team have decided to Stand the Trust down from the incident –make sure that this decision is communicated to **all** previously staffed departments/areas that you have notified of the incident. All those declared by Switchboard will be stood down by switch	
12	**Maintain Services:** 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.	
13	**Attend and minute the 'hot' debrief.**	
14	**Documentation:** Complete any documentation created during the incident, and leave within the HICC cupboard. Ensure all documentation regarding the incident from the HICC is collected and either locked in the HICC or given directly to the Head of Resilience.	

ACTION CARD	NO 7 (1 OF 2)
JOB TITLE	CLINICAL SITE MANAGER
INCIDENT ROLE	CLINICAL SITE MANAGER
LOCATION	HOSPITAL INCIDENT COORDINATION CENTRE
ROLE DESCRIPTION	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

	STANDBY Notification from RSCH Switchboard	Time
1	**Act as the Tactical Commander** (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.	
2	**Proceed immediately to RSCH HICC**	
3	**Ensure HICC is set up** & that all the telephones plugged in.	
4	**Document:** Ensure you document all decisions made & actions taken	
5	**Establish current situation within the Trust** re. staffing & capacity	
6	**Establish contact with ED Shift Leader**	
7	**Set up HICC white board** ready to record major incident details if needed and Ensure ED screen (Symphony) logged on & to show major incident patients as they arrive.	
8	When able **hand over to the Tactical Commander** (Manager on call) and continue your usual role	

	DECLARED Notification from RSCH Switchboard	Time
9	**Ensure** above standby actions 1-8 have been undertaken	
10	**Request CSM/Bed Managers:** Call in extra Clinical Site Managers/Bed Managers if necessary.	
11	**Assess Staffing & Capacity:** 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	
12	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 HICC.	

ACTION CARD	NO 7 CONT… (2 OF 2)
JOB TITLE	CLINICAL SITE MANAGER
INCIDENT ROLE	CLINICAL SITE MANAGER

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

STAND DOWN Decision to be taken within HICC		Time
17	**For Info:** When the HICC team have decided to Stand the Trust down from the incident make sure that this decision is communicated to all departments/areas.	
18	**Assess both the current nursing levels & those for the next 24 hours** 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.	
19	**Attend the 'hot' debrief**	
20	**Documentation:** Complete any documentation created during the incident, and leave within the HICC cupboard.	

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

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

	DECLARED Notification from RSCH HICC	Time
4	**Ensure** above standby actions 1-3 have been undertaken	
5	**Maintain thorough documentation** of any actions taken or calls received throughout the incident.	
6	**Liaise with & request support from Control Centre Manager**	
7	**Log onto the HICC computer and email** **Username: control1.incident** **Password: *Emergency1*** 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: **control1.incident@bsuh.nhs.uk** 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	
8	**Telephones:** Take up position within the HICC at the General Enquiries telephone point. Record all phone calls in log book	
9	**Update HICC white board** with incident details and up to date information from the hourly updates & ambulance liaison present	

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

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ACTION CARD	NO 9 (1 OF 2)
JOB TITLE	STAFF MEMBER ASSIGNED BY HICC
INCIDENT ROLE	LOGGIST (ADMIN ASSISTANT 2)
LOCATION	HOSPITAL INCIDENT COORDINATION CENTRE (HICC)
ROLE DESCRIPTION	To keep an accurate log of decisions made by the strategic commander & the reasons for those decisions. Also recording the reasons why actions where not taken.

	STANDBY Notification from RSCH HICC	Time
1	**Proceed immediately to RSCH HICC**	
2	**Ensure HICC is set up** & that all the telephones plugged in.	
3	**Make contact with the Tactical Commander.** 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	

	DECLARED Notification from RSCH HICC	Time
4	**Ensure** above standby actions 1-3 have been undertaken	
5	**Note details** of the venue, date, time and If possible complete a table plan of who is present.	
6	• Your entries must be Clear Intelligible Accurate. • Write in permanent black ink. Write legibly. Avoid blue ink. • Your record must be contemporaneous (written at the time not in retrospect). • Ensure you note dates, times (use the 24 hour clock) places and people concerned. • Record any non-verbal communication. Do not put your own interpretation on that non-verbal communication. • Only note down facts. Do not assume anything, give your own comment or give your own opinion. • Entries in the record must be in chronological order	
7	**If unsure what to log ask the tactical commander**	
8	• **NO**: **E**rasures, **L**eaves must be torn out of the Log Book, **B**lank spaces – rule them through, **O**verwriting, **W**riting above or below lined area • Unused space at end of a page must be ruled through with a diagonal line, initialed by you, dated and timed. • Record all questions and answers in direct speech. • Unused spaces must be ruled out with a single line. • Mistakes must be ruled through with a single line and initialed. • 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.	

ACTION CARD	NO 9 CONT… (2 OF 2)
JOB TITLE	STAFF MEMBER ASSIGNED BY HICC
INCIDENT ROLE	LOGGIST (ADMIN ASSISTANT 2)

DECLARED ACTIONS cont…		Time
9	• Overwriting or writing above the ruled through error must not be made. • Correction fluid must not be used in any circumstances. • 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. • 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. • Each series of entries must be signed off, dated and timed at their close. • Loggists should sign off their notes at the end of their shift to ensure the integrity of the record.	
10	**Sensitive data:** • Rule through space under previous entry, sign, date and time as usual • Record sensitive info on following page in red ink. • Rule through to bottom of page sign date and time as usual • Re start recording normally on	

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

ACTION CARD	**NO 10 (1 OF 2)**
JOB TITLE	**COMMS DIRECTOR/ON CALL COMMS**
INCIDENT ROLE	**COMMS/MEDIA LIAISON OFFICER**
LOCATION	ED MATRON OFFICE OR OTHER DESIGNATED ROOM
ROLE DESCRIPTION	Prepare and distribute the trusts communications to media, the public and bsuh staff during a major incident

	STANDBY Notification from the HICC	Time
1	**Obtain a full update of the situation** from the Strategic Commander or Tactical Commander within the Hospital Incident Coordination Centre (HICC). Decide on the need to attend at this stage or not.	
2	**In the event of a prolonged incident,** attend the 2 hourly HICC incident briefings to ensure that you are fully informed.	

	DECLARED Notification from the HICC	Time
3	**Ensure** above standby actions 1-2 have been undertaken	
4	**Establish a press liaison phone number within HQ** All telephone enquires from the media will be directed to this number. Alternatively inform switchboard and the HICC team of your mobile communication device.	
5	**Ensure that the Media Reception area is established** (AEB, liaise with Tactical Commander) that all media representatives are logged in & given Trust media pass from the pack in HICC cupboard.	
6	**Prepare a press statement.** 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.	
7	**Make contact with comms lead in the Police, Fire, Ambulance, local CCGs and local authority press officers where able**	
8	**Police Comms:** Media statements prepared in conjunction with the HICC team should be verified through the Police Communications Team; and should also be provided to partner NHS agencies.	
9	**Consider the need for press conferences** and the facilities that will be required. (Possible use of the Audrey Emerton Lecture facilities).	

ACTION CARD	NO 10 CONT… (2 OF 2)
JOB TITLE	COMMS DIRECTOR/ON CALL COMMS
INCIDENT ROLE	COMMS/MEDIA LIAISON OFFICER

DECLARED ACTIONS cont…		Time
10	**Any further resources required** will need to be requested through the Control Centre Manager (Ext 4995).	
11	**Identify a spokesperson.** 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	
12	**Keep in regular contact with the Tactical Commander**	
13	**Prepare all staff email** informing staff of the Major Incident response, progress and thanking them for their ongoing efforts. Update the staff intranet with the same information	
14	**Update BSUH website with press statement**	

STAND DOWN Decision to be taken within HICC		Time
15	**Stand down:** Following the Stand down of the Trust – be prepared to continue with Press liaison, concerning condition updates on patients involved in the incident.	
16	**Consider the possibility of a VIP visit** to the Trust in the ensuing 24-48 hours, and the arrangements that will need to be made for this.	
17	**Ensure that the Communications office extension is manned** 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.	
18	**All staff comms:** When the HICC 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	
20	**Attend the 'hot' debrief**	

ACTION CARD	NO 11 (1 OF 2)
JOB TITLE	ED CONSULTANT
INCIDENT ROLE	ED COMMANDER
LOCATION	RSCH EMERGENCY DEPARTMENT
ROLE DESCRIPTION	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.

	STANDBY Notification from RSCH Switchboard	Time
1	**Notification:** 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. **If the Trust is declaring an incident internally following discussions with the Director On Call please ensure they have informed switch & asked them to complete the cascade AND inform SECAmb.**	
2	**Attend the ED. Inform Pead ED Cons bleep 8641 or via switch OOH**	
3	**Assess current capacity & staffing levels & Inform PRH ED Senior Dr**	
4	**Review existing ED patients:** 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.	
5	**Assess Staffing:** 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). Consider using the Psych Room for staff to wait in if they've arrived to help that haven't yet been allocated a role.	
6	**Liaise with the Major Incident Officer** in the HICC (ext 4993) & contact PRH Emergency Department and update them on the situation.	

	DECLARED Notification from RSCH Switchboard	Time
7	**Ensure** above standby actions 1-6 have been undertaken. Update PRH.	
8	**Collect ED consultant's portable phone (X 4218), put on yellow surcoat** and record all decisions in a log book.	
9	**Inform ED waiting rooms** of situation, advise patients to go home if able. **Expedite Patients** identified in action 3 for immediate discharge/ transfer/ referral/ redirect to GP.	
10	**Allocate clinical resources** to maintain the care of existing patients	
11	**Liaise with the Major Incident Officer** in the HICC (ext 4993).	
12	**Brief Team Leaders and Triage Doctor** 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.	

ACTION CARD	NO 11 CONT… (2 OF 2)
JOB TITLE	ED CONSULTANT
INCIDENT ROLE	ED COMMANDER

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

STAND DOWN Decision made by HICC team		Time
19	Once SECAmb has notified us that 'Casualty Clearance is complete' the HICC team must assess when it is safe & appropriate to stand the Trust down. Only begin to Stand down when notified by HICC team.	
20	**Recovery:** Review the medical staffing and senior cover within the department for the next 48 hours – adjust as necessary.	
21	**Documentation:** Ensure any paperwork relating to the MI is completed & left in the HICC cupboard in Clinical Ops Room, Stephen Ralli before leaving	
21	**Arrange for yourself & your staff to attend 'hot' debrief if possible**	

ACTION CARD	NO 12 (1 OF 2)
JOB TITLE	SHIFT LEADER
INCIDENT ROLE	ED SHIFT LEADER
LOCATION	EMERGENCY DEPARTMENT
ROLE DESCRIPTION	Work with ED Commander (consultant) in charge of emergency department to effectively manage the Emergency Department response to the incident.

	STANDBY Notification from RSCH Switchboard	Time
1	**Notification:** 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	
2	**Inform ED Consultant/Senior ED Doc** in dept & other staff as necessary. Inform Children's ED Nurse in Charge bleep 8145. Consider informing the ED Matron.	
3	**Inform the AMU Co-ordinator & ED Shift Leader at PRH**	
4	**Inform Reception.** Ensure staff are aware of the need to inform Reception if they have noted to be prioritised for booking out.	
5	**Liaise with the Clinical Site Manager** concerning the movement of existing patients to wards & the general situation in the department.	
6	**Review existing ED patients**: 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.	
7	**Call in staff:** 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.	

	DECLARED Notification from RSCH Switchboard	Time
8	**Ensure** above standby actions 1-7 have been undertaken	
9	**Comms:** Put on yellow surcoat & ensure you have access to your bleep & a phone & meet with the ED Commander	
10	**Reception:** 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 **on arrival** to the dept.	
11	**Maintain close contact with the Hospital Incident Coordination Centre** providing regular updates on the situation within the department	

ACTION CARD	NO 12 CONT… (2 OF 2)
JOB TITLE	SHIFT LEADER
INCIDENT ROLE	ED SHIFT LEADER

DECLARED ACTIONS cont…		Time
12	**Assess use of the Zones with ED Consultant:** **If large numbers of P3/Minor injury patients expected** liaise with the ED Commander & the HICC regarding the use of UCC/Zone 2b/Day Surgery as extra capacity for minor injuries.	
13	**Allocate:** Nurse Co-ordinators to Zone 1, Zone 2, Zone 2b & UCC. **Allocate:** A senior ED nurse to undertake Triage Nurse Role. **Allocate:** Teams of existing ED staff & arriving staff to each Zone according to skills including Paediatric staff from the RACH. **Ensure** relevant action cards are given to Coordinators/Triage Nurse **Record the details of all staff involved in the incident at email to donna.butler@bsuh.nhs.uk at the end of the incident.** **Inform the HICC when all critical staff have arrived in the Dept.**	
14	With the ED Commander: **Oversee** the movement of existing patients from the Emergency Department including those in SSW/CDU. **Oversee** the flow of Major Incident patients through the ED	
15	**Ensure** that ED capacity/staffing/resources are assessed throughout the Major Incident and request extra support/resources through HICC	
16	**Relief:** Ensure all Zone Coordinators and staff are relieved for breaks where possible. Organise staffing for the next 2 shifts	
17	**Discharges:** 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.	
18	**Psychological First Aid:** Chaplains are available and trained to provide psychological first aid, spiritual & other faith support for patients and relatives. Please contact them as needed	
19	Maintain a list of all staff within the department for debrief purposes	

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

ACTION CARD	**NO 13 (1 OF 2)**
JOB TITLE	**ED NURSE**
INCIDENT ROLE	**ED TRIAGE NURSE**
LOCATION	AMBULANCE ENTRANCE EMERGENCY DEPT.
ROLE DESCRIPTION	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

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

DECLARED Notification from ED Shift Leader		Time
2	**Set Up:** Collect paperwork (triage cards, Major Incident Patient Front Sheet and ED digital camera). Setup by reception & inside ambulance entrance. Ensure phone from reception available for your use.	
3	**Distribute yellow surcoats** throughout department (if time allows)	
4	**Locate** at ambulance doors with the Triage Team (yourself, the Triage Dr & Triage Receptionist)	
5	**Triage:** 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; this should be the Triage sort. 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.	

Direct Ambulances According To Triage Status

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

6	**Patient MI Numbers:** 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 patient lables with ED numbers. Reception will put details on the triage sheet and will transfer to symphony as soon as possible.	

ACTION CARD	NO 13 CONT… (2 OF 2)
JOB TITLE	ED NURSE
INCIDENT ROLE	ED TRIAGE NURSE

DECLARED ACTIONS cont…		Time
7	**Ensure MI patient attendance paperwork is maintained** with accurate information. Copies should be held in the ED Major incident Folder. Reception will transfer each patient form the pre attendance Symphony Screen to the arrived screen as they give them their ID numbers. Ensure they also add in patients triage location at this point (Zone 1, 2, 3, 4 etc) The Major Incident Officer in the HICC will be tracking all patients via Symphony within the HICC. If this system fails you may be asked to call through to the HICC with details of each attending patient.	
8	**Escalate any problems via ED shift leader**	

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

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

STANDBY Notification from the ED Commander		Time
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.	

DECLARED Notification as with Standby		Time
2	**Put on yellow surcoat**	
3	**Go to the ED ambulance entrance** 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	**Triage:** Assess the patients using the most appropriate triage method depending on the number and type of casualties arriving; this should be the Triage sort. Triage Sieve and Sort procedures are in the main Plan Each patient should be triaged in < 1 minute. arriving. 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	**MI Number:** Ensure all patients are given a Major Incident ED number with wrist band with that number on before leaving triage point.	
6	**Make notes on Major Incident Patient Front Sheet with corresponding MI number and ED label on**	

Direct Ambulances According To Triage Status

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

ACTION CARD	NO 14 CONT… (2 OF 2)
JOB TITLE	SENIOR ED DOCTOR
INCIDENT ROLE	ED TRIAGE DOCTOR

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

STAND DOWN Decision made by HICC team		Time
10	**Stand down:** Ignore rumours and talk of stand down. Await confirmation from HICC via ED Shift Leader/ED Commander	
11	**Documentation:** 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 HICC cupboard in Clinical Ops Room, Stephen Ralli.	
12	**Debrief:** Provide as many staff involved in the incident as possible to attend the 'hot debrief' being co-ordinated by the HICC team	
13	**Ensure your Zone is restocked and safe to receive patients**	

ACTION CARD	NO 15 (1 OF 1)
JOB TITLE	ED RECEPTIONIST
INCIDENT ROLE	ED TRIAGE RECEPTIONIST
LOCATION	INSIDE AMBULANCE ENTRANCE OF RSCH ED
ROLE DESCRIPTION	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

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

	DECLARED Notification from ED Reception/ED Shift Leader	Time
2	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.	
3	**Set Up:** Collect paperwork from the ED Shift leader. 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 Major Incident Patient Front Sheet ready to add patient's details to.	
4	**Locate yourself** at the reception desk by the ambulance doors with the Triage Team (yourself, the Triage Dr & Triage Nurse)	
5	**Triage: As the patients arrive add them onto the triage paperwork & assign them a Major Incident Number that corresponds with the symphony number. Ensure their name band & major incident paperwork all have the same number. Update symphony as soon as possible & ensure patient number corresponds with correct symphony number.** 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.	

ACTION CARD	NO 15 CONT… (2 OF 2)
JOB TITLE	ED RECEPTIONIST
INCIDENT ROLE	ED TRIAGE RECEPTIONIST

DECLARED ACTIONS cont…	Time
Example of Triage paperwork:	

Major Incident Patient Details

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

STAND DOWN Decision made by HICC team		Time
6	**Stand down:** Ignore rumours and talk of stand down. Await confirmation from HICC via ED Shift Leader/ED consultant in Charge.	
7	**Documentation:** 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 HICC cupboard, in Clinical Ops Room, Stephen Ralli.	
8	**Debrief:** Provide as many staff involved in the incident as possible to attend the 'hot debrief' being co-ordinated by the HICC team	
9	**Ensure the MI documentation is restocked and ready for another major Incident**	

ACTION CARD	NO 16 (1 OF 2)
JOB TITLE	ED SENIOR NURSE
INCIDENT ROLE	ED ZONE 1 NURSE COORDINATOR
LOCATION	ED ZONE1 RSCH
ROLE DESCRIPTION	In conjunction with the senior ED Dr co- ordinate Zone 1 (Resus) This role is assigned by the ED shift leader

	STANDBY Notification from ED Shift Leader	Time
1	**Review existing Zone 1 patients:** 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. **Assess Zone 1 capacity** & how much could be made available id MI declared and inform Zone 2 coordinator No further actions required unless notified otherwise by the ED Commander and Shift Leader.	

	DECLARED Notification from ED Shift Leader	Time
2	**Decant all suitable patients** to zone 2/ward liaising with the zone 2 co-ordinator.	
3	**Put on yellow surcoat**	
4	**Prepare and check each cubicle** ensuring each cubicle is safe to receive patients. Restock any equipment.	
5	**Ensure availability of trauma trolleys**. Liaise with porters if necessary	
6	**Fill fluid warming cupboard with extra Hartmans**	
7	**Staffing:** 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 Zone 1.	
8	**Support staff** allocated to each bay and ensure all staff working within your Zone are relieved for breaks where possible	
9	**Ensure all blood samples are marked "Major Incident".**	
10	**Request any extra staff/resources and escalate** any problems or concerns via shift leader	
11	**Patient movement**: Ensure the Clinical Site Manager (HICC X 4994) is informed of all patients' movements.	
12	**Discharges:** 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.	

ACTION CARD	NO 16 CONT… (2 OF 2)
JOB TITLE	ED NURSE
INCIDENT ROLE	ED ZONE 1 NURSE COORDINATOR

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

ACTION CARD	**NO 17 (1 OF 2)**
JOB TITLE	**ED SENIOR DOCTOR**
INCIDENT ROLE	**ED ZONE 1 TEAM LEADER**
LOCATION	ED ZONE 1
ROLE DESCRIPTION	Coordinate the clinical care of all patients within ED Zone 1 (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

	STAND BY Notification from ED Commander	Time
1	**Review existing Zone 1 patients:** 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. **Assess Zone 1 capacity** & 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 HICC	

	DECLARED Notification from Ed Commander	Time
2	**Put on yellow surcoat and locate yourself in** Zone 1(Resus). **Do not** 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.	
3	**Keep a log of all actions and decisions taken** during the incident. Allocate a medical student to scribe if possible	
4	**Staffing:** 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 Zone 1.	
5	**Ensure all blood samples are marked "Major Incident".**	
6	**Allocate resources to each team as requested.**	
7	**Liaise with** ED Consultant, Anaesthetic Consultant on call, Surgical consultant on call, Trauma Consultant on call, Consultant radiologist on call, Cardiothoracic surgeon on call as necessary	
7	**Ensure the Zone 1 Coordinator is informed of all patient movement**. The Zone 1 Coordinator will liaise with the Site Manager	
8	**Escalate all problems and requests to the ED Commander.**	
9	**Support staff** allocated to each bay and ensure all staff working within your Zone are relieved for breaks where possible	
10	**Discharges:** 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.	

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

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

ACTION CARD	NO 18 (1 OF 2)
JOB TITLE	ED NURSE
INCIDENT ROLE	ZONE 2a NURSE CO-ORDINATOR
LOCATION	ZONE 2A RSCH
ROLE DESCRIPTION	Co-ordinate the care & flow of existing ED & major incident patients. Maintain close communication with ED commander (consultant), ED shift leader & HICC This role is assigned by the ED shift leader

	STANDBY Notification from ED Shift Leader	Time
1	**Review existing ED patients:** 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.	

	DECLARED Notification from ED Shift Leader	Time
2	**Put on yellow surcoat**	
3	**Expedite Patients** identified in action 1 for immediate discharge/ transfer/move to AMU/referral/ redirect to GP/ UCC	
4	**Liaise with AMU co-ordinator** ensuring suitable patients transferred to AMU ASAP	
5	**Liaise with the Bed Bureau** (bleep 8152 or X2599) or CSM (4994/bleep 8152) within the HICC in order to decant all remaining patients to designated wards.	
6	**Liaise with CSM** (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 HICC (X4995)	
7	**Allocate staff to cubicles for the incoming Major Incident patients.**	
8	**Ensure cubicles are prepared and stocked with equipment.**	
9	**Ensure all blood samples are marked "Major Incident".**	
10	**Inform CSM of all MI patient movement**	
11	**Bed requests:** Major incident patients requiring admission should be notified to the HICC team as early as possible. (Bed Bureau X 2559)	
12	**Support** staff allocated to each bay and ensure all staff working within your Zone are relieved for breaks where possible	
13	**Discharges:** 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.	

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

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

ACTION CARD	NO 19 (1 OF 2)
JOB TITLE	ED SENIOR DOCTOR
INCIDENT ROLE	ZONE 2a TEAM LEADER
LOCATION	ED ZONE 2A RSCH
ROLE DESCRIPTION	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

STANDBY Notification from ED Commander		Time
1	**Review existing ED patients:** 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.	

DECLARED Notification from ED Commander		Time
2	**Put on yellow surcoat and locate yourself in Zone 2.** **Do not** 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.	
3	**Document** all actions and decisions taken during the incident.	
4	**Expedite Patients** identified in action 1 for immediate discharge/ transfer/ referral/ redirect to GP/ UCC	
5	**Assemble as many 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 Zone 2.	
6	**Allocate resources to each team as requested.**	
7	**Ensure all blood samples are marked "Major Incident".**	
8	**Liaise with** ED Consultant, Anaesthetic Consultant on call, Surgical consultant on call, Trauma Consultant on call, Consultant radiologist on call, Cardiothoracic surgeon on call as necessary	
9	**Ensure the Zone 2 Coordinator is informed of all patient movement**. The Zone 2 Coordinator will then liaise with Site Manager	
10	**Escalate all problems and requests to the ED Commander.**	
11	**Support** staff allocated to each bay and ensure all staff working within your Zone are relieved for breaks where possible	
12	**Discharges:** 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.	

ACTION CARD	NO 19 CONT… (2 OF 2)
JOB TITLE	ED SENIOR DOCTOR
INCIDENT ROLE	ZONE 2a TEAM LEADER

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

ACTION CARD	**NO 20 (1 OF 2)**
JOB TITLE	**ACUTE FLOOR NURSE**
INCIDENT ROLE	**ZONE 2b NURSE CO-ORDINATOR**
LOCATION	ACUTE FLOOR ZONE 2B RSCH
ROLE DESCRIPTION	Co-ordinate the care & flow of existing & incoming major incident patients. Work with the designated zone 2b dr. Maintain close communication with the ED commander (consultant) and ED shift leader & the HICC.

	STANDBY Notification from ED Shift Leader	Time
1	**Review existing patients:** Work with the allocated Senior Dr+/- ENP to review all existing 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.	

	DECLARED Notification as with Standby	Time
2	**Put on yellow surcoat**	
3	**Expedite Patients** identified in action 1 for immediate discharge/ transfer/ referral/ redirect to GP/ UCC	
4	**Liaise with the Bed bureau** (bleep 8152 or X2599) or CSM (4994/bleep 8152) within the HICC in order to decant all remaining patients to designated wards.	
5	**Assemble as many 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 Zone 2b.	
6	**Prepare:** 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.	
7	**Ensure teams aware of the need to label blood tests as MI Patient**	
8	**Hand over any decanted patients to the relevant Coordinator.**	
9	**Bed requests:** Major incident patients requiring admission should be notified through normal procedures but ensure Site manager aware they are a major incident patient	
10	**Inform CSM of all MI patient movement**	
11	**Request extra staff/resources & escalate problems to Shift Leader (bleep 8121).**	

ACTION CARD	NO 20 CONT… (2 OF 2)
JOB TITLE	ACUTE FLOOR NURSE
INCIDENT ROLE	ZONE 2b NURSE CO-ORDINATOR

	DECLARED cont… Notification as with Standby	Time
12	**Support** staff allocated to each bay and ensure all staff working within your Zone are relieved for breaks where possible	
13	**Ensure cardiac arrest trolleys available as needed**.	
14	**Discharges:** 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	

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

ACTION CARD	**NO 21 (1 OF 2)**
JOB TITLE	**ACUTE FLOOR CONSULTANT / REGISTRAR**
INCIDENT ROLE	**ZONE 2b TEAM LEADER**
LOCATION	ACUTE FLOOR ZONE 2B
ROLE DESCRIPTION	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.

	STANDBY Notification from ED Commander	Time
1	**Review existing ED patients:** 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.	

	DECLARED Notification from RSCH Switchboard	Time
2	**Put on yellow surcoat**. Locate yourself in zone 2b. Document all actions and decisions taken during the incident.	
3	**Expedite Patients** identified in action 1 for immediate discharge/ transfer/ referral/ redirect to GP	
4	**Assemble as many teams as possible** 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	
5	**Document** all actions and decisions taken during the incident.	
6	**Ensure all attending patients are assessed** by identified DR & Nurse teams following triage and treated as necessary. Ensure all current ED patients continue to be treated.	
7	**Ensure all blood samples are marked "Major Incident".**	
8	**Allocate resources to the area as required.**	
9	**Liaise** with ED Consultant, anaesthetic consultant on call, Surgical consultant on call, Trauma Consultant on call, Consultant radiologist on call, Cardiothoracic surgeon on call as necessary	
10	**Ensure the Clinical Site** Manager (HICC X 4994/bleep 8152) is informed of all patients' movements via the Zone 2b nurse coordinator.	
11	**Escalate all problems and requests to the ED Commander**	
12	**Discharges:** 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.	

ACTION CARD	NO 21 CONT… (2 OF 2)
JOB TITLE	ACUTE FLOOR CONSULTANT / REGISTRAR
INCIDENT ROLE	ZONE 2b TEAM LEADER

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

ACTION CARD	NO 22 (1 OF 2)
JOB TITLE	ED NURSE/ENP
INCIDENT ROLE	UCC NURSE CO-ORDINATOR
LOCATION	UCC RSCH
ROLE DESCRIPTION	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 HICC room. This role is assigned by the ED shift leader.

	STANDBY Notification from ED Shift Leader	Time
1	**Review existing ED patients:** 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.	

	DECLARED Notification as with Standby	Time
2	**Put on yellow surcoat**	
3	**Inform** UCC GP's & South East Health GP coordinator aware of MI.	
4	**Prepare:** Ensure all rooms are clean & fully stocked to receive priority 3 patients	
5	**All new attendances will be signposted to the main major incident triage at the ambulance entrance.** Be aware that some attenders may bypass this system and turn up at the UCC, please remain vigilant for these patients and direct them back to the main major incident triage desk for triage.	
6	**Inform:** Ensure that existing decanted patients from other Zones and patients in the waiting room have been informed of events and have plans in place.	
7	**Allocate arriving staff to Teams** in the Assessment Nurse rooms (room 8 & 7)	
8	**Consider setting up x 1 room for suturing/ wound care and x 1 room for Plaster of Paris application** (ensure equipment moved into appropriate rooms)	
9	**Ensure x6 wheel chairs and x 1 trolley available in UCC** entrance co-ordinate with porters if necessary	
10	**Ensure all MI patients are re-assessed promptly.**	
11	**Liaise with zone 2/3 co-ordinator** with any concerns with patients requiring greater care than priority 3	
12	**Request any extra staff and escalate any problems /concerns via Shift Leader (bleep 8121)**	
13	**Discharges:** 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.	

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

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

ACTION CARD	NO 23 (1 OF 2)
JOB TITLE	ED CONSULTANT / REGISTRAR
INCIDENT ROLE	UCC TEAM LEADER
LOCATION	UCC
ROLE DESCRIPTION	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.

	STANDBY Notification from ED Commander	Time
1	**Review existing ED patients:** 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.	

	DECLARED Notification from RSCH Switchboard	Time
2	**Put on yellow surcoat**. Locate yourself in the UCC. Document all actions and decisions taken during the incident.	
3	**Expedite Patients** identified in action 1 for immediate discharge/ transfer/ referral/ redirect to GP	
4	**Assemble as many teams as possible** 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.	
5	**Document** all actions and decisions taken during the incident.	
6	**Ensure all attending patients are assessed** by identified DR & Nurse teams following triage and treated as necessary. Ensure all current ED patients continue to be treated.	
7	**Ensure that the UCC are provided with additional supplies** to treat the patients being sent to this area	
8	**Ensure all blood samples are marked "Major Incident".**	
9	**Allocate resources to the area as required.**	
10	**Liaise** with ED Consultant, anaesthetic consultant on call, Surgical consultant on call, Trauma Consultant on call, Consultant radiologist on call, Cardiothoracic surgeon on call as necessary	
11	**Ensure the Clinical Site** Manager (HICC X 4994/bleep 8152) is informed of all patients' movements via the UCC nurse coordinator.	
12	**Escalate all problems and requests to the ED Commander**	
13	**Discharges:** 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.	

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

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

ACTION CARD	NO 24 (1 OF 2)
JOB TITLE	ED RECEPTIONIST
INCIDENT ROLE	ED RECEPTION STAFF
LOCATION	EMERGENCY DEPARTMENT RSCH
ROLE DESCRIPTION	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

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

	DECLARED Notification as with Standby	Time
4	**Ensure** above standby actions 1-3 have been undertaken.	
5	**Initiate the MAJAX Symphony screen.**	
6	**Staffing:** 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. **In large/mass casualty incidents the** 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.	
7	**Staffing:** Ensure there is at least one receptionist in each zone to continually update details of major incident patients.	
8	**Staffing:** Ensure there are a number of receptionists to man reception	
9	**Inform** all staff where the relatives reception room is (Likely to be Main Out Patients) and the Press/Media reception (usually in AEB)	
10	**Symphony:** Triage receptionist will record all MI patients attending, assist them in entering this information onto MAJAX Symphony ASAP	

ACTION CARD	**NO 24 (2 OF 2)**
JOB TITLE	**ED RECEPTIONIST**
INCIDENT ROLE	**ED RECEPTION STAFF**
LOCATION	EMERGENCY DEPARTMENT RSCH

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

Action Card	No 25 (1 of 1)
Job title	MEDICAL CONSULTANT ON CALL
Incident Role	MEDICAL CONSULTANT
Location	AMU and Medical wards RSCH
Role Description	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.	

	STANDBY	Time
1	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 HICC team.	
2	**If required, meet with the AMU co-ordinator and pharmacist** on AMU to perform a discharge ward round.	

	DECLARED Notification from RSCH Switchboard	Time
3	**Ensure above standby actions 1-2 have been undertaken.** If you are unable to attend due to unforeseen circumstances you must ensure this action card is handed over to someone who can take over the role	
4	**Liaise with General Practitioners via HERMES** who are attempting to refer patients into the hospital – explaining the situation and investigating alternatives to admission.	
5	**Enlist the assistance of other members of your team,** together with any colleagues from other teams not involved with the incident.	
6	**Begin Major Incident discharge ward round**	
7	**Liaise with the Major Incident Officer** in the HICC (ext 4993) regarding the patients discharged and the ongoing need for the ward round reviews.	
8	**If required, deploy physicians to the Emergency Department.**	

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

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Action Card	No 26 (1 of 1)
Job title & Incident Role	ICU CONSULTANT ON CALL
Location	ITU RSCH
Role Description	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.	

	STANDBY Not normally notified at stand by	Time
1	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 Hospital Incident Coordination Centre	

	DECLARED Notification from RSCH Switchboard	Time
2	**Proceed to ICU at RSCH.** If you are unable to attend due to unforeseen circumstances you must ensure this action card is handed over to someone who can take over the role	
3	Call in colleagues as necessary ensuring there will be adequate staffing to for the next two shifts. liaise with the ICU consultant at PRH **Inform the HICC when your dept/service is fully staffed**	
4	**Bed capacity:** 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	
5	**Deploy ICU staff to** ED as necessary (including Consultant if necessary), liaising with the Consultant Anaesthetist in theatres to assess the need for further anaesthetic cover.	
6	**Ensure relief is available for the MERIT Medical Incident Officer** in charge of the Mobile Emergency Response Incident Team (MERIT), if requested by the Hospital Incident Coordination Centre .	
7	**Keep the Major Incident Officer informed** of the situation (Ext 4993).	

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

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Action Card	No 27 (1 of 1)
Job title Incident Role	GENERAL ANAESTHETIC CONSULTANT ON CALL
Location	Theatres RSCH
Role Description	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.	

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

	DECLA00RED Notification from RSCH Switchboard	Time
3	Ensure above standby actions 1-2 have been undertaken. If you are unable to attend due to unforeseen circumstances you must ensure this action card is handed over to someone who can take over the role	
4	**Proceed to theatres at RSCH. Call in extra staff as needed.**	
5	**Liaise with the ED Consultant and Trauma Consultant** concerning the need to provide resuscitation support in ED.	
6	**Arrange to provide anaesthetic staff to support surgical teams in operating theatres.**	
7	**Liaise with ICU Consultant and assess the need for further anaesthetic cover for ED.**	
8	**Deploy the Specialist Registrar on call as appropriate.**	
9	**Keep the Major Incident Officer informed** of the situation (X4993).	

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

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Action Card	No 28 (1 of 1)
Job title & Incident Role	SURGICAL CONSULTANT ON CALL
Location	Emergency Department (ED) RSCH
Role Description	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.	

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

	DECLARED Notification from RSCH Switchboard	Time
3	Ensure above standby actions 1-2 have been undertaken	
4	**Proceed to the Emergency Department & report your arrival to the ED Consultant.** Put on yellow surcoat If you are unable to attend due to unforeseen circumstances you must ensure this action card is handed over to someone who can take over the role	
5	**Assess the requirement for surgical resources within the ED** considering the predicted patient numbers & types of injuries.	
6	**Provide triage of surgical resources to the patients** attending during the major incident – both in the ED and the operating theatres.	
7	**Liaise with the Pathology Co-ordinator** within the ED regarding the need for blood products.	
8	**Advise the Major Incident Officer in the HICC (Ext 4993) if it is necessary for you to attend Theatres.**	
9	**Assess the short and longer term impact on Theatres** & liaise with the HICC when they are requesting information to stand down.	

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

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Action Card	No 29 (1 of 1)
Job title & Incident Role	TRAUMA CONSULTANT ON CALL
Location	Emergency Department (ED) RSCH
Role Description	Coordinate the Trauma Team. Assess requirement for Trauma & Orthopaedic resources. Provide triage of Trauma 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.	

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

	DECLARED Notification from RSCH Switchboard	Time
3	Ensure above standby actions 1-2 have been undertaken	
4	**Proceed to the Emergency Department & report your arrival to the ED Consultant.** Put on yellow surcoat. If you are unable to attend due to unforeseen circumstances you must ensure this action card is handed over to someone who can take over the role	
5	**Assess the requirement for Trauma resources** within the ED – considering the predicted patient numbers and types of injuries.	
6	**Provide triage of trauma resources** to the patients attending during the major incident – both in the ED and the operating theatres.	
7	**Liaise with the Pathology Co-ordinator within the ED** regarding the need for blood products.	
8	**Consider** Trauma support may be required within all areas of the Emergency Department.	
9	**Advise the Major Incident Officer in the HICC (Ext 4993**) if it is necessary for you to attend Theatres.	

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

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Action Card	No 30 (1 of 1)
Job title	CONSULTANT RADIOLOGIST ON CALL
Incident Role	CONSULTANT RADIOLOGIST
Location	Level 5 RSCH
Role Description	Liaise closely with Surgical & Trauma 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.	

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

DECLARED Notification from RSCH Switchboard		Time
2	**Contact from home the Consultant Manager**, or if that is you, contact one other Consultant Radiologist and inform them that they are now on standby for a major incident.	
3	**Proceed to the ED at RSCH** and report your arrival to the ED Consultant. If you are unable to attend due to unforeseen circumstances you must ensure this action card is handed over to someone who can take over the role	
4	**Liaise closely with the clinicians** working within the ED and level 5 regarding the triage of patients for investigations	
5	**Liaise with** the Coordinating Radiographer throughout the incident	
6	**Be available for** specialist procedure and diagnostic reporting on X-rays for ED, theatres and wards.	

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

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Action Card	No 31 (1 of 1)
Job title & Incident Role	CARDIOTHORACIC SURGEON ONCALL
Location	Emergency Department (ED) RSCH
Role Description	Coordinate the Cardio Thoracic Team Liaise with the ED Consultant & Cardio thoracic Anaesthetist on call. Establish whether Cardio thoracic specialists are to be used in ED or in the Cardio thoracic or Main 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 Cardiothoracic Surgeon on call, together with a register of staff laid out in priority call order, with telephone numbers.	

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

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

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

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Action Card	No 32 (1 of 1)
Job title & Incident Role	CARDIOTHORACIC ANAESTHETIST ONCALL
Location	Emergency Department (ED) RSCH
Role Description	Liaise with Consultant Anaesthetist on duty & Cardio thoracic Surgeon on call. Establish whether Cardio thoracic specialists are to be used in ED or in Cardio Thoracic or Main Theatres. Arrange to provide anaesthetic staff to support surgical teams where 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 Cardiothoracic Anaesthetist on call, together with a register of staff laid out in priority call order, with telephone numbers.	

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

DECLARED Notification from RSCH Switchboard		Time
2	**Proceed to the Emergency Department at the RSCH.** If you are unable to attend due to unforeseen circumstances you must ensure this action card is handed over to someone who can take over the role	
3	**Liaise with the Consultant Anaesthetist on duty and the Cardio thoracic Surgeon on call.**	
4	**Establish whether Cardio thoracic** specialists are to be used in ED or in the Cardio thoracic or Main Theatres.	
5	**Arrange to provide anaesthetic** staff to support surgical teams where required.	
6	**Liaise with the Cardio thoracic Surgeon & Pathology Co-ordinator** about quantity and type of blood and blood by-products.	

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

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Action Card	No 33 (1 of 1)
Job title & Incident Role	ALL MEDICAL STAFF/TEAM LEADERS
Location	Clinical Areas
Role Description	Liaise with the Hospital Incident Coordination Centre (HICC) and establish need to provide clinical support to AMU and the Emergency Department Coordinate your team to provided support to Acute Medical Unit and/or Emergency Department and to expedite discharges from the hospital in order to prepare additional capacity for the major incident patients

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

	DECLARED Notification from RSCH Switchboard	Time
2	As soon as you are aware that the Trust is undergoing a major incident, arrange to meet up with your clinical team colleagues. If you are unable to attend due to unforeseen circumstances you must ensure this action card is handed over to someone who can take over the role	
3	**Decide on the need to provide clinical support to AMU and the Emergency Department,** depending on the scale of the incident and the types of patients admitted; liaise with the ED Consultant & HICC (X4993).	
4	**There is a need expedite discharges from the hospital in order to prepare additional capacity for the major incident patients.** 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.	
5	**Report any discharges during a major incident to the Major Incident Officer** within the Trust Hospital Incident Coordination Centre (X4993).	

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

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Action Card	No 34 (1 of 2)
Job title	AMU COORDINATOR/SENIOR NURSE
Incident Role	AMU COORDINATOR
Location	AMU RSCH
Role Description	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.	

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

	DECLARED Notification from RSCH Switchboard and ED Shift Leader	Time
3	Ensure above standby actions 1-2 have been undertaken	
4	**Highlight patients who may be moved quickly to other ward areas.** Liaise with Clinical Site Manager within HICC (X 4994) regarding allocation of beds & with Control Centre Manager (X 4995) for porters to facilitate the moves.	
5	**Prepare for the Major Incident discharge ward round** – Medical Consultant and pharmacist – that will begin with AMU patients.	
6	**Staffing:** If further AMU staff are required, allocate staff member to use the contact details and protocol to call people in. **Inform the HICC when all critical staff have arrived in the Dept**	
7	**Request confirmation from Major Incident Officer within HICC (X4993) regarding continuation of GP referral calls or information to give out.**	
8	**Empty & prepare a complete bay for receiving MI patient** 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).	
9	**Discharge:** There will be a discharge area to which patients may be sent to await TTOs, transport, relatives etc. The HICC team will confirm the location	
10	**Notify Site Manager within the HICC team of any patient movement** & keep them updated regularly regarding the situation within AMU	
11	**Psychological First Aid:** Chaplains are available and trained to provide psychological first aid, spiritual & other faith support for patients and relatives. Please contact them as needed	

Action Card	No 34 cont… (2 of 2)
Job title	AMU COORDINATOR/SENIOR NURSE
Incident Role	AMU COORDINATOR

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

Action Card	No 35 (1 of 1)
Job title	NURSE IN CHARGE OF ICU
Incident Role	NURSE IN CHARGE OF ICU RSCH
Location	ICU RSCH
Role Description	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.	

	STANDBY Notification from RSCH Switchboard	Time
1	**Inform other members of the ICU team of the current alert status.**	
2	**Inform the Matron for ICU, the Critical Care Nurse consultant and the ICU Consultant on call**	
3	**Prepare a list of current activity within the ICU**, highlighting those patients who may be suitable for transfer. This information will be required by the Hospital Incident Coordination Centre team.	

	DECLARED Notification from RSCH Switchboard	Time
4	Ensure above standby actions 1-3 have been undertaken	
5	**Staffing:** Assess the current & future staffing levels within the dept & call in additional staff as necessary according to agreed protocol.	
6	Inform CHDU and PRH ICU department.. Liaise with the Nurse in Charge regarding possible capacity/staff sharing.	
7	Inform regional ICU bed coordinator of the current situation within the Trust.	
8	When necessary, consider escalation of capacity to Theatre recovery – with the need to provide further resources/staffing.	
9	Nominate one member of staff to liaise with the Major Incident Officer in the HICC team (X 4993) Nominate a second member of staff to answer the phones	
10	**Psychological First Aid:** Chaplains are available and trained to provide psychological first aid, spiritual & other faith support for patients and relatives. Please contact them as needed	

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

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Action Card	No 36 (1 of 2)
Job title	LEVEL 5 THEATRE MANAGER, RSCH
Incident Role	THEATRE MANAGER, RSCH
Location	Theatres, RSCH
Role Description	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.	

	STANDBY	Time
1	Not formally notified at this stage, but may be required to supply information for the Hospital Incident Coordination Centre (HICC) team.	

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

Action Card	No 36 cont… (2 of 2)
Job title	LEVEL 5 THEATRE MANAGER, RSCH
Incident Role	THEATRE MANAGER, RSCH

	STAND DOWN Decision to be taken within HICC	Time
12	**Staffing:** 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.	
13	**Liaise with SSD, supplies and pharmacy to ensure that all theatre areas are fully re stocked.**	
14	**In conjunction with the surgical and Trauma consultants and business managers, ensure that a plan is made to return to 'normal' working.**	
15	**Document:** Ensure that all paperwork is completed before leaving the hospital and leave within HICC cupboard	
16	**Debrief:** Arrange for yourself & your staff to attend the 'hot' debrief if possible	

Action Card	No 37 (1 of 1)
Job title & Incident Role	WARD STAFF
Location	Trustwide
Role Description	Identify patients who may be discharged or transferred to alternative care settings. Send details of staffing levels, capacity & activity to Hospital Incident Coordination Centre (HICC) 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.	

	STANDBY	Time
1	Not formally notified at this stage and no actions required unless notified otherwise by the Hospital Incident Coordination Centre	

	DECLARED Notification from RSCH Switchboard	Time
2	Nominate one member of staff to liaise with the Hospital Incident Co-ordination Centre (HICC) ext 4996, this should be yourself or a nominated liaison for your team	
3	**Identify patients who may be discharged early** or transferred to alternative care settings in preparation for the discharge ward round that will be occurring.	
4	**Contact** the Bed Manager and give them the following information: • Any empty bed spaces now • Any planned discharges for the next 24 hours • Any elective patients due for admission in the next 24 hours • Number & type of nursing staff currently on duty & on the next shift • Any other current problems on the ward	
5	Do not cancel any elective admissions unless directed to by the HICC.	
6	**Surplus ward staff may be redeployed** to one of the following areas • Sussex Cancer Centre waiting area – receiving relatives of major incident patients and discharge area/survivor resource centre • Discharge lounge – for discharged hospital patients	
7	**Avoid contacting switchboard if at all possible.**	
8	**Psychological First Aid:** Chaplains are available and trained to provide psychological first aid, spiritual & other faith support for patients and relatives. Please contact them as needed	

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

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Action Card	No 38 (1 of 1)
Job title	DISCHARGE LOUNGE
Incident Role	DISCHARGE LOUNGE COORDINATOR
Location	Discharge Lounge RSCH
Role Description	Discharge patients quickly and safely to alternate settings Liaise with SECAmb and other used transport providers Liaise with the Clinical Site manager in HICC (4994)

	STANDBY	Time
1	Not formally notified at this stage and no actions required unless notified otherwise by the Hospital Incident Coordination Centre	

	DECLARED Notification from RSCH Switchboard	Time
2	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.	
3	**Patients transferred to the Discharge Lounge during this time must have a clear plan documented with them.**	
4	**Apart from basic details, other information should include:** • Transport requirements • Pharmacy/TTO requirements • Next of kin contact details/notified or not • Community input required/arranged • Trust follow up/OPD arrangements	
5	**Liaise with the on call pharmacist** RE TTOs (bleep via switchboard)	
6	**It will be necessary to liaise with SECAmb** regarding transport for those people who cannot be collected by relatives. An alternative transport provider may be required in large scale incidents.	
7	**Relatives should receive a full explanation as to why the discharge is occurring at this time.**	
8	All paperwork should be completed prior to patient leaving the Trust	
9	**Maintain close liaison with the Clinical Site Manager**	
10	**Psychological First Aid:** Chaplains are available and trained to provide psychological first aid, spiritual & other faith support for patients and relatives. Please contact them as needed	

	STAND DOWN Decision to be taken within HICC	Time
11	**Following stand down notification ensure that all patients are discharged before closing the area.**	
12	**Ensure that all paperwork is completed before leaving the hospital and leave within HICC cupboard**	
13	**Arrange for yourself & your staff to attend the 'hot' debrief if possible**	

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Action Card	No 39 (1 of 1)
Job title & Incident Role	DISCHARGE TEAM MANAGER
Location	Discharge Team Office. RSCH
Role Description	Assess current community capacity Assess patients awaiting community services
This card must be maintained in a readily accessible place within the HRDT office, together with a resource list and contact details of all community services that may be required.	

STANDBY		Time
1	Not formally notified at this stage and no actions required unless notified otherwise by the Hospital Incident Coordination Centre	

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

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

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Action Card	No 40 (1 of 1)
Job title & Incident Role	OUTREACH TEAM/RESUS OFFICERS
Location	Trustwide
Role Description	Provide staffing support to the Major Incident where possible

STANDBY		Time
1	Not formally notified at this stage and no actions required unless notified otherwise by the Hospital Incident Coordination Centre	

DECLARED Notification from RSCH Switchboard within hours		Time
2	Please asses the staffing and capacity within your service.	
3	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.	
4	Any issues within the Outreach/Resus service should be escalated via the HICC (X4998)	

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

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Action Card	No 41 (1 of 2)
Job title	LEVEL 5 RADIOGRAPHER
Incident Role	L5 SENIOR RADIOGRAPHER CO-ORDINATOR
Location	Level 5 X-ray RSCH
Role Description	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.	

	STANDBY	Time
1	Not formally notified at this stage and no actions required unless notified otherwise by the Hospital Incident Coordination Centre	

	DECLARED Notification from RSCH Switchboard	Time
2	**Take on the role of radiographer co-ordinator.** Act as liaison/central contact for x-ray services. Liaise with PRH radiography	
3	**Assess the staffing** 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.	
4	**Ensure that the x-ray rooms are ready to receive** patients & switch on the CT machine and run the daily tube preparation (if necessary).	
5	**Report the readiness of the** department to the Major Incident Officer in the Control Centre (X 4993) & ED Shift Leader (bleep 8121)	
6	**Inform the Imaging Service manager or Plain Film or CT Modality Manager.** 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.	
7	**Establish with the HICC team the need to provide paediatric imaging services to the RACH if required.**	
8	**Liaise with the Zone 2 Co-ordinator and on call Consultant Radiologist in level 5** to assess when patients will leave the ED for X-ray & inform the ED when rooms are available to receive patients	
9	**Review staffing and capacity for the next 24 hours.**	

Action Card	No 41 cont… (2 of 2)
Job title	LEVEL 5 RADIOGRAPHER
Incident Role	CO-ORDINATING RADIOGRAPHER

STAND DOWN Decision to be taken within HICC		Time
10	**Staffing:** 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.	
11	**Provide information on any work that was cancelled as a result of the incident to the HICC and relevant Directorate business manager.**	
12	**Documentation:** Ensure that all paperwork is completed before leaving the hospital and leave within HICC cupboard	
13	**Arrange for yourself & your staff to attend the 'hot' debrief if possible**	

Action Card	No 42 (1 of 1)
Job title	ON CALL PHARMACIST
Incident Role	ON CALL PHARMACIST
Location	Pharmacy RSCH
Role Description	To provide appropriate pharmacy support and supplies during a major incident

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

DECLARED Notification from RSCH Switchboard		Time
2	**Contact the Chief of Pharmacy, Associate Chief of Pharmacy or one of the Senior Pharmacy Team to inform them of the incident then proceed to the RSCH Pharmacy**	
3	**Inform the HICC team on your arrival** (X 4994) and establish, if possible, the nature and extent of the incident with a view to providing appropriate pharmacy support and supplies.	
4	**Depending on the time of day, and nature of the incident, call in additional staff according to predicted need, including** the need for a pharmacist to cover the Children's Hospital. (Utilise a paediatric pharmacist when available).	
5	**Arrange for a pharmacist to take part on the adult Discharge Ward** round which will be commencing on AMU. Arrange liaison with ED to ensure that their stock levels are maintained throughout.	
6	**Confirm with the HICC the involvement of the RACH.** 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.	
7	**Ensure that adequate stores of pharmaceuticals are continuously available by liaison with stores and suppliers**. Contact the Pharmacy Purchasing Manager or deputy for assistance.	

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

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Action Card	No 43 (1 of 1)
Job title	WARD PHARMACIST
Incident Role	WARD PHARMACIST
Location	Pharmacy RSCH
Role Description	To providing appropriate pharmacy support and supplies

	STANDBY	Time
1	There will not usually be a discharge ward round at Major Incident Standby. However, this decision will be taken by the Hospital Incident Coordination Centre.	

	DECLARED Notification from RSCH On Call Pharmacist or Head of Pharmacy	Time
2	**When instructed by the On Call 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).	
3	**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.	
4	**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.	
5	**Report any requirements back to the On Call Pharmacist or Head of Pharmacy** – to ensure overall co-ordination of the situation.	

	STAND DOWN Decision to be taken within HICC	Time
6	**When directed by the On Call Pharmacist or Head of Pharmacy, proceed to your designated areas to ensure that they are fully re-stocked after the incident.**	
7	**Attend the 'hot' debrief being arranged by the HICC team.**	
8	**Complete any documentation & leave within HICC cupboard**	

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Action Card	No 44 (1 of 1)
Job title	HAEMATOLOGY BMS ON CALL
Incident Role	HAEMATOLOGY COORDINATOR
Location	Pathology RSCH
Role Description	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.	

	STANDBY	Time
1	Not formally notified at this stage and no actions required unless notified otherwise by the Hospital Incident Coordination Centre	

	DECLARED Notification from RSCH Switchboard	Time
2	**Contact the Blood Bank Manager to act as Pathology Co-ordinator** (at home OOH) & inform them of the situation asking them to attend.	
3	**Contact the Major Incident Officer within the HICC** (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.	
4	**Inform the Consultant Haematologist on call of the situation.**	
5	**Call in a second on call BMS.**	
6	**Advise the Blood Transfusion Service of the Trust situation.**	
7	**During the incident process samples as prioritised by the Pathology Co-ordinator.**	

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

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Action Card	No 45 (1 of 1)
Job title	DUTY BMS IN CHEMICAL PATHOLOGY
Incident Role	BIOCHEMISTRY COORDINATOR
Location	Clinical Biochemistry Laboratory RSCH
Role Description	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.	

	STANDBY	Time
1	Not formally notified at this stage and no actions required unless notified otherwise by the Hospital Incident Coordination Centre	

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

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

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Action Card	No 46 (1 of 1)
Job title	BLOOD BANK MANAGER
Incident Role	PATHOLOGY COORDINATOR
Location	Emergency Department RSCH
Role Description	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.

	STANDBY	Time
1	Not formally notified at this stage and no actions required unless notified otherwise by the Hospital Incident Coordination Centre	

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

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

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Action Card	**No 47 (1 of 2)**
Job title	**STAFF MEMBER ASSIGNED BY HICC**
Incident Role	**RELATIVES RECEPTION & MI PATIENT DISCHARGE COORDINATOR**
Location	**Main out Patients Waiting Room**
Role Description	Document details of relatives/friends/discharged MI Patients that arrive and provide these details to HICC Provide refreshments to the relatives/friends/discharged MI Patients that are waiting for information Request support from chaplain/other faith group via HICC Liaise with HICC, ED and Police Casualty Staff
This card must be kept in the Trust Hospital Incident Coordination 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).	

	STANDBY	Time
1	Not formally notified at this stage and no actions required unless notified otherwise by the Hospital Incident Coordination Centre	

	DECLARED Notification from RSCH HICC	Time
2	**Attend Main Out Patients**; Ensure paperwork ready and contact made with the HICC. Liaise with Security to ensure correct signage in place.	
3	**Document details of all relatives/friends** that arrive and provide this information to the HICC (X4994)	
4	**Prevent the admission of any press or media to this area using Security officers if necessary.**	
5	**Provide refreshments to the discharged MI Patients and relatives & friends** that are waiting for information. Contact the Control Centre Manager (X 4995) to place your request for refreshments.	
6	**Psychological First Aid:** Chaplains are available and trained to provide psychological first aid, spiritual & other faith support for patients and relatives. They will attend the relatives reception area but please contact them if needed	
7	**Requests for support should be made to the HICC.**	
8	**Any information on patient conditions must be given in a co-ordinated and structured way** – taking care of patient confidentiality. This must be done in conjunction with the Emergency Department staff, Police Casualty Bureau and HICC staff.	
9	**Police Documentation Teams** 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 HICC	

Action Card	No 47 cont… (2 of 2)
Job title	STAFF MEMBER ASSINGED BY HICC
Incident Role	RELATIVES RECEPTION & MI PATIENT DISCHARGE AREA COORDINATOR

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

Action Card	No 48 (1 of 1)
Job title	STAFF MEMBER, ASSINGED BY HICC
Incident Role	PRESS/MEDIA RECEPTION AREA
Location	AEB
Role Description	To coordinate the Media Reception & log in the press. Issue out pre written or Comms/HICC supplied media statements. Request assistance via HICC

	STANDBY	Time
1	Not formally notified at this stage and no actions required unless notified otherwise by the Hospital Incident Coordination Centre	

	DECLARED Notification from RSCH HICC	Time
2	**Obtain the Press passes from the Communications pack** within the Hospital Incident Coordination Centre cupboard and obtain Media holding Statement from Strategic Commander (generic holding statement in Press pack if holding statement not available)	
3	**Make your way to AEB** via Bristol Gate Security officers may have to open the designated area (if out of normal working hours).	
4	**Log the arrival of each member of the Press** on the log sheet provided and issue them each with a BSUH Media Pass. Statements will only be issued to members of the press with a Trust pass.	
5	**On arrival, issue each member of the press with the Trust holding statement** (contained within the Communications pack).	
6	**Log any requests** for information and report to the Communications Manager (X4114) or Hospital Incident Coordination Centre staff (X4998).	
7	**Ensure that members of the press are not left** to roam around the hospital grounds unattended.	
8	**Requests for photos or footage** from outside of the Emergency Department must be passed through the HICC staff.	
9	**Ensure that the HICC staff are aware of all requests for information** & that they are providing regular statements where possible	

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

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Action Card	No 49 (1 of 1)
Job title	STAFF MEMBER, ASSINGED BY HICC
Incident Role	STAFF MUSTER POINT COORDINATOR
Location	6a Millennium Wing Reception
Role Description	Record details of staff arriving to help and liaise with the Clinical Site Manager (CSM) in the Hospital Incident Coordination Centre (HICC)

	STANDBY	Time
1	Not formally notified at this stage and no actions required unless notified otherwise by the Hospital Incident Coordination Centre	

	DECLARED Notification from RSCH HICC	Time
2	**Liaise with the Clinical Site Manager;** obtain update on the situation and collect relevant paperwork	
3	**Make your way to the 6a Millennium Wing Reception** (X7200) 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)	
4	**Record the details of any staff that arrive** including name, dob, usual place of work, qualifications and skills, transport arrangements, time arrived and time they can stay till	
5	**Ring the Clinical Site Manager** (X4994) and update them on the staff that have arrived/are available.	
6	**The Clinical Site Manager will decide where the staff member is needed.** 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/sluice/toilets etc)	
7	**Keep in regular contact with the CSM** (X4994). You will be stood down when the Muster Point is longer needed or when you are able to hand over to the next shift.	

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

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Action Card	No 50 (1 of 1)
Job title & Incident Role	**MATRONS/NIGHT SISTERS/NIGHT CHARGE NURSES**
Location	**Trustwide**
Role Description	To facilitate communication flow between the wards and departments and the Hospital Incident Coordination Centre (HICC) and to support staff during the incident.

	STANDBY	Time
1	Not formally notified at this stage and no actions required unless notified otherwise by the Hospital Incident Coordination Centre	

	DECLARED Notification from the switchboard via bleep	Time
2	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.	
3	Communicate with other members of your team (admin/consultants, Allied health professionals etc) and update then on the situation	
4	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.	
5	Feed back to the clinical site manager of any free capacity or staff that can be released to help the response.	
6	**Psychological First Aid:** Chaplains are available and trained to provide psychological first aid, spiritual & other faith support for patients and relatives. Please contact them as needed	

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

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Action Card	No 51 (1 of 1)
Job title & Incident Role	THE HEALTH EMPLOYEE LEARNING AND PSYCHOTHERAPY (HELP) SERVICE
Location	HELP Office or debriefing venue
Role Description	To facilitate a hot debrief following a Major Incident and to provides staff with confidential support, counselling and psychotherapy following critical/ traumatic events

STANDBY		Time
1	Not formally notified at this stage and no actions required unless notified otherwise by the Hospital Incident Coordination Centre	

DECLARED Notification from the HICC in hours		Time
2	**Support responding areas as necessary**	
3	**Consider the need to facilitate the Hot Debrief** once the Trust has stood down	

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

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Action Card	No 52 (1 of 1)
Job title & Incident Role	**SSD MANAGER**
Location	**RSCH & PRH**
Role Description	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 HICC

	STANDBY	Time
1	Not formally notified at this stage and no actions required unless notified otherwise by the Hospital Incident Coordination Centre	

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

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

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Action Card	No 53 (1 of 1)
Job title & Incident Role	CHARGE HAND PORTER
Location	RSCH
Role Description	Support ED and level 5 X-ray Support security in securing the site Assess staffing levels and call in extra staff as necessary

	STANDBY	Time
1	Not formally notified at this stage and no actions required unless notified otherwise by the Hospital Incident Coordination Centre	

	DECLARED Notification from RSCH Switchboard	Time
2	**Inform the Soft FM Manager of the current situation.**	
3	**Contact the Security Control Room** (ext 7475) & inform them of the amount of porters available for assisting in the security response if required.	
4	**The following areas must be secured and access restricted to** essential Trust and emergency service staff only: • A&E Entrance from car park/ambulance bays • Level 5 Theatre corridor • Ambulance entrance from Bristol Gate to A&E	
5	**Send one porter to ED X ray level 5 and ensure that ED has 2 porters immediately available.** Send other porters as available to: The main entrance of each building to assist Security in controlling access /Staff responding to incident.	
6	**If necessary, call in additional porters from home to assist**. Consider future staffing issues in a prolonged incident.	
7	**Liaise closely with the Hospital Incident Coordination Centre (ext 4995)** and ED regarding the allocation of porters for priority work.	

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

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Action Card	No 54 (1 of 1)
Job title & Incident Role	PORTERS ON DOOR DUTY
Location	RSCH & PRH
Role Description	Secure access points as directed

	STANDBY	Time
1	Not formally notified at this stage and no actions required unless notified otherwise by the Hospital Incident Coordination Centre	

	DECLARED Notification by Charge Hand Porter	Time
2	**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: • A&E Entrance from car park/ambulance bays • Level 5 Theatre corridor • Ambulance entrance from Bristol Gate to A&E • For incidents at PRH 1x Porter to Main Entrance & 1 to A&E Entrance to assist in controlling access where necessary. (some areas of the hospital may be operating usually throughout an incident elsewhere in the Trust)	
3	**For staff not wearing Trust photo id** – clarification of identity must be sought from either Security Control (x 7475) or Control Centre Manager (x 4995).	
4	**Staff & public are free to leave these areas unless directed otherwise.**	
5	**People attempting to gain entry should be directed either to the area they are seeking if it is unaffected by the incident or advised that a Major Incident is in progress** & that they are not permitted in these areas until it is over.	
6	**It is possible that emergency patients not involved in the major incident may still present via the ambulance bays** – in private cars, taxis etc. These patients should be assisted to the triage point via the ambulance entrance to the emergency department.	
7	**Relatives or friends of patients involved in the incident** should be directed to the designated Relatives reception (likely to be Out Patients)	
8	**Media arrivals should be directed to AEB.** For Incidents at PRH direct to Downsmere	
9	**Off duty staff presenting for duty** should be directed to the Staff Muster Point, Millennium reception. For Incidents at PRH direct to Downsmere	
10	**Notify Charge hand** porter before leaving your post for any reason	

	STAND DOWN Decision to be taken within HICC	Time
11	**Debrief:** Arrange for yourself & your staff to attend the 'hot' debrief if possible	

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Action Card	No 55 (1 of 1)
Job title & Incident Role	**DUTY SECURITY MANAGER**
Location	**RSCH**
Role Description	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.	

	STANDBY	Time
1	Not formally notified at this stage and no actions required unless notified otherwise by the Hospital Incident Coordination Centre	

	DECLARED Notification from RSCH Security Officers	Time
2	**Out of hours – make your way to the hospital**. Once you arrive advise the Tactical Commander within the HICC (X 4998).	
3	**Assess the position of the Security department** 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 staff at PRH & RACH assess the need for extra resources there.	
4	**Liaise with the HICC staff and Soft FM Manager** 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. **Inform all reception areas that are open**.	
5	**Ensure Main Out Patients is** opened to receive relatives & discharged major incident patients. Assess the need to provide Security in this area.	
6	**Oversee car parking issues** that might arise as a result of extra staff presenting themselves for work or from relatives of the MI patients	
7	**Ensure reception areas** aware & ask them to refer to their action cards	
8	**Liaise with the Sussex Police representative** within the ED (RSCH) and in the ED (PRH) when necessary.	
9	**Ensure that Police Casualty Bureau receive the support** & resources that they require to manage patient information during the incident.	

	STAND DOWN Decision to be taken within HICC	Time
10	**Staffing:** Continue to assess and arrange the on-going need for additional security for the Trust for the next 48 hours.	
11	**Debrief:** Ensure that the security officers receive the appropriate support and opportunity to attend the 'hot' debrief.	
12	**In the absence of the Trust Emergency Planning Officer,** ensure that all HICC paperwork is retained & that the HICC room is packed away.	

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Action Card	No 56 (1 of 2)
Job title & Incident Role	SECURITY OFFICERS
Location	RSCH
Role Description	Open and set up HICC 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	

	STANDBY Notification from RSCH Switchboard	Time
1	**Proceed to the Hospital Incident Coordination Centre** (HICC - Level 6, Clinical Ops Room, Stephen Ralli) with the keys to the Major Incident Cupboard.	
2	**Access the cupboard, and set up the room as described on the room plan.**	
3	**Plug in all telephones and distribute the role designated boxes** to the appropriate desk spaces.	

	DECLARED Notification from RSCH Switchboard	Time
4	Ensure above standby actions 1-3 have been undertaken	
5	**Inform Duty Security Manager** **The Supervisor or Team Leader on Duty are to go to the HICC** and provide a communications link with security until relieved by the Security operations Manager or Head of Security, or the incident is stood down	
6	**Provide a security officer to the Adult Emergency Department;** liaise with the ED Commander and if Urgent Care Centre being used in the major incident response ensure the entrance is secured. Maintain a position at the ambulance entrance. Any patients arriving should be assisted to the triage point. Ensure RACH is secured	
7	**Review staffing (call in as necessary).** Liaise with the Charge Hand Porter to obtain further porter/ security personnel to guard the following points: • Level 5 theatre corridor • A&E Car Park ramp (off Bristol Gate)	
8	**Use CCTV cameras to monitor ED, ED car park, Level 3 lift lobby and North service road and RACH perimeter**	
9	**Provide** Police documentation to the Casualty Bureau/Police documentation team when they arrive.	
10	**Liaise with car parking** to ensure that car parking barriers are opened for staff access.	
11	**Maintain ambulance access to the ED department.**	
12	**Open & assess need for security presence within the Relatives reception (main Outpatients) and/or the media reception (AEB)**	

Action Card	No 56 cont.... (2 of 2)
Job title & Incident Role	SECURITY OFFICERS

	STAND DOWN Decision to be taken within HICC	Time
13	**Review staffing for next 48 hours.**	
14	**Ensure continued security provision for the site.**	
15	**Documentation:** Ensure any paperwork relating to the Major Incident is completed before leaving the hospital and leave within HICC cupboard	
16	**Debrief:** Arrange for yourself & your staff to attend the 'hot' debrief if possible	

Action Card	No 57 (1 of 1)
Job title & Incident Role	ALL RECEPTION STAFF
Location	All reception areas
Role Description	Inform the public of the situation Report any problems to the HICC Direct relatives, staff and media to the designated areas

STANDBY		Time
1	Not formally notified at this stage and no actions required unless notified otherwise by the Hospital Incident Coordination Centre	

DECLARED Notification from Security		Time
2	**From this point on you must inform all patients and visitors that the Trust is undergoing a major incident.** This will affect the normal working of the Trust and it may affect normal Trust procedures	
3	**It is possible that emergency patients not involved in the major incident may still present via the ambulance bays** – in private cars, taxis etc. These patients should be assisted to the triage point via the ambulance entrance to the emergency department.	
4	**Security staff or porters should be present on the main hospital entrances.** If this is not the case, then please report it to Security Control on ext 7475	
5	**Relatives of major incident patients should be directed to the Main Out Patients waiting room**. You should not attempt to contact the ED department yourself.	
6	**Any media representatives should be directed to AEB,** where someone from Comms will be available for them to speak to.	
7	**If staff present to assist with the incident please contact the Clinical Site Manager**	
8	**Notify Security Control on ext 7475 of any problems encountered.**	

STAND DOWN Decision to be taken within HICC		Time
9	**The areas mentioned above will remain open and people should continue to be directed there until you are notified otherwise.**	
10	**Documentation:** Ensure any paperwork relating to the Major Incident is completed before leaving the hospital and leave within HICC cupboard	
11	**Arrange for yourself & your staff to attend the 'hot' debrief if possible**	

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Action Card	No 58 (1 of 1)
Job title & Incident Role	**SUSSEX HOUSE NURSERY MANAGER**
Location	**Sussex House Nursery**
Role Description	Prepare nursery for and receive children who may not be regular attendees at the nursery Assess the workload and request additional resources through the HICC
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.	

	STANDBY	Time
1	Not formally notified at this stage and no actions required unless notified otherwise by the Hospital Incident Coordination Centre	

	DECLARED Notification from RSCH Switchboard	Time
2	**When requested to, open the Nursery at Sussex House.** Attend the site and contact at least one other Nursery worker to come in to assist initially.	
3	**When you arrive on site, and have opened the Nursery, inform the Control Centre Manager in the HICC (ext 4995).**	
4	**Prepare the Nursery to receive children being dropped off by staff.** Where the child is not a regular attendee at the nursery, obtain written consent from the parent on the forms provided.	
5	**Requests for additional resources, including catering, should be made through the Control Centre Manager** in the HICC (X 4995).	
6	**Assess the workload and request the presence of further staff if required.**	

	STAND DOWN Decision to be taken within HICC	Time
7	**Continue caring for the children of staff until all have been collected.**	
8	**Once empty, ensure that the area is left secure.**	
9	**Review the staffing** for the next 48 hours in light of any additional hours that your staff may have worked during the incident.	
10	**Documentation:** Ensure any paperwork relating to the Major Incident is completed before leaving the hospital & leave within HICC cupboard	
11	**Debrief:** Arrange for yourself & your staff to attend the 'hot' debrief if possible	

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Action Card	No 59 (1 of 1)
Job title & Incident Role	ESTATES MANAGER ON CALL
Location	Trustwide
Role Description	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	

	STANDBY	Time
1	Not formally notified at this stage and no actions required unless notified otherwise by the Hospital Incident Coordination Centre	

	DECLARED Notification from RSCH Switchboard	Time
2	**OOH make your way to the RSCH immediately**, Inform the Control Centre Manager within the Hospital Incident Coordination Centre (HICC) on X 4995 once you arrive,	
3	**Confirm with the** HICC (X 4998) **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 Actions**	
4	**Discuss with Control Centre Manager the effect of contractors working on site**. Where necessary contact the contractors & ask them to stop work & vacate the site until further notice	
5	**Assist the Control Centre Manager** (Facilities Manager on call) with any Estate related functions.	
6	Liaise with RSCH Integral for any issues arising at the RACH	
7	**Staffing:** 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.	
8	**Remain on site** until you are informed that the incident is finished and that you may stand down or if you have handed over to a colleague.	

	STAND DOWN Decision to be taken within HICC	Time
9	**Document:** Ensure any paperwork relating to the Major Incident is completed before leaving the hospital and leave within HICC cupboard	
10	**Debrief:** Arrange for yourself & your staff to attend the 'hot' debrief if possible	
11	**Notify the Control Centre Manager that you are leaving the site.**	

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Action Card	No 60 (1 of 1)
Job title & Incident Role	DUTY MANAGER FOR SOFT FM SERVICES
Location	Trustwide
Role Description	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.	

	STANDBY	Time
1	Not formally notified at this stage and no actions required unless notified otherwise by the Hospital Incident Coordination Centre	

	DECLARED Notification from RSCH Switchboard	Time
2	**OOH, make your way to the hospital immediately**. Once you arrive, inform Control Centre Manager (HICC Ext 4995) that you have arrived and get an update on the incident and expected requirements	
3	**Your main point of contact will always be the Control Centre Manager, and your responsibilities will be:** • Provision of portering requirements during and after the incident • Provision of linen • Patient catering requirements • Staff catering requirements • Relative catering requirements within Relative Reception Area • Housekeeping arrangements during and after the incident	
4	**Consideration should be given to forward planning & notification of suppliers including requests to suppliers for additional stocks of food/linen when necessary.**	
5	**Consider liaising with Royal Voluntary Service** regarding the provision of refreshments & the opening of hospital shops out of hours.	
6	**Liaise with the Relative Reception Area** regarding the number of people that require refreshments.	
7	**Liaise with the Control Centre Manager** (X 4995) regarding any further areas opened during the incident & the need for soft FM support.	

	STAND DOWN Decision to be taken within HICC	Time
8	**Ensure all Soft FM services continue to be supported** after the incident is stood down & that resources are in place for the next 48hrs	
9	**Documentation:** Ensure any paperwork relating to the Major Incident is completed before leaving the hospital & leave within HICC	
10	**Debrief:** Arrange for yourself & your staff to attend the 'hot' debrief if possible	

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Action Card	No 61 (1 of 1)
Job title & Incident Role	IT MANAGER ON CALL
Location	Trustwide
Role Description	Provide IT support to the Hospital Incident Coordination Centre & establish any IT business continuity issues
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.	

	STANDBY Contact might be received from the Hospital Incident Coordination Centre at this stage	Time
1	**You may be contacted at this stage to discuss the IT requirements** of the Emergency Control Room – if a large or prolonged incident appears likely.	
2	**Discuss the requirements amongst BSUH IT staff** and decide on the most appropriate way of meeting the needs specified.	

	DECLARED Notification from RSCH Switchboard	Time
3	Ensure above standby actions 1-2 have been undertaken	
4	**Establish if there are any IT business continuity issues (call the HICC on 4995)** – such as interruption to service caused by the incident. Decide on necessity to call in additional IT support (out of hours) for the purpose of rectifying any problems.	
5	**Provide support to the HICC during the incident.** Be on hand for any IT problems that might arise.	

	STAND DOWN Decision to be taken within HICC	Time
6	**Ensure that IT issues are resolved before leaving the site** – or notify the HICC team of problems that cannot be immediately rectified.	
7	**Ensure that someone from BSUH IT is identified to be on call** (after you have gone home) and notify switchboard.	
8	**Documentation:** Ensure any paperwork relating to the Major Incident is completed before leaving the hospital and leave within HICC cupboard	
9	**Debrief:** Arrange for yourself & your staff to attend the 'hot' debrief if possible	

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Action Card	No 62 (1 of 1)
Job title & Incident Role	**MORTUARY TECHNICIAN**
Location	**Mortuary RSCH**
Role Description	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.	

	STANDBY	Time
1	Not formally notified at this stage and no actions required unless notified otherwise by the Hospital Incident Coordination Centre	

	DECLARED Notification from RSCH Switchboard	Time
2	**Proceed to the Mortuary at RSCH.**	
3	**Contact the Control Centre Manager** (ext 4995) within the Hospital Incident Coordination Centre – to inform them of your arrival and of the number of spaces available.	
4	**During working hours inform the Consultant Histopathologist** of the occurrence of a major incident for the Trust.	
5	**When the number of critically or fatally injured casualties is high, consider the need to increase capacity** or utilise alternative body storing facilities – such as at PRH or with the Local Authority.	
6	**Ensure that body bags are available for the clinical areas.**	
7	**Assess the need to contact further mortuary staff** – depending on the scale of the incident in progress.	

	STAND DOWN Decision to be taken within HICC	Time
8	**Discuss with the Major Incident Officer within the Hospital Incident Coordination Centre (ext 4993) the need to maintain mortuary staff in attendance after stand down.**	
9	**Prepare a list of all deceased patients from the major incident and their current locations.**	
10	**Liaise with the Police and the coroner regarding the undertaking of post mortems.**	
11	**Ensure staff are available for the mortuary for the next 48 hours**	
12	**Documentation:** Ensure any paperwork relating to the Major Incident is completed before leaving the hospital and leave within HICC	
13	**Debrief:** Arrange for yourself & your staff to attend the 'hot' debrief if possible	

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Action Card	No 63 (1 of 2)
Incident Role	**Psychological First Aid (PFA)**
Job title	**Coordinating Chaplain**
Location	**Trustwide & Relatives Reception Area**
Role Description	Assess the need for psychological first aid for patients and relatives Asses the need for spiritual & other faith support across the Trust. Co-ordinate and oversee the work of the Chaplaincy and 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.	

	STANDBY	Time
1	Not formally notified at this stage and no actions required unless notified otherwise by the Hospital Incident Coordination Centre	

	DECLARED Notification from RSCH Switchboard	Time
2	**Contact the Control Centre Manager in the HICC** (ext 4994). Establish location of the Relative Reception Centre (this could be main Outpatients at RSCH or another designated area), plus any other psychological first aid, spiritual and/or faith requirements known at this stage. Request Senior nurse to act as liaison.	
3	**Contact the other paid Chaplains.**	
4	**Assess the need for spiritual, psychological first aid and/or other faith support** across the Trust sites and contact your colleagues on the Chaplaincy on call rota to see if they are available to attend.	
5	**Proceed to where you are to be based**, this should be Main Out Patients unless informed otherwise, collecting any additional information etc. on the way from the Chaplaincy office.	
6	**Contact Trust Chaplaincy volunteers from the list as required**, according to the situation asking them to attend with Trust Id & to report to you on arrival.	
7	**If required, contact religious representatives from any additional denominations and ask them to attend.**	
8	**Co-ordinate and oversee the work of the Chaplaincy Volunteers during the incident.**	
9	**Maintain liaison with Chaplain at PRH**. Report any problems or requirements to the HICC (ext 4994).	

Action Card	No 63 cont… (2 of 2)
Incident Role	Psychological First Aid (PFA)
Job title	Coordinating Chaplain

	STAND DOWN Decision to be taken within HICC	Time
10	**Although the Trust may be standing down from the incident, it will be necessary to maintain the psychological first aid and support to the Relatives Reception Centre for an extended period of time. Ensure that you have enough staff for this – including relief staff for a prolonged incident.**	
11	**Maintain support with other agencies present in the Relative Reception Centre** – this should include the police and may include social services and other voluntary agencies.	
12	**Where possible, provide support for staff involved in the incident.**	
13	**Documentation:** Ensure any paperwork relating to the Major Incident is completed before leaving the hospital and leave within HICC cupboard	
14	**Debrief:** Arrange for yourself & your staff to attend the 'hot' debrief if possible	

Action Card	No 64 (1 of 1)
Job title & Incident Role	ALL DIRECTORATE & SERVICE MANAGERS
Location	Trustwide
Role Description	Provide staffing support to the Major Incident where possible

STANDBY		Time
1	Not formally notified at this stage and no actions required unless notified otherwise by the Hospital Incident Coordination Centre (HICC)	

DECLARED Notification from RSCH Switchboard or HICC/ email / text		Time
2	**Please asses the staffing and capacity within your service.**	
3	**Any staff that can be freed to support the Major Incident please contact the HICC** with their details and skills. In a large incident a Muster point may be set up in the Millennium Wing. Contact the HICC to find out about this.	
4	**Any issues within your service should be escalated to line manager/directorate management team**	

STAND DOWN Decision to be taken within HICC		Time
5	**Documentation:** Ensure any paperwork relating to the Major Incident is completed before leaving the hospital and leave within HICC room or delivered to the Head of Resilience	
6	**Debrief:** Arrange for yourself & your staff to attend the 'hot' debrief if possible and for a representative to attend the After Action Review when date confirmed	

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Action Card	No 65 (1 of 1)
Job title & Incident Role	EMERGENCY PLANNING OFFICER Tactical Advisor
Location	HICC
Role Description	To support the HICC team

STANDBY Notification from RSCH Switchboard		Time
1	**If possible, attend the site and meet with the other Hospital Incident Coordination Centre responders in the Clinical Ops Room, Stephen Ralli, level 6.**	
2	**Assist with the co-ordination of the setting up & running of the HICC.**	

DECLARED Notification from RSCH Switchboard		Time
4	**Ensure the interaction** of the Emergency Department, Hospital Incident Coordination Centre and other areas within the hospital.	
5	**Ensure that communication** is established with external agencies as appropriate.	
6	Encourage the Duty Director and Duty Manager to begin b**usiness continuity planning** for the Trust to return to normal service.	

STAND DOWN Decision to be taken within HICC		Time
7	On receipt of the emergency service stand down message, ensure that the HICC team begin an assessment of the Trust position.	
8	**Ensure that the HICC is packed away**; that all paperwork used during the incident is collected; and that the Clinical Ops Room, Stephen Ralli is left tidy.	
9	**Ensure that resources within the HICC cupboard are replaced as soon as possible.**	

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Action Card	No 66 (1 of 2)
Job title	PRH SENIOR EMERGENCY DEPARTMENT CLINICIAN
Incident Role	
Location	PRH ED
Role Description	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.

	STANDBY Not notified	Time
1	No actions required	

	RSCH DECLARED WITH PRH ON STANDBY Notification by RSCH ED Consultant	Time
2	Assess current patient activity and staffing levels within the Emergency department with the Nurse in Charge. **Objective 1**: rapid progression of patients through the department to either admission or discharge. **Objective 2:** identify and plan to cover staffing shortages.	
3	Review the current resources available within the department. The Major Incident Officer within the Hospital Incident Coordination Centre will require a thorough assessment prior to deciding on the appropriateness of PRH to accept major incident patients.	
4	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 Hospital Incident Coordination Centre	

	RSCH and PRH DECLARED with PRH receiving casualties Notification by HICC	Time
6	**Ensure** above standby actions 1-4 have been undertaken	
7	Staff will arrive in the ED, both ED and non-ED. Work with the Nurse in Charge: • **Designate** treatment teams for each area. • **Allocate** clinical resources to maintain the care of existing patients within the department and expedite their disposal. • **Liaise** frequently with the Ambulance Liaison Officer (ALO) to ascertain case mix and numbers expected. • Consider the use of Fracture Clinic in the presence of large numbers of Priority 2 or 3 patients as secondary overspill.	
8	Requests for additional Emergency Department doctors will have to be made via the RSCH ED Consultant in Charge.	

Action Card	No 66 cont… (2 of 2)
Job title	PRH SENIOR EMERGENCY DEPARTMENT
Incident Role	CLINICIAN

	RSCH and PRH DECLARED with PRH receiving casualties cont…	Time
9	**Wear** your yellow surcoat. You are now triaging every person who attends. Take up position at the Ambulance entrance to the department. **Assess** each person rapidly and allocate a triage category. Share relevant data with the Police Documentation Team when they arrive.	
10	**Check list:** 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. **Objective:** rapid assessment and documentation but no treatment. Patient with you less than 1 minute.	
11	Continuously review the department capacity. This must be communicated to SECAmb via the Ambulance Liaison Officer or through the PRH HICC.	
12	Maintain regular contact with the Major Incident Officer within the RSCH Hospital Incident Coordination Centre . Provide information on patients received and any updated information received from SECAmb.	

	STAND DOWN Decision made by HICC team	Time
13	**Notification:** Following notification from the scene of the incident that 'Casualty Clearance is complete' via SECAmb the HICC team must assess when it is safe & appropriate to stand the Trust down. Only begin to Stand down when notified by HICC	
14	**Documentation**: Ensure any paperwork relating to the Major Incident is completed before leaving the hospital and leave within HICC cupboard	
15	**Debrief:** Provide as many staff involved in the incident as possible to attend the 'hot debrief' being co-ordinated by the HICC team	
16	**Future staffing:** Begin to look at future staffing of the department Ensure there are adequate medical staffing and senior cover for the next 48 hrs	
17	**Re stock:** Ensure that all areas of the department are fully re stocked and ready to receive patients.	
18	**Support:** Ensure that staff are given support to minimise the psychological trauma that the incident may have caused.	

Action Card	No 67 (1 of 2)
Job title Incident Role	PRH ED SHIFT LEADER
Location	PRH ED
Role Description	Work with Emergency Department Commander (consultant) in charge of Emergency Department to effectively manage the Emergency Department response to the incident.

	STANDBY Not notified	Time
1	No actions required	

	RSCH DECLARED WITH PRH ON STANDBY Notification by RSCH ED Shift Leader	Time
2	Review the current activity within the department with the senior Emergency Department clinician available.	
3	Review the current and future staffing of the department with the aim of planning for the possible escalation of the incident.	
4	Liaise with the Clinical Site Manager regarding the early movement of patients out of the department to wards in preparation to receive patients.	
5	Inform the nurse in charge of MAU, Fracture Clinic and the ED receptionist of the current situation.	

	RSCH and PRH DECLARED with PRH receiving casualties Notification from HICC	Time
6	**Ensure** above standby actions 1-5 have been undertaken	
7	A decision will be made by the HICC across the Trust as to whether PRH will be able to receive Category 3 (minor patients) from the major incident.	
8	If patients from the incident are expected, establish with SECAmb the number and severity of injuries & prepare to receive them.	
9	Allocate someone to open the Major Incident Store Cupboard and distribute yellow surcoats.	
10	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.	
11	In conjunction with the Senior ED Clinician: • Designate treatment teams within the dept. • Allocate a nursing co-ordinator to each area of the department. • Consider the use of Fracture Clinic for large numbers of patients.	

Action Card	No 67 cont… (2 of 2)
Job title	PRH ED SHIFT LEADER

RSCH and PRH DECLARED with PRH receiving casualties cont…		Time
12	Arrange for a triage point to be established at the Ambulance entrance – with appropriate clinician, nurse and reception staff. Use Triage action card	
13	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.	
14	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.	
15	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.	

STAND DOWN Decision made by HICC team		Time
16	**Notification:** Following notification from the scene of the incident that 'Casualty Clearance is complete' via SECAmb the HICC team must assess when it is safe & appropriate to stand the Trust down. Only begin to Stand down when notified by HICC	
17	**Documentation**: Ensure any paperwork relating to the Major Incident is completed before leaving the hospital and leave within HICC cupboard	
18	**Debrief:** Provide as many staff involved in the incident as possible to attend the 'hot debrief' being co-ordinated by the HICC team	
19	**Future staffing:** Begin to look at future staffing of the department Ensure there are adequate nurses & support staff for the next 48 hrs	
20	**Re stock:** Ensure that all areas of the department are fully re stocked and ready to receive patients.	
21	**Support:** Ensure that staff are given support to minimise the psychological trauma that the incident may have caused.	

Action Card	No 68 (1 of 2)
Job title	PRH ED RECEPTIONIST
Incident Role	
Location	PRH ED
Role Description	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

	STANDBY Not notified	Time
1	No actions required	

	RSCH DECLARED WITH PRH ON STANDBY Notification from PRH ED Shift leader	Time
2	Ensure you are familiar with the Computer Major Incident system.	
3	Notify the Head of Reception if not already on duty.	

	RSCH and PRH DECLARED with PRH receiving casualties Notification from PRH ED Shift leader	Time
4	**Ensure** above standby actions 1-3 have been undertaken	
5	Liaise closely with RSCH Emergency Department Reception regarding the initiation of the MAJAX computer system for each site.	
6	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.	
7	Contact reception staff to attend (contact details should be available).	
8	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)	
9	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.	
10	Handwritten details must be updated onto the computer ASAP	

Action Card	No 68 cont… (2 of 2)
Job title	PRH ED RECEPTIONIST
Incident Role	

STAND DOWN Decision made by HICC team		Time
11	**Documentation**: Ensure any paperwork relating to the Major Incident is completed before leaving the hospital leave within MI cupboard	
12	**Debrief:** Provide as many staff involved in the incident as possible to attend the 'hot debrief' being co-ordinated by the HICC team	
13	**Future staffing:** Begin to look at future staffing of the department Ensure there are adequate nurses & support staff for the next 48 hrs	
14	**Re stock:** Ensure that all areas of the department are fully re stocked including MI documentation	

Action Card	**No 69 (1 of 2)**
Job title	**PRH MEDICAL CONSULTANT ON CALL**
Incident Role	
Location	**PRH Site Management office**
Role Description	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

	STANDBY No notification at this stage	Time
1	No actions required	

	RSCH DECLARED WITH PRH ON STANDBY Notification from Switchboard	Time
2	Proceed immediately to the Site Management office at PRH to meet with the Clinical Site Manager (CSM).	
3	Assess the current situation across PRH and HWP sites relating to clinical capacity and staffing.	

	RSCH and PRH DECLARED with PRH receiving casualties Notification from switchboard	Time
4	**Ensure** above standby actions 1-3 have been undertaken	
5	**Arrange for capacity** 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	**Report all discharges** 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	**Liaise with the HICC regularly** 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.	

	STAND DOWN Decision made by HICC team	Time
9	Assist the HICC team in deciding on the appropriate time to stand down the response from PRH/HWP.	
10	**Documentation**: Ensure any paperwork relating to the Major Incident is completed before leaving the hospital leave within MI cupboard	
11	**Debrief:** Attend the hot debrief if possible	
12	**Future staffing:** Ensure that there is on going Senior cover for the medical teams remaining after the incident.	

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Action Card	No70 (1 of 2)
Job title	PRH CLINICAL SITE MANAGER
Incident Role	
Location	PRH Site Management office
Role Description	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. Base yourself in the PRH Clinical Ops Room

	STANDBY Not notified at standby	Time
1	No actions at present	

	RSCH DECLARED WITH PRH ON STANDBY Notification from Switchboard	Time
2	**Proceed immediately to the PRH Clinical Ops Room** at PRH, to meet with other members of the PRH team.	
3	**Ensure that the Room is set up** and video link to RSCH is set up. Mobile telephones are available from PRH Switchboard if needed.	
4	**Establish the current situation at PRH** 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	**Contact and inform the Nurse in Charge of Hurstwood Park.**	
7	**Conduct two hourly briefing meetings** within the Clinical Ops room to ensure that everybody is kept up to date & liaise with the HICC at RSCH.	

	RSCH and PRH DECLARED with PRH receiving casualties Notification from Switchboard	Time
8	**Ensure** 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.	

Action Card	No 70 cont… (2 of 2)
Job title	PRH CLINICAL SITE MANAGER
Incident Role	

	RSCH and PRH DECLARED cont… with PRH receiving casualties Notification from RSCH Switch	Time
12	**Liaise closely with the RSCH CSM** and Bed Managers regarding escalation capacity at PRH and the transfer of patients via HICC X4994	
13	In conjunction with the Control Centre Manager, deploy nursing and support staff to the following areas: • Discharge Area (Out Patient Waiting Room) – for the reception of rapid discharges created by the discharge ward round. • Staff Muster Point – Downsmere reception area – to document any additional staff arriving for duty. • Relative Reception Area (Out Patient waiting room) – to care for the relatives and friends of major incident patients arriving.	
14	Maintain an accurate list of all major incident patients and their current and final destinations.	
15	Consider the need to establish contact with neighbouring Trusts regarding additional capacity.	

	STAND DOWN Decision made by HICC team	Time
16	**Notification:** Following notification from the scene of the incident that 'Casualty Clearance is complete' via SECAmb the HICC team must assess when it is safe & appropriate to stand the Trust down. Only begin to Stand down when notified by HICC	
17	**Documentation**: Ensure any paperwork relating to the Major Incident is completed before leaving the hospital leave within MI cupboard	
18	**Debrief:** Provide as many staff involved in the incident as possible to attend the 'hot debrief' being co-ordinated by the HICC team	
19	**Future staffing:** Begin to look at future staffing of the department Ensure there are adequate nurses & support staff for the next 48 hrs	
20	**Re stock:** Ensure that all areas of the department are fully re stocked including MI documentation	

Action Card	No 71 (1 of 2)
Job title & Incident Role	PRH ICU CONSULTANT ON CALL
Location	PRH ITU
Role Description	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.	

	STANDBY Not normally notified at stand by	Time
1	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 Hospital Incident Coordination Centre .	

	RSCH DECLARED WITH PRH ON STANDBY Notification from RSCH ICU Consultant	Time
2	**Proceed to ICU at PRH.**	
3	**Bed capacity:** 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	
4	Consider calling in staff to support the RSCH or PRH activity.	

	RSCH and PRH DECLARED with PRH receiving casualties Notification from Switchboard	Time
5	Call in colleagues as necessary ensuring there will be adequate staffing to for the next two shifts. liaise with the ICU consultant at PRH	
6	**Deploy ICU staff to** ED as necessary (including Consultant if necessary), liaising with the Consultant Anaesthetist in theatres to assess the need for further anaesthetic cover.	
7	**Keep the Major Incident Officer (Consultant) informed** of the situation (Ext 4993).	

Action Card	No 71 cont… (2 of 2)
Job title	PRH ICU CONSULTANT ON CALL
Incident Role	

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

Action Card	No 72 (1 of 2)
Job title	DIRECTORATE LEAD NURSE IN HOURS,
Incident Role	PAEDIATRIC BLEEP HOLDER OUT OF HOURS
Location	Level 6 Meeting Room
Role Description	To coordinate the paediatric response and to give paediatric advice to the incident via the Hospital Incident Coordination 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 its duties

	STANDBY Notification from RSCH Switchboard	Time
1	Proceed to Level 6 Meeting Room RACH and start a log of the incident	
2	Establish the current paediatric capacity, staffing, theatre activity, outpatient and x-ray workload. Liaise with the Hospital Incident Coordination Centre (HICC Ext: **4993**) & ensure they are kept updated.	
3	Assign a member of staff to take on the Admin Coordinator Action card (No.82) and ask them to establish the availability of administration staff across the RACH, and the current Outpatient clinic activity.	
4	Identify, but do not move, any extra staff available.	
5	Contact the following on call people to advise them of the situation: CED Nurse in Charge, CED Consultant, COW, Paediatric Surgeon, Paediatric Anaesthetist, RACH theatres & wards. Inform them that no action is required at this stage & keep them updated of the ongoing situation.	

	DECLARED Notification from RSCH Switchboard	Time
6	**Ensure** above standby actions 1-6 have been undertaken & ensure those notified in action 5 are aware of the declared status.	
7	**Co-ordinate Paediatric resources** from Level 6 Meeting Room RACH	
8	**Establish whether children are involved** in the incident (if known). Contact and send senior children's nurses to the RSCH Adult Emergency Department following consultation with the nurse in charge of the Children's Emergency Department to assist with the initial assessment and treatment of child casualties arriving.	
9	**Confirm with the HICC** (**4993**) and with the Adult ED Commander (**4218**) in the RSCH Emergency Department if P3 children can be sent directly from RSCH triage to the Children's Emergency Department	
10	**Staffing:** Assess paediatric nursing staff availability. If necessary, contact staff from home to attend. 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. In addition to trained staff and equipment, consider chaplaincy/faith support, refreshments etc **Main RSCH Out Patients Department** - will benefit from a paediatric staff to act as a support to the relative's/carers waiting for children OR as support to children waiting for relatives involved in the incident?	

Action Card	No 72 cont… (2 of 2)
Job title	DIRECTORATE LEAD NURSE IN HOURS,
Incident Role	PAEDIATRIC BLEEP HOLDER OUT OF HOURS

DECLARED ACTIONS cont…		Time
11	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.	
12	Use the Paediatric Escalation Policy to ensure that enough capacity is made available.	
13	**Monitor the additional areas** of the RACH that have been opened for the incident and liaise with the HICC Control Centre Manger to arrange provision of facilities such as catering, Portering or security • Level 6 Children's Emergency Department for the treatment and discharge of children • Main RSCH Out Patients Department - to become the Relatives Waiting Are (for all parents, families and carers of patients in the incident). • Level 7 Day care for extra capacity	
14	**Notify the Child and Adolescent Mental Health Service** (CAMHS) of the incident – and request their support with post incident counselling.	
15	**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 and logging and decisions made and/or actions taken	
16	**Recovery:** Review the current and predicted future impact on paediatric resources such as staffing, beds and equipment. If required set up a separate recovery group to start planning for the recovery of your services that may have been affected.	
17	**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.	

STAND DOWN Decision to be taken within HICC		Time
18	Participate in the HICC group assessment of whether to stand the Trust down, by assessing the situation across the RACH.	
19	When the HICC 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	
20	Participate in the hot debrief and ensure that all documentation is completed and sent to the emergency planning officer.	
21	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.	

Action Card	No 73 (1 of 1)
Job title Incident Role	CONSULTANT PAEDIATRICIAN ON CALL (COW)
Location	RACH
Role Description	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.	

	STANDBY Notified by Directorate Lead Nurse/Paediatric Bleep Holder for information	Time
1	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 Hospital Incident Coordination Centre (HICC) Team or Paediatric team within the Level 6 Meeting Room, RACH	

	DECLARED Notification from RSCH Switchboard	Time
2	**Ensure** above standby action has been undertaken	
3	**Proceed directly to the Level 6 Meeting Room RACH** 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	
4	Begin a paediatric discharge ward round. Ward round to commence on the Day Case Unit when open and on to levels 8 and 9.	
5	Contact further members of your team to assist with the discharge process if necessary.	
6	Consider patients for discharge Consider liaison with Surgical colleagues (not directly involved in the incident) for any patient discharge post-surgery.	
7	Ensure that the Directorate Lead Nurse/Paediatric Bleep Holder in the Level 6 Meeting Room RACH is kept fully informed of any decisions that are taken and inform them if you require any additional resources	
8	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.	

	STAND DOWN Decision to be taken within HICC	Time
9	Return any paperwork that you have generated to the HICC.	
10	Participate in the hot debrief.	

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Action Card	No 74 (1 of 1)
Job title	CHILDREN'S ED CONSULTANT 1 (CED CONS)
Incident Role	
Location	Children's Emergency Department
Role Description	Consider patients for discharge and referral to primary care. Liaise with Paediatric Consultant on Call. Provide advice and oversee management of P3 patients in CED.
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 CED Consultant (or their immediate deputies).	

	STANDBY Notification from RSCH Switchboard	Time
1	With CED Nurse in Charge, review current CED workload and identify available additional staff.	
2	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 Hospital Incident Coordination Centre (HICC) Team or Paediatric team within the Level 6 Meeting Room, RACH	

	DECLARED Notification from RSCH Switchboard	Time
3	**Ensure** above standby actions 1-2 have been undertaken.	
4	Meet up with the CED Nurse in Charge in the Children's Emergency Department to begin a discharge round and review of current workload.	
5	**Contact further members of your team**, including a second consultant, to act as CED Consultant 2 and to assist with the discharge process and allocation of duties.	
6	**Consider patients for discharge** -those suitable for primary care - Those with minor injuries suitable for management the next day or by primary care clinicians -Any Short Stay Unit (SSU) patients. **Liaison with Surgical colleagues** / Paediatric Consultant not directly involved in the incident for the review and discharge of SSU patients.	
7	Provide clinical advice and oversee management of P3 patients in CED.	
8	Ensure that the Directorate Lead Nurse/Paediatric Bleep Holder in the Level 6 Meeting Room RACH is kept fully informed or activity/capacity	
9	Inform Directorate Lead Nurse/Paediatric Bleep Holder Level 6 Meeting Room RACH if you require any additional resources or assistance.	
10	**Relief:** If this is likely to be a prolonged incident assess the need to call in another ED Consultant to take over from you when necessary.	

	STAND DOWN Decision to be taken within HICC	Time
12	Return any paperwork that you have generated to the Level 6 Meeting Room RACH & Participate in the hot debrief.	

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Action Card	**No 75 (1 of 1)**
Job title	**CHILDREN'S ED CONSULTANT 2 (CED CONS)**
Incident Role	
Location	**RSCH Emergency Department**
Role Description	Provide triage of paediatric major incident patients. Provide advice and oversee management of P1 and P2 paediatric patients. Report to the Emergency Department Consultant in charge and Directorate lead Nurse/Paediatric Bleep Holder

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 CED Consultant (or their immediate deputies).

	STANDBY Not usually notified at stand by	Time
1	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 Hospital Incident Coordination Centre (HICC) Team or Paediatric team within the Level 6 Meeting Room, RACH	

	DECLARED Notification from Children's ED Consultant no.1	Time
2	Attend the Adult Emergency Department at the RSCH immediately. On arrival collect your identification surcoat from the major incident store & 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	
3	In conjunction with the Consultant Paediatric Anaesthetist, provide triage of paediatric major incident patients. Priority 1 paediatric patients will be received into Zone 1 (Resus) Zone 2A.	
4	Liaise closely with the adult & paediatric Surgical Consultants. 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	
5	Request additional paediatric clinical resources via the Directorate Lead Nurse/Paediatric Bleep Holder.	
6	Update the Children's ED Consultant 1 and the Directorate Lead Nurse/Paediatric Bleep Holder throughout the incident	
7	Relief: If this is likely to be a prolonged incident assess the need to call in another Consultant to take over from you when necessary.	

	STAND DOWN Decision to be taken within HICC	Time
8	Ensure that a full hand over is given to a colleague for each child that requires on going care, before leaving the site.	
9	Attend the hot debrief if possible (held immediately after stand down). Ensure cover for your role before leaving the site.	

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Action Card	No 76 (1 of 1)
Job title	PAEDIATRIC SURGICAL CONSULTANT ON CALL
Incident Role	
Location	RSCH Emergency Department
Role Description	Provide paediatric surgical resources and report to the Emergency Department Consultant in charge, Children's ED Cons no. 2 and Directorate lead Nurse/Paediatric Bleep Holder

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).

	STANDBY Not usually notified at this stage	Time
1	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 Hospital Incident Coordination Centre (HICC) Team or Paediatric team within the Level 6 Meeting Room, RACH	

	DECLARED Notification from RSCH Switchboard	Time
2	Attend the Adult Emergency Department at the RSCH immediately. On arrival collect your identification surcoat from the major incident room & report to the Adult ED Commander & Children's ED Consultant 2 in charge. If you are unable to attend immediately, then ensure a senior member of your clinical team is sent to deputise for you until your arrival. Work closely with the CED Cons 2 throughout the incident.	
3	In conjunction with the Paediatric Anaesthetic Consultant, consider the suspension of paediatric operating lists.	
4	If it is confirmed that children are involved suspend RACH operating lists	
5	In conjunction with the Consultant Paediatric Anaesthetist provide support for paediatric patients and paediatric surgical resources.	
6	Contact the Directorate Lead Nurse/Paediatric Bleep Holder 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.	
7	Request additional paediatric clinical resources via the Directorate Lead Nurse/Paediatric Bleep Holder	
8	Relief: If this is likely to be a prolonged incident assess the need to call in another Consultant to take over from you when necessary	

	STAND DOWN Decision to be taken within HICC	Time
9	Ensure that a full hand over is given to a colleague for each child that requires on going surgical intervention, before leaving the site.	
10	Attend the hot debrief if possible (held immediately after stand down). Ensure cover for your role as necessary before leaving the site.	

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Action Card	No 77 (1 of 1)
Job title Incident Role	CONSULTANT PAEDIATRIC ANAESTHETIST ON CALL
Location	RSCH Emergency Department
Role Description	Provide assistance with the care and assessment of critically injured children arriving from the incident. Liaise closely with the Children's ED Cons no.2 and 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).	

	STANDBY Not usually notified at stand by	Time
1	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 Hospital Incident Coordination Centre (HICC) Team or Paediatric team within the Level 6 Meeting Room, RACH	

	DECLARED Notification from RSCH Switchboard	Time
2	Attend the Emergency Department at the RSCH immediately. On arrival, collect your identification surcoat from the major incident cupboard & report to the Emergency Department Consultant in charge. If you are unable to attend immediately, then ensure that a senior member of your clinical team is sent to deputise for you until your arrival.	
3	Assist CED Cons 2 with triaging paediatric patients as they arrive	
4	In conjunction with the Paediatric Surgical Consultant, consider the suspension of paediatric operating lists.	
5	Where necessary, provide assistance with the care and assessment of critically injured children arriving from the incident.	
6	Requests for further paediatric anaesthetic resources should be made to the Directorate lead Nurse/Paediatric Bleep Holder in the Level 6 Meeting Room RACH.	
7	Liaise closely with the Paediatric Surgical Consultant in respect of the triage of operating time and resources.	
8	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	

	STAND DOWN Decision to be taken within HICC	Time
9	Ensure that a full hand over is given to a colleague for each child that requires on going anaesthetic intervention, before leaving the site.	
10	Attend the hot debrief if possible (held immediately after stand down).	

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Action Card	No 78 (1 of 1)
Job title Incident Role	PAEDIATRIC SURGICAL AND PAEDIATRIC ANAESTHETIC STAFF
Location	RSCH Emergency Department
Role Description	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).	

	STANDBY Notified by Directorate Lead Nurse/Paediatric Bleep Holder for info	Time
1	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 Hospital Incident Coordination Centre (HICC) Team or Paediatric team within the Level 6 Meeting Room, RACH	

	DECLARED Notification from the Directorate Lead Nurse/Paediatric Bleep Holder for information only	Time
2	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.	
3	In conjunction with the Paediatric Surgical Consultant, consider the suspension of paediatric operating lists.	
4	Where necessary, provide assistance with the care and assessment of critically injured children arriving from the incident.	
5	Requests for further paediatric anaesthetic resources should be made to the Directorate lead Nurse/Paediatric Bleep Holder in the Level 6 Meeting Room, RACH.	
6	Liaise closely with the Paediatric Surgical Consultant in respect of the triage of operating time and resources.	
7	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	

	STAND DOWN Decision to be taken within HICC	Time
8	Ensure that a full hand over is given to a colleague for each child that requires on going anaesthetic intervention, before leaving the site.	
9	Attend the hot debrief if possible (held immediately after stand down).	

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Action Card	No 79 (1 of 1)
Job title	PAEDIATRIC WARDS AND THEATRES
Incident Role	
Location	RACH
Role Description	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.	

STANDBY Not notified (may be informed for information only at this stage unless requested to provide information by the Paediatric Nurse Bleep Holder(s).		Time
1	May be requested to provide information by the Paediatric Nurse Bleep Holder.	

DECLARED Notification from RSCH Switchboard		Time
2	**Wards:** 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.	
3	**Theatre:** Confirm with the Directorate lead Nurse/Paediatric Bleep Holder whether to begin any further surgical procedures within the paediatric theatres.	
4	**Both:** Provide information on forthcoming elective admissions to the Paediatric Bleep holder.	
5	**Both:** 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.	
6	**Wards:** Prepare any empty bed spaces for admissions.	
7	**Both:** 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.	

STAND DOWN Decision to be taken within HICC		Time
8	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.	

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Action Card	No 80 (1 of 1)
Job title Incident Role	PAEDIATRIC PHARMACIST/ WARD PHARMACIST RACH
Location	Ward round
Role Description	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.	

STANDBY Not notified at this stage	Time

	DECLARED Notification from RSCH Pharmacy Department or On Call Pharmacist (out of working hours)	Time
1	Join the Paediatric Discharge Ward Round that begins on the Day Case Unit (when open), and then proceed to Day Case Unit level 8 and 9 of the RACH.	
2	Liaise closely with the pharmacy department to ensure the provision of all required take home medication as quickly as possible.	
3	Check with the nurse in charge of each ward that all paediatric ward areas have adequate stock levels for the current incident.	
4	Once the discharge ward round has been completed, return to assist in the pharmacy.	

	STAND DOWN Decision to be taken within HICC	Time
5	Ensure that all requests for medication (either TTA's or paediatric ward stock) are completed and dispatched before leaving the site.	
6	Attend the hot debrief, if possible, (arranged by the HICC team).	

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Action Card	No 81 (1 of 1)
Job title Incident Role	CONSULTANT PAEDIATRIC RADIOLOGIST ON CALL
Location	RACH X-ray department
Role Description	Co-ordinate the prioritisation of Paediatric radiological requests being received. Liaise with the Children's ED Consultant no.2 & Paediatric Surgical Cons in the RSCH 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.	

STANDBY Not notified (may be informed for information only at this stage unless requested to provide information by the Paediatric Nurse Bleep Holder(s).	Time

	DECLARED Notified by Switchboard	Time
1	Attend RACH X-ray department immediately. Inform the Directorate Lead Nurse/Paediatric Bleep Holder) when you have arrived.	
2	Liaise with the CED Consultant in the RSCH Emergency Department and the Theatre Co-ordinator in RACH Theatres.	
3	Working in conjunction with the radiography co-ordinator and General Radiologist, ensure the availability of Children's imaging.	
4	Co-ordinate the prioritisation of Paediatric radiological requests being received from the RSCH Emergency Department and Children's Emergency Dept.	
5	Provide Specialised interpretation of investigations as requested.	

	STAND DOWN Decision to be taken within HICC	Time
6	Assess the on-going Paediatric radiology work load.	
7	Oversee the standing down of the Paediatric radiography service, in conjunction with general radiologist and Senior Radiographers.	
8	Attend the 'hot' debrief if possible.	

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Action Card	No 82 (1 of 1)
Job title	PATIENT ACCESS MANAGER (OR DEPUTY)
Incident Role	Assigned by Directorate Lead Nurse/Paediatric Bleep Holder
Location	Level 6 meeting room RACH
Role Description	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.	

STANDBY May be notified by RACH Directorate lead Nurse/Paediatric Bleep Holder for information only at this stage.	Time

	DECLARED notified by RACH Directorate lead Nurse/Paediatric Bleep Holder	Time
1	Proceed to the Level 6 meeting room, RACH to meet with the Directorate Lead Nurse/Paediatric Bleep Holder	
2	Discuss the admin support requirements for the incident. Where necessary, arrange to contact extra admin support from home to attend.	
3	During normal working hours - establish the current Out Patient and Day Case activity.	
4	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.	
5	Out of working hours - review the Out Patient and Day Case activity for the next working day with the Directorate Lead Nurse/Paediatric Bleep Holder 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.	
6	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.	

	STAND DOWN Decision to be taken within HICC	Time
7	Provide paediatric administrative support to the Level 6 Meeting Room RACH for 2 hours after official stand down.	
8	Prepare a list of all children who had cancelled Out Patient and Day Case appointments and hand it to the RACH Directorate Lead Nurse/Paediatric Bleep Holder.	
9	Attend the 'hot' debrief when possible, and ensure that people assisting with administrative support also have the opportunity to attend.	
10	Review on-going administrative staffing of the RACH for the next 48 hrs	

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Action Card	No 83 (1 of 1)
Job title	RACH RELATIVE RECEPTION AREA
Incident Role	Assigned by Directorate Lead Nurse/Paediatric Bleep Holder
Location	Main RSCH Out Patients
Role Description	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.	

STANDBY No action necessary at this stage	Time

	DECLARED notified by Senior Paediatric staff	Time
1	Proceed to Main Outpatients RSCH which will become the BSUH Relatives Reception area during the major incident.	
2	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.	
3	Ensure that the Directorate Lead Nurse/Paediatric Bleep Holder within the Level 6 meeting room is informed of the arrival of all relatives.	
4	Do not contact the Emergency Department directly. Information should be requested through the Directorate Lead Nurse/Paediatric Bleep Holder	
5	Requests for catering or Chaplaincy should be made through the person managing the Relatives Reception	
6	Anxious relatives must be given as much information as possible in conjunction with the Police.	
7	Every effort will be made to reunite families as soon as possible. Relatives must be escorted to the Emergency Departments by appropriate staff when instructed. The Team within the Level 6 meeting room should be kept informed when this is the case.	

	STAND DOWN Decision to be taken within HICC	Time
8	The Relatives Reception area will need to remain open after the Trust has stood down. Request support via the Level 6 meeting room.	
9	When possible, attend the 'hot' debrief organised by the HICC staff.	

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Action Card	No 84 (1 of 1)
Job title Incident Role	SECURITY OFFICER/RECEPTIONIST
Location	RACH
Role Description	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.	

STANDBY No action necessary at this stage	Time

	DECLARED Notified by RSCH Security Control Room	Time
1	Secure the Main Entrance	
2	Challenge anyone not wearing approved photo I.D.	
3	Direct anyone presenting with injured or unwell children to the Main RSCH Emergency Department	
4	Update the Security Control Room and the HICC of any problems as they arise	
5	Assist any arriving staff with directions to muster points	

	STAND DOWN Decision to be taken within HICC	Time
6	Re-open main entrance	
7	Remain vigilant for inappropriate persons attempting to access the site	
8	Remember that relatives or friends may still arrive in a distressed state	
9	Update the HICC or Security Control Room as required	

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APPENDIX 2: MUTUAL AID

NHS South East Coast

South East Coast NHS and Foundation NHS and Social Enterprise Organisations Mutual Aid Process Agreement

NHS South East Coast

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

NHS South East Coast

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. • **This must be explicit, including exact quantities required, for how long, and for what purpose** • **If equipment consider leads attachments etc**	
Where the Mutual Aid it to be sent. • **Exact location where they / it will be greeted and by whom**	
Transport arrangements • **Will the requesting organisation be providing transport or requesting this as well.**	
Contact arrangements between lead officers • **An agreed contact for each party to be used throughout the emergency.**	
Signature of requesting lead officer	

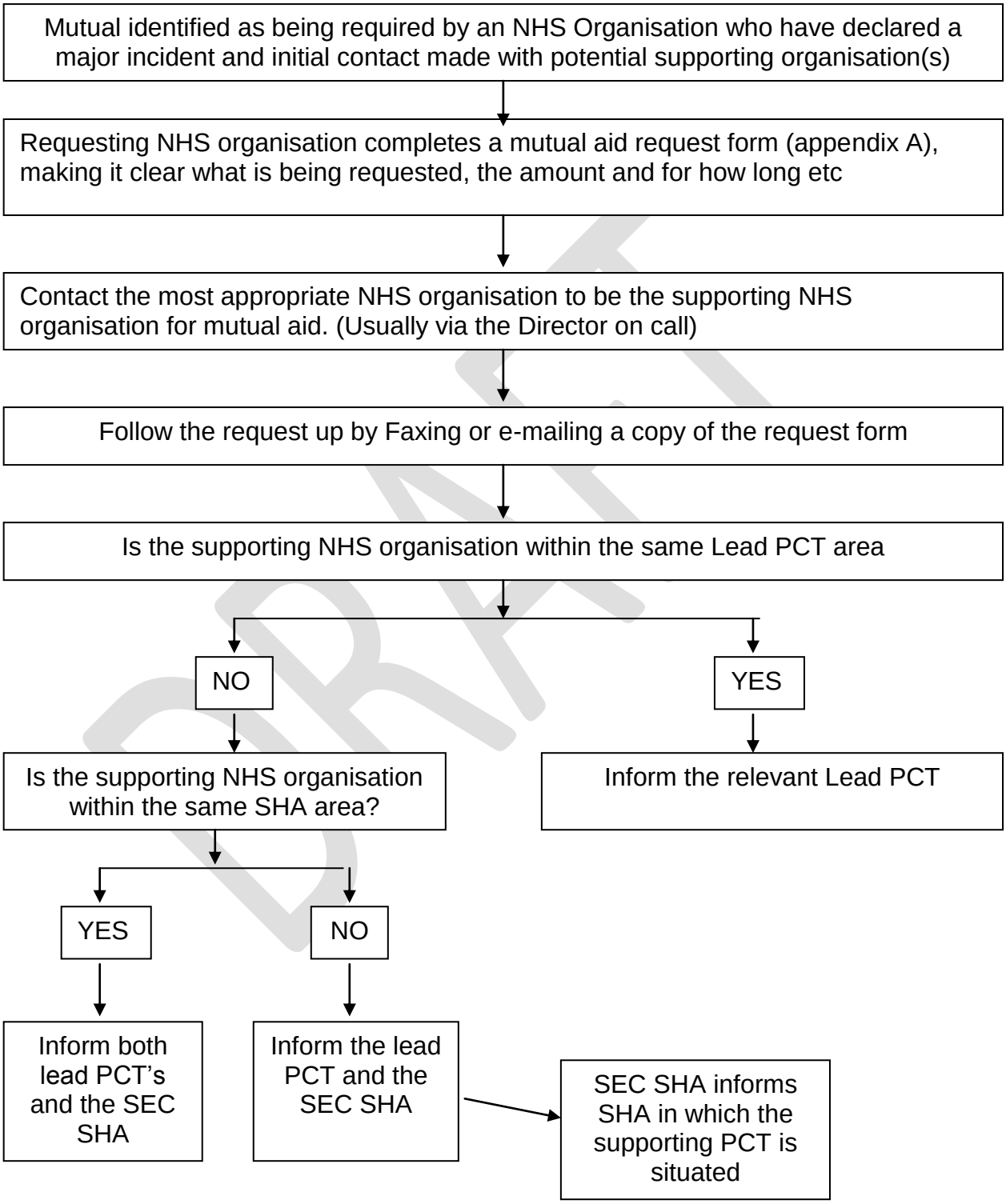
1 Complete this form as far as possible prior to contact with the supporting NHS Organisation being asked for mutual aid.

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
- Discus distribution or 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 Soft FM 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 CAPCITY 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 ICC 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: HOSPITAL INCIDENT COORDINATION CENTRE

The Trust is currently working on improving the current HICC as part of 3Ts. The below information highlights some of the planning going into ensuring the new HICC 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 he Press Centre would be best located in its current planned location in Sussex House, away from the Control Area and the main Clinical Areas.

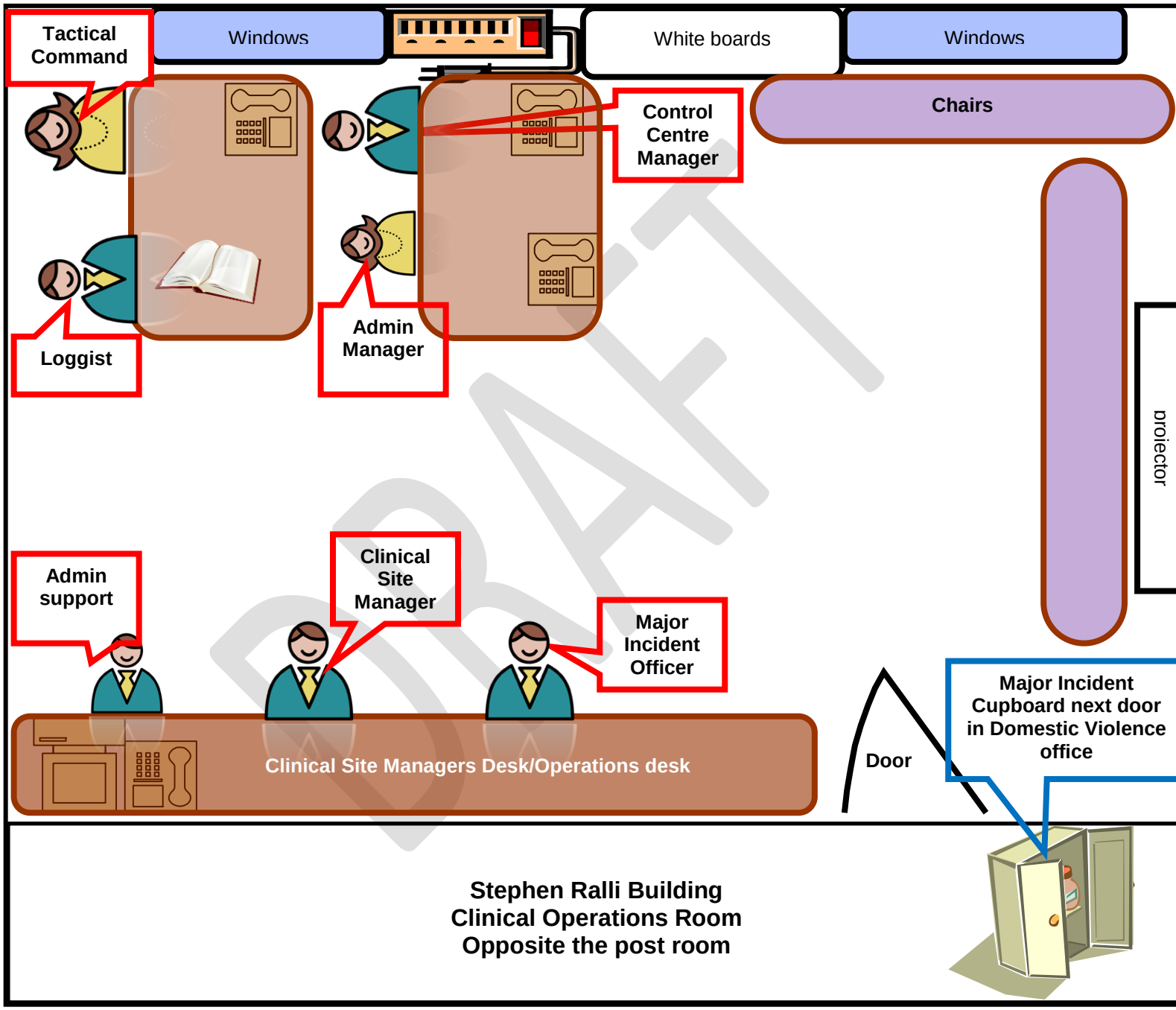
(*) http://www.commissioningboard.nhs.uk/wp-content/uploads/2013/01/comm-control-frame.pdf

The current HICC Cupboard contents

Log books Stationary Action cards Telephones and leads Emergency Plans Maps

APPENDIX 6: LAYOUT OF THE HOSPITAL INCIDENT COORDINATION CENTRE

RSCH Stephen Ralli Building, Clinical Operations Room



APPENDIX 7: AGENDA FOR THE HOSPITAL INCIDENT COORDINATION CENTRE BRIEFING MEETING

1. Review of actions from last meeting

2. Update on incident

a. How many casualties expected
b. What type of casualties/injuries expected

3. Update on Trust status

- Capacity update: including ICU/Theatres/wards
- Review of support areas opened: Major Incident Discharge Area/Relatives Reception Area etc
- Staffing update: any issues? Staffing organised for next 2 shifts?
- Resources review: any problems with equipment or supplies?
- Update from All Directorates:
  - Clinical Ops
  - Women's
  - Children's
  - Acute Floor
  - Head & Neck
  - Neuroscience & Stroke
  - Abdo Surgery & medicine
  - Cancer
  - Cardiovascular
  - Musculoskeletal
  - Speciality medicine
  - Central Clinical Service
  - Perioperative
  - Facilities and Estates

4. Update from Comms

- Media statement written?
- Update regarding Media Reception

5. update on other Organisations status

6. Review strategic aim set by the Director on call : below is an example of a strategic aim and objectives

AIM: Save life and protect the health and safety of the public and responders;

Objectives:

- Prevent escalation of an incident;
- Relieve suffering;
- Mitigate the effects on the organisation;
- Warn and keep the public informed.

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 between10—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

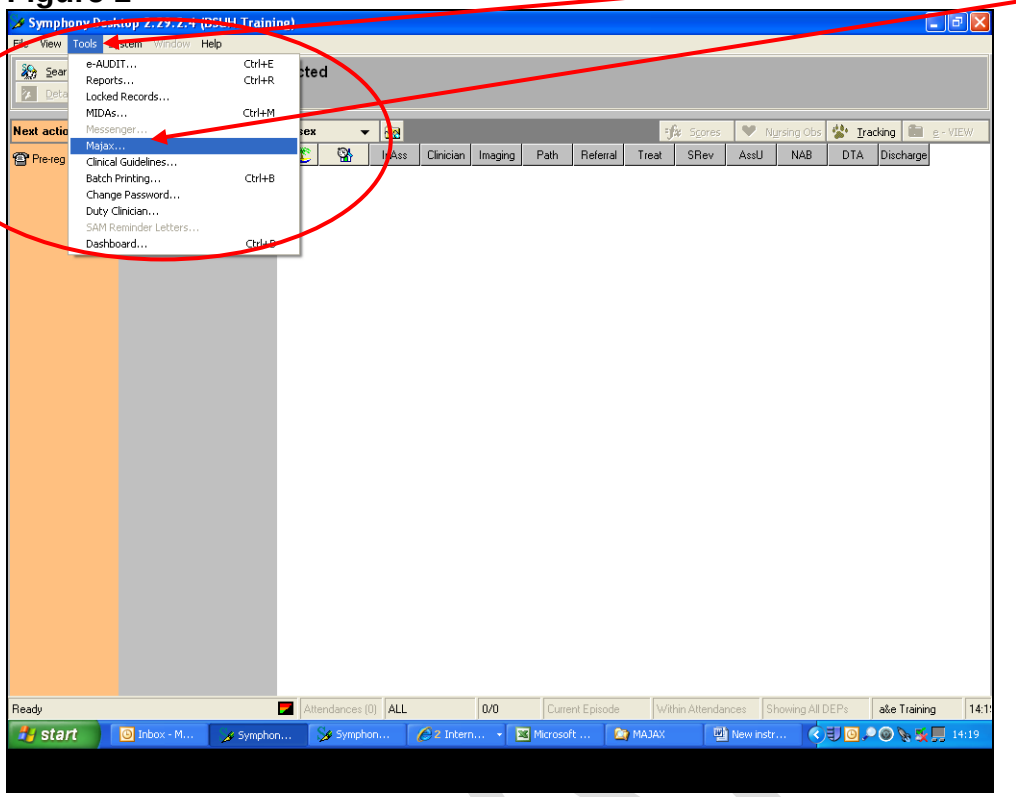


Figure 2

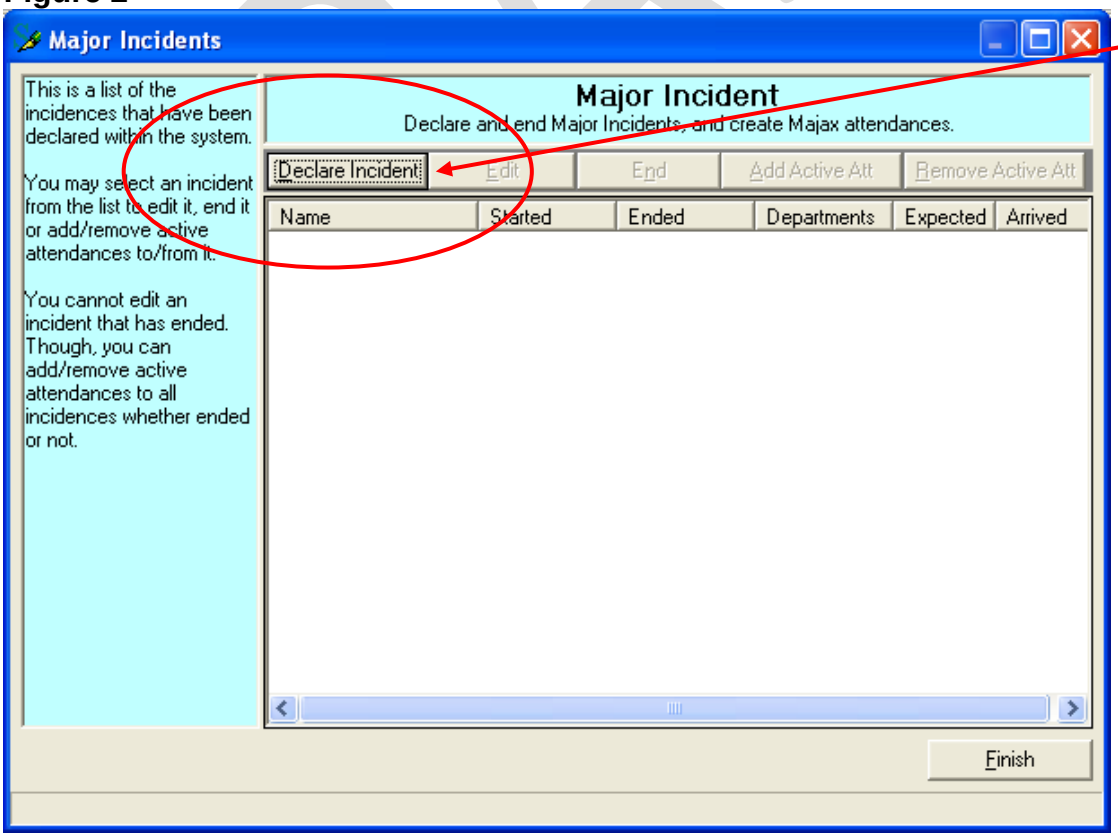


Figure 3

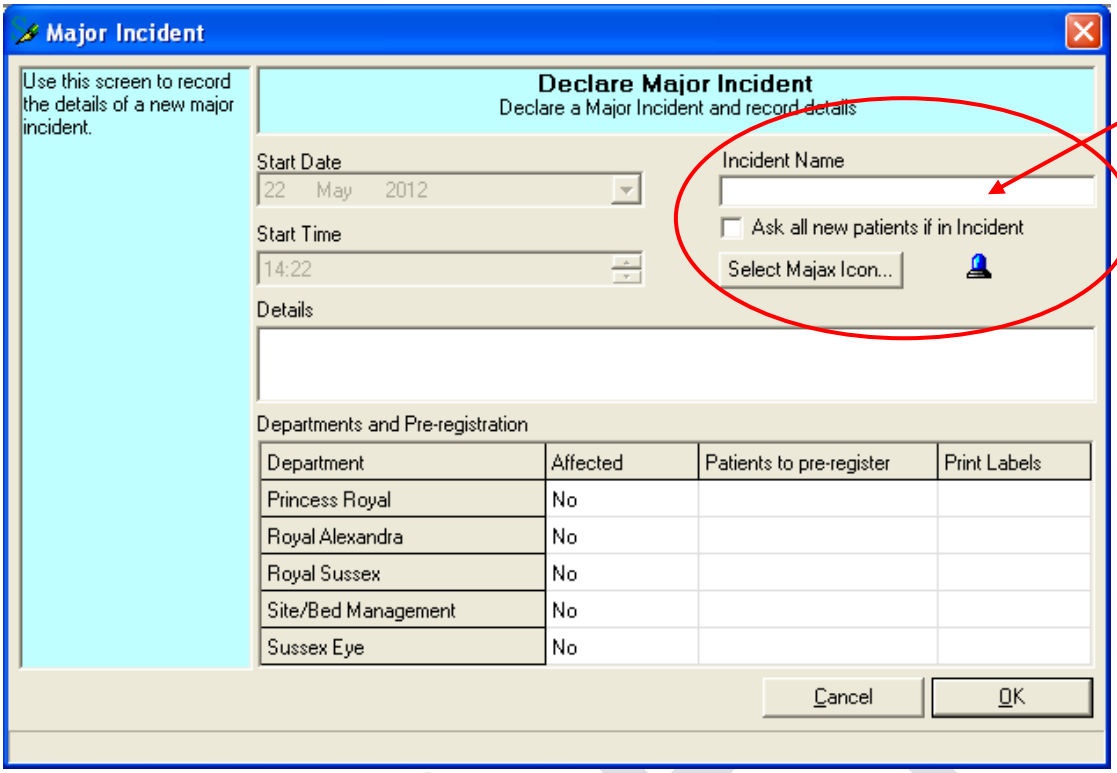


Figure 4

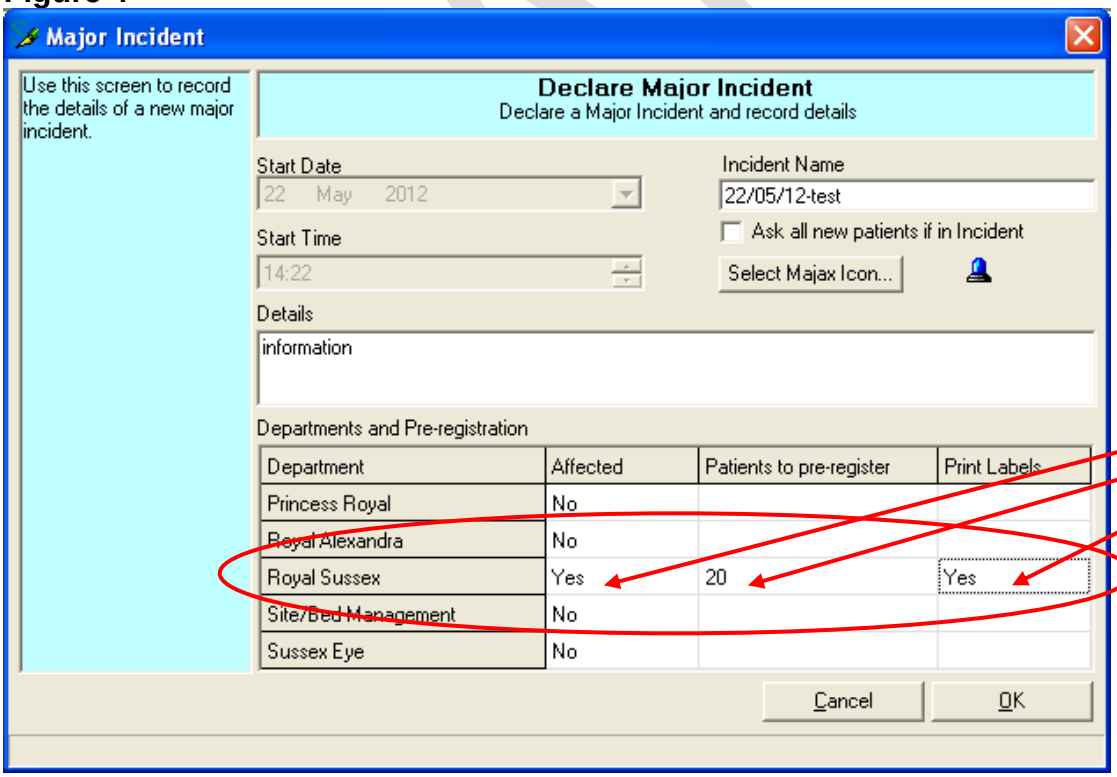


Figure 5

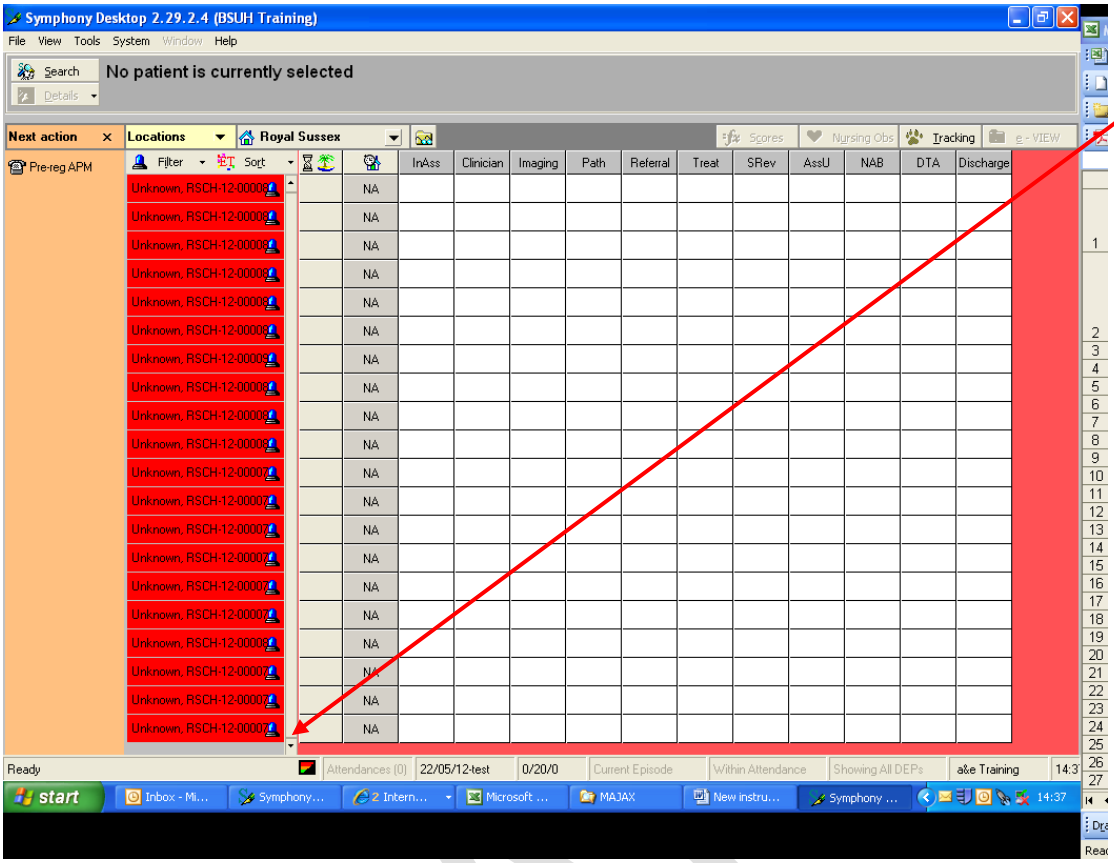


Figure 6

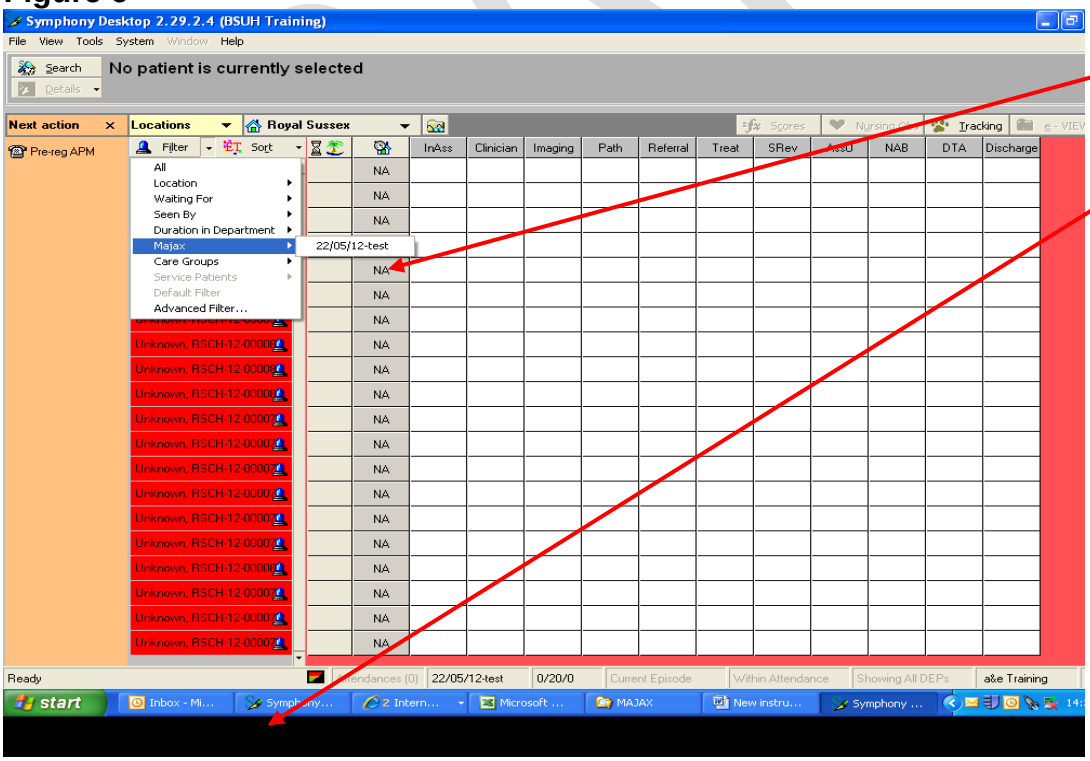


Figure7

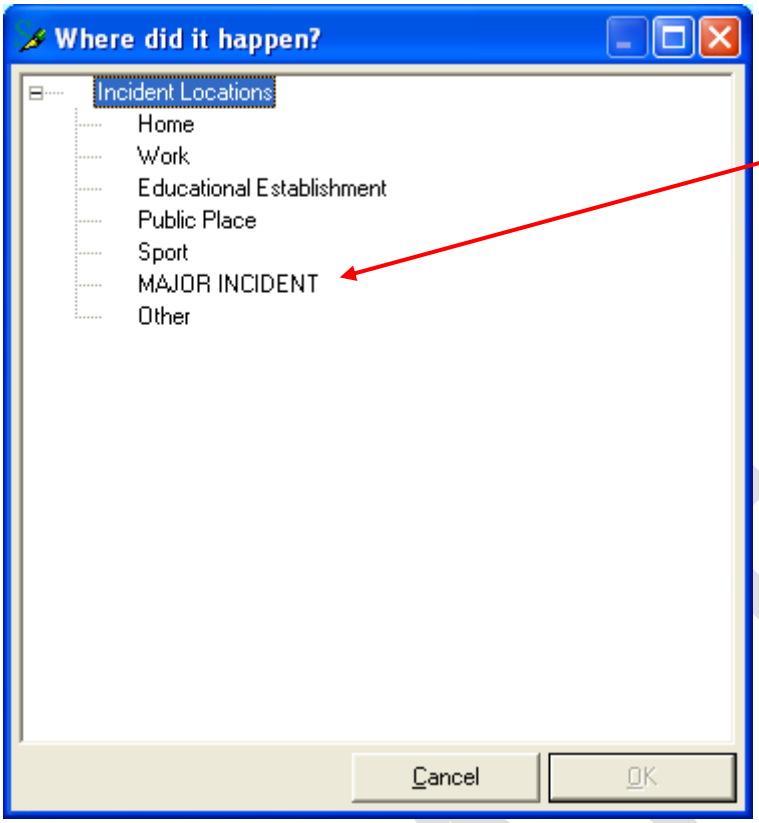


Figure 8

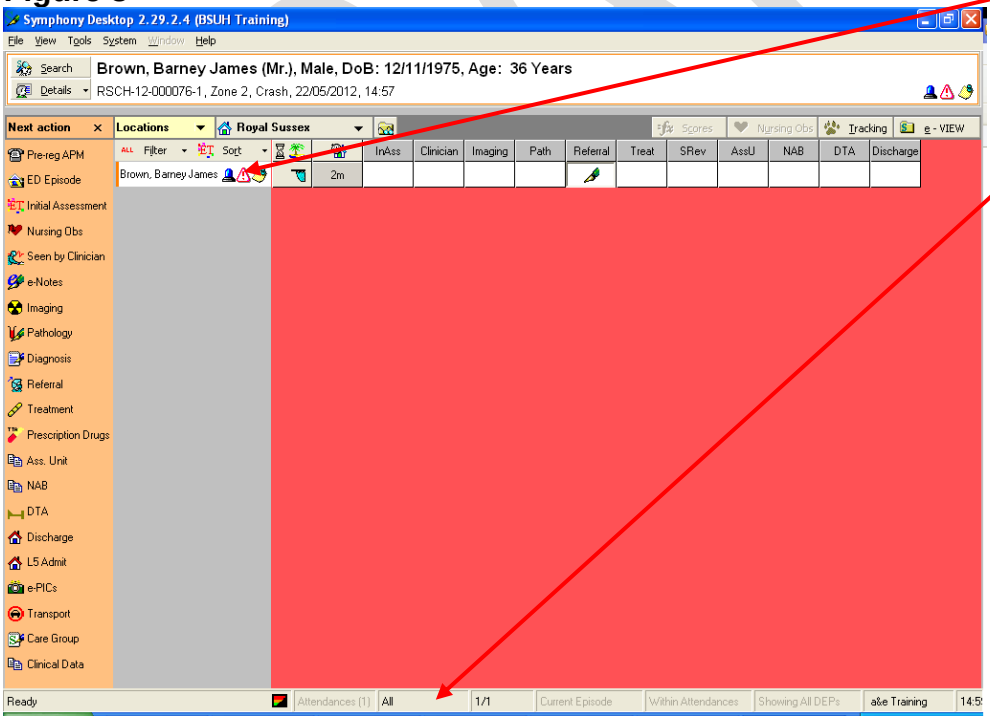
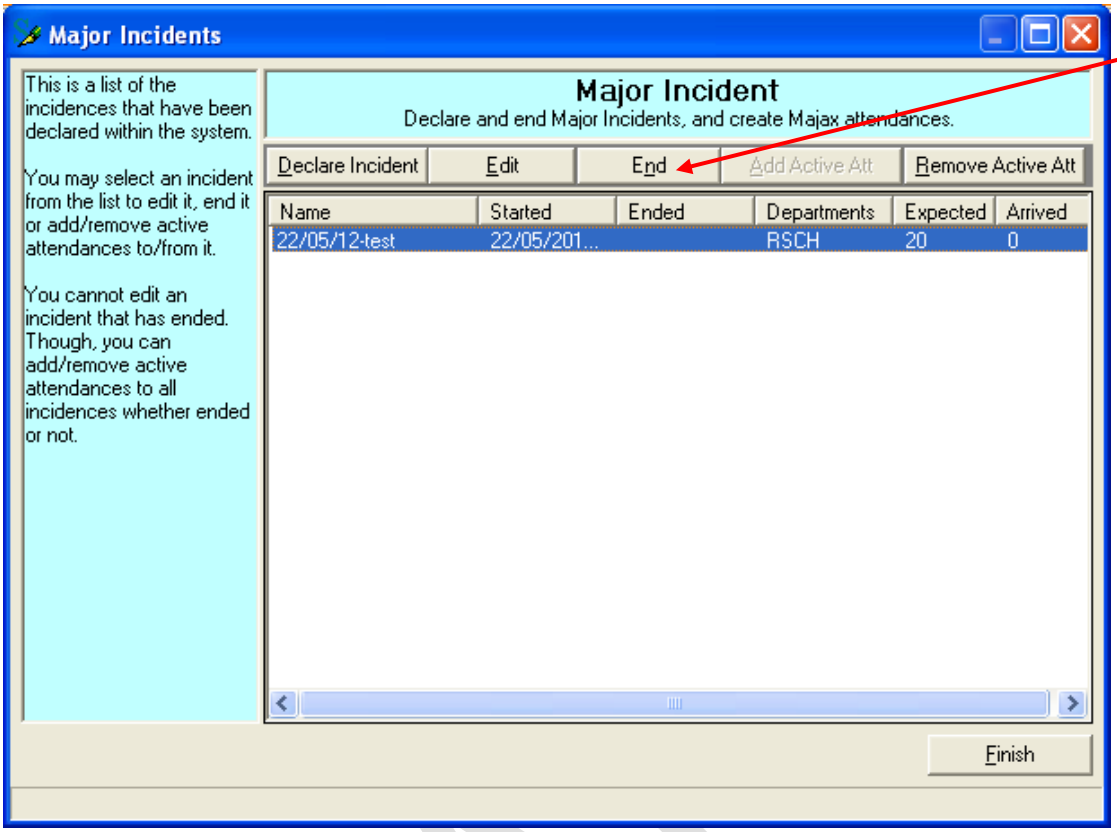
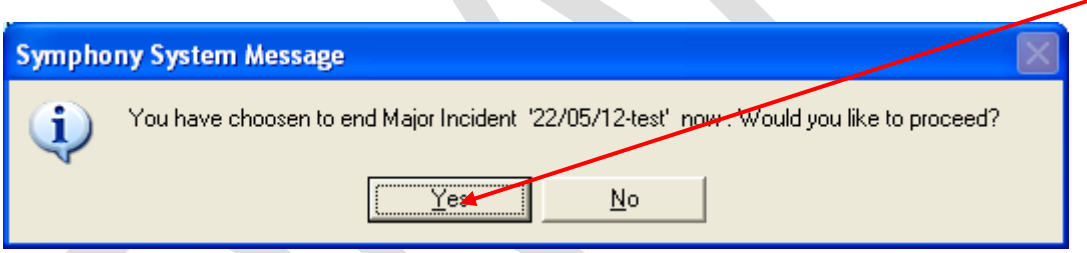


Figure 9


Major Incidents
This is a list of the incidences that have been declared within the system.
You may select an incident from the list to edit it, end it or add/remove active attendances to/from it.
You cannot edit an incident that has ended. Though, you can add/remove active attendances to all incidences whether ended or not.
Major Incident
Declare and end Major Incidents, and create Majax attendances.
Declare Incident
Edit
End
Add Active Att
Remove Active Att
Name
Started
Ended
Departments
Expected
Arrived
22/05/12-test
22/05/201...
RSCH
20
0
Finish


Symphony System Message
You have choosen to end Major Incident '22/05/12-test' now. Would you like to proceed?
Yes
No

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:

APPENDIX 10: UK Reserve National Stock for Major Incidents – How to Access Stock

A. NHS Trusts, NHS Foundation Trusts and NHS England Regional Teams should access the following items by contacting their local NHS Ambulance Service Trust Emergency Control Room

1. Nerve agent antidote pod – for treatment of nerve agent poisoning (90 people).

2. Obidoxime injection – further treatment for nerve agent poisoning.

3. Dicobalt edetate pod – for treatment of cyanide poisoning (90 people).

4. Botulinum antitoxin – for treatment of botulism.

NHS Ambulance Services in England either initiating their own requests or responding to requests from NHS Trusts, NHS Foundation Trusts or NHS England Regional Teams should contact NHS Blood and Transplant as follows:

Primary number: 0208 201 3827
Secondary number: 0845 850 0911

The NHS England EPRR Duty Officer must be informed via **0844 822 2888 and ask for 'NHS 05'**

B. NHS Trusts, NHS Foundation Trusts and NHS England Regional Teams should access the following items through the NHS England EPRR Duty Officer:

Primary number: 0844 822 2888 ask for 'NHS 05'

Secondary number: 0845 000 5555

Callers should clearly give the details of the incident, the number of pods requested and their contact details

1. Antibiotic pods (oral ciprofloxacin) – three types of pod available

To treat 250 adults and children aged 12 years and above (using 500mg tablets), or 250 children aged 8-less than 12 years (using 250mg tablets) or 50 children aged 0-less than 8 years (using 250mg suspension), for 10 days, with post exposure prophylaxis for anthrax, plague or tularaemia. *High quality care for all, now and for future generations*

2. Further stocks of unpodded oral ciprofloxacin and **doxycycline**

To treat post exposure prophylaxis for anthrax, plague or tularaemia.

3. Ciprofloxacin intravenous injection

For post exposure treatment of anthrax, plague or tularaemia.

4. Gentamicin intravenous/intramuscular injection

For post exposure treatment of plague.

5. Potassium iodate tablets

To block the uptake of radioactive iodine, plus information leaflets for the public.

6. Prussian blue capsules

For the treatment of thallium and caesium poisoning.

7. Naloxone injection

For the treatment of opioid poisoning.

The decision to request any of these medical supplies should be made in consultation with the Health Protection Consultant from the local Public Health England (PHE) Centre and/or the local Director of Public Health

APPENDIX 11: VOLUNTEER STAFFING DETAILS

Home contact details available from the Head of Resilience

Loggists

Name	Trust Role	Home Address	Contact Details	Trained
Chris McGonigall	HCA HWP		01444 441881 EXT: 8099	03/09/2014
Tina Niblett	Private & Overseas	Coldean	work mobile 07818470000	14/04/2014
Danielle Winch	Office manger, Imag	Hove	9am – 5pm ext 2574	14/04/2014
Dipa Patel	Admin, HQ	/	Contact via Sian Finlay on ext 64902	14/04/2014
Joelle Osborne	Admin, HQ	/	Contact via Sian Finlay on ext 64902	14/04/2014
Donna Webster	Admin Assistant DU	Hove	Mobile 07531 158447	14/04/2014
Rae Lee	PA, Facilities			26/03/2012
Laura Onslow	PA, HQ	/	Contact via Sian Finlay on ext 64902	26/03/2012
Nicki Corbett	PA, HR			08/03/2012
Shanti Deva Dass	Admin, Infection Cont			08/03/2012
Ruth Haffenden	EPRR			08/03/2012
Katrina Kempson	PA, HQ		Contact via Sian Finlay on ext 64902	08/03/2012
Mike Richardson	Volunteer			21/06/2011
Sandra Russell	Secretary, Theatres			04/04/2011
Sarah Loader	PA, Matrons Surgery			04/04/2011
Julie Davis	Patient Access Mg			pre 2011
Julie Hussey	Senior Admin Med			pre 2011
Micki Lake	Secretarial Services			pre 2011

Volunteer helpers

Division/Service	Details	Contacts
3Ts Team	Please contact Anna Barnes or Nick Groves who will coordinate 3Ts staffing	Nick Groves Ext 3392
IQ Team	Please contact Niki Porter who will coordinate IQ staffing	Niki Porter, IQ Operational Services Manager, Telephone 01273 696955 x7671
Finance Team	Please contact Chris Sethi or Kirsty who will coordinate Finance Team staffing	Chris Sethi, Cheif Management Accountant, Etx 3932. Kirtsy Work 07500 815135,
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

MANAGEMENT AND RESPONSE – CORPORATE	
ROLE	**Name**

MANAGEMENT AND RESPONSE – CLINICAL	
ROLE	**Name**

MANAGEMENT AND RESPONSE – FACILITIES AND ESTATES	
ROLE	**Name**

MANAGEMENT AND RESPONSE – CORE SERVICES	
ROLE	**Name**

Pathology	
ROLE	**Name**

Pathology	
ROLE	**Name**

Microbiology	
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

AREAS AFFECTED

Departments/Areas Affected

Time Line:

Time	Action/Impact

APPENDIX 13: DEBRIEF NOTES

Debrief/ARR following: name of incident……

Date:……date of incident……

Present:

Apologies:

Notes:

Actions

Conclusion

Name of Incident Action Plan					
Department	**Problem**	**ACTION TAKEN/REQUIRED**	**BY WHOM**	**DUE DATE**	**OUTCOME**

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		