Brighton and Sussex University Hospitals NHS Trust

Major Incident Plan
Multiple and Mass Casualties

VERSION:	V6
CATEGORY:	Trustwide
APPROVED BY:	Trust Executive Committee
DATE APPROVED:	16th July 2019
LAST AMENDED:	Sept 2020
NAME OF AUTHOR:	Natasza Lentner – Resilience Team
NAME OF RESPONSIBLE COMMITTEE/INDIVIDUAL:	Trust Executive Committee
NEXT REVIEW DATE:	July 2022
TARGET AUDIENCE:	Trustwide And All Stakeholders
ACCESSIBILITY	Infonet and paper copies in the HICC

IF A MAJOR INCIDENT HAS BEEN DECLARED PLEASE FOLLOW YOUR

ACTION CARDS IN APPENDIX 1

AND

SERVICE LEVEL PLANS IN APPENDIX 2

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 COORDINATION CENTRE (HICC)

For any queries in relation to this plan please contact the Resilience Team at: bsuh.resilience.team@nhs.net

CONTENTS

1. POLICY DETAILS

1.1. AMENDMENT LIST

AMENDMENT LIST				
Version	Date	Author	Status	Status Comment
V.2.0	31st July 2012	Natasza Lentner	Plan updated following EMERG O Feb 2012 Archive	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	Archive	Plan amended to include the Post April 2013 NHS command structure HICC layout updated
	Sept/Oct 2013	Natasza Lentner	Archive	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	Archive	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
V3	Dec 2015	Natasza Lentner	Archive	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
V3.1	Feb 2016	Natasza Lentner	Archive	Significant Incident changed to Critical Incident throughout the document in line with the new EPRR Framework and Flow Chart page 40 changed to reflect this.
V3.2	Aug 2016	Natasza Lentner	Archive	Title of action card no 63 changed from 'Psychological First Aid (PFA)' to 'Chaplaincy & Psychological First Aid (PFA)' Definitions updated on page 18 Details for the relocated HICC added in page 47
V3.3	Aug 2016	Natasza Lentner	Archive	References to Stephen Ralli Building removed. Wording changed on the chaplaincy action card and relatives reception area. Wording changed to reflect that the Main reception is an option for the Relatives Reception but staff should check its location with the HICC
V4 Draft	December 2017	Natasza Lentner	Archive	Major review and rewrite. Service level plans all moved into the appendices, new card added for the Network Clinical Coordinating Team, Neuro Critical Care and Surgeons and Relatives Reception and various changes throughout Major incident officer role title will be changing to Clinical Lead so in this document both terms are used to cover the transition Additional entries for Service level plans:

				Change reference to AMU to AAU and add EACU. Await Critical care Plan before submission
V5 FINAL	July 2019	Natasza Lentner	Live	Final updates including adding in Critical care plan, major incident officer to be called Clinical Lead (both terms to be on paperwork during the transition), Network Clinical Coordinating team to be changed to Network Clinical Advice Team, email address and contacts checked and amended
V6	Sept 2020	Ellie Coleman	Live	Minor updates to action cards due to change of HICC location

1.2. PLAN FOR DISSEMINATION OF POLICIES

Title Of Document:	Major Incident Plan - Multiple and Mass Casualties		
Date Finalised:	TBA	Dissemination Lead:	Resilience Team 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 Resilience Team. • Walk Round And Check For Hard Copies. •Email External Stakeholders, Ask Them To Destroy And Send Resilience Team 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 Resilience Direct	Electronic	
Sussex Police			
West Sussex FRS East Sussex FRS			
Western Sussex Hospitals Foundation Trust East Sussex Hospitals QVH Surrey And Sussex			
All Sussex CCGs			
Sussex Community Foundation Trust			
Sussex Partnership Foundation Trust			
Adur and Worthing Brighton & Hove City Mid Sussex District East Sussex County West Sussex County			
Sussex Resilience Forum			
St John Ambulance			
British Red Cross			
PRH/RSCH/RACH Emergency Depts	Resilience Team to ensure a Copy is in each Area	Paper Copy	
PRH/RSCH Hospital Incident Coordination Centre			
PRH/RSCH Clinical Site Manager's Office			
Resilience Team			
PRH/RSCH Security			
Divisional leads			

1.3. STATEMENT ON HEALTH AND SAFETY

In any 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.

1.4. 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.

2. INTRODUCTION

As a category one responder under the Civil Contingencies Act 2004, 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 Resilience Team, in order to allow the Trust to fulfil its obligations as a Category 1 responder under the Act and respond to a multiple or mass casualty major incident.

2.1. 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 2015
- The Civil Contingencies Act 2004
- Beyond a Major Incident 2004
- DH, Emergency Preparedness Division, Mass Casualties Incidents – A Framework for Planning, 2007
- TW001 - Policy Development Framework
- PAS2015 A Framework for NHS Resilience
- NHSE Emergency Planning, Resilience and Response Framework 2015

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

This plan should be read in conjunction with the BSUH Command and Control Framework, BSUH Business Continuity Strategy, Sussex Trauma Network Mass Casualty Plan and the BSUH Lockdown Plan.

2.2. AIM

The effects of any major incident are likely to be complex and unpredictable. This plan is intended to be flexible enough to meet the demands of a range of circumstances but whatever the nature of the incident the basic principles remain the same.

The aim of this plan is to:

Provide a framework for the Trust to be able to safely respond to a multiple or mass casualty major incident while maintaining its critical activities.

2.3. OBJECTIVES

- To ensure that the Trust complies with the statutory duties under the Civil Contingencies Act (2004).
- To give clear guidance on the lines of responsibility for planning for, responding to, and recovering from, multiple or mass casualty major incidents affecting the Trust.
- To provide information to allow staff to respond to an incident safely and effectively.
- To reduce, control or mitigate as far as is practically possible the effects of a multiple or mass casualty major incident.
- 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 a multiple or mass casualty major incident 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).

3. DEFINITIONS

3.1. Acronyms

- BCP - Business Continuity Plan
- BSUH Major Incident Plan - this document.
- CCG – Clinical Commissioning Group
- CED – Childrens' Emergency Department
- EA - Environment Agency
- ED – Emergency Department
- HALO - Hospital Ambulance Liaison Officer
- HICC – Hospital Incident Coordination Centre
- IEM - Integrated Emergency Management
- LA - Local Authority
- LEH – Local Emergency Hospital
- MI - major incident
- MTC – Major Trauma Centre
- MTN – Major Trauma Network
- PHE - Public Health England
- PRH – Princess Royal Hospital
- RSCH – Royal Sussex County Hospital
- SRF – Sussex Resilience Forum
- The Trust - Brighton and Sussex University Hospital NHS Trust
- TU – Trauma Unit

3.2. Definitions

'Is this a Major Incident, an Emergency, a Critical Incident or a Business Continuity Incident?'

For further information on the types of incident please refer to the BSUH Command and Control Framework.

3.2.1. Business Continuity Incident

A business continuity incident is an event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level. (This could be a surge in demand requiring resources to be temporarily redeployed).

3.2.2. Critical Incident

A critical incident is any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe requiring special measures and support from other agencies, to restore normal operating functions.

3.2.3. Major Incident (also known as an emergency in the CCA, 2004)

A major incident is any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented. – such as those agreed by the Local Authority for the local area.

3.3. Scale of Major Incidents

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.

Incident Levels

As an event evolves it may be described in terms of its level as shown.
For clarity these levels must be used by all organisations across the NHS when referring to incidents.

Figure 1 Incident Levels

Incident level		Lead organisation
Level 1	An incident that can be responded to and managed by a local health provider organisation within their respective business as usual capabilities and business continuity plans in liaison with local commissioners.	Local Health provider (e.g. Acute Trust)
Level 2	An Incident that requires the response of a number of health providers within a defined health economy and will require NHS coordination by the local commissioner(s) in liaison with the NHS England local office.	CCG
Level 3	An incident that requires the response of a number of health Organisations across geographical areas within a NHS England region. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.	NHS England Regional
Level 4	An incident that requires NHS England National Command and Control to support the NHS response. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level	NHE England

3.4. History of Major Incidents in Sussex

Grand Hotel 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.

Shoreham Airshow Crash 2015

On 22 August 2015, a vintage jet aircraft crashed during a display at the Shoreham Airshow at Shoreham Airport, England, killing 11 people and injuring 16 others.

The Crash of Two Double Decker Buses 2015

In July 2015 two double-decker buses crashed in the city centre leaving one person with life-threatening injuries and a number of others injured.

4. Roles and Responsibilities

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 Service, British Transport Police 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
Transport	Network Rail Train Operating Companies Airports Highways Agency London Underground, Transport For London Airport Operators Harbour Authorities
Other	Health And Safety Exec Clinical Commissioning Groups

4.1. Roles and Responsibilities of Category One Responders

For details on the Roles and Responsibilities of Category One Responders please refer to the Sussex Resilience Forum's Multi-agency plan, the Sussex Emergency Response and recovery Plan (known as the SERR) available via the Resilience Team.

4.2. Roles and Responsibilities of Health Category One Responders

4.2.1. 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 (British Association for Immediate Care) 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 centres (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

4.2.2. 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.

4.2.3. 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

4.2.4. 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.

4.2.5. 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.

4.3. BSUH Roles and Responsibilities

All members of staff have certain responsibilities for emergency planning resilience and response (EPRR), these are documented within the EPRR Policy which can be found on the Trust Infonet. Further roles and responsibilities specific to multiple and mass casualty major incidents are documented below:

- **Chief Executive**

The Chief Executive has the overall responsibility for emergency preparedness and is accountable to the Board for ensuring that systems are in place to facilitate an effective response to a multiple or mass casualty major incident.

- **Chief Operating Officer and Accountable Emergency Officer (AEO)**

The Chief Operating Officer for BSUH is the nominated Executive Lead for emergency preparedness, resilience and response and Accountable Emergency Officer for the Trust.

They are responsible for providing executive leadership within the Trust, ensuring that the Trust is compliant with the Emergency Preparedness Resilience and Response (EPRR) requirements and that the Trust is responsible for ensuring that the organisation is properly prepared and resourced for dealing with a multiple or mass casualty major incident.

- **Head of Capacity and Flow**

The Trust's Head of Capacity and Flow is responsible for the day to day leadership of EPRR within the Trust. They report back to the Chief Operating Officer /AEO, who in turn will present information and updates to the Trust Board. The Head of Capacity and Flow will work with the Resilience Team to ensure that the organisation is properly prepared and resourced for dealing with a multiple or mass casualty major incident at a tactical and operational level.

- **Resilience Team**

The Trust has a designated Head of Resilience and Resilience Manager to support the AEO and the Head of Capacity and Flow in implementing the multiple or mass casualty major incident plan, they are responsible for:

- Working with relevant members of staff, Trust services and departments and partner organisations to produce the Trust's Major Incident Plan - Multiple and Mass Casualties in line with current guidance;
- Working with relevant members of staff, services, departments and partner organisations to ensure the Trust's Major Incident Plan - Multiple and Mass Casualties can be implemented;
- Providing advice on multiple and mass casualty Major incidents to the BSUH Resilience Forum;
- Arranging and delivering training as required;
- Coordinating tests and exercises of the Major Incident Plan - Multiple and Mass Casualties in line with current guidance
- Representing the Trust at the all local resilience forums, the Health Emergency Preparedness Network and other relevant groups.
- Providing support and advice to the major incident leads at the RSCH and PRH Emergency Departments.
- Liaising with the Major Trauma Network (MTN) and Major Trauma Centre (MTC) Leads to ensure the MTN and MTC plans are aligned with the Trust's Major Incident Plan - Multiple and Mass Casualties and other relevant organisation's plans.

- **Major Trauma Network Clinical Lead**

The Major Trauma Network Clinical Lead is responsible for ensuring there is a Mass Casualty Plan for the Sussex Trauma Network and that all Network Stakeholders have access to this plan.

• Major Trauma Centre Clinical Lead

The Major Trauma Centre Clinical Lead is responsible for ensuring all MTC staff are aware of the Trauma Network Mass Casualty Plan as well as the Trust's Major Incident Plan - Multiple and Mass Casualties (This Plan).

• Medical Director (BSUH)

The Medical Director is responsible for:

- Medical Education in relation to multiple and mass casualty major incidents
- Ensuring the Clinical Lead/Major Incident Officer (MIO) Role is held by an appropriate member of staff
- Liaising with BSUH medical professionals in relation to this plan and its implementation

• Nurse Director (BSUH)

The Nurse Director is responsible for liaising with BSUH Nursing, Scientists and allied health professionals (AHPs) in relation to this plan and its implementation

• Estates and Facilities (BSUH)

The Estates and Facilities leads are responsible for:

- Ensuring they are aware of their division's roles and responsibilities as detailed in the Trust's Major Incident Plan - Multiple and Mass Casualties
- Ensuring that their departments and services have up-to-date procedures and action cards that form the divisional plans in the appendix of Major Incident Plan - Multiple and Mass Casualties;
- Ensuring all planning and implementation takes into account business continuity planning and the BSUH Business Continuity Procedures;
- Ensuring appropriate Divisional Representation at the BSUH Resilience Forum and other relevant meetings
- Disseminating the Major Incident Plan - Multiple and Mass Casualties to services throughout their divisions
- Cascading relevant information to their members of staff, their heads of service and departmental leads
- Ensuring staff are able to attend training and exercise as required.

• Clinical Chiefs of Service, Divisional Directors of Operations and Divisional Heads of Nursing/Midwifery/Professions

The Chiefs of Service and the Divisional Directors are responsible for promoting and overseeing the implementation of the Major Incident Plan - Multiple and Mass Casualties within their Division. This involves:

- Ensuring they are aware of their division's roles and responsibilities as detailed in the Trust's Major Incident Plan - Multiple and Mass Casualties

- Ensuring that their departments and services have up-to-date procedures and action cards that form the divisional plans in the appendix of the Major Incident Plan - Multiple and Mass Casualties;
- Ensuring all planning and implementation takes into account business continuity planning and the BSUH Business Continuity Procedures;
- Ensuring appropriate Divisional Representation at the BSUH Resilience Forum and other relevant meetings
- Disseminating the Major Incident Plan - Multiple and Mass Casualties to services throughout their divisions
- Cascading relevant information to their members of staff, their heads of service and departmental leads
- Ensuring staff are able to attend training and exercise as required.
- Being cognizant of the Sussex Trauma Network Mass Casualty Plan and ensuring key staff within their division are aware of the Trust's responsibility within this

• Heads of Departments, Matrons, Senior Nurses and AHPs and Ward, Department and Service Managers and Leads

Should promote and oversee the implementation of the Major Incident Plan - Multiple and Mass Casualties and local plans and action cards within their Ward, Department and Service. This involves:

- Ensuring they are aware of their ward/dept./service's roles and responsibilities as detailed in the Major Incident Plan - Multiple and Mass Casualties;
- Supporting the development, implementation and regular review of local plans and action cards for responding to a multiple or mass casualty incident
- Disseminating the plans and actions to staff throughout their ward/dept./service's
- Ensuring contact details for their staff are kept up to date and call out lists for emergencies are maintained
- Being aware that all incidents, including major incidents and business continuity incidents, must be reported via the Trust's Incident reporting process.

• The Emergency Departments

(CED, RSCH ED, PRH ED)

As well as the above the Emergency Department will also ensure that:

- All Emergency Department nurses, and other staff as appropriate, are trained to respond to a multiple or mass Casualty major incident
- All equipment needed to respond to an emergency, including mass casualty and CBRN/HazMat equipment, is maintained and staff know how to use it

• Head of Telecommunications

The Head of Telecommunications is responsible for ensuring that the Trust has resilient telecommunications systems and for implementing and carrying out testing of the major incident cascade every six months in liaison with the Resilience Team.

- **Head of Security**

The Head of Security is responsible for ensuring that the Trust has robust policies that relate to security, lockdown and bomb threats and has procedures in place to respond to incidents such as Major Incidents.

- **Human Resources Director (BSUH)**

The Human Resources Director is responsible for the following services:-

- Temporary Staffing
- Childcare Nurseries
- Connections
- Employee Relations
- HELP
- HR Business Partners
- HR Employment Services (Recruitment/HR Administration)
- Medical HR
- Occupational Health
- Workforce Information

- **All BSUH Staff**

The Trust recognises that emergency preparedness and resilience should be a consideration of all staff, either directly or indirectly employed by the Trust. Through induction training, regular awareness raising and self-directed learning all staff must ensure they are:

- Familiar with the arrangements detailed in the Trust's Major Incident Plan - Multiple and Mass Casualties
- Aware of the expectation of all Trust staff to be able and willing to perform roles outside of their usual duties/locations as appropriate to their skills, abilities and in accordance with the Trust's Equality, Diversity and Human Rights Policy in the response to an incident. Anyone who has in place specific adaptations, be it physical or otherwise, should discuss with their line manager or the Hospital Incident Coordination Centre team before volunteering to provide support in other areas.
- Familiar with their roles and responsibilities as listed in the Major Incident Plan - Multiple and Mass Casualties
- Aware of and attend as necessary the training available to support them in their emergency response role (where applicable).
- Aware that all incidents including major incidents and business continuity incidents must be reported via the Trust's Incident reporting process.

4.4. Groups with Trust-wide Responsibilities

BSUH Resilience Forum

The BSUH Resilience Forum is responsible for risk assessing, reviewing, testing, validating and updating Trust wide and localised Major Incident Plan, emergency plans and Business Continuity Plans. For further responsibilities of the BSUH Resilience Forum please see the Forum Terms of Reference.

Trust Executive Committee (TEC)
The TEC Board is responsible for ensuring that the Trust overall acts in accordance with BSUH policy and procedure and with due regard for statutory provisions as set out in legislation, regulation and guidance.

Risk Management Committee
The NHS England Core Standards for EPRR places a duty upon all NHS organisations to maintain a risk register which links back to the National Risk Assessment (NRA) and Community Risk Register. BSUH will ensure that the development of emergency plans is based on preparing the organisation for risks identified on the National, Local Community Risk Registers and the Trust's risk register, and will take account of other relevant documents and information. It will cover planning for response to known and emerging threats and take an all hazards approach, which will aim to cover unknown or unanticipated threats.
All identified emergency preparedness risks will be recorded on the emergency preparedness risk register on the 4 risk system and will be reviewed in line with the Trust's Risk Management Policy.

5. Response and Activation

5.1. Activation

5.1.1. Standard Messages Used by the NHS

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

- **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

- **Major incident declared – activate plan**
  This alerts NHS organisations that they need to activate their plan and mobilise additional resources

- **Major incident – cancelled**
  This message cancels either of the first two messages at any time

- **Major Incident – Casualty evacuation complete**
  When the casualties have all been cleared from the site but organisations are still responding

- **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. Should a mass casualty Incident be declared it is advised that the Trust, as the Major Trauma Centre, will not stand down until all of the responding TUs and LEHs have stood down.

5.2. Triggering a Major Incident for BSUH

5.2.1. Major Incident - Standby

If a situation does not require immediate action but there is a chance that it might escalate to a declared major incident, 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.

See **section 5.3** for a flow chart detailing the Decision Process for Implementation of The Major Incident, Critical Incident and Business Continuity Plans.

5.2.2. Major Incident – Declared

There are two ways to activate the major incident plan:

A. Ambulance Service informs us that a major incident has been declared and we may receive patients

The Trust is usually made aware of a major incident by the Local ambulance service. If an incident is declared by the one of the emergency services and we are likely to be a receiving hospital South East Coast Ambulance Service (SECAmb) will ring the major Incident number which is directed to our switchboard and say: "This is the South East Coast Ambulance Service, Major Incident Stand-by or major incident declared, please activate your plans"

B. BSUH declares a Major Incident

On the rare occasion that the Trust may have to declare a major incident i.e. the need to evacuate one of the main sites, the decision to declare a Major Incident for the Trust must be made jointly by:

- One of the Trust Executive Directors, Director on Call or CEO

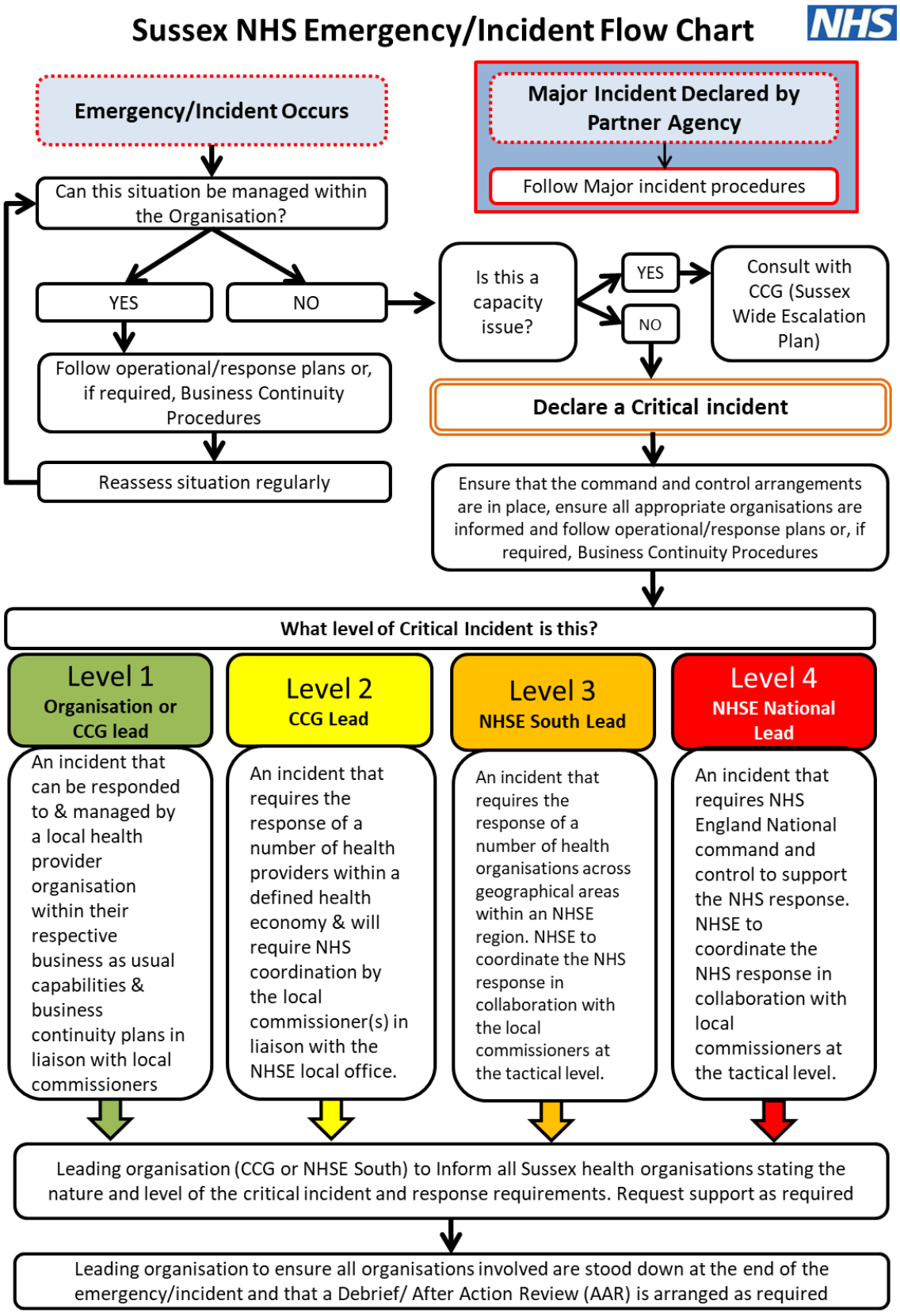
And one of the below

- The CEO, the Chief Operating Officer, the Chief of Delivery, the Chief Medical Officer, the Chief Nursing officer, the Head of Capacity and Flow, the Director on Call, the Manager on Call, the Clinical Site Manager, the ED Consultant on call.

The decision to declare or not to declare a major incident within the Trust must be recorded in the Strategic Commander and Tactical Commander's Decision Logs.

If a major incident is declared **by** the Trust then Switchboard must be informed immediately and asked to commence the major incident cascade and the Strategic Commander must inform SECAmb and Sussex Police Duty Gold Commander via Force Control Centre (FCC) using the METHANE acronym (see action card number 1 for further details).

5.3. BSUH Decision Process for Implementation of Major Incident, Business Continuity & Critical Incidents



Written by Sussex Acute & Community Trusts Version 2 Jan 2016

5.4. Activating the BSUH Major Incident Plan - Multiple and Mass Casualties

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

Once the Plan is activated and switchboard is informed, the major incident cascade will begin and a number of processes and actions will take place starting with putting in place a command and control structure and setting up the HICC.

Once informed BSUH staff, departments and services will follow their own service level plans and action cards (in appendix 1 and 2) and the Tactical Team in the HICC will manage the tactical response to the incident.

6. SETTING UP THE COMMAND AND CONTROL STRUCTURE AND HICC

For information on command and control, including roles and setting up the Hospital Incident Coordination Centre please see the BSUH Command and Control Framework.

For a major incident the On Call Director will become the Strategic Commander and the On Call Manager will become the Tactical Commander. These roles can be handed over to another, appropriately trained On Call Director or Manager as appropriate.

7. 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 business continuity plans to free up staff to assist other services.

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 Tactical Team and may need to plan a rota of staffing for the next few days. Service Managers, Divisional Leads, Heads of Departments, Ward Managers and Matrons should also assess the staffing needs of their own teams and ensure there is adequate cover.

7.1. Staff Welfare

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. Psychological First Aid leaflets are also available. Please see section I. in Appendix 3 for further details on Psychological Support for Staff, Patients and Carers.

Those managing staff should also ensure staff welfare and safety is maintained throughout an incident. Ensure members of staff have adequate breaks and refreshments. It may also be important to allow members of staff to phone their loved ones.

All those that manage staff should ensure that they keep a list of members of staff involved in the incident, with personal contact number/ email address (both are preferable). This list should be sent to the HELP service. If possible please include any members of staff that may have been involved in the incident while off duty. This list will be used to offer the staff on-going support after the incident.

7.2. Staff responsibilities before, during and after an incident

Before an incident:

- Ensure you have read all the relevant plans & policies.
- Discuss your roles & responsibilities during an emergency with your line manager. Including plans in case weather makes fulfilling your work duties difficult.
- Ensure your workplace has your up to date contact details.

During an incident:

- If you are not at work ensure your line manager is able to contact you, do not contact work unless it is an emergency, switchboard and the phone lines will be very busy.
- If you are called in to work ensure you have everything you may need (small amount of money, food, change of clothes, any medications you need) in case of an emergency where it may be safer for you to stay at work then travel home.
- If you are at work & you have an action card follow this.
- If you do not have an action card continue your normal role and await any extra instructions from the HICC.
- Any problems during an incident contact your line manager, if it cannot be resolved via usual command chains contact the HICC.

After an Incident:

- Ensure all paperwork is dated, timed, signed & returned to the HICC or to the Resilience Team.
- If you are in charge of a service/dept. review staffing for the next 48 hours and restock department. Ensure you have a list of all staff involved in the incident and hold a hot debrief.
- Consider whether you would like to attend the formal debrief and /or AAR

8. 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 a Decision 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 Resilience Team.

Following stand down of the incident all documentation must be labelled and locked within the HICC cupboard or returned to the Resilience Team 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 Resilience Team for any inquiry that may be initiated.

9. MEDIA AND COMMUNICATIONS

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.

The areas designated for receiving the press and media are: RSCH – AEB

There are signs available from security 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 the 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).

Following the release of a holding 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. 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.

In the event of a mass casualty incident, the Sussex Trauma Network mass casualty plan outlines the roles and responsibilities of organisations.

Please see Appendix 4 for the Local Health Resilience Partnership Mutual Aid Agreement which is still in use but due to be reviewed by the Sussex and Surrey Local Area Team.

11. MASS CASUALTY INCIDENTS

The Civil Contingencies Lexicon describes a mass casualty incident as:

An incident (or series of incidents) causing casualties on a scale that is beyond the normal resources of the emergency services.

Extract from the NHS England-South Mass Casualty Framework, Version 2.0, November 2016.

A mass casualty incident is often considered to be an incident with 100 or more casualties.

In order to achieve desired targets a Mass Casualty Accelerated Discharge protocol for the South of England has been developed working on the planning assumption for 20% of each receiving hospital bed base to empty in 4 hours (The ambulance trusts aiming to triage and treat patients on the scene for up to 8hrs).
The protocol consists of a series of checklists detailed below for each stakeholder, acute hospitals, community hospitals, local authority and transportation agencies. This protocol has been developed broadly and will require each stakeholder to ensure that within their own organisation local policies and procedures are developed to ensure that this protocol can be 'operationalised".

Acute Responsibilities

- Notification of incident and expected number of casualties by ambulance services;
- Advise NHS England relevant local regional offices and CCGs of present capacity status and forward planning;
- Activate major/mass casualty incident plans;
- Call extra ordinary internal tactical escalation meeting / teleconference (meetings occur daily as standard);
- Internal tactical SITREP or equivalent (completed daily) will identify all medically fit and Delayed Transfers of Care (DToC) (this number is usually 50 -100 patients), this may be done via software already in place or manually;
- Internal tactical SITREP also identifies existing capacity i.e. beds across all health community and social care settings;
- Ward level consultant review of all amber (as part of reverse triage protocols within local surge/escalation plans) patients that would be suitable for accelerated discharge;
- Patients to be moved in line with normal discharge planning into existing capacity within 4 hours;
- Partners to report gaps in capacity and escalate to commissioners;
- Partners to request additional funding for spot commissioned beds;
- Establish Emergency Treatment Centre for receiving P3 casualties away from ED (capacity 100 +);
- Establish major incident discharge

BSUH Tactical Commander can use the excel spread sheet template in the On Call Managers T: Drive, within the Emergency Planning, Resilience & Response folder titled *Patients Who Could Be Transferred or Discharged in a Major Incident V1* to collate the information on increased discharges.

12. WORKING WITH OTHER ORGANISATIONS

BSUH 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 Tactical Commander (on call manager) such as with the Ambulance Liaison officer or Police Documentation teams which will work out of our Relatives Reception Area. Or through the command and control channels, i.e. through Health strategic lead (NHSE South, South East) and on to the Strategic Coordinating Group (SCG/Multi Agency Gold).

13. ACCESSING PUBLIC HEALTH INFORMATION

To contact PHE South East please see the electronic contact list excel document in the on call managers team folder or refer to the paper copies available within the major incident cupboard at RSCH or within the Clinical Site managers Officer at PRH.

14. RECOVERY AND BUSINESS CONTINUITY PLANNING

14.1. 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.

14.2. 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

14.3. 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 Trust to review patients and identify any further treatment or care appropriate.

It is also important that any patient discharged at risk during a major incident is followed up with a phone call and appropriate advice given as needed.

14.4. STAND DOWN AND 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, and in a mass casualty incidents any other responding trusts in our network.

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.

Should a mass casualty Incident be declared it is advised that the Trust, as the Major Trauma Centre, will not stand down until all of the responding TUs and LEHs have stood down.

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 Resilience Team for the Trust.

14.5. 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 or structured debrief will also be held.

14.5.1. 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 incident 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 Resilience Team to arrange.

14.5.2. 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.

14.5.3. AFTER ACTION REVIEW/STRUCTURED DEBRIEF

A formal AAR or structured debrief may also be held. An AAR or structured debrief 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.

14.5.4. 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).

15. REVIEWING & MAINTAINING THIS PLAN

The Resilience Team is keen to promote a management system that has the capacity for continual improvement.

This plan was shared with all directorates during its formation and the Resilience Team welcomed comments from all members of staff regarding its content, particularly the response structures and action cards.

The Major Incident Plan - Multiple and Mass Casualties will be formally reviewed every 3 years. 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 Resilience Team and by the Resilience Forum 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 Resilience Forum, weekly operational meetings and ad hoc meetings where required. The documentation will be held by the Resilience Team.

The review programme will include:

- Reviewing and challenging any assumptions made within the current major Incident Plan
- Verifying compliance with the CCA, EPRR Assurance 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

16. TRAINING & EXERCISING

16.1. TRAINING PROGRAMME

The Resilience Team 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.

Training is provided for staff working within the Hospital Incident Coordination Centre this includes the strategic and tactical commanders, Clinical Lead/Major Incident Officers, Clinical Site Managers and loggists.

The Resilience Team will keep a record of training provided and attended.
The Emergency Department Major Incident Leads are responsible for training emergency department staff in their roles. The Resilience Team supports them in this role.

The Resilience Team also provides major incident training for the Royal Alexandra Children Hospital nursing and medical staff.

16.2. 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.

16.3. FREQUENCY

The Resilience Team will plan a Trustwide table top exercise once a year and a live exercise every three years. Smaller walk through exercises within services and department will also be undertaken to test local responses throughout the year and if requested following and incident

See appendix 10 for example of a post incident debrief report which can also be used after an exercise.

- 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

17. MONITORING ARRANGEMENTS

17.1. LEGISLATION, GUIDANCE AND 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 Planning Framework 2015

17.1.1. THE CARE QUALITY COMMISION

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.

17.2. 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

17.3. 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.

17.4. MONITORING COMPLIANCE WITH THIS PLAN

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/critical incident (formally known as significant incident) s or if there have been considerable changes	The Resilience Team	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

18. DUE REGARD 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	n/a	

	document/guidance without the impact?		
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.

19. LINKS TO OTHER TRUST PLANS AND POLICIES

Emergency preparedness and business continuity documents are available on the Infonet Resilience Page https://nww.bsuh.nhs.uk/the-trust/resilience/ or via the Resilience Team.

20. LINKS TO ASSOCIATED DOCUMENTATION

- NHS Emergency Planning Resilience and Response framework 2015 and national guidance
  https://www.england.nhs.uk/wp-content/uploads/2015/11/eprr-framework.pdf

- The Civil Contingencies Act 2004
  http://www.legislation.gov.uk/ukpga/2004/36/contents

- Beyond a Major Incident 2004 – superseded by the below
  http://webarchive.nationalarchives.gov.uk/+/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4098252

- Sussex Trauma Network Mass Casualty Plan
  Available from the Resilience Team or Major Trauma Centre Manager

21. APPENDICES

1	Major Incident Action Cards	
2	Service Level Major Incident Plans	
3	Useful Advice and Guidance	
	• Burns	
	• Blasts	
	• Faith Groups	
	• Learning Disabilities	
	• Mental Health	
	• Rail Care	
	• Police Documentation Teams	
	• Property	
	• Psychological Support for Staff, Patients and Carers	
4	Mutual Aid	
5	Hospital incident Coordination Centre	
6	Agenda for the Hospital Incident Coordination Centre briefing meeting	
7	ED MAJAX Symphony Instructions	
8	Radio Communications Advice	
9	UK Reserve National Stock for Major Incidents – How to Access Stock	
10	Debrief Questionnaire Template	
11	Debrief Report Template	
12	Staff Redeployment Record Sheet	
13	Relative's/Friends' Record Sheet	
14	Media representatives' Record Sheet	
15	NHS Incident Situation Report (SitRep)	

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APPENDIX 1: BSUH MAJOR INCIDENT ACTION CARDS

	No	Major Incident Role	Job Title
Strategic and Tactical Command	1	Strategic commander	Director On Call
	2	Tactical commander	Manager On Call
	3	Clinical Lead/Major Incident Officer	Nominated Consultant On Call
	4	Facilities Services Coordinator	Soft FM Site Operations Manager, or Facilities & Estates On Call OOH
	5	Admin/Clerical Manager	Admin/Clerical Manager
	6	Clinical Site Manager	Clinical site manager
	7	Admin Assistant 1	Assigned by HICC
	8	Loggist (Admin Assistant 2)	Assigned by HICC
	9	Comms & Media Liaison Officer	Comms Director/On Call comms
	10	Liaison Officer	On Call Manager
	11	Sussex Major Trauma Network Clinical Advice Team	ICU Consultant and Colleagues
	12	PRH Clinical Site Manager	PRH Clinical Site Manager
Emergency Departments	RSCH 13	ED Commander	ED Consultant
	14	ED Shift Leader	ED Shift Leader
	15	ED Triage Nurse	ED Nurse
	16	ED Triage Doctor	ED Doctor
	17	ED Triage Receptionist	ED Receptionist
	18	ED Zone 1 Nurse Coordinator	ED Nurse
	19	ED Zone 1 Team Leader	ED Doctor
	20	ED Zone 2A Nurse Coordinator	ED Nurse
	21	ED Zone 2A Team Leader	ED Doctor
	22	Zone 2B Nurse Coordinator	ED/Acute Floor Nurse
	23	Zone 2B Team Leader	ED/Acute Floor Doctor
	24	UCC Nurse Coordinator	ED Nurse/ENP
	25	UCC Team Leader	ED Doctor
	26	ED Reception	ED Receptionist
	PRH 27	PRH Senior ED Doctor	PRH Senior ED Doctor
	28	PRH ED Shift Leader	PRH ED shift leader
	29	PRH ED Receptionist	PRH ED receptionist
Critical Care	RSCH 30	Level 7 ICU Consultant On Call	ICU Consultant On Call
	31	Level 5 ICU (Neuro) Consultant On Call	
	32	Nurse In Charge Of L7 ICU, RSCH	ICU Nurse in Charge RSCH
	33	Nurse In Charge L5 (Neuro) ICU RSCH	ICU Nurse in Charge Neuro
	PRH 34	Critical Care Outreach Team	Critical Care Outreach Team
	35	PRH ICU Consultant On Call	PRH ICU consultant on call
	36	PRH ICU Nurse in Charge	PRH ICU Nurse in Charge

Theatres	37	General Anaesthetic Consultant On Call	General Anaesthetic Consultant On Call
	38	Neuro Anaesthetist Consultant	Neuro Anaesthetist Consultant
	39	Surgical Consultant On Call	Surgical Consultant On Call
	40	Trauma & Ortho Consultant On Call	Trauma & Ortho Consultant On Call
	41	Sussex Eye Hospital Surgical Consultant On Call	Sussex Eye Hospital Surgical Consultant On Call
	42	Cardiothoracic Surgeon On Call	Cardiothoracic Consultant On Call
	43	Cardiothoracic Anaesthetist On Call	Cardiothoracic Anaesthetist On Call
	44	Neurosurgical Consultant On Call	Neurosurgical Consultant On Call
	45	Theatre Manager, RSCH	Level 5 Theatre Manager RSCH

Medical & Nursing Staff	46	Consultant Radiologist On Call	Radiology Consultant On Call
	47	Medical Consultant On Call	Medical consultant On Call
	48	All Medical Staff/Team Leaders	All Medical Staff
	49	AAU Coordinator	AMU Coordinator
	50	EACU Coordinator	EACU Coordinator
	51	All Ward Staff (RSCH +/-PRH)	All ward staff
	52	Discharge Lounge Coordinator	Discharge lounge Coordinator
	53	Discharge Team, RSCH	Discharge Team Manager
	54	Relatives Reception & MI Patient Discharge Coordinator	Assigned by HICC
	55	Press/Media Reception Area	Assigned by HICC
	56	Staff Muster Point Coordinator	Assigned by HICC
	57	Senior Nurses	Senior Nurses
	58	Resus Officers	Resus Officers
	59	PRH Medical Consultant On Call	PRH medical consultant on call

Allied Health Professionals	60	Level 5 Radiography coordinator	Level 5 senior radiographer
	61	On Call Pharmacist	On Call pharmacist
	62	Ward Pharmacists	Ward pharmacists
	63	Haematology Coordinator	Haematology BMS On Call
	64	Biochemistry Coordinator	Duty BMS In Chemical Pathology
	65	Pathology Coordinator	Blood Bank Manager

Corporate Staff and Support Staff	66	HELP Service	HELP Service
	67	SSD Manager	SSD manager
	68	Portering Duty/Assistant Duty Manager In Hours or Chargehand Porter OOH	Duty/Assistant Duty Manager (Portering) In Hours or Chargehand Porter OOH
	69	Porters On Door Duty	Porters
	70	Trust Security Manager	Duty Security Manager
	71	Security Officers	Security officers
	72	All Reception Staff	Reception staff
	73	Relatives Reception & MI Patient Reception Staff	Assigned by HICC
	74	Estates Manager On Call	Estates Manager

	75	IT Manager On Call	IT Manager On Call
	76	Mortuary Technician	Mortuary Technician
	77	Chaplaincy & Psychological First Aid	Coordinating chaplain
	78	All Divisional Leads & Service Managers	All Divisional Leads & Service Managers

RACH Paediatric	79	Head of Children's Nursing In Hours, Paediatric Bleep Holder OOH
	80	Paediatric Medical Consultant
	81	Children's ED Consultant no.1
	82	Children's ED Consultant no. 2
	83	Paediatric Surgical Consultant On Call
	84	Consultant Paediatric Anaesthetist On Call
	85	Paediatric Surgical And Paediatric Anaesthetic Staff
	86	Paediatric Wards And Theatres
	87	Paediatric Pharmacist/Ward Pharmacist RACH
	88	Consultant Paediatric Radiologist On Call
	89	Patient Access Manager (or Nominated Staff)
	91	RACH Relative Reception Area
	90	Security Officer/Receptionist

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ACTION CARD	NO 1 (1 OF 2)
JOB TITLE	DIRECTOR ON CALL
INCIDENT ROLE	STRATEGIC COMMANDER
LOCATION	TRUST HEAD QUARTERS & HICC
ROLE DESCRIPTION	To lead BSUHs 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 (Boardroom, Trust HQ).	
2	Check details of incident & current situation within BSUH with Tactical Commander (On Call Manager) & Clinical Lead/Major Incident Officer (Consultant). Use the below acronym: **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 services or partner agency support present or required	
3	If BSUH is declaring an incident itself please ensure you have informed the below using the **METHANE** format: • Inform BSUH Switchboard & asked them to complete the cascade • Inform Sussex Police Emergency Planning Officer on-call 07771 667133 • Inform SECAmb on-call Tactical Advisor 24/7, Mob: 07003 900765	
4	Commence decision log. Establish contact with your loggist and ensure they are briefed and prepared; if a loggist is not available ensure you document decisions made and/or actions taken. Ensure you have access to the on call director email inbox (if not contact IT on 62700) bsuh.oncall.directors@nhs.net	
5	**Notify** the Chief Exec, Chairman, Medical Director & COO (or DCOO)	

	DECLARED ACTIONS Notification from RSCH Switchboard	Time
6	**Ensure** above standby actions 1-5 have been taken.	
7	**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.	
8	**Formulate the Strategy:** Formulate a written strategy & identify BSUH aim and objectives to drive the resolution of the incident. Share this with the Tactical Commander (On Call Manager) Examples of strategic aims for a multiple or mass casualty incident: • Save life & protect the health and safety of the public responders • Prevent escalation of an incident; • Relieve suffering; • Warn and keep the public informed.	

ACTION CARD	NO 1 CONT… (2 OF 2)
JOB TITLE	DIRECTOR ON CALL
INCIDENT ROLE	STRATEGIC COMMANDER

DECLARED ACTIONS cont…		Time
9	**CALL THE B&H CCG ON CALL MANAGER CALL** **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.	
10	**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.	
11	**Comms:** Ensure that The Comms Team and Directorate Leads/Matrons inform all staff of the Incident & nature of BSUH's MI response. Comms to work with Police on messages out to the public. 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.	
12	**Regular MI briefing:** Establish & chair regular Major Incident briefing within the HICC, documenting updates & actions for completion (See appendix 7 for draft agenda). Brief by exception the CEO.	
13	**Support the Tactical Commander's** decision making as necessary	
14	**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.	
15	**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.	
16	**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
17	**Stand down:** RSCH Switchboard will inform you when SECAmb have notified BSUH of 'Casualty evacuation complete'. This is not an instruction for BSUH 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 BSUH. Should a mass casualty Incident be declared it is advised that the Trust, as the Major Trauma Centre, will not stand down until all of the responding TUs and LEHs have stood down. **When the decision has been made to stand down BUSH** • Notify switchboard to complete the stand down cascade • Notify all external agencies previously notified of the stand down declaration. • Inform, the Comms Team & the Divisional Leads when the decision to Stand down the Trust has been made to allow them to communicate this to all areas within BSUH.	
18	**Attend the** 'hot' debrief with the HICC staff immediately after the incident & send a copy notes to the Resilience Team. bsuh.resilience.team@nhs.net	
19	**Recovery:** Oversee BSUH recovery and return to 'normal' service. Following a long incident, it may be necessary for you to handover to the nominated Recovery Team. Consider the post incident requirements, such as business continuity issues, finance, VIP visit, media etc.	
20	**Documentation & SITREPS:** Complete any documentation created during the incident, and leave within the HICC cupboard. Ensure details of incident included in daily SitRep.	

ACTION CARD	**NO 2 (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,

	STANDBY Notification from RSCH Switchboard	Time
1	**Proceed to the Hospital incident Coordination Centre (HICC Boardroom Trust HQ)**	
2	Commence decision log. Establish contact with your loggist & ensure they are briefed & prepared; if a loggist is not available ensure you document decisions made and/or actions taken. For admin support see Central Admin Services Section in appendix 2 Ensure you have access to the on call manager email inbox (if not contact IT on 62700) bsuh.oncall.dutymanagers@nhs.net	
3	**Establish Incident situation:** These details should be logged using the **METHANE** Acronym written by the strategic command. Log this in the log book and display in 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 services or partner agency support present or required	
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 Clinical Lead/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 Call in other managers to assist and advise you, as required. Consider appointing a Deputy for your role Ensure a HICC room manager is appointed such as the Facilities manager	
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) and jointly consider the need to open and staff extra capacity beds to make capacity on level 5 to allow them to receive Major Incident patients.	
12	Decisions may have to be taken concerning cancellation of electives & outpatient clinics, liaise with Clinical Lead/Major Incident Officer. Ensure staff informed as appropriate	
13	**Security:** Consider Site/Trust lock down with Facilities & Security	

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

	DECLARED ACTIONS cont…	Time
14	**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. The PRH operational response can be lead from the PRH Clinical Site Office.	
15	**Staffing:** In conjunction with the Facilities Service Coordinator 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 or other suitable location) including a senior member of nursing staff to act as liaison between the wards & further support staff. Utilise chaplaincy & volunteers 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.	
16	Should you need a senior member of staff to liaise with staff or other agencies at the scene (for example at PRH or with the blue light service during an emergency on site) you can nominate another on call manager to act as the **Liaison Officer Role** (see action card no.10)	
17	**Consider the need the allocate staff to relieve** those allocated earlier. Consider the psychological impact on staff and log their contact details to send to the HELP service post incident	
18	**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.	
19	If set up by the Strategic Lead liaise with the recovery team	

	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 whole Trust. • When stood down inform any staff or agencies that you previously notified of the incident	
21	Together with the CEO & Strategic Commander, consider the business continuity implications & work with the Recovery Team & prepare a plan to address them.	
22	**Facilitate a 'hot' debrief for HICC staff**. **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.	
22	**Maintain HICC:** Ensure that the HICC remains established – with phones connected & staff present, for 1-2 hours after stand down.	
23	**Documentation:** Complete any documentation & leave within the HICC cupboard	
24	Ensure a list of staff involved in the HICC is collated & sent to the HELP Service	

ACTION CARD	**NO 3 (1 OF 2)**
INCIDENT ROLE	**CLINICAL LEAD/MAJOR INCIDENT OFFICER (MIO)**
ROLE HELD BY	**NOMINATED CONSULTANT ON CALL**
LOCATION	Hospital Incident Coordination Centre (HICC)
ROLE DESCRIPTION	To act as the liaison between the clinical teams in the Trust and the Tactical Commander (On Call Manager) in the HICC. To maintain a list of the major incident patients. To act as liaison between SECAmb and the Tactical Commander. In a Mass Cass Incident to establish the network Clinical Coordinating Team This is a hands off role & is based within the HICC.

	STANDBY Notification from RSCH Switchboard	Time
1	**Proceed immediately to RSCH HICC (Boardroom Trust HQ)**	
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	**Has the ambulance service declared this as a Mass Casualty Incident**? If so contact the below and ask them to form the Network Clinical Advice Team (NCAT) • **Critical Care Consultant On Call (Chair)** • **Neurosurgical Consultant On Call** • **General Surgical Consultant On Call** • **Trauma & Ortho Consultant On Call** • **+/- Paediatric Surgical Consultant on call**	
7	**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.	
8	**Contact Registrar or other colleague to attend & act as an assistant**	
9	**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.	

ACTION CARD	NO 3 CONT… (2 OF 2)
INCIDENT ROLE	CLINICAL LEAD/MAJOR INCIDENT OFFICER (MIO)
ROLE HELD BY	NOMINATED CONSULTANT ON CALL

	DECLARED Notification from RSCH Switchboard	Time
10	**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.	
11	**Ensure** above standby actions 1-9 have been undertaken	
12	**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.	
13	**Theatres:** In conjunction with the Consultant Surgeon & Anaesthetist, ensure the continued provision of clinical resources within the operating theatres by liaising between the theatres teams and the Tactical Commander.	
14	**Out Patients & Electives:** With the Tactical Lead and relevant Clinical Colleagues consider need to cancel Outpatient clinics & electives within the Trust in order to redirect resources towards Major Incident patients. Ensure any decision is communicated to all appropriate Consultants and Managers.	
15	**Assessment of Consultant's workloads:** 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.	
16	**Relief:** If this is likely to be a prolonged incident assess the need to call in another Clinical Lead/Major Incident Officer to take over from you after 6-8 hours or when necessary.	

	STAND DOWN Decision to be taken within HICC	Time
17	**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 & Divisional leads. All external agencies previously notified will also need to be informed of the stand down declaration	
18	**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).	
19	**Attend the** 'hot' debrief with the HICC staff immediately after the incident.	
20	**Documentation:** Complete any documentation created during the incident, and leave within the HICC cupboard.	

ACTION CARD	**NO 4 (1 OF 2)**
JOB TITLE	**SOFT FM SITE OPERATIONS MANAGER (in hours) FACILITIES & ESTATES ON CALL MANAGER (out of hours)**
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 HICC team.

	STANDBY Notification from RSCH Switchboard	Time
1	**Proceed immediately to RSCH HICC (Boardroom Trust HQ)**	
2	**Ensure HICC is set up with others in the room** & that all the telephones plugged in (security will unlock the Major Incident Cupboard) **OOH**, make your way to the hospital immediately and once you arrive, inform the tactical Commander (HICC Ext 64998) that you have arrived and get an update on the incident and expected requirements	
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 and senior members of the FM teams on site. Secure an update of the numbers of staff in the different disciplines on site and those being requested to attend site. Maintain a 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. Consideration should be given to forward planning and notification to suppliers including requests for additional stocks of food /linen when necessary.	
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 staff are replaced/stood down when appropriate & without extended periods of work i.e. breaks, shifts 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 (likely to be Main Out Patients Dept.), Media Reception Area (likely to be AEB) check locations with the HICC	
8	**Establish contact with the Estates Manager on call and Duty Managers for Soft FM services (no.61)**. Consider the effect of on-site contractors & the need for them to stop work, etc.	

ACTION CARD	NO 4 CONT… (2 OF 2)
JOB TITLE	SOFT FM SITE OPERATIONS MANAGER (in hours) FACILITIES & ESTATES ON CALL MANAGER (out of hours)
INCIDENT ROLE	FACILITIES SERVICES COORDINATOR

DECLARED ACTIONS cont…		Time
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.	
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 Nursery Manager** if required– the Nursery will have been called in via Switchboard. Nursery facilities may need to be provided for extended periods, OOH & for children that do not usually attend. The Nursery have a policy for this	
16	**Refreshments:** Consider the need for refreshments for ED, Theatres, ICU and the HICC team themselves. Consider liaising with the Royal Voluntary Service regarding the provision of refreshments and the opening of hospital shops out of hours.	
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 Duty 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 with the HICC staff immediately after the incident.	
21	**Documentation:** Complete any documentation created during the incident, and leave within the HICC cupboard.	

ACTION CARD	**NO 5 (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 5 (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 the** 'hot' debrief with the HICC staff immediately after the incident.	
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 Resilience Team.	

	Useful Contact Numbers			
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

ACTION CARD	NO 6 (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.** Ensure HICC is set up as per the planned layout and that all telephones plugged in and boxes on desks	
3	**Document:** Ensure you document all decisions made & actions taken	
4	**Establish current situation within the Trust** re. staffing & capacity	
5	**Establish contact with ED Shift Leader**	
6	**Set up HICC white board** ready to record **METHANE** major incident details if needed and ensure ED screen (Symphony) logged on & to show major incident patients as they arrive.	
7	When able **hand over to the Tactical Commander** (Manager on call) and continue your usual role	

	DECLARED Notification from RSCH Switchboard	Time
8	**Ensure** above standby actions 1-8 have been undertaken	
9	**Request CSM/Bed Managers:** Call in extra Clinical Site Managers/Bed Managers if necessary.	
	Assess current capacity & inform the HICC Team. Create appropriate capacity by boarding level 5 patients to the wards as appropriate asking wards to collect patients. Create appropriate capacity depending on the major incident patient requirements.	
	Assess need to open extra capacity areas - 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. **Where appropriate, try to cohort major incident patients together.**	
	Assess Staffing – Assess available staffing and relocate nursing /AHP staff as appropriate. Wards actions will include assessing staff availability**.** Remind all areas to read their actions cards and keep a log of any members of staff involved in the incident.	
	Liaise with the Discharge ward round and Discharge Lounge concerning the transfer of patients to partner organisations/step down beds where appropriate.	

ACTION CARD	NO 6 CONT… (2 OF 2)
JOB TITLE	CLINICAL SITE MANAGER
INCIDENT ROLE	CLINICAL SITE MANAGER

DECLARED ACTIONS cont…	Time

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 with the HICC staff immediately after the incident.	
20	**Documentation:** Complete any documentation created during the incident, and leave within the HICC cupboard.	

	Useful Contact Numbers			
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

ACTION CARD	**NO 7 (1 OF 2)**
JOB TITLE	**STAFF MEMBER ASSIGNED BY HICC**
INCIDENT ROLE	**ADMIN ASSISTANT 1**
LOCATION	HOSPITAL INCIDENT COORDINATION CENTRE (HICC)
ROLE DESCRIPTION	To support the Facilities Services Coordinator 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 Facilities Services Coordinator**	
7	**Log onto a HICC computer with your credentials and phone IT (62700) and ask for access to the BSUH.HICC@NHS.net email inbox** (this will then appear as one of your inboxes) The email address for the control room is: **BSUH.HICC@bsuh.nhs.uk and can be given out to internal and external staff** Wards will be contacting you, possibly by email, with details of staffing, activity & capacity etc. Please ensure every email is responded to by the appropriate person or handed to the Tactical Commander. Ensure ED screen (Symphony) logged on & displayed as appropriate Ensure access to the Ambulance Inbound screen (ask the Clinical Site team if advice needed)	
8	**Telephones:** Take up position within the HICC at the General Enquiries telephone. 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 with the HICC staff immediately after the incident.	
12	**Complete any documentation** & leave within HICC cupboard and ask IT to remove the HICC inbox from your account.	

ACTION CARD	NO 7			(2 OF 2)
	Useful Contact Numbers			
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

ACTION CARD	**NO 8 (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. • 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. • 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. • 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	

ACTION CARD	NO 8 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. • Record all questions and answers in direct speech. • 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 with the HICC	

	Useful Contact Numbers			
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

ACTION CARD	**NO 9 (1 OF 2)**
JOB TITLE	**COMMS DIRECTOR/ON CALL COMMS**
INCIDENT ROLE	**COMMS/MEDIA LIAISON OFFICER**
LOCATION	BREAKOUT ROOM NEAR THE HICC OR HQ
ROLE DESCRIPTION	Prepare and distribute the trusts communications to media, the public and BSUH staff during a major incident

	IN ADVANCE	Time
0	• Keep a copy of this card at home • Ensure you are familiar with the Trust Major Incident and Mass Casualty Plan	

	STANDBY Notification from the HICC	Time
1	**When alerted by the Hospital Incident Coordination Centre (HICC) get a full update of the situation** from the Strategic Commander or Tactical Commander. Decide on the need to attend at this stage or not. Ensure you have your Trust ID with you.	
2	Alert Communications Team WhatsApp group to find out availability of support and allocate roles to the team to cover external communications, internal communications, media handling, AEB if media centre established.	
3	**In the event of a prolonged incident,** join the 2 hourly HICC incident briefings to ensure that you are fully informed.	

	DECLARED Notification from the HICC	Time
4	**Set up a Communications station in the HICC**. Log onto a computer. One should be reserved for communications. Ensure other communications team members know how to contact you (mobile, landline, apps, email).	
5	Ensure one member of the team is based in the Communications Office in St Mary's.	
6	**Press liaison phone number.** All telephone enquiries from the media will be directed to the press office number. Inform switchboard and the HICC team of your mobile phone number.	
7	**Ensure that the Media Reception area is established** (AEB, liaise with Tactical Commander) where all media representatives are checked in	
8	**Establish contact with counterparts in NHS England and CCG.** Note that NHS England will lead communications if the incident affects more than one Trust or CCG area or ***if the incident is of national significance (e.g. terrorist attack)***	
9	**Monitor news websites and social media:** Log in to Twitter and check @BBCnews, @BBCBreaking, @BBCsoutheast, @BBCsouthnews, @itvmeridian, @PA, @Argus, @bhcitynews, @brightonargus, @brightonhovHICC, @brightonhovHICCG, @sussex_police, @eastsussexfrs, @westsussexfire as appropriate **Notify all Trust twitter account holders about the incident. Direct all account holders to stop their twitter activity and to retweet main BSUH account messages.**	

ACTION CARD	NO 9 CONT… (2 OF 2)
JOB TITLE	COMMS DIRECTOR/ON CALL COMMS
INCIDENT ROLE	COMMS/MEDIA LIAISON OFFICER

DECLARED ACTIONS cont…		Time
10	**Decide which channels to use to share information: Twitter as default.** Tweet to announce that a Major Incident has been declared and direct media to check our website or follow Twitter for updates. Also update Facebook page.	
11	**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. Post it on Twitter and on the BSUH website.	
12	**Prepare and send all staff email** informing staff of the Major Incident response, progress and thanking them for their on-going efforts. Update the staff intranet with the same information.	
13	**Contact comms lead in the Police, Fire, Ambulance, local CCGs and local authority press officers where appropriate.**	
14	**Police Comms:** If it is a police-led incident, ensure any external communications are verified through the Police Communications Team.	
15	**Consider the need for press conferences** and the facilities that will be required. (Possible use of the Audrey Emerton Lecture facilities).	
16	**Request any further resources required** through the Facilities Services Coordinator (Ext 64995). If necessary mobilise runners to deliver communications.	
17	**Identify and agree a spokesperson, for media comments and interviews** This may be the Chief Executive, Medical Director or Director of Nursing in the early stages of a response, and could be followed later by an ED Consultant. Establish a timetable with spokespeople & the media for regular press reports.	
	Keep in regular contact with the Tactical Commander	
19	**If the incident is on-going, consider how we would manage VIP visits. Communications lead to also arrange for additional communications support from partner organisations.**	

STAND DOWN Decision to be taken within HICC		Time
20	**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.	
21	**Consider arrangements for a VIP visit** to the Trust in the ensuing 24-48 hours.	
22	**Once the stand down is announced assess the ongoing communications requirements.** Before leaving the Trust, ensure the director on call receives a written brief detailing any ongoing communications issues.	
23	**Attend the** 'hot' debrief with the HICC staff immediately after the incident.	

ACTION CARD	**NO 10 (1 OF 2)**
JOB TITLE	**ON CALL MANAGER LEVEL**
INCIDENT ROLE	**LIAISON OFFICER**
LOCATION	**AT SCENE OF INCIDENT ON TRUST SITE**
Role Description	This role is only required if the incident is on Trust property and is either: - To liaise with operational (bronze) commanders from the emergency services and/or other responding organisations at the forward control point - or, - To liaise with tactical (silver) commanders from the emergency services and/or other responding organisations at the incident control point - to liaise with Trust staff at the scene of the incident

	DECLARED **Notified by the Tactical Commander**	Time
1	As you are attending the scene, or close to it, be aware of your own safety wear appropriate clothing and footwear. - consider personal protective equipment, e.g. high visibility jacket - consider potential hazards at the scene	
2	On arrival make yourself known to the emergency services commanders, Or, in a business continuity incident, the senior Trust staff on scene.	
3	Maintain liaison at the scene, this may include:- - Communicating with the appropriate multi agency commanders at the control points. - Acting as a conduit between the Trust and the emergency services and/or responding organisations at the scene - Updating other organisations at the scene on the Trust's status - Gathering information from other organisations, or Trust staff, at the scene and reporting back to the Trust. This is a liaison role and does NOT include making decisions on behalf of the Trust	
	STAND DOWN **Notified by the Tactical Commander**	
4	**Attend the** 'hot' debrief with the HICC staff immediately after the incident.	
5	Documentation: Complete any documentation created during the incident, and leave within the HICC cupboard.	

ACTION CARD	NO 10	(2 OF 2)

	Useful Contact Numbers			
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

ACTION CARD	NO 11 (PAGE 1 OF 2)
INCIDENT ROLE	SUSSEX MAJOR TRAUMA NETWORK CLINICAL ADVICE TEAM
ROLE HELD BY	Critical Care Consultant (Chair) Neurosurgical Consultant, General Surgical Consultant, Ortho Consultant, Paed Surgeon Consultant
LOCATION	ED SEMINAR ROOM, FLOOR 7, TRUST HQ
ROLE DESCRIPTION	To act as liaison between other hospitals and MIO/Clinical Lead & Tactical lead at BSUH To act as a liaison between TUs, LEHs & the Specialty Cons To facilitate clinical advice to TUs and LEHs To prioritise patients for admission to a MTC This is a hands off role & is based near to the HICC This team must function until stood down.

Declared Mass Casualty Major Incident Notification by the Clinical Lead/Major Incident Officer/clinical lead or your Consultants on Call		Time
1	**Proceed immediately to the HICC for update** then ensure a room is set up that all the telephones plugged in (Boardroom Trust HQ).	
2	**Gather team:** to include Neurosurgical cons, General Surgical Cons and Ortho Consultant (+/- Paed Surgeon Consultant) and a member of Major Trauma Network Support or volunteer staff to act as admin support. The NCCT must consist of a minimum 3, maximum 5 consultants.	
3	**Log:** Ensure you document all decisions made & actions taken	
4	**Liaise with the Hospital Ambulance Liaison Officer (HALO)** within BSUH HICC and the MIO in the BSUH HICC & confirm contact number	
5	Call RSCH Switchboard and inform them that the NCCT is set up & that all new referrals should now be via the NCCT on ext 4495	
6	Inform the local TU HICC's of your location & contact details	
7	**Maintain a list of the Major Trauma patients** requiring transfer to an MTC or tertiary care and their current location within the Sussex Trauma Network using preformed Excel spreadsheet (found on the MTC Intranet page)	
8	**Review activity and capacity** at the TUs in relation to ED, Operating Theatre, recovery & ICU workload (TUs to email or phone NCCT with details at 8am and 3pm)	
9	**Advise TUs**: facilitate clinical advice to MTUs managing Major trauma patients	
10	**Liaise with SECAmb** and TUs/LEH to prioritise patients for admission	
11	Chair 8 hourly meeting with relevant clinical specialities HICC and 8am 3pm 10pm(or as appropriate)	
12	**Relief:** If this is likely to be a prolonged incident assess the need to call in another 3 appropriate cons to take over from you after 12 hours or when necessary.	
13	Recovery: Consider recovery as early as possible	

ACTION CARD	NO 11 CONT… (2 OF 2)
INCIDENT ROLE	NETWORK CLINICAL ADVICE TEAM
ROLE HELD BY	Critical Care Consultant (Chair) Neurosurgical Consultant General Surgical Consultant Ortho Consultant Paed Surgeon Consultant

STAND DOWN Decision to be taken within HICC		Time
15	**Trust Stand down:** the BSUH HICC should not stand down until all Sussex Trauma Network Hospitals have stood down.	
16	**Plan handover to the Major Trauma Team and Inform Switchboard of the referral process**	
17	**Inform TUs and LEHs of ongoing referral process**	
18	**Attend the** 'hot' debrief with the HICC staff immediately after the incident.	
19	**Documentation:** Complete any documentation created during the incident, and leave within the HICC cupboard.	

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	**No 12 (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 or PRH HICC

STANDBY Not notified at standby		Time
1	Assess capacity of hospital. Proceed to ED to undertake a run-through with Shift Leader to assess patients for admission / boarding.	

RSCH DECLARED WITH PRH ON STANDBY Notification from Switchboard		Time
2	**Proceed immediately to the PRH HICC**, 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 Outpatient 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 PRH HICC 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 12 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 X 64994	
13	In conjunction with the Facilities Services Coordinator, 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	Liaise hourly with ED for 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	Facilitate the hot debrief for staff involved & send a copy of the notes to the Resilience Team. bsuh.resilience.team@nhs.net	
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	

	Useful Contact Numbers			
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152

ACTION CARD	NO 13 (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 Crawley Senior Management Controller on 0300 123 8669 or 0300 123 9883 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	**Inform the following staff:** Paed ED Cons bleep 8641 or via switch OOH PRH senior doctor / nurse on 8109 or 8345 Contact ED Consultants for standby alert and assign suitable colleague to prepare for immediate staff call-in and recovery staffing for next two shifts when Declared.	
3	**Review existing ED patients:** Allocate Senior doctors (this may include yourself) to work with the nurse coordinators for Triage PAT area and all Zones to review patients, for immediate admission, redirection or discharge if a Major Incident is declared. Follow decanting procedure from the Tier sheet.	
4	**Liaise with the Clinical Lead/Major Incident Officer** in the HICC (ext 4993)	
	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 separate walking and ambulance 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	

	DECLARED Notification from RSCH Switchboard	Time
5	**Ensure** above standby actions 1-4 have been undertaken. Update PRH and Consultant Colleagues as to Declared Status to action staff call-in. Meet Shift Leader and assign meeting area and times	
8	**Collect ED consultant's portable phone (X 4218), put on yellow surcoat** and record all decisions in the log book using a legible loggist	

ACTION CARD	NO 13 CONT… (2 OF 2)
JOB TITLE	ED CONSULTANT
INCIDENT ROLE	ED COMMANDER

DECLARED ACTIONS cont…		Time
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 and to transfer existing patients	
11	**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.	
12	**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 alternative areas for P3 patients.	
14	**Inform** HICC Team when the ED is fully manned and ready to respond to Major Incident (Clinical Lead/Major Incident Officer).	
15	**Ensure** that ED capacity/staffing/resources are assessed throughout the Major Incident. Provide regular updates and request support via the HICC throughout the Incident (Facilities Services Coordinator). Assess need for specific resources within the ED including radiology, critical care, theatres, burns etc and inform the appropriate teams. Regularly assess priority of patients awaiting imaging	
16	**Relief:** Ensure all team Leaders/Triage Drs are relieved for breaks where possible & confirm staffing for the next 2 shifts	
17	**Discharges:** Ensure that all patients that are suitable for discharge are first sent to be logged by the Police Documentation Team (check location with the HICC) before discharge.	

STAND DOWN Decision made by HICC team		Time
18	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.	
19	**Recovery:** Review the medical staffing and senior cover within the department for the next 48 hours – adjust as necessary.	
20	**Documentation:** Ensure any paperwork relating to the MI is photocopied and left with HICC team.	
21	Facilitate the hot debrief for the Emergency Department & send a copy of the notes to the Resilience Team. bsuh.resilience.team@nhs.net	
22	Liaise with the ED Shift Leader to ensure a list of all staff involved in the incident is collated and sent to the HELP Service	

ACTION CARD	**NO 14 (1 OF 3)**
JOB TITLE	**ED 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 ED response to the incident.

STANDBY Notification from RSCH Switchboard		Time
1	**Notification:** If notification received from anyone other than RSCH Switch liaise with ED commander to ensure correct procedure followed.	
2	**Inform:** ED Consultant/Senior ED Doc in dept & other staff as necessary. Children's ED Nurse in Charge bleep 8145. ED Matron, AMU Co-ordinator and PRH ED Shift Leader on 8019 / 8345	
3	**Reception and Triage:** Ensure that Reception is prepared for MAJAX paperwork.	
4	**Liaise with the Clinical Site Manager** concerning the movement of existing patients to wards & the general situation in the department.	
5	**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, redirected to GP or transferred to wards/AMU if a Major Incident is declared.	
6	**Call in staff:** In conjunction with the ED consultant decide if the MI will require extra staff to be called in and designate a person (with roster pro access) to obtain the Major Incident list of staff from the Sister's office & contact staff to attend (according to set protocols). Ensure this process is fully documented & retained.	
7	**Allocate:** A team of senior nurse & junior nurse and HCA depending upon staffing to work at Triage. **Allocate:** Nurse Co-ordinators to Zone 1, Zone 2, Zone 2b & UCC. **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 to initiate actions on Declared status	
8	**Identify** an area for Police Documentation Team	
9	**Identify** along with CSM where relatives are to wait once they have been matched with patients.	

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

ACTION CARD	NO 14 CONT… (2 OF 3)
JOB TITLE	ED SHIFT LEADER
INCIDENT ROLE	ED SHIFT LEADER

DECLARED ACTIONS cont…		Time
13	**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 alternative venues as extra capacity for minor injuries.	
14	**Reception:** Ensure that there are sufficient reception staff; that the head of reception has been contacted; that the Majax system has been 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.	
15	**Inform the HICC when all critical staff have arrived in the Dept.**	
16	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	
17	**Ensure** that ED capacity/staffing/resources are assessed throughout the Major Incident and request extra support/resources through HICC. Regular meetings with ED commander, Site, Senior Management to update following: Casualty numbers and priority for theatre / ICU, ED bed state, staffing needed, supplies needed.	
18	**Relief:** Ensure all Zone Coordinators and staff are relieved for breaks where possible. Organise staffing for the next 2 shifts	
19	**Discharges:** Ensure that all patients that are suitable for discharge are first sent to be logged by the Police Documentation Team (check location with the HICC)) before discharge.	
20	**Psychological First Aid: Mental Health Liaison Team and** Chaplains are available and trained to provide psychological first aid or spiritual & other faith support for patients and relatives. Please contact them as needed	
21	Maintain a list of all staff within the department for debrief purposes	

STAND DOWN Decision made by HICC team		Time
22	**Notification:** Only begin to Stand Down when notified by HICC	
23	**Documentation**: Ensure any paperwork relating to the Major Incident is completed & given to Resilience Team or left in PRH HICC cupboard in, Trust HQ before leaving the hospital.	
24	**Debrief:** Ensure as many staff involved in the incident attend the 'hot debrief' within the ED. Ensure staff are given support to minimise the psychological trauma the incident may cause.	
25	Record the details of all staff involved in the incident & email to the HELP Service at the end of the incident.	
26	**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 14 (3 OF 3)
JOB TITLE	ED SHIFT LEADER

	Useful Contact Numbers			
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

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ACTION CARD	**NO 15 (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:** Go to Major Incident Store and bring out MI Trolley, white board and set up in PAT area. Ensure that there are enough stores of first aid equipment / intervention equipment.	
2	Assemble a sufficient size team to assess and transfer patients: Senior and junior doctor, nurse and HCA. Receptionist and loggist for white board at exit point to track patients. Collate your paperwork from reception Set up and familiarize Triage Sort criteria on laminate in MI folder	
3	Simulate a casualty passage through triage if time allows.	

DECLARED Notification from ED Shift Leader		Time
4	Distribute yellow surcoats throughout department (if time allows)	
5	Liaise with shift leader and team concerning use of Level 5 and other areas in case of large numbers of casualties.	
6	Ambulance to enter via North Entrance. Patient stays on ambulance trolley until final BSUH destination. If staffing allows, senior nurse or SECAmb to prioritise flow of patients into Triage (Sieve).	
7	**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.	

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 15 CONT… (2 OF 2)
JOB TITLE	ED NURSE
INCIDENT ROLE	ED TRIAGE NURSE

	DECLARED ACTIONS cont…	Time
8	Each patient to leave with one triplicate sheet and matching wrist band, triage priority and destination recorded, drugs prescribed if time allows, , photo taken on one device and white board updated	
9	**Ensure MI patient attendance paperwork is maintained** with accurate information. One sheet to be retained with triage staff. Take regular photographs of MI patient attendance board. The Clinical Lead/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.	
10	**Escalate any problems via ED shift leader**	

	STAND DOWN Decision made by HICC team	Time
11	**Ignore** rumours and talk of stand down. Await confirmation from HICC via ED Shift Leader/ED consultant in Charge.	
12	**Documentation:** Photocopy your copy of the triplicate sheets for HICC, originals in MI folder with ED commander.	
13	**Debrief:** Provide as many staff involved in the incident as possible to attend the 'hot debrief' within ED	
14	**Ensure your Zone is restocked and safe to receive patients**	

Action Card	No 16 (1 of 1)
Incident Role	ED TRIAGE DOCTOR
Location	Emergency Department (ED) RSCH. PAT area
Role Description	Senior Triage Doctor assessing and logging all patients at the front door, assigning initial appropriate destination.

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 ED Triage doctor.

	STANDBY Not normally notified at stand by, may be notified from Clinical Lead/Major Incident Officer	Time
1	Go to Major Incident Store and bring out MI Trolley, white board and set up in PAT area. Ensure that there are enough stores of first aid equipment / intervention equipment.	
2	Assemble a sufficient size team to assess and transfer patients: Senior and junior doctor, nurse and HCA. Receptionist and loggist for white board at exit point to track patients. Collate your paperwork from reception and become familiar with folder contents Set up and familiarize Triage Sort criteria on laminate in MI folder	
3	Simulate a casualty passage through triage to correct potential blockages	

	DECLARED Notification from RSCH Switchboard	Time
4	Liaise with ED commander regarding use of Level 5 capacity in case of large numbers and possible need for a second P3 triage point.	
5	Put on the Triage Doctor tabard and ensure team is suitably attired.	
6	Patients to enter from the North Entrance.	
7	Patients to stay on ambulance trolley until final destination ward / area / cubicle	
8	Ensure patient adequately exposed, beware of hidden tourniquets.	
9	Triage Sort. Each patient should take under one minute. Use laminate	
10	Each patient to leave with one of duplicate sheets and matching wrist band, triage priority and destination recorded, drugs prescribed if time allows, photo taken on one device and white board updated	
11	1 minute interventions only, e.g. CAT tourniquets, pelvic sling, straightening of compromised limb.	
12	Top copy of duplicate sheet to patient, under copy to reception, preparing hourly reports for ED commander on numbers and priority via the white board.	

	STAND DOWN Decision to be taken within HICC	Time
13	Download and delete photos off the device.	
14	Prepare the area for normal working, ensuring that MI equipment returned to store	
15	Prepare verbal report on your activity, numbers through, good points and things to improve for the hot debrief and encourage all triage team members to attend debrief, collating names of all triage staff.	

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ACTION CARD	NO 17 (1 OF 2)
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.	

Example of Triage paperwork:

Major Incident Patient Details

MI number (stick labels here)	On symphony	Name/ Description	Injuries	Sex M/F	Priority P 1/2/3	Destination Zone
120098	Yes	Mary, 80s	HI inj	F	P3	UUC
120099	No	30ish white,	Abdo inj	M	P1	Zone 1

ACTION CARD	NO 17 CONT… (2 OF 2)
JOB TITLE	ED RECEPTIONIST
INCIDENT ROLE	ED TRIAGE RECEPTIONIST

	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 Resilience Team or within HICC cupboard, Trust HQ.	
8	**Debrief:** Provide as many staff involved in the incident as possible to attend the 'hot debrief' within ED	
9	**Ensure the MI documentation is restocked and ready for another major Incident**	

ACTION CARD	**NO 18 (1 OF 2)**
JOB TITLE	**ED 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		
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.	
	Ensure Transfusion are aware of mass casualty attendance	
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 64994) is informed of all patients' movements.	
12	**Discharges:** Ensure that all patients that are suitable for discharge are first sent to be logged by the Police Documentation Team (check location with the HICC but this is likely to be in Main Out Patients) before discharge.	

ACTION CARD	NO 18 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' within ED	
16	**Ensure your Zone is restocked and safe to receive patients**	

ACTION CARD	**NO 19 (1 OF 2)**
JOB TITLE	**ED 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 logged by the Police Documentation Team (check location with the HICC but this is likely to be in Main Out Patients) before discharge.	

ACTION CARD	NO 19 CONT… (2 OF 2)
JOB TITLE	ED DOCTOR
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 Resilience Team 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 20 (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.	

	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 (64994/bleep 8152) within the HICC in order to decant all remaining patients to designated wards.	
6	**Liaise with CSM** (X64994/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 Facilities Services Coordinator within the HICC (X64995)	
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 logged by the Police Documentation Team (check location with the HICC but this is likely to be in Main Out Patients) before discharge.	

ACTION CARD	NO 20 (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 Resilience Team or within HICC cupboard.	
16	**Debrief:** Provide as many staff involved in the incident as possible to attend the 'hot debrief' within ED	
17	**Ensure your Zone is restocked and safe to receive patients**	

ACTION CARD	**NO 21 (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 High Viz 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 logged by the Police Documentation Team (check location with the HICC but this is likely to be in Main Out Patients) before discharge.	

ACTION CARD	NO 21 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' within ED	
16	**Ensure your Zone is restocked and safe to receive patients**	

ACTION CARD	**NO 22 (1 OF 2)**
JOB TITLE	**ED/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 (64994/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).**	

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 logged by the Police Documentation Team (check location with the HICC but this is likely to be in Main Out Patients) before discharge.	

ACTION CARD	NO 22 CONT… (2 OF 2)
JOB TITLE	ED/ACUTE FLOOR NURSE
INCIDENT ROLE	ZONE 2b 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	**Documentation:** Ensure any paperwork relating to the Major Incident is completed before leaving the hospital and leave with the Resilience Team or within HICC cupboard	
16	**Debrief:** Provide as many staff involved in the incident as possible to attend the 'hot debrief' within in	
17	**Ensure your Zone is restocked and safe to receive patients**	

ACTION CARD	**NO 23 (1 OF 2)**
JOB TITLE	**ED/ACUTE FLOOR DOCTOR**
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 64994/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 logged by the Police Documentation Team (check location with the HICC but this is likely to be in Main Out Patients) before discharge.	

ACTION CARD	NO 23 CONT… (2 OF 2)
JOB TITLE	ED/ACUTE FLOOR DOCTOR
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' within ED	
16	**Ensure your Zone is restocked and safe to receive patients**	

ACTION CARD	**NO 24 (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/EACU 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 logged by the Police Documentation Team (check location with the HICC but this is likely to be in Main Out Patients) before discharge.	

ACTION CARD	NO 24 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 Resilience Team or within HICC cupboard.	
16	**Debrief:** Provide as many staff involved in the incident as possible to attend the 'hot debrief' within ED	
17	**Ensure your Zone is restocked and safe to receive patients**	

ACTION CARD	**NO 25 (1 OF 2)**
JOB TITLE	**ED DOCTOR**
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 64994/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 logged by the Police Documentation Team (check location with the HICC but this is likely to be in Main Out Patients) before discharge.	

ACTION CARD	NO 25 CONT… (2 OF 2)
JOB TITLE	ED DOCTOR
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' within ED	
17	**Ensure your Zone is restocked and safe to receive patients**	

ACTION CARD	**NO 26 (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 26 (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	**Debrief:** Provide as many staff involved in the incident as possible to attend the 'hot debrief' within ED	
14	**Ensure your area is restocked including MI paperwork**	

Action Card	**No 27 (1 of 2)**
Job title	**PRH SENIOR ED DOCTOR**
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	Meet with ED shift leader and go through action cards. IF RSCH on standby give update to ext 4218 as to ED capacity and staffing and liaise as to potential staffing requirements to be organised by off-site ED consultant.	

	RSCH DECLARED WITH PRH ON STANDBY Notification by RSCH ED Consultant	Time
2	Objective 1: rapid progression of patients through the department to either admission or discharge. Identify and prepare patients and notes in ED and CDU for discharge or boarding, anticipating portering needs or ward collection.	
3	Objective 2: identify and plan to cover staffing shortages. Liaise with RSCH 4218 for extra junior and senior staff if these may be needed.	
4	Review the current resources available within the department. Consider: dressings, medications, splints, physio equipment. The Clinical Lead/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.	
5	Run through actions for receiving patients with Reception to ensure that flow works smoothly, ensuring computers and printers functional.	
6	Security prepared to block ED public corridor and back corridor entrance outside RAMU to ensure smooth functioning of ED during event.	
7	Prepare to use ED, CDU and RAMU spaces for Major Incident Patients	

	RSCH and PRH DECLARED with PRH receiving casualties Notification by HICC	Time
8	**Ensure** above standby actions 1-7 have been undertaken	
9	Consider holding area for staff while waiting for tasks, e.g. coffee room. Work with the Nurse in Charge: Designate treatment teams for each area. Allocate clinical resources to maintain the care of existing patients expediting discharge or admission. Liaise frequently with the Ambulance Liaison Officer (ALO) to ascertain case mix and numbers expected. • Assume Main Outpatients for Relatives and Police area.	

Action Card	No 27 cont… (2 of 2)
Job title	PRH SENIOR ED DOCTOR
Incident Role	

	RSCH and PRH DECLARED with PRH receiving casualties cont…	Time
10	Requests for additional Emergency Department doctors will have to be made via the RSCH ED Consultant in Charge.	
11	**Wear** your yellow surcoat. You are now triaging every person who attends. Take up position at the Ambulance entrance to the department. Allocate a loggist to document decisions made and outcomes of meetings with ED Nurse, Site and SECAmb using the Log Book. Use Symphony MAJAX screen to book patients and generate paperwork. **Assess** each person rapidly and allocate a triage category. Share relevant data with the Police Documentation Team when they arrive ensuring that patients' clothes and belongings are bagged and labelled.	
12	**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. Ensure all patients including non-event patients to be booked in on the MAJAX screen, **Objective:** rapid assessment and documentation, light touch interventions	
13	Continuously review department capacity. This must be communicated to SECAmb via the Ambulance Liaison Officer or through the PRH HICC.	
14	Maintain hourly contact with the Clinical Lead/Major Incident Officer within the RSCH Hospital Incident Coordination Centre. Provide information on patients received, triage category, capacity and any updated information received from SECAmb. Ensure teams are updated as to events, plan breaks, refreshments, staff replacements.	
15	**Wear** your yellow surcoat. You are now triaging every person who attends. Take up position at the Ambulance entrance to the department. Allocate a loggist to document decisions made and outcomes of meetings with ED Nurse, Site and SECAmb using the Log Book. Use Symphony MAJAX screen to book patients and generate paperwork. **Assess** each person rapidly and allocate a triage category. Share relevant data with the Police Documentation Team when they arrive ensuring that patients' clothes and belongings are bagged and labelled.	

	STAND DOWN Decision made by HICC team	Time
	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	
	Documentation: Ensure any paperwork relating to the Major Incident is completed before leaving the hospital and leave within HICC cupboard	
	Facilitate the hot debrief for your department & send a copy of the notes to the Resilience Team. bsuh.resilience.team@nhs.net	

	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	
	Re stock: Ensure that all areas of the department are fully re stocked and ready to receive patients.	
	Support: Ensure that staff are given support to minimise the psychological trauma that the incident may have caused.	
	Liaise with the ED Shift Leader to ensure the details of all staff involved in the incident are recorded & emailed to the HELP Service at the end of the incident.	

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Action Card	No 28 (1 of 2)
Job title	PRH ED SHIFT LEADER
Incident Role	
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	Meet with ED senior doctor and go through action cards, working out current capacity and staffing in PRH ED with Site Manager. Alert off–site Band 7 that extra staff may potentially be needed.	

	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 planning for the possible escalation of the incident. Alert off-duty senior nurses that PRH on standby and identify Band 7 to undertake staffing allocations for the event and subsequent 2 shifts if PRH Declared.	
4	Run through flow for receiving MI patients, including reception, IT, waiting and treatment areas.	
5	Run through with Site Manager patients identified for wards and ensure notes ready. Ensure portering adequate or wards to pick up patients if Incident Declared.	
6	Inform the nurse in charge of RAMU and the ED receptionist of the current situation.	

	RSCH and PRH DECLARED with PRH receiving casualties Notification from HICC	Time
7	**Ensure** above standby actions 1-6 have been undertaken	
8	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.	
9	If patients from the incident are expected, establish with SECAmb the number and severity of injuries & prepare to receive them.	
10	Allocate someone to open the Major Incident Store Cupboard and distribute yellow surcoats. Ensure stocks of analgesia, dressings, cleaning solutions, suturing, physio aids are present.	
11	Enlist Band 7 to contact extra staff ensuring that you do not call the next shift/night shift.	

Action Card	No 28 cont… (2 of 2)	
Job title	**PRH ED SHIFT LEADER**	
RSCH and PRH DECLARED with PRH receiving casualties cont…		Time
12	In conjunction with the Senior ED Clinician: • Designate treatment teams within the dept. • Allocate a nursing co-ordinator to each area of the department. • Use RAMU to extend ED treatment areas. • Allot loggist for Shift leader.	
13	Arrange for a triage point to be established at the Ambulance entrance – with appropriate clinician, nurse and reception staff. Use Triage action card	
14	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 at the ED Ambulance entrance	
5	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.	
16	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. With ED consultant ensure hourly rounds, check on breaks, refreshments, preparing update to HICC on capacity & admissions.	

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' within ED	
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.	
22	Record the details of all staff involved in the incident & email to the HELP Service at the end of the incident.	

Action Card	**No 29 (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	Check paperwork, familiarise with IT Symphony and Action Card.	

	RSCH DECLARED WITH PRH ON STANDBY Notification from PRH ED Shift leader	Time
2	Ensure you are familiar with the Computer Major Incident system. Run through patient flow with ED Consultant and ED Shift Leader	
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 29 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' within ED	
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 30 (1 of 2)**
Incident Role	**LEVEL 7 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 theatre & assess need for further anaesthetic cover Assist in the formation of the Network Clinical Coordination Team
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 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 L 7 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. Contact L5 ICU Consultant once Major Incident declared.	
3	Lead ICU Major Incident huddle on L7 ITU.	
4	Call in colleagues as necessary ensuring there will be adequate staffing to for the next two shifts. L5 ICU Consultant to takeover communication role. Liaise with the ICU consultant at PRH Inform the HICC when your dept/service is fully staffed	
5	If the Clinical Lead/Major Incident Officer informs you that this is a Mass casualty incident please ensure an additional ICU Consultant is available within the first 4 hours to take on this action card or the Network Clinical Coordination Team action card.	
6	If this is a Mass Casualty Incident please ensure all referrals to your service are managed via the NCCT (confirm which number will be used for this and communicate to the teams)	
7	**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. In a Mass Casualty incident update the bed management more regularly	
8	**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.	
9	**Keep the Clinical Lead/Major Incident Officer informed** of the critical care situation (Ext. 4993).	

Action Card	No 30 Cont. (2 of 2)
Incident Role	LEVEL 7 ICU CONSULTANT ON CALL

	STAND DOWN Decision to be taken within HICC	Time
10	**Ignore rumours and talk of stand down**. Await confirmation from HICC	
11	**Document:** Ensure any paperwork relating to the Major Incident is completed before leaving the hospital and leave within HICC cupboard	
12	**Debrief:** Provide as many staff involved in the incident as possible to attend the 'hot debrief' within your department. Consider referral to the Staff Support Intensive Care Unit Debriefs (SID) group.	
13	**Ensure your area is restocked** as necessary and that staffing is adequate for the next 48 hours	
14	Record the details of all staff involved in the incident & email to the HELP Service at the end of the incident.	

	Useful Contact Numbers			
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	**No 31 (1 of 2)**
Incident Role	**LEVEL 5 ICU (NEURO) CONSULTANT ON CALL**
Location	**ITU RSCH**
Role Description	Facilitate the availability of beds on ICU / Rapid discharges Take over the role of contacting medical staff (from L7 Consultant) ASAP. Prepare for expansion of L3 capacity on L5. Liaise with Nurse in charge of ICU
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 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 Level 7 ICU Consultant On Call	Time
2	**Proceed to ICU L& 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	**Attend ICU Major Incident huddle on ICU L7.**	
4	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**	
5	Facilitate rapid discharge of patients to create capacity	
6	Prepare to escalate L3/Ventilator capacity.	
7	**Keep the Clinical Lead/Major Incident Officer informed** of the critical care 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' within your department. Consider referral to the Staff Support Intensive Care Unit Debriefs (SID) group.	
11	**Ensure your area is restocked** as necessary and that staffing is adequate for the next 48 hours	
12	Record the details of all staff involved in the incident & email to the HELP Service at the end of the incident.	

Action Card	No 31	(2 of 2)
Incident Role	LEVEL 5 ICU (NEURO) CONSULTANT ON CALL	

	Useful Contact Numbers			
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	No 32 (1 of 2)
Job title	NURSE IN CHARGE OF L7 ICU RSCH
Incident Role	NURSE IN CHARGE OF L7 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, (L7) together with a register of staff contact 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	Attend the ICU Major Incident huddle on ICU L7	
6	Staffing: Assess the current & future staffing levels within the dept & activate the communication cascade call in additional staff as necessary according to agreed protocol. Identify one member of staff to lead on this. Nominate a second member of staff to answer the phones.	
7	Inform CHDU and PRH ICU department. Liaise with the Nurse in Charge regarding possible capacity/staff sharing.	
8	Inform regional ICU bed coordinator of the current situation	
9	When necessary, consider escalation of capacity to Theatre recovery – with the need to provide further resources/staffing. If escalation needed, trigger second tier of staffing levels.	
10	Nominate one member of staff to liaise with the Clinical Lead/Major Incident Officer in the HICC team (X 4993) Nominate a second member of staff to answer the phones	
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 32 (2 of 2)	
Job title	NURSE IN CHARGE OF L7 ICU RSCH	
Incident Role	NURSE IN CHARGE OF L7 ICU RSCH	
STAND DOWN Decision to be taken within HICC		Time
12	**Staffing:** Prepare a plan for ICU staffing for the next 48 hours (96 hours if mass casualty event declared) – taking into account any additional workload.	
13	Facilitate the hot debrief for your department & send a copy of the notes to the Resilience Team. bsuh.resilience.team@nhs.net Consider referral to the Staff Support Intensive Care Unit Debriefs (SID) group.	
14	**Document:** Ensure that all paperwork is completed for major incident patients before leaving the hospital and leave within HICC cupboard	
15	Record the details of all staff involved in the incident & email to the HELP Service at the end of the incident.	

	Useful Contact Numbers			
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	No 33 (1 of 2)
Job title	NURSE IN CHARGE OF L5 (NEURO) ICU RSCH
Incident Role	NURSE IN CHARGE OF L5 (NEURO) ICU RSCH
Location	Neuro ICU RSCH
Role Description	To assess capacity and staffing levels within ICU. To coordinate with L7 Shift leader. To facilitate rapid discharges for capacity and prepare to increase L3 capacity 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, (L5) together with a register of staff contact numbers.	

	STANDBY Notification from L7 ICU Nurse in Charge	Time
1	Inform other members of the Neuro ICU team of the current alert status.	
2	Inform the Matron for Neuro ICU, and the Neuro ICU Consultant on call	
3	**Prepare a list of current activity within Neuro ICU**, highlighting those patients who may be suitable for transfer. This information will be required by the Hospital Incident Coordination Centre team (HICC).	

	DECLARED Notification from ICU Nurse in Charge	Time
4	Ensure above standby actions 1-3 have been undertaken	
5	Attend Major Incident huddle on L7 ICU.	
6	Staffing: Assess the current & future staffing levels within the dept & call in additional staff as necessary according to Huddle escalation plan.	
7	Liaise with the Nurse in Charge of ICU regarding capacity and staffing and try to cohort Neuro patients together	
8	Coordinate rapid discharges to create capacity.	
9	Ensure Neuro prompt cards are available to all staff and by the patients' bedside	
10	Ensure an adequate stock of osmotic therapy (Mannitol / hypertonic saline) and equipment (ICP bolts / boxes)	
11	Prepare to escalate L3 / ventilation capacity to A bay and side rooms.	
12	When necessary, consider escalation of capacity to Neuro Theatre recovery – with the need to provide further resources/staffing.	
13	**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 33	(2 of2)
Job title	NURSE IN CHARGE OF L5 (NEURO) ICU RSCH	
Incident Role	NURSE IN CHARGE OF L5 (NEURO) ICU RSCH	

	STAND DOWN Decision to be taken within HICC	Time
14	**Staffing:** Prepare a plan for ICU staffing for up to the next 96 hours – taking into account any additional workload.	
15	**Debrief:** Try to send staff who were involved in the incident to the 'hot debrief' within your department. Consider referral to the Staff Support Intensive Care Unit Debriefs (SID) group.	
16	**Document:** Ensure that all paperwork is completed for major incident patients before leaving the hospital and leave within HICC cupboard	
17	Record the details of all staff involved in the incident & email to the HELP Service at the end of the incident.	

	Useful Contact Numbers			
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	No 34 (1 of 1)
Job title & Incident Role	CRITICAL CARE OUTREACH TEAM
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 in hours		Time
2	Assess the staffing and capacity within your service.	
3	Assess patients under Outreach review.	
4	Attend ICU Major Incident huddle on ICU L7.	
5	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.	
6	Any issues within the Outreach/Resus service should be escalated via the L7 ICU Consultant.	

STAND DOWN Decision to be taken within HICC		Time
7	Ensure any paperwork relating to the Major Incident is completed before leaving the hospital and leave within HICC cupboard	
8	**Debrief:** Try to send staff who were involved in the incident to the 'hot debrief' within your department. Consider referral to the Staff Support Intensive Care Unit Debriefs (SID) group.	
9	Record the details of all staff involved in the incident & email to the HELP Service at the end of the incident.	

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

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Action Card	No 35 (1of 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 if needed 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	Attend ICU Major Incident huddle on ICU.	
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	Consider calling in staff to support the RSCH or PRH activity.	

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

Action Card	No 35 cont… (2 of 2)
Job title	PRH ICU CONSULTANT ON CALL
Incident Role	

STAND DOWN Decision to be taken within HICC		Time
9	**Stand down:** Ignore rumours and talk of 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	Facilitate the hot debrief for your department & send a copy of the notes to the Resilience Team. bsuh.resilience.team@nhs.net Consider referral to the Staff Support Intensive Care Unit Debriefs (SID) group.	
12	**Ensure your area is restocked as necessary and that staffing is adequate for the next 48 hours**	

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	No 36 (1 of 2)
Job title	NURSE IN CHARGE OF ICU PRH
Incident Role	NURSE IN CHARGE OF ICU PRH
Location	ICU PRH
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 contact numbers.	

	STANDBY Notification from L7 ICU RSCH	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	Attend the ICU Major Incident huddle on ICU.	
6	**Staffing:** Assess the current & future staffing levels within the dept & call in additional staff as necessary according to agreed protocol. Nominate a second member of staff to answer the phones.	
7	Inform CHDU and PRH ICU department. Liaise with the Nurse in Charge regarding possible capacity/staff sharing.	
8	Inform regional ICU bed coordinator of the current situation	
9	When necessary, consider escalation of capacity to Theatre recovery – with the need to provide further resources/staffing.	
10	Nominate one member of staff to liaise with the Clinical Lead/Major Incident Officer in the HICC team (X 4993) Nominate a second member of staff to answer the phones	
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 (2 of 2)	
Job title	NURSE IN CHARGE OF ICU PRH	
Incident Role	NURSE IN CHARGE OF ICU PRH	
STAND DOWN Decision to be taken within HICC		Time
12	**Staffing:** Prepare a plan for ICU staffing for the next 48 - 96 hours – taking into account any additional workload.	
13	**Debrief:** If possible, provide staff for a hot debrief in your department. Consider referral to the Staff Support Intensive Care Unit Debriefs (SID) group.	
14	**Document:** Ensure that all paperwork is completed for major incident patients before leaving the hospital and leave within HICC cupboard	
14	Record the details of all staff involved in the incident & email to the HELP Service at the end of the incident.	

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	**No 37 (1 of 2)**
Job title	**GENERAL ANAESTHETIC CONSULTANT ON CALL**
Incident Role	
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 with telephone numbers	

	STANDBY Notification from RSCH Switchboard	Time
1	**Liaise with ED Consultant in ED (X4218) & the Clinical Lead/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.**	

	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	**Proceed to theatres at RSCH.** Assume role of lead anaesthetist, don tabard. Consider calling in extra staff if needed.	
5	**Liaise with theatre co-ordinator, ED Consultant and Trauma Consultant** concerning the need to provide resuscitation support in ED. Consider early use of recovery / theatre 8 for multiple ventilated patients.	
6	**Arrange to provide anaesthetic staff to support** surgical teams in operating theatres initially just general on call teams then if needed form best fit teams utilising on call neuro cardiac and Paeds teams.	
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 Clinical Lead/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' within your department	
13	Ensure your area is restocked as necessary and that staffing is adequate for the next 48 hours	
14	Record the details of all staff involved in the incident & email to the HELP Service at the end of the incident.	

Action Card	No 37	(2 of 2)

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	**No 38 (1 of 2)**
Job title	**NEURO ANAESTHETIST CONSULTANT ONCALL**
Incident Role	
Location	**Emergency Department (ED) RSCH**
Role Description	Liaise with consultant anaesthetist on duty & Neuro Surgeon on call. Establish whether neuro specialists are to be used in ED or in neuro theatres 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 Consultant Anaesthetist on call, together with a register of staff with telephone numbers	

	STANDBY Notification from RSCH Switchboard	Time
1	You will be notified at stand by, no action needed at present.	

	DECLA00RED 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 neurosurgeon on call.	
4	Establish whether neurosurgical specialists are to be used in ED or in neuro theatres or main theatres.	
5	Arrange to provide anaesthetic staff to support surgical teams where required.	
6	Liaise with neurosurgeon & 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 neuro anaesthetic cover after the incident is finished.	
9	Document: Ensure that all paperwork is completed for major incident patients before leaving the hospital and send a copy of any log books to the Head of Resilience	
10	Record the details of all staff involved in the incident & email to the HELP Service at the end of the incident.	
11	**Debrief:** Provide as many staff involved in the incident as possible to attend the 'hot debrief' within your department	

Action Card	No 38	(2 of 2)

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	No 39 (1 of 2)
Incident Role	SURGICAL CONSULTANT ON CALL
Location	Emergency Department (ED) RSCH
Role Description	Coordinate the surgical team and resources Liaise with the ED Consultant & Anaesthetist on call. Liaise with the Clinical Lead/Major Incident Officer in the Hospital Incident Coordination Centre (HICC) Assess the short and longer term impact on your service Assist in the formation of the Network Clinical Coordination Team (NCCT)
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 Clinical Lead/Major Incident Officer at this stage	Time
1	**The Clinical Lead/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	If the Clinical Lead/Major Incident Officer informs you that this is a Mass casualty incident please call in a further general surgical cons to take on this action card or the Network Clinical Coordination Team action card.	
5	If this is a Mass Casualty Incident please ensure all referrals to your service are managed via the NCCT. Contact the Clinical Lead/Major Incident Officer on ext. 64993 to confirm contact number for the NCCT.	
6	**Proceed to the Emergency Department & 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	
7	**Assess the requirement for surgical resources within the ED** considering the predicted patient numbers & types of injuries.	
8	**Provide triage of surgical resources to the patients** attending during the major incident – both in the ED and the operating theatres. Liase with theatre co-ordinator and lead anaesthetist regarding additional theatre requirements. Take over role of lead surgeon; don tabard	
9	**Liaise with the Pathology Co-ordinator** within the ED regarding the need for blood products.	
10	**Advise the Clinical Lead/Major Incident Officer in the HICC (Ext 4993) if it is necessary for you to attend Theatres.**	
11	**Assess the short and longer term impact on Theatres** & liaise with the HICC when they are requesting information to stand down.	

Action Card	No 39 Cont. (2 of 2)
Incident Role	SURGICAL CONSULTANT ON CALL

STAND DOWN Decision to be taken within HICC		Time
12	**Ensure Surgical resources are available for on going theatre work** relating to MI patients & that surgical clinical cover is available	
12	**Consider:** Surgical work may have been cancelled or postponed and will need to be rescheduled afterwards.	
14	**Debrief:** Provide as many staff involved in the incident as possible to attend the 'hot debrief' within your department	
15	**Complete any documentation & leave within patient notes or HICC**	
16	Record the details of all staff involved in the incident & email to the HELP Service at the end of the incident.	

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	**No 40 (1 of 2)**
Incident Role	**TRAUMA & ORTHO 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. Liaise with the Clinical Lead/Major Incident Officer in the Hospital Incident Coordination Centre (HICC) Assess the short and longer term impact on your service Assist in the formation of the Network Clinical Coordination Team
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 trauma Consultant on call, together with a register of staff, with telephone numbers.	

	STANDBY Not normally notified at stand by, may be notified from Clinical Lead/Major Incident Officer	Time
1	**The Clinical Lead/Major Incident Officer may discuss with you any required actions at this stage** – This may include delaying the start of any long Trauma cases 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	If the Clinical Lead/Major Incident Officer informs you that this is a Mass casualty incident please call in a further trauma cons to take on this action card or the Network Clinical Coordination Team action card.	
5	If this is a Mass Casualty Incident please ensure all referrals to your service are managed via the NCCT. Contact the Clinical Lead/Major Incident Officer on ext. 64993 to confirm contact number for the NCCT	
6	**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	
7	**Assess the requirement for Trauma resources** within the ED – considering the predicted patient numbers and types of injuries.	
8	**Provide triage of trauma resources** to the patients attending during the major incident – both in the ED and the operating theatres.	
9	**Liaise with the Pathology Co-ordinator within the ED** regarding the need for blood products.	
10	**Consider** Trauma support may be required within all areas of the Emergency Department.	
11	**Advise the Clinical Lead/Major Incident Officer in the HICC (Ext 4993**) if it is necessary for you to attend Theatres.	

Action Card	No 40 Cont. (2 of 2)
Incident Role	TRAUMA & ORTHO CONSULTANT ON CALL

STAND DOWN Decision to be taken within HICC		Time
12	**Ensure Trauma resources are available** for any on-going theatre work relating to MI patients & that Trauma clinical cover is available.	
13	**Consider** Trauma theatre and clinic work may have been cancelled or postponed and will need to be rescheduled afterwards.	
14	**Debrief:** Provide as many staff involved in the incident as possible to attend the 'hot debrief' within your department	
15	**Ensure area is restocked** and staffing is adequate for the next 48 hrs	
16	Record the details of all staff involved in the incident & email to the HELP Service at the end of the incident.	

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	No 41 (1 of 2)
Incident Role	**SUSSEX EYE HOSPITAL SURGICAL CONSULTANT ON CALL**
Location	**Emergency Department (ED) SEH**
Role Description	Coordinate the surgical team and resources Liaise with Anaesthetist on call. Liaise with the Clinical Lead/Major Incident Officer in the Hospital Incident Coordination Centre (HICC) Assess the short and longer term impact on your service
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 Clinical Lead/Major Incident Officer at this stage	Time
1	**The Clinical Lead/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	If this is a Mass Casualty Incident please ensure all referrals to your service are managed via the NCCT. Contact the Clinical Lead/Major Incident Officer on ext. 64993 to confirm contact number for the NCCT.	
5	**Proceed to the SEH Emergency Department & report your arrival to the Lead 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	
6	**Assess the requirement for surgical resources within the ED** considering the predicted patient numbers & types of injuries.	
7	**Provide triage of surgical resources to the patients** attending during the major incident – both in the ED and the operating theatres.	
8	**Advise the Clinical Lead/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.	

Action Card	**No 41 Cont. (2 of 2)**
Incident Role	**SUSSEX EYE HOSPITAL SURGICAL CONSULTANT ON CALL**
Location	**Emergency Department (ED) SEH**

	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' within your department	
13	**Complete any documentation & leave within patient notes or HICC**	
14	Record the details of all staff involved in the incident & email to the HELP Service at the end of the incident.	

Useful Contact Numbers

HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	No 42 (1 of 2)
Job title & Incident Role	CARDIOTHORACIC SURGEON ONCALL
Location	Main theatres RSCH
Role Description	Coordinate the cardiothoracic Team and resources Liaise with the ED Consultant & Anaesthetist on call. Liaise with the Clinical Lead/Major Incident Officer in the Hospital Incident Coordination Centre (HICC) Assess the short and longer term impact on your service
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 staff contact details	

	STANDBY Not normally notified at stand by, may be notified from Clinical Lead/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 REGISTER AND MUSTER IN MAIN THEATRES	
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.**	
7	If this is a Mass Casualty Incident please ensure all referrals to your service are managed via the NCCT. Contact the Clinical Lead/Major Incident Officer on ext. 64993 to confirm contact number for the NCCT.	

	STAND DOWN Decision to be taken within HICC	Time
8	**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.**	
10	**Document:** Ensure that all paperwork is completed for major incident patients 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' within your department	
12	Record the details of all staff involved in the incident & email to the HELP Service at the end of the incident.	

Action Card	No 42 (2 of 2)
Job title & Incident Role	CARDIOTHORACIC SURGEON ONCALL

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	No 43 (1 of 2)
Job title & Incident Role	CARDIOTHORACIC ANAESTHETIST ON CALL
Location	Main theatres RSCH
Role Description	Coordinate the cardiothoracic anaesthetic Team & resources Liaise with the ED Consultant & Anaesthetist on call. Liaise with the Clinical Lead/Major Incident Officer in the Hospital Incident Coordination Centre (HICC) Assess the short and longer term impact on your service
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 Clinical Lead/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 main theatres at the RSCH.** Liaise with lead anaesthetist or theatre co-ordinator. 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' within your department**	
11	Record the details of all staff involved in the incident & email to the HELP Service at the end of the incident.	

Action Card	No 43 (2 of 2)
Job title & Incident Role	CARDIOTHORACIC ANAESTHETIST ON CALL

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	No 44 (1 of 2)
Job title & Incident Role	NEUROSURGICAL CONSULTANT ON CALL
Location	Main theatres RSCH
Role Description	Coordinate the Neurosurgical Team and resources Liaise with the consultant anaesthetist and consultant surgeon on-call Liaise with the Clinical Lead/Major Incident Officer in the Hospital Incident Coordination Centre (HICC) Assess the short and longer term impact on your service Assist in the formation of the Network Clinical Coordination Team
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 Neuro Surgeon on call, together with a register of staff contacts	

	STANDBY Not normally notified at stand by, may be notified from Clinical Lead/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	If the Clinical Lead/Major Incident Officer informs you that this is a Mass casualty incident please call in a further Neuro Cons to take on this action card or the Network Clinical Coordination Team action card.	
3	If this is a Mass Casualty Incident please ensure all referrals to your service are managed via the NCCT. Contact the Clinical Lead/Major Incident Officer on ext. 64993 to confirm contact number for the NCCT.	
4	Bleep number the on-call registrar (6023) and ask them to attend the emergency department at the RSCH. Proceed to the emergency department yourself.	
5	**Liaise with the ED Consultant** on duty & the Anaesthetist on call.	
6	**Establish whether Neurosurgical specialists are to be used in ED or in the Neuro ICUor Main Theatres.** Call in other staff that may be needed e.g. CT theatre staff, ODPs SIGN IN TO MAIN THEATRES MUSTER POINT	
7	**If Neuro 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.	
8	**Liaise with the Anaesthetist & Pathology Co-ordinator about quantity and type of blood and blood by-products.**	

Action Card	No 44 Cont. (2 of 2)
Job title & Incident Role	NEUROSURGICAL CONSULTANT ON CALL

STAND DOWN Decision to be taken within HICC		Time
9	**Work may be continuing after stand down within Theatres and ICU that may require your input.**	
10	**Ensure that there will continue to be neurosurgical clinical cover after the incident is finished.**	
11	**Document:** Ensure that all paperwork is completed for major incident patients before leaving the hospital and leave within HICC cupboard	
12	**Debrief:** Provide as many staff involved in the incident as possible to attend the 'hot debrief' within your department	
13	Record the details of all staff involved in the incident & email to the HELP Service at the end of the incident.	

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	No 45 (1 of 2)
Job title	LEVEL 5 THEATRE MANAGER, RSCH
Incident Role	THEATRE MANAGER, RSCH
Location	Theatres, RSCH
Role Description	Assess and coordinate capacity and staffing with theatres Liaise with lead surgeon and lead anaesthetist Identify theatre availability and 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.	
2	Standby for any escalation of the incident.	

	DECLARED Notification from RSCH Switchboard	Time
3	Proceed to theatres at RSCH. Don tabard. Identify a loggist	
4	Liaise with lead anaesthetist and lead surgeon & assess the current situation relating to theatre staff resources across the hospital site.	
5	**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.	
6	**During working hours, contact other theatres** in the Trust & gather info on their position re staffing, supplies & current activity.	
7	**Staffing**: Ascertain the need for additional staff within Level 5 Theatres & call them in as necessary from the maintained contact list; Call in extra staff as needed. Note skill mix (e.g. scrub/airway) of theatre staff across all on-call teams as arrive at main theatres **Inform the HICC when your dept/service is fully staffed**	
8	**Allocate nursing staff to surgical and anaesthetic teams**. Notify HICC of any shortages of medical staff.	
9	**Arrange to provide best fit theatre staff** to support surgical teams in operating theatres from general on call then Neuro / cardiac /Paeds if required.	
10	In conjunction with the Surgical Consultant and ED Shift leader within A&E, **prepare a projected work list for the anticipated work load.**	
11	**Liaise with the lead surgeon and lead anaesthetist** concerning the need to open further emergency theatres	
12	**Keep the Clinical Site Manager in the HICC informed of the staffing situation** (X64994), expected caseload, arrival of patients for surgery, update on condition or deaths of patients & impending transfer of patients to wards.	

Action Card	No 45	(2 of 2)
Job title & Incident Role	THEATRE MANAGER, RSCH	
13	**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.	
14	**Maintain liaison with supporting services such as radiography & haematology.**	
15	Estimate the knock on effect of the major incident patient workload and inform the HICC**.**	
16	**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
17	**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.	
18	**Liaise with SSD, supplies and pharmacy to ensure that all theatre areas are fully re stocked.**	
19	**In conjunction with the surgical and Trauma consultants and business managers, ensure that a plan is made to return to 'normal' working.**	
20	Facilitate the hot debrief for your department & send a copy of the notes to the Resilience Team. bsuh.resilience.team@nhs.net	
21	**Debrief:** Arrange for yourself & your staff to attend the 'hot' debrief if possible	
22	Record the details of all staff involved in the incident & email to the HELP Service at the end of the incident.	

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	No 46 (1 of 2)
Job title	CONSULTANT RADIOLOGIST ON CALL
Incident Role	CONSULTANT RADIOLOGIST ON CALL
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 Clinical Lead/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' within your department	
10	Record the details of all staff involved in the incident & email to the HELP Service at the end of the incident.	

Action Card	No 46 (2 of 2)
Job title	CONSULTANT RADIOLOGIST ON CALL
Incident Role	CONSULTANT RADIOLOGIST ON CALL

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	**No 47 (1 of 2)**
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 PSL (0300 130 3045)** 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 Clinical Lead/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	Facilitate the hot debrief for your department & send a copy of the notes to the Resilience Team. bsuh.resilience.team@nhs.net	
12	**Ensure your area is restocked as necessary and that staffing is adequate for the next 48 hours**	
13	Record the details of all staff involved in the incident & email to the HELP Service at the end of the incident.	

Action Card	No 47 (2 of 2)
Job title	MEDICAL CONSULTANT ON CALL
Incident Role	MEDICAL CONSULTANT

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	No 48 (1 of 2)
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 AAU, EACU 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 AAU, EACU and the Emergency Department,** depending on the scale of the incident and the types of patients admitted; liaise with the ED Consultant & the Clinical Lead/Major Incident Officer in the 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 Clinical Lead/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 and that all required actions for any of your patients are handed over to the designated on call team afterwards.	
7	Inform the Clinical Lead/Major Incident Officer in the Hospital Incident Coordination Centre before leaving the site.	
8	Ensure that all paperwork is completed for major incident patients before leaving the hospital and leave within HICC cupboard	
9	**Debrief:** Provide as many staff involved in the incident as possible to attend the 'hot debrief' within your department	
10	Ensure your area is restocked as necessary and that staffing is adequate for the next 48 hours	
11	Record the details of all staff involved in the incident & email to the HELP Service at the end of the incident.	

Action Card	No 48 (2 of 2)
Job title & Incident Role	ALL MEDICAL STAFF/TEAM LEADERS

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	No 49 (1 of 2)
Job title	AAU COORDINATOR/SENIOR NURSE
Incident Role	AAU COORDINATOR
Location	Acute Assessment Unit 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 AAU – 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 64994) regarding allocation of beds & once allocated request ward staff collect the patients	
5	**Prepare for the Major Incident discharge ward round** – Medical Consultant and pharmacist – that will begin with AAU patients.	
6	**Staffing:** If further AAU 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 Clinical Lead/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 AAU 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 AAU	
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 49 cont… (2 of 2)
Job title	AAU COORDINATOR/SENIOR NURSE
Incident Role	AAU COORDINATOR

STAND DOWN Decision to be taken within HICC		Time
12	**Review the staffing levels for the next 48 hours.**	
13	Facilitate the hot debrief for your department & send a copy of the notes to the Resilience Team. bsuh.resilience.team@nhs.net	
14	**Restock:** Ensure that all areas of the unit are re-stocked and ready to return to normal operations.	
15	**Liaise with the Clinical Lead/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.	
17	Record the details of all staff involved in the incident & email to the HELP Service at the end of the incident.	

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	**No 50 (1 of 2)**
Job title	**EACU COORDINATOR/SENIOR NURSE**
Incident Role	**EACU COORDINATOR**
Location	**Emergency Ambulatory care Unit**
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 EACU Unit and anyone who may be expected to undertake the role of Co-ordinator should be familiar with it. A list of EACU 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 EACU – 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 64994) regarding allocation of beds & with Facilities Services Coordinator (X 64995) for porters to facilitate the moves.	
5	**Prepare for the Major Incident discharge ward round** – Medical Consultant and pharmacist – that will begin with AAU then EACU patients.	
6	**Staffing:** If further EACU 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 Clinical Lead/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 AAU 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 EACU	
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 50 cont… (2 of 2)
Job title	EACU COORDINATOR/SENIOR NURSE
Incident Role	EACU 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' within your department.	
14	**Restock:** Ensure that all areas of the unit are re-stocked and ready to return to normal operations.	
15	**Liaise with the Clinical Lead/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.	
17	Record the details of all staff involved in the incident & email to the HELP Service at the end of the incident.	

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	No 51 (1 of 2)
Job title & Incident Role	ALL WARD MANAGERS/NURSES IN CHARGE
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 receive patients and deploy staff t
This card must be maintained in a readily accessible place within the office for use by all ward staff together with 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	Nominate one member of staff to liaise with the Clinical Site Manager in the Hospital Incident Co-ordination Centre (HICC) ext. 62005, this should be yourself or a nominated liaison for your team	
3	**Fill out the table overleaf and identify patients for discharge, these maybe patients who may be discharged at risk.** Email to BSUH.HICC@bsuh.nhs.uk or ensure a paper copy is handed in to the HICC or your divisional rep	
4	**Contact** Clinical Site Manager and give them the following information • Any empty bed spaces now • All potential discharges as per the table over • Any elective patients due for admission in the next 24 hours • Do not cancel any elective admissions unless directed to by the HICC.	
5	**Prepare to board 1 patient on your ward, inform CSM when ready and arrange to collect the patient from level 5**	
6	**Staffing** • Assess the number & type of nursing staff currently on duty & on the next shift • Contact your members of staff and find out their availability for working extra shifts over the next 48 hours.	
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. Contact them as needed. Leaflets for staff and patients can be found in the appendix of the Major Incident and Multiple Casualty Plan	

	STAND DOWN Decision to be taken within HICC	Time
9	Record the details of all staff involved in the incident & email to the HELP Service at the end of the incident.	
10	Ensure that staffing is adequate for the next 48 hours and all paperwork is completed for all admissions.	
11	Facilitate the hot debrief for your department & send a copy of the notes to the Resilience Team. bsuh.resilience.team@nhs.net	

Action Card	No 51 (cont) (2 of 2)
Job title & Incident Role	ALL WARD MANAGERS/NURSES IN CHARGE

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Site	Ward	Patient First Name	Patient Surname	Patient No.	Can they be discharged?				Can they be moved?	
					No	Transferred	Maybe	Home	Step down	Sit out

Key **([please print out further copies of this form as necessary)**

No	Needs acute hospital care. Cannot be transferred home or to another facility.	**Home**	Can go home immediately and does not need transport. (patients awaiting for operations or treatment that can be postponed)
Transferred	Needs care that could be delivered in another facility (Repatriation/ Nursing Home /Care home /Rehab /Hospice).	**Step down**	Needs to stay in hospital but can step down to a less acute bed
Maybe	Could have treatment or package of care at home (IVAbx, non-complex social care discharges). May need transport	**Sit out**	Needs to stay in hospital but can sit out in a chair

Staff name	Usual place of work	Role	Skills	Can work at which sites
EXAMPLE Jo Blogs	ED RSCH	Band 6 staff nurse	Adult & Paediatric trained	RSCH and PRH

Action Card	No 52 (1 of 2)
Job title	DISCHARGE LOUNGE COORDINATOR
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 (64994)

	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	**Debrief:** Try to send staff who were involved in the incident to the 'hot debrief' within your department.	
14	Record the details of all staff involved in the incident & email to the HELP Service at the end of the incident.	

Action Card	No 52 (2 of 2)
Job title	DISCHARGE LOUNGE COORDINATOR
Incident Role	DISCHARGE LOUNGE COORDINATOR

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	No 53 (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	Facilitate the hot debrief for your department & send a copy of the notes to the Resilience Team. bsuh.resilience.team@nhs.net	
8	Record the details of all staff involved in the incident & email to the HELP Service at the end of the incident.	

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

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Action Card	**No 54 (1 of 2)**
Job title	**STAFF MEMBER ASSIGNED BY HICC**
Incident Role	**RELATIVES RECEPTION & MI PATIENT DISCHARGE COORDINATOR**
Location	**Decided by the HICC** **Likely to be 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	Contact the Tactical Commander in the HICC ext 64998 and find out the location of the Relatives Reception Area (possibly Main Out Patients); Liaise with Security to ensure correct signage in place.	
3	Review activity and discuss with the Tactical Commander in the HICC which clinics may need to be postponed; liaise with the staff in those clinics. Review available staffing and call in staff as necessary.	
4	Ensure reception staff are aware and inform them of the plan and their role.	
5	Ensure paperwork ready & Document details of all relatives/friends that arrive & provide this information to the Tactical Commander ext. 64998	
6	Prevent the admission of any press or media to this area using Security officers if necessary.	
7	Provide refreshments to the discharged MI Patients and relatives & friends that are waiting for information. Chaplaincy Volunteers may be used. Contact the Facilities Services Coordinator (X 64995) to place your request for refreshments.	
8	Any requests for support or resources should be made to the HICC.	
9	Any information on patient conditions must be given by senior members of staff in a co-ordinated and structured way – taking care of patient confidentiality. This must be done in conjunction with staff looking after the patient, Police Casualty Bureau and HICC staff.	
10	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 54 cont… (2 of 2)
Job title	STAFF MEMBER ASSIGNED BY HICC
Incident Role	RELATIVES RECEPTION & MI PATIENT DISCHARGE AREA COORDINATOR

STAND DOWN Decision to be taken within HICC		Time
11	**Keep area** open until all relatives/MI patients have been dealt with appropriately	
12	**Ensure that the area is left tidy and secure when you leave.**	
13	**Documentation:** Ensure that all paperwork is completed before leaving the hospital and leave within HICC cupboard	
14	Facilitate the hot debrief for the Relatives Reception Staff & send a copy of the notes to the Resilience Team. bsuh.resilience.team@nhs.net	
15	Record the details of all staff involved in the incident & email to the HELP Service at the end of the incident.	

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	No 55 (1 of 1)
Job title	STAFF MEMBER, ASSIGNED 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 (X64998).	
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 within the HICC if possible	
14	Record the details of all staff involved in the incident & email to the HELP Service at the end of the incident.	

Action Card	No 55 contd (2 of 2)
Job title	STAFF MEMBER, ASSIGNED BY HICC
Incident Role	PRESS/MEDIA RECEPTION AREA

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	**No 56 (1 of 2)**
Job title	**STAFF MEMBER, ASSIGNED 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 documentation	
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** (X64994) 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** (X64994). 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 within the HICC f possible	
11	Record the details of all staff involved in the incident & email to the HELP Service at the end of the incident.	

Action Card	No 56 contd (2 of 2)
Job title	STAFF MEMBER, ASSIGNED BY HICC
Incident Role	STAFF MUSTER POINT COORDINATOR

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	No 57 (1 of 2)
Job title & Incident Role	SENIOR 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	Facilitate the hot debrief for your staff & send a copy of the notes to the Resilience Team. bsuh.resilience.team@nhs.net	
10	Record the details of all staff involved in the incident & email to the HELP Service at the end of the incident.	

Action Card	No 57 contd (2 of 2)
Job title & Incident Role	SENIOR NURSES

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	No 58 (1 of 1)
Job title & Incident Role	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 esus service should be escalated via the Tactical Commander in the HICC (X64998)	

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	**Debrief:** Try to send staff who were involved in the incident to the 'hot debrief' within your department.	
7	Record the details of all staff involved in the incident & email to the HELP Service at the end of the incident.	

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

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Action Card	No 59 (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 (ask the Clinical Site Team for info on this)	
12	**Future staffing:** Ensure that there is on going Senior cover for the medical teams remaining after the incident.	

Action Card	No 59 contd (2 of 2)
Job title	PRH MEDICAL CONSULTANT ON CALL

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	**No 60 (1 of 2)**
Job title	**LEVEL 5 RADIOGRAPHER**
Incident Role	**L5 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 Clinical Lead/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 ED Commander and on call Consultant Radiologist in level 5** to assess the priority of patients awaiting imaging inform the ED shift leader when rooms are available to receive patients	
9	**Review staffing and capacity for the next 24 hours.**	

Action Card	No 60 cont… (2 of 2)
Job title	LEVEL 5 RADIOGRAPHER
Incident Role	L5 RADIOGRAPHER CO-ORDINATOR

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	**Debrief:** Try to send staff who were involved in the incident to the 'hot debrief' within your department or within ED.	
14	Record the details of all staff involved in the incident & email to the HELP Service at the end of the incident.	

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	**No 61 (1 of 2)**
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. Contact numbers located on the pharmacy on call drive.	
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	On arrival in the pharmacy department, once the HICC team has been contacted, proceed to deliver 2 x major incident yellow medication bags (Located in the emergency drug cupboard) to the RSCH ED 2a nurses' station. Liaise with ED lead to establish if controlled drugs are needed. The pharmacy SOP for supplying both CD and non CD medicines in a major incident can be found with the yellow emergency drugs bags in the EDC and in the SOP folder.	
5	**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).	
6	**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. (Refer to ward pharmacist action card).	
7	**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.	
8	**Ensure that adequate stores of pharmaceuticals are continuously available by liaison with stores and suppliers**. Contact the Pharmacy Purchasing Manager or deputy for assistance.	

Action Card	**No 61 Cont. (2 of 2)**
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

STAND DOWN Decision to be taken within HICC		Time
9	**Ensure all critical areas are fully re-stocked prior to releasing staff after the incident.**	
10	**Review staffing & ensure the department is staffed for the next 48 hrs**	
11	**Notify stores & suppliers that have been previously informed of the Trust stand down.**	
12	Facilitate the hot debrief for your department & send a copy of the notes to the Resilience Team. bsuh.resilience.team@nhs.net	
13	**Complete any documentation & leave within HICC cupboard**	
14	Record the details of all staff involved in the incident & email to the HELP Service at the end of the incident.	

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	**No 62 (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 within your department.**	
8	**Complete any documentation & leave within HICC cupboard**	
9	Record the details of all staff involved in the incident & email to the HELP Service at the end of the incident.	

Useful Contact Numbers

HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

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Action Card	**No 63 (1 of 2)**
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 Clinical Lead/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 a 'hot' debrief if possible**	
13	Record the details of all staff involved in the incident & email to the HELP Service at the end of the incident.	

Action Card	No 63 cont (2 of 2)
Job title	HAEMATOLOGY BMS ON CALL
Incident Role	HAEMATOLOGY COORDINATOR

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	**No 64 (1 of 2)**
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 a 'hot' debrief if possible	
11	Record the details of all staff involved in the incident & email to the HELP Service at the end of the incident.	

Action Card	**No 64 contd (2 of 2)**
Job title	**DUTY BMS IN CHEMICAL PATHOLOGY**
Incident Role	**BIOCHEMISTRY COORDINATOR**

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	No 65 (1 of 2)
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 a 'hot' debrief within your department or within ED if possible	
11	Record the details of all staff involved in the incident & email to the HELP Service at the end of the incident.	

Action Card	No 65 contd (2 of 2)
Job title	BLOOD BANK MANAGER
Incident Role	PATHOLOGY COORDINATOR

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	No 66 (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	**If possible facilitate the Hot Debrief** within the HICC 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.**	

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

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Action Card	No 67 (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 Facilities Services Coordinator 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 Clinical Lead/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 Facilities Services Coordinator** within the HICC (X 64995) 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	Facilitate the hot debrief for your department & send a copy of the notes to the Resilience Team. bsuh.resilience.team@nhs.net	
13	Record the details of all staff involved in the incident & email to the HELP Service at the end of the incident.	

Action Card	No 67 (contd) (2 of 2)
Job title & Incident Role	SSD MANAGER
Location	RSCH & PRH

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	No 68 (1 of 2)
Job title & Incident Role	DUTY OR ASSISTANT DUTY MANAGER (PORTERING) (IN HOURS) OR CHARGEHAND PORTER (OOH)
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 Senior FM Manager of the current situation.**	
3	**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	
4	**Send one porter to ED X ray level 5 and ensure that ED has 2 porters immediately available (and report to the ED Shift Leader) .** Send other porters as available to: The main entrance of each building to assist Security in controlling access /Staff responding to incident. Contact Security control room (ext. 7475) and inform them of the porters available for assisting with the security response if required.	
5	**If necessary, call in additional porters from home to assist**. Consider future staffing issues in a prolonged incident.	
6	**Liaise closely with the Hospital Incident Coordination Centre (ext 64995)** and ED regarding the allocation of porters for priority work.	

	STAND DOWN Decision to be taken within HICC	Time
7	**Staffing:** With the Senior FM manager ensure that staffing is covered for the next 48 hours.	
8	**Documentation:** Ensure any paperwork relating to the Major Incident is completed before leaving the hospital and leave within HICC cupboard	
9	Facilitate the hot debrief for your department & send a copy of the notes to the Resilience Team. bsuh.resilience.team@nhs.net	
10	Record the details of all staff involved in the incident & email to the HELP Service at the end of the incident.	

Action Card	No 68 (cont'd) (2 of 2)
Job title & Incident Role	DUTY OR ASSISTANT DUTY MANAGER (PORTERING) (IN HOURS) OR CHARGEHAND PORTER (OOH)
Location	RSCH

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	No 69 (1 of 2)
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 Duty or Assistant Duty Manager or Charge Hand Porter	Time
2	**When directed by the Duty or Assistant Duty Manager or 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 • 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 Tactical Commander (ext. 64998).	
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 in your department if possible	
12	Record the details of all staff involved in the incident & email to the HELP Service at the end of the incident.	

Action Card	No 69 (con'd) (2 of 2)
Job title & Incident Role	PORTERS ON DOOR DUTY
Location	RSCH & PRH

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	No 70 (1 of 2)
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 inform the Tactical Commander within the HICC (ext. 64998).	
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	Consider Lockdown (See separate plan)	
5	Liaise with the HICC staff and Facilities Services Coordinator 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.	
6	Contact the HICC to find out the location of the Relatives Reception Area (Likely to be Main Out Patients) and ensure it is opened to receive relatives & discharged major incident patients. Assess the need to provide Security in this area.	
7	Oversee car parking issues that might arise as a result of extra staff presenting themselves for work or from relatives of the MI patients	
8	Ensure reception areas aware & ask them to refer to their action cards	
9	Liaise with the Sussex Police representatives when necessary.	
10	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
11	Staffing: Continue to assess and arrange the on-going need for additional security for the Trust for the next 48 hours.	
12	Facilitate the hot debrief for your department & send a copy of the notes to the Resilience Team. bsuh.resilience.team@nhs.net	
13	In the absence of the Trust Emergency Planning Officer, ensure that all HICC paperwork is retained & that the HICC room is packed away.	
14	Record the details of all staff involved in the incident & email to HELP Service at the end of the incident.	

Action Card	No 70 (cont'd) (2 of 2)
Job title & Incident Role	DUTY SECURITY MANAGER
Location	RSCH

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	No 71 (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 – Trust HQ, Trust HQ) 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 71 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 within your department if possible	

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	No 72 (1 of 2)
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 Relative Reception Area, Contact the HICC on 64994 to find out its location (likely to be Main Out Patients waiting room)**. You should not attempt to contact the ED department yourself to find out information for relatives.	
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 within your departmnet if possible**	

Action Card	No 72 cont'd (2 of 2)
Job title & Incident Role	ALL RECEPTION STAFF
Location	All reception areas

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	**No 73 (1 of 2)**
Job title	**STAFF MEMBER ASSIGNED BY HICC**
Incident Role	**RELATIVES RECEPTION & MI PATIENT RECEPTION STAFF**
Location	**Decided by the HICC** **Likely to be Main out Patients Waiting Room**
Role Description	Document details of relatives/friends/discharged MI Patients that arrive and provide these details to the Relatives Reception & MI Patient Coordinator. Direct attendees to the correct waiting areas
This card must 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	Contact the HICC ext 64998 and find out the location of the Relatives Reception Area (possibly Main Out Patients); Attend and present yourself to the Relatives Reception & MI Patient Coordinator	
3	Ensure paperwork ready (this should be given to you by the coordinator) and document details of all relatives/friends that arrive	
4	Direct attendees to the correct waiting areas	
5	Prevent the admission of any press or media to this area using Security officers if necessary.	
6	Ensure refreshments are available to the discharged MI Patients and relatives & friends that are waiting for information.	
7	Any requests for support or resources should be made via the Relatives Reception & MI Patient Coordinator.	
8	Information on patient conditions must only give by the Relatives Reception & MI Patient Coordinator or designated senior member of staff. As relatives/friends are matched up with patients senior nurses will liaise with them and escort them to the patient when appropriate.	
9	The chaplaincy Service will be available to offer psychological first aid for patients and relatives and will assess the need for spiritual & other faith support across the Trust.	
10	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 73 cont… (2 of 2)
Job title	STAFF MEMBER ASSIGNED BY HICC
Incident Role	RELATIVES RECEPTION & MI PATIENT RECEPTION STAFF

STAND DOWN Decision to be taken within HICC		Time
11	**Keep area** open until all relatives/MI patients have been dealt with appropriately	
12	**Ensure that the area is left tidy and secure when you leave.**	
13	**Documentation:** Ensure that all paperwork is completed and handed to the Relatives Reception & MI Patient Coordinator	
14	**Debrief:** Attend the 'hot' debrief within your department if possible.	

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	No 74 (1 of 2)
Job title & Incident Role	**ESTATES MANAGER ON CALL**
Location	**Trustwide**
Role Description	Assist Facilities Services Coordinator with Estates related functions Assess effect of contractors on site and discuss with Facilities Services Coordinator
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 Facilities Services Coordinator within the Hospital Incident Coordination Centre (HICC) on X 64995 once you arrive.	
3	**Contact On Call Engineer and arrange for site attendance.**	
4	**Document any decisions made or actions taken**	
5	**If it is a hazmat/CBRN incident** and the ED team need to wet decontaminate casualties you may be asked to assist in the erection of the decontamination unit.	
6	Where necessary contact any contractors & ask them to stop work & vacate the site until further notice.	
7	**Assist the Facilities Services Coordinator within the HICC** with any Estate related functions.	
8	Liaise with Integral for any issues arising at the RACH	
9	**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 Facilities Services Coordinator of person covering.	
10	**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
11	**Document:** Ensure any paperwork relating to the Major Incident is completed before leaving the hospital and leave within HICC cupboard	
12	**Debrief:** Arrange for yourself & your staff to attend a 'hot' debrief within your department if possible.	
13	**Notify the Facilities Services Coordinator in the HICC that you are leaving the site.**	
14	Record the details of all staff involved in the incident & email to the HELP Service at the end of the incident.	

Action Card	No 74 (cont'd) (2 of 2)
Job title & Incident Role	ESTATES MANAGER ON CALL
Location	Trustwide

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	No 75 (1 of 2)
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 64995)** – 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 a 'hot' debrief within your area if possible	
10	Record the details of all staff involved in the incident & email to the HELP Service at the end of the incident.	

Action Card	**No 75 (1 of 2)**
Job title & Incident Role	**IT MANAGER ON CALL**
Location	**Trustwide**

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	No 76 (1 of 2)
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 Facilities Services Coordinator** (ext 64995) 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 Clinical Lead/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	Facilitate the hot debrief for your department & send a copy of the notes to the Resilience Team. bsuh.resilience.team@nhs.net	
14	Record the details of all staff involved in the incident & email to the HELP Service at the end of the incident.	

Action Card	No 76 (cont'd) (2 0f 2)
Job title & Incident Role	MORTUARY TECHNICIAN
Location	Mortuary RSCH

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	**No 77 (1 of 2)**
Incident Role	**CHAPLAINCY & 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 Facilities Services Coordinator in the HICC** (ext 64994). 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 Relatives Reception Area 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 64994).	

Action Card	No 77 (cont'd) (2 of 2)
Incident Role	Chaplaincy & 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	**Provide support/PFA as requested 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	Facilitate the hot debrief for your department & send a copy of the notes to the Resilience Team. bsuh.resilience.team@nhs.net	
15	Record the details of all staff involved in the incident & email to the HELP Service at the end of the incident.	

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	No 78 (1 of 1)
Job title & Incident Role	ALL DIVISIONAL LEADS & 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 Resilience Team	
6	Facilitate the hot debrief for your departments & send a copy of the notes to the Resilience Team. bsuh.resilience.team@nhs.net	
7	Record the details of all staff involved in the incident & email to the HELP Service at the end of the incident.	

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

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Action Card	**No 79 (1 of 3)**
Job title / **Incident Role**	**HEAD OF CHILDREN'S NURSING IN HOURS, 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, Paediatric Medical Consultant, 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 79 cont… (2 of 3)
Job title	HEAD OF CHILDREN'S NURSING 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	Facilitate the hot debrief for your department & send a copy of the notes to the Resilience Team. bsuh.resilience.team@nhs.net	
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.	
22	Ensure a list of all staff involved in the incident is collated and sent to the HELP Service	

Action Card	No 79 cont… (3 of 3)
Job title	HEAD OF CHILDREN'S NURSING IN HOURS,
Incident Role	PAEDIATRIC BLEEP HOLDER OUT OF HOURS

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

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Action Card	**No 80 (1 of 2)**
Job title	**PAEDIATRIC MEDICAL CONSULTANT**
Incident Role	
Location	**RACH**
Role Description	Commence discharge ward round. Liaison with Surgical colleagues as appropriate
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 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 Consultant 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 with the RACH	
11	Ensure a list of all staff involved in the incident is collated and sent to the Head of Children's Nursing	

Action Card	No 80 (cont'd) (2 of 2)
Job title	PAEDIATRIC MEDICAL CONSULTANT
Incident Role	
Location	RACH

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	No 81 (1 of 2)
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 Medical Consultant. 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 or HoN/Paed Bleep Holder		Time
1	With CED Nurse in Charge, review current CED workload and identify available additional staff. Consider pre-alerting core CED team to attend RSCH ED. Collect equipment together from major incident equipment list.	
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** (if not already done on Standby), 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 or ACORNS - 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 Head of Children's Nursing/Paediatric Bleep Holder in the Level 6 Meeting Room RACH is kept fully informed or activity/capacity	
9	Inform Head of Children's Nursing/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.	
13	Participate in the hot debrief with the RACH	

Action Card	No 81 cont'd (2 of 2)
Job title	CHILDREN'S ED CONSULTANT 1 (CED CONS)
Incident Role	
Location	Children's Emergency Department

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	**No 82 (1 of 2)**
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 triaged P1 and P2 paediatric patients. Provide direct clinical care if required. Report to the Emergency Department Consultant in charge and Head of Children's Nursing/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 secondary triage of paediatric major incident patients as required in Zone 1 (Resus) and 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	Participate in the hot debrief with the RSCH ED	

Action Card	No 82 (cont'd) (2 of 2)
Job title	CHILDREN'S ED CONSULTANT 2 (CED CONS)
Incident Role	
Location	RSCH Emergency Department

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	No 83 (1 of 2)
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 Head of Children's Nursing/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 Head of Children's Nursing/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 head of Children's Nursing/Paediatric Bleep Holder	
8	If the Clinical Lead/Major Incident Officer informs you that this is a Mass casualty incident please call in a further Paed Surgical cons to take on this action card or the Network Clinical Coordination Team action card no 12.	
9	If this is a Mass Casualty Incident please ensure all referrals to your service are managed via the NCCT on ext 64495	
10	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	

Action Card	No 83 cont… (2 of 2)
Job title	PAEDIATRIC SURGICAL CONSULTANT ON CALL
Incident Role	

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	Participate in the hot debrief with the RSCH ED	
11	Ensure a list of all staff involved in the incident is collated and sent to the Head of Children's Nursing	

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	**No 84 (1 of 2)**
Job title	**CONSULTANT PAEDIATRIC ANAESTHETIST ON CALL**
Incident Role	
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 secondary triage of patients in Zone 1 (resus) and Zone 2A.	
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 Head of Children's Nursing/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	Participate in the hot debrief with the RSCH ED	
11	Ensure a list of all staff involved in the incident is collated and sent to the Head of Children's Nursing	

Action Card	**No 84 (2 of 2)**
Job title	**CONSULTANT PAEDIATRIC ANAESTHETIST ON CALL**
Incident Role	
Location	**RSCH Emergency Department**

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	**No 85 (1 of 2)**
Job title	**PAEDIATRIC SURGICAL AND PAEDIATRIC ANAESTHETIC STAFF**
Incident Role	
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 Head of Children's Nursing/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	Participate in the hot debrief with the RSCH ED	
10	Ensure a list of all staff involved in the incident is collated and sent to the Head of Children's Nursing	

Action Card	No 85 (cont'd) (2 of 2)
Job title	PAEDIATRIC SURGICAL
Incident Role	AND PAEDIATRIC ANAESTHETIC STAFF
Location	RSCH Emergency Department

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	**No 86 (1 of 2)**
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, Head of Children's Nursing/Paediatric Bleep Holder and Pharmacist.	
3	**Theatre:** Confirm with the Head of Children's Nursing/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 Head of Children's Nursing/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.	
9	Ensure a list of all staff involved in the incident is collated and sent to the Head of Children's Nursing	
10	Participate in the hot debrief with the RACH	

Action Card	No 86 (cont'd) (2 of 2)
Job title	PAEDIATRIC WARDS AND THEATRES
Incident Role	
Location	RACH

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	No 87 (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 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	Participate in the hot debrief with the RACH	
7	Ensure a list of all staff involved in the incident is collated and sent to the Head of Children's Nursing	

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

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Action Card	No 88 (1 of 2)
Job title	CONSULTANT PAEDIATRIC RADIOLOGIST ON CALL
Incident Role	
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 Head of Children's Nursing/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.	
9	Ensure a list of all staff involved in the incident is collated and sent to the Head of Children's Nursing	

Action Card	**No 88 (2 of 2)**
Job title	**CONSULTANT PAEDIATRIC RADIOLOGIST ON CALL**
Incident Role	
Location	RACH X-ray department

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	**No 89 (1 of 2)**
Job title	**PATIENT ACCESS MANAGER OR NOMINATED STAFF**
Incident Role	**Assigned by Head of Children's Nursing/Paed 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 Head of Children's Nursing/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	

Action Card	No 89 (cont'd) (2 of 2)
Job title	PATIENT ACCESS MANAGER OR NOMINATED STAFF
Incident Role	Assigned by Head of Children's Nursing/Paed Bleep Holder
Location	Level 6 meeting room RACH

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

Action Card	No 90 (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	Participate in the hot debrief with the RACH	

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

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Action Card	**No 91 (1 of 1)**
Job title	**SECURITY OFFICER/RECEPTIONIST**
Incident Role	
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	
10	Participate in the hot debrief within your department	

Useful Contact Numbers				
HICC	Tactical Commander	64998		
	Clinical Lead/MIO	4993		
	Room/Facilities Manager	64995		
	Admin/Call Taker	64138		
		Landline	Mobile	Bleep
RSCH Clinical Site Team	Surgical Beds	4200	62007	8300
	Medical Beds	4606	62006	8284
	CSM	3002	62005	8152
Other	RSCH ED NIC			8121
	RSCH ICU L7 NIC		62008	
	RSCH Theatres Manager	4176	62051	8061

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APPENDIX 2: SERVICE LEVEL MAJOR INCIDENT PLANS

- Central Clinical Services
    - Cancer
    - Pathology
    - Pharmacy
    - Imaging
    - Physiotherapy
    - Occupational Therapy
    - Dietetics
    - SALT
    - Out Patients
        - Relatives Reception Area Plans
    - Central Admin Services
- Children's and Women's
    - Children's
        - Children's ED Plan
    - Women's
- Surgery
    - MSK and Spinal
    - Abdo Surgery and Digestive Diseases
    - Perioperative and theatres
    - Head and Neck
- Medicine
    - ED/Acute Medicine
        - Adult ED Plans (RSCH and PRH)
    - Specialty Medicine
- Specialist
    - Critical Care
    - Cardiovascular
    - Neuroscience and Stroke
    - Major Trauma Centre
- Finance
    - IT
    - Switchboard and MI Cascade
- Estates and Facilities
    - Estates
    - Facilities
- Communications

Central Clinical Services

Multiple and Mass Casualty Major Incident Plan

- Cancer
- Pathology
- Pharmacy
- Imaging
- Physiotherapy
- Occupational Therapy
- Dietetics
- SALT
- Out Patients
    - Relatives Reception Area Plans
- Central Admin Services

Cancer

No specific plans for the Cancer Services.

The Divisions should have up to date, accessible business continuity plans for their services, which staff are aware of, including up to date staff contacts in case on an emergency where staff may need to be called.

Members of staff should make sure their line managers have their correct contact details.

Members of staff at home during an incident should listen to the local radio for any urgent messages.

Members of staff at work should continue working normally. They should also check the Infonet and listen to messages regarding the incident from their line managers, the Clinical Site Managers, the Communication Team and/or the HICC (Hospital Incident Coordination Centre) staff.

Pathology

Action Cards for Pathology:

- Haematology BMS On-Call
- Duty BMS in Chemical Pathology
- Blood Bank Manager
- Mortuary Technician

Processing bloods – After Emergency Department have generated identification for any patient Pathology can track them by assigning an additional label, unknown female/unknown male.

Blood Transfusion Coordinator to Liaise with Ed and theatres regarding the use of blood products

Mortuary Role- On declaration of major incident, mortuary staff to asses occupancy of mortuaries across sites. With the major incident lead assess expected numbers. If limited contact coroner. If available patients transferred between sites. BSUH sites would only be expected to accommodate patients who die in the hospital. Coroner's service will be arranging location of deceased but will be left at scene initially. Temporary storage units require a 48hr lead time.

Recovery – After 4hr call for 2nd line staff available to come in and take over.

Preparation and Planning

The Service should have up to date, accessible business continuity plans for their services, which staff are aware of, including up to date staff contacts in case on an emergency where staff may need to be called.

Members of staff should make sure their line managers have their correct contact details.

Members of staff at home during an incident should listen to the local radio for any urgent messages.

Members of staff at work should continue working normally. They should also check the Infonet and listen to messages regarding the incident from their line managers, the Clinical Site Managers, the Communication Team and/or the HICC (Hospital Incident Coordination Centre) staff.

Staff should consider that activity and demand for their services may increase following a multiple or mass casualty incident. Managers and Heads of Service should consider this a possibility and plan for this following an incident

Pharmacy

Pharmacy

Action cards for Pharmacy :

- On Call Pharmacist RSCH
- Ward Pharmacists
- Paediatric Pharmacist/Ward Pharmacist RACH

The pharmacy service should have up to date, accessible business continuity plans for their services, which staff are aware of, including up to date staff contacts in case on an emergency where staff may need to be called.

Members of staff should make sure their line managers have their correct contact details.

Members of staff at home during an incident should listen to the local radio for any urgent messages.

Members of staff at work should follow their action cards (as above). If staff do not have an action card they should continue working normally. They should also check the Infonet and listen to messages regarding the incident from their line managers, the Clinical Site Managers, the Communication Team and/or the HICC (Hospital Incident Coordination Centre) staff.

Staff should consider that activity and demand for their services may increase following a multiple or mass casualty incident. Managers and Heads of Service should consider this a possibility and plan for this following an incident.

A more detailed pharmacy specific major incident SOP is located in Pharmacy in the SOP folders located on both sites and in the approved policies and procedures section of the online Pharmacy shared team drive, which outlines the legalities/process for supplying controlled and emergency drugs, and pharmaceutical advice in the event of a major incident.

Imaging

Action cards for Imaging:

- Level 5 Radiography coordinator
- Consultant Radiologist On Call
- All Divisional Leads and Service Managers

Members of staff should make sure their line managers have their correct contact details.

Members of staff at home during an incident should listen to the local radio, watch local TV, and follow internet news outlets for any urgent messages.

Members of staff at work should continue working normally until advised by line managers/Imaging Duty Manager (NB: instructions maybe given by a Site Manager, on-call Manager/Director, or Trust Operational/Tactical/Strategic commander).

Routine out-patient appointments would be cancelled if necessary on the direction of the Imaging Management Team or the Imaging Duty Manager

Staff maybe rotated, for example staff may be sent home during the day to return later if required; or staff maybe re-allocated to a different part/location within the department. Staff working in other parts of Imaging Department (e.g. Princess Royal Hospital, Hove Polyclinic) may be rotated to RSCH to help during an incident.

Planned radiology consultant SPA time maybe cancelled to support urgent and emergency reporting.

If the incident occurs Out Of Hours when there will be less staff on duty, the Radiographer in Charge will take the role of Level 5 Co-ordinator and follow this action card calling in extra staff where necessary. (NB: instructions maybe given by a Clinical Site Manager, on-call Manager/Director, or Trust Operational/Tactical/Strategic Commander).

Staff should check the Infonet and listen to messages regarding the incident from their line managers, the Clinical Site Managers, the Communication Team and/or the HICC (Hospital Incident Coordination Centre) staff.

There are three action cards involving imaging which includes the Level 5 Senior Radiographer Co-ordinator, General Radiologist and Paediatric Radiologist. Staff in these relevant groups must will follow their action card and carry out the tasks as described.

In order to process all imaging requests patients must have a hospital number

generated and entered onto the Radiology Information System (CRIS).

Verbal radiology reports maybe provided to referrers to facilitate quick and prompt patient care.

In the event of a mass casualty incident, consider using alternative x-ray departments such as the Barry Building main x-ray department, or Nuclear Medicine in Hanbury Building (for CT).

Depending on the nature of the incident, significant disruption to the Imaging Department would be expected. This may affect the performance of key performance indicators such as the 6 week and 31/62 standard. Consider outsourcing imaging examinations, such as CT scans, during this time to mitigate effects.

Physiotherapy

No specific Action Cards but the below should be considered

Position	Action	Notes
Standby	• Ward team to self-cover • Seek help from other ward and Outpatients teams if necessary	• Emphasis on discharge to free bed capacity and urgent respiratory and critical care cases. • Outpatients on standby – identify staff who could work on wards at short notice during the working day (i.e. those who have had recent inpatient experience)
Declare	• Inpatient staff work as one team • Handover to be taken on all wards followed by Band 7&8 meeting to prioritise and allocate workload • Outpatient staff are allocated work on wards • Emergency P1's prioritisation *(appendix)*	• Only urgent outpatients activity undertaken all other outpatient lists cancelled • Situation report cascaded via Department Head/ designated Lead • Department Heads and CTL's have responsibility for reallocating staff to meet demand across all sites/ specialities • Department 'emergency planning meeting' to take place 8:30/ 12:30/ 16:00 unless required more frequently – representatives from managers, inpatient and outpatient to attend

On-call and Weekend working

- There is the expectation that the service will need to operate on a comprehensive basis through the emergency period and possibly beyond until the Trust resumes normal activity.
- Extra staff at all bands including B2, 3, 4, 7, and 8 will be required to participate in weekend and on-call duties, if safe and competent.
- The number on duty at any one time will be determined by state of the hospital in term of clinical demand and number of staff available.

Outpatient Services

- Outpatients Lists will be cancelled of those staff required to cover ward activity. Planning ahead to prevent cancellation at short notice will take place where possible.
- Attempts will be made to maintain a service if possible, but prior first is the allocation of staff to the wards.
- If outpatient capacity priority will be to ensure absolute urgent outpatient treatment is continued i.e. post operative rehabilitation, where there would be a detrimental affect on recovery if treatment is delayed.
- The focus of outpatients would be to ensure acute services have sufficient workforce to meet inpatient respiratory and discharge requirements.

Community and Hospice Services/ SLA

- It is know that community and hospice services/staff will have their own contribution to the major incident plan freeing up capacity in the community to facilitate discharge and prevent admission.
- Departmental managers will liaise, as required, with leads in the community to ensure the most appropriate use of BSUH staff working under the SLA.
- In the unlikely situation where staff are not required to carry out urgent community work they will be brought back into the acute Trust during this period.
- Department mangers will keep community colleagues updated of situation in the acute hospital and seek to work collaboratively to cover urgent work.

The Divisions should have up to date, accessible business continuity plans for their services, which staff are aware of, including up to date staff contacts in case on an emergency where staff may need to be called.

Members of staff should make sure their line managers have their correct contact details.

Members of staff at home during an incident should listen to the local radio for any urgent messages.

Members of staff at work should continue working normally. They should also check the Infonet and listen to messages regarding the incident from their line managers, the Clinical Site Managers, the Communication Team and/or the HICC (Hospital Incident Coordination Centre) staff.

Staff should consider that activity and demand for their services may increase following a multiple or mass casualty incident. Managers and Heads of Service should consider this a possibility and plan for this following an incident.

Occupational Therapy

The Divisions should have up to date, accessible business continuity plans for their services, which staff are aware of, including up to date staff contacts in case on an emergency where staff may need to be called.

Members of staff should make sure their line managers have their correct contact details.

Members of staff at home during an incident should listen to the local radio for any urgent messages.

Members of staff at work should continue working normally. They should also check the Infonet and listen to messages regarding the incident from their line managers, the Clinical Site Managers, the Communication Team and/or the HICC (Hospital Incident Coordination Centre) staff.

Staff should consider that activity and demand for their services may increase following a multiple or mass casualty incident. Managers and Heads of Service should consider this a possibility and plan for this following an incident.

Dietetics and Speech and Language Therapy Services

No specific plans for the, Dietetics and Speech and Language Therapy Services.

The Divisions should have up to date, accessible business continuity plans for their services, which staff are aware of, including up to date staff contacts in case on an emergency where staff may need to be called.

Members of staff should make sure their line managers have their correct contact details.

Members of staff at home during an incident should listen to the local radio for any urgent messages.

Members of staff at work should continue working normally. They should also check the Infonet and listen to messages regarding the incident from their line managers, the Clinical Site Managers, the Communication Team and/or the HICC (Hospital Incident Coordination Centre) staff.

Staff should consider that activity and demand for their services may increase following a multiple or mass casualty incident. Managers and Heads of Service should consider this a possibility and plan for this following an incident.

Outpatients/Relatives Reception Area

RSCH Main Outpatients may be used as the Relatives Reception Area therefore some or all of the normal outpatient activity may need to be relocated or postponed during an incident and throughout the recovery.

Action cards for the Relatives Reception Area:
Relatives Reception and MI patient Discharge Coordinator
Relatives Reception and MI patient Reception Staff

Relatives Reception Area Plans
Including Plans for Discharged Major Incident Patients and 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 Outpatient reception and clinic rooms will be used.

If possible BSUH should endeavor to make sure the majority of outpatient 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 (likely to be in RSCH 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.

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 can 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 HICC should call Alexi Hallsworth (or her deputy) via Switchboard to help coordinate the use of the outpatient 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 Facilities Services Coordinator (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 SAMPLE

Date: _____/_____/_____

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.

Central Admin Services

Admin support
Central Admin Managers able to respond during a declared incident:

- Operational Manager for Clinical Administration Inpatients
- Operations Manager - Secretarial Services
- Operations Manager for Outpatients - Booking

Whilst the above managers are not on call they have expressed a willingness to respond to a major incident where possible and if available will help to coordinate admin resources under their management. With this in mind they will be notified by Switchboard if a major incident is declared.

Actions for the above managers on declaration of a major incident :

- Contact the Tactical Lead (ext.64998) for an update on the situation
- Review available resources
- Prioritise workload
- Call in staff where appropriate
- Keep a log of all staff called in during a major incident and send a copy to the HELP service so that staff can be offered support after the incident.

Loggists
A number of staff members have been trained in the decision loggist role.

If a loggist is not available then decision makers must ensure that they record their decisions made and/or actions taken in a log book.

Log books can be found in the Major Incident Cupboard in the HICC and in the Clinical Site Managers Office at PRH.

Action Cards

- Admin Assistant 1
- Loggist

Children's and Women's Services

Multiple and Mass Casualty Major Incident Plan

Children's Services

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.

RACH Paediatric	79	Head of Children's Nursing In Hours, Paediatric Bleep Holder OOH
	80	Paediatric Medical Consultant
	81	Children's ED Consultant no.1
	82	Children's ED Consultant no. 2
	83	Paediatric Surgical Consultant On Call
	84	Consultant Paediatric Anaesthetist On Call
	85	Paediatric Surgical And Paediatric Anaesthetic Staff
	86	Paediatric Wards And Theatres
	87	Paediatric Pharmacist/Ward Pharmacist RACH
	88	Consultant Paediatric Radiologist On Call
	89	Patient Access Manager (or Nominated Staff)
	91	RACH Relative Reception Area
	90	Security Officer/Receptionist

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.

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

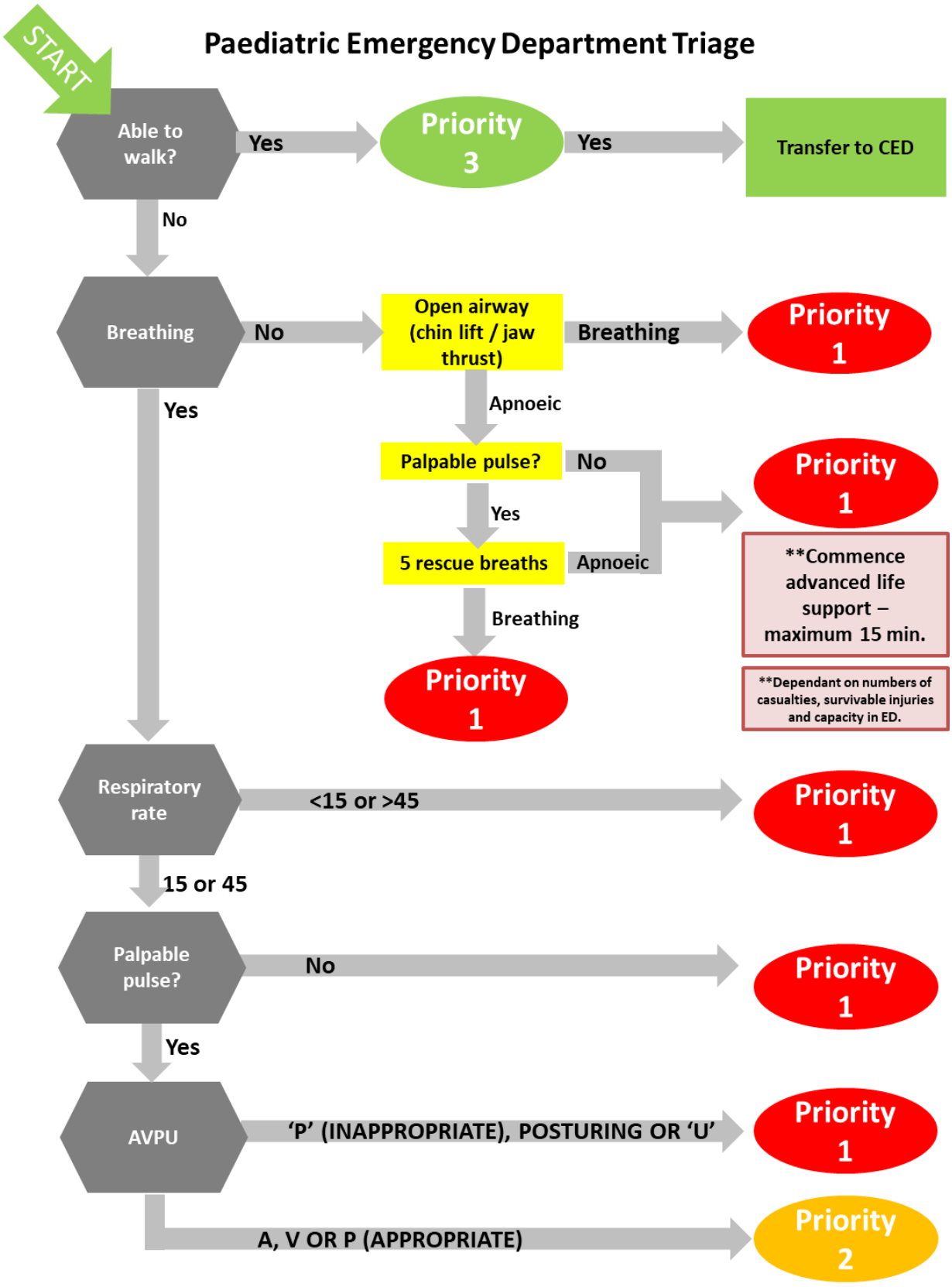
Responsible to: RSCH ED Shift Leader

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.


Paediatric Emergency Department Triage
START
Able to walk?
Yes
Priority 3
Yes
Transfer to CED
No
Breathing
No
Open airway (chin lift / jaw thrust)
Breathing
Priority 1
Yes
Apnoeic
Palpable pulse?
No
Priority 1
Yes
5 rescue breaths
Apnoeic
**Commence advanced life support – maximum 15 min.
Breathing
Priority 1
**Dependant on numbers of casualties, survivable injuries and capacity in ED.
Respiratory rate
<15 or >45
Priority 1
15 or 45
Palpable pulse?
No
Priority 1
Yes
AVPU
'P' (INAPPROPRIATE), POSTURING OR 'U'
Priority 1
A, V OR P (APPROPRIATE)
Priority 2

Paediatric Mass Casualty Plan

To be used alongside BSUH Major Incident Plan & Sussex Trauma Network "Response to a Mass Casualty Event"

Mass Casualty Major Incident called

↓

Anticipate paediatric P1, P2 & P3 capacity in RSCH ED & RACH CED
Action cards 74 – 78, 81

→
- Redirect CED waiting room patients to primary care / discharge / admission / ACORNS.
- P1 to RSCH ED Resus.
- P2 to RSCH zone 2a & 2b.
- P3 to CED. Expand to L7 day-care unit once CED capacity exceeded.

↓

Mobilise current inpatient capacity / service to deliver escalation
Action Cards 72, 73, 79, 80, 82

→
- Mobilise paediatric medical teams to optimise inpatient bed capacity.
- Stop all elective surgical activity and clear level 7 day-care.
- Liaise with paediatric community nursing team to enhance in-patient discharge.

↓

Mobilise paediatric critical care capacity

→
- Inform STRS / SORT of incident and likely need for retrieval to MTC.
- Set up 4 bed bay in RACH CCU to ventilate up to 4 children.
- Consultant Paediatric Anaesthetist to liaise with RSCH L7 ICU Consultant regarding additional capacity once threshold of 4 ventilated patients reached.
- Plan for identification of patients of decremental age to be managed on RSCH L7 ICU (from 11 – 15 years group only).

↓

Engage Business Continuity plan
Prioritise staff support (Card 51)
Attend hot debrief

Contacts

Southampton Oxford Retrieval Team: 02380775502
South Thames Retrieval Service: 02071885000
RSCH L7 ICU Consultant: DECT phone 62036
RACH Paediatric Anaesthetic Consultant: via switchboard

Neonatal Services

Neonatal services main priority is to maintain their critical service. During a major incident they should assess their staffing and capacity and liaise with Head of Children's Nursing/Paediatric bleep Holder

Women's Services

Action Cards for Women's Service:

- All ward staff
- Head of midwifery/Maternity Managers
- Senior Nurses
- All Divisional Leads and Service Managers

Clinical services in Women's will be reviewed ensuring that emergency obstetric care is prioritised by the Obstetric Consultant on call. Ward rounds will ensure prompt review of gynaecology and obstetric patients facilitating early discharges where able. Non-urgent elective gynaecology will be reviewed and reduced/cancelled as required in coordination with the Trust Operational Team and theatre demand.

The Divisions should have up to date, accessible business continuity plans for their services, which staff are aware of, including up to date staff contacts in case on an emergency where staff may need to be called.

Members of staff should make sure their line managers have their correct contact details.

Members of staff at home during an incident should listen to the local radio for any urgent messages.

Members of staff at work should continue working normally. They should also check the Infonet and listen to messages regarding the incident from their line managers, the Clinical Site Managers, the Communication Team and/or the HICC (Hospital Incident Coordination Centre) staff.

Surgery Services

Multiple and Mass Casualty Major Incident Plan

MSK and Spinal Services

Action Cards for MSK:

- Network Clinical Coordinating team
- Trauma and Orthopaedic Consultant
- Ward Staff
- Senior Nurses
- All Divisional Leads and Service Managers

Role of the MSK Services

The role of the MSK service is to coordinate the Trauma Teams. Assess the requirement for Trauma & Orthopaedic resources. Provide triage of Trauma resources. Liaise with the Clinical Lead/Major Incident Officer in the Hospital Incident Coordination Centre (HICC). Assess the short and longer term impact on the service.
Assist in the formation of the Network Clinical Coordination Team and assist in recovery and to maintain critical MSK services during the incident.

The Service should have up to date, accessible business continuity plans for their services, which staff are aware of, including up to date staff contacts in case on an emergency where staff may need to be called.

Members of staff should make sure their line managers have their correct contact details.

Members of staff at home during an incident should listen to the local radio for any urgent messages.

Members of staff at work should continue working normally. They should also check the Infonet and listen to messages regarding the incident from their line managers, the Clinical Site Managers, the Communication Team and/or the HICC (Hospital Incident Coordination Centre) staff.

Abdominal Surgery and Medicine' Services

Action Cards for the Abdominal Surgery and Medicine

- Surgical Consultant On Call
- All ward staff
- Senior Nurses
- All Divisional Leads and Service Managers

Clinical services in Abdominal Surgery and medicine will be reviewed. Ward rounds will ensure prompt review of all surgical medical and urological patients facilitating early discharges where able. Non-urgent elective patients will be reviewed and reduced/cancelled as required in coordination with the Trust Operational Team. Both nursing staff, and admin to be assessed and redeployed to areas of need in conjunction with the HICC.

The Divisions should have up to date, accessible business continuity plans for their services, which staff are aware of, including up to date staff contacts in case on an emergency where staff may need to be called.

Members of staff should make sure their line managers have their correct contact details.

Members of staff at home during an incident should listen to the local radio for any urgent messages.

Members of staff at work should continue working normally. They should also check the Infonet and listen to messages regarding the incident from their line managers, the Clinical Site Managers, the Communication Team and/or the HICC (Hospital Incident Coordination Centre) staff.

Perioperative and Theatres' Services

Action Cards for the Peri-Operative Service

- General Anesthetic Consultant
- Theatre Manager
- Senior Nurses
- All Divisional Leads and Service Managers

Theatre Manager Role

He/she will lead the Level 5 Operating Theatres response to the Major Incident, (this is a hands off role). They will work with HICC to effectively manage the Theatre response to the incident.

Contact the Theatre Manager

The Theatre Manager can be contacted via their personal mobile phone via switchboard, which will hold a copy of the Theatre Manager on-call rota.

For the Theatre Manager to consider:

1. Staffing

The Theatre Manager will be responsible for allocating staff to the following roles and ensuring the teams are fully staffed and resourced.

Staff will be contacted via Wi-Fi, the use of WhatsApp and a Departmental mobile phone.

The overall WhatsApp group will be divided into 3 staffing groups to cover:

- Paediatrics
- Neurosurgery
- Level 5 Theatres

During any incident the Theatre Manager must allow time for staff to contact home and their family.

The Theatre Manager should also record the details of all staff involved in the incident (staff contact numbers and emails) and send these to the HELP service after the incident so staff can be followed up by the HELP service

2. Managing the department

The Theatre Manager will be responsible for ensuring the Level 5 Theatre Department responds effectively to any major incident.

During any incident the principal use of Recovery is to support the Theatre service and provide post-operative surgery; however it may be used to provide HDU + ITU care/treatment.

3. Resources

During any incident the Theatre Manager must consider the impact upon its stock resources and any specialty stock, e.g. trauma implants.
In the event of a Mass Casualty incident, the Trauma service may need to access additional External Fixators via NHS Supply Chain Customer Services:

- In hours– 01623 587159
- Out of hours – 01622 402669

4. Post incident

Following being formally “Stood Down” from any incident, the Theatre Manager must consider:

- The staff’s welfare by organizing a debrief and referring individuals / groups to the Trust’s HELP service.
- Sending the contact details of the staff involved in the incident to the HELP service for follow up by the HELP team
- The impact upon future theatre activity whereby theatre time, staffing and resources may need to be prioritised for a number of patients that require further surgery.

Head and Neck Services

Action Cards for the Head and Neck Services

- All ward staff
- Senior Nurses
- All service managers/Ophthalmology Service Leads
- Ophthalmology, Ent, Oral Max Fax Surgeons On call
- Ophthalmology Anaesthetist On Call

Clinical services in Ophthalmology, ENT and Oral & Maxillo Facial Surgery will be reviewed. Ward rounds will ensure prompt review of all surgical and medical patients facilitating early discharges where able. Non-urgent elective patients will be reviewed and reduced/cancelled as required in coordination with the Trust Operational Team. Both nursing staff and admin staff to be assessed and redeployed to areas of need in conjunction with the HICC.
Consideration will be given for the use of the lower ground floor (Outpatients) of the Sussex Eye Hospital. Please note that 3 rooms can be used for minor ophthalmic procedures in the case of a major incident or mass casualty incident.

The Divisions should have up to date, accessible business continuity plans for their services, which staff are aware of, including up to date staff contacts in case on an emergency where staff may need to be called.

Members of staff should make sure their line managers have their correct contact details.

Members of staff at home during an incident should listen to the local radio for any urgent messages.

Members of staff at work should continue working normally. They should also check the Infonet and listen to messages regarding the incident from their line managers, the Clinical Site Managers, the Communication Team and/or the HICC (Hospital Incident Coordination Centre) staff.

Medicine Services Multiple and Mass Casualty Major Incident Plan

- ED/Acute Medicine
    - Adult ED Plans (RSCH and PRH)
    - AMU/ACU Plans
- Specialty Medicine

Emergency Dept. RSCH

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 Clinical Lead/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 outweigh 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).
Paediatric Staff may be present in ED

Crib Sheet	**(1 of 2)**
Incident Role	**ED COMMANDER CRIB SHEET**
Location	**Emergency Department (ED) RSCH**
Role Description	This card will be updated regularly as the layout of Level 5 changes. To be read in conjunction with the ED Commander Laminate

STANDBY Not normally notified at stand by, may be notified from Clinical Lead/Major Incident Officer	Time
Inform Teams: Allot and organise Triage team as a priority Reception to prepare paperwork to print when MI Declared. Ensure Imaging aware **Decant:** Use Tier Sheet to gauge how to clear the department depending upon MI size Allot juniors from respective teams to porter their patients to wards. Lockdown of ED: Two entrances only: North Ambulance and back corridor x1. Security or police to search incomers at front door if terrorist incident suspected. **Extra staff:** Estimate extra ED staff numbers you will need from Tier Sheet. WhatsApp work team **Standby** alert , not forgetting second message for **Declared**, with suitable consultant to organise RSCH and PRH staffing for acute and recovery phase, assume next two shifts for Cons / Reg and SHO. **Your Loggist:** Booklet in MI box. ? FY1 from another team/ Med student or non-clinical. **Teams:** Allot triage team / teams: senior, + junior doctor, + nurse, + HCA. Emphasize use of whiteboard to keep tally of patients in / out / destination Allot Resus teams for P1s, P2s and Leads for other areas. UCC Registrar to sift patients on screen deciding which ones will be seen, others to seek alternatives. Spare incoming doctors and staff to collect in the Mental Health room. Use as porters / radiology runners / scribes / discharges from wards / stockers Extra medical staff from relevant teams for warding current patients. **Imaging:** Throughout MI prioritise CT list with radiographers and reporting radiologist	

DECLARED	Time
Ensure you have allotted the following: • Triage doctor and nurse team (may need 2 teams) • Resus doctor to assign and prepare trauma teams with surgical lead • Zone 2A Lead • Zone 2B Lead • UCC Lead • Loggist **Decant:** Use the Departmental layout map to assist in planning Decant **Meetings**: Designate an area to meet team on the hour with Nurse/Manager/Site/Resus ▪ Numbers of P1-3 already in and expected, theatre or ICU usage ▪ Beds available in department ▪ Teams overview ▪ Supplies needed **Info**: Circulate twice per hour around each area of the department. Keep each area informed of larger events to stop 'silo' feeling.	

STAND DOWN	Time
Debrief: ED Hot debrief in Coffee Room on stand down. Ensure no police present Loggist to take minutes. Minutes of debrief and List of *all* staff members into logbook Give overview of event, numbers seen, acuity. Could use a timeline Acknowledge contributions from teams. Go through for most important learning points from stages, emphasizing positives where possible. ▪ Triage: ▪ Reception: ▪ Resus: ▪ UCC: ▪ Wards: ▪ Mental Health Team / Radiology / Pathology / Security / Portering Acknowledge normal psychological reactions and signpost access to HELP **Paperwork** All documentation to be collated and put back into the MI box. Photos of incoming patients downloaded securely and erased from device **Recovery** Plan for recovery and resumption of normal service with incoming consultant and team. Send list of all staff involved in the response to the HELP team so that support can be offered. Be aware frustration or guilt from those unable to take part in MI.	

Crib Sheet	**(1 of 2)**
Incident Role	**ADULT TRIAGE DOCTOR CRIB SHEET**
Location	**Emergency Department (ED) RSCH**
Role Description	To be read in conjunction with the MI laminate for Triage doctor
This crib sheet will be updated in response to changes in the layout for Level 5.	

STANDBY	Time
• Check means of recording photographic images is working and charged • Familiarize with duplicate sheet to ensure that ***all*** boxes will be completed. • Assemble a team or teams depending upon the size of the event anticipated. • ***Consider*** site of second triage point for P3 patients. • Ensure that there are adequate supplies of first aid and intervention equipment (see below). • Go through simulated patient (s) arriving from North entrance anticipating any blocks to flow (may lie with patients stacking at white board exit while final checks are done.) • Current PAT and corridor patients: consider onward disposition to ward or discharge if possible. • Triage Team could compose: Senior & junior doctors, nurse and HCA (1 -2 teams) Senior nurse overseeing area Receptionist Loggist (non-medical) at exit point. Nurse or SECAmb senior to prioritise patients prior to coming into the PAT area.	

DECLARED	Time
Ensure that SECAmb know to enter via North entrance and to keep casualty on ambulance trolley during triage and then on to end Zone area. This may need Ambulance Liaison person to prioritise incomers. Try using scribe (competent junior) to expedite paperwork while you examine casualty. Expose patients. Beware of hidden tourniquets applied by civilians / police.	

Adult Triage Set up Process	
TRIAGE Set Up PROCESS POINTS Patients enter via North Entrance and exit into corridor past the ‘ controllers’. White board at exit point closest to corridor. Prior to patient exit, loggist to ensure following information: • Duplicate sheets appropriately distributed • Patient wrist band matches duplicate sheet. • Destination on duplicate sheet recorded • Photo taken on one device (ideally smart phone) • White board updated with Priority status and destination • MI consecutive (1 – 100) numbers on duplicate sheet and whiteboard match	

STAND DOWN	Time
As per Triage sheet.	

ED Tech Support

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,

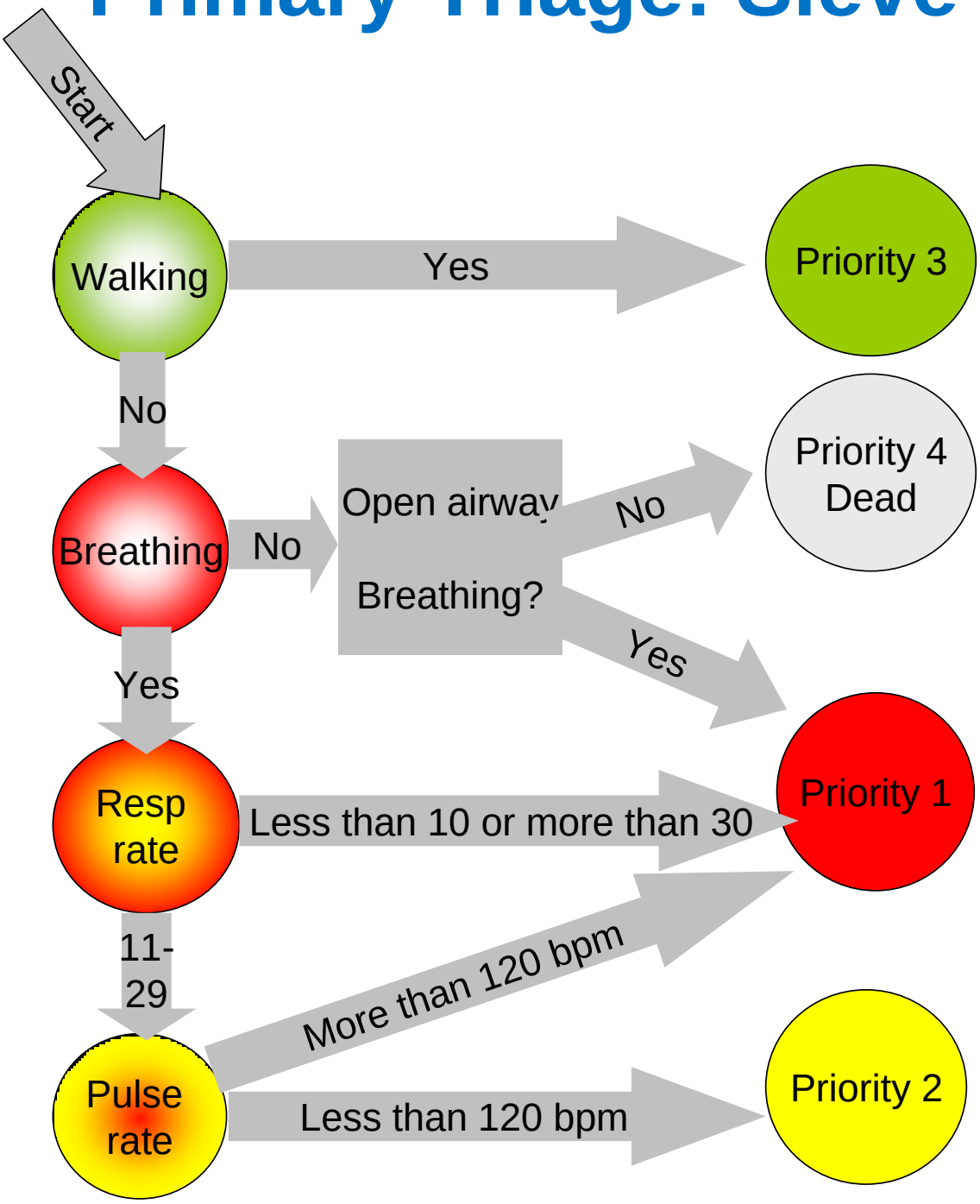
…the group also discussed and agreed that the existing triage sieve is fit for purpose.

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 Childrens Services Plan 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 Clinical Lead/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

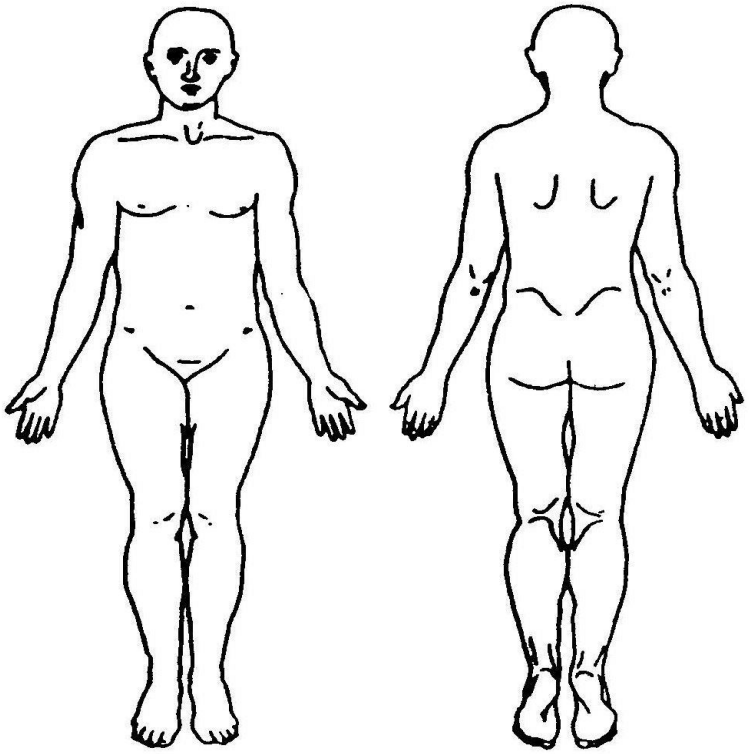
The Triage nurse will work with the Triage doctor & reception staff to triage all patients arriving at the Hospital through Ambulance entrance, they will also ensure each patient is given an ID band that matches their unique MI number and number on their notes. Ensure you take ID bands with you. This 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 location10.4.2.1.4 Triage Documentation

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

Major Incident Patient Front Sheet

Date ____/_____/_____ STICKY LABELS HERE PLEASE LABEL BOTH SHEETS	**Name**			Major Incident Number 1 - 100
	DOB / Age	M	F	
	Address			Triaged to:
	Phone contact / NOK			
	Major Incident Patient		Other Attender	
Time _____ **Resp Rate**	**Sats**	**GCS** **E** _____ **V** _____ **M** _____		___ **/ 15**
BP ------ / ------	**Pulse**	**Triage Category** (see laminate flowchart)	**P1** **Immediate** **P2** **Urgent** **P3** **Delayed**	
		**Treatments done:**		
		Treatments to do		

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 Clinical Lead/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 Outpatient 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.

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.

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.

Paediatric staff may already be present in ED.

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
- Neuro Consultant
- Neuro Anaesthetist

Emergency Dept. PRH Plans

PRH is likely to be used for P3 patients. Plans will reflect this.
However, contact with PRH HICC and RSCH ED consultant 4218 will keep PRH team informed concerning staff and patient developments.
Laminate Action Cards are to be found in the MI folder in the back nursing office.

Security Issues
Due to the layout of the department, when the incident is Declared, Security will shut the main door on the corridor between X-ray and ED. In this way ED staff can work without interruption from the public and security can be maintained,. The exit to the department will be from the back corridor. In this way, X-ray, ED/ CDU and RAMU become a contained unit.

Staffing
Extra medical staffing will be organized by the consultant via RSCH.
Nursing staff will be organized by one of the Band 7s off site for the next two shifts.
Reception will be called in as needed.

IT and Reception
Unlike in RSCH where pre-packed folders, are used, PRH patients will be booked straight onto the Symphony screen, using the MAJAX function.
At least two computer screens will need to be used at the ambulance entrance to book in patients.
Patients once booked in can be triaged to majors cubicles, resus or the waiting room for further treatments.

Use of other areas.
Outpatients can be used as the Police area, through which all patients will be processed prior to discharge.
Relatives area and waiting area will be in the discharge area towards the front of the hospital.

Extra Capacity for ED.
Site management and ED team will co-ordinate moves out of ED in anticipation of Major Incident Patients.
Extra capacity for larger numbers of P3 patients could be initially in RAMU.
If more space is needed, use of Main Outpatients.

AAU Plans

AAU Coordinator
'Major incident standby' declared

- Communicate to all members of MDT current situation
- Highlight patients who could quickly be stepped down to EACU or discharged if major incident declared.
- Contact EACU coordinator to warn 'stand by' and advise how many potential patients could be identified as appropriate for EACU and discuss how many patients EACU can facilitate in short time frame

Major incident declared

- Allocated staff member from ED will come to AAU coordinator as per ED action card to find out how much AAU capacity can be created and a timeframe for this.
- Contact EACU coordinator and advise situation
- Complete rapid Board round with Acute medical consultant and Frailty consultant.
- Transfer identified and appropriate patients to EACU
- Consider cohorting patients identified as potential to be discharged at risk into E bay
- When clear number of beds identified, 1 nurse allocated to attend ED to take SBARD for number of appropriate patients.

- Coordinator to ensure transfers and discharges take place quickly but safely and ensure patients are accepted to arrive from ED in as quick time as safely possible.

EACU actions:

EACU

Major incident standby informed by AAU coordinator

- Communicate to all members of MDT current situation
- Identify in preparation to action in conjunction with EACU SHO any EACU patients that can be immediately discharged and re referred to attend on different day should major incident be declared.
- Identify safest way to cohort patients currently receiving procedural treatment i.e. Blood transfusions, Ascitic drain.
- Allocate staff to review expected patient list for next 24hours and discuss with EACU SHO/on call consultant patients that can be re referred to a different day in priority order.

Major incident declared

- Action identified cohorting of procedural patients
- Action discharge of patients previously identified as suitable
- Allocate member of admin staff to contact expected patients previously identified and to be referred for a different day.
- Liaise with AAU coordinator and inform number of available bed/trolley and chair spaces.
- Allocate EACU staff member to attend AAU and complete SBARD for number of appropriate patients.
- Allocate staff member/admin to contact nursing bank/EACU/AAU staff not on duty to identify anyone available to staff EACU overnight to support major incident.

Specialty Medicine Plans

Action Cards for Speciality Medicine:

- Medical Consultant On Call
- Senior Nurses
- All Divisional Leads and Service Managers

Role of the Speciality Services
Supporting capacity and flow and reviewing medical patients with a view to discharge.

The Divisions should have up to date, accessible business continuity plans for their services, which staff are aware of, including up to date staff contacts in case on an emergency where staff may need to be called.

Members of staff should make sure their line managers have their correct contact details.

Members of staff at home during an incident should listen to the local radio for any urgent messages.

Members of staff at work should continue working normally. They should also check the Infonet and listen to messages regarding the incident from their line managers, the Clinical Site Managers, the Communication Team and/or the HICC (Hospital Incident Coordination Centre) staff.

Specialist Services Multiple and Mass Casualty Major Incident Plan

Critical Care Plans

Action cards for this service:

- ICU Consultants on call (L7, L5 and PRH)
- ICU Nurse in charge (L7, L5 and PRH)
- Outreach
- All wards staff
- Network Clinical Coordinating Team

Upon declaration of a mass casualty event, a Major Incident Huddle should take place on L7 ICU at RSCH (and one at PRH ICU), to rapidly:

- Identify patients that can be immediately discharged, or at risk if required
- Agree the tiered staffing escalation plan
- Initiate communication cascade to staff
- Liaise with the Clinical Lead/Major Incident Officer in the Hospital Incident Coordination Centre (HICC).

A central list of all critical care admissions should be kept on L7 ICU (and at PRH ICU), and a list of all discharges be kept on each individual unit.

Capacity

As a Major Trauma Centre, Critical Care L3 capacity should be able to double in the event of a Mass Casualty. This will involve:

- Increasing bed spaces for ventilation on L5 ICU
- Expansion into Cardiac ICU
- Expansion into Recovery
- Early communication with CICU/Recovery in preparation.

RSCH Clinical areas		Mass Casualty escalation
L7 ICU	Up to 16 L3 beds	16 x L3 beds
L5 ICU	3 x L3, 12 x L2	7 x L3, 8 x L2 beds
Cardiac ICU		Up to 8 x L3 beds
RSCH Recovery		Up to 6 x L3 beds
	Total	37 x L3, 8 x L2

At earliest opportunity, provision should be made for ICU senior nursing and medical staff to support these areas when possible. (See flow chart for escalation plan)
At the PRH ICU site, provision should be made for expansion into the HDU area for L2 patients if necessary.

Liaison with Paediatrics

Trauma patients aged 16-18 should be admitted to Adult Critical Care. Depending on the number of paediatric casualties, if Paediatric critical care reaches its capacity then patients aged 11-15yrs may need to be admitted to Adult Critical Care. Direct discussion between the L7 ICU cons and the Paediatric Anaesthetic Consultant should identify these patients.

Network Clinical Coordination Team

Within 4 hours of declaration of a mass casualty event, an ICU Consultant will be needed to assist in the formation of the Network Clinical Coordination Team (until being stood down by the HICC).

Staff

Staff will be contacted via Wi-Fi, the use of WhatsApp and/or an automated messaging system, with a dedicated phone number to contact.

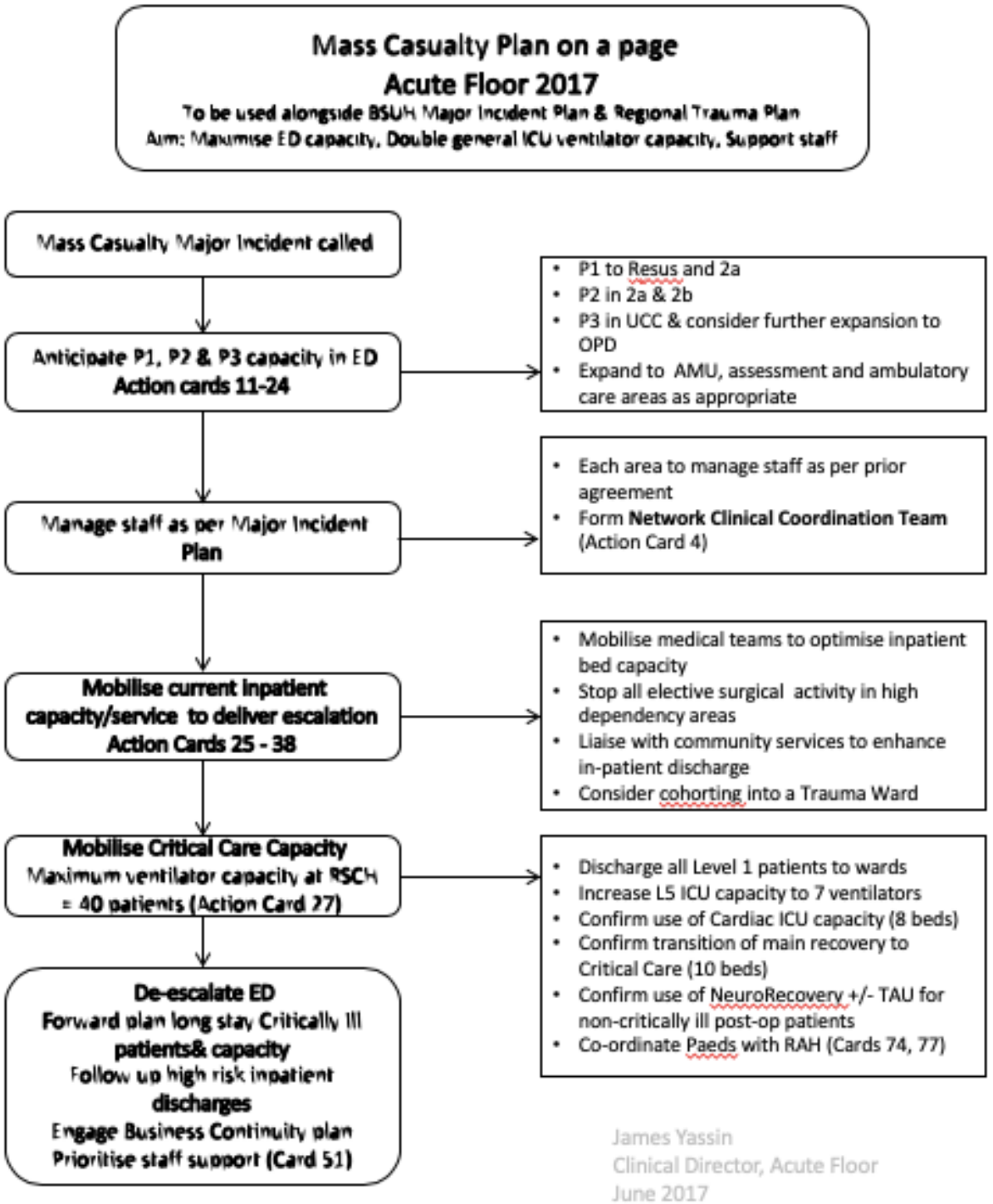
Within the first 12 hours, planning should be undertaken for staffing the unit for the next 72-96 hours by the senior team.

Where possible, hold a hot debrief for staff either at the end of each shift or when stood down by the HICC.

A full record of all staff involved in the incident should be kept for each ICU and should contain their names, contact numbers and emails. These can then be sent to the HELP service after the incident for staff follow up and support.

Members of staff should make sure their line managers have their correct contact details.

Members of staff at work should continue working normally. They should also check the Trust Infonet and listen to messages regarding the incident from their line managers, the Clinical Site Managers, the Communication Team and/or the HICC (Hospital Incident Coordination Centre) staff.


Mass Casualty Plan on a page
Acute Floor 2017
To be used alongside BSUH Major Incident Plan & Regional Trauma Plan
Aim: Maximise ED capacity, Double general ICU ventilator capacity, Support staff
Mass Casualty Major Incident called
Anticipate P1, P2 & P3 capacity in ED
Action cards 11-24
P1 to Resus and 2a
P2 in 2a & 2b
P3 in UCC & consider further expansion to OPD
Expand to AMU, assessment and ambulatory care areas as appropriate
Manage staff as per Major Incident Plan
Each area to manage staff as per prior agreement
Form Network Clinical Coordination Team (Action Card 4)
Mobilise current inpatient capacity/service to deliver escalation
Action Cards 25 - 38
Mobilise medical teams to optimise inpatient bed capacity
Stop all elective surgical activity in high dependency areas
Liaise with community services to enhance in-patient discharge
Consider cohorting into a Trauma Ward
Mobilise Critical Care Capacity
Maximum ventilator capacity at RSCH = 40 patients (Action Card 27)
Discharge all Level 1 patients to wards
Increase L5 ICU capacity to 7 ventilators
Confirm use of Cardiac ICU capacity (8 beds)
Confirm transition of main recovery to Critical Care (10 beds)
Confirm use of NeuroRecovery +/- TAU for non-critically ill post-op patients
Co-ordinate Paeds with RAH (Cards 74, 77)
De-escalate ED
Forward plan long stay Critically Ill patients& capacity
Follow up high risk inpatient discharges
Engage Business Continuity plan
Prioritise staff support (Card 51)
James Yassin
Clinical Director, Acute Floor
June 2017

Cardiovascular and Renal Plans

Action Cards for the service:

- All ward staff
- Senior Nurses
- All Divisional Leads and Service Managers
- Cardiothoracic Surgeon On Call
- Cardiothoracic Anaesthetist On Call

Cardiac ICU could be potentially used as back up support for the General ICU in a major incident.
The Divisions should have up to date, accessible business continuity plans for their services, which staff are aware of, including up to date staff contacts in case on an emergency where staff may need to be called.

Members of staff should make sure their line managers have their correct contact details.

Members of staff at work should continue working normally. They should also check the Trust Infonet and listen to messages regarding the incident from their line managers, the Clinical Site Managers, the Communication Team and/or the HICC (Hospital Incident Coordination Centre) staff.

Neuroscience, Stroke, Spinal and Rehab Plans

Action Cards for the service:

- All ward staff
- Senior Nurses
- All service managers
- Neurosurgeon on call
- Network Clinical Coordinating Team

Directorate Leads to:

- Assess bed flow and capacity
- Repatriate outliers to appropriate areas of the Trust
- Log decision made and action taken in a log book

Nurse in Charge of Wards

- Assess staffing and call in staff as appropriate
- Highlight patients that could be discharged
- Ensure documentation kept up to date and that you record any decision made and actions taken

Neuro Theatre Manager

- to liaise with main theatre manager and assess theatre staffing and on call lists
- to review stock and equipment and request via the directorate leads or if unavailable via the HICC
- to assess Neuro recovery use
- Ensure documentation kept up to date and that you record any decision made and actions taken

Neuro ICU Nurse in Charge Level 5

- Cohort Neuro patients together
- Ensure Neuro prompt cards are available to all staff and by the patient's bedside
- Ensure an adequate stock of Mannitol is available in the warmer
- Ensure an adequate stock of hypertonic saline is available
- Review equipment, especially availability of ICP bolt boxes and Codman drills
- Escalate any issues to the directorate leads or if unavailable via the HICC
- Ensure documentation kept up to date and that you record any decision made and actions taken

Recovery and Debrief

- Ensure an accurate list of all staff that have responded to the incident is sent to the HEP service so that support can be offered after the incident.
- Undertake a hot debrief in all areas after you have been stood down by the HICC
- Undertake a directorate level AAR and take part in any Trustwide debriefs as appropriate
- See section in appendix 3 on psychological first aid for staff
- Restock areas

The Divisions should have up to date, accessible business continuity plans for their services, which staff are aware of, including up to date staff contacts in case on an emergency where staff may need to be called.

Members of staff should make sure their line managers have their correct contact details.

Members of staff at work should continue working normally. They should also check the Trust Infonet and listen to messages regarding the incident from their line managers, the Clinical Site Managers, the Communication Team and/or the HICC (Hospital Incident Coordination Centre) staff.

Major Trauma Centre and Major Trauma Network Plans

Action Cards for the Major Trauma Centre and Major Trauma Network

- Network Clinical Coordinating Team

The NCCT is a Network wide facility established to manage the coordination of patients who may be in hospitals other than that which is most appropriate for their care needs. The NCCT is available to provide clinical advice to other Network hospitals by telephone, and to ensure network-wide prioritization of patient transfers.

All Major Trauma Centre staff will have actions as part of their specialty and they must be aware of these action cards in the instance of a major incident.

A priority for the MTC will be the establishment of hyper-acute rehabilitation at as early a stage as possible for each major trauma patient to facilitate timely transfer of care as appropriate. This needs to be done in conjunction with Core Clinical Services.

Please see The Sussex Trauma Network Mass Casualty Plan which can be accessed via the MTC intranet page.

Members of staff at work, who do not have specific action cards, should continue working normally. They should also check the Trust Infonet and listen to messages regarding the incident from their line managers, the Clinical Site Managers, the Communication Team and/or the HICC (Hospital Incident Coordination Centre) staff.

Clinical Site Management Plans

Action Cards for the Clinical Site Management Team

- Tactical Commander
- Clinical Site Manager

Finance Services Multiple and Mass Casualty Major Incident Plan

- Finance
- Switchboard
- IT

Finance Services Plans

The Division should have up to date, accessible business continuity plans for their services, which staff are aware of, including up to date staff contacts in case on an emergency where staff may need to be called.

Members of staff should make sure their line managers have their correct contact details.

Members of staff at home during an incident should listen to the local radio for any urgent messages.

Members of staff at work should continue working normally. They should also check the Infonet and listen to messages regarding the incident from their line managers, the Clinical Site Managers, the Communication Team and/or the HICC (Hospital Incident Coordination Centre) staff.

Should request be forthcoming from the HICC, these must be acted upon immediately and the most senior director available will enable the procurement or immediate purchase of stocks as requested.

Switchboard Plans

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.

METHANE Report to Sussex Police and SECAmb if BSUH declare a major incident themselves:			
M	**Major Incident:**	***'This Is Brighton & Sussex University Hospital: Major Incident Stand-By Or Major Incident Declared. We have activated our Plan'*** Then give the following details:	
E	**Exact Location:**		
T	**Type of incident (if known):**		
H	**Hazards known:**		
A	**Access and Egress (if any problems known with access to the site):**		
N	**Number of casualties if known:**		
E	**Other Emergency Services called or on scene:**		
The time now is:		**My name is:**	**To whom am I speaking?**

RSCH

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

PRH

Will contact all RSCH and PRH wards to inform them of the incident.

IT Plans

Actions Before an incident:

- The Service leads should ensure that the service has up to date BCPs
- The Service leads should ensure that these are made accessible to the appropriate staff
- The Service leads should ensure that they are able to contact their staff who are at work and out of work during an incident
- Members of staff should ensure that they are aware of the services role and their role in an emergency
- Members of staff should make sure their line managers have their correct contact details.

Actions During an incident:

What is the role of E&F in a multiple or mass casualty major incident??? Include the overarching role and how you will communicate with your staff to infirm them that an incident has been declared etc also what is the role of the help desk?

Staff with action cards should follow these (available in appendix 1)

- IT Manager On Call

Staff without Action Cards:

- Members of staff at home during an incident should listen to the local radio for any urgent messages.
- Members of staff at work should continue working normally. They should also check the Infonet and listen to messages regarding the incident from their line managers, the Clinical Site Managers, the Communication Team and/or the HICC (Hospital Incident Coordination Centre) staff.

- Staff should consider that activity and demand for their services may increase following a multiple or mass casualty incident. Managers and Heads of Service should consider this a possibility and plan for this following an incident.
- Staff should uphold normal Health and safety guidance
- Maintain staff welfare, ensure you and your staff have adequate breaks and have the right PPE for the task etc
- Managers should maintain a log of decisions made during an incident

Actions after an incident

- Maintain staff welfare, enlist HELP service if required, use psychological first aid (training available from HELP)
- Staff should not go home without first reporting to their line manager

- Staff should take part in the departmental hot debrief (managers can be trained in this by the HELP Service)
- Staff should make time available to attend the after action reviews if requested.

Estates and Facilities Services Multiple and Mass Casualty Major Incident Plan

Actions Before an incident:

- The Service leads should ensure that the service has up to date BCPs
- The Service leads should ensure that these are made accessible to the appropriate staff
- The Service leads should ensure that they are able to contact their staff who are at work and out of work during an incident
- Members of staff should ensure that they are aware of the services role and their role in an emergency
- Members of staff should make sure their line managers have their correct contact details.

Actions During an incident:

What is the role of IT in a multiple or mass casualty major incident??? Include the overarching role and how you will communicate with your staff to infirm them that an incident has been declared etc also what is the role of the help desk?

Staff with action cards should follow these (available in appendix 1)

- Charge Hand Porter
- Porters On Door Duty
- Trust Security Manager
- Security Officers
- All Reception Staff
- Estates Engineer On Call
- Chaplaincy & Psychological First Aid

Staff without Action Cards:

- Members of staff at home during an incident should listen to the local radio for any urgent messages.
- Members of staff at work should continue working normally. They should also check the Infonet and listen to messages regarding the incident from their line managers, the Clinical Site Managers, the Communication Team and/or the HICC (Hospital Incident Coordination Centre) staff.

- Staff should consider that activity and demand for their services may increase following a multiple or mass casualty incident. Managers and Heads of Service should consider this a possibility and plan for this following an incident.
- Staff should uphold normal Health and safety guidance
- Maintain staff welfare, ensure you and your staff have adequate breaks and have the right PPE for the task etc.
- Managers should maintain a log of decisions made during an incident

Actions after an incident

- Maintain staff welfare, enlist HELP service if required, use psychological first aid (training available from HELP)
- Staff should not go home without first reporting to their line manager
- Staff should take part in the departmental hot debrief (managers can be trained in this by the HELP Service)
- Staff should make time available to attend the after action reviews if requested.

Communications Services Multiple and Mass Casualty Major Incident Plan

Action Card for Communications

- Comms & Media Liaison Officer

For further details please refer to the BSUH Emergency Communications Strategy

Human Resources Services Multiple and Mass Casualty Major Incident Plan

The Human Resources Director is responsible for the following services:-

- Childcare Nurseries
- Connections
- Employee Relations
- HELP
- HR Business Partners
- HR Employment Services (Recruitment/HR Administration)
- Medical HR
- Occupational Health
- Temporary Staffing
- Workforce Information

The Directorate has an up-to-date, accessible Business Continuity Plan for their services which has been circulated to service managers. Managers are responsible for contacting their team members in the event of an emergency.

- All staff members should ensure that their line manager has their correct contact details.

- Staff members at work during a major incident should continue working normally unless asked to provide appropriate non-clinical assistance.

  - Email or verbal messages may be received from line managers, the Clinical Site Managers, the Communications Team and/or the HICC (Hospital Incident Co-Ordination Centre) staff.

  - Further information may be available via the Info-net or Trust website.

- Staff members at home during an incident should contact their line manager if they have concerns or questions. Further information may be available via local radio, Trust website.

Please refer to the Human Resources Business Continuity Plan for further detail.

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Appendix 3: Useful Advice and Guidance

A. Burns
B. Clinical Guidelines for use in a trauma major incident
C. Faith Groups
D. Learning Disabilities
E. Mental Health
F. Rail Care
G. Police Documentation Teams
H. Property
I. Psychological Support for Staff, Patients and Carers

A. Burns

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 Burncare Referral Guide 2012

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**

The Queen Victoria Hospital NHS Foundation Trust

https://www.qvh.nhs.uk/our-services/plastic-surgery-and-burns/burns/

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

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.

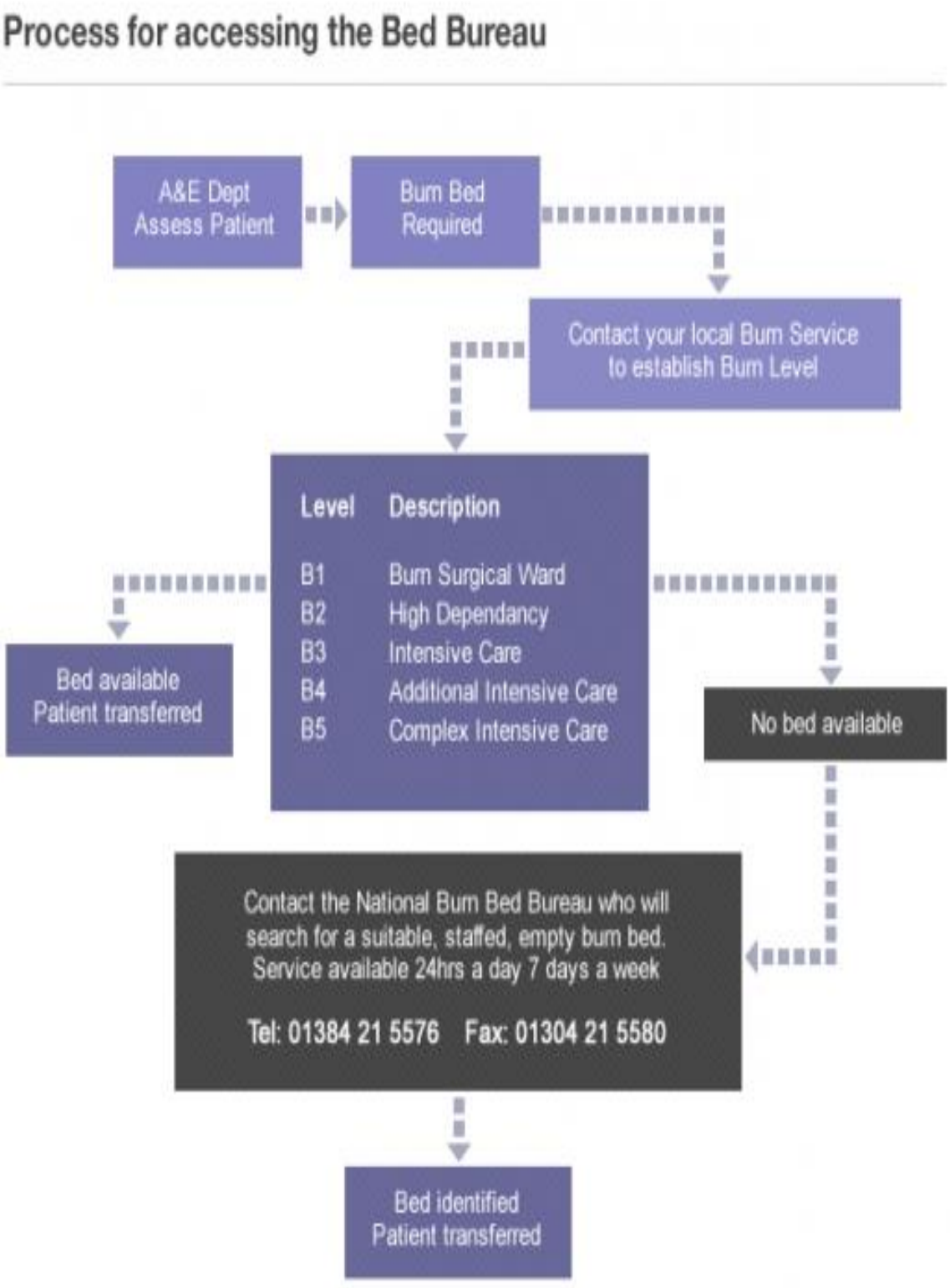
• Reviewing the processes for planning and responding to a major incident or incidents of emergency where the number of patients substantially exceeds normal burn care capacity to fit in with local, regional and national command, coordination and control and decision making arrangements.

• 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.

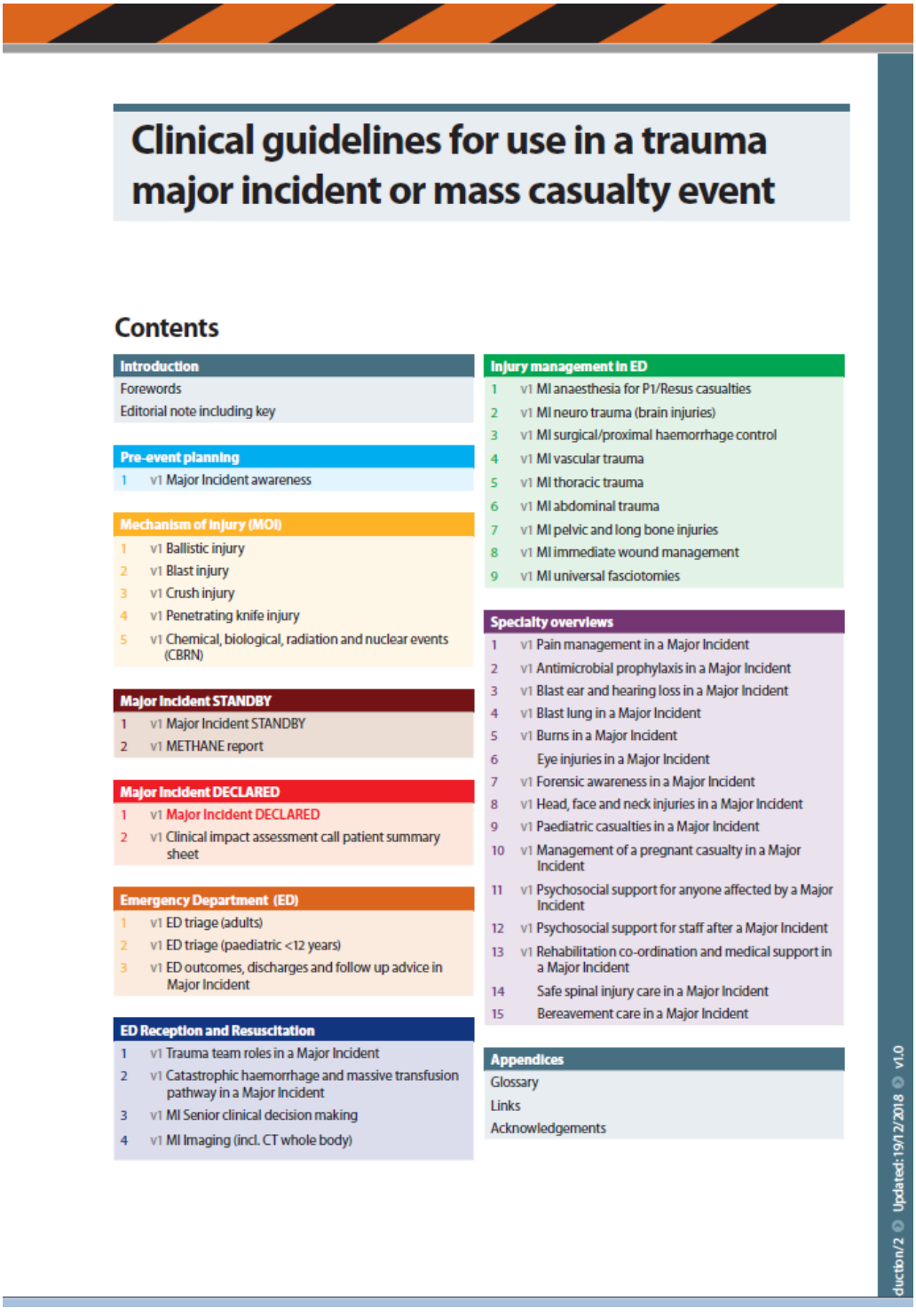
PROCESS FOR ACCESSING BURNS BED BUREAU



B. Clinical Guidelines for use in a trauma major incident or mass casualty incident 2018

Below image taken from the Clinical Guidelines for use in a trauma major incident or mass casualty incident 2018, see link for the full document

https://www.england.nhs.uk/wp-content/uploads/2018/12/version1_Major_Incident_and_Mass_casualty_guidelines-Nov-2018.pdf



Clinical guidelines for use in a trauma major incident or mass casualty event

Contents

duction/2 Updated: 19/12/2018 v1.0

C. 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 access a copy

Click here to access the BBC Guide to World Religions

.

D. 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

E. 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 ext. 4975, 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 to BSUH.

In the absence of not being able to contact a Learning Disability Liaison Nurse please contact the Community Learning Disability Team on 01273 295550.

Please consider in the event of a major incident the person with a learning disabilities potential for increased anxiety and need for clear communication. Please ensure all reasonable adjustments are made.

F. 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.

G. 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.

H. 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.

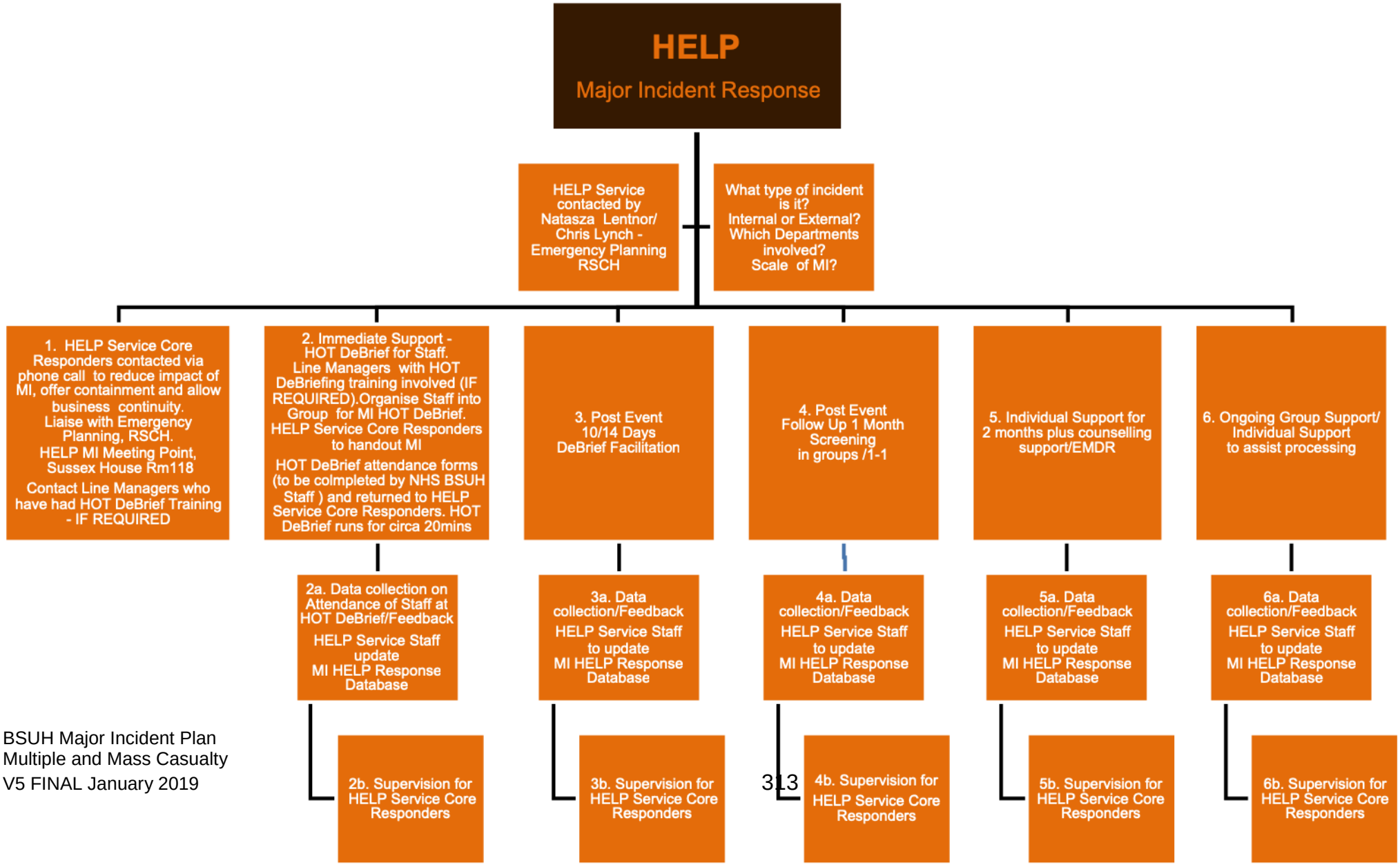
I. Psychological Support for Staff, Patients and Carers

Staff Welfare and the HELP Service

Health, Employee Learning and Psychotherapy services (HELP)

BSUH are actively interested in the Health and Wellbeing of its staff and realise to continue to provide excellent and continually developing care for patients we have to be compassionate with ourselves and support each other.

The Health Employee Learning and Psychotherapy (HELP) service provides staff with confidential support, counselling and psychotherapy for a range of issues. Sometimes work related- from stress management to relational issues, employment difficulties or following critical/ traumatic events, to personal issues that may be affecting the individual.


HELP
Major Incident Response
HELP Service contacted by Natasza Lentnor/ Chris Lynch - Emergency Planning RSCH
What type of incident is it? Internal or External? Which Departments involved? Scale of MI?
1. HELP Service Core Responders contacted via phone call to reduce impact of MI, offer containment and allow business continuity. Liaise with Emergency Planning, RSCH. HELP MI Meeting Point, Sussex House Rm118 Contact Line Managers who have had HOT DeBrief Training - IF REQUIRED
2. Immediate Support - HOT DeBrief for Staff. Line Managers with HOT DeBriefing training involved (IF REQUIRED).Organise Staff into Group for MI HOT DeBrief. HELP Service Core Responders to handout MI HOT DeBrief attendance forms (to be colmpleted by NHS BSUH Staff) and returned to HELP Service Core Responders. HOT DeBrief runs for circa 20mins
3. Post Event 10/14 Days DeBrief Facilitation
4. Post Event Follow Up 1 Month Screening in groups /1-1
5. Individual Support for 2 months plus counselling support/EMDR
6. Ongoing Group Support/ Individual Support to assist processing
2a. Data collection on Attendance of Staff at HOT DeBrief/Feedback HELP Service Staff update MI HELP Response Database
3a. Data collection/Feedback HELP Service Staff to update MI HELP Response Database
4a. Data collection/Feedback HELP Service Staff to update MI HELP Response Database
5a. Data collection/Feedback HELP Service Staff to update MI HELP Response Database
6a. Data collection/Feedback HELP Service Staff to update MI HELP Response Database
2b. Supervision for HELP Service Core Responders
3b. Supervision for HELP Service Core Responders
4b. Supervision for HELP Service Core Responders
5b. Supervision for HELP Service Core Responders
6b. Supervision for HELP Service Core Responders

You can find further information on our Infonet pages https://nww.bsuh.nhs.uk/working-here/human-resources/advice-support-and-wellbeing/help-health-employee-learning-and-psychotherapy-services/

Patients and Carers

To find our leaflet and info on available support please see the leaflets available on our Infonet pages or request a copy via the HELP service or Resilience Team.

Normal Responses to Trauma: https://nww.bsuh.nhs.uk/clinical/teams-and-departments/major-trauma-centre/patient-information/

Appendix 4: Mutual Aid

For information please see the Local Health Resilience Partnership Mutual Aid Agreement which can be accessed via the Resilience Team.

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.

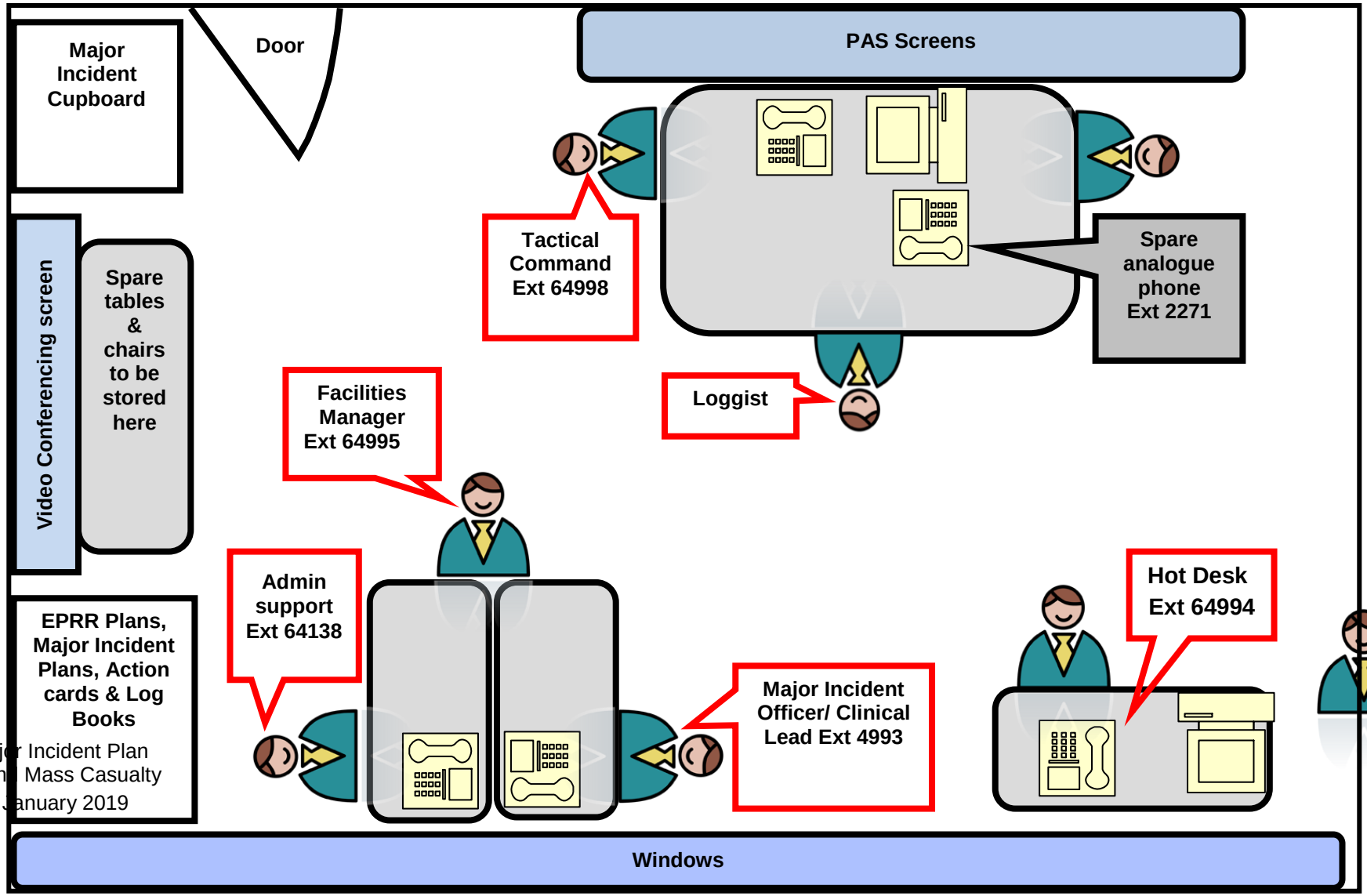
(*) http://www.commissioningboard.nhs.uk/wp-content/uploads/2013/01/comm-control-frame.pdf

The current HICC Cupboard contents:

Log books Stationery Telephones and leads Incident Response Plans Action cards Maps

Layout of the Hospital Incident Coordination Centre

RSCH Floor 7, Trust Headquarters



Appendix 6: 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 Divisions ○ **Medicine** ○ **Surgery** ○ **Specialised** ○ **Children's and Women's** ○ **Central Clinical Services** ○ **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.
7. Review previous actions and agree new actions
8. Agree next meeting

Appendix 7: ED MAJAX SYMPHONY INSTRUCTIONS

Major Incident Standard Operating Procedure for Reception Admin Staff

- Major Incident is declared by shift leader / consultant
- Major Incident action card # 25 to be worked to during the Major Incident. This can be located in the Major Incident folder or on the Intranet
- Obtain the green Major Incident box of prepared paperwork from reception
- Two members of admin staff are to be assigned to the Major Incident, dependant on how many patients are expected this will need to be increased accordingly. If a MI is declared during office hours, you can call on IQ Team for assistance until colleagues arrive.
- Launch Major Incident on symphony
    - Tools
    - MAJAX
    - Incident name as instructed by shift leader /consultant
    - **Tick Box** – this ensures you are indicating whether or not the patient you are registering is/is not involved with the MI and will prompt you with said question at registration. This information is shown on the carbon copy you will receive from the clinical staff.
    - Select site
    - Set number of attending patients to 1.
    - Print labels – NO

    We are unable to stop symphony printing front sheets, however these are not needed so cancel the print job at the printer.

    - Finish

Managing the Major Incident on Symphony

Obtain the relevant number of prepared patient packs from the green Major Incident box stored in reception (ask shift leader/consultant how many patients are expected from incident).

All patients will now be given a NEW Trust ID no on arrival and you will not be searching for them when registering.

Enter the Trust ID number into the relevant box on Symphony and update any demographics on Symphony you are able to.

On episode details make sure that the 'where did it happen field' is complete with Major Incident if relevant (figure7)

When the episode has been completed the patient will appear on the normal tracking screen (figure 8) and an updated front sheet and labels should print out, if not please request.

Return updated paperwork to the relevant area the patient has been moved to, ensuring Symphony also shows patients correct location.

Ensure the patient triage paperwork is correctly labelled and the location of the patient – post triage Instance symphony was to fail during the Major Incident.

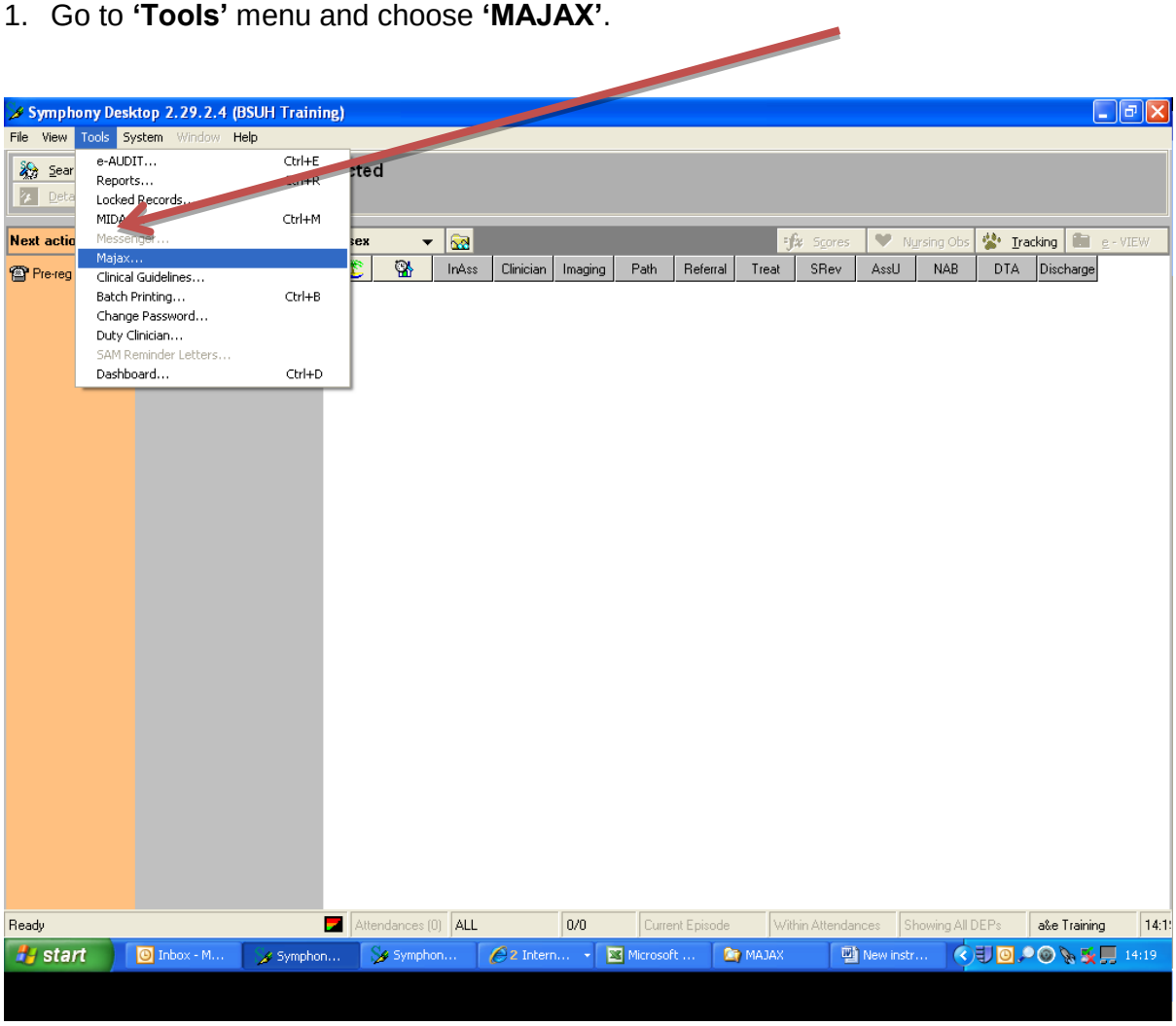
Please refer to the trust intranet site and the red Major Incident folder if you are unsure of anything.

If you need to refer to the red folder, please be mindful that we have removed some of the processes to simplify for you all. The full instructions with screen shots will be updated as soon as we are able.

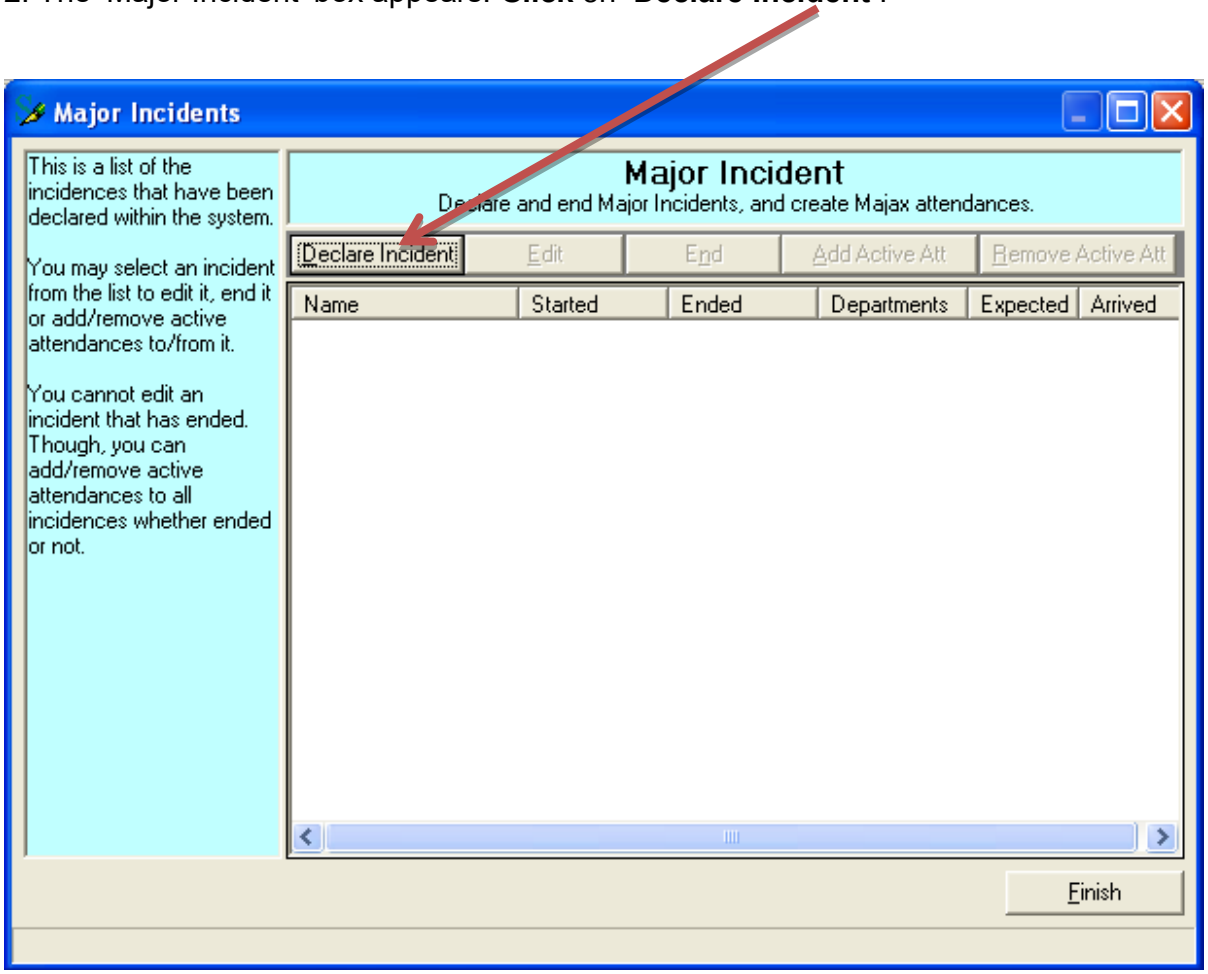
Kim Vallier & Sean Hayter – revised September 2018

Declaring a major incident on Symphony

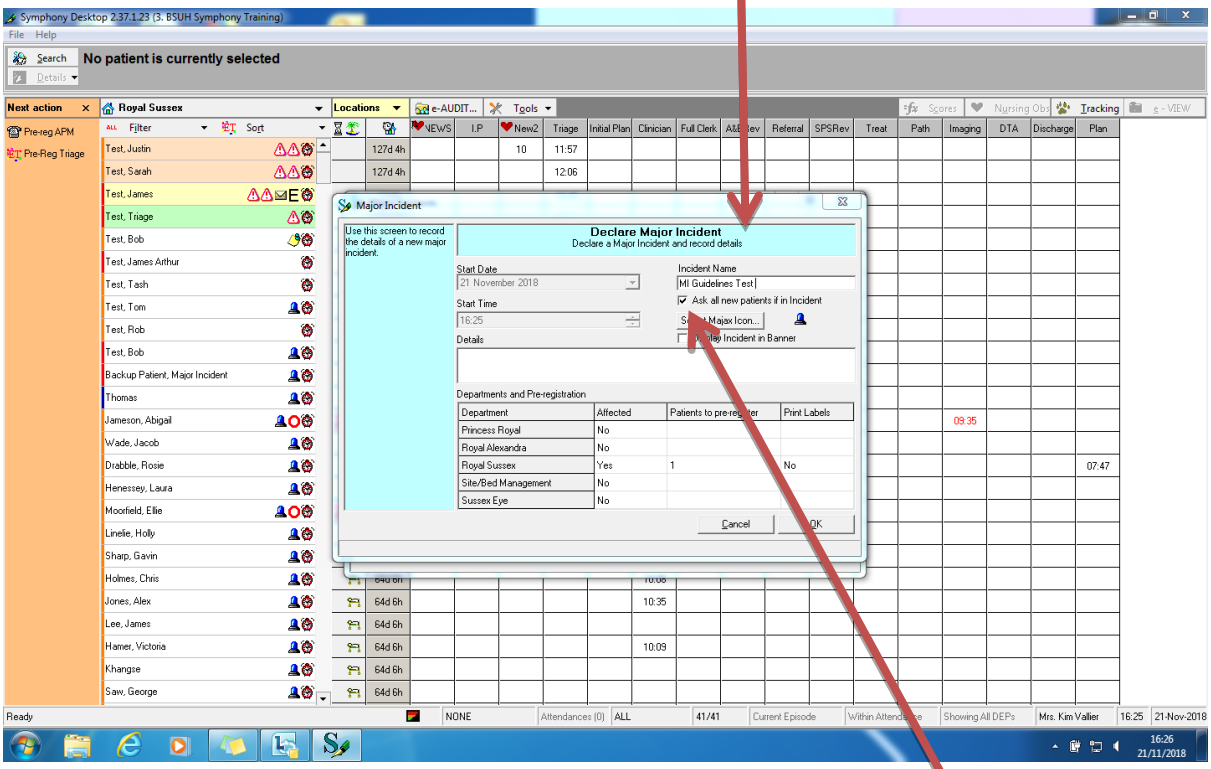
1. Go to **'Tools'** menu and choose **'MAJAX'**.



2. The ‘Major Incident’ box appears. **Click** on **‘Declare Incident’**.

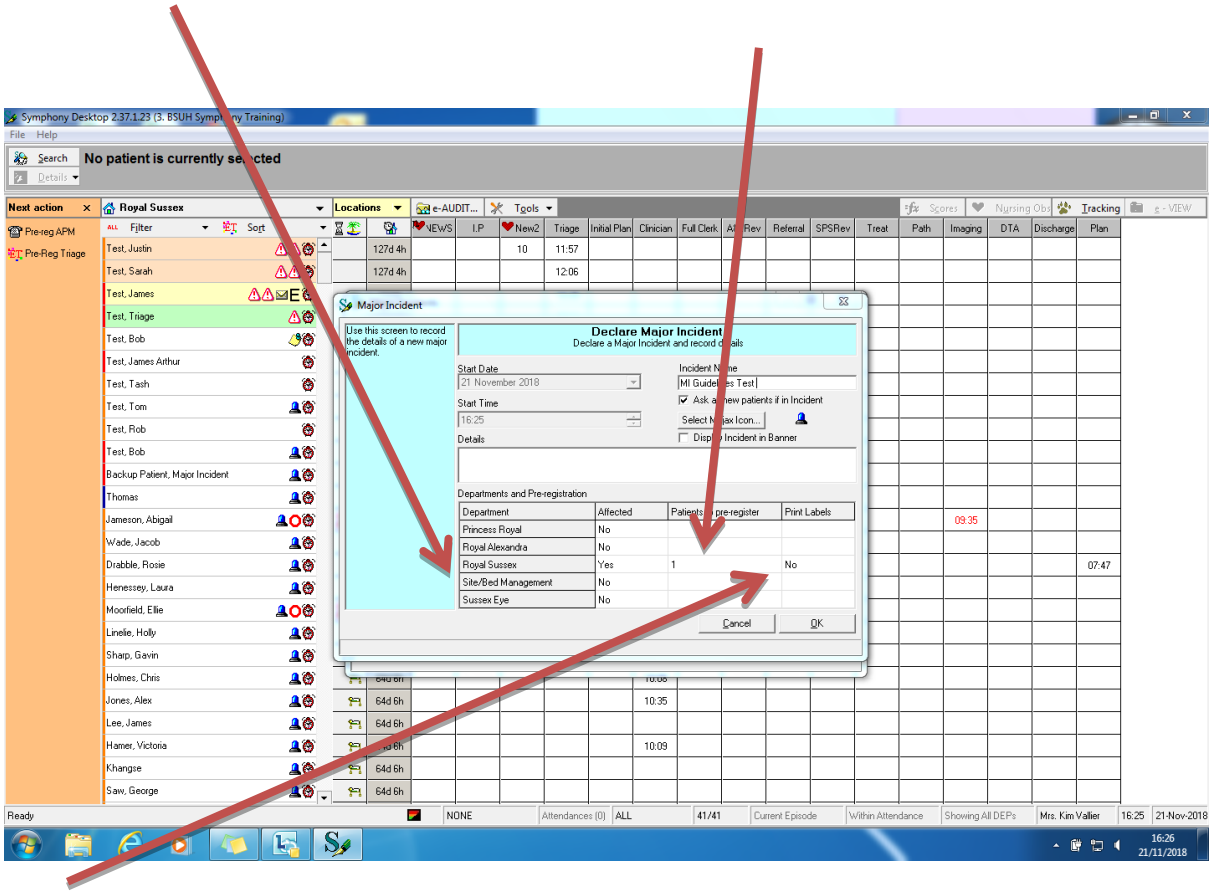


3. 'Declare Major Incident' screen appears. In the box **'Incident Name'** you need to create the name of the Major Incident, which is **date** and **type of incident**, eg: 10/12/2008Fire, 12/03/11BuildingCollapse. You will be advised of the incident name by whoever has declared.



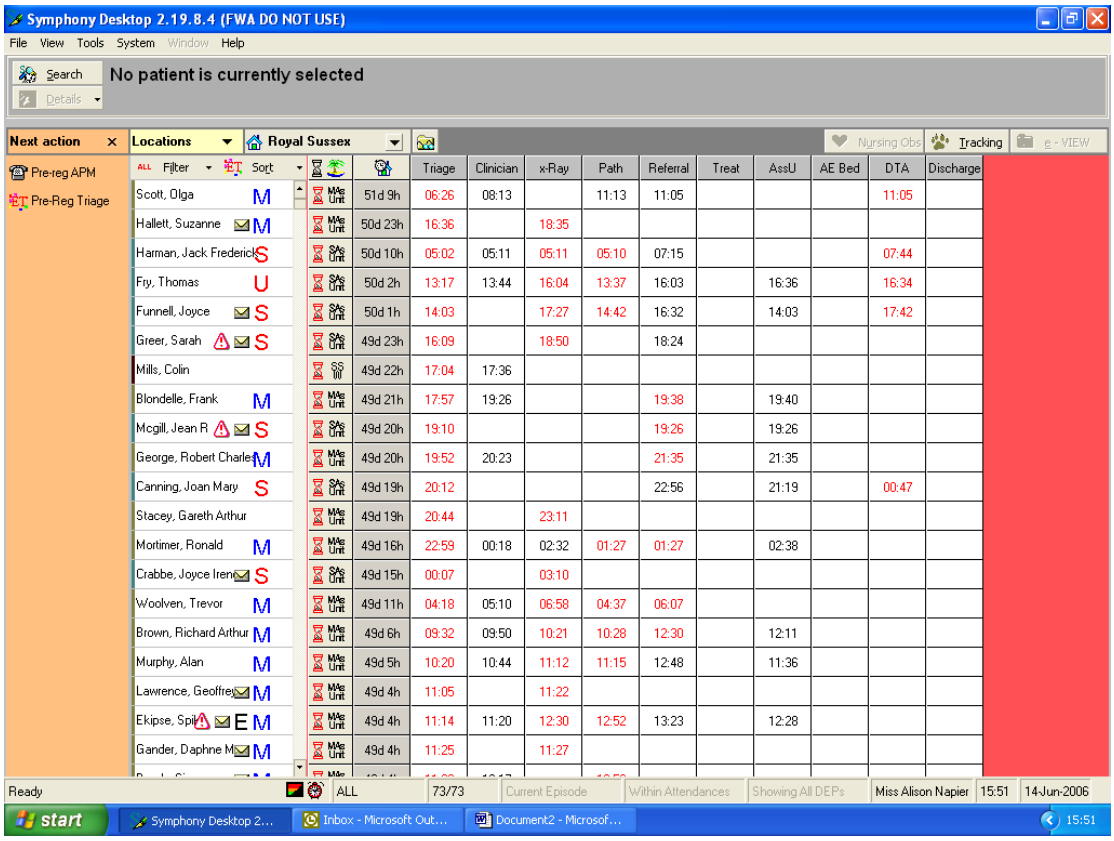
Underneath the 'Incident Name' box is a tick box 'Ask all patients if in incident – **ENSURE YOU CHECK THIS BOX.**

4. Choose the sites affected, this will mainly be RSCH, and leave the number of **'Patients to pre-register'** to 1.



'Print Labels' should remain on No.

5. The screen will default to the below.



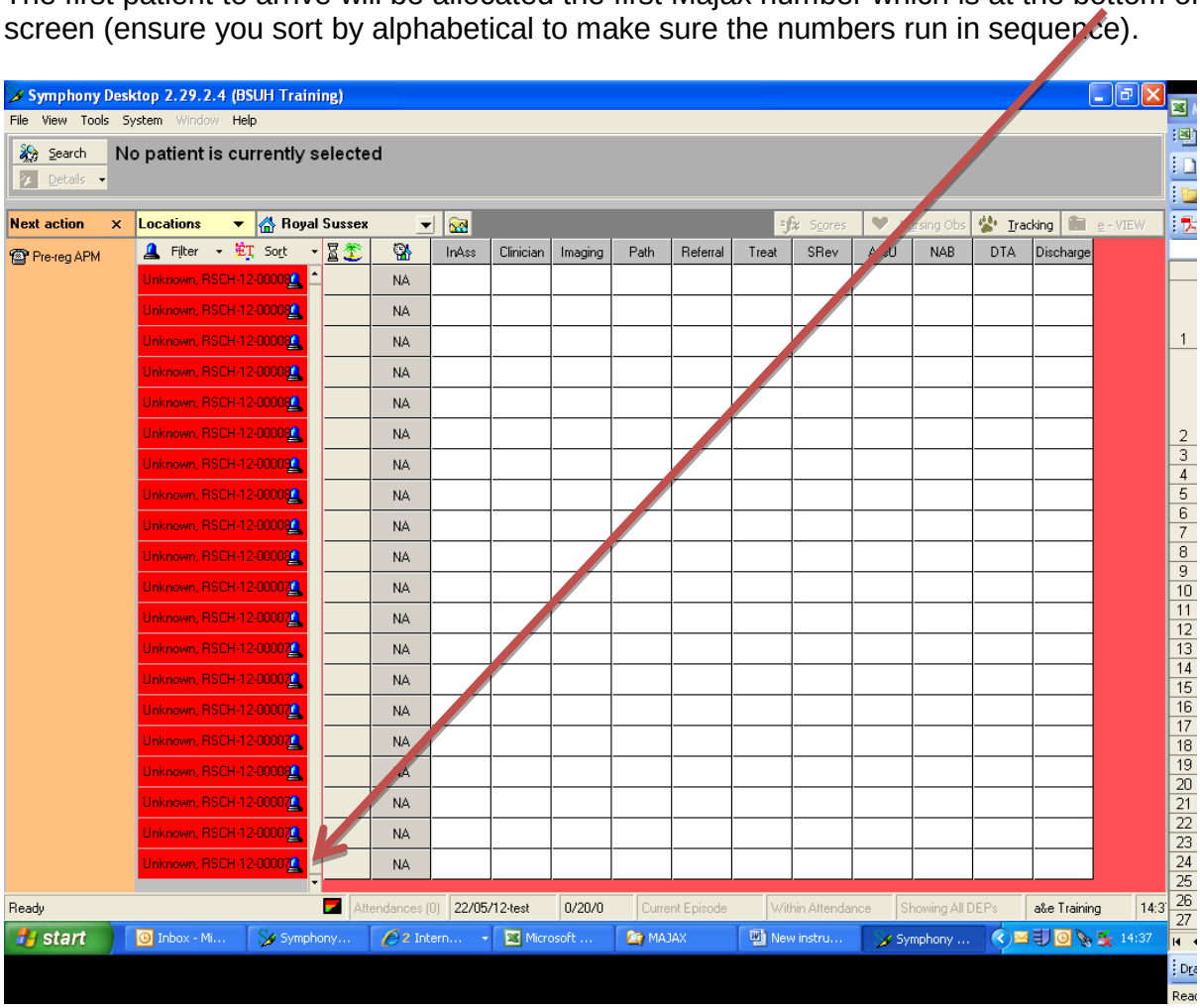
6. When patients arrive they will be issued with a pre-prepped pack that has a new Trust ID no.

7. Do not search for patients, use the Trust ID no instead and update any demographics you are able as these will initially appear on your screen as ‘BackUp Patient – Major Incident.

The 'MAJAX' screen

This is how the numbers will appear on MAJAX once an incident has been activated. These numbers have not yet been allocated to patients.

The first patient to arrive will be allocated the first Majax number which is at the bottom of the screen (ensure you sort by alphabetical to make sure the numbers run in sequence).



Paperwork- Reception/ OPS Assistants

For each number generated a front sheet and stickers will be printed.

Create a bundle for the triage nurse;

- Front sheet – sticker attached
- Triplicate copy paperwork- sticker attached to each layer
- Wrist band- sticker attached
- Clip together with a paper clip and hand to triage team
- Repeat for as many patients as the department is expecting.

Allocating patients a 'MAJAX' number

Nurses Role

When a patient comes in allocate them a pre numbered front sheet from those that have just been printed and collated by reception (the nurse should attach the relevant numbered name band to the patient ensuring all details match).

Once the patient has been triaged 1 copy of the paperwork will stay at triage, 1 copy will go with the patient and 1 copy to reception, so they can be put on symphony.

Reception's Role

1. Once you receive the copy of the triage paperwork you can add the patient's details to the correlating 'MAJAX' number, which will then generate a hospital number.

2. 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.

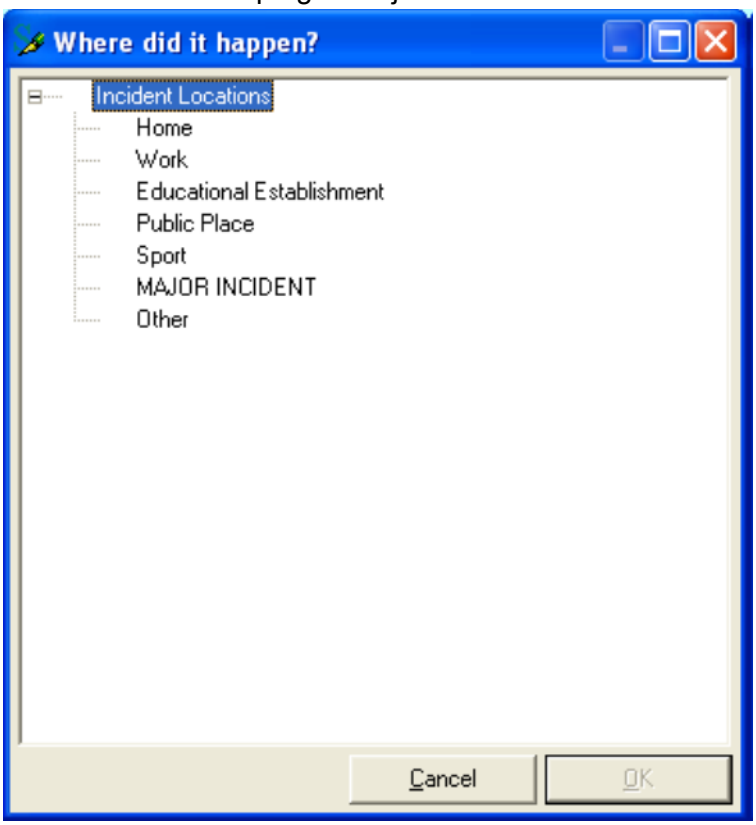
3. If the patient **exists**, **click** on **'select'** and then **'merge'** and this will then bring up the screen to choose new or re-attender.

4. Update all the information that we normally do, putting the complaint as '**Majax**' and the patient's **major incident number** (this is at the top right of the triage paper work) eg: **Majax1**.

5. If the patient is **new**, 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.

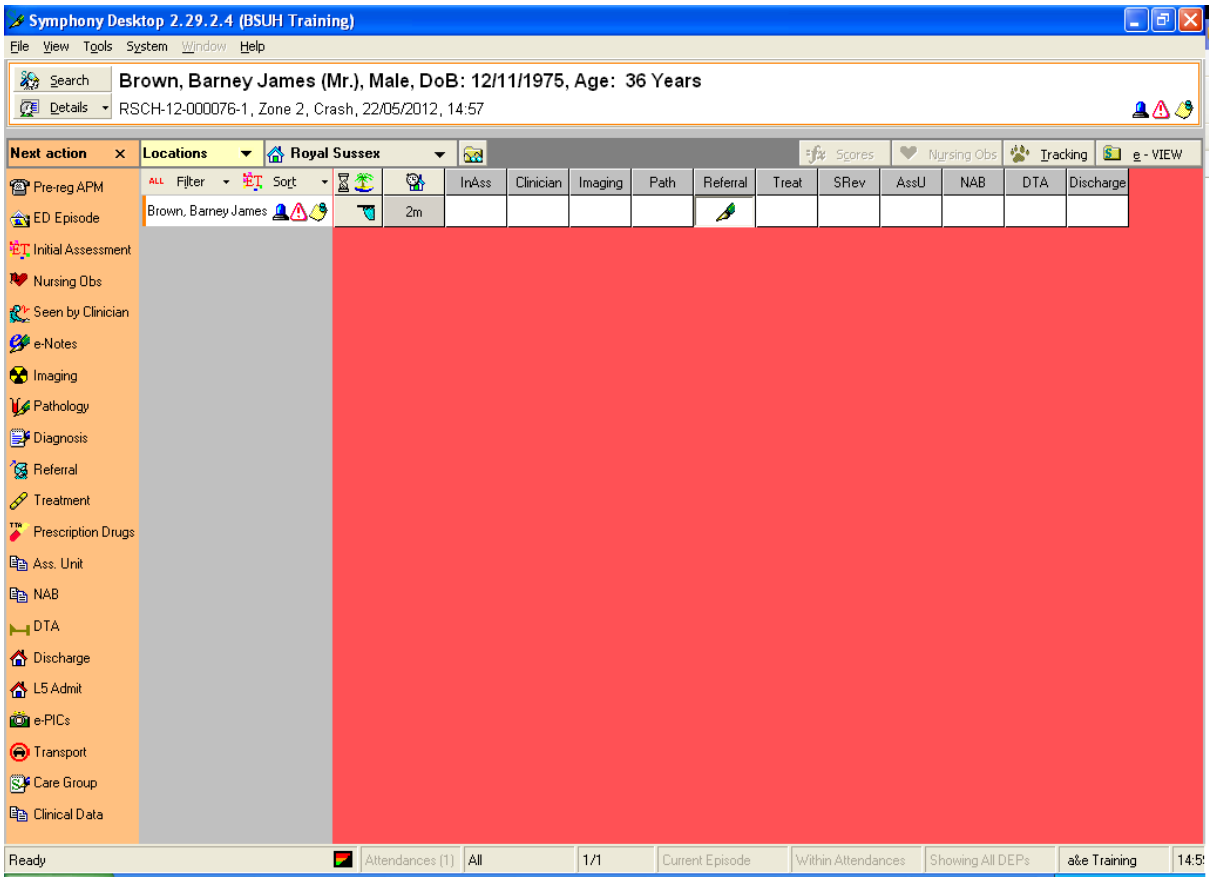
6. If necessary due to work load and lack of information, you can enter just the basic information on the ED episode and further details (GP, next of kin etc) can be collected at a later date or by another member of reception staff.

7. On ‘Episode’ details make sure that ‘where did it happen’ field is completed with **‘Major Incident’** if they are a patient from the major incident or **‘Other’** if the patient is a patient who just happens to be attending on the day a major incident has been declared eg; a patient with exacerbation of asthma. You will be able to identify this on the triage paperwork from the tick boxes on the top right ‘Major Incident Patient’ or ‘Other attender’.



8. When the episode has been completed that patient will appear on the normal tracking screen and an updated front sheet will print out. Make sure you move the patients care group and

location to the patient that they have been triaged to (this will be at the top right of the triage sheet).

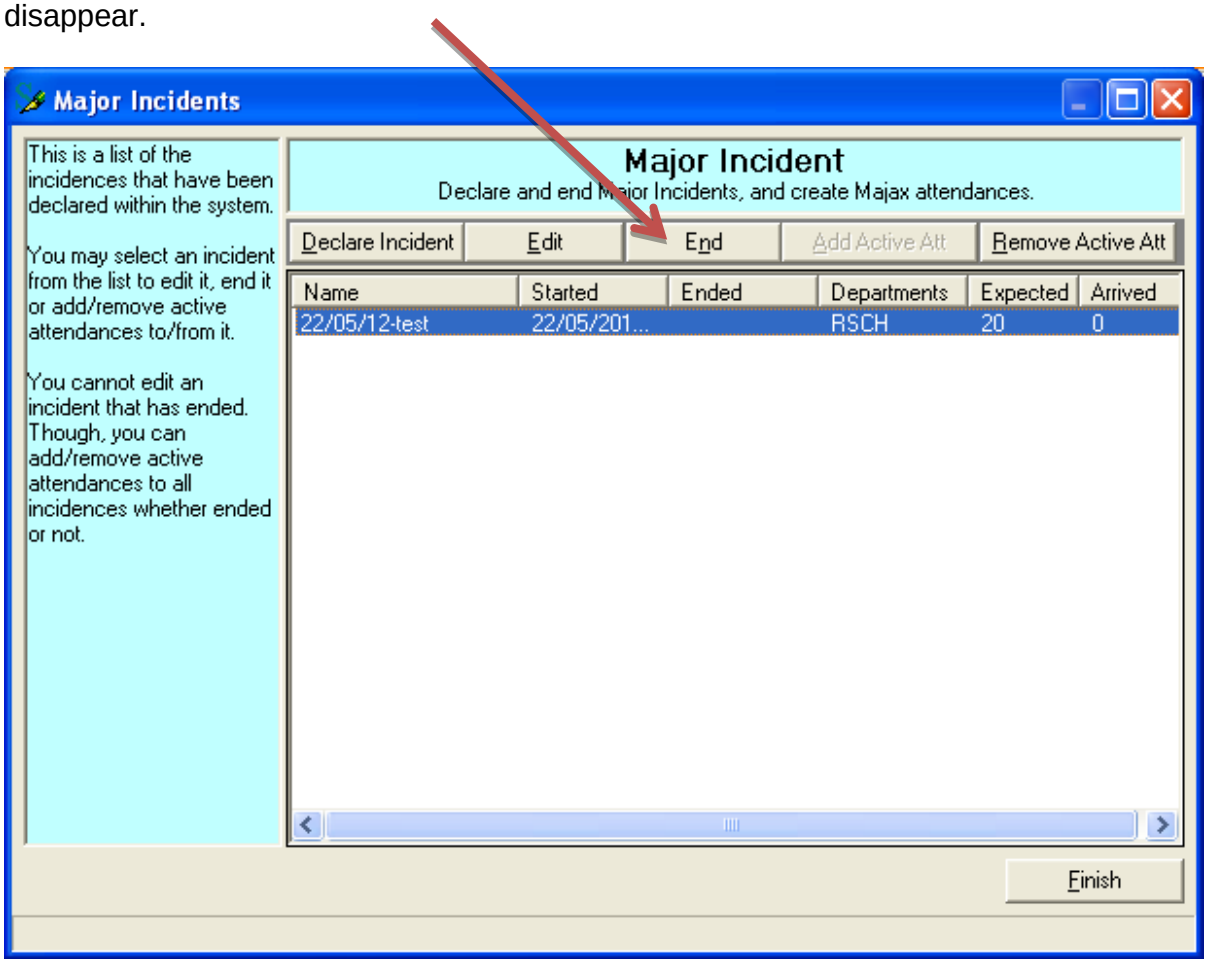


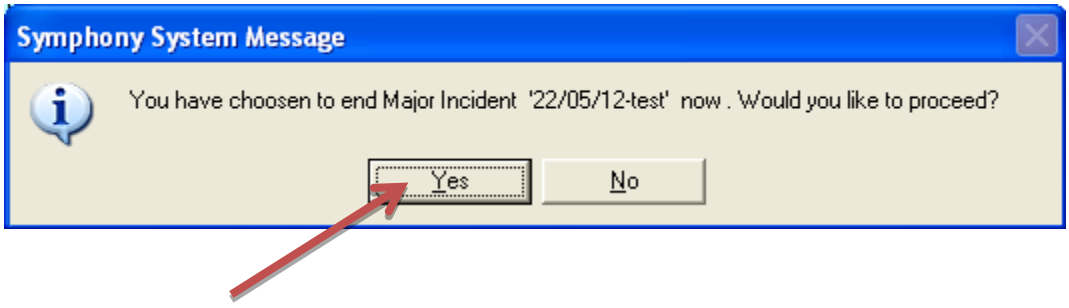
As above, an icon will appear in the patient banner to show that the patient is involved in a major incident (a small blue light).

9. Ensure that the paperwork is also filled out to include a patient sticker, and where the patient has gone post triage eg; 2a. This is in case symphony fails during the incident.

Ending a major incident on Symphony

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.





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.

APPENDIX 8: 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 9: NHS Guidance on requesting and receipt of countermeasures October 2018

Below is an extract of the NHS Guidance on requesting and receipt of countermeasures. Please ask the Resilience team for a copy of this document for full guidance on its use.

3 Countermeasure requests

Requesting countermeasures is the first step in a multi-organisational chain to ensure that the correct countermeasures reach patients in a reasonable time frame for use.

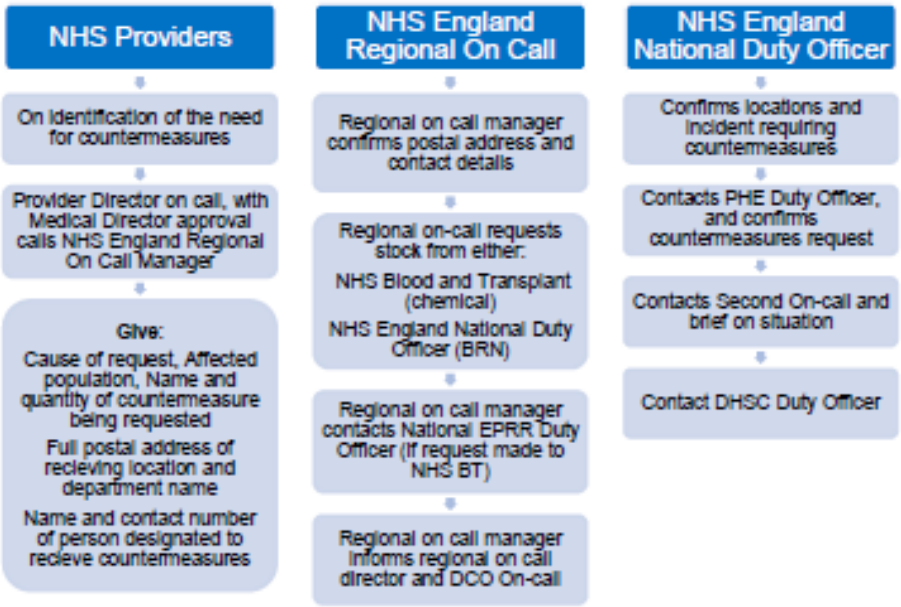
It is therefore important that organisations making a request give clear and concise information for this to occur.

3.1 Requests

Providers should make their requests via the NHS England Regional On Call Manager; the request should include the following information:

- name of caller
- requesting organisation name
- contact telephone number
- the cause of the request
- the affected population
- name and quantity of countermeasure(s)
- department name
- full postal address of the receiving location(s)
- name and contact details of receiving individual(s)

An action card is provided for the Regional On Call, to ensure they capture the correct information. The flow chart overleaf shows the activities at each level of the request chain. Release from NHS Blood and Transplant will require the use of a code word by the NHS England Regional On Call Manager.



1. Chemical Countermeasures

Type	Countermeasure	Treatment of	UK market authorisation	Size	Courses
Nerve Agent Pod (NAPT)	Atropine pre-filled syringe	Nerve agent poisoning	Licensed	Two boxes of each product approx. 50x 50x 50cm	Treatment for 90 people
	Pralidoxime*	Nerve agent poisoning	Unlicensed		
Cyanide Pod (CPOD)	Dicobalt edetate	Cyanide poisoning	Licensed	Pod equal to two boxes approx. 50x 50x 50cm	Treatment for 90 People
	Glucose	Included in cyanide pod	Licensed		
Obidoxime Pod (OPOD)	Obidoxime NOT AVAILABLE AFTER MAY 2021	Nerve agent poisoning	Unlicensed	Each Pod approx. 50x 50x 50cm	Treatment 100 people

*can be requested without the atropine as a Pralidoxime Pod (PRAL)

2. Biological and Radiological Countermeasures

Type	Countermeasure	Treatment of	Courses
Antibiotic Pods (2 pallets)	500mg Ciprofloxacin tablets	Exposure prophylaxis for anthrax, plague or tularaemia	27 boxes of 250 courses, treatment for 6750 people
	250mg Ciprofloxacin tablets		2 boxes of 250 courses, treatment for 500 people
	250mg/5ml Ciprofloxacin suspension		11 boxes 50 ten day courses, treatment for 550 people
Antibiotic follow on treatment (within 24 hours)	Doxycycline capsules	Exposure prophylaxis for anthrax, plague or tularaemia	100mg capsules in packs of 100 (5 treatment courses). Pallet has approx. 7,000 follow up treatment courses. Pack sizes may vary later in the response.
Antibiotic IV	Ciprofloxacin IV	Exposure treatment of anthrax, plague or tularaemia	400mg in 200ml. 10 bottles per pack (order per pack)
Antibiotic IV	Gentamicin IV NOT AVAILABLE AFTER OCTOBER 2019	Exposure treatment of plague.	5 vials per pack (order per pack)
Potassium iodide	Potassium iodide tablets	Block the uptake of radioactive iodine, plus public information leaflets	The requirements for mobilising this stock is under review (to conclude July 2019)
Prussian blue	Prussian blue capsules	Treatment of thallium and caesium poisoning	500mg capsules in packs of 36 (order per pack)
Botulinum Antitoxin	Botulinum Antitoxin	For the treatment of botulism	1 person course (order quantity required)

APPENDIX 10: Debrief Questionnaire

Incident:

Debrief Questionnaire

The purpose of this questionnaire is to collate your views in relation to the above incident.

If you are attending the debrief, please bring your completed questionnaire and hand it to a facilitator at the conclusion.

If you are not attending, please forward to the Resilience Team email bsuh.resilience.team@nhs.net

Your responses are important in developing organisational learning and plans to deal with future events, therefore please answer the questions individually and as fully as possible.

Should you need any assistance please contact the Resilience Team

Natasza Lentner - Resilience Team
Chris Lynch - Resilience Manager

Office Number: 01273 696955 ext 4495
Email: bsuh.resilience.team@nhs.net

Thank you for your assistance

1. Personal details

Name:	Role during the incident:
Dept/Service/Division:	Contact number:

2. Deployment

Using the space below please provide brief details of your role during the incident and what happened from your perspective. (Please include details of who informed you of the incident or who you informed and any decisions you made)

3. **From your own role perspective, what went well and should be highlighted as future good practice?**

4. **From your own role perspective, what did not go well and needs further development?**

5. **From your own role perspective, what do you consider to be the most important lesson(s) learned.**

6. **What would be your key recommendation(s)**

Appendix 11: Debrief Report

STRUCTURED DEBRIEF REPORT

Internal BSUH Debriefing:

Debrief Date & Location:	

Debrief facilitator(s)	

Contents

1. Incident Background.

2. The Debrief process

The debrief brought together reports from the staff involved from BSUH as an internal process, to discuss the lessons identified which result from this incident This report will assist to deliver clarity regarding roles and responsibilities, and leadership during similar incidents, and will in turn contribute to higher level Health and Multi-agency debriefs..

The aim of this debrief was to identify internal learning, so as to review the planning and response to the exercise and identify lessons learned for future incidents. This report is therefore an internal report for BSUH to consider and implement, (although it will contribute to Trust participation in wider 'Health' and Multi-agency debriefs).

Notes:

- Participants were asked to complete a questionnaire individually in advance and send this to the Resilience Team.
- The results of questionnaires were collated into one overarching document.
- This report contains feedback offered (as expressed by individuals), in writing
- It is for the information of the agency requesting the debrief and, where applicable, health partners, via the LHRP.

The Ethics of structured debrief:

- Conducted openly and honestly
- Pursue personal, group or organisational understanding and learning.
- Be consistent with professional responsibilities
- Respect the rights of individuals and value equally all those involved.

3. Key recommendations and Findings

The following findings and recommendations are (sometimes consolidated) and represent the interpreted comments from the debriefing. They are based on the EPRR knowledge of the facilitators, and are worded so as to allow for the level of awareness of the debrief participants.

It is recommended that these recommendations are considered by BSUH, and implemented where appropriate to ensure that the lessons identified from the debriefing become 'lessons learned'. This should be achieved by the updating of Trust plans and procedures via a 'SMART' action-planning / project management process.

No.	Finding / Recommendation
1	
2	
3	
4	
5	

4. Invitees and Participants

Participants	
Sent questionnaire but did not respond	
Facilitators	

5. What did <u>not</u> go well or requires further development?

6. Aspects of the event went that well / highlighted as good practice

7. What I have learned / discussion regarding similar scenarios

8. Good practice identified / other Miscellaneous Suggestions and Comments

9. Finding / Recommendation	
Recommendation	**Owned by**

Report dated ?????????????,
Compiled by: ???????????????

Report ends

Appendix 12: 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
Josie Blogetta	10312345	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 13: 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	07878123456	The office, Brighton	No allergies, yellow skin, medium build, NOK wife: Marge Simpson, Springfield, 07878787878	
Elizabeth Bennett	Mr Dacy	07878123456	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 14: 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 bIG 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		

Appendix 15: NHS Incident Situation Report (SitRep)

Note: Please complete all fields. If there is nothing to report, or the information requested is not applicable, please insert NIL or N/A
Instructions for completion are provided at the end of the template
This template will be customised by NHS England as soon as practicable for use during an incident however initial reporting should be done on the generic template
For second and subsequent SitRep reports highlight new information in yellow

The source, time and assessed quality of information should be reported. Uncertainties and working assumptions must be clearly identified

Organisation Name:				
	NHS England Region (DCO Team) ☐	NHS England Regional Team ☐	CCG ☐	Provider ☐
For Provider Organisations **Services Provided: [1]**	Acute Services ☐	Community Services ☐	Mental Health ☐	
	Ambulance (Emergency) Services ☐	Ambulance (Non-emergency) ☐	Urgent Care Services ☐	
	Minor Injuries Unit Services ☐	Walk-in-Centre Services ☐	NHS 111 ☐	
	General Practice ☐	Out of Hours GP Service ☐		
	Other ☐ (specify)			

Date:	dd/month/yyyy	**Time:**	hh:mm

Completed by:	Name	
	Title	
Telephone number:		
Email address:		
Authorised for release by:	Name	
	Title	

Exact location of Incident/s [2]				
NHS Incident [3]	Business Continuity Incident ☐	Critical Incident ☐	Major Incident ☐	
Type of Incident/s [3]	Big Bang ☐	Rising Tide ☐	Cloud on the Horizon ☐	Headline News ☐
	Internal Incident ☐	CBRNe ☐	HAZMAT ☐	Mass Casualties ☐
	Extreme Weather ☐	Flooding ☐	Infectious Disease ☐	Other ☐
	Specify Other			

Description of Incident [4]	
Resources Deployed [5]	

NHS Ambulance Service

Incident Scene Casualties [6]	Location	**P1/P2:**		**P3:**		**P1 Hold:**		**Discharge on scene**		**Dead on scene**	
		Adult	**Child**	**Adult**	**Child**	**Adult**	**Child**	**Adult**	**Child**	**Adult**	**Child**
Scene # 1											
Scene # 2											

Receiving Facilities Initial Report

Receiving Hospitals / Provider [7]	Location/Site	T1:		T2:		T3:		T4:		Admit		Discharge		Dead	
		Adult	Child	A	C	A	C	A	C	A	C	A	C	A	C
Trust/Provider (Name) # 1															
Trust/Provider (Name) # 2															
Trust/Provider (Name) # 3															
Trust/Provider (Name) # 4															
Total at Receiving Hospitals															

Receiving Facilities Subsequent Report

Receiving Hospitals / Provider	Location/Site	Total number attended		Total number currently admitted		Total number currently in critical care (Level 3 and Level 2)		Total number discharged home		Total number discharged/transferred to another provider (specify where for each patient)		Total Died in Hospital	
		Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child
Trust/Provider (Name) #1													
Trust/Provider (Name) #2													
Trust/Provider (Name) #3													
Trust/Provider (Name) #4													
Total at receiving facilities													

If any of the patients above is normally resident in Scotland, Wales or Northern Ireland or is a foreign national then complete the following table

Receiving Hospitals / Provider	Nationality	Total number attended		Total number currently admitted		Total number currently in critical care (Level 3 and Level 2)		Total number discharged home		Total number discharged/transferred to another provider (specify where for each patient)		Total Died in Hospital	
		Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child
Trust/Provider (Name) #1													
Total at receiving facilities													

Actual impact on Critical Functions and/or services and/or patients [8]	
Potential impact on Critical Functions and/or services and/or patients	

Capacity Issues [9a]	
Capability Issues [9b] (e.g. major trauma, burns)	
Impact on business as normal [10]	

Mitigating actions taken/planned	

Mutual Aid Request Made [11]	Yes ☐ No ☐ Details

Current media interest and messages [12]	
Potential media interest and messages	
Media lead (Name) **Email** **Telephone number**	

Other Information/Context [13] Other Key information that you as Incident Director (Strategic Commander) deem relevant for NHS England to be aware of	
Key risks and mitigating actions [14]	

Key risks for escalation [15]	

Incident Specific Information and Questions [16]	*Insert any specific information/questions related to the incident*

Forward Look [17]	Next 12 hours Next 24 hours Next 48 hours Next week

Recovery Actions [18] Including any issues	

Next SitRep Due [19] **Battle Rhythm**	**Date:** dd/month/yyyy **Time:** hh:mm

Return to [20]	**Email:**	
	Contact Telephone Number	

Notes to aid completion of SitRep

1. Services Provided

Tick all appropriate boxes for types of service provided by your organisation. If 'other' specify service(s) provided. In subsequent information provide information appropriate to the services affected. If it is easier for clarity please complete a separate template for each type of service provided

2. Exact Location of Incident/s

Provide information relating to the location of incident/s including, where possible, address

Indicate if this is an NHS site (this is the incident scene)

3. Type of Incident/s

Tick appropriate box(s) for type of incident, if 'other' specify

4. Description of Incident

Provide as much detail as possible regarding the type of incident and extent

5. Resources Deployed: ***Delete if not required***

- Resources deployed at scene of/to incident e.g. Hazardous Area Response Team (HART), Special Operations Response Team (SORT), Medical Advisers or teams, Number of double crewed ambulances (DCA's)/Rapid Response Vehicles (RRV's), Decontamination, Air Ambulance

6. Incident Scene Casualties: *Delete if not required*

Insert name of each scene in the first column, under location add address of scene. Insert additional rows as required

Provide numbers (where possible provide adult and paediatric numbers separately, combine if not known) based on triage sieve:

P1: Immediate - Casualties who require immediate life-saving procedures

P2: Urgent - Casualties who require surgical or medical intervention within 2-4 hours

For initial reports the numbers of P1 and P2 may be combined

P3: Delayed – Less serious cases whose treatment can safely be delayed beyond 4 hours

Discharge at scene – number of patients seen, treated and discharged at scene

Dead – number of patients 'recognition of life extinct' at scene

7. Receiving Units, Admissions and Fatalities in Hospital: *Delete if not required*

Insert name of each Trust/provider/receiving unit in the first column. Insert site/hospital address under location. Add additional rows as required

Provide numbers (where possible provide adult and paediatric numbers separately, combine if not known), include self-presenters:

(T- Triage Sort)

T1: Immediate - Casualties who require immediate life-saving procedures

T2: Urgent - Casualties who require surgical or medical intervention within 2-4 hours

T3: Delayed – Less serious cases whose treatment can safely be delayed beyond 4 hours

T4: Expectant – Casualties whose condition is so severe that they cannot survive despite the best available care and whose treatment would divert medical resources from salvageable patients who may then be compromised

Confirm if invoked and who by

Admit - Number of patients arriving at hospital and subsequently admitted

Discharge – Number of patients arriving at hospital and subsequently discharged

Dead - Number of patients arriving at hospital and subsequently dying at/or in hospital

Please expand with a level of appropriate detail for these points below

The second table is to be used on subsequent reports for all incident patients

Total number attended – the total number, including self-presenters, who have attended at each facility as a result of the incident, split by adult and child (cumulative total)

Total number currently admitted – the total number of incident patients currently admitted as an in-patient at the time of reporting, split by adult and child

Total number currently in critical care (Level 3 and Level 2) – the total number of incident patients currently receiving level 3 or level 2 critical care, split by adult and child

Total number discharged home – the total number of incident patients discharge home (cumulative total), split by adult and child

Total number discharge/transferred to another provider – the total number of incident patients discharged and transferred to another provider for ongoing care (cumulative total). Split by adult and child. Specify destination for each patient

Total died in hospital – the number of incident patients who have died following attendance/admission at the facility, split by adult and child (cumulative total)

If any of the patients identified in receiving facilities are normally resident in Scotland, Wales or Northern Ireland (the devolved administrations) or is a foreign national then these are to be identified by nationality at each provider

8. Impact on Critical Functions e.g.:

Separate actual and potential impacts

- Implications on Ambulance Red 1 and Red 2 response times
- Critical Care, ECMO, burns beds, acute admissions capacity. Split by adult and paediatric
- Primary, community services and mental health

9. Capacity/Capability Issues:

a) Capacity – e.g. bed availability, theatre availability, primary and community services, double crewed ambulances
b) Capability – e.g. adequate numbers of competent staff, Paramedic staff availability

10. Impact on Business as Normal and Mitigating Actions:

- Cancellation of elective activity should be covered here
- Any other service reduction as consequence of incident
- Staffing issues
- Supply chain issues
- Include actions taken or planned to mitigate impact on patients
- Business continuity issues

11. Mutual aid request:

- Confirm details of mutual aid requested, by whom and from who requested
- Confirm whether or not the request was granted and the extend of mutual aid provided

12. Media:

- Indicate media interest shown/reported, including social media
- Provide key messages for media; also provide details of lead media contact
- Indicate any potential media interest and any proactive messages

13. Context

- For the incident director/strategic commander to put context to the overall situation report emphasising the strategic dimensions and issues arising
- Other key information e.g.
  - **Fuel disruption** – use of NHS bunkered fuel including estimate of current stock levels (number of days supply) and which organisations are accessing bunkered fuel stocks

14. Key Risks and Mitigating Actions

Provide a summary of the key risks from the incident and the mitigating actions

15. Key Risks for Escalation

Provide details of all key risks where escalation is required to mitigate the effects. Include details of who the risks have been escalated to

16. Incident Specific Information and Questions

This section can be used to request specific information relating to an incident

17. Forward Look

- Provide an update regarding anticipated impacts/actions required in the next 12, 24, 48 hours and the next week
- Adjust timescales as appropriate
- This will summarise emerging risks and critical uncertainties that have potential strategic implications for the response and recovery effort

18. Recovery Actions

- Include any information available regarding recovery actions that will/may be required in the short, medium and long term
- Indicate areas where additional external support may/will be required

19. Next SitRep Due/Battle Rhythm

- Insert date/time next SitRep is due to be submitted (realistic to when updated information will be available)
- If known insert applicable Battle Rhythm

20. Return to

- NHS England national and regional teams to amend as appropriate BEFORE sending SitRep to providers for completion

- If using the SitRep to report an incident prior to formal request for SitRep then return to NHS England via normal incident reporting procedure