Inverclyde Royal Hospital
Major Incident Plan

May 2016
Version 1.1

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One Page Overview

Initial major incident (MI) notification will come from both the GG&C Contact Centre and the Scottish Ambulance Service.

Patients may start to arrive before the MI notification takes place.

The overall hospital response is controlled by the Hospital Coordination Team.

This team consists of;

Hospital Medical Coordinator

Hospital General Manager

Senior Emergency Physician

Senior Nurse

Senior Facilities Manager.

The Scottish Ambulance Service will notify the hospitals that are designated as receiving hospital 1, 2, 3 and 4 on the basis of proximity to the incident.

The Scottish Ambulance Service may request a Medical Incident Officer and Site Medical Team. Should this be the case the GG&C Contact Centre will activate the Emergency Medical Retrieval Service to fulfil the roles on behalf of NHS GG&C.

Initial Actions

As soon as MI notification is received start a log of key decisions and actions taken.

Clear the Emergency Department.

Emergency Department (ED) to establish triage at the front door and allocate staff to treatment areas.

If you have a role within the emergency plan follow your action card.

If you don't have a role within the emergency plan do what you normally do in the way that you would normally do it.

Limit x-rays and CTs unless directed by ED consultant.

Plan breaks for your staff and standby other staff to undertake subsequent shifts so that the initial responders do not become exhausted.

Ensure that patient's relatives report to the Dining Room, Level B.

Legal Requirement to Plan

The Civil Contingencies Act 2004 stipulates that responders should plan for situations that meet either or both of the following criteria;

Where the emergency is likely to seriously obstruct our ability to perform our functions.

Where we consider it necessary to act to prevent, reduce, control or mitigate the effects of an emergency and would be unable to act without changing the normal deployment of our resources.

Hospital Major Incident Medical Management

All hospitals within NHS GG&C have adopted a locally modified version of the Hospital Major Incident Medical Management System (HMIMMS) as taught by the British Association for Immediate Care, Scotland (BASICS Scotland). The text that supports this system is available from the following link.

Governance of the Hospital Major Incident Plan and Response Capability

Planning, training and upkeep of response resources is overseen by the Hospital Major Incident Planning Team. Primarily consisting of those who will lead the response, this group is chaired by an Associate Medical Director and meets at least twice a year.

Role	Named Individual
Hospital Medical Coordinator	Dr Louise Osborne
Deputy Hospital Medical Coordinator	Dr Sylvia Brown
Clinical Service Manager, ECMS	Debbie Hardie
Senior Emergency Physician	Dr David Stoddart
Lead Nurse, ECMS	Susan Gallagher
Senior Facilities Manager	Andrew (Ross) Campbell

Hospital Designation

In order to facilitate the swift and orderly dispersal of casualties the hospital designation procedure is in place in GG&C's board area. Initiated by the Scottish Ambulance Service the procedure involves identifying the four closest hospitals and allocating them a number from one to four, depending on proximity to the incident site.

Each designated hospital will be contacted by the Ambulance Control Centre and will be told which of the four hospitals they have been designated as. The ambulance service will also notify the board's Contact Centre who will start the major incident staff call out.

Once notified each hospital must activate their emergency plan to create the capacity to receive up to five priority one casualties and 20 priority two casualties. The ambulance service will then start to evacuate casualties from the scene, initially to the hospital designated as number one and subsequently to hospitals two, three and four as each on them reach their capacity to receive.

The control room at the hospital designated as number four will be expected to maintain contact with the Medical Incident Officer at the scene so that any requests for further resources or reports from the scene can be passed on.

Notification of Designated Hospitals

When speaking to the Ambulance Control Centre, ensure that it is understood which hospitals are designated as follows;

Designated Hospital No. 1 - Nearest to the scene of the incident, and will be the first hospital to receive casualties - up to 5 major casualties and 20 minor casualties.

Designated Hospital No. 2 to 4 - May each receive 5 major casualties and up to 20 minor casualties.

Designated Hospital No. 4 - May receive 5 major casualties and up to 20 minor casualties. Control Room to establish contact with the Medical Incident Officer at the scene so that any requests for further resources or reports from the scene can be passed on.

‘Major Incident– Standby’ Notification

The normal channel for notifying GG&C of a Major Incident is via the ambulance service. When the emergency services first suspect that a Major Incident may have occurred the ambulance service’s Ambulance Control Centre will identify the hospitals to be designated 1 to 4 and alert them directly. This alert will be a ‘Major Incident – Standby’.

The ambulance service will then alert the GG&C Contact Centre who will activate the Confirmer call out system for all staff with a response role within the designated hospitals.

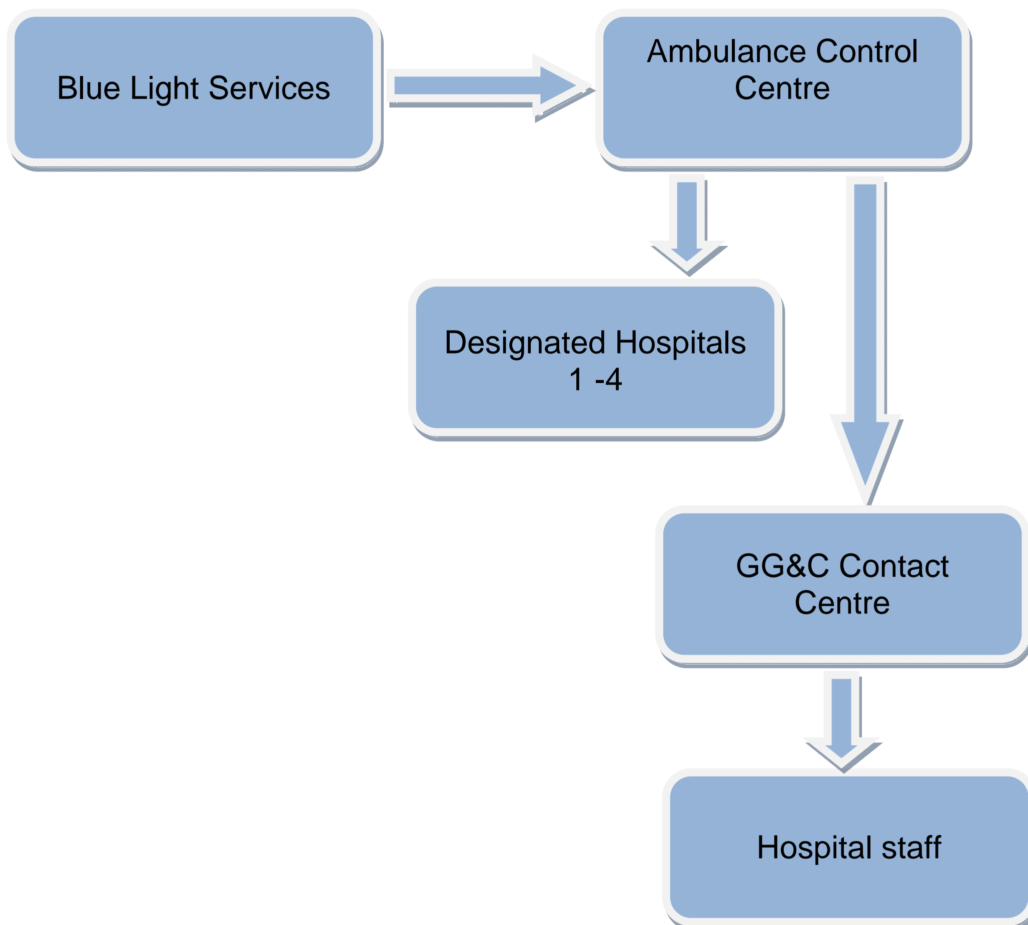


Figure 1

Major incident Standby Confirmer Message

Those with a response role in this plan will receive the following message by pager, phone, text or email.

> ‘Major incident standby. This is not an exercise. Please proceed immediately to your major incident reporting area and standby to respond. Major incident standby. This is not an exercise. Please proceed immediately to your major incident reporting area and standby to respond.’

‘Major Incident – Declared’ Notification

If the emergency services then judge the issue to be significant enough they will revise the standby message to ‘Major Incident – Declared’. This message will again be sent to the designated hospitals directly and then to our contact centre for further dissemination.

The communications flow will follow the Major Incident standby route describe in figure one above.

Major Incident Declared Confirmer Message

Those with a response role in this plan will receive the following message by pager, phone, text or email.

> Major incident declared. This is not an exercise. Please proceed immediately to your major incident reporting area to undertake your response role. Major incident declared. This is not an exercise. Please proceed immediately to your major incident reporting area to undertake your response role.

Patient Flow

Depending on bed availability, surgical/ orthopaedic /medical patients from the incident may require to be admitted to wards **H North, K North and J North,** either via Day Surgery Unit. or directly from the Emergency Department or even theatre.

At the discretion of the Hospital Medical Co-ordinator all wards may also be required to take decanted patients.

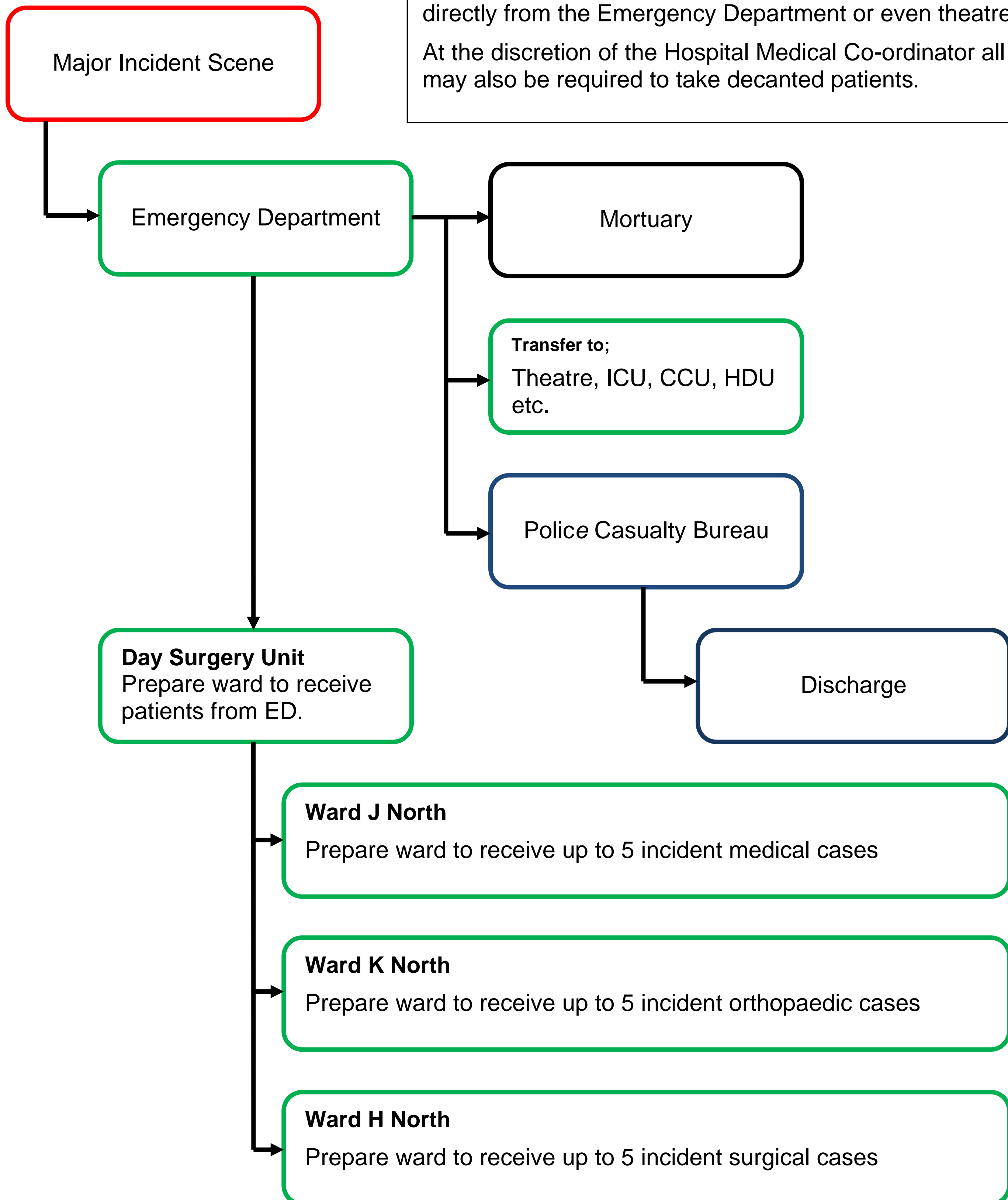


Figure 2

Coordination Hierarchies

When responding to a major incident the hospital alters its management structure so that it is able to ensure that all of the appropriate roles described in this plan are allocated and that their responsibilities are carried out. The simplified, location based, structure is '*collapsible*' in that comparatively junior members of staff can temporarily act up to the position above them until more experienced help arrives.

The following pages give an overview of these hierarchies and can be used to understand how the roles described in the action card section interact with each other.

Hospital Major Incident Coordination Team

The Hospital Major Incident Coordination Team has ultimate responsibility for arranging and coordinating the hospital's response to the incident and overseeing the successful delivery of patient care.

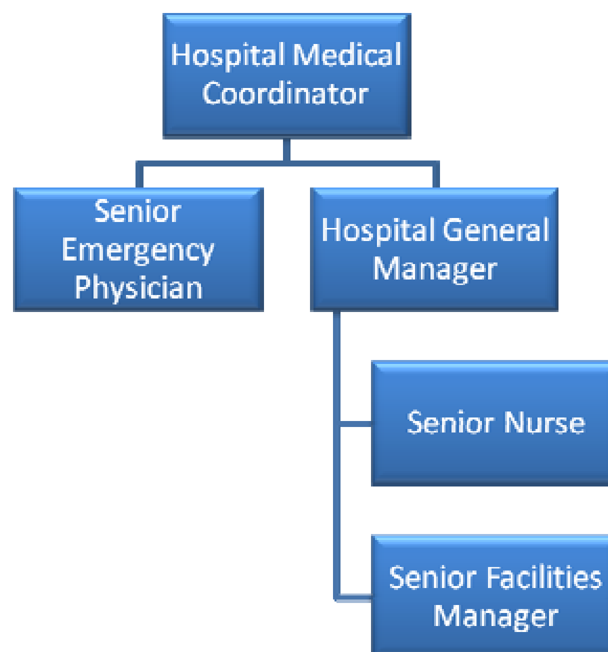


Figure 3

Clinical Hierarchy

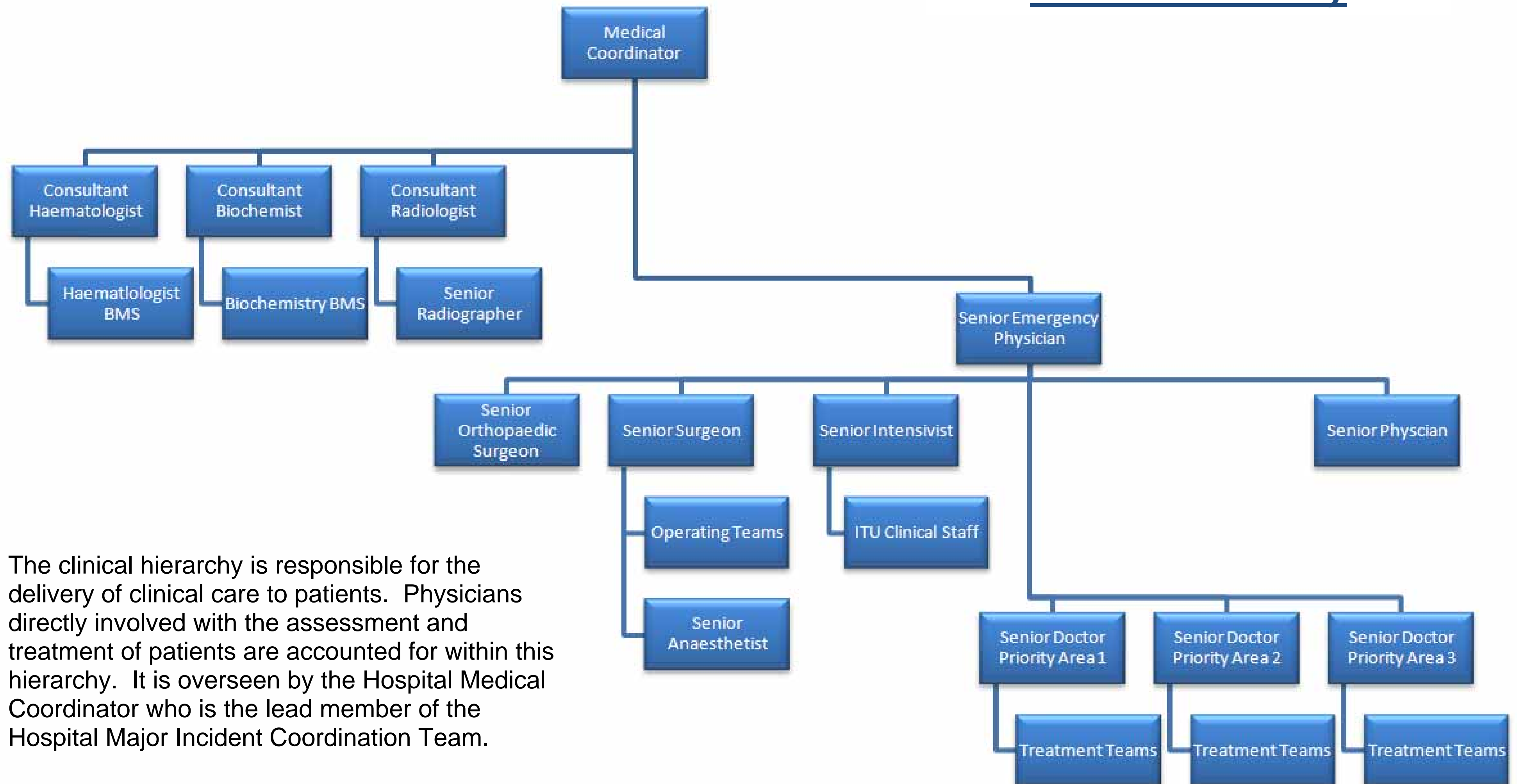


Figure 4

Management Hierarchy

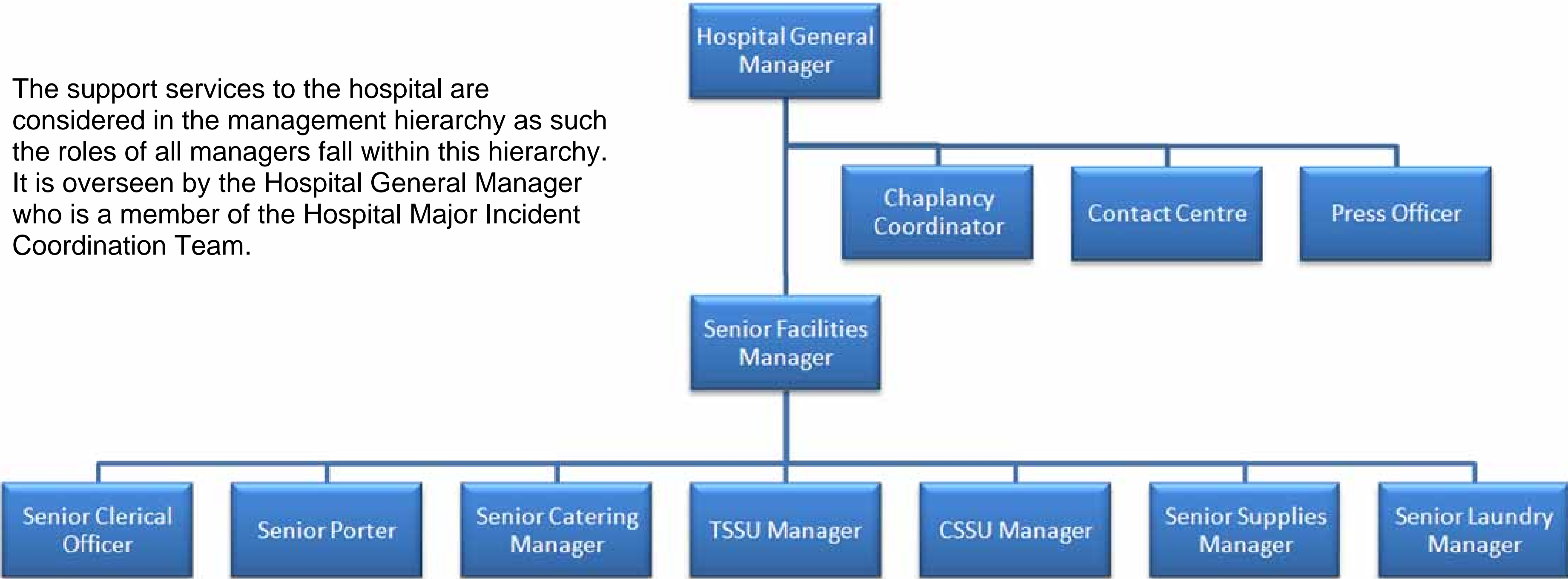
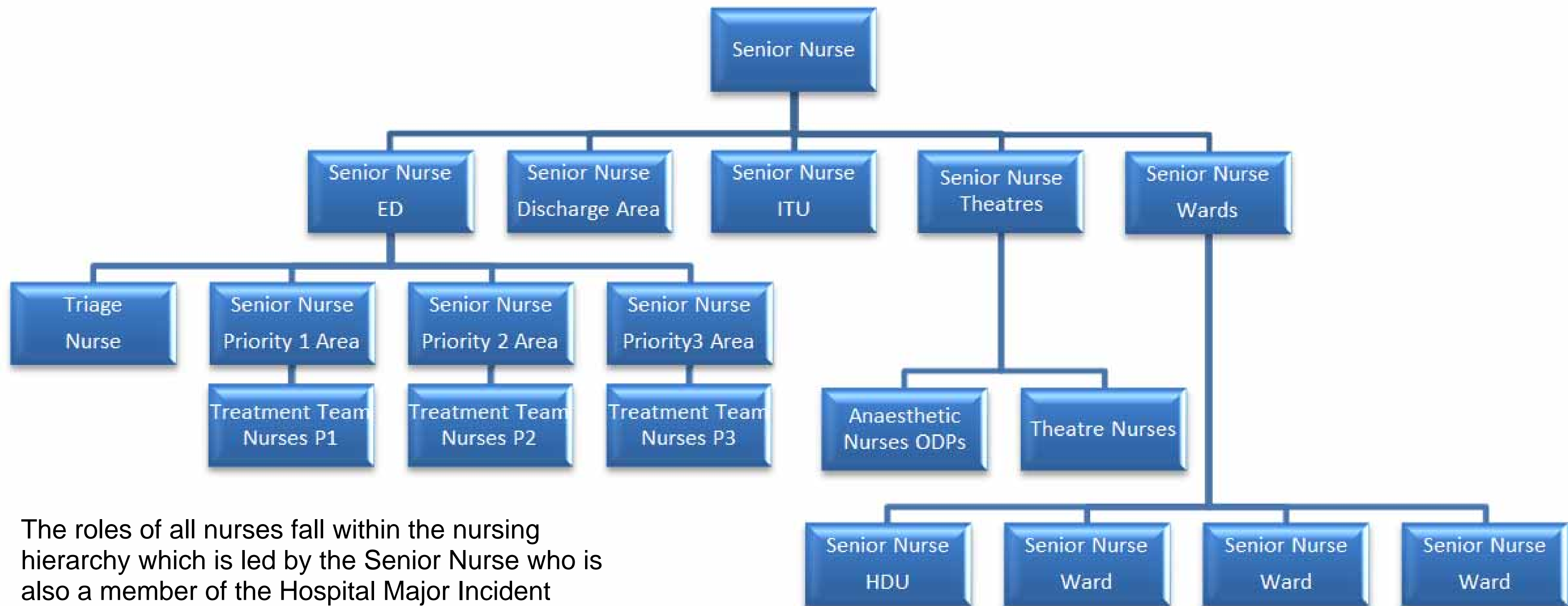


Figure 5

Nursing Hierarchy



The roles of all nurses fall within the nursing hierarchy which is led by the Senior Nurse who is also a member of the Hospital Major Incident Coordination Team.

Figure 4

‘Major Incident - Standby’ Call Out Plan

Response Role	Name	Job title	Rotawatch Role	Extension 1	Work Mobile	Bleep 1	Bleep 2
Nurse in Charge ED	Per Rotawatch/switchboard						
Hospital Medical Coordinator	Per Rotawatch/switchboard						
Medical Consultant On-Call	Per Rotawatch/switchboard						
Duty Manager	Per Rotawatch/switchboard						
Duty Facilities Manager	Per Rotawatch/switchboard						
Senior Nurse							
9- 5pm Lead Nurse for Acute Receiving	Per Rotawatch/switchboard						
5pm-9am Bed Site Manager	Per Rotawatch/switchboard						
Nurse in Charge Theatres	Per Rotawatch/switchboard						
Senior Nurse ICU	Per Rotawatch/switchboard						
Portering Services Manager	Per Rotawatch/switchboard						
Surgical Consultant On-Call	Per Rotawatch/switchboard						
Orthopaedic Consultant On Call	Per Rotawatch/switchboard						
ICU Consultant On-Call	Per Rotawatch/switchboard						
ICU trainee On-Call	Per Rotawatch/switchboard						
Anaesthetics Theatre	Per Rotawatch/switchboard						
Medical 1st On-Call	Per Rotawatch/switchboard						
Surgical Junior Doctor On-Call	Per Rotawatch/switchboard						

Response Role	Name	Job title	Rotawatch Role	Extension 1	Work Mobile	Bleep 1	Bleep 2
Orthopaedic Junior Doctor On-Call	Per Rotawatch/switchboard						
Haematology BMS	Per Rotawatch/switchboard						
On call ED Consultant	Per Rotawatch/switchboard						
Duty Radiographer	Per Rotawatch/switchboard						
Lead Nurse ED	Per Rotawatch/switchboard						
Bed Manager	Per Rotawatch/switchboard						
Medical Records	Per Rotawatch/switchboard						
Ward - to receive patients from ED.	Per Rotawatch/switchboard						
Ward - for decanted patients	Per Rotawatch/switchboard						
Ward – for incident orthopaedic cases	Per Rotawatch/switchboard						
Ward – for incident surgical cases	Per Rotawatch/switchboard						
Head Porter	Per Rotawatch/switchboard						

‘Major Incident – Declared’ Call Out Plan

Response Role	Name	Job title	Rotawatch Role	Extension 1	Work Mobile	Bleep 1	Bleep 2
Nurse in Charge ED	Per Rotawatch/switchboard						
Hospital Medical Coordinator	Per Rotawatch/switchboard						
Nurse in Charge Theatres	Per Rotawatch/switchboard						
Medical Consultant On-Call	Per Rotawatch/switchboard						
Senior Nurse ICU	Per Rotawatch/switchboard						
Duty Manager	Per Rotawatch/switchboard						
Duty Facilities Manager	Per Rotawatch/switchboard						
Senior Nurse							
9 -5pm Lead Nurse for Acute Receiving	Per Rotawatch/switchboard						
5pm-9am Bed Site Manager	Per Rotawatch/switchboard						
Portering Services Manager	Per Rotawatch/switchboard						
Surgical Consultant On-Call	Per Rotawatch/switchboard						
Orthopaedic Consultant On Call	Per Rotawatch/switchboard						
ICU Consultant On-Call	Per Rotawatch/switchboard						
ICU trainee On-Call	Per Rotawatch/switchboard						
Anaesthetics Theatre	Per Rotawatch/switchboard						
Medical 1st On-Call	Per Rotawatch/switchboard						
Surgical Junior Doctor On-Call	Per Rotawatch/switchboard						
Orthopaedic Junior Dr On-Call	Per Rotawatch/switchboard						

Response Role	Name	Job title	Rotawatch Role	Extension 1	Work Mobile	Bleep 1	Bleep 2
Haematology BMS	Per Rotawatch/switchboard						
On call ED Consultant	Per Rotawatch/switchboard						
Duty Radiographer	Per Rotawatch/switchboard						
Biochemistry BMS	Per Rotawatch/switchboard						
EDC Pharmacist	Per Rotawatch/switchboard						
Mortuary staff	Per Rotawatch/switchboard						
TSSU/CSSD – Hillington Site	Per Rotawatch/switchboard						
Chaplain	Per Rotawatch/switchboard						
On call physiotherapist	Per Rotawatch/switchboard						
Catering Manager	Per Rotawatch/switchboard						
WRVS	Per Rotawatch/switchboard						
Lead Nurse ED	Per Rotawatch/switchboard						
Bed Manager	Per Rotawatch/switchboard						
Medical Records	Per Rotawatch/switchboard						
Ward J North – for incident medical cases	Per Rotawatch/switchboard						
Ward K North – for incident orthopaedic cases	Per Rotawatch/switchboard						
Ward H North – for incident surgical cases	Per Rotawatch/switchboard						
Head Porter	Per Rotawatch/switchboard						

Major Incident Action Cards

As it isn't feasible to read the whole of this plan when responding to a major incident the responsibilities for each of the hospital's response roles have been summarised in the following action cards.

Pg	Role	Pg	Role
18	Medical Incident Officer	46	Senior Physician
19	Site Medical Team	47	Senior Intensivist
20	Site Medical Team Member	48	Senior Anaesthetist
21	Triage System for Site Medical Team	49	Haematology BMS
22	Hospital Medical Co-ordinator	50	Radiology
24	Hospital General Manager	51	Biochemistry BMS
25	Senior Nurse	52	EDC Pharmacist
26	Senior Facilities Manager	53	Chaplaincy Co-ordinator
28	Senior Emergency Physician	54	Physiotherapy
30	Senior Porter	55	Senior Catering Manager
32	ED – Senior Doctor on Duty	56	Bed Manager
33	Senior Nurse Emergency Department	57	Senior Nurse Theatres
35	ED – Triage Officer	59	Senior Nurse Intensive Therapy Unit
37	Senior Clerical Officer – ED Reception	60	Senior Nurse High Dependency Unit
39	ED – Junior Medical Staff – Resuscitation Room	61	Senior Nurse Day Surgery Unit
40	ED – Junior Medical Staff – Trolley Area	62	Senior Nurse Ward K North
41	ED – Junior Medical Staff- A&E Clinic & Plaster Room	63	Senior Nurse Ward H North
42	Senior Surgeon	65	Press Officer
44	Senior Orthopaedic Surgeon	66	Senior Nurse Ward J North

Hospital Medical Coordinator

When an emergency requiring the activation of a hospital Major Incident Plan occurs the hospital will rearrange its management hierarchy in order to best respond to the high numbers of casualties. The person in overall charge of the hospital response should be a senior physician with knowledge of the Hospital Major Incident Management System.

Responsibilities:

Co-ordinating response activity throughout the hospital.

Ensuring that others in the Hospital Coordination Team understand their roles and responsibilities.

Liaising with the Medical Incident Officer or Ambulance Incident Officer to monitor progress at the scene (only if leading response at Designated Hospital No 4).

Terminating theatre and outpatient clinics as appropriate – determine from the bed manager the number of vacant beds, intensive care beds and free ventilators.

Informing the Acute Coordinating Officer how many beds, intensive care beds and free ventilators are available.

Informing the Acute Coordinating Officer how many P1, P2 and P3 patients can be coped with.

Advising the Acute Coordinating Officer if mutual aid from another hospital or NHS Board is required.

Logging key actions and decisions.

Immediate Actions:

1. Go to the Hospital Control Room and contact ED Consultant On-Call.
2. Identify a Consultant Physician to take role of Senior Physician and attend Emergency Department.
3. Ensure major incident action cards distributed and roles and responsibilities are understood.
4. Ensure major incident tabards which are kept in the major incident cupboard are distributed.

Hospital Medical Coordinator (cont')

5. If only on standby await further instruction.
6. Keep major incident log of all actions and communications.
7. Ensure the Major Incident Board in the Hospital Control Room is kept up to date.
8. Terminate theatre and outpatient clinics as appropriate – determine from bed manager number of vacant beds, intensive care beds and free ventilators.
9. Initiate patient cascade system as number of patients demand – start with decant of 5 patients from Day Surgery with a view to clearing the ward should the incident require.
10. Inform Acute Coordinating Officer (phone no. avail' through contact centre), how many beds, intensive care beds and free ventilators are available.
11. Inform Acute Coordinating Officer how many "Immediate", "Urgent" and "Minor" patients can be coped with.
12. Keep ED informed of progress from the scene.
13. Keep Acute Coordinating Officer informed of progress with patients.
14. Keep **Key areas** informed.
15. Keep Press Officer informed.
16. Keep police documentation team informed of progress.
17. Authorise additional resources as required.
18. Acknowledge receipt of stand down at site of incident and declare hospital stand down – only when ED and other departments are ready to return to normal duties

Key areas: ICU/CCU
Theatres
HDU
Wards
Contact Centre

Priorities:

1. Liaison with all departments.
2. Ensuring additional resources are arranged.
3. Keeping major incident board and log up to date.

Hospital General Manager

Responsibilities:

1. Responsible for overseeing the nursing and support service response to a major incident.
2. Member of the Hospital Co-ordination Team and essential link between nursing/ management support and the clinical hierarchy.

Initial Actions:

1. If covering more than one site ensure that the Hospital General Manager role is covered at each location.
2. Attend Hospital Control Room **– ED Consultant office IRH**
3. Contact Clinical Services Manager, EM and Acute Receiving.
4. Identify that senior medical/nursing and facilities personnel have arrived and have been given action cards.
5. If major incident standby await further instruction.
6. Liaise with Hospital Medical Co-ordinator.
7. Ensure Press Officer has been contacted.
8. Liaise with Contact Centre
9. Liaise with Chaplaincy Coordinator
10. Contact WRVS.
11. Assume or delegate responsibilities of Press Officers action card until their arrival.

Priorities:

1. Ensuring support services are established.
2. Respond to or elevate requests for support and additional resources from nursing and support services.
3. Assist Hospital Medical Co-ordinator in keeping the Major Incident Board up to date.

Senior Nurse

Responsibilities:

1. Responsible for all nursing matters relating to the major incident response.
2. Member of the Hospital Co-ordination Team.
3. Ensuring that clinical areas are prepared and adequately staffed.

Initial Actions:

1. Attend Hospital Control Room **ED Consultant office IRH** and liaise with Hospital General Manager/ Hospital Medical Coordinator. If required phone lead nurses to take over role.
2. Ensure that Hospital at Night pagers are allocated to appropriate staff.
3. Liaise with Senior Nurse Emergency Department and Lead Nurse – ED to ensure ED adequately staffed.
4. Liaise with Bed Manager to ensure HDU, ICU and CCU are aware of major incident.
5. Inform Nurse in Charge Theatres.
6. If major incident standby await further instruction.
7. Oversee decant of patients from Day Surgery
8. Liaise with Bed Manager and nursing staff in medical, surgery and orthopaedic wards.
9. Ensure front line areas Emergency Department, , Fracture Clinic, Ward J North, K North and H North and theatres are appropriately staffed.
10. Allocate staffing to the Medical Nursing Volunteer Staff Assembly point Desk 1 outpatients
11. Deploy staff appropriately.
12. Ensure adequate staffing in Relatives Area in Dining Room, Level B
13. Ensure support services in place.

Senior Nurse (cont')

Priorities:

1. Liaise with senior nursing staff in key areas.
2. Ensure adequate nursing staffing in clinical areas.
3. Allocate staffing to relatives area and discharged patients area.
4. Assist Hospital Medical Co-ordinator in keeping the Major Incident Board up to date.

Senior Facilities Manager

Responsibilities:

1. Responsible for the support service response to a major incident.
2. Member of the Hospital Co-ordination.

Initial Actions:

1. Attend Hospital Control Room **- ED consultant office, IRH**
2. Coordinate provision of non-clinical support services.
3. If major incident standby await further instruction.
4. Liaise with Portering Services Manager (or deputy) to ensure adequate provision of portering services.
5. Liaise with Hospital General Manager or Hospital Medical Coordinator.
6. Ensure the Support Services responsibility is established.
    a. Head of Portering.
    b. TSSU.
    c. Catering.
    d. Estates.
    e. Linen.
    f. Cleaners.
7. Ensure that the security of the hospital is established.

Priorities:

1. Ensuring that support services are established.
2. Respond to or elevate requests for support and additional resources from support services.
3. Assist Hospital Medical Co-ordinator in keeping the Major Incident Board up to date.

Senior Emergency Physician

Responsibilities:

1. Primary responsibility organising the reception phase of the major incident.
2. Ensure that triage of casualties being performed at ambulance entrance.
3. Ensure that treatment teams for Priority 1 and 2 patients are organised in conjunction with the Senior Nurse Emergency Department.
4. Organise medical staffing for Priority 3 area.
5. Liaise with other members of the Hospital Co-ordination team.

Initial Actions:

1. Ensure wearing Senior Emergency Physician tabard. To be collected from Hospital Control Room.
2. Prepare to take charge of the incident within the emergency department.
3. Notify all ED consultant colleagues.
4. Oversee discharge of non-urgent patients from the department.
5. Ensure that the emergency department is prepared for reception of casualties from major incident.
6. If major incident – standby then await further instruction.
7. Commence emergency department major incident medical staff cascade call-out.
8. Prepare Site Medical Team if required.
9. Clear ED by sending patients directly to the wards or home as appropriate.
10. Keep medical staff in emergency department informed at all times.
11. In conjunction with the Senior Nurse Emergency Department designate [Senior] Triage Officer and position at ambulance entrance with clerical staff.
12. Allocate Senior Doctors to Priority 1,2 and 3 areas.
13. Designate Senior Medical ED staff to oversee all Priority 1 area cases.
14. In discussion with the Senior Nurse Emergency Department form treatment teams for Priority 1 and 2 patients and distribute around Emergency Dept.
15. Allocate medical staff to Priority 3 area.

Senior Emergency Physician (cont')

16. Keep Medical Co-ordinator informed of progress and capacity for more patients.

17. Oversee medical care and flow of patients through Emergency Department.

Priorities:

1. Ensure all areas adequately medically staffed.

2. Liaise regularly with Medical Co-ordinator in the Hospital Control Room

3. Ensure ED major incident medical staff cascade call-out performed.

Senior Porter

Responsibilities:

1. Responsible for the prioritisation of portering tasks.
2. May be required to assist in the provision of security and traffic control throughout the hospital site.

Initial Actions:

1. Ensure wearing Senior Porter tabard. To be collected from Hospital Control Room.
2. Senior Supervisor plus 1 Porter report to Emergency Department.
3. If major incident standby await further instruction.
4. Identified porter should report to Hospital Control Room, ED Consultant Office.
5. Senior Supervisor then organise required number of Porters.
6. Supply trolleys to resus', keep Emergency Department area clear and assist Nursing Staff.
7. Assess the available portering resources throughout the hospital.
8. Immediately send all available internal ambulance to the Emergency Department. Instruct them to park at the turning circle **NOT** at the ambulance entrance.
9. Rapidly move patients from the Emergency Department as directed by the Nurse in Charge - ED. Beds for these patients **DO NOT** need to be available at this time.
10. Assist in the transportation of casualties and any other duties as directed by Emergency Department medical or nursing staff.
11. Ensure that the entrance and access road to the Emergency Department is cleared of vehicles.
12. Set up traffic control points at the roads leading to Emergency Department.
13. Close and lock all Emergency Department access except ambulance entrance. Do not allow unauthorised access by members of the public or press to the Emergency Department.
14. Send a member of staff to the Emergency Department with the emergency supply of linen.

Senior Porter (cont')

15. Continually assess the availability of portering resources, for the incident and to maintain hospital services.

16. Call in additional resources if required and liaise with Senior Manager, Hospital Control Room.

Priorities:

1. Allocate portering staff to key areas of emergency department and Day Surgery Unit

2. Ensure Emergency Department access is only through pre-determined routes.

3. Continually assess availability of portering staff around hospital.

Emergency Department Senior Doctor on Duty

Responsibilities:

1. Assume role of **Senior Emergency Physician** action card until arrival of the ED Consultant On-Call.
2. Ensure that department is prepared for arrival of casualties.
3. Assist the senior emergency consultant in the allocation of medical staff to roles.
4. Undertake role as part of treatment team as directed by the ED Consultant On-Call.

Initial Actions:

1. Liaise with ED Nurse in Charge and check call has been verified with Contact Centre and that ED Consultant On-Call has been informed and is attending.
2. Discharge non-urgent patients from the department.
3. Assume roles of Senior Emergency Physician action card until arrival of the ED Consultant On-Call.
4. Assist in delegating available medical staff into treatment teams.

Priorities:

1. Take on role of Senior Emergency Physician until ED Consultant On-Call arrives.
2. Assist in preparation of ED and allocation of roles.

Emergency Department Senior Nurse

Responsibilities:

1. Responsible for the preparation and running of the ED.

2. To work closely with the Senior Emergency Physician to ensure that triage and treatment areas are appropriately prepared and staffed.

Initial Actions:

1. Major Incident Hospital Control Room Box is stored in Control Room, ED Consultant Office, IRH.

2. Check Contact Centre has been informed by dialling 3600and that the major incident has been confirmed with police or Ambulance Service. Clarify details of incident.

3. Ensure following staff contacted as per ED Major Incident Call-Out List
    a. Call out ED Consultant on call.
    b. Call out Lead Nurse ED.
    c. Inform Bed Manager.
    d. Inform Duty Radiographer.
    e. Inform Day Surgery, J North, K North and H North
    f. Inform Medical Records (Front Desk)
    g. Inform Porter [Senior].

4. Prepare Mobile Site Team (if requested or designated hospital N° 4).

5. Find list of department staff for call out (if required).

6. Ensure that a member of staff remains in the A&E control room to receive information via telephones using log sheets recording all incoming calls regarding the incident and any action taken until the Medical Coordinator arrives.

7. Ensure that all clinical staff within the ED are kept informed of developments and allocated to areas of responsibility.

8. If Major Incident – Standby await further instruction.

9. Liaise with ED Consultant about commencing staff call out.

10. Ensure that the Department is cleared of any patients that may go to wards or minor casualties that can promptly be treated.

Emergency Department Senior Nurse (cont')

11. Organise preparation of department to receive casualties from incident. Use equipment boxes in major incident room. Delegate staff accordingly to:

    a. Waiting Room – Clearance
    b. Triage – Allocate nurse and doctor to role of triage officer at ambulance entrance.
    c. Resus Room – Set up for reception of Priority 1 patients
    d. Trolley cubicles – Set up for reception of Priority 2 patients
    e. Fracture clinic – Set up for reception of Priority 3 patients

12. Inform the Senior Nurse in the Hospital Control Room of additional staffing requirements.

13. Liaise with Senior Porter to ensure adequate porters to transport patients and that Emergency Department access except ambulance entrance.

14. Prepare designated area in ED Reception and Outpatients Department to allow police to set up Police Discharge Area.

Priorities:

1. Set up triage and all clinical areas in preparation for reception of casualties.

2. Keep all staff informed.

3. Ensure adequate nursing staffing within ED and fracture clinic areas.

Emergency Department Triage Officer

Responsibilities:

1. Triage team to ensure that all patients enter through ambulance entrance and undergo adequate triage.

2. Keep ED Department informed of numbers.

3. Work closely with medical records staff to ensure correct identification and documentation for all patients.

Initial Actions:

1. Ensure wearing ED Triage Officer tabard. To be collected from Hospital Control Room.

2. Triage will be done by triage sieve at the Ambulance entrance by an experienced ED nurse and experienced ED doctor. All other entrances will be closed and locked. Will require:

    - Experienced ED Nurse.
    - Experienced ED Doctor.
    - Action Cards.
    - ED cards.
    - Marker pens.

   To be kept in "Major Incident Triage Box" in Triage Room.

Major Incident Terminology			Major Incident Plan Location
P1	Immediate	Red	Resus
P2	Urgent	Yellow	Trolley Cubicles
P3	Delayed	Green	Fracture Clinic

3. Each patient gets assessed.

4. Each patient gets a yellow ED card – MAJOR INCIDENT CARD.

5. Triage team mark each card as P1, P2 or P3.

6. Patient goes with card into appropriate area.

7. In each area:
    - Clerical staff register patients (using short form registration if necessary) with an MI number and write NAME and MI NUMBER on yellow card and a wrist band.

    - Card and wrist band given to clinical staff and clinical staff will attach wrist band to patient.

MI number can be used to order initial tests such as Chest and Pelvis x-rays.

Emergency Department Triage Officer (cont')

8. Card stays with patient.

9. Triage notes and labels printed as normal at first opportunity. IRH number produced and placed onto wrist band to be used as main unique identifier for ordering tests and matching blood products.

10. Unknown patients undergo same process with MI number and gender used as unique ID followed by MI number and IRH number and Gender.

11. Ensure Medical Records keep timed log of patients sent to each area and their category.

Emergency Department Senior Clerical Officer

Responsibilities:

1. Medical Records Department is responsible for documenting the injured patients as quickly as possible ensuring that an accurate physical count is known at all times.
2. Allocating clerical staff to specific areas within the emergency department and all entrances/exits.
3. Ensure correct documentation produced for each patient entering the emergency department.
4. Ensure patient movement out of the emergency department is documented.

Initial Actions:

1. Commence ED reception staff cascade call-out.
2. A clerical officer should assist the Triage Officer.
3. Allocate clerical staff to each area in Emergency Department:
   a. Resus………. Area – Priority 1 patients
   b. Cubilces………Area – Priority 2 patients
   c. Fracture Clinic……. Area – Priority 3 patients
4. Co-locate clerical staff with police where patients leave the emergency department.
   a. All patients discharged – discharge via Police Area.
5. In each area:
   a. Clerical staff register patients (using short form registration if necessary) with an MI number and write NAME and MI NUMBER on yellow card and a wrist band.
   b. Card and wrist band given to clinical staff and clinical staff will attach wrist band to patient.
   c. Card stays with patient.
6. Triage notes and labels printed as normal at first opportunity. RAH number produced and placed onto wrist band to be used as main unique identifier for ordering tests and matching blood products.
7. Unknown patients undergo same process with MI number and gender used as unique ID followed by MI number and RAH number and Gender.

Emergency Department Senior Clerical Officer (cont')

8. Ensure that all patients who are discharged or are admitted from the emergency department have all details documented. Use major incident log sheet.

9. On Stand Down ensure that all patients have been registered to HIS and that all patients discharged have been discharged on HIS.

10. Register patients attending ED who are not involved in major incident as AE numbered patients.

11. When documentation is complete and the order to stand down given, a complete list of all cases should be prepared in conjunction with the Senior Emergency Physician recording the following information:

    a. Major Incident card number.

    b. Patient name and address and age.

    c. Injuries sustained.

    d. Admitted or discharged.

12. This list should be submitted to the Hospital Medical Co-ordinator and the Police.

Priorities:

1. Allocate clerical staff to all patient areas within the emergency department.

2. Ensure correct documentation produced for all patients

3. Record movement of all patients leaving the emergency department

Emergency Department *Resuscitation Room* – Junior Medical Staff

Responsibilities:

1. Responsible directly for the care of patients within the resuscitation area as part of a treatment team.

Initial Actions:

1. Stay in the resuscitation area until directed otherwise by the Senior Emergency Physician or Senior Doctor Priority 1 Area.
2. Treat patients as allocated until directed to other tasks by the Senior Emergency Physician or Senior Doctor Priority 1 Area.
3. Complete documentation as far as is practical.
4. Discuss all patients with the Senior Emergency Physician or Senior Doctor Priority 1 Area to plan disposal. Also involve the Senior Surgeon or Senior Orthopaedic Surgeon as appropriate.
5. Limit x-rays to chest and pelvis until patients moved to yellow status.
6. Ensure all patients are logged by Medical Records staff before they leave the Emergency Department.
7. Ensure that any patients transferred out of the ED to the major incident receiving ward have been discussed directly with the ward.
8. If patients are going directly to theatre then ensure that the Senior Surgeon/Orthopaedic Surgeon has been directly involved.

Priorities:

1. If the patient is leaving the ED for admission or radiological investigation let the Senior Emergency Physician or Senior Doctor Priority 1 Area know.

Emergency Department *Trolley Area* – Junior Medical Staff

Responsibilities:

1. Responsible directly for the care of patients within the trolley area as part of a treatment team.

Initial Actions:

1. Stay in the trolley area until directed otherwise by the Senior Emergency Physician or Senior Doctor Priority 2 Area.

2. Treat patients as allocated until directed to other tasks by the Senior Emergency Physician or Senior Doctor Priority 2 Area.

3. Complete documentation as far as is practical.

4. Discuss all patients with the Senior Emergency Physician or Senior Doctor Priority 2 Area to plan disposal. Also involve the Senior Surgeon or Senior Orthopaedic Surgeon as appropriate

5. Limit x-rays to chest and pelvis until patients moved to yellow status.

6. Ensure all patients are logged by Medical Records staff before they leave the Emergency Department.

7. Ensure that any patients transferred out of the ED to the major incident receiving ward have been discussed directly with the ward.

8. If patients are going directly to theatre then ensure that the Senior Surgeon/Orthopaedic Surgeon has been directly involved.

9. Ensure all patients who are discharged go via Discharge Area in Police Area **in Fracture Clinic Reception area.**

Priorities:

1. If the patient is leaving the ED for admission or radiological investigation let the Senior Emergency Physician or Senior Doctor Priority 2 Area know.

Emergency Department *A&E & Fracture Clinic*– Junior Medical Staff

Responsibilities:

1. Responsible directly for the care of patients within the Priority 3 Area **in Fracture Clinic.**

Initial Actions:

1. Stay in the Priority 3 Area **in the Fracture Clinic** until directed otherwise by the Senior Emergency Physician or Senior Doctor Priority 3 Area.
2. Treat patients as allocated until directed to other tasks by the Senior Emergency Physician or Senior Doctor Priority 3 Area.
3. Examine thoroughly and make sure all injuries are documented, treated and an appropriate management plan or follow up is in place.
4. Complete documentation as far as is practical.
5. Limit investigations including x-rays to absolute minimum until otherwise directed. This is to avoid bottlenecks at x-ray. In the meantime provide:
    a. Adequate analgesia.
    b. Appropriate splintage.
    c. Make clear plan of investigations required and definitive treatment plan.
6. Ensure all patients leave the Emergency Department through Police Area **in Fracture Clinic Reception area.**
7. Discuss patients if required with the Senior Emergency Physician or Senior Doctor Priority 3 Area to plan disposal. Also involve the Senior Surgeon or Senior Orthopaedic Surgeon as appropriate.
8. Ensure all patients are logged by Medical Records staff before they leave the Emergency Department.
9. Ensure that any patients transferred out of the ED to the major incident receiving ward have been discussed directly with the ward.
10. If patients are going directly to theatre then ensure that the Senior Surgeon/Orthopaedic Surgeon has been directly involved.

Priorities:

1. Work under the direction of the Senior Doctor Priority 3 Area.
2. Ensure that patients are fully examined and all injuries documented.

Emergency Department *A&E & Fracture Clinic*– Junior Medical Staff

3. Ensure all patients when discharged are logged by the medical records staff and go directly to the discharge area **in Fracture Clinic Reception area.**

Senior Surgeon

Responsibilities:

1. Responsible for the control of the surgical response.
2. Setting priorities for treatment and surgery for surgical casualties.
3. Advising Treatment Teams on management.
4. Liaison with theatres regarding changing surgical priorities of casualties.
5. Liaison with theatres regarding theatre availability and usage and the formation of Operating Teams.
6. Liaison with the Senior Anaesthetist regarding anaesthetic provision for surgery.

Initial Actions:

1. Attend Hospital Control Room **in ED Consultant Office**
2. Notify consultant colleagues. If registrar initially takes role of Senior Surgeon then first consultant surgeon available takes role of Senior Surgeon on arrival.
3. Nominate middle grade doctor to assume role of Senior Surgeon Ward K North.
4. Assess surgical resources currently available and further staff required.
5. Liaise with Nurse in Charge Theatres.
6. If Major Incident – Standby await further instruction.
7. Inform colleagues of major incident confirmed status.
8. Proceed to Emergency Department and assess priorities of surgical patients.
9. Set priorities for movement and surgery of casualties.
10. Continually liaise with theatre regarding priorities theatre availability.
11. Liaise with Senior Anaesthetist regarding anaesthetic provision.
12. In conjunction with the Senior Emergency Physician oversee the treatment being provided by the treatment teams.

Senior Surgeon (cont')

Priorities:

1. Triage of surgical casualties for surgery and admission.

2. Advise Treatment Teams for on casualty treatment.

3. Liaison with theatres, Nurse in Charge Theatres and Senior Anaesthetist.

4. Provision of 24-hour Operating Team availability, using a rota system if possible.

Senior Orthopaedic Surgeon

Responsibilities:

1. Responsible for the control of the orthopaedic response.
2. Setting priorities for treatment and surgery for orthopaedic casualties.
3. Advising Treatment Teams on management.
4. Liaison with theatres regarding changing orthopaedic surgical priorities of casualties.
5. Liaison with theatres regarding theatre availability and usage and the formation of Operating Teams.
6. Liaison with the Senior Anaesthetist regarding anaesthetic provision for orthopaedic surgery.

Initial Actions:

1. Attend Hospital Control Room **in ED Consultant Office**
2. Notify consultant colleagues.
3. Assess orthopaedic resources currently available and further staff required.
4. Liaise with Nurse in Charge Theatres.
5. If Major Incident – Standby await further instruction.
6. Inform colleagues of major incident confirmed status.
7. Proceed to Emergency Department and assess priorities of orthopaedic patients.
8. Set priorities for movement and surgery of casualties.
9. Continually liaise with theatre regarding priorities and theatre availability.
10. Liaise with Senior Anaesthetist regarding anaesthetic provision.
11. In conjunction with the Senior Emergency Physician oversee the treatment being provided by the treatment teams.

Senior Orthopaedic Surgeon (cont')

Priorities:

1. Triage of orthopaedic casualties for surgery and admission.

2. Advise Treatment Teams on casualty treatment.

3. Liaison with theatres, Nurse in Charge Theatres and Senior Anaesthetist

4. Provision of 24-hour Operating Team availability, using a rota system if possible.

Senior Physician

Responsibilities:

1. Oversees the medical response to the incident.

2. Responsible for ensuring the optimal care for the resuscitation of Priority 1 and 2 medical patients in the ED.

Initial Actions:

1. Attend Hospital Control Room, ED Consultant Room**.** Will initially be 1st Medical Junior Doctor on-call before Consultant Physician identified by Medical Co-ordinator.

2. Assess medical resources currently available and further staff required.

3. Liaise with the Senior Emergency Physician regularly to discuss requirements of medical patients and availability of bed space and medical staff.

4. Assist in clearing emergency department of any patients that may go to wards.

5. If Major Incident – Standby await further instruction.

6. Inform colleagues of major incident status.

7. Proceed to emergency department and co-ordinate response to medical patients within the department.

8. In conjunction with the Senior Emergency Physician oversee the treatment being provided by the treatment teams if required.

9. Co-ordinate identification of patients in medical wards who would be appropriate for discharge.

Priorities:

1. Clearing emergency department of medical patients

2. Assist in treatment of patients with medical problems.

Senior Intensivist

Responsibilities:

1. Consultant assesses patients and a decision is taken as to who may be transferred out.

2. Charge nurse liaises with Bed Manager to identify possible transfer area if this is necessary. Transfer areas are CCU and HDU.

Initial Actions:

1. Transfer patients identified as being suitable.

2. Charge Nurse/Clinical Nurse Manager to arrange adequate levels of staff as appropriate.

Senior Anaesthetist

Responsibilities:

1. Work closely with the Senior Nurse Theatres and operating teams to establish the need and provision of anaesthetic services within the theatre suite and the ED.

2. Liaise with Senior Surgeon and Senior Orthopaedic Surgeon regarding anaesthetic availability for patients requiring immediate surgery from the emergency department.

3. Liaise with Senior Intensivist regarding need for intensive care for patients within the theatre suite.

Initial Actions:

1. Attend theatre suite.

2. Liaise with Senior Nurse Theatres regarding availability of staff and equipment within the theatre suite.

3. Call 2nd on (consultant) and inform Anaesthetic ITU and ITU Consultant.

4. If Major Incident Standby await further instruction.

5. The next Consultant Anaesthetist will call four other Consultants before leaving for the hospital.

6. Assess medical resources currently available and further staff required.

7. Advise Senior Nurse Theatres.

8. Liaise with Senior Surgeon and Senior Orthopaedic Surgeon concerning transfer of casualties from emergency department.

9. Liaise with Senior Intensivist regarding potential requirements for intensive care for patients in theatre.

Priorities:

1. Ensure staff cascade call-out performed.

2. Work closely with Senior Nurse Theatre to ensure anaesthetic availability.

3. Liaise with Senior Surgeon and Senior Orthopaedic Surgeon in the emergency department regularly.

Haematology BMS

Assign a member of staff to deal with all telephone enquiries. The featurenet phone system can be used to contact the SNBTS for more supplies.

Prepare the Laboratory for large scale transfusion procedures by ensuring all racks are ready and by washing down the stock of Group 0 and Group A Positive blood.

On receipt of samples do a rapid ABO and Rhesus slide group before centrifuging. Take great care in identifying all slides and samples and request forms with pre-printed labels.

Match with the usual emergency techniques using ABO and Rhesus homologous blood.

Make sure that some Group O Rh Negative blood is available for extreme emergency procedures.

Radiology

Responsibilities:

1. Responsible for co-ordinating and providing specialist radiological investigations in consultation with clinical staff.

Initial Actions:

1. Attend main x-ray department. Arrange for on-call radiology registrar to attend if possible.

2. Check duty radiographer has contacted senior radiographer and cascade has been initiated.

3. Radiology call-out using cascade.

4. Assess medical resources currently available and further staff required.

5. Arrange for consultant radiologist to attend emergency department.

6. Respond to requests for radiological investigations.

7. Liaise closely with Senior Emergency Physician on capacity for radiological investigations.

Priorities:

1. Ensure adequate radiology and radiographer staffing.

2. Liaise regularly with Senior Emergency Physician.

Biochemistry BMS

Responsibilities:

1. Responsible for the preparation and provision of biochemistry laboratory services.

2. Mobilisation of additional staff as required.

Initial Actions:

1. BMS should inform Consultant Biochemist On-Call informing him/her that a major incident has occurred. A list of emergency phone numbers is held by the biochemistry department.

2. If major incident – standby await further instruction.

3. Take steps to clear outstanding work.

4. Ensure the Architect and blood gas analysers are ready to receive samples.

Priorities:

1. Informing the Consultant Biochemist.

2. Preparing the analysers to receive samples.

The on-call consultant biochemist will:

1. Telephone and arrange for two further members of BMS staff to attend the hospital. Other members of staff may be called in at his/her discretion.

2. Make his/her way to the department, or if this is not immediately possible, arrange for a reporting biochemist to attend.

3. The consultant or reporting biochemist will a) handle telephoned or paged requests for emergency analyses, and b) telephone results relating to victims.

Emergency Duty Commitment Pharmacist

Responsibilities:

1. Report to Hospital Control Room and liaise with the Hospital Medical Co-ordinator.

2. Alert the Pharmacy Manager (or most senior Pharmacist available) and Operational Services Manager.

3. Alert EDC Pharmacist in other relevant hospitals from which drug supplies may be required.

4. Contact relevant wholesale pharmaceutical distributors as required for emergency drug supplies.

Chaplaincy Coordinator

Responsibilities:

1. Religious officers representing the faiths of families and casualties may be required to support families during the major incident or to perform religious acts.

Initial Actions:

1. Chaplain on-call will assess Chaplaincy requirements and contact other Chaplains and faith representatives as required including Chaplaincy Coordinator.

2. Chaplain will help staff at Relatives' Area in Dining Room, Level B, liaising with Senior Nurse.

3. If appropriate, arrange for Chaplaincy Centre Quiet Room to be open and staffed for use by relatives and staff.

4. A Chaplain will be available for patients in the Emergency Department.

5. Chaplain will be available to respond to queries regarding religious, cultural and spiritual issues.

6. Chaplain will ensure adequate cover to respond to requests for chaplaincy services elsewhere on Hospital site.

7. Chaplain will co-ordinate input of other clergy, representatives from faith communities and Chaplaincy volunteers where appropriate.

8. Chaplain will be available to provide staff support, before and after stand down, where appropriate.

9. Chaplain will ensure adequate on-going Chaplaincy cover is available to provide follow-up support for patients and relatives transferred to wards.

Priorities:

1. Ensure chaplaincy support to requests for chaplaincy services.

Physiotherapy

Responsibilities

Attend Hospital Control Room for instructions by the Hospital Medical Co-ordinator.

1. Inform the Head of Department that the on call physiotherapist has been called in.

2. On call physiotherapist alerts two additional therapists before leaving to attend the hospital.

3. The additional therapists will be called in by the on call physiotherapist if required.

Head of department to be informed if the Physiotherapy space is required for an alternative function.

Senior Catering Manager

Responsibilities:

1. Ensure that adequate amounts of food are available for the duration of the incident response.

Initial Actions:

1. Attend the catering department.
2. Activate staff call out.
3. Duties may include:
    a. Provision of hot and cold drinks.
    b. Provision of food (e.g. sandwiches).
    c. For staff, patients, relatives and volunteers involved in the major incident.
4. Liaise with the Senior Facilities Manager in the Hospital Control Room regarding provision of catering services during the major incident.
5. Catering Service will be required in the following areas:
    a. Outpatient Dept. Staff
    b Hospital Control Room Management
    c. Relatives

Priorities:

1. Ensure that the catering service is adequate during the incident response.

Bed Manager

Responsibilities:

1. Ensuring that the designated major incident wards are prepared to receive and treat casualties from the major incident.
2. Identify beds from critical care areas for decant.
3. Track all decanted and admitted patients.

Initial Actions:

1. Staff call out as per staff lists
2. Inform HDU, ICU, and J North, K North, and H North of major incident status.
3. Prepare to move Day surgery Unit **p**atients to other surgical wards (x 5 patients to each ward).
4. Inform wards **medical,** ortho and surgical wards to identify possible medical, orthopaedic and surgical beds.
5. Assist in identifying beds for patients in the emergency department requiring admission prior to casualties arriving.
6. If major incident – standby await further instruction.
7. Identify beds for Intensive Care and High Dependency patients suitable for decant.
8. Inform all wards to delay elective admissions.
9. Track decanted patients.
10. Track all admitted patients.
11. Liaise with the Hospital Medical Co-ordinator, Hospital Control Room and Medical Records Department regularly.
12. Transfer DSU, ICU, HDU, J North, K North and H North to other wards within the hospital (x 5 patients each ward).

Priorities:

1. Clear Day surgery, J North, K North and H North **f**or arrival of major incident patients.
2. Identify beds for decant of critical care patients.
3. Liaise regularly with medical co-ordinator regarding bed availability.

Senior Nurse Theatres

Responsibilities:

1. Assess theatre capability with Senior Anaesthetist, surgical and orthopaedic consultants.
2. Preparation of theatres.
3. Co-ordination of theatre teams.
4. 24-hour staffing of theatres.

Initial Actions:

1. Attend theatre suite.
2. Ensure wearing Senior Nurse Theatres tabard.
3. Liaise with Senior Anaesthetist regarding availability of staff and equipment within the theatre suite.
4. Allocate one member of staff to man telephone and manage all communications, liaising with Senior Nurse Theatres, Senior Anaesthetist Theatres, Senior Surgeon Theatres and Hospital Control Room.
5. Notify all theatres and day surgery.
6. Do not commence anaesthetic or surgical procedures on patients already waiting.
7. Prepare to return patients in recovery areas and anaesthetic areas to wards.
8. Notify theatre manager.
9. If Major Incident Standby await further instruction.
10. Assess medical resources currently available and further staff required.
11. Arrange to organise adequate levels of staff appropriate to the type of major incident using prepared phone list.
12. Call one person from each team.

Senior Nurse Theatres (cont')

13. The person contacted from each team then contacts all other team members.

14. Keep a note of all contacted and bring them to the hospital. Notify theatre controller on arrival.

15. All patients in recovery areas/anaesthetic rooms should be returned to wards as soon as possible.

16. Out of normal working hours commence cascade call out.

17. Prepare anaesthetic areas in main theatre suite.

18. Prepare recovery to accept two ventilated patients.

19. Prepare equipment in theatres dependent on information available.

20. As staff arrive note names on list, allocate to theatres as required.

21. Liaise with Senior Anaesthetist and consultant surgeons regarding available theatres as required.

22. Liaise with Senior Nurse, Hospital Control Room regarding on-going staff requirements.

Priorities:

1. Ensuring adequate theatre availability

2. Initiating cascade call-out of staff and allocation of staff.

3. Ensuring availability of equipment.

4. Regular liaison with Senior Anaesthetist, consultant surgeons and Senior Nurse.

Senior Nurse Intensive Therapy Unit

Responsibilities:

1. Responsible for co-ordinating all ITU activity.
2. Preparation of ITU for the arrival of casualties.
3. 24-hour staffing of ITU.

Initial Actions:

1. Inform all staff of major incident status.
2. Allocate one member of staff to man telephone and manage all communications, liaising with Senior Nurse, Hospital Control Room and Bed Manager.
3. Liaise with Senior Intensivist regarding possible transfer of patients out of ITU.
4. Prepare patients for transfer if required.
5. If Major Incident – Standby await further instruction.
6. Allocate duties to staff, including staff deployed from other areas, to transfer patients, prepare beds, equipment and documentation.
7. Transfer identified patients to areas as directed by the Senior Intensivist and Bed Manager.
8. Monitor all unit activity, liaising with appropriate personnel as necessary.
9. Liaise with Senior Nurse regarding on-going staff requirements.

Priorities:

1. Control of the preparation and staffing of Intensive Therapy Unit.
2. Control of the provision of the required numbers of suitably qualified nurses to allow adequate 24-hour cover.

Senior Nurse High Dependency Unit

Responsibilities:

1. Responsible for co-ordinating all ward activity.

2. Preparation of HDU for the arrival of casualties.

3. 24-hour staffing of HDU.

Initial Actions:

1. Inform all staff of major incident status.

2. Allocate one member of staff to man telephone and manage all communications, liaising with Senior Nurse, Hospital Control Room and Bed Manager.

3. Assess and identify two patients suitable for transfer to wards.

4. Prepare patients for transfer.

5. If Major Incident – Standby await further instruction.

6. Allocate duties to staff, including staff deployed from other areas, to transfer patients, prepare beds, equipment and documentation.

7. Transfer identified patients to wards as directed by Bed Manager.

8. Organise movement of patients within the unit to free designated bed areas.

9. Carry out immediate assessment of each patient on admission, identifying priorities.

10. Monitor all unit activity, liaising with appropriate personnel as necessary.

11. Liaise with Senior Nurse regarding ongoing staff requirements.

Priorities:

1. Control of the preparation and staffing of the High Dependency Unit.

Control of the provision of the required numbers of suitably qualified nurses to allow adequate 24-hour cover.

Senior Nurse – Day Surgery Unit (DSU)

Responsibilities:

1. Responsible for co-ordinating all ward activity.

2. Preparation of DSU for the arrival of casualties

3. 24-hour staffing of DSU

Initial Actions:

1. Inform all staff and patients of major incident status.

2. Allocate one member of staff to man telephone and manage all communications, liaising with Senior Nurse, Hospital Control Room and Bed Manager.

3. Assess patients for transfer to other wards.

4. Identify five patients for immediate transfer when a major incident is declared. (Designated area – H Centre, H South)

5. Allocate staff to prepare patients for transfer.

6. If major incident – standby await further instruction.

7. Commence decant of 5 patients as per ‘patient flow’.

8. Allocate duties to staff, including staff deployed from other areas, to transfer patients, prepare beds, equipment and documentation.

9. Arrange immediate transfer of five patients to wards H Centre and H South. Depending on clinical need and only after discussion with the Senior Nurse patients may be transferred to Wards.

10. Monitor all unit activity, liaising with appropriate personnel as necessary.

12. Liaise with Senior Nurse regarding on-going staff requirements.

Priorities:

1. Control of the preparation and staffing of Day Surgery unit

2. Control of the provision of the required numbers of suitably qualified nurses to allow adequate 24-hour cover.

Senior Nurse Ward K North

Initial Actions:

1. Inform all staff of major incident status.
2. Identify available and potential beds.
3. Prepare to accept 5 patients.
4. If major incident – standby await further instruction.
5. Allocate duties to staff, including staff deployed from other areas, to prepare beds, equipment and documentation.
6. Accept patients transferred from DSU or ED or theatre as directed by Bed Manager.
7. Organise movement of patients within the ward to free designated bed areas.
8. Carry out immediate assessment of each patient on admission, identifying priorities.
9. Monitor all unit activity, liaising with appropriate personnel as necessary.

Priorities:

1. Control of the preparation and staffing of ward.
2. Control of the provision of the required numbers of suitably qualified nurses to allow adequate 24-hour cover.

Senior Nurse H North

Initial Actions:

1. Inform all staff of major incident status.
2. Identify available and potential beds.
3. Prepare to accept 5 patients.
4. If major incident – standby await further instruction.
5. Allocate duties to staff, including staff deployed from other areas, to prepare beds, equipment and documentation.
6. Accept patients transferred from Day Surgery unit or ED or theatre as directed by Bed Manager.
7. Organise movement of patients within the ward to free designated bed areas.
8. Carry out immediate assessment of each patient on admission, identifying priorities.
9. Monitor all unit activity, liaising with appropriate personnel as necessary.

Priorities:

1. Control of the preparation and staffing of ward.
2. Control of the provision of the required numbers of suitably qualified nurses to allow adequate 24-hour cover.

Senior Nurse J North

Initial Actions:

10. Inform all staff of major incident status.

11. Identify available and potential beds.

12. Prepare to accept 5 patients.

13. If major incident – standby await further instruction.

14. Allocate duties to staff, including staff deployed from other areas, to prepare beds, equipment and documentation.

15. Accept patients transferred from ED as directed by Bed Manager.

16. Organise movement of patients within the ward to free designated bed areas.

17. Carry out immediate assessment of each patient on admission, identifying priorities.

18. Monitor all unit activity, liaising with appropriate personnel as necessary.

Priorities:

3. Control of the preparation and staffing of ward.

4. Control of the provision of the required numbers of suitably qualified nurses to allow adequate 24-hour cover.

Press Officer

Responsibilities:

1. In charge of media liaison.
2. Management of media personnel if on site
3. Arranging press conferences if required.

Initial Actions:

On-call Press Officer may be contacted via the following:

- Telephone 0141 201 4429 / 64429 (24-hour, 7 day-a-week number)

The Press Officer will be supported by the Communications Team at JB Russell House. Communications will work closely with Strathclyde Police Media Services to ensure shared information and joint co-ordinated media management.

The team will support the Press Officer(s) on the ground and draft in additional staff as required. Communications will also update the NHSGGC website, Staff Net and issue staff Core Briefs as necessary to ensure all public and staff communication channels are maximized. Core Briefs will also be printed off and circulated within the sites affected as not all employees have access to a PC.

1. Press Officer will report to the Hospital Medical Co-ordinator and receive a briefing on the nature of the incident and extent of the casualties.
2. Any media assembling to report on the incident will not be permitted into the hospital buildings but will be cohorted by the Press Officer on the grounds. Media will not accept being instructed to remain outside the hospital grounds as these are public access areas which they are technically entitled to be on.
3. The Press Officer will advise assembled media that they will be briefed as soon as possible and to remain in the cohort area. Provision of information to the media will be done in conjunction with Strathclyde Police who, during the initial phase of an incident, will issue joint emergency services media updates. The press officer will update journalists on the ground and provide regular feedback to the communication team at JB Russell House.
4. Press Officer will liaise with the Hospital Medical Co-ordinator to receive regular situation updates.
5. Any Press conferences will be held in the main foyer of the hospital.

Press Officer (cont')

6. Press Officer will co-ordinate representation from medical or management staff to speak to the press as necessary.

Note – Out-of-hours the on-call press officer has the capability to set up a mobile press centre remotely. Through a laptop equipped with 3G technology a press release can be issued to the full Scottish and UK media, together with capabilities to send information to MSPs, MPs and a number of other groups. In order to establish this mobile facility the Press Office will require to be provided with a desk (with power supply) and, if possible, a back-up land telephone line.

The Press Officer may also require the support of facilities or portering staff to help ensure that media remain within the cohort area.

Priorities:

1. Liaise with medical co-ordinator.

2. Control media presence within the front drive of the hospital
3. Provide regular updates to media and other groups e.g. MSPs, MPs.

Useful Phone Numbers – Internal

DEFINED AREA	LOCATION	CONTACT NUMBER
Main Treatment Area	Emergency Department for major conditions, Level C	DD 01475 504166 Int ext 04166
Overflow Treatment Area	Fracture Clinic Area, Level C	DD 01475 504547 Int ext 04547
Wards Receiving Casualties	J North - Medical H Centre – Surgical K North – Orthopaedics	Int ext 05495 Int ext 04225 Int ext 04553
Hospital Site Control Room	Accident & Emergency Consultant Office A&E Department, Level C	DD 504387 Int ext 04387
Police Documentation Room	Ambulance Waiting Area, Level C	DD 504932 Int ext 04932
Police Liaison	Fracture Clinic Reception area	DD 504342 Int ext 04342
Relatives Area	Dining Room, Level B	Int ext 04198
Mortuary	Level B	DD 504301 Int ext 04301
Press Area	Physiotherapy Department Level C	DD 504468 Int ext 04468
Conference Area	Boardroom, Level E	Phones lines would be set up as required
Accident & Emergency Liaison Office	Fracture Clinic Area, Level C	DD 504547 Int ext 04547
ICU	J Centre, Level J	Int ext 04770

Useful Phone Numbers – External

NHS GG&C Acute Coordinating Officer
(ask for Acute Executive On Call) — 1000
Contact Centre

Police Headquarters — 0141 532-2000

Strathclyde Fire and Resce (local) — ……………………………

Ambulance Control Centre (dispatch) — 0141 891 5950
(24hrs / 7 days per week)

Ambulance Airdesk — 0141 810 6110

Airborne Rescue Co-ordinating Centre — 01309 672 161 ext 6220 (9-5pm Mon-Fri)
01343-836025 (outwith)
01343-836001/002/003

Maritime Coastguard Agency — 01475 729988

Undertakers (Co-op Funeral Directors) — 0141 445 1122

Brownlee Centre — 0141 211 1089

Hospital	Control Room	A&E Dept
Glasgow Royal Infirmary	0141 211 4961/2/3	0141 211 4314/4484
Western Infirmary	0141 211 2484/2268/2359	0141 211 2409/2304
Victoria Infirmary	0141 201 5303	0141 201 5130
Southern General Hospital	0141 201 1478	0141 201 1456
Paisley Royal Alexandra	0141 314 6198	0141 314 6195
Inverclyde Hospital	01475 504 387	01475 633 777

MOBILE PHONES

Duty Consultant Public Health — 0141 201 4917 PHPU (9am-5pm)
0141 211 3600 (5pm-9am)
Gartnavel via Contact Centre – ask for on-call Public Health Consultant

NHS GG&C Head of Civil Contingencies Planning — 07770 312548