

# Major Incident Plan



## The Royal Oldham Hospital

**All Staff Report to Staff Reporting Area – Admissions Area Main  
entrance**

**Access will be denied without Identification badges**

<b>Pennine Acute Hospitals NHS Trust Document Control Page</b>																
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<b>ORIGINATOR</b>	<table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">Name(s)</td> <td style="text-align: center;">Group</td> <td style="text-align: center;">Designation</td> </tr> <tr> <td colspan="3">Originated by: Collette Parker</td> </tr> <tr> <td colspan="3" style="text-align: right;">Emergency Planning Manager</td> </tr> <tr> <td colspan="3">Original Copy held by: Sue Lunt</td> </tr> <tr> <td colspan="3" style="text-align: right;">Divisional Director</td> </tr> </table>	Name(s)	Group	Designation	Originated by: Collette Parker			Emergency Planning Manager			Original Copy held by: Sue Lunt			Divisional Director		
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# Major Incidents Plan

## Pennine Acute Hospitals NHS Trust

### Preface

**If the major incident procedure has been activated, and you have not read the plan before, do not do so now.  
Find your relevant action card and do what it says.**

1. The following orders have been prepared in accordance with The Department of Health Emergency Preparedness 2005 and The Civil Contingencies Act 2004.
2. They indicate the responsibilities and actions of the staff within the site in the event of:
  - Major Incident
  - Special Type of Incident
    - Large number of Children Involved
    - Chemical/Biological/Radiological/Nuclear (CBRN)
    - Media Incident (see Appendix 10)
3. The plans cannot be completely comprehensive and key personnel will be expected to interpret them as circumstances dictate. Any additional detailed instructions issued by key personnel to their juniors should be based upon these plans.
4. This plan will be subject to on-going and constant review and revision, as well as an annual review. All amendments will be audited and communicated. Any correspondence requesting changes in the plan should be addressed to: -

The Emergency Planning Manager – Collette Parker  
Pennine Acute Hospitals NHS Trust  
Telephone Number – 0161 720 4800 / 07970 218 234  
E-mail – Collette.parker@pat.nhs.uk

These plans were written by Collette Parker – Emergency Planning Manager

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Pennine Acute Hospitals Trust comprises of four Acute Hospital Sites. In the event of any one or more of the sites being activated then the Trust will respond in this way.

**Gold Control Team – Trust Headquarters**

This will consist of the following people: -

- Chief Executive
- Director of Nursing
- Medical Director

Gold Control Team will control the rest of the Trust response to the Major Incident.

A Silver Control Team will be established on the affected site/s, this will consist of: -

**Silver Control Team – Based on affected site**

- Site Director
- Associate Director
- Divisional Medical Director
- The Manager of the Day (On Call Manager)

Silver Control Team will control the site response to the Major Incident.

A Bronze Control Team will also be established on the affected site/s and will consist of: -

**Bronze Control Team – Based on affected site**

- A&E Team

**Staff Identification**

ALL medical/nursing Staff working in the A&E will be asked to wear a coloured armband on entering the department; staff on MAU will also wear a coloured armband.

Red	-	A&E Staff
Purple	-	MAU Staff
Blue	-	Physicians
Green	-	Surgery
Yellow	-	Orthopaedics
Pink	-	Paediatrics
Orange	-	Anaesthetics

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## **General Information**

This document sets guidance and policies to assist the Trust to plan for a Major Incident of serious proportions, involving a potentially large number of casualties or other major disruptive challenges to the delivery of Health Care, regardless of its cause.

### **Notification Channels**

#### **Emergency Standby and Major Incident**

The usual channel of notification to the Hospital in the event of a Major Incident is the direct line from Ambulance Control to the Switchboard. The procedures may be implemented from within the hospital if it becomes apparent to the senior A & E staff that a Major Incident has occurred.

In the event of an A&E department being directly alerted by ambulance control then the person taking the call must detail all the relevant information that is requested on the laminated **MAJAX Form 1**. The information should then be immediately passed onto the switchboard operator using the **4444** number.

If notification comes from another source, switchboard should confirm this with Ambulance Control before implementing Major Incident Procedures.

#### **Emergency Standby Procedure**

The **Standby** procedure is designed to warn key personnel of the possibility of a Major Incident. It is to be put into effect after a call from Ambulance Control. Calls from any other source should be confirmed with Ambulance Control.

#### **Notification from Other Sources**

This may be in any form and should always be verified with Ambulance Control. On receipt of a call record the information on MAJAX Form 1.

Only a limited response from key personnel is required.

The Senior Duty Telephonist will contact the following people with the Incident information:-

- Senior Nurse on Duty - A & E
- Senior Nurse on Duty – MAU

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- Duty A&E Consultant
- Director On Call
- On Call Manager
- Out of Hours Bleep Holder
- Press Officer
- Bed Manager
- Security

### **Stand down**

On receipt of a subsequent message cancelling the Emergency Standby Procedure record the message on the Major Incident Standby recording sheet. The Senior Duty Telephonist will contact the following personnel and inform them that the Hospital has been Stood Down.

- Senior Nurse on Duty - A & E
- Senior Nurse on Duty – MAU
- Duty A&E Consultant
- Director On Call
- On Call Manager
- Out of Hours Bleep Holder
- Press Officer
- Bed manager
- Security

### **Upgrading To Major Incident**

#### **Major Incident Declared (Activate)**

This is the notification to implement full Major Incident Procedures and can well be given without prior Emergency Standby.

#### **Notification from Ambulance Control or From A & E**

On receipt of the message to activate the Major Incident Plan, the Senior Duty Telephonist will record the information on MAJAX Form 1 and initiate the call out procedure (Action Card 2.)

Using the following phraseology:

*"Major Incident declared at ..... Hospital - Activate Plan"*

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## **All Staff**

The Senior Staff member on duty in each Department/Ward/Area is responsible for nominating someone to call in additional staff if required once informed that the Major Incident plan has been activated.

Each department is responsible for the maintenance of an up to date call out list (MAJAX Form 2), including home telephone numbers, paging, and mobile telephones.

**Calls MUST be made through the direct dial 9 facilities and NOT via switchboard.**

## **Staff Reporting – In Hours**

**All staff** on duty at time of activation to stay in their own place of work until otherwise advised. Each department/ward/area is responsible for completing MAJAX Form 3 and ensuring that the completed form is taken to the **Staff Reporting Area. (This is to ensure that the Hospital control team are aware of the staff on duty)**

## **Staff Reporting – Out of Hours**

**All staff must** report to the staff reporting area at the main entrance. Staff will not be allowed on site without their Identification badge. Members of the Major Incident Control Team, A & E, MAU staff, heads of departments and the Press Officer will be able to proceed directly to their designated areas. All other staff will remain in the staff reporting area until otherwise directed.

## **Identification of Staff**

**No staff member will be allowed on to the hospital site without his or her security identification badges.**

## **Senior Key Personnel ( Silver Major Incident Hospital Control Team)**

The Security Officer will proceed directly to the DVT area main entrance with the relevant Major Incident keys and MAJAX Radios and meet the Out of Hours Bleep Holder. The Major Incident Cupboard is in the DVT area, where the dedicated telephones and directory are located. The Out of Hours Bleep Holder will also be responsible for setting up the MAJAX control room.

## **Control of the Hospital Response**

The Gold Control Team will be based at Trust Headquarters; they will deal with the strategic response to the incident.

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The Silver Control Team will control the affected hospital site response to the Major Incident. Any requirements or issues relating to the Major Incident from Wards/departments on the affected site should be channelled through the Silver Control Team. Any requests for extra staff should be directly channelled to the staff reporting officer. The Out of Hours Bleep Holder will be the Senior Person for controlling the response to the incident until relieved by members of the Silver Control Team.

The Bronze Control Team will be the A&E team that respond to the patients arriving from the Incident.

### **Patient Documentation**

The Senior Receptionist in A&E will be responsible for all Major Incident patient documentation. Major Incident Patient Documentation packs are kept in the Major Incident Store in A&E, together with Police Patient Documentation. The Senior Receptionist in A&E will liaise with the Police Documentation Team.

***Wristbands corresponding to the Major Incident patient number should be attached to each patient and not be removed under any circumstance.***

The Senior Receptionist is responsible for collating accurate Major Incident patient information (MAJAX Form 7) and faxing an update to The Hospital Major Incident Control Room on an hourly basis.

Patients Major Incident Documentation will stay with the patient until they are discharged and the notes should then be returned to A/E reception.

### **Patient Property**

Property bags are supplied with each Major Incident documentation pack. These are numbered with the Major Incident patient number. All property should be placed into these bags and should be kept with the patient at all times. Property is invaluable in the identification of unknown patients and it is essential that none is lost or misplaced.

### **Enquiries**

A Hospital Enquiry Point will be set up at health information desk; located at the main entrance

The Senior Enquiries Officer will be responsible for directing personnel and relatives.

**All non-patient/relative related telephone enquiries in relation to the Major Incident to be diverted to the Hospital Major Incident Control Room. Any Media enquires/members of the media should be diverted/directed to the Media centre in the Education Centre.**

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**Key Areas**

All Major Incident patients will be Triage and Prioritised in the A&E Department.

Admissions Ward	-	F7 78881/78882
Theatre Suite	-	78827/ 78810
ITU	-	78838
HDU	-	78925/ 75969
X ray	-	78938
Incident Mortuary	-	78115/ 78116
Silver Hospital Major Incident Control Room	-	71420/ 71421/ 71422/ 71423 <b>FAX 0161 656 1426 (71426)</b>
Staff Reporting area	-	78952
Discharge/Reunion Area	-	78908/ 78905
Hospital Enquiry Point	-	Health Information 78951/ 78952
Media Centre	-	71424/ 71425
Media Use	-	0161 656 1424
Media Internal Calls	-	71425 (not to be given to media/public)
Police Documentation Team	-	A & E Seminar Room 75097 FAX 0161 656 1337 (71337)
Relatives Area	-	78888/78886
Inpatient Rapid Discharge Area	-	Adult Medicine OPD 78011
Gold Control Room	-	43294/44091/44099/43096

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## **Special Telephone Provision**

### **MAJAX Sockets**

Special incident telephones are available for use only in a major incident situation. The telephones are locked in the Major Incident Cupboard in the control room. Sockets for specific major incident dedicated lines are clearly marked within the room.

### **Police Patient Bureau**

A Police Patient Enquiry Bureau will be set up at Police Headquarters.

A Police Documentation Team will be set up in the A & E Seminar Room and will liaise directly with the Bureau via the dedicated telephone, fax and e-mail access. E-mail account numbers for the Police are available in the Police Documentation Bags.

The telephone number for the Bureau, which will deal with all patient/public, enquires relating to the incident, will be released by the Police to the media.

All calls to switchboard from non-media sources should be directed to this bureau. All media calls should be directed to the Education Centre on the media line.

### **Runners**

The use of runners will be necessary at most stages during the incident. Runners must be utilised in the transportation of all sensitive and medically confidential material.

### **Traffic control**

The Senior Security Officer is responsible for traffic control throughout the incident. No hospital staff member will be allowed on to the hospital premises without identification badges.

### **Approach Routes**

The Senior Security Officer will be responsible for liaison with the Police with regard to traffic control.

### **Admissions from Major Incident**

All patients requiring in-patient admission will be admitted to Ward F7 unless requiring theatre or ITU/HDU therapy. If further beds are required, this will be co-ordinated by the bed manager in collaboration with the silver control team.

### **Discharge and Reunion**

Major Incident patients awaiting discharge will be accommodated in outpatient's gynae suite where a Reunion/Discharge Area will be established. Police will take statements from discharged patients in cubicles in this area. The area will be kept as secure as possible. A Senior Staff Member will be allocated to co-ordinate this area.

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### **Existing Outpatients**

If the incident occurs during normal working hours all Out-Patient clinics will be suspended and the patients moved to the Café Royal until transport is arranged if necessary. An explanatory letter will be issued to all patients. MAJAX Letter 1.

### **In Patient Rapid Discharge Area**

Existing inpatients will be assessed and discharged to Adult Medicine OPD (formerly the day hospital). Letters will be distributed to these patients in this area. MAJAX Letter 2.

### **All Staff Notification**

An all staff memo (Appendix 11) will be e-mailed to all users at the affected site and other hospitals in the Trust confirming that the MAJAX has been activated and giving generic advice.

### **Remainder of the Hospital.**

For the duration of the response to the Major Incident other hospital services will be restricted to urgent cases only.

The Silver Control Team will decide the extent to which normal hospital services are maintained. Priority will be given to the admission and treatment of cases from the Major Incident and other patients of equal or greater clinical need. Junior House Staff will continue to take responsibility for the day-to-day management of other inpatients, and should **ONLY** be involved in the Major Incident Response if instructed by a Senior Clinician.

### **Stand Down**

The Silver Control Team will decide the phasing of the stand down of the hospital medical response and will inform staff accordingly.

### **Debriefing**

Following a Major Incident or Special Emergency there will be a debrief. Each head of department is responsible for their own staffs debrief. Any persons requiring extra support/counselling will be referred to the Occupational Health Team by their ward/Department manager.

Any recommendations for changes in the plan following a Major Incident should be sent to the Site Director and the Emergency Planning Manager of the Trust.

### **Post Traumatic Counselling Of Patients**

Any person/relative requiring counselling following a Major Incident will be referred to the appropriate agency.

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### **Major Incident Plan Review**

A separate review will be held to discuss the Major Incident Plan. All Key Personnel involved during the implementation of the plan are to attend. This will be co-ordinated by the Site Director and the Emergency Planning Manager.

### **Special Incidents**

#### **Large Number of Children**

**Children presenting will be treated in the A/E department and transferred to F3 if hospital admission is required**

#### **Appointee**

Duty Consultant Paediatrician will resume the role of Paediatric Team Leader.

Inform – Local Education Authority

#### **Chemical Incident**

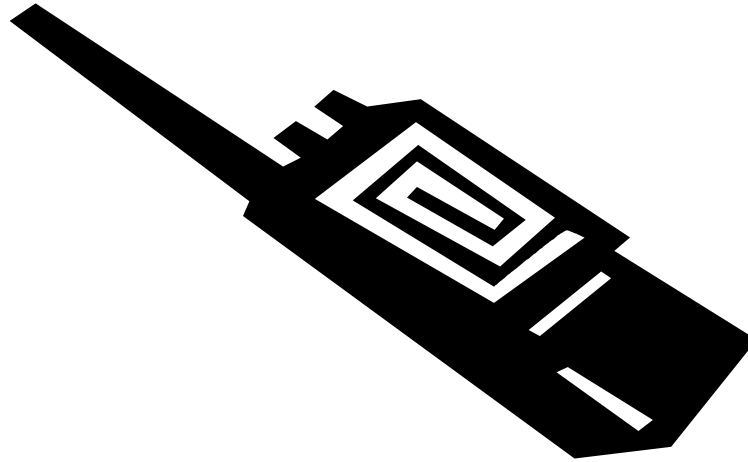
See 'Chemical Incident Procedure' section of this Plan.

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### **Major Incident Radios**

As a contingency to ensure communication is maintained in the event of a Major Incident, Radios will be issued to Key Personnel/Areas. It is the responsibility of relevant person/area to collect their radio from the Major Incident Control Room. There are 6 radios available and will be allocated as such.



- 1. Major Incident Control Team**
- 2. A&E Team**
- 3. MAU/EAU Team**
- 4. Bed Manager**
- 5. Staff Reporting Officer**
- 6. Patient/Relative Liaison Officer (PRLO)**

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# Appendices

<b>Appendix 1</b>	<b>Switchboard Form – MAJAX Form 1</b>
<b>Appendix 2</b>	<b>Ward/Department Call Out – MAJAX Form 2</b>
<b>Appendix 3</b>	<b>Staff on Duty Form – MAJAX Form 3</b>
<b>Appendix 4</b>	<b>Staff Reporting Form – MAJAX Form 4</b>
<b>Appendix 5</b>	<b>Relative Reporting Forms – MAJAX Form 5</b>
<b>Appendix 6</b>	<b>Patient/Relative Reunion Form – MAJAX Form 6</b>
<b>Appendix 7</b>	<b>Rapid Discharge Policy</b>
<b>Appendix 8</b>	<b>Outpatient Discharge Letter – MAJAX Letter 1</b>
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<b>Appendix 10</b>	<b>Media Incident</b>
<b>Appendix 11</b>	<b>All Staff Memo</b>
<b>Appendix 12</b>	<b>Hourly Patient statements – MAJAX Form 7</b>

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**Appendix 1**

**MAJAX Form 1 - Switchboard Form**

Site Affected	
Type of Incident	
Location of Incident	
Time of Incident	
Time of Message	
Estimated Number of Casualties	
Does Incident Involve Children?	
Estimated Time of Arrival of Casualties	
Any Other Hospitals Activated?	
Name & Number of Caller	
Ring Caller to Verify	
Time of Stand Down	

**A&E staff to ring Switch 4444 and relay information**

**MAJAX Form 2 - Ward/Department Call-out**

**Major Incident Up To Date Call Out List**

Name	Contact Number

**All staff report to Staff Reporting Area – Admission Area Main Entrance  
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**Appendix 3**

**MAJAX Form 3 - Staff on duty Form**

**Major Incident Staff on Duty**

Ward/Department	
Name	Job Title

**Complete form and submit to  
Staff Reporting Officer – Admission Area Main Entrance**

**Appendix 4**

**MAJAX Form 4 - Staff Reporting Form**

Date:	Time of Reporting:
Staff Name:	Job Title/Directorate:
Usual Place of Work	Specialist Skills:
<b>Staff Reporting Officer to Complete</b>	
Allocated To:	Time:
Name:	Signature:

# MAJAX Form 5 - Relative Reporting Form

Date		Time	Details taken by:
Relative's Surname	Relative's forename(s)		Address
Contact number (home)		(mobile)	
<b>Looking for:</b>			
<b>Patient Details</b>			
<i>Surname</i>	<i>Date of Birth</i>		<i>Address</i>
<i>Forename(s)</i>	<i>Nickname (if any)</i>		
<i>Relationship to relative</i>	<i>Any distinguishing features</i>		
Any other details			

<b>Patient details sent through to discharge reunion area at:</b>	
Time:	
<b>Relative taken to be reunited with patient at:</b>	
Time:	
<b>Form to be taken when escorting relative to Discharge Reunion Area and signed by Officer in that area</b>	
<b>Name</b>	<b>Signature</b>

**Appendix 6**

**MAJAX Form 6 - Patient/Relative Reunion Form**

*This form is to be taken to the discharge/reunion area once completed in full*

The relative \_\_\_\_\_ (name)

reported to the relative reporting area on -----date-----time

They are looking to be reunited with the patient whose details are below.

<b>Name of Relative Reporting Officer</b>	<b>Signature</b>



--

<b>Patient Details</b>		
<i>Surname</i>	<i>Date of Birth</i>	<i>Address</i>
<i>Forename(s)</i>	<i>Nickname (if any)</i>	
<i>Relationship to relative:</i>		

***For completion by officer in charge of Discharge/Reunion area***

Above Patient arrived in discharge/reunion area at \_\_\_\_\_

**or**

A&E advised that patient transferred to \_\_\_\_\_

Relative reporting officer advised at \_\_\_\_\_

**Name** \_\_\_\_\_ **Signature** \_\_\_\_\_

## Appendix 7

# Rapid Discharge Policy

In the event of a major incident or an internal major incident occurring on any of Pennine Acute Hospitals NHS Trust sites then the Hospitals' rapid discharge policy will be activated.

The Incident coordination team will ensure that all wards/ departments have activated the policy. The coordination team will include –

- Site Director or Deputy
- Manager of the day or on call manager
- Bleep holder or night manager
- Associate Director or deputy (site base)

The Trusts coordination team will be responsible for liaison with the PCT's re discharge of patients home or to community reception areas.

A consultant, middle grade /registrar along with the Nurse in charge of each ward will together conduct a ward round and identify as many patients as possible that are deemed fit for discharge. Consideration will be given to those patients who have been assigned green using the Traffic Light scale or for those patients that are waiting for investigations.

Patients will be discharged to the inpatient discharge area as per major incident plan.

A standardised letter will be issued to the patient signed by the Divisional Director for the site stating why they have been discharged and encouraging them to contact either their GP or NHS Direct if they have any concerns.

Staff in the inpatient discharge area will arrange transportation home.

A log will be kept of the names of all patients discharged, the consultants name and name of ward discharged from. Medical records staff will then ensure that this information is updated onto the PAS system.

## Appendix 8

# Outpatient Discharge Letter

Date

Dear Patient

The staff from this hospital have been assisting in treating patients who have been involved in a Major Incident.

We understand that you have been unable to see the doctor/nurse as planned and please be assured that we will send you a new appointment in the post as soon as is practically possible.

It will not be necessary to take any further action unless you have not received a new appointment from us within the next two weeks. Should this be the case please contact us on 0161 778 5887 and we will resolve this as soon as possible.

If you have any further concerns regarding your condition please contact your General Practitioner or alternatively ring the NHS Direct Helpline on 0845 4647.

Please accept our apologies for any inconvenience caused and thank you for your patience and understanding.

Yours sincerely

On behalf of the Pennine Acute Hospitals NHS Trust

ENDS

## **Appendix 9**

# **Inpatient Discharge Letter**

Date

Dear Patient

The staff from this hospital have been assisting in treating patients who have been involved in a Major Incident.

We understand that you have been assessed and deemed fit for discharge. If you have any further concerns regarding your condition please contact your General Practitioner or alternatively ring the NHS Direct Helpline on 0845 4647.

Please accept our apologies for any inconvenience caused and thank you for your patience and understanding.

Yours sincerely

On behalf of the Pennine Acute Hospitals NHS Trust

ENDS

## Appendix 10

# Media Incident

While major incidents invariably attract substantial media coverage, and presence of reporters and camera crew at hospital sites, a 'newsworthy' angle to a more routine medical situation can also have the same effect.

Examples could include:

- A celebrity/high profile individual who is admitted for medical treatment,
- A police officer injured in an anti-terror raid,
- A person injured in an unusual way, or
- A patient who is suspected of having a very high profile condition.

These are all genuine examples of situations which have happened involving Trust hospitals. Such cases can all trigger substantial interest and, given the proliferation of media organisations, it is not unreasonable to anticipate that a hospital treating a patient with the above circumstances could easily attract more members of the media than for a 'routine' major incident.

These incidents – where the actual problems faced by the patient are actually quite routine but additional factors make the case newsworthy – can be termed 'media incidents'.

### Dealing with the incident

The potential for media incidents to disrupt the normal running of the hospital and cause inconvenience to staff and patients alike should not be underestimated. In particular, photographers/camera crew may try to gain access to the area where the patient is being treated.

As such, the Trust is committed to taking a proactive approach to managing such incidents, and ensuring that full support is offered to the patient(s) involved, particularly if they do not have much experience of the media or do not belong to an organisation with its own press office function (ie this is available to members of emergency services/political parties).

### Notification

If a patient is admitted who could lead to a media incident then the clinician in charge should notify the site director, who in turn should notify the head of communications.

### Response

**The site director and head of communications will discuss potential responses with the patient(s) or their representatives/families/press office. This will include advice on potential reactive or proactive courses of action.**

In these circumstances, details of patients may well have been leaked or put in the public domain already, denying them the normal anonymity which NHS patients take for granted. **However they retain full entitlement to their rights to confidentiality for all medical treatment, unless they decide to provide specific information to the media.**

**The Trust's position is one of advising them on potential steps, rather than deciding on those steps. The decision on appropriate action is for the patient(s) and their representatives to make.**

If a decision to take proactive action is made then it is vital to keep the patient(s) and their representatives fully informed if we are to avoid claims that "all I knew was what I heard on the radio". They need to understand what will be put there, how, and when.

ENDS



## Appendix 10

# Media Incident

Media handling mechanisms could include:

- Preparing a purely reactive statement
- Preparing a press conference (either proactively or reactively, if news of the patient is leaked to the media, or is put in the public domain by another organisation ie police announcement of an injury during a raid). Typically the press conference would include the clinician with primary responsibility for the patient's treatment, supported by the medical director.
- Pooled interviews/photography (see press officer action card for details) or host photography (ie taken by medical illustration and shared with media).
- Supply of a photograph of the patient from the family

These responses are in no way prescriptive – the approach will be determined by discussions with the patient(s) representatives or family, as applicable.

In most media incidents, a comprehensive briefing, including interviews, will satisfy most media, with follow-ups then able to be handled through written statements. Care should be taken to inform the patient/families/representatives of the timing of follow-up statements, which should typically be short condition checks issued once a day.

### Support

In the event of a media incident, the head of communications and the site director will liaise with the patient(s) representatives and the following key staff:

- **Senior clinician/service manager for area**
- Site manager – re parking for media
- Security manager – in particular re security of the patient(s) ward or area.
- Catering manager (to provide drinks/snacks for media on site)
- Education centre manager – press briefings will ideally take place in the education centres, as identified for major incidents.
- Switchboard – to ensure calls are directed to press office, or to education centre if media centre is established there.

### Additional responsibilities

During the incident, the patient(s) family may wish the Trust press office to field all media calls/inquiries/offers on their behalf. The Trust believes that media handling support for patient(s) who are not members of another agency/organisation should continue after they are discharged ie if they do not have the support of a press office. This would include advice on dealing with further approaches from the media.

ENDS

## Appendix 11

# All Staff Memo

### Memorandum

**TO:** All staff  
**FROM:** Site Director  
**DATE:**  
**SUBJECT:** Major incident plan activated at The Royal Oldham Hospital

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The Royal Oldham Hospital has activated its major incident plan (MAJAX) in response to *(Details inserted here)*.

Individual wards at The Royal Oldham site should follow the MAJAX plan and will be given specific instructions as required.

This note has been copied to all other sites in the Trust for general information.

All staff at The Royal Oldham Hospital are asked to minimise unnecessary visits or calls to the following areas, which are likely to be very busy during the major incident:

- A&E
- F7
- X-ray
- Theatres
- Intensive Therapy Unit/ High Dependency

As part of the plan, all outpatients' appointments at The Royal Oldham Hospital for today will be cancelled. In addition, all sessions at the Education centre will be cancelled. Staff are reminded that, in order to ensure accuracy of information, any media queries should be directed to the hospital's major incident media centre (in the Education Centre at the Royal Oldham Hospital) Any members of media who arrive at the site should be directed there.

In addition, **can all staff at all sites please minimise calls through switchboard unless absolutely essential** – you are reminded of the 192 directory and 'useful numbers' guide available on our intranet which lists departments, wards and consultants. To access the directory and the useful numbers guide either follow the '192' link from the homepage or use the links below:

192 service - [http://nm-serval/nat/search\\_res.asp](http://nm-serval/nat/search_res.asp)

Useful numbers list - <http://nww.pat.nhs.uk/interactive/usefulnumbers.htm>

ENDS

# MAJAX FORM 7 PATIENT STATEMENT

***Patient Statements should be sent hourly to the  
SILVER CONTROL TEAM***

Sheet \_\_\_\_\_ of \_\_\_\_\_

Date \_\_\_\_\_

Time: \_\_\_\_\_

Ward: \_\_\_\_\_

<b>MAJAX NUMBER</b>	<b>PATIENT NAME IF KNOWN</b>	<b>PATIENT INJURIES</b>	<b>COMMENTS</b>

ENDS

<b>Action Cards</b>	
<b>1</b>	Divisional Director or Deputy (Out Of Hours Bleep Holder)
<b>2</b>	Senior Duty Telephonist
<b>3</b>	Senior Nurse A&E
<b>4</b>	Associate Director (Bleep Holder Out of Hours)
<b>5</b>	Divisional Medical Director or Deputy
<b>6</b>	A&E Consultant (Out Of Hours Middle Grade Doctor)
<b>7</b>	Triage Office - A&E
<b>8</b>	On Call Manager/Manager of the Day
<b>9</b>	Out Of Hours Bleep Holder/Nurse Practitioner/Night Manager
<b>10</b>	Senior Nurse (On Duty) - All Wards
<b>11</b>	Senior Nurse (On Duty) - Theatres
<b>12</b>	Senior Nurse (On Duty) - ICU/HDU
<b>13</b>	Senior Nurse – MAU/EAU
<b>14</b>	Bed Manager
<b>15</b>	Bed Occupancy Manager
<b>16</b>	Bed Management Support Team
<b>17</b>	Senior Nurse - Outpatients
<b>18</b>	Deputy Health Records Manager
<b>19</b>	Medical Records - Clerical Staff
<b>20</b>	Consultant Orthopaedic Surgeon (On Call)
<b>21</b>	Consultant Physician
<b>22</b>	Consultant - MAU/EAU
<b>23</b>	Duty Consultant Anaesthetist
<b>24</b>	Consultant - ICU
<b>25</b>	Consultant Surgeon - Theatres
<b>26</b>	Senior Doctor - A&E (Priority Team 1 Leader)
<b>27</b>	Senior Doctor - A&E (Priority Team 2 Leader)
<b>28</b>	Senior Doctor - A&E (Priority Team 3 Leader)
<b>29</b>	Duty Consultant Radiologist
<b>30</b>	Mental Health team
<b>31</b>	Consultant Surgeon
<b>32</b>	Specialist Services

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**

<b>33</b>	Education Training and Development Manager
<b>34</b>	Middle Grades/Specialist Registrars
<b>35</b>	Senior House Officers (Foundation Year 2)
<b>36</b>	House Officers (Foundation Year 1)
<b>37</b>	Staff Reporting Officer
<b>38</b>	Receptionist - A&E
<b>39</b>	Emergency Bleep Porter
<b>40</b>	Duty Radiographer
<b>41</b>	Pharmacy Team Leader
<b>42</b>	Duty Biomedical Scientist
<b>43</b>	Consultant Haematologist/
<b>44</b>	Consultant Histopathologist
<b>45</b>	Senior Social Worker
<b>46</b>	Hospital Chaplains
<b>47</b>	Press Officer
<b>48</b>	Senior Enquires Officer
<b>49</b>	Site Facilities Manager
<b>50</b>	Linen Services Manager
<b>51</b>	Duty Security Co-ordinator
<b>52</b>	Sterile Services Manager
<b>53</b>	Catering Manager
<b>54</b>	Volunteer Co-ordinator
<b>55</b>	Duty Engineer
<b>56</b>	Patient Relative Liaison Officer
<b>57</b>	Mortuary Technician
<b>58</b>	Consultant Paediatrician
<b>59</b>	Inpatient Discharge Officer
<b>60</b>	Computer Services Manager
<b>61</b>	Porters
<b>62</b>	Discharge Reunion Officer
<b>63</b>	Senior Nurse Paediatric Ward
<b>64</b>	Gynae Consultant

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**

# 1

## Major Incident Manager

### Divisional Director or Deputy (Out of Hours Nurse Bleep Holder)

#### Actions

- ❑ Upon receipt of the Major Incident activation call, proceed to Silver Major Incident Control Room DVT area main entrance.
- ❑ Open Major Incident cupboard (clearly labelled in room).
- ❑ Set up Major Incident Control Room
- ❑ Accept receipt of and distribute MAJAX Radios as per Plan.
- ❑ Brief other members of Silver Control Team and Liaise with the Gold Control Team at Hospital Headquarters.
- ❑ Ensure all Information/decisions/Actions taken are recorded in the relevant MAJAX logbook.
- ❑ Appoint a Suitable staff member to carry out the role of:
  - Senior Nurse Outpatients
  - Staff Reporting Officer
  - Relatives Officer
  - Discharge/Reunion Officer
  - Discharge/Inpatient Officer
- ❑ Appoint Site Services Manager and Senior Enquires Officer.
- ❑ Issue 'All Staff Memo' (Appendix 11)
- ❑ Work collaboratively with other members of the Silver Control Team.
- ❑ Assist with the co-ordination of stand-down phase and return to normal.
- ❑ Attend Operational debriefing.

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**

# 2

## Senior Duty Telephonist

### Actions Standby

The **Standby** procedure is designed to warn key personnel of the possibility of a Major Incident. It is to be put into effect after a call from Ambulance Control although the standby procedure may be implemented from within the hospital if it becomes apparent to the Senior A & E Staff that a Major Incident has occurred. Calls from any other source should be confirmed with Ambulance Control.

Only a limited response from key personnel is required. Senior Duty Telephonist to contact the following people with the Incident information: -

- Nurse in Charge - A & E
- Nurse in Charge – MAU
- Duty A&E Consultant
- On Call Manager
- Out of Hours Bleep Holder
- Press Officer
- Bed Manager

### Actions Activate

On receipt of a call requiring initiation of the Major Incident Procedure the Senior Duty Telephonist will record the call on MAJAX Form 1, noting the initials of the caller. Using standard call out message as below.

*"Major Incident declared at .....(Site). - Activate plan"*

(In working hours using bleep **4444**, outside working hours through bleep **4444** and individual call in numbers)

### **Initial action is to call additional telephonists as required and Telecommunication Manager**

Call the following in order of priority:

1. Senior Nurse on duty A & E via emergency phone - **Bronze Control Team** on Site
2. A&E Consultant - **Bronze Control Team** on Site
3. Associate Medical Director - **Silver Control Team** on Site
4. Manager of the Day (On Call Manager Out of Hours) - **Silver Control Team** on Site
5. Site Director - **Silver Control Team** on Site
6. Associate Director - **Silver Control Team** on Site
7. Chief Executive - **Gold Control Team**
8. Director of Nursing - **Gold Control Team**
9. Medical Director - **Gold Control Team**

**All staff Report to Staff Reporting Area – Admissions Area Main  
Entrance**

**Access will be denied without Identification badges**

# 2

## Senior Duty Telephonist

10. Bed Manager (Out of Hours - Nurse Practitioner /Senior Nurse/ Bleep Holder)
11. Security and Porters
12. A&E/MAU Service / Nursing Manager
13. Emergency Planning Manager
14. Communications Team
15. Consultant Physician and Medical Registrar - On Call
16. Consultant Surgeon and Surgical Registrar - On Call
17. Consultant Orthopaedic Surgeon and Registrar - On Call
18. Consultant Anaesthetist and Anaesthetic Registrar - On Call
19. Consultant Gynae and Gyane Registrar - On Call
20. Theatre Staff
21. X-ray Manager (Out of Hours - On Call Radiographer)
22. Consultant Radiologist
23. Haematologist/Microbiologist/Biochemist (Out of Hours - On Call)
24. Site Facilities Manager
25. Linen Manager
26. Domestic Service Manager
27. HSDU Manager
28. Catering Manager
29. Computer Manager
30. Pharmacy Manager (Out of Hours - On Call)
31. Engineers (Out of Hours - On Call)
32. Medical Health Records / Service Manager Medical Records
33. Social Workers
34. Hospital Chaplain
35. Surgical Registrars and SHO not on duty or On Call
36. Ethnic Health Team
37. Resus Officer
38. Facial Maxillary Team (NMGH only)/ ENT Team if required see FGH Rota
39. Education Centre Manager / Post Grad NMGH – In Hours

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**

**Access will be denied without Identification badges**



# 2

## Senior Duty Telephonist

### **Actions – Chemical Incident**

On receipt of a call requiring initiation of the Chemical Incident Plan the Senior Duty Telephonist will record the call on MAJAX Form 1, noting the initials of the caller. Only a limited response from key personnel is required, Duty Telephonist to contact the following people with the Incident information: -

- A & E Consultant
- Manager of the Day / On Call Manager
- Site Director/ Director On Call
- Security
- Porters
- Health & Safety Officer
- Press Officer

**All staff Report to Staff Reporting Area – Admissions Area Main  
Entrance  
Access will be denied without Identification badges**

# 3

## Senior Nurse A&E

### *Actions*

- ❑ On being informed of a Major Incident inform all staff in the A & E department.
- ❑ Assume the role of Senior Nurse - A & E until relieved.
- ❑ Open the Major Incident Store. Ensure staff wear the relevant armbands.
- ❑ Appoint someone to collect Radio from Silver Major Incident Control Team DVT area main entrance.
- ❑ Appoint one person to institute A & E staff call-in, advising them to report to the Staff Reporting Area – Main Entrance.
- ❑ Appoint Chief Triage Officer - Senior A&E Nurse
- ❑ Assess the patient numbers and staffing levels in the department. Complete MAJAX Form 3 for staff on duty and send to Staff Reporting Officer.
- ❑ Liaise with the Duty Consultant A & E.
- ❑ Prepare reception areas.
- ❑ Organisation of staff to the reception areas.
- ❑ Monitoring of clinical stores in the reception areas.
- ❑ Arrange for existing patients in the department to be triaged as follows:
  - Minor Cases** - Advised to leave
  - Major Cases** - Admitted with Minimum documentation in conjunction with the bed manager.
- ❑ Appoint A & E Nurses to act as the Senior Nurse in the Priority 1 & 2 areas.
- ❑ Appoint A & E Nurse to act as the Senior Nurse in the Priority 3 area.
- ❑ Brief these Senior Nurses as regards staffing, equipment supply, and documentation in their areas.
- ❑ Liaise with the Chief Triage Officer and allocate additional support if required.
- ❑ Ensure hourly patient statement are faxed to the Silver Control Room
- ❑ Attend Operational debriefing

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**

# 4

## **Associate Director (Bleep Holder Out of Hours Until Relieved)**

### **Actions**

- ❑ On receipt of Major Incident activation call proceed to Silver Major Incident Control Room DVT area main entrance If out of hours proceed to staff reporting area before proceeding to silver control room
- ❑ Obtain briefing from the other members of the Silver Control Team.
- ❑ Ensure all information/decisions/actions taken are recorded in the relevant MAJAX logbook.
- ❑ Inform the Senior Nurses on Duty in the following areas:
  - All Wards & Departments – Including Mental Health Wards on site - See telephone number cards
  - Theatres
  - ITU/HDU
- ❑ Instigate call-in of other Senior Staff as per list.
- ❑ Ensure the following posts have been allocated to:
  - Senior Nurse Outpatients
  - Relatives Officer
  - Staff Reporting Officer
  - Discharge/Reunion Officer
  - Discharge/Inpatient Officer
  - Senior Enquiries Officer
- ❑ Co-ordinate nursing allocation to relevant areas in conjunction with Senior Officer.
- ❑ Assess if the following clinical areas are ready by phoning:
  - A/E
  - MAJAX Admission Ward- F7
  - ICU/HDU
  - Theatres
- ❑ Establish any immediate requirements for additional sterile and non-sterile supplies and laundry.
- ❑ Assist with stand-down phase and return to normal.
- ❑ Attend Operational debriefing.

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**

# 5

## **Medical Officer in Charge** **Divisional Medical Director or Deputy** **(Base Division/Other Divisions)**

### **Actions**

- ❑ On receipt of Major Incident activation call proceed to the Silver Major Incident Control Room. If out of hours proceed to staff reporting area before proceeding to silver control room
- ❑ Ensure the A&E Medical Officer, Associate Director, Divisional Director and On Call Manager have arrived, if not appoint suitable personnel to assume these roles until relieved.
- ❑ Obtain full briefing from A&E Medical Officer in Charge.
- ❑ Ensure all information/decisions/actions taken are documented in the relevant MAJAX log book.
- ❑ Obtain initial reports regarding staffing and hospital activity.
- ❑ Appoint suitable Consultants as:
  - Orthopaedic Team Leader
  - Surgical Team Leader
  - Medical Team Leader
  - Admission Team Leader
  - Radiology Team Leader
- ❑ Co-ordination of relevant treatment teams as required
- ❑ Co-ordination of Consultant Staff as they arrive.
- ❑ Liaise and brief Gold Control Team at Hospital Headquarters regarding the situation.
- ❑ Liaise with Press Officer regarding media activity and identify spokesperson if required for press conference.
- ❑ Control the stand-down phase and return to normal.
- ❑ If children are involved in the Incident inform Paediatric Consultant and request paediatric wards commence their call- out cascade, and implement the **Special Emergency Procedure for Incidents Involving Large Numbers of Children**.

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**

# 6

## **A&E Medical Officer in Charge** **A & E Duty Consultant** **(Out of Hours Middle Grade Doctor Until Relieved)**

### **Actions**

- On being informed of a Major Incident liaise with the Senior Nurse A & E and then proceed to the A & E Department. If Out of Hours, report to the Staff Reporting Area – Admissions Area Main Entrance
- Assume the role of A & E Medical Officer In Charge
- Organise Medical Staffing in the Reception Areas.
- Liaise with the Hospital Medical Officer In Charge.
- Appoint suitable Doctors as:-
  - Priority 1 Team Leader - Resus
  - Priority 2 Team Leader - Majors
  - Priority 3 Team Leader - Minors
- Attend Operational debriefing.

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**

# 7

## Triage Officer

### A & E Nurse

#### Actions

- Working alongside the A&E Medical Officer in Charge.
- Triage Major Incident patients as follows:
  - Priority 1 (RED)** In need of immediate intervention - **Resus**
  - Priority 2 (YELLOW)** In need of admission and early intervention - **Majors**
  - Priority 3 (GREEN)** Can wait for treatment, usually "walking wounded" - **Minors**
- Continue to assess the situation and establish a further priority, if necessary.
- Liaise with the Senior Nurse - A & E regarding Senior Nurse staffing and supplies in the Reception Areas.
- Liaise with the Duty Receptionist A & E regarding documentation in the Reception Areas.
- Constantly monitor the triage, treatment, staffing, documentation, and supplies in the Reception Areas.
- Attend Operational debriefing.

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**

# 8

## Manager of the Day (On-Call Manager)

### Actions

- On receipt of the Major Incident activation call report to the Silver Major Incident Control Room DVT area main entrance  
If Out of Hours, report to the Staff Reporting Area – Admission Area main entrance and proceed to silver control room
- Obtain briefing from other Silver Control Team members.
- Ensure all information/decisions/actions taken are recorded in the relevant MAJAX log book.
- Liaise with:
  - A/E
  - Admission Ward F7
  - Bed Manager
  - Site Facilities Manager
  - Security
  - Catering Manager
  - Laundry Manager
  - Deputy Health Records Manager.
  - HSDU
- Work collaboratively with other members of the Silver Control Team.
- Assist in the stand-down phase and return to normal.
- Attend Operational debriefing.

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**

# 9

## Out of Hours Bleep Holders/Nurse Practitioner/Night Manager

### Actions

- ❑ On receipt of the Major Incident activation call bleep **4444** or a direct call from Switchboard. Proceed to the Silver major incident control room DVT area main entrance
- ❑ Open major incident cupboard
- ❑ Prepare Silver Major Incident Control Room.
- ❑ Ensure all information/decisions/actions taken are recorded in the relevant MAJAX log book.
- ❑ Ensure all information/decisions/actions taken are recorded in the relevant MAJAX log book.
- ❑ Contact and Inform the Senior Nurses on Duty in the following areas:
  - A/E department
  - All Wards & Departments - See telephone number cards
  - Theatres
  - ITU/ HDU
- ❑ Appoint Suitable Nurses to carry out the role of:-
  - Senior Nurse Outpatients
  - Staff Reporting Officer
  - Relatives Officer
  - Discharge/Reunion Officer
  - Discharge/Inpatient Officer
  - Senior enquiries Officer
- ❑ Assume overall control of the Silver Control Team until relieved by other Control Team members.
- ❑ Provide accurate briefing to Silver Control Team members on their arrival.

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**



# 10

## **Senior Nurse - All Wards (Except Paediatrics) Senior Nurse on Duty - All Wards**

### **Actions**

- ❑ On being informed of a Major Incident inform staff on ward.
- ❑ Appoint one person to institute staff call-in asking them to report to the Staff Reporting Area – Admissions Main entrance
- ❑ Ensure MAJAX Form 3 is completed and taken to the Staff Reporting Officer.
- ❑ Assume the role of Senior Nurse for your ward until relieved.
- ❑ Along with a Senior Doctor identify patients that can be discharged.
- ❑ Co-ordinate the transfer of discharged patients to the inpatient discharge area - Medical Admissions OPD.
- ❑ Inform the Bed Manager regarding bed capacity and number of discharges.
- ❑ Prepare Ward for further admissions.
- ❑ Ensure all patients discharged and admitted are entered on to the Patient Administration System (PAS).
- ❑ Keep written documentation of patients discharged to the inpatient discharge area.
- ❑ Inform the Silver Control Team of any issues or requirements.
- ❑ Ensure all staff attend Operational debriefing.

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance  
Access will be denied without Identification badges**

# 11

## Senior Nurse (On Duty) Theatres

### Actions

- ❑ On being informed of a Major Incident inform all staff in theatres.  
If Out of Hours, report to the Staff Reporting Area – Admissions Main entrance
- ❑ Appoint one person to institute theatre staff call-in asking them to report to the Staff Reporting Area – Admissions Main Entrance
- ❑ Ensure MAJAX Form 3 is completed and taken to the Staff Reporting Officer.
- ❑ Ascertain current activity and liaise with Consultant Anaesthetics/Senior Surgeon regarding predicted theatre availability.
- ❑ Preparation of Theatres for Major Incident Patients.
- ❑ Control of staffing provision for Operating Teams.
- ❑ Monitoring of Theatre stores.
- ❑ Provision of hourly patient statements (MAJAX Form 7) to the Hospital Medical Officer In Charge.
- ❑ Liaise with the Senior Surgeon - Theatres regarding the priorities of non Major Incident patients booked for Theatre.
- ❑ Report by phone to the MAJAX Incident (Silver) Control room once the predicted Theatre availability is known.
- ❑ Ensure all staff attend Operational debriefing.

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**

# 12

## Senior Nurse (On Duty) ITU/HDU

### Actions

- ❑ On being informed of a Major Incident inform all staff in ITU/HDU.
- ❑ Appoint one person to institute ITU/HDU call-in and advise them to report to the Staff Reporting Area – Admissions Main entrance
- ❑ Ensure MAJAX Form 3 is completed and taken to the Staff Reporting Officer.
- ❑ Preparation of ITU/HDU for admission of Major Incident patients.
- ❑ Co-ordinate and Control of ITU/HDU nursing.
- ❑ Monitoring of ITU/HDU stores.
- ❑ Provision of hourly patient statements (MAJAX Form 7) to the Hospital Medical Officer in Charge.
- ❑ Assess ITU/HDU bed availability and ICBIS status.
- ❑ Liaise with the Consultant ITU/HDU and Bed Manager regarding the possibility of transferring current patients and predicted ITU/HDU bed availability.
- ❑ Report by phone to the bed manager once the predicted ITU/HDU bed availability is known.
- ❑ Ensure all staff attend Operational debriefing.

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**

# 13

## Senior Nurse MAU/EAU

### Actions

- ❑ On being informed of a Major Incident inform all staff distribute armbands and institute staff call-in asking them to report to the Staff Reporting Area – Admissions Main entrance
- ❑ Ensure MAJAX Form 3 is completed and taken to the Staff Reporting Officer.
- ❑ Appoint person to collect MAJAX Radio from the Silver Major Incident Control Room DVT area main entrance
- ❑ Along with the Senior Physician/Surgeon assess and discharge/transfer all existing patients.
- ❑ Inform the Bed Manager of number of beds required for transfer of existing patients.
- ❑ Ensure Ward is prepared for Major Incident patients requiring admission.
- ❑ Inform Bed Manager when ward is ready to accept Major Incident patients.
- ❑ Provision of hourly patient statements (MAJAX Form 7) to the Silver Major Incident Control Team.
- ❑ Ensure all patients discharged and admitted are entered on to the Patient Administration System.
- ❑ Keep written documentation of patients discharged to the inpatient discharge area
- ❑ Inform the Silver Control Team of any issues or requirements.
- ❑ Ensure all staff attend Operational debriefing.

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**

# 14

## Bed Manager

### **If Out of Hours - Nurse Practitioner, Bleep Holders or Night Management Team:**

Contact Bed Management Support Team on 0161 627 8473 to arrange bed management cover.

On activate collect MAJAX Radio from the Silver Major Incident Control Room-DVT area main entrance.

#### MAJAX Stand-by

On notification of a Major Incident Stand-by:

- ❑ Notify Bed Occupancy Manager.
- ❑ Notify Bed Management Support Team.
- ❑ Establish site bed capacity and inform status to Bed Management Support Team.
- ❑ Liaise with A & E Department and Manager On-Call.

#### MAJAX Activation

On notification of a Major Incident Activation:

- ❑ Contact Bed Management Support Team.
- ❑ Contact Bed Occupancy Manager.
- ❑ Establish bed capacity.
- ❑ Contact A & E for existing patients that require hospital beds and co-ordinate their immediate admission.
- ❑ Identify numbers of potential discharges and inform Silver Hospital Major Incident Control Team and the Bed Management Support Team.
- ❑ Maintain communication and report any issues to the Silver Hospital Major Incident Control Team regarding bed availability.
- ❑ Ensure all communication is documented in the Major Incident Log Book.
- ❑ Attend Operational debriefing

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**

# 15

## Bed Occupancy Manager

### **Standby**

On notification of a Major Incident Standby:

- Liaise with and provide support to Bed Manager on relevant site.
- Establish the whole Trusts capacity from the Bed Management Support Team.
- Inform Operational Capacity Manager.

### **Activate**

On notification of a Major Incident Activate:

- Inform Operational Capacity Manager.
- Ensure adequate Bed Management cover for activated site.
- Inform Bed Managers on the other sites.
- Collect the remaining sites bed capacity information from the Bed Management Support Team.
- Establish bed capacity of neighbouring Trusts via the Bed Management Support Team.
- Provide up to date bed capacity information to the Gold Control Team at Trust Headquarters.
- Ensure adequate bed management cover is available to continue with the Trust's return to normal function.
- Attend Operational debriefing.

**All staff Report to Staff Reporting Area – Admissions Area Main  
Entrance  
Access will be denied without Identification badges**

# 16

## Bed Management Support Team

### **Standby**

On notification of a Major Incident Standby:

- Establish bed capacity on all four sites.
- Establish bed capacity of all neighbouring Trusts.

### **Activate**

On notification of a Major Incident Activate:

- Call in other members of Bed Management Support Team.
- Contact a Bed Manager that can attend the affected site.
- Establish bed capacity on all four sites.
- Establish bed capacity of neighbouring Trusts.
- Relay all relevant information to the Bed Occupancy Manager.
- Keep up to date information of all bed capacity.
- Ensure all communication is documented in The Major Incident Log Book.
- Attend Operational debriefing.

**All staff Report to Staff Reporting Area – Admissions Area Main  
Entrance  
Access will be denied without Identification badges**

# 17

## Senior Nurse - Outpatients

### Actions

#### **Out of Hours**

- Report to Staff Reporting Area – Main entrance

#### **In working hours**

- Alert all staff in Outpatients department.
- Evacuate all of the departments with priority to Medical Admissions OPD, Orthopaedic and gynae suites
- Existing outpatients and their relatives to be relocated to the café royal. Appoint suitable staff to facilitate this.
- Prepare all relevant areas/suites with priority to Medical Admissions OPD, Orthopaedic and gynae suites
- Ensure whole area is prepared.
- Allocate staff to appropriate tasks and duties.
- Health Records Reception staff to ensure all patients who were not seen at appointment are listed, provided with standardised letter (Appendix 8) , and this information is returned to the Health Records department for rescheduling of appointment.
- Inform Silver Control Team of any transport requirements for existing outpatients who arrived by Patient transport Services (PTS).
- Report any issues and maintain communication with Silver Control Team.
- Attend Operational debriefing.

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**



# 18

## Site Health Records Manager

### Actions

#### **Out of hours**

- Report to Staff Reporting Area- Admissions Main Entrance

#### **In working hours**

- Alert all staff to Major Incident.
- Assist with the evacuation of the whole of the OPD
- Allocate member of staff to Admissions main Entrance to assist the Staff Reporting Officer.
- Assist with re location of existing patients and relatives from Outpatients department to the café royal
- Ensure that all Clinic lists are taken to the main waiting area main entrance
- Ensure all case notes from Reception are returned to the Health Records department.
- Allocate appropriate staff to tasks and duties.
- Ensure case notes on Reception are taken back to Health Records department.
- Supervise Medical Records clerical staff.
- Report any issues to Silver Control Team.
- Attend Operational debriefing.

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**

# 19

## Health Records Clerical Staff

### Actions

#### **Out of hours**

- Report to Staff Reporting Area – Main entrance

#### **In working hours**

- Ensure all case notes for patients who have not been seen are returned to Health Records and kept separately.
- Take Clinic lists to the main waiting area main entrance and assist with further management of patients.
- Ensure each patient receives the standardised Major Incident Discharge Letter (Appendix 8).
- Assist in the café royal by establishing which patients need to be re-appointed and make a note on Clinic list.
- Report any health issue to the Senior Health Records Manager.
- Attend Operational debriefing.

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**

# 20

## **Surgical Team Leaders** **Consultant Orthopaedic Surgeon On-Call** **Consultant Surgeon**

### **Actions**

- ❑ On being informed of a Major Incident proceed immediately to the A&E department. If called in report to Staff Reporting Area Admissions main entrance
- ❑ If unable to attend nominate a suitably senior surgeon to deputise for you.
- ❑ Liaise with the A&E Medical Officer in Charge and senior nurse A/E.
- ❑ Ensure surgical patients on HDU are reviewed
- ❑ Report any issues/problems to the Silver Control Team
- ❑ Setting priorities for treatment and surgery for surgical patients in each Priority area.
- ❑ Ensure activation of Rapid Discharge Policy (Appendix 7) on all Surgical Wards.
- ❑ Liaise with the Medical Team Leaders regarding the medical aspects of patient priorities.
- ❑ Advise Patient Treatment Teams on management, in conjunction with the Medical Team Leader.
- ❑ Appoint and liaise with Senior Surgeon – Admissions ward and Senior Surgeon – Theatres regarding the demand and availability of Theatres.
- ❑ Liaise with the Duty Consultant Anaesthetist regarding anaesthetic provision for surgery.
- ❑ Liaise with Specialist Surgeons as required.
- ❑ Attend Operational debriefing.

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**

# 21

## Medical Team Leader

### Consultant Physician

**If Out of Hours and not on site, report to the Staff Reporting Area –  
Admissions main entrance**

#### Actions

- ❑ On being informed of Major Incident proceed immediately to the A & E department.
- ❑ Liaise with the A&E Medical Officer In Charge and the Triage Officer.
- ❑ Set priorities for treatment and admission of non-surgical patients.
- ❑ Ensure activation of Rapid Discharge Policy (Appendix 7) on all Medical Wards.
- ❑ Ensure medical patients on HDU are reviewed
- ❑ Liaise with the Surgical Team Leader on the medical aspects of patient's priorities.
- ❑ Advise Patient Treatment Teams on management in conjunction with the Surgical Team Leader.
- ❑ Assess patients for suitability for ITU/HDU admission and liaise with Consultant Anaesthetist.
- ❑ Attend Operational debriefing.

#### Out of Hours

Ask switchboard to contact other medical consultants if necessary

Appoint senior medical doctor to attend EAU/MAU to act as EAU/ MAU Team leader see action card 22

Appoint senior medical doctors to attend medical wards and assess potential patients for rapid discharge

Proceed to A/E and assume the role of medical team leader

**All staff Report to Staff Reporting Area – Admissions Area Main  
Entrance  
Access will be denied without Identification badges**

# 22

## **MAU/EAU Team Leader**

### **MAU/EAU Consultant**

If Out of Hours and not on site, report to the Staff Reporting Area –Admissions main entrance.

#### **Actions**

- ❑ On being informed of a Major Incident proceed immediately to MAU/EAU.
- ❑ Make a quick assessment of the bed situation in MAU/EAU and the possibility of transferring patients.
- ❑ Liaise with A&E Medical Officer, Surgical Team Leader and Medical Team Leader.
- ❑ Attend Operational debriefing.

#### **Out of Hours**

See Action card 21 consultant physician

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**

# 23

## **Anaesthetic Team Leader**

### **Duty Consultant Anaesthetist**

If Out of Hours and not on site, report to the Staff Reporting Area –Admissions main entrance

#### **Actions**

- ❑ On being informed of a Major Incident proceed immediately to main Theatres
- ❑ Liaise with the theatre manager to free theatres and recovery.
- ❑ Ensure that the anaesthetic call out has been instituted
- ❑ Liaise with ITU, A&E, and medical and surgical team leaders
- ❑ Co-ordinate the provision of anaesthetic services.
- ❑ Liaise with the Hospital Medical Officer in Charge.
- ❑ Attend Operational debriefing.

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**

# 24

## Consultant ITU

If Out of Hours and not on site, report to the Staff Reporting Area – Admissions main entrance

### **Actions**

- ❑ Proceed to the ITU.
- ❑ Liaise with the Anaesthetic Team Leader about immediate need for ITU beds.
- ❑ Liaise with the Senior Nurse - ITU regarding adequate 24 hour staffing requirements.
- ❑ Preparation of the ITU to receive critically ill patients.
- ❑ Institute Call in for further ITU consultants if necessary
  
- ❑ Liaison with the Surgical Team Leader and Medical Team Leader regarding patients for ITU admission.
- ❑ Supervision of treatment of patients admitted to ITU.
- ❑ Attend Operational debriefing.

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**

# 25

## Consultant Surgeon – Theatres

If Out of Hours and not on site, report to the Staff Reporting Area –Admissions main entrance

### **Actions**

- ❑ On being informed of a Major Incident proceed to the designated Operating Theatre.
- ❑ Make a quick assessment of Theatre usage in conjunction with Senior Nurse - Theatres
- ❑ Liaise with the Surgical Team Leader.
- ❑ Preparation of Theatres for Major Incident patients.
- ❑ Co-ordinate the formation of Operating Teams.

Each team will consist of:

Surgeons  
Anaesthetists  
Nurses / ODAs

**On no account remove the identifying bracelet with the Major Incident Patient Number from any Patient**

- ❑ Supervision of Theatre usage by Operating Teams.
- ❑ Allocation of priorities to non-Major Incident cases.
- ❑ Continue to report to the Surgical Team Leader regarding Theatre availability, until relieved.
- ❑ Report any issues to the Silver Hospital Major Incident Control Team
- ❑ Attend Operational debriefing.

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**



# 26

## Priority 1 – Team Leader

### Senior Doctor A&E

#### Actions

- ❑ On being informed of a Major Incident proceed to the A & E department.  
If Out of Hours, report to the Staff Reporting Area – Admissions main entrance
- ❑ Liaise with the senior nurse A/E /A & E Medical Officer In Charge.
- ❑ Establish Priority 1 Teams and proceed to the **RESUS** area.
- ❑ Attend Operational debriefing.

*Priority 1 Teams – Need to Include: -*

Team Leader -	Consultant/Middle Grade/Registrar
Doctor-	SHO
Nurse -	RGN

**All staff Report to Staff Reporting Area – Admissions Area Main  
Entrance  
Access will be denied without Identification badges**

# 27

## Priority 2 – Team Leader

### Senior Doctor A&E

#### Actions

- ❑ On being informed of a Major Incident proceed to the A & E department.  
If Out of Hours, report to the Staff Reporting Area – Admissions main entrance
- ❑ Liaise with the senior nurse A/E /A & E Medical Officer In Charge.
- ❑ Establish Priority 2 Teams and proceed to the **MAJOR** area.
- ❑ Attend Operational debriefing.

#### *Priority 2 Teams – Need to Include: -*

Team Leader-	Consultant/Middle Grade/Registrar
Doctor-	SHO
Nurse-	RGN

**All staff Report to Staff Reporting Area – Admissions Area Main  
Entrance  
Access will be denied without Identification badges**

# 28

## Priority 3 – Team Leader

### Actions

- ❑ On being informed of a Major Incident proceed to the A & E department.  
If Out of Hours, report to the Staff Reporting Area – Admissions main entrance
- ❑ Liaise with the senior nurse A/E /A & E Medical Officer In Charge.
- ❑ Establish Priority 3 Teams and proceed to the **MINOR** area.
- ❑ Attend Operational debriefing.

### *Priority 3 Teams – Need to Include:-*

Team Leader-	Consultant/Middle Grade/Registrar
Doctor-	SHO
Nurse-	RGN

**All staff Report to Staff Reporting Area – Admissions Area Main  
Entrance  
Access will be denied without Identification badges**

# 29

## **Radiology Team Leader Duty Consultant Radiologist**

### **Actions**

- ❑ On being informed of a major incident proceed to radiology department if out of hours report to staff reporting officer
- ❑ Liaise with the Senior Radiographer with regard to staffing within the department.
- ❑ On being informed of a major incident if out of hours report to staff reporting officer and proceed to radiology department
- ❑ Co-ordination of the provision of radiological services.
- ❑ Ensure "hot" reporting of all X-Rays to the requesting member of staff.
- ❑ Liaise with the Medical Officer in Charge with regard to the likely nature and duration of the hospital response.
- ❑ Consider the need to call in other consultant radiologists as required
- ❑ Attend Operational debriefing.

**All staff Report to Staff Reporting Area – Admissions Area Main  
Entrance  
Access will be denied without Identification badges**

# 30

## Mental Health Team

- ❑ On being informed of a Major Incident proceed to the Staff Reporting Area Admissions main entrance
- ❑ Liaise with the Staff reporting officer regarding the need for support to existing in-patients, majax patients and relatives
- ❑ Supervision of psychological support
- ❑ Co-ordinate counselling if required.
- ❑ Attend Operational debriefing.

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**

# 31

## Consultant Surgeon

### **Actions**

- ❑ On appointment proceed to the Admission Ward. If Out of Hours, report to the Staff Reporting Area – Admissions main entrance
- ❑ Supervise the treatment of patients. Inform the Medical Officer in Charge if further staff are required.
- ❑ Continually reassess the priorities of patients for surgery.
- ❑ Continue to report to the Surgical Team Leader regarding surgical priorities, until relieved.
- ❑ Attend Operational debriefing.

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**

# 32

## Specialist Services

### Actions

- If On-Duty proceed to the Staff Reporting Area – Admissions main entrance.
- If called to attend Hospital, report to Staff Reporting Area – Admissions main entrance
  
- Provide specialist surgical input to Operating Teams.
- Advising the Surgical Leader on specialist surgical matters.
- Attend Operational debriefing.

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**

# 33

## Education Training and Development Manager

In the event of a Major Incident the Education centre will be the media area

### **Actions**

#### **In Hours**

- ❑ Inform all staff in the Education Centre of Major Incident.
- ❑ Cancel all on-going training sessions.
- ❑ Evacuate the Education Centre
- ❑ Assist the Media Officer with preparation of the Media Centre.
- ❑ Any staff not involved in preparation of the Media Centre to report to the Staff Reporting Area – Admissions main entrance

#### **Out of Hours**

- ❑ Report to Staff Reporting Area – Admissions main entrance
- ❑ In the event of the Incident escalating into working hours, consider contacting other Education Centre staff and the cancellation of training sessions.

**All staff Report to Staff Reporting Area – Admissions Area Main  
Entrance  
Access will be denied without Identification badges**



# 34

## Middle Grades/Specialist Registrars

### Actions

- ❑ Once informed of a Major Incident, stay in your normal place of work until otherwise instructed.
- ❑ If Out of Hours or off-site, report to Staff Reporting Area – admissions main entrance.
- ❑ Await further instructions.
- ❑ Attend Operational debriefing.

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**

# 35

## Senior House Officers (Foundation Year 2)

### Actions

- ❑ Once informed of a Major Incident, stay in your normal place of work until otherwise instructed.
- ❑ If Out of Hours or off-site, report to Staff Reporting Area – Admissions main entrance
- ❑ Await further instructions.
- ❑ Attend Operational debriefing.

**All staff Report to Staff Reporting Area – Admissions Area Main  
Entrance  
Access will be denied without Identification badges**

# 36

## House Officers (Foundation Year 1)

### Actions

- ❑ Do not become involved in the response unless specifically requested by the Silver Hospital Major Incident Control Team.
- ❑ If On-Duty, proceed immediately to the Wards that you have responsibility for, and liaise with the Senior Nurses On-Duty in those Wards.
- ❑ Compile an up to date list of current inpatients and their diagnoses, and assess the possibility that they could be discharged or transferred if necessary.
- ❑ Continue to provide normal care to current inpatients.
- ❑ If specifically requested by the Hospital Medical Officer in Charge, assist in the Major Incident Response.
- ❑ Attend an Operational debriefing.

**All staff Report to Staff Reporting Area – Admissions Area Main  
Entrance  
Access will be denied without Identification badges**

# 37

## Staff Reporting Officer

### Actions

- ❑ On appointment liaise with Silver Control Team.
- ❑ Collect MAJAX Radio from the Silver Major Incident Control Room DVT area main entrance.
- ❑ Ensure that relevant MAJAX forms have been filled in by all staff reporting to this Area and existing Ward staff On-Duty.
- ❑ Allocate appropriate staff to areas as instructed by the Silver Hospital Major Incident Control Team.
- ❑ Control and co-ordination of medical, nursing staff and administration staff to appropriate areas.
- ❑ Attend Operational debriefing.

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**

# 38

## Receptionist - A & E

### Actions

- ❑ On being informed of a Major Incident obtain the Major Incident documentation packs from the Major Incident Store.
- ❑ Ensure the A & E reception staff call-in has been initiated.
- ❑ Ensure MAJAX Form 3 is completed and taken to the Staff Reporting Officer – Admissions main entrance
- ❑ Documentation of Major Incident patients.
- ❑ Collation of information identifying unknown Major Incident patients liaising with the Police Documentation Team.
- ❑ Collation of information on location of Major Incident patients.
- ❑ Fax all up to date information regarding Major Incident patients to the Silver Hospital Major Incident Control Team on an hourly basis.
- ❑ Maintenance of normal hospital admissions service.
- ❑ Ensure that there are clerks in all Priority areas within A & E department.
- ❑ Update the Patient State Board hourly with information from the patient Statements sent from key areas.
- ❑ Liaise with the Police Documentation Team.
- ❑ Attend Operational debriefing.

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**

# 39

## Senior Porter

Emergency Bleep Porter

### Actions

- ❑ On being informed of a Major Incident inform all other Porters on duty.
- ❑ Delegate one Porter to institute the Porter call in
- ❑ Ensure MAJAX Form 3 is completed and taken to the Staff Reporting Officer Admissions main entrance.
- ❑ Control of Portering throughout the Incident.
- ❑ Provision of Porters to the Reception areas in A & E for rapid admission of existing patients.
- ❑ Provision of Porters to the Admission Ward for movement of existing patients.
- ❑ Provision of Porters to Admission Ward and Theatres once surgery begins.
- ❑ Sorting of requests for Porters from non-Major Incident sources into priority.
- ❑ Liaise with the Senior Nurse - A & E regarding immediate requirement for Porters
- ❑ Liaise with the Senior Nurse Admissions ward regarding immediate requirement for Porters.
- ❑ Institute a shift system to ensure 24-hour cover.
- ❑ Attend Operational debriefing.

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**

# 40

## Duty Radiographer

### Actions

- ❑ On being informed of a Major Incident stay in the X-ray department
- ❑ If Out of Hours, report to the Staff Reporting Area – Admissions main entrance
- ❑ Contact radiology manager or superintendent and inform them of the Major Incident
- ❑ Institute staff call-in asking them to report to the Staff Reporting Area - Admission main entrance
- ❑ Ensure MAJAX Form 3 is completed and taken to the Staff Reporting Officer.
- ❑ Clear department of all non-urgent patients.
- ❑ Allocate Radiographic staff to each area.
- ❑ Provision and maintenance of X-Ray equipment.
- ❑ Liaise with the Radiology manager regarding the likely nature and duration of the hospital response.
- ❑ Attend Operational debriefing.

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**

# 41

## Pharmacy Team Leader

### Actions

On being informed of a Major Incident proceed to the Pharmacy department.

- ❑ If Out of Hours, report to the Staff Reporting Area – Admission main entrance
- ❑ Implement the departmental call-in list asking staff to report to the Staff Reporting Area – Admissions main entrance
- ❑ Ensure MAJAX Form 3 is completed and taken to the Staff reporting officer.
- ❑ Liaise with the Senior Nurses A & E, Admissions Ward, ITU, Theatres and Inpatient Discharge Area to identify their immediate requirements.
- ❑ Provision of pharmaceuticals to key areas.
- ❑ Provision of a pharmacy service discharged Major Incident patients.
- ❑ Provision of Hospital Pharmacy service.
- ❑ Liaison with suppliers for emergency stock.
- ❑ Consider the need to institute a 24-hour rota for Pharmacy staff.
- ❑ Attend Operational debriefing.

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**



# 42

## Duty Biomedical Scientist

### **Actions**

- ❑ Inform the Senior Biomedical Scientist.
- ❑ Institute the Pathology department call-in list.
- ❑ On being informed of a Major Incident inform the Regional Blood centre and keep them updated as to requirements.
- ❑ Allocate Laboratory teams.
- ❑ Discuss the need for emergency blood donation with the Regional Blood Centre.
- ❑ Liaise with the Duty Manager regarding collection of urgent blood products from Regional Blood Centre, if additional transport is required.
- ❑ Liaise with the Consultant Haematologist when they arrive.
- ❑ Attend Operational debriefing.

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**

# 43

## Consultant Haematologist/Biochemist

### Actions

- ❑ On being informed of a Major Incident proceed to the Pathology department.
- ❑ Report to the Biomedical Scientist on duty for a preliminary briefing.
- ❑ Liaise with Medical Director regarding the likely nature and duration of the hospital response.
- ❑ Ensure Haematology/Blood Transfusion services are established and maintained.
- ❑ Ensure results are available and communicated to clinical areas as soon as possible.
- ❑ Institutions of a shift system to provide an enhanced 24-hour Haematology cover if required.
- ❑ Liaise with Consultant Pathologist and Consultant Biochemist.
- ❑ Attend Operational debriefing.

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**

# 44

## Consultant Histopathologist

### Actions

- ❑ On being informed of a Major Incident proceed to the Pathology department.
- ❑ Ensure Histopathology services are established.
- ❑ Liaise with the Mortuary to ensure that arrangements for dealing with the Major Incident deaths are established.
- ❑ Liaise with Coroner's Officer once Major Incident deaths are in the Mortuary, to establish current protocols.
- ❑ Maintenance of Histopathology services.
- ❑ Establish and co-ordinate an Incident Mortuary if requested by the Police/Coroner.
- ❑ Liaise with the Coroner, Forensic Pathologists and the Police Mortuary Documentation Teams.
- ❑ Attend Operational debriefing.

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**

# 45

## Senior Social Worker

### Actions

- ❑ On being informed of a Major Incident proceed to the Social Work department. If Out of Hours, report to the Staff Reporting Area – Admissions main entrance
- ❑ Institute the Social Workers call-in.
- ❑ Liaise with the Bed Manager to ascertain the patients requiring immediate Social Work help.
- ❑ Provide immediate Social Work support for existing patients requiring discharge.
- ❑ If indicated set up a 24 hour rota to provide the necessary level of Social Work cover.
- ❑ Social Work support to Major Incident Patients/relatives.
- ❑ Social Work support and counselling to bereaved relatives if necessary.
- ❑ Attend Operational debriefing.

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**

# 46

## Hospital Chaplains

### Actions

On being informed of a Major Incident proceed to the Staff Reporting Area – Admissions main entrance

- Institute the Hospital Chaplains call-in.
- Co-ordinate the provision of the spiritual needs of patients, relatives and staff as indicated.
- Co-ordination of the provision of Chaplain Services to relatives of Major Incident patients/relatives and bereaved relatives.
- Co-ordination of the provision of Chaplain Services to staff during the Incident and at the debriefing thereafter, and as indicated.

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**

# 47

## Press Officer

### *Actions*

- ❑ On being appointed liaise with the Hospital Medical Officer In Charge and the Major Incident Manager regarding an initial Press Release.
- ❑ Proceed to the Press Area in the Education Centre. Take the Press Office support box.
- ❑ Plug phones into the sockets marked 71424/71425 Contact the switchboard to confirm that media queries can now be put through to 0161 656 1424 and that NHS/internal calls for the Press Officer can be put through to 71425
- ❑ Liaise with any members of the Press Corps already present.
- ❑ Liaise with the Senior Security Officer regarding security arrangements for control of the Press if required and security arrangements.
- ❑ Arranging for Press Releases and regular Press briefings in line with guidance notes.
- ❑ Contact Police Press Office on 0161 856 2220 (Out of Hours - 0161 872 5050) and pass on your details/basic information. Contact SHA Communications Manager and discuss any potential requirements for additional Press Officers.
- ❑ Prepare first media statement following protocol in Press Office support box, using template marked "First Statement" – also on disc. Protocol requires approval of Hospital Medical Officer In Charge, Major Incident Manager and Police Press Officer.
- ❑ Sign-in members of the Media as they arrive, using registration form in Press Officer support box and issue Media guidance notes.

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**

- Obtain hourly update from Silver Hospital Major Incident Control Team in line with the information guidance for Press Officer and put brief points on whiteboard. Additional media statements to be issued as required following protocol in Press Officer support box and using "second statement" template also on the disc.
  
- Arrange Press briefings including interview with senior clinicians/patients representatives as agreed with Silver Hospital Major Incident Control Team and in liaison with other agencies particularly the Police
  
- When incident is closed, issue media statement of hospital "Stand Down" and return to normal media handling operations, template marked "Stand Down" also available on disc.

**All staff Report to Staff Reporting Area – Admissions Area Main  
Entrance  
Access will be denied without Identification badges**

# 48

## Senior Enquiries Officer

### Actions

- ❑ On being appointed proceed to the Heath Desk main entrance.
- ❑ Co-ordinate the setting up of the Hospital Enquiry point.
- ❑ Liaise with the Senior Nurse Outpatients and the Duty Security Officer regarding security of the site
- ❑ Control and Staffing of the Hospital Enquiry Point.
- ❑ Redirection of all relatives and called-in staff to the appropriate area.
- ❑ Report any issues to the Silver Hospital Major Incident Control Team.
- ❑ Institute a shift system to provide 24 hour staffing at the required level.
- ❑ Attend Operational debriefing.

**All staff Report to Staff Reporting Area – Admissions Area Main  
Entrance  
Access will be denied without Identification badges**



# 49

## Site Facilities Manager

### Actions

- On appointment by the Major Incident Manager obtain information regarding action already taken.
- Ensure that the following posts are filled:
  - Senior Porter/Transport Officer
  - Domestic Services Manager
  - Linen Service Manager
  - Catering Manager
  - Security/Car-park/Traffic Manager
  - Off site Transport Manager
  - Off site Linen Services Manager
  - Off site HSDU Manager

If not, appoint suitably senior members of staff as necessary until Key Personnel arrive. Ensure that they are aware of their tasks.

- Continually liaise with the following Key Personnel:
  - Senior Porter/Transport Officer
  - Domestic Services Manager
  - Linen Service Manager
  - Catering Manager
  - Security/Car-park/Traffic Manager
  - Off site Transport Manager
  - Off site Linen Services Manager
  - Off site HSDU Manager

Ensuring adequate staffing, and to supervise. Advise Key Personnel on necessary staffing levels and likely duration of the response once this becomes clear. Ensure that shift systems are instituted as soon as possible to enable staff to get maximum rest.

- Co-ordination of the provision of site facilities.
- Control of administrative services.
- Staffing of site facilities.
- Report any difficulty in maintaining services in any areas to the Silver Major Incident Control Team.
- Attend Operational debriefing.

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**

# 50

## Linen/Transport Services Manager

### Actions

- On being informed of a major incident liaise with the Senior Nurse Managers regarding any immediate requirements for clean laundry in key areas:
  - A & E
  - ITU
  - Pre-Op/Post-Op
  - Admissions
  - Theatres
  
- Supply clean laundry as indicated.
- Institute the Linen services call-in as necessary
- If necessary institute a shift system to provide 24 hour staffing at the required level.
- Co-ordinate with off-site linen services for additional delivery of linen as required.
- Co-ordinate Provision of transport for collection of urgent supplies
- Co- ordinate all no patient transport requirements
- Institute the drivers call in as necessary
- Attend Operational debriefing.

**All staff Report to Staff Reporting Area – Admissions Area Main  
Entrance  
Access will be denied without Identification badges**

# 51

## Security Co-ordinator Duty Security Co-ordinator

### **Card 1 - ACTIONS**

- ❑ Advise Mobile Supervisor of Major Incident activation.
- ❑ Take Major Incident Radios and relevant keys to Silver control room DVT area main entrance
- ❑ Ensure that Adult medicine OPD , Orthopaedic and Gynae OPD suites are opened
- ❑ Prepare the Media Centre for Press Officer, by ensuring that the Education Centre is unlocked.
- ❑ Assess traffic problems within the hospital and take any necessary action.
- ❑ Liaise with the Police regarding traffic control on the approach routes to the hospital. Inform the Silver Hospital Major Incident Control Team of any decisions made.
- ❑ Liaise with the Police regarding security of clinical areas, with special regard to:
  - Reception Areas (A & E, X-Ray)
  - Gynae suite OPD - Reunion/Discharge Area
  - Orthopaedic suite OPD – Relatives Area
  - Admission Ward – F7 (MAU/EAU)
  - Admissions main entrance– Staff Reporting Area
  - Adult medicine – Inpatient Discharge Area
- ❑ Liaise with the Police with regard to control of the Media Centre.
- ❑ Assess the parking situation within the hospital and in the visitors' car park, and take any necessary action, including liaison with Press Officer regarding Media parking.
- ❑ Liaise with the Silver Major Incident Control Team and Press Officer regarding VIP visits.
- ❑ Attend Operational debriefing.

### **Chemical Incident**

In the event of a Chemical Incident proceed to the A&E department via the rear entrance.

**Do Not Enter** - await further instructions from the A&E Team regarding safety and the securing of the department.

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**

**Access will be denied without Identification badges**

# Security

## **Card 2**

- ❑ Ensure full uniform with jacket is worn at all times.
- ❑ Assume traffic duty at main road entrance.
- ❑ Admit only essential traffic, Identity Badges required for All Staff.
- ❑ Advise security control of parking availability.
- ❑ Advise On-Call staff on arrival of parking availability.
- ❑ Staff arriving without identification badges must not be allowed access.
- ❑ Keep Radio traffic to a minimum.

## **Card 3 – One Security Officer (0700-1900hrs)**

- ❑ Ensure full uniform with jacket is worn at all times.
- ❑ Attend A & E department.
- ❑ Assist as requested in the evacuation of the department.
- ❑ Prevent further patients from entering the department as directed by medical staff.
- ❑ Ensure security to all entrances/exits of the department.
- ❑ Assist as directed.

**(1900-0700hrs – A & E Security Guard will already be present)**

## **Card 4 – One Security Officer**

- ❑ Ensure full uniform with jacket is worn at all times.
- ❑ Secure and restrict entry to main entrance.
- ❑ Advise and assist with the collection of discharged patients from Adult medicine
- ❑ Ensure traffic flow at Main Entrance.
- ❑ Close off all other main doors

## **Card 5**

- ❑ Ensure full uniform with jacket is worn at all times.
- ❑ Follow instructions as directed by the Duty Security Officer.

**All staff Report to Staff Reporting Area – Admissions Area Main  
Entrance  
Access will be denied without Identification badges**

# 52

## Sterile Services Manager

### Actions

- On being informed of a Major Incident proceed to the HSDU.
  
- Liaise with the Senior Nurse Manager regarding any immediate requirements for sterile supplies in key areas:
  - Theatres
  - A & E
  - ITU/HDU
  - Pre-Op/Post-Op
  - Admissions F7
  
- Provide sterile supplies as required.
  
- HSDU staff call-in.
  
- Control of staffing in the HSDU.
  
- Attend Operational debriefing.

**All staff Report to Staff Reporting Area – Admissions Area Main  
Entrance  
Access will be denied without Identification badges**

# 53

## Catering Manager

### Actions

- ❑ On being informed of a Major Incident proceed to the Catering department, and call the Site Services Manager upon arrival, or the Hospital Silver Major Incident Control Room.
- ❑ Delegate one member of staff to institute the Catering departmental call-in. Complete MAJAX Form 3 and send to the Staff Reporting Officer.
- ❑ Assess the likely initial catering requirements and the current capabilities of the Catering department.
- ❑ Liaise with the Senior Manager regarding any immediate catering requirements.
- ❑ Liaise with the Volunteer Co-ordinator regarding facilities required, and tasks undertaken by voluntary agencies. Consider the use of Volunteers to assist in the Catering department.
- ❑ If necessary institute a shift system to provide 24 hour staffing at the required level.
- ❑ Prepare drinks and snacks for the following areas:
  - Discharge/Reunion area
  - Theatres
  - A & E
  - Admission Ward (MAU/EAU)
  - ITU
  - Media Centre
- ❑ Catering requirements of staff involved in the Major Incident Response.
- ❑ Catering requirements of Emergency Service personnel involved in the Hospital Major Incident Response.
- ❑ Catering requirements of the Press involved in covering the Hospital Major Incident Response.
- ❑ Maintenance of the catering for non-Major Incident patients.
- ❑ Control of staffing in the Catering department.
- ❑ Attend Operational debriefing.

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**

# 54

## Volunteer Co-ordinator

### Actions – In Hours

- Instruct all staff to stay in their normal place of work until otherwise instructed.
- Liaise with Staff Reporting Officer regarding delegation of staff.
- If no further Volunteers are required, liaise with the Silver Hospital Major Incident Control Team regarding broadcasting of a radio announcement to that effect.
- Attend Operational debriefing.

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**

# 55

## Duty Engineer

### **Actions**

On being informed of a Major Incident, report to the Staff Reporting Area – Admissions main entrance

- Await further instruction.
- Attend to any urgent problems in the plant or equipment. If unable to carry out repairs easily, call Duty Tradesman as required.
- Report any issues to the Silver Hospital Major Incident Control Team.
- Attend Operational debriefing.

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**



# 56

## Patient Relative Liaison Officer (PRLO)

### Actions

- ❑ Prepare appropriate area to accommodate patient's relatives and members of the public who are searching for their relatives.
- ❑ Collect MAJAX Radio from the Silver Hospital Major Incident Control Room.
- ❑ Designate appropriate staff to remain in the area to assist in the care of patient's relatives.
- ❑ Keep the Hospital Silver Major Incident Control Team updated on the numbers of the public arriving at the hospital.
- ❑ Maintain contact with the Police Documentation Team.
- ❑ Where large numbers of the public arrive on site, collaborate with the Police to complete Missing Persons forms.
- ❑ Ensure all attending are comfortable, warm and kept informed of the event.
- ❑ Call upon appropriate support (Chaplains/Volunteer staff etc) as required.
- ❑ In cases where relatives are a long way from home, accommodation may need to be arranged in collaboration with the Local Authority this should be actioned by the silver control team.
- ❑ Attend Operational debriefing.

**All staff Report to Staff Reporting Area – Admissions Area Main  
Entrance  
Access will be denied without Identification badges**

# 57

## Mortuary Technician

### Actions

- ❑ On being informed of a major incident contact a second Mortuary Technician who can attend if needed.
- ❑ Count the number of empty fridge spaces and calculate the number of bodies that can be accommodated.
- ❑ Pass this information to the Hospital Silver Control Team and ascertain, if possible, the estimated number of bodies.
- ❑ Prepare sufficient equipment to receive the estimated number of bodies.
- ❑ On receipt of bodies, record all known details of the deceased.
- ❑ Prepare waiting/viewing area.
- ❑ Report any relevant information to the Silver Hospital Major Incident Control Team.
- ❑ Attend Operational debriefing.

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**

# 58

## **Paediatric Team Leader Consultant Paediatrician**

### **Actions**

- ❑ On being informed of Major Incident proceed immediately to the A&E department.
- ❑ Liaise with the A&E Medical Officer in Charge and the Senior nurse A/E .
- ❑ Ensure that existing patients on the children's ward are reviewed for possible discharge
- ❑ Set priorities for treatment and admission of Paediatric patients.
- ❑ Liaise with the Surgical/Medical Team Leaders on patient's priorities.
- ❑ Advise Patient Treatment Teams on management in conjunction with the Surgical/Medical Team Leaders.
- ❑ Report any issues and requirements to the Silver Hospital Major Incident Control Team
- ❑ Liaise with the children ward re transfer of patients.
- ❑ Attend Operational debriefing.

**All staff Report to Staff Reporting Area – Admissions Area Main  
Entrance  
Access will be denied without Identification badges**

# 59

## Inpatient Discharge Officer

### Actions

- ❑ On being instructed to be Inpatient discharge officer take prepared folder and proceed directly to Adult medicine OPD( formerly day hospital)
- ❑ Co-ordinate the care of patients discharged to this area
- ❑ Ensure all patients are issued with Inpatient Discharge letter (Appendix 9)
- ❑ Arrange transport for patients either by contacting relatives or alternate transportation methods( PTS transfers maybe delayed due to the incident response)
- ❑ Report any issues/problems to the Silver Control Team
- ❑ Attend operational de-briefing.

**All staff Report to Staff Reporting Area – Admissions Area Main  
Entrance  
Access will be denied without Identification badges**

# 60

## Computer Services Manager

### Actions

- Start IM&T cascade call out
- Report to staff reporting area- admissions main entrance and proceed to the silver control room DVT area main entrance
- Set up terminal to access the Patient Administration System (PAS) in the silver control room
- Ensure dormant e mails for the police and majax are activated
- Be available on site to manage computing issues- E mail  
Text from PC  
Voice message from PC  
Fax from PC
- Attend Operational debriefing.

### Out of Hours

IM&T Engineer on call to report to the staff reporting area and proceed to silver control room to support control team as above

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**

# 61

## Senior Porter

### Actions

- ❑ The Senior Porter on duty should contact the Portering manager
- ❑ Portering Manager to instigate cascade call-in for off-duty Porters necessary for the extra workload.
- ❑ Contact all Porters on-duty to ensure sufficient porters are available to carry out the following
  - ❑ One Porter to report to A&E to assist in clearing and preparing the department
  - ❑ One Porter to report to Nurse In Charge of Admissions Ward F7
- ❑ Wait for further instructions from Senior Personnel.

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**

# 62

## Discharge / Reunion Officer

### Actions

- ❑ On being instructed to be discharge/ reunion officer take prepared folder and proceed directly to gynae suite OPD
- ❑ Co-ordinate the care of patients discharged to this area
- ❑ Ensure Majax form 6 is completed
- ❑ Assist police with updating information
- ❑ Facilitate appropriate area where police can interview patients if necessary
- ❑ Report any issues/problems to the Silver Control Team
- ❑ Attend operational de-briefing.

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**

# 63

## Senior Nurse Paediatric Ward

### Actions

- ❑ On being informed of a Major Incident inform staff on ward.
- ❑ Appoint one person to institute staff call-in asking them to report to the Staff Reporting area – Admission main entrance
- ❑ Ensure MAJAX Form 3 is completed and taken to the Staff Reporting Officer.
- ❑ Assume the role of Senior Nurse for your ward until relieved.
- ❑ Along with a Senior Doctor identify patients that can be discharged.
- ❑ Co-ordinate the transfer of discharged patients to the inpatient discharge area.
- ❑ Inform the Bed Manager regarding bed capacity and number of discharges.
- ❑ Prepare Ward for further admissions.
- ❑ Ensure all patients discharged and admitted are entered on to the Patient Administration System (PAS).
- ❑ Keep written documentation of patients discharged to the inpatient discharge area.
- ❑ Inform the Silver Hospital Major Incident Control Team of any issues or requirements.
- ❑ Attend operational debriefing

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**



# 64

## Gynae Consultant

### Actions

- ❑ On being informed of a Major Incident proceed to gynae ward
- ❑ If out of hours and off site report to staff reporting area main entrance
- ❑ Appoint Senior Doctor to review gynae patients that can be discharged to inpatient discharge area.
- ❑ Liaise with A/E senior medical officer in charge re need for gynae input to A/E
- ❑ Liaise with surgical team leader and anaesthetist team leader re theatre usage if required
- ❑ Inform the silver major incident control team of any issues or requirements
- ❑ Attend operational debriefing

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**

# Chemical Incident Procedure

## *Contents*

### Chemical Decontamination

- 1. Introduction / Incident recognition**
- 2. Activating the Procedure**
- 3. Initial Actions A & E**
- 4. The A&E Department**
- 5. Decontamination (including the dead)**
- 6. Removing PPE**
- 7. Restoration to normal**

**Appendix Ci 1      Safety Officer – Roles and Responsibilities**

**Appendix Ci 2      Incident Assessment Form**

**Appendix Ci 3      Staff Monitoring Form**

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance  
Access will be denied without Identification badges**

# Chemical Decontamination.

## 1. Introduction

These guidelines describe the method of patient flow in the accident and emergency department when patients require decontamination. A major incident may or may not have been declared, it is possible that the arrival of a small number of contaminated patients will require these procedures to be followed without evoking the major incident plan. **In view of the likely disruption to the normal running of the department serious consideration of the need to declare a Chemical Incident response should be given by the senior nurse on duty in A & E and the Consultant on-call. Switchboard should be called on 4444 to activate Chemical Incident call-in. The A&E staff should initiate their own staff call-in**

In general the Ambulance and Fire services will hold patients at the scene of an Incident and only transport patients to the A&E department following decontamination. However we must be prepared to deal with patients who arrive by other means of transport or before the nature of an incident has become apparent.

Whether or not a Major Incident area has been declared, a senior member of the nursing staff needs to adopt the role of the **Safety Officer**. **In the event of a major incident being declared this is an additional role that needs to be filled at an early stage.** The roles and responsibilities of this post are detailed below.

For any Chemical Incident Procedure to be effective, an Incident must be recognised at an early stage. The following are ways in which a chemical incident may be recognised:

- Pre-alert from emergency services
- Pre-alert from other sources / agencies
- Unusual increase in presentation of patients with symptoms suggestive of chemical contamination (respiratory, skin, CNS or ocular symptoms)
- Large numbers of casualties presenting from a similar geographical location

**Suspicion of the possibility of an Incident should warrant immediate consideration of activating the Chemical Incident Procedure by the Senior Department Nurse and Consultant on-call.**

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance  
Access will be denied without Identification badges**

*Introduction continued*

- **In a Chemical Incident, the actions in order of priority are:**
  - **Containment**
  - **Decontamination**
  - **Resuscitation**
  - **Primary treatment and definitive care.**
- Casualties must be decontaminated, using the approved rinse-wipe-rinse method, before entering the A&E department.
- All casualties and Emergency services personnel arriving at the hospital from the scene of a Chemical Incident are considered to be contaminated, unless they have already been decontaminated using the approved rinse-wipe-rinse method.
- Drenching with high-volume, low-pressure water on-scene does not exclude the need for individual casualty decontamination using the approved rinse-wipe-rinse method.
- Staff receiving contaminated casualties must be in full NHS-specified Personal Protective Equipment (PPE).
- Primary triage (triage sieve), by an appropriately trained member of staff wearing full NHS-specified PPE, will take place on arrival outside the A&E department and prior to decontamination.
- During decontamination, only simple life saving first aid (simple airway opening manoeuvres, manual cervical spine immobilization, bag-valve-mask ventilation, pressure on wounds) will be possible.
- After decontamination casualties should be triaged for emergency medical care.
- With the help of the Chemical Incident Response Service (CIRS), an attempt should be made to identify the agents involved.

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**

## **2. Activating the Procedure**

The Chemical Incident Procedure may be activated as part of a Major Incident Response in which case the Major Incident Plan should be followed.

If the department activates the Chemical Incident Procedure then the Switchboard will be notified via a 4444 call. Switchboard will notify

- A & E Consultant on-call
- Senior Manager on-call
- Security
- Porters
- Health & Safety Officer
- Press Officer

Stating "**Chemical Incident Active.....(SITE).....**"

## **3. Initial Actions - A & E**

The initial priorities are **Containment** and **Preparation**.

- The electronic doors to the Department need to be locked.  
A "Chemical Incident in progress" sign should be placed on the door.
- If patients are already in the Department, contamination should be limited by containing casualties where they are.
- Uncontaminated patients need to be admitted or discharged as a priority to clear the Department.
- **A Safety Officer must be assigned. This may be the Team Leader or another member of staff depending on Department staffing levels.**
- A response may not be possible until extra staff have arrived – these **staff must not enter the Department in the usual manner, but via the Staff Reporting Area.**
- Pending adequate staffing the response must concentrate on Containment, limiting or preventing entry to the hospital of contaminated casualties.

Liaison with Chemical incident Response Service (CIRS) and Emergency services to enable identification of a substance and advice on treatment.

- The decontamination tent must be erected in the designated area.
- A decontamination team should be assigned, consisting of two to four members of staff plus one triage.

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**

#### **4. The A&E department**

The normal flow of the Department will be altered with the Department split into **Dirty** and **Clean** areas.

**These Dirty and Clean boundaries must not be breached.**

Patients may only cross into the **Clean** area following decontamination. Staff may only leave the **Dirty** area after decontamination.

#### **This equipment is to be found in the Chemical Incident Storage Area**

- Contaminated patients will be held outside the Department and Triage into the Decontamination Tent.
- Triage will be undertaken briefly at the entrance to the Department. The Triage Officer should be dressed in suitable PPE Standard p1, p2 and p3 categories will apply
- Decontamination will follow the Rinse – Wipe – Rinse (**R-W-R**) method unless otherwise advised by the Chemical Incident Response Service.
- Treatment prior to decontamination will be limited to essential life saving interventions only. If immediate life saving interventions are required (restricted mainly to basic airway management and external haemorrhage control), these will be undertaken in the Tent area, prior to decontamination. The facial area should be cleansed prior to the application of any airway management equipment
- Decontaminated patients will be dressed in the modesty garments provided and passed through the to the **Clean** area for treatment and management.
- Patients clothing and valuables to remain in the **Dirty** area outside the hospital, one member of Decontamination Team to take responsibility for bagging and labelling.

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**

## **5. Decontamination**

### **Methods**

Patients requiring immediate airway interventions should have their facial area decontaminated **before** any ventilation equipment is applied to the face.

Patients will have all clothing removed as they enter the Decontamination Area. This clothing shall then be placed in two clear sealed plastic bags and labelled with patient details. All patient property must be removed and placed in this bag. If there is chemical on the clothing care must be taken not to spread this onto the patient. Shears used for cutting clothes should be frequently rinsed.

Any visible contaminant should be removed from the patient, especially powder contamination.

Contamination with dry powder or agent should be removed by dry wiping / brushing.

Specific adsorbents may on occasions be advised (i.e. Fuller's earth) by the Poisons Information Service. They may not be suitable for use on open wounds. Generally, all water used should contain a 0.1% detergent (10 ml. of detergent to 10 litres of water) unless otherwise advised. If shower attachments are not available then a bucket and sponge system is suitable.

Patients will then be washed using the rinse – wipe - rinse (R-W-R) method.

**Stretcher patients** - Will be scooped. This scoop should be considered dirty and frequently rinsed. The patient is rinsed using the shower attachment with warm water detergent. The patient is then cleaned using a sponge. Particular attention must be paid to areas of the body where water may collect and areas of skin folds (i.e. umbilicus, under breasts and genital and perineal areas). Finally the patient is rinsed again. A second clean scoop can then be used to lift the patient onto a stretcher in the clean area. This scoop should be marked clean and returned to the Decontamination Area. The patient should be dressed in gowns / paper gowns as they exit the Decontamination Area.

**Ambulant patients** - Should be directed to the shower. Showering must be supervised and assisted by Decontamination staff. The patient enters the shower via the Dirty Entrance and showers using detergent and sponge. Particular attention must be paid to the genitalia and skin folds and hair. The patient is then directed through the Clean Exit from the shower to the Clean Area where they are dressed in theatre gowns / paper gowns and blankets.

If a walking patient appears infirm or unable to pass through the shower they must be treated as a stretcher patient.

**All staff Report to Staff Reporting Area – Admissions Area Main  
Entrance  
Access will be denied without Identification badges**

**Equipment** - All medical equipment must be left behind in the Dirty Area i.e. dressings / oxygen masks / giving sets etc. These should be bagged and sealed in double clear plastic bags.

**Dead Patients** – Patients who die that have been decontaminated can be dealt with in the usual way. Patients who die before decontamination should not be decontaminated; they can be placed in a body bag suitably marked to identify any possible hazards. Any property removed during decontamination should be left in a sealed labelled bag. The Police will make arrangements for its collection.

## **6. Removing PPE**

Staff involved in decontamination should shower in the Decontamination Tent using the R-W-R method. A clean member of staff dressed in PPE will cut and remove PPE from the Decontamination Team. All used PPE should be left in the Decontamination Tent for disposal.

## **7. Restoration to normal**

When all patients are decontaminated advice will then be sought regarding the safe cleaning and restoration to normal function of this area. CIRS and the environment agency will be able to advise on any necessary measures that may be required. Until this Area is cleaned and declared safe it will remain “off limits” to staff not wearing PPE.

The Decontamination Tent is disposable and should be sealed along with effluent reservoirs for safe disposal on advice from the Environment Agency.

Consider securing this Area until disposal is complete.

**All staff Report to Staff Reporting Area – Admissions Area Main  
Entrance  
Access will be denied without Identification badges**



## **Appendix Ci 1**

### **Chemical Incident - A & E Safety Officer Role**

This person shall be responsible for the safety of the staff and patients in the department. If a safety issue is identified this must take precedence over any other matters. In general it shall be a senior member of the nursing staff. The roles are as follows:

1. The Safety Officer shall not enter the Dirty Area.
2. The Safety Officer shall ensure the department is set up to receive contaminated patients and barriers/cordons are suitably placed.
3. The Safety Officer shall ensure staff in the Decontamination Area are suitably dressed. Four members of staff will usually be required in the Decontamination Area.
4. A log will be kept of all staff involved in the Incident and the time they donned PPE.
5. At an early stage the chemical involved needs to be identified. Liaison initially should be from the Ambulance service, but may need to be established with the Fire service or site representatives. The likely number of contaminated patients should be obtained from the Ambulance service.
6. These plans may need to be flexible. For example, if a volatile chemical is involved it may be safer to hold patients outside the unit in a "dirty" ambulance. They can then be brought in individually for decontamination. The Safety Officer should consider the best method of dealing with patients given our resources and institute any changes as required.
7. Detailed information should be sought from the CIRS about any likely toxic effects, treatments and antidotes. Advice can be obtained on the availability of specific antidotes. Specific advice with regards decontamination can be sought.
8. In a protracted incident consider calling in additional staff to relieve those in the decontamination area. As a general rule of thumb decontamination staff will require relieving from duty after one hour.
9. Filters should be changed after 30 minutes in the contaminated area. The Safety Officer will ensure this occurs.
10. If additional equipment is required to assist with the incident the Safety Officer must contact Greater Manchester Ambulance Service to dispatch the relevant pods.

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**  
**Access will be denied without Identification badges**

**Appendix Ci 2**

**Chemical Incident Assessment Form - A & E**

Date..... Substance(s) involved .1.....

.2.....

.3.....

Safety Officer.....

**Consider need to institute Major Incident Plan if not already declared. Liaise with Ambulance Service / CIRS / Consultant On - Call/ Chief Triage Officer.**

---

**Description of incident**

Estimated number of casualties to be expected & ETA

Ambulant.....

Stretcher.....

---

**Assessment of toxic effects to patients**

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance  
Access will be denied without Identification badges**

## Potential Risks to staff

Occupational Health Informed - Yes/No    Time

---

**Specific Treatment guidelines / availability of specific antidotes.**

---

**Method of containment of contaminated clothing / equipment.**  
**Recommendations for disposal.**

---

**Decontamination of department, required?**    Yes / No

**Methods used**

---

**(This form and staff list to be returned to Consultant in charge at the end of the incident. Copy to be sent to Occupational Health Department)**

**All staff Report to Staff Reporting Area – Admissions Area Main Entrance**

**Access will be denied without Identification badges**

