

# MAJAX & CBRN

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- It is 0200 Monday and you are the most senior doctor in the department.
- It is very busy with a 2 hour wait and about 20 people waiting in the waiting room
- The receptionist comes through to tell you there is someone at the 'window' claiming he has been exposed to cyanide after a minor work explosion at work, it involved another 5 people who he thinks are on route
- What will you do and in what order?

- You are on duty one Friday evening in a very busy department with a long wait. You are the only MG on.
- Suddenly, a recurrent attender, a disgruntled IVDA who had been sent home without getting given any morphine (as he had expected for his 'abdominal pain') drives his Ford Transit van into the waiting room
- He gets out and starts smashing up the place with a large machete
- What are you going to do and in what sort of order?



- You are on duty on Sunday morning, it is 0830 and the department is quiet and you enjoying a chat. The consultant is not yet in, and there is one SHO.
- The standby phone goes and there is a report that a National Express Coach has crashed just by the Middleton Exit on the M60 going 60 miles/hour.
- There are 5 fatalities at scene, and the ambulance crew is bringing in 10 severely injured, and 30 moderately injured patients. There are still 5 trapped and they want you to go out with a mobile team
- What are you going to do and in what order?



Saturday, 24 January 2009

# INTRODUCTION

- Legal requirement for trusts to have a MAJAX and CBRN plans, The DOH Emergency Preparedness 2005 and Civil Contingencies Act 2004
- MG will be clinical lead in the absence of consultant i.e. Bronze command
- Need to be prepared to call it in, with sister in charge, specify MAJAX or CBRN



# BEING CALLED IN

- Make sure you have your ID badge with you
- Report to staff reporting area, (outpatients) for logging attendance then will be directed as appropriate
- You will be given an action card with your role on it
- Don't rush



# MAJAX



- Large numbers of patients
- Bronze=A&E
- Silver=site director, associate director, divisional medical director, manager of the day
- Gold=Chief exec, Director of nursing, Medical director
- Revert to paper system, all patients will come through the ambulance bay doors and be triaged as P1, P2, P3 by senior sister. Clear out walking waiting room pts



# DOCTORS ROLE

- Initially MG holds all the 'cards' until consultant arrives
- Need to have 3 teams for P1 (resus), P2 (majors) and P3 (minors) if enough staff present
- Give out 'cards' as required (to P1 / P2 / P3 teams)
- All staff have 'cards' for their role
- Make sure ambulance divert except for incident patients

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## **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.

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## 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



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## 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

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## 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



# CBRN

- Increasing emphasis with previous occurrences and with the terrorism threat (Sarin gas attack, Anthrax postal attacks etc). Might see the results, or be the source of attack
- Need to have a plan and an idea of the priorities
- Limit the number of staff involved to the minimum (as opposed to MAJAX)
- Keep 'hot' / 'warm' area separate, wherever that is, with decontamination into 'cold' zone. Nobody to breach these zones.



# CBRN PRIORITIES

- Call it in to activate help
- Isolate source and exposed patients, preferably outside
- Decontamination BEFORE treatment
- Then resuscitation and primary & definitive treatment
- Suits and decontamination, and erection of the tent will not be doctors (nursing staff/ porters respectively).  
Technique is rinse (mild detergent), wipe & rinse





# WHO GETS CALLED

- A&E Consultant
- Senior manager
- Security
- Porters
- Health and Safety Officer
- Press Officer



# WHAT HAPPENS IN A&E

- Doors into hospitals locked down “Chemical Incident in Progress”
- Keep patients where they are
- Urgently process uncontaminated patients (ward/home)
- There must be a Safety Officer (senior nurse)
- Other staff arriving need to go through Staff Reporting Area (outpatients)
- Liase with CIRS (Chemical Incident Response Service)

# WRAPPING IT UP

- The consultant will decide when to declare the incident over
- Hospital usually takes weeks / months to recover
- All CBRN / Majax incidents need a debrief to go over learning points, invite questions and to de-stress
- Full trust MAJAX / CBRN MUST be read





QUESTIONS?