

# INTRODUCTION

## Major Incident Plan

This policy replaces all previous versions of this plan.

Please destroy all other versions of this document

**All Incidents and Major Incident Plans**

Barking, Havering and Redbridge University Hospitals NHS Trust is committed to providing a robust system for responding to Major Incidents.

Within the NHS, a major incident/emergency is defined as:-

“Any occurrence which presents a serious threat to the health of the community, disruption to the service, or causes (or is likely to cause) such numbers of casualties as to require special arrangements to be implemented by hospitals, ambulance services or health authorities.” (*NHS Emergency Planning Guidance 2005 and Civil Contingencies Act 2004*)

It is the responsibility of all staff to be aware of the contents of this plan in order to be able to manage such incidents.

This document will be formally updated, annually. It will be kept under regular review by the NHS Trust’s Emergency Planning Group, to ensure that it maintains relevance to local organisational change and developing national requirements.

Barking, Havering and Redbridge University Hospitals Statutory Health & Safety Committee endorses this document and the Chairman, Chief Executive signify this below.

Edwin Doyle  
Chairman

John Goulston  
Chief Executive

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## 1. Introduction

Barking, Havering and Redbridge University Hospitals NHS Trust may be required to respond to different types of incidents, which will require special arrangements to be in place..

These incidents may be as the result of an internal problem or event, or of an external incident, such as a major accident or incident involving large numbers of casualties. Several 'minor' incidents may also create a situation where special incident management & control arrangements are required.

It is the responsibility of each Directorate to ensure that this plan is read and understood by all members of staff, and where necessary specific training completed by key staff.

The ALL INCIDENT PLANS have been designed to be flexible and ensure that in the event of all types of incident, the following key criteria are achieved:

1. That incidents involving large numbers of casualties are dealt with using a structured effective approach
2. That incidents which seriously affect any operational infrastructure are managed using a command and control system and are resolved as effectively as possible
3. That all members of staff involved in the incident have designated roles and work together as a team until the incident has ended or has been downsized
4. To ensure that return to normal functions are achieved as quickly and as effectively as possible. This includes reflecting on the incident and the debriefing of all staff

Each service has its own Action Card. Managers and Consultants are responsible for ensuring all members of their staff are aware and understand their role as defined on their Action Card.

Staff who respond to the major incident call for support should report to their department and may be directed to work in any area.

This plan will be reviewed and updated annually by the Trust Emergency Planning Lead.

The plan will be tested by full, table-top and communication exercises throughout the year in line with national guidelines.

## 2. Definition of a major Incident

A major incident is one in which, because of the number and/or the severity of casualties, or its location, requires special arrangements by one or more of the Emergency Services or Hospitals.

### 2.1. Types of Major Incident:

In order for the most appropriate response to be implemented, Barking, Havering and Redbridge University Hospitals NHS Trust identifies three categories of incident.

#### Category 1:

This is a **major external incident** which will involve large numbers of casualties arriving at this hospital. Normal hospital services may have to be stopped or restricted during the incident

#### Category 2:

This is an **external incident** that DOES NOT involve large numbers of casualties arriving at this hospital but will have a significant impact on the normal activities and functions of the hospital.

#### Category 3:

This is an **internal incident** (or incidents) which will significantly impact on the normal functions and activities of the hospital. This incident may involve hospital in-patients.

**Listed Hospitals**

Listed hospitals are those listed by the Ambulance Service as adequately equipped to receive casualties on a 24 hour basis and able to provide, when required, the Medical Incident Officer and a Mobile Medical Team.

**Receiving Hospital(s)**

The first listed hospital to be alerted by the Ambulance Service to receive casualties from the Major Incident.

**Supporting Hospital(s)**

Listed hospital(s) nominated to support the receiving hospital(s). This role involves providing a mobile medical team as requested and taking the routine workload from the A&E department of the receiving hospital.

### **3. Potential Hazards in Surrounding Areas**

A12, M25, M11 Road systems and hazardous chemicals being transported

Stansted Airport and small airfields

Railways

Industries – Factories

COMAH site, Rainham

#### **Sports and Leisure**

West Ham United Football Club

Dagenham & Redbridge Football Club

Theatres / Cinemas

Shopping centres

Sports & Leisure centres

Romford Ice Rink

**Potential Hazards in Surrounding Areas**

## **4. Notification of Incidents:**

Once an incident has been identified, the following terms are used to notify hospital staff and all other parties involved.

### **INCIDENT STANDBY:**

This is where a potential incident has been identified and the hospital will be required to alert key staff in preparedness of an incident

### **INCIDENT DECLARED:**

This is where a Major Incident response is implemented. It is declared by an external agency, normally the Ambulance Service

### **INCIDENT CANCELLED:**

This is where a standby has been initiated but an incident did not occur

### **INCIDENT STAND DOWN:**

This is the command given to state the incident is over, or the special arrangements can cease. After a DECLARED status, a stand down can only be given by the agency calling the alert and will be communicated to hospital staff by Major Incident Control Centre (MICC)

## 5. Incident Notification Procedure

### **i. Incident Standby:**

Once the switchboard has been alerted to a potential major external incident they will proceed, using the appropriate action card. If the call has come from an external source, a reply telephone call will be made by switchboard to ensure the integrity of the call.

The Ambulance Service will use the following phrase

**'MAJOR INCIDENT – STANDBY'**

### **ii. Incident Declared**

When the major incident is confirmed, the Ambulance service will notify BHRURHT Hospital as follows:

**'MAJOR INCIDENT DECLARED – ACTIVATE PLAN'**

**Receiving Hospital**

**Supporting Hospital**

### **iii. Incident Cancelled**

If a standby has been initiated, but an incident did not occur, the Ambulance Service will notify BHRUHT as follows:

**'MAJOR INCIDENT – CANCELLED'**

### **iv. Incident Stand Down**

When the last casualty has left the incident site the Ambulance Service will notify BHRURHT as follows:

**'CASUALTY EVACUATION COMPLETE'**

MICC will then make the decision when the Hospital can stand down from the incident

### **Informal Warnings**

The Ambulance Service will inform BHRURT of significant potential events in the area, such as an aircraft in trouble, or bomb warnings. These calls will come to the Sister in Charge of A&E via the blue light phone.

## **6. Responses to Incidents:**

Different types of incidents will require different types of response. These are as follows.

### **FULL RESPONSE:**

This is where the 'major incident' plan is used. It will involve setting up a command and control centre (MICC), calling in additional staff and making special arrangements to manage the incident as it develops. External agencies will be involved with this incident and will liaise with the hospital. This incident will initially affect the Accident & Emergency department, but will have an eventual effect on all departments.

### **SPECIAL RESPONSE:**

This is a response to an external incident which will significantly affect the hospital. It requires a command and control centre and senior staff from the appropriate backgrounds to manage the incident until it is fully resolved.

### **SPECIFIC RESPONSE:**

This is the response used for internal incidents which affect the normal function of the hospital. Specific plans will be used to deal with the incident. A command and control system is still used to manage the incident. An example would be a fire or bomb threat etc.

### **Note:**

Incidents can be upgraded at any time in accordance with the assessment made by the COMMAND AND CONTROL TEAM based in the MICC.

## 7. Command and Control of 'The Incident'

The absolute key to successful management of an incident is early command and control which is maintained throughout the incident.

BHRURT uses a three tier command and control system. This depicts the strategic, tactical and operational areas and personnel.

These tiers relate to Gold, Silver and Bronze terminology used by external agencies. To maintain clarity within this policy, the terminology used for the Hospital Command and Control will be as follows:

### **GOLD COMMAND (Strategic) – Major Incident Control Centre (MICC)**

This is the focal command point for the management of the incident. All communication and issues will be handled by the team. The team consists of senior management, nursing and medical staff. It is the hospital equivalent of Ambulance Gold Control. **THE RECEIVING HOSPITAL MEDICAL CO-ORDINATOR AND MANAGER ON CALL WILL HAVE ABSOLUTE AUTHORITY**

**The MICC room is situated in the Board Room, Trust Offices, Queens Hospital.**

### **SILVER COMMAND (Tactical) – Senior Support**

Senior support is provided by a senior manager and a senior nurse they are the 'eyes and ears' of the MICC team and will be able to troubleshoot any immediate problems whilst keeping Gold Command apprised of issue which require board level sanction. This is the hospital equivalent of Ambulance Silver Control

### **Operational - Operational Team**

The operational teams have specific roles or functions within a defined area or department which is usually familiar to them. A nominated lead from each team will communicate with MICC

MICC for the Barking, Havering and Redbridge University Hospitals NHS Trust will be situated in:

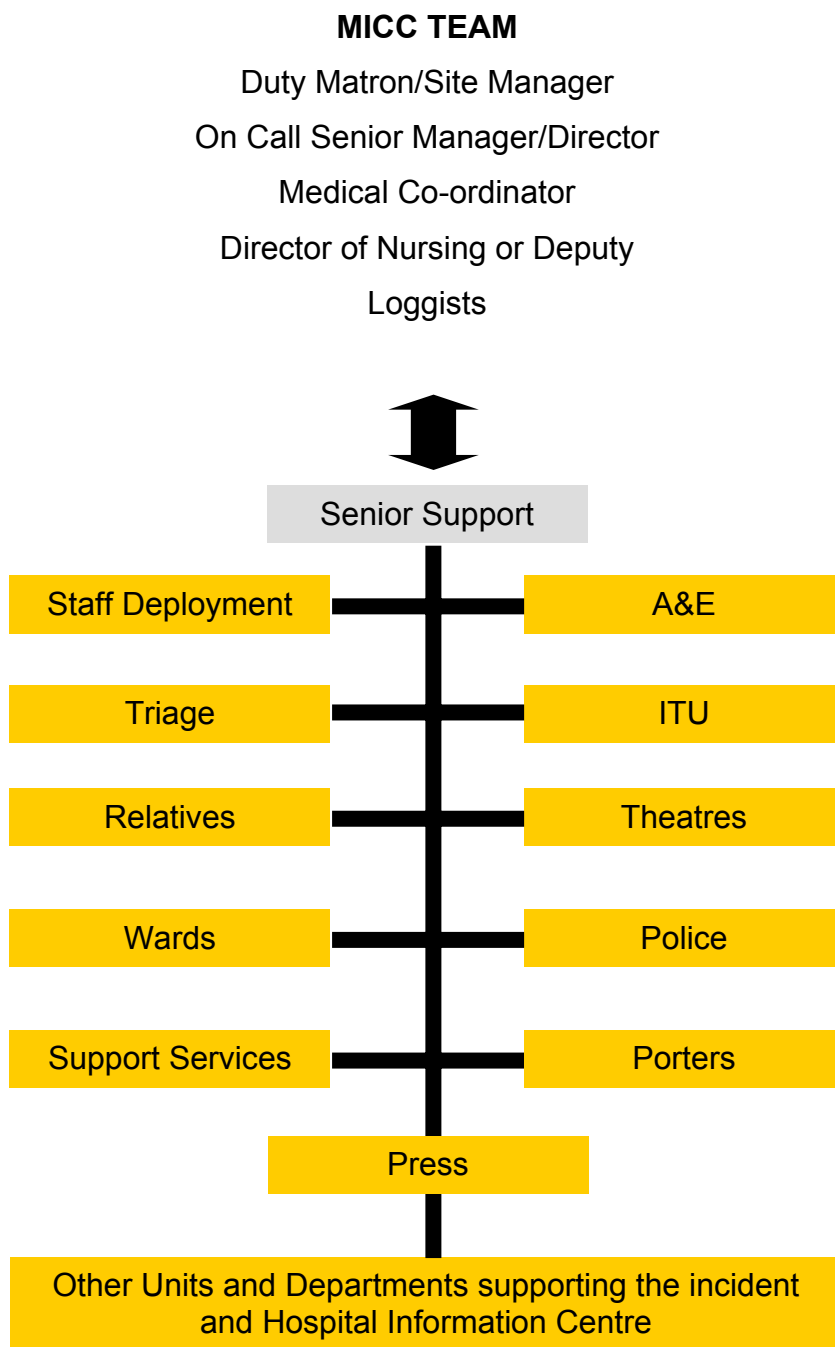
**Queens Hospital** - Room G 10459 ground floor to the left of the Medical Assessment/Acute Assessment unit opposite the entrance to the central staff core lifts

In the event of this room being unusable for any reason, then the MICC will be transferred to the Education Centre).

### **King George Hospital – Committee Room Management Offices**

In the event that this room is unusable for any reason then a room in the James Fawcett Education Centre will be used

The Diagram below represents the emergency structure to be used during a category 1 (External Major Incident) requiring a FULL RESPONSE



**Command and Control**

Other operational areas will be set up by MICC as required.

**It will be the responsibility of the person in charge of each area/ward/department to care for the wellbeing of staff and ensure they do not work more than 4 hours without a break or excessive hours without relief**

## **8. Procedure for a Full Response**

### **(Category 1 Incident)**

In the event of a **FULL RESPONSE**, all staff not called specifically by their ward/department will proceed to the HOSPITAL MAIN RECEPTION AREA. A member of staff will have been allocated by the Duty Matron/Site Manager in Charge to control this area. Individual action cards will be available at this point. Staff should then follow the instructions on this card.

The Duty Matron/Site Manager will set up the MICC room, ready for the arrival of MICC TEAM.

Out of hours, the full staffing requirements may take a while to implement. The Duty Matron/Site Manager will keep MICC apprised of the situation. In the initial stages, nurses from wards should be used to maintain key roles, this will be determined by the Duty Matron/Site Manager.

Certain staff will have specific roles during a FULL RESPONSE incident. These roles are depicted on the action cards and on the following pages.

A COMMAND and CONTROL system is used, as outlined on page 12.

An important factor in any major incident is the ability of the receiving hospital to quickly clear the A&E Department and create as many vacant beds as possible to accommodate incoming casualties.

## **A&E**

The Senior Nurse in A&E will ask all patients not yet seen, to leave and contact their GP, or attend an alternative A&E Department for treatment. All mobile patients who have a stable condition will be sent home and those patients whose condition is unstable will be admitted to the appropriate wards.

## **Major Incident Ward**

Good practice is to manage all admitted major incident patients together wherever possible. The Medical Co-ordinator, with Senior Support will ensure that Medical staff identify patients within the hospital that can be discharged or moved, to allow the clearance of at least one entire ward – Acute Assessment Unit.

Patients requiring transport to other units/home will be taken to the Discharge Lounge where they will wait for transport assigned by Non Urgent Ambulance Transport.

## **Triage of Incoming Casualties:**

If an external incident has occurred, where a large number of casualties attend the A&E Department, a system of triage will be used to grade the treatment and environment needs of each patient. The system used is the **MIMMS** score and this will be carried out by the triage officers.

### **The BHR Hospitals can initially accept:**

#### **6 - PRIORITY ONE CASUALTIES (P1)**



These are casualties who require immediate resuscitation and stabilisation and require to be placed in a critical care area and/or theatres without delay. The number of P1 casualties accepted at any one time is governed by the resuscitation facilities. The ITU Consultant, with the Medical Co-ordinator, will declare additional capacity to Ambulance Liaison as patients are stabilised and moved from the P1 area. **It is anticipated that the hospital can accept 6 P1 patients (3 each at King George and Queen's Hospital).**

#### **20 - PRIORITY TWO CASUALTIES (P2)**



These are casualties who have serious injuries which do not pose an immediate threat to life. They require urgent interventions and are placed in the main A&E Department. (10 patients each at King George Hospital and Queen's Hospital respectively).

#### **50 - PRIORITY THREE CASUALTIES (P3)**



These are casualties who have moderate to minor injuries, who often require simple measures to treat injuries which can be reviewed later. They are placed in a PCC area and are treated by a team of Nurses and Doctors in that area.

#### **Note:**

The Hospital capacity to accept patients can change at any time during the incident. Ambulance Liaison must be kept updated on all such changes

All P1 casualties arriving during the incident will enter via the Ambulance entrance and be Triage'd according to the above and will be issued with a major incident case note folder, major incident PAS number and their details entered into the A&E register by the A&E receptionist. P2 & P3 casualties will enter via the Main A&E Entrance.

All documentation from the scene will be placed in the major incident case note folder.

All patients property to be placed into a property bag with the major incident number marked clearly on the outside.

An identity bracelet will be completed and attached by the Triage Nurse.

The A&E record card is to be used to collect demographic details and will form part of the Major incident case notes.

The top copy of the A&E record card is kept in the major incident case notes

The second copy is given to the Police Documentation Clerk

The third copy is retained in A&E

**The A&E receptionist is responsible for relaying casualty numbers back to MICC and keeping the triage white board up to date**

**The Major Incident PAS number will be used on all documentation for the first 24 hours.**

24 hours after the incident has commenced, all patients that have been admitted will be entered onto PAS retrospectively after incident. All details will be entered onto the A&E system. This will be the responsibility of the A&E receptionists/assistants.

### **Security During an Incident**

A Major external incident can make the hospital premises a vulnerable place. There may be large volumes of people, patients and staff, of whom many will have good reason to be present within the hospital. There may however, be others who wish to access the hospital for unofficial reasons. These may include media personnel and people with wrongful objectives. This may be particularly true if the incident is related to a terrorist or criminal event.

Some basic principles will apply:

- 1. All hospital entrances will be locked during the incident, with the exception of the A&E Ambulance entrance. These entrances will each have a Porter or Security Guard present.**
2. ID must be worn at all times. Temporary ID badges will be issued by Security.
3. A police liaison point is situated in the Security office.
4. Any member of staff who is suspicious of any persons actions must first challenge the person(s) and inform their area leader who may escalate it to the Security Officer who will alert the MICC.
5. Press statements and media interviews have to be authorised by a member of the Executive Team or the External Communications Officer.
6. Staff must be cautious when displaying sensitive patient information on whiteboards, etc.

## **Relatives and Friends**

If the incident has involved a large number of casualties, very often their relatives and/or friends will try to contact the hospital to find out whether their relative has been involved. Many people will come to the hospital immediately, rather than telephone.

A special centre will be set up for relatives. This is situated in the Education Centre (KGH) and Outpatients 2 (QH). All relatives will be directed there. A Senior Manager, Nurse and possibly other personnel will staff this area. MICC will inform these staff of current patients. These staff will also liaise with the on site Police Documentation Officer.

All enquiries about patients will be directed to the Police Casualty Information Bureau.

## **Volunteers**

All volunteers will report to the Outpatients (KGH) and Helpdesk (QH). They will be given specific tasks, as directed.

## **Calling in off duty staff**

Each ward or department will have their own agreed procedure for contacting staff.

## **Incident Stand Down**

Ambulance Gold Control will notify A&E of a stand down. A cascade system, identical to the one used for notification of the incident will be used to relay the stand down at the scene to all staff.

## **Incident Debrief**

An important part of any Major Incident is the review of events and a debrief of all staff involved by holding a 'hot' debrief once the incident has been stood down followed by a full internal debrief good practice recommends that this should be undertaken within 2-3 weeks. All documentation, Action Cards and records of events/decisions must be returned to MICC to enable a full review to be possible. It is the responsibility of the Hospital Executive Team and the Senior Managers involved in the incident to compile this review and arrange the debrief of all staff. Any errors identified in this plan by the review should be corrected immediately.

It should also be noted that this information will be required for any inquiry surrounding the incident and should be retained in a safe place.

## **Prolonged Incidents**

In the event of an incident having an impact on the hospital for more than 12 hours, the Senior Support will ensure staff receive appropriate rest periods and subsequent shifts are adequately covered

**It will be the responsibility of the person in charge of each area/ward/department to ensure staff do not work more than 4 hours without a break or more than 12 hours in any 24 hours**

## **Mobile Medical Teams**

If London/Essex Ambulance request a mobile medical team and BHR is not the receiving hospital, a team will be assembled and dispatched using **Appendix B**

The same will apply if a request is made for a Medical Incident Officer.

## **Forensic Evidence**

Major Incidents may be caused by criminal acts and are likely to be subject to subsequent investigation. Everything that could potentially be forensic evidence needs to be carefully preserved and protected, including dead bodies, biological specimens and other material removed from casualties. The Police will offer advice if requested.

## **Documentation**

It is essential that throughout the major incident careful documentation is maintained of all decisions that are made and a record kept of all personnel involved. Any written notes and information recorded during the incident must be kept for future reference e.g public enquiry.

## **9. Special Circumstances and Arrangements**

There may be certain types of incident which require 'special arrangements' to be made in conjunction with the major incident plan. These circumstances will include situations involving, but not exhaustively:

- a) Large numbers of paediatric casualties
- b) Incidents involving chemical or biological contamination
- c) Incidents involving radioactive contamination
- d) Mass casualty incidents
- e) Public health scare

### **Paediatric Major Incidents:**

Essentially the major incident plan will be invoked as normal. Further support can be obtained from the Paediatric Consultant and the Paediatric Matron / Specialist Nurse.

### **Chemical or Biological Contamination:**

The A&E Department of BHR Hospitals NHS Trust

#### **DOES NOT ACCEPT**

Radioactive patients

Biochemical or biological exposed patients who have not been decontaminated at the scene

Within A&E, there is a Decontamination Unit which can be erected for contaminated patients who self - refer. The correct procedure for using this tent is kept in A&E.

The Fire and Rescue Service, via Gold Control, can also provide additional decontamination facilities if the hospital facilities are insufficient.

Advice on chemicals can be sought from the Fire and Rescue Service using their Chemdata database or Health Protection Agency (HPA).

Further advice on biological contamination can be obtained from the on call Consultant Microbiologist.

In the event of such incidents, medical casualties may be in the majority. Therefore the command and control roles of Medical and Surgical Staff will have to be changed

## **Radioactive Contamination**

BHR Hospitals NHS Trust is not designated to receive casualties from radiation incidents. Further advice on radiation issues can be referred to an on-call nuclear physicist at Essex Rivers Hospital, Colchester, Southend General Hospital or Ipswich Hospital.

## **Mass Casualty Incidents**

In the event of an incident which involves a number of casualties that cannot be dealt with by one hospital 'COBRA' will be set up at either regional or national level. The Ambulance Service will liaise with all hospitals in the area and establish their capacity to accept casualties. They will then distribute the casualties accordingly

## **Public Health Scare:**

This could be as the result of a variety of issues including outbreak of disease, infection or other health risk, recalling patients for possibly false test results, reassurance from a perceived health risk etc .

In the vast majority of these cases the NHS London, Department of Health or other health agency will be involved at GOLD CONTROL level. Arrangements may be required in setting up a 'help line'. This can be done either in or out of the hospital and the media will be able to assist greatly in controlling the situation by issuing a helpline number or advice.

## **Oncology / Radiotherapy**

In the event of an Incident the Oncology Day Unit/Outpatients and Radiotherapy Departments at BHRUT will continue their planned activity as any interruption of treatments could have a negative impact on patient survival.