

Major Incident Plan

Queens Hospital

REVIEWED DECEMBER 2010

This policy replaces all previous versions of this plan.

Please destroy all other versions of this document

Approval: Performance, Efficiency & Quality Board: Statutory Safety Committee:	Implementation:	Review : 31.12.11 Version 5a
Responsible Officer: Director of Delivery	Advice: Safety & Emergency Planning Manager	
Core Clinical Governance Policy: Yes	Applicable to Non-Clinical Areas	

All Incident and Major Incident Plans

Action Cards

Switch Board

67. Switchboard Standby
68. Switchboard Receiving
69. Switchboard Supporting
70. Switchboard Stand Down/Cancellation

Accident & Emergency

71. A&E Overall-in-Charge Nurse/Shift Leader
72. A&E Matron/Manager – Bleep Holder
73. Consultant/Registrar/Staff Grade
74. Reception/Triage Doctor Majors
75. Reception Initial Triage Nurse (Outside) Majors Ambulance Entrance
76. HCA/Runner Triage Point (Outside) Majors Ambulance Entrance
77. Primary Nurse Majors (Yellow Area)
78. Assessment Nurse
79. A&E Exit Area/HCA (Resus/Majors)
80. Nurse Majors Area (Yellow Area)
81. Triage Nurse – Main Triage Room Minors
82. Reception – Triage Doctor
83. HCA/Runner Triage Minors
84. Reception/Initial Triage Nurse (Outside) Minors
85. Reception Team Leader Majors A&E Ambulance Entrance
86. Receptionist Minors Area Main Entrance to Department
87. Receptionist Main Reception Area
88. Receptionist Kidscas Area
89. Receptionist – Triage Point Majors
90. Nurse in Charge Resuscitation Area (Red Area)
91. Nurse in Resuscitation Area (Red Area)
92. A&E Theatre Nurse Allocated From Theatres
93. Nurse in Charge – Kidscas (Silver Area)
94. Nurse Kidscas (Purple Area)
95. Person in Charge of Fluids & General Pharmacy
96. Person in Charge of Stores
97. A&E Exit Area/HCA (Minors/Kidscas)
98. Nurse in Charge Minors (Green Area)
99. Nurse Minors (Green Area)
100. Receptionist Triage Point (Outside) Minors Entrance A&E
101. Discharge Doctor (Departure Lounge)
102. Nurse in Charge Discharge Area
103. HCA/Runner Discharge Area
104. Ambulance Liaison Officer
105. Police Liaison Officer(s)

CONTROL CENTRE

106. Nominated Physician/Surgeon On Call
107. Duty Matron/Site Manager
108. Loggists
109. Communications Manager
110. General Manager/Director on Call

GOLD COMMAND

111. Executive Director/Chief Executive
112. Medical Director/Deputy
113. Director of Nursing/Deputy
114. Loggists

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE

Major Incident Plan V5a review December 2011

Action Cards – Queens Hospital

Action Cards

Medical Staff

115. On Call Consultant Anaesthetist/Registrar
116. Anaesthetist/SHO/Registrar
117. Consultant/Medical Staff On Duty Without Specific Duties
118. On Call Trauma Team
119. On Call Consultant Paediatrician/Registrar
120. Consultant Orthopaedic Surgeon/Registrar On-Call
121. Consultant Surgeon/Registrar On-Call
122. Consultant ENT Surgeon/Registrar On-Call
123. Consultant Neurosurgeon/Registrar On-Call
124. Consultant Surgeon Urology/Registrar On-Call
125. On-Call Sp. Registrar (ENT)

Nursing

126. Nurse in Charge of Medical Ward
127. Nurse in Charge of Surgical Ward
128. Nurse in Charge of Paediatrics Ward
129. Senior Nurse/Charge Nurse ITU/HDU
130. Nurse in charge of Coronary Care Unit
131. Senior Nurse – Operating Theatres
132. Outpatient's Manager
133. Bed Manager

Support Services

134. Radiographer On Duty
135. Haematology and Blood Transfusion
136. Biochemistry Technician
137. Physiotherapist On-Call
138. Pharmacist On-Call
139. On Duty Manager Linen Services
140. On Duty Manager Sterilisation Services
141. Patient Advice Liaison Officer/Relatives Officer
142. Runners
143. Medical Records Manager
144. Security Officer
145. Portering Manager
146. Catering Manager
147. Domestic Services Manager
148. Portering Team Leader
149. Logistics General Manager/Deputy
150. Supplies Department On-Call Personnel
151. Chaplains
152. On-Call Maintenance Officer
153. Instrument Curators Department
154. Mortuary Staff

APPENDIX A - Abbreviations

APPENDIX B - Log Book

APPENDIX C - Mobile Medical Team

Action Cards – Queens Hospital

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO TAKE DETAILS OF INCIDENT AND REPORT THEM TO A&E, YOU THEN CALL KEY STAFF FROM THE LIST

67

PLEASE TICK AND RECORD THE TIME OF EACH ACTION ON THIS CARD

Message received is

'MAJOR INCIDENT STANDBY'

1. Record

- Time of call
- Location of incident
- Types of casualties
- Estimated number of Casualties

- 2. Contact** the Duty Matron & Site Manager Notify the Nurse in A&E via the blue light phone and with the message:

'Major Incident Standby has been issued from Ambulance Control'

- 3. Contact** the following with the message:

**'Major Incident Standby has been issued from Ambulance Control.
Please come in to the Hospital '**

- General Manager on call
- A&E Consultant on call
- Medical Consultant on call
- 3&4 Telephonist (report directly to switchboard)
- Communications Officer on call
- Executive Director on call

4. AWAIT SECOND MESSAGE FROM AMBULANCE CONTROL

SWITCHBOARD – Standby	Action Card 67
SWITCHBOARD – Receiving	Action Card 68
SWITCHBOARD – Supporting	Action Card 69
SWITCHBOARD – Stand Down/Cancellation	ActionCard70

Action Card – SWITCHBOARD - Standby

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO REPORT THE ESCALATION TO A&E AND CALL IN KEY STAFF FROM THE LIST
1 of 2

PLEASE TICK AND RECORD THE TIME OF EACH ACTION ON THIS CARD

Message received is

‘MAJOR INCIDENT DECLARED – RECEIVING HOSPITAL’

Record

- Time of call
- Location of incident
- Types of casualties
- Estimated number of Casualties

1. Contact the following with the message:

‘MAJOR INCIDENT DECLARED RECEIVING HOSPITAL – ACTIVATE PLAN’

- Senior Nurse A&E via blue light phone
- General Manager on call
- Executive Director on call
- Duty Matron/ & Site Manager
- Telecoms Team Leader
- Sodexo Switchboard Manager
- 3&4 Telephonist (report directly to switchboard)
- Medical Consultant on call
- Speciality on call Registrars
- ITU – Nurse in Charge
- Bed Manager
- Communications Manager

2. **Contact** the following on call Consultants via pagers, phones etc. with the message:

‘MAJOR INCIDENT DECLARED, RECEIVING HOSPITAL – REPORT TO Major Incident Control Centre,

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

- Surgery
- Neuro surgery
- Orthopaedics
- Anaesthetics ITU/CC

Remember to start a log of all messages and actions immediately

**YOUR ROLE IS TO REPORT THE ESCALATION TO A&E
AND CALL IN KEY STAFF FROM THE LIST**

2 of 2

68

PLEASE TICK AND RECORD THE TIME OF EACH ACTION ON THIS CARD

Continuation of Action Card 2

Contact

1. Blood Transfusion or on call Haematology
2. Radiology or on call Radiographer
3. Senior Pharmacist or on call Pharmacist
4. Maintenance Officer on call
5. Senior Porter Team Leader
6. Sodexo Manager on call
7. Head of Security
8. Duty Hospital Chaplain
9. Barking and Dagenham PCT
10. Redbridge PCT
11. Havering PCT
12. Outpatient Manager office hours only
13. Medical Records Team Leader

NOTE

Following a 'DECLARED' alert, 'STAND DOWN' can only be given by Major Incident Control Centre on the advice of Ambulance Gold Control

Action Card – SWITCHBOARD – Receiving Hospital

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

**YOUR ROLE IS TO REPORT THE ESCALATION TO A&E
AND CALL IN KEY STAFF FROM THE LIST**

1 of 2

PLEASE TICK AND RECORD THE TIME OF EACH ACTION ON THIS CARD

Message received is

'MAJOR INCIDENT DECLARED – SUPPORTING HOSPITAL'

Record

Time of call
Location of incident
Types of casualties
Estimated number of Casualties

Contact the following with the message:

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

- Senior Nurse A&E via blue light phone
- General Manager on call
- Executive Director on call
- Duty Matron & Site Manager
- Telecoms Team Leader
- Sodexo Switchboard Manager
- 3&4 Telephonist (report directly to switchboard)
- Medical Consultant on call
- Speciality on call Registrars
- ITU – Nurse in Charge
- Bed Manager
- Communications Manager

Contact the following on call Consultants via pagers, phones etc. with the message:

**'MAJOR INCIDENT DECLARED, SUPPORTING HOSPITAL - REPORT TO
Major Incident Control Centre,**

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

Surgery
Neuro surgery
Orthopaedics
Anaesthetics ITU/CC

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

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69

Contin
ued

Action Card – SWITCHBOARD – Support Hospital

**YOUR ROLE IS TO REPORT THE CANCELLATION OF
THE ALERT TO A&E AND KEY STAFF**

2 of 2

69

PLEASE TICK AND RECORD THE TIME OF EACH ACTION ON THIS CARD

Continuation of Action Card 2

Contact

- Blood Transfusion or on call Haematology
- Radiology or on call Radiographer
- Senior Pharmacist or on call Pharmacist
- Maintenance Officer on call
- Senior Porter Team Leader
- Sodexo Manager on call
- Head of Security

- Duty Hospital Chaplain
- Barking and Dagenham PCT
- Redbridge PCT
- Havering PCT
- Outpatient Manager office hours only
- Medical Records Team Leader

NOTE

Following a 'DECLARED' alert, 'STAND DOWN' can only be given by Major Incident Control Room on the advice of Ambulance Gold Control

Action Card – SWITCHBOARD – Supporting Hospital

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO REPORT THE STAND DOWN TO MICC

1 of 2

Action Card – SWITCHBOARD – Stand Down/Cancellation

PLEASE TICK AND RECORD THE TIME OF EACH ACTION ON THIS CARD

Message received is

Record **‘MAJOR INCIDENT STAND DOWN/CANCELLATION’**

Time of call
Location of incident
Types of casualties
Estimated number of Casualties

Contact the following with the message:

‘MAJOR INCIDENT STAND DOWN/CANCELLATION’-

- Senior Nurse A&E via the Blue light phone
- General Manager on call
- Executive Director on call
- Duty Matron & Site Manager
- Telecoms Team Leader
- Sodexo Switchboard Manager
- 3&4 Telephonist (report directly to switchboard)
- Medical Consultant on call
- Speciality on call Registrars
- ITU – Nurse in Charge
- Bed Manager
- Communications Manager

Contact the following on call Consultants via pagers, phones etc. with the message:

‘MAJOR INCIDENT STAND DOWN/CANCELLATION,

Surgery
Neuro surgery
Orthopaedics
Anaesthetics ITU/CC
Paediatrics

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

**YOUR ROLE IS TO REPORT THE STAND
DOWN/CANCELLATION TO THE MICC**

2 of 2

70

PLEASE TICK AND RECORD THE TIME OF EACH ACTION ON THIS CARD

Continuation of Action Card 2

Contact

- Blood Transfusion or on call Haematology
- Radiology or on call Radiographer
- Senior Pharmacist or on call Pharmacist
- Maintenance Officer on call
- Senior Porter Team Leader
- Sodexo Manager on call
- Head of Security
- Duty Hospital Chaplain
- Barking and Dagenham PCT
- Redbridge PCT
- Havering PCT
- Outpatient Manager office hours only
- Medical Records Team Leader

NOTE

Following a 'DECLARED' alert, 'STAND DOWN' can only be given by Major Incident Control Centre on the advice of Ambulance Gold Control

Action Card – SWITCHBOARD – Stand Down/Cancellation

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO MANAGE THE INCIDENT UNTIL THE INCIDENT MANAGING DOCTOR ARRIVES

71

- Wear identifying tabard (Silver).

Report to **Major Incident Control Room** located in the, Room G 10459 ground floor to the left of the Medical Assessment/Acute Assessment unit opposite the entrance to the central staff core lifts - Ext 2434.

It is not necessary to report in person to the Major Incident Control Centre. Action Cards are held at all times in A&E.

- Initiate "T" call-out for A&E Medical, Nursing and Clerical staff.
- Liaise with Middle Grade A&E Doctor/A&E SHO to clear department of walking wounded to GP or identified A&E department as appropriate.
- Deploy on-duty nursing staff with appropriate Action Cards and tabards to following areas (record on appropriate documentation).
 - Resuscitation
 - Majors
 - Minors
 - Kidscas
 - Major Incident Triage Points
 - Main Triage Room
 - Controlled Drugs
 - Stores
 - Fluids and General Pharmacy
 - Exit door (HCA)
 - Discharge Area (Central Therapies Dept)
 - Deploy clerical staff to following areas: (if Reception Team Leader is on duty, delegate this task to her).
 - Outside Triage Point
 - Reception Areas (2)
 - Minors
 - Kidscas
 - Exit door

Incident declared

- Continue to control and manage A&E department

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE

Major Incident Plan V5a review December 2011

**Action Card - A&E OVERALL IN CHARGE NURSE /
SHIFT LEADER**

YOUR ROLE IS TO CONTACT THE A&E CONSULTANTS

72

- You will be notified by the Nurse-in-Charge that a Major Incident has occurred.
- You will wear a red tabard.
- Report to the **Major Incident Control Centre** – located in, Room G 10459 ground floor to the left of the Medical Assessment/Acute Assessment unit opposite the entrance to the central staff core lifts Ext 2434
- Nominate member of staff to contact off duty staff in order to meet the demands of the incident – do not contact staff who were on duty on the latest night staff or those who are rostered to work on the next night shift.
- Report to Overall-in-Charge Nurse/Shift Leader/Senior Doctor in A&E.
- Assess situation and after briefing, take over management of A&E resources.
- Continue monitoring situation in A&E in conjunction with A&E Consultant.
- Act as sole liaison between A&E and the Major Incident Control Centre keeping them informed of the situation.

Action Card – A & E MATRON / MANAGER

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

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Major Incident Plan V5a review December 2011

**YOUR ROLE IS TO CLEAR DEPARTMENT OF WALKING
WOUNDED TO GP OTHER IDENTIFIED A&E
DEPARTMENT**

73

Standby

- Report to the A & E department and collect Action Card.
- Advise Admitting SHOs to identify patients for stabilisation and transfer.

Incident declared

- Ensure trolley patients are stabilised for transfer.
- Ensure admission area cleared by speciality teams – transfer and admit.
- Deploy medical resources:
 - Outside Triage Points
 - Clinical Areas (including Senior Doctor to Discharge Lounge)
- Full handover to A&E Consultant on arrival

Action Card – CONSULTANT/REGISTRAR/STAFF GRADE

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO TRIAGE INCOMING CASUALTIES UNTIL THE ARRIVAL OF THE A&E CONSULTANT

74

Nominated by the A&E Consultant/First on call Registrar/Staff Grade

Based in the A&E Department Ambulance Entrance

You will be notified by Switchboard that a Major Incident has occurred.

- Wear identifying tabard (Silver).
- Report to the Outside Triage Point A&E.
- Patients will be triaged prior to their arrival to the hospital by the Ambulance Service and their priority groups are as follows:

Priority 1	Immediate	Red Label
Priority 2	Urgent	Yellow Label
Priority 3	Delayed	Green Label
Priority 4	Expectant	Blue Label
Dead	Deceased	White Label

- Examine each patient and determine their condition and designate to appropriate area
- Ensure all patients are documented on appropriate Major Incident Triage Sheets Green for Major Incident patients, White for Non-Major Incident patients and labelled appropriately.
- Maintain contact with A&E Consultant.

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

Action Card - Reception/Triage Doctor Majors

YOUR ROLE IS TO ASSIST THE TRIAGE DOCTOR AT TRIAGE POINT (OUTSIDE) AMBULANCE ENTRANCE

75

**Action Card - RECEPTION INITIAL TRIAGE NURS(OUTSIDE)
MAJORS AMULANCE ENTRANCE MAJORS**

- Wear identifying tabard (Blue).
- Prepare the Outside Triage Area – obtain trolley from Major Incident Cupboard containing Major Incident Triage Sheets, Name bands and folders with Information Leaflets and Admission Packs.
- Work in conjunction with:
 - Triage Doctor
 - Receptionist
 - Runner/HCA
- Patients will be triaged prior to their arrival to the hospital by the Ambulance Service and their priority groups are as follows:

Priority 1	Immediate	Red Label
Priority 2	Urgent	Yellow Label
Priority 3	Delayed	Green Label
Priority 4	Expectant	Blue Label
Dead	Deceased	White Label

- Assist in allocation and Triage of all casualties. Make sure numbered name band corresponds to numbered triage notes. Ensure appropriate Major Incident Triage Sheet is completed – Green for Major Incident patients and White for Non-Major Incident patients.
- Ensure the Major Incident Wipe Board is kept up-to-date (this provides you with information regarding the number of patients allocated to each area).

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO ASSIST THE TRIAGE DOCTOR & NURSE AT TRIAGE POINT (OUTSIDE) MAJORS AMBULANCE ENTRANCE

76

Action Card - RHCA / RUNNER TRIAGE POINT (OUTSIDE) MAJORS AMBULANCE ENTRANCE

- Wear identifying tabard (Blue).
- Go to the Walking ill/injured entrance to A&E.
- All Majors patients to the Major Incident Triage Point outside the Ambulance Entrance.
- Patients will be triaged prior to their arrival to the hospital by the Ambulance Service and their priority groups are as follows:

Priority 1	Immediate	Red Label
Priority 2	Urgent	Yellow Label
Priority 3	Delayed	Green Label
Priority 4	Expectant	Blue Label
Dead	Deceased	White Label

- Once Triage by the Major Incident Triage Doctor/Nurse, (any walking ill/injured patients are directed to the Triage Nurse in minors Triage outside minors area main entrance. Registration on the computer will be completed as usual.
- Direct all Press/Media to the Education Centre
- Direct all relatives/friends (excluding those of Moribund and Dead patients) to Outpatients Department 1.

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

YOUR ROLE IS TO CO-ORDINATE THE ACTIVITY IN THE MAJORS AREA (YELLOW AREA)

- Wear identifying tabard (Yellow, Nurse-in-Charge).
- Allocate nurses to each bay.
- Clear Majors of existing patients in liaison with relevant Admitting Team/A&E
- Medical Staff.
- Marry up all A+E front sheets with major incident notes. Non major incident patients have A+E cards only.
- Closely monitor the Majors Area identifying staffing/equipment/other needs.
- Report to the Overall-in-Charge Nurse/Shift Leader if:
 - further nurses required.
 - patient moves out of Major Area to e.g. Theatre, Ward, X-ray.
 - death of any patient.
- Request stores from nurse-in-charge of stores.
- Request pharmacy from nurse-in-charge of pharmacy.
- Nurse-in-Charge will check all CDs.
- Remain supernumerary and in sight at all times.
- All patients who are discharged will be re-assessed in the Discharge Lounge by the Major Incident Discharge Doctor.

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO TRIAGE PATIENTS IN THE MAJOR AREA ONTO THE COMPUTER

78

- Wear identifying tabard (Yellow).
- Go to Assessment Nurse Area in majors.
- You will be given Major Incident Triage notes by the ambulance crews. (Green for major incident patients, white for non-major incident patients).
- Triage patients in the usual way using presenting complaint code 52, for all major incident patients.
Use the other codes for all non-major incident patients.
- Then direct ambulance crews to receptionist to be registered in the usual way.

Action Card - ASSESSMENT NURSE

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO MONITOR MOVEMENTS OF MAJOR INCIDENT PATIENTS (MAJORS / RESUS)

79

- Wear identifying tabard (yellow tabard).
- Go to exit area by main reception and entrance to AAV.
- Document all discharges, transfers etc, from A+E in the notepad (found in the tabard).

Action Card - A & E EXIT AREA / HCA (RESUS / MAJORS)

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO ADMINISTER PRESCRIBED TREATMENTS TO EXISTING PATIENTS AND DISCHARGE AS INSTRUCTED BY PRIMARY NURSE

80

- Wear identifying tabard (yellow).
- Prepare area/equipment etc. eg:
 - IVIs ready and connected (blood giving sets where appropriate)
 - CVP Lines.
 - Phlebotomy equipment and bottles.
 - ET Tubes and connectors ready and available.
 - Burns equipment if required.
 - Catheterisation equipment.
 - Suture Packs, local ready and available.
 - Chest drain packs ready and available.
 - All electrical equipment checked and ready for use.
- On arrival of patient:
 - Undress patient, place clothes in Forensic Bag and place on bottom of trolley.
 - Record TPR and BP, Neuro OBEs and chart same.
 - Record all fluids.
 - Carry out doctors' instructions and record any drugs given.
- Report to Nurse-in-Charge of Majors Area if:
 - further nurses required.
 - patient moves out of Resus area e.g. Theatre, Ward, X-ray.
 - death of any patient.
 - any stores or drug supplies needed.
 - any Controlled Drugs needed
- All patients leave via the A&E exit door by A+E reception/AAU entrance.
- All patients who are discharged will be re-assessed in the Discharge Lounge by the Major Incident Discharge Doctor (Staff Grade).

Action Card - NURSE MAJORS AREA (YELLOW AREA)

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO TRIAGE ALL WALKING ILL/INJURED CASES AS NORMAL. THESE WILL INCLUDE BOTH MAJOR INCIDENT AND NON-MAJOR INCIDENT PATIENTS

81

- Wear identifying tabard (Blue).
- You will be given major incident Triage notes by the patient. (Green for Major Incident patients, white for non – major incident patients).
- Major Incident patients use presenting complaint code 52.
- Use the other codes for non–major incident patients.
- Direct patients to receptionist to be registered.

**Action Card - TRIAGE NURSE – MAIN TRIAGE ROOM
MINORS**

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO TRIAGE PATIENTS AT THE MINORS AREA – (OUTSIDE) MAIN ENTRANCE TO A&E

Nominated by the A&E Consultant/First on call Registrar/Staff Grade

You will be notified by Switchboard that a Major Incident has occurred.

- Wear identifying tabard (Blue).
- Report to the Outside Triage Point Main Entrance to A&E.
- Patients will be triaged prior to their arrival to the hospital by the Ambulance Service and their priority groups are as follows:

Priority 1	Immediate	Red Label
Priority 2	Urgent	Yellow Label
Priority 3	Delayed	Green Label
Priority 4	Expectant	Blue Label
Dead	Deceased	White Label

- Examine each patient and determine their condition and designate to appropriate area.
- Ensure all patients are documented on appropriate Major Incident Triage Sheets – Green for Major Incident patients, White for Non-Major Incident patients and labelled appropriately.
- Maintain contact with A&E Consultant.

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO ASSIST MEDICAL AND NURSING STAFF IN THE TRIAGE AREA MINORS (OUTSIDE) A&E

83

- Wear identifying tabard (Green).
- Go to the Walking ill/injured main entrance to A&E.
- Direct all patients (i.e. Major Incident and Non-Major Incident patients) to the Major Incident Triage Point outside the Main Entrance.
- Patients will be triaged prior to their arrival to the hospital by the Ambulance Service and their priority groups are as follows:

Priority 1	Immediate	Red Label
Priority 2	Urgent	Yellow Label
Priority 3	Delayed	Green Label
Priority 4	Expectant	Blue Label
Dead	Deceased	White Label

- Once triaged by the Major Incident Triage Doctor/Nurse, all walking ill/injured patients are directed to the Triage Nurse in Main Triage in the Waiting Room. Registration on the computer will be completed as usual.
- Direct all Press/Media to the Education Centre
- Direct all relatives/friends (excluding those of Moribund and Dead patients) to the Outpatients Department 1.

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

Action Card - HCA / RUNNER TRIAGE MINORS

**YOUR ROLE IS TO ASSIST THE TRIAGE DOCTOR
(OUTSIDE) MINORS IN THE MAIN ENTRANCE A&E**

84

**Action Card - RECEPTION / INITIAL TRIAGE NURSE
(OUTSIDE) MINORS**

- Announce Major Incident to Waiting Room.
- Wear identifying tabard (Green).
- Prepare the Outside Triage Area – main entrance to A&E obtain trolley from Major Incident Cupboard containing Major Incident Triage Sheets, Name bands and folders with Information Leaflets and Admission Packs.
- Work in conjunction with:
 - Triage Doctor
 - Receptionist
 - Runner/HCA
- Patients will be triaged prior to their arrival to the hospital by the Ambulance Service and their priority groups are as follows:

Priority 1	Immediate	Red Label
Priority 2	Urgent	Yellow Label
Priority 3	Delayed	Green Label
Priority 4	Expectant	Blue Label
Dead	Deceased	White Label

- Assist in allocation and Triage of all casualties. Ensure appropriate Major Incident Triage Sheet is completed – Green for Major Incident patients and White for Non-Major Incident patients.
- Ensure the White Major Incident Board is kept up-to-date (this provides you with information regarding the number of patients allocated to each area).
- Direct all patients to the triage nurse for details to be entered onto the computer system.

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

**YOUR ROLE IS TO MANAGE TO ADMINISTRATION
STAFF TO ENSURE APPROPRIATE
DOCUMENTATION IS MAINTAINED**

85

**Action Card - RECEPTION TEAM LEADER MAJORS
A&E AMBULANCE ENTRANCE**

- Delegate one receptionist to call in off duty reception staff using the reception staff telephone list.
- Wear identifying tabard (White) and issue action cards to receptionists.
- Allocate receptionists to each of the following areas:
 - Main Reception x 2
 - Triage x 2 (One at ambulance bay entrance and one at minors main entrance).
 - Minors
 - Kidscas
 - Discharge Receptionist
- Should patients arrive who have not been involved in the Major Incident direct them to the Triage Doctor and Nurse outside main entrance to department
- Allocate extra reception staff as appropriate.

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

**YOUR ROLE IS TO COLLATE AND DOCUMENT PATIENT
DETAILS FROM THE INCIDENT AT THE MAIN
ENTRANCE TO THE DEPARTMENT**

86

- Wear identifying tabard (Green).
- Enter patient's name and date of birth on the appropriate Major Incident Triage Sheet – Green for Major Incident Patients and White for Non-Major Incident Patients. Registration on computer will be completed as usual.
- Enter the same details on a name band and attach to the patient.
- Document area to which the patient is allocated on the Wipe Board. The Wipe Board will need to be updated and "Runner" can be utilised.

**Action Card - RECEPTIONIST MINORS AREA
MAIN ENTRANCE TO DEPARTMENT**

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

**YOUR ROLE IS TO COLLATE AND DOCUMENT PATIENT
DETAILS FROM THE INCIDENT AT THE MAIN
RECEPTION AREA**

87

- Wear identifying tabard (White).
- All patients, will be entered onto system by triage nurse. Register patients in usual way i.e. after-triage.
- Enter demographic details on top copy of triage sheet.
- File the Major Incident Triage Sheets with the appropriate A&E record cards. Green sheets are for Major Incident patients, White sheets are for Non-Major Incident Patients.
- Liaise with Admissions Desk in Reception Areas regarding Admissions, Case Notes etc.
- Keep Senior Receptionist informed of any problems.

Action Card - RECEPTIONIST MAIN RECEPTION AREA

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

**YOUR ROLE IS TO COLLATE AND DOCUMENT PATIENT
DETAILS FROM THE INCIDENT AT THE MAIN
RECEPTION KIDCAS AREA**

88

- Wear identifying tabard (White).
- All patients will be entered onto system by triage nurse. Register patients in usual way.
- Enter demographic details on top copy of triage sheet.
- File the Major Incident Triage Sheets with the appropriate A&E record cards. Green sheets are for Major Incident patients, White sheets are for Non-Major Incident Patients. Registration on computer will be completed retrospectively.
- Liaise with Admissions Desk in Reception Areas regarding Admissions, Case Notes etc.
- Keep Senior Receptionist informed of any problems.

Action Card - RECEPTIONIST KIDSCAS AREA

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO COLLATE AND DOCUMENT PATIENT DETAILS FROM THE INCIDENT IN THE MAJORS AREA

89

- Wear identifying tabard (White).
- Enter patient's name and date of birth on the appropriate Major Incident Triage Sheet – Green for Major Incident Patients and White for Non-Major Incident Patients. Registration on computer will be completed as usual.
- Enter the same details on a name band and attach to the patient.
- Document area to which the patient is allocated on the Wipe Board. The Wipe Board will need to be updated and "Runner" can be utilised.

Action Card - RECEPTIONIST – TRIAGE POINT MAJORS

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO CO-ORDINATE THE ACTIVITY IN THE RESUSCITATION AREA (RED AREA)

- Wear identifying tabard (Red).
- Allocate nurses to each bay.
- Clear Resus of existing patients in liaison with relevant Admitting Team/A&E Staff Grade Doctor/Registrar/Consultant on call.
- Ensure staff prepare equipment as appropriate. In the Majors Area there will be a green plastic box containing pre-packed documentation. Place an appropriate number in your area.
- Secondary Triage all patients as they arrive. You need to enter the Triage onto the computer. Use presenting complaint code 51 for all major incident patients. File the Major Incident Triage Sheet (Green for Major Incident Patients and White for Non-Major Incident patients) with the appropriate A&E Record Card.
- Closely monitor the Resuscitation Area identifying staffing / equipment / other needs.
- Report to the Overall-in-Charge-Nurse/Shift Leader if:
 - further nurses required.
 - patient moves out of Resus Area to e.g. Theatre, Ward, X-ray.
 - death of any patient.
- Request stores from person-in-charge of stores.
- Request pharmacy from nurse-in-charge of pharmacy.
- Remain supernumerary and in sight at all times.

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

YOUR ROLE IS TO ASSIST THE NURSE IN CHARGE OF THE RESUSCITATION AREA (RED AREA)

91

Action Card - NURSE IN RESUSCITATION AREA (RED AREA)

- Wear identifying tabard (Red).
- Prepare area/equipment etc e.g.:
 - IVIs ready and connected (blood giving sets where appropriate)
 - CVP Lines.
 - Phlebotomy equipment and bottles.
 - ET Tubes and connectors ready and available.
 - Burns equipment if required.
 - Catheterisation equipment.
 - Suture Packs, local ready and available.
 - Chest drain packs ready and available.
 - All electrical equipment checked and ready for use.
- On arrival of patient:
 - Undress patient, place clothes in Forensic Bag and place on bottom of trolley.
 - Record TPR and BP, Neuro Obs and chart same.
 - Record all fluids.
 - Carry out doctors instructions and record any drugs given.
 - Patient must not be left unattended.
- Report to Nurse-in-Charge of Resus Area if:
 - further nurses required.
 - patient moves out of Resus Area to e.g. Theatre, Ward, X-ray.
 - death of any patient.
 - any Controlled Drugs needed.

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO PREPARE THEATRES TO MEET THE DEMANDS OF THE INCIDENT

92

**Action Card - A & E THEATRE NURSE
ALLOCATED FROM THEATRES**

- Wear identifying tabard (Blue)
- Prepare Theatre trolleys with:
 - Suture Packs
 - Local Anaesthetic
 - Cleansing Agents i.e. Saline and Betadine
 - Suture Materials
 - Needles
 - Syringes
 - Gauze Squares
 - Wound Pads
 - Dressings
 - Bandages
 - Tape
- Report to the Nurse in charge of Minors if:
 - further nurses required
 - any stores/supplies needed

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO CO-ORDINATE THE ACTIVITY IN THE KIDSCAS (SILVER AREA)

Action Card - NURSE IN CHARGE – KIDSCAS (PURPLE AREA)

- Wear identifying tabard (Silver).
- Allocate nurses to each bay.
- Clear Kidscas of existing patients in liaison with relevant Admitting Team / A&E Medical Staff.
- Ensure staff prepare equipment as appropriate.
- File the Major Incident Triage Sheet (Green for Major Incident Patients and White for Non-Major Incident patients) with the appropriate A&E Record Card. All children should be registered onto the computer by triage nurse.
- Closely monitor the Kidscas Area identifying staffing/equipment/other needs.
- Hold drug cupboard keys and issue drugs as required.
- Report to the Overall-in-Charge-Nurse/Shift Leader if:
 - further nurses required
- Patient moves out of Kidcas Area to e.g. Theatre, Ward, X-ray.
- Death of any patient
- Request stores from person-in-charge of stores.
- Request pharmacy from person-in-charge of pharmacy.
- Remain supernumerary and in sight at all times.
- The computer system will be updated.
- All patients who are discharged will be re-assessed in the Departure Lounge by the Major Incident Discharge Doctor.

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO ASSIST WITH THE CO-ORDINATION OF ACTIVITY IN THE KIDCASE (PURPLE AREA)

94

- Wear identifying tabard (Silver).
- Administer prescribed treatments to existing patients and discharge as instructed by Primary Nurse.
- Prepare area/equipment etc. e.g:
 - IVIs ready and connected (blood giving sets where appropriate)
 - Phlebotomy equipment and bottles.
 - Burns equipment if required.
 - Suture Packs, local ready and available.
 - All electrical equipment checked and ready for use.
- On arrival of child
 - Undress patient, place clothes in Property Bag and place on bottom of trolley.
 - Record TPR and BP, Neuro Obs and chart same.
 - Record all fluids.
 - Patients must not be left unattended.
- Report to Nurse-in-Charge of Kidscas Area if:
 - further nurses required.
 - patient moves out of Kidscas Area to e.g. Theatre, Ward, X-ray.
 - death of any patient.
 - any stores or drug supplies needed.
 - any Controlled Drugs needed.
- All patients leave via the back corridor by the A+E Offices.
- All patients who are discharged will be re-assessed in the Departure Lounge by the Major Incident Discharge Staff Grade Doctor.

Action Card - NURSE KIDSCAS (PURPLE AREA)

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO ENSURE THAT SUPPLIES ARE AVAILABLE TO MEET THE DEMAND OF THE INCIDENT

95

Action Card - PERSON IN CHARGE OF FLUIDS & GENERAL PHARMACY

- Wear identifying tabard (Peach).
- Base yourself in the stores area for fluids on Majors.
- Check stock levels in department.
- Anticipate and list stock required.
- Liaise with Pharmacist to supply stock requirements.
- Take orders and issue requirements for Nurse-in-Charge of:
 - Resuscitation
 - Majors
 - Minors
 - Kidscas
- Regularly report to the Overall-in-Charge Nurse/Shift Leader

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

**YOUR ROLE IS TO ENSURE AVAILABILTY OF STORES
TO MEET THE DEMAND OF THE INCIDENT (PEACH
AREA)**

96

- Wear identifying tabard (Peach).
- Base yourself in the stores area in Majors.
- Check stock levels in department.
- Anticipate and list stock required.
- Liaise with Sterile and Clinical Supplies Manager to supply stock requirements.
- Take orders and issue requirements for Nurse-in-Charge of:
 - Resuscitation
 - Majors
 - Minors
 - Kidcas
- Regularly report to the Overall-in-Charge-Nurse/Shift Leader.

Action Card - PERSON IN CHARGE OF STORES

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO MONITOR MOVEMENTS OF MAJOR INCIDENT PATIENTS (MINORS/KIDS CAS)

97

- Wear identifying tabard (Silver).
- Go to exit area (Back corridor minors exit at the far end by A&E offices).
- Document all discharges, transfer etc, from A&E in the notepad (found in the tabard).

Action Card - A & E EXIT AREA / HCA (MINORS/KIDSCAS)

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO CO-ORDINATE THE ACTIVITY IN THE MINORS (GREEN AREA)

- Wear identifying tabard (Green).
- Allocate nurses to each bay.
- Clear area of existing patients in liaison with relevant Admitting Team A&E/ Staff Grade Doctor/Registrar/Consultant on call.
- Ensure staff prepare equipment as appropriate.
- File the Major Incident Triage Sheet (Green for Major Incident Patients and White for Non-Major Incident patients) with the appropriate A&E Record Card. All patient details should be put onto the computer system.
- Closely monitor the Minors Area identifying staffing/equipment/other needs.
- Report to the Overall-in-Charge-Nurse/Shift Leader if:
 - further nurses required.
 - patient moves out of Minors Area to e.g. Theatre, Ward, X-ray.
 - death of any patient.
- Request stores from person-in-charge of stores.
- Request pharmacy from person-in-charge of pharmacy.
- Remain supernumerary and in sight at all times.
- The computer system will be updated as usual
- All patients leave via the back corridor by A&E offices.
- All patients who are discharged will be re-assessed in the Departure Lounge by the Major Incident Discharge staff Grade Doctor.

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

Action Card - NURSE IN CHARGE MINORS (GREEN AREA)

YOUR ROLE IS TO ASSIST IN THE CO-ORDINATION OF ACTIVITY IN THE MINORS (GREEN AREA)

99

- Wear identifying tabard (Green).
- Administer prescribed treatments to existing patients and discharge as instructed by Primary Nurse.
- Prepare area/equipment etc. e.g:
 - Slings
 - Dressings
 - Trolleys
 - Suture Sets
- On arrival of patient:
 - Undress patient, place clothes in Property Bag and place on bottom of trolley.
 - Record TPR and BP, Neuro Obs and chart same.
 - Record all fluids.
 - Carry out doctors instructions and record any drugs given.
 - Patients must not be left unattended.
- Report to Nurse-in-Charge of Minors Area if:
 - Further nurses required.
 - Patient moves out of Minors Area to e.g. Theatre, Ward, X-ray.
 - Death of any patient.
 - Any stores or drug supplies needed.
 - Any Controlled Drugs needed.
- All patients leave via the back corridor by A&E Offices.
- All patients who are discharged will be re-assessed in the Departure Lounge by the Major Incident Discharge Staff Grade Doctor.

Action Card - NURSE MINORS (GREEN AREA)

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

**YOUR ROLE IS TO ASSIST THE TRIAGE DOCTOR
(OUTSIDE) MINORS MAIN ENTRANCE A+E**

100

- Wear identifying tabard (White).
- Prepare the outside Triage Area – Main entrance to A&E.
- Work in conjunction with;
 - Triage Doctor
 - Runner/HCA
- Patients will be triaged prior to their arrival to the hospital by the Ambulance Service.
- Make sure numbered name band corresponds to numbered triage notes. (Green for major incident patients, white for non-major incident patients).
- Ensure the major incident wipe board is kept up to date (this gives you information regarding the number of patients allocated to each area).

**Action Card - RECEPTIONIST TRIAGE POINT (OUTSIDE)
MINORS ENTRANCE A & e**

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO CLARIFY PATIENTS ARE FIT FOR DISCHARGE

101

- Go to discharge area in the departure lounge.
- Ensure patients are fit for discharge and all treatments have been administered

Action Card - DISCHARGE DOCTOR (DEPARTURE LOUNGE)

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO CO-ORDINATE THE ACTIVITY IN THE DISCHARGE AREA (BLUE AREA)

102

- Wear identifying tabard (Blue).
- Obtain identified Discharge Folder from the Major Incident Trolley.
- Go to the Discharge Area in the Discharge Lounge. Ensure you have a HCA to assist you.
- With the Discharge Doctor Staff Grade, ensure patients are fit for discharge and all treatments have been administered.
- Issue patients with appropriate information leaflets.
- Maintain records and inform Major Incident Control Centre and Police Liaison Officer(s) of those discharged.

Action Card - NURSE IN CHARGE DISCHARGE AREA

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO ASSIST WITH THE ACTIVITY IN THE DISCHARGE AREA

103

- Wear identifying tabard (Blue).
- Go to the Discharge Area in Discharge Lounge. Put signs out for discharge area and relative's area.
- Follow instructions from the Discharge Area Nurse.

Action Card - HCA / RUNNER DISCHARGE AREA

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO MAINTAIN COMMUNICATIONS BETWEEN AMBULANCE CONTROL AND THE RECEIVING HOSPITAL

104

Report to Medical Director in **Major Incident Control Centre** – located in Room G 10459 ground floor to the left of the Medical Assessment/Acute Assessment unit opposite the entrance to the central staff core lifts Ext 2434

- Set up and maintain a telephone and/or radio communications link between the receiving Hospital and Ambulance Control in the Junior Doctors Room No G10148.
- Liaise with the Hospital Triage Officer and Police Liaison Officer.
- Liaise with Ambulance Control and assist with the organising of transport for nursing and medical teams if required.
- Ensure the quick turn round of ambulances bringing casualties to the Hospital and return to the incident if required.
- Ensure release of ambulance service equipment by the Hospital and arrange its return to the incident if required.
- Ensure maximum co-operation with the Major Incident Control Centre in regard to decanting of patients to secondary Hospitals.
- Maintain, so far as it is reasonably practicable, a log of vehicle call signs, crew names, fuel status, number of patients and equipment arriving at the Hospital.
- Liaise with Ambulance Control with regard to the throughput of patients and any problems that are developing or are likely to develop.
- Under close liaison with the Ambulance Incident Officer, arrange that bulk supplies of drugs, infusion fluids and other such items are despatched from the Pharmacy to the incident location.
- Assist with the co-operation of Voluntary Transport at the Hospital.
- Remain at the Hospital subsequent to “Incident Stand Down” in order to manage continuing demands on resources for discharge/transfers.
- Prepare a report for the Chief Ambulance Officer

Action Card - AMBULANCE LIAISON OFFICER

Remember to start a log of all messages and actions immediately

YOUR ROLE IS TO COLLECT AND SUBMIT DETAILS OF CASUALTIES FROM THE INCIDENT TO THE POLICE CASUALTY BUREAU

105

The Police Liaison Officer(s) will report to the **Major Incident Control Centre** Room located in room G 10459 ground floor to the left of the Medical Assessment/Acute Assessment unit opposite the entrance to the central staff core lifts Ext 2434.

- The Police Liaison Officer(s) will be based in the Security Office situated in the main atrium and will be responsible for providing information to the Police Casualty Bureau on the number and types of casualties.
- You will collect information of casualties who have been treated as a result of the major incident from the receptionist(s) in the Accident and Emergency Department.
- The Police Liaison Officer(s) will refer enquiries from relatives/friends of casualties to the Police Casualty Bureau.
- The Police Liaison Officer(s) will liaise with the Chaplains Team and the Relatives Officer.

Action Card - POLICE LIAISON OFFICER(S)

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO CO-ORDINATE AND CONTROL THE MEDICAL RESPONSE ACROSS THE TRUST

1 of 2

106

Based in Major Incident Control Centre – , Room G 10459 ground floor to the left of the Medical Assessment/Acute Assessment unit opposite the entrance to the central staff core lifts Ext 2434.

If Consultant Physician on-call arrange for another Consultant to be on call.

- You will be notified by Switchboard that a Major Incident has occurred and the nature of the incident.
- In liaison with the Duty Matron/Site Manager arrange to clear Outpatients Department 2 of clinic patients for the reception of Relative's and direct patients waiting for transport home to Discharge Lounge.
- Monitor action taken by A&E, Theatres, Laboratories, Wards and ensure appropriate additional support staff are sent where required.
- Liaise with Duty Matron/Site Manager at King George Hospital, Extension 8488
- Organise rotation of teams to ensure continuous cover.
- Liaise with Ambulance Liaison Officer based in the Junior Doctors Room No. G10148 - Critical Care in, on bed requirements and Hospital capacity.
- Advise Public Relations Officer on matters concerning press/media enquiry.

Continued...

Action Card - NOMINATED PHYSICIAN / SURGEON ON CALL

Remember to start a log of all messages and actions immediately

YOUR ROLE IS TO CO-ORDINATE AND CONTROL THE MEDICAL RESPONSE ACROSS THE TRUST

2 of 2

106

Action Card - NOMINATED PHYSICIAN / SURGEON ON CALL

- Provide up to date names of casualties, progress and treatments, plus subsequent outcomes/discharges.
- If casualties start arriving before On-Call A&E Consultant arrives – appoint Surgical Registrar On-Call as Triage Officer.
- Direct runners as required.
- Deploy medical staff as necessary. Ensure that appropriate medical staff are deployed to wards to discharge or transfer to make available acute beds on designated wards.
- Nominate Consultant/Registrar to ensure that the hospital has adequate Cardiac Arrest Team and to identify patients who are deemed appropriate for discharge.
- Liaise with the A&E Co-ordinator in Accident and Emergency Department through internal telephone in Major Incident Control Centre Ext 2434
- At the end of the emergency ensure that there is a complete record of all casualties treated, admitted etc.
- On receipt of the order to “stand down” from the MIO or the Senior Ambulance Officer, the Medical Co-ordinator will liaise with the Duty Matron/Site Manager and will:-
 - i. Redeploy medical staff to designated wards to enable definitive treatments to be carried out.
 - ii. Designate department heads to inform all hospital staff when they can stand down.
 - iii. Inform the EBS when the hospital is able to admit further patients.
- Remain at the hospital subsequent to “Incident Stand Down” in order to manage continuing demands on resources for discharge/transfers.

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO CO-ORDINATE AND OVERSEE THAT THE PLAN HAS BEEN IMPLEMENTED

YOU
WILL
REMAI
N **107**
THIS
ROLE
UNTIL
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VED

- You will be notified by Switchboard and be the key person in initial management of the incident until the General Manager/Director on-call arrives.

Make your way to the **Major Incident Control Centre** – located in Room G 10459 ground floor to the left of the Medical Assessment/Acute Assessment unit opposite the entrance to the central staff core lifts, Ext 2434.- collect additional phones from switchboard and refer to Major Incident Telephones Queens, liaise with wards at King George on bed availability. Ensure that the Gold Command receives half hourly (or as deemed necessary) situation reports on bed availability and staffing levels.

- Ensure that all action cards have been issued – located in the Control Centre Major Incident cupboard. Document name of Action Card Holders reporting by telephone and in person (You may need to assign this task to a Deputy).
- In conjunction with Medical and Nursing staff – identify patients who could possibly upon assessment be discharged to meet the demands of the Incident.
- Nominate an appropriate person to act as a Loggist to record actions/requests/decisions.
- Inform nurse in charge of operating theatre if Trauma and Surgical patients are expected.
- Inform provider of non-urgent patient transport, advise them of the situation and request patient transport as appropriate, in order to deal with patients that have been identified by medical staff suitable for transfer or discharge home.
- Alert the Social Services Departments, in order that they may co-ordinate their response to visit victims, their relatives or dependants.
- Nominate members of staff to act as Messengers/Runners/Relatives Officer and to support Bed Manager.
- When relieved you will remain in a supporting role to the incident planning team to ensure adequate hand over and continuity.

Action Card - DUTY MATRON / SITE MANAGER

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO MAINTAIN A LOG OF DECISIONS MADE IN THE MANAGEMENT OF THE INCIDENT

108

- You will be nominated for this role by the Duty Matron/Site Manager.

You will be based in the **Major Incident Control Centre** located in Room G 10459 ground floor to the left of the Medical Assessment/Acute Assessment unit opposite the entrance to the central staff core lifts Ext 2434.

- You will be responsible for recording the management of the incident to include patient movement, staff deployment, and any other communications internally/externally or as directed by the person in charge.
- You will ensure that all decisions made are entered in the events log and that the events log is kept up-to-date.

Action Card - LOGGISTS

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO KEEP THE MEDIA UPDATED ON THE OUTCOMES OF THE INCIDENT

109

- You will be notified by Switchboard that a Major Incident has occurred.

Report to the **Major Incident Control Centre** – located in Room G 10459 ground floor to the left of the Medical Assessment/Acute Assessment unit opposite the entrance to the central staff core lifts Ext 2434 for update on situation.

- Recruit a team to assist you with communications during the incident, and send members to the secondary hospital as appropriate
- You will provide the rest of the communications team with updates on the numbers and types of casualties/fatalities on a half hourly basis.
- You will lead the team in providing a focal point for the media and assist the press in setting up in the Education Centre where they will wait, **away** from the clinical areas.
- You will provide the media with hourly updates on the number of casualties/fatalities.
- You will keep the media informed as required, publicising enquiry numbers to relatives and arranging access to information as appropriate, which may not need approval of Medical Director and consent of the patient.
- You will provide briefing documents as necessary for the DoH, and liaise with partner organisations to issue joint statements.
- You will be kept informed of the current situation regarding conditions and numbers of casualties by the Medical Director/Physician On-Call in the Major Incident Control Centre.
- A helpline may have been issued by the Police for relatives' enquiries this should be publicised where possible.
- You will prepare a post incident report for the Regional Planning Officer
- You will assist the Chief Executive in preparing a post incident report for the Regional Planning Officer.

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

Action Card - COMMUNICATIONS MANAGER

YOUR ROLE IS TO PARTICIPATE IN THE DECISION MAKING PROCESS DURING THE INCIDENT

110

- DURING AN INCIDENT BOTH KING GEORGE AND QUEEN'S HOSPITALS COULD BE DESIGNATED AS 'RECEIVING HOSPITALS' THE DECISION WHO WILL 'MAN' EITHER CONTROL CENTRE SHOULD AGREE BY THE GENERAL MANAGER AND THE DIRECTOR ON CALL

You will be notified by switchboard that a Major Incident has occurred report to **Major Incident Control Centre** – located in Room G 10459 ground floor to the left of the Medical Assessment/Acute Assessment unit opposite the entrance to the central staff core lifts Ext 2434.

- Liaise with Duty Matron/Site Manager and take over such duties as are appropriate to professional role
- Once you have received a full handover from the Duty Matron/Site Manager you may assume the role of the Incident Controller.
- Ensure that all actions and decisions are recorded by the loggist
- Depending on the scale of the incident consider cancelling outpatient clinics and routine surgery
- Ensure updates on capacity are relayed to the Ambulance Liaison Officer based in the Accident & Emergency Department
- Act as a central point of contact, ensuring that Gold Command are updated on a regular basis
- Ensure that all decisions and actions are recorded by the loggist
- Contact the On-call Director at the Strategic Health Authority and PCTs and appraise them of the situation
- Liaise with Major Incident Control Centre at King George Hospital, Extension 4288. If normal communication routes are down, put in place an alternative plan, in conjunction with the Communications manager.
- Dependant on scale of incident, liase with Gold Command to ensure there is a plan for staff rest breaks and a relief shift to come on after 4 hours.
- Ensure that plans are in place to hold a debrief at the end of the incident
Remember to start a log of all messages and actions immediately

Action Card - GENERAL MANAGER / DIRECTOR ON CALL

YOUR ROLE IS TO BE RESPONSIBLE FOR ASSESSING AND CONTROLLING THE RESPONSE ACROSS THE TRUST ENSURING SERVICE CONTINUITY AND RECOVERY PLANS ARE IN PLACE FOR THE AFTERMATH OF THE INCIDENT

111

- You will be notified by Switchboard that a Major Incident has occurred and the nature of the incident and which hospital(s) are to be receiving casualties.
- **Report to the Gold Command Control Centre based in the Trust headquarters - board room.**
- You will receive regular updates from the Major Incident Control Centres at King George and Queens Hospital.
- The Director of Nursing will update you on the situation and will assist you in the decision making process of maintaining a strategic overview of the response to the incident
- You will identify staff who will be responsible to ensure that plans are in place to ensure service continuity during the incident.
- Begin the process of ensuring that recovery plans are ready to be actioned in the aftermath of the incident.

Major Incident Control Centres:

King George Hospital Ext 4288

Queens Hospital Ext 2434

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Action Card - EXECUTIVE DIRECTOR / CHIEF EXECUTIVE

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO BE RESPONSIBLE FOR ASSESSING AND CONTROLLING THE CLINICAL RESPONSE ACROSS THE TRUST ENSURING SERVICE CONTINUITY AND RECOVERY PLANS ARE IN PLACE FOR THE AFTERMATH OF THE INCIDENT

- You will be notified by Switchboard that a Major Incident has occurred, the nature of the incident and which hospital(s) are to be receiving.
- Report to the Gold Command Control Centre based in Trust offices board room.
- You will be responsible for assessing and controlling the Trust's medical response.
- You will assist the Chief Executive in the decision making process whilst ensuring that the Trust's resources are evenly distributed and accessed.
- Ensure that the General Managers/Duty Matron/Site Managers keep you informed of the number and types of casualties presenting to the hospital(s).
- Continue to monitor and control the Trust's medical response.
- Ensure that speciality medical support is available to meet the demands and nature of the incident.
- Organise rotation of teams and standing down to ensure continuous cover.
- You will assist the Chief Executive and Director of Nursing in identify staff who will be responsible to ensure that plans are in place to ensure service continuity during the incident.
- Assist the Chief Executive and Director of Nursing to start the process of ensuring that recovery plans are ready to be actioned in the aftermath of the incident.

Major Incident Control Centres:

King George Hospital Ext 4288
Queens Hospital Ext 2434

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

YOUR ROLE IS TO BE RESPONSIBLE FOR ASSESSING AND CONTROLLING THE NURSING RESPONSE ACROSS THE TRUST ENSURING SERVICE CONTINUITY AND RECOVERY PLANS ARE IN PLACE FOR THE AFTERMATH OF THE INCIDENT

- You will be notified by Switchboard that a Major Incident has occurred, the nature of the incident and which hospital(s) are to be receiving hospitals.
- Report to the Gold Command Control Centre based in Trust Offices board room.
- You will be responsible for assessing and controlling the Trust's nursing response.
- You will assist the Chief Executive the decision-making process whilst ensure that the Trust's resources are evenly distributed and accessed and that essential services are.
- Acquire a current bed state and staffing profile for the Trust.
- Ensure that the General Managers/Duty Matron/Site Managers keep you informed of the number and types of casualties presenting to the hospital(s).
- Continue to monitor and control hospitals(s) nursing response.
- Ensure that you receive regular reports from the Bed Bureau on bed status.
- Organise rotation of teams and standing down to ensure continuous cover.
- You will assist the Chief Executive and Medical Director in identify staff who will be responsible to ensure that plans are in place to ensure service continuity during the incident.
- Assist the Chief Executive and Medical Director to start the process of ensuring that recovery plans are ready to be actioned in the aftermath of the incident.

Major Incident Control Centres:

King George Hospital	Ext 4288
Queens Hospital	Ext 2434

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE

Major Incident Plan V5a review December 2011

YOUR ROLE IS TO MAINTAIN A LOG OF DECISIONS MADE IN THE MANAGEMENT OF THE INCIDENT

114

- You will be nominated for this role by the Duty Matron/Site Manager.
- You will be based in Trust Offices board room.
- You will be responsible for recording the management of the incident to include strategic planning, patient movement, staff deployment and any other communications internally/externally or as directed by the Gold Commander.
- You will ensure that all decisions made are entered in the events log and that the events log is kept up-to-date.

Action Card - LOGGISTS

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO CO-ORDINATE THE DEPLOYMENT OF ALL ANAESTHETISTS, SUPPORTING THE INCIDENT

115

- You will be notified by Switchboard that a Major Incident has occurred.
- Report to the

Major Incident Control Centre – located in Room G 10459 ground floor to the left of the Medical Assessment/Acute Assessment unit opposite the entrance to the central staff core lifts Ex 2434

- In liaison with the Medical Director, deploy anaesthetic cover in Resuscitation Area, A&E Department.
- Co-ordinate and assist in resuscitation of patients.
- If more help is required advise Major Incident Control Centre through nurse in Resuscitation Room via A&E Nurse in Charge.

NB: Patients with red labels attached demand immediate attention.

Action Card - ON CALL CONSULTANT ANAESTHETIST / REGISTRAR

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO SUPPORT THE MANAGEMENT OF CRITICALLY ILL PATIENTS IN ITU AND WARD AREAS

116

- You will be notified by Switchboard that a Major Incident has occurred.
- Report to
Major Incident Control Centre – located in Room G 10459 ground floor to the left of the Medical Assessment/Acute Assessment unit opposite the entrance to the central staff core lifts Ext 2434
- Inform the Nurse in charge in ITU/CCU that an incident has occurred and arrange transfers as required.
- Be prepared to assist in any area where skills are required.

NB: Patients with red labels attached demand immediate attention.

Action Card - ANAESTHETIST SHO / REGISTRAR

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO ACT AS DIRECTED BY THE MEDICAL DIRECTOR

117

- You will be notified by switchboard that a Major Incident has occurred.
- Report to
Medical Co-ordinator in Major Incident Control Centre – located in Room G 10459 ground floor to the left of the Medical Assessment/Acute Assessment unit opposite the entrance to the central staff core lift Ext 2434 for deployment where necessary.

**Action Card - CONSULTANT / MEDICAL STAFF ON DUTY
WITHOUT SPECIFIC DUTIES**

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO TREAT INJURED PATIENTS FROM THE INCIDENT

118

Action Card - ON CALL TRAUMA TEAM

- You will be notified via Switchboard that a Major Incident has occurred.
- Report to
Major Incident Control Centre – located in Room G 10459 ground floor to the left of the Medical Assessment/Acute Assessment unit opposite the entrance to the central staff core lifts **Ext 2434** and inform them of your arrival.
- Diagnose, treat and arrange for subsequent management of patients with colleagues of other disciplines.
- If further assistance is required, please advise the Major Incident Control Centre through a runner.

NB: Patients with red labels attached demand immediate attention.

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO TRIAGE AND TREAT CHILDREN ADMITTED FROM THE INCIDENT

119

- You will be notified by Switchboard that a Major Incident has occurred.
- Report to **Major Incident Control Centre – located in Room G 10459 ground floor to the left of the Medical Assessment/Acute Assessment unit opposite the entrance to the central staff core lifts Ext 2434**
- If a number of children are involved, request Consultant colleague's assistance - Accident and Emergency.
- Identify beds and patients suitable to be discharged home.
- Identify patients suitable for transfer, liaise with receiving hospital.
- Liaise with Bed Manager.
- If necessary arrange for second Consultant to support Consultant Anaesthetist.
- Receive children direct from Accident and Emergency following triage to ward area.
- Ensure sufficient medical cover.

**Action Card - ON CALL CONSULTANT /
PAEDIATRICIAN / REGISTRAR**

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO ACT AS RECEPTION/TRIAGE DOCTOR

120

Based in A&E if designated as Reception / Triage doctor

- Report to
Major Incident Control Centre – located in Room G 10459 ground floor to the left of the Medical Assessment/Acute Assessment unit opposite the entrance to the central staff core lifts **Ext 2434**
- Liaise with Theatre Manager and alert consultant colleagues or operate cascade 'call-in' system for Directorate.
- Identify beds and patients suitable for transfer.
- Transfer patients and prepare team for theatre as and when necessary.
- Arrange for another consultant to be on-call if designated as Reception / Triage doctor.

Action Card - CONSULTANT ORTHOPAEDIC SURGEON / REGISTRAR ON CALL

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO ACT AS DIRECTED BY THE MEDICAL DIRECTOR

112

This role may be designated as Reception / Triage doctor by Medical Director

Based in A&E Department if designated as Reception / Triage doctor

- Report to the **Major Incident Control Centre – located in** Room G 10459 ground floor to the left of the Medical Assessment/Acute Assessment unit opposite the entrance to the central staff core lifts **Ext 2434**
- Liaise with Theatre Manager and alert consultant colleagues or operate cascade ‘call-in’ system for Directorate.
- Identify beds and patients suitable for transfer.
- Having assessed need in liaison with the Medical Director
- Transfer patients and prepare team for theatre.
- Arrange for another Consultant to be on-call if designated Reception / Triage doctor.

Action Card - CONSULTANT SURGEON / REGISTRAR ON CALL

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

122

YOUR ROLE IS TO ACT AS DIRECTED BY THE MEDICAL DIRECTOR

- Report to the **Major Incident Control Centre – located in Room G 10459** ground floor to the left of the Medical Assessment/Acute Assessment unit opposite the entrance to the central staff core lifts **Ext 2434**

Action Card - CONSULTANT ENT SURGEON / REGISTRAR ON CALL

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO IDENTIFY NEUROSURGERY CAPACITY TO MEET THE DEMANDS OF THE INCIDENT

123

- You will be notified by switchboard that a Major Incident has occurred if the Registrar is on call the he/she should inform the Neurosurgeon on Call.

Report to **Major Incident Control Centre – located in Room G 10459** ground floor to the left of the Medical Assessment/Acute Assessment unit opposite the entrance to the central staff core lifts - **Ext 2434**

- If the Consultant On-Call is in Theatre, this will be delegated to whichever Consultant is free.
- Liaise with the Theatre Manager concerning time required to finish any cases that are in progress. All other planned cases to be cancelled..
- On-Call Consultant will alert any or all of the other Neurosciences' Consultants **as appropriate**.
- Consultant On-Call to liaise with the Senior Neurosciences Nurse.
- Total number of available beds to be identified and communicated to the Major Incident Room. Ensure that clear information is given on the numbers of ventilated beds already occupied and the number of ventilators available.
- State staff currently available to care for patients.
- Bed numbers to be declared: Ventilated, HDU, Neurosurgery, Neurology.
- Senior Neurosciences Nurse to assess the nursing situation and to contact off-duty staff. If requested to do so, staff should be sent to assist in the reception of casualties, as long as this does not jeopardise the care of patients already on the ward.
- Team to prepare for theatre.
- Ward staff to prepare all available bed spaces to receive casualties. Available ventilators to be prepared.

Action Card - CONSULTANT NEUROSURGEON / REGISTRAR ON CALL

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO IDENTIFY BEDS AND PATIENTS SUITABLE FOR TRANSFER

124

- You will be notified by the switchboard that a Major Incident has occurred

Acknowledge contact with **Major Incident Control Centre** – located in Room G 10459 ground floor to the left of the Medical Assessment/Acute Assessment unit opposite the entrance to the central staff core lifts - Ext 2434

- Identify beds and patients suitable for transfer.
- Other arrangements as per Medical Director's instructions.

Action Card - CONSULTANT SURGEON UROLOGY / REGISTRAR ON CALL

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO ACT AS DIRECTED BY MEDICAL DIRECTOR

125

- You will be notified by switchboard that a Major Incident has occurred.
- Contact the On-Site On-Call team.
- Contact off duty colleagues within specialty and identify one team to report to Incident Managing Doctor/A&E Consultant. Remainder to come in and await deployment.

Report availability of specialty doctors to **Major Incident Control Centre** – located in the, Room G 10459 ground floor to the left of the Medical Assessment/Acute Assessment unit opposite the entrance to the central staff core lifts Ext 2434.

- Liaise with Bed Bureau or Duty Matron/Site Manager and identify bed availability.

Action Card - ON CALL SP. REGISTRAR (ENT)

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO PREPARE THE WARD FOR THE RECEIPT OF PATIENTS FROM THE INCIDENT

126

Action Card - NURSE IN CHARGE OF MEDICAL WARD

- You will be notified by the Duty Matron/Site Manager on duty that the Hospital is to receive casualties from a Major Incident. The Duty Matron/Site Manager will have some knowledge of numbers and categories of injury/illness.
- Identify with medical staff/Discharge Co-ordinator the following patients:
 - a) Immediate discharge
 - b) Discharge if necessary
 - c) Patients who could be transferred to another Hospital
 - d) Patients who must remain in Hospital
- Ensure that all notes and bed bay notice boards are appropriately labelled with the above identification (a,b,c,d).
- Pack up patients' property for Group A = Immediate discharge. Label the property clearly for Group C patients, prepare notes and X-rays to go with patient.
- Be prepared to accept ITU/CC patients.
- Liaise with portering staff to arrange the movement of patients for discharge to the Discharge Lounge ground floor as required.
- Inform the relevant parties for normal discharge as far as possible (Social Services, District Nursing Services, GPs etc).
- Call in additional staff.
- Liaise regularly with the Bed Manager

NB: Staff may be asked to support in other areas.

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO PREPARE THE WARD FOR THE RECEIPT OF PATIENTS FROM THE INCIDENT

127

- You will be notified by the Duty Matron/Site Manager on duty that the Hospital is to receive casualties from a Major Incident. The Duty Matron/Site Manager will have some knowledge of numbers and categories of injury/illness.
- Identify with medical staff/Discharge Co-ordinator the following patients:
 - a) Immediate discharge
 - b) Discharge if necessary
 - c) Patients who could be transferred to another Hospital
 - d) Patients who must remain in Hospital
- Ensure that all notes and bed bay notice boards are appropriately labelled with the above identification (a,b,c,d).
- Pack up patients' property for Group A = Immediate discharge. Label the property clearly for Group C patients, prepare notes and X-rays to go with patient.
- Be prepared to accept ITU/CC patients.
- Liaise with portering staff to arrange the movement of patients for discharge to the Discharge Lounge ground floor as required.
- Inform the relevant parties for normal discharge as far as possible (Social Services, District Nursing Services, GPs etc).
- Call in additional staff.
- Liaise regularly with the Bed Manager

NB: Staff may be asked to support in other areas.

Action Card - NURSE IN CHARGE OF SURGICAL WARD

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO PREPARE THE WARD FOR THE RECEIPT OF PATIENTS FROM THE INCIDENT

128

Action Card - NURSE IN CHARGE OF PAEDIATRICS WARD

- You will be notified by the Duty Matron/Site Manager on duty that the Hospital is to receive casualties from a Major Incident. The Duty Matron/Site Manager will have some knowledge of numbers and categories of injury/illness.
 - Identify with medical staff/Discharge Co-ordinator the following patients:
 - a) Immediate discharge
 - b) Discharge if necessary
 - c) Patients who could be transferred to another Hospital
 - d) Patients who must remain in Hospital
 - Ensure that all notes and bed bay notice boards are appropriately labelled with the above identification (a,b,c,d).
 - Pack up patients' property for Group A = Immediate discharge. Label the property clearly for Group C patients, prepare notes and X-rays to go with patient.
 - Liaise with portering staff to arrange the movement of patients for discharge to the Discharge Lounge ground floor as required.
 - Inform the relevant parties for normal discharge as far as possible (Social Services, District Nursing Services, GPs etc).
 - Call in additional staff.
 - Liaise regularly with the Bed Manager
- NB Obstetrics/Paediatrics will only be involved if there are:
- a) Pregnant women, or
 - b) Children
- Staff may be asked to support in other areas.

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO PREPARE THE WARD FOR THE RECEIPT OF PATIENTS FROM THE INCIDENT

129

YOU WILL BE NOTIFIED BY THE ANAESTHETIC REGISTRAR THAT A MAJOR INCIDENT HAS OCCURRED

- Report to the **Major Incident Control Centre – located in , Room G 10459** ground floor to the left of the Medical Assessment/Acute Assessment unit opposite the entrance to the central staff core lifts **Ext 2434**
- In conjunction with the Medical Staff, and general wards transfer existing patients whenever possible.
- Prepare the ITU for incoming patients requiring intensive care.
- Call in additional staff.
- Liaise regularly with the Bed Manager.

Action Card - SENIOR NURSE / CHARGE NURSE ITU / HDU

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO PREPARE THE WARD FOR THE RECEIPT OF PATIENTS FROM THE INCIDENT

130

Action Card - NURSE IN CHARGE OF CORONARY CARE UNIT

- You will be notified by the Duty Matron/Site Manager on duty that the hospital is to receive casualties from a Major Incident. The Duty Matron/Site Manager will have some knowledge of numbers and categories of injury/illness.
- Identify with medical staff/Discharge Co-ordinator the following patients:
 - a) Immediate discharge
 - b) Discharge if necessary
 - c) Patients who could be transferred to another hospital
 - d) Patients who must remain in hospital
- Ensure that all notes and bed bay notice boards are appropriately labelled with the above identification (a,b,c,d).
- Pack up patients' property for Group A = Immediate discharge. Label the property clearly for Group C patients, prepare notes and X-rays to go with patient.
- Be prepared to accept ITU patients.
- Liaise with portering staff to arrange the movement of patients for discharge to the Discharge Lounge ground floor as required.
- Inform the relevant parties for normal discharge as far as possible (Social Services, District Nursing Services, GPs etc).
- Call in additional staff.
- Liaise regularly with the Bed Manager

NB: Staff may be asked to give support in other areas.

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO PREPARE THE DEPARTMENT TO MEET THE DEMANDS OF THE INCIDENT

131

- You will be notified by Switchboard that a Major Incident has occurred and the nature of the incident.

Report to the **Major Incident Control Centre** – located in Room G 10459 ground floor to the left of the Medical Assessment/Acute Assessment unit opposite the entrance to the central staff core lifts - Ext 2434

- Call in available staff to meet the demands of the incident
- Contact Theatre Manager.
- Prepare theatres for reception of casualties as required
- Arrange for additional sterile/instruments through Sterile Services as required.
- Review elective work and reschedule as necessary in co-operation with medical staff/wards.
- Liaise regularly with the Major Incident Control Centre

Action Card - SENIOR NURSE - OPERATING THEATRES

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO PREPARE THE DEPARTMENT TO MEET THE DEMANDS OF THE INCIDENT

132

Monday to Friday during normal working hours (except Bank Holidays)

- You will be notified by switchboard that a major incident has occurred.

Report to the **Major Incident Control Centre** which is located in Room G 10459 ground floor to the left of the Medical Assessment/Acute Assessment unit opposite the entrance to the central staff core lifts Ext 2434. you will be up updated on the number and types of casualties expected.

- If a decision is made to vacate Outpatient's 1 by the Control Team arrange with colleagues to inform patients in the department of the major incident and that the department needs to be cleared to make room for casualties from the major incident.
- Inform patients that they will not be seen and that they will receive a new appointment within the next few days.
- Advise patient's that they should contact their G.P. is their stock of medication is coming to an end.
- Update the Non-Urgent Transport desk on the situation and advise them to cancel all patients who are due to be brought in that day to the Outpatients Department.
- Ensure that all patient who require transport home are escorted to the transport desk for transportation home.
- Instruct reception staff to contact and cancel all patients on clinic lists that have not yet arrived for later appointments.
- Prepare department to receive casualties from the Accident and Emergency Department.
- Nominate an experienced qualified nurse(s) to set up a dressing station to treat minor injury patients
- Nominate a Discharge Co-ordinator to manage the discharge process in the Discharge Lounge ground floor.

Action Card - OUTPATIENT'S MANAGER

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

TO ESTABLISH A LIVE BED STATE AND CO-ORDINATE THE RAPID DISCHARGE OF INPATIENTS

133

Action Card - BED MANAGER

- You will be notified by the switchboard that a Major Incident has occurred.

Report to the **Major Incident Control Centre** – located in, - Room G 10459 ground floor to the left of the Medical Assessment/Acute Assessment unit opposite the entrance to the central staff core lifts **Ext 2434**

- Contact all wards to establish bed state together with information regarding actual and potential discharges – remind all wards to contact you when patients are actually discharged.
- Co-ordinate the flow of patients from the A&E Department to the designated wards.
- Identify all delayed discharges to the Duty Matron/Site Manager who will endeavour to resolve any issues around discharge.
- Provide 'trouble-shooting support for discharge arrangements e.g. transport, pharmacy etc. to speed-up discharges.
- Ensure that the MICC is given regular updates on bed status.
- Liaise with the admissions office regarding elective admissions and advise the Duty Matron/Site Manager of any cancellations for the forth coming days,
- Continue with these duties until stand down from the Duty Matron/Site Manager.

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO PREPARE THE DEPARTMENT TO MEET THE DEMANDS OF THE INCIDENT

134

On receiving notification from Switchboard that a major incident has been declared (via DECT phone 6232) the most senior radiographer available should report to the **Major Incident Control Centre** – located in Room G 10459 ground floor to the left of the Medical Assessment/Acute Assessment unit opposite the entrance to the central staff core lifts Ext 2434

- All radiology staff on site should be notified that there is a major incident. Staff should not leave the hospital until “stand down” instructions have been received.
- Out of hours, call in additional staff to assist in managing the incident.
- Liaise regularly with the major incident control centre through a runner.
- Clear all patient areas of non-essential work.
- Move additional mobile unit to resus/majors area.
- When staffing level permits, station a senior radiographer in A&E to direct patients to appropriate areas of radiology for imaging.

Action Card - RADIOGRAPHER ON DUTY

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO PREPARE THE DEPARTMENT TO MEET THE DEMANDS OF THE INCIDENT

135

- You will be notified by Switchboard that a Major Incident has occurred.
- Outside normal hours, call in additional staff according to local procedure and liaise with Biochemistry on-call staff.
- Notify Head Biomedical Scientist and on-call Consultant Haematologist

Contact **Major Incident Control Centre** – situated in Room G 10459 ground floor to the left of the Medical Assessment/Acute Assessment unit opposite the entrance to the central staff core lifts Ext 2434

- If nerve gas antidote Pralidoxime Mesylate (P2S) is required, this will be ordered by the Ambulance service and delivered to the Blood Bank.
- Continue working until relieved or “stand down” instructions received.

Action Card - HAEMATOLOGY AND BLOOD TRANSFUSION

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO PREPARE THE DEPARTMENT TO MEET THE DEMANDS OF THE INCIDENT

136

- You will be notified by Switchboard that a Major Incident has occurred.

Report to the **Major Incident Control Centre** - in Room G 10459 ground floor to the left of the Medical Assessment/Acute Assessment unit opposite the entrance to the central staff core lifts Ext 2434

- You will be notified of: Nature of incident
 - Place of incident
 - Estimated number of casualties
- Notify Head Biochemist Scientist and most senior (or on call) Clinical Biochemist.
- Telephone other members of biochemistry staff as required.
- Liaise regularly with the Major Incident Control Centre through most Senior MLSO
- Follow local instructions to ensure all analysers, are functional and ready.
- Outside normal hours, call in additional staff according to local procedure and liaise with Haematology on-call staff.
- Continue working until relieved 'stand down' instructions.

Action Card - BIOCHEMISTRY TECHNICIAN

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO ACT IN LIAISON WITH THE MEDICAL DIRECTOR

137

- You will be notified by Switchboard that a Major Incident has occurred.

Report to the **Major Incident Control Centre** – located in Room G 10459 ground floor to the left of the Medical Assessment/Acute Assessment unit opposite the entrance to the central staff core lifts - Ext 2434 to establish the situation and type of incident

- Call in appropriate staff members to assist the medical and nursing teams. The main role of these staff will be:
 - Orthopaedic orientated staff: joint immobilisation, assessment of patients onto mobility aids for discharge, basic wound care.
 - Acute care orientated staff (on call): support ventilated patients along side medical teams, acute respiratory conditions, observations
 - Occupational Therapy staff: Facilitate provision of aids and services to ensure safe and rapid discharge
 - Neurosurgical orientated staff: Fitting of specialised collars as available.
- All other staff will be called as needed to:
 - Assist in Discharge Lounge.
 - Assist in portering duties.
 - Act as runner if instructed.
- Liaise regularly with the Major Incident Control Centre through runner.
- During weekends and bank holidays:
 - Call in further support to continue intensive therapy to facilitate further assessment for timely discharge

YOU WILL REMIAN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

Action Card - PHYSIOTHERAPIST ON CALL

YOUR ROLE IS TO PREPARE THE DEPARTMENT TO MEET THE DEMANDS OF THE INCIDENT

138

- You will be notified by Switchboard that a Major Incident has occurred and the nature of the incident.

Report to the **Major Incident Control Centre**, located in Room G 10459 ground floor to the left of the Medical Assessment/Acute Assessment unit opposite the entrance to the central staff core lifts Ext 2434

-
- Contact Chief Pharmacist and Senior Principal Pharmacists or their deputies and call in staff as per Pharmaceutical Service Plan. Referring to the Pharmaceutical Service Plan, action the following:-
- Prepare to provide additional drugs to the A&E Department, other departments and wards as required.
- Order additional supplies as necessary.
- Liaise regularly with the Major Incident Control Centre through runner.

Action Card - pharmacist on call

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO PREPARE THE LINEN SERVICE TO MEET THE DEMANDS OF THE INCIDENT

139

- You will be notified by Switchboard that a Major Incident has occurred.

Notify the **Major Incident Control Centre** – situated in Room G 10459 ground floor to the left of the Medical Assessment/Acute Assessment unit opposite the entrance to the central staff core lifts, Ext 2434.

- that you are prepared to meet the demands of the incident
- Ensure that laundry services are geared up and ready to meet the demands of the incident
- Call in staff to increased production if necessary.
- Liaise with Accident and Emergency, Theatres and ITU/HDU regarding linen and arrange for their distribution.
- Liaise regularly with the Major Incident Control Centre

Action Card - ON DUTY MANAGER LINEN SERVICES

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO PREPARE STREILE SERVICES TO MEET THE DEMANDS OF THE INCIDENT

140

- You will be notified by the switchboard that a Major Incident has occurred.

Notify the **Major Incident Control Centre** – situated in Room G 10459 ground floor to the left of the Medical Assessment/Acute Assessment unit opposite the entrance to the central staff core lifts Ext 2434 ensure that you are prepared to meet the demands of the incident

- Assess the stocks available in the Hospital.
- Call in staff to increased production if necessary.
- Liaise with Accident and Emergency, Theatres and ITU/HDU regarding sterile supplies and arrange for their distribution.
- Ensure that staffing levels are maintained throughout the period of the incident.

Action Card - ON DUTY STERILISATION SERVICES PERSONNEL

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE

Major Incident Plan V5a review December 2011

YOUR ROLE IS TO ACT AS POINT OF CONTACT FOR RELATIVES DURING THE INCIDENT

141

Out of office hours a Relatives Officer will be appointed by a member of the Chaplains Team

Based in Discharge Lounge

Responsible for supporting patients, relatives and co-ordinating information and assisting them.

- You will be notified that a Major Incident has occurred by a member of the Chaplains Team.
- Upon arrival at the hospital you will report to the **Major Incident Control Centre** based in Room G 10459 ground floor to the left of the Medical Assessment/Acute Assessment unit opposite the entrance to the central staff core lifts Ext 2434 - for an update on the situation.
- You will nominate a member of staff to man the reception desk who will have the responsibility of ensuring members of the public have a point of contact.
- In liaison with the Chaplain's Team arrange for distressed relatives/friends to be escorted a private area where they will be placed in the care of a Chaplain.
- Direct any enquiries concerning casualties to the Police Bureau which will ensure that patient confidentiality is adhered to at all times.
- Liaise with the contractor who provides the catering service and ensure that refreshments are made available.
- Arrange continuous cover for yourself and the person manning the reception ensuring that a full handover at the end of your duty.
- Ensure that all staff within your area of responsibility attend a departmental debriefing session

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

Action Card - PATIENT ADVICE LIAISON OFFICER / RELATIVES AREA

YOUR ROLE IS TO ENSURE THAT THE CONTROL ROOM RECEIVES INFORMATION CONCERNING THE INCIDENT

142

(SUITABLE HOSPITAL PERSONNEL I.E. SECRETARIES, ETC)

SUMMARY OF ROLE:

ACT AS A "RUNNER" BETWEEN THE CONTROL ROOM AND OTHER AREAS OF THE HOSPITAL UNDERTAKING DUTIES AS REQUESTED.

- Duty Matron/Site Manager will allocate the role
- You will:
- Collect information from key areas on response/special requirements.
- You will relay messages to and from the **Major Incident Control Centre** Room G 10459 ground floor to the left of the Medical Assessment/Acute Assessment unit opposite the entrance to the central staff core lifts Ext 2434.
- Report back to Major Incident Control Centre.
- Be prepared to undertake other duties as requested

Action Card - RUNNERS

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO ENSURE THAT THE SERVICE MEETS THE DEMANDS OF THE INCIDENT

143

- You will be notified by Switchboard that a Major Incident has occurred.
- Upon your arrival at the Medical Records Store advise the **Major Incident Control Centre** of your arrival Ext 2434
- Ensure that requests for medical records are dealt with in a timely manner and dispatched to the relevant wards/departments.
- Ensure that business continuity/recovery plans are in place to deal with the day- to-day demands of the service and from the demands of the major incident.
- If the incident occurs out of hours call in additional staff to cope with the demands of the incident.

Action Card - MEDICAL RECORDS MANAGER

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO MAINTAIN A SECURE ENVIRONMENT FOR ALL THOSE ON SITE

- You will be notified by Switchboard that a Major Incident has occurred via your DECT phone.
- Collect security tabards, action cards and area maps from the security office.
- Liaise with duty team leader (Portering Services) until the arrival of the Portering/Security Services Manager or nominated deputy and arrange the following:-
 - Call in additional security staff.
 - Collect of DECT phones.
 - Distribute tabards, action cards, maps and communication equipment to the relevant staff.
 - Unlock the ground floor of Central Therapies, Discharge Lounge, Outpatient's area 2.
 - Unlock the Academic Centre.
- Organise a security presence at the following locations:-
- Main Entrance
- Direct emergency vehicles and vehicles carrying casualties on site – direct to the A&E Department.
- Keep hospital entrance and roadway leading to the A&E Department free of congestion.
- Control/direct traffic entering/leaving the hospital site.
- Direct casualties, relatives, press and visitors to their designated areas.
 - Casualties – A&E.
 - Press – Education Centre
 - Relatives – Outpatients 1 – ground floor.
 - Visitors – To the respective ward or department.

IF CHEMICAL INCIDENT TAKE ADVICE FROM TRIAGE OFFICER

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

Action Card - SECURITY OFFICER

YOUR ROLE IS TO ENSURE THE PROVISION OF PORTERING STAFF TO MEET THE DEMANDS OF THE INCIDENT

145

- You will be notified by the Switchboard that a Major Incident has occurred via your DECT phone.

Report to the **Major Incident Control Centre** - located in Room G 10459 ground floor to the left of the Medical Assessment/Acute Assessment unit opposite the entrance to the central staff core lifts Ext 2434

- Liaise with, Duty Team Leader Portering Services and the Police.
- Assess the security and traffic management requirements of the hospital.

IF CHEMICAL TAKE ADVICE FROM TRIAGE OFFICER.

Action Card - /PORTERING MANAGER

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO ENSURE THAT REFRESHMENTS ARE AVAILABLE TO AREAS DEALING WITH THE INCIDENT WHILST MAINTAINING SERVICE CONTINUITY

- You will be notified by the Help Desk that a Major Incident has occurred.

Report to the **Major Incident Control Centre** - located in Room G 10459 ground floor to the left of the Medical Assessment/Acute Assessment unit opposite the entrance to the central staff core lifts

- , - Ext 2434
- Brief key personnel and establish current catering capabilities,
- Assess the likely initial catering requirements
- Arrange for the provision of refreshments/catering provision to various areas including Accident & Emergency, Theatres, Major Incident Control Centre & Academic Centre. Staff may require refreshments at their stations, suitable drinks and sandwiches should be provided.
- Ensure that there are adequate provisions available in vending machines and food outlets for relatives and friends of casualties from the incident.
- Arrange in conjunction with the Voluntary Services Manager re the allocation of volunteers to serve beverages and refreshments in Outpatients 1 or to assist in the Catering Department. In the absence of volunteers, it will be necessary to get Catering or other staff for this purpose.
- Liaise with the Major Incident Control Centre about the long term implications of the Incident and whether additional patient meals or staff dining room facilities might be required.
- Assess the requirement for and institute if necessary a shift system to provide 24 hour staffing at the required level.
- Liaise regularly with the Major Incident Control Centre through runner.

Action Card - CATERING MANAGER

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

**YOUR ROLE IS TO ENSURE THAT SUFFICIENT
NUMBERS OF PERSONNEL ARE AVAILABLE TO DEAL
WITH THE DEMANDS OF INCIDENT WHILST
MAINTAINING SERVICE CONTINUITY**

147

- You will be notified by the Help Desk that a Major Incident has occurred.

Report to the **Major Incident Control Centre** - located in Room G 10459 ground floor to the left of the Medical Assessment/Acute Assessment unit opposite the entrance to the central staff core lifts Ext 2434.

- Provide cleaning team to A&E department, prepare to provide cleaning teams to other departments and wards as necessary.
- Liaise regularly with the Major Incident Control Centre.

Action Card - DOMESTIC SERVICES MANAGER

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

**YOUR ROLE IS TO ENSURE THAT SUFFICIENT
NUMBERS OF PERSONNEL ARE AVAILABLE TO DEAL
WITH THE DEMANDS OF INCIDENT WHILST
MAINTAINING SERVICE CONTINUITY**

- You will be notified by the Help Desk that a Major Incident has occurred.
- Update the Security/Portering Manager on action taken.
- Arrange for additional staff to be on duty in the Accident and Emergency and the X-Ray Departments
- Designate staff to ensure that wheelchairs are readily available in the Accident and Emergency Department to aid the speedy transfer of patients to wards and departments
- Ensure that staffing levels are adequate to copy with the activities associated with the incident
- Liaise regularly with the **Major Incident Control Centre** Room G 10459 ground floor to the left of the Medical Assessment/Acute Assessment unit opposite the entrance to the central staff core lifts, Ext 2434.

Remember to start a log of all messages and actions immediately

**YOUR ROLE IS TO ENSURE THE PROVISION OF
TRANSPORT AND SECURITY STAFF TO MEET THE
DEMANDS OF THE INCIDENT**

149

- You will be notified by switchboard that a Major Incident has occurred.
- Upon arrival at the hospital report to the **Major Incident Control Centre** – located in Room G 10459 ground floor to the left of the Medical Assessment/Acute Assessment unit opposite the entrance to the central staff core lifts Ext 2434, confirm that you are on site and the internal telephone number that you can be contacted on.
- Liaise with security staff, Customer Services Manager (Initial Healthcare) and the Police.
- Assess the security and traffic management requirements of the hospital.
- **NOTIFY and request the Departments below to implement their Departmental Emergency Plan**
 - Logistics
 - Transport
 - Patient Transport
 - Security KGH

Action Card - LOGISTICS GENERAL MANAGER / DEPUTY

IF CHEMICAL INCIDENT TAKE ADVICE FROM TRIAGE OFFICER

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE

Major Incident Plan V5a review December 2011

**YOUR ROLE IS TO ENSURE THAT SUFFICIENT
NUMBERS OF PERSONNEL ARE AVAILABLE TO DEAL
WITH THE DEMANDS OF INCIDENT WHILST
MAINTAINING SERVICE CONTINUITY**

150

**Action Card - SUPPLIES DEPARTMENT
ON CALL PERSONNEL**

- You will be notified by the switchboard that a Major Incident has occurred.
- Upon arrival at the hospital report to the **Major Incident Control Centre** - located in Room G 10459 ground floor to the left of the Medical Assessment/Acute Assessment unit opposite the entrance to the central staff core lifts (Ext 2434) confirm that you are on site and the internal telephone number that you can be contacted on.
- Ensure that requests from Wards and Departments for additional supplies are dealt with immediately in order to meet the demands of the incident
- If the situation demands it call in additional staff to handle the situation.

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO PROVIDE SPIRITUAL SUPPORT

1 of 2

151

- You will be notified by Switchboard that a Major Incident has occurred.
- Report to the **Major Incident Control Centre** - located in the Trust Head Office - Meeting Room 3 Ext 2434
- Contact other Chaplains and request their attendance at the Hospital.
- The On-call Chaplain to meet other Chaplains at reception and to allocate them to areas of need.
 - a) One Chaplain may work in A&E with patients waiting for treatment and staff as necessary.
 - b) One Chaplain to work in relatives' waiting area – Outpatients 2.
 - c) One Chaplain to work in OPD1.
- Telephone Parish Priests/Ministers for their help if workload becomes too great for Chaplains. Lists will be held by Chaplains.
- Arrange private rooms for arrival of bereaved relatives.
- Contact key personnel with appropriate counselling skills through Chaplains/Social Work Department and advise of rooms in use and ask them to be available.
- Liaise with Police for regular updates on impending arrival of relatives and receive as appropriate.
- Keep records of all relatives seen.

Action Card - CHAPLAINS

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO PROVIDE SPIRITUAL SUPPORT

2 of 2

151

Action Card - CHAPLAINS

- Undertake role of caring and supporting relatives/others waiting in Outpatient Department 1.
- Liaise with the Major Incident Control Room regarding transport requirements for the patients/relatives by voluntary organisations such as the Red Cross and St John Ambulance. Contact these agencies as required.
- Liaise with the Duty Matron/Site Manager in the Major Incident Control Room as to the level of support required from voluntary organisations such as HAVCO, CRUSE, Samaritans and WRVS.
- Liaise regularly with the Major Incident Control Room through runner.
- Arrange for a debriefing session for staff.

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO ENSURE THAT ALL PLANT IS WORKING

152

- You will be notified by the Help Desk that a Major Incident has occurred.
- Follow your Departmental procedures for Major Incident.
- The responding Maintenance Officer must report to the **Major Incident Control Centre** - located in the Main Reception, Ext 2434
- Liaise with Nurse in Charge of A&E (wearing a red tabard) to ensure all equipment and services are functioning correctly.
- Check heating levels are adequate in all areas being used.
- Liaise regularly with the Major Incident Control Room.

Action Card - ON CALL MAINTENANCE OFFICER

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO PREPARE THE DEPARTMENT TO MEET THE DEMANDS OF THE INCIDENT

153

- District Instrument Curator to be notified of any Major Incident. If unavailable contact the Clinical Liaison Officer. The District Instrument Curator will contact rest of the Instrument Curator team.
- Report to Control Centre – find out what has happened and inform them that you are here.
- Set up office area within Dermatology (First Floor Green Zone)
- Notify all Matrons, so they know where we are based.
- The Instrument Department provides medical equipment and instruments.
- Liaise with other Hospitals for additional equipment / instruments / consumables and work closely with Procurement for additional consumables
- Liaise with the Matron in charge re deployment of equipment and instruments. We will support staff by rationalising the distribution of additional equipment / instruments and arrange transfer of the equipment and support staff in any training issues of new equipment.
- Work closely with King George Hospital (transferring equipment / instruments across sites)
- Be the liaison between the Trust and Siemens
- Document where all equipment and instruments have been moved. So after the incident it can all be moved back to its rightful place.

Action Card - INSTRUMENT CURATORS DEPARTMENT

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS TO PREPARE THE DEPARTMENT TO MEET THE DEMANDS OF THE INCIDENT

154

- You will be notified by Switchboard that a Major Incident has occurred.
- Report to the **Major Incident Control Centre**, Academic Centre, Queens Hospital
- You will be informed of the numbers, types of casualties and estimated number of fatalities
- Notify the Mortuary Manager, Head Biomedical Scientist and Clinical Lead of incident.
- Out of hours call in additional mortuary staff as required.
- Liaise with Major Incident Control Centre on a regular basis.
- Ensure that adequate body storage is available to meet the demand.
- Follow local protocols and instruction from police and coroners officers to ensure demands of the mortuary are met.

Action Card - MORTUARY STAFF

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

APPENDIX A

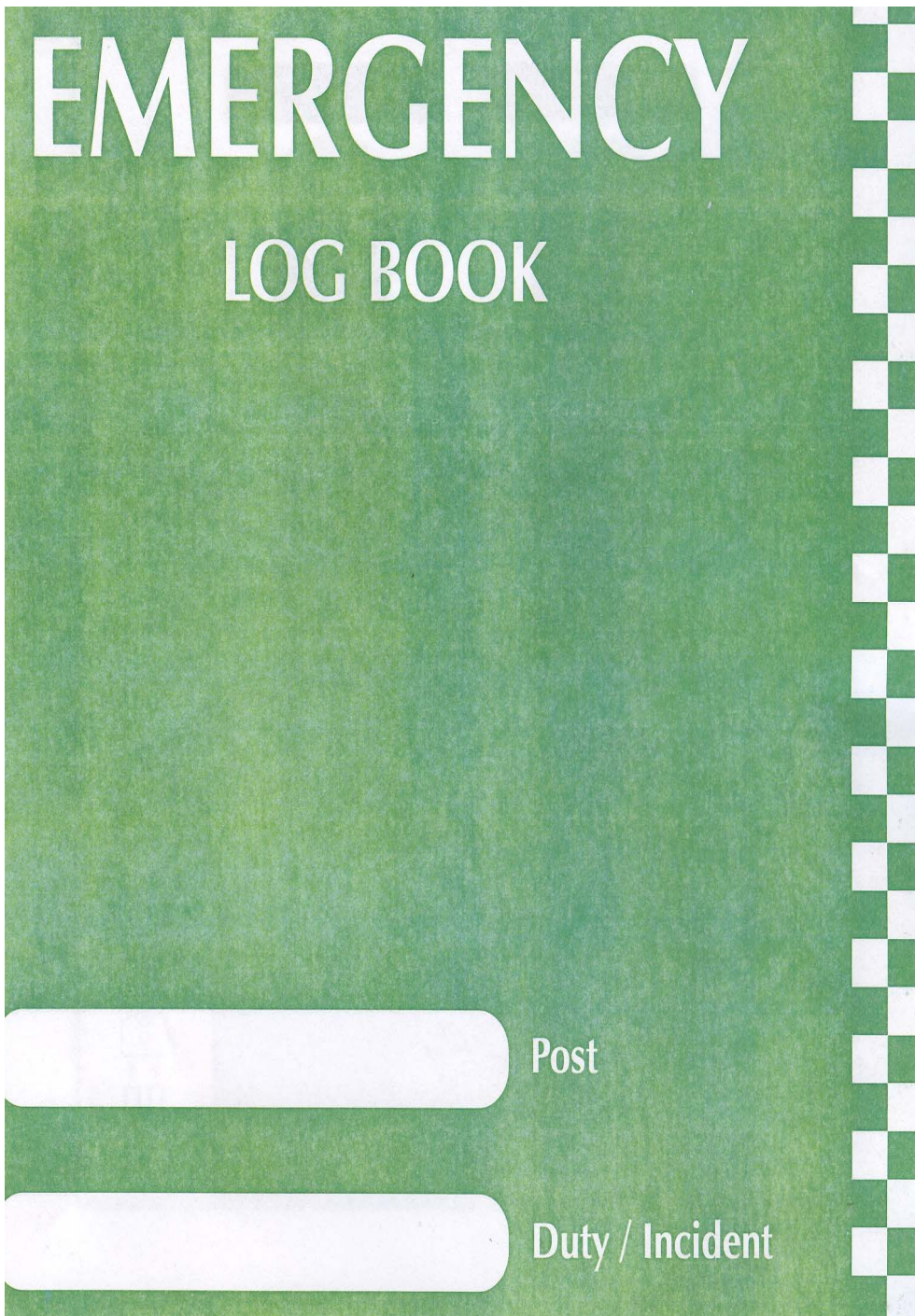
BHRUT	Barking, Havering & Redbridge University Hospitals Trust
BP	Blood Pressure
CC	Coronary Care
CCU	Coronary Care Unit
CDs	Controlled Drugs
COBRA	Cabinet Office Board Room A
CRUSE	National Associate for widows and their children
CVP Lines	Central Venous pressure
EBS	Emergency Bed Service
ET Tubes	Endotracheal Tubes
GP	General Practitioner
HAVCO	Havering Association of Voluntary & Community Organisation
HCA	Health Care Assistant
HDU	High Dependency Unit
ITU	Intensive Therapy Unit
IVIs	Intravenous Infusion
LAS	London Ambulance Service
MICC	Major Incident Control Centre
MIO	Medical Incident Officer
MLSO	Medical Laboratory Scientific Officer
NHS	National Health Service
OBS	Observations
OPD1	Out Patients Department 1
P2S	Pralidoxime Mesylate
PCT	Primary Care Trust
SHO	Senior House Officer
TPR	Temperature, Pulse, Respiration
SS	Sterilisation Services
VIPs	Very Important Person(s)
WRVS	Women's Royal Voluntary Service

Abbreviations

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

EMERGENCY LOG BOOK



EMERGENCY LOG BOOK

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

EMERGENCY LOG BOOK

Emergency Log Book

for _____ (post name).

The information and actions recorded herein relate to the above post, though the post may have been held by several named individuals over the time of the duty / incident. The persons who have taken responsibility for the above post during this duty / incident are recorded opposite, with signature and sample initial.

Each of the named individuals acknowledges the accuracy of the entries related to his / her time of holding the post by initialling each entry in the extreme right hand column on each numbered page.

The new post holder will start his / her duty time at hand over by making an entry when taking up the post.

This log book will be a partial record of the duty / incident in respect of the organisation named. The full record of the duty / incident information received and action taken will be contained within all the log books used by the various post holders in the

_____ (organisation name) for the duty / incident referred to below.

Other supporting information about the duty / incident may be recorded on emails, faxes, message books, telephone pads, post it notes and other written memos, correspondence and medical / other records, or audio / video / film or other types of recordings, each of which will contain the log book entry number, be timed, dated and stored. The log book(s) should, however, be regarded as the organisation's definitive, legal record.

The duty / incident to which this log book refers was known as the

It started on _____ (date) at approximately _____ hours (24 hour clock)

at _____ (location.)

and finished at _____ (date) at approximately _____ hours (24 hour clock)

The total number of log books associated with a specific incident (if applicable) for the above organisation is _____.

Note - Other organisations may have been involved with this incident and reference should be made to those organisations for information and records specific to their involvement.

This log book will be securely held, with all other log books and associated records related to this duty / incident, in respect of the above organisation, for a minimum of 7 years after the agreed end of the duty / incident, or for such longer period as may be defined within the standing orders / protocols of the organisation referred to above. After the end of the 7 years, or defined longer period, this record book and associated physical records related to the incident above may be disposed of or archived.

Further copies of this log book, reference **LOG 101**, may be obtained by accessing our web site at www.cwc-services.com

On the web site you can obtain further details about this book, plus other emergency documents, plans and services.

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE

Major Incident Plan V5a review December 2011

EMERGENCY LOG BOOK

Post Holders

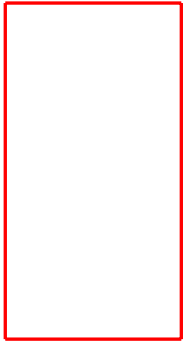
The named post holders for this duty / incident who initialled entries in this log book are as follows:-

	Print Name	Sign	Initial
1.	_____		
2.	_____		
3.	_____		
4.	_____		
5.	_____		
6.	_____		
7.	_____		
8.	_____		
9.	_____		
10.	_____		
11.	_____		
12.	_____		

Remember to start a log of all messages and actions immediately

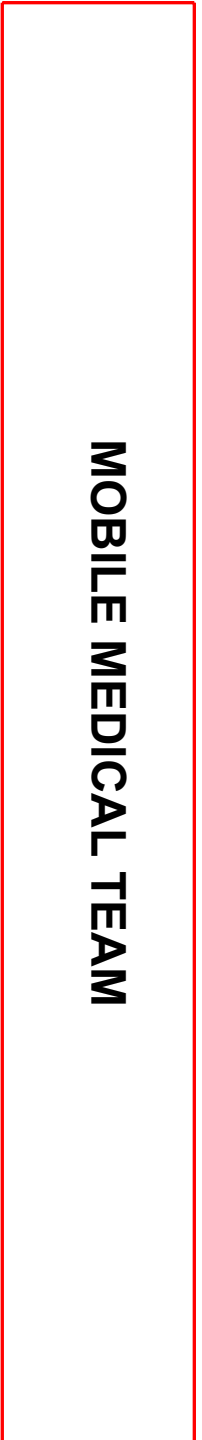
DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

Mobile Medical Team



Action Card

Appendix C



MOBILE MEDICAL TEAM

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

YOUR ROLE IS FOR THE DEPLOYMENT OF MEDICAL PERSONNEL AT THE INCIDENT

155

- The MIO will be selected by the A&E Consultant and will usually be the Orthopaedic Consultant on-call or the Registrar. The MLO will be transported to the incident by the Ambulance Service.
- The MIO must ensure close liaison with the Ambulance Incident Officer (AIO) at the incident to ensure effective management and use of health resources.
- The MIO will continually assess the need for further Mobile Medical Teams.
- The MIO will be stationed close to the AIO at the Ambulance Control Point and all Mobiles Medical Teams will report to the MIO for instructions. The MIO must **not** be a member of a Mobile Medical Team.

Action Card – MEDICAL INCIDENT OFFICER (MIO)

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
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YOUR ROLE IS TO SUPPORT THE MEDICAL INCIDENT OFFICER AT THE INCIDENT

156

- Upon request of the Ambulance Service or the Medical Incident Officer the A&E Consultant and Nurse in Charge will identify members of the Mobile Medical Team (MMT) ready to despatch to the scene via the Ambulance Service.

The Mobile Medical Team will consists:

1. **Doctor:** To be selected by the A&E Consultant according to availability and in the light of information from the scene of the incident.
 2. **Nurses:** To be selected by the Nurse in Charge. These nurses will normally include two from the Accident and Emergency Department.
- The Mobile Medical Team will assemble in the Accident and Emergency Department and await transport by the Ambulance Service. The team is responsible to the Medical Incident Officer at the scene and must report to him/her immediately upon arrival to receive instructions.

Equipment

- The equipment required will be prepared by the senior nurse of the team for despatch with the Mobile Medical Team by the senior nurse of team. The equipment is kept in the Accident and Emergency Department and consists of drugs, dressings, instruments and means of identification for medical and nursing personnel working at the scene of the incident.

YOU WILL REMAIN IN THIS ROLE UNTIL RELIEVED

Remember to start a log of all messages and actions immediately

DO NOT DESTROY ANY WASTE/CLOTHING/SPECIMENS WHICH MAY BE NEEDED FOR FORENSIC EVIDENCE
Major Incident Plan V5a review December 2011

Action Card – MOBILE MEDICAL TEAM