

MAJOR INCIDENTS - This affects you!

- All NHS Hospitals and Primary Care Trusts will have a Major Incident Plan. As a member of staff you have a professional responsibility to be aware of the content of this Trust's Major Incident Plan and your part in the overall response.
- A Major Incident is any occurrence that presents a serious threat to the health of the community, disruption to the NHS, or causes or is likely to cause such numbers or types of casualties as to require special arrangements to be implemented by Hospitals, Ambulance Services, Primary Care Trusts or Strategic Health Authorities.
- In this Trust the Major Incident Plan will be triggered by the South Central Ambulance Service or the Duty Manager. Either the Switchboard or your Care Group Major Incident Coordinator will inform you that the hospital is responding to a Major Incident. There are two levels of response:
 - Major Incident Standby - preliminary advice that a Major Incident might be occurring to enable the hospital to undertake some general preparation and at this level there is no impact on most clinical services.
 - Major Incident Declared - a Major Incident has occurred and casualties will arrive requiring implementation of the Plan. A Major Incident Declared can occur without a prior Major Incident Standby notification.
- During a Major Incident the Hospital Control Team (HCT) controls ALL activity throughout the Trust. The Major Incident Director of Critical Care (a Consultant Paediatric Anaesthetist) is in overall control of Clinical Services.
More local control of clinical services is exercised by:
 - The Medical Triage Officer (includes all medical sub-specialties within the Unscheduled Care Division) - a Consultant Physician.
 - The Surgical Triage Officer (includes all surgical sub-specialties within the Surgical Division) - a Consultant Orthopaedic & Trauma Surgeon.The Anaesthetic Department Coordinator (includes Intensive Care and Theatres) – a Consultant Anaesthetist
Care Group Major Incident Coordinators and on-call Consultants
- The HCT is located in the Major Incident Hospital Control Room on D Level East Wing, which acts as the central point for control and communication throughout the Trust and with External Agencies.

Professional responsibilities

- You have a professional responsibility:
 - To be aware of the Trust's Major Incident Plan which can be accessed via the link on the SUHT Intranet Homepage; and www.suht.nhs.uk
 - To be aware of specific functions required of you where these are detailed in the Trust's Major Incident Plan
 - To respond appropriately in a Major Incident and this responsibility is not related simply to periods when you are on-call.
 - To make reasonable arrangements to enable you to be contacted when you are not on-call although this is NOT a requirement. You can request that your personal contact details are kept by your Care Group Manager in a secure file for use only in a Major Incident Declared
 - Towards staff in your Care Group who you consider may be concerned by his/her required response to the Major Incident. If you are aware this might be happening - seek help.

Major Incident Plan

- You are strongly advised to read the Trust's Major Incident Plan. There is a Summary section and it is essential you read the section covering your Care Group
- Each Care Group has a Local Action Plan that outlines the main responsibilities of their medical staff. A Care Group's Major Incident response is led by the on-call Consultant and the Care Group Major Incident Coordinator, who is usually the Bleep Holder
- Each Care Group has a Major Incident Coordination & Reporting Point. It is your responsibility to know its location
- There are sections covering the functions of each specialty, service and department of the Trust; together with contingencies for specific types of Incident:

Burns

- In a Major Incident resulting in more than a small number of casualties with significant burns Casualties will be admitted to a clean area of the Surgical Division with support provided by the Burns Unit at Salisbury

Chemical, Biological, Radiological or Nuclear Incidents (CBRN)

- It is essential that specific arrangements are implemented to protect the hospital and its staff, patients and visitors from contamination by Casualties. These are set out in detail in the Major Incident Plan.
- The hospital has a limited capacity to provide CBRN decontamination outside the Emergency Department entrance. If this were inadequate Hampshire Fire & Rescue Service provide further on-site decontamination.
- Before decontamination casualties would not be allowed inside the hospital buildings and only life-saving first aid could be provided by staff in CBRN Protection Suits except with Radiological or Nuclear contamination when treatment and decontamination can occur simultaneously if the clinical condition requires immediate care.

Mass Casualty Incidents

- A Mass Casualty Incident is defined as a disastrous event where normal Major Incident responses must be augmented by extraordinary measures in order to cope.
- Factors that distinguish a Mass Casualty are:
 - most likely associated with CBRN Incidents
 - the scale, duration, intensity of the Incident
 - loss of infrastructure services
 - shortage of supplies or civil dislocation
- Normal standards of care provided by the Emergency Services and the NHS may not be achievable. The requirement is to achieve the best possible outcome for the greatest number of people with the available resources.

Main points for the medical staff

- In a Major Incident Standby the Plan expects:
- Formation of a Major Incident Hospital Control Team
- Clearance of the Major Treatment Area in the Emergency Department

- Limited reinforcement of staff in the Emergency Department
 - On-call Junior Medical Staff to work with Nursing Staff to achieve maximum bed availability throughout the Trust.
 - Care Groups to accept patients requiring admission to wards for further investigation and care to clear the Major Treatment Area in the Emergency Department.
 - In a Major Incident Declared
 - Report to your Care Group Major Incident Coordination & Reporting Point and carry out the actions on your Care Group's Local Action Plan. Do not go to the Emergency Department unless this is pre-agreed in the Major Incident Plan or you are given a specific instruction.
 - Respond to instructions from the Major Incident Hospital Control Team. Most routine clinical work will be suspended, including all interventional and operating lists. If absolutely necessary you can discuss these with a member of the Major Incident Hospital Control Team via extension 4700
 - Respond to requests made by your Care Group's Major Incident Coordinator or the on-call Consultant for your specialty
 - Inform your Care Group's Major Incident Coordinator if you have recently been working in an Emergency Department as your help in dealing with patients currently waiting for review or treatment in the Emergency Department may be greatly appreciated
 - On-call consultant staff may be required to return to the hospital. Specific guidance will be found in each Care Group's section in the Major Incident Plan.
 - Requests for radiological investigation for casualties and patients will have to be made to the Major Incident Director of Radiology (extension 6863 or 8294)
 - Requests for Haematology investigation and blood cross matching for casualties and patients will have to be made to the Major Incident Director of Transfusion (extension 3339, 6420 or 4831)
 - Admission process
 - Casualties will be admitted to a single designated Casualty Admissions Area, (CAA) unless their condition is such that admission to Intensive Care or immediate transfer to the Operating Theatre is required
 - The location of the CAA is determined by the nature of the majority of the casualties, ie:
 - Majority of casualties with trauma - F Level East Wing
 - Majority of casualties with medical problems - D Level East Wing
 - Casualties with burns - E or F Level West Wing
- A single CAA allows deployment of appropriate additional medical and nursing staff in a single area of the hospital
- Whenever possible after secondary triage and stabilisation casualties will have their radiological investigation and go directly from the Radiology Department to the Casualty Admissions Area in order to clear space in the Emergency Department.

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