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 Hampshire Ambulance, the Emergency dept. or the Duty Manager. You will be informed by the pre-determined information cascade from either Switchboard or your Directorate Major Incident Coordinator. There are two stages to the Alert:

  - Major Incident Standby - preliminary advice that a Major Incident might be occurring to enable the hospital to anticipate a Major Incident.
  - Major Incident Declared - a decision that 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 entire Trust including overall control of Clinical Services which is exercised locally by:

  - The Major Incident Director of Critical Care (inc. Anaesthetic services, ICUs, Theatres) - a Consultant Paediatric Anaesthetist.
  - The Medical Triage Officer (inc. all medical sub-specialities) - a Consultant Physician.
  - The Surgical Triage Officer (inc.all surgical sub-specialities) - a Consultant Orthopaedic & Trauma Surgeon.

- The HCT is located in the Major Incident Hospital Control Room on D Level East Wing which is acts 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.
o 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 Clinical Service Manager in a secure file for use only in a Major Incident Declared

o Towards staff in your Directorate who you consider may be disturbed by his/her required response to the Major Incident. If you are aware this might be happening to you - 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 Directorate

- Each Directorate has a Local Action Plan that outlines the main responsibilities of their medical staff. A Directorate's Major Incident response is led by the on-call Consultant and the Directorate Major Incident Coordinator, who is usually the Bleep Holder

- Each Directorate 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

    o 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 Directorate with support provided by the Burns Unit at Salisbury

  • Chemical, Biological, Radiological or Nuclear Incidents (CBRN)

    o 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.

    o 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.

    o Before decontamination casualties would not be allowed inside the hospital buildings and only life-saving first aid could be provided for staff in CBRN Protection Suits

  • Mass Casualty Incidents

    o 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.

    o 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.
  - Directorates 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 Directorate Major Incident Coordination & Reporting Point and carry out the actions on your Directorates Local Action Plan (LAP). 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 Directorate Major Incident Coordinator or the on-call Consultant for your speciality
  - Inform your Directorate 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 Directorate 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 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

  and 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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