Liverpool Heart and Chest Hospital NHS
NHS Foundation Trust

Major Incident Plan

Policy

Authors Name & Title: Joan Matthews, Head of Governance, Sue Pemberton, Director of Nursing (updated by Helen Martin, Risk and Safety Lead 2017)	
Scope: Trust Wide	**Classification: Non-Clinical**
Replaces: v1.2	
To be read in conjunction with the following documents: • **Risk Management Strategy** • **Estates BCP for (Extended Utility Failure)** • **LHCH Business Continuity Strategy and Plans** • **Incident Reporting Policy** • **Health & Safety Policy** • **Supporting Staff Policy**	
Document for public display? Yes	
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Archive: Document Control	**Date added to Archive:**
Officer responsible for archive: Document Control Administrator	

NHS Local/Significant Emergency Activation (see page 29 Trust Incident Controller Executive Director on Call Action card)

Step 1: Call NWAS Regional Health Control Desk on
Step 2: Ask for the Merseyside Area Team 1st on call (NHS Tactical Commander) and
Step 3: Provide NWAS with the following information:
- **Name of caller (including rank/position where appropriate);**
- **Organisation**
- **Contact telephone number**
- **Reason for call**

NWAS will then contact the 'Merseyside Area Team 1st on call (NHS Tactical Commander), who in turn will call you back and then facilitate the necessary representation/support required.

Plan Statement

The purpose of the Plan – is to ensure that all relevant staff are aware of the co-ordinated action and emergency management procedures that need to be implemented in the event of a Major Incident affecting any part of Liverpool Heart and Chest Hospital (LHCH).

It is emphasised this plan will only be triggered on the declaration of a 'MAJOR INCIDENT' by the appropriately authorised person and will not be stood down until that person or their successor at an equal or higher level in the Trust Management Structure declares it is over.

Responsibilities are set out in The Civil Contingencies Act 2004, which defines an emergency as:

- An event or a situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK

This Act is supplemented by specific guidance to the NHS from the Department of Health. This defines major incidents for the NHS as being:

- Any occurrence that presents serious threat to the health of the community, disruption to the service or causes (or is likely to cause) such numbers or types of casualties as to require special arrangements to be implemented by hospitals, ambulance trusts or primary care organisations.

1.   Introduction

The aim of this plan is to enable Liverpool Heart and Chest Hospital (LHCH) NHS Foundation Trust to respond effectively to a Major Incident. It provides guidance for staff in the assessment and subsequent management of both internal and external Major Incidents. The plan includes:

- Initial action in the event of a Major Incident and subsequent stages for future operational management
- Membership and key responsibilities for the main teams
- Key locations
- How LHCH site will operate during a Major Incident
- Confirmation of communication channels
- Action Cards for key staff

This plan outlines arrangements to perform the following:

- Liaise with the other emergency services as necessary
- Prepare the hospital for the emergency by re ordering activities
- Run the hospital and mobilise staff
- Treat patients as they arrive
- Care for relatives
- Care for staff
- Assist the police in the identification of casualties
- Communicate with the Media
- Manage the aftermath

Links for specialist information regarding Emergency planning can be found at

https://www.gov.uk/local-planning-emergency-major-incident

Here you can access National Guidance to Major Incidents that include
- Heatwave plan
- Immediate medical care at scene of major incident
- Management of blood shortages
- Evacuation and sheltering of people
- Disruption of fuel supplies
- Management of blast Injuries
- Management of burn injured patients
- Critical care contingencies

2.   Command Structure

Strategic: (Used to be refered to as Gold)
The Strategic Coordination Group(SCG) is a multiagency group facilitated by the police normally 1-2 hours from the start of the incident

Tactical   (Used to be referred to as Silver)

The term 'Silver' refers to those who are responsible for formulating the tactics to be adopted by their service to achieve the strategic direction set by strategic command. Tactical command will oversee but not be directly involved in providing the operational response to the incident. There can be one or several tactical coordination groups and they may be multi or single agency

Operational (often refered to as Bronze)
The main operational response in an incident, (often closest to the scene), and control the resources of their respective service within a specific area of the incident. They implement the tactics defined by tactical command. For health this will normally be the Ambulance service.

3.   Roles and Responsibilities

The Chief Executive accepts overall responsibility for Incident Planning. The Chief Executive will ensure reports on exercises, training and testing are undertaken by the Trust.

The Director of Research and Information (Chief Risk Officer) is the nominated Executive lead for Emergency Planning. The post holder is responsible for ensuring appropriate budget funding is available as necessary.

The Trust Incident Control Team (TICT) is responsible for the strategic control of an incident whether the incident is internal / external to LHCH.

Any declared Major incident affecting any of the below organisations that does not involve LHCH premises will be managed by that organisation and will not involve the implementation of this plan.

There are six other private / NHS organisations on site these are:

- Broadgreen Hospital
- Kent Lodge – Liverpool Community Care Trust
- Broadoak - Mersey Care NHS Trust
- Kids Unlimited – Day Nursery
- Vinci Park UK – Car Parking
- Fresenius – Dialysis Unit

The Senior Manager on-call will, following information received from the switchboard operator and the Hospital co-ordinator on duty, make the decision to instigate the operation of this plan so that a 'MAJOR INCIDENT' is declared.

Heads of Departments and senior staff are responsible for taking a tactical command role during an incident responding to direct instruction from the (TICT) or by the implementation of appropriate action cards.

Other staff will work as directed by the TICT and senior staff.

Risk and Safety Lead is responsible for ensuring the testing and exercising of this plan in line with current regulations. The post holder is also responsible for developing and implementing awareness raising / training programmes that supports the implementation of this plan.

The Executive Office Manager is responsible for ensuring all external reviews in connection with major incident planning are recorded on the Trusts External Visit and Inspection log. Reports from external reviews will be presented to the appropriate committee

Loggists are responsible for ensuring accurate details of communications are logged during any declared major incident.

Communication Team are responsible for

- Interfacing with the Chief Executive and Executive Team
- With the lead Executive Director, setting up the telephone help lines, selecting a team helpline member from site staff, dealing with all enquiries from media, staff and students.
- Co-ordination and releasing all information to the media, staff and students
- Liaising with all stakeholder organisations including Local Authority, Provider organisations, Voluntary and Statutory Groups
- Liaising and informing NHS England colleagues of all developments and information releases.
- NHS England Communications will brief the Department of Health Ministerial Briefing Unit and Media Centre on behalf of the organisation. The briefing will include a summary of the incident, actions, status, proposed future action, copies of all statements/releases.
- To ensure the Trust has an effective communications strategy in place.

All members of the Media will be directed to the designated Media Centre in Moroney House.

4. Activating the Plan in Normal Working hours and Outside of Normal Working Hours

LHCH TICT will assume strategic (gold) command if an incident is declared upon the hospital site. In the event of a major incident being declared locally or Nationally LHCH will assume the command of operational (bronze) as detailed in Action card 2 (page 30)

The Liverpool Heart and Chest Hospital will receive instructions from Liverpool CCG directly to LHCH switchboard operators and will activate its Plan on instructions received.

- The switchboard operator will then contact the Hospital Coordinator on duty.

- The Hospital Coordinator will use the form provided in **Appendix 4** to note the information given and will contact the Senior Manager (on-call).
- The Senior Manager on-call will then further assess the situation and contact the Executive Director on call.
- The Liverpool Heart and Chest Hospital Major Incident Team will convene in the Major Incident Room.
- LHCH on call Executive will contact the Executive On call for the Broadgreen site via Royal Liverpool switchboard.
- LHCH on call Executive will contact NHS Strategic (Gold) Commander via North West Ambulance Service (NWAS) and request to speak to NWAS Duty Control Manager
- LHCH Hospital Co-ordinators will inform Royal Liverpool Hospital Management Team.

In the event of a declared Major Incident, any casualties will be taken to the Hospitals that have Emergency Departments. The early assessment, management and treatment of these patients will occur there.

5.   Establishing the Trust Incident Control Team in Normal Working Hours and Outside of Normal Working Hours

By following the instructions on the action cards, the switchboard operator will contact the members of the TICT and instruct them to attend the Incident Control Room as soon as possible.

Members of the TICT are:-

- Executive Director (on-call) who will act as the **Trust Incident Controller**
- Senior Manager (on-call)
- Hospital Co-ordinator (on duty)
- Consultant Anaesthetist (on-call).

Until the TICT is assembled, the Senior Manager on-call, with the assistance of the Hospital Coordinator and other appropriate staff will be in control of the incident. They will assess the status of the incident as soon as possible to make a "situation report" to the TICT once convened. This will include any urgent actions already taken, by staff to contain / control the situation and advice on urgent action still to be taken.

Designation of Areas during a Trust Incident

Controlled Area	Location
Trust Incident Control Room (TICR)	Community Service Hub in Portacabin - Office within the Executive Offices Suite any second location required will be decided by the (TICT).
2nd Alternative Incident Control Room	Hospital Coordinators Office
Casualty Triage	Shared Main Entrance
Management of Minor Casualties	Shared Main Entrance
Media Management Centre	Moroney House
Police Liaison Room	Communication Team Office LHCH Executive Offices Suite
Relatives Waiting Area	Staff Restaurant
(Additional) Staff Reporting Area	Out Patients Department

Major Incident Room – Location and Resources

The Major Incident Room is located in the Community Service Hub Office within the Portacabin of LHCH premises.

The following resources are available –

The Trust Major Incident and Business Continuity Plans
Telephone lines
Radios to be collected from Medical Equipment Library by Portering Staff
Computers
Printer
Action Cards
Incident Log Sheets
Event Log Sheets
Debrief report Forms
Site plan
Tabards
Arm bands
Torches
Hazard
Tape
Note pads/pens/pencils
Mobile phones to be collected from LHCH switchboard by the appointed staff.

Copies of the Business Continuity Plan and Major Incident Plan (hard copies) and also available on the intranet under Board Papers and Trust Policies Internal and external contact details

Another emergency box is situated in the coordinators office.

6. Description of Major Incident

A major incident is defined as any occurrence that presents serious threats to the health of the community or disruption to a service. A major incident may cause (or be likely to cause) such numbers or types of casualties as to require special arrangements to be implemented by this Trust or site. Any Trust can declare a major incident itself when its own facilities and / or resources, or those of neighbouring trusts are overwhelmed.

Description of Internal Major Incident

An Internal major incident is an incident which presents a serious threat to the health, safety and welfare of patients, staff and visitors whilst on Trust property. For example a major fire, security alert, bomb threat or failure of vital services, i.e. electrical, water, medical gases, domestic gases. Failure or sustained reduction in these services would prompt an emergency situation to be declared.

Description of External Major Incident

An external major incident is an incident which presents a serious threat to the health, safety and welfare of patients, staff and visitors outside of Trust property. For example a major fire, security alert, bomb threat or failure of vital services i.e. electrical, water, medical gases, domestic gases.

The Civil Contingencies Act (CCA) 2004 requires each NHS Trust to have plans in place to respond to emergencies and defines organisations as either Category 1 or Category 2 responders in respect of emergency planning.

For Major Incidents, Category 1 responders are those organisations at the core of the response to most emergencies (e.g. emergency services, local authorities, NHS bodies).

LHCH is a Category 2 responder and as such has a duty to act in a supporting role to other NHS, Local Authority and Emergency Services during a Major Incident.

Mutual Aid agreements

LHCH will work in partnership when the need arises with the local authority and the wider NHS community. Close partners such as Royal Liverpool and Broadgreen Hospital and Broadoak Hospital, with whom the site is shared will be contacted if there is a business continuity that affects LHCH services and may impact on their services.

LHCH will await and receive instruction from NWAS and strategic leads in the event of an external major incident.

- RLBUHT telephone 0151 706 2000
- Broadoak telephone 0151 527 3409/3415

7. LINKS TO USEFUL WEBSITES

Cabinet Office	www.cabinetoffice.gov.uk
Department of Health	www.dh.uk/emergencyplanning

8. INCIDENT RESPONSE

The Trust Plan provides for the relocation of patients to unaffected areas within the Trust and in a major incident affecting the Trust site, for patients to be decanted to other Trusts.

The Trust evacuation procedures or the Trust lockdown procedures could be implemented depending upon the type and scale of the incident.

The welfare of the patients is paramount under such circumstances.

Casualties

Any casualties should be triaged and given first aid at the site of the incident, if safe to do so, then transferred to an appropriate Emergency Department as soon as possible.

Mass Casualties

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:-
- 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.

Contaminated Casualties

If patients self present at LHCH and are suspected as being contaminated by chemical or radioactive material, local decontamination will be undertaken as per instructions in action card (Appendix 3) before the ambulance service is

called. Further decontamination will be undertaken by the Fire and Rescue and Ambulance Services. If there is risk that the Hospital will be contaminated, all access will be controlled. Reporting staff should enter via the Out Patients Department which will be staffed by Security.

Equipment Pods are held regionally by the Regional Ambulance Centre and are principally for pre-hospital use in Chemical, Biological, Radiological and Nuclear incidents. The TICT should contact the emergency services and request assistance.

Forensics

An incident may be considered to be a crime until proven otherwise and in such an event, the Police will take the lead role in directing the overall response to and investigation of the incident. There are, therefore, forensic implications for all patients and their property. Staff are expected to co-operate with the Police, however, they must maintain patient welfare and confidentiality as their first priority. If necessary the property of patients / casualties, will be bagged and accurately labelled as soon as it is removed from their person or at the earliest opportunity. Bags will stay with casualties / patients at all times unless removed and receipted by the Police.

9.   UK EMERGENCY RESPONSE FRAMEWORK

NATIONAL LEVEL (COBR)

Cabinet Office Briefing Rooms (COBR) is a coordination facility of the Government that is activated in cases of national or regional emergency or crisis, or during events abroad with major implications for the UK.

The purpose of COBR is to enable the Prime Minister, senior Ministers and key government officials to obtain vital information about an incident and to secure lines of communication to the police and other emergency services, army, hospitals, and all relevant branches of government.

REGIONAL LEVEL

NHS England will coordinate the health response at the regional level

COUNTY LEVEL (**Merseyside Resilience Forum)**

The Merseyside Resilience Forum is the strategic level multi-agency body for civil protection arrangements in Merseyside.

The overall purpose of the Forum is to ensure there is an appropriate level of preparedness to deliver an effective multi-agency response to emergencies of different types and scales.

The Forum is supported in its work by a range of sub-groups dealing with specific aspects of civil protection arrangements.

- At the recovery stage to ensure that any commitments made during the incident are honoured.

NHS England (Cheshire and Merseyside)

Is responsible for the health coordination in the post-blue light phase .

When a major incident is declared, NHS England will:

- Initiate and support the public health response to the incident if this is appropriate.(through Community providers and Public Health England)
- Represent the NHS at Multi agency controls
- Have primacy within the NHS
- Mobilise community resources in response to the incident.
- Support Acute Trusts by taking steps to relieve pressure on them.
- Communicate with the media and public
- Assess the impact on health and health services of the incident.
- Provide the health service input to the strategic management of the incident (may be in conjunction with the Ambulance service and PHE).
- Ensure PHE follow-up if needed of persons affected or exposed to risk during incident.
- Activate the major incident procedure including the setting up of the major incident room

In the event of the Trust requiring access to secure transport routes and accommodation facilities, the consultation will take place with LHCH TICT and NHS England

ACUTE HOSPITAL AND FOUNDATION TRUSTS

Acute Hospital Trusts and Foundation Trusts will provide hospital services for more severely injured casualties and admit patients decanted from hospitals affected by the incident, subject to available capacity

Some hospitals have limited decontamination facilities, but most decontamination will be provided at the scene.

Some hospitals have mortuary facilities for people who die on NHS premises (Local Authorities having responsibility for people who die elsewhere).

AMBULANCE TRUSTS

Ambulance Trusts attend the scene, provide on site healthcare, decontaminate casualties where necessary (the Fire and Rescue services would assist by decontaminating affected individuals who are not ill or injured), and transport patients to hospital.

SCIENTIFIC AND TECHNICAL ADVICE CELL (STAC)

A Scientific and Technical Advice Cell may be established during an incident to bring together technical experts from those agencies involved in the response to provide advice to the Gold Commander where there may be wider health and /or environmental consequences.

The Trust maybe requested to send a representative to meetings of the STAC particularly if the Trust is experiencing a Major Incident.

PUBLIC HEALTH ENGLAND

PHE has responsibility for advising on the protection of the health of the public in the face of sudden or long-term environmental hazards. The Agency has a particular role in chemical, biological, radiological and nuclear (CBRN) incidents.

PHE is a public sector body, but is not part of the NHS.

Within the region, PHE delivers its service through three Health Protection Units (Cheshire and Mersey; Cumbria and Lancashire; Greater Manchester).

MERSEYSIDE POLICE

The primary areas of response are:

- The saving of life in conjunction with other emergency responders
- Coordination and communication between the emergency responders and other agencies acting in support at the scene of the incident or elsewhere during the response phase
- Secure, protect and preserve the scene through the use of cordons
- Investigation of the incident and obtaining and securing evidence
- Collation and dissemination of casualty information
- Identification of the dead on behalf of HM Coroner
- Short term measures to restore normality

MERSEYSIDE FIRE AND RESCUE SERVICE

The primary areas of support are:

- Fire fighting and fire prevention
- Decontamination and mass decontamination of people
- Provide and / or obtain specialist advice and assistance where hazardous materials are involved
- Provision of specialist equipment (pumps, rescue equipment and lighting)
- Safety management within the inner cordon of an incident

GOVERNMENT DECONTAMINATION SERVICE

The Trust does not hold decontamination equipment or associated personal protection equipment and there are no staff trained in its use.

The Government Decontamination Service has been established to help agencies prepare for and recover from chemical, biological, radiological or nuclear or significant hazardous materials incidents by providing advice, guidance, management support and contractual arrangements.

In response to an incident requiring decontamination equipment, the Government Decontamination Service can provide expert advice on the capability and capacity of its framework of contractors, their services and where relevant, the different remediation or decontamination methodologies available.

Contact Details:

The Government Decontamination Service
MoD Stafford
Beaconside
Stafford
ST18 OAQ

Tel: 0300 1000 315
Fax: 01785 216363
Email: **gds@gds.gsi.gov.uk**

11.   THE MILITARY

The Military is authorised to provide assistance in the response to an incident if there is a threat to life.

The immediate assistance the Military is able to provide will depend upon the resources available at the time. It is through the LRF (Local Resilience forum) Strategic Commander that the Military can be requested

12.   DEFINING THE VULNERABLE

It is not easy to define in advance for planning purposes who are the vulnerable people to whom special consideration should be given in plans. Those who are vulnerable will vary depending on the nature of the emergency. For planning purposes there are broadly four categories which should be considered –

- those who, for whatever reason, have mobility difficulties, including people with physical disabilities or a medical condition
- pregnant women
- those with mental health difficulties
- others who are dependent, such as babies and children

The Emergency Preparedness Guidance states that in the planning process, a distinction must be made between the self-reliant and the vulnerable.

Whilst all people caught up in an emergency could be defined as vulnerable (including staff and visitors), the planning and response arrangements should focus on those who are assessed as vulnerable.

The basis of planning to meet the needs of vulnerable people is that they have specific needs over and above that of the self-reliant in an emergency.

Civil Contingency Act

The guidance relating to the Civil Contingencies Act 2004 (CCA), Emergency Preparedness, sets out the responsibilities placed on Category 1 responders to plan for and meet the needs of those who may be vulnerable in emergency situations.

The section concerning making and maintaining plans for reducing, controlling or mitigating the effects of an emergency specifically covers the vulnerable as 'people who are less able to help themselves in the circumstances of an emergency.'

Other legislation may interact with the Trust responsibilities under the Civil Contingencies Act, in particular the Disability Discrimination Act 1995 and 2005.

The Civil Contingencies Act allows the sharing of certain information for emergency planning purposes, although sensitive information (which would include personal data within the meaning of the Data Protection Act) needs to be subject to controls on the way it is handled, and the purposes to which it is put. The restrictions that need to be placed on sharing information at the planning stage are different from those applying in an emergency.

13.   Staff Welfare including health and safety

A major incident may involve staff working in areas they do not normally work.

The Trust is committed to the implementation of a plan aimed at providing and maintaining a healthy and safe working environment for all staff, patients, visitors and contractors.

The Trust recognises the benefits of ensuring safe systems of work, continuous improvement in Health and Safety and compliance with the relevant Health and Safety legislation

During the response to an incident, members of staff will not be expected to compromise their personal health and safety and the Trust policy will continue to apply.

As all staff carry responsibility for health and safety, staff will undertake those same responsibilities during the response to an incident.

14.   Incident Reporting

Responding to incidents puts staff under more pressure than normal. It is therefore vital that staff welfare issues are given a high priority.

In order to achieve this, those staff with management responsibility will ensure that the following issues are continually addressed –

- the availability of food and other refreshments

- working hours

- rest breaks

- travel arrangements

- consideration of personal circumstances

- emotional support during and after the incident

To assist staff in the response to an incident, regular briefings will be given by senior staff, particularly at the start of a shift at shift changes and handovers.

15.   COUNSELLING ARRANGEMENTS

Those who have been involved in an incident either as victims or responders may be traumatised and suffering from shock intense anxiety and grief.

Some may also need social support such as contacting family and friends, transport, finding temporary accommodation and financial assistance.

Liverpool City Council is responsible for coordinating both professional and voluntary sector welfare response, particularly when people have been evacuated from their homes.

The incidence of Post Traumatic Stress Syndrome in survivors and responders has been recognised from past experiences such as Hillsborough and the London Bombings.

Trust staff, contractors, staff, patients and visitors may require support in the event of an incident occurring on the Trust site.

Trust Chaplains, trained staff and volunteers will be able to assist but also, advice should be sought from Liverpool CCG and Liverpool City Council.

Independent support organisations and their services include –

 Non urgent NHS Health advice and information service – Tel: 111

Samaritans – offer a 24 hour helpline for those in crisis – Tel; 116 123

Disaster Action –provide support and guidance – admin@disasteraction.org.uk

Assist Trauma Care – offer telephone counselling and support to individuals and families – Tel: ASSIST Helpline: 01788 560800
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16.   VISITS BY VIPS

During the response to an incident or during the recovery stage, visits by VIPs can be anticipated.

A Government minister may make an early visit to the scene or areas affected to mark public concern and to report to Parliament on the current situation.

Depending upon the scale of the incident, visits by members of the Royal Family and Prime Minister may take place.

Local VIP visitors may include religious leaders, local MPs, mayors and local authority leaders.

If foreign nationals are involved, their country's Ambassador, High Commissioner or other dignitaries may visit.

Visiting ministers and other VIPs will require comprehensive briefing by P.R Communications Manager before the visit and will require briefing before any meetings with the media.

VIPs are likely to want to meet patients who are well enough and prepared to see them. This will be dependent upon medical advice and respect for the wishes of individual patients and their relatives.

17.   Communications

Good communications are essential for the effective management of an Incident. Saturation of the hospital switchboard and internal telephone mechanisms is a common occurrence and therefore telephones must not be used unless absolutely essential.

The Trust Incident Controller is managerially responsible for communications, including liaison with all external agencies and the media.

Face-to-face communication or use of two-way radios and bleeps with voice-over may be the preferred method of communication during the Incident depending on the situation. Email is not an appropriate form of communication.

- It may be necessary to set up a helpline / hotline **(Appendix 9).**
- Requests from VIPs regarding visits must be directed through the TICT
- In the event of a Major incident extra front line staff may be required in order that patients care is not compromised and services continue.
- Liverpool CCG / NHS Northwest communication team would be expected to work closely with LHCH communication team to ensure appropriate media communications are directed to of duty staff.
- Human Resource department would be contacted by LHCH Switchboard to assist in the communication process.

The Media

Arrangements will be made for Media briefings to take place at regular intervals (whilst avoiding serious interference with the hospital's primary task of caring for the casualties / rectifying the incident).

Relatives

A Relatives Waiting Area will be established within the Staff Restaurant. The Area Controller will give general updates to relatives as frequently as possible.

18.   Discharge Arrangements

It may become necessary to create capacity. A Consultant and / or SpR nominated by the TICT should undertake a review of all patients with a view to discharging or transferring patients.

The Social Services Department should provide assistance to patients and staff as required.

19.   Stand Down and Recovery

The hospital may begin to stand down from its response in stages on instruction from the Trust Incident Control Team so that normal services can resume **(Appendix 5).**

Post Incident Period

Debriefing Following a Trust Incident

Immediately following stand down from any incident, the area controllers of the designated areas will conduct a "Hot Debrief" with the Trust Incident Control Team. This will establish any problems that have arisen for their area during

the incident, help to identify staffing and operational problems for the short-term and help to inform the hospital's recovery plan. Notes should be taken and fed into the Trust's Cold Debrief.

The Director of Research and Information will organise a Cold Debrief meeting involving Heads of Departments and other hospital staff who were involved in the incident within 20 working days. This process will identify any lessons learned.

Counselling

The Supporting Staff following Stressful or Traumatic Incidents Policy will be followed.
The Human Resources Department will be responsible for the organisation of additional formal external counselling for staff involved in the incident if required.

20. Implementation Plan

The Director of Research and Information will ensure the implementation of this plan by ensuring the plan is circulated by Corporate Communications.

Risk and Safety Lead is responsible for ensuring the testing and exercising of this plan in line with current regulations. They are also responsible for developing and implementing an awareness raising / training plan .

The Risk Management Committee will be responsible for the ratification of this plan. Staff will be informed that the plan has been ratified via the Corporate Communications.

Annual Report
Will detail training plan for each year. This will be presented to Risk Management Committee on an annual basis.

Testing the Plan
Testing of this plan will take the form of
- Communication test every month
- Table top exercise once per year
- Live Exercise every three years
- Audit via MIAA audit programme

21. Training

Board of Directors will receive Command and Control Training
LHCH on Call Managers will receive "operational management of Major Incident Training"
Hospital Co-ordinators will receive operational management of Major Incident Training"
Loggist's will receive once one off loggist training.

All levels of staff will receive awareness raising by attending Corporate Induction and thereafter via Mandatory training.

22.   Monitoring and Review

This plan will be reviewed at least every three years, monitoring will take the form of a report to Risk Management Committee following any Major Incident Testing and review following any declared major incident .

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│        Strategic Coordination Group         │              │ Scientific Advisory  │
│                                             │──────────────│  Cell (STAC)         │
│        Multi Agency Led by police           │              │  Chaired by PHE      │
│                                             │              └──────────────────────┘
│   NHS represented by NHS England and NWAS   │
└─────────────────────────────────────────────┘

        ┌─────────────────────────────────────────────┐
        │          Tactical Coordination              │
        │       Multi Agency or Single Agency         │
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        ┌─────────────────────────────────────────────┐
        │                                             │
        │        On Scene Coordination (Bronze)       │
        │                    JESSIP                   │
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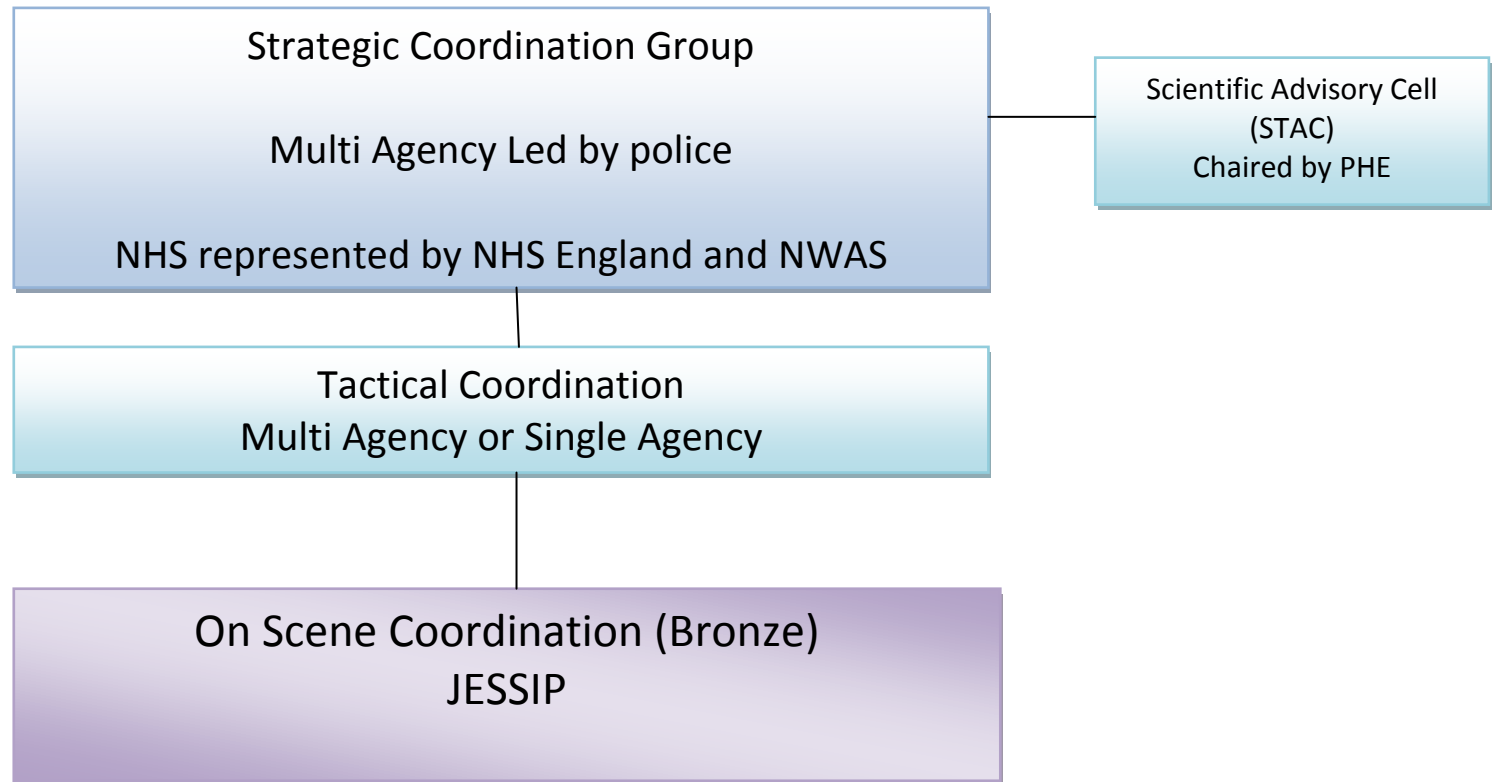
APPENDIX 2

BOMB THREATS/TERRORISM

Acts of terror may be committed against any Government or Public building and staff must be aware of the threat and what to do should it occur.

PROCEDURE FOR TELEPHONE WARNINGS TO HOSPITALS

Switchboard

In the event of a bomb threat being received the receiver must:

Write down as much detail as possible.

If a code is given the code word must be noted exactly as passed by the caller. The major terrorist and animal rights activists always give code words for major bombing incidents. This basically is to confirm with Government authorities the nature and identity of the caller.

Keep the line open – even if the caller has put his telephone down do not replace your handset.

Inform the police (using 999) on another line and give details of how to contact hospital on call manage, the police will give further instructions. Write the instructions down.

Inform the hospital on call manager

Hospital on Call manager
Receive advice from switchboard from police and follow the advice as written.
The decision to evacuate should be based on the credibility of the threat (in the opinion of the police) if the threat is non –credible there could be more risk to patients if they are evacuated
If the threat is credible then in discussion with the police decide who to evacuate and to where. Evacuation may be partial or full.
The process of searching for a device should be lead and supervised by the police.
Consider setting up Hospital Control team (in a safe area)
Consider brief to partners (Eg NWAS to divert, NHS England etc)
Communication update to all staff and patients should take place to regularly.
If the police call an SCG (Strategic Coordination group) the NHS will be represented by NHS England through the normal procedures.

Lockdown

During certain Major Incidents it may be necessary to control the movement and access – both entry and exit – of people (NHS staff, patients and visitors) around the trust site in response to an identified risk, threat or hazard that might impact upon the security of patients, staff and Trust assets. This is known as 'Lockdown'. A lockdown is achieved through a combination of physical security measures and the deployment of security personnel. Further guidance on 'Lockdown can be obtained via the Lockdown Policy.

APPENDIX 3

Patient exposure to a HAZMAT substance

Switch board entrance

1. Immediate actions on a self-presenting patient suspected of being contaminated with a hazardous substance.

If reception staff suspect that a self-presenting patient has been contaminated by hazardous substances, they should immediately ask the patient to stand outside and inform the Hospital Coordinator. An immediate call to NWAS blue light 0151 should be made. *At no point should the patient be allowed to enter the department without approval from the Hospital coordinator.*

Close reception desk and await further instruction from the co-ordinator.

The coordinator will advise to:

ISOLATE	Begin Emergency Decontamination Procedures Limit movement of, and contact, with patient
CONTAIN	Air con off in affected areas
DISROBE	Instruct patient to disrobe and bag their clothes in bag supplied. (This can remove up to 85% of any contaminant) IF THE AGENT IS NON CAUSTIC • Provide blue / white tissue roll • Instruct patient to clear / blow nose • Instruct patient to blot and rub exposed skin surfaces in a non-aggressive manner • Start with face, head & neck moving down & away from body • Contain all waste in appropriate waste bags/ bins • Observe for secondary contamination / Exposure • Once patient has removed majority of substance, provide a

	hospital gown and provide cover in form of a pop up tent • Do not touch the patient
AWAIT	Await further instruction from NWAS blue light ambulance

2. Immediate actions on receipt of '**chemical / biological incident standby'** or **chemical incident declared activate plan'** message.

Should reception staff receive a call notifying them '**chemical / biological incident standby**', they must record the following information:

Date of Call:

Time of Call:

Person receiving call:

Person / Organisation making call:

Contact Number for caller (confirm this):

Message details: chemical / biological incident – standby / activate plan (delete accordingly)

Instruct the caller that the call will be verified and **inform** the Hospital Co-ordinator immediately.

Hospital Co-ordinator

1. Immediate actions on receipt of message stating '**chemical / biological incident – standby / declared activate plan**':

Record the following information:

Date of Call:

Time of Call:

Person receiving call:

Person / Organisation making call:

Contact Number for caller (confirm this):

Message details: chemical / biological incident – standby / activate plan (delete accordingly).

Once verified, the following personnel should be informed immediately:

During Day Time Hours

On Call Manager

Out of Hours

On call Manager

A wider cascade will then be undertaken by Call Centre and the Hospital Coordinator as per the Trust's Major Incident Plan Cascade. (Note: At this point a Major Incident may not have been declared and it should be stressed whether the Trust has been placed on standby or instructed to activate the plan).

Instructions for the patient

You may have been contaminated with a chemical substance. Until we know what it is you need to be patient with us and follow the nurses instructions to keep you, other patients and staff safe.

We will ask you to undress to your underwear and dab yourself with the paper towel provided. When this is complete we will provide you with a gown.

We will ask that you stay outside of the department and we will provide you with a pop up tent for your dignity.

We have telephoned an emergency ambulance who will take you to an A&E department nearby.

APPENDIX 4

NOTIFICATION OF INCIDENTS

Name of Caller and Service	
Telephone number	
Time of call	
Exact Location of Incident	
Type of Incident	
Hazards identified (e.g. chemical, nuclear etc)	
Access Problems to Site	
Numbers of casualties (estimated)	
Emergency Services Involved	

Message Taken By:_____

Date:_____

STAND DOWN PROCEDURE

Instructions for the Trust Incident Control Team.

1. Make sure you speak to all relevant Area Controllers. Ask them to perform a hot debrief with the staff before they are released.

   - What went wrong?
   - Any holes within the system?
   - What worked well?

Always record action and time.

2. Using designated scribe's notes, work through in a systematic way all other agencies or contacts that need to stand down.

3. Utilise the switchboard asking them to contact the people you have identified, giving them the message `Stand Down` from the Trust Incident.

4. Divide the hospital into areas and use runners to do a verbal stand down and thank all concerned, recording the action and time,

5. Hold a hot debrief in the Trust Incident Room make notes:

- What were the problems?	- Any other worries solved or not?
- What did we do wrong?	- What complaints did we receive?
- What did we get right?	- Any obvious holes in the system?
- What couldn't we achieve?	- How will we return the organisation to normal?
- Why couldn't we achieve things?	

6. Cold Debrief

   This should be organised by the Chief Executive as soon as possible and must include all Area Controllers, using their hot debriefing notes. A large area will be needed and refreshments provided and be certain a `no blame` approach is used.

   Objectives to be considered in the debriefing process may be:
   - Firstly, thank all who have participated
   - Secondly, identify areas where counselling etc may be required
   - Thirdly, identify how the systems worked from the perspective of all other areas other than the HCC.
   - How quickly the Trust returned to normal operating status.

APPENDIX 6

ACTION CARD LIST
All cards will be located within the Major Incident Control Room

	CARD NO'S & TITLE	
SWITCHBOARD	1	Switchboard
TRUST INCIDENT CONTROL TEAM (TICT)	2	Trust Incident Controller - Executive Director On Call
	3	Hospital Co-ordinator On Duty (Bleep 707)
	4	Senior Manager On Call
	5	Consultant Anaesthetist On Call
AREA CONTROLLERS (ACs)	6	Management of Minor Casualties - Area Controller
	7	Management of Relatives - Area Controller
	8	Staff Reporting - Area Controller
	9	Media Management - Area Controller
	10	Patient Co-ordination Discharge - Area Controller
	11	Site Access and Security - Area Controller
	12	Clinical Support Services - Area Controller
	13	Critical Care
	14	Senior Porter
	15	Shift Engineer (Estates Manager/ Estates Technician On Call
	16	Medical Records Personnel
	17	Supplies Manager
	18	Chaplains

APPENDIX 7

ACTION CARD 1

SWITCHBOARD

If necessary, the Switchboard will contact the Hospital Co-ordinator by using the "fast bleep" with voice-over stating "report to Switchboard immediately".

(In the case of the failure of telecommunications, mobile phones should be distributed and used to aid communications. Mobile phones are held within switchboard.
When confirmation has been received from either Hospital Co-ordinator or Senior Manager on Call that Trust Emergency Plan has been activated, they will advise the location of Trust Incident Control Room, which is situated in the Community Service Hub office in the LHCH Portacabins.

- The member of staff overseeing the Switchboard should move to the office at the back of the Switchboard

- Evaluate impact on telecommunications and advise Trust Incident Control Team

- Contact extra switchboard staff if necessary

You will be instructed to:

- Contact local agencies such as Police, Fire, Ambulance for assistance

- Contact On-Site Porter with the instruction: *"The Trust Emergency Plan has been activated as a result of……….. Please refer to Action Card 14 of the Trust Emergency Plan. Please report to Switchboard to collect the keys for the Trust Incident Control Room that is situated in Executive Office and await further instruction."*

- Contact Trust Incident Control Team (see below) with the message: "*The Trust Emergency Planning Plan has been activated as a result of……….. Please refer to Action Cards 2 - 5 of the Trust Emergency Plan. Please report to the Trust Incident Control Room located at……..*"

  - Executive Director on Call (ACTION CARD 2)
  - Hospital Co-ordinator (ACTION CARD 3)
  - Senior On-Call Manager (ACTION CARD 4)
  - On-Call Consultant Anaesthetist (ACTION CARD 5)

- Initiate Cascade of Trust Emergency Plan status informing staff "*The Trust Emergency Plan has been activated as a result of………. Cascade this message to all areas. Await further instruction from Trust Incident Control Team / Senior Directorate Managers.*"

- Inform the following key staff that "*The Trust Emergency Plan has been activated as a result of …………. Please refer to your relevant Action Card in the Trust Emergency Plan.   Please report to the Trust Incident Control Room located at ……………*"

- On-call Estates technician
- Security Service Supervisor (who should alert Vinci Park personnel)
- Senior On-Site or first available HR Officer
- Senior On-Site or first available Medical Records Officer
- Senior On-Site or first available Supplies Officer
- Senior On-Site or first available Manager for each Directorate

- Await instructions from Trust Incident Controller
- Once instructed to Stand Down - inform all switchboard staff of deactivation of Trust Emergency Plan status. Report back to Trust Incident Control Team when Stand Down achieved.

ACTION CARD 2

TRUST INCIDENT CONTROLLER. EXECUTIVE DIRECTOR ON CALL

Trust Disruption of Services on, or To Hospital Site

On receipt of information that Trust Emergency Plan has been activated:

- Proceed to the Trust Incident Control Room, in Community Hub portacabins
- Assume role of Trust Incident Controller (TIC)
- Undertake an assessment of current situation
- Remain in Trust Incident Control Room at all times
- Inform NWAS
  Step 1: Call NWAS Regional Health Control Desk on
  Step 2: Ask for the Merseyside Area Team 1st on call (NHS Tactical Commander) and
  Step 3: Provide NWAS with the following information:
  • Name of caller (including rank/position where appropriate);
  • Organisation
  • Contact telephone number
  • Reason for call

  NWAS will then contact the 'Merseyside Area Team 1st on call (NHS Tactical Commander), who in turn will call you back and then facilitate the necessary representation/support required.

- Determine need for Area Controllers. Identify appropriate staff to act in this capacity and tell them to report to Trust Incident control Room for further instructions
- Issue initial instructions, remit and extent of delegated authority to Area Controllers
- Establish clear two-way lines of communication between Trust Incident Control Team, Area Controllers and other parts of the hospital
- Establish clear two-way lines of communication between Trust Incident Control Team, Area Controllers and relevant agencies e.g. police, fire, ambulance etc.
- Communicate to staff (via bulletin) command and control structure for management of incident, e.g. telephone cascade, runners etc.
- Prepare general information for staff, patients and visitors on nature of incident and how it is being managed
- Co-ordinate Trust actions in conjunction with other local agencies.
- Determine when and how the Area Controllers are permitted to Stand Down.
- Full Stand Down should be notified to all relevant staff / agencies only when Area Controllers have achieved this status.
- Issue instructions to all departments to implement recovery plans once Stand Down status has been notified
- Conduct hot debrief with Area Controllers

ACTION CARD 3

HOSPITAL CO-ORDINATOR ON DUTY (BLEEP 707)

Trust Disruption of Services

On receipt of report of information of potential Trust incident:

- Note key details on Trust Incident Notification proforma (available at Switchboard, in Trust Incident Box, as appendix to Trust Emergency Plan) and report immediately to Senior Manager on Call.

- Attend and assess situation, if possible; consult with relevant expert staff. Take any immediate essential actions to ensure safety of patients and staff.

- If two or more incidents occur simultaneously, identify and designate a deputy to send to the other affected area(s).

- Report the following details to Senior Manager On Call:

  ➢ Nature of incident
  ➢ Nos. of casualties, if any
  ➢ Damage to Trust property, if any
  ➢ Potential danger to patients / staff / general public
  ➢ Potential impact on Trust business
  ➢ Time the incident occurred - how it was reported and by whom
  ➢ Who else has been informed and any initial decisions taken

- With Senior Manager on Call determine whether evacuation is required. If immediate evacuation is required, follow *Evacuation Procedure*
- Initiate Trust Emergency Plan
- Act as Trust Incident Controller until Executive Director On Call / Senior Manager On Call available
- Identify and proceed to Trust Incident Control Room
- Identify a Forward Control Point in a safe environment as close to the incident as possible
  o Assign a member of staff to this position
  o Establish radio / telephone communications between the Forward Control Point and the Trust Incident Control Room
- Inform Switchboard
  o that the Trust Emergency Plan has been activated.
  o of the location of the Forward Control Point and the Trust Incident Control Room.
- Instruct Switchboard to:
  o Contact relevant local agencies e.g. fire, police, ambulance
  o Require Trust Incident Control Team to attend Trust Incident Control Room
  o Initiate Cascade of Trust Emergency Plan status to Nurse in Charge / Team Leaders (Wards / Ops / Clinical Areas), informing staff to await further instruction from Trust Incident Control Team
  o Inform following key staff to attend Trust Incident Control Room
    ▪ Senior On Site Porter
    ▪ On Call Shift Engineer
    ▪ Senior On-Site or first available HR Officer

- Senior On-Site or first available Medical Records Officer
- Senior On-Site or first available Supplies Officer
- Senior On-Site or first available Manager for each Directorate

- Ensure patient / staff roll and visitors head count is undertaken and monitored on a regular basis
- If appropriate, use form at Appendix 7 to perform a bed count and communicate this information to the TICT.

ACTION CARD 4

SENIOR MANAGER ON CALL

Trust Disruption of Services

- When contacted by Hospital Co-ordinator, obtain following details:

  ➢ Nature of incident
  ➢ Nos. of casualties, if any
  ➢ Damage to Trust property, if any
  ➢ Potential danger to patients / staff / general public
  ➢ Potential impact on Trust business
  ➢ Time the incident occurred
  ➢ How it was reported, by whom
  ➢ Who else has been informed of incident
  ➢ Any initial decisions taken

- Determine whether to activate the Trust Emergency Plan in accordance with the Trust Emergency Plan
- With Hospital Co-ordinator, determine whether to evacuate any areas of the Trust. If immediate evacuation is required, follow *Evacuation Procedure*
- Check and supplement, if necessary, action already taken by Hospital Co-ordinator
- Proceed to the Trust Incident Room
- Locate and transport Trust Incident Equipment Box to Trust Incident Room
- Identify a Forward Control Point in a safe environment as close to the incident as possible. Assign a member of staff to this position. Establish radio / telephone communications between Forward Control Point and the Trust Incident Control Room
- Inform Switchboard that Trust Emergency Plan has been activated
- Advise Switchboard of location of Forward Control Point and Trust Incident Room
- Instruct Switchboard to
  ➢ contact local agencies, e.g. Police, fire, ambulance
  ➢ require Trust Incident Control Team to proceed to Trust Incident Room
  ➢ initiate Cascade of Trust Emergency Plan status
  ➢ require the following to attend the Trust Incident Room
      Senior on site Porter
      On Call Shift Engineer
      Senior on site or first available HR Officer
      Senior on site or first available Medical Records Officer
      Senior on site or first available Supplies Officer
      Senior on site or first available Directorate Manager
- Ensure patient / staff roll call and visitors head count is undertaken and monitored on a regular basis
- Assume lead responsibility for the management of the Trust Incident until the On Call Executive Director arrives
- When On-Call Executive Director arrives, join Trust Incident Control Team acting as instructed by On-Call Executive Director

ACTION CARD 5

CONSULTANT ANAESTHETIST ON CALL

On receipt of information that Trust Emergency Plan has been activated:

- Proceed to Trust Incident Control Room

- Liaise with Trust Incident Control Team

- Provide medical advice and liaise with other medical staff on site

- Establish clear two-way lines of communication between Trust Incident Control Team and senior medical staff

- Prepare information on the Trust Incident specific to medical staff

- With Hospital Co-ordinator, determine current bed state, including patients that could be discharged at short notice

- Act as instructed by the On-Call Executive Director

ACTION CARD 6

MANAGEMENT OF MINOR CASUALTIES - AREA CONTROLLER

- Proceed to Outpatients Department

- Liaise with Trust Incident Control Team to make sure adequate medical and nursing staff are allocated to support the function

- Work with the clinical team to prioritise patients for treatment

- Work with other Area Controllers and the designated Supplies Manager to ensure stocking of the area with appropriate medical supplies

- Provide regular updates for the Trust Incident Control Team

- Ensure that appropriate arrangements are put in place for the discharge / transfer of patients

- Determine action plan in collaboration with the Trust Incident Control Team

- When instructed to Stand Down by Trust Incident Control Team, ensure all relevant staff are aware of deactivation of Trust Emergency Plan status. Report back to Trust Incident Control Team when Stand Down achieved.

- Conduct hot debrief with key staff. Report findings to Trust Incident Control Team hot debrief.

ACTION CARD 7

MANAGEMENT OF RELATIVES - AREA CONTROLLER

- Proceed to Staff Restaurant

- Make arrangements for refreshments to be provided in the area

- Contact Area Controllers (Action Cards 6 - 13) with location of Relatives Area

- Contact Area Controller - Site Access & Security (Action Card 11) with location. Request that arrangements are put into place to escort any relatives attending the site to the Relatives Area

- Register all people attending the area. Record the following details
  - Name
  - Relative in Hospital
  - Location of Relative

- Provide information for relatives on a regular basis. Liaise with Trust Incident Control Team and Area Controller - Media Management (Action Card 9) for this purpose

- Determine action plan with Trust Incident Control Team

- Once instructed to Stand Down by Trust Incident Control Team, ensure all relevant staff are aware of deactivation of Trust Emergency Plan status. Report back to Trust Incident Control Team when Stand Down achieved.

- Conduct hot debrief with key staff. Report findings to Trust Incident Control Team hot debrief.

ACTION CARD 8

STAFF REPORTING - AREA CONTROLLER

Proceed to Main Entrance

- Inform Area Controllers (Action Cards 6 - 12) of location of Staff Reporting Area. Remind them:
  - o **Only staff with IDs will be allowed access to site**
  - o Additional staff should only be contacted where agreed with the Trust Incident Control Team.
  - o Staff phoning offering support should be told to stay at home unless contacted by the Trust.

- Obtain lists from Department Managers of names of staff that have been called in

- Inform Area Controller - Site Access & Security (Action Card 11) of location of Staff Reporting Area

- Advise them additional staff will be attending the site

- Ensure all staff are directed to Staff Reporting Area.

- **Ensure security request production of staff ID - people without ID should not be admitted to site**.

- Record name, department and time of arrival of staff as they report for duty; **check all IDs**

- Record name, department, time of arrival and area of expertise of staff who attend site without having been formally called in**; check all IDs.** Ask them to wait in the Staff Reporting Area. Pass details to Area Controllers for decisions on whether they are required.

- Determine action plan with Trust Incident Control Team

- Once instructed to Stand Down by Trust Incident Control Team, ensure all relevant staff are aware of deactivation of Trust Emergency Plan status. Report back to Trust Incident Control Team when Stand Down achieved.

- Conduct hot debrief with key staff. Report findings to Trust Incident Control Team hot debrief.

ACTION CARD 9

MEDIA MANAGEMENT - AREA CONTROLLER

- Liaise with Trust Incident Control Team to determine initial strategy

- Proceed to Moroney House

- Alert Area Controller - Site Access & Security (Action Card 11) to media / press attendance. Ensure they are escorted to Moroney House - Press Briefing Room. Ensure security request production of media / press ID

- Establish initial key facts in liaison with Trust Incident Control Team

- Liaise with Communications Lead at the CCG

- Consider need for public help line

- Arrange regular briefings to media

- Once instructed to Stand Down by Trust Incident Control Team, ensure all relevant staff are aware of deactivation of Trust Emergency Plan status. Report back to Trust Incident Control Team when Stand Down achieved.

- Conduct hot debrief with key staff. Report findings to Trust Incident Control Team hot debrief.

ACTION CARD 10

PATIENT CO-ORDINATION DISCHARGE - AREA CONTROLLER

- Ensure that appropriate arrangements are put in place for the discharge / transfer of patients
- Make list of patients who can be discharged and inform TICT of numbers and locations.
- Make communications with Pharmacy Department re take home medications that may be required.

- Determine action plan in collaboration with the Trust Incident Control Team

- Once instructed to Stand Down by Trust Incident Control Team ensure all relevant staff are aware of deactivation of Trust Emergency Plan status. Report back to Trust Incident Control Team when Stand Down achieved.

- Conduct hot debrief with key staff. Report findings to Trust Incident Control Team hot debrief.

ACTION CARD 11

SITE ACCESS AND SECURITY (Including Lock-Down) - AREA CONTROLLER

- Establish base and ensure robust two-way lines of communication with Trust Incident Control Team through two-way radio

- Take and act on instruction from TICT about restriction of access to the site and buildings.

- Take instruction from TICT about access to site for different groups of people. individuals/emergency vehicles/supplies vehicles.

- Establish robust two-way lines of communication with LHCH Security, BGH Security and Vinci Car Park Management Services

- Assign relevant personnel to secure all site entrances

- If access to the site/buildings is limited, instruct the Media Management Controller to inform other organisations and the public if appropriate. E.g Ambulance services

- Where resources allow, escort Press to Media Centre

- Direct all staff to Staff Reporting Area

- Where resources allow, escort relatives to Relatives Waiting Area

- Instruct Vinci Car Park Management Services to identify additional parking spaces for key personnel if necessary

- Determine action plan in collaboration with the Trust Incident Control Team

- Once instructed to Stand Down by Trust Incident Control Team, ensure all relevant staff are aware of deactivation of Trust Emergency Plan status. Report back to Trust Incident Control Team when Stand Down achieved.

- Conduct hot debrief with key staff. Report findings to Trust Incident Control Team hot debrief.

ACTION CARD 12

CLINICAL SUPPORT SERVICES - AREA CONTROLLER

- Establish base and ensure robust two-way lines of communication with Trust Incident Control Team, other Area Controllers and parts of the hospital

- Evaluate the impact of the incident on Clinical Services and report back to Trust Incident Control Team

- Communicate to senior staff command and control structure for management of incident

- Provide information to staff on nature of incident, how it is being managed and any immediate action they should take

- Establish adequate maintenance of support services
    o Pharmacy
    o Imaging
    o Medical records and reception staff
    o Capacity management
    o Other clinical support services

- Await instruction from Trust Incident Controller

- Provide assistance to other Area Controllers

- Determine action plan in collaboration with the Trust Incident Control Team

- Once instructed to Stand Down by Trust Incident Control Team, ensure all relevant staff are aware of deactivation of Trust Emergency Plan status. Report back to Trust Incident Control Team when Stand Down achieved.

- Conduct hot debrief with key staff. Report findings to Trust Incident Control Team hot debrief.

ACTION CARD 13

CRITICAL CARE

- Establish base and ensure robust two-way lines of communication with Trust Incident Control Team, other Area Controllers and parts of the hospital.

- Evaluate the impact of the incident on Critical Care Services and report back to Trust Incident Control Team

- Engage on-call Medical Team and undertake initial assessment of inpatient dependency in preparation for potential redistribution of patients within and out with the department. Review staffing levels.

- Communicate to senior staff command and control structure for management of incident

- Provide information to staff, patients and visitors on nature of incident and how it is being managed, plus any immediate action they should take.

- Await instruction from Trust Incident Controller

- Determine action plan in collaboration with the Trust Incident Control Team

- Once instructed to Stand Down by Trust Incident Control Team, ensure all relevant staff are aware of deactivation of Trust Emergency Plan status. Report back to Trust Incident Control Team when Stand Down achieved.

- Conduct hot debrief with key staff. Report findings to Trust Incident Control Team hot debrief.

ACTION CARD 14

SENIOR PORTER

On receipt of information that Trust Emergency Plan has been activated:

- Proceed at once to Switchboard

- Collect keys for Trust Incident Control Room

- Inform all available porters to base themselves in the Switchboard / Reception area

- **Trust Disruption to Services on or to Hospital Site -** instruct porters to collect the two way radios from the medical equipment library and take them to the Incident Control Room.

- Proceed to Incident Control Room as soon as possible and await further instructions

- If necessary, call in extra staff

- When extra staff available, deploy them as instructed by Trust Incident Control Team or Non-Clinical Support Services Area Controller

- Once instructed to Stand Down by Trust Incident Control Team, ensure all relevant staff are aware of deactivation of Trust Emergency Plan status. Report back to Trust Incident Control Team when Stand Down achieved.

ACTION CARD 16

SHIFT ENGINEER
(ESTATES MANAGER / ESTATES TECHNICIAN ON CALL)

On receipt of information that Trust Emergency Plan has been activated:

- Liaise with and advise Trust Incident Control Team on estates issues.

- Ensure robust two-way lines of communication.

- Investigate working condition of mechanical and electrical services, medical gases, water etc. in all affected areas and ensure safe and adequate services are provided.

- Evaluate the status of all estates services, particularly heat, light and energy, and the impact changes may have on the care of patients / business continuity.

- Report back regularly to Trust Incident Control Team

- Take early action in collaboration with Trust Incident Control Team, with reference to *Estates and Essential Site Services Contingency Plan*

- Liaise with Estates services for Broadgreen Hospital / RLBUHT and Dalkia Utilities Services

- Once instructed to Stand Down by Trust Incident Control Team, ensure all relevant staff are aware of deactivation of Trust Emergency Plan status. Report back to Trust Incident Control Team when Stand Down achieved.

ACTION CARD 17

MEDICAL RECORDS PERSONNEL

- Establish robust two-way lines of communication with Trust Incident Control Team, other Area Controllers and parts of the hospital as necessary

- Out of Hours - call in staff to assist, liaising with HR Lead

- Allocate staff to act as receptionists to areas as requested by Area Controllers

- Ensure adequate provision of the prepared Trust Incident Patient Records

- Ensure patient details are documented

ACTION CARD 18

SUPPLIES MANAGER

- Establish base and ensure robust two-way lines of communication with Trust Incident Control Team, other Area Controllers and parts of the hospital

- Evaluate the impact of the incident on critical supplies and report back to Trust Incident Control Team

- Determine action plan in collaboration with the Trust Incident Control Team

- 24/7 telephone number if required -

- Specify delivery points and products required. These will be recorded by the Runcorn Duty Manager. All emergency issues will be delivered within 12 hours. Liaise with RLBUHT for any products Runcorn cannot distribute within timescales required.

- Once instructed to Stand Down by Trust Incident Control Team, ensure all relevant staff are aware of deactivation of Trust Emergency Plan status. Report back to Trust Incident Control Team when Stand Down achieved.

- Conduct hot debrief with key staff. Report findings to Trust Incident Control Team hot debrief.

ACTION CARD 19

HOSPITAL CHAPLAINS

- On arrival on site, report to the staff controller at the main entrance

- **KEY AREAS TO VISIT:**

  o Relatives' area - Restaurant
  o Minor casualties - LHCH Outpatients Department
  o Casualty Triage - LHCH Outpatients Department
  o Mortuary

- **LIASE WITH:**
  o Hospital Co-ordinator
  o Area Controller - Minor casualties
  o Area Controller - Casualty Triage
  o Area Controller - Relatives' Area
  o Media Management Area Controller - Moroney House

- ALL CHAPLAINS TO JOINTLY ARRANGE FOR STANDBY AND HANDOVER TO RELIEF TEAMS

APPENDIX 8

Trust Incident Head / Bed Count Form

Date…………………………………   **Time………………………………**

Ward Area	No. of Staff	No. of Beds (Total)	No. of Empty Beds	No. of In-patients	Possible Discharges	Comments

APPENDIX 9

<div align="center">

Proforma for Setting up a Telephone Helpline

Information Sheet for Telephone Help Line

</div>

1. The Telephone Help Line will operate from _____ to _____ Mon to Fri in _____. Depending on the demand/press coverage, it may be required to operate during the evenings/weekends.

2. The Telephone Number is ………………………………………….
This will be provided by switchboard manager when a helpline is required

3. When answering the telephone, please give your name to the person calling.

4. Check their reason for calling and **complete a new contact form for all calls**.

5. **Remember** – patient confidentiality. Information should **not** be given to relatives unless you have the patient`s permission to do so.

IF YOU ARE SUSPICIOUS THAT A CALLER MAY BE A MEMBER OF THE PRESS, ARRANGE TO CALL THEM BACK AND CHECK THE PATIENT'S DETAILS ON PAS TO ASCERTAIN WHETHER A GENUINE CALLER OR NOT.

6. Check with the caller if they have been contacted by the Trust
If they **have** been contacted by the Trust, provide them with the following information.

   a) Their key worker (refer to patient detail sheet to identify name) will be contacting them from _____ to _____.

   Ascertain their reason for calling now, record the details and inform them that their named contact person (keyworker) will ring them back as soon as possible.

7. If they have **not** been contacted by the Trust:

   a) Ascertain their reason for calling.

   b) Document their call on a contact sheet.

8. Specific information re this incident / event

   _____
   _____
   _____
   _____
   _____
   _____
   _____

9. Inform the patient that further support is available via:
   LHCH Patient and Family Support Manager (ext 1257)

10. If there are outstanding issues that you are unable to respond to, please inform the patient/relative that we will contact them as soon as possible.

   Do not commit to a specific time for returning the call unless it is the only option.

APPENDIX 10

Contact Sheet
Patient Information Helpline

Callers Name:	Relationship to Patient:
Patients Name:	Consultant: (if known)
DOB:	
Address:	

Tel Contact No:

Date and Time of Enquiry:

Details of Enquiry:

Information provided by Information Line Operator:

Follow up contact required Yes/No:

Follow up contact undertaken by:

Information provided:

Additional follow up required Yes/No:

Date: _____

Call taken by _____

Endorsed by:

Name of Lead Clinician/Manager or Committee Chair	Position of Endorser or Name of Endorsing Committee	Date
Risk Management Committee	CEO	13th July 2010

Record of Changes to Document - Issue number: 1.1				
Changes approved in this document:			Date: 3/12/2009	
Section Number	Amendment (**shown in bold italics)**	Deletion	Addition	Reason
1.0	Link to DOH Emergency planning site	Nil	Yes	Not in policy
2.0	Clarification to internal staff roles and responsibilities	Nil	Roles of Major incident Team	Clarification
			Date: 8/7/2010	
2.0	**Roles and Responsibilities**		**Further roles and Responsibilities added**	
	Appendix 1 and 2		**Added to policy**	
Alterations to change PCT and SHA to MHS Merseyside and NHS North. List of policies available when using DH Publication web page found on page 2. Risk Management Strategy added to front page of policy. MIAA audit process added to policy. Linkage to Estates BCP at front of policy. Mandatory training added under training section. Budget accountability added under DON responsibilities. Changes made following external assessment of MIP by NHS Merseyside 31-7-12				