



MAJOR EMERGENCY PLAN

**Version No: 2
Restricted
(December 2006)**

Introduction

NHS Forth Valley recognises that planning for emergencies is an integral part of good business practice for any organisation. It is particularly important that public service organisations can continue to deliver their essential functions and that they are able to respond to the needs of the community, businesses and the environment in emergency situations.

The Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005 is part of new government legislation that came into force in November 2005 and focuses on local arrangements for civil protection, establishing a statutory framework of roles and responsibilities for local responders such as NHS Forth Valley.

NHS Forth Valley has reviewed its existing Major Emergency Plan in line with new legislation and has updated the plan as necessary.

NHS Forth Valley has the responsibility to meet the health care needs of the people of Forth Valley. This includes meeting needs that cannot be fully predicted or which increase or change unexpectedly. There is always a very small but finite risk of major incidents on motorways, railways, large public events, and major industrial complexes in Forth Valley. The recent increase in terrorism and the emergence of communicable diseases such as Pandemic Influenza has increased the need for preparedness for the challenges of such events.

It is not possible to predict the exact form and nature of a future emergency, nor the amount of time available to respond to it. Any part of NHS Forth Valley may need to respond at short notice and must prepare accordingly. Major incidents may happen at any time of the week or day and those who are available at that time must be prepared to take on the urgent task of responding to the incident. Planning and managing the NHS Forth Valley emergency response must be regarded as integral to the planning and management of every service NHS Forth Valley provides. We must be fully aware of the role of other key agencies such as police, fire, ambulance and other services in the multi-agency response to major incidents.

The successful implementation of this response plan requires commitment from staff at all levels. The response to the first call of staff in accident and emergency or telephonists can be as important as that of the Chief Executive. Each individual who may be involved has an obligation to ensure they are aware of and understand their role in the NHS Forth Valley response. This response plan sets standards for induction, and regular training that must be met by staff at all levels. These standards will be audited.

This response plan will be regularly monitored to ensure that its objectives are achieved and will be reviewed/revised in the light of any legislative or organisational changes through NHS Forth Valley's Emergency Planning Advisory Group, which meets quarterly.

This plan is not the important aim. The primary aim is NHS Forth Valley preparedness and effective response based on this response plan.

Dr Malcolm McWhirter
Director of Public Health

AMENDMENT RECORD

All amendments to the Major Emergency Plan should be inserted into the manual immediately on receipt and the original destroyed. This record sheet should be completed when any amendment is made.

Version Number	Date Approved by NHS Forth Valley	Actioned by	Date	Comments
Version 2	Nov 2006	Re-issued by NHS FV	Dec 2006	Re-issue of MEP – Version 2
Version 2R				Removal of restricted contact numbers.

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SECTION 1 – INTRODUCTION

1.1 FOREWORD

- 1.1.1 NHS Forth Valley has the responsibility to meet the health care needs of the people of Forth Valley and includes those needs which are not possible to predict in detail or which rise or change unexpectedly. An emergency does not remove this statutory duty but its fulfilment may require sudden alterations as to how, where and when the diagnoses, treatment, comfort and care of patients is carried out.
- 1.1.2 It is not possible to predict the exact form and nature of a future emergency, nor the amount of time available to prepare for it, any part of NHS Forth Valley might need to contribute to the response to it and must prepare accordingly. Planning and managing the NHS Forth Valley emergency response must be regarded as integral to the planning and management of every service NHS Forth Valley provides.
- 1.1.3 This Major Emergency Plan describes NHS Forth Valley responsibilities for ensuring high levels of preparedness for a major incident in accordance with the Scottish Executive Preparing Scotland Guidance (2006) and the principles of the Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005.
- o emergency planning
 - o risk assessment
 - o communicating with the public
 - o information sharing
 - o co-operation
 - o business continuity management

1.2 EMERGENCY PLANNING RESPONSIBILITIES

- 1.2.1 Forth Valley NHS Board is required to provide strategic leadership to secure the health of the population in Forth Valley for which it is accountable to the Scottish Executive Health Department and the relevant Scottish Ministers.
- 1.2.2 In addition Forth Valley NHS Board is responsible for the NHS Forth Valley response to major emergency incidents, which may occur in its area.
- 1.2.3 Similarly, NHS Hospitals within Forth Valley are responsible for the management and operation of individual health care services. They have a duty to plan to overcome the effects of any emergency, which might threaten the continuance or alteration of these services.
- 1.2.4 Therefore, whilst detailed operational emergency planning is delegated to individual Services, Forth Valley NHS Board will maintain an overall strategic plan in respect of the NHS Forth Valley response to a major emergency. Outlined within these procedures will be:
- the roles, responsibilities and tasks to be undertaken by the Board and Stirling Royal Infirmary (as designated control hospital), both generally and under specific circumstances.

- the arrangements for the control and co-ordination of the NHS Forth Valley response and the procedures to be used.
- the requirements of the Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005 and duties placed upon NHS Forth Valley.

1.3 THE AIM OF EMERGENCY PLANNING

- 1.3.1 The aim of emergency planning within Forth Valley NHS Board is in accordance with Scottish Executive and National Government guidelines, as outlined in “Manual of NHS Guidance: Responding to Emergencies” and “Preparing Scotland” in context with Civil Contingency Act 2004 (Contingency Planning) (Scotland) Regulations 2005, and ensures that essential health care needs are met effectively when normal services become overloaded, restricted or non-operational for whatever reason.
- 1.3.2 The process of emergency planning should be to assist the response of NHS Forth Valley to be positive, relevant, organised and well managed from the outset of the emergency and co-ordinated with the response of others to form a single integrated response to an emergency.
- 1.3.3 The principles of Emergency Planning and the management of an incident must focus on the effective response to the emergency and not on the cause.
- 1.3.4 Regardless of the nature or circumstances of the emergency, NHS Forth Valley must be prepared to:
- deal with the influx of new patients whose number, condition and location precludes treatment under normal routine arrangements
 - take steps to safeguard the health of the population from the adverse effects of the emergency
 - continue to provide treatment and care for existing patients
- 1.3.5 Studies from previous emergencies suggest there are four distinct and overlapping phases to the successful management of an emergency and NHS Forth Valley’s emergency plans will be based on these principles where relevant:
1. **Prevention** – this phase encompasses measures adopted in advance of an emergency which seek either to prevent it occurring or reduce the severity of its effects
 2. **Preparedness** – this involves the identification and preparation of resources, the maintenance of skills and alerting. Regular training and exercising must underpin mobilisation and operating procedures. The need to guarantee service continuity requires emergency planning to consider any potential incident or interruption to essential services and utilities
 3. **Response** – this is the urgent action phase. The priorities are to save lives, prevent escalation, relieve suffering and facilitate the subsequent return to normality

4. **Recovery** – this will encompass all activities necessary to provide a return to normality, both for those affected by the emergency and for those responding to it. It should include identification and assessment of the long term, consequential or delayed effects of the emergency and planning for those to be effectively handled as routine activity. Analysis of the response and identification of lessons learned, which complete the management of the emergency, should contribute to the prevention and preparedness phases of the next.

1.3.6 Therefore Emergency Planning and Management within NHS Forth Valley should not be regarded as activities exclusively relevant to an emergency response, but should be an extension of, and integrated into every day procedures and management.

1.4 DEFINITIONS OF AN EMERGENCY

1.4.1 **Emergency** – An emergency is something which arises unexpectedly, and which requires urgent action to resolve. The NHS faces many emergencies in the course of its routine activities. Whilst each separate instance requiring urgent NHS action might in itself be unexpected, being faced with emergencies is a natural characteristic of meeting health care needs. To provide a basis for emergency planning, there is a requirement to form an understanding between what is considered “routine” emergencies and those, which require special action.

The Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005 defines an emergency as *“an event or 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.”* The definition is concerned with the consequences rather than the cause or source.

1.4.2 **Routine Emergency** – a routine emergency can be defined as one that can be met within the normal capacity and procedures of those dealing with it. It is one that places no abnormal requirement upon health care services.

1.4.3 **Major Emergency** – a major emergency can be defined as a situation, either arising or threatened, which requires special mobilisation and/or redeployment of staff or other resources with consequent interruption to routine activities.

1.4.4 **Major Incident** – a major incident is the widely accepted term used by the Emergency Services to describe any emergency that requires the implementation of special arrangements by one or more of the Emergency Services, the NHS or Local Authorities. A major incident for one organisation may not be the same for the others.

1.4.5 NHS Forth Valley staff that are engaged in their normal routine duties are likely to be amongst the first people to become aware that an emergency has arisen or is imminent. The process of emergency planning will:

- assist NHS Forth Valley staff to react efficiently and positively by providing them with specific instructions and guidance in dealing with the incident, which will be coupled with an overview as to how the NHS and partner organisation will respond as a whole.

- provide advice and assistance to enable the NHS Forth Valley response to be appropriate, structured, co-ordinated and managed effectively from the outset of the emergency.
- enable the NHS Forth Valley response to be co-ordinated with the responses of the Emergency Services, Local Authorities and other partner agencies, thus forming a single integrated response to the emergency.

1.5 SCOPE OF EMERGENCY PLANS

1.5.1 To plan separately and in detail for every possible foreseen emergency is less effective than to develop a generic plan with a generic framework to respond to any emergency and emergency plans in NHS Forth Valley will be based on this method.

1.5.2 It should be understood that when compiling NHS Forth Valley plans, that no emergency plan could cover every eventuality. Over prescriptive arrangements can constrain flexible thinking, which staff will be required to show so as to provide a resolution to any emergency.

1.6 POTENTIAL MAJOR EMERGENCY RISKS WITHIN FORTH VALLEY

1.6.1 Most major incidents occur with little or no warning and their nature and type are wide and varied. Forth Valley NHS Board will have regard to all potential emergency situations, which may occur in its area and will therefore plan accordingly. In this respect the following list must not be considered definitive, but identifies the special risks, which may be associated with the Forth Valley area.

- major hazardous industrial accident
- pipeline incident
- major outbreak of a communicable disease
- chemical pollution to air or water supplies
- major motorway or road incident
- major rail incident
- an air crash
- major prison incident
- maritime incident
- major fires or explosions
- incidents arising at mass gathering events
- severe weather incidents
- acts of terrorism

1.7 THE CIVIL CONTINGENCIES ACT 2004 (CONTINGENCY PLANNING) (SCOTLAND) REGULATIONS 2005

This Plan sets out the framework for our response under the recently published Preparing Scotland Guidance as well as the requirements of the Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005. The Act requires that local responders are divided into two categories depending on the extent of their involvement in civil protection work, and places a proportionate set of duties on each.

1.7.1 **Category 1** responders are those organisations at the core of emergency response (e.g. Emergency Services, NHS and Local Authorities). Category 1 responders are

subject to the full set of civil protection duties and statutory duties. They are required to:

- Assess the risk of emergencies occurring and use this to inform contingency planning;
- Put in place emergency plans;
- Put in place Business Continuity Management arrangements;
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency;
- Share information with other local responders to enhance co-ordination;
- Co-operate with other local responders to enhance co-ordination and efficiency;
- Provide advice and assistance to businesses and voluntary organisations about business continuity management (Local Authorities only).

These duties are expanded on below:-

1.7.2 RISK ASSESSMENT

NHS Forth Valley along with other partner agencies in Central Scotland has co-operated to produce the Community Risk Register. A draft copy of the Community Risk Register along with detailed information on the risks that Central Scotland will lead on can be found in the emergency planning cupboard and www.centralscotland.police.uk/policing/docs/cscrisk.pdf.

The Central Scotland Community Risk Register has been created for two primary reasons. Firstly, to reassure the people and communities of Central Scotland that an assessment of potential hazards and threats has been made or considered. Secondly, to satisfy the requirements outlined in the Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005 and its statutory Guidance (Preparing Scotland).

1.7.3 COOPERATION

NHS Forth Valley has representation on National, Regional and Local Resilience Forums and relevant subgroups. This is to ensure the consistency of NHS plans with other Category 1 & 2 Responders, in fulfilling the statutory requirement of cooperation between local responder bodies as advocated by the Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005.

If there is a major incident within Central Scotland then the Strategic Co-ordinating Group would be set up. This Group works well in Central Scotland demonstrating good practice of Integrated Emergency Management as no single organisation could cope with a major emergency alone. The Group consists of the Police, Fire & Rescue, Local Authorities, Scottish Ambulance Service, Military, Procurator Fiscal, Maritime Coastguard Agency & SEPA. A group at tactical level supports the Strategic Co-ordinating Group.

1.7.4 **COMMUNICATING WITH THE PUBLIC**

NHS Forth Valley recognises it has a responsibility to provide accurate, timely and frequent information to the media and the public, and to have appropriate mechanisms in place to provide this service. (Please see sections 1.8 Communications and 1.9 Media Management)

1.7.5 **EMERGENCY PLANNING AND BUSINESS CONTINUITY**

The emergency planning process is a key element of emergency preparedness. NHS Forth Valley will comply with relevant Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005 requirements, including:

- maintaining plans for reducing, controlling or mitigating its effects
- maintaining plans for taking other action in connection with the major incident.
- ongoing Training and Exercising programme.

Business Continuity Management (BCM) is the management process that helps manage the risks to the smooth running of an organisation or delivery of a service, ensuring that the business can continue in the event of a disruption. These risks can be from the external environment (for example, power failures, severe weather) or from within an organisation (for example, systems failures, loss of key staff). This is currently being addressed to ensure that there is a corporate complement of Business Continuity Plans in place for NHS Forth Valley.

1.7.6 **INFORMATION SHARING**

Information should be shared freely between responders unless it is sensitive, in which case it should be stored securely. There are many pieces of legislation which affect the use of information within individual sectors, three of these with a much wider ranging impact are the Freedom of Information Act (Scotland) 2002, Environmental Impact (Scotland) Regulations 2004 and the Data Protection Act 1998.

1.7 **COMMUNICATIONS**

1.8.1 **EFFECTIVE COMMUNICATIONS**

Effective communications will be key to the successful management of a Major Emergency.

NHS Forth Valley Emergency Plans will require to include effective communication systems to enable the mobilisation of the response to a major emergency and to support its effective management and control.

It is vital that communication systems detailed within emergency plans are regularly assessed and tested to ensure that they continue to be effective, robust, flexible and have the capacity to support flow of information required to respond to a major incident.

1.8.2 CORPORATE COMMUNICATIONS

It is essential that the public and our staff have access to accurate, timely information during a Major Emergency. Local Authorities have their own mechanisms for communicating with their communities and we would work closely with them. The media have a very important role to play in public and staff information during a Major Emergency and this is outlined in the Media Management Section (Section 1.9). In addition to the media there are a range of other methods at our disposal which can be drawn on if appropriate.

1.8.3 STAFF COMMUNICATION

Managers involved in the management of the major emergency will be responsible for ensuring that staff directly involved in the treatment of casualties, and any other aspect of the major emergency have an accurate flow of information to ensure that they are fully supported. In addition if appropriate the Head of Communications will ensure that the wider staff are kept informed.

1.8.4 COMMUNICATION WITH THE WIDER PUBLIC

The Head of Communications will also ensure that, if required, the public have access to accurate information about the major emergency. It is not possible to be prescriptive and the information and communications methods must be tailored by the Communications Team to suit the circumstances of the incident.

The requirements of ethnic minority groups and those who may be deaf/blind or suffer from other disabling illnesses need to be considered by the Communications Team when providing information to patients/public and this is especially important in emergency situations when risk to health may occur.

The Communications Team have access to language/sign language interpreters on a 24/7 basis. NHS Forth Valley staff who experience language difficulties with the public should contact the Communications Team for advice and assistance.

NHS Forth Valley Hospitals should also maintain lists/have access to appropriate interpreters to assist with any language difficulties which, may occur with casualties/patients during a major emergency or on a day to day basis.

While the media is key method for disseminating information to the public and the wider staff not directly involved in the emergency, there are other methods available to communicate with the public.

- The NHS Forth Valley Websites – the external website can be updated by the Communications Team on a 24/7 basis and is an excellent way of disseminating information immediately, free from editorial interpretation. The internal website is also available to keep the wider staff updated.
- In some major emergencies it may be appropriate to set up a Helpline. The Communications Team would need to draw on the Health Promotion Team to staff the line on 24/7 basis for as long as it will be required.

The Forth Valley Local Authorities have methods to communicate directly with communities if required.

The Communications Team operate on a 24-hour basis during a major incident. This will enable the Communications Team to provide support and advice in the event of any major emergency to ensure that the right message gets to the right persons at the right time.

1.9 MEDIA MANAGEMENT

1.9.1 INTRODUCTION

As with any other NHS Board areas a major incident in Forth Valley will attract significant media attention. The media attention could be local, national or international depending on the event. The modern media provides news to the public on a 24 hour basis and can provide a fast effective method for communicating with the public in a crisis. It is also therefore of key importance that any response to the media is coordinated, accurate and timely. The way the media response is managed will also reflect on the way the media report the emergency response to the public. A positive report from the media can enhance the effectiveness of the response and reassure the public and those involved. Every opportunity should be taken to utilise the media to enhance the NHS emergency response or disseminate information to the public.

1.9.2 GENERAL PRINCIPALS

- Central Scotland Police lead the media response in case of a Major Emergency involving more than one agency.
- All media contact (enquiries, interview requests, information requests, photographs, filming) with NHS Forth Valley should be co-ordinated by the NHS Forth Valley Communications Team

1.9.3 LEAD MEDIA AGENCY

In the event of a major emergency, where more than one of the category one responder agencies are involved, the police will lead any response to the media. The Head of Communications, or deputy if appropriate, will work closely with the Head of Media at Central Scotland Police or a nominated deputy, to ensure that any communication with the media is in line with the overall leadership of the incident. The activities outlined in this section of the Major Incident Plan would be carried out under the direction of the Head of Media at Central Scotland Police or a nominated deputy.

1.9.4 NHS FORTH VALLEY COMMUNICATIONS TEAM

The NHS in Forth Valley operates on a single-system basis and any communication with the media will be coordinated by the NHS Forth Valley Communications Team in close liaison with Incident Control Team and the NHS Strategic Support Team (SST), Major Incident Control Committee(MICC) and Strategic Coordinating Group(SCG) if they are activated.

As soon as an emergency or incident is known, the Communications Team should be contacted immediately so that they can liaise with Police colleagues at an early stage.

All media enquiries with regards to NHS Forth Valley response to a major emergency or incident should be directed to the Communications Team. This will ensure that all information released to the media is collated and co-ordinated.

NHS Forth Valley's Head of Communications has delegated responsibility to lead and co-ordinate the NHS Forth Valley media response to a major emergency. The Head of Communications will lead the NHS Forth Valley Communications Team who will provide overall direction and leadership to the NHS Forth Valley liaison with the media.

While the Communications Team will lead any response from NHS Forth Valley to the media, NHS Forth Valley managers involved in emergency plans will need to be aware of the needs and methods of the media.

The scale of the incident will determine the deployment of Communications staff. For example in the case of an incident where the SST and SCG are not standing then the Head of Communication will be in the Incident Control Team.

In an incident where the SST and SCG are standing then the Head of Communications, or deputy, will be in the SST, but will receive regular updates from the Incident Control Team.

The NHS Forth Valley Communications Team operate an on-call system for out of hours. However in the case of a major incident the team would work on a 24 hour-basis reflecting the 24hour nature of the modern media.

During a major emergency, no information/interview will be given to the media unless the Head of Communications, in liaison with the most senior committee is activated.

The Communications Team will ensure that all calls received from the media are logged and that a record of all information released to the media is kept.

1.9.4 **MEDIA MANAGEMENT**

In the event of a major incident, it is likely that members of the media will try to get as close to the scene as possible. It is also likely that they will arrive at NHS premises as casualties are brought in. Co-ordination of the media at the scene will be the role of the Police. The Communications Team will ensure that an appropriate area is provided for the media to assemble (see Media Centre section 1.9.9).

1.9.5 **INFORMATION FLOW**

Throughout a major emergency the media need to receive regular, accurate, timely information.

Managers involved in the management of the incident will be responsible for ensuring that regular information feeds are given to the Communications Team.

This will enable briefings to be given to the media at regular intervals determined by the media intensity.

1.9.6 **MEDIA BRIEFING**

If deemed appropriate by the Police Communications Team an initial briefing to the media should be arranged as soon as is practical. In preparation for this Briefing the Hospital Control Team, will need to supply the following information to the Communications Team:

- The time the hospital was informed to expect casualties
- The time the first casualties arrived
- The number of casualties received
- General information regarding the casualties, such as gender, age, nature of injuries and treatment, the number of admissions and discharges
- Information regarding patient transfers
- A brief outline of the hospitals emergency plans, when it was activated and what effect it had on routine hospital work
- Details of numbers of staff on duty, specific specialist teams, cancelled routine work and any other appropriate background information

The Communication Team will prepare a media statement based on the information from the hospital control team. The statement will then be agreed by the following prior to release:

- Central Scotland Police Communications Team
- Hospital Control Team
- NHS Forth Valley Chief Executive or deputy
- SCG or the most senior committee standing

A number of key individuals, both clinical and non-clinical, who are able to speak to the media (and who have appropriate media training) will be identified to deliver the media briefings. If the incident is prolonged a rota may need to be drawn up to avoid any one person being overburdened. They will need to

- Read the statement to the media and answer questions arising from it
- Be prepared to repeat the statement to radio interviewers/television reporters if required
- Announce arrangements for further briefings which will be required on a regular basis and of vital importance, where the media should contact to ascertain further information, such as the Central Co-ordinating Media Office, giving relevant telephone numbers

As well as being issued proactively, the information in the statement will be posted on the NHS Forth Valley website.

The number and timing of subsequent media briefings will depend on the media intensity.

1.9.7 **MEDIA ACCESS**

In appropriate circumstances, the Head of Communications will make suitable arrangements in consultation with medical staff, if necessary for reporters, photographers, film crews etc to have access to patients and NHS Forth Valley involved in the response to the emergency.

1.9.8 **STAFF COMMUNICATIONS**

The Head of Communications prior to the release of information to the media with regards to any major emergency will ensure that appropriate consideration is given to informing staff, patients, casualties and their relatives, especially where fatal injuries have been sustained, though this will be carried out by staff involved in managing the incident or delegated others.

1.9.9 **MEDIA CENTRES**

In some instances, particularly where a major emergency is prolonged, or there is a need to provide media with dedicated space away from areas being used to treat patients, it will be necessary to provide media centres. The Media centre would include communications equipment and refreshments. In addition to such accommodation, consideration should be given to suitable parking for outside broadcast vehicles. The media centre/s will be used to gather media and deliver appropriate briefings and interviews with nominated NHS Forth Valley representatives.

In some circumstances it would be appropriate for a media centre to be established within the receiving hospital and NHS Forth Valley Hospital Emergency Plans will therefore require identifying suitable accommodation. In other circumstances it might be more appropriate to have the media gathered away from receiving hospitals, and in this case the NHS Board headquarters would be used.

It is the responsibility of the Communications Team to ensure that the Media Centre is up and running, as required. They will also ensure that a member of staff is nominated to direct the media to the Media Centre on arrival.

Hospital staff need to be alert to the possibility of unwarranted intrusion by some of the media and ensure that they are escorted to the Media Centre.

1.9.10 **MAJOR EMERGENCIES INVOLVING CRIMINAL ACTS**

Should an act of terrorism or crime be the cause or suspected to be the cause of a major emergency, Central Scotland Police may impose a degree of security around casualties and the hospitals where they have been admitted.

Police may prevent anyone other than essential medical personnel from approaching the casualties or entering the hospital grounds and this may include the media. In such a situation the Police would respond to all media enquiries and the Head of Communication will need to have close liaison with Police Communications colleagues.

1.9.11 **SUSTAINABILITY**

Where a major emergency is prolonged, there may be an issue of sustainability for a small communications team required to provide 24/7 cover. Rota systems will be in place to ensure that adequate rest periods are possible. In addition it may be necessary to call on assistance from neighbouring NHS Board Communication Teams as well as enlisting the assistance of administration staff to assist.

1.9.12 **SCOTTISH EXECUTIVE HEALTH DEPARTMENT PRESS OFFICE**

The NHS Forth Valley Communications Team will ensure that the Scottish Executive Press Office is informed of the Major Incident and are kept up to date with regular updates.

SECTION 2 - NOTIFICATION and STAND DOWN

2.1 INTRODUCTION

- 2.1.1 Initial information about the occurrence that may constitute a major emergency can originate from many sources. However, it is most likely that such information will be received from either the Scottish Ambulance Service or from Central Scotland Police.
- 2.1.2 It is important therefore that all staff should know that if they become aware of such a situation, they must report it at once as documented in the Emergency Plan.

2.2 IMPLEMENTATION

- 2.2.1 A telephone message form will be completed which the operator will pass to the person identified in the Major Emergency procedures. That person will then, as detailed in the plan, authenticate the call and establish as much information as possible in order that a decision can be made on whether to implement stand-by procedures.
- 2.2.2 Information must immediately be passed to the A & E Consultant/Nurse in Charge of A & E who will then decide whether a **Red Alert** is to be implemented. **Only** the Medical Controller can Stand-down the NHS response to an incident once the cascade system has been implemented.

2.3 CONTROL HOSPITAL

- 2.3.1 When Yellow or Red alert is implemented, the major emergency plan will be activated and Stirling Royal Infirmary (SRI) will be the designated control hospital.
- 2.3.2 The On-Call CPHM and the NHS Forth Valley Emergency Planning Officer will attend as Hospital Control Team members and will start Strategic Support Team cascade by contacting the NHS Board On-Call Manager.
- 2.3.3 The nature and severity of the incident will dictate whether a Medical Incident Officer (MIO) and Mobile Medical Team (MMT) should attend at the scene of the incident. This will be done at the request of the Ambulance Incident Officer at the scene.
- 2.3.4 Support will be provided under mutual aid arrangements from neighbouring Boards and will be arranged through the Strategic Support Group.

2.4 MEDICAL INCIDENT OFFICER/MOBILE MEDICAL TEAM

- 2.4.1 NHS Forth Valley Designated Receiving Hospital, SRI, must ensure that standing arrangements are in hand for the provision of a Medical Incident Officer (MIO) and Mobile Medical Team (MMT) at the scene of a major incident. Such arrangements will form part of the relevant Hospital Plan sections.
- 2.4.2 The A & E Consultant/ Hospital Medical Controller will decide from the staff available, including BASICs volunteers, the membership of the Mobile Medical Team.

2.5 ASSISTANCE FROM ANOTHER NHS BOARD

2.5.1 Where an incident may subsequently prove to be beyond the resources of NHS Forth Valley due to its scale and complexity, or because of particular types of injuries sustained, for example, serious burns, assistance can be requested from other NHS Boards. Lines of communication have been pre-arranged to ensure there are no delays.

2.6 REPORTS TO SCOTTISH EXECUTIVE HEALTH DEPARTMENT (SEHD)

2.6.1 In a Major Emergency the Scottish Executive Emergency Room (SEER) may be activated to provide a focal point for the co-ordination and control of Central Government support to the response to a civil emergency in Scotland. The Chief Executive/appointed designate or on call manager should make contact as soon as possible with NHS Management Executive (Policy and Performance Management Division) at ##### ### ##### or during out of hours at ##### ### #####. The Strategic Support Team will provide the liaison with Scottish Executive Health Department (SEHD) during an incident and the Strategic Support Team Controller will allocate this task to an appropriate member of the team.

2.6.2 Subsequent to any major emergency there should be a full debriefing of all staff involved coupled with a review of the health service response. The Chief Executive will ensure that a comprehensive report covering these aspects with details of particular successes or difficulties experienced to the Management Executive of the Health Service in Scotland. Any amendments to the Major Emergency Procedures consequential to the incident must also be notified.

2.7 EXERCISING

2.7.1 It is essential that existing plans should be tested by regular exercises. As in the case of a real incident a subsequent report should be submitted to the Scottish Executive Health Department

2.8 STAND DOWN PROCEDURES

2.8.1 Stand down at the incident site may be declared by:

- Central Scotland Police
- Scottish Ambulance Service
- Central Scotland Fire & Rescue Service
- Medical Incident Officer
- Ambulance Incident Officer

2.8.2 The Control Hospital Medical Controller, in liaison with the Hospital Control Team, will take the decision to Stand Down the Hospital. Each member of the Control Team will ensure that the services they are responsible for are notified directly.

- 2.8.3 The appropriate Unit General Managers, in liaison with the Management Team will monitor the acute stage immediately following Stand Down to ensure that adequate resources are available to meet the increase in demand on the service.
- 2.8.4 A member of the Hospital Control Team will confirm to Central Scotland Police Control Room, Scottish Ambulance Service Control Room and other agencies involved that the Infirmary has stood down for the immediate reception of casualties from the incident.
- 2.8.5 The length of this stage will depend on the number of casualties and on the extent of the treatment required. Routine surgery may have to be postponed and other departments, e.g. Physiotherapy may have routine activity disrupted. Managers will be required to ensure that adequate staffing resources are provided, including resources to cope with media enquiries, bereaved relatives, etc.
- 2.8.6 During this stage, all staff involved in the incident will be advised that Occupational Health Support is available to assist in cases of undue stress or fatigue and Managers will ensure that staff receive regular off duty periods.
- 2.8.7 Following the ending of the acute stage, NHS Forth Valley will require to assess the impact of the incident in areas such as waiting times, waiting lists and patient activity. It is important that exceptional expenditure is accurately identified, including long-term implications. As soon as possible after the incident, Directors should provide the NHS Forth Valley Director of Finance with details of additional expenditure on staffing, supplies and equipment due to the incident and the immediate aftermath (e.g: specialist nursing of seriously ill patients.)
- 2.8.8 There is no precise time at which the Strategic Support Team (see paragraph 3.1) should stand down and any decision will be taken by the Chief Executive in the light of prevailing circumstances. It is foreseeable that the Strategic Support Team may be required to function for some time after the critical stages of the major emergency have passed.

2.9 INCIDENT LOGS

- 2.9.1 Any major emergency, especially an incident involving numerous fatalities will most certainly result in a subsequent enquiry, most likely to be a Fatal Accident Enquiry or/and a Public Enquiry. To assist in any response required by NHS Forth Valley, a chronological log of all actions and inputs by the Strategic Support Team/Acute Control Room will be kept.
- 2.9.2 A Major Incident Report should be produced following the final Debrief and a Report sent to the NHS Management Executive at the Scottish Executive detailing particular successes or difficulties experienced and any consequential amendments to NHS Forth Valley Major Emergency Procedures. This Report must be agreed by the Chief Operating Officer and the NHS Forth Valley Chief Executive before submission to the Scottish Executive.
- 2.9.3 Forth Valley NHS Board has developed an “Emergency Procedures” database and this will be available on the computers in the Boardroom at Carseview. This database provides a message taking capability and enables a running log to be maintained of all

transactions managed by the Strategic Support Team. This log will be retained and made available to the Chief Executive at the termination of the emergency period.

- 2.9.4 Should the database fail or not be available, an alternative paper-based logging system has been devised and is retained within the Major Emergency Cabinet in the Boardroom at Carseview.

2.10 FORMAL INVESTIGATIONS

- 2.10.1 In the aftermath of any major emergency, especially where large-scale casualties are involved, there will be a requirement for investigations to be carried out to determine the cause and examine the circumstances. Such investigations are likely to be conducted by the Police on behalf of the Procurator Fiscal, or another statutory body may be required to examine the facts and report the outcome.
- 2.10.2 It is more than probable that any investigation will culminate in a Fatal Accident Enquiry/Public Enquiry where evidence may be required from those involved in the response, or who have responsibility for planning a response, not least those with management and executive authority.
- 2.10.3 To assist in any subsequent enquiry NHS Forth Valley must be alert to the need for NHS personnel to give evidence and must ensure that all log sheets, records of decisions/events and other relevant material are preserved.

2.11 LONG TERM ISSUES

- 2.11.1 Following the ending of the acute stage, the Acute Management Team will require to assess the impact of the incident in areas such as waiting times, waiting lists, patient activity and provide the NHS Board with appropriate details.

2.12 DEBRIEFING

- 2.12.1 As soon as possible after any emergency the Strategic Support Team will contact each NHS Forth Valley service that has played a part in the emergency to ensure they have procedures in place to debrief all those involved. This also ensures that any lessons learned can be incorporated as amendments into the emergency plans.
- 2.12.2 The Strategic Support Team will also contact each NHS Forth Valley Service involved in the emergency to co-ordinate their participation in inter-agency debriefing as instigated by the Police or Local Authority.
- 2.12.3 Taking these debriefings into account and after an appropriate time, the Chief Executive will require each NHS Forth Valley service involved in the incident to submit a report concerning their response to the emergency.
- 2.12.4 The Chief Executive will thereafter conduct a review to ensure the combined NHS Forth Valley response was appropriate and met the needs of the emergency. The Chief Executive will thereafter ensure that a composite report concerning the emergency is submitted to the Scottish Executive Health Department (Emergency Planning Unit) for analysis.

- 2.12.5 NHS Forth Valley within 48 hours of Stand Down should hold an informal internal debrief which will be undertaken by the Medical Directors, as many senior medical, nursing and operational staff as possible involved in coping with the major incident who should in turn will debrief their own colleagues and staff.
- 2.12.6 Within two weeks of the internal debrief a formal and more detailed internal debrief will be held which will be chaired by the Director of Public Health and may include representatives of the Police and Ambulance Service if deemed appropriate. Details of this debrief should be included within the Major Incident Report submitted to the Scottish Executive. The formal debrief will enable a review of NHS Forth Valley Major Emergency Procedures.
- 2.12.7 Details of this debrief will be included in the Major Incident Report Form that will be completed by the Acute Hospital Medical Controller and Chief Operating Officer for submission via the NHS Board to the Scottish Executive.
- 2.12.8 Following the Hospitals debrief there will be a Health Service debrief organised by the Board to review the response of all health service agencies involved
- 2.12.9 Within two months there should be an external debrief, arranged by Central Scotland Police, attended by personnel from NHS Forth Valley and the other emergency and support services involved in the major incident.

2.13 SPECIALIST STAFF DEBRIEFING AND COUNSELLING

- 2.13.1 The Strategic Support Team should be alert to the reality that despite the intensity of the everyday NHS task, major emergencies can still be extremely stressful for all staff involved, especially those at the frontline of our response.
- 2.13.2 The Strategic Support Team will ensure that all NHS organisations involved provide support for staff through the availability of specialist debriefing and counselling both during and in the aftermath of the incident. This should extend to all levels and sections of the National Health Service response.
- 2.13.3 Staff involved at the site of a major incident may be exposed to harrowing incidents and each person should be given the opportunity to talk about their experiences with a senior line manager on return to the hospital, before they go off duty.
- 2.13.4 All staff within the NHS Forth Valley involved in dealing with the incident should also have the opportunity of talking to their line manager or Occupational Health or any other suitable person before leaving the hospital or as soon as possible thereafter.
- 2.13.5 Managers should be alert to signs of post-incident stress affecting an employee's behaviour and performance, and be ready to discuss potential problems with the employee. Any employee affected should be given support and/or offered counselling in strict confidence, and this can be arranged via the Occupational Health Department.

- 2.13.6 Critical incident debriefs to provide counselling and support should be arranged by the Department of Clinical Psychology within 24 hours and thereafter within 72 hours offered to all those who may be directly affected.
- 2.13.7 The senior staff on duty in each discipline or department will ensure that all staff involved in the incident, are relieved at regular intervals, and that they receive appropriate meals or refreshments during their period of duty.

SECTION 3 –NHS FORTH VALLEY STRATEGIC SUPPORT TEAM

3. INTRODUCTION

In the early stages of a major emergency within NHS Forth Valley, authority is delegated by the NHS Board to Stirling Royal Infirmary as the designated Receiving/Control Hospital, to exercise overall control of the response to the emergency on behalf of NHS Forth Valley.

However, the capacity of the Hospital Control Teams to exercise an overall strategic co-ordination function with that of controlling in detail the Hospitals' operational response may become limited and the establishment of NHS Forth Valley Strategic Support Team will become necessary.

The activation of the Strategic Support Team will provide individual NHS Services within Forth Valley with a focal point for arranging whatever additional support and external assistance they might require both immediately and in the long term. It will provide a collation point for information regarding the NHS response to the emergency which will be required by other agencies, and by the NHS Management Executive, relieving the hospitals of such tasks, whereby they can concentrate on the operational management of the emergency response.

3.1 NHS FORTH VALLEY STRATEGIC SUPPORT TEAM

3.1.1 LOCATION

The Strategic Support Team for NHS Forth Valley will be located in the Boardroom, within NHS Forth Valley Headquarters, Carseview House, Castle Business Park, Stirling.

3.1.2 STRATEGIC SUPPORT TEAM

The Strategic Support Team will be staffed by the following core members, or others as determined by the Director of Public Health (DPH):

- Director of Public Health (DPH) or
- Consultant in Public Health Medicine (CPHM)
- Health Protection Nurse
- Emergency Planning Secretary
- Director of Finance
- Head of Corporate Services
- Office Services Manager
- IT Support

3.1.3 The NHS Forth Valley Emergency Planning Officer will be tasked appropriately, dependant upon the circumstances of the emergency, by the Director of Public Health (DPH).

3.1.4 The Strategic Support Team will be assisted by the appropriate levels of support staff commensurate with the scale of the emergency. In the initial stages of the incident two members of the support staff should be considered minimum staffing levels.

3.1.5 The complement of the Strategic Support Team may require to be flexible and dependent on the circumstances of the emergency representatives from other agencies such as:

- Environmental Health
- Armed Forces
- Police
- Scottish Ambulance Service
- Central Scotland Fire and Rescue Service
- Transport Authorities
- Water Authorities
- Local NHS Organisations
- Other NHS Boards
- Scottish Executive

may be considered essential to provide advice and assistance as appropriate.

3.2 FUNCTION

3.2.1 The purpose of the Strategic Support Team is to provide a focus for strategic control and leadership of the NHS Forth Valley response to an emergency. In this respect the role of the Strategic Support Team will include the following:

- To facilitate all external offers of assistance
- To provide a focal point for procuring whatever type of support may be required
- To maintain a liaison with other Health Boards, Emergency Services, Local Authorities and other Agencies as required
- To advise on any Public Health issues which arise from the circumstances of the emergency
- to co-ordinate VIP visits in liaison with the Scottish Executive

3.2.2 Although the above may be considered primary functions, the Strategic Support Team must remain flexible to respond to the developing nature of the emergency.

3.2.3 The task of operating and maintaining the Strategic Support Team must take priority over any other routine Board work during the life saving phase of the emergency.

3.2.4 To maintain continuous operation efficiency and sustainability especially if indications are that the emergency is likely to be protracted. The Strategic Support Team may require relief staff. There will also be a need to ensure that regular breaks are taken and consideration given to a rota system. If necessary it may be required to request assistance from neighbouring NHS Boards.

3.3 TELECOMMUNICATIONS

- 3.3.1 In order to facilitate the operation of the Strategic Support Team telephones and fax machines are in place within the Boardroom at Carseview.
- 3.3.2 There are network points within the Boardroom to provide web and e-mail access.

3.4 EQUIPMENT

- 3.4.1 Other supplies such as maps, stationery and other appropriate equipment are also stored in the Major Incident Cabinet within the Boardroom to assist in the smooth running of the Strategic Support Team.

3.5 NOTIFICATION

- 3.5.1 In the event of a major emergency being declared in the NHS Forth Valley area, the A & E Consultant/Nurse in Charge of A & E will alert switchboard to call out all relevant staff using the cascade system. All necessary contact details are held at both hospital switchboards.
- 3.5.2 The CPHM will activate the “cascade” system for the Strategic Support Team through the hospital switchboard or the Forth Valley NHS Board On Call Manager out of hours.

3.6 ACTIVATION

- 3.6.1 A telephone line will be identified within the Boardroom as a dedicated link with the Hospital Controller who will do likewise. The extension/telephone numbers for the Hospital Control Teams are held within the directory in the Major Emergency Cabinet.
- 3.6.2 The Chief Executive will inform the Chairman of the circumstances of the emergency.

3.7 IMMEDIATE ACTION

- 3.7.1 The first consideration of the Strategic Support Team is to ascertain the full extent and nature of the emergency from the Hospital Medical Controller. This information should be recorded and the incident log commenced.
- 3.7.2 The Strategic Support Team, in consultation with the Hospital Control Team should thereafter determine the strategy and assistance required to meet the demands of the emergency taking into account their role and responsibilities as outlined in paragraph 3 of these procedures. In these terms, consideration may be required in respect of:
- Alerting Primary Care and other NHS Forth Valley resources
 - Reviewing priority for NHS Forth Valley resources
 - Redeployment of NHS Forth Valley resources
 - Postponement of less urgent work
 - Action required to meet the needs of the emergency
 - Re-allocation of work between providers of services

3.8 SCOTTISH EXECUTIVE

3.8.1 In the event of a Major Emergency occurring within the NHS Forth Valley area, the Board Chief Executive will inform the Scottish Executive Health Department. It is normal for the control of the response to the emergency to remain at local level.

3.8.2 The Scottish Executive has a key role in managing the response to any emergency affecting Scotland and will provide assistance, advice and guidance to NHS Boards on health matters. If required, the Scottish Executive Emergency Room will be activated and can provide a focus for the co-ordinating of the:

- Activities of Scottish Executive Departments
- Communications between response agencies
- Liaison with other Government Departments
- Information to Scottish Executive Ministers
- Information to the Public and Media
- VIP visits

and as necessary, provide a lead at National level for the NHS response to the emergency.

SECTION 4 – NHS FORTH VALLEY ACUTE HOSPITALS

4.1 INTENT

- 4.1.1 The object of this plan is to provide NHS Forth Valley personnel with the necessary information to know where to go and what to do in the event of a declaration of a Major Emergency. It is essential that all staff likely to become involved are fully conversant with the Plan and particularly their own part of it. It is the responsibility of the Heads of Directorates and Consultants to ensure that newly appointed staff are immediately aware of these details of the Plan and the role they may have to play in it.
- 4.1.2 The Plan has been devised as a generic Plan to suit the needs of all areas of the Acute services responsibility by retaining core procedures whilst recognising variations in physical layout of a Major Emergency.

4.2 NOTIFICATION

- 4.2.1 Within the Plan notification and alerting is based on the “cascade” principle and should enable information to be disseminated rapidly while keeping to a minimum telephone calls passing through switchboard. It also ensures that functional groups are kept well informed through the minimum number of well-defined lines of communication.
- 4.2.2 Each Department/Directorate must have a clearly defined “cascade” system in operation with each member aware of their responsibilities when a Major Emergency alert is received. They must be sure of what they, as individuals, must do and to whom they must pass the message on to within the “cascade” system. It will be the responsibility of each department head to have these arrangements in print, distributed to all appropriate staff with a back-up set lodged with the Hospital Controller in the Control Room.
- 4.2.3 It will be a requirement of Unit General Managers to revise the contents of their departmental “cascade” papers every six months and to update them accurately.

4.3 RESPONSIBILITIES

- 4.3.1 Individual responsibilities and Action Cards specific to a Major Emergency are listed within the annex of this Plan and, where appropriate, held within the designated areas. It is the responsibility of the Heads of Departments/Directorates to ensure that staff under their supervision know their whereabouts and contents.

4.4 RESOURCES

- 4.4.1 To meet the needs of the response to the incident, additional staff, on and off duty, may be called upon to assist in a Major Emergency as required by the Hospital Controller.

4.5 DESIGNATED RECEIVING HOSPITAL

- 4.5.1 This is defined as any hospital designated by the NHS Board as having the facility to receive and treat casualties who are seriously injured or critically ill on a 24/7 basis. Within the NHS Forth Valley area, this is SRI.

4.6 CONTROL HOSPITAL

- 4.6.1 This is defined as a Designated Receiving Hospital equipped to provide initial co-ordination of all NHS activities connected with a major emergency and will be assisted by the NHS Board Strategic Support Team.
- 4.6.2 Control Hospitals are generally the first line reception Hospitals for major emergency casualties, except where casualties are specifically diverted elsewhere by the Medical Incident Officer or Hospital Controller. Procedures should be in place within A & E Departments to attempt to “fast-track” casualties who are already in the department at the time of a major incident.
- 4.6.3 All casualties will be taken to a designated receiving hospital, which is known as the Control Hospital, unless directed elsewhere by the Medical Incident Officer/Control Hospital Control Team/Ambulance Incident Officer.

4.7 HOSPITAL MEDICAL CONTROLLER

- 4.7.1 This is defined as an officer of the NHS Forth Valley Acute Services, specifically designated by the Chief Executive to be the Hospital Controller, who will be responsible for the Hospital Control Team and for arranging and co-ordinating the Hospital’s response to the total need for patient care.
- 4.7.2 The Medical Director or the On-Call Consultant Physician or Consultant in Geriatric Medicine assumes the role of Hospital Medical Controller, depending on availability.

4.8 CONTROL TEAM

- 4.8.1 The Control Team will consist of a multi-disciplinary team established to manage the emergency as required but not involved in direct patient treatment.
- 4.8.2 Membership of the Control Team is:
- Medical Controller
 - Director of Nursing or Deputy
 - GM Forth Valley Facilities or Deputy
 - Consultant in Public Health Medicine
 - NHS Forth Valley Emergency Planning Officer
 - Head of Communications or Deputy

4.9 HOSPITAL CONTROL ROOM

4.9.1 The Hospital Control Room is where the Hospital Control Team is based and is located in the Accident & Emergency Consultants' Office (Room G63), SRI.

The first member of the call out team to arrive should:

- collect the copy of the Telephone Message Form from Switchboard
- Connect Major Incident Telephones to jack points and advise telephonists when they are live
- Connect up FAX Machine
- Commence a timed log on the Major Incident Report Form

4.10 MEDICAL INCIDENT OFFICER

4.10.1 The Medical Incident Officer has a formal responsibility to liaise with Incident Officers from the other emergency services and to take responsibility for the organisation and control of all incident site medical services. Close Liaison with the Ambulance Incident Officer is essential and the Scottish Ambulance Service will take responsibility for the provision of communications facilities for the Medical Incident Officer.

4.10.2 It is also important to note that the Medical Incident Officer is not a member of the Mobile Medical Team but will be responsible for tasking of a Mobile Medical Team if mobilised.

4.11 MOBILE MEDICAL TEAM

4.11.1 The A & E Consultant/Control Hospital Medical Controller should determine where the Mobile Medical Team should originate from. Consideration should be given as to whether this would result in the diminution of relevant skills at that Hospital.

4.11.2 The Mobile Medical Team will be drawn from a pre-arranged complement of Doctors and Nurses with relevant expertise and equipment. Each Team will comprise of those nominated and will operate under the supervision of the Medical Incident Officer in their allocated roles, including Forward Medical Incident Officer, Casualty Clearing Station Incident Officer, Secondary Triage Officer, Medical Team Leader and Body Holding Area Doctor.

4.12 TRIAGE OFFICER

4.12.1 A Consultant with relevant experience will be designated as Triage Officer and charged with the medical supervision of casualty reception and assessment. Close links require to be maintained with the Hospital Controller.

4.12.2 It should be noted that on occasion casualties may well have left the site of the emergency prior to the establishment of fully organised site medical facilities. It is therefore important that every casualty should be assessed on arrival at the hospital and given an individual triage priority category. This assessment will also effectively

update any priority classification given as a result of triage at the site or while on route to the hospital.

4.13 ACTION CARDS

4.13.1 One of the main purposes of an Emergency Plan is to assist individuals immediately faced with an emergency to react positively by providing them with specific instructions as to what to do. The scope and nature of these instructions will depend on the individuals particular role and position in the organisation, but maximum benefit will be obtained by their issue in the form of a personal aide-memoir, check list or “action card”.

Heads of Departments must produce these “action cards” to ensure that all essential duties within their departments are covered during a major emergency and that individual members of staff are allocated specific tasks and responsibilities.

4.14 RECEPTION OF CASUALITIES

4.14.1 The majority of casualties will be transported directly to the hospital by Ambulance. In certain circumstances casualties may be transported from the incident site by Helicopter to the landing site at Springkerse (SRI) and thereafter by Ambulance to the hospital

4.14.2 In most cases it is recognised that the Ambulance Staff and other Emergency Services practice triage at the site of an incident. Where possible the seriously injured are transferred to hospital first.

4.14.3 Where a large number of casualties are brought to the department by other methods of transport e.g. public or private transport, triage will be carried out in the A & E Department where each patient will be briefly assessed on arrival.

4.14.4 Initially, the Doctor in Charge of Triage carrying out Triage will be the most experienced Orthopaedic clinician present. They will wear identifying clothing and will be relieved by the on-call Orthopaedic Consultant or on-call Consultant Physician depending on the nature of the incident.

4.14.5 The Doctor in Charge of Triage will be assisted by a Registered Nurse and a Clerical Officer from the Medical Records or A&E Departments.

4.15 MAJOR INCIDENT DOCUMENTATION

4.15.1 From arrival of the first casualty from the incident until it is confirmed that the last casualty has been received, all patients arriving at Accident & Emergency **whether or not from the incident** will be recorded on the Major Incident Documentation. If known that the patient is not from the incident site the MI indicator stamp should be scored out and ‘Not MI’ written clearly on the form.

- 4.15.2 Documentation sets will be issued at Accident & Emergency entrance. It will be the responsibility of the Medical Records Manager to allocate clerical officers to specific areas to carry out the completion of the documents. Clerical officers will also provide liaison between Accident & Emergency Reception, the Police Liaison Officer and the Hospital Information Bureau.
- 4.15.3 Major Incident Casualty Forms (attached to clipboards) are stored in boxes in the Accident & Emergency cupboard. Also stored are white plastic bags for personal belongings, a supply of pre-numbered self-adhesive labels and patient identification bracelets.
- 4.15.4 The Major Incident documentation system consists of the Major Incident Information Board and the Major Incident Casualty Form.

4.16 MAJOR INCIDENT INFORMATION BOARD

- 4.16.1 Held at Accident and Emergency reception and maintained by clerical officers. The Information Board will enable nursing and clerical staff to instantly monitor the movement of patients within the hospital or for discharge.
- 4.16.2 As each set of Major Incident Casualty Form are issued the allocated number on the Information Board will be ticked.
- 4.16.3 As Major Incident Casualty forms are completed and brought to Reception the relevant details are entered on the Information Board against the appropriate allocated number. Where numbers have been ticked but no details entered after a period of time, this will act as a check to initiate a search for the patient concerned.

4.17 MAJOR INCIDENT CASUALTY FORM

- 4.17.1 The Major Incident Casualty Form has been designed for use by both the Police and hospital staff.
- 4.17.2 Pre-numbered Major Incident Casualty Forms will be issued at the Accident & Emergency entrance as patients arrive. It is the responsibility of the Medical Records Manager (or deputy) to allocate clerical officers to specific areas within Accident and Emergency, the Orthopaedic Clinics, CAU and X-Ray Departments to carry out the completion of documents. Clerical officers will also provide liaison between Accident & Emergency reception, the Control Room and the Hospital Information Bureau.
- 4.17.3 The pre-numbered Major Incident Casualty Form is attached to each clipboard.
- 4.17.4 When the nurse or clerical officer places the pre-numbered identification bracelet around the wrist of the patient, the clerical officer will ensure that a documentation set is handed to, or placed securely beside the patient, and will affix a pre-numbered adhesive label on to the white plastic personal belongings bag and triage card.

4.17.5 Clerical officers will complete Major Incident Casualty Forms in the Accident & Emergency department, the Orthopaedic clinics, CAU and the X-ray department. On completion the forms will be copied 3 times and distributed as follows:

- ORIGINAL COPY** Remains on the clipboard
- ONE COPY** To Accident & Emergency reception, for entry on Major Incident Information Board
- ONE COPY** To Accident & Emergency Reception for transfer to the Hospital Information Bureau
- ONE COPY** To the Police Liaison Officer, who will assume responsibility for identification, when hospital staff have been unable to identify a living (e.g. unconscious) patient after a period of time.

4.18 HOSPITAL INFORMATION BUREAU

4.18.1 A Hospital Information Bureau will be established at the Reception Desk in the Main Foyer (SRI)

4.18.2 The Hospital Information Bureau will be operated by members of the Medical Records Staff who will:

- Receive the copies of the Major Incident forms from Accident & Emergency and record the relevant details in order to answer enquiries.
- Record on copies of the Major Incident documentation forms relevant details for all living patients treated in Accident & Emergency and for those patients who have subsequently died after initial treatment and pass this information immediately to the Police Liaison Officer who will inform next of kin.
- Direct all enquiries about casualties known to have died to the Police Liaison Officer.
- Provide an initial point of contact for members of the public, especially relatives and friends, who have arrived at the hospital seeking information on possible casualties.

4.18.3 Also based at the Hospital Information Bureau will be representatives of companies/public services/transport companies involved in the incident. A social worker and a hospital chaplain may also be available.

4.18.4 Senior Nursing Staff will be allocated to this area to provide appropriate information, support and comfort to relatives and friends. If required, access to clinic consulting rooms for counselling or interviews will be provided.

4.18.5 Outwith normal hours, depending on the scale of the incident, WRVS volunteers may be called in to open up the Tea Bar, alternatively, hospital catering will be asked to provide a service.

4.18.6 If Occupational Health staff are requested for staff counselling, they will be based in this area and allocated consulting rooms for interviews.

4.19 YELLOW ALERT

The code **Yellow Alert** signifies that key personnel and departments at Stirling Royal Infirmary (designated receiving hospital) will be placed on stand-by (in a state of readiness) in the event of possible declaration of a major emergency.

4.20 RED ALERT

The code **Red Alert** signifies that key personnel and departments at Stirling Royal Infirmary (designated receiving hospital) will be fully mobilised in order to receive casualties from a major emergency as per the Major Emergency Plan.

4.21 DEPLOYMENT OF ARMED POLICE OFFICERS WITHIN NHS PREMISES

A plan for the deployment of armed Police Officers within NHS premises has been developed by Central Scotland Police. This plan is a restricted document, which is not available to NHS staff. In the event of such a deployment, senior NHS Management will be consulted at all times with the safety and security of members of the public and NHS staff being given the highest priority.

4.22 POLICY REVIEW

This Policy shall be reviewed at least every two years and will be reviewed/revised in the light of any legislative or organisational changes, through NHS Forth Valley's Emergency Planning Advisory Group, which meets quarterly.

4.23 MONITORING

This response plan will be regularly monitored to ensure that its objectives are achieved

4.24 AUDIT

This response plan sets standards for induction, and regular training that must be met by staff at all levels. The successful implementation of this response plan requires commitment from staff at all levels. Each individual who may be involved has an obligation to ensure they are aware of and understand their role in the NHS Forth Valley response. These standards will be audited.

APPENDIX A

ACUTE HOSPITAL CONTROL TEAM ACTION CARDS

YELLOW ALERT

HOSPITAL MEDICAL CONTROLLER - YELLOW ALERT

The Medical Controller has responsibility, together with other members of the Control Team for controlling and co-ordinating the hospital's response.

On receipt of message:

- Report to Control Room for briefing. (If first to arrive set up Control Room)
- Establish contact with A & E
- Confirm that Medical Incident Officer has reported to Accident and Emergency and that Mobile Medical team has been identified and is assembled, if appropriate
- Establish contact with Ambulance Control or via Ambulance Liaison Officer manning Ambulance Radio in Accident & Emergency
- Continue to monitor information from Police and Ambulance Control to determine whether the status of the hospital needs to be upgraded and a Red Alert declared
- Alert the Chief Executive and determine availability of Directors
- Contact Outpatient Services Manager /DOCS to make preparations for the release of clinic accommodation at short notice.
- Decide on the information being received from Central Scotland Police and/or Scottish Ambulance Service, and in conjunction with other Control Team members, whether to implement RED ALERT Procedures
- Either upgrade status to Red Alert or declare Stand Down.
- If status not upgraded, declare stand down and ensure all hospital personnel and other agencies involved are notified (A & E/Switchboard)
- Complete Major Incident Report Form and forward to Chief Executive

DIRECTOR OF NURSING - YELLOW ALERT

On receipt of message:

- Report to Control Room for briefing. (If first to arrive set up Control Room)
- Advise CAU to prepare patients for possible transfer or discharge
- Alert x-ray department
- Establish immediate bed and theatre availability at both SRI and FDRI
- Contact Outpatient Services Manager/DOCS to make preparations for the release of clinic accommodation at short notice.
- Alert NHS24 that NHS FV on major incident alert
- Identify cover for A & E nursing staff if required.
- Decide on the information being received from Central Scotland Police and/or Scottish Ambulance Service, and in conjunction with other Control Team members, whether to implement RED ALERT Procedures
- Decide, in conjunction with other Control Team members, when to STAND DOWN and ensure all hospital personnel and other agencies involved are notified.

GENERAL MANAGER FORTH VALLEY FACILITIES or DEPUTY - YELLOW ALERT

On receipt of message:

- Report to Control Room for briefing. (If first to arrive set up Control Room)

FORTH VALLEY NHS BOARD EMERGENCY PLANNING OFFICER - YELLOW ALERT

- Forth Valley Emergency Planning Officer will be directed by the Director of Public Health/CPHM or Hospital Medical Controller to either attend the scene of the incident or attend Hospital Control Room, depending on the nature of the incident.

MEDICAL INCIDENT OFFICER - YELLOW ALERT

The Medical Incident Officer will be the Duty Consultant Urologist or if unavailable will be appointed by the Medical Controller.

On receipt of message:

- Proceed to Control Hospital Control Room for briefing on incident details, as they are known at the time. Decide with the Medical Controller whether specialist medical support will be required on site due to the nature of the incident.
- Proceed to Control Hospital Accident and Emergency Department and with the Consultant/Nurse in Charge of Accident and Emergency, determine which medical and nursing staff will form the Mobile Medical Team.
- With the Nurse In Charge of Accident and Emergency, equip the team in preparation for leaving for site, ensuring that mobile 'phone is taken and that identifying tabards are being worn.

MOBILE MEDICAL TEAM - YELLOW ALERT

The Mobile Medical Team may accompany the Medical Incident Officer to the site or alternately may be called out by the Medical Incident Officer following his/her initial assessment.

The Mobile Medical Team will routinely comprise of two Medical Staff from the following:-

- On-call SHO/Registrar - Surgical
- On-call SHO/Registrar - Orthopaedics
- On-call SHO/Registrar - Anaesthetics
- On-call SHO/Registrar - Medicine
- BASICS GP

Plus two Registered General Nurses, one of whom should be from the Accident and Emergency Department

On receipt of message:

- Report to the Accident and Emergency Department for briefing
- Check out equipment from the Major Accident Equipment Store and be prepared to leave for the incident site.
- The Scottish Ambulance Service will arrange transport for the Mobile Medical Team to the incident site.
- Once on incident site report to the Medical Incident Officer who will allocate your duties as either Forward Medical Incident Officer, Casualty Clearing Station Incident Officer, Secondary Triage Officer, Medical Team Leader or Body Holding Area Doctor
- Ensure identifying tabard and suitable protective and visible clothing is worn at all times
- If carrying out on site triage and ensure Cruciform Triage Cards are used, indicating priority and attached to each casualty giving details of injuries, drugs administered and treatment carried out, and if possible, the patient's name. (*Note: Police also carry DEAD labels*)

- | | | | |
|----|-----------|---|--------|
| 1. | Immediate | - | Red |
| 2. | Urgent | - | Yellow |
| 3. | Delayed | - | Green |
| 4. | Dead | - | White |

ACCIDENT & EMERGENCY CONSULTANT/DOCTOR IN CHARGE OF ACCIDENT & EMERGENCY - YELLOW ALERT

On receipt of a call alerting of a major incident:

- Authenticate message received and decide if the incident is a major incident for the hospital, by making a return call to the service who made the alert call:
 - Ambulance Control ##### ### #####
 - Central Scotland Police HQ, Randolphfield ##### #####
 - Or Control Hospital, either;
 - Stirling Royal Infirmary Control Room ##### #####/#####/#####/#####
 - SRI Designated Major Incident Number ##### #####
- Record information on the Major Incident Message Form
- Establish the Nature of the incident and record:
 - Location
 - Access details or particular known hazards
 - Estimated numbers of casualties
 - Type and degree of injuries
 - Numbers requiring First Aid only
- Once call has been authenticated and decision made on the need for hospital response, instruct Switchboard to proceed with appropriate level of response i.e. YELLOW ALERT
- Ensure that A & E is in a state of readiness
- Continue to monitor information from Police and Ambulance Control to determine whether the status of the hospital needs to be upgraded and a RED ALERT declared.
- Brief the Control Team as they assemble on the available information and action taken; provide the top copy of the Major Incident Message Form.
- If A & E Consultant not contactable, advise Control Team to have other member of Consultant Staff designated in-charge for A & E.
- With the Medical Controller, decide which doctors will act as members of the Mobile Medical Team, if required.
- Consider the need for further specialist medical support on site.
- Open up Major Incident Store, check equipment, triage cards, mobile 'phone, etc., prepare to leave for site if required.
- If Stand by is not appropriate consider need for A&E to be prepared as necessary.
- If appropriate arrange for reception of casualties at entrance to A&E department. If necessary consider need to call out additional Junior Medical Staff from residencies or home. The On-Call Medical Senior House Officer/ Registrar should assist with this.

NURSE IN CHARGE OF A & E - YELLOW ALERT

If A & E Nurse In Charge is responding to alert call:

- Authenticate message received and decide if the incident is a major incident for the hospital, by making a return call to the relevant service:
 - Ambulance Control Room, Dundee #### ### ####
 - Or** Central Scotland Police HQ, Randolphfield ##### #######
- Record information on the Major Incident Message Form
- Establish the Nature of the incident and record:
 - Location
 - Access details or particular known hazards
 - Estimated numbers of casualties
 - Type and degree of injuries
 - Numbers requiring First Aid only
- Once call has been authenticated and decision made on the need for hospital response, instruct Switchboard to proceed with appropriate level of response i.e. YELLOW ALERT
- Advise A&E FDRI that SRI on major incident alert
- If A & E Consultant not contactable, advise Control Team to have other member of Consultant Staff designated in-charge for A & E.
- Contact A & E Consultant if not already contacted.
- Assign a member of staff to operate Ambulance Radio and liase with Control Team until arrival of Ambulance Liaison Officer
- Identify two Registered General Nurses, one of which from the Accident and Emergency Department, to stand-by as part of the Mobile Medical Team
- Expedite as far as possible the throughput of A & E patients.
- Prepare department to receive casualties.
- Advise CAU to prepare patients for the possibility of transfer to other available beds or day rooms elsewhere in hospital
- Open up Major Incident Store, check equipment, mobile 'phone, etc.
- When Accident and Emergency is notified of Stand Down at the Incident Site by Police or Ambulance Control this must be recorded on the Major Incident Message Form and the message passed to the Consultant/Nurse in Charge of Accident and Emergency (if not already notified) and the Hospital Control Team.

SWITCHBOARD OPERATOR - YELLOW ALERT

On receipt of message from the A & E Consultant/Nurse in Charge of A & E and after receiving appropriate instruction from them, follow procedures for **YELLOW ALERT**.

(NB: If you receive the call from any other source, forward the call to the A & E Consultant/Nurse in Charge of

A & E - Await their instruction before continuing with Call out procedure).

To the following personnel page/telephone this message : -

" THIS IS SRI, THERE IS A POTENTIAL MAJOR INCIDENT - THE HOSPITAL IS ON YELLOW ALERT - PLEASE REPORT TO THE CONTROL ROOM"

Accident & Emergency Consultant (if not already alerted)

Duty Site Manager

On-Call Consultant Urologist

On Call Consultant Physician or On-Call Consultant Geriatric Medicine

Risk Management Coordinator

or Operational Support Services Manager

or General Manager, Med/ICR/Emergency Care

or Gen Mgr Clinical Facilities/Surgery

Associate Director of Nursing

or Associate Director of Nursing

or Head of Clinical Governance

or GM W&C & Diagnostics

General Manager, Clinical Facilities/Surgery (If not already called - see above)

General Manager, Medicine/ICR/Emergency Care (If not already called - see above)

On-call Consultant Surgeon

On-call Consultant Orthopaedic Surgeon

On-call Consultant Anaesthetist (Theatre)

On-call Consultant Anaesthetist (ICU)

SHO/Registrar - Surgical

SHO/Registrar - Orthopaedics

SHO/Registrar - Anaesthetics

SHO/Registrar Medicine

Theatre Emergency Page Holder

On-Call Consultant in Public Health Medicine (Use Duty Rota)

On Call Executive Director/General Manager (Use Duty Rota)

Emergency Planning Officer

Head of Communications

Await further instructions from the Control Team to either:

- a. Implement procedures for **Red Alert**
- b. Stand Down

STAND DOWN

Inform the Medical Controller if you receive a message from any of the following that **STAND DOWN** at the incident site has been declared.

Central Scotland Police
Scottish Ambulance Service
Central Scotland Fire & Rescue Service
Medical Incident Officer
Ambulance Incident Officer

Complete Major Incident Message Form **STAND DOWN** at site section.

On instructions from hospital Medical Controller/Control Team stand down hospital personnel.

Complete Stand Down section on Telephone Message form

GENERAL MANAGER (SURGERY) - YELLOW ALERT

- Report to CONTROL ROOM for briefing.
- Ensure that STAND-BY procedures have been actioned by A&E Department and support as necessary.
- Prepare A &E to receive Ambulance casualties
- Identify the need for additional staff if status is upgraded. Consider how best to meet this need.
- Liaise with General Manager FV Facilities Deputy within the Control Team in ensuring that hospital CONTROL TEAM is updated on situation in A&E Department.
- Liaise closely with Outpatient Manager or Deputy

DUTY MANAGER - YELLOW ALERT

On receipt of message for on YELLOW ALERT;

- Report to Control Room
- If first to arrive:
 - Start Log
 - Connect up Emergency Telephones
 - Connect Fax, where applicable
 - Confirm position with Accident and Emergency Consultant/Nurse in Charge
- Brief Control Team on their arrival
- Begin to establish capacity of hospital:
- Assess bed and staffing position
- Confirm theatre availability
- Alert outpatients to possible requirement to cease activity
- Support the General Manager Forth Valley Facilities (or Deputy) and Director of Nursing (or Deputy) as necessary

ON CALL SURGICAL REGISTRAR/SENIOR HOUSE OFFICER - YELLOW ALERT

On notification of YELLOW ALERT

- Proceed to A&E prepared to either:-
 - Go to site as part of Mobile Medical Team.
- OR
- Assist with treatment of casualties as required.
 - Check Major Incident Equipment and mobile 'phone

RED ALERT

HOSPITAL MEDICAL CONTROLLER - RED ALERT

On receipt of message:

- Report to Control Room for briefing. (If first to arrive set up Control Room)
- Follow duties on action card
- Ensure that the Full Control Team has reported to the Control Room.
- Establish contact with Ambulance Control Via Ambulance Liaison Officer sited in A & E
- Confirm position with A & E Consultant/Nurse in Charge of A & E and advise that Control Room is operational
- Confirm position with Out of Hours hub
- Confirm with Accident and Emergency Consultant that Medical Incident Officer and Mobile Medical Team are assembled (*Scottish Ambulance Control will arrange transportation to the site*).
- Ensure Log maintained, ascertaining and monitoring the situation at the incident site.
- Confirm that Consultant staff are deployed to manage A & E and undertake triage
- Via A & E Consultant/Medical Incident Officer/Ambulance Incident Officer establish;
 - number of casualties
 - type of casualty and predominant injuries
 - number requiring surgery/first aid
- Based on this information, determine whether other specialist support is also required
- Ascertain what junior medical staff have collected in the Junior Doctors' Mess and liaise with Consultant in Charge of A & E, which staff are required to attend A & E
- Deciding, in consultation with A&E Consultant and the Strategic Support Group, to divert all Ambulance casualties to alternative hospitals outwith NHS Forth Valley for the duration of the emergency and notify Ambulance Control of this decision.
- Liaison with the Director of Nursing, or deputy, with regards to the bed /theatre availability and advise the Strategic Support Group, Medical Incident Officer and Ambulance Control should it become necessary to divert casualties to alternative hospitals outwith NHS Forth Valley
- If appropriate arrange for the transfer of other medical and nursing staff from FDRI to SRI
- Liaise with the Consultant in Public Health Medicine to request additional medical/nursing teams from neighbouring Health Boards and/or additional equipment or medical supplies for incidents with a large number of casualties.
- Monitor time of despatch and time of arrival of Medical Incident Officer and Mobile Medical Team and any other hospital staff on site
- Identify whether any BASICS medical staff are assisting at site
- Maintaining frequent communications between the Control Team, the Medical Incident Officer at the site, A & E, Theatre and wards.
- Arrange for the suspension of elective operating if necessary
- If necessary, suspend outpatients and arrange for the discharge of inpatients, fit to go home
- In conjunction with the Medical Incident Officer, decide whether a Site Medical Backup Team is required
- Update Chief Executive and provide information for media statements
- In conjunction with other Control Team members, declare Stand Down and inform A& E, Medical Staff
- Complete Major Incident Report Form and forward to Chief Executive
- Decide when acute state ends so that normal service can resume.

DIRECTOR OF NURSING - RED ALERT

On receipt of message:

- Report to Control Room for briefing. (If first to arrive set up Control Room)
- Liase with Hospital Medical Controller on immediate bed and theatre availability.
- Continue to monitor bed/theatre situation and keep Medical Controller informed of the situation.
- Where necessary arrange areas to receive casualties.
 - ◆ Advise Out-Patient Clinics including Orthopaedic Out-Patients, to cease or advise Out-patient Clinics to prepare for evacuation at short notice for the reception of casualties.
 - ◆ Alert X-Ray Department.
 - ◆ Advise CAU to commence transfer of patients.
- Organise Volunteer Bureau and arrange for staff to operate Bureau.
- Alert NHS24 that NHS FV on major incident alert
- Arrange for Senior Nursing Staff to attend the Hospital Information Bureau to provide appropriate information, support and comfort to relatives and friends.
- Decide on need for WRVS support.
- Monitor staff for early signs of extreme stress or fatigue.
- Arrange call out of additional off duty staff, if required.
- Ensure that Stand Down procedure is followed. Notify nursing and medical management, wards, the Emergency Services, the hospital Switchboard and any Support Hospitals, if appropriate.
- Decide when acute state ends so that normal service can resume.

GENERAL MANAGER FORTH VALLEY FACILITIES - RED ALERT

On receipt of message:

- Report to Control Room for briefing. (If first to arrive set up Control Room)
- Liaise with the General Manager, Surgery in ensuring that the Control Team is constantly aware of the situation in A&E.
- Liaise with Police Liaison Officer, passing on information and requests for assistance from Hospital Control Team.
- Advise Central Supplies Department to prepare for requests for additional linen etc. If required Call out Area Supplies Manager, or Assistant, to provide the items required.
- Confirm with switchboard that Laboratories, theatres, physiotherapy, x-ray, pharmacy and medical records department heads have been contacted
- Check switchboard staffing and if not already instructed, call out additional switchboard staff and contact BT Emergency Linkline to advise of incident, if there is a danger of switchboard becoming overloaded (Telephone ##### #####).
- Ensure Police Liaison Officer is established
- Contact the Hospital Chaplains,
- Monitor Control Room Checklist and ensure that Control Room Red Alert procedures are followed
- Ensure, with Heads of Department concerned, that the necessary support services to medical and nursing staff are provided.
- Decide in conjunction with the Medical Controller, and depending on the scale and nature of the incident, when to call out the Consultant Pathologist and Pathology staff
- Liaise with and direct representatives from industrial companies, transport services, etc. involved in the incident to the Hospital Information Bureau
- With the Chief Executive control and liase with representatives of the press and media and establish and control the media centre
- Co-ordinate with police regarding arrangements for the transportation, identification, receipt and viewing of any dead.
- Liaise with prison personnel in incident involving Cornton Vale/Polmont or Glen Ochil Prisons
- Contribute to the completion of the Major Incident Report Form and pass to the Chief Executive
- Ensure Strand Down procedures are followed

MEDICAL INCIDENT OFFICER - RED ALERT

On receipt of message:

- Proceed to Control Hospital Control Room for briefing on incident details, as they are known at the time. Decide with the Medical Controller/A & E Consultant whether specialist medical support will be required on site due to the nature of the incident.
- Proceed to Accident and Emergency Department as advised and with the Consultant/Nurse in Charge of Accident and Emergency, determine which medical and nursing staff will form the Mobile Medical Team.
- Equip the team in preparation for leaving for site, ensuring that mobile 'phone is taken
- Collect mobile phone with ACCOLC (priority access) registration from the Nurse in Charge of Accident and Emergency. (The mobile Ambulance Control Unit at site, if required will also provide a UHF portable phone).

COMMAND (Precedence for command rests with Ambulance Incident Officer)

- On arrival at the site report to the Police Incident Officer and Ambulance Control Unit for briefing by the Ambulance Incident Office and provision of a mobile radio. (*If the incident involves fire report to the Fire Incident Officer*).
- Take command of all medical and nursing assets; make key appointments (Forward Medical Incident Officer, Casualty Clearing Station Incident Officer, Secondary Triage Officer, Medical Team Leader, Body Holding Area Doctor)
- Wear the tabard to identify yourself as the Medical Incident Officer
- Remain near the Ambulance Incident Officer as much as possible
- Start a log of your actions, noting the time for each entry; use a scribe when available

SAFETY

- Take responsibility for the safety of doctors and nurses at the scene or delegate this responsibility to the Forward Medical Incident Officer
- Liaise with the Senior Fire Officer present for advice on protective clothing, equipment, safe approach and other relevant information, if appropriate
- In incidents involving hazardous or toxic substances or radiation the Medical Incident Officer will act under the overall guidance of the Consultant in Public Health Medicine or the industrial or Ministry of Defence specialist doctors as and when required.

COMMUNICATIONS

- Liaise regularly with Police, Ambulance and Fire Incident Officers
- Brief doctors and nurses for duty
- Information for hospitals is best passed through ambulance Control rather than direct
- Consider how you will communicate with fixed points at the scene: radio, mobile phone, field telephone or runner may be used
- Establish contact with the Hospital Medical Controller at the Control Hospital and state that you have taken charge of medical services at the site. (*A BASICS (Basics Association of Intermediate Care) doctor may have reached the site first and adopted the role of Medical Incident Officer*)
- Keep the Hospital Medical Controller advised using the allocated Mobile telephone or through Ambulance Control of;
 - Nature of incident

- Number of casualties
- Type of casualty and predominant injuries
- Number requiring resuscitation and/or surgery/first aid
- Any hazards of special requirements.
- Provide media brief when requested ensuring any media briefs at scene are with the knowledge of the Police Incident Officer

ASSESSMENT

- Reassess location and layout of Casualty Clearing Station and reconfigure if necessary
- Assess need for additional medical personnel and equipment resources; communicate this to Ambulance Incident Officer/Hospital Medical Controller
- Assess need to rest or relieve staff at scene
- Provide staff to assist with triage at point of first contact or at Casualty Clearing Station in liaison with Ambulance Incident Officer
- Allow senior clinicians to use judgement to adjust physiological triage priorities based on anatomy of injury or clinical diagnosis
- Determine the use of the 'expectant' category in conjunction with the Ambulance Incident Officer

TREATMENT

- Establish a Casualty Clearing Station if not already done
- Appoint a doctor to run Casualty Clearing Station when available
- Provide medical and nursing personnel from Casualty Clearing Station to move forward for specific tasks. Otherwise concentrate medical personnel at Casualty Clearing Station
- Aim to achieve best practice standards, but accept compromise when resources are overwhelmed

TRANSPORT

- Liaise with Ambulance Incident Officer to identify specific transport needs for individual patients
- Provide nursing or medical escorts for individual patients where necessary

MOBILE MEDICAL TEAM - RED ALERT

On receipt of message:

- Report to the Accident and Emergency Department, as advised, for briefing
- Collect equipment from the Major Accident Equipment Store and prepare to leave for the incident site.
- Be transported to site by ambulance
- Once on site report to the Medical Incident Officer who will allocate your duties as either Forward Medical Incident Officer, Casualty Clearing Station Incident Officer, Secondary Triage Officer, Medical Team Leader or Body Holding Area Doctor
- Ensure identifying tabard and suitable protective and visible clothing is worn at all times
- If carrying out on site triage and ensure Cruciform Triage Cards are used, indicating priority and attached to each casualty giving details of injuries, drugs administered and treatment carried out, and if possible, the patient's name. (*Note: Police also carry DEAD labels*)

1.	Immediate	-	Red
2.	Urgent	-	Yellow
3.	Delayed	-	Green
4.	Dead	-	White

MOBILE MEDICAL BACK-UP TEAM

In consultation with the Medical Incident Officer and the Control Hospital Medical Controller, a Mobile Medical Back-up Team may be deployed. This Team can come from the Support Hospital or from a neighbouring NHS Board where Mutual Aid arrangements are in place. A Mobile Medical Back-up Team will only be called out for a specific reason e.g. to free a trapped patient or perform an emergency amputation.

The Mobile Medical Back-up Team will usually comprise of:

- Consultant General Surgeon/Orthopaedic Surgeon
- Consultant Anaesthetist
- Two Registered Theatre Nurses

The team will take with them suitable medical equipment and supplies

Other specialist assistance may be requested if required e.g. Consultant Paediatrician, Consultant Physician.

FORWARD MEDICAL INCIDENT OFFICER - RED ALERT

As a member of the Mobile Medical Team, the Medical Incident Officer has allocated your role as Forward Medical Incident Officer

COMMAND

- Take orders from the Medical Incident Officer
- Wear the tabard to identify yourself as the Forward Medical incident Officer
- Start log of your actions, noting the time for each entry; use a scribe where available

SAFETY

- Ensure safety of all personnel inside the Operational Area
- Ensure staff entering the Operational area are tagged when a hazard exists

COMMUNICATIONS

- Liase regularly with the Forward Incident Officers for Police, Fire and Ambulance
- Brief all medical and nursing staff sent forward for specific tasks
- Update the Medical Incident Officer regularly
- Consider how you will communicate with Medical Incident Officer: face to face, radio, mobile phone, field telephone or runner may be used

ASSESSMENT

- Assess the need for additional medical and/or nursing personnel and equipment resources and liase with the Medical Incident Officer for resources
- Assess need to rest and relieve staff at scene

TRIAGE

- Provide staff to assist with triage at point of first contact, in liaison with Medical Incident Officer
- Ensure staff use Cruciform Triage Cards for triage, indicating priority and attached to each casualty giving details of injuries, drugs administered and treatment carried out, and if possible, the patient's name. (*Note: Police also carry DEAD labels*)

1.	Immediate	-	Red
2.	Urgent	-	Yellow
3.	Delayed	-	Green
4.	Dead	-	White
- Allow senior clinicians to use judgement to adjust physiological triage priorities based on anatomy or injury or clinical diagnosis
- Implement the use of the 'expectant' category at the discretion of the Medical Incident Officer

TREATMENT

- Oversee the Casualty Clearing Station at the discretion of the Medical Incident Officer (not appropriate at all incidents); delegate running of Casualty Clearing Station to doctor when available
- Direct medical and nursing personnel to treat patients at point of first contact when called forward from Casualty Clearing Station for specific tasks
- Provide treatment of serious and urgent cases to save life or to increase the chance of survival before reaching hospital, the less urgent and less serious cases pending removal to hospital and the initial treatment of minor cases not requiring hospitalisation.
- Aim to achieve best practice standards, but accept compromise when resources are overwhelmed

TRANSPORT

- Provide appropriate escort of nurse or doctor to Casualty Clearing Station with individual patients (if team called forward to treat patient, it should return to Casualty Clearing Station with patient).

CASUALTY CLEARING STATION INCIDENT OFFICER - RED ALERT

As a member of the Mobile Medical Team, the Medical Incident Officer has allocated your role as Casualty Clearing Station Incident Officer

- Receive briefing from Medical Incident Officer
- Wear tabard to identify yourself as Casualty Clearing Station Incident Officer
- If not already done, select location for Casualty Clearing Station:
 - Hard standing where possible
 - Close to vehicle circuit
 - Safe distance from scene hazards
- Use existing or improvised shelter
- Clearly mark entrance to Casualty Clearing Centre and priority areas
- Assign staff to triage; use SIEVE until adequate personnel to assist with SORT
- Place staff in clinical area appropriate to training and experience
- Orientate casualties with head towards centre of temporary shelter and do not overcrowd shelter
- Set up equipment dump and delegate management of internal re-supply to Equipment Officer
- Call forward vehicles as required for transport of casualties: liaise with Parking Officer
- When Casualty Clearing Station overwhelmed, do not attempt to treat Green triage labelled casualties at the scene: transport with first aider/other medical assistance as escort
- Start to record destination of casualties treated in Casualty Clearing Station and hand this responsibility to the Loading Officer
- Liaise with Medical Incident Officer for further staff and equipment resources
- Hand over responsibility of Casualty Clearing Station to appointed doctor
- Cruciform Triage Cards are used for triage, indicating priority and attached to each casualty giving details of injuries, drugs administered and treatment carried out, and if possible, the patient's name. (*Note: Police also carry DEAD labels*)

1.	Immediate	-	Red
2.	Urgent	-	Yellow
3.	Delayed	-	Green
4.	Dead	-	White

SECONDARY TRIAGE OFFICER (LOCATED AT THE CASUALTY CLEARING STATION) RED ALERT

As a member of the Mobile Medical Team, the Medical Incident Officer has allocated your role as Secondary Triage Officer

- Wear tabard to identify yourself as the Triage Officer
- Assign priorities to casualties on arrival at the Casualty Clearing Station (casualties should already be labelled, but in some cases primary triage will have been missed)
- Use the Triage SIEVE to prioritise adults when the casualty flow is high
- Use the Triage SORT to prioritise adults when time and resources allow
- Use the Paediatric Triage Tape to prioritise all children
- Allow senior clinicians to use judgement to adjust physiological triage priorities based on anatomy of injury or clinical diagnosis
- Implement the use of the 'expectant' category at the discretion of the Medical Incident Officer
- Keep a tally of the number of casualties of each priority; report this to the Casualty Clearing Station Incident Officer
- Ensure Cruciform Triage Cards are used, indicating priority and attached to each casualty giving details of injuries, drugs administered and treatment carried out, and if possible, the patient's name. (*Note: Police also carry DEAD labels*)

1.	Immediate	-	Red
2.	Urgent	-	Yellow
3.	Delayed	-	Green
4.	Dead	-	White

MEDICAL TEAM LEADER (Based in the Casualty Clearing Station) RED ALERT

As a member of the Mobile Medical Team, the Medical Incident Officer has allocated your role as Medical Team Leader

- Receive briefing from Medical Incident Officer
- Work in Casualty Clearing Station under the direction of the Casualty Clearing Station Incident Officer
- Distribute medical equipment brought with team according to Casualty Clearing Station Incident Officer (may be required to leave in equipment dump)
- Move forward as whole or part of team for specific task, if required
- Confirm with Forward Medical and Ambulance Incident Officers on completion of task that returning to Casualty Clearing Station or remain on site for supplementary task
- Monitor welfare of team and appropriate use of staff according to skills
- Communicate with Casualty Clearing Station Incident Officer the need for re-supply of medical equipment and need for further medical support
- Ensure Cruciform Triage Cards are used, indicating priority and attached to each casualty giving details of injuries, drugs administered and treatment carried out, and if possible, the patient's name. (*Note: Police also carry DEAD labels*)
 1. Immediate - Red
 2. Urgent - Yellow
 3. Delayed - Green
 4. Dead - White
- Provide treatment of serious and urgent cases to save life or to increase the chance of survival before reaching hospital, the less urgent and less serious cases pending removal to hospital and the initial treatment of minor cases not requiring hospitalisation.
- Act as escort for critical patients as deemed appropriate by Casualty Clearing Station Incident Officer or Medical Incident Officer
- Treatment priorities for individual patients follow best practice within the constraints of a multiple casualty incident:
 - AIRWAY – with a cervical spine control where appropriate
 - BREATHING – with oxygen where available
 - CIRCULATION - with control of external bleeding always
- Major incident treatment limitations
 - Full **spinal immobilisation** is impractical for all victims of, for example, a rail crash, even though they are exposed to the same mechanism of injury. Clinical judgement must be exercised to a greater extent than in a single casualty blunt trauma incident
 - **Oxygen** is a limited resource: more than one patient can be given oxygen from the same cylinder (use a Y connector) but individual flow rates may be reduced
 - **Defibrillation** may be appropriate in the casualty clearing station for a witnessed cardiac arrest: those with no vital signs at the site of injury should be declared dead
 - **Intubation** can only be performed by suitably qualified Doctors, Nurses or Paramedics on unresponsive (dead or nearly dead) patients: it has a limited role at the scene

BODY HOLDING AREA DOCTOR - RED ALERT

As a member of the Mobile Medical Team, the Medical Incident Officer has allocated your role as Body Holding Area Doctor.

- Receive briefing from Medical Incident Officer
- Work in Casualty Clearing Station under the direction of the Casualty Clearing Station Incident Officer
- Pronounce death in presence of police officer and record
 - Date and time
 - Your name
 - Police officer's name and number
- Move forward onto incident at direction of Medical Incident Officer to assist police with pronouncing death at point of injury

Ensure Cruciform Triage Cards are used: 4. Dead - White
(Note: Police also carry DEAD labels)

NOTE

- Death is **DIAGNOSED** by any individual trained to use a triage protocol and apply a triage label
- Death is **PRONOUNCED** by a doctor at the scene, in the presence of a police officer
- Death is **CERTIFIED** by the pathologist performing the post-mortem examination

ACCIDENT & EMERGENCY CONSULTANT/DOCTOR IN CHARGE OF ACCIDENT & EMERGENCY - RED ALERT

On receipt of a call alerting of a major incident:

- Authenticate message received and decide if the incident is a major incident for the hospital, by making a return call to the relevant service:

Ambulance Control Room, Edinburgh	#### ## ####
Or Central Scotland Police HQ, Randolphfield	##### #####
- Record information on the Major Incident Message Form
- Establish the Nature of the incident and record:
 - Location
 - Access details or particular known hazards
 - Estimated numbers of casualties
 - Type and degree of injuries
 - Numbers requiring First Aid only
- Once call has been authenticated and decision made on the need for hospital response, instruct Switchboard to proceed with appropriate level of response i.e. RED ALERT
- If A & E Consultant not contactable, advise Control Team to have other member of Consultant Staff designated in-charge for A & E.
- Arrange for reception of casualties at entrance to Accident & Emergency department. If necessary consider need to call out additional Junior Medical Staff from residencies or home. The Medical Senior House Officer/ Registrar should assist with this.
- Brief the Control Team as they assemble on the available information and action taken; provide the top copy of the Major Incident Message Form.
- Decide on the need for a Medical Incident Officer and Mobile Medical Team at the incident site
- If MIO required, Contact Central Scotland Police (##### - #####) and request transport to site for Medical Incident Officer and Mobile Medical Team. If a police vehicle is not available request transport from Ambulance Control.
- Delegate a clinician to undertake Triage for casualties who arrive by transport other than ambulance
- If required, allocate a clinician to prioritise triage for casualties requiring X-Ray.
- Consider the need for further specialist medical support on site.
- Open up Major Incident Store, check equipment, mobile 'phone, etc. prepare mobile medical team to leave for site if required.
- Monitor the resources of the Accident and Emergency Department advising the Hospital Medical Controller if casualties from the incident site require to be diverted to other hospitals
- With the Medical Controller, decide which doctors will act as members of the Mobile Medical Team, if required.
- Consider the need for further specialist medical support on site.
- Monitor Accident and Emergency staff for relief, as required.
- If advised by Ambulance Incident Officer or other source that the last casualty has arrived – advise Control Team and determine in liaison with the Control Team when to declare STAND DOWN within Accident and Emergency and return to normal working.

NURSE IN CHARGE OF A & E - RED ALERT

On receipt of a major incident alert call

- Authenticate message received and decide if the incident is a major incident for the hospital, by making a return call to the relevant service:
 - Ambulance Control Room, Edinburgh #### ### ####
 - Or** Central Scotland Police HQ, Randolphfield ##### #######
- Record information on the Major Incident Message Form
- Establish the Nature of the incident and record:
 - Location
 - Access details or particular known hazards
 - Estimated numbers of casualties
 - Type and degree of injuries
 - Numbers requiring First Aid only
- Once call has been authenticated and decision made on the need for hospital response, instruct Switchboard to proceed with appropriate level of response i.e. RED ALERT
- If A & E Nurse In Charge is responding to the major incident call, the Nurse In Charge once a decision has been taken on alert status should contact the A & E Consultant, if available.
- If A & E Consultant not contactable, advise Control Team to have other member of Consultant Staff designated in-charge for A & E.
- Advise A & E FDRI that SRI on major incident alert.
- Assign a member of staff to operate Ambulance Radio and liaise with Control Team until arrival of Ambulance Liaison Officer
- Identify two Registered General Nurses, one from the A & E Department, to act as part of the Mobile Medical Team
- Contact the Duty Manager to arrange cover for the nursing staff included in the Mobile Medical Team.
- Expedite as far as possible the throughput of A & E patients.
- Prepare department to receive casualties
- Injured persons will be received and treated in the Accident and Emergency Department and CAU. The Accident and Emergency Nurse in Charge supported by the General Manager Surgery and/or the Director of Nursing will prepare Accident and Emergency Department to receive large numbers of casualties.
- Advise CAU to prepare patients for the possibility of transfer to other available beds or day rooms elsewhere in hospital
- Direct ambulance A & E attendees, not related to the incident, to the Support and other hospitals.
- Open up Major Incident Store, check equipment, mobile 'phone, etc.
- Advise the Control team when MIO and Site Team leave for the site.
- Expedite, as far as possible, the throughput of Accident and Emergency patients and on instruction from the Hospital Control Room: -
 - Arrange for A & E patients and relatives, not involved in the incident, to be accompanied to the main staff dining room to await transport home if required.
 - Call out additional staff.
- When A & E is notified of Stand Down at the Incident Site by Police or Ambulance Control this must be recorded on the Major Incident Message Form and the message passed to the Consultant/Nurse in Charge of Accident and Emergency (if not already notified) and the Hospital Control Team.

SWITCHBOARD TELEPHONIST - RED ALERT

On receipt of message from the A & E Consultant/Nurse in Charge of A & E and after receiving appropriate instruction from them, follow procedures for **RED ALERT**.

(NB: If you receive the call from any other source, forward the call to the A & E Consultant/Nurse in Charge of A & E - Await their instruction before continuing with Call out procedure).

To the following personnel, page/telephone this message:

" THIS IS SRI, THERE IS A MAJOR INCIDENT - THE HOSPITAL IS ON RED ALERT - PLEASE REPORT TO THE CONTROL ROOM"

Accident & Emergency Consultant (if not already alerted)
Duty Site Manager and additional Telephonists (if required)
On-Call Consultant Urologist

Associate Medical Director
and On-Call Consultant Physician
or On-Call Consultant Geriatric Medicine

General Manager FV Facilities
and Risk Management Coordinator
or Operational Support Services Manager
or General Manager, Medicine/ICR/Emergency Care
or General Manager, Surgery/Clinical Facilities

Director of Nursing
and Associate Dir of Nursing
or Associate Dir of Nursing
or Head of Clinical Governance
or General Manager W&C/ Diagnostics

General Manager, Surgery /Clinical Facilities (If not already called - see above)
General Manager Medicine/ICR/Emergency Care (If not already called - see above)

Nurse Manager, Surgery
Nurse Manager, Medicine
Service Head, Emergency Care

On-call Consultant General Surgeon
On-call Consultant Orthopaedic Surgeon
On-call Consultant Anaesthetist (Theatre)
On-call Consultant Anaesthetist (ICU)
SHO/Registrar - Surgical
SHO/Registrar - Orthopaedics
SHO/Registrar - Anaesthetics
SHO/Registrar - Medicine
Theatre Emergency Page Holder

On-Call Consultant in Public Health Medicine (using duty rota)

On-Call Executive Director/General Manager (using duty rota)

Medical Records Manager or Deputy

Emergency Planning Officer

Head of Communications

During Normal Working Hours

Superintendent Radiographer
Senior Chief MLSO Haematology
Senior Chief MLSO Clinical Chemistry
Chief Pharmacist

Outwith Normal Working Hours

On-call Radiographer
On-call MLSO Haematology
On-call MLSO Clinical Chemistry
On-call Pharmacist

STAND DOWN

Inform the Medical Controller if you receive a message from any of the following that **STAND DOWN** at the incident site has been declared.

- Central Scotland Police
- Scottish Ambulance Service
- Central Scotland Fire & Rescue Service
- Medical Incident Officer
- Ambulance Incident Officer

Complete Major Incident Message Form **STAND DOWN** at site section.

On instructions from Hospital Medical Controller/Control Team stand down hospital personnel.

Complete Stand Down section on Telephone Message form

GENERAL MANAGER – SURGERY/CLINICAL FACILITIES - RED ALERT

- Report to Control Room for briefing.
- Ensure Mobile Medical Team is properly alerted and has all emergency equipment assembled; inform Control Room when they leave for site.
- Ensure that Red Alert procedures have been actioned by Accident & Emergency Department. Support as necessary the preparation of A&E to receive casualties: the preparation of Theatres.
- Ensure that, if necessary, patients from CAU, orthopaedic Outpatients and Endoscopy have been transferred to a suitable area.
- During normal working hours alert:
 - i) Theatre Manager or Theatre Nurse in Charge
 - ii) General Manager – medicine
 - iii) General Manager – Clinical Facilities
- Action decision to clear Day Surgery ward or another ward to receive casualties.
- Liaise with Out Patient Manager in arranging for out patient areas to be closed.
- Liaise with Director of Nursing/Outpatient Manager in the call out of additional nursing staff from home if required.
- Liaise closely with Outpatient Manager

DUTY MANAGER - RED ALERT

On receipt of message for on RED ALERT;

- Report to Control Room
- If first to arrive:
 - Start Log
 - Connect up Emergency Telephones
 - Connect Fax, where applicable
 - Confirm position with Accident and Emergency Consultant/Nurse in Charge
- Brief Control Team on their arrival
- Begin to establish capacity of hospital:
- Assess bed and staffing position
- Confirm theatre availability
- Alert outpatients to possible requirement to cease activity
- Support the General Manager Forth Valley Facilities (or Deputy) and Director of Nursing (or Deputy) as necessary

OUTPATIENT MANAGER - RED ALERT

- Report to Control Room for briefing
- During normal working hours prepare to and if necessary clear outpatients departments on instructions from hospital Control Team.
- Ensure arrangements are made as necessary to assist in the transport of patients, from CAU Orthopaedic Outpatients and Endoscopy and Outpatients Departments, to an inpatient bed or home.
- Liaise with Director Of Nursing/General Manager, Surgery, in the call out of additional nursing staff from residences or home if instructed by the Control Room

OTHER GENERAL MANAGERS OR WARD NURSES IN CHARGE - RED ALERT

- Assess bed and staffing position and report to Control Team.
- Prepare empty beds to be used as admission beds for:
 - patients from CAU
 - patients from A&E
- Be prepared to release staff to support A&E and to call out additional staff for cover.
- Assist General Manager, Surgery, in the redeployment of staff to ensure adequate cover is provided in A & E and wards receiving casualties
- Assist General Manager, Surgery, in the redeployment of inpatients to ensure adequate bed provision for receiving casualties.

THEATRE MANAGER OR DUTY THEATRE NURSE - RED ALERT

- Ensure that theatre availability is identified and information available for Control Room.
- Ensure that operating theatres and equipment are prepared and staffed as necessary.
- Call out off duty theatre staff as required in liaison with Director of Nursing or Deputy.

OUTWITH NORMAL HOURS - DUTY THEATRE NURSE

- Advise Theatre Manager of situation.
- Ensure that operating theatres and equipment are prepared and staffed as necessary.
- Call out off duty theatre staff as required in liaison with Director of Nursing or Deputy.

ON CALL CONSULTANT ORTHOPAEDIC SURGEON - RED ALERT

- On notification of RED ALERT, if unable to respond immediately advise switchboard to contact alternative Consultant Orthopaedic Surgeon.
- Report to Control Room for briefing.
- Conduct TRIAGE in A&E or be Doctor in Charge of Resuscitation, as directed by A & E Consultant

OR

- In absence of A&E Consultant, designate another Consultant to conduct triage or resuscitation and assume role of Doctor in Charge of A & E

ON CALL ORTHOPAEDIC REGISTRAR - RED ALERT

On notification of RED ALERT

- Report to A&E prepared to either:
- Leave for incident site as member of Mobile Medical Team under the direction of Medical Incident Officer

OR

- Take charge of triage of casualties until relieved by an Orthopaedic Consultant and thereafter assist with treatment of casualties as required.

ON CALL CONSULTANT GENERAL SURGEON - RED ALERT

On notification of RED ALERT

- Report to the Doctor in Charge of A & E and undertake tasks as allocated

ON CALL SURGICAL REGISTRAR/SENIOR HOUSE OFFICER - RED ALERT

On notification of RED ALERT

- Proceed to A&E prepared to either:-
 - Go to site as part of Mobile Medical Team.
- OR
- Assist with treatment of casualties as required.

ON CALL CONSULTANT ANAESTHETIST (THEATRE) - RED ALERT

On notification of RED ALERT, if unable to attend immediately advise switchboard to contact alternative Consultant Anaesthetist.

- Report to Control Room for briefing.
- Attend A & E and assist in resuscitation
- Call in additional anaesthetic staff, as required
- Ensure appropriate anaesthetic staffing of A & E, ITU and theatres
- Ensure the availability of anaesthetists for critical care transfer to specialist unit

ON CALL CONSULTANT ANAESTHETIST (ICU) - RED ALERT

On notification of RED ALERT, if unable to attend immediately advise switchboard to contact alternative Consultant Anaesthetist.

- Report to Control Room for briefing.
- Attend A & E and assist in resuscitation
- Call in additional anaesthetic staff, as required
- Ensure appropriate anaesthetic staffing of A & E, ITU and theatres
- Ensure the availability of anaesthetists for critical care transfer to specialist units

ON CALL ANAESTHETIC SENIOR HOUSE OFFICER - RED ALERT

On notification of RED ALERT

- Report to Accident and Emergency and be prepared to assist with treatment of casualties as required or assist with preparation of Theatres as necessary.

ON CALL CONSULTANT PHYSICIAN - RED ALERT

On notification of RED ALERT if unable to attend immediately advise switchboard to contact alternative Consultant Physician.

- In the absence of the Medical Director act as Hospital Medical Control
or
- Report to Doctor in Charge of A & E and undertake tasks as required
- Be prepared to go to site if specialist medical support is required due to the nature of the incident.

ON CALL MEDICAL SENIOR HOUSE OFFICER - RED ALERT

On notification of RED ALERT

- Report to Doctor in Charge of A & E and undertake tasks as allocated

JUNIOR MEDICAL STAFF - RED ALERT

When alerted that the Hospital is on alert:

- Proceed to the Junior Doctor's Mess and advise Control Room that they are available to assist, as required
- When advised go to A & E and report to the Doctor in Charge of A & E who will allocate duties, as appropriate
- Junior Medical Staff alerted by bleep should also advise as many of their colleagues as possible to proceed to the Junior Doctor's Mess.

ALL ASSOCIATE MEDICAL DIRECTORS - RED ALERT

- Responsible for ensuring that all Senior and Junior Medical Staff and other relevant Unit staff are aware of their role in a major incident

CLINICAL CHEMISTRY DEPARTMENT - RED ALERT

During normal working hours;

- Ensure that samples are prioritised appropriately for analysis.

Outwith normal working hours

On-Call Medical Laboratory Scientific Officer should;

- Report to Control Room for briefing and then contact Senior Chief MLSO or Chief MLSO.
- Following discussion with Senior Chief MLSO or Chief MLSO, if necessary notify one or more MLSOs from the On Call Roster and ask to report to Laboratory.
- Arrange for necessary analyses to be done.

SENIOR CHIEF MLSO/CHIEF MLSO

On basis of information available decide whether to report to hospital and whether to inform consultant biochemist.

MICROBIOLOGY DEPARTMENT - RED ALERT

During normal working hours

- Ensure that samples are prioritised appropriately for analysis.

Outwith normal working hours the on-call medical laboratory scientific officer should on receipt of the RED ALERT message;

- Report to the Control Room for briefing and then contact Senior Chief MLSO or Chief MLSO.
- Following discussion with Senior Chief MLSO or Chief MLSO, if necessary they will notify more MLSOs from the On Call Roster and ask to report to Laboratory.
- Arrange for all necessary analyses to be done:

SENIOR CHIEF MLSO/CHIEF MLSO

- 1 On the basis of information available decide whether to report to hospital and whether to inform consultant Bacteriologist or if unavailable Staff Grade.

PATHOLOGY DEPARTMENT - RED ALERT

DURING NORMAL WORKING HOURS

- The Pathology Department will be responsible for:
- Making arrangements for the receipt of bodies in Pathology Department and the handling of specimens.
- Unless there is a very early rush of casualties which are "Dead on Arrival", it should be possible for any post-mortem in progress to be completed before it becomes necessary to use the PM room for the temporary storage of bodies.

OUTWITH NORMAL WORKING HOURS

The General Manager, FV Facilities will be responsible for:

- Deciding, depending on the scale and nature of the incident, when to call-out Pathology staff.
- Arranging for access to Pathology Department for POLICE MORTUARY.
- Arranging for mortuary technician to be available if required by Police.

Note:

If the incident involves mass deaths then the Central Scotland Strategic Integrated Emergency Management Group will be responsible for arranging a temporary mortuary facility.

HAEMATOLOGY DEPARTMENT - RED ALERT

DURING NORMAL WORKING HOURS

- The Department will ensure that samples are prioritised appropriately for analysis.
- If extra blood stocks are required the Senior Chief MLSO or Chief MLSO will Contact WEST OF SCOTLAND BLOOD TRANSFUSION SERVICE for urgent additional supplies.

OUTWITH NORMAL WORKING HOURS

ON CALL MEDICAL LABORATORY SCIENTIFIC OFFICER

- Report to Control Room for briefing and then contact Senior Chief MLSO or Chief MLSO
- Following discussion with Senior Chief MLSO or Chief MLSO if necessary notify one or more MLSOs from the On Call Roster and ask to REPORT to Laboratory.
- Arrange for necessary analysis to be done or blood supplied.

SENIOR CHIEF MLSO/CHIEF MLSO

- 1 On basis of information available decide whether to report to hospital and whether to Inform Consultant Haematologist.
- 2 On basis of information available at Hospital Blood stocks contact West of Scotland Blood Transfusion Service for urgent additional supplies.

GENERAL

Casualty blood samples should be divided into Group A and others. The former should not be given Group O Blood if possible. This permits economy of Group O Blood.

X-RAY DEPARTMENT - RED ALERT

DURING NORMAL WORKING HOURS

IMAGING SERVICES MANAGER or DEPUTY SUPERINTENDENT RADIOGRAPHER

- Prepare department to receive casualties, and arrange for any non-urgent patients to be cleared from the department.

GENERAL

- Ensure that x-ray staff are trained in procedures required to deal with a Major Incident.
- Maintain an up to date list of staff addresses, telephone numbers and methods of transport. Always to hand.
- Arrange for suspension and re-scheduling of Out Patient Appointments - *dependent upon scale of incident.*

OUTWITH NORMAL WORKING HOURS:

ON CALL RADIOGRAPHER

- Contact Imaging Services Manager or Deputy Superintendent Radiographer.
- Contact Senior On Call and request attendance.

IMAGING SERVICES MANAGER or DEPUTY SUPERINTENDENT RADIOGRAPHER OR SENIOR ON CALL

- Commence CALL OUT of additional staff before leaving home.
- From home CONTACT the Duty Consultant Radiologist and Specialty Co-ordinator. If Duty Consultant Radiologist is Falkirk Royal Infirmary Consultant contact Stirling Royal Infirmary Consultant Radiologist first.
- REPORT to CONTROL ROOM for briefing
- Make necessary arrangements to handle casualties requiring x-ray. Depending on type of injuries, there may be a rapid build up of patients awaiting x-rays. If this occurs assist the Specialty Co-ordinator and/or Duty Consultant Radiologist, in ensuring that patients are prioritised.

PHARMACY DEPARTMENT - RED ALERT

DURING NORMAL WORKING HOURS

CHIEF PHARMACIST or DEPUTY

RESPONSIBILITIES:

- PROCESS requests for additional supplies of drugs, items from Central Sterile Supplies Department or surgical sundries to Accident & Emergency Department, theatres or wards. Liase with C.S.D. and A.S.D.U.

OUTWITH NORMAL WORKING HOURS

ON CALL PHARMACIST

- CONTACT Chief Pharmacist or Deputy before leaving home to advise of incident.
- Report to CONTROL ROOM for briefing.

CHIEF PHARMACIST or DEPUTY

- CALL OUT additional staff if necessary.
- Report to CONTROL ROOM for briefing

MEDICAL RECORDS MANAGER OR DEPUTY - RED ALERT

DURING NORMAL WORKING HOURS

- Report to Control Room for briefing.
- Arrange for sufficient staff to carry out the following tasks:
 - Maintaining Major Incident Information Board at Accident & Emergency reception.
 - Issuing Major Incident documentation at Accident and Emergency entrance (taking over from nursing staff if this has already commenced).
 - Follow up of patients as they progress through Accident and Emergency by completion of Major Incident Documentation.
 - Set up and operate the Hospital Information Bureau.
 - Staff the filing room

OUTWITH NORMAL WORKING HOURS

- Initiate Call out arrangements for the department from home before proceeding to hospital to enable the above tasks to be carried out.
- Maintain, and keep at home, up to date information of names, addresses, telephone numbers and methods of transport of the staff concerned.
- On arrival at hospital, follow instructions for 'During normal working hours' as above
- At the hospital, in addition to provision of staff to cover Medical Records activities, also maintain a link between Accident and Emergency and the Hospital CONTROL TEAM keeping the latter informed of the developing situation.

ON CALL MEDICAL RECORDS STAFF

Should then refer to the departmental major incident procedure

MANAGER - PORTERING/DOMESTIC SERVICES - RED ALERT

- Maintenance of vehicular access to Accident and Emergency (with Police assistance if necessary).
- Placing "direction" signs in and around Out Patients building.
- Assist nursing staff with movement of patients, especially to and from x-ray, to theatres, and wards, ensuring availability of lifts to transport emergency patients to theatre.
- Guide relatives and friends of casualties to the OPD Department and display appropriate signage at entrances/corridors to assist with this.
- Guide media representatives to the Conference Centre (SRI) and provide signage at entrances/corridors to assist with this.
- Organise "screening" of internal access to Accident and Emergency re-directing all non-essential personnel and visitors to other entrances/exits.
- Arrange transport of specimens to appropriate laboratory.
- Transfer casualties who die in hospital after initial treatment to the designated mortuary, together with any personal belongings.
- Deliver additional supplies of linen, pharmacy items, and oxygen cylinders as required.
- Provide messenger service as required.
- Ensure A & E and other departments directly involved are provided with adequate domestic support.

DURING NORMAL WORKING HOURS

- Utilise staff already on duty for above tasks, and call out additional staff as necessary.

OUTWITH NORMAL WORKING HOURS

- Report to Control Room and if necessary before leaving home call out staff to report to the hospital.
- Maintain, and keep at home, up-to-date information of names, addresses, telephone numbers and methods of transport of the staff concerned.

MANAGER - CATERING SERVICES - RED ALERT

Make the necessary arrangements to provide provisions or refreshments to the following:

- Out Patients, following cessation of clinics, - refreshments to be provided in main Dining Room or to staff, as requested.
- Relatives of casualties - Refreshments to be provided to main Hospital Reception Area.
- Police and Ambulance personnel, if directed to main dining room for a break due to length of duration of emergency.
- Staff of all disciplines dealing with the incident, whether already on duty or called in to assist, if directed to main dining-room for a break due to length of duration of emergency or elsewhere as required.

DURING NORMAL WORKING HOURS

- Utilise staff already on duty to carry out the tasks listed above.

OUTWITH NORMAL WORKING HOURS

- Report to Control Room and if necessary before leaving home call out, additional members of staff to assist.
- Maintain and keep at home, up to date information of names, addresses, telephone numbers and methods of transport of the staff concerned.

FORTH VALLEY NHS BOARD EMERGENCY PLANNING OFFICER - RED ALERT

Forth Valley Emergency Planning Officer will be directed by the Director of Public Health/CPHM or Hospital Medical Controller to either attend the scene of the incident or attend Hospital Control Room, depending on the nature of the incident.

DOCTOR IN CHARGE OF TRIAGE - RED ALERT

Initially, the Doctor in Charge of Triage carrying out Triage will be the most experienced Orthopaedic clinician present. They will wear identifying clothing and will be relieved by the on-call Orthopaedic Consultant or on-call Consultant Physician depending on the nature of the incident.

Doctor in Charge of Triage –

- Ensure all casualties arriving in A & E whether injured or uninjured, alive or dead must be triaged and given an A & E number and documentation
- To assess a patient's condition.
- To allocate priority for treatment.
- To direct patients to appropriate areas.
- To allocate clinical staff to specific areas, in particular directing a senior clinician to carry out TRIAGE of patients awaiting x-ray.

PRIORITY OF CASUALTIES

Casualties requiring immediate resuscitation will be taken to the Resuscitation Suite and/or the Treatment Room in Accident and Emergency. Thereafter they will be taken to an appropriate ward area, ITU or theatres as required.

Casualties requiring treatment but not immediate resuscitation will be directed to the Accident and Emergency treatment rooms and thereafter to CAU. Thereafter they will be directed to in-patient accommodation or a waiting area depending on whether they are to be admitted, held for observation, or discharged.

Casualties with apparently minimal injuries will be directed initially to the Orthopaedic Clinic Waiting Area / Accident and Emergency waiting area until they can be examined and to allow serious injuries to attend A&E first.

Only patients requiring urgent X-Rays will be transferred to X-Ray immediately.

X-Ray patients will be triaged by a clinician delegated by the A & E Consultant

TRIAGE TEAM – REGISTERED NURSE - RED ALERT

- Ensure all casualties arriving in A & E whether injured or uninjured, alive or dead must be triaged and given an A & E number and documentation
- To assist with the assessment of patients.
- To affix pre-numbered identification wristband to patient and complete Cruciform triage card.
- Until clerical officer arrives, to ensure Major Accident documentation is initiated and handed to patient or escort

PRIORITY OF CASUALTIES

Casualties requiring immediate resuscitation will be taken to the Resuscitation Suite and/or the Treatment Room in Accident and Emergency. Thereafter they will be taken to an appropriate ward area, ITU or theatres as required.

Casualties requiring treatment but not immediate resuscitation will be directed to the Accident and Emergency treatment rooms and thereafter to CAU. Thereafter they will be directed to in-patient accommodation or a waiting area depending on whether they are to be admitted, held for observation, or discharged.

Casualties with apparently minimal injuries will be directed initially to the Orthopaedic Clinic Waiting Area / Accident and Emergency waiting area until they can be examined and to allow serious injuries to attend A&E first.

Only patients requiring urgent X-Rays will be transferred to X-Ray immediately.

X-Ray patients will be triaged by a clinician delegated by the A & E Consultant

TRIAGE TEAM – CLERICAL OFFICER - RED ALERT

Clerical Officer -

- Ensure all casualties arriving in A & E whether injured or uninjured, alive or dead must be triaged and given an A & E number and documentation
- To affix pre-numbered identification wrist band to patient (if not already done by nursing staff)
- To hand out pre-numbered sets of Major Incident documentation (Appendix 4) to patient or escort with instructions that this must stay with the patient until documentation is completed.

PRIORITY OF CASUALTIES

Casualties requiring immediate resuscitation will be taken to the Resuscitation Suite. If Resuscitation Suite is full then additional casualties requiring immediate resuscitation should overflow into the first four bedded bay in the CAU. Thereafter they will be taken to an appropriate ward area, ITU or theatres as required.

Casualties requiring treatment but not immediate resuscitation will be directed to the Accident and Emergency treatment room and thereafter to CAU. Thereafter they will be directed to in-patient accommodation or a waiting area depending on whether they are to be admitted, held for observation, or discharged.

Casualties with apparently minimal injuries will be directed initially to the Orthopaedic Clinic Waiting Area / Accident and Emergency waiting area until they can be examined and to allow serious injuries to attend A&E first.

Only patients requiring urgent X-Rays will be transferred to X-Ray immediately.

X-Ray patients will be triaged by a clinician delegated by the A & E Consultant

HOSPITAL CHAPLAINS

- Report to the General Manager, FV Facilities (or deputy) in the Major Incident Control Room
- Work at the hospital under the direction of the Control Team to assist in counselling and support of patients, relatives and staff, as appropriate

APPENDIX B

NHS FORTH VALLEY

A & E Major Incident Telephone Message Form

1 Date & Time Message Received Date
 Time *am/pm

2 Received by(name of staff member) _____

3 Message Received From: _____
 *Ambulance/Police/Other (specify) _____

4 Nature of Incident _____

Location _____ Type of incident _____

Nos. of Casualties _____

5 Message Passed to(Name) _____

*A & E Consultant/Nurse in Charge at Time *am/pm

*A & E Cons./A & E Nurse in Charge passed alert to switchboard at Time *am/pm

To be completed by A & E Consultant/Nurse in Charge of A & E

6 Verification of Call Made at: Time *am/pm
 To: *Police/Ambulance/Control Hospital Control Room
 Officer spoken to (Name) _____

Information received

Nature of Incident _____

Number of Casualties _____

Type of Incident/Special Risks _____

Any Known dead (numbers) _____

7 Telephonist instructed to activate : Time:

Yellow Alert

Red Alert

Telephonist name: _____

Instruction given by: Name: _____

Designation: _____

STAND DOWN AT INCIDENT SITE

8 Message received Date Time *am/pm

9 Message received by _____

10 Message received from _____

11 Message passed to Medical Controller at: Time *am/pm

*Please delete as appropriate