Tameside Hospital NHS
NHS Foundation Trust

MAJOR INCIDENT PLAN

Version 9.0

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TAMESIDE HOSPITAL NHS FOUNDATION TRUST

MAJOR INCIDENT PLAN

VERSION CONTROL SHEET

Version number	Issue Date	Revisions from previous issue
1	3RD October 2005	Original Issue
2	9th October 2006	1) Call out arrangements amended to reflect changes in Clinical Services Division and Facilities Directorate structures 2) Executive Director of Call and First On Call Manager removed from call out cascade in normal working hours 3) Domestic Services Manager Action Card discontinued and Hotel Service Manager Action Card amended to include duties 4) Fountain House substituted for Werneth House as home of the Major Incident Control Room 5) Further information on Local Authority Reception centres added to Table 2, section 1.6.4 6) Provision for designated Police parking added into paragraph 2.4.1 (9) 7) Provision for dedicated parking for media outside broadcast transmitters included in paragraph 2.4.1 (10) 8) Provision added to paragraph 2.4.1 (2) to allow for the setting up of the Hospital Control Room in an alternative location if the intended location is inaccessible as a consequence of the Emergency Event
3	January 2008	1) Theatre Manager added to call out arrangements 2) Werneth House Education Centre substituted for Board Room Fountain House as the Hospital Control Room 3) New paragraph 1.4.3 and Appendix I added to describe the Greater Manchester Major Incident Escalation process 4) New paragraph 1.5.4 added to refer to Mutual Aid Agreement between NHS organisations in the North West 5) Risk Register in Appendix A updated to fall into line with Greater Manchester Community Risk

		Register
4	23rd April 2009	1) Theatre manager Action Card (AC45) added to index of Action Cards in Appendix J 2) Guidance Note 6 (Casualty Bureau) added 3) Guidance Note 7 (Protocol for use of Radio Communications) added 4) Guidance Note 8 (Major Incident Recording) added 5) Guidance Note 9: (Major Incident recovery) added 6) Document Control Information removed from Appendices 7) List of Business Continuity Plans in Appendix F updated 8) NHSLA Equality Impact Assessment Tool added as Appendix K 9) Trust name changed to "Tameside Hospital NHS Foundation Trust" 10) Primary Care Trust name changed to "NHS Tameside and Glossop)
5	October 2010	1) References to Associate Director of Facilities in paras 1.6.4, 1.11.1 and 2.5.3. 2.5.5, Appendix G and part of Appendix J changed to Director of Nursing 2) References to facilities in the Stamford Building updated to reflect site reorganisation
5.1	December 2010	1) Amendment added, MAAU is now designated as MI ward for receiving casualties.
6	4.5.12	1) Document Author now Director of Nursing & Fire Safety & Emergency Planning Advisor, previously Director of Estate & Facilities. 2) Associate Director (Planning and Strategy) duties now replaced in plan by Director of Nursing. 3) Added THFT Internal Command and Control Structure page 10. 4) Appendix A, Schedule of Major Incident Risks with Risk Rating completely rewritten to align with GM Resilience Community Risk Register 2010. Page 28. 5) Lead CCG changed for NHS GM RT [NHS Greater Manchester Resilience Team]. 6) Director of Planning & Strategy, Medical Director & Fire Safety/Emergency Planning Advisor added to call cascade lists for working hours and non-working hours.

7draft	July 2013	1) Document author – Director of Nursing deleted. 2) Page 8 entered paragraph from NHS EPRR Framework 2013 – significant incidents. 3) Page 13 – NHS England Local Area Team replaces SHA, Public Health England replaces GM HPU.
7	September 2013	1) Changes made to appendix I to reflect new organisations. 2) New index of BC Plans 3) New EPRR response diagram page 50, taken from EPRR Framework 2013 document. 4) Tameside and Glossop CCG replaces NHS Tameside and Glossop. 5) Page 20 A&E Capacity info removed, this is not in any other MI plans across GM, lead Consultant for A&E MQ agreed to this info being deleted.
7.1	January 31st 2014	1) Added new section to comply with recent NHS England Core Standards audit [core standard 5.21, page 28 section 3 Finance, Insurance and Legal Advice. 2) MIP Action Card 37, Communications Manager now contains information regarding liaising with 111 providers and use of foreign language lines in an emergency
8	2nd December 2014	No major changes to plan required following Exercise Trident – the Trust live major incident 3 yearly exercises.
8.1	1ST May 2015	MIP reviewed, extended for full review by EPRR group 31.7.15.
8.2	3rd September.15	Plan review extended to 30.9.15
9.0	26.1.16	Plan review, amends as follows 1. Added new section to comply with NHS England new standards 2. New owners added to review action cards

TAMESIDE HOSPITAL NHS FOUNDATION TRUST

MAJOR INCIDENT PLAN

ORGANISATION OF THIS DOCUMENT

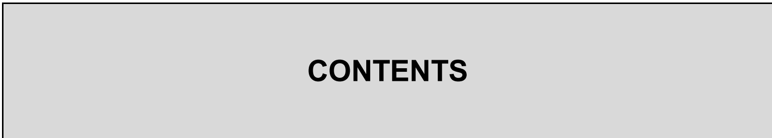
PART 1 CONTEXT AND ACCOUNTABILITIES:

Part 1 of the Plan sets out the general context within which the Trust is required to provide a response to a Major Incident. It describes how a Major Incident is initiated and managed by the Emergency Services and outlines the roles of the key organisations involved in the response. Part 1 contains the Trust's policy statement in respect of Major Incident Planning and defines the accountabilities of staff in delivering the Plan.

PART 2 OPERATIONAL PLAN:

Part 2 of the Plan describes the operational response of the Trust during all phases of a Major Incident, from declaration of the incident to the post incident review.

TAMESIDE HOSPITAL NHS FOUNDATION TRUST
MAJOR INCIDENT PLAN



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1 CONTEXT AND ACCOUNTABIL ITY

1.1 INTRODUCTION

1.1.1 The Trust has a statutory duty under NHS legislation and under the Civil Contingencies Act 2004 to ensure that it is prepared to provide an effective response to emergency events. The organisation also needs to ensure that its response to Major Incidents has the minimum impact on delivery of its normal services and that normal services are fully resumed as soon as possible after the incident has finished. This plan provides arrangements to ensure the Trust discharges its obligations to respond to a Major Incident effectively and efficiently.

1.2 POLICY STATEMENT

1.2.1 It is the policy of the Tameside Hospital NHS Foundation Trust to ensure there is a planned, prepared, organised and practised response to all Major Incidents and emergency events which affect the provision of normal services. The Trust will ensure that adequate procedures are in place to deal with any such incidents and that staff are aware of, and trained in the implementation of, those procedures.

1.3 PURPOSE OF THE PLAN

1.3.1 The purpose of the Major Incident Plan is to ensure that:

- Tameside General Hospital can provide an effective clinical response to any Major Incident that it is required to deal with.
- The Trust provides a Mobile Medical Team to assist at the site of a Major Incident when requested to do so by the Incident Control Centre.
- The Trust communicates with all other appropriate organisations when providing its response in order to manage the impact of the incident.
- The Trust communicates effectively with patients, relatives, visitors, suppliers, the media and the local community during the period of the incident
- The Trust maintains all its essential functions during the period of the incident.

1.4 DEFINITION OF A MAJOR INCIDENT

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

The NHS EPRR framework November 2015 also makes reference in section 6, this section describes the definition of incidents which are classed as follows

I. Business Continuity Incident
II. Critical Incident
III. Major Incident

Business Continuity Incident
A Business continuity Incident is an event or occurrence that disrupts, or might disrupt, an organisations normal service delivery, below an acceptable predefined levels, where acceptable arrangements are required to be implemented until services can return to an acceptable level. (This could be a surge in demand requiring resources to be temporarily deployed).

Critical Incident
A Critical incident is any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe requiring special measures and support from other agencies, to restore normal operating functions.

Major Incident
A major incident is any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented.

1.4.2 **Incident Levels**

As an event evolves it may be described in terms of level as indicated below. For clarity these levels must be used by organisation across the NHS when referring to incidents.

Incident Level	Description
Level 1	**An incident that can be responded to and managed by the local provider organisation within their respective business as usual capabilities and business continuity plans in liaison with local commissioners.**
Level 2	**An incident that requires the response of a number of health providers within a defined health economy and will require NHS coordination by the local commissioners in liaison with the NHS England local office.**
Level 3	**An incident that requires the response of a number of health organisations across geographical areas within a NHS region.** **NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.**
Level 4	**An incident that requires NHS Englamd National Command and Control to support the NHS Response.** **NHS England to coordinate the NHS Response in collaboration with local commissoners at the tactical level**

1.4.3 Appendix I to this plan sets out the Major Incident Escalation Process agreed for Greater Manchester by each of the Above levels.

1.4.4 A Major Incident may therefore require a single Acute Trust to implement special arrangements to deal with the incident or it may require a number of Trust's within a health economy to work together, sharing information and resources.

1.4.5 Appendix A to this Plan contains a list of Incidents that the Trust could be called upon to deal with, together with a summary risk assessment identifying the potential impact of the incident and the likelihood of it occurring. Many of these incidents may be managed at Level 1 without the need to implement the Trust's Major Incident Plan (for

example an outbreak of infection that can be effectively managed by normal control of infection plans and procedures). Any of these incidents, however, could escalate to Level 2 or Level 3 and require special arrangements to be put in place. The risk assessment is based on the Community Risk Register for Greater Manchester developed by the Greater Manchester Resilience Forum.

1.4.6 Appendix H to this plan provides a glossary of those terms used in this Plan which have a specific meaning.

1.5 OVERALL MANAGEMENT OF A MAJOR INCIDENT

Major Incident Declaration

1.5.1 The Major Incident will normally be created by an external event. A Major Incident can be declared by any of the emergency services, by any Local Authority, or by any NHS Organisation. The hospital switchboard will be notified by either the North West Ambulance Service Control Room or by the Greater Manchester Health Control on the Trust major incident phone – 0161 935 0001 that a Major Incident has been declared. The switchboard will then trigger the call out procedures described in Part 2 of this Plan.

1.5.2 It is not unknown for the Ambulance Service Control Centre to notify the Accident and Emergency Department of the Major Incident without notifying the hospital switchboard first. This is a departure from the agreed procedure but in the event that it does occur, the Accident and Emergency Department must immediately notify the switchboard that they have received a Major Incident call.

1.5.3 In some cases the Major Incident may be declared by the Trust itself (for example where an internal incident has escalated to a degree where it is necessary to implement the Major Incident Plan) In these cases an Executive Director or the Director on-call will notify the hospital switchboard that a Major Incident has been declared.

1.5.4 There may be the following two stages in the declaration of a Major Incident:

Major Incident Standby:-- where the nature of the incident is unclear, or it is at an early stage, but has the potential to escalate, and

Major Incident Declared:-- where it is clear a Major Incident has occurred and the situation requires special arrangements to be implemented in part or in full. A Major Incident may be declared immediately without the need to first go to *Major Incident Standby.*

1.5.4 These stages will be followed by either:

Major Incident Cancelled:-- the situation is not as serious as first thought and the Major Incident arrangements do not need to be implemented, or

Major Incident Stand Down:-- the Major Incident has run its course and the Trust can return to normal operation.

The Major Incident Site

1.5.1 The emergency services will attend at the site of the Major Incident and will control operations at the scene. An Incident Control Team will be established at the scene, normally under the control of the Police.

1.5.2 The Trust may be requested to send a Medical Incident Officer to join this team. The Trust may also be requested to send a Mobile Medical Team to the site of the Major

Incident to provide medical support to the emergency services. This will normally only happen if Tameside General Hospital is not designated as a receiving hospital for casualties from the incident.

1.5.3 In smaller incidents a single Incident Control Team at the site may be all that is required. In larger incidents the following control structure will be set up.

Table 1: Major Incident Command & Control Structure

Operational (Bronze) Control	Front line control at the scene of the incident. Each of the emergency services has its own operational responsibilities. The Police will normally co-ordinate the operational response. There may be more than one operational control point reporting to the Tactical control.
Tactical (Silver) Control	Operating close to, but not at the scene of the incident, the tactical command is used to oversee priority in allocating resources, planning and co-ordination but is not directly involved in providing the operational response to the incident.
Strategic (Gold) Control	Only used in large incidents where there is a requirement to make strategic decisions about deployment of resources across a wide area, movement of populations, providing information and restoring normality.

Following on from Table 1 the Trust adopts the same framework structure for internal command and control in Table 2

Operational (Bronze) Control	Will be Departmental Lead, DNM, Matron, Ward Senior Nurse Located in the A&E department, Ward area[s].
	Probably will be several of these.
	To assess the extent of the problem
	Consider the need for the next level of management
	Determine specific tasks and carry them out
	Liaise and coordinate with Silver Control
Tactical (Silver) Control	Chief Operating Officer, Exec Director or Senior Manager On Call, Cons. Physician On Call, Emergency Planning Lead, Communications Lead, Loggist
	Located in the Hospital Control Room in Werneth House room G40/41
	Provides overall management of the response to an incident
	Sets the aims and objectives to be achieved.
	Prioritises allocation of resources, obtains further resources if required
	Plans timescales, deadlines and milestones in delivery of tasks
Strategic (Gold) Control	Chief Executive, Medical Director, Director Nursing / Chief Operating Officer.
	Located in Trust HQ Silver Springs,

	Establishes policy within which tactical commander will work
	Provides resources, prioritises demands
	Makes executive (spending) decisions Considers the next day, week, month etc Plans for return to normality

1.6.4 Organisations have the following responsibilities in responding to a Major Incident

Table 2: Responsibilities of Organisations for Major Incident Response part 1 of 4

The Police	• Co-ordinating the emergency service response to the Major Incident. Protecting and preserving the scene • Investigation of the incident in conjunction with other investigative bodies • The collation and dissemination of casualty information • The restoration of normality at the earliest opportunity
The Fire Service	• Undertake firefighting and rescue operations • Provide lighting and rescue equipment • Deal with released chemicals and other decontaminants where necessary • Ensure the incident is rendered safe • Participate in fire incident investigation
The Ambulance Service	• manage the NHS response at the site of the incident • Inform the Department of Health and the Strategic Health Authority that a Major Incident has occurred and maintain a flow of information to the NHS on the progress of the Incident • Nominate and alert hospitals to receive casualties • Notify hospitals if a Mobile Medical Team is required at the site • Provide initial treatment to treat and stabilise the injured at the scene and determine priorities for evacuation of casualties to hospital • Co-ordinate communications with other emergency services and receiving hospitals • Protect the health and safety of all NHS personnel at the site.

Table 2: Responsibilities of Organisations for Major Incident Response part 2 of 4

NHS England Local Area Team	• Establish the Greater Manchester Health Control which will: • Provide a coherent communications mechanism to help alert all relevant organisations to an incident • Provide a link between the Health Service and any Multi-Agency Strategic Control Centre ("Gold Control") established by the Police to manage the incident • Provide a direct link with similar NHS Control Centres in adjoining areas • Provide 'real time' capacity information to NHS Trusts, the Greater Manchester Health Protection Unit, and Social Services Departments to assist in operational and policy decisions • Provide a venue for a Major Incidents Operations room for health services in Greater Manchester if required. • Provide public health co-ordination • Establish a Joint Health Advisory Cell during large incidents
Public Health England	• Assist in assessing the impact of events on the NHS and the community. • Assist in public health co-ordination • Participate in the Joint Health Advisory Cell during large incidents • Provide specialist advice and support to the NHS and partner agencies
Clinical Commissioning Group. CCG	• Provide a 24hr emergency management and clinical response • Co-ordinate the Primary Care, Community and Mental Health response, including provision of community treatment of minor casualties and support and counselling to those evacuated from the incident site.

Table 2: Responsibilities of Organisations for Major Incident Response part 3 of 4

CCG cont…	• Assist the Acute Trust by, accelerating discharge from Hospital, and co-ordinating community hospital bed capacity in liaison with the emergency services and the Acute Trust • Provide advice and support to the community on the health impact of the incident • Support screening, epidemiological and long term assessment of the health impact of the incident • Work with the local authority and community to support the recovery phase where there has been a health impact .
Acute Hospital Trusts	• Activate their Major Incident Plans as required • Provide an immediate clinical response to ensure treatment, advice and medical care for the injured or ill who are referred to, or who attend, the hospital. • Provide a Mobile Medical Team at the site of the incident if requested to do so by the Ambulance Service • Work with the Greater Manchester Health Sector to manage bed capacity • Maintain normal services during the incident as far as possible • Maintain communications with patients, relatives and carers, the local community and the media • Work with the Primary Care Trust where necessary to create capacity locally to deal with a mass casualty incident
NHS Direct ***111 service***	• Provide general information over the telephone in respect of precautions, treatments and side effects related to the likely health impacts of the incident

Table 2: Responsibilities of Organisations for Major Incident Response part 4 of 4

Local Authorities	• Provide support in the vicinity of the Major Incident to maintain traffic flows, assist the police in road closures and diversions. • Provide Reception Centres for those people who have been directly involved in an incident, evacuated as a result of a situation, or attending as a family or friend of those involved. Reception Centres may be one or more of the following four types **Rest Centres** A building operated by the local authority for the temporary accommodation of evacuees. **Survivor/Evacuee Reception Centres (SRC/ERC)** Secure area to which uninjured survivors can be taken for shelter, first aid, interview and documentation. This will be managed by Greater Manchester Police (GMP) and supported by the local authority. **Friends and Relative Reception Centres (FRC)** Secure area set aside for use and interview of friends and relatives arriving at the scene and the joining together of separated families. This will be managed by Greater Manchester Police (GMP) and supported by the local authority. **Mass Holding Centres** A location where mass numbers of persons can be accommodated following a CBRN incident. It is expected that all those attending this location will not be contaminated or have been decontaminated prior to arrival. The welfare provisions at these locations may well be minimal due to the vast numbers. If possible the areas should provide some shelter from the elements. To provide these facilities for mass numbers the likely venues will be major sports stadiums, major places of entertainment, major exhibition and conference centres and similar locations.
Local Authorities (cont)	

	• Provide welfare advice and services to those affected by the incident • Assist the Primary Care Trust to support accelerated discharge from Hospital through the provision of Social Services • Provide leadership, advice and support on the impact of the incident to the local community and the development and implementation of community recovery plans

Mutual Aid between NHS Organisations in the North West

1.5.4 The NHS Trusts and Primary Care Trusts in Greater Manchester have entered into a Mutual Aid Agreement to underpin the heath economy's response to an emergency event that requires a multi-trust response. The Agreement includes a protocol for requesting and managing the delivery of mutual aid across NHS organisations. A copy of this Agreement is included in the Trust's Major Incident Guidance Note GN5.

1.5.5 It must be noted that the Mutual Aid Agreement sets out specific requirements for how aid is requested and provided across NHS organisations in the North West. Mutual aid will only be requested or provided by this Trust on the authority of an Executive Director.

1.6 DUTIES OF TRUST STAFF IN PLANNING FOR MAJOR INCIDENTS

1.6.1 Major Incidents pose the following particular problems for hospital services.

- A sudden influx of casualties will put pressure on the normal system of assessment in the receiving area of the Accident and Emergency Department
- Information about the incident is usually inadequate and can sometimes be misleading, adding uncertainty and confusion to the analysis of the incident being dealt with.
- Most Major Incidents produce a large number of a particular type of injury e.g. crush injuries, burns, shin laceration or respiratory problems.
- The incident may disrupt the Trust's normal resources e.g. a major road traffic accident or chemical release may prevent the Trust's staff or suppliers from getting to the Hospital site.

1.6.2 To ensure effective planning and implementation of its Major Incident response, the Trust has allocated the following responsibilities

Chief Executive

1.6.3 The Chief Executive has the overall duty for ensuring preparedness for emergency events and has the duty to ensure that adequate arrangements for responding to Major Incidents are in place and implemented and that a system is in place for monitoring, reviewing and updating these arrangements.

Director of Estate & Facilities

1.6.4 The Director of Nursing has the duty to develop, monitor, review and update the Trust's Major Incident Plan with the Trust Fire Safety & Emergency Planning Advisor and to ensure that the Plan is communicated throughout the organisation. The Director of Estate & Facilities will ensure that the Major Incident Plan is developed and reviewed in co-ordination with other relevant organisations and stakeholders.

Director of Operations

1.6.5 The Director of Operations has the duty to undertake the role of Hospital Control Team Manager as described in this Plan.

Lead Consultant Accident and Emergency

1.6.6 The Lead Consultant Accident and Emergency has the duty to provide professional advice on the clinical components of the Trust's Major Incident Plan and to ensure an effective clinical response in the Accident and Emergency Department in the event that the Major Incident Plan is activated.

Directors

1.6.7 Directors have the duty to ensure that the requirements of the Trust's Major Incident Plan are effectively managed within their Directorate and that their staff are aware of, and trained in, those requirements.

Divisional and Departmental Managers

1.6.8 Divisional and Departmental Managers have the duty to ensure that the requirements of the Trust's Major Incident Plan are effectively managed within their Division or Department and that their staff are aware of, and trained in, those requirements. Individual Managers identified in the table below have the duty to prepare, review and update Action Cards for services provided by their Departments.

Responsibility for Updating Action Cards and Guidance Notes

1.6.9 Major Incident Action Cards and Guidance Notes need to be regularly reviewed and updated to reflect changes in practice and procedures, changes in names and telephone contact numbers. A Trust manager has been identified as having the duty to review and update each of the Action Cards. These managers are identified in the index to Action Cards included in Appendix J of this Policy.

All staff

1.6.10 All staff have the duty to observe the requirements of the Trust's Major Incident Plan, to attend any designated training, to participate in any testing of the Plan, and to discharge their obligations under the Plan in the event that a Major Incident is declared.

1.7 OPERATIONAL RESPONSE

1.7.1 The Trust's operational response to a Major Incident is described in Part 2 of this Plan. The operational response will cover the following five phases:

- The notification of a Major Incident and the Trust's staff standby and call out procedures
- Establishing a Hospital Control Team and preparing the hospital to receive casualties
- Managing the Incident. Actions and responsibilities of each department during the Incident including measures to protect delivery of normal services
- Stand down procedures
- Post incident recovery

1.7.2 Part 2 of this Plan also describes how the Trust will organise the provision of its Mobile Medical Team as part of a Major Incident Response.

1.8 BUSINESS CONTINUITY

1.8.1 As part of its emergency planning policy, the Trust has developed Business Continuity Plans for all its critical services. The operational response described in Part 2 of this Plan contains provisions for the Trust to trigger the these Business Continuity Plans during a Major Incident if it is necessary to do so in order to support the delivery of normal services.

1.9 TRAINING AND TESTING

1.9.1 The Trust's Emergency Planning Resilience & Response Group will keep Major Incident training requirements under review and will provide guidance on the types of training required. Divisional and Department Managers are responsible for ensuring that training for dealing with Major Incidents is included in staff training programmes and that staff are aware of their roles and responsibilities in the event of a Major Incident.

1.9.2 The Trust's Emergency Planning Resilience & Response Group will ensure that the Major Implementation Plan is tested in accordance with Department of Health Guidance. The testing will include:

- Unannounced communications tests arranged at least every six months via the hospital switchboard
- Desk top scenarios of particular incident types undertaken at least once a year
- Live exercises undertaken at least once every three years.

1.10 COUNSELLING AND SUPPORT

1.10.1 In the event that staff require support during or following a Major Incident the Trust will provide counselling to deal with stress and trauma via a referral to the Occupational Health Service.

1.11 MONITORING AND REVIEW

1.11.1 The Emergency Planning Resilience & Response Group will review this Plan on at least an annual frequency to ensure it is complies with any changes in guidance and that information in it is accurate and up to date. The Chief Operating Officer, as Chair of the Emergency Planning Resilience & Response Group will ensure that such reviews are undertaken in conjunction with other Category 1 responders as defined by the Civil Contingencies Act 2004.

1.11.3 The Emergency Planning Resilience & Response Group will ensure a de-briefing report is prepared after every occasion upon which a Major Incident is declared. This report will review the effectiveness and efficiency with which the Major Incident Plan was implemented and will identify any areas in which the Trust's response could be improved. These reports will be submitted to the Trust Risk Management Committee, Corporate Governance Committee and the Trust Executive Group. The reports will also be shared, as appropriate with other relevant organisations.

2 OPERATIONAL PLAN

2.1 OVERVIEW

2.1.1 This section of the Major Incident Plan describes how the Trust will organise its operational response to a Major Incident Call. The detailed operational tasks for individuals or departments are contained in the Action Plans included in Appendix J of this Plan. The Trust's response is described under the following sections.

Stage 1: Notification of a Major Incident and the Trust's staff standby and call out procedures

Stage 2: Preparing the hospital to receive casualties

Stage 3: Managing the Incident

Stage 4: Stand down procedures

Stage 5: Post Incident recovery

Medical Incident Officer: arrangements for providing a Medical Incident Officer

Mobile Medical Team: arrangements for providing a Mobile Medical Team

2.1.2 The flow chart included in Appendix C to this Plan provides a flow chart summarising the overall arrangements.

2.2 STAGE 1: NOTIFICATION AND CALL OUT

2.3.1 A Major Incident caused by external events can be declared by any of the emergency services, by any Local Authority, or by any NHS Organisation. Where an internal event escalates to the point where the Trust needs to activate its Major Incident Plan, the incident will be declared by an Executive Director or the Director On Call. In all cases the telephone switchboard at Tameside General Hospital will receive notification of the Major Incident.

2.3.2 It is not unknown for the Ambulance Service Control Centre to notify the Accident and Emergency Department of the Major Incident without notifying the hospital switchboard first. This is a departure from the agreed procedure but in the event that it does occur, the Accident and Emergency Department must immediately notify the switchboard that they have received a Major Incident call.

2.3.3 The hospital switchboard may be notified of one of the following two conditions:

Major Incident Standby:-- where the situation is unclear, or the event is at an early stage but has the potential to escalate, or

Major Incident Declared:-- where it is clear a Major Incident has occurred and the situation requires special arrangements to be implemented in part or in full. A Major Incident may be declared immediately without the need to first go to Major Incident Standby.

2.3.4 Depending on which condition is notified, the hospital switchboard will call out staff in accordance with the procedures described in the relevant Switchboard Action Card. A Major

Incident "Standby" call may be later upgraded into a Major Incident "Declared" call in which case the hospital switchboard will escalate the call out as described in Switchboard Action Cards.

2.3.5 The Trust's Major Incident Call Out procedures rely on certain members of staff, in particular the first on-call manager, cascading the call out to their colleagues. These responsibilities are described in the relevant Action Cards and the contact procedure is summarised in Appendix D.

2.3.6 The duties of staff in both the "Major Incident Standby" and the "Major Incident Declared" conditions are described in the relevant Action Cards.

2.3.7 The above conditions may be followed by a ***Major Incident Cancelled*** call in circumstances where the situation is not as serious as first thought and the Major Incident arrangements do not need to be implemented. The hospital switchboard will only respond to a Major Incident "Cancelled" call initiated by the Ambulance Service Control or the Greater Manchester Health Control. If such an authorised call is made the hospital switchboard will initiate the "Stand Down" procedures described in section 2.5 of this Plan.

2.3.8 In the event that an internal incident at the hospital has escalated to the point where the Trust needs to implement its Major Incident Plan, the Hospital Control Team will notify the Greater Manchester Health Control and the Ambulance Service Control that the Trust is dealing with a Major Incident.

2.3 STAGE 2: PREPARING THE HOSPITAL

2.4.1 Following the declaration of a Major Incident, the Trust will prepare the hospital as described below. The overall organisation of the Trust's operational response is shown in Appendix E of this Plan. Detailed operational procedures and responsibilities for staff are set out in the Action Cards included in Appendix J.

1) **Accident & Emergency (A&E) Staff** report directly to the Relative's Room within the A&E Department where they will be allocated their duties
2) All other staff report initially to the Classroom G40/41 on the ground floor of Werneth House where the **Hospital Control Team** (HCT) will be established under the leadership of an Executive Director (normally the Chief Operating Officer). In the event that a Major Incident is declared outside of normal working hours, the HCT will be managed by the Bed Manager, or Night Nurse Practitioner, until the arrival of the On-Call Manager or the Director On-Call. Resources available in the HCT are described in Guidance Note 2 included in Appendix J to this Plan. A Major Incident Resource Pack will be held in the Board Room and will be available to the HCT in the event of an Incident. The Pack will contain up-to–date site plans, contact lists, Major Incident Action Cards, Business Continuity Plans, essential equipment and stationery items. The HCT will be established as follows:
3)

Table 4: The Hospital Control Team

HCT Role	Manager	Summary of Role
HCT Manager	Chief Operating Officer or Director on Call	Overall management of the Trust's response and liaison with clinical staff
Corporate Lead	Chief Executive or Director on Call	Leads on external communications with the SHA and the media and liaises with Non-Executive Directors.
Nursing Officer	Director of Nursing or Senior Nurse on Duty	Advises HCT on nursing response to receiving casualties and maintaining services to in-patients. Liaises with Senior Nurses on duty
HCT Administrator	First On-Call Manager	Manages liaison with A&E, the Ambulance Service, Police and Relatives Room.
HCT Documenting Officer	Person nominated by the HCT Manager	Documents the Trust's incident response and any decisions taken by the HCT

In the event that Werneth House is inaccessible because it is itself affected by the Major Incident, the Hospital Control Room will be established in the Board Room on the Ground floor of the Silver Springs Trust HQ where all relevant facilities are available.

4) **Capacity for receiving casualties** in the A&E Department will be maximised by the following measures.

   a) All walking wounded in the A&E Department will be relocated to the Fracture Clinic (Clinic 10) or, where appropriate, advised to return to A&E at a later time or to make arrangements to see their GP

   b) The Medical Assessment and Admissions Unit (MAAU) is the designated ward to house casualties, its capacity will be maximised by moving patients to other wards where there is available capacity & by discharging any patients awaiting elective surgery and expediting discharge where possible. Appendix B provides guidance on discharge criteria for existing patients in the event that a Major Incident has been declared.

   c) Moving trolley patients in A&E to MAAU, where clinically safe to do so.

   d) The Resuscitation Room and Examination Cubicles in A&E will be prepared as casualty receiving stations.

5) A **Triage Team** will be established at the ambulance entrance to A&E to receive all casualties. This will be the sole point for receiving casualties from the Incident.

6) **Casualty Reception Teams**, consisting of a Trained Nurse and an A&E Consultant or Senior House Officer will be established in the Resuscitation Room and in each examination cubicle to receive casualties.

7) An **Admitting Team** consisting of a Registrar in Orthopaedics, General Surgery or A&E, a Paediatrician (if the incident is expected to involve mainly children), a manager and a runner, will be established in A&E. The purpose of this Team is to determine the most appropriate transfer of casualties once they have been stabilised by the Reception Teams.

8) The **Ambulance Service Liaison Officer** will be based in the Input Office, A&E Department to co-ordinate Ambulance Service activity with the HCT.

9) A **Police Liaison Room** will be established if required in the Nurse Manager's Office, A&E Department. This will provide a base for the Police documentation team which will collate all information on casualties for forwarding to the Police Casualty Bureau. Depending upon the nature of the incident a Technical Support Team of up to 12 Police Officers could attend the Hospital to support management of the incident. The Security Manager will ensure parking is made available for Police vehicles in an area adjacent to Hartshead Reception. Guidance Note 6 contains further information on the operation of eth Police Casualty Bureau

10) A **Relatives Room** for relatives of casualties received in A&E will be established in the League of Friends Tea Bar adjacent the Physiotherapy Department in the Hartshead Building.

11) A **Media Room** for members of the TV and Press will be established in the Reception Area of the Yellow Outpatients Suite, Hartshead Building. The Security Manager will ensure that any outside broadcast transmitters brought to the hospital by the media are parked in an area adjacent to the laundry Building

12) Members of **support departments** such as Radiology, Pathology, Pharmacy, Physiotherapy, Medical Records, IM&T, Security, Portering, Catering, will work to the direction of the HCT in providing resources to support the clinical reception, assessment, treatment and transfer of casualties. Specific roles for these groups of staff are set out in the Action Cards included in Appendix J of this Plan.

13) If fatalities are expected, **Mortuary staff** will be called in and will prepare, if necessary, to implement the Trust's contingency plans for creating additional capacity in the Hospital Mortuary.

14) In the event that the Incident is expected to result in **Paediatric casualties**, Paediatricians will be present in the A&E Department as part of the Reception and Admitting Teams. If children require to be admitted they will be transferred directly to the Children's Unit in Hartshead South. Additional capacity will be created, if possible, by discharging any elective patients who are able to go home and/or sending children home under the care of the Community Nursing Team.

Relationship with Business Continuity Plans

2.4.2 In the event that the Incident disrupts, or is likely to disrupt the Trust's normal services e.g. the cause is a major outbreak of infection, a local chemical or radiological contamination, or widespread loss of electrical power, the Hospital Control Team (HCT) may trigger the Trust's relevant Business Continuity Plan. It will be the responsibility of the HCT to determine how best to integrate the operation of the Business Continuity Plans with the Trust's response to the Major Incident. A schedule of the Trust's Service Continuity Plans is included in Appendix F to this Plan and copies of the Business Continuity Plans are available in the Major Incident Resource Pack in the HCT.

Staff performing normal duties

2.4.3 All staff without a specific role in responding to a Major Incident (as described in the Major Incident Action Cards) will remain in their normal area of work and should not stray into other areas. Rest breaks and telephone calls should be kept to a minimum and staff should check with their line manager before leaving work at the end of their shift. This is important for two reasons:

1) The HCT will want to ensure as far as possible that the Trust's Major Incident response and its normal service provision are managed separately so as to avoid confusion of roles and to ensure both tasks are effectively delivered, and
2) The HCT may want to mobilise staff performing normal duties to assist in the Major Incident Response. If these staff are available in their normal place of work, the HCT will be able to contact them readily if the need arises.

2.4 STAGE 3: MANAGING THE INCIDENT

General Principles

2.5.1 The following general principles, which are underpinned by the Action Cards where relevant, will apply in the managing the Incident.

- **The Hospital Control Team:** the HCT will have overall responsibility, under the direction of an Executive Director (normally the Chief Operating Officer), for managing the Trust's response to the incident. The HCT will co-ordinate arrangements for the reception of casualties, determine the need for additional resources, trigger as required the Trust's Business Continuity Plans, manage communications with external organisations and ensure that a record is kept of the organisation's activities in responding to the incident. The HCT will be the link between the Trust's operational response to the incident and the Greater Manchester Health Control. Guidance Note GN8 "Major Incident Recording" provides guidance on the information that the HCT should log during the incident.
- **Medical Records:** All casualties will be recorded on arrival in A&E and given an identification band with a unique, sequential Major Incident Number. Medical records will accompany the casualty throughout their journey throughout the hospital and the Major Incident Number will be added to all Medical Records raised. Information about patients' location will be regularly updated by the bed managers, and will be available to the HCT at any time during the incident.
- **Discharge Criteria:** In the event that the Trust needs to accelerate normal discharge procedures in order to provide capacity for a high number of casualties, the discharge criteria set out in Appendix B to this Plan will apply.
- **Radio Communications:** in the event that the hospital suffers from a loss of telecommunication services as a result of the incident, a number of short wave radios are available in the Major Incident Resource Pack in Werneth House. These radios will be allocated by the HCT to key departments.
- **Forensic Evidence:** Major Incidents may be caused by criminal acts and may be followed by criminal investigations. Everything that could potentially be useful as forensic evidence needs to be carefully protected and preserved including the deceased, biological specimens and property brought in with casualties.
- **Relatives and public enquiries**: The Trust can expect enquiries from Relatives or Carers worried about potential casualties. Any general enquiries received by the Hospital Switchboard will be directed to the Casualty Bureau set up by the Police or, in the absence of such a Bureau, as directed by the HCT. Relatives, Carers or friends of casualties that have been admitted to A&E will be informed of developments by the HCT staff designated to liaise with the Relatives Room. Relatives, Carers, friends and other members of the general public will not be allowed access to treatment areas.
- **Media enquiries:** Media representatives will be informed of developments by the HCT staff designated to liaise with the Media Room. No other member of Trust staff should communicate with the media or any other external organisation. Media representatives must not be allowed access to treatment areas, or to the relative's room. If the incident is prolonged then arrangements must be made to give regular press briefings.

Action Cards

2.5.2 The detailed actions and responsibilities of individuals or teams that respond to a Major Incident Call are described in detail in the Action Cards included in Appendix J of this Plan. The Action Cards also provide guidance on the likely impact of a Major Incident on the normal services provided by the Trust. The Action Cards cover the following general areas of activity.

- Actions of the Hospital telephone switchboard operators and first on-call managers in receiving notification of a Major Incident alert and in initiating the Trust's staff call out procedures.
- Actions of the Hospital Control Team and Mobile Medical Team
- Actions of staff in the Accident and Emergency Department.
- Actions of other clinical staff
- Actions of non-clinical staff
- Guidance for dealing with specific types of incident

2.5.3 Copies of the Action Cards will be kept in the following locations.

- A full set of Action Cards will be kept as a hard copy in the Major Incident Resource Pack located in the Classroom G40/41 on the ground floor of Werneth House
- A full set of the Action Cards will be kept as a hard copy along with a copy of the Major Incident Policy in the office of the Director of Nursing and by Fire Safety & Emergency Planning Advisor in an off site location.
- A hard copy of the relevant Action Plans will be held available in all Departments and Wards that might be required to provide a response in the event of a Major Incident.
- A full set of the Action Cards will be held as electronic files as part of the Major Incident Plan published on the Trust Intranet.

2.5.4 The Action Cards are Controlled Documents and changes may only be made to the Action Cards contained in this Plan following approval by the Emergency Planning Resilience & Response Group. The persons identified in each Action Card are responsible for ensuring the Action Cards are continually updated with any material changes.

2.5.5 Whenever an Action Card needs to be updated the responsible person must notify the Associate Director of Planning of the changes. The Associate Director of Planning will than arrange for the proposed changes to be validated and for the Controlled Documents to be published on the Trust Information Server. The Associate Director of Planning will also ensure that any updates are brought to the attention of the appropriate members of Trust staff and external organisations.

2.5 STAGE 4: STAND DOWN PROCEDURES

2.6.1 Once a Major Incident has run its course and normal operations at the site of the Incident have been resumed, the hospital switchboard will be notified of the Major Incident "Stand Down". In the case of an external Incident, only the Ambulance Service Control or the

Greater Manchester Health Control can give the "Stand Down" signal. In the case of an Incident with an internal cause, an Executive Director or Director On-Call may give the "Stand Down" signal.

2.6.2 Following receipt of a Major Incident "Stand Down" signal, the hospital switchboard will notify the HCT and the HCT Manager will decide how to cascade the Stand Down decision to other parts of the Trust. It may be the case that, although the hospital may no longer be receiving casualties from the site of the Incident, the Trust's Major Incident response needs to be kept in place while pressure on the hospital services returns to a level where it can be managed through normal procedures. In particular, the HCT Manager will liaise closely with the A&E Department in making the decision as to when to Stand Down the Trust's Major Incident response.

2.6 STAGE 5: POST INCIDENT RECOVERY

2.7.1 Once the incident is over, and the hospital is working normally, an immediate informal de-brief will be held by the HCT Manager. The purpose of this informal de-brief is as follows:

- To confirm any immediate action needed to ensure the Trust's continued recovery from the Incident and a return to normal operations.
- To identify any immediate counselling or other needs for staff involved in responding to the Incident.
- To capture any immediate information on lessons learned from the Incident.

2.7.2 The informal de-brief will be followed by a formal de-briefing meeting. This will be chaired by the Chief Operating Officer and will normally be held with two weeks of the Major Incident Stand Down. The purpose of the formal de-brief is as follows

- To identify, in a structured way what worked well in the deployment of the Trust's Major Incident Plan and what areas need improvements.
- To ensure that links with other organisations involved in the Major Incident response are reviewed for their effectiveness
- To identify any long term impacts on the Trust arising from the Incident e.g. criminal investigations, impact on clinical targets.
- To agree the contents of an evaluation report on the Trust's response to the Incident and to agree an action plan for production of the report and for its submission to the Trust's Emergency Planning Committee, Risk Management Committee, Corporate Governance Committee, and Trust Executive Group.

2.7.3 Guidance Note GN9 "Major Incident Recovery" provides guidance on the issues that the Hospital Control Team may need to take into account in recovering from the incident. The precise range of issues will depend on the nature of the incident, its severity and its length.

2.7 MEDICAL INCIDENT OFFICER

2.8.1 The Trust may be requested by the Ambulance Service Control to send a Medical Incident Officer to the site of the Major Incident. The Medical Incident Officer is the medical officer with overall clinical responsibility, acting in close liaison with the Ambulance Incident Officer, for the management of medical resources at the scene of the incident. This officer will direct the Mobile Team resources. The Medical Incident Officer will normally be the A&E Consultant or most senior Doctor on call from A&E. A Medical Incident Officer will not usually

be requested from a hospital that is designated as the main receiving hospital for casualties from the Major Incident.

2.8.2 Arrangements for identifying and sending a Medical Incident Officer are set out in the Action Card 9 in Appendix J.

2.8 MOBILE MEDICAL TEAM

2.9.1 All NHS Hospitals that are part of Greater Manchester's Major Incident Response are expected to provide a Mobile Medical Team to attend at the site of a Major Incident when requested to do so by the Incident Control Team. A Mobile Medical Team would not normally be requested from the hospital designated as the main receiving hospital for casualties from the Incident.

2.9.2 The Hospital Control Team will receive the request for a Mobile Medical Team and will organise its assembly and despatch. The Mobile Medical Team will normally consist of two doctors and two nurses with experience in assessment and resuscitation. This would normally mean emergency department middle grade or senior doctors and nurses. The medical specialism's selected for the Team will depend on the nature of the request by the Incident Control Room.

2.9.3 The Mobile Medical Team will be transported to the site of the Incident by the Ambulance Service. The Team will be allocated to work either at the scene of the Incident (where it will work under the immediate control of the Medical Incident Officer) or at the Casualty Clearing Station (where it will work under the immediate control of the Casualty Clearing Officer). Medical and Nursing staff attending the scene of an Incident will complement rather than challenge the role of ambulance technicians and paramedics.

2.9.4 The actions of the Mobile Medical Team are further described in the Action Card AC10 included in Appendix J

2.9.5 Note that the Mobile Medical Team is not the same as the Blue Alert Team. The hospital may be required to send a Blue Alert Team to the scene of an accident (e.g. a road traffic accident) at any time to assist in extricating a casualty at the scene. The request for the Blue Alert Team will be received by the hospital switchboard on a normal telephone line. The Mobile Medical Team is only requested during a Major Incident and is requested by the Incident Control on the Major Incident Telephone number.

3.0 FINANCE, INSURANCE & LEGAL ADVICE

3,1 In a multi-agency response NHS England would co-ordinate and manage the overall financial control of the emergency, however the Director of Finance should ensure that sufficient financial resources could be made available to meet projected commitments. It is important that all costs incurred by the Trust in an emergency are easily identified so that costs maybe reclaimed where appropriate.

3.2 A detailed record of expenditure incurred in the response should be kept, details should include-

- The date, time and specific nature of any order placed with a supplier of any goods or services, including delivery address.
- The name, contact number and address of the organisation asked to provide the goods and services.
- The name of the person with whom the order was placed.
- The start and finish date for the provision of goods and services [if any].
- The time and date of cancellation of goods and services [if different from the above], together with the name of the person contacted to make the cancellation.
- The name of the officer making the arrangements.

3.3 Insurance & Legal Advice

3.31 The Director of Finance is responsible for all matters relating to insurance for Trust employees & officially authorised volunteers and contractors injured on any official duty connected with an emergency.

3.32 The Trust may consider taking legal advice relating to its duties in complying with the Civil Contingencies Act 2004. This advice can be sought by contacting the Quality & Governance Unit who are the designated first contact with the Trust Insurers currently Hempsons.

APPENDIX A

SCHEDULE OF MAJOR INCIDENT RISKS WITH RISK RATING LRF RISK REGISTER

Risk	Likelihood	Impact	Risk Rating
1. Fire or explosion at a gas LPG or LNG terminal (or associated onshore feedstock pipeline) or flammable gas storage sites.	1	5	5
2. Fire or explosion at a gas terminal as well as LPG, LNG and other gas onshore feedstock pipeline and flammable gas storage sites.	1	5	5
3. Fire or explosion at an onshore ethylene gas pipeline.	1	5	5
4. Localised fire or explosion at an onshore ethylene gas pipeline.	1	5	5
5. Industrial explosion and major fires.	2	2	4
6. Fire or explosion at fuel distribution site or tank storage of flammable and/or toxic liquids in atmospheric pressure storage tanks.	1	5	5
7. Localised fire or explosion at a fuel distribution site or tank storage of flammable or toxic liquids.	1	5	5
8. Fire or explosion at an onshore fuel pipeline.	1	5	5
9. Explosion at a high pressure natural gas pipeline.	1	5	5
10. Localised explosion at a natural gas pipeline.	1	5	5
11. Large toxic chemical release,	2	5	10
12. Localised industrial accident involving large toxic release e.g. from a site storing large quantities of chlorine.	2	5	10
13. Localised industrial accident involving small toxic release.	2	5	10
14. Accidental release of radioactive material from incorrectly handled or disposed of sources.	1	3	3
15. Biological substance release from facility where pathogens are handled deliberately (e.g. Pathogen release from containment laboratory).	4	4	16
16. Biological substance release during an unrelated work activity or industrial process (e.g. Legionella release due to improperly maintained building environmental control systems.)	3	5	15

Risk	Likelihood	Impact	Risk Rating
17. Major contamination incident with widespread implications for the food chain arising from: a. Industrial accident (chemical, microbiological, nuclear) affecting food production areas e.g. Chernobyl, Sea Empress Oil Spill, animal disease. b. Contamination of animal feed. E.g. Dioxins, BSE. c. Incidents arising from production processes e.g. adulteration of chilli powder with Sudan 1 dye.	5 for A,B & C	2 for A,B & C	10
18. Major pollution of controlled waters.	5	3	15
19. Forest or moor land fire.	2	2	4
TRANSPORT ACCIDENTS			
20. Fire, flooding, stranding or collision involving a passenger vessel in or close to UK waters leading to the ships evacuation or partial evacuation at sea.	1	5	5
21. Release of significant quantities of hazardous chemical/materials as a result of major shipping accident.	1	2	2
22. Aviation accident over semi urban area.	1	5	5
23. Aviation accident.	1	5	5
24. Local accident on motorways and major trunk roads.	4	2	8
25. Railway accident.	1	4	4
26. Local accident involving transport of hazardous chemicals.	2	5	10
27. Maritime accident or deliberate blockade resulting in blockage of access to key port, estuary, maritime route for more than one month.	1	1	1
28. Local (road) accident involving transport of fuel/explosives.	2	3	6
SEVERE WEATHER			
29. Storms and gales.	3	2	6
30. Low temperatures and heavy snow.	3	2	6
31. Heat wave (ex HE32, previously HL15).	3	2	6
32. Severe Weather/Drought	3	3	9
33. Flooding: Severe inland flooding affecting more than two UK regions.(This is the national picture to provide context for local risk assessment).	3	5	15
34. Local/urban flooding (fluvial or surface run-off).	3	4	12
35. Local fluvial flooding.	4	4	16
36. Localised extremely hazardous flash flooding.	3	5	15
Risk	**Likelihood**	**Impact**	**Risk**

			Rating
37. Severe Volcanic activity – no score as yet			
38. Severe Space Weather -	2	3	6
STRUCTURAL			
39. Land movement (i.e. caused by tremors and landslides.)	1	2	2
40. Building collapse.	2	4	8
41. Bridge collapse.	1	3	3
42. Major reservoir dam failure/collapse.	1	5	5
HUMAN HEALTH			
43. Influenza type disease (pandemic)	4	5	20
44. Emerging infectious diseases (includes ex HE19).	3	3	9
45. Legionella/meningitis outbreak.	4	3	12
ANIMAL HEALTH			
46. Non-zoonotic notifiable animal diseases (e.g. FMD, Classical Swine Fever, Blue Tongue and Newcastle Disease of Birds).	3	3	9
47. Zoonotic, notifiable animal diseases (e.g. Highly Pathogenic Avian Influenza (HPAI), Rabies and West Nile Virus).	3	3	9
INDUSTRIAL ACTION			
48. Emergency Services and other workers providing a service critical to the preservation of life (e.g. doctors and nurses): Loss of cover due to industrial action.	4	3	12
49. Emergency services: loss of emergency fire and rescue cover because of industrial action.	2	3	6
50. Significant or perceived constraint on the supply of fuel at filling stations E.g. industrial action by contract drivers for fuel or effective fuel blockades at key refineries/terminals by protesters, due to the price of fuel.	3	2	6
51. Unofficial strike action by prison officers leading to a serious shortfall in the number of personnel available to operate and maintain control of prisons.	4	2	8
52. Industrial action by key rail workers.	1	2	2
INTERNATIONAL EVENTS			
53. International security incident resulting in influx of British Nationals who are not normally resident in the UK.	4	3	12
54. International disruption to gas supply	1	4	4
55. Disruption to aviation as a consequence of volcanic ash.	2	2	4
INDUSTRIAL TECHNICAL FAILURE			

Risk	Likelihood	Impact	Risk Rating
56. Technical failure of a critical upstream oil/gas facility, gas import pipeline terminal, or Liquefied Natural Gas (LNG) import reception facility leading to a disruption in upstream oil and gas production	2	3	6
57. Failure of water infrastructure of accidental contamination with a nontoxic containment.	3	2	6
58. Loss of drinking water supplies due to a major accident affecting infrastructure.	1	4	4
59. No notice loss of significant telecommunications infrastructure in a localised incident such as a fire, flood or gas incident.	2	3	6
60. Technical failure of national electricity network (Blackstart).	3	5	15
61. Telecommunication infrastructure – human error.	2	4	8
62. Technical failure of regional electricity network.	3	3	9
MASS GATHERINGS			
63. Business or commerce (city centre/large shopping facilities). – crush to panic	2	4	8
64. Festivals, sporting and leisure.- up to 25 casualties.	2	4	8
65. Business or Commerce – outbreak of public order.	3	3	9
THREATS			
			Plausibility score
66. Catastrophic terrorist attack			2
67. Cyber-attack infrastructure			2
68. Attacks on infrastructure			3
69. Attacks on crowded places			4
70. Attacks on the transport system			5
71. Small scale CBR attacks			3
72. Cyber-attack data confidentiality			*

*AWAITING ADDITIONAL NATIONAL ASSESSMENT.

APPENDIX B

CRITERIA FOR PATIENT DISCHARGE IN THE EVENT OF A MAJOR INCIDENT

CRITERIA FOR PATIENT DISCHARGE IN THE EVENT OF A MAJOR INCIDENT

This policy applies to all in-patients of Tameside Hospital NHS Foundation Trust at the time of a Major Incident and to all patients booked for admission. It also applies to outpatients on the premises at the time of the incident.

Inpatients

1) Discharge of the following groups of patients should be carried out on the instruction of the Hospital Control Team provided it is clinically safe to do so.

- Immediate discharge of all patients whose planned discharge is within 48hrs of the event or whose condition determine that they can be safely discharged.
- All planned admissions for the following day to be cancelled with immediate effect and the patients placed on standby. Review of the situation to be undertaken on a daily basis.
- All surgery, with the exception of emergency interventions, to be suspended with immediate effect.

Outpatients

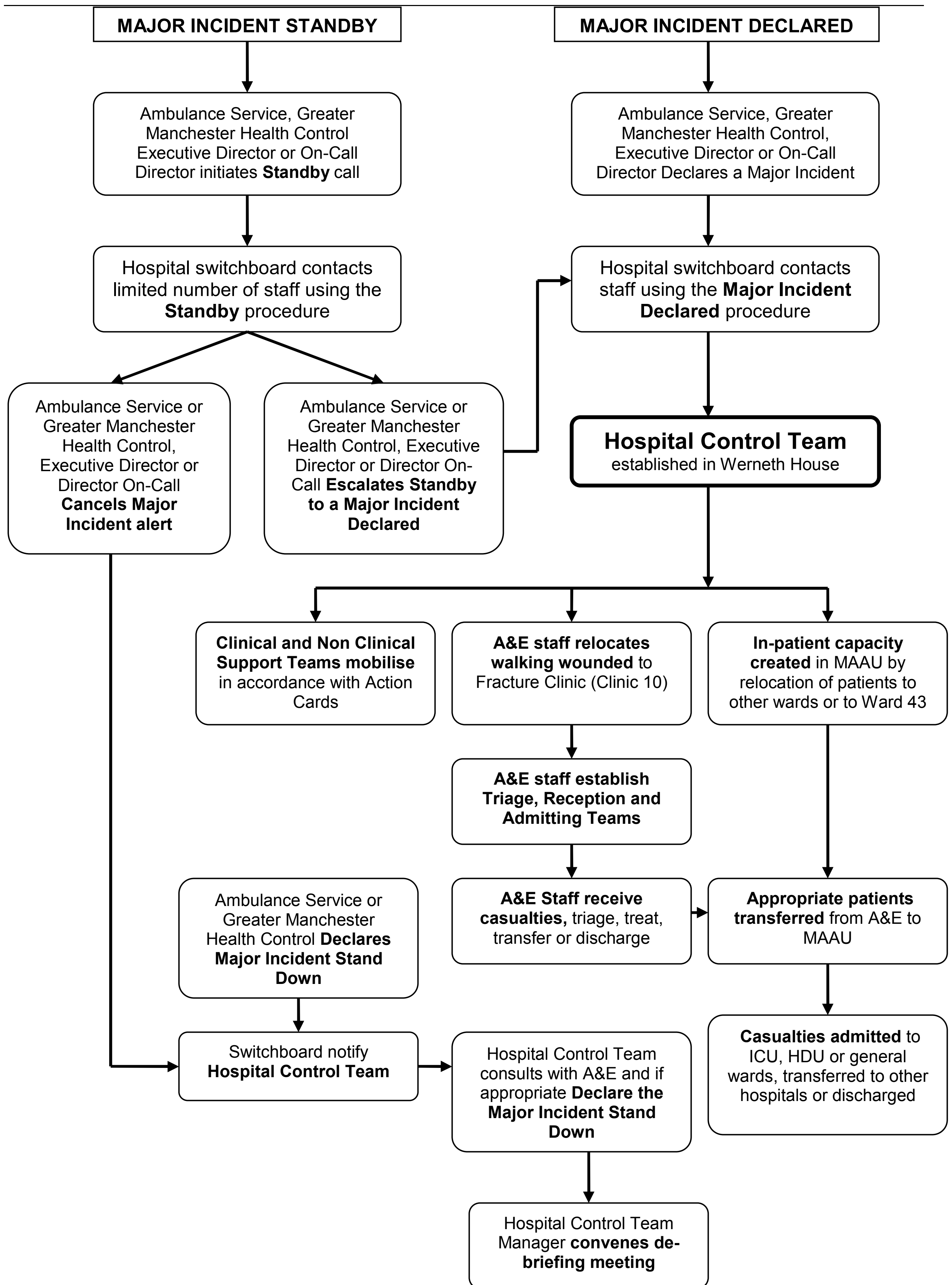
- All outpatient clinics and Day Hospital activity should be suspended with immediate effect and patients should leave the premises.
- All patients undergoing day treatment should be asked to leave the premises as soon as practically possible.

Visitors

- All visitors should be asked to leave the premises as soon as possible.

APPENDIX C

MAJOR INCIDENT FLOW CHART


MAJOR INCIDENT STANDBY
Ambulance Service, Greater Manchester Health Control Executive Director or On-Call Director initiates Standby call
Hospital switchboard contacts limited number of staff using the Standby procedure
Ambulance Service or Greater Manchester Health Control, Executive Director or Director On-Call Cancels Major Incident alert
Ambulance Service or Greater Manchester Health Control, Executive Director or Director On-Call Escalates Standby to a Major Incident Declared
MAJOR INCIDENT DECLARED
Ambulance Service, Greater Manchester Health Control, Executive Director or On-Call Director Declares a Major Incident
Hospital switchboard contacts staff using the Major Incident Declared procedure
Hospital Control Team established in Werneth House
Clinical and Non Clinical Support Teams mobilise in accordance with Action Cards
A&E staff relocates walking wounded to Fracture Clinic (Clinic 10)
In-patient capacity created in MAAU by relocation of patients to other wards or to Ward 43
A&E staff establish Triage, Reception and Admitting Teams
A&E Staff receive casualties, triage, treat, transfer or discharge
Appropriate patients transferred from A&E to MAAU
Casualties admitted to ICU, HDU or general wards, transferred to other hospitals or discharged
Ambulance Service or Greater Manchester Health Control Declares Major Incident Stand Down
Switchboard notify Hospital Control Team
Hospital Control Team consults with A&E and if appropriate Declare the Major Incident Stand Down
Hospital Control Team Manager convenes de-briefing meeting

APPENDIX D

MAJOR INCIDENT ALERT
STAFF CONTACT ARRANGEMENTS

The Trust will normally receive notification of a Major Incident via the North West Ambulance Service Control or the Greater Manchester Health Control. This notification will normally be received by the Tameside General Hospital switchboard. Switchboard staff will then initiate the arrangements for contacting those Trust staff that need to respond as part of the Trust's Major Incident Plan. In addition to the switchboard staff contacting a specific list of staff, the contact arrangements rely on staff cascading the Major Incident call out to a number of their colleagues. These cascade arrangements are described in the relevant Action Cards for each member of staff.

This Appendix summarises those cascade arrangements for Major Incident declarations occurring during both normal working hours and outside of normal working hours.

MAJOR INCIDENT ALERT - STAFF CONTACT ARRANGEMENTS DURING NORMAL WORKING HOURS (0900hrs to 1700hrs Monday to Friday except Bank Holidays)

	Switchboard Operator	
	▼	
1)	Nurse in Charge A&E	► Additional A&E clinical staff ► Reception Supervisor and seven additional A&E receptionists
3.	Head of Nursing Urgent Care	
4.	Lead Consultant A&E	
5.	Chief Executive	
6.	Director of Operations	
7.	Director of Nursing	
8.	Divisional Director Medicine & Clinical Support	
9.	Divisional Director Surgery, Women's and Children's	
10.	Assistant Chief Nurse Medicine & Clinical Support	
11.	Assistant Chief Nurse Surgery, Women's and Children's	
12.	Bed Manager	
13.	Theatre Manager	► Additional Theatre staff if necessary
14.	All Registrars and SHOs in A&E carrying bleeps	
15.	All other registrars and SHOs carrying bleeps	
16.	Security Control	► Security Manager & 6 additional Security officers.
17.	Fire Safety & Emergency Planning Advisor	
18.	Physician of the Day	
19.	Orthopaedic Consultant On-Call	
20.	Consultant General Surgeon On-Call	
21.	Consultant Anaesthetist On-Call	
22.	Paediatric Consultant On-Call	
23.	Directorate Manager Urgent Care	
24.	Directorate Manager (General and Specialist Surgery)	
25.	Directorate Manager (Theatres, Critical Care, Endoscopy & Anaesthetics).	
26.	Children's Services Matron	
27.	Portering Supervisor via Help Desk	
28.	Director of Estate & Facilities	
29.	Radiology Manager	
30.	Pharmacy Manager	
31.	Pathology Manager	
32.	Hotel Services Manager	► Sterile Services Contract Manager (Synergy) ► Additional catering staff if necessary ► Domestic and Portering Services Contract Manager (MITIE) ► Assistant Facilities Manager
33.	IT Helpdesk	
34.	Infection Control Nurse	
35.	Hospital Chaplain on call	► Other Chaplains
36.	Communications Manager	
37.	Purchasing and Supply Manager	
38.	HSDU Manager	

39.	Additional telephonists if required	

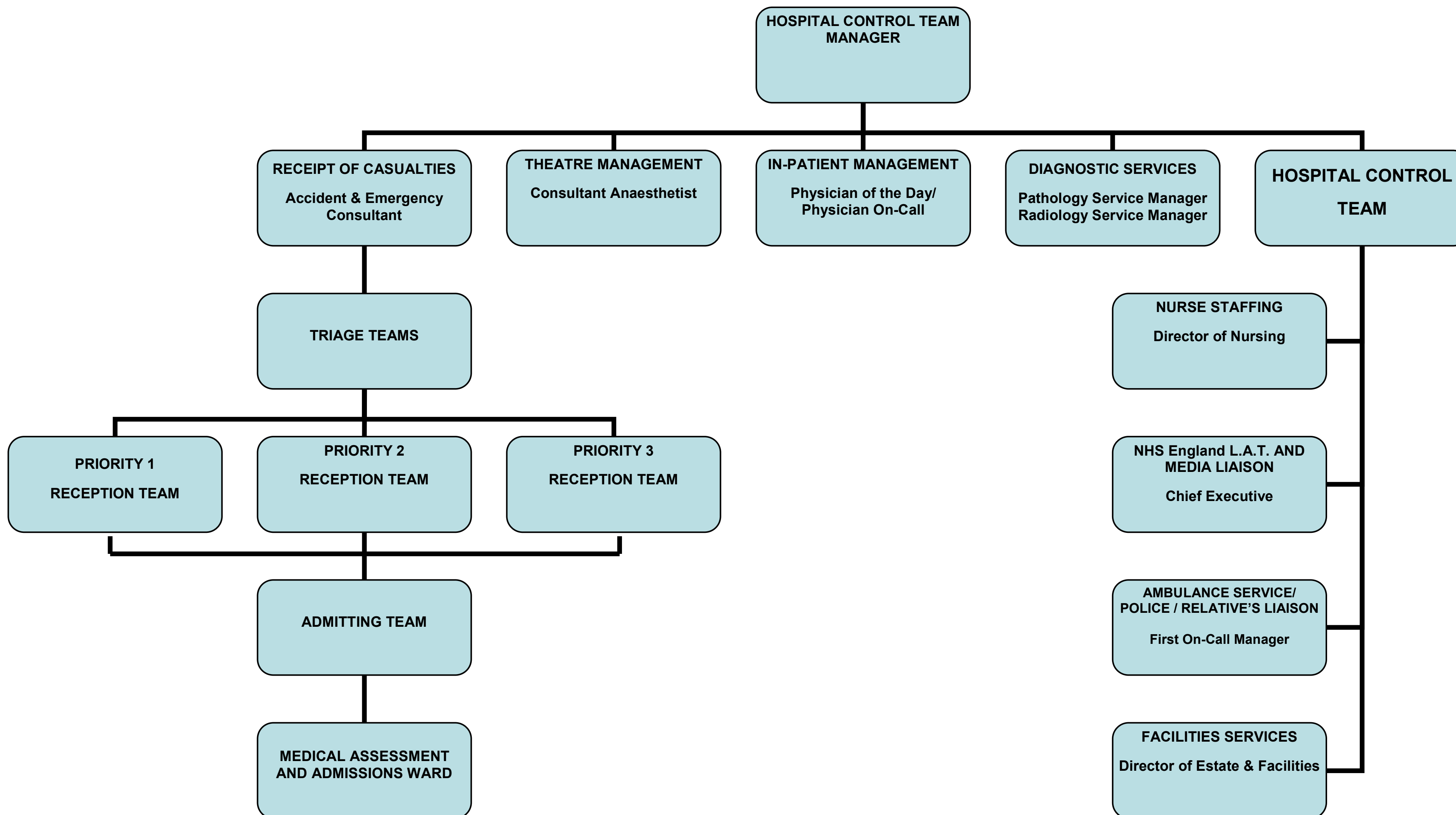
MAJOR INCIDENT ALERT - STAFF CONTACT ARRANGEMENTS OUTSIDE NORMAL WORKING HOURS (1700hrs to 0900hrs Monday to Friday, Weekends and Bank Holidays)

	Switchboard Operator			
	▼			
1.	The Duty Manager, 1st On-Call Manager Director On-Call, 2nd On-Call	Director On-Call	► ► ► ► ► ►	Chief Executive Director of Nursing Director of Planning & Strategy. Medical Director Director of Estate & Facilities Director of Finance Director of Human Resources
		Director of Clinical Svs		
		Asst Chief Nurse (Medicine & Clinical Support)	►	Alert Divisional Matrons
		Asst Chief Nurse (Surgery, Women's & Children's)	►	Alert Divisional Matrons
		Children's Service Matron		
		Service Manager (Elective Services)		
2. 3.	Nurse in Charge A&E	A&E clinical staff not on duty Reception Supervisor and seven additional A&E Receptionists		
4.	Senior Nurse AMU	Additional MAAU staff		
5.	A&E Consultant On-Call			
6.	Security Control	Security Manager &		

		Fire Safety & Emergency Planning Advisor Additional six security officers	
7.	Bed Manager	Additional Bed Bureau staff	
8.	Orthopaedic Consultant On-Call		
9.	Consultant General Surgeon On-Call		
10.	Consultant Anaesthetist On-Call		
11.	Consultant Physician On-Call		
12.	Paediatric Consultant On-Call		
13.	Consultant Radiologist On-Call		
14.	Duty Radiographer	Radiology Manager or Superintendent	
15.	Portering Duty Supervisor		
16.	Pharmacist On-Call	Chief Pharmacist or Principal/Senior	
17.	Duty Biomedical Scientist Haematology	Pathology Services Manager Duty BMS Biochemistry	► Additional Pathology staff if required
18.	Hotel Services Manager	► Sterile Services Contract Manager (Synergy) ► Catering staff if necessary ► Domestic and Portering Services Contract Manager (ISS Mediclean)	
19.	IT On Call Staff		
20.	Estates Officer On-Call		
21.	Mortuary technician On-Call		
22.	Hospital Chaplain On-Call	► Other Chaplains	
23.	Communications Manager		
24.	HSDU Manager		
25.	MESD Manager		

26.	Other telephonists as required		

MAJOR INCIDENT ORGANISATION CHART



APPENDIX F

SCHEDULE OF PERSONS NOTIFIED OF UPDATES TO THE PLAN

This Plan is a Trust Controlled Document and is published electronically only on the Trust Information Server.

Hard Copy Versions of the Document will also be placed in the Major Incident Resource Pack in the Hospital Control Room (Classroom G40/41 on the ground floor of Werneth House) and in the office of the Director of Nursing, Darnton Building. A hard copy of the Plan is also held off site by the Director of Planning.

In addition to the Trust's routine arrangements for dissemination of policies the Associate Director of Planning will ensure that the individuals listed below are notified when any aspect of the Plan is updated.

Trust Executive Directors
Members of the First Manager On-Call Rota
Lead Consultants
Senior Managers
Staff nominated as responsible for updating Major Incident Plan Action cards
Members of the Trust Emergency Planning Resilience & Response Group

The Associate Director of Planning will ensure that the organisations listed below are notified when any aspect of the Plan that materially affects them is amended.

Tameside and Glossop CCG
NHS England LAT Emergency Planning Lead
Pennine Care NHS Trust
North West Ambulance Service
Greater Manchester Police
Greater Manchester Fire Service
Tameside Metropolitan Borough Council

APPENDIX G

GLOSSARY OF TERMS

A&E	Accident and Emergency
BRONZE CONTROL	Operational Command at the site of a Major Incident
CASUALTY BUREAU	Police central contact and information point for all records and data relating to casualties, evacuees and other affected by the incident
CBRN	Chemical, Biological, Radiological, Nuclear
CIVIL CONTINGENCIES ACT	Legislation enacted in 2004 which imposes a legal duty on NHS Trusts, and other organisations to plan for emergency events
CSSD	Central Sterile Supply Department
COMAH	Control of Major Accident Hazards Regulations. Legislation requiring plans to be made for dealing with accidents at industrial plants presenting a particular risk
NWAS	North West Ambulance Service
GOLD CONTROL	Strategic Command for Greater Manchester co-ordination of a major Incident Response
GP	General Medical Practitioner
GREATER MANCHESTER HEALTH CONTROL	Control Team established by the NHS England to assist the local NHS strategic and tactical response to a Major Incident
HDU	High Dependency Unit
HOSPITAL CONTROL TEAM	The Team established at Tameside General Hospital under the direction of an Executive Director to manage the Trust's response to a Major Incident
INCIDENT CONTROL TEAM	The team established at the scene of a Major Incident to control the operational response of the various agencies responding to the incident. Lead by the Police.
ICU	Intensive Care Unit
IM&T	Information Management and Technology
MAAU	Medical Assessment and Admissions Unit
MAJOR INCIDENT	Has the meaning given to it paragraph 1.4 of this Plan
MOBILE MEDICAL TEAM	A team of Doctors and Nurses sent to the scene of a Major Incident when requested by the Incident Control Team
NHS ENG LAT	NHS England Local Area team formerly NHS Greater Manchester Resilience Team currently lead by Colin Kelsey.
POLICE CASUALTY BUREAU	Police central contact and information point for all records and data relating to casualties, evacuees and other affected by the incident
SILVER CONTROL	Tactical Command, co-ordinating and supporting the response of Bronze Control and planning allocation of resources close to the site of the Major Incident

APPENDIX I

ESCALATION PROCESS – GREATER MANCHESTER NHS (APPLIES AT ALL TIMES)

MAJAX – (STANDBY – DECLARED OR CANCELLED)

Level 1 :

Small incident affecting one CCG: CCG is confident that incident can be effectively managed within own resources

1. Affected CCG alerts NHS Trusts involved, PHE - HPU and NWAS using METHANE alert format.
2. Contact GM Health Desk to obtain details of NHS England LAT DIRECTOR ON CALL on-call.
3. Affected CCG advises NHS ENG LAT DIRECTOR ON CALL on-call for information
4. NHS ENG LAT DIRECTOR ON CALL on-Call advises NHS NW for information.
5. Affected CCG manages the NHS elements of the incident.
6. Affected CCG advises NHS GM RT DIRECTOR ON CALL of incident stand-down
7. NHS ENG LAT DIRECTOR ON CALL on-call advises NHS North of incident stand-down

Level 2 :

Larger incident affecting more than one CCG: NHS ENG LAT DIRECTOR ON CALL on-call is confident that the incident can be effectively managed within Greater Manchester NHS resources

1. Affected CCG alerts NHS ENG LAT DIRECTOR ON CALL on-call via GM Health Control Desk using METHANE alert format
2. NHS ENG LAT DIRECTOR ON CALL on-call ensures that GM Health Control Desk alerts all GM NHS Trusts, Bellevue Health Control Room and HPU via on-call Directors
3. NHS ENG LAT DIRECTOR ON CALL on-call alerts NHS Director on-call

4. NHS ENG LAT DIRECTOR ON CALL on-call manages the NHS elements of the incident

5. NHS ENG LAT DIRECTOR ON CALL on-call ensures that GM Health Control Desk advises all GM NHS Trusts of incident stand-down

6. NHS ENG LAT DIRECTOR ON CALL on-call advises NHS NW of incident stand-down

Level 3 :

Widespread incident affecting more than one CCG: NHS ENG LAT DIRECTOR ON CALL on-call believes that the NHS resources of Greater Manchester, or wider may be required to manage the incident.

1. Affected CCG alerts NHS ENG LAT DIRECTOR ON CALL on-call via GM Health Control Desk using METHANE alert format.

7. NHS ENG LAT DIRECTOR ON CALL on-call ensures that GM Health Control Desk alerts all GM NHS Trusts, NWAS Health Control Room and HPU via on-call Directors

2. NHS ENG LAT DIRECTOR ON CALL on-call alerts NHS North Director on-call

3. NHS North manages the NHS elements of the incident via NHS ENG LAT function.

4. NHS ENG LAT DIRECTOR ON CALL on-call manages NHS response within Greater Manchester under guidance from NHS North.

5. NHS North West advises NHS ENG LAT DIRECTOR ON CALL on-call of incident stand-down

6. NHS ENG LAT DIRECTOR ON CALL on-call ensures that GM Health Control Desk advises all GM NHS Trusts of incident stand-down

All messages regarding Major Incidents will adopt the METHANE alert format

Major Incident declared / stand-by

Exact location of incident

Type of incident

Hazards present / suspected

Access / egress arrangements/issues

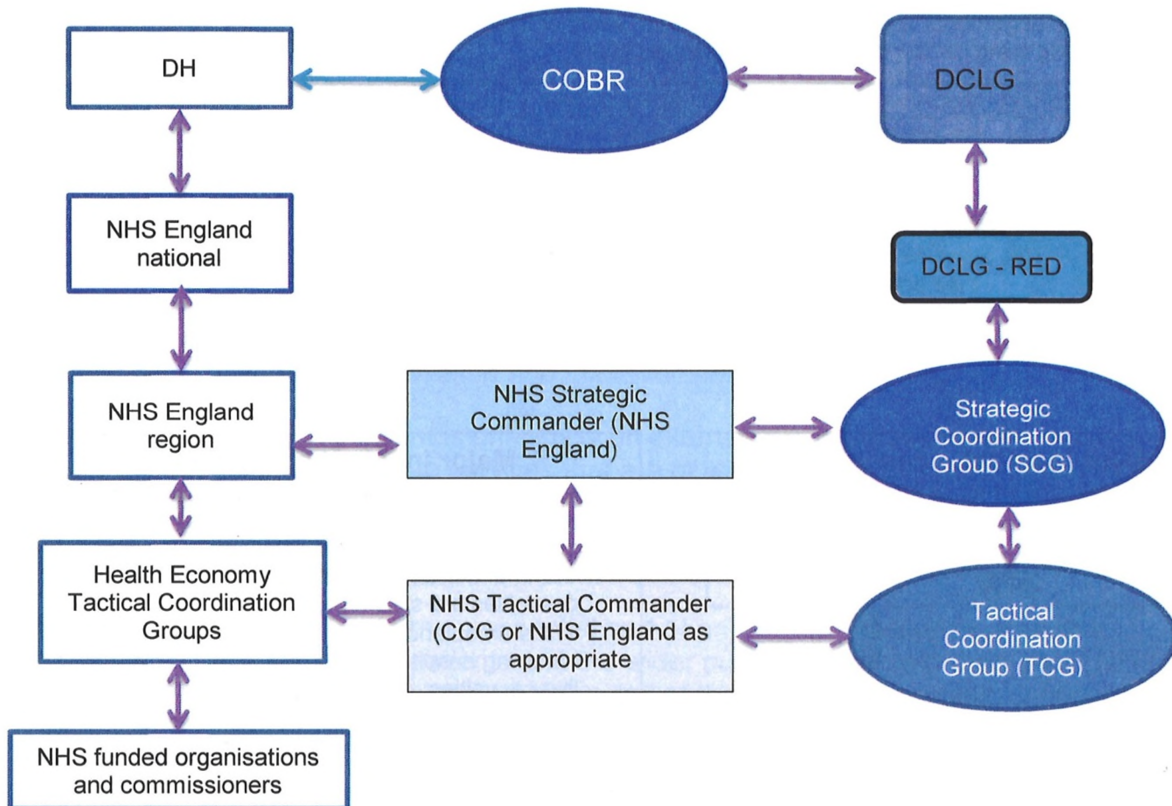
Number and type of casualties involved

Emergency services involved

Incident Response

In order for the NHS to respond to a wide range of incidents that could affect health or patient care, the appropriate alerting and escalation processes need to be in place to inform those responsible for coordinating the applicable response.

The flow chart below details the response structure for the NHS in England.



APPENDIX J

MAJOR INCIDENT ACTION CARDS

INDEX TO ACTION CARDS

Page 1 of 2

Action Card	Manager Responsible for Reviewing
AC1: Hospital Switchboard (Major Incident Standby)	Security Manager
AC2: Hospital Switchboard (Major Incident Declared During Normal Working Hours)	Security Manager
AC3: Hospital Switchboard (Major Incident Declared Outside Normal Working Hours)	Security Manager
AC4: First On-Call Manager	Fire Safety & Emergency Planning Advisor
AC5: Director On-Call	Fire Safety & Emergency Planning Advisor
AC6: HCT Manager	Fire Safety & Emergency Planning Advisor
AC7: Chief Executive	Fire Safety & Emergency Planning Advisor
AC8: Accident and Emergency	Head of Nursing – Urgent Care
AC9: Medical Incident Officer	Lead Consultant Accident and Emergency
AC10: Mobile Medical Team	Lead Consultant Accident and Emergency
AC11: Divisional Nurse Manager (Emergency Services & Critical Care)	Asst Chief Nurse Medicine and Clinical Support
AC12: Divisional Nurse Manager (Elective Services)	Asst Chief Nurse Surgery, Women's and Children's
AC13: Divisional Nurse Manager (Children's Service)	Matron
AC14: Senior Nurse AMU	Head of Nursing – Urgent Care
AC15: Bed Manager	Head of Patient Flow
AC16: Senior Nurse General Outpatient Department	Matron Surgery, Women's & Children's
AC17: Senior Nurse Orthopaedic Clinic	Matron Surgery, Women's & Children's)
AC18: Critical Care X4 Action cards	Matron, Critical Care
AC19: Consultant Radiologist	Radiology Services Manager
AC20: Radiology Services Manager	Radiology Services Manager
AC21: Duty Radiographer	Radiology Services Manager
AC22: Chief Pharmacist	Head of Pharmacy
AC23: Pharmacist on call	Head of Pharmacy
AC24: Pathology Services Manager	Pathology Services Manager
AC25: Duty Biomedical Scientist	Pathology Services Manager
AC26: Occupational Health	Occupational Health Manager
AC27: Associate Director of Facilities	Director of Estate & Facilities
AC28: Hotel Services Manager	Hotel Services Manager
AC29: Domestic Services Manager (Discontinued)	
AC30: Portering Supervisor	Hotel Services Manager
AC31: Security Service	Security Manager
AC32: Estates Service	Head Of Estates
AC33: Medical Electronic Service	Medical Equipment Manager
AC34: HSDU Service	Facilities Quality Manager
AC35: Supplies Service	Purchasing and Supply Manager
AC36: Medical Records Manager	Health Records Manager
AC37: Media Liaison Manager	Communications Manager
AC38: NWAS Liaison Officer	NWAS Snr Officer EPRR
AC39: Police Liaison Manager	Security Manager

AC40: Hartshead Reception Manager	Divisional Nurse Manager (Elective Services)
AC41: Hospital Chaplain	Director of Nursing
AC42: Relative's Room	Director of Nursing
AC43: Staff Liaison Manager	Director of Nursing
AC44: IT Support	Assistant Director of IT
AC45:Theatre Manager	Theatre Manager
GN1: Contact Numbers	Security Manager
GN2: Facilities in the Hospital Control Room	Fire safety & Emergency Planning Advisor
GN3: Guidance for dealing with CBRN Hazards	Lead Consultant Accident and Emergency
GN4: Guidance for dealing with Communicable Diseases	Infection Control Nurse Practitioner
GN5: Mutual Aid Agreement for Emergency Planning within Greater Manchester	Fire Safety & Emergency Planning Advisor
GN6: Police Casualty Bureau	Director of Nursing
GN7: Protocol for the Use of Radio Communications	Security Manager
GN8: Major Incident Recording - Loggist	Fire Safety & Emergency Planning Advisor
GN9: Major Incident Recovery	Fire Safety & Emergency Planning Advisor

The Action Cards and Guidance notes listed above are held in a separate file on the Trust's Information System. They can be accessed via the following links:

1) The "Major Incidents" link on the home page of the Trust Information Service, or

2) The "Major Incident Plan Action Cards" in the Policy Documents section of the Trust Information Service.

Hard Copy Versions of the Documents are also placed in the Major Incident Resource Pack in the Hospital Control Room (Classroom G40/41 on the ground floor of Werneth House) and in the First On-Call Manager's Resource Pack.

APPENDIX K

NHSLA EQUALITY IMPACT ASSESSMENT TOOL

		Yes/No	Comments
1.	**Does the policy/guidance affect one group less or more favourably than another on the basis of:**		
	• Race	N	
	• Ethnic origins (including gypsies and travellers)	N	
	• Nationality	N	
	• Gender	N	
	• Culture	N	
	• Religion or belief	N	
	• Sexual orientation including lesbian, gay and bisexual people	N	
	• Age	N	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	N	
2.	**Is there any evidence that some groups are affected differently?**	N	
3.	**If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?**		
4.	**Is the impact of the policy/guidance likely to be negative?**	N	
5.	**If so can the impact be avoided?**		
6.	**What alternatives are there to achieving the policy/guidance without the impact?**		
7.	**Can we reduce the impact by taking different action?**		