Major Incident Policy
Version 11

This policy and the accompanying suite of operational plans will be invoked by the Exec in Charge when declaring a Major Incident either as a result of notification from NHS Silver Command or NHS Gold Command or North West Ambulance Service (NWAS) or self declaration by Executives of the St Helens & Knowsley Teaching Hospitals NHS Trust (hereafter referred to as ‘the Trust’).

This document is a policy document for reference only and is supported by a suite of Operational Major incident Plans listed on the inside cover which contain the roles, responsibilities and action cards required when responding to a Major Incident.

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**Important Note:**

The Intranet version of this document is the only version that is maintained.

Any printed copies should therefore be viewed as “uncontrolled” and, as such, may not necessarily contain the latest updates and amendments.

(The document is designed to be printed back to back)
Supporting Suite of Operational Major Incident Plans & Procedures

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**Scope**

This plan covers the Trust’s arrangements to respond to incidents up to and including the following three categories of Major Incident:

- A Major, Mass or Catastrophic Incident which affects the local community (i.e. within the footprint of the Trust which as a Major Burns Hospital extends across Merseyside, parts of Cheshire, parts of West Lancashire, parts of North Wales and the Isle of Man, plus offshore installations in Liverpool Bay and the Celtic Sea) or a Mass Casualty Incident.
- A Major Incident which affects the health services in Greater Merseyside;
- A Major Incident which threatens the continuity of critical Trust services and requires the invocation of the Trust Business Continuity Plans and PFI and other Contractors’ Business Continuity plans (Vinci, Medirest, Informatics, Synergy (sterile surgical instruments provision, Willowbrook Hospice, Renal Dialysis Unit and other services), Liverpool & Broadgreen University Hospital (students & nephrology), NHS Supplies, etc.

This plan should be read in conjunction with the Departmental/ Ward Business Continuity Plans which cover the risk assessment process, identification of critical functions, alerting arrangements, activation of staff and resources and incident management in an internal Major Incident.

**Emergency Planning Terminology**

Emergency Planning terminology used in this policy will be highlighted on initial use in **bold and italic** and detailed in the glossary at the back of the document.
Foreword by Chief Executive

Following the terrorist attacks of September 11th 2001 and incidents such as the London underground and Madrid train bombings, the NHS has widened its scope in planning its response to emergencies. This includes:

- Risk assessment and mitigation of known hazards
- Service continuity management to ensure the organisation continues to deliver core functions during an incident as well as respond to the incident (see the Trust’s Business Continuity Incident Plan).
- Ensuring good communication and cooperation with partner agencies.
- Ensuring good communication with the media and public so that they receive appropriate information in a timely manner

The Civil Contingencies Act, 2004 and the Emergency Planning Guidance, 2005 both incorporate these changes, the former putting the duties of responder agencies, including the Acute Trust, onto a statutory footing. The revised St Helens and Knowsley Hospitals NHS Trust Major Incident Policy and supporting Command & Control & Activation Plan and suite of Departmental Operational Major Incident Plans take account of this and are compliant with the new legislation and guidance.

Whilst the main geographical areas covered by the Trust are indicated below, as a specialist burns centre, it is highly likely this Trust would be utilised to support other hospitals because of its specialist burns status.

An effective response to any incident requires key elements to be in place. First, major incident plans which can be used flexibly to support any incident, second, trained staff who can respond appropriately and third, plans that are thoroughly tested and exercised to ensure that they remain fit for purpose. The Trust’s Major Incident Plans are tested with a live Major Incident Exercise every three years as a minimum. The next full scale live exercise is scheduled for July 2014. There will be smaller scale tabletop and walkthrough exercises for elements of the plans in the meantime.

Staff will continue to work together to offer patients the best service possible at all times. All staff are required to be made aware of this policy and supporting plans through regular awareness raising sessions. Staff must ensure they attend appropriate training sessions to understand their own role and how it fits with the overall plans and procedures which support a Major Incident and early resumption of normal service for patients and public.

Yours sincerely

Ann Marr,
Chief Executive, St Helens & Knowsley Teaching Hospital NHS Trust
Guidance

This policy has been devised by Head of Emergency Management in accordance with:

- The NHS Emergency Planning Guidance 2005 underpinning materials for Acute Trusts and Foundation Trusts, Version published 1 (archived on the internet but not repealed) and
- Dept. of Health Core Standards for Emergency Preparedness, Resilience and Response (EPPR) and National Operating Framework plus other relevant guidance referred to in the bibliography at the back of this document.

Location of Policy

The policy will be kept on the Emergency Planning webpage and under policies on the Trust Intranet. The Trust website can be accessed either by typing emergency planning into the search box on the home page or by selecting policies and emergency planning or click here (intranet page). http://nww.sthk.nhs.uk/pages/AboutUs.aspx?iPageId=10234

Global emails and other appropriate communications will be issued to alert staff and partner agencies of new developments and plans.

Hard copies will be available in the Major Incident Cupboards in Major Incident Suite, Control Rooms
- Executive PA Office, Exec Suite, 5th Floor, Whiston Hospital
- Alternative Major Incident Suite, Bishops Seminar Room, 1st floor, red zone admin area, , St. Helens Hospital and
- St. Helens Hospital Asst Director of Operations office
- The Emergency Planning Unit, Admin Offices, LG1, Nightingale House, Whiston site and the
- Emergency Department (ED) Tactical Command Room, ED Seminar Room 1, Emergency Dept Whiston Hospital

This is a living document and is, therefore, subject to continuous change and development. A global email will be issued to alert staff of major changes to the policy and plans.

Amendments Policy

Amendments to the plan may be submitted to Jayne Heaney, Head of Emergency Management by key contributors to the plan via email in green type as changes become necessary.

Review Policy

The Head of Emergency Management will review the plan annually and after each major exercise or as major changes occur, in consultation with key officers of the Trust and partner agencies on the Major Incident Planning Group.
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Introduction

All NHS organisations are required to develop their ability to respond to a local, regional, or national major incident or incidents and to manage recovery within the context of the requirements of the Civil Contingencies Act 2004 (CCA).

When to refer to this Policy

This policy and the accompanying suite of operational plans will be invoked by the Exec in Charge when declaring a Major Incident either as a result of notification from NHS Silver Command or NHS Gold Command or North West Ambulance Service (NWAS) or self declaration by Executives of the St Helens & Knowsley Teaching Hospitals NHS Trust (hereafter referred to as ‘the Trust’).

Definition of a Major Incident

The Civil Contingencies Act 2004 defines a major incident as:
An event or situation which threatens serious damage to human welfare in a place in the UK, the environment or war or terrorism which threatens serious damage to British Citizens or the security of the UK.

The NHS describes a Major Incident as -
Any event whose impact cannot be handled within routine service arrangements and which requires the implementation of special arrangements or special procedures by one or more of the emergency services, the NHS, or a local authority to respond to it.’ (NHS Emergency Planning Guidance, 2005)

The NHS service-wide objective for emergency preparedness and response is:
To ensure that the NHS is capable of responding to Major Incidents of any scale in a way that delivers optimum care and assistance to the victims, and minimises the consequential disruption to healthcare services and that brings about a speedy return to normal levels of functioning; it will do this by enhancing its capability to work as part of a multi-agency response across organisational boundaries.

Purpose of the Plan

This policy is part of a suite of emergency plans which provide a framework to enable effective and co-ordinated planning and response to any incident up to and including a Major or Catastrophic Incident as defined by the Civil Contingencies Act 2004 and follows the NHS Emergency Planning Guidance 2005: Unpinning materials for Acute Hospitals and Foundation Trusts and other relevant guidance (see bibliography). All Major Incident planning is carried out in consultation, coordination and cooperation with partner agencies such as:
• New Hospitals (Medirest, Vinci, Health Informatics Systems,
Roles of the Trust

The Trust is an Acute, District General Hospital & Major Burn Unit and has a large number of vital roles in Major Incidents:

- Fulfil the requirements as a Category 1 Responder under the Civil Contingencies Act
- Implement national policy and guidance in the local context.
- Ensure that the Trust’s own escalation plans for dealing with pressures recognises the higher-level requirements of a Major Incident including suspension of non-emergency work.
- Demonstrate a high level of preparedness and plan in conjunction with local NHS partners, local partners in the independent healthcare and staffing sector and external multi-agency partners (including the emergency services, local authorities and voluntary agencies).
- Establish and maintain working relationships with other NHS partners, emergency services, local authorities, local major organisations and other key stakeholders.
- Participate in the process led by NHS England to identify what resources, if any, the Trust will be responsible for deploying to support immediate medical care at the scene including Medical Emergency Response Incident Teams (MERIT). NB: North West Ambulance (NWAS) has responsibility for ensuring that there is adequate provision of MERITs within the North West region.
Train and exercise as an organisation with all partners to an agreed schedule in agreement with the Local Resilience Forum (LRF) and the Local Health Resilience Partnership (LHRP) and the Health Resilience Group (practitioners working group).

Develop a command and control structure that allows appropriate linkages to local resilience arrangements including operational (NHS Bronze) command.

Participate in Merseyside, North West and North of England emergency planning forums

Be accountable to Dept of Health (DH), NHS North of England (NHS NE) via NHS England Area Team Resilience.

Implement national policy and guidance in the local context.

Develop contingency plans for business continuity in the event of a protracted incident or failure of utilities and supplies.

Take into account the needs of vulnerable groups of patients including children whose treatment may need to continue despite a major incident being in progress. This is particularly important in the event of a sustained major incident (see Trust Strategic Business Continuity Plan on Emergency Planning webpage on the Trust Intranet).

Hospital Major Incident Activation

See diagram in Appendix I

External Declaration

A Major Incident can be declared externally by either NWAS or via the Major Incident Command Structure by NHS England Area Team, NHS Tactical (Silver) Command or NHS Strategic (Gold) Command.

The Cheshire & Merseyside NHS England Area Team will support these commanders by establishing an NHS Silver/ Gold Command in their headquarters. Trusts and other providers will report to and obtain instructions and intelligence from this Command Centre when reacting to a Major Incident. An external declaration is most likely in a Mass Casualty event involving a number of Receiving Hospitals (and all other partner agencies) or an event that affects a number of agencies (not necessarily NHS).

Internal Declaration

A Major Incident can be declared internally by the Trust's Director of Operations (or nominated exec) during office hours and the Exec on call out of hours – who will then become the Exec in Charge. S/He will cascade this via the Operational Site Manager. The Exec in Charge must inform the Mid Mersey and North Mersey Clinical Commissioning Groups (CCGs) on call Directors when the Trust has declared a Major Incident so that they can quickly advise GPs and are aware of any issues affecting normal service. S/He must also inform Bridgewater and 5BP Community Health Services
on call directors to coordinate a health economy response to the incident if required. A courtesy call to NHS England via NWAS Health Desk and asking for the NHS Tactical Commander for Merseyside is also advised. All emergency contacts for these bodies are in the Executive Action Pack.

Trust Hospital (NHS Bronze) Command

The Exec in Charge will declare a Major incident or standby and call together an **NHS Bronze Command Team** to lead the Trust’s strategic response to the incident. They will operate from the designated **NHS Bronze Command & Control Suite** (see Major Incident Command & Control Plans on intranet). The **Exec in Charge** will become the **Bronze Commander** when the **Major Incident Command & Control Centre** is up and running and a **Bronze Command Team** is in attendance.

- The main Hospital Command Team room is the Executive Meeting Room and
- The Control Room is the Executive PA Office on Level 5 of Whiston Hospital.
- The alternative suite is St. Helens Hospital, Bishops Seminar Room, admin area, red zone, first floor, St Helens Hospital and
- The Control Room is adjoining admin offices.
- The ED Tactical Command Centre is the ED Seminar Room 1.
- Operational Services and Care Group Tactical Commands may be set up in the Directorate offices.
- Medirest Tactical Command is in the Medirest offices.

Declaration of Internal (Business Continuity) Major Incidents


An **Internal Major Incident** is anything that has the potential to seriously disrupt the service (business continuity) and requires the same command and control and communications cascade but may not need to be declared externally. However, the Merseyside commissioning bodies on call duty officers must be informed and a courtesy call to NHS Tactical Commander for Merseyside via NWAS Health Desk is advised. (See the contacts for these bodies in the Exec Action Pack – on EP website).

Methods of Activation

**MAJAX Tannoy Message**

_The Exec in Charge is the only person who can declare a Major Incident for the Trust._

S/he will confirm this with the Operational Site Manager (OSM) who will then:
• Call NWAS to confirm the details and complete the Major Incident Data Sheet as far possible.
• Alert and brief the GM
• Instruct the Switchboard to activate the Switchboard Major Incident Handbook including:
  a) Use of the override code on the Tannoy system to relay the following coded message right across the Trust:

  DOCTOR MAJAX REPORT TO COORDINATOR
  DOCTOR MAJAX REPORT TO COORDINATOR

  b) Call in staff as required.
• Liaise with the ED Coordinator to clear the ED and other ward managers/senior nurses and medics to create space for incoming casualties.
• Contact other Site Managers to assist in a number of roles.

Note: Staff have been educated through regular Exercises (Exercise Alert) in the meaning of this tannoy message that if they have a Major Incident role they should report to the department or ward manager to receive a briefing and further instructions upon hearing it.

Activation Emergency Roles

For the roles of the:
• Exec in Charge/ Bronze Commander,
• Aide to the Bronze Commander,
• Bronze Command Team
• further roles of the Operational Site Manager
• Switchboard staff and
• Control Room staff

For more detail please refer to each emergency role ‘handbooks’ and the Major Incident Command & Control Document which contain sensitive information so are only distributed to the staff undertaking these emergency roles but can be requested from the Emergency Planning Unit by email.

Mutual Support & Capacity Management

Diverts to other Trusts from ED can be arranged by the Exec in Charge using the **Hospital Handover & Deflection Policy Version x.4** which is available on the hyperlink on the Trust’s emergency planning webpage accessed via policies on the intranet. Other mutual aid can be arranged by:
• Diverts of minor injuries patients from A&E and other support from 5BP Integrated Community Health Service and Bridgewater Community Health Services.
• Diverts of GP referrals from GPAU to walk in centres can be arranged via Mid Mersey CCG duty Officer and North Mersey CCG Duty Officer. (See Exec Action Pack issued to key senior staff for contact details of the above).
• Events involving Trauma, Critical Care or Burns and Plastics will involve support from/to the Trauma Network, Critical Care Network and Northern Burn
Care Network. (Trauma, critical care and burns leads use these contact details frequently and will activate the arrangements for their services).

- The local Public Health Departments will provide advice and support on public health and epidemiological issues. The Scientific & Technical Advisory Cell provides advice to NHS Gold command but can be accessed via the command structure once in place, see (Appendix A)
- **Public Health England (PHE)** Cheshire & Mersey Unit on call Duty Officer can access and provide advice on hazardous material (**HAZMAT**) and **CBRNe** issues.
- Assistance from Local Authority Social Care Departments with accelerated and early discharge can be arranged via the Hospital Integrated Discharge team.
- Knowsley Council Emergency Duty Officer (alerted via Knowsley Council Security Force) will arrange for :
  - The Dept of Wellbeing Services to coordinate **Local Authority Crisis Support Teams** from their own and neighbouring authorities to work together with Police documentation teams and **Family Liaison Officers** in the **Hospital Family & Friends Reception Centre**.
  - Inform the **NHS Bronze Command** of any safe, secured or protected routes for staff called in, as advised by fire, police or military.
  - Request assistance from the voluntary agencies under the **UNITY Protocol** (**primacy** agency British Red Cross) for help in the Hospital Family & Friends Reception Centre and general humanitarian assistance.
- NHS Gold Command co-ordinate Merseyside County NHS strategic response to Major Incidents for the County and can provide county and regional resources (via NHS England) as required.

**Information Sharing and Distribution**

Sensitive data not in this plan will be made available to key Trust personnel by confidential email to relevant groups or individuals.

Partner agencies and members of the public may request a sanitized copy by email from the Head of Emergency Management as stated on the **Emergency Planning webpage** accessed via the Trust internet page.

The Trust is signed up to the **Merseyside Major Incident Information Sharing Protocol** which is available on the hyperlink on the Trust’s emergency planning webpage accessed via policies on the intranet.

**Testing, Exercising and Training**

All of the Trust’s Major Incident plans are exercised by at least a tabletop style exercise annually and a live exercise every 3 years (or more frequently) as per the regulations of the Civil Contingencies Act 2004.

Some exercises are internal (e.g., Exercise Alert) and others are conducted in cooperation with partner agencies (e.g., Exercise Maximus 2009, Exercise...
Dark Matter 2010, Exercise Neutrino 2012 see reports on the Trust Emergency planning webpage) and may include communication via the Major Incident Command Structure to report upwards and access expert advice, resources and assistance from partner agencies that are part of that structure.

The Trust also tests the plans as part of the involvement in partner agencies exercises including those conducted by the NHS England Area Team. See Training & Exercising programme on the Emergency Planning intranet webpage.

**Major Incident Forae and Emergency Planning Reporting Structure**

**Trust Forae**

The Trust has a Major Incident Planning Group (MIPG) chaired by the Head of Emergency Management (HEM) that meets quarterly or as needed (see Terms of Reference and other papers on emergency planning webpage on the Intranet). This group discusses Major Incident and Business Continuity issues.

The Chair of the MIPG reports and submits plans and policies to the Trust Risk Management Council (RMC) which is chaired by the Director of Nursing who is also the Trust’s Emergency Planning Accountable Officer.

The Executive Board and Trust Board receive regular reports on the Trust’s emergency preparedness from the Accountable Officer via Risk Management Council or on occasion, directly, at least annually or as required. This includes details of training and exercising.

**Merseyside NHS Emergency Planning Forae**

Merseyside Local Health Resilience Partnership (LHRP) Secretariat hosts, chairs and administrates the Merseyside LHRP at the NHS England Area Team offices in Regatta Place, Liverpool. This forum comprises the emergency planning Executive leads from all local NHS bodies including commissioners, Public Health England and other agencies (e.g., emergency services, local authorities and voluntary agencies).

**Merseyside NHS Health Resilience sub groups**

The HEM as the Emergency Planning practitioner and key lead officers of the Trust attend Merseyside Health Resilience Group (HRG) meetings and other sub groups and working groups under the HRG and the Merseyside Local Resilience Forum, as required.

The HEM attends the Merseyside Health Business Continuity Planning Group (led by the Cheshire & Merseyside Commissioning Support Unit (CSU) Resilience Officer) as a business continuity practitioner.
Merseyside (Local) Resilience Forum (MRF)

The NHS England Area Team Exec Lead for emergency planning represents the local NHS economy at the Merseyside Resilience Forum (strategic multi agency forum chaired by Merseyside Police).

NHS England Resilience Officer represents the NHS economy at the MRF General Working Group which is the joint tactical forum of the MRF.

Other NHS Emergency Planning officers take on NHS representation at Merseyside Resilience Forum sub groups also and report back to the HRG with any issues.

Informal Emergency Planning Network and Liaison Meetings

The Civil Contingencies Act and regulations specify that emergency planning practitioners must interact, liaise and network regularly both formally and informally. They must share information and good practice and support all partner agencies (not just NHS) and take part in training and exercising in each other’s organisations to ensure properly integrated and consistent, coordinated emergency management, planning, response and effective mutual aid.

Emergency Planning & Business Continuity Leads

Sue Redfern, Director of Nursing, Midwifery & Governance is the named Accountable Officer for emergency preparedness on behalf of the organisation, supported by Jayne Heaney, Head of Emergency Management (HEM) who is the named Emergency Planning practitioner who chairs the Major Incident Planning Group.

Policy changes, new policies, training and exercising are arranged, consulted upon and agreed in the Major Incident Planning Group. A report is prepared by the Emergency Planning Accountable Officer supported by the HEM and put before the Board to be ratified and published.

There are named Emergency Planning and Business Continuity Leads in each Department, Care group and function of the Trust, New Hospitals and Health Informatics and they are invitees to the Major Incident Planning Group.

Audit

From Autumn, 2013 the Trust’s emergency plans are to be audited annually by Cheshire & Merseyside Commissioning Support Unit (CSU) on behalf of the local Clinical Commissioning Groups (CCGs) and also by Merseyside
Internal Audit Authority (MIAA). The results of these audits are reported to the Trust Board and provide a driver for future actions.

**Statutory Obligations**

The Trust, as a *Category 1 Responder*, is subject to the full set of civil protection duties and the Chief Executive is responsible for ensuring that the Trust complies with its statutory responsibilities in relation to the CCA, with special regard to the NHS Emergency Planning Guidance 2005: Underpinning materials for Acute Hospitals and Foundation Trusts (currently archived on the internet but not repealed). See also [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4121072](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4121072). These include the requirement to:

- Assess the risk of emergencies occurring and use this to inform contingency planning
- Put in place emergency plans and business continuity management arrangements.
- Make 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 local responders to enhance co-ordination and efficiency.

All plans, training and exercising are developed to align with this and other guidance as it is produced (see the bibliography Appendix G for the list of guidance).

The Trust being a District General Hospital and an Acute Trust has responsibility for the provision of acute health care services, a large maternity unit, a paediatric department, general medicine, a diagnostic and treatment centre, a major burns unit with a very large footprint and receiving hospital for an international airport and motorway hub.

The HEM works with key officers of the Trust and members of the Major Incident Planning Group to plan a response to incidents which cannot be dealt with as part of the normal, day to day activity, of the NHS.

Other regulations to be aware of are the *Control of Major Accident Hazards (COMAH) 1999* – where the Trust may have a role in the off-site multi agency emergency plans drawn up by the Local Authority, determining the integrated response to an emergency at a COMAH site (see glossary Appendix F for definitions).

**Risk Assessment & Hazard Mapping**

Emergency plans are prepared on the foundation of risk assessment including hazard mapping and coordinated multi agency response required for expected impacts of an event. Risks identified during the planning process, exercise, or
a incident debriefs and are placed on the risk register for the affected ward/department.

**Trust Risk Register**

Trust wide risks can be recorded on the Trust Risk register using the Datix System and will be discussed at Risk Management Council where mitigating action will be decided. Action will then be taken to eliminate or mitigate the risk as soon as and as far as practicable.

Emergency Planning and Business Continuity risks are identified on departmental and ward risk registers which are scrutinised by the Risk Management Council as part of the overall Trust governance arrangements, which then gives assurance to the Board regarding the management of the risks.

**Community Risk Register**

The *Merseyside Resilience Forum (MRF)* has a number of multi agency subgroups including the Risk Assessment Group (chaired by the Fire & Rescue Service) which meets regularly and has drawn up the *Community Risk Register* for the County. This is based on hazard mapping of the County area and potential risks that may require a coordinated major incident response. The model of risk assessment used is the Australian Emergency Management model and is heavily weighted by the impact analysis of each risk. Disasters, thankfully, do not occur very often but their impact can be catastrophic, so the likelihood criteria used by most insurance companies is less applicable to emergency management risk assessment. Please see the Local Community Risk Register link in Bibliography Appendix G.

**External Incidents potentially affecting the Trust**

*(Extracted from Merseyside Community Risk Register)*

**Transport Hazards**
- TH1 Fire or crash of aircraft on airport
- TH2 Fire or crash of aircraft off airport
- TH3 Major RTC (Motorway / trunk road)
- TH4 RTC involving release of hazardous materials
- TH5 Rail crash –surface railway
- TH7 Rail crash involving release of hazardous materials
- TH14 Local accident involving an aircraft crash off shore
- TH15 Fire, Flooding or Collision Involving a Passenger Vessel
- TH18 Transport incident involving radiological or nuclear materials
- TH21 Local accident involving transport of fuel or explosives

**Human Health**
- HH1 Outbreak of communicable disease –pandemic e.g. SARS or influenza
- HH2 Outbreak of communicable disease –e.g. E-coli 0157
- HH3 Legionella outbreak
HH4 Major Outbreak of food poisoning

All of these risks have the potential for a severe to catastrophic impact in terms of disruption, damage to the built and natural environment, large scale numbers of casualties and deaths.

Business Continuity Planning

Every department and ward in the Trust has specific business continuity plans and has carried out a Business Impact Analysis. These BIAs are being further developed so that they can be recorded on the Datix system and Ward and Department managers made responsible for managing and Directorate Managers being accountable for them.

During internal Major Incidents affecting business continuity the Trust Strategic & Tactical Business Continuity & Internal Major Incident Plan is used to provide a strategic response. This plan is written with reference to the Business Continuity Plans provided by partner agencies and major contractors, hard copies of which are kept within the Trust in the Emergency Planning Unit in Nightingale House, Whiston.

Incidents Affecting Business Continuity (Internal Major Incident)

Industrial Technical Failure
TF1 Technical failure of up stream (offshore) oil / gas network (fuel crisis)
TF2 Accidental failure at water treatment works
TF3 No notice failure of a public telephony provider (5 hours)
TF4 Technical failure of electricity network (whole of UK for 24 hours) / (entire region for 24 hours)
TF5 Telecommunication infrastructure --human error (region up to 5 days)

Specific local hazards and potential risks that directly affect this Trust are as follows:

- 30 top tier COMAH sites in Merseyside, Cheshire and West Lancashire (10 of which the Trust is the designated receiving hospital for)
- 30 lower tier site COMAH sites (potential for serious on site emergencies)
- Pipelines (Transco Gas & Shell Ethylene)
- Fuel Stations (this Trust is the Regional Burns Unit)
- Other potentially hazardous, less regulated, industrial sites (particularly Kirkby Industrial Estate and those in Halton)
- Unexploded ordinance (e.g., WWII UXB’s as the local industrial estate – 2 miles away - was the munitions factories during WWII) and old ordinance turns up on a frequent basis.
- The Trust is the nearest Hospital for the M6 Motorway hub & arterial road system
- The Trust is the nearest hospital for the Liverpool John Lennon Airport (which has a large passenger business and is the largest night air freight terminal, including HAZMAT cargo in the UK)
There are inter-city and freight Railway networks running close by

The Trust would be among the secondary receiving hospitals for ferry and other maritime disasters on the nearby estuary and coastal area

Flash flooding is prevalent in the area causing major road accidents

The Trust is the primary receiving hospital for Haydock race course and St Helens Rugby Ground at Langtree Stadium, Peasley Cross Road.

The Trust is a receiving hospital for VIP and police casualties in terrorist /public order incidents in Liverpool.

The Trust has assisted with an influx of refugees during the Kosovan refugee crisis in 1999 and also dealt with civilian burns and trauma casualties and military casualties during the first Gulf war and Libyan crisis.

The Trust is a designated receiving hospital for Reception Arrangements for Military Personnel (RAMP).

The Trust is the Regional Burns Unit and as such will coordinate with other Burns Units in the UK under the Northern Burn Care Network Major Incident Plan to respond to Major Burn Incidents or any Mass Casualty Incident involving burns.

The Trust has an Emergency Department with a Forward Aid Team that can work with North West Ambulance Service (NWAS) MERIT, the Hazardous Area Response Teams (HART) and BASICS doctors at the scene of an incident to provide immediate medical care up to and including surgery to facilitate rescue/ life saving at either the Casualty Clearing Point (CCP) or Advance Casualty Clearing Station (ACCS).

As the Trust’s footprint for burns covers 3 English counties, North Wales a major port (Liverpool), the Isle of Man, gas and oil rigs in Liverpool Bay and is surrounded by the chemical industry, the M6 motorway hub, other major road systems and all the hazards listed above, it must be prepared to deal with major incidents involving these specific hazards. The Trust has its own organisational plans which correlate with LRF multi agency plans.

Pandemic Influenza Planning

The Trust has been planning in consultation with all partner agencies for pandemic influenza for many years now and has incorporated lessons learned during Swine Flu pandemic of 2009 and the severe winter pressures of 2010/11 to dynamically develop those plans.

The Pandemic Influenza Plan is enhanced by multi agency element specific plans like the NW Critical Care Framework for Adults & Paediatrics (which is compliant with the latest guidance in the DoH Critical Care Strategy) and the latest influenza pandemic guidance. (See DoH website) and is consistent with Merseyside Pandemic Influenza Plan 2014 and the National Pandemic Influenza Plan 2014 and should be read in conjunction with the Trust’s Infection Control Manual Chapter 23. See links on EP webpage for all these plans.

Decontamination
Being surrounded by the chemical industry it is necessary for the Trust to provide a decontamination facility for self presenters from any incident that occurs in these plants and distribution centres particularly the COMAH sites mentioned above. The Trust has a trained multi disciplinary corps of staff that exercises monthly on the set up and use of the decontamination tent, equipment and associated personal protection equipment which is kept in the Major Incident Store opposite Zone 3 in the Emergency Department. This will be deployed in a specific location outside the ED when potentially contaminated self-presenters are expected.

How the Trust responds to HAZMAT (hazardous materials) incidents is detailed in the Trust Chemical, Biological, Radiological, Nuclear and explosion (CBRN(e)) Plan and an appendix of the Emergency Dept (ED) Major Incident Operational Plan.

Memoranda of Understanding exist between Merseyside Fire and Rescue Service (MFRS) and NHS Acute Trusts in the County. In the event of an incident requiring the removal of decontamination run off water, contact will be made first with Merseyside Fire and Rescue Service and North West Ambulance Service (NWAS).

Decontamination of people at the scene is carried out by the fire and ambulance services (see roles of partners, Appendix B).

**Vulnerable People**

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

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

The section concerning warning and informing outlines how the needs of vulnerable persons, including those who may have difficulty understanding warning and informing messages, need to be taken into consideration by those Category 1 responders responsible for communicating both pre-event and during an emergency.

Other legislation may interact with the Trust responsibilities under the Civil Contingencies Act, in particular the Disability Discrimination Act 1995 and 2005 and the Human Rights Act 2000.

The Civil Contingencies Act allows the sharing of certain information for emergency planning purposes, although sensitive information (which would include some personal data within the meaning of the Data Protection Act and patient records) needs to be subject to controls on the way it is handled, and
the purposes to which it is put. The restrictions that need to be placed on sharing information at the planning stage are different from those applying in an emergency. For instance: it can be necessary to provide partner agencies like the police documentation teams with details like the name, address, age, gender and description of casualties for the good of the patient so that they can be reunited with their families from whom they have been separated by the event.

Patients

Most patients whether in-patients, those attending the ED, outpatients etc in a hospital are vulnerable and their care and support in conjunction with other agencies is normal daily business. This includes the elderly, maternity patients, children and all other chronically, critically ill and severely ill or disabled patients.

Children

For children caught up in emergencies please see the Paediatric Emergency Plan, the section on Children in the Emergency Department Operational Plan on the EP website and the North West Adults and Paediatric Critical Care Framework. The Safeguarding Team are consulted on all plans involving vulnerable people.

Health & Safety

A Major Incident may involve staff working in areas they do not normally work or areas designed for smaller numbers. Tactical Coordinators and other managers will continually assess the situation; ensure that the areas are made safe.

The Trust is committed to the implementation of a policy aimed at providing and maintaining a healthy and safe working environment for all staff, patients, visitors and contractors in consultation with the Local Security Management Specialists and Health & Safety and Fire Advisors.

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

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

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

Lockdown

Major Incident Policy
Version 11 – March 2015
The LSMS has devised a Lockdown Policy based on locking down key areas e.g., Emergency Department, Radiology, Maternity, Paediatrics, Theatres, ICU, secure side-rooms (police incidents) or a rolling lockdown according to the exigencies of the incident concerned. ED lockdown is mentioned in the ED Operational Major incident Plan (EP webpage on the intranet).

**Escalation/ Capacity Plan**

**Creating Space**

- On declaration of a Major Incident the Medical Director, Operations Director and/or Exec in Charge will give authorisation for the following to be arranged asap:

<table>
<thead>
<tr>
<th>Patient Group</th>
<th>Divert from</th>
<th>Divert to</th>
<th>Via Agency</th>
<th>Delegated to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance cases</td>
<td>Emergency Dept</td>
<td>Other Acutes</td>
<td>Ambulance Deflection Policy (NWAS)</td>
<td>GM/ Ops Services</td>
</tr>
<tr>
<td>GP admissions</td>
<td>GPAU/wards</td>
<td>Reschedule or other Acutes</td>
<td>CCGs Duty officers</td>
<td>GM/ Ops Services</td>
</tr>
<tr>
<td>Minor Injuries</td>
<td>Emergency Dept</td>
<td>Walk in Centres</td>
<td>Bridgewater or 5BP CHS</td>
<td>GM/ Ops Services</td>
</tr>
</tbody>
</table>

- S/He will also authorise the GM on Call / Operational Services - as required according to the nature and scale of the Incident:
- Use of pre-designated spaces to accommodate Major Incident casualties as available and according to the nature of the incident and casualties injuries and illnesses, e.g., suitable day wards in both Whiston and St Helens Hospitals, some surgical wards.
- Arrange with Pharmacy and Purchasing & Supplies for ED, AMU and cohort or reopened/assigned wards to be stocked appropriately.
- Medical Director/ nominee (or Physician of the Day (POD) out of hours) will organise:
  - The scaling back/ceasing/rescheduling of routine non urgent elective surgery in consultation with the Surgeon of the Day (SOD).
  - Closing non urgent routine Out-patient’s clinics and day wards to free up staff/ provide space in consultation with the Out Patients Managers.
  - Extra ward rounds to facilitate accelerated /early discharge of inpatients in consultation with Consultants, the Integrated Discharge team and Bed Mgrs.
  - Arrange with the Therapy Manager for therapists to prepare in-patients for early discharge and deploy to A&E to turn around self presenters where possible.
  - Inform and discuss the incident with other Acute and specialist hospitals regarding mutual aid.
- Arrange with other NHS hospitals and private care homes to take some patients.
Major Incident Patient Pathway after Triage

Pathway of P1s / P2s / P3s / P4s and P5s can be found in the ED Operational Major Incident Plan which can be found on the Emergency Planning webpage

Patient Movement/ Admission

Casualty Transfer Teams

Trained nurses and porters will be divided into Surgical Transfer Teams and Medical Transfer Teams to transfer severely ill patients from the Priority 1 & 2 areas of Resus to wards and theatres.

The Medical Team Coordinator and Surgical Team Coordinator will instruct Matrons/ Senior Nurses to send nursing staff from Medical and Surgical Wards to come to RVP (Zone 3) for a briefing and to become Casualty Transfer teams. Operational Services will request the Charge Hand to allocate porters for these teams.

Medical Treatment Team Co-ordinator (Physician of the Day (POD))

The Medical Team Coordinator’s role is to liaise with the Medical Admissions Coordinator to allocate additional members of the Medical Team as they arrive in hospital to either the Medical Casualty Assessment Area on 1B (GPAU) or to arrange assessment and safe discharge of current medical inpatients.

S/He is based on Ward 1C (Base 1) and will liaise/ meet the Medical Admissions Coordinator. They will report to the Medical Director on the current capacity of the Medical Wards and potential number of discharges.

They will also liaise with the Medical Bed Managers through a runner (Medical FY1).

This role will by undertaken by the POD (along with that of Medical Admissions Coordinator) until another Medical Consultant arrives, at which point the roles will be divided.

Some patients may be suitable for admission to the short stay observation ward.

Surgical Team Coordinator (Surgeon of the Day (SOD))

The Surgical Team Coordinator will:

- Report to the Medical Coordinator for a briefing and throughout the incident response.
- Liaise closely with the POD
Pull together the Surgical Treatment Team
Direct the treatment of casualties in the Priority 1 & 2 area, (Resus Zone 1 and 2) and liaise with the Surgical Triage Officer who will triage patients for admission and surgery.
Liaise closely with the Theatre Coordinator (Matron/ Senior Nurse) to arrange surgery and beds.

Once initial surgical management in theatre is completed casualties will be moved to Pre Op/Post Op Ward. If this ward becomes full, a post op overflow ward will be established.

Longer Term Admissions

The Medical Director and Medical Admissions Coordinator will decide the disposal of longer-term admissions around the hospital, according to the clinical workload and in liaison with Operational Services. It is envisaged that these patients would be dispersed from the Major Incident wards in the days following a Major Incident.

Major Incident Casualty Discharge/ Reunion Centre

The Major Incident Casualty Discharge Centre will be in one half of the Out-Patients Dept not occupied by the Fracture Clinic.

The Reunion Centre will be the large rooms at the front of the Therapy Department area by arrangement with the Head of Therapy Services or 5BP CHS on call Director (notified via Whiston Switchboard).

Pharmacy

Pharmacy will instigate their Major Incident Plan to speed up provision of prescribed drugs to enable accelerated discharge and supply Emergency Department, MAU, ICU, theatres, Burns & Plastics, Paediatrics and cohort/reassigned wards with more stocks and specific drugs for certain types of incident and Orthopaedics with plaster and other supplies.

A pharmacy representative will deploy to Emergency Department to collect drug Kardexes and advise on medicines and antidotes during mass casualty incidents or HAZMAT incidents.

HR Response

HR may set up and manage a Staff Redeployment Centre to ensure that the right number of correctly trained staff are redeployed where they are needed from services that have been scaled back or stopped during the incident response.

In a Mass Casualty Incident the managers and staff of the Learning & Development Centre will activate, set up, manage and staff the Family &
Friends Reception Centre (FFRC) and direct the Hospital Darwick Volunteer Service in their Major Incident response.

Recovery Planning
As per National Recovery Guidance

Restoration of Clinical Services
The possibility of rescheduling and restoration of services (e.g. routine non urgent elective surgery and out-patients clinics) will be monitored and coordinated throughout the response (from the start) by the Bronze Command Team in consultation with partner agencies (NWAS, CCGs, Community Health Providers, local authorities and neighbouring Acutes and private care homes etc) as part of the Major Incident response process and implementation will start at the first opportunity. Most clinical based decisions on recovery will be dictated by the Medical Director and disseminated to departmental and ward managers.

This will essentially be a graded return to regular business and escalation of the normal programme to deal with the back log, managed by the consultants and departmental and ward managers/ matrons in each area reporting up to the Exec Team on progress via normal channels.

HR Issues
The General Managers and Operational Services in consultation with HR will coordinate an increase in activity (overtime, extra shifts, employment of bank staff, contracting of private hospital care) to ensure restoration of compliance with targets and limit waiting times to those before the incident. See HR Major Incident and Business Continuity Plans on the EP webpage on the intranet.

Supply Issues
Purchasing & Supply, Materials Management Team will restore supplies to their former level and make new purchases if required. See National Emergency Purchasing Scheme (see link on EP intranet webpage).

Pharmacy
Pharmacy will instigate their business continuity plans for stock replacement.

Contracted Services - Estates, Utilities, Hotel Services and ICT
PFI partners Vinci and contractors under New Hospitals, Medirest and other suppliers like Health Informatics Services etc are contracted to restore estates and utilities, hotel services and ICT issues within a given period or be
penalised legally and financially. Each agency also coordinates their Business Continuity and Disaster Recovery plans with those of the Trust.

**External Recovery Groups**

The Trust may also be expected to send a representative to external recovery groups of partner agencies also affected by the Incident.

**Post Incident Debriefing**

See also section on Staff Welfare, Stress Monitoring & Debriefing (pg 20)

**Operational Hot Debriefs**

At the *Stand Down* of each incident and exercise each area of the hospital involved will hold a quick hot debrief in situ, led by the most senior manager in that area (or designated coordinators) to:

- Thank staff,
- Allow them to express their views and
- Note what went well, what didn’t go so well and what should be done to improve performance next time.
- Lessons identified.
- Form a basic action plan

Such debriefs will take place in:

- Command & Control (in Major Incident Suite)
- Tactical Commands (e.g. ED Seminar Room 1)
- And other affected service areas and wards

**Trust Formal Debrief**

A formal whole hospital debrief with reps from each of the affected areas and services will be called by the Exec in Charge within a short period after the incident and reps from particular NHS partners agencies may be invited. An action plan will be agreed at this debrief and any risks identified will be entered onto the Datix system by the Directorate Managers who have responsibility for the function or area where the risk arises. This debrief and action plan and identified risks will be reported to the Risk Management Council and monitored by the members of that Council.

The same process above will be carried out and a report to Exec Team prepared by Head of Emergency Management a month after the debrief. This report will be shared with NHS England Area Team Resilience and partner agencies on a confidential basis.

**Overall Multi Agency Debriefs**

Key reps from the Trust will attend a formal multi agency NHS debrief after the Trust debrief has taken place to report on the response. The Trust rep may
also be required to attend the full Multi agency debrief chaired normally by a senior police officer. Alternatively the NHS Gold Commander during the response may represent all responding NHS bodies.

**Staff Welfare, Stress Monitoring & Debriefing**

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

In order to achieve this, those staff with management responsibility or appointed ‘welfare officers’ will ensure that the following issues are continually monitored and addressed –

- The availability of food and other refreshments
- Working hours
- Rest breaks
- Travel arrangements
- Staff security and safety
- Consideration of personal circumstances
- Stress monitoring throughout the response and personal debriefing of staff as needed or at the end of their shift.
- Making available professional psychological support after the incident via the Mental Health Trust or counselors contracted to Occupational Health.

Staff can also access support and care through the PPS Careline which the Trust subscribes to.

**Care of Family & Friends**

See Trust Family & Friends Reception Centre Plan on the Trust’s Emergency Planning webpage.

**Emotional Welfare of Patients**

See Spiritual Care Plan and Palliative Care role in Emergency Department Operational Major Incident Plan.

**Communications Strategy**

**Staff Communications**

The Communications Team will ensure that staff and managers are made aware of progress in a Major Incident and issue urgent global emails and leaflets, posters across the Trust home web page, as appropriate. Tannoy messages can also be used to inform staff across the Trust (on both hospital sites).

**Major Incident Communications (NHS Bronze Command)**

The Communications Team will be present in the Bronze Control Room and the Head of the Team will be part of the Command Team.
The Trust Communications Team will provide a point of contact for the media and will provide bulletins and press statements for issues affecting the Trust after first discussing the matter with the NHS Gold Communications team if it has been set up, according to the *Merseyside Press & Media Protocol*. This process will also be used for messages on health advice to the general public. The Trust has a Facebook and Twitter account that is used to warn and inform the public and staff during and after a crisis. All posts and tweets will be cleared through the Gold Media Cell before publishing.

The Communications Team will brief the Trust’s spokespersons before interviews and deal with the press on behalf of the Trust. Trust spokespersons will be media trained Execs (usually the Medical Director) or appropriately trained Senior Managers.

They will work together with Health Informatics to produce global emails and ‘ticker tape’ news on the intranet, update the Trust website, and manage the Trust social networking accounts on e.g., Facebook and Twitter.

The designated *Media Liaison Point* for press and media interviews and briefings is the Trust Boardroom in Whiston or as determined at the time by the Communications team.

**Regional & National Incidents**

In the event that the incident is regional or national level media messages will be available via NHS Gold Communications to ensure consistent messages.

**Public /Local Community Communications**

The Communications Team will notify the local community and the public of major events occurring or due to occur at the Trust (like live exercises) and issue leaflets, press releases, posters and letters as appropriate.

**VIP Visits**

During the response to an incident or during the recovery stage, visits by VIPs can be anticipated. A Government minister may make an early visit to the scene or areas affected to mark public concern and to report to Parliament on the current situation.

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

Local VIP visitors may include religious leaders, local MPs, mayors and local authority leaders. If foreign nationals are involved, their country’s Ambassador, High Commissioner or other dignitaries may visit.

Visiting ministers and other VIPs will require comprehensive briefing before the visit and will require briefing before any meetings with the media.
VIPS are likely to want to meet patients who are well enough and prepared to see them. This will be dependent upon medical advice and respect for the wishes of individual patients and their relatives.

In the case of such visits to hospitals it is common for VIP interviews to take place at the hospital entrance to cover how patients and medical staff are coping.

Merseyside Police are experienced in handling VIP visits and are likely to be involved and would be the main contact point so far as the arrangements are concerned.

The Head of Communications in consultation with the Chief Executive and Medical Director is responsible for managing VIP visits.

**Telecommunications & ICT Plans**

**On Recognition of a Potential Major Incident**

- Emergency Department staff may become aware of an incident by the arrival of a large number of casualties from the same incident or related incidents and/or receive a call from Ambulance Control on the Standby telephone at Zone 3.
- In this case the ED Coordinator must immediately notify the Operational Site Manager to discuss the potential Major Incident or Standby as appropriate.
- The Operational Site Manager will confirm the details with NWAS (noting them on the Major Incident Form) and discuss the situation with the Exec in Charge who may declare a Major Incident or Standby as advised.
- The Operational Site Manager will then instruct Switchboard to use the override code and send a Tannoy message which may be the coded message:
  "DR MAJAX REPORT TO COORDINATOR – DR MAJAX REPORT TO COORDINATOR" mentioned in the Methods of Activation earlier in the document.
- Switchboard will also follow their handbook action cards and start the call in.
- The Physician of the Day (POD) will attend Switchboard and call in all junior medical staff required.
- Senior nurses/ managers will start the call in for their ward/dept.
- The Operational Site Manager will hand out the emergency portable Cisco phones to **Tactical Coordinators** in each function/ ward and area.
- If a **Hospital Ambulance Liaison Officer (HALO)** arrives in ED s/he will be offered a portable phone as Airwave radios do not work effectively in the Trust buildings.

Several means of communications will be used in the alert and later stand down:
- Trust wide Tannoy system (operated by Switchboard)
- Pagers
- I-Phones
• Landlines
• Operational Services Major Incident portable telephones (managed by Operational Services Department)
• Major Incident radios (kept in Exec Offices and Emergency Dept in Whiston and the St Helens Assistant Director of Operations PA Office)
• Vodafone mobiles (including the MTPAS registered phones).
• Satellite telephones in the Major Incident Suites (when installed can be used by the bronze Command Team as a fallback communications system when other methods have failed).
• Runners
• Email
• Trust Major Incident site on the intranet (possibility of a live page is being researched currently).

The Trust has 2 Mobile Telephone Priority Access Scheme (MTPAS) enabled mobile phones kept in the Major incident Cupboard in the Major Incident Suite in the Exec Suite in Whiston these can be used by NHS Bronze Command to receive and send calls to Silver Command.

MTPAS (formerly ACCOLC) can be invoked by police to cut off mobile phone signals of all phones except those with SIM cards registered by responding agencies.
Local Authority & Hospital Major Incident Partnership Working

Legal Obligation under the Civil Contingencies Act 2004

The Local Authority in which the Hospital is located is responsible for providing help and assistance to the Trust in a Major Incident.

The NHS Bronze Command Team can contact the Local Council Duty Officer via the 24 hour single point of contact and ask for the Emergency Duty Officer. S/He will leave his/her name, role and contact number.

When the Duty Officer calls back s/he will discuss the situation and ask for the assistance required as below.

Assistance with Hospital Family & Friends Reception Centre

Crisis Support Teams

When considering setting up and running a Family & Friends Reception Centre request assistance from the Local Authority Crisis Support Team and ask that they activate and coordinate their own and other responding Council’s Crisis Support Teams.

Humanitarian Assistance for Stranded Discharged Major Incident Casualties

It is the responsibility of the Local Authority to care for anyone that ends up in their Authority area (not just residents) and who is rendered homeless or is simply stranded by a Major Incident.

This applies to P3 Major Incident patients discharged earlier in the response via the Major Incident Discharge Area (Out Patients Dept, yellow level/ground floor) and the Reunion Centre (Therapy Suite, opposite Out Patients).

Major Incident P3 casualties will be discharged to a designated Major Incident Discharge Area (rather than the normal Discharge Lounge) and reunited with family and friends in the designated ‘Reunion Centre’.

Local Authority Crisis Support Team representative will report to the hospital Reunion Centre Manager and establish an assistance point in the Reunion Centre from where they can arrange directing/transporting of the stranded discharged casualties to a suitable facility sourced and managed by the local authority.

The Local Authority may set up and manage the following types of Emergency Centres to provide this care in close partnership with the voluntary agencies under the UNITY Protocol and contractors/ building owners:
• **Survivor Reception Centres** (a place of safety near the scene, often determined by the survivors themselves or the emergency services)

• Designated **Emergency Rest Centres**, a building that can be used to provide a range of services including overnight (or longer) accommodation

• **Humanitarian Assistance Centres** – a ‘one stop shop’ style advice centre that may include a Family & Friends Reception Centre.

• Local hotels

The care in these centres can consist of arranging and/or providing:

• Communications

• Transport (for the casualty or their relatives),

• Accommodation (in a local hotel or Emergency Rest Centre),

• Clothing

• Refreshments and catering

• Childcare

• Signposting/ accessing other services like GP care (for regular medication for pre-existing conditions) in liaison with Community Health Services.

• Pet care

• Benefits/ other financial assistance

• First Aid and medical services

**Care of Children**

The Exec Team will contact Knowsley Council Duty Officer and ask for them to activate the Children and Young Persons Team Managers to call back and arrange the following (as required):

1. Appropriate staff to report to the Paediatric Dept reception to work closely with the Trust’s Safeguarding Team to take responsibility for unaccompanied well/uninjured children caught up in the Major Incident (e.g. arriving at A&E with injured adults now in hospital care).

2. Provide a crèche facility at the Family and Friends Reception Centre in The Learning & Development Centre in Nightingale House, Whiston site.

3. Provide emergency childcare at a designated pre risk assessed and prepared local facility for off duty staff responding to a Major Incident.

**Survivor Reception Centres (Evacuation)**

Local Authorities are obliged to arrange short term shelter from the elements for patients and staff evacuated out of the building and awaiting transfer to other sites.

**Emergency Mortuary**

Liverpool Royal Mortuary is the designated forensic ‘Emergency Mortuary’ for Merseyside. Whiston Mortuary may be required by HM Coroner to provide assistance in response to a Mass Fatality incident by:

• Supporting the multi-agency County Emergency Mortuary at the Royal Liverpool Hospital by offering body storage space, transport and
administration, Coronal and police liaison and/or a multi-agency Family & Friends Reception Centre.

- Providing an alternative County Emergency Mortuary if the Royal is unable to do so.
The Local Authority where the incident occurred is responsible for managing and funding this facility.

**Gritting, Highways Issues, Equipment and Resources**
The Local Authority can be asked for assistance with a number of challenges should the Trust’s business continuity arrangements be exhausted in regard to access to Trust buildings for pedestrians and vehicles on roads around the hospital estates.

**Voluntary Agencies Support – the UNITY Protocol**
The Local Authority (Knowsley Council) will activate the standing voluntary agencies on Merseyside using the *UNITY Protocol* to provide trained, insured and DBS vetted volunteers to assist with the running of the Hospital Family & Friends Reception Centre.

S/He will activate the British Red Cross which has primacy over all other standing voluntary agencies. They will activate their own trained and vetted volunteers and those of WRVS and other agencies as required.

They can also activate the Salvation Army as Merseyside Faith Coordinators for support to the Hospital Spiritual Care Team.

See link to UNITY Protocol on Trust’s EP webpage.
National Level

The Prime Minister will convene the Cabinet including a rep from the DH and specialist advisors in Cabinet Office Briefing Room (A) supported by staff officers from the Civil Contingencies Secretariat to develop and deliver policy and a national response to catastrophic events (e.g. Foot & Mouth epidemic, London Bombings, major flooding events, large scale civil unrest, etc).

Appendix A – Command & Control Structure

All data current as of 13th March 2015
Appendix A – Command & Control Structure

Regional Level

The NHS in the North West has a Command and Control Structure that will be operated to coordinate Mass and Catastrophic Level Incidents.

**NHS North of England (NHS NE)** will take overall Command and Control of any Major/Significant Incidents that affect more than one county or if the incident is believed to be caused by a terrorist event.

Depending on the time or day of the incident the NHS NE will exercise its Command and Control functions from various places across the North of England. In the North West they will operate from **North West Ambulance Service (NWAS) Regional Operational Control (ROCC)** room at Broughton, Preston or from their offices in central Manchester or Leeds.

The NHS NE will brief the DH as required.

Depending on the type of incident the team will consist of:
- On Call Director
- On call Communications Lead
- Regional Director of Public Health (if appropriate)
- A member of the Critical Care Networks (to oversee Critical Care issues)
- Administration support

This NHS Regional team will communicate throughout the incident with:
- Local Adult & Paediatric Critical Care Networks
- Northern Burn Care Network
- National Burn Bed Bureau and
- Trauma Networks.

**Cheshire & Merseyside County Multi Agency Gold Command**

Where the incident is contained within the county the Local NHS Gold Commander from NHS England Area Team will have strategic responsibility for Merseyside NHS economy. In addition an NHS North of England Government Liaison Officer (GLO) may attend the **Strategic Coordinating Group (Gold Command)** of the county affected.

The term ‘Gold’ refers to the person in overall executive command of each service (health, fire, police, etc.) and is responsible for formulating the strategy for the incident response. Each strategic command (Gold) has overall command of the resources of their own organisation, but delegate tactical decisions to their respective tactical commanders (Silver(s)).

The **Merseyside Gold Command** or **Strategic Co-ordinating Group (SCG)** is a multi agency group that meets at **Merseyside Gold Control Centre** in
Appendix A – Command & Control Structure

Merseyside Police HQ, Liverpool. This is usually chaired by the Chief Constable as the Police normally have ‘primacy’ over all other agencies in a Major Incident. It will be attended by the **NHS England Area Team Gold Commander**. Please note the health economy represented by the Merseyside NHS Gold Commander extends beyond Merseyside boundaries and includes Halton and Warrington.

The primacy agency and chair of the LRF may change to the Local Authority or NHS Gold Commander if appropriate.

**NHS Gold Command (Greater Merseyside)**

The Chief Executive (or nominee) of NHS England Area Team is the NHS Gold Commander. S/He will strategically lead the NHS response in the County from an **NHS Gold Command Centre** at Regatta House, Brunswick Business Park, Liverpool set up and staffed by **NHS England Area Team**.

The NHS Gold Commander will attend the Strategic Coordinating Group when it meets and will represent the entire Greater Merseyside NHS economy including Wirral, Warrington and Halton.

**NHS Tactical (Silver) Command**

In Merseyside the NHS command structure reflects the multi agency structure as follows:

The term ‘Silver’ refers to those who are responsible for formulating the tactics to be adopted by their service (NHS economy in this case) to achieve the strategic direction set by strategic command. Tactical command will oversee but not be directly involved in managing the operational response to the incident.

NHS England Area Team will also provide a rota of Silver Commanders who may operate from Regatta House or a control centre.

**NHS Operational (Bronze) Command**

The term ‘Bronze’ refers to those who provide the frontline operational response and/or direct service provision, and control the resources of their respective service within a specific area of the incident. They implement the tactics defined by the NHS Silver Command Team.

In Merseyside the executive/ strategic command within Hospital Trusts (Acutes and specialist) and Community Health Provider Services are the NHS Bronze Command. These teams are chaired by a Trust Executive. In the Trust
the Exec in Charge becomes the Bronze Commander once the Command & Control Centre is up and running.

The Exec in Charge for the Trust is:
Office hours   Operational Director (or Exec on Call if the Ops Director is unavailable)
Out of hours   Exec on Call
Appendix B  UK Roles of Partner Agencies

Introduction

Pre-planning, training and exercising on a multi-agency basis enables plans and procedures to complement each other and enables agencies to have an understanding of each others roles, responsibilities and capabilities.

All Major incident plans for Category One Responders are peer reviewed with partner agencies before full publication.

NHS agencies play an important role in this multi-agency approach to emergency planning. The roles of the Trust’s partner agencies are as follows:

**NHS North of England (NHS NE)**

NHS North of England (NHS NE) may convene meetings of incident leads from the NHS organisations (which may use tele- or video-conferencing).

The role of the NHS NE is to:

- Activate North of England and sub regional (e.g., North West Ambulance Service footprint area) Major Incident Plans
- Give priority to the incident, relative to meeting of targets and achievement of standards that would otherwise be imperative
- Assume that resource adjustments would flow to recognise extraordinary expenses incurred in responding to the incident
- Stand down their emergency response.
- At the recovery stage ensure that any commitments made during the incident are honoured.

**Local NHS Community Health Care Providers**

*(E.g. 5 Boroughs Partnership Integrated Community Health and Bridgewater Community Health Care Provider Services)*

Local NHS Community health care providers will provide community health care service to casualties and to displaced persons. They may provide healthcare input to people with minor injuries, and to persons at (Local Authority managed) Rest Centres and will support acute hospitals by diverting minor injuries away from ED and into walk in centres, provide an integrated specialised emergency response. Provide more hours and different working practices in community health care to reduce admissions.

**Cheshire & Merseyside NHS England Area Team (NHE AT) Merseyside**

Cheshire & Merseyside NHSE AT is responsible for an NHS countywide response and provides strategic and tactical (borough wide) decisions; command and control for the entire NHS economy in Greater Merseyside and arranges mutual aid on behalf of NHS North of England.

It provides an NHS Gold Control Room and staff to support the Gold Commander in a Major incident. NHSE AT Resilience Officer in conjunction
Appendix B  UK Roles of Partner Agencies

with the Commissioning Support Unit Resilience Officer coordinates Multi agency emergency plans for the NHS in Merseyside, support Trusts with emergency planning, exercises and training, provide a conduit /is a filter for information/ instruction from DH and provides help and advice to Trusts.

When a major incident is declared, NHSE AT Silver/Gold Team will:

- Set up and staff the NHS Gold Control Room in Regatta House
- Initiate and support the public health response to the incident if this is appropriate
- Mobilise CCGs, primary care and community resources in response to the incident
- Support Acute Trusts by taking steps to relieve pressure on them
- Communicate with the media and public
- Assess the impact on health and health services of the incident
- Provide the health service input to the strategic and borough wide tactical management of the incident (may be in conjunction with the Public health England Cheshire & Merseyside Health protection Unit).
- Arrange follow-up if needed of persons affected or exposed to risk during incident
- Activate the major incident procedure including the setting up of the major incident room
- Ensure that the Merseyside Local Health Resilience Partnership Major Incident plans are co-ordinated with those of other relevant organisations.

In the event of the Trust requiring access to secure transport routes and accommodation facilities in a Major Incident, the consultation will take place with the Silver/ Gold NHS Team.

Scientific & Technical Advice Cell (STAC)

A Scientific and Technical Advice Cell may be established during an incident to bring together technical experts from those agencies involved in the response to provide advice to the Gold Command where there may be wider health and/or environmental consequences. It is chaired by a Director of Public health and can be staffed by the PHE, local authority Environmental Health Officers (under the Director of Public Health since 2014), NWAS, representatives from other emergency services, and experts from other government agencies and the military. Local experts like the Nuclear Physicist at the Royal may also be required.

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

Public Health England (PHE)/ Cheshire & Merseyside Health Protection Unit (HPU)

The PHE provides HAZMAT, CBRN(e) and poisons advice to Category One Responders like Acutes via a Duty Officer system. This can be accessed in an emergency via Ambulance Control.
Appendix B  UK Roles of Partner Agencies

Joint Emergency Services Incident Partnership (JESIP)
All three Emergency Services Major Incident Responses are operated from joint Gold and Silver control rooms and incident suites in Merseyside Fire & Rescue HQ, Bridle Road, Bootle, Merseyside, L30 4AY. There is a joint service JESIP Emergency Planning Team also located at this site.

North West Ambulance Service NHS Trust (NWAS)

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

They also provide a **Hospital Ambulance Liaison officer (HALO)** at the ED to provide a link to the scene and inform the Coordinators about the numbers and types of casualties en route and their estimated time of arrival. This facility may be requested when the Trust is dealing with a mass casualty or CBRN(e) or HAZMAT incident.

See Appendix C National Capability Mass Casualty Vehicles (NCMCV).

Merseyside Police

In a disaster or serious Major Incident involving casualties/ hospital premises, the police have ‘primacy’ i.e. control and a coordination role over all other agencies involved including the Trust.

The primary areas of response are:
- The saving of life in conjunction with other emergency responders
- Coordination and communication between the emergency responders and other agencies acting in support at the scene of the incident or elsewhere during the response phase
- Secure, protect and preserve the scene through the use of cordons
- Investigation of the incident and obtaining and securing evidence
- Collation and dissemination of casualty information
- Identification of the dead on behalf of HM Coroner
- Short term measures to restore normality
- Provision of advice and guidance from the local **Counter Terrorist Advisory Office (CTSO)**.
- Provision of **Family Liaison Officers**

Merseyside Fire & Rescue Service

The primary areas of support are:
- Fire fighting, fire prevention and Urban Search and Rescue (USAR)
- Decontamination and mass decontamination of uninjured people
Appendix B  UK Roles of Partner Agencies

- Provision of specialist advice and assistance where hazardous materials are involved (especially the Detection Identification and Monitoring or DIM teams operating at the scene)
- Provision of specialist equipment (pumps, rescue equipment and lighting)
- Safety management within the Inner Cordon of an incident

Knowsley Metropolitan Borough Council

See section on Hospital& Local Authority Partnership Working.

The primary areas of response are:

- Support the emergency services and those engaged in the response to an incident
- Use resources to mitigate and relieve the effects on people, property and infrastructure
- Resource Emergency Reception Centres for the temporary accommodation of displaced persons including stranded discharged P3s.
- Assist the Trust with emergency childcare in consultation with the HR Department.
- Provide humanitarian assistance
- Activate and coordinate voluntary sector support
- Provide an Emergency Mortuary under the NEMA scheme.
- Maintain the provision of essential services
- Rebuild the community, environment and economy after an event

Special assistance to Whiston

The Department of Wellbeing Services (social care) provides a Core Crisis Team that can be deployed to the Hospital Family & Friends Reception Centre (Post graduate Centre) to work together with hospital staff, police documentation and Family Liaison Officers, Hospital Spiritual Care Team and voluntary agencies under the UNITY Protocol. They can also coordinate support from core crisis teams from neighbouring councils.

The Council Surestart Service can be alerted to expedite a Major Incident response in close partnership with the hospital Safeguarding and Paediatric Teams to deal with unaccompanied well children (or those accompanying injured adults that have been admitted).

St. Helens Metropolitan Borough Council (MBC)

St Helens MBC can assist in the provision of designated buildings to be used as Emergency Reception Centres. They may also provide emergency childcare measures to the Trust in consultation with the HR department.

Government Decontamination Service

The Government Decontamination Service has been established to help agencies prepare for and recover from CBRNe (chemical, biological, radiological, nuclear or explosive) or significant HAZMAT (hazardous...
Appendix B  UK Roles of Partner Agencies

materials) incidents by providing advice, guidance, management support and contractual arrangements.

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

Contact Details: The Government Decontamination Service, MoD Stafford, Beaconside, Stafford, ST18 OAQ
Tel: 08458 501323, Fax: 01785 216363, Email: gds@gds.gsi.gov.uk

Military Aid to the Civil Community (MACC) & Military Aid to the Civil Authorities (MACA)

The Military is authorised to provide assistance in the response to an incident if there is a threat to life. The immediate assistance the Military is able to provide will depend upon the resources available at the time. Requests for assistance will normally be made by via the Command Structure.

Merseyside Integrated Voluntary Agencies under the UNITY Protocol

The British Red Cross (Merseyside District Branch Offices in Bradbury house, Brunswick Dock Estate, Liverpool) have ‘primacy’ over other voluntary agencies and faith and community organisations with a stated emergency response role and will coordinate and manage the integrated voluntary agencies response in any humanitarian crisis and provide specific services and support to the Trust and other NHS providers in such events. They can be activated via a call from NHS Bronze to Knowsley Council to request assistance.

A British Red Cross ‘Unity’ Coordinator will attend Silver &/or Gold Command (Strategic Coordinating Group) to coordinate voluntary humanitarian assistance across the entire County/ Borough.

The UNITY Protocol is on a link on the Trust’s EP webpage.
Appendix C  UK Reserve of National Stock for Major Incidents

National Capability Mass Casualty Vehicles (NCMCV)

NWAS now hold 3 National Capability Mass Casualty Vehicles (NCMCV) these are available to Ambulance Trusts and Hospital Trusts in the event of a mass casualty incident. The following is a brief overview of the capability.

“The NCMCV are part of the governments capabilities programme. Each vehicle contains enough medical equipment to provide emergency treatment for;

- 100 x Casualties either P1 / P2
- 250 x P3 Casualties

The equipment ratio is based on planning assumptions of incidents involving 80% adults to 20% paediatrics casualties. The NCMCV also carry mass oxygen delivery systems and a range of specialised drugs and equipment to be used by doctors if required. Request for the NCMCV must come through NWAS Emergency Control Centres (ECC). A request must include the following information:

☐ Which Trust you are requesting the NCMCV equipment for?
☐ What is the nature of the incident that you are dealing with that requires NCMCV equipment deployment?
☐ Where is the agreed delivery location for the NCMCV equipment to be delivered to (this location should be risk assessed by the requesting Trust to ensure it is safe prior to request).
☐ What are the full contact details of the receiving Trusts representative that will be accepting and signing for the delivery of NCMCV equipment? This should include: Name, Role, Mobile telephone number and email for liaison prior to and after delivery of NCMCV equipment.

Items Accessed Locally

☐ NHS Acute Trusts and Community Health Trusts should access the following four items by contacting their local NHS Ambulance Service Trust Emergency Control Room
  ● Equipment Pod: respiratory support for 100 people.
  ● Modesty Pod for use after decontamination to dry and dress 90 people.
  ● Nerve agent antidote (NAAS) pod containing atropine, saline, water and pralidoxime mesylate (P2S) injections to treat 90 people, normally used in conjunction with an equipment pod.
  ● Dicobalt edetate pod containing dicobalt edetate injection and glucose 50% injection for treatment of cyanide poisoning in 90 people, normally used in conjunction with an equipment pod.

☐ Ambulance Service NHS Trusts in England either initiating their own requests or responding to requests from NHS Acute Trusts for Nerve Agent Antidote pods or dicobalt edetate injection should contact the National Blood Service as follows:
Appendix C  UK Reserve of National Stock for Major Incidents

The numbers to be used in order are: 0208 201 3827 or 0845 850 0911

☐ NHS Acute Trusts should access the following two items through their hospital blood bank. The blood bank must ring their local National Blood Service Issue Department to request:
  ● Obidoxime to treat nerve agent poisoning in patients failing to respond to pralidoxime mesylate (P2S).
  ● Botulinum antitoxin and administration sets, which can be used in conjunction with an equipment pod.

☐ Supplies for treatment in usual situations should be obtained from the nearest designated centre. Please refer to the British National Formulary (BNF). For major incidents, access is through the local blood bank.

Items Accessed Locally (Summary)

<table>
<thead>
<tr>
<th>Botulism Anti-Toxin Pods</th>
<th>Requesting body contacts local NHS Ambulance Trust Control Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obidoxime Pods</td>
<td></td>
</tr>
<tr>
<td>cyanide Antidote Pods</td>
<td>Local NHS Ambulance Trust Control Room requests countermeasures from NHS Blood and Transplant 0208 201 3827 0845 850 0911 (24/7)</td>
</tr>
<tr>
<td>Nerve Agent Pods</td>
<td></td>
</tr>
</tbody>
</table>

Items Accessed Centrally

☐ NHS Acute Trusts and Primary Care Trusts should access the following six items through the UK Reserve Stock Hotline for Major Incidents.
  ● Biological pods (oral ciprofloxacin) to treat 100 or 250 adults, or 50 or 100 children, for 5 days with post-exposure prophylaxis to anthrax, plague or tularemia.
  ● Further stocks of ciprofloxacin to complete a treatment course, and stocks of doxycycline to change treatment if required.
  ● Potassium iodate tablets to block the uptake of radioactive iodine, plus information leaflets for the public.
  ● Prussian Blue for the treatment of thallium poisoning.
  ● Naloxone for the treatment of opioid poisoning.
Items Accessed Centrally (Summary)

Call DH on 0845 000 5555

Caller confirms
Details of the incident
Number and type of pods requested
Caller details and contact arrangements

DH will arrange access, mobilisation and transport of pods as appropriate

The decision to deploy these medical supplies will normally be taken by the local Consultant in Communicable Disease Control, Director of Public Health or Consultant in Public Health Medicine.

The Regional Director of Public Health must be informed of all decisions to use/access centrally managed countermeasures.
Appendix D  National Emergency Purchasing Scheme

Customer Procedure

Case of emergency during normal working hours

Monday to Friday between the hours 8.30am and 5.00pm contact your local Supplies Manager who will respond to your emergency in the most appropriate way and in line with local procedures.

Case of emergency out of hours

Outside of normal working hours as indicated above the Customer must obtain the appropriate permission from budget holder, Manager in charge etc. Once permission has been obtained you should contact the local Distribution Centre by telephone not by facsimile (see overleaf)

All such demands will be charged to the local emergency GL code to be apportioned according to local procedures. As a necessity, the emergency procedures are designed to allow authorised personnel to obtain their emergency issues without the encumbrance of normal requisitioning.

Procedure for case of emergency during office hours

Before pursuing an emergency delivery from the NHS Logistics Distribution Centre, consider the following:

1. Are the goods needed urgently?
2. Could the goods be obtained quickly from another department?

Procedure to be followed by Supplies Manager/ Officers for an emergency during office hours

Investigate the request and ascertain if the goods required can be obtained more quickly from another Ward/Department or Hospital.

Use the enquiry facility on LOL (Logistics Online) or local legacy system to determine where any delivery of the items required has been made recently.

Once it is apparent that a delivery is required from the Distribution Centre, obtain the following:-

1. Authorising Officer's name
2. Location name and telephone number
3. Requisition point
4. NSV code for each commodity required
5. Description of product with issue pack size
6. Quantity required
7. Delivery if different from normal delivery location
8. Precisely when the item/s are needed

The procedure to be followed by customers depends upon the time of day the emergency arises. An emergency is defined as a Major Incident or an unforeseen circumstance where delivery is required the same day or within 5 hours. There is no charge for genuine emergencies.
Appendix D  National Emergency Purchasing Scheme

NHS Supply Chain Emergency Procedure

Contact the Distribution Centre and your usual Customer Service advisor. You must clearly state that it is an emergency situation and that you require an urgent delivery from the Distribution Centre.

Your Customer Service advisor will then ask the questions listed above and read back the answers to you, to confirm the request.

The Customer Service advisor will confirm the warehouse pick of the goods by telephoning either the customer or the Receipts and Distribution point and give details of the transport to be used and the estimated time of arrival at the delivery location.

Upon receipt the customer will be asked to sign the delivery note, printing their full name, job title and normal telephone number - a copy of which will be given to the customer.

An emergency is defined as a major incident or an unforeseen circumstance. This is usually a same day delivery.

Procedure to be followed by the CUSTOMER for an emergency outside of ‘normal’ hours - security manned site

Authorisation must be obtained for any emergency request. Obtain the following information BEFORE contacting the Distribution Centre:-

1. Authorising officer’s name
2. Location name and telephone number
3. Requisition point and requisition code
4. NSV code for each commodity required
5. Description of product with issue pack size
6. Quantity required
7. Delivery if different from normal delivery location
8. Precisely when the item/s are needed

Contact the Distribution Centre. (Facsimile messages are not acceptable)

Security Manned Distribution Centres – Alfreton, Maidstone, Normanton, Runcorn, Bury and Bridgewater.

Once the facts are confirmed, the Security Gatehouse Officer/depot on call officer will ring the number given by the caller to confirm that the call is genuine; having first checked that the telephone number given is in the directory of Hospital numbers. Whenever the afternoon shift is in work, contact the Shift Manager or Charge-hand.

Contact Telephone Numbers for Distribution Centres - Out of Hours

<table>
<thead>
<tr>
<th>Manned Sites</th>
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<tbody>
<tr>
<td>Alfreton</td>
<td>01773 724000</td>
<td>Normanton</td>
</tr>
<tr>
<td>Runcorn</td>
<td>01928 858500</td>
<td>Bury</td>
</tr>
<tr>
<td>Maidstone</td>
<td>01622 402600</td>
<td>Bridgewater</td>
</tr>
</tbody>
</table>

Operations to provide Security with a detailed list of contacts for each Distribution Centre.
Appendix E  Multiple Incidents Emergency Response Summary

Coded Operation Alert

Multiple site mass casualty incidents like the London Bombings in 2005 will require a coordinated multi agency regional response from all standing agencies. The alert to the Trust from either NWAS or the NHS Silver or Gold Commander will contain a code name known only to key officers of the Trust.

Upon hearing this code name the Exec in Charge will ensure that the Trust is immediately fully prepared to respond to a large scale mass casualty Major Incident or series of incidents.

Possible Required Responses to Multiple Incidents

If the incident occurs within a 20 mile radius it is fairly certain that the Trust will be required to receive a potentially large number of the most serious casualties, the Priority or P1s requiring emergency care, surgery and ITU.

There are a number of possible responses required from the Trust dependent upon whether it is a Receiving Hospital for the casualties or not.

If the incidents occur some distance away, (NWAS) may just direct specialised casualties to the Trust e.g.:

- Burns and blast victims because the Trust is the Regional Burns Centre,
- Burn outreach team to non-burn service Acutes or to an Advance Casualty Clearing Centre near the scene.
- Burn advisory team
- Pregnant women and less injured/ older children if the specialist trusts like Alder Hey and the Liverpool Women’s are overwhelmed.
- Activation of a Major Emergency Response Incident Team (MERIT), (see Emergency Department (ED) Major Incident Operational Plan).

CBRN(E)/ HAZMAT

If the incidents are of a chemical, biological, radiological, nuclear or explosives (CBRN(e)) or hazardous materials (HAZMAT) that affect the hospital there are plans in place to respond to this (see the Trust’s CBRN(E)/ HAZMAT plan and appendix in the ED Major Incident Operational Plan on the EP website on the intranet).

It may well be required to erect the Decontamination Unit outside the Emergency Department to prevent self-presenters from contaminating the ED (see Emergency Department Major Incident Operational Plan).

Lockdown

Lockdown procedures will be put in place according to the procedure (see Hospital Lockdown Procedure on the Trust EP webpage) and as directed by the Director of Facilities Management. The ED will be locked down re public access into the dept with only the ambulance entrance open with a
Appendix E  Multiple Incidents Emergency Response Summary

‘Nurse Greeter’ permitting entry to only authorised personnel (hospital staff, casualties, ambulance officers, emergency services).

Summary of Actions by the Trust on Declaration of Multiple Incidents or Coded Operation by NWAS

If it is anticipated that the Trust will be receiving large numbers of casualties the Exec in Charge will activate the full range of the Major Incident Plans including:

- Establish a Bronze Command Team supported by a Control Support Team in the Major Incident Suite.
- Establish lines of communication with the NHS England Area Team Gold and Silver Command Centres to receive intelligence about the incidents and set up situation reporting up the command structure.
- Obtain as full a picture of the incidents as possible from Silver Command including traffic conditions, any hazards and safe or clear routes recommended by the emergency services.
- Alert staff to a Major Incident by instructing the Switchboard to issue a Majax alert using the tannoy override and code phrase, etc.
- Apprise all Tactical Managers (see operational plans) of the situation.
- Instruct all managers to:
  - Brief staff and be prepared to ensure that they are issued with Major Incident action cards, tabards, relevant PPE and other equipment,
  - Create capacity (being careful to coordinate and not adversely impact on other departments and services – e.g., ITU, Theatres, Burns & Plastics)(see Exec Action Pack),
  - Scale back and reschedule non-essential services to free up key staff for redeployment.
  - Allocate staff to deal with the emergency whilst others continue treating patients already in progress.
  - Ensure access to current essential stocks and initiate plans in place to obtain more supplies quickly in consultation with the Materials Management Team.
  - Call in extra staff.
  - Liaise with other providers for a coordinated response.
  - Take business continuity measures like charging electrical equipment and having paper documentation systems handy.

- Open and staff the Family & Friends Reception Centre and obtain assistance from Knowsley Council Social Services Core Crisis teams and the British Red Cross via the UNITY Protocol (request via Silver Command) and alert the Darwick volunteers and Spiritual Care Team to attend.
- Convert the Outpatient’s Dept into a Major Incident Discharge Lounge
- Convert the Therapy Suite into the Relatives area of the Discharge Lounge.
- Prepare the P4 area in Fluoroscopy and put the Palliative Care and Spiritual Care Teams on standby.
Appendix E  Multiple Incidents Emergency Response Summary

- Liaise with the emergency services and other responding agencies (see Emergency Department Major incident Operational Plan and Family & Friends Reception Centre Plan).

**Mass Fatality Incidents**
If there are also mass fatalities as a result of the incident(s) the Trust may also be expected to support the designated Emergency Mortuary at the Royal Liverpool University Hospital by activation of the Trust’s Alternative/ Support Merseyside Emergency Mortuary Plan. This plan complements the Merseyside (multi agency) Mass Fatalities Plan.

**Emergency Communications**
Alerts and global emergency messages can be transmitted via Switchboard to all Trust mobile telephones, global email; all pagers on both sites and via tannoy (although this last will have to be recognised coded messages only).

There are a number of Major Incident portable emergency telephones in a secure cupboard in ED Seminar Room which will be distributed by the Operational Site Manager to all Tactical Coordinators. There are also Major Incident radios in the Major Incident Cupboard in the Exec suite offices.

The Trust has 2 Mobile Telephone Preference Access Scheme (MTPAS) enabled mobile phones kept in the Major incident Cupboard in the Major Incident Suite in the Emergency Department in Whiston. These can either be used by the Major Incident Control Room runners or by NHS Bronze Command to receive and send calls to Silver Command.

MTPAS (formerly ACCOLC) can be invoked by police to cut off mobile phone signals of all phones except those with SIM cards registered by responding agencies. However, Vodaphone mobiles can still be used if accessed via a computer.

**Debriefs**
After Stand Down has been declared by the Bronze Commander all areas/departments Managers/Coordinators, including the Bronze Command Team, will conduct a ‘Hot Debrief’ in their location. These hot debriefs will include other agencies present.

As a result of these debriefs all Tactical Managers will send a brief and concise report and action plan to the NHS Bronze Commander on the day and copy in the Head of Emergency Management.

The Bronze Commander will call a formal debrief of all Tactical Managers/Coordinators and key staff within 2 weeks of the Stand Down in ED.
Appendix E  Multiple Incidents Emergency Response Summary

The NHS Bronze Commander and Head of Emergency Management will attend the formal NHS England Area Team Debrief.

The NHS Gold Commander will attend the Merseyside Multi Agency Debrief on behalf of the NHS England Area Team economy and regional debriefs.
Appendix F  Glossary of Emergency Planning Terms

Emergency planning terms are highlighted in **bold and italic** throughout the plan. Some of these terms are used in supporting plans

**BASICS Doctors**
Immediate care doctors are specialists, trained in pre-hospital care and to provide medical support at the scene of an accident or major medical emergency, or while patients are transit to hospital. They also provide medical support at mass gatherings.

**Category One Responder**
Emergency Services, Local Authorities, Acute Trusts and Public Health England, NHS England plus the Environment Agency and Marine & Coastguard Agency are all Category One responders under the Civil Contingencies Act and must plan and work together to provide a coordinated response to emergencies.

**Category Two Responder**
The CCGs and non-acute specialist trusts, Utilities companies, Telecoms companies, some government departments and Transport executives are Category Two agencies that must work with, support and inform Category One Responders and each other to provide a coordinated response to emergencies.

**CBRN(E)/ HAZMAT**
These are Chemical, Biological, Radiological, Nuclear and Explosion incidents caused by deliberate criminal or terrorist acts. As opposed to HAZMAT incidents which may have the same hazards, characteristics and response but are accidents.

**Civil Contingencies Act 2004 (CCA)**
The act that determines which agencies are Category One and Two Responders to emergencies and how they should work together to provide a coordinated response with each other and other partners like the voluntary sector and private contractors.

**Cloudburst (Operation Cloudburst)**
A multi agency major incident response to incidents involving a release of toxic HAZMAT substances. Declaring Operation Cloudburst unlocks resources and sets in motion a formalised response in regard to sites where this has occurred (e.g., see below COMAH sites). There are currently Cloudburst sites on Merseyside and a further 36 in Cheshire, many of which are in Halton just over the border.

**Command & Control**
The Command & Control Structure during a Major Incident has 3 levels:
Bronze = Operational, Silver = Tactical and Gold = Strategic.

**Bronze Command**
These are the teams that manage the operational response to a Major Incident. At the scene it is fire crews attending the fire, police staffing the cordons, paramedics dealing with casualties, Environmental Health Officers and other local authority responders etc providing advice and finding resources for clean up, etc.
Appendix F  Glossary of Emergency Planning Terms

NHS Bronze Command
In the NHS command structure NHS Bronze Command is the exec team of the Acutes, specialist hospitals and community health service providers that manage their own organisation’s strategic response to an incident. They report to NHS England Area Team Resilience who provide both the NHS Silver and NHS Gold Command Teams.

NHS Gold Command
The Ch. Exec of NHS England Area Team (or nominee) is the NHS Gold Commander. They will operate from an NHS Gold Control Room in NHS England HQ (supported by NHS England admin staff). S/He will attend the Strategic Coordination Group (SCG) to represent the NHS economy in Merseyside.

NHS Silver Command
The NHS Silver Commander and Control Room will be provided by NHS England Merseyside Area Team but may operate from a control room within the local authority district where the incident occurred (unless it is a regional or national event like pandemic flu).

NHS Bronze Command (Hospital Command Team)
This consists of the Exec in Charge, Medical Director, Exec Nurse, Ops Director and other Execs plus GM on call and the Tactical Team Coordinator (ED consultant) and other Tactical Coordinators as required.

Control Room (NHS Bronze)
Support Team
Call Takers
Trained call takers who complete Major Incident enquiry forms with a précis of telephone, fax and email messages and pass these to the Log Keeper for numbering, noting and passing on to the Bronze Command Team (see above).

Control Support Team (Manager)
The Manager of the admin support team for Bronze Command.

Loggist
Trained loggist for the Bronze Command team who takes down all decisions and actions and key information at Bronze meetings.

Log Keeper (General)
Member of Bronze Control staff who numbers and notes all communications into the Bronze from outside.

Situation Board Writer
Admin officer trained to keep the situation board up to date in the Bronze Command room.

Welfare Officer
Officers of the Trust in each area of activity who arrange refreshments and catering for staff and ensure that breaks are taken and monitor staff for stress.
Appendix F  Glossary of Emergency Planning Terms

Control of Major Accident Hazards Regulations 1999 (COMAH)
Top tier COMAH site
A top tier COMAH site, as defined by the Health & Safety Executive, is an industrial or storage premises that holds substantial quantities of hazardous materials that if released have the potential to cause a catastrophic off site effect.

Lower tier COMAH site
A lower tier COMAH site, as defined by the Health & Safety Executive, is an industrial or storage premises that hold substantial quantities of hazardous materials that if released have the potential to cause a serious on site effect.

Community Risk Register
A register of risks and hazards in the County devised by a Risk Assessment Sub Group of all the responding agencies that make up the Local Resilience Forum.

Debrief
A debrief is held after an incident or an exercise to establish learning points and draw up an action plan to enable the review and revision of emergency plans. A hot debrief (see under H) is held immediately after Stand down is declared within the location where responders have been working and a formal organisational debrief will be held within a week after the event. A multi agency debrief will be held within a month and chaired by a senior officer of the Strategic Coordinating Group.

Discharge Area in Hospitals (Major Incident)
Major Incident (P3) casualties may be discharged on the day of the incident via a Major Incident Discharge Area rather than the normal discharge lounge for in patients. They will be reunited with their relatives in the Reunion Centre.

Emergency Centres (Established/ run by Local Authorities)
Emergency Rest/ Reception Centre
This is a designated centre to accommodate displaced persons staffed by local authority and voluntary agencies. A place of safety and shelter where people can be accommodated and care for from a few hours to days, weeks or months, dependent upon the incident.

Survivor Reception Centre
This is any initial place of safety near the incident scene that survivors have reached themselves or the emergency services have directed them to, e.g., a church hall, a car park, a supermarket café, etc. It is not necessarily a shelter.

Humanitarian Assistance Centre
This is a drop in centre for anyone affected by the incident that can be an advice centre plus a combination of other centres.
Appendix F  Glossary of Emergency Planning Terms

Family & Friends Reception Centre
A centre (usually a hotel or conference centre) where the victim’s families are interviewed by police supported by the local authority/voluntary agency crisis support teams, to ascertain the identity of the dead and injured and where they can receive information and emotional and practical support.

Emergency Mortuary
A temporary mortuary facility set up at a designated place under special arrangements made by the local authority, (see Merseyside Mass Fatalities Plan). The Royal Liverpool Hospital Mortuary is the designated Emergency Mortuary for Merseyside and will be supported by Whiston Hospital Mortuary for a number of services including body storage.

Emergency Services

Joint Emergency Services Incident Partnership (JESIP)
All 3 Emergency Services operate from joint Gold and Silver control rooms and incident suites located in Merseyside Fire & Rescue Service HQ in Bridle Road, Bootle. There is also a joint team of Emergency Planning Officers at this site.

North West Ambulance Service (NWAS)
Ambulance Incident Commander (AIC)
This is the officer in charge of the operational response for the ambulance service at the scene.

Hospital Ambulance Liaison Officer (HALO)
This officer will be dispatched to the ED of a receiving hospital where s/he will liaise with the ED Coordinator and other staff and keep them informed of the number, severity and type of incoming casualties and other vital information from the scene.

Hazardous Area Response Teams (HART)
The teams are specialist trained and equipped to work in conjunction with Search and Rescue Teams to triage and treat casualties within the ‘hot zone’ (on a fire ground) or inside the ‘inner cordon’ (see the Scene below) in incidents involving hazardous materials or in hazardous places needing special rescue equipment and training.

Casualty Clearing Point/Area
This is an area that can be on the edge of either the ‘inner’ or ‘outer cordons’ (see scene below) where casualties can be brought away from the danger to be treated and transported away to hospital.

Casualty Clearing Centre (Advance)
A building near the scene that provides shelter for casualties awaiting distribution to the most appropriate health care facility and were MERIT teams can stabilise and treat Priority 1 casualties who can’t be moved far.

Medical Incident Commander
The MIC will take command of and coordinate all non-ambulance clinical staff at the scene and all casualty points and centres.
Appendix F  Glossary of Emergency Planning Terms

National Capability Mass Casualty Vehicles (NCMCV)
These are available to Ambulance Trusts and Hospital Trusts in the event of a mass casualty incident. The following is a brief overview of the capability.

“The NCMCV are part of the governments capabilities programme. Each vehicle contains enough medical equipment to provide emergency treatment for: 100 x either P1/ P2 Casualties and 250 x P3 Casualties

Merseyside Fire & Rescue Service (MFRS)
Detection Identification and Monitoring Team (DIM)
Merseyside Fire & Rescue Service (MFRS) DIM team is a specialist team of HAZMAT officers, deployed to the scene of any incident, which specially equipped and trained to detect, identify and monitor suspected hazardous substances potentially found at the scene. They may have a communications link to the Health Protection Unit Duty Officer direct or via the STAC (see below).

Decontamination (Mass)
The fire service is responsible for mass decontamination at the scene of an incident. They can use the ‘New Dimensions’ specialist demountable units (2 in Merseyside, stored at the Fire Service Training Academy in Storrington Avenue, Liverpool) or a system using 2 fire engines, a ladder, a hose and modesty screens. Decontamination of casualties is undertaken at scene by the Ambulance Service and self-presenters by the ED at the Receiving Hospital.

Merseyside Police Casualty Bureau
The Police Casualty Bureau is designed to gather information from the public phone calls from concerned family and friends of people who are missing and whom they believe may be affected or caught up in a Major Incident and registration documentation from emergency centres (see above).

For incidents in the NW, the Police Casualty Bureau will be convened near Manchester, supported initially by officers from the affected force area and later by CASWEB which is a national arrangement for receiving calls - when a Major Incident involving a large number of people occurs. A number for the Bureau will be broadcast on radio and TV once it is set up.

Counter Terrorist Security Advisors (CTSA)
The local police Counter Terrorist Security Advisor works with all emergency responders and local communities, etc to advise, inform and train people in how to be vigilant with regards to terrorism and security issues. S/he also advises on ways of responding/managing your working area/ neighbourhood after an incident has occurred. They run Project Argus sessions to this end.

Documentation Teams
Merseyside Police may send 2 documentation teams to the hospital when a mass casualty incident occurs, one for the
Appendix F  Glossary of Emergency Planning Terms

Emergency Department and one for the Family & Friends Reception Centre. They will interview P3 casualties and receive the police copy of the Major Incident documentation in the ED in order to complete their Casualty/ MISPERS forms. The officers in the Family Centre will interview family and friends reporting loved ones missing and complete the MISPER forms. Both sets of forms will be submitted to the Casualty Bureau.

The officers in the ED will be assisted by the police link officer and those in the Family Centre will be supported trained L&D staff, local authority social care and voluntary agency, crisis support teams.

Family Liaison Officers
These are police officers normally allocated to the families of homicide or road traffic collision victims. They are a single point of contact for that family and part of the investigative team. They are supported in Major Incidents by Local Authority/Voluntary Agency Core Crisis Teams. These officers may be part of the response at the hospital.

Force Incident Manager (FIM)
A police inspector in a separate control room to the area control rooms who coordinates the response to a Major Incident as Silver Commander in the initial stages until senior officers are in place.

Exec in Charge
The Chair of the strategic Hospital Bronze Command Team and the officer of the Trust who takes ultimate responsibility for declaring a Major Incident for the Trust and the strategic response to the incident.

Exercise (Major Incident)
There are a number of different types of Major Incident exercises.

1. Walkthrough = a small corps of key staff read through the plan using a scenario and a timeline accompanied by a physical walkthrough and test of access to locations, finding keys, checking equipment and communications, etc.

2. Table top = a paper exercise for teams practising the plan using a scenario, timeline and injects and telecoms, email etc. Also involving an Exercise Control Team (ExCon), facilitators/umpires, observers and subject matter experts (SME).

3. Live Exercise = a practical exercise where responders actually carry out a simulated response to a fictional incident involving all of the above and more. This may or may not involve the use of volunteers as patients/ displaced persons, etc or cards or mannequins to represent those people.

4. Hybrid = a combination of the above.

Exercises should be given a name for communication purposes and this must be 1 or 2 words that are not usually used in normal conversation. All communication during the exercise must be prefaced with the name of the exercise, spoken twice to distinguish it from a real event. If a real event occurs that requires a
response messages must be prefaced with the words “NO DUFF, this is NOT part of the exercise”.

An exercise should not be confused with an Operation which is an actual planned response to a real event, e.g. Operation Cloudburst (see above under COMAH). Notice of a named Operation is a declaration of a Major Incident. There are other named Operations that key officers of responding agencies must be made aware of but are restricted information on a need to know basis for security purposes and cannot be written down or discussed in public fora.

**Family & Friends Reception Centre (Hospital)**
Whiston Hospital has a designated Family & Friends Reception Centre currently at the Post Grad Centre. The Hospital (Darwick) Volunteers will direct and escort people away from the ED to this centre if they are family or friends looking for people they believe may be casualties brought to the hospital. The families will be interviewed (see Merseyside Police documentation teams below) and given practical and emotional support and information. They may also be reunited with their loved ones where possible and appropriate, (see Whiston Family & Friends Reception Centre Plan).

**HAZMAT Incidents (see CBRN(E))**
See CBRN(E)/ HAZMAT above and CBRN(E)/ HAZMAT Plan for Whiston Hospital site.

**Health Protection Agency (HPA)**
Now Public Health England (PHE)
This is a government agency that provides expert assistance and advice in all chemical, biological, radiological and nuclear incidents. The HPA has a useful website that can be used by clinical staff dealing with HAZMAT incidents.

**Health Protection Unit (HPU)**
This is the local operational version of the above which has a Duty Officer on call who can be accessed via Ambulance Control for advice and assistance.

**Hot Debrief**
A hot debrief is a short meeting of responders within the location they have been working immediately after the Stand Down, convened to capture learning points while they’re still fresh in the mind and to thank the responders.

**Local Health Resilience Partnership (LHRP)**
This forum is chaired by NHS England and consists of Executive officers from all NHS bodies and other partner agencies, e.g. emergency services, local authorities and voluntary agencies. It is the policy making forum for Emergency Planning Response and Resilience (EPRR) for health and social care in Merseyside.
Appendix F  Glossary of Emergency Planning Terms

There are a number of practitioner groups under the LHRP, the Health Response Group (HRG) and Health Business Continuity Group being the main ones. Other working groups include Pandemic Influenza and Infectious Human Diseases.

Local Resilience Forum (LRF)
This is a group of generally high ranking officers from each type of the Category One Responders in a police force area (county) that meets quarterly to discuss emergency planning on a countywide basis and has multi agency sub groups.

Major Incident
This is any incident that requires an emergency response by a number of agencies that will stretch resources and requires special arrangements and procedures to be enacted.

Major Incident Command & Control Structure
See UK National Resilience Structure at Appendix A.

Medical Coordinator
A Senior Clinician (Physician of the Day) who supports the Exec in Charge/ Bronze Commander on behalf of the Medical Director if the Medical Director his/her deputy or assistant Medical Directors are not available.

S/He will activate and strategically coordinate the medical teams and clinical response to a Major Incident until the Medical Director arrives to take over.

Medical Emergency Response Incident Team (MERIT)
Medical Emergency Response Incident Team is a hospital forward medical team that accompanies the ambulance service to treat casualties in situ or at the casualty clearing point at a Major Incident. Only MERIT teams from hospitals not designated as receiving hospitals for the incident will be deployed by the Ambulance Service.

Mobile Telephone Priority Scheme (MTPAS)
Mobile Telephone Preference Scheme can be invoked by police to cut off mobile phone signals of all phones except those registered by responding agencies. The Trust currently has 2 x MTPAS registered mobiles kept in the Major Incident Cupboard in Execs.

Meteorological Office (Met Office) (see also Weather)
The Met office issues to all Category One responders as required: Severe weather warnings, Extreme rainfall warnings, Flood warnings and Heatwave warnings.

Police Link Officer
A member of ED admin team, designated by the ED Coordinator who will liaise with and facilitate police officers in the ED, gather the police pink copies of the casualty
Appendix F  Glossary of Emergency Planning Terms

Major Incident casualty documentation and supply it to the police documentation team.

Reunion Centre (Hospital)
P3 patients discharged on the day of the incident will be taken to the Major Incident Discharge Area and then will be reunited with their relatives in the Reunion Centre in an organised manner which ensures their safety.

If they are stranded or rendered homeless by the incident, they can be discharged into the care of the local authority and taken by local authority core crisis team officers to a designated emergency centre or a hotel.

Scene (of the Major Incident)

Advance Casualty Centre (ACC)
Any suitable public building near the scene that can be set up to accommodate casualties that require immediate triage, stabilisation and treatment and which due to the gridlock or destruction of the local infrastructure and/or sheer scale of casualty numbers, may take some time to transport to acute hospitals. They can be kept safe and receive vital immediate treatment and be dispersed to the most appropriate hospitals, etc. from this centre, in a more coordinated manner.

Casualty Clearing Point
A point on the edge of the Inner Cordon (see below) where NWAS will set up an initial casualty triage, first aid and dispersion point (usually a specialist vehicle or initially regular ambulances).

Cordon (Inner and Outer)
The Inner Cordon is a line around the Hot Zone (see below) where the impact of the event is most apparent. Access through this cordon is controlled by the Fire & Rescue Service and the Fire Incident Commander is the authority within this cordon.

The Outer Cordon is determined by the police at some distance from the Inner Cordon and access points will be controlled by the police who may be supported by local authority officers or highways contractors under contract.

If the police are present at the scene, the most senior police officer on site will become the Police Silver Commander and is the overall Commander of all agencies operating from the scene within the Outer Cordon. S/He works in close liaison with the Fire Incident Commander and the Ambulance Incident Commander (if present).

Hot Zone
The area within the Inner Cordon (see above) controlled by the Fire & Rescue Service where the main impact of the event has or is occurring, e.g. a major fire, chemical release, transport crash, explosion.

Incident Control Point (ICP)
A point set up near the outer cordon at the scene where the Silver Commander or Incident Commander operates from to tactically manage the scene.
Appendix F  Glossary of Emergency Planning Terms

Rendevous Point (RVP)
A safe or convenient point that responders report to for a briefing before their operational response.

Stand Down
Stand Down is declared when the response to the incident is no longer required.

Tactical Team Coordinator
This is a 3rd ED Consultant called in to take over the role of managing the ED Treatment Teams and other Tactical Coordinators operating in the ED.

The 1st ED consultant on duty will relinquish this role and become the Chief Triage Officer when either the called in consultant or the casualties arrive in ED. The 2nd ED Consultant is the Resus Consultant.

UNITY Protocol (see Voluntary Agencies)
The Unity Protocol is a Merseyside plan which provides access to voluntary agencies with an emergency response under the primacy of the British Red Cross. The UNITY Protocol can be activated by the local authority via Silver Command. (Hard copy held in the Major Incident Cupboard in the Bronze Control Room).

Voluntary Agencies
See UNITY Protocol
Appendix G  Bibliography


Department of Health (2005) NHS emergency planning guidance 2005 [online] Available at

http://www.england.nhs.uk/ourwork/gov/eprr/

NHS Commissioning Board Core Standards for Emergency Preparedness, Resilience and Response (EPRR)

Merseyside Community Risk Register

Major Accident Hazards (COMAH) Regulations 1999

Response and Recovery Guidance

NHS Commissioning Board Emergency Preparedness Framework

Emergency Response and Recovery, Non statutory guidance accompanying the Civil Contingencies Act 2004

Revision to Emergency Preparedness

Chapter 1 Introduction

Chapter 2 Co-operation

Chapter 3 Formal Information Sharing Under the Civil Contingencies Act 2004

Chapter 4 Local responder risk assessment duty
Appendix G  Bibliography


Chapter 5 (Emergency Planning)

Chapter 6 Business Continuity Management

Chapter 7 Communicating with the Public

Chapter 8 Business continuity advice and assistance to business and the voluntary sector

Chapter 13 Support and challenge

Chapter 14 The Role of the Voluntary Sector

Chapter 15 Other sectors that should be involved in Emergency Planning

Chapter 16 Collaboration and Co-operation between Local Resilience Forums in England

Chapter 19 - The Fit with Other Legislation

Annex 7 A: Communicating with the public: News Co-ordination Centre

Annex 7 C: Checklist of suggested protocols
Appendix G  Bibliography

Annex 7 D: Duty to communicate with the public – The Ten Step Cycle

Glossary - Revision to Emergency Preparedness

www.cabinetoffice.gov.uk/sites/default/files/resources/vulnerable_guidance.pdf

www.cabinetoffice.gov.uk/sites/default/files/resources/logistic-operations_0.pdf

Department for Culture, Media and Sport (2011). Humanitarian Assistance strategic guidance - Building capability to look after people affected by emergencies
www.cabinetoffice.gov.uk/media/132793/ha_rolesandresponsibilities.pdf

www.cabinetoffice.gov.uk/sites/default/files/resources/fatalities.pdf

Lexicon of UK civil protection terminology
www.cabinetoffice.gov.uk/cplexicon

Cabinet Office (2010). Expectations and Indicators of Good Practice Set for Category 1 and 2 Responders

British Continuity Institute (2010). Good Practice Guidelines
www.thebci.org/gpg.htm


www.cabinetoffice.gov.uk/ukresilience/preparedness/exercises/plannersguide.aspx

National Occupational Standards for Civil Contingencies
epcollege.com/epc/training/national-occupational-standards/

National Operating Framework
Major Incident Policy
Version 11 – March 2015
Appendix H   Equality Analysis

This equality analysis is for not only this policy but also all Major Incident and Business Continuity Plans.

“St Helens and Knowsley Teaching Hospitals NHS Trust is committed to creating a culture that promotes equality and embraces diversity in all its functions as both an employer and a service provider. Our aim is to provide a safe environment, free from discrimination, and a place where all individuals are valued and are treated fairly. The Trust adheres to legal requirements and seeks to mainstream the principles of equality and diversity through all its policies, procedures and processes.

The Trust takes a zero tolerance approach to all forms of discrimination, harassment and victimisation and will make every effort to ensure that no patient or employee is disadvantaged, either directly or indirectly, on the basis that they possess any of the “protected characteristics” as defined by the Equality Act 2010. The protected characteristics are as follows: race; disability; sex; religion or belief; sexual orientation; gender reassignment; marriage and civil partnership; pregnancy and maternity; and age.

This Guideline will be implemented with due regard to these commitments.

All authors of Guideline documents must include a completed equality analysis Stage 1 screening. Guideline authors must refer to the Trust Equality and Diversity Guideline 2011 and the equality analysis toolkit and associated guidance documents (Stage 1 and Stage 2) available on the intranet.

Equality Analysis for this Guideline

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</tr>
<tr>
<td>• advance equality of opportunity</td>
</tr>
<tr>
<td>• foster good relations</td>
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<tr>
<td>8 List key groups involved or to be involved in Guideline development (e.g. staff side reps, service users, partner agencies) and how these groups will be engaged.</td>
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NB Having read the guidance notes provided when assessing the questions below you must consider:
• Be very conscious of any indirect or unintentional outcomes of a potentially discriminatory nature
• Will the Guideline create any problems or barriers to any protected group?
• Will any protected group be excluded because of the Guideline?
• Will the Guideline have a negative impact on community relations?
If in any doubt please consult with the Patient and Workforce Equality Lead
### Appendix H  Equality Analysis

9. Does the Guideline **significantly** affect one group **less** or **more** favourably than another on the basis of: answer ‘Yes/No’ (please add any qualification or explanation to your answer particularly if you answer yes)

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10. Will the Guideline affect the Human Rights of any of the above protected groups?

   NO

11. If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?

   NO

12. If you have identified a negative impact on any of the above-protected groups, can the impact be avoided or reduced by taking different action?

   NO

13. How will the effect of the Guideline be reviewed after implementation?

   The Guideline will be audited at least annually in line with the key performance indicators

If you have entered yes in any of the above boxes you **must** contact the Patient and Workforce Equality Lead (ext. 7609/ Annette.craghill@sthk.nhs.uk) to discuss the outcome and ascertain whether a **Stage 2 Equality Analysis Assessment** must be completed.

- **Name of manager completing assessment:** (must one of the authors)
  Jayne Heaney

- **Job Title of Manager completing assessment**
  Head of Emergency Management

- **Date of Completion:**
  March 2015

The Trust has a duty as a public body to publish all completed **Equality Analysis Screening and Assessments**. Please forward a copy of your completed proforma to Annette.craghill@sthk.nhs.uk

The Patient and Workforce Equality Lead will conduct an audit on all completed Screening and Assessments every six months.
# Amendments Log

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Appendix J

Hospital Major Incident Activation

NWAS/ NHS England GOLD or SILVER COMMANDER
Issue Major Incident Standby/ Declaration (0345 113 00 99)

Switchboard

Op Site Manager Bleep 7263/ 4

NWAS Standby

Confirmation & update

Office hrs - Operations Director
(if unavailable call goes to Exec on Call).

Out of Hrs - Exec on Call

Office hours = ADO (as above)
Out of hours = GM on call

Other ADOs/ Senior Managers

Rest of Exec Team including
Office hrs: Medical Director
Out of hrs: Physician of the Day (POD)
Exec Nurse, Ops, FM, Finance, HR, IT Directors and Comms team,

IT Manager on Call

IT Helpdesk

TANNOY CODED MESSAGE
“DR MAJAX REPORT TO COORDINATOR
DR MAJAX REPORT TO COORDINATOR”

All relevant ward and area managers (as back up to the tannoy)

Notify staff on duty and call in off duty staff

Internal Major Incidents
Inform CCGs on call
Mid Mersey 0845 833 5287
Nth Mersey 0845 124 9802

Major Incident Declared

Confirmation & update

ED Zone 3

Large no’ of Casualties arriving

Notification & external activation flow

Internal notification & activation flow & confirmation

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