This Plan is effective from June 2013 – Please destroy all previous copies

This plan is to be read by all staff on appointment and at regular intervals afterwards.

Particular attention should be paid to the alerting/reporting procedures and the action cards relating to the staff member’s intended functional role

DIRECTIONS FOR ALL STAFF

In the event of a major incident read your action card carefully before taking any action

Do not make any calls via the switchboard unless urgent

If possible, log onto the hospital e-mail system to find up to date information about the incident

Remember hospital security at all times and wear your hospital name badge

| Person Responsible for plan implementation and review: | Caroline Fiore  
<table>
<thead>
<tr>
<th>Emergency Planning Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Version:</td>
</tr>
<tr>
<td>Impact Assessment Date</td>
</tr>
<tr>
<td>Ratified:</td>
</tr>
<tr>
<td>Ratifying Committee</td>
</tr>
<tr>
<td>Next Review Date:</td>
</tr>
</tbody>
</table>
### Version Control

<table>
<thead>
<tr>
<th>V</th>
<th>Date</th>
<th>Amendment History</th>
<th>Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.0</td>
<td>Nov 2010</td>
<td>- First release</td>
<td>Jacky Bush</td>
</tr>
<tr>
<td>7.0</td>
<td>Nov 2011</td>
<td>- Refer to v7</td>
<td>Dan Hale</td>
</tr>
<tr>
<td>7.1</td>
<td>July 2012</td>
<td>- Refer to v7.1</td>
<td>Kathryn Dixon</td>
</tr>
</tbody>
</table>
| 8  | Nov 2012   | - Removal of sections 6-7, information put into new CBRN plan.  
- Change Kathryn Dixon to Caroline Fiore & office location  
- Change Head of Governance & Resilience to Emergency Planning Manager (action card 8)  
- Addition of CBRN, Comms and Mass Prophylaxis plans to section 2.1  
- Amendment to 2.27 & 2.28  
- Amendments of action cards 24, 27, 28, 65, 71 due to closure of Isabella Day Ward and Amendment of action cards 9, 24, 27, 28, 29, 66, 69 - closure of MAC  
- Removal of Derwent Ward from action card 66  
- Addition of action card 104 for Health Records  
- Version control moved to front of plan  
- Change to infection control number  
- Social services changed to social care for RBK and SCC | Caroline Fiore  |
| 8.1| April 2013 | - Plan restructure  
- Changed NHS London to NHS Commissioning Board London  
- Changed PCTs to Clinical Commissioning Groups  
- Changed HPA to Public Health England.  
- Changed roles and responsibilities for Commissioning Board & Clinical Commissioning Group  
- Update to ‘Your Healthcare’ roles and responsibilities  
- Added references to South East Coast Ambulance  
- Added references to RideLondon and removed Olympics  
- Changed Orthopaedic OPD phone number  
- Addition of Met Police info including Police Hospital Input Team (seminar room 3), police vehicle parking and other expected Police attendance on site during a Major Incident.  
- All action Cards updated  
- New action cards: Advanced Nurse Practitioner, Therapies, Communications Team, Trauma Coordinator, Stores, Purchasing  
- A&E changed to ED (Emergency Department)  
- MGPU changed to IAAU  
- Addition of Trauma Unit flowchart  
- Addition of information to the Business Continuity section | Caroline Fiore  |
- Updated to be Kingston Hospital NHS Foundation Trust  
- Addition of information about religious rites  
- Additions to contact list  
- Addition of site plan and A&E layout plan  
- Addition of glossary of emergency response terms | Caroline Fiore  |
| 9  | 9 June 2013 | - Ratified by EMC                                                                                                                                                                                                   | Caroline Fiore  |
Contents

Version Control 2
Action Card Index 6
Maintaining The Plan 9
Chief Executive’s Message to All Staff 10
Foreword 11
Related Documents 11
Distribution 11
Maintenance and Review 12

1 Introduction 13
1.1 Introduction 13
1.2 Major Incident Definition 13
1.3 Types of Major Incident 14
1.4 Civil Contingencies Act 2004 14

2 Local Potential Hazards 15
2.1 Flooding 15
2.2 Public Gatherings 15
2.3 Major Transport Infrastructure 15
2.4 Hazardous Sites 15
2.5 Terrorism 15
2.6 Public Health 15

3. Roles and Responsibilities 16
3.1 Health Agencies 16
   3.1.1 Acute NHS Trusts 16
   3.1.2 London Ambulance / South East Coast Ambulance Service 16
   3.1.3 NHS England (London) 16
   3.1.4 Kingston Clinical Commissioning Group (CCG) 17
   3.1.5 Your Healthcare 17
   3.1.6 Public Health England (PHE) 17
   3.1.7 Department of Health (DH) 17
3.2 Non-Health Partners 18
   3.2.1 Police 18
   3.2.2 Ambulance 18
   3.2.3 Fire and Rescue 18
   3.2.4 Local Authority 18
3.3 Government Bodies 19
   3.3.1 Environment Agency 19
   3.3.1 Highways Agency 19
   3.3.3 Maritime and Coastguard Agency 19
   3.3.4 Met Office 19

4. Plan Activation 20
4.1 Alerting Procedure 20
4.2 Local Alerting Procedures 20

5. Trust Roles and Responsibilities 21
5.1 Action Cards 21
5.2 Trust Staff Responsibilities 21

6. Command and Control 22
6.1 Command and Control Structure 22
6.2 Gold Command 22
   6.2.1 The Gold Commander 22
   6.2.2 Multi-Agency Gold 22
6.2.3 Gold Command Members 23
6.2.4 Informing NHS England (London) 23
6.3 Silver Command 23
6.3.1 Silver Incident Manager 23
6.3.2 Incident Management Team 23
6.3.3 Incident Management Team Members 24
6.4 Bronze 24
6.5 Communications Flow 24
6.6 Recovery Cell 24

7. Use of areas within the Hospital 26
7.1 Emergency Department (ED) 26
7.2 Orthopaedic Outpatients Department 26
7.3 Education Centre 26
7.4 Admitting Wards 26
7.4.1 Adult Major Incident Patients 26
7.4.2 Paediatric Major Incident Patients 26
7.5 Wolverton Centre 27
7.6 Dining Room 27
7.7 PALs Office 27
7.8 Seminar Room, Sir William Rous Unit 27
7.9 Honey Bees Nursery 27

8. Patients Arriving at the Hospital 28
8.1 Casualty identification and documentation 28
8.2 Police Documentation Team 28
8.3 Patient Flow 28
8.4 Patient’s Property 31
8.5 Management of Forensic Evidence 31
8.5.1 Continuity of Forensic Evidence 31

9. Freeing up Capacity 32
9.1 Discharge Levels 32
9.2 ITU/Theatre Escalation Plan 32
9.3 Mass Casualty Situations 32
9.4 Trauma Network 33

10. Other Response Arrangements 34
10.1 Blood Supplies 34
10.2 Mortuary Arrangements 34
10.2.1 Custody of Bodies 34
10.3 Religious Rites 34
10.4 Medical Emergency Response Incident Teams (MERIT) 34
10.5 Police Response 34
10.5.1 Data Collection 34
10.5.2 Forensic Evidence and Retrieval 34
10.5.3 Identification of Key Witnesses 35
10.5.4 Identification of suspects 35
10.6 Traffic Control 35
10.7 Business Continuity 35
10.8 Health and Safety 36

11. Communications 37
11.1 Communications and the Media 37
11.2 Visits from VIPs 37
11.3 Sharing of Information 37
11.4 NHS England Reporting Requirements - SITREP 37
12. **Support for Patients, Relatives and Staff** 38
   12.1 Discharged Patients and Relatives Centre 38
   12.2 Communication at and to the Relatives Centre 38
   12.3 Patients and Relatives Counselling and Support 38
   12.4 Staff Counselling and Support 38

13. **Staff** 39
   13.1 Maximising Available Staff 39
   13.2 Working Time Directive 39
   13.3 Identity Badges 39

14. **Special Circumstances and Procedures** 40
   14.1 Paediatric Major Incidents 40
   14.2 Incidents involving Radioactive, Chemical or Biological Substances 40
   14.3 Hospital Lockdown 40

15. **Incident Stand Down** 41
   15.1 Stand Down 41
   15.2 Debriefing 41

16. **Post-Incident Recovery** 42
   16.1 Recovery 42

17. **Training and Exercising** 43
   17.1 Training 43
   17.2 Exercising 43
   17.3 Commex 43
     17.3.1 What do I do? 44
     17.3.2 What happens after Commex? 44

**Appendix A** Useful Telephone Numbers 45
**Appendix B** Advice for Traumatic Experiences Leaflet 46
**Appendix C** Police Roles 47
**Appendix D** Trauma Unit Flowchart 48
**Appendix E** Pan-London Major Incident Liaison Protocol 49
**Appendix F** Site Plan for Major Incidents 50
**Appendix G** A&E Site Plan for Major Incidents 51
**Appendix H** Glossary of Emergency Response Terms 52

**MAJOR INCIDENT ACTION CARDS SHOULD BE USED IN CONJUNCTION WITH THIS PLAN**

**Table of Figures**
- **A** Command and Control Structure 22
- **B** Gold Command Members 23
- **C** Incident Management Team Members 24
- **D** Communications Flow 25
- **E** Patient Flow 29
- **F** Paperwork Flow 30
### Action Card Index

Action Cards are held on PIMS, these should be printed out and held in an accessible location. Inform the Emergency Planning Manager if any changes are required on any of the action cards.

<table>
<thead>
<tr>
<th>Action Card</th>
<th>Action Card Number</th>
<th>Action Card Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Switchboard</td>
<td>001</td>
<td>ISS Facilities Manager</td>
</tr>
<tr>
<td><strong>Gold Team</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gold Commander (On Call Director)</td>
<td>002</td>
<td>Emergency Planning Manager</td>
</tr>
<tr>
<td>Chief Executive Officer</td>
<td>003</td>
<td>Emergency Planning Manager</td>
</tr>
<tr>
<td>On Call Communications</td>
<td>004</td>
<td>Head of Communications</td>
</tr>
<tr>
<td>Spare</td>
<td>005</td>
<td></td>
</tr>
<tr>
<td>Spare</td>
<td>006</td>
<td></td>
</tr>
<tr>
<td>Spare</td>
<td>007</td>
<td></td>
</tr>
<tr>
<td><strong>Silver Team</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Silver Incident Manager (On Call Manager)</td>
<td>008</td>
<td>Emergency Planning Manager</td>
</tr>
<tr>
<td>Advanced Site Practitioner</td>
<td>009</td>
<td>ASPs</td>
</tr>
<tr>
<td>Medical Coordinator</td>
<td>010</td>
<td>Emergency Planning Manager</td>
</tr>
<tr>
<td>Nurse Coordinator</td>
<td>011</td>
<td>Emergency Planning Manager</td>
</tr>
<tr>
<td>Staff Pool Manager</td>
<td>012</td>
<td>Deputy Director HR</td>
</tr>
<tr>
<td>Setting Up the Incident Management Room</td>
<td>013</td>
<td>Emergency Planning Manager</td>
</tr>
<tr>
<td>Incident Management Team</td>
<td>014</td>
<td>Emergency Planning Manager</td>
</tr>
<tr>
<td>Manager of Nurse Bank</td>
<td>015</td>
<td>Manager of Nurse Bank</td>
</tr>
<tr>
<td>Advanced Nurse Practitioner</td>
<td>016</td>
<td>ASPs</td>
</tr>
<tr>
<td>Trauma Coordinator</td>
<td>017</td>
<td>Trauma Consultant</td>
</tr>
<tr>
<td>NHS England (London) Sit Rep</td>
<td>018</td>
<td>Emergency Planning Manager</td>
</tr>
<tr>
<td><strong>Recovery Cell</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director – Recovery Cell</td>
<td>019</td>
<td>Emergency Planning Manager</td>
</tr>
<tr>
<td>Spare</td>
<td>020</td>
<td></td>
</tr>
<tr>
<td>Spare</td>
<td>021</td>
<td></td>
</tr>
<tr>
<td>Spare</td>
<td>022</td>
<td></td>
</tr>
<tr>
<td><strong>ED Team</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ED Consultants</td>
<td>023</td>
<td>Lead ED Consultant</td>
</tr>
<tr>
<td>Sister in Charge</td>
<td>024</td>
<td>ED Head of Nursing</td>
</tr>
<tr>
<td>Consultant in Charge</td>
<td>025</td>
<td>Lead ED Consultant</td>
</tr>
<tr>
<td>Major Incident Triage Team</td>
<td>026</td>
<td>ED Head of Nursing</td>
</tr>
<tr>
<td>Nurse Coordinator Resus</td>
<td>027</td>
<td>ED Head of Nursing</td>
</tr>
<tr>
<td>Nurse Coordinator Majors</td>
<td>028</td>
<td>ED Head of Nursing</td>
</tr>
<tr>
<td>Nurse Coordinator Paeds</td>
<td>029</td>
<td>ED Head of Nursing</td>
</tr>
<tr>
<td>Nurse in Charge Minor Injuries</td>
<td>030</td>
<td>ED Head of Nursing</td>
</tr>
<tr>
<td>ED Nurse/Doctor Teams</td>
<td>031</td>
<td>ED Head of Nursing</td>
</tr>
<tr>
<td>ED SHO on Duty</td>
<td>032</td>
<td>Lead ED Consultant</td>
</tr>
<tr>
<td>ED Staff Call Out</td>
<td>033</td>
<td>ED Admin Manager</td>
</tr>
<tr>
<td>ED Senior Receptionist</td>
<td>034</td>
<td>ED Head of Nursing</td>
</tr>
<tr>
<td>ED Log In Receptionist</td>
<td>035</td>
<td>ED Head of Nursing</td>
</tr>
<tr>
<td>ED Triage Receptionist</td>
<td>036</td>
<td>ED Head of Nursing</td>
</tr>
<tr>
<td>ED Log Out Receptionist</td>
<td>037</td>
<td>ED Head of Nursing</td>
</tr>
<tr>
<td>Minor Injuries booking in Receptionist</td>
<td>038</td>
<td>ED Head of Nursing</td>
</tr>
<tr>
<td>ED Porters</td>
<td>039</td>
<td>ISS Facilities Manager</td>
</tr>
</tbody>
</table>

Minor Injuries booking in Receptionist | 038                | ED Head of Nursing                   |
<table>
<thead>
<tr>
<th>Position</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical Assessor</td>
<td>040</td>
</tr>
<tr>
<td>Spare</td>
<td>041</td>
</tr>
<tr>
<td>Spare</td>
<td>042</td>
</tr>
<tr>
<td>Spare</td>
<td>043</td>
</tr>
</tbody>
</table>

**Relatives Reception Team**

<table>
<thead>
<tr>
<th>Position</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relatives Reception Manager</td>
<td>044</td>
</tr>
<tr>
<td>Wolverton Centre Staff</td>
<td>045</td>
</tr>
<tr>
<td>Kingston Council Social Care Team</td>
<td>046</td>
</tr>
<tr>
<td>Community Psychiatric Consultant</td>
<td>047</td>
</tr>
<tr>
<td>Psychiatric Liaison Nurse</td>
<td>048</td>
</tr>
<tr>
<td>Chaplains</td>
<td>049</td>
</tr>
<tr>
<td>Spare</td>
<td>050</td>
</tr>
<tr>
<td>Spare</td>
<td>051</td>
</tr>
<tr>
<td>Spare</td>
<td>052</td>
</tr>
</tbody>
</table>

**Hospital Teams - Medical**

<table>
<thead>
<tr>
<th>Position</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical SHO On Duty</td>
<td>053</td>
</tr>
<tr>
<td>General Surgical Firms on duty</td>
<td>054</td>
</tr>
<tr>
<td>Other Consultants</td>
<td>055</td>
</tr>
<tr>
<td>Medical Registrar on duty/on call</td>
<td>056</td>
</tr>
<tr>
<td>Junior Medical Staff not on duty</td>
<td>057</td>
</tr>
<tr>
<td>Orthopaedic Firms on duty</td>
<td>058</td>
</tr>
<tr>
<td>ITU Anaesthetist Consultant on call</td>
<td>059</td>
</tr>
<tr>
<td>Anaesthetic Consultant and Medical Staff</td>
<td>060</td>
</tr>
<tr>
<td>Attending General Paediatric Consultant on call</td>
<td>061</td>
</tr>
<tr>
<td>Spare</td>
<td>062</td>
</tr>
<tr>
<td>Spare</td>
<td>063</td>
</tr>
<tr>
<td>Spare</td>
<td>064</td>
</tr>
</tbody>
</table>

**Hospital Teams - Nursing**

<table>
<thead>
<tr>
<th>Position</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical Unit Bleep Holder</td>
<td>065</td>
</tr>
<tr>
<td>Medical Unit Bleep Holder</td>
<td>066</td>
</tr>
<tr>
<td>Orthopaedic Unit Bleep Holder</td>
<td>067</td>
</tr>
<tr>
<td>Nurse in Charge Paediatrics</td>
<td>068</td>
</tr>
<tr>
<td>Nurse In Charge Other Wards/Teams</td>
<td>069</td>
</tr>
<tr>
<td>Nurse in Charge Alex Ward</td>
<td>070</td>
</tr>
<tr>
<td>Nurse in Charge Astor Ward</td>
<td>071</td>
</tr>
<tr>
<td>Nurse in Charge OPD</td>
<td>072</td>
</tr>
<tr>
<td>Nurse in Charge Orthopaedic OPD</td>
<td>073</td>
</tr>
<tr>
<td>Nurse in Charge Day Surgery Unit</td>
<td>074</td>
</tr>
<tr>
<td>Nurse in Charge Royal Eye Unit</td>
<td>075</td>
</tr>
<tr>
<td>Nurse in Charge ITU</td>
<td>076</td>
</tr>
<tr>
<td>ITU Escalation Plan</td>
<td>077</td>
</tr>
<tr>
<td>Theatre Manager</td>
<td>078</td>
</tr>
<tr>
<td>Senior Midwife</td>
<td>079</td>
</tr>
<tr>
<td>Nurses in charge all other Wards</td>
<td>080</td>
</tr>
<tr>
<td>Nurse in Charge of AAU</td>
<td>081</td>
</tr>
<tr>
<td>Spare</td>
<td>082</td>
</tr>
</tbody>
</table>

**Clinical Support Teams**

<table>
<thead>
<tr>
<th>Position</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiology</td>
<td>083</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>084</td>
</tr>
<tr>
<td>Non Clinical Support Teams</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Pathology</td>
<td>085</td>
</tr>
<tr>
<td>Mortuary</td>
<td>086</td>
</tr>
<tr>
<td>Incident Document Team</td>
<td>087</td>
</tr>
<tr>
<td>Therapies Coordinator</td>
<td>088</td>
</tr>
<tr>
<td>Therapies</td>
<td>089</td>
</tr>
<tr>
<td>Loggist</td>
<td>090</td>
</tr>
<tr>
<td>Administrative Support</td>
<td>091</td>
</tr>
<tr>
<td>Runner(s)</td>
<td>092</td>
</tr>
<tr>
<td>Staff Day Nursery Manager</td>
<td>093</td>
</tr>
<tr>
<td>Portering Staff</td>
<td>094</td>
</tr>
<tr>
<td>Security Staff</td>
<td>095</td>
</tr>
<tr>
<td>Duty Engineer</td>
<td>096</td>
</tr>
<tr>
<td>Communications Team</td>
<td>097</td>
</tr>
<tr>
<td>Major Incident Call Centre</td>
<td>098</td>
</tr>
<tr>
<td>Sterile Services Department</td>
<td>099</td>
</tr>
<tr>
<td>ISS Facility Services Manager</td>
<td>100</td>
</tr>
<tr>
<td>Catering Department</td>
<td>101</td>
</tr>
<tr>
<td>Volunteer Manager</td>
<td>102</td>
</tr>
<tr>
<td>Education Centre Manager</td>
<td>103</td>
</tr>
<tr>
<td>Health Records</td>
<td>104</td>
</tr>
<tr>
<td>Purchasing</td>
<td>105</td>
</tr>
<tr>
<td>Stores</td>
<td>106</td>
</tr>
</tbody>
</table>
Maintaining the Plan
The Major Incident plan will be maintained by the Emergency Planning Manager who will ensure, through liaison with internal and external partners and experts that the plan reflects the organisations abilities and responsibilities as well as meets the requirements of existing guidance and legislation.

The Major Incident Plan for Kingston Hospital will be reviewed and updated annually, following a major incident and after each exercise to incorporate lessons learned.

Any changes of contact numbers and suggestions for updating or modifying the Major Incident plan in light of service, organisational or structural changes as well as changes in contact numbers should be sent to:

Caroline.fiore@kingstonhospital.nhs.uk

Those named as action card owners are responsible for ensuring the information within their card(s) is up to date and that the request to do this is sent to the Emergency Planning Manager as soon as possible.

---------------------------------------------------------------------------------------------------------------------------

Major Incident Plan Amendments

Please print or type details

From .......................................................... Extn.......... Department ..........................................................

Effective Amendment Date .................

Details of Amendment

Section.................................................. Page ........ Paragraph..................................................

Change

..........................................................................................................................................................

..........................................................................................................................................................

..........................................................................................................................................................

..........................................................................................................................................................

..........................................................................................................................................................

Reason for change

..........................................................................................................................................................

..........................................................................................................................................................

Signed .......................................................... Date ..........................................................
Chief Executive’s Message to All Staff

This Major Incident Plan has been written to ensure that we have the right processes in place to ensure that every member of staff is clear about the role they will play in a Major Incident, so that we are able to respond effectively as a Hospital.

We are listed as a receiving hospital for Major Incidents; examples of these could include a serious transport accident, explosion, or any event that results in a large number of casualties - anything that disrupts the normal running of the hospital.

During a Major Incident, the challenge for us will be to make sure that we are able to treat casualties, whilst maintaining services to those patients who are already in our care. A major incident will have an impact on the day to day running of the hospital, but we have plans in place which will help us return to normal as soon as we can.

In the event of a major incident there will probably be little or no warning and a lack of understanding of this plan will mean that we will not be properly prepared, which could result in an unacceptable delay in the treatment of casualties.

It is, therefore, absolutely critical that all staff take the opportunity to read and understand the plan, familiarising themselves with their own role, before any incident occurs. Each area must ensure that each member of staff receives suitable training so that they are able to carry out their roles.

In the event of a major incident staff will need to be flexible, to work in unfamiliar environments and for extended periods of time and we will really rely on staff co-operation and support in order to manage any incident effectively.

Staff involved in any incident may feel distressed and need to talk about their experiences. Counselling will be available through the Occupational Health Department to help staff with this after the incident.

Major incidents are thankfully rare, but in the unlikely event that we are faced with one, the actions and process described in this plan will ensure that we are all as prepared as we possibly can be.

Please make sure that you familiarise yourselves with it.

Many thanks

Kate Grimes, Chief Executive
November 2011
Foreword
The purpose of this document is to provide a plan for Kingston Hospital NHS Foundation Trust (KHFT) to respond to a Major Incident. This plan is aimed at all those who may be involved in the response to a Major Incident, which will affect many areas of the hospital, including ED, outpatients, theatres and a number of wards.

The Trust also has in place other plans, detailed below, which may need to be used in conjunction with this plan depending on the incident circumstances. These documents are supported by the Business Continuity Policy/Plan and individual department/service business continuity plans.

Related Documents
This plan is linked to and may need to be used in conjunction with:

Internal
- Major Incident Communications Plan
- Lockdown Plan
- Mass Prophylaxis Response Plan
- KHFT Divert Policy Action Card
- CBRN Plan
- Heatwave plan
- Pandemic Flu Plan
- Trust Business Continuity Plan
- Departmental Business Continuity Plans
- Winter Plan
- Major Incident HR Plan
- Support For Staff Involved in Traumatic/Stressful Events At Work
- Bomb Threat Policy

External
- HPA - CBRN incidents: Clinical Management & Health Protection Handbook
- NHS London Emergency Department Capacity Management and Closure Policy.
- Cabinet Office (2007) Data protection and sharing – Guidance for emergency planners and responders
- Cabinet Office (2010) Responding to Emergencies
- NHS Commissioning Board Emergency Planning Framework 2013

Distribution
This plan will be made available on PIMs for all staff to access. It will also be made available on the On Call Manager and Director USB sticks and folders. All areas of the hospital should have copies of this plan and their relevant action cards readily available for use in the event of a Major Incident.

Internal
- Copies of the Major Incident Plan are available to all members of Trust staff on the Trust internet on PIMs (search Major Incident or look under ‘emergency preparedness’)
- Individual copies of the plan are held by On Call Managers
- Copies of the plan are available in the Incident Management Room
External

<table>
<thead>
<tr>
<th>Role</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPRR Geographical Network Manager</td>
<td>NHS England (London)</td>
</tr>
<tr>
<td>Emergency Planning Officers</td>
<td>Fire &amp; Rescue, Kingston</td>
</tr>
<tr>
<td></td>
<td>Met Police, Kingston</td>
</tr>
<tr>
<td></td>
<td>London Ambulance Service</td>
</tr>
<tr>
<td></td>
<td>South East Coast Ambulance Service</td>
</tr>
<tr>
<td>Accountable Officers</td>
<td>Kingston Clinical Commissioning Group</td>
</tr>
<tr>
<td></td>
<td>Richmond Clinical Commissioning Group</td>
</tr>
<tr>
<td></td>
<td>Surrey Clinical Commissioning Group</td>
</tr>
<tr>
<td>Emergency Planning Officer</td>
<td>Your Healthcare</td>
</tr>
<tr>
<td>Emergency Planning Officer</td>
<td>Royal Borough of Kingston upon Thames</td>
</tr>
<tr>
<td>Emergency Planning Liaison Officers</td>
<td>St. Georges Healthcare NHS Trust</td>
</tr>
<tr>
<td></td>
<td>Epsom and St. Helier Hospitals</td>
</tr>
<tr>
<td></td>
<td>Croydon Health Services NHS Trust</td>
</tr>
<tr>
<td>ISS Facilities Service Manager</td>
<td>ISS</td>
</tr>
<tr>
<td>BMI Manager</td>
<td>ISS Prime</td>
</tr>
<tr>
<td>BMI Manager</td>
<td>BMI Coombe Wing</td>
</tr>
<tr>
<td>Director of Adult Social Care</td>
<td>Royal Borough of Kingston upon Thames</td>
</tr>
<tr>
<td>Emergency Planning Officer</td>
<td>Elmbridge</td>
</tr>
<tr>
<td>Emergency Planning Team (to pass onto director of Adult Social Care)</td>
<td>Surrey County Council</td>
</tr>
</tbody>
</table>

Maintenance and Review
This plan is managed by the Emergency Preparedness Group and reviewed annually by the Emergency Planning Manager or following lessons learned from incidents and exercises.
1.1 Introduction
The nature of a major incident cannot be predicted. This plan provides an “All Hazard” approach, and gives the principles of management that can be applied to any major incident. Regardless of the scenario or cause of a major incident, the aim of the NHS is the same: To maximise capabilities to treat casualties whilst maintaining care for the sick.

The number and type of casualties taken will be dependent on the state of the hospital at the time a major incident is declared, and will be decided on an ongoing basis throughout the incident by the Hospital Incident Management Team.

London and South East Coast Ambulance Services will, where possible, evenly distribute casualties to designated receiving hospitals.

Be aware that hospitals may be expected to take more patients than they can cope with, in the first instance, with secondary transfer to another hospital later.

This plan cannot be completely comprehensive and key personnel will be expected to interpret the instructions as circumstances dictate. Any additional detailed instructions issued by key personnel to their juniors should be based on this plan and the action cards contained within it.

1.2 Major Incident Definition
Major Incident is a term used to describe an event or incident that requires the implementation of special arrangements in order to manage the situation effectively.

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 of a place in the UK, war or terrorism which threatens serious damage to the security of the UK.’

(Civil Contingencies Act, 2004)

For the NHS a major incident is defined as:

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

(Department of Health, 2005)

A major incident, therefore, is any event whose impact cannot be handled within routine service arrangements. It requires the implementation of special procedures by one or more of the emergency services, the NHS, or a Local Authority to respond to it.

A major incident may be declared by any agency involved in the response to an incident, but it does not necessarily mean that it is a major incident for all or any other organisation.
1.3 Types of Major Incident
A major incident may arise in a variety of ways:

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Big Bang</td>
<td>A serious transport accident, explosion, or series of smaller incidents</td>
</tr>
<tr>
<td>Rising Tide</td>
<td>Often no clear starting point, ie, a developing infectious disease epidemic, or a capacity/staffing crisis</td>
</tr>
<tr>
<td>Cloud on the Horizon</td>
<td>A serious threat such as a major chemical or nuclear release developing elsewhere and needing preparatory action, ie, Chernobyl, Ukraine, 1986</td>
</tr>
<tr>
<td>Headline News</td>
<td>Public or media alarm over a health issue, about a personal threat, ie, scare story over the contraceptive pill 1995</td>
</tr>
<tr>
<td>CBRN Release</td>
<td>Chemical, biological, radiological or nuclear. Could be real or hoax, deliberate or accidental.</td>
</tr>
<tr>
<td>Business Continuity</td>
<td>Any incident, ie, fire, breakdown of utilities, major equipment failure, hospital acquired infection, that could paralyse the provision of services and jeopardise safety arrangements in the short term. Business Continuity incidents are usually different from Major Incidents, the response to these are very different</td>
</tr>
<tr>
<td>Mass Casualties</td>
<td>Any event that results in a large number of casualties, 100’s rather than 10s</td>
</tr>
<tr>
<td>Pre-planned major events</td>
<td>Demonstrations, sports fixtures e.g. Ride London-Surrey, air shows, music concerts</td>
</tr>
</tbody>
</table>

They also occur on many different scales

<table>
<thead>
<tr>
<th>Scale</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major</td>
<td>More patients will be dealt with, probably faster with fewer resources, than usual but it is possible to maintain the usual levels of services – will require a local response only</td>
</tr>
<tr>
<td>Mass</td>
<td>Affecting potentially 100s rather than 10s, possibly involving closure or evacuation of a major facility or persistent disruption over many days – will require a collective response by several of many neighbouring trusts</td>
</tr>
<tr>
<td>Catastrophic</td>
<td>Events of potentially catastrophic proportions that severely disrupt health and social care and other functions and exceed even collective local capability within the NHS</td>
</tr>
<tr>
<td>National Scale Event</td>
<td>Fuel strikes, pandemic or multiple events that require the collective capacity of the NHS nationally</td>
</tr>
</tbody>
</table>

(Department of Health 2005)

1.4 Civil Contingencies Act 2004
Although the Kingston Hospital’s role is primarily about providing medical care and advice as necessary, it is also defined as a Category 1 responder under the Civil Contingencies Act 2004. (Category 1 responders are those emergency services which are likely to be in the forefront of the response such as health and the Police, Category 2 responders are those organisations whose function is likely to be in support such as transport.) This places a statutory duty on the Trust to undertake certain additional functions:
- To undertake the risk assessments relevant to the area served
- To maintain plans to ensure that, if an emergency occurs, the Trust can continue to perform its functions
- To arrange for the publication of all/part of the plans made
- Maintain arrangements to warn the public and to provide information and advice to the public if an emergency occurs or to help them prepare for an emergency that may affect them.

To ensure that the Trust is able to fulfil these obligations, the Trust is involved in the wider planning process with partner organisations.
2. Local Potential Hazards

As the nature of a major incident cannot be predicted, this plan provides an “All Hazard” approach, and gives the principles of management that can be applied to any major incident.

The local potential hazards within Kingston Hospital NHS Foundation Trust’s catchment area which may contribute to a major incident have been identified using a 5x5 risk score matrix in the London Community Risk Register. The identified potential hazards have been listed below for consideration; however this list is only indicative of local hazards, and is by no means exhaustive due to the nature and scale of major incidents.

2.1 Flooding
Within the hospital’s catchment area the Thames is both tidal and non-tidal, with a history of overtopping in LB Wandsworth. The boroughs of Kingston, Richmond and Wandsworth all have municipal centres close to the Thames and are vulnerable to exceptional flooding. All South West London boroughs are susceptible to surface water flooding.

2.2 Public Gatherings
Within the hospital’s catchment zone are a number of large sporting and cultural venues, including Twickenham Rugby Stadium, The All England Lawn Tennis and Croquet Club, in Wimbledon and Hampton Court Palace. There are also a range of large shopping centres, and licensed venues, including night clubs. Chessington World of Adventures is also within 10 miles of the hospital. Kingston also plays host to the annual Ride London-Surrey cycle event, which passes the hospital site.

2.3 Major Transport Infrastructure
South West London has a very well developed main line railway infrastructure, with 61 main line stations with a great number of commuter trains bound for Waterloo and Victoria passing through Clapham Junction in Wandsworth. The Underground network is less developed with 13 stations, including two termini. There are a number of major trunk roads in the South West area, with many road and rail bridges crossing the Thames. The South West is also under the flight path for both Heathrow and Gatwick Airports. There is also considerable river traffic on the Thames.

2.4 Hazardous Sites
All top tier sites under the Control of Major Accident Hazard (COMAH) regulations within the SW London Resilience Area have now been downgraded and there are no top tier sites within the area. There are a number of high pressure gas pipelines in the area and a significant electricity power substation. A number of sites within the area also contain radioactive materials and are listed under REPPiR (radiation Emergency Preparedness and Public Information Regulations).

2.5 Terrorism
As with all London Boroughs there is the potential risk from acts of terrorism, which may involve conventional, CBRN (Chemical, Biological, Radiological and Nuclear) or cyber methods.

2.6 Public Health
As with all London Boroughs there is the potential risk from public health from emerging infectious diseases, pandemic, epidemic or outbreak.
3. Roles and Responsibilities

3.1 Health Agencies

3.1.1 Acute NHS Trusts
- Activate major incident and Business Continuity plans for internal or external emergencies
- Provide treatment and care for the injured or ill
- To ensure the highest quality care is provided to all patients
- Notify the NHS England (London) if self-declaring a Major Incident or involved in the response to a Major Incident
- Notify the Clinical Commissioning Group (CCG) and/or Commissioning Support Unit (CSU) if self-declaring a Major Incident or involved in the response to a Major Incident
- Notify the local Health Protection Unit in dealing with public health emergencies
- Work with the Emergency Bed Service, NHS England (London) and Clinical Commission Groups (CCGs) to manage bed capacity
- Manage tertiary referrals
- Maintain emergency and routine service continuity as soon as possible
- Link with the Clinical Commissioning Group locally, Social Care, local authorities in co-ordinating services

3.1.2 London Ambulance / South East Coast Ambulance Service NHS Trust
- Co-ordinate the NHS response at the scene of a ‘big bang’ major incident
- Nominate and alert receiving hospitals and other NHS agencies
- Provide treatment, stabilization and care and transport of those injured at the scene
- Provide transport, medical staff, communications and equipment at the scene
- Transport patients who need further treatment to receiving hospitals
- Establish effective triage point and determine the priorities for evacuation of the injured to hospitals
- Provide liaison and communications with receiving hospitals
- Maintain emergency and routine cover for the rest of London / South of England

3.1.3 NHS England (London)
- Assess the potential impact of all events on the NHS and the community
- Notify those NHS organisations who are not already alerted
- Co-ordinate the Pan-London response of the NHS response to emergencies
- Provide a 24 hour Management Response
- Provide a 24 hour Public Health Response via the on call DPH.
- Provide a scientific and technical advice cell (STAC) during large incidents in consultation with Public Health England (PHE). The NHS England (London) on call Director of Public Health will be the STAC chair. The STAC will be made up of other specialists from other agencies.
- Provide a senior representative to act as NHS Gold at multi-agency ‘gold’ co-ordinating groups
- Act as the main conduit between the health service and the Police, Security Services, MOD and central government.
- Co-ordinate the Sector Responses
- Provide specialist advice and support to the NHS and Partner Agencies
- Support other areas and the Department of Health, using national arrangements
- Co-ordinate and support all media issues and communications
- Maintain close liaison with the Department of Health at all times
- Act as a conduit for Military Aid and Special National Arrangements
- Lead de-briefings of NHS response and implement lessons learnt
- Act as a broker for mutual aid
3.1.4 Kingston Clinical Commissioning Group (CCG)

CCGs are a Category Two responder and have a statutory duty to assist NHS England (London) in its response to an incident as required. It is the CCGs responsibility to:

- Manage surge capacity and decant operations arising as a consequence of a major incident in cooperation with providers and other agencies, e.g. Social care
- Inform LRO Incident Coordination Centre of contact details in the event of a major incident (mobile number, email address, fax number)
- Provide local knowledge to LRO Incident Coordination Centre where able to do so
- Ensure that the actions taken and decisions made in relation to the major incident are logged
- Co-operate in and provide requested information at any subsequent debrief
- Support NHS Area Teams to effectively mobilise all applicable providers that support primary care services should the need arise
- Ensure Business Continuity for themselves and commissioned providers

3.1.5 Your Healthcare

- To activate their own Major Incident Plans as necessary
- Contribute to the provision of appropriate clinical settings for the treatment of people with minor injuries and conditions, such as reception centres, minor injury centres, and walk in centres.
- Contribute by working with Primary Care to the assessment of the effects of an incident on vulnerable care groups, such as dialysis patients, elderly, medically dependent, or physically or mentally disabled.
- Work within Reception Centres to provide care and advice to evacuees, survivors and relatives, including arranging for replacement medication
- Assist acute hospitals by providing staff where appropriate and supporting accelerated discharge
- Coordinate community hospital bed capacity in liaison with the emergency bed service and local hospital

3.1.6 The Public Health England (PHE)

- Ensures there is a comprehensive EPRR system that operates for public health at all levels and assure itself that the system is fit for purpose.
- Provides specialist scientific/medical advice and support, in the event of a major public health emergency or CBRN incident.
- Leads the mobilisation of PHE in the event of an emergency or incident.
- Works together with the NHS at all levels and where appropriate develop joint response plans. Delivers public health services including, but not limited to, surveillance, intelligence gathering, risk assessment, scientific and technical advice, and microbiology services to emergency responders, Government and the public during emergencies, at all levels.
- Participates in and provide specialist expert public health input to national, sub-national and LHRP planning for emergencies

3.1.7 The Department of Health (DH)

- Lead Government Department role.
- Takes control of the NHS resources in England in the event of a complex and significant emergency, including those on a national and international scale, through its Emergency Preparedness Division Coordinating Centre.
- Provides the co-ordination and focal point for the NHS and supports the Health Ministers and Secretary of State.
• Co-ordinates with the health departments in the devolved administrations where health is a fully devolved function.

3.2 Non-Health Partners
Any response to a major incident relies on effective communication and team work with partner agencies (also referred to as category 1 and 2 responders under the Civil Contingencies Act 2004). The roles of category 1 responders in the event of a major incident are:

3.2.1 Police
• Save lives
• Co-ordination of the responding emergency services
• Secure, protect and preserve the scene
• Set up cordons
• Lead the incident investigation
• Collect and distribute casualty information, via the Casualty Bureau
• Management of the dead
• Prevention of crime
• Family liaison

3.2.2 Ambulance
• Save lives
• Treat casualties
• Alert receiving hospitals
• Triage casualties to determine evacuation priorities
• Provide casualty transport to receiving hospitals
• Provide medical staff, equipment and medical resources
• Decontamination of injured contaminated casualties
• Nominate and alert receiving hospitals

3.2.3 Fire and Rescue
• Save lives
• Undertake search and rescue of casualties
• Fire fighting and prevention
• Management of hazardous materials
• Advice regarding hazardous materials
• Safety management of inner cordon
• Mass decontamination of uninjured contaminated casualties

3.2.4 Local Authority
• Support and care for the community, ie rest centres
• Co-ordinate non emergency services response
• Provide emergency mortuary capacity
• Manage the recovery and return to normality phases
• Through the Director of Public Health (DPH), provide leadership for the public health system within their local authority area.
• Through the DPH, take steps to ensure that plans are in place to protect the health of their populations
• Through the DPH provide initial leadership with PHE for the response to public health incidents and emergencies within their local authority area. The DPH will maintain oversight of population health and ensure effective communication with local communities.
• Deliver and manage specialist health protection services.
3.3 Government bodies
A range of other government bodies will have key roles to play, depending on the type of emergency. These could include:

3.3.1 Environment Agency in an incident affecting the environment (flood or pollution incidents);

3.3.2 Health and Safety Executive (HSE) in its role of ensuring the health and safety of people in their workplaces (including the responding emergency services), as well as its regulatory role in sites such as nuclear installations, hospitals, schools and railway safety, and its specialist expertise in CBRN and major hazard industrial sites;

3.3.3 Highways Agency in an incident affecting the road network in England (the Welsh Assembly Government has responsibility for motorways and trunk roads in Wales);

3.3.4 Maritime and Coastguard Agency (MCA) in incidents requiring civil maritime search and rescue (HM Coastguard) or where pollution or safety at sea is a factor.

3.3.5 Met Office will provide forecast information on severe weather events, and are a key agency with regard to the Heatwave arrangements.
4. Plan Activation

Kingston Hospital will activate the Major Incident Plan in response to an alert from the responding Ambulance Service.

4.1 Alerting Procedure
Ambulance Service Control is responsible for assessing the situation and then selecting and alerting the most appropriate receiving hospital(s). All alerting messages will be received by switchboard on a dedicated emergency line.

The standard alerting messages are as follows:

<table>
<thead>
<tr>
<th>Major Incident - Standby</th>
</tr>
</thead>
<tbody>
<tr>
<td>This alerts the Trust that a major incident may need to be declared. Major incident standby is likely to involve the Trust in making preparatory arrangements appropriate to the incident.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Major Incident Declared - Activate Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>This alerts the Trust that we need to activate our Major Incident plan and mobilize appropriate additional resources.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Major Incident Cancelled</th>
</tr>
</thead>
<tbody>
<tr>
<td>This message cancels either of the first two messages</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Major Incident - Casualty Evacuation Complete - Stand Down</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Trust will be alerted as soon as all live casualties have been removed from the scene. Where possible the Ambulance Incident Commander will make it clear whether any casualties are still on route.</td>
</tr>
<tr>
<td>While the ambulance service will notify the Trust that the scene is clear of live casualties, it is the responsibility of the Hospital Management Team to assess when it is appropriate for the Trust to stand down its services down.</td>
</tr>
</tbody>
</table>

Note: Departments must not Stand Down until they are told to do so. This message will only come from the Incident Management Team or via Trust-wide e-mail. This instruction will only be given when there are no more casualties expected from the site. Be prepared, this could be many hours after the scene of the incident has been evacuated and/or the hospital is back to a manageable capacity.

4.2 Local Alerting procedures
It is the responsibility for all areas to maintain up-to-date contact lists and to ensure that these contact/call out lists are accessible, at all times, to those staff who will be undertaking the local Major Incident call out.
### 5. Trust Roles and Responsibilities

#### 5.1 Action Cards
Action cards have been produced for this plan, which give clear guidelines for staff with specific responsibilities in the event of a Major Incident. Action cards should be held locally, but will be available from the rack outside the Hospital Management Room in the event of a major incident. They are also held on PIMS.

#### 5.2 Trust Staff Responsibilities

| Chief Operating Officer and Emergency Planning Manager | • The Executive Director lead for Major Incident preparedness and Resilience is the Chief Operating Officer. The Trust’s Emergency Planning Manager is responsible for liaising with our partners, co-ordinating regular major incident training events and for ensuring that this plan is reviewed, tested and disseminated. |
| Divisional Managers, Heads of Departments, Clinicians and Managers | • Ensure all staff are aware of the plan and their role within it, including bleep holders  
• Ensure that all new staff are aware of the plan and their role within it as part of the induction process  
• Ensure that contact lists are updated as required and regularly reviewed  
• Ensure that contact/call out lists are accessible, at all times, to those staff who will be undertaking the local Major Incident call out  
• Ensure that they, and their deputies attend tabletops and feedback to their teams as relevant  
• Ensure that any changes in the plan are distributed to all departments and staff |
| Divisional Directors | • Ensure that the Division regularly takes part in tabletop exercises and communication exercises as required  
• Ensure that they, and their deputies attend tabletops and feedback to their teams as relevant  
• Ensure that any changes in the plan are distributed to all departments and staff |
| All Staff | It is the personal responsibility of each member of staff to:  
• Ensure that their contact details are kept up to date in the relevant lists, so that they can be contacted in such an emergency. These should include mobile, pager and home contact details.  
• Be aware of the major incident plan and their role within it. |
| Emergency Preparedness Group | • To ensure that Kingston Hospital NHS Foundation Trust is capable of responding to major incidents, including Business Continuity incidents.  
• Chaired by the Chief Operating Officer.  
• Responsible for ensuring that there are plans in place, that enable the Trust to deliver optimum care and assistance to those involved in an incident, whilst minimising disruption to services.  
• Membership of the group is multi professional with representatives from across the organisation; it also includes representatives from external partners’ agencies. |
6. Command and Control

During Kingston Hospital NHS Foundation Trust’s response to a major incident there will be three levels of command and control within the Trust:

- Gold
- Silver
- Bronze

6.1 Command and Control Structure

Figure A – Command and Control Structure

6.2 Gold Command (Strategic)

Gold command will provide strategic command and will communicate with all other key agencies. Gold is responsible for monitoring Silver Command’s performance, protecting the Trust from undue external influences and ensuring resources are made available to support Silver’s decisions. Gold Command will be located in Seminar Room 6 of the Education Centre.

6.2.1 The Gold Commander

The On Call Director (OCD) will become Gold Commander, they will be responsible for planning and co-ordinating the recovery phase of the incident. The Gold Commander will also undertake some strategic functions as detailed in the Gold Commander action card (MI 002). The Hospital Gold Commander will work with the Silver Incident Manager to predict likely problem areas and to devise strategies to minimise their impact post incident. The Trust Chief Executive will also work with the Gold Commander in providing Strategic Leadership.

6.2.2 Multi-Agency Gold

If the Incident is of sufficient scale, a Multi-Agency Gold Command may be convened. This will usually be organised by the Police as the lead agency. NHS Gold will always be provided from NHS England (London). However, a borough level response might include a multi agency arrangement for local incidents, in which case an Acute Trust representative may be required. In these circumstances the Chief Executive or their nominated Deputy will attend.
6.2.3 Gold Command Members

Gold Command Members

- Gold Command - On Call Director
- Head of Communications
- Chief Executive
- Runners
- Administrative support
- Loggist

Figure B – Gold Command Members

6.2.4 Informing NHS England (London)

As detailed in the Gold Commander action card (MI 002), the Gold Commander will ensure that NHS England (London) and the Clinical Commissioning Group are kept informed, via the PageOne system, when the Trust:

- Is involved in a major incident declared by the Trust or partner organisation
- An emergency or incident threatens to overwhelm the Trust’s resources; with the potential need for mutual aide arrangement to be invoked
- Has activated its Business Continuity Plan
- Is a target of a threat (actual or perceived) involving explosive or CBRN material
- Has activated its CBRN plan
- Needs to evacuate patients from a part or whole of its premises
- Is supporting local authority following large scale community evacuation
- The incident we are involved in is considered signification in terms of casualty numbers or perceived impact
- There is a possibility of media interest relating to the incident or emergency.

It is the responsibility of the Trust Chief Executive to ensure that NHS England (London) has been informed by the On Call Director as per the CEO Action Card (MI 003).

6.3 Silver Command (Tactical)

Silver Command is responsible for the coordination of the incident, by allocating tasks, determining priority in allocating resources, planning and co-ordinating when the task will be undertaken, and obtaining other resources as required. Silver command provides information to Gold command.

6.3.1 Silver Incident Manager

The On Call Manager (OCM) will become the Silver Incident Manager and will be responsible for implementing the plan. The OCM will be part of the Incident Management Team and will have complete responsibility for the running of the hospital whilst the Plan is in operation, undertaking the functions as detailed in the Silver Incident Manager action card (MI 008).

The Silver Incident Manager will ensure that the Hospital Gold Commander receives all the information necessary to prepare Hospital recovery plans and take account of any requests/suggestions from the Gold Commander. Close liaison and communication between the Silver Incident Manager and Gold will be crucial to the successful management of the Major Incident.

6.3.2 Incident Management Team

The Incident Management Team is responsible for ALL hospital activities whilst the major incident plan is in operation and co-ordinate and manage the hospitals response to the incident. They will be located in Seminar Room 7, of the Education Centre.

The Incident Management Team will and will be a single contact and decision point internally and externally and will:

- Ensure that each area is adequately staffed
- Deal with all requests for staff, equipment, medical supplies and information
- Liaise closely as a team with ED Management Team, Staff Pool Manager, Department Heads, staff in charge of treatment areas and other activated areas, such as the relatives centre.
- Monitor patient tracking through the Trust and the Hospital capacity abilities
- Liaise with Ambulance Control, Police, Clinical Commissioning Groups, Acute Hospitals and other external agencies who may be responding to the incident, or who may be required to provide additional support to the Trust.
- Liaise with senior key personnel regarding the phasing of the Major Incident Stand Down of the hospital response
- Co-ordinate the stand down within the whole hospital

6.3.3 Incident Management Team Members
The members of the Hospital Incident Management Team (Silver) will be:

6.4 Bronze (Operational)
Bronze refers to all areas of the Trust which are required to carry out their normal duties and major incident duties to ensure the efficient performance of the hospital and safety of casualties, patients and staff during a major incident. Bronze provides information to the Silver Incident Management Team.

6.5 Communication Flow
Communication between those involved in the response is detailed in figure D on the next page.

6.6 Recovery Cell
See section 16.1
Figure D – Communication Flow

Hospital Gold Command

Incident Management Team

NHS Gold

NHS England

Press Office

Relative Enquiries

Wolverton Centre

Staff Pool

Sunlight

Stores

ISS

Bleep Holders

ASP

ED

Scene Silver

Ambulance Liaison in ED

Police

Wolverton Centre

Sunlight

Stores

ISS

Bleep Holders

ED

Ortho OPD

NHS England

CCGs

Wolverton Centre

Sunlight

Stores

ISS

Bleep Holders

ED

Ortho OPD

Ward, theatre and ITU

Mediclean

Portering manager

Medical

Surgical
7. Use of Areas within the Hospital

Unless stipulated below, all other response functions will be located in the ‘business as usual’ locations. Upon declaration of a Major Incident, Security Guards will open most areas. If keys are required they can be obtained from Bernard Meade Reception desk.

7.1 Emergency Department (ED)
All major incident casualties will have been triaged at the scene of the incident by the Ambulance service. On arrival at ED they will be received at the ED ambulance entrance and re-triaged and sent to the appropriate area:

| Serious Casualties (P1 and P2) | Treated in Main ED Department; |
| Walking wounded (P3) | Transferred to the Orthopaedic Outpatients Department. |

| Triage room 1 | Police Incident Room |
| Triage Room 2 | ED control team |

7.2 Orthopaedic Outpatients Department

Walking wounded (P3) Treatment will be undertaken in Orthopaedic Outpatients Department.

Out-of-hours, Orthopaedic Outpatients houses the OOH Kingston On-call Service. (Ext. 2159)

- Monday to Friday: 19.30 - 22.30
- Saturday: 13.00 - 21.00
- Sunday: 09.00 - 21.00

In the event of a ‘Major Incident Declared’, this area must be cleared of non-Major Incident patients. This service will cease and patients will be advised by OOH Kingston On-call Service that they will be seen at home or another appointment will be arranged. Switchboard will inform OOH Kingston On-call Service via their direct line.

7.3 The Education Centre, Kingston Surgical Centre

| Seminar room 7 | Silver Command |
| Seminar room 6 | Gold Command |
| Lecture theatre 1 | Staff and Volunteers reporting in and the Staff Pool Manager |
| Seminar room 3 | Police Hospital Input Team |

7.4 Admitting Wards
7.4.1 Adult Major Incident Patients
Adult Major Incident patients will be admitted to Astor Ward, escalating to Alex Ward if required. All patients already in Astor Ward will be moved to empty beds on other wards with the help of porters. AAU receive major incident patients from A&E needing assessment or admission.

7.4.2 Paediatric Major Incident Patients
Paediatric Major Incident patients will be admitted to Sunshine. To facilitate this, 1 to 2 bays will be cleared to accept casualties. If being discharged, well children will be sent to the play area or Dolphin Ward to await discharge.
7.5 Wolverton Centre
The Wolverton Centre will be used as the welfare area for post treatment casualties, friends and relatives of those involved in the incident. Located in that area will be: the Psychiatric Liaison Team, Chaplains and Royal Borough of Kingston Adult Social care. For more information, refer to section 12.

7.6 Dining Room
The dining room will be used as a staff rest area. Support for staff will also be available in the dining room.

7.7 PALS Office
If required, the PALS office will be used as a call centre to take calls from the public/relatives in the event of overwhelming telephonic traffic in to the hospital Switchboard or in anticipation of a high number of calls. The Call Centre will be staffed by the PALS and Complaints Team, or other senior management staff if required. Out of Hours the Head of Litigation, Complaints and PALS is to be contacted by the Silver Incident Commander who will then contact the PALS team to come in and set up the Centre.

The decision to open the Call Centre is the responsibility of the Incident Management Team and should be instigated in the event of overwhelming telephonic traffic in to the hospital Switchboard or in anticipation of a high number of calls.

7.8 Seminar Room, Sir William Rous Unit
The seminar room in Sir William Rous Unit will become the Press and Media area. All press and media statements will be released from this area and no other information should be given to the press outside of this room.

Press arriving will be managed by a member of the Communications Team and will be attended by a Police Officer.

7.9 Honey Bees nursery
Emergency Child care for essential staff - The Trust encourages all staff to endeavour to leave their children at home or in a safe place if called in for a major incident. However it is recognised that this is not always possible, therefore provision will be made for a drop in centre for children at the Honey Bees nursery. Due to Ofsted regulations numbers are limited, and will be allocated on a priority basis and available to essential staff only.

To access this facility, staff must contact the Incident Management Room or a Manager delegated to undertake this role. All staff who work in this area are police checked, therefore it provides a safe place for children. The area will be managed by the Nursery Manager.

<table>
<thead>
<tr>
<th>Astor</th>
<th>Admitting ward for Major Incident patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alex</td>
<td>Escalation ward for Major Incident patients</td>
</tr>
<tr>
<td>AAU</td>
<td>Receives Major Incident patients from A&amp;E needing assessment or admission</td>
</tr>
<tr>
<td>Sunshine</td>
<td>Admitting ward for Paediatric Major Incident patients</td>
</tr>
</tbody>
</table>
8. Patients Arriving at the Hospital

All major incident casualties will have been triaged at the scene of the incident by the Ambulance service, in addition extra patients may self-present at the hospital. On arrival at ED each patient will be received at the ED ambulance entrance and re-triaged. Every patient will be given a Major Incident number as detailed below.

8.1 Casualty Identification and Documentation

Pre-printed major incident patient documentation packs are available in the major incident cupboard located in the Emergency Department and will be used in the event of a major incident.

These packs contain:

<table>
<thead>
<tr>
<th>Major incident identification number sticker sheet</th>
<th>CRS downtime temporary front sheet</th>
<th>CRS downtime form – A&amp;E quick registration</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRS downtime form – A&amp;E full registration</td>
<td>CRS downtime form – Microbiology request form</td>
<td>CRS downtime form – Haematology request form</td>
</tr>
<tr>
<td>CRS downtime form – Radiology request form</td>
<td>CRS downtime form – Pending inpatient admission</td>
<td>Hospital anaesthetic record</td>
</tr>
<tr>
<td>Adult vital signs chart</td>
<td>Fluid balance chart</td>
<td>Patient consent form</td>
</tr>
<tr>
<td>Full patient details form for triaged patients</td>
<td>Wristband</td>
<td>Paper property bag</td>
</tr>
</tbody>
</table>

Sample tubes are no longer kept within these packs. In the event of a Major Incident, sample tubes must be collected from the A&E supply or Pathology Stores ASAP. Each patient will require one of the following; blue, pink, yellow, purple & grey. The Major Incident patient number stickers should be put on all tubes.

All casualties, including those who die on route to the hospital, must be given a hospital major incident identification number on arrival at the hospital. This will be in addition to any other hospital number subsequently allocated to them. This number should continue to be used, together with the name (when known), on all documentation relating to the patient including labelling of pathological specimens and X-rays. The Police Documentation Team must be informed as soon as the identification of a casualty is established.

8.2 Police Documentation Team

The Police will attend the designated hospital(s) once informed by the Ambulance Service. They will provide a Hospital Documentation Team, with its own set of documents. They will liaise closely with the Hospital Silver Team in collating all patient information for their own investigation purpose. If the size of the incident warrants it the Police will open a Casualty Bureau, they will establish and list the identity of casualties resulting from a major incident to compare with the list of reported missing persons and to respond to public enquiries.

The Hospital Documentation Team will be based in ED Triage Room 1. Telephones and a facsimile machine will be made available for Police use. Additional Police officers, working as the Hospital Input Team, will be working in seminar room 3, Education Centre.

8.3 Patient Flow

Once triaged, the patient will be sent to the appropriate location to receive treatment, this is detailed in figure E below.
This flowchart is only intended as a guide to patient flow. Patients will be continually assessed and therefore their P status may change i.e. P3 moving to P2.
Patient allocated Major Incident pack upon arrival. Given Major Incident number.

Forms completed and referenced to MI identification number.

Notes and Main ED card stay with patient at all times.

- BLUE copy: Incident Management Room
  - List of Major Incident patients
    - Call Centre
    - Wolverton Centre
- PINK copy: Police
- YELLOW copy: ED Reception
  - List of Major Incident patients
- WHITE copy: Stays with patient until they leave the ED
  - Treatment
  - Patient leaves ED
  - White copy goes to ED reception
    - Patient discharged home
    - Patient notes and main CAS card stay with patient
      - Discharge card
      - Admitting ward
      - Theatre
      - ITU
      - Sunshine
8.4 Patient’s Property
All property needs to be kept with the patient at all times even when they go to Theatre or ITU. It must be bagged, sealed and labelled clearly with the patient's name and major incident number. This also applies to the property of deceased patients, which will accompany the patient to the mortuary.

Police may collect property from the patient for forensic evidence at any time. This may also apply to any debris removed from the patient i.e. shrapnel.

In the event of a CBRN incident however, property from those who have been contaminated must be removed before entering the hospital, bagged and stored within the ‘dirty zone’. More details can be found in the CBRN plan.

8.5 Management of Forensic Evidence
Major Incidents may be caused by criminal acts and are likely to be subject to subsequent investigation. The detection and conviction of terrorists can often depend upon the collection of forensic evidence. All scenes of a major incident are considered to be a scene of crime until proven otherwise.

Everything that could potentially be forensic evidence needs to be carefully preserved and protected, including dead bodies, biological specimens and other material removed from casualties, some obvious form (a piece of metal embedded in the body), or be inconspicuous (a tiny fragment of plastic or metal caught up in hair or clothing; traces of explosive around wounds, beneath nails or on clothing). The Police will offer advice if requested and will ensure that every opportunity is taken to identify people involved in the incident who may be significant witnesses or yield forensic evidence.

Procedures should make provision for:
- Clothing to be carefully removed and placed in a plastic bag, which should be properly labelled
- Any pieces of metal or shrapnel recovered from wounds to be similarly preserved
- Amputated parts of body to be kept for Police inspection.

8.5.1 Continuity of Forensic Evidence
It is extremely important to the Police that they can demonstrate the continuity of forensic evidence. In due course, they will need to satisfy a Court that, for example, the piece of shrapnel produced as evidence was in fact the piece of shrapnel removed from patient X.

They therefore need to record:
- That the shrapnel was, for example, removed from the body by Surgeon A,
- Handed to Nurse B,
- Who put it in a labelled sealed bag
- Gave the bag to Operating Department Practitioner (ODP) C.
- ODP C then passed the bag to the Police Exhibits Officer.
9. Freeing up Capacity

In the event of a major incident that requires the hospital to create additional capacity the Incident Management team will ensure close working with the Kingston Clinical Commissioning Group, Your Healthcare and Kingston Social Care to activate the Rapid Discharge Plan. Refer to this plan for full details. See section 12 for details of support provided for discharge patients.

The ASP/Site Manager will coordinate the availability of bed space during a Major Incident, through the Incident Management Team.

9.1 Discharge Levels

Wards (and clinics) will follow their action cards to help make available additional capacity for Major Incident patients. Those medically fit to be discharged, ie, those that could be sent home, with follow up GP or outpatient appointments or could be transferred to a community hospital will be discharged. The level of discharge will depend on the requirements at the time of the incident and will be decided by the Silver Incident Manager:

<table>
<thead>
<tr>
<th>Discharge of those who….</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
</tr>
<tr>
<td>Level 2</td>
</tr>
<tr>
<td>Level 3</td>
</tr>
<tr>
<td>Level 4</td>
</tr>
</tbody>
</table>

9.2 ITU / Theatre Escalation

Under normal conditions ITU can provide 10 ventilated bed spaces. In the event of an escalation, the number of Intensive Care / High Dependency bed spaces can be increased to a total of:

- 15 within the Unit.
- 5 within Theatre recovery.
- *This leaves an overall capacity for 20 patients, of which 18 can be ventilated.*

The Consultant in charge of ITU will have to request a ventilation POD through the Incident Management Team (ext 2862) to ensure adequate equipment can be sent to the hospital to replace the Breas and Oxylog units, as a temporary measure.

9.3 Mass Casualty Situations

The Department of Health (2007) “Mass Casualties Incidents: A Framework for Planning” defines a mass casualty incident as:

> a disastrous single or simultaneous event(s) or other circumstances where the normal major incident response of several NHS organisations must be augmented by extraordinary measures in order to maintain an effective, suitable and sustainable response

By definition, such events have the potential to rapidly overwhelm or threaten to exceed the local capacity available to respond, even with the implementation of Major Incident plans.

If Kingston Hospital is faced with this eventuality, all facilities will be used to the fullest extent. Provision would therefore have to be made to move even more patients, close to discharge or who are medically fit to leave the acute sector but are a delayed discharge for other reasons, either
home with care or to other facilities. This would be done under the guidance of Consultants in liaison with Site Management/ Discharge co-ordinators.

The Day Surgery Unit would be used as either extra bed space on a ward basis or as extra operating space dependent on the incident and type of injuries. The Orthopaedic wards or any other spare capacity within the hospital would also be utilised as extra ward space. Discussions would also be held with BMI with regard to the use of Coombe ward.

All areas of the hospital would be expected to take more patients than they are established for during normal working practice.

Provision would have to be made to ensure staff are properly rotated and press appeals for extra staff may be thought of as an option to increase staffing levels. This will be coordinated by the Silver and Gold command teams

Refer to the Rapid Discharge Plan for more information.

9.3 Trauma Network
The South West London and Surrey Trauma Network was established in 2010. This, along with three other Trauma Networks, covers the NHS England (London) area. The purpose of the networks is to ensure that major trauma patients receive appropriate specialist trauma services and treatment. Although Kingston Hospital remains a trauma unit, major trauma is to be redirected, by London Ambulance Service and South East Coast Ambulance Service, to the Major Trauma Centres.

The closest Major Trauma Unit to Kingston Hospital is St. George’s Healthcare NHS Trust, Tooting, who must be informed when the Trust is placed on Major Incident Stand By or Declared by the On Call Manager (as per Action Card MI 008).

During a major incident the Trust may be expected to receive repatriations from Trauma Centres in order to create bed capacity for those casualties most requiring care within a major trauma centre. As a Major Trauma Unit, Kingston hospital will be expected to receive and stabilise major trauma patients in the event that Major Trauma Centres become overwhelmed, as such services may become overwhelmed during or outside of a major incident.

To increase liaison between Major Trauma Centres and Units within South West London during a Major Incident the role of Network Trauma Coordinators will be activated within Major Trauma Centres with the responsibility to oversee the capacity for seriously injured casualties within the network.

The Trauma coordinator role at Kingston Hospital has been split into two functions; clinical undertaken by the Medical Coordinator (Action Card MI 010) and administrative undertaken by the Advanced Site Practitioner (Action Card MI 009). A separate action card has also being produced for the Trauma Coordinator Role (action Card MI 017).
10. Other Response Arrangements

10.1 Blood Supplies
The NHS Blood and Transplant will co-ordinate the call for any additional blood required. The Haematology/Blood Bank service will contact the Blood Transfusion Service if additional blood supplies are needed on site.

Potential donors (who wish to give blood) may contact the hospital directly and should be advised to wait at home and listen to announcements in the media or to contact the NHS BT directly.

10.2 Mortuary Arrangements
The hospital mortuary will be used to receive casualties who are certified dead on arrival or subsequently thereafter. The Kingston Hospital mortuary is also the Borough (public) mortuary, and so may directly receive casualties who die at the scene; these casualties should not go via the Emergency Department. The overall responsibility for all matters concerning deceased casualties lies with her Majesty’s Coroners.

10.2.1 Custody of Bodies
The overall responsibility for all matters concerning deceased casualties lies with her Majesty’s Coroners.

10.3 Religious Rites
Where possible, dying patients will be given access to the religious rites and their relatives given the opportunity to be present. The duty chaplain will be contacted during the initial Major Incident cascade to make available staff to support this and other religious support at the relatives reception centre. However, it should be understood that due to the nature of Major Incidents, i.e. large number of arriving casualties and rapid movement of patients around the hospital this may not always be possible.

10.4 Medical Emergency Response Incident Teams (MERIT)
Mobile Medical Teams (MMTs) have been replaced by Medical Emergency Response Incident Teams (MERIT). This role is now undertaken by others with specific training and experience in pre-hospital care and this leaves key acute hospital staff available in receiving and stand by hospitals (Department of Health, 2005).

The provision of Medical Emergency Response Incident Teams (MERIT), is co-ordinated by the London Ambulance Service and NHS England (London) who are accountable for ensuring that effective arrangements are in place for the provision if MERITS (Department of Health, 2005). Kingston Hospital NHS Foundation Trust will not be expected to provide a MERIT.

10.5 Police Response within Hospitals
The Police will attend the hospital once they have been informed by the ambulance service that it has been identified as a designated receiving hospital. They will send a documentation and forensic team to the hospital in order to gather information, identify witnesses and retrieve forensic material. They will carry out the following functions:

10.5.1 Data collection
The Police will use information gathered on the patient registration forms to enable comparative searches to be completed against missing persons reports given into the Casualty Bureau.

Criminal Investigation Department officers will manage paperwork within seminar room 3, this will be the Police input team.

10.5.2 Forensic and evidence retrieval
Exhibits will be retrieved and retained for investigation as per section 8.5.
10.5.3 Identification of key witnesses – Police will make enquiries with casualties to determine who they are, where they were at the time of the incident etc. Significant witnesses will be identified and liaised with to help investigations. Police will consider that witnesses may be traumatised and may need treatment before any statements can be obtained from them.

10.5.4 Identification of suspects
Where there are grounds to suspect that an individual has committed or is about to commit a criminal offence the Police will act accordingly.

Police will aspire to provide the following roles as a priority:
- 2 officers at the Ambulance entrance
- 1 press liaison officer within the Press and Media room in order to maintain security
- officers to the mortuary office (this is dependent on whether it is known if there is a likelihood of fatalities)
- 1 officer within Triage room 1 for the Police documentation team

Any additional officers arriving on site will wait within the ED waiting area awaiting deployment by the Police Hospital Bronze. Full details of Police Roles that may be implemented at the hospital during a Major Incident are detailed in Appendix C.

10.6 Traffic Control
The Security Team will ensure that the route to the ED, is kept clear for ambulances by putting up barriers and signs. All non ambulance traffic will be diverted to alternative car parks, to keep the road free for ambulance access and egress.

The traffic control objectives are:
- To allow free passage of ambulances to the ED
- To allow staff to park their cars quickly
- To direct visitors to the appropriate location, ie media and relatives centre
- To control all other traffic

When space allows, the Police will park their vehicles in car park 3.

10.7 Business Continuity
Each individual NHS organisation must plan to handle incidents in which its own facilities, or neighbouring ones, may be overwhelmed. The organisation itself may be affected by its own Internal ‘Business Continuity’ Incident or by an external incident that impairs its ability to work normally. Fire, breakdown of utilities, major equipment failure, hospital acquired infections, violent crime or the need to deal with one contaminated person may paralyse the provision of services and jeopardise safety arrangements.

Planning successfully for these wider disruptive challenges will require more than simply scaling up the current plans of individual agencies. To support this, the Trust and the departments within the Trust have Business Continuity Plans. These plans are held separately to this Major Incident Plan.

The management of a Business Continuity Incident is different from the response to a Major Incident, as major incidents normally involve preparing the hospital for a number of arrivals from an incident. Therefore, the management of small scale Business Continuity incidents and those that may become Internal Major Incidents is detailed within the separate Trust Business Continuity Plan. Upon activation of the Trust Business Continuity Plan and therefore declaration of an Internal

---

1 Department level Business Continuity Plans are currently in production for essential departments, with a target for completion by 1st September 2013 and will be produced by non-essential departments at a later date.
Major Incident, the On Call Director will request that Switchboard begin the ‘Internal Incident Cascade’. Smaller scale incidents will be managed within the department using the departmental Business Continuity Plans in liaison with the On Call Manager (out of hours) / Divisional Manager (in hours).

The Trust Business Continuity Scope and Policy identifies the essential departments and department Business Continuity Plans identify the priority activities with these departments. A Business Continuity Lead and a deputy have been identified in all service areas who will be responsible for taking actions to continue business depending on circumstances at the time, based on the information contained in each department’s Business Continuity Plan.

In the event of a major incident some services may need to be enhanced, reduced or suspended depending on the service functions and the incident taking place. The criticality of each activity within essential departments is detailed within the departmental Business Continuity Plans, which can help decision making in such circumstances.

10.8 Health and Safety
The Trust acknowledges that the Health, Safety and Welfare of staff, patients and visitors is at the forefront of any major incident response and that the Trust accepts that it has a duty of care to safeguard the wellbeing of all staff, patients and visitors by employing all reasonable practicable measures
11. Communications

11.1 Communications and the Media
In the event of a major incident there will be immediate interest from the press. The Trust Head of Communications / On Call Communications Lead and the Hospital Gold Commander are responsible for all press and media relations, as well as ensuring Trust staff are kept informed of the incident response and the impact on the Trust. They will arrange all press conferences and other contacts between hospital staff, patients and journalists.

All press and media information must be channelled through the Head of Communications or their nominated deputy. No information is to be passed to the media unless it has been sanctioned by the Head of Communications / On Call Communications Lead, who will ensure that all communications are in line with the NHS England (London) arrangements.

Full details of the Communication Team’s response to a Major Incident are detailed within the Communications Major Incident Plan.

11.2 Visits from VIPs
The Head of Communications in conjunction with the Chief Executive (or the Gold Commander if still in place) has designated responsibility for making appropriate arrangements for any VIP visits following the incident, this includes liaison with the Police about any associated security issues.

11.3 Sharing of Information
In the event of a major incident Kingston Hospital NHS Foundation Trust will share, with relevant Category 1 responders, appropriate casualty information where ‘the potential damage to the individual (and where appropriate the public interest of keeping the information confidential) is against the public interest’ and where there are risks and potential harm if the information is not shared (Cabinet Office, 2007). Basic condition check information will be given out by the Major Incident Call Centre, ie, critical, comfortable or discharged, however any further patient details must only be shared, ideally face to face, with the patient’s next of kin.

11.4 NHS England Reporting Requirements – SITREP
Organisations should have robust mechanisms in place to collect information on the response to an incident with regards to capacity, capability, staffing levels and operational issues. This will ensure that the strategic and tactical leaders have situational awareness, and information is readily available for the inevitable onwards reporting to a variety of audiences, including NHS England; Department of Health and other governmental bodies; and other resilience partners.

To facilitate communication of information to NHS England (London) during a major incident, a web based situation reporting tool (SitRep) has been developed. The system is designed to be flexible, and encompasses a number of pre-determined scenario types: namely big bang; CBRN release; generic infectious disease; and hospital evacuation.

Silver Control will be responsible for providing the SitRep information to NHS England (London) during an incident, action card 018 provides more information on this. During an incident, urgent queries relating to SitRep, email or contact NHS01 via PageOne.
12. Support for Patients, Relatives and Staff

12.1 Discharged Patients and Relatives Centre
During and immediately after a Major Incident a ‘discharged patients and relatives centre’ will be established in the Wolverton Centre for discharged major incident patients, friends and relatives waiting to see the injured. Small private rooms are available within the centre to be used to facilitate talking to relatives or to provide counselling and allow grieving in privacy. The provision of refreshments will be co-ordinated by ISS.

12.2 Communication to and at the Relatives Centre
Arrangements will be made to provide friends and relatives with regularly updated information. The Relatives Reception Centre Manager will be responsible for ensuring up to date information on the situation and casualties is obtained from the Silver Incident Management Team and is made available to those waiting within the relatives reception centre. Where possible, casualty information should be given out confidentially to the next of kin by available medical staff and should only be basic information, such as:
- The patient has arrived at the hospital
- The patient has been admitted
- The seriousness of their injuries.
- The patient has been / will shortly be discharged

12.3 Patient and Relative Counselling and Support
Chaplains, Social care staff, Community Psychiatric Nurses and Wolverton clinical staff will be available in the Wolverton Centre, to speak to any person who wishes to discuss their involvement in the event and to give assistance to those who request it. This can be provided in privacy in available clinic rooms.

Counselling and support for patients and relatives in the period following a major incident and in the longer term will be assessed by those concerned with their care and management.

12.4 Staff Counselling and Support
Welfare and trauma support will be made available to staff responding to a major incident, irrespective of their role (clinical or non-clinical). This support will be available from the very outset and early stages of the incident. The responsibility for identifying the need for welfare support rests jointly with the individuals, their managers and the department within each organisation with responsibility for staff welfare.

During and following a major incident, staff welfare is of paramount importance. The following measures will be in place for staff.
- A designated area for staff will be set up in the Dining Room. This will be an area where staff can get refreshment, talk to each other, sit quietly etc.
- Members of the Chaplaincy Team will be available should staff wish to seek support and can be contacted via the Wolverton Centre. Everyone is different and there should be options for all.
- Information packs will be available to those who wish to speak to a counsellor confidentially in the days and weeks after the incident, available from Occupational Health.

The areas above will be set up during the incident as staff will be finishing duty at different times.

The Trust has a Policy in place to support staff (Support For Staff Involved in Traumatic/Stressful Events At Work) this applies to all healthcare workers employed by the Trust and to staff of other organisations and agencies who are working on site.
13. Staff

13.1 Maximising available staff
The Trust has a number of plans in place to maximise the number of staff available. Action cards detail the arrangements each department should follow in order to make staff available to assist in the response to the incident.

This may involve calling in staff not on duty and redeploying staff to other areas of the hospital where their skills can be used to assist others.

In the event that the response to a Major Incident has significant impact on the Trust’s business as usual, the Business Continuity Plan provides a framework for the prioritisation of services, as well as identifying those that could be temporarily suspended during a response. The incumbent staff of suspended services would then be available for redeployment elsewhere in the Trust.

The Trust will redeploy, if required, dual trained nurses/midwives within the Trust to support an effective and safe response. Hospital volunteers will also be called in to assist, they will be allocated a role upon arrival or be re-allocated if already on site.

13.2 Working Time Directive
The European Working Time Directive specifies clear rest requirements and working hours limits for all staff. The Trust will support all staff to comply with the rest requirements of the Working Time Directive, wherever possible.

In respect of working hours limits in the event of a Major Incident the Trust will monitor the situation and will make the necessary adjustments to ensure compliance with working hours limits where possible. Given the significant surge of activity that could result from a Major Incident the Trust expects staff to be able to achieve an average working week of less than 48 hours over the 17 week reference period that is in place.

In accordance with the law, staff are able to opt-out of the working hours limit (48 hours per week on average), and this option will continue to be available to staff. However it is stressed that working time regulations are Health and Safety legislation and it is essential that staff achieve the appropriate rest to support safe delivery of care.

13.3 Identity Badges
It is essential that in the event of a major incident all staff and volunteers involved in responding to the incident carry and wear their hospital identity (ID) badge. Any staff not wearing ID badges during a major incident will be challenged and can be requested to leave.

Those undertaking certain key roles in the Trust’s response will be given an identification sash or tabard which must be worn at all times whilst undertaking that role. Sashes, badges and tabards are available for:

- Gold Commander (held in Gold Command Major Incident Box)
- Silver Commander (held in Incident Management Team Major Incident Box)
- Medical Co-ordinator (held in Incident Management Team Major Incident Box)
- Nursing Co-ordinator
- Press Officer
- Welfare Centre Team
- Runners (held in Incident Management Team Major Incident Box)
14. Special Circumstances and Procedures

14.1 Paediatric Major Incidents
Essentially the major incident plan will be invoked as normal. Further support will be obtained from the Paediatric Consultant and the Paediatric Head of Nursing and Matron. Children with minor injuries will be sent to Children’s OPD for treatment.

14.2 Incidents involving Radioactivity, Chemical and Biological agents
Refer to CBRN plan.

14.3 Hospital Lockdown
In the event of a mass casualty, contamination incident or terrorism, the hospital will need to secure its facilities by instigating a Hospital lockdown. The Hospital lockdown process is covered in the Lockdown Procedure and will be managed by the Silver Incident Management Team. The procedures for this are detailed within the Lockdown Plan.
15. Incident Stand Down

15.1 Stand down
The Ambulance Service will inform the Trust of when they are standing down, this will be when all casualties have been cleared from the scene. The Trust will not stand down at this stage and it could be many hours or even days until this can be done.

The Incident Management Team will decide when to stand down the Trust depending on the requirements at the time.

Departments must not Stand Down until they are told to do so. This message will only come from the Incident Management Team or via Trust-wide e-mail. This instruction will only be given when there are no more casualties expected from the site.

15.2 Debriefing
Debriefs are important opportunities to learn from incidents and review/develop the major incident plan, and can happen at departmental and hospital wide level.

A debrief (hot debrief) involving key members of Trust staff who were involved in the incident response will be set up within 24 hours of the incident stand down, in order to identify any lessons to be learned, but preferably before the member of staff leaves/goes back to their day to day role. The Trust’s Major Incident Plan will be reviewed and amended in light of any lessons learned. Hot debriefs should also be carried out within departments by the person that was leading the response within that area and learning points recorded.

As a guide, a debrief should cover:
- What didn’t go so well
- What went well
- What could be improved for next time

A wider whole hospital debrief (cold debrief) will be held within one month of the incident, using information from the hot debrief and departmental debrief meetings. The wider whole hospital debrief will be co-ordinated by the incident Silver Commander, Gold Commander and the Emergency Planning Manager. Where possible external partner agencies, such as the ambulance service, will be invited to the cold debrief.

A report following the debriefing meeting will be produced as quickly as possible by the Emergency Planning Manager for submission to NHS England (London) for onward transmission, if appropriate, to the Department of Health. The report will contain a factual account of the organisation’s response, including a time line, as well as areas requiring improvement or further development. The report will be supported by an action plan to address these areas.

For larger incidents there may also be a multi-agency debrief, which the Emergency Planning Manager and other appropriate key Senior Trust staff will attend.
16. Post Incident Recovery

16.1 Recovery
As part of the response to a major incident it is necessary to form a Recovery Management Team. This team will consider but not be limited to the following:

- Managing the return to normal service and what resources are required to achieve this
- Priority of elective services including the impact on targets
- Staffing levels in the immediate, and near future
- Support of staff welfare including appropriate counselling
- Restocking of supplies
- Auditing and reporting of the Incident
- Communication with Non Incident Patients who’s treatment has been affected by the Incident i.e. rebooking of cancelled appointments, etc.
- Identifying of Major Incident Patients who may well require further surgical intervention
- Number of beds occupied by Major Incident Casualties including critical care beds and other specialist beds
- The provision of follow up clinics for Major Incident Patients.

It is expected that the Recovery Management Team will utilise the Trust Business Continuity Plan and Departmental Level Business Continuity Plans as required to ensure the return to normal operations as the operational response to the incident reduces in the return to normal. More information on recovery requirements is detailed within the Trust Business Continuity Plan, section 6.

The On Call Director will select a director from the on-call rota (excluding the Chief Exec) to lead the recovery cell.
17. Training and Exercising

17.1 Training
Major Incident Awareness is included on the Trust’s Corporate and Doctor’s induction for all new staff.

The Emergency Planning Manager will provide/coordinate other training as requested by Departments, and ensure that the relevant staff have access to any external courses, such as loggist training and Strategic Leadership in a Crisis.

Senior managers and Clinicians in each Directorate are responsible for ensuring that all staff for whom they are responsible receives induction and refresher training to prepare them for their role in a major incident. Training should include:
- Familiarisation of all staff, including Clinicians, with the Major Incident Plan and their role in it.
- Training in the use of emergency communications equipment as appropriate
- Advanced Trauma Life Support, ATLS (or the equivalent), for medical staff
- ENB Course 199 (or the equivalent) and ATLS training for registered nurses

17.2 Exercising
It is important that all staff have the opportunity to practice procedures and to become familiar with equipment (including that used in communications) and the staff with whom they will be working. For example
- practical exercises of varying complexity, involving people and equipment, to test availability, communications systems, the ability to put the plan into operation and the general capacity to handle a major incident
- table-top exercises, to test the management response and to review procedures.

As a minimum requirement the Trust is required to undertake:
- A test of communications cascades every six months (Communications Exercise - COMMEX)
- A “table top” exercise every year
- A “live” exercise every three years

A report is produced after each exercise and presented to the Emergency Preparedness Group, for forward circulation to the Executive Management Committee and NHS England (London).

17.3 Commex (Communications Exercise)

17.3.1 What is a Commex?
A COMMEX exercise is a communications practice exercise for major incidents, which assesses the Trust’s ability to contact and make available sufficient staff 24/7 in the event of a Major Incident. It does not involve real or “pretend” casualties and staff contacted are not required to come to the hospital nor, if already on site, take up their major incident positions in the hospital, report to Silver Incident Management Team or activate/move resources. The only actions required are to:
- Cascade the message as per the action cards,
- Contact staff and obtain their availability and estimated time of arrival had it been a real incident.

The alerting message will be ““This is Kingston Hospital Switchboard. This is a Commex exercise, Major Incident Declared/standby. Please begin your cascade”
17.3.2 What do I do?
When you are contacted, immediately refer to the Action Card for your post/on call role and follow any instructions for contacting and informing all people as detailed on the action card.

If you do not know where the Action Card for your ward or department is or you don’t know what your role is in a major incident, it is your responsibility to ask your manager and find out now so you will be ready in the event of a real major incident. Switchboard will not be able to provide you with this information.

When contacting staff out of normal hours, remember most will not have their pagers with them unless they are on-call. Try home and mobile telephones first and leave messages on answering machines as necessary, giving the date and time, avoid leaving messages with third parties, i.e. children or spouses.

Tell staff that you contact that it is a COMMEX exercise and that, if they are not already on site, they are not required to come to the hospital and if on site they are not required to go to their positions in the hospital. You should check who is available on site and who would be available to come in if it was a real major incident and what would be their travel time to the hospital(s).

Staff contacted should refer to their action cards if they have one and contact additional staff as detailed on their action card and any associated telephone cascade call out list, with the exception of any external organisations other than RBK Social Care.

Record:
- Who was called and when,
- Whether you managed to contact them? At what time?
- Were they available to come in if it had been necessary?
- How long it would take that person to get to the hospital at which they normally work if it had been necessary?

Departments and areas within the Trust that have call out lists of staff telephone numbers need to ensure that these lists are regularly updated.

Managers need to ensure that all their staff know what to do in the event of a major incident be it for real or a practice.

17.3.3 What happens after a Commex?
The local call out records will be needed to debrief staff in your area and to provide feedback to Senior Managers about what went well and not so well. Feedback sheets need to be submitted to the Emergency Planning Manager within 1 week of the exercise. Where issues with the call out or action cards were identified actions must be taken to rectify these, they should be included on the feedback sheet. A report will be produced by the Emergency Planning Manager to assess the Trusts ability to effectively respond to a major incident call out.
## Appendix A – Useful Telephone Numbers

### Internal

<table>
<thead>
<tr>
<th>Service</th>
<th>Number(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED Sister</td>
<td>2178 / 2977 / 2179/2180</td>
</tr>
<tr>
<td>Walking Wounded (Ortho OPD)</td>
<td>3523</td>
</tr>
<tr>
<td>Astor Ward</td>
<td>2305 / 2306</td>
</tr>
<tr>
<td>Sunshine Ward</td>
<td>2325</td>
</tr>
<tr>
<td>ITU</td>
<td>2265 / 2266 / 2267 / 2268</td>
</tr>
<tr>
<td>Theatres</td>
<td>2253 / 2730 / 2254</td>
</tr>
<tr>
<td>Incident Management Room (Silver)</td>
<td>2862</td>
</tr>
<tr>
<td>Gold Command</td>
<td>6506</td>
</tr>
<tr>
<td>Police Incident Room</td>
<td>6143 / 2932</td>
</tr>
<tr>
<td>ASP (Site Manager)</td>
<td>Fax. 020 8934 3129</td>
</tr>
<tr>
<td>Bernard Meade Wing Reception/security</td>
<td>2938</td>
</tr>
<tr>
<td>Charge hand porter – Help desk</td>
<td>2245, 3197</td>
</tr>
<tr>
<td>Staff Pool Area</td>
<td></td>
</tr>
<tr>
<td>Press Liaison Officer</td>
<td>2019</td>
</tr>
<tr>
<td>Press Room</td>
<td>2815 / 2816 / 2817 / 2818</td>
</tr>
<tr>
<td></td>
<td>Fax 8974 8168</td>
</tr>
<tr>
<td>Relatives Reception Area (Wolverton Centre)</td>
<td>2843</td>
</tr>
<tr>
<td>Relative’s enquiry desk</td>
<td>3993</td>
</tr>
<tr>
<td>Pathology</td>
<td>3295</td>
</tr>
<tr>
<td>Volunteers</td>
<td>2509</td>
</tr>
<tr>
<td>Counselling Team (Wolverton Centre)</td>
<td>2843</td>
</tr>
<tr>
<td>Laundry services</td>
<td>via switch.</td>
</tr>
<tr>
<td>Infection Control</td>
<td>2310/3369</td>
</tr>
</tbody>
</table>

### External

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS England (London)</td>
<td>08448 222 888 – NHS01</td>
</tr>
<tr>
<td>Kingston Clinical Commissioning Group</td>
<td>08448 222 888 – SWL2</td>
</tr>
<tr>
<td>CCG On Call Director for EPRR</td>
<td>08448 222 888 – SWL1</td>
</tr>
<tr>
<td>South London Commissioning Support Unit</td>
<td></td>
</tr>
<tr>
<td>SLCSU On Call Director for Surge</td>
<td>08448 222 888 – SWL1</td>
</tr>
<tr>
<td>SW London Health Protection Team</td>
<td>9.00 to 5.00 - 0208 812 7850</td>
</tr>
<tr>
<td></td>
<td>Out of hours Call Thamesdoc - 020 8390 4008</td>
</tr>
<tr>
<td>Kingston Borough Council</td>
<td>020 85475800 (CCTV control room)</td>
</tr>
<tr>
<td>Epsom and St. Helier Hospital</td>
<td>020 8296 2000 (Switchboard) – EPSOM1</td>
</tr>
<tr>
<td>Croydon Health Services NHS Trust</td>
<td>020 8401 3000 (Switchboard) – MAYDAY1</td>
</tr>
<tr>
<td>St. George’s Healthcare NHS Trust</td>
<td>020 8672 1255 (Switchboard) – GEORGE1</td>
</tr>
</tbody>
</table>
ADVICE FOR PATIENTS BEING DISCHARGED HOME

HOW I MAY FEEL FOLLOWING A TRAUMATIC EXPERIENCE

Following a traumatic experience, the mind and body tend to react. There is a range of “traumatic stress symptoms”, any of which you may experience with differing degrees of severity.

Your feelings are likely to be a perfectly normal response to what has just happened to you but some of these feelings may be frightening.

SYMPTOMS

You may experience:

1. “Flashbacks” which usually take the form of “reliving” in your mind the very experience you have just been through. These “flashbacks” are often more vivid at night.

2. Loss of appetite, lack of sleep and feeling particularly anxious and restless.

3. Feeling tired and having very little energy to carry out everyday tasks.

4. Losing the ability to concentrate and feel lacking in interest.

5. Feeling frightened to venture out.

6. Feeling moody, argumentative, particularly sensitive and less understanding of others’ needs.

7. Avoidance of thoughts, feelings or conversations associated with trauma.

8. Wanting to repeatedly talk about what has happened.

9. Some degree of memory loss.

10. Feeling detached from those with whom you normally feel close.

The above are normal reactions to a traumatic experience and are all symptoms of acute stress; they could last up to three months.

If these feelings last longer than three months or before if you need help, contact your General Practitioner for further advice.
### Appendix C – Police Roles

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Police Silver</strong></td>
<td>• Ensures appropriate resources are provided</td>
</tr>
<tr>
<td></td>
<td>• Ensures documentation of casualties</td>
</tr>
<tr>
<td></td>
<td>• Liaises with Senior Investigating Officer and the Senior Identification</td>
</tr>
<tr>
<td></td>
<td>Manager, if appointed</td>
</tr>
<tr>
<td><strong>Senior Investigating Officer (SIO)</strong></td>
<td>• Identifies who is responsible for any criminal act</td>
</tr>
<tr>
<td></td>
<td>• Identifies what happened</td>
</tr>
<tr>
<td></td>
<td>• Investigates the circumstances of the incident.</td>
</tr>
<tr>
<td><strong>Senior Identification Manager (SIM)</strong></td>
<td>• Investigates into the identification of the deceased, casualties and</td>
</tr>
<tr>
<td></td>
<td>survivors</td>
</tr>
<tr>
<td></td>
<td>• Arranges repatriation of the deceased to their families, friends or loved</td>
</tr>
<tr>
<td></td>
<td>ones</td>
</tr>
<tr>
<td></td>
<td>• Facilitates reconciliation of missing persons with their families, friends</td>
</tr>
<tr>
<td></td>
<td>or loved ones.</td>
</tr>
<tr>
<td><strong>Hospital Bronze</strong></td>
<td>• Provides Silver with a hospital resource request</td>
</tr>
<tr>
<td></td>
<td>• Establishes Documentation, Administration &amp; Forensic Teams</td>
</tr>
<tr>
<td></td>
<td>• Considers if casualties should be photographed</td>
</tr>
<tr>
<td></td>
<td>• Briefs Police within the hospital</td>
</tr>
<tr>
<td></td>
<td>• Manages the welfare of Police employees in the Hospital</td>
</tr>
<tr>
<td></td>
<td>• Liaises with hospital NHS Bronze and establish a casualty tracking system</td>
</tr>
<tr>
<td><strong>Police Operations Manager</strong></td>
<td>• Establishes LAS ‘IN’ and ‘OUT’ routes to A &amp; E deploy staff to them</td>
</tr>
<tr>
<td></td>
<td>• Establishes contact with hospital security deploy staff to assist them</td>
</tr>
<tr>
<td></td>
<td>• Establishes contact with hospital regarding media handling &amp; establish the</td>
</tr>
<tr>
<td></td>
<td>location of any pre-designated media areas</td>
</tr>
<tr>
<td><strong>Investigations Manager</strong></td>
<td>• Gains exhibit packaging and personal protective equipment</td>
</tr>
<tr>
<td></td>
<td>• Establishes Quality Assurance of documentation, forensic retrieval,</td>
</tr>
<tr>
<td></td>
<td>identification of potential suspects or witnesses</td>
</tr>
<tr>
<td></td>
<td>• Establishes if there is a fax</td>
</tr>
<tr>
<td></td>
<td>• Ensures documentation is forwarded to NHS England (London) ASAP</td>
</tr>
<tr>
<td><strong>Exhibits Officer</strong></td>
<td>• Takes responsibility for the safety, integrity, continuity and collection of</td>
</tr>
<tr>
<td></td>
<td>exhibits</td>
</tr>
<tr>
<td></td>
<td>• Ensures all exhibits are correctly packaged and labelled</td>
</tr>
<tr>
<td></td>
<td>• Arranges collection of exhibits</td>
</tr>
<tr>
<td><strong>Forensics Officer</strong></td>
<td>• Quality assure all forensic exhibits retrieved in the hospital</td>
</tr>
<tr>
<td></td>
<td>• Arrange storage of exhibits</td>
</tr>
<tr>
<td><strong>Casweb Operator</strong></td>
<td>• Inputs completed casualty bureau forms</td>
</tr>
<tr>
<td><strong>Document Officers</strong></td>
<td>• Ensures the correct form is used and completed</td>
</tr>
<tr>
<td></td>
<td>• Hands in completed forms</td>
</tr>
<tr>
<td><strong>Security</strong></td>
<td>• Liaises with hospital security</td>
</tr>
<tr>
<td></td>
<td>• Establishes entry and exit points to the hospital</td>
</tr>
<tr>
<td></td>
<td>• Implements security at the hospital in partnership with hospital security</td>
</tr>
<tr>
<td><strong>Traffic Management</strong></td>
<td>• Establishes &amp; staff ‘IN’ &amp; ‘OUT’ routes to A &amp; E for ambulances</td>
</tr>
<tr>
<td></td>
<td>• Ensures LAS are notified for these routes</td>
</tr>
<tr>
<td></td>
<td>• Ensures where possible there is parking for police responders</td>
</tr>
<tr>
<td></td>
<td>• Liaises with hospital parking contractors and/or local authority</td>
</tr>
<tr>
<td><strong>Ambulance Exit &amp; Retrieval Officer</strong></td>
<td>• Retrieves used dressings, blankets any disposable item used on the patient</td>
</tr>
<tr>
<td></td>
<td>from the ambulance after it has been emptied and preserve as exhibits</td>
</tr>
<tr>
<td><strong>A&amp;E Liaison Officer</strong></td>
<td>• Liaises with the ‘Nurse in Charge’</td>
</tr>
<tr>
<td></td>
<td>• Liaises with Exhibits Officer and Forensic Officer</td>
</tr>
<tr>
<td></td>
<td>• Liaise with Bronze Hospital, Police Investigation and Operations Managers</td>
</tr>
<tr>
<td></td>
<td>• Explain police evidential procedures with nursing staff</td>
</tr>
</tbody>
</table>
Kingston Hospital NHS Foundation Trust Major Incident Plan

Appendix D – Trauma Unit Flowchart

Incident

Ambulance service attend scene and declares a Major Incident

Ambulance service place nominated Trauma Unit (TU) on ‘Major Incident declared’ to get ready to receive casualties

Ambulance Service alerts Major Trauma Centre that TU is declared (or Trust has self-declared Major Incident)

Ambulance service via switchboard place nominated Trauma Unit (TU) on ‘Major Incident standby’ for a Major Incident to get ready to possibly receive casualties

Ambulance Service alert Major Trauma Centre that TU is on standby

The Trust Trauma Co-ordinator (Medical Coordinator (clinical) & Advanced Site Practitioner (admin)) will:

• Act as the point of contact for other hospitals within the SW London and Surrey Trauma Network
• Establish contact and liaise with the Consultant in Charge and the Nurse in Charge of the ED Desk to establish what assistance they need.
• Maintain contact with the Trauma Coordinator at St.George’s Hospital as the Major Trauma Centre for the region
• Manage the P1 capacity of the Hospital, working with the Consultant in Charge of ED.

Major Trauma Centre (St George’s) is alerted by Ambulance Service that Trauma Unit in the South West London & Surrey Trauma Network declared for a Major Incident and getting ready to receive casualties.

The Major Trauma Centre will:

➢ Allocate Network Trauma Co-ordinator
➢ Prepare for the potential of increased non-Major incident related MTC work
➢ Receive any P1 patients who require treatments at the Major Trauma Centre

Patients received by TU via ambulance service as appropriate. Some patients may self-present. Patient pathway determined by relevant on-call consultants.

Patients may be repatriated from Major Trauma Centres to Trauma Units to increase Major Trauma Centre capacity

Ambulance services stand-down Trauma Unit from scene received via switchboard. If hospital currently on stand-by, Stand-by team informed. If hospital declared, Hospital Incident Management Team informed. Hospital Incident Management Team make decision to stand hospital response down.

Ambulance Service alert Major Trauma Centre that TU is stood down via usual MI cascade

Trauma Unit Co-ordinator alerted to hospital control centre decision to stand hospital response down

Appendix D – Trauma Unit Flowchart

Incident

Ambulance service attend scene and declares a Major Incident

Ambulance service place nominated Trauma Unit (TU) on ‘Major Incident declared’ to get ready to receive casualties

Ambulance Service alerts Major Trauma Centre that TU is declared (or Trust has self-declared Major Incident)

Ambulance service via switchboard place nominated Trauma Unit (TU) on ‘Major Incident standby’ for a Major Incident to get ready to possibly receive casualties

Ambulance Service alert Major Trauma Centre that TU is on standby

The Trust Trauma Co-ordinator (Medical Coordinator (clinical) & Advanced Site Practitioner (admin)) will:

• Act as the point of contact for other hospitals within the SW London and Surrey Trauma Network
• Establish contact and liaise with the Consultant in Charge and the Nurse in Charge of the ED Desk to establish what assistance they need.
• Maintain contact with the Trauma Coordinator at St.George’s Hospital as the Major Trauma Centre for the region
• Manage the P1 capacity of the Hospital, working with the Consultant in Charge of ED.

Major Trauma Centre (St George’s) is alerted by Ambulance Service that Trauma Unit in the South West London & Surrey Trauma Network declared for a Major Incident and getting ready to receive casualties.

The Major Trauma Centre will:

➢ Allocate Network Trauma Co-ordinator
➢ Prepare for the potential of increased non-Major incident related MTC work
➢ Receive any P1 patients who require treatments at the Major Trauma Centre

Patients received by TU via ambulance service as appropriate. Some patients may self-present. Patient pathway determined by relevant on-call consultants.

Patients may be repatriated from Major Trauma Centres to Trauma Units to increase Major Trauma Centre capacity

Ambulance services stand-down Trauma Unit from scene received via switchboard. If hospital currently on stand-by, Stand-by team informed. If hospital declared, Hospital Incident Management Team informed. Hospital Incident Management Team make decision to stand hospital response down.

Ambulance Service alert Major Trauma Centre that TU is stood down via usual MI cascade

Trauma Unit Co-ordinator alerted to hospital control centre decision to stand hospital response down

Appendix D – Trauma Unit Flowchart

Incident

Ambulance service attend scene and declares a Major Incident

Ambulance service place nominated Trauma Unit (TU) on ‘Major Incident declared’ to get ready to receive casualties

Ambulance Service alerts Major Trauma Centre that TU is declared (or Trust has self-declared Major Incident)

Ambulance service via switchboard place nominated Trauma Unit (TU) on ‘Major Incident standby’ for a Major Incident to get ready to possibly receive casualties

Ambulance Service alert Major Trauma Centre that TU is on standby

The Trust Trauma Co-ordinator (Medical Coordinator (clinical) & Advanced Site Practitioner (admin)) will:

• Act as the point of contact for other hospitals within the SW London and Surrey Trauma Network
• Establish contact and liaise with the Consultant in Charge and the Nurse in Charge of the ED Desk to establish what assistance they need.
• Maintain contact with the Trauma Coordinator at St.George’s Hospital as the Major Trauma Centre for the region
• Manage the P1 capacity of the Hospital, working with the Consultant in Charge of ED.

Major Trauma Centre (St George’s) is alerted by Ambulance Service that Trauma Unit in the South West London & Surrey Trauma Network declared for a Major Incident and getting ready to receive casualties.

The Major Trauma Centre will:

➢ Allocate Network Trauma Co-ordinator
➢ Prepare for the potential of increased non-Major incident related MTC work
➢ Receive any P1 patients who require treatments at the Major Trauma Centre

Patients received by TU via ambulance service as appropriate. Some patients may self-present. Patient pathway determined by relevant on-call consultants.

Patients may be repatriated from Major Trauma Centres to Trauma Units to increase Major Trauma Centre capacity

Ambulance services stand-down Trauma Unit from scene received via switchboard. If hospital currently on stand-by, Stand-by team informed. If hospital declared, Hospital Incident Management Team informed. Hospital Incident Management Team make decision to stand hospital response down.

Ambulance Service alert Major Trauma Centre that TU is stood down via usual MI cascade

Trauma Unit Co-ordinator alerted to hospital control centre decision to stand hospital response down

Appendix D – Trauma Unit Flowchart

Incident

Ambulance service attend scene and declares a Major Incident

Ambulance service place nominated Trauma Unit (TU) on ‘Major Incident declared’ to get ready to receive casualties

Ambulance Service alerts Major Trauma Centre that TU is declared (or Trust has self-declared Major Incident)

Ambulance service via switchboard place nominated Trauma Unit (TU) on ‘Major Incident standby’ for a Major Incident to get ready to possibly receive casualties

Ambulance Service alert Major Trauma Centre that TU is on standby

The Trust Trauma Co-ordinator (Medical Coordinator (clinical) & Advanced Site Practitioner (admin)) will:

• Act as the point of contact for other hospitals within the SW London and Surrey Trauma Network
• Establish contact and liaise with the Consultant in Charge and the Nurse in Charge of the ED Desk to establish what assistance they need.
• Maintain contact with the Trauma Coordinator at St.George’s Hospital as the Major Trauma Centre for the region
• Manage the P1 capacity of the Hospital, working with the Consultant in Charge of ED.

Major Trauma Centre (St George’s) is alerted by Ambulance Service that Trauma Unit in the South West London & Surrey Trauma Network declared for a Major Incident and getting ready to receive casualties.

The Major Trauma Centre will:

➢ Allocate Network Trauma Co-ordinator
➢ Prepare for the potential of increased non-Major incident related MTC work
➢ Receive any P1 patients who require treatments at the Major Trauma Centre

Patients received by TU via ambulance service as appropriate. Some patients may self-present. Patient pathway determined by relevant on-call consultants.

Patients may be repatriated from Major Trauma Centres to Trauma Units to increase Major Trauma Centre capacity

Ambulance services stand-down Trauma Unit from scene received via switchboard. If hospital currently on stand-by, Stand-by team informed. If hospital declared, Hospital Incident Management Team informed. Hospital Incident Management Team make decision to stand hospital response down.

Ambulance Service alert Major Trauma Centre that TU is stood down via usual MI cascade

Trauma Unit Co-ordinator alerted to hospital control centre decision to stand hospital response down
Appendix E – Pan-London Major Incident Liaison Protocol

NHS England (London) Communications team (LON01)

The NHS England (London) communications on-call team (LON01) will be informed by one of the following routes: Trusts, Department of Health, Emergency services or Health Protection Team.

This protocol recommends a way of working for all such incidents involving more than one hospital in London.

- When a major incident, such as a rail crash occurs, the first priority for communications staff is to give accurate information through the media to the public.
- With the injured are being sent to a number of hospitals and reporters are demanding figures from all the emergency services, press officers at hospitals are in the best position to give accurate and timely figures. Whilst it is expected that hospital press officers will release figures to the media who gather at their site, LON01 (within the multi-agency media cell) is best placed to co-ordinate the release of these figures to the media.
- LON01 will liaise with the London Ambulance Service press office to establish early total figures from the scene of the incident.
- Each hospital receiving casualties should contact LON01 as soon as it receives patients. As patients are triaged, figures should include:
  - Male
  - Female
  - Children (16 and under)
  - Critically ill
  - Seriously ill
  - Stable
  - Walking wounded
- Trust press offices should attempt to co-ordinate the timing of the release of information to media on their sites. There should be a regular briefing and in the early stages, this should take place every hour. In advance of the media briefing, the Trust press office should forward a copy of the briefing to LON01, to provide an update on the figures.
- Hospital press officers will contact LON01 ideally via email – the contact details will be provided to Trusts in the early stages of the incident. Page or telephone the communications team with updates on patient figures before they hold press briefings - ideally every hour at half-past the hour. Details of deaths in hospitals should be notified as soon as the relatives have been informed.
- The communications team will provide the pan-London figures to all press officers by fax or pager by agreement with each site.

Out of hours, the communications team will co-ordinate the provision of updated figures to the media. Any deaths should be reported from each hospital to the communications team by pager.
Appendix F – Site Plan for Major Incidents

- All patient arrivals + triage
- 2nd Floor – canteen
- 4th Floor – Astor, Alex
- 5th floor – Gold, Silver, Staff pool, briefing room, Police Hospital Input Team
- Friends and Relatives Centre
- Mortuary
- Paediatric admitting ward (Sunshine)
- Mass Casualty Treatment (DSU)
- Emergency Department
- P1 & P2 patient treatment
- Press area
- P3 patient treatment
- Police parking (when available)
Appendix G – Emergency Department Layout for Major Incidents

- All patient arrivals & triage
- CBRN tent set-up (if required)
- Contaminated arrivals (if applicable)
- Minor injuries booking-in receptionist
- P1
- P2
- P3
- Paeds
- Sister’s office (for CBRN container key)
- P3 patients to orthopaedic outpatients
- Nursing staff pool & Police waiting area
- Major Incident Store Cupboard
- Police
- Minor injuries booking-in receptionist

Kingston Hospital NHS Foundation Trust
Major Incident Plan version 9
Author: Caroline Fiore
Next Review Date: June 2014
## Appendix H – Glossary of Emergency Response Terms

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBRN</td>
<td>Chemical, Biological, Radiological, Nuclear</td>
</tr>
<tr>
<td>CCA</td>
<td>Civil Contingencies Act</td>
</tr>
<tr>
<td>CCG</td>
<td>Clinical Commissioning Group</td>
</tr>
<tr>
<td>CFI</td>
<td>PHE Centre for Infectious Disease</td>
</tr>
<tr>
<td>CRCE</td>
<td>PHE Centre for Radiation, Chemical and Environmental Hazards, (CRCE London)</td>
</tr>
<tr>
<td>CSU</td>
<td>Commissioning Support Unit</td>
</tr>
<tr>
<td>DH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>DPH</td>
<td>Director of Public Health</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency Department</td>
</tr>
<tr>
<td>ETA</td>
<td>Estimated Time of Arrival</td>
</tr>
<tr>
<td>HART</td>
<td>Hazardous Area Response Team</td>
</tr>
<tr>
<td>HSE</td>
<td>Health and Safety Executive</td>
</tr>
<tr>
<td>HPT</td>
<td>Health Protection Team</td>
</tr>
<tr>
<td>ILO</td>
<td>Incident Liaison Officer</td>
</tr>
<tr>
<td>KHFT</td>
<td>Kingston Hospital Foundation Trust</td>
</tr>
<tr>
<td>LALO</td>
<td>Local Authority Liaison Officer</td>
</tr>
<tr>
<td>LAS</td>
<td>London Ambulance Service</td>
</tr>
<tr>
<td>LFB</td>
<td>London Fire Brigade</td>
</tr>
<tr>
<td>MERIT</td>
<td>Medical Emergency Response Incident Team</td>
</tr>
<tr>
<td>MI</td>
<td>Major Incident</td>
</tr>
<tr>
<td>MTC</td>
<td>Major Trauma Centre</td>
</tr>
<tr>
<td>MTU</td>
<td>Major Trauma Unit</td>
</tr>
<tr>
<td>NAAS</td>
<td>Nerve Agent Antidote Service</td>
</tr>
<tr>
<td>NAIR</td>
<td>National Arrangements for Incidents involving Radioactivity</td>
</tr>
<tr>
<td>NPIS</td>
<td>National Poisons Information Service</td>
</tr>
<tr>
<td>OCD</td>
<td>On Call Director</td>
</tr>
<tr>
<td>OCM</td>
<td>On Call Manager</td>
</tr>
<tr>
<td>PHE</td>
<td>Public Health England</td>
</tr>
<tr>
<td>RBK</td>
<td>Royal Borough of Kingston</td>
</tr>
<tr>
<td>SCG</td>
<td>Strategic Coordinating Group</td>
</tr>
<tr>
<td>SECAMB</td>
<td>South East Coast Ambulance Service</td>
</tr>
<tr>
<td>STAC</td>
<td>Scientific and Technical Advice Cell</td>
</tr>
</tbody>
</table>