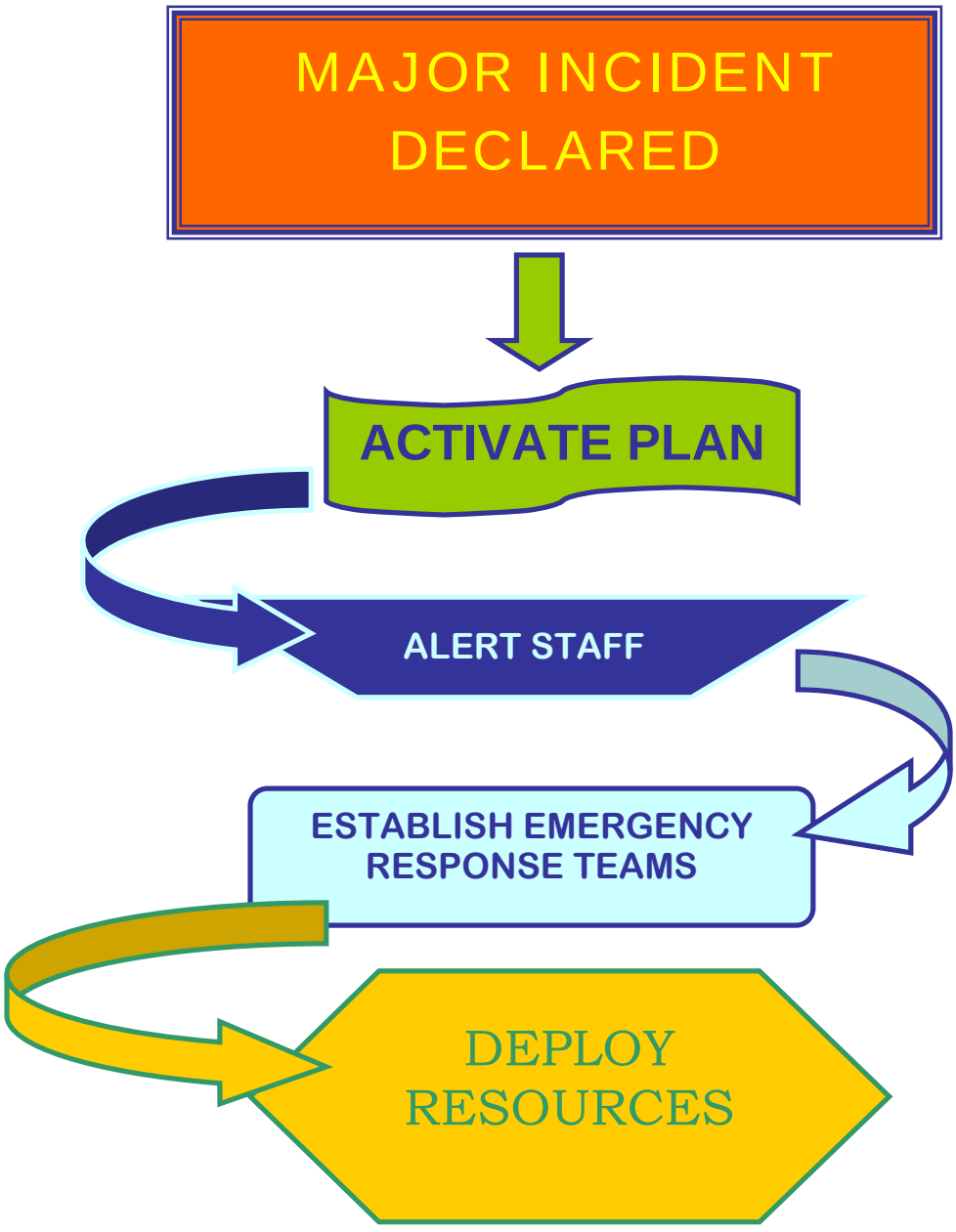
NHS Borders

MAJOR EMERGENCY PROCEDURES



MAJOR EMERGENCY PROCEDURES PLAN

IN THE EVENT OF A MAJOR EMERGENCY TURN IMMEDIATELY TO THE ACTION CARD RELEVANT TO YOUR AREA

Unique Identifier 1	**Master document held by** Lorna Paterson Resilience Manager	**Issue Date** 31 May 2011
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CURRENT VERSION IS HELD ON THE NHS BORDERS INTRANET PAGE

http://intranet/new_intranet/microsites/index.asp?siteid=32&uid=5

PLEASE CHECK THAT THIS PRINTED COPY IS THE LATEST VERSION

IMMEDIATE ACTIONS

If you have received notification that a Major Incident has been declared and you have not read the plan

DO NOT READ IT NOW

Find your relevant action card in

- Section 2a – Chief Executive or Executive on call, Consultant in Public Health Medicine on call
- Section 5 – BGH Response
- Section 7 – Primary and Community Services, Mental Health and Learning Disabilities

AND FOLLOW THE INSTRUCTIONS

NHS BORDERS
MAJOR EMERGENCY PROCEDURES

MAJOR EMERGENCY LOG

Everyone involved in the Major response must keep a record of their actions and make copies available for debrief purposes.

The Major Emergency Log must record dates and times of all information given and received, decisions, actions and all other communications relating to the incident. All written documents, letters, emails and fax messages should be dated and time of receipt recorded, with cross reference to the log where appropriate.

All staff involved should keep a log of their activities and actions throughout the incident. These should be signed, countersigned and dated and handed to the Hospital Controller. All records must be kept secure as they may be used in evidence in the event of a public enquiry or criminal prosecution.

A Blank log sheet as attached is located on the Emergency Planning microsite on the intranet.

Business Continuity *Recoveryflow* ™

Member of ERT completing	
Responsible for	
Log Form Number	

Issue/Activity	Actioned by	When	Agreed action/comments/costs incurred	Deadline

NHS BORDERS
MAJOR EMERGENCY PROCEDURES

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NHS BORDERS
MAJOR EMERGENCY PROCEDURES

FOREWORD

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

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

These procedures outline the actions to be taken by NHS Borders in the event of a major emergency occurring within the Scottish Borders.

While the document reflects the procedures to deal with major emergencies, these procedures can be used to manage any level of emergency affecting the organisation, whether caused by events originating outwith, or within NHS Borders, in conjunction with our Business Continuity plans.

During an emergency, as in the day to day operation of NHS Borders, we all have a role to play. The successful implementation of this response plan requires commitment from staff at all levels and each individual who may be involved has an obligation to ensure that they are aware of and understand their role in the NHS Borders response.

Heads of Clinical Service and NHS Borders Managers at all levels must ensure that their staff are aware of their Directorate/ Departmental plan and make every effort to take part in training events.

Calum Campbell
Chief Executive

NHS BORDERS
MAJOR EMERGENCY PROCEDURES

SECTION 1

STRATEGIC CONTEXT

SECTION 1 – STRATEGIC CONTEXT

1.1 INTRODUCTION

1.1.1 NHS Borders has the responsibility to meet the healthcare needs of the population of the Scottish Borders including those needs that are unpredictable or change unexpectedly. A major incident does not remove this statutory duty but its fulfilment may require sudden alterations as to how, where and when the care and treatment of patients is carried out.

1.1.2 Under the Civil Contingencies Act (2004), NHS Borders is a Category 1 organisation and is required to have plans in place to deal with any emergencies that may affect maintaining the normal activity of the service.

1.1.3 It is not possible to predict the exact form and nature of a possible major incident, nor the amount of time available to prepare for it. Any part of NHS Borders might need to contribute to the response and must be prepared accordingly. Planning and managing the NHS Borders major incident response must be regarded as integral to the planning and management of every service NHS Borders provides.

1.1.4 This plan is based on the following Scottish Government guidance documents:

- NHS Scotland Manual of Guidance: Responding to Emergencies
- Managing Incidents Presenting Actual or Potential Risks to the Public's Health: Guidance on the Roles and Responsibilities of Incident Control Teams
- Preparing Scotland: Scottish Guidance on Preparing for Emergencies

1.1.5 The plan provides the framework for NHS Borders' response to any major incident requiring immediate response by the NHS in collaboration with the emergency services and others. It includes the major incident plans held by Borders General Hospital, Primary and Community Services, Mental Health Services and Learning Disabilities Services. Other specific plans include:

- Major Outbreak Plan for Borders
- Borders Multi-Agency Contingency Plan for Pandemic Influenza and other Respiratory Viruses
- Blood Management Plan

Adjustment to the plan might be required in particular circumstances including:

- Incidents involving Ionising Radiation - see Plan for in Section 8
- Decontamination of People Exposed to Hazardous Chemical, Biological or Radioactive Substances – see Section 8

1.2 EMERGENCY PLANNING RESPONSIBILITIES

1.2.1 NHS Borders is required to provide strategic leadership to secure the health of the population of Borders for which it is accountable to the Scottish Government and to Scottish Ministers.

1.2.2 NHS Borders is also responsible for planning the NHS Borders response to meet the needs of any major incident which might occur in its area.

1.2.3 Similarly, Borders General Hospital, Primary and Community Services, Mental Health Services, Learning Disabilities and Support Services have the duty to plan to overcome the effects of any major incident which might threaten the continuation or alteration of

the service they are responsible for providing.

1.2.4 Therefore, whilst detailed operational emergency planning is delegated to the Borders General Hospital, Primary and Community Services, Mental Health Services, Learning Disabilities and Support Services, NHS Borders will maintain an overall strategic plan in respect of its response to a major incident. This plan will outline:

- The roles and responsibilities of the Borders General Hospital, Primary and Community Services, Mental Health Services, Learning Disabilities and Support Services
- The arrangements for the control and co-ordination of the NHS Borders response
- The processes to be used

Sections 1 and 2 of the MEP set out the strategic response.

1.3 AIM OF EMERGENCY PLANNING

1.3.1 The aim of emergency planning within NHS Borders is to respond to a major incident and ensure that essential healthcare needs are met effectively when normal services become overloaded, restricted or non-operational for whatever reason.

1.3.2 The process of emergency planning should be to ensure that a co-ordinated, single integrated response to a major incident is mounted from the onset.

1.4 DEFINITION OF AN EMERGENCY

1.4.1 *Emergency*

Emergency is an event or situation which threatens serious damage to human welfare. It is a situation which arises unexpectedly and requires urgent action to resolve. The National Health Service (NHS) faces many emergencies in the course of its routine activities. While each separate instance requiring urgent NHS action might in itself be unexpected, being faced with emergencies is a natural characteristic of meeting healthcare needs. To provide a basis for emergency planning there is a requirement to understand the distinction between what are considered "routine" emergencies and those which require special action.

1.4.2 *A Routine Emergency*

A routine emergency can be defined as one which can be met within the normal capacity and procedures of those faced with it. It is an occurrence that places no abnormal load upon health care services.

1.4.3 *A Major Emergency*

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

1.4.4 *A Major Incident*

A major incident is the widely accepted term used by the Emergency Services to describe any emergency that requires the implementation of special arrangements by one or more of the Emergency Services, the NHS or the Local Authority. While a major incident might constitute an incident / emergency, as defined above, for one or more

sections of the NHS, it may have only limited healthcare implications.

1.4.5 The NHS response to a major emergency or incident will depend on an accurate assessment of health needs and their relative priorities.

1.4.6 In a slowly developing emergency this assessment may be led by NHS Borders and implemented via normal management and provisioning processes. Most major incidents, however, occur with little or no warning and many will require urgent response.

1.4.7 Although this plan concentrates on the management of major incidents and major emergencies, local arrangements for dealing with routine emergencies should follow the principles of this plan, so that should the emergency escalate, reinforcement and support of these arrangements can readily be implemented.

1.4.8 Contingency arrangements should also take into consideration other occurrences within, as well as outwith NHS Borders, which may have an adverse affect on the ability of NHS Borders to carry out its normal functions, e.g. the onset of bad weather, denial of access to a building for some reason, power or other utility failures etc. NHS Borders Business Continuity plans set out contingency arrangements for disruption to any part of its services. These are located on the Service Continuity microsite of the intranet. http://intranet/new_intranet/microsites/index.asp?siteid=386&uid=1

1.5 OBJECTIVE OF EMERGENCY PLANNING

1.5.1 NHS Borders' staff engaged in their normal routine duties are likely to be amongst the first persons to become aware that a major incident has arisen or is imminent. The process of emergency planning will:

- Assist NHS Borders' staff to react positively by providing them with guidance on roles and responsibilities of Borders General Hospital, Primary and Community Services, Mental Health Services, Learning Disabilities and Support Services as to how the organisation will respond as a whole

- Provide advice and assistance to ensure that NHS Borders' response is appropriate, structured, co-ordinated and managed effectively from the outset of a major incident

- Ensure that NHS Borders' response "dove-tails" with the responses of the Emergency services, Local Authorities and other agencies involved ensuring a co-ordinated integrated response to a major incident

1.6 PRINCIPLES OF EMERGENCY PLANNING

1.6.1 The focus of Emergency Planning and Management is to determine what needs to be done to respond effectively to a major incident, not to determine its cause.

1.6.2 Regardless of the nature or circumstances of a major incident, NHS Borders must be prepared to:

- Deal with an influx of new patients whose number, condition or location precludes treatment under routine arrangements

- Take steps to safeguard the health of the population from the adverse effects of a major incident

- Continue to provide treatment and care for existing patients
- Maintain essential healthcare services

1.6.3 There are five distinct overlapping phases to the successful management of a major incident:

- Assessment

  Identification, risk assessment and understanding of potential hazards and threats which could impact on the continued delivery of healthcare services

- Prevention

  Measures adopted to eliminate, isolate or reduce identified risks as far as reasonably practicable; in turn preventing it occurring or reducing the severity of its effects

- Preparedness

  Development of strategic and operational plans at all levels of the organisation, which ensure contingency plans facilitate the maintenance of essential services

  Identification and availability of resources, establishing communication pathways, maintaining awareness of roles and responsibilities and skills, supported by staff training and exercising of plans

- Response

  Rapid implementation of emergency arrangements to deal with immediate effects, with the aim of preservation of life, relieve suffering, preventing escalation and facilitating subsequent return to normality

- Recovery

  Measures required to facilitate the return to normality, both for those affected by the incident / emergency and for those that responded to it. This includes identification and assessment and management of short, medium and long term consequences including delayed effects of the incident/emergency

  Analysis of the response and identification of lessons learned, which may influence future planning and management of a major incident

1.6.4 Therefore Emergency Planning and Management within NHS Borders should not be regarded as activities exclusively relevant to the response to a major incident, but should be an extension of routine management.

1.7 SCOPE OF EMERGENCY PLANS

1.7.1 It is not realistic to plan separately and in detail for every possible foreseen major incident. It is more effective to produce a generic plan with a general framework, which can be adapted to respond to any emergency.

1.7.2 It should be acknowledged that no major incident plan can cover every eventuality. Over prescriptive arrangements can constrain flexible thinking, resourcefulness and initiative which staff will require to provide a resolution to any major incident.

1.8 POTENTIAL MAJOR INCIDENTS

1.8.1 Most major incidents occur with little or no warning and their nature and type are wide and varied. Potential major incidents that could occur include:

- A road incident
- An air crash
- A rail crash
- Maritime or dockyard incident
- Chemical pollution to air or water supplies
- Fires or explosions
- Incidents arising from sporting events
- Hazardous industrial accidents
- Pipeline incidents
- Severe weather incidents
- Radiation incident
- Outbreak of communicable disease
- Act of terrorism

1.9 STRUCTURES FOR PLANNING AND RESPONSE

1.9.1 Civil Contingencies Act 2004

Overview

The Civil Contingencies Act 2004 superseded the Civil Defence Act 1948, changing the focus from defence and widening the definition of an emergency. The Act further widens the responsibility for ensuring public safety to include a number of institutions not encompassed within prior legislation but who still have key roles in maintaining “the essentials of life”. These institutions are divided into category 1 and category 2 responders. These institutions are legally bound to endeavour to prevent or mitigate threats to human welfare, the environment and national security throughout the UK.

The Act also includes legislation governing the declaration of emergency powers.

Category 1 and 2 responders

Category 1 responders, the emergency services, NHS Boards and Local Authorities, have legal duties imposed upon them to respond, to risk assess and plan the response to potential emergency situations. The Act further outlines the responsibility of Category 1 responders to ensure mutual co-operation, information sharing and to warn and inform the public.

Category 2 responders, such as utilities providers, are required to cooperate with the Category 1 responders and share information to assist the emergency response.

1.9.2 **Definitions**

Planning for major emergencies is part of the wider civil contingencies planning infrastructure and the following terminology is used by the Lothian and Borders Strategic Coordinating Group (SCG) (see Section 1.10) and the emergency services. Civil contingencies structures are often defined as strategic, tactical and operational. In national or regional (Lothian & Borders) terms the following definitions apply:

TERM	RESPONDER	ROLE
GOLD/STRATEGIC	Strategic Coordinating Group	Think and plan
SILVER/TACTICAL	Multiagency Tactical Group Tactical Incident Team	Direct
BRONZE/OPERATIONAL	Hospital Incident Control Departmental response team Medical Incident Officer and team at Incident Site	Do

1.9.3 **Strategic**

In exceptional circumstances, one or more responders may find it necessary to activate a strategic level of management. SCGs are established in each police force area in Scotland and will fulfil this role.

The need for a strategic level may arise if:

- Tactical managers require support
- Significant health, social, economic, environmental or political impacts are anticipated and will need to be managed at a regional or national level
- An emergency engages a number of responders, locally or in adjacent areas
- If there is a need to coordinate the response to more than one incident or scene or an emergency affects a wider area.

1.9.4 **Tactical**

A tactical level of management is introduced to provide overall management of the response. Tactical managers:

- Integrate their organisation's activity with that of the overall response
- Coordinate the resources available to them in the most effective manner
- Provide the fullest support for all organisations, services and individuals responding to emergencies to enable them to devote their efforts to their primary tasks
- Promote a person, sympathetic and compassionate approach to all involved in emergencies
- Keep the public informed of the progress of response and action being taken on their behalf
- Carry out the policies of the SCG when it is activated
- Communicate with Scottish Government and SCG
- Safeguard, motivate, encourage and support staff

1.9.5 **Operational**

The operational level of management is usually defined as the management of incident at the site of occurrence. First responders will take appropriate immediate measures, assess and communicate the extent of problems. In most sudden onset emergency events, the police will lead in coordinating the operational response at the scene.

Operational managers will concentrate their resources on specific tasks within their areas of responsibility and competence. They will act on delegated authority from their own organisations until if necessary, other levels of management are established.

1.9.6 **Application of Strategic, Tactical and Operational levels to NHS Borders**

In the event of an incident principally involving NHS Borders, the following interpretations of Strategic, Tactical and Operational would apply:

1.9.7 **Strategic**
In NHS Borders, the Strategic Group is the Incident Management Support Team which provides strategic leadership and supervision of the NHS Borders' response to the emergency and coordination of its response with other agencies. The chair of this group would feed into the SCG if it is formed.

Tactical
The Tactical Group is the Hospital Control Team set up to run NHS Borders response to a Major Emergency. The coordinating team consists of the Medical, Nursing and Hospital Controllers, Hospital Support Team Manager, P&CS On Call Manager and appropriate Emergency Services Liaison Officers.

Operational
In NHS Borders the operational level responds to instructions and directions from the Hospital Control Team and in effect runs the various departments of the hospital. Functions at this operational level include GPs, bed management, communications, support services.

1.9.8 **Community Risk Register and National Risk Register**

1.9.9 Community Risk Register
One of the key functions of the SCG is to assess potential risks within the region. This is fulfilled through the creation of a Community Risk Register. The Community Risk Register assess specific sites which may present potential hazards, as well as potential incidents that may occur, leading to local services possibly being overwhelmed. The Register can be found on the Borders and Borders Fire and Rescue Services website:

http://www.Borders.fire-uk.org/publications/Community%20Risk%20Register%20V5.pdf

A number of emergency plans specific to sites located within their area have been developed by the local authorities and hazards identified have been used to inform the Community Risk Register.

National Risk Register
The risks that the UK faces are continually changing: risks emerge, threats evolve and our ability to respond to the disruptive challenges we face improves. The United

Kingdom Government monitors the most significant emergencies that the UK and its citizens could face through the National Risk Assessment (NRA). This confidential assessment is conducted annually and draws on expertise from a wide range of departments and agencies of government and is used in planning. The National Risk Register (NRR) is the public version and reflects the latest iteration of the National Risk Assessment. The Register can be found on the Cabinet Office website:

http://www.cabinetoffice.gov.uk/resource-library/national-risk-register

The National Risk Assessment and National Risk Register are intended to capture the range of emergencies that might have a major impact on all, or significant parts of, the UK. These are events which could result in significant harm to human welfare: casualties, damage to property, essential services and disruption to everyday life. The risks cover three broad categories: natural events, major accidents and malicious attacks.

1.10 LOTHIAN & BORDERS STRATEGIC COORDINATING GROUP (SCG)

1.10.1 In the event of a major incident it is critical that NHS Borders planning is co-ordinated on an inter-agency basis with that of the Emergency Services, Local Authorities, voluntary services and other agencies at local level in order to maximise the effect of the response to the major incident.

1.10.2 Within NHS Borders area a group entitled the Lothian and Borders Emergency Planning Strategic Co-ordinating Group (SCG) is in place to assist and promote inter-agency co-operation at local level. This Committee is representative of all the agencies indicated at paragraph 1.10.3 and is structured around a Strategic Coordinating Group and a Tactical Group. For further details refer to the Lothian and Borders Emergency Planning Strategic Co-ordinating Group Generic Response Plan.
https://www.lbp.police.uk/information/Strategic_coordining_group/docs/L_B_GENERIC_PLAN_May_2010.pdf

A Strategic Co-ordinating Group (SCG) will be established to ensure effective strategic co-ordination between all Category 1 and 2 Responders along with other agencies required to respond to a protracted major incident or serious emergency.

This Group will normally be chaired during the emergency phase of an incident by the Chief Constable or his representative who will adopt the title Gold (Strategic) Commander. The most appropriate Local Authority Chief Executive or his nominee will normally chair the recovery phase of the incident.

During some emergencies (e.g. Pollution, disease outbreak) the group may be chaired by another Category 1 Responder.

The overall objective of the SCG is to secure the safe resolution of the incident, where possible without loss of life and to assist in a speedy return to normality.

The purpose of the SCG is to assess the development of an incident and to give strategic guidance and set policies to advise tactical, operational and other subordinate responders. In addition it will receive reports from and send reports to the Scottish Government via the Scottish Government Resilience Room (SGoRR).

The purpose of implementing a strategic level of management is to:

- establish a policy framework for the overall co-ordination of management of the

response;

- determine strategic aim, objectives and policies and review them regularly;
- ensure that those aims, objectives and policies are integrated with those of their respective organisations;
- ensure there are clear lines of communication with tactical managers;
- ensure co-operation, mutual assistance and support for local responders;
- ensure there is long-term resourcing and access to expertise for management at all levels;
- prioritise the demands of tactical managers;
- allocate resources and expertise to meet tactical requirements;
- liaise with strategic managers in other agencies;
- plan and co-ordinate recovery from the emergency and facilitate a return to a state of normality;
- ensure effective communication with the public;
- ensure effective communication with local and national elected representatives and Boards.
- provide a focus for communication with Scottish or UK Government Departments and Agencies.
- ensure effective media liaison.

The membership of the SCG comprises Executive / Senior level representation from the following organisations:

1.10.3 **Strategic Coordinating Group**

- Chief Constable, Lothian and Borders Police (Chair)
- Strategic Co-ordinating Group Co-ordinator (Secretariat)
- City of Edinburgh Council
- Mid Lothian Council
- West Lothian Council
- East Lothian Council
- Lothian and Borders Fire and Rescue Service
- Scottish Ambulance Service
- NHS Lothian
- NHS Borders
- Maritime and Coastguard Agency
- Military Liaison Officer
- Scottish Water
- Scottish Power
- Scotia Gas Networks
- British Telecom
- Scottish Environmental Protection Agency
- Scottish Resilience
- Edinburgh Airport Ltd
- Forth Ports plc
- Health and Safety Executive
- British Transport Police
- Network Rail

- Animal Health
- Crown Office Procurator Fiscal Service

1.10.4 **Tactical Group**

The membership of the Tactical Group comprises, Executive / Senior level representation from the following organisations:

- Strategic Co-ordinating Group Co-ordinator (Chair)
- Emergency Planning Officer Borders and Borders Police
- Emergency Planning Officer City of Edinburgh Council
- Emergency Planning Officer Midlothian Council
- Emergency Planning Officer East Lothian Council
- Emergency Planning Officer West Lothian Council
- Emergency Planning Officer Scottish Borders Council
- Resilience Officer Scottish Ambulance Service
- Emergency Planning Officer Borders and Borders Fire and Rescue Service
- Resilience Manager NHS Borders
- Emergency Planning Officer NHS Lothian
- Military Liaison Officer
- District Controller Maritime and Coastguard Agency
- Emergency Planning Officer Scottish Water
- Emergency Planning Officer Scottish Power
- Emergency Planning Officer Forth Ports Authority
- British Telecom Open Reach Manager
- Representative from Scottish Environmental Protection Agency
- Representative from Met Office
- Representative Civil Contingencies Unit, Scottish Government

The Lothian and Borders Resilience structure is set out in Appendix 1 to this section.

1.11 NHS BORDERS RESILIENCE COMMITTEE

1.11.1 NHS Borders Resilience Committee is responsible for providing advice on matters concerning emergency planning and business continuity within NHS Borders. The remit of the Group includes:

- To oversee the development and review, by designated individuals or groups, of all emergency plans in NHS Borders, including NHS Borders Major Emergency Procedures Manual, NHS Borders Business Continuity Strategy and local emergency and business continuity plans;
- To ensure compliance with all statutory requirements, in particular the Civil Contingencies Act 2004 and national guidance from Scottish Resilience;
- To draw up an annual workplan which includes a priority list of areas of work to be covered by the Committee. This will include the preparation, development, review and audit of emergency procedures within NHS Borders.
- To provide strategic advice and support on a formal NHS Borders interface with clinical and managerial staff on discussions and development of an emergency planning and response framework for NHS Borders.
- To develop consistent practical training for emergency planning and business continuity and ensuring NHS Borders' response to major emergencies is practised, integrated and implemented.
- To promote sound partnership working with other stakeholders to develop and

produce practical information relating to the emergency response and management of incidents for all stakeholders.

- To review guidance and recommendations relevant to emergency planning issued by the Scottish Government Health Department and other expert / advisory bodies, identifying and prioritising actions required.
- To develop and implement appropriate monitoring arrangements;
- To draw the attention of relevant senior management teams/groups to any key issues which arise from development and implementation of plans;
- To take forward any appropriate actions identified by the Risk Management Board, Board Executive Team, Operations Group, Clinical Board Management Teams and to report back to the relevant group on action taken.
- To develop robust linkages and lines of communication with the Lothian and Borders Strategic Co-ordinating Group and the Scottish Government Health Emergency Planning and Business Continuity Officers to ensure that plans are integrated across the relevant services.

NHS Borders Resilience structure is set out at Appendix 2 to this section.

1.11.2 The Committee meets quarterly and as required. The membership comprises those with a lead responsibility for emergency planning and business continuity:

- Non Executive Director (Chair)
- Chief Executive, NHS Board (or delegated);
- Director of Public Health (Executive Lead for Emergency Planning or delegated);
- Chief Operating Officer; (Vice Chair)
- Consultant in Public Health Medicine (Health Protection)
- Director of Nursing and Midwifery;
- Resilience Manager;
- General Manager, BGH;
- Clinical Representative (1), A&E Service;
- Clinical Representative (2), BGH;
- General Manager from P&CS;
- General Manger from MH;
- General Manger from LD;
- GP Representative (MIO);
- Head of Communications;
- Director of Estates and Facilities OR Facilities Manager;
- SBC Emergency Planning Officer;
- NHS Lothian Emergency Planning Officer
- Lothian & Borders SCG Coordinator

1.11.3 The Group is chaired by a Non Executive Director on behalf of the Joint Director of Public Health NHS Borders and Scottish Borders Council who retains a direct responsibility for resilience across NHS Borders.

1.12 Business Continuity

1.12.1 NHS Borders' business continuity plans propose methods to facilitate the continuity of service provision in the event of disruption to the routine functioning of part or the whole of NHS Borders' facilities. Disruption may be due to mechanical failure (such as a power failure) or due to a reduction in staff available to fulfil the roles required (as in

the event of a Pandemic or Severe Weather). All areas of NHS Borders are obliged to draft and maintain business continuity plans specific to their remit and facilities.

NHS Borders' response to a major incident may involve business continuity issues such as the inability to maintain essential services, either due to a loss of facilities or due to staff being relocated to provide the response to the major incident. These issues will be considered by the Incident Management Team, utilising the appropriate plans, to facilitate a return to routine functioning as soon as is practically possible.

The nature of business continuity may require consideration of more long term concerns and will often operate commensurate to the recovery phase of a major incident response. This will be especially pertinent in the event of major incidents resulting in residual after effects, such as environmental contamination or a protracted incident liable to affect service provision over a number of days, weeks or months. Examples of such incidents would be major flooding or an epidemic outbreak.

NHS Borders' Business Continuity Plans are located on the Intranet at http://intranet/new_intranet/microsites/index.asp?siteid=386&uid=1

1.13 Lockdown

1.13.1 In the event that any NHS Borders facility is declared a crime scene by Lothian and Borders Police the Criminal Investigation Division (CID) may instate a 'lockdown' on that facility. A lockdown order will require restrictions to be applied to the ingress of that facility and non-essential services may have to be temporarily discontinued.

Whilst NHS Borders' general services/security staff should endeavour to assist the police at all times, it will be the responsibility of the police to restrict egress from the facility for reasons of criminal investigation. NHS Borders' staff should request people do not leave a locked-down facility but have no legal grounding to stop patients and visitors who wish to leave unless that person is subject to a prior court order to enforce hospitalisation.

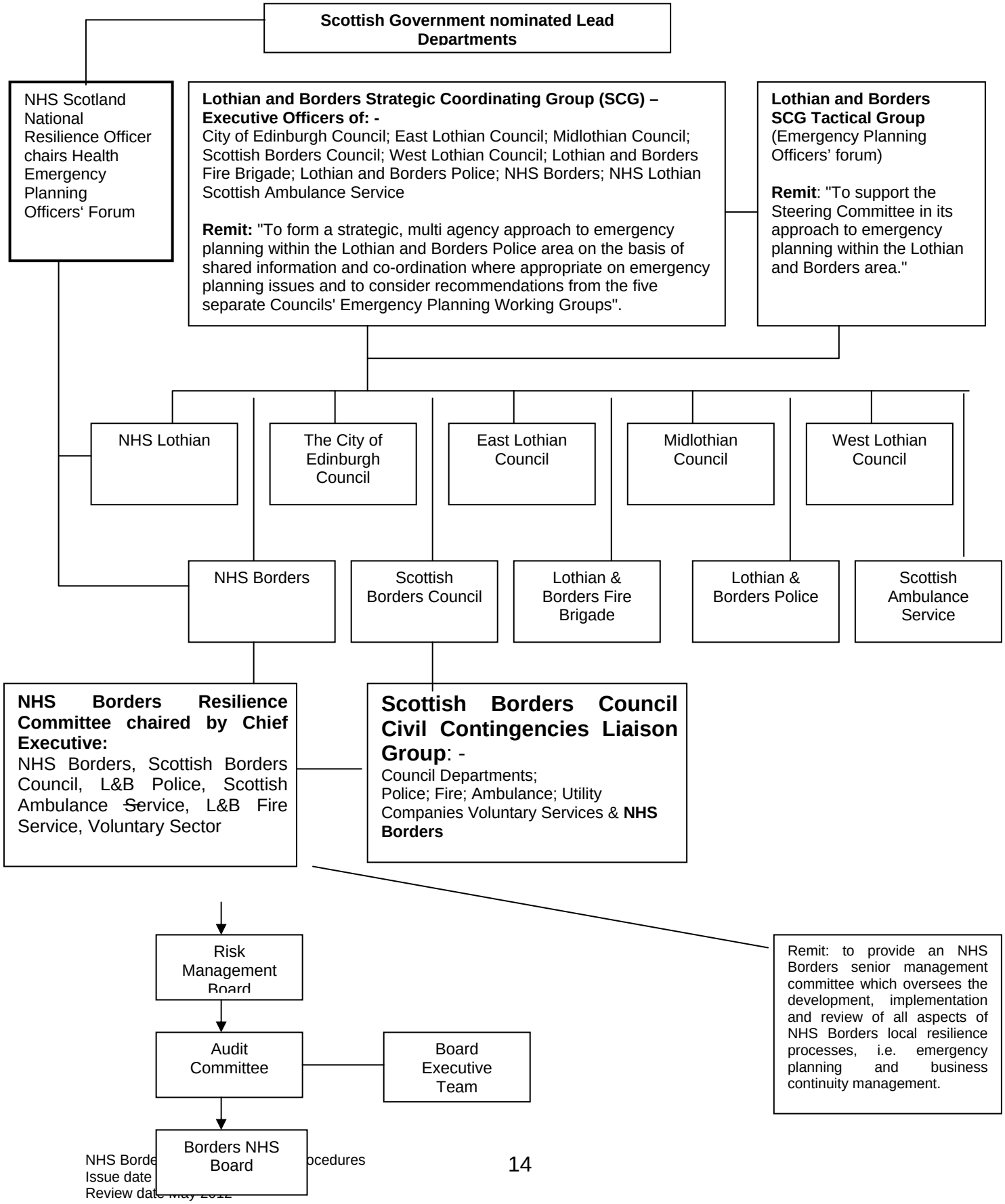
Continuation of routine business should be encompassed in the facility's business continuity plans. In the case of individual health centres, it may prove easy to close the facility to all routine business until the CID declares the lockdown can be lifted. Mutual support agreements between health centres can ensure that urgent cases be referred elsewhere.

Facilities with inpatient departments will be required to continue provision of care for inpatients. Restrictions should be applied to visitors and non-essential personnel. Visitors should only be allowed admission in the event of near terminal illness and names of visitors allowed into the facility should be given to NHS Borders security staff who will liaise with Lothian and Borders Police. NHS Borders staff must carry identity cards at all times and departmental managers should be aware of all people present within their department during each shift. These restrictions should be communicated to the public by NHS Borders Communications Team.

If a locked-down facility provides specialist services, provision should be made within the facility's business continuity plans to redirect admissions to other facilities within NHS Borders or through mutual support agreements with other Health Boards.

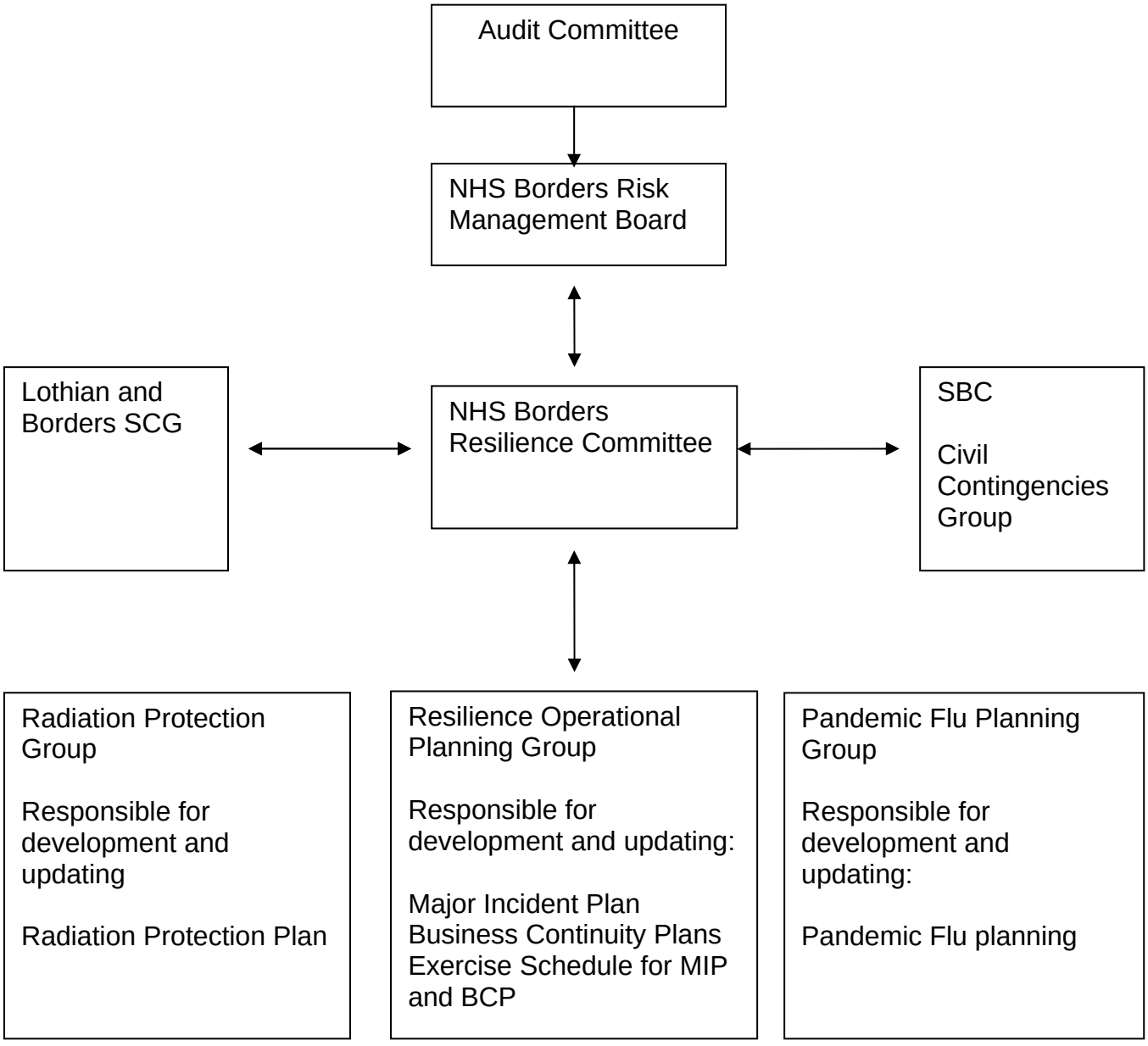
SECTION 1
APPENDIX 1

RESILIENCE PLANNING STRUCTURE IN LOTHIAN AND BORDERS AREA



NHS Borders Resilience Structure

Borders NHS Board

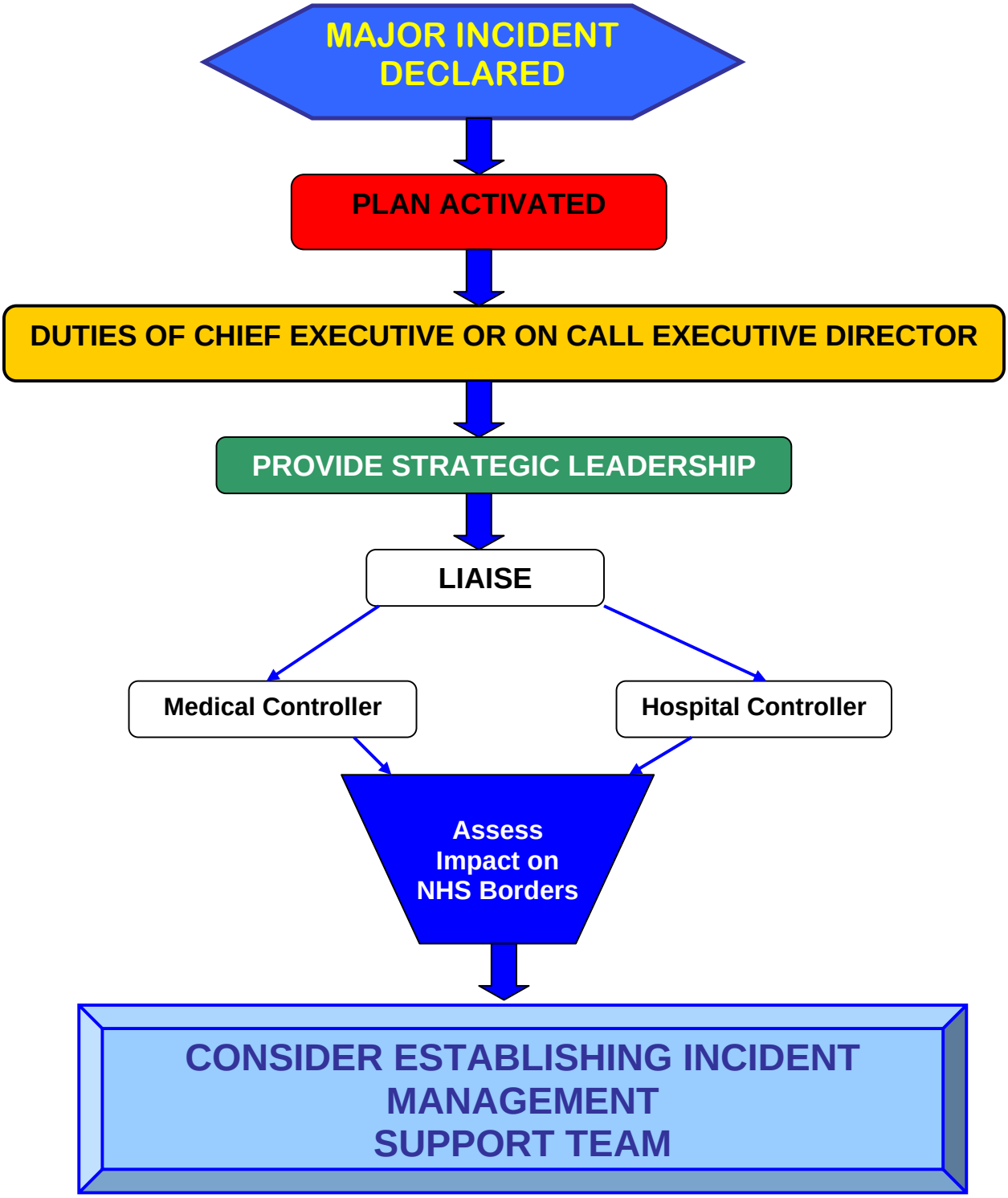


SECTION 2

NHS Borders

MAJOR EMERGENCY PROCEDURES

EMERGENCY PLANNING RESPONSIBILITIES



SECTION 2

NHS BORDERS POLICY AND RESPONSIBILITIES

NHS BORDERS POLICY AND RESPONSIBILITIES

NHS BORDERS AREA

1 NHS Borders' area is co-terminous with that of Scottish Borders Council. It covers an area of 1831 square miles and has a resident population of approximately 112,430 (2008).

2 NHS Borders' healthcare services are provided by its

- Clinical Boards - Borders General Hospital, Primary and Community Services, Mental Health, and Learning Disabilities services
- Support Services
- General Practitioners
- Scottish Ambulance Service
- Contract arrangements with hospitals in other areas
- Voluntary and private organisations
- NHS National Services Scotland

EMERGENCY PLANNING RESPONSIBILITIES OF NHS BORDERS CHIEF EXECUTIVE

3 **The Chief Executive, NHS Borders is responsible to the Chief Executive, NHS Scotland for ensuring that:**

NHS Borders emergency plans are in place which meet the health needs arising from the full range of potential emergency situations which might arise within the Scottish Borders area.

Plans are developed in consultation with, and are compatible with, the emergency plans of emergency services and other authorities as may be appropriate.

(a) Staff who will be required to carry out designated tasks in an emergency situation receive appropriate training and practice, and have access to appropriate equipment so that they may be fully prepared should an emergency arise.

(b) Emergency plans are exercised regularly, and involve health service staff and all other relevant emergency services.

(c) Following a major emergency and exercises, debriefing of all staff involved and a review of the health service response is followed by a report to the Scottish Government Health Department giving details of particular successes or difficulties experienced, consequential amendments to local NHS Borders plans and suggestions for amendment to the Departmental guidance.

(d) A member of NHS Borders staff is designated as having responsibility for the co-ordination of NHS Borders emergency planning.

(e) Copies of NHS Borders emergency plans are provided to the Scottish Government Health Department

DUTIES OF CHIEF EXECUTIVE OR EXECUTIVE ON-CALL DURING A MAJOR EMERGENCY

4 Provide strategic leadership and supervision of the NHS Borders' response to the emergency, and co-ordination of its response with other agencies, including the assessment of health-care needs in relation to the emergency and arranging for these needs to be met.

5 In consultation with Medical Controller at Borders General Hospital, assess the impact the major emergency or incident is having on NHS Borders' staff, equipment, and capacity to cope.

6 Liaise with the Medical Controller and Hospital Controller at Borders General Hospital regarding the level of assistance required, if any, and liaise with neighbouring NHS Boards and keep them apprised of the situation.

7 Assess the scale of the incident. If the incident is likely to have a major impact on the service provision of NHS Borders, or is likely to attract widespread public or political attention etc. (this list is not exhaustive), establish an **Incident Management Support Team** (see Paragraphs 57 & 58) at IMST room (Newstead Board Room). Copies of policies, procedures, contact details for the on-call Director are contained within the emergency cabinet in the Newstead Board Room – see **Appendix 1** for list of cabinet contents. On call Executive Director, Consultant in Public Health Medicine and Resilience Manager hold cabinet keys.

8 Identify any NHS Borders staff personally involved in the incident.

9 Until media facility at the BGH Education Centre is established, and arrival of Head of Communication and Patient Focus Public Involvement (PFPI), take responsibility for media and communication issues.

10 Inform the Scottish Government Health Department of the major emergency and liaise with them regarding the provision of assistance.

11 Arrange for the redeployment or provision of any necessary resources, the postponement of less urgent work and the switching of tasks between Departments/ Specialities to meet new or altered demands. Authorise any necessary adjustment to existing priorities for the use of NHS Borders resources.

12 Provide individual NHS organisations with a focal point for arranging whatever additional support and assistance they might require.

13 Collate information about the NHS response to the emergency, which will be required by other agencies, the media and by the Scottish Government Health Department. Keep log of all actions (see example log sheet at **Appendix 2 to this Section).**

14 Respond to requests for information from the media and public, in liaison with **Head of Communication and PFPI** (Media Officer), Scottish Borders Council (if appropriate), and Police Media Relations Manager/Officer. Appoint NHS Borders Media Officer, if Head of Communication and PFPI is not available.

15 Ensure that Hospital Controller contacts Estates and Facilities Department re the provision of extra telephone lines if required.

16 In liaison with Lothian and Borders Police and the Chief Executive of Scottish Borders Council, co-ordinate arrangements for visits of members of the Royal Family, Cabinet Ministers and other dignitaries.

17 Keep a log of all actions (see example sheet at **Appendix 2** to this section).

18 At the conclusion of the incident, arrange for operational debriefing of NHS Borders staff involved.

JOINT DIRECTOR OF PUBLIC HEALTH OR ON CALL CONSULTANT IN PUBLIC HEALTH MEDICINE (In the absence of any specific Public Health concerns or issues)

Responsibilities

19 The Joint Director of Public Health (DPH) is responsible for the co-ordination of NHS Borders' major emergency procedures, with delegated responsibility to the on-call Consultant in Public Health Medicine.

20 The Joint Director of Public Health and Consultants in Public Health Medicine (CsPHM) can be contacted during normal working hours via NHS Borders' Headquarters. At other times the on-call CPHM can be contacted via radio pager or mobile telephone via the Borders General Hospital switchboard.

Duties

21 Report to Borders General Hospital Control Room (**Occupational Therapy Treatment Room**), and speak to the Medical Controller, and Primary Care representative. Obtain situation report on the nature of the incident, the level of support required and whether there are any public health implications.

22 Confirm with Medical Controller that the Emergency Bed Bureau, NHS Lothian, has been informed that a '**major incident'** has been declared.

23 Provide support to Chief Executive, or on-call Executive Director, in providing strategic overview of the NHS Borders' response to the emergency, and co-ordination of its response with other agencies, including the assessment of health-care needs in relation to the emergency and arranging for these needs to be met.

24 Give advice to emergency services regarding matters of public health (if appropriate).

25 If the incident is likely to have a major impact on the service provision of NHS Borders, or is likely to attract widespread public or political attention etc. (this list is not exhaustive), assist the Chief Executive or on-call Executive Director to establish an **Incident Management Support Team** at Newstead.

26 If, for some reason access to Newstead is not possible, e.g. weather conditions, incident at the Hospital etc., use Borders General Hospital Occupational Therapy Department (OTD); Ward 10 Meeting Room or the BGH Committee Room as fall back site for Incident Management Support Team.

27 At the conclusion of the incident, assist Chief Executive, or on-call Executive Director with operational debriefing of NHS Borders staff involved.

28 Keep a log of all actions (see example log sheet at **Appendix 2 to this Section**).

DUTIES OF THE RESILIENCE MANAGER

29 Report to the Chief Executive/Joint Director of Public Health/ Consultant in Public Health Medicine, as appropriate, and provide any assistance required.

30 Obtain as detailed an overview as possible of the NHS Borders response, and of the liaison between the Hospital Control Team and those at the scene of the incident.

31 Assist Chief Executive/ Joint Director of Public Health/ Consultant in Public Health Medicine in operational debriefing of Health Service staff involved in the response, and with the organisation of an NHS Borders Operational Debrief.

32 Assist in the preparation of the Borders NHS Board report to the Scottish Government Health Department.

33 Keep a log of all actions (see example log sheet at **Appendix 2 to this Section**).

DESIGNATED RECEIVING HOSPITAL

34 A Designated Receiving Hospital is defined as any hospital designated to receive and treat patients who are seriously or critically ill on a 24-hour basis.

35 Within NHS Borders area the Borders General Hospital (BGH) is the nominated Designated Receiving Hospital.

CONTROL HOSPITAL

36 The Control Hospital for any major incident is generally the Designated Receiving Hospital nominated by NHS Borders. It will provide the co-ordination of all NHS activities related to the response to the major incident until the Board Control Centre is activated. See Section 4, para 3.

37 The Borders General Hospital is the Designated Control Hospital for NHS Borders.

HOSPITAL CONTROL CENTRE

38 The effective delivery of the hospital's major incident response is dependent upon the control and co-ordination of the hospital's activities together with those of the other agencies involved.

39 To effect the control and co-ordination of the hospital's response the General Manager (BGH), will ensure that an appropriate room is identified within the Borders General Hospital to be nominated as the Hospital Control Centre – currently the Occupational Therapy Department.

40 The Hospital Control Centres require to be equipped with suitable external and internal communications facilities.

41 Control and co-ordination arrangements should be detailed in the Borders General Hospital major incident plans and procedures.

MEDICAL CONTROLLER

42 The General Manager (BGH) will appoint an appropriate senior member of staff to be designated as the Medical Controller for the Borders General Hospital.

43 The role of the Medical Controller is to arrange and co-ordinate the hospital's response for total patient care in the event of a major incident (See Section 4 for full description of role). The Hospital Control Team assists the Medical Controller in fulfilling this function.

HOSPITAL CONTROL TEAM

44 The Hospital Control Centre will be staffed by specially identified key personnel to be known as the Hospital Control Team.

45 The Hospital Control Team will include members of senior management and other key personnel considered appropriate, each of whom would oversee their own particular function, whilst contributing to the management of the hospital's overall response. Personnel required to staff the Hospital Control Centre will be identified in the hospital's major incident plans and procedures.

46 Hospital major incident plans and procedures should also identify the source of suitable staff to support the Hospital Control Team in the administration of the Hospital Control Centre.

MEDICAL INCIDENT OFFICER

47 The primary role of the Medical Incident Officer is to identify the healthcare needs arising at the site of the incident and to manage and co-ordinate the NHS Borders response at the scene (see Section 6/5 for full description of role).

48 The Medical Incident Officer will be provided by the first General Practitioner to arrive at the scene. This arrangement will form part of the hospital's major incident plans and procedures.

SITE MEDICAL TEAM

49 The primary task of the Site Medical Team is the provision of triage, resuscitation, treatment and stabilisation of casualties at the scene of a major incident (see Section 4/32 for full description of role).

PRIMARY & COMMUNITY CARE SERVICES

50 Primary & Community Services (P&CS) is required to develop detailed plans and procedures that address the support that may be required to be given to the Designated Receiving Hospital / Control Hospital in the event of a major incident. Appropriate plans and procedures should be drawn up.

51 P&CS is required to establish similar arrangements as the BGH for the control and co-ordination of their response to a major incident. This includes identification of appropriate facilities for a P&CS control centre and control team.

52 Control and co-ordination arrangements should be detailed in their major incident plans and procedures.

NHS BORDERS EMERGENCY CONTROL CENTRE

53 Incident Management Support Team

In certain circumstances, it may be necessary to establish an **Incident Management Support Team** at Newstead to act as the focal point for arranging support from other NHS Board areas.

Among the circumstances in which the Chief Executive or on call Executive Director may establish an Incident Management Support Team as detailed in Paragraphs 57 & 58 **(the list is not exhaustive)**:

- a large-scale incident with national interest
- the incident is placing an increasing strain on the resources of NHS Borders
- there is more than one incident site requiring the allocation of NHS resources
- a considerable amount of mutual aid is required from neighbouring NHS Boards
- a major emergency in a neighbouring NHS Board area requires the considerable deployment of NHS Borders personnel within, or outwith the Scottish Borders area
- large volume of enquiries resulting from increasing media and political interest

The decision to establish an Incident Management Support Team (IMST), and where it will meet, will be made by the Chief Executive or on call Executive Director of NHS Borders, in liaison with the Medical and Hospital Controllers at Borders General Hospital.

The purpose of NHS Borders IMST is to provide a focus for the strategic control and leadership of NHS Borders response to a major incident. This will allow the Hospital Control Team to concentrate on the operational management of the incident response.

If an Incident Management Support Team is established it will be responsible, in consultation with the Medical and Hospital Controllers, for arranging support and external assistance which might be required both immediately and in the long term from the NHS, other agencies, the media and the Scottish Government Health Department.

Location

54 The Board Control Centre for NHS Borders will be located in the Boardroom, NHS Borders, Newstead, Melrose. The Board Control Centre will function with operational support based at Newstead.

55 In the event that Newstead becomes inoperable, due to loss of facilities or the building is declared an unsafe area for staff to work, the Board Control Centre will, in the first instance, be located within the same facility as the Hospital Control Centre at the Borders General Hospital.

ACTIVATION

56 The Board Control Centre is activated by the Chief Executive, NHS Borders who will inform the core members of the Incident Management Support Team and other appropriate personnel.

Composition

57 The Board Control Centre will be staffed by the Incident Management Support Team which will consist of the following core members and others as determined by the Chief Executive, NHS Borders:

- Chief Executive
- Joint Director of Public Health
- Director of Finance
- Chief Operating Officer
- Medical Director
- Nurse Director
- Interim Director of Workforce & Planning
- Employee Director
- Director of Estates & Facilities
- Head of Communications & PFPI
- Resilience Manager
- Secretariat

58 Depending on the nature of the major incident, other agencies that may be represented on the IMST include:

- Local Authorities, e.g. Environmental Health
- Military
- Lothian and Borders Police
- Transport Authorities
- Scottish Water
- Other NHS Boards
- Health Protection Scotland
- Scottish Ambulance Service
- Lothian and Borders Fire and Rescue Service
- Scottish Government Health Directorate
- NHS 24

59 The IMST will be assisted by appropriate levels of support staff commensurate with the scale of the major incident. In the initial stages of the major incident administrative support should be provided by 2 members of administrative staff. The Chief Executive, in consultation with the Executive PA will determine the level of administrative support required.

60 Contact details of relevant personnel are available in the Board Executive Team (BET) Emergency Cabinet in the Board Room, Newstead. Keys are held by Directors, PAs and the Resilience Manager. A list of the cabinet contents and the control room layout are set out at Appendices 1-3. The Chief Executive may request that the Borders General Hospital switchboard alert the IMST by telephone.

61 The Executive PA, Head of Communications, Resilience Manager will arrange for the Board Control Centre to be set up. They will also ensure that the communication systems are tested and links are established with the Hospital Control Centre, Medical Incident Officer (if required) and P&CS Control Centre see Appendices 3-5.

62 Other dedicated lines can also be nominated and given to other agencies or where considered necessary to provide a "Helpline" for information to the General Public.

63 Minutes of all meetings of the Incident Management Support Team should be kept, including a particular note of any key decisions that are made.

FUNCTION

64 The purpose of the IMST is to provide a focus for the strategic control and leadership of NHS Borders' response to an emergency. In this respect the role of the IMST will include the following:

- Ensure appropriate support, facilities and equipment is provided to communicate with those directly responding to a major incident
- Liaise with the Scottish Government Health Directorate
- Liaise with other NHS Boards, Emergency Services, Local Authorities and other agencies as required
- In consultation with other agencies involved in the major incident, provide media statements and interviews
- Advise on any Health Protection issues, which arise from the circumstances of the emergency
- Co-ordinate VIP visits in liaison with the Scottish Government
- Request mutual aid

65 Although the above may be considered primary functions, the IMST must remain flexible to respond to the developing nature of any major incident.

66 The task of operating and maintaining the IMST must take priority over any routine Board work during the life saving phase of the major incident.

67 In the event that the response to the major incident has the potential to be protracted, the IMST must make contingency plans to relieve staff. This may include requesting mutual aid from other NHS Boards.

INCIDENT LOG

68 Any major incident, especially one involving numerous fatalities will most certainly result in a subsequent enquiry such as a Fatal Accident Inquiry/Public Inquiry. To assist in any response required by NHS Borders a chronological log of all actions and inputs to the IMST will be kept by the secretariat. A sample log sheet and sample flip chart layout are set out at Appendix 2 and 4. Flip charts are held in the video-conferencing room, Board Room, Newstead.

IMMEDIATE ACTION

69 The first consideration of the IMST is to ascertain the full extent and nature of the major incident from the Medical and/or Hospital Controllers. This information should be recorded and the incident log commenced. A protocol should then be established with the Medical and/or Hospital Controllers to transfer control of the incident from the Hospital Control Team to the IMST as best suits the nature and response to the major incident.

70 The IMST, in consultation with the Hospital Control Team, should determine the strategy and assistance required to meet the demands of the major incident. This may include:

- Alerting the P&CS and requesting that it activate its Major Emergency procedures
- Reviewing priority for NHS Borders resources
- Postponement of less urgent work
- Re-allocation of work between providers of services
- All action required to meet the needs of the major incident

71 The Chief Executive will inform the Chairman of the Board of the circumstances of the major incident.

72 The Chief Executive will ensure that those NHS organisations involved in the response have arrangements in place to inform staff and patients of the nature of the major incident and how it may affect them.

See Section 2.3 and Action Card 1 Section 2a for further details.

MUTUAL AID FROM OTHER NHS BOARDS

73 Where the response to a major incident may subsequently prove beyond the resources of NHS Borders due to its scale and complexity or because of the healthcare specialities required, assistance might be sought from neighbouring NHS Boards.

74 The Chief Executive, NHS Borders is responsible for requesting mutual aid; however initial requests for assistance may be channelled through the Hospital Control Centre / Board Control Centre to ensure co-ordination of the effort and to avoid any confusion.

75 The Chief Executive, NHS Borders is responsible for requesting mutual aid; however initial requests for assistance may be channelled through the Hospital Control Centre / Board Control Centre to ensure co-ordination of the effort and to avoid any confusion.

76 NHS Borders has adjacent borders with the following NHS Boards:

- NHS Dumfries and Galloway
- NHS Lothian

NHS Borders is part of South East and Tayside Regional Planning consortium (comprising Borders, Lothian, Fife, Tayside, Dumfries and Galloway and Forth Valley NHS Boards) and a memorandum of understanding has been developed with these Boards.

In the case of a major emergency in the extreme south of the Borders, the majority of casualties may be taken to Cumberland Infirmary, Carlisle, and Dumfries Royal Infirmary as appropriate, after the Scottish Ambulance Service has alerted those hospitals. Further detail is set out in section 10.

MUTUAL AID TO OTHER NHS BOARDS

77 Requests for mutual aid from another NHS Board should be made through the Chief Executive of the Board.

78 The Chief Executive of the Board will thereafter discuss the request with appropriate NHS Borders representatives to ascertain the level of aid which can be provided.

79 Urgent requests to NHS Borders for mutual aid should not be delayed and decisions regarding the assistance to be given should be made at the time by those Heads of Departments involved. The Chief Executive of the Board should thereafter be informed of the circumstances.

SCIENTIFIC AND TECHNICAL ADVICE CELL (STAC)

80 If the major incident presents or has the potential to have major continuing risk to the public's health and / or the environment the Police will request that the Joint Director of Public Health establish the STAC. The STAC is responsible for co-ordinating the investigation into and assessment of the risks to public health and deciding on how these risks should be reduced.

81 The role of the STAC includes:

- Assimilation and provision of advice on the health aspects of the incident in consultation with relevant experts
- Provision of advice to the Police Gold (Strategic) Commander on the health consequences including evacuation and containment policies
- In consultation with the Police Gold agree the advice that should be disseminated to the public and mode of communication
- Monitoring the number of casualties and their status
- Close liaison with the NHS IMST and NHS Board executive team
- Maintenance of a written record of decisions made and reasons decisions were made

It will also (if required):

- Liaise with the Scottish Government Health Directorate
- Liaise with other NHS Boards
- Formulate advice to health professionals in hospitals, Scottish Ambulance Service and primary care
- Formulate advice on the strategic management of the NHS Borders response

82 The STAC will be chaired by the Joint Director of Public Health or delegated deputy. Representatives on the STAC will be influenced by the nature of the major incident. Agencies and specialists that may be represented include:

- Microbiologist
- Health Protection Scotland
- Toxicologist
- Consultant in Public Health Medicine (Communicable Disease and Environmental Health)
- Deputy Media Officer/PICC Representative
- Environmental Health
- Scottish Government Directorate for Rural Affairs and the Environment
- Scottish Environmental Protection Agency
- Food Standards Agency
- Radiation Advisor
- Scottish Ambulance Service

- Lothian and Borders Fire and Rescue Service
- Lothian and Borders Police
- Military
- Utilities

LIAISON WITH THE MEDIA – See Section 3

83 The Chief Executive, NHS Borders as Chair of the IMST, in consultation with the Head of Communications & PFPI will be responsible for all information regarding the NHS response and casualty information. As the circumstances of the incident develop they may delegate this responsibility to others as appropriate.

84 The Police will co-ordinate and take responsibility for the release of information to the media and in this regard it is crucial that the IMST through the Head of Communications & PFPI maintains close liaison with the Police throughout to maintain the credibility of the information released.

85 Dependent on the nature and scale of the major incident it may be appropriate to co-ordinate the release of information to the media with that of Local Authorities and other agencies involved. To facilitate this, the Head of Communications & PFPI will liaise with the media representatives of the other agencies involved.

86 Although the Police will be responsible for co-ordinating media requirements, the IMST should give consideration to the formation of a Central Co-ordinating Media Office to provide a single point for briefing the media regarding health issues.

87 In circumstances where it is considered undesirable for the Media Liaison Centre at the BGH to provide the focus for media attention, such as when there are major Health Protection concerns or the major incident is likely to attract considerable media attention, a meeting room within the NHS Borders, Newstead may be designated as the Central Co-ordinating Media Office. The Head of Communications & PFPI will be responsible for the establishment of the Central Co-ordinating Media Office.

88 The IMST will ensure that NHS Borders staff, casualties and relatives are informed of the current situation prior to the release of information to the media (if possible and if appropriate). This will enhance the morale of staff, dispel rumour, speculation and alarm among casualties/patients/relatives.

RETURN TO NORMALITY AND LONG TERM CONSEQUENCES

89 The process of restoration of normality can be more complex than the initial response to an emergency. The “recovery” phase of a major incident response may last for days, weeks or months. The psychological aftermath of a major incident or chemical, radiological or biological contamination of an area may mean that “normality” cannot be restored to how that region was or was perceived to be before the major incident occurred.

90 The SCG is responsible for restoring those facilities which allow the affected community to carry on their daily lives; ensuring facilities are made available to continue the social and economic functioning of the area. It is important to consider the implementation of recovery measures as soon as possible and even during the incident response a Recovery Working Group will be established. This group will be chaired by the Chief Executive of the Local Authority. Initially the group will be located within the SCG Control Centre but in later recovery stages it may be more beneficial for agencies to operate from their usual facilities. The Recovery Working Group will also set procedures in place in the event that long term monitoring of health or environmental contamination is required.

91 Individual agencies within the SCG also have a responsibility to fulfil the usual roles of their institution. Accordingly, as the response to the emergency winds down, consideration is required of the need to continue the routine commitments of NHS Borders. After a protracted major incident a sizeable 'backlog' of work may have accumulated. Areas of NHS Borders less directly involved in the incident response may face a considerable increase in workload to overcome this backlog as elective procedures are resumed. NHS Borders services may require to be reprioritised in a 'phased' manner, dependent upon the duration of the incident. Some of these issues will have been addressed through NHS Borders' business continuity plans but responsibility for considering future service provision remains with the IMST in the first instance.

STAND DOWN

92 There is no precise time at which the IMST should stand down. This decision will be taken by the Chief Executive, NHS Borders, taking into account prevailing circumstances. It is possible that the IMST may be required to function for some time after the critical stages of the major incident have passed.

PREPARATION OF EMERGENCY PLANS AND PROCEDURES

93 The Joint Director of Public Health as Lead for Resilience, NHS Borders has responsibility for the preparation, exercising and maintenance of the Board's Major Incident Strategic Response Plan and the co-ordination of NHS Borders's major emergency procedures. These plans and procedures must be based on National Health Service in Scotland Manual of Guidance: Responding to Emergencies *http://www.sehd.scot.nhs.uk/EmergencyPlanning/guidance.htm* and should be co-ordinated with those of other agencies.

94 The Lead for Resilience, NHS Borders Board will provide appropriate advice to the Clinical Boards regarding the preparation and planning for major emergency procedures.

95 The Lead for Resilience, NHS Borders Board will report to the Board with regard to emergency planning matters and preparedness of NHS Borders major emergency plans and procedures.

96 A list of arrangements which must be considered in the preparedness of major emergency plans and procedures of the Designated Receiving Hospitals / Control Hospital in NHS Borders is detailed in section 1.

INCIDENT LOGS

97 To co-ordinate and control a major incident and to assist with any subsequent investigation, it is important to maintain a complete record of events, which include messages, decisions and actions taken, resources deployed and person taking decisions.

98 An incident log will be opened and maintained for all major incidents within NHS Borders. See Appendix 2.

FORMAL INVESTIGATIONS

99 In the aftermath of any major incident, especially where large scale casualties are involved there will be a requirement for investigations to be carried out to determine the cause and examine the circumstances.

100 Such investigations are likely to be conducted by the Police on behalf of the Procurator Fiscal, or other statutory body may be required to examine the facts and report the outcome.

101 Any investigation may culminate in a Fatal Accident Inquiry / Public Inquiry where evidence may be required from those involved in providing the NHS Borders response at all levels.

102 NHS Borders major emergency plans and procedures should include notice to personnel involved or likely to be involved in the response to a major incident, that they may be required to give evidence at formal proceedings and support provided if required.

103 To assist with any formal proceedings it is crucial that all incident logs, record of events, communications, decisions taken and all other relevant materials are preserved.

104 Therefore, NHS Borders major incident plans and procedures will require to include arrangements to ensure that all such material as described in the previous paragraphs should be retained.

REMUNERATION

105 The Scottish Government Health Directorate has advised that NHS employees attending major incident sites are subject to the provisions of the NHS Superannuation and Injury Benefit Scheme as well as the Industrial Injuries Scheme.

106 It should be noted that the responsibility to ensure employee health and safety, through provision of appropriate personal protective equipment (PPE) and maintaining a safe working environment as far as is reasonably practical, still rests with NHS Borders.

DEBRIEFING

107 Debriefing will be considered essential in order to establish lessons learned, outstanding issues, welfare problems, required amendments to major incident plans and procedures and to promote teamwork by encouraging staff participation.

108 As soon as possible after any major incident, the Chief Executive NHS Borders will ensure that arrangements are in place to review the NHS Borders response and to debrief all staff involved.

109 It is important that these arrangements include participation of appropriate staff in inter-agency debriefing normally instigated by the Police or Local Authority.

110 It is a requirement of all Heads of Departments involved in the incident response to hold departmental debriefings with their staff and submit a report on the performance of their department to the Medical Controller and General Managers within Clinical Boards.

111 The Medical Incident Officer should also provide a report on the performance and management of medical resources at the scene.

112 Reports will be submitted by the Clinical Boards to the Chief Executive NHS Borders highlighting successful outcomes and detailing recommendations / actions taken to improve major incident plans and procedures if necessary.

113 The Resilience Manager, NHS Borders will arrange debriefings on behalf of Board staff and report to the Chief Executive NHS Borders. He/she will also co-ordinate NHS Borders de-briefings and prepare reports on the major incident as required by NHS Borders.

114 The Chief Executive NHS Borders will thereafter ensure that a report on the overall performance of NHS Borders' response to the major incident is submitted to NHS Borders Board for assessment and remedial action if required.

115 On the conclusion of the debriefing, NHS Borders will submit a detailed report of the response, including lessons learnt and recommendations to the NHS Scotland Resilience Unit.

TRAINING

116 An effective response to a major incident will require that all staff involved know what their expected roles and responsibilities are. It will also need teamwork and may require staff to be flexible and perform their functions under extreme pressure.

117 Major incident planning training should be incorporated into the annual training needs of NHS Borders and appropriate resources, including financial provision made.

118 NHS Borders Board will ensure that appropriate training will be offered to all staff who may be involved in responding to a major incident.

119 Major incident plans and procedures will stipulate that Heads of Departments and managers must ensure the provision of training in order that their staff:

- Understand their emergency roles and those of others
- Are familiar with the systems and procedures of the emergency plan
- Know where the emergency equipment is and how to use it

120 Newly appointed staff should receive training on major incident plans and procedures during their induction period.

121 The Resilience Manager should maintain a record of emergency planning training initiatives attended by all NHS Borders staff members.

122 The Resilience Manager, NHS Borders will provide advice and assistance in the preparation, planning and delivery of appropriate levels of training.

123 Every opportunity should be taken for NHS Borders personnel to participate in multi-agency training initiatives and conversely invitations should be given to non-NHS partners.

124 All training given in major incident procedures should be subject to written evaluation by those participating. Such evaluation should be retained to assist with future review, amendment and audit.

ACCESS TO EMERGENCY PLANS

124 NHS Borders Board Major Emergency Procedures will be available on the Intranet. http://intranet/new_intranet/microsites/index.asp?siteid=32&uid=5

Notification of the link to the plan and subsequent amendments will be made to the distribution list. Hard copies will be distributed to:

- Board Executive Team on-call pack and emergency cabinet
- Public Health Consultant on-call pack
- Four Clinical Boards
- Switchboard – 2 copies
- Public Involvement & Communications
- Resilience Manager

126 Management entrusted with major incident plans and procedures should ensure that their staff are aware of the plans' location and how to access them.

127 NHS Borders major incident plans and procedures will also be available to staff on NHS Borders intranet. http://intranet/new_intranet/microsites/index.asp?siteid=32&uid=5

EXERCISES

128 NHS Borders major incident plans and procedures will be exercised at strategic, tactical and operational levels.

129 Every opportunity will be taken by NHS Borders to exercise major incident plans and procedures in order to test their validity and the ability of staff to fulfil their designated roles and responsibilities as defined within the plans.

130 Adhoc exercising of major incident plans and procedures, in part or in whole will be carried out to address organisation / staff changes and validate amendments to major incident plans and procedures.

131 Heads of departments of those sections of NHS Borders who would provide the major incident response should also conduct routine exercises of their departmental emergency plans and procedures to motivate and inform staff.

132 NHS Borders will take advantage of and participate in local multi-agency exercises in order to meet the needs of NHS exercise requirements.

134 NHS Borders will ensure that its major incident plans and procedures are fully exercised at least every two years.

135 As with actual major incidents, exercises should be subject to debriefing to identify shortcomings, training needs, recognise good practice and to review and amend plans to take account of lessons learned.

136 Reports on major incident exercises should be submitted to the Scottish Government Health Directorate Emergency Planning Unit and distributed to the service as a whole, for lessons to be learnt or best practice identified.

137 Those organising exercises to validate NHS Borders major incident plans and procedures should include systems to ensure an immediate termination of the exercise and a "Safeguard" procedure to ensure that should any person be injured that they are identified and given "real" medical care.

138 The Resilience Manager will provide advice on the preparation, planning and delivery of exercises.

LIST OF ARRANGEMENTS NHS BORDERS

139 The following arrangements are contained in the MEP:

- Hospital's or organisation's normal catchment area
- Areas designated within the hospital or primary care setting for:
- Reception of casualties
- Treatment of casualties
- Reception of relatives and friends
- Reception of media representatives
- Reception of volunteers
- Temporary mortuary facilities
- Accommodation for patients decanted from casualty receiving wards
- General alerting and call-out arrangements
- Arrangements for Hospital Control Team
- Attendance of Medical Incident Officer
- Mustering of Site Medical Team
- Control of Media
- Documentation of Casualties
- Help from Voluntary Aid Societies
- Management of Volunteers
- Call out of support services e.g. pharmacy, linen, catering
- Decontamination of casualties, (corrosive or radioactive substances)
- Security of hospital premises
- Provision of further communication facilities e.g. telephones, radios, fax equipment

Appendix 1

BET EMERGENCY CABINET

DRAWER ONE MASTER FOLDER CONTENTS

1. Strategic Command Group Instructions for Executive On Call (including Appendices 1, 2, 3)
2. Executive On Call Rota
3. Contacts Card: BET & Board
4. NHS Borders Key Contacts
5. Newstead Key Contacts
6. List of Newstead Key and Alarm Code Holders
7. List of Newstead Offices Key Pad Codes
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9. NHS Borders Emergency Control Centre set up
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14. Newstead Front Office Procedures
15. Video Conferencing Quick Easy Instructions
16. Spider Phone and Instructions
17. On call rotas

BET EMERGENCY CABINET

DRAWER TWO

18. Red BT Phone (01896 823825) and Instructions

19. Service Continuity Documentation

20. Major Emergency Procedures

21. Business Continuity Case

22. Map of NHS Borders Facilities with Postcodes

23. 4 x boxes of dry marker pens

Appendix 2

Business Continuity *Recoveryflow* ™

Member of ERT completing	
Responsible for	
Log Form Number	

Issue/Activity	Actioned by	When	Agreed action/comments/costs incurred	Deadline

Appendix 3

NHS Borders Emergency Control Centre: Board Room, Newstead, TD6 9DB

Board Room Phones (see Control Centre set up)

Normal Line: extension 5533 - north facing bottom corner

Dedicated BT line external if internal systems fail (BAT phone) 01896 823825 – south facing bottom corner.

Communications/Information Out: Ext 5539 – top corner north facing.

Performance/Information In: Ext 8222 – top corner south facing.

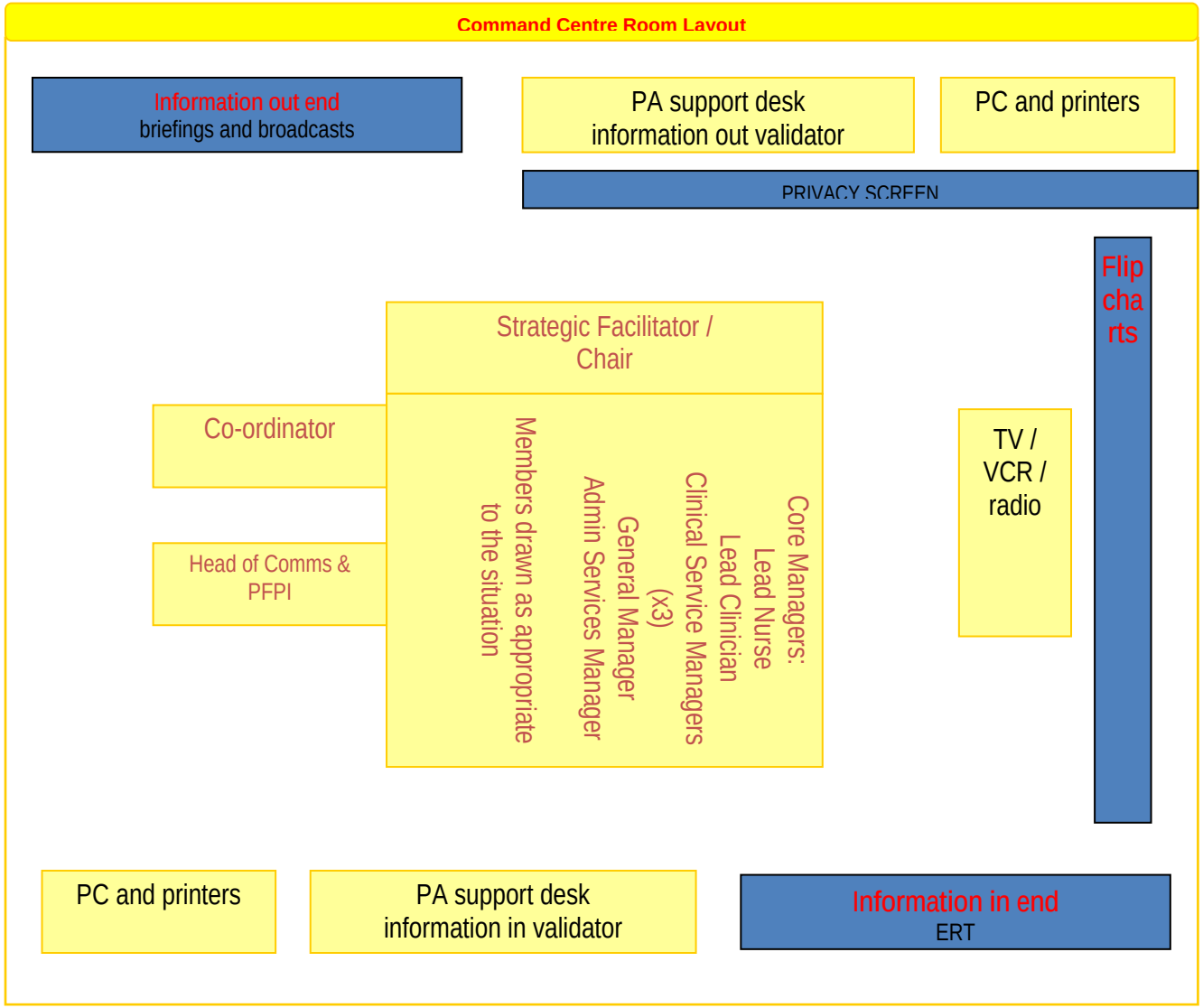
Additional phone line in Teleconferencing Room (Ante Room): Ext 5529

Telephone conferencing instructions within BET Emergency Cabinet

User ID and Password for the Computer in Board Room to access all the plans within BET Emergency Cabinet .

SECTION 2

Command Centre – set up



Appendix 4

Command Centres
Board Room Newstead
Hospital Committee Room
BGH Committee Room
Gala Health Centre (upstairs)
Huntlyburn Meeting Room
Education Centre Lecture Theatre
Tweed Horizons

Command centre facilities - for CMT and dedicated support staff:

- desks and chairs
- television / video recorder / radio
- pc and printer
- copies of the Service Continuity plans
- access to the contingency box
- stationery
- tea and coffee making facilities
- access to catering services

This aide memoire provides the teams with guidance as amplification to what was discussed at the Service Continuity and PanFlu training event in preparation for Exercise Tweedflu on the 1st of September.

Flip Charts:

See the reverse side for Command Centre Set up Yellow Card YP3

These are the Flip Chart Forms that can be completed by BET/Command Centre on the day depending on the scenario situation. These charts should be affixed on the walls and be completed by the **PA Function and support personnel.**

- *Record of Hot Spots* eg major service disruption
- *Running Summary of Expenditure authorized*
- *Record of deaths* by location
- *Sequence of Events*
- *Running Summary of Outstanding Actions*
- *Record of Staffing absences* by Action Team
- *Policy Decision Log Form YP1* (Logkeeper)
- *Record of Contacts*

CEO PA / PAT support will organize the Flip Chart layouts but as indicated on the training it will be helpful to have electronic and hard copies of all other forms supplied in the packs to be used if required/requested.

Separate Command Centres will be in operation for BET, BGH, PACS, MHS with LDS and Corporate Services.

The "Information In" and "Information Out" Function will both carry a *Communications Log Form* using Form YP2 from Yellow Pack

The "Information Out" function (Karen & Joanne) will also carry the *Record of Media Relations* as a FlipChart.

We have interpreted the prescribed roles as discussed in the training to see if they could work in BET as follows:

Command Centre Roles

Coordinator:

The training indicated this is the Strategic Chair of the Command Centre Group and in normal circumstances they would be supported by the Service Continuity Lead or Emergency Planner as a coordinator but for the purposes of this exercise we would recommend that the Managers in the room supporting BET should take on this role to support the Chair e.g Tim Cameron, Tim Patterson, Karen, June, HR Manager but they might need some **PA support** if they are asked to find things or are monitoring/populating the Flip Charts or trying to access information out of the range of policies/plans/resource packs quickly. Teams will manage this on the day as circumstances dictate.

PATs should similarly agree the membership of the team and their roles.

Minute Taker:

This is a **PA function** sitting in the room with the BET and will be rotated, see previously circulated Rota Chart. You should minute all discussion and timings, highlight "Policy Decisions" in the text (including the time these decisions are taken).

Use a laptop but be prepared for any IT disruption to take regular backups onto the desktop.

LogKeeper:

This is a **PA function** which will be rotated (see previously circulated rota). The Log Keeper should use Form YP1 (Yellow Pack) as a Flip Chart. You will be notified of these Decisions by a BET member or the Coordinator/Support Manager.

Communicator:

There are two levels to this role. The BET member: Director RP (and Karen McN Head of PI&Comms) are strategic and advise on/create content, method and codependences/implications.

They should also sign off and agree all communications out. The PA role in the room is to facilitate/deliver that communication through the **Information Out** function. "Simple" communications eg between/to Action Teams, update reports to/from SG can be created in and sent from the command centre.

Complex/sensitive communications eg Press releases, global comms, service disruption notices, public information will be created by the **PI&C Team** in Room 21 and may be sent back to Command Centre for Director/Head of Service approval where appropriate eg reputation management. Joanne Weir will be PA support to the "Info Out" function but we may need **PA support** as "runners"/ to make calls/enquires/requests depending on volume and any disruptions and to allow for breaks.

The **PI&C** Team has a full electronic and hard copy resource pack of flow charts, policy docs, public information, templates, pre-prepared statements, staff information and contacts. We also have identified Communications Leads in each of the other Action Teams and given them support materials. The **PI&C** Team will also perform media monitoring and media handling on behalf of the organization.

Information In: This will be supported strategically by June Smyth and PA support Clare MacDonald. Similarly to "Information Out" - this team will be supported outside the room by Planning & Performance and the PI&C Team. As we understand it the role of this function is to screen, verify/validate and supply Command Centre with information which will come in from a wide range of internal and external sources. They may give PA's info to put on Flip Charts. They may also need **PA support** to check and log information, receive and manage calls/visitors to the room and allow for breaks. They may also support the Chair and coordinator to access and use policies, plans and reports.

Karen McNicholl
Head of Public Involvement & Communication

NHS BORDERS
MAJOR EMERGENCY PROCEDURES

SECTION 2A

SECTION 2A
ACTION CARD No1

CHIEF EXECUTIVE OR EXECUTIVE ON CALL

1 Provide strategic leadership and supervision of the NHS Borders' response to the emergency, and co-ordination of its response with other agencies, including the assessment of health-care needs in relation to the emergency and arranging for these needs to be met.

2 In consultation with Medical Controller at Borders General Hospital, assess the impact the major emergency or incident is having on NHS Borders' staff, equipment, and capacity to cope.

3 Liaise with the Medical Controller and Hospital Controller at Borders General Hospital regarding the level of assistance required, if any, and liaise with neighbouring NHS Boards and keep them appraised of the situation.

4 Assess the scale of the incident. If the incident is likely to have a major impact on the service provision of NHS Borders, or is likely to attract widespread public or political attention etc. (this list is not exhaustive), establish an **Incident Management Support Team** (membership and circumstances in which to establish below) at IMST room (Newstead Board Room). Copies of policies, procedures, contact details for the on-call Director are contained within the emergency cabinet in the Newstead Board Room – see Appendix 1 for list of cabinet contents. On call Executive Director, Consultant in Public Health Medicine and Resilience Manager hold cabinet keys.

5 Identify any NHS Borders staff personally involved in the incident.

6 Until media facility at the BGH Education Centre is established, and arrival of Head of Communication and Patient Focus Public Involvement (PFPI), take responsibility for media and communication issues.

7 Inform NHS Borders Chair of circumstances of the major incident.

8 Inform the Scottish Government Health Department of the major emergency and liaise with them regarding the provision of assistance.

9 Arrange for the redeployment or provision of any necessary resources, the postponement of less urgent work and the switching of tasks between Departments/ Specialities to meet new or altered demands. Authorise any necessary adjustment to existing priorities for the use of NHS Borders resources.

10 Provide individual NHS organisations with a focal point for arranging whatever additional support and assistance they might require.

11 Collate information about the NHS response to the emergency, which will be required by other agencies, the media and by the Scottish Government Health Department. Keep log of all actions (see example log sheet at **Appendix 2 to this Section).**

12 Respond to requests for information from the media and public, in liaison with **Head of Communication and PFPI** (Media Officer), Scottish Borders Council (if appropriate), and Police Media Relations Manager/Officer. Appoint NHS Borders Media Officer, if Head of Communication and PFPI is not available.

13 Ensure that Hospital Controller contacts Estates and Facilities Department re the provision of extra telephone lines if required.

14 In liaison with Lothian and Borders Police and the Chief Executive of Scottish Borders Council, co-ordinate arrangements for visits of members of the Royal family, Cabinet Ministers and other dignitaries.

15 Keep a log of all actions (see example sheet at Appendix 2 to this section).

16 At the conclusion of the incident, arrange for operational debriefing of NHS Borders staff involved.

17 Among the circumstances in which the Chief Executive or Executive On Call may establish an Incident Management Support Team are **(the list is not exhaustive)**:

- a large-scale incident with national interest
- the incident is placing an increasing strain on the resources of NHS Borders
- there is more than one incident site requiring the allocation of NHS resources
- a considerable amount of mutual aid is required from neighbouring NHS Boards
- a major emergency in a neighbouring NHS Board area requires the considerable deployment of NHS Borders personnel within, or outwith the Scottish Borders area
- large volume of enquiries resulting from increasing media and political interest

18 Composition of IMST

The Board Control Centre will be staffed by the Incident Management Support Team, which will consist of the following core members and others as determined by the Chief Executive, NHS Borders:

- Chief Executive
- Joint Director of Public Health
- Director of Finance
- Chief Operating Officer
- Medical Director
- Nurse Director
- Interim Director of Workforce & Planning
- Employee Director
- Director of Estates & Facilities
- Head of Communications & PFPI
- Resilience Manager
- Secretariat

Depending on the nature of the major incident, other agencies that may be represented on the IMST include:

- Local Authorities, e.g. Environmental Health
- Military
- Lothian and Borders Police
- Transport Authorities
- Scottish Water
- Other NHS Boards
- Health Protection Scotland
- Scottish Ambulance Service
- Lothian and Borders Fire and Rescue Service
- Scottish Government Health Directorate
- NHS 24

SECTION 2A

Appendix 1

BET EMERGENCY CABINET

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16. **Spider Phone and Instructions**
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SECTION 2A

BET EMERGENCY CABINET

DRAW TWO

18. Red BT Phone (01896 823825) and Instructions

19. Service Continuity Documentation

20. Major Emergency Procedures

21. Business Continuity Case

22. Map of NHS Borders Facilities with Postcodes

23. 4 x boxes of dry marker pens

SECTION 2A

Appendix 2

Business Continuity Recoveryflow ™

Member of ERT completing	
Responsible for	
Log Form Number	

Issue/Activity	Actioned by	When	Agreed action/comments/costs incurred	Deadline

SECTION 2A
ACTION CARD No2

DIRECTOR OF PUBLIC HEALTH OR ON CALL CONSULTANT IN PUBLIC HEALTH MEDICINE

Duties

1 Report to Borders General Hospital Control Room (**Occupational Therapy Treatment Room**), and speak to the Medical Controller, and Primary Care representative. Obtain situation report on the nature of the incident, the level of support required and whether there are any public health implications.

2 Confirm with Medical Controller that the Emergency Bed Bureau, NHS Lothian, has been informed that a '**major incident'** has been declared.

3 Provide support to Chief Executive, or on-call Executive Director, in providing strategic overview of the NHS Borders' response to the emergency, and co-ordination of its response with other agencies, including the assessment of health-care needs in relation to the emergency and arranging for these needs to be met.

4 Give advice to emergency services regarding matters of public health (if appropriate).

5 If the incident is likely to have a major impact on the service provision of NHS Borders, or is likely to attract widespread public or political attention etc. (this list is not exhaustive), assist the Chief Executive or on-call Executive Director to establish an **Incident Management Support Team** at Newstead (membership below).

6 If, for some reason access to Newstead is not possible, e.g. weather conditions, incident at the Hospital etc., use Borders General Hospital Occupational Therapy Department (OTD); Ward 10 Meeting Room or the BGH Committee Room as fall back site for Incident Management Support Team.

7 At the conclusion of the incident, assist Chief Executive, or on-call Executive Director with operational debriefing of NHS Borders staff involved.

8 Keep a log of all actions (see example log sheet at **Appendix '1' to this Section**).

SECTION 2A

Appendix 1

Business Continuity Recoveryflow ™

Member of ERT completing	
Responsible for	
Log Form Number	

Issue/Activity	Actioned by	When	Agreed action/comments/costs incurred	Deadline

SECTION 2A
ACTION CARD No3

Incident Management Support Team

Location: Board Control Centre at Newstead or if unavailable, Borders General Hospital

Activated by: Chief Executive or Executive On-Call

Purpose

1 To act as the focal point for arranging support from other NHS Board areas and to provide a focus for the strategic control and leadership of NHS Borders response to a major incident.

Responsibilities

2 In consultation with the Medical and Hospital Controllers, for arranging support and external assistance which might be required both immediately and in the long term from the NHS, other agencies, the media and the Scottish Government Health Department.

Membership

3 The Board Control Centre will be staffed by the Incident Management Support Team, which will consist of the following core members and others as determined by the Chief Executive, NHS Borders:

- Chief Executive
- Joint Director of Public Health
- Director of Finance
- Chief Operating Officer
- Medical Director
- Nurse Director
- Interim Director of Workforce & Planning
- Employee Director
- Director of Estates & Facilities
- Head of Communications & PFPI
- Resilience Manager
- Secretariat

Depending on the nature of the major incident, other agencies that may be represented on the IMST include:

- Local Authorities, e.g. Environmental Health
- Military
- Lothian and Borders Police
- Transport Authorities
- Scottish Water
- Other NHS Boards
- Health Protection Scotland
- Scottish Ambulance Service
- Lothian and Borders Fire and Rescue Service
- Scottish Government Health Directorate
- NHS 24

Support Staff

4 Executive PA/deputy to provide at least 2 administrative staff members.

Board Executive Team Emergency Cabinet

5 **Board Room, Newstead**: keys held by Directors, PAs and Resilience Manager

Immediate Action

6 Ascertain full extent and nature of major incident from Medical and/or Hospital Controllers.

7 Commence incident log with this information

8 Establish protocol with Medical/Hospital Controllers to transfer control of incident from Hospital Control to IMST as appropriate

9 In consultation with Hospital Control Team, determine strategy and assistance to meet demands of major incident e.g.

- Alert P&CS and request that it activate its Major Emergency Procedures
- Review priority for NHS Borders resources
- Postpone less urgent work
- Reallocate work between providers of services
- All action required to meet the needs of the major incident

10 Inform NHS Board Chair and non-executives

Longer Term Action

11 Arrangement of Mutual Aid from other Scottish NHS Boards or health services in England.

12 Should a Scientific and Technical Advice Cell (STAC) be established, it will liaise closely with the IMST.

13 Media liaison through the Head of Communications & PFI

14 Consideration of Business Continuity issues

15 Participation in the Strategic Coordinating Group and Recovery Working Group.

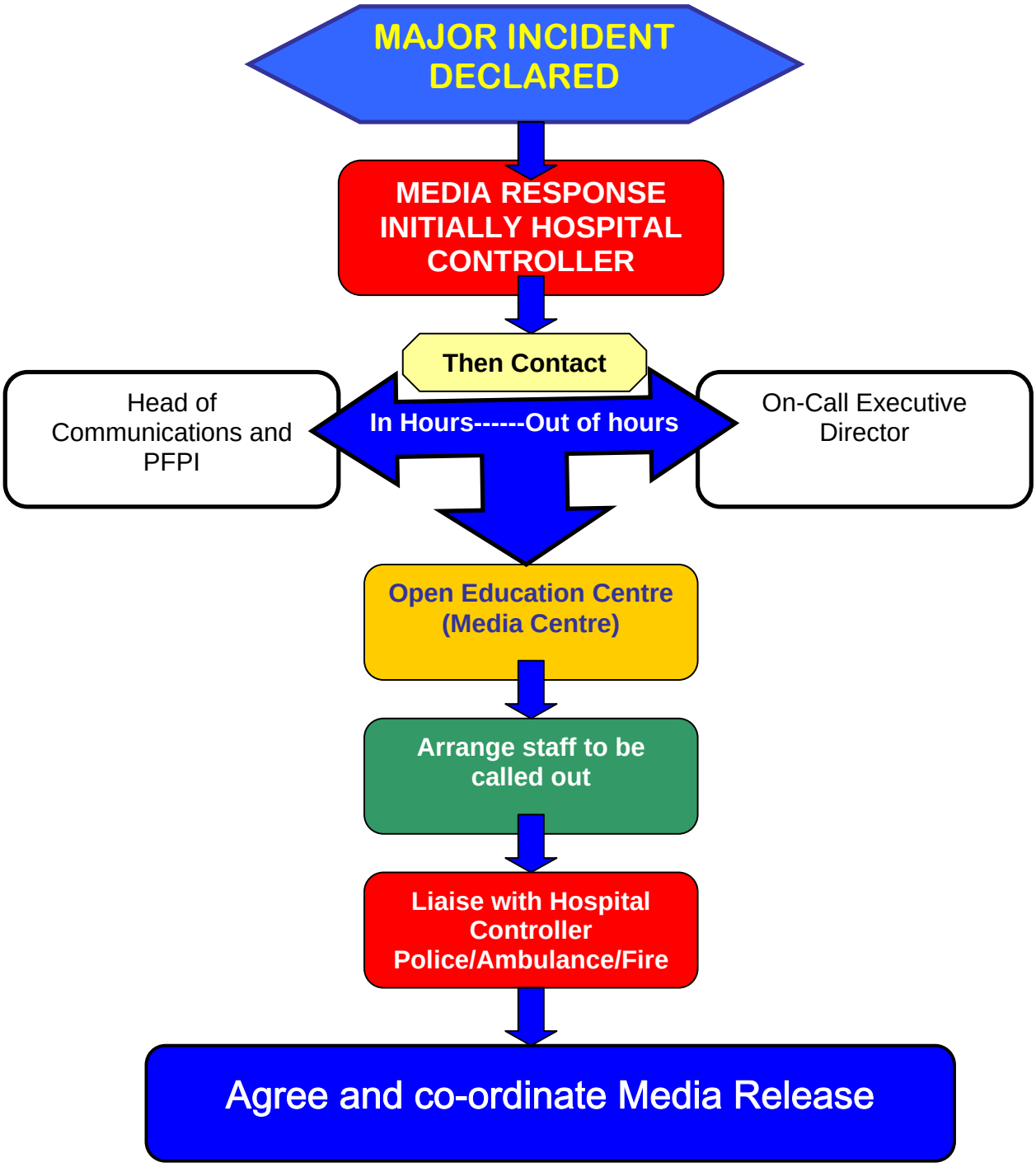
16 Chief Executive and IMST decide when stand down is appropriate.

SECTION 3

NHS Borders

MAJOR EMERGENCY PROCEDURES

MEDIA OFFICER RESPONSIBILITIES



SECTION 3

LIAISON WITH THE MEDIA

LIAISON WITH THE MEDIA

1 Should a major incident occur in the Borders, it is likely that NHS Borders will be the focus of considerable media and public interest.

2 Media representatives may also attend in numbers at the scene and the Police Incident Officer may set up a Media Briefing Centre in the locality of the incident. Media enquiries in relation to the incident should be directed to the Media Briefing Centre if activated or to: -

Lothian and Borders Police Information Officer
Police Headquarters
Fettes Avenue
EDINBURGH

(Telephone number 0131-311-3131)

3 The term **Major Incident** is used by the emergency services to indicate an emergency situation which is likely to seriously disrupt the life of the community and which requires special arrangements by them to handle it.

Appointment of Media Officer

4 Head of Communications & PFPI is the contact during office hours to act as Media Officer in relation to NHS Borders and when a Major Incident is declared, will appoint a Deputy Media Officer to organise NHS Borders Board response and deal with all Press/Media, in liaison with the Executive on Call. Until the arrival of the **Head of Communications & PFPI who will act as Media Officer, the role will be carried out by the on-call Executive Director.**

5 It should be anticipated that media representatives will be in attendance at Borders General Hospital shortly after the first casualties start to arrive and it is essential that they are not permitted to enter the hospital unless on an organised visit at a later stage. To provide facilities for the media to receive regular briefings on the situation, a Media Liaison Centre will be set up in the Education Centre, Borders General Hospital. Parking facilities for the media outside broadcast vehicles will be in Car Park 4

Call out of Media Officer

6 During the normal working day, the nominated Media Officer will receive an initial briefing on the situation from the Hospital Controller/Executive on Call, before contacting staff to open the Media Liaison Centre. The Media Officer will liaise with Police and Ambulance Service Media Officers and with the Police Liaison Officer at Borders General Hospital. Names of casualties will not be released unless confirmed by the Police Casualty Bureau. **It is essential that the Media Officer liaise with the Police on the content of media releases regarding casualties, to ensure that identities have been confirmed and that there is no discrepancy in the numbers of casualties.**

7 Outwith normal working hours the Executive on Call or nominated Media Officer will in turn contact a Deputy Media Officer by telephone before proceeding to the Borders General Hospital. The Deputy Media Officer will be responsible for contacting other members of the call out list at paragraph 20 as judged necessary by the Media Officer, before reporting to the Education Centre

Organisation of Media Liaison Centre

8 The Media Liaison centre will be organised as follows

i) Second Deputy Media Officer – 1 person from Public Involvement & Communications

ii) Control of photographers at main hospital entrance/reception - 2 persons (1 of senior status and 1 other) from Planning & Performance/Training and Development with assistance from Police and Estates as required

ii) Education Centre door (only main door to be used - other doors to be locked) – 1 person from Training & Development

iii) Reception desk – 2 persons from Training & Development/Planning & Performance and support form Estates if required

vi) Support for Communications Room– 2 persons from Planning & Performance/PA cohort

vii) Messenger & presence for Media Room – 1 person from Public Involvement & Communications/PA cohort

9 Entrance to the Media Liaison Centre will be by way of the main entrance of the Education Centre. All other entrance/exit doors should be locked. Staff should be appointed to man the reception desk, telephones, and direct members of the media to the rooms in use. Education Centre staff should where possible be used for this purpose.

10 A Major Incident box containing telephones, stationery and signs for identification of rooms to be used will be kept in the Learning Resource Centre.

11 Porters will be instructed by the General Services Supervisor or Senior Nurse on Duty, to erect signs directing members of the Media to the Media Liaison Centre and to direct those arriving at Borders General Hospital accordingly. The Police will assist with the control of the media if required - ask Police Liaison Officer at BGH to provide the necessary assistance.

12 The following first floor rooms will be used for media purposes:

- Lecture Theatre - Media Briefing Room (max 60 persons)
- Crisis Room (Class room 3) (max. 60 persons) Classroom 3
- Communications Room- Learning Resource Centre (LRC) classroom

The following ground floor rooms will be used for media purposes:

- Media Room (Internet Café)
- Interview Room (Committee Room)

13 The Media Officer, Deputy Media Officers and support staff will operate from the Learning Resource Centre. Discussion Rooms and other offices can be utilised as required, normal working of the Education Centre having been suspended.

Responsibilities of Media Officer

14 It is essential that the Media Officer should: -

- Wear 'Press Officer' bib kept in Major Incident Store - opposite telephone switchboard.
- Liaise with the Hospital Controller and appoint staff as required.
- Establish the time the hospital was informed of the Major Incident.
- Establish the time the first casualties arrived.
- Establish the number of injured received by the hospital and how many were transferred to other hospitals.
- Obtain general information about the casualties admitted e.g. age, sex, general nature of injuries.
- Liaise with Police and Ambulance Press Officers and with Police Liaison Officer at BGH.

15 Arrange an early media conference followed by frequently pre-timed conferences. Each conference should end with a statement of the time of the next briefing.

16 On arrival at the hospital, photographers will wish to take photographs of ambulances arriving with the injured. Staff must be appointed to control the photographers (Police on duty at the hospital will assist) and the initial media

statement may be made outside at the front of the hospital. It must then be made clear to members of the media that all further business will be conducted at the Media Liaison Centre. All further statements will be issued there and photo sessions will be co-ordinated from there.

17 It is important that reporters and photographers are strictly controlled and only allowed to enter the hospital in controlled groups. This control must be exercised to prevent the media talking to everyone and anyone, which can result in wrong or sensitive information being published, relatives being upset and Police enquiries being hindered. By having a Media Liaison Centre and releasing information regularly, reporters are encouraged to remain in or close to the Media Briefing Room, apart from when on controlled, pre-arranged visits to the hospital.

Communications

18 Most members of the Media now carry cellular telephones and will make direct contact with their base by this means. The Discussion Rooms can be used for this purpose**.**

19 Telephone extensions to the Borders General Hospital switchboard are situated outside the Lecture Theatre and the internet cafe and can be made available to the Media if required, however this use should be strictly controlled.

Additional Staff

20 The **Media Officer** will arrange for a call out list of administrative staff to be available, to enable sufficient staff to be called out to support the appointed Media Officer. The Media Officer will appoint staff to specific duties.

21 The **Media Officer** should also arrange for a call out list of Education Centre staff to be available so that Education Centre personnel can be called on as required to assist. **(Education Centre staff have no other duties during a major incident).**

22 The lists referred to in paragraphs 20 and 21 should be retained in folders containing this instruction with one folder being retained in the Media Officers office and the other relating to Education Centre staff being retained within the Major Incident Box kept within the Education Centre. A fall back list of Education Staff that are available will be held in a sealed envelope within the switchboard at Borders General Hospital. **The Media Officer** will ensure that the callout lists are updated on a regular basis.

23 NHS Borders has a Media Relation Policy which should be followed at all times. Any contact with or from the media should be directed through the Public Involvement and Communications Team, which is responsible for managing all media relations for the organisation. The team has documented media handling processes, policies and plans in place to manage media relations in all circumstances including major emergencies.

The policy is available at: http://intranet/new_intranet/resource.asp?uid=12284

Scottish Government Media & Communications Office

24 The Scottish Government Media & Communications Office (telephone number 0131 244 2797, out of hours 0131 556 8400) will assist on request if casualties are taken to more than one hospital, by providing international, national and regional media with information from one source. In such circumstances the Media Officer must liaise closely with the Scottish Government Media & Communications Office and all hospitals involved, particularly in connection with media releases.

Confidentiality

25 The Hospital Media Officer must be aware that medical confidentiality must be maintained and that any decision to release patient information must have prior medical consent.

Off Duty Staff

26 Do not telephone Borders General Hospital as this overloads the telephone system. You will be contacted by telephone if required. Listen to local radio and television for the latest service information and updates - requests for staff may be made via the media. Information will also be available on www.nhsborders.org.uk.

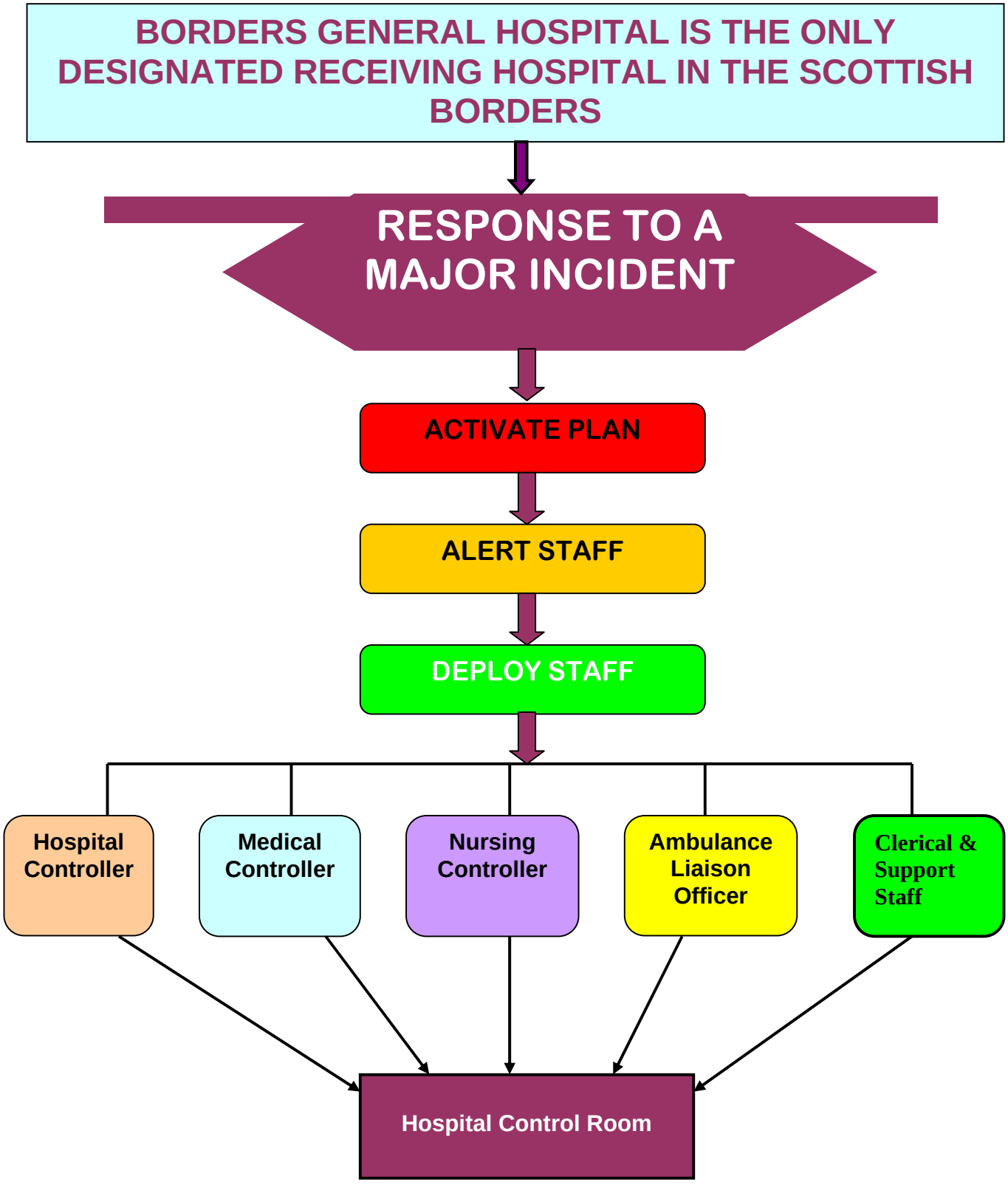
Stand Down

27 Staff should not stand down until instructed to do so by a supervisor.

SECTION 4

NHS Borders

MAJOR EMERGENCY PROCEDURES



SECTION 4

ORGANISATION OF BORDERS GENERAL HOSPITAL RESPONSE

SECTION 4

ORGANISATION OF BORDERS GENERAL HOSPITAL RESPONSE

Introduction

1 The aim of this Section is to provide a framework for Borders General Hospital to provide a response to a major emergency, so that essential health care needs are met effectively when normal services become overloaded, restricted or non-operative for whatever reason.

Designated Receiving Hospital

2 A Designated Receiving Hospital is any hospital designated by the NHS Board as having the facilities to receive and treat patients who are seriously or critically ill on a 24-hour a day basis.

Control Hospital

3 Borders General Hospital is the only **Designated Receiving Hospital** within the Scottish Borders area. It is also equipped to provide initial co-ordination of all NHS activities connected with a major emergency, unless or until an NHS Board Control Centre is activated, and an **Incident Management Support Team** established. It is designated the **Control Hospital** for the Scottish Borders area.

Support Hospital

4 This is any hospital notified by the NHS Board as being available to:

a) Receive routine emergencies diverted from the Control Hospital or Designated Receiving Hospitals
b) Receive casualties direct from the scene of the major incident
c) Receive existing patients dispersed from a Designated Receiving Hospital
d) Providing staff or other resources to Designated Receiving Hospital.

Other Hospitals

5 Any other hospital not included above but which may be asked to assist.

Borders General Hospital responsibilities

6 Borders General Hospital has the following responsibilities when a major emergency is declared in the Scottish Borders: -

a) acts as Control Hospital in NHS Borders/Scottish Borders Council area.
b) provides a Hospital Control Team to liaise with medical personnel at the site of the incident, and with other hospitals receiving casualties.
c) the provision of a Site Medical Team if Hospital resources allow, and surgical assistance if requested.
d) reception facilities for casualties from the incident site whose number and condition may preclude their treatment under normal arrangements
e) the provision of support to relatives and friends of casualties by forming a Hospital Support Team and Information Point.
f) the provision of facilities to deal with the media and press.
g) to ensure the continuing treatment and care for those patients already in care.

SECTION 4

Designated receiving hospitals

7 The following are Designated Receiving Hospitals and will receive casualties from the Scottish Borders area at the direction of the Medical Incident Officer & Medical Controller in liaison with the Ambulance Service.

(a) Borders General Hospital
(b) The Royal Infirmary of Edinburgh
(c) Cumberland Infirmary, Carlisle.
(d) Dumfries Royal Infirmary.

8 Other hospitals could be used as required. These arrangements will be made by the Medical Controller in liaison with the Medical Incident Officer and the Ambulance Service, depending upon the circumstances surrounding the incident.

9 A Medic 1 team from The Royal Infirmary of Edinburgh will also attend all Major Incidents in the Scottish Borders area.

10 Should a major emergency occur in the northern part of the Scottish Borders, the majority of casualties may be taken to the Royal Infirmary of Edinburgh. These casualties may then be transferred to other hospitals for specialist treatment after being stabilised, e.g. to Royal Hospital for Sick Children; head injuries to the Western General Hospital, spinal injuries to the National Spinal Unit, burns to St Johns.

11 In the case of a major emergency in the extreme south of the Borders, the majority of casualties may be taken to Cumberland Infirmary, Carlisle, and Dumfries Royal Infirmary as appropriate, after the Scottish Ambulance Service has alerted those hospitals.

12 In these circumstances, a mobile surgical team will be provided, if requested, by Cumberland Infirmary or Dumfries Royal Infirmary. Should Cumberland Infirmary be the receiving hospital, the first call would be on the team from Dumfries Royal Infirmary.

13 In either of those cases Borders General Hospital will remain as the Control Hospital, with a Control Team established, and the distribution of casualties being arranged by the Medical Controller in liaison with the Medical Incident Officer, the Scottish Ambulance Service, and the relevant hospitals.

14 Berwick Infirmary will be used as a Support Hospital for incidents occurring in the east of Berwickshire, receiving casualties with relatively minor injuries.

Borders General Hospital as Support Hospital for other NHS Boards area

15 Borders General Hospital could become a Designated Receiving Hospital or a Support Hospital for a Major Incident in Lothian, Dumfries and Galloway, Lanarkshire, Cumbria or Northumbria NHS Board areas.

Notification

16 The call should be passed to the Emergency Dept doctor or in his/her absence, the Hospital Bleep Holder (1412)

17 The call should be passed to the Accident & Emergency/Orthopaedics Senior House Officer on call, or in his/her absence, the Hospital Bleep Holder (1412)

18 The Hospital Bleep Holder should note details and must confirm the information with the Police by making a '999' call to Lothian and Borders Police Force Communications Centre

Major Incident Alert

19 The call is passed to the Senior Nurse in Charge of A&E who then escalates the Major Incident trigger via the switchboard.

a) The Emergency Dept doctor on call or Hospital Bleep Holder (depending on who received the call).
b) On-call Consultant Physician (Medical Controller).
c) On-call Manager/Site Manager who will decide to call the Executive on call Director

20 **It must be made quite clear at this stage that the call is only an 'Alert', and that a major incident has not yet been declared.**

21 Those so notified need take no further action at this stage apart from attending at the Hospital Control Room (Occupational Therapy Workshop), where a decision will be taken whether or not to implement the full major emergency procedures.

22 The Medical Controller will arrange for a Site Medical Team to be placed on standby.

23 When a 'Major Incident Alert' is not confirmed the Hospital Controller will a arrange for those personnel alerted to be informed accordingly.

Major Incident Confirmed

24 The Emergency Dept doctor or the Hospital Bleep Holder (1412) for the hospital will normally receive notification that the major incident has been declared and confirmed from Lothian and Borders Police Force Communications Centre, or the Scottish Ambulance Service. The following details should be noted:

a) source of information
b) time call received
c) time and place of incident
d) approximate number of injured if known
e) type of incident
f) whether or not a local General Practitioner is in attendance or is attending the incident scene as **Medical Incident Officer**
g) whether ambulances are en route from the incident site, and to which hospital(s)
h) consideration to be given to all access and egress points if incident relates to CBRN

25 When the call has been confirmed the Emergency Dept doctor, or the Hospital Bleep Holder will instruct the switchboard operator to implement the full major emergency call out procedure.

Hospital Control Room

26 The Hospital Control Room will be set up in the Occupational Therapy Workshop, under the guidance of the Hospital Bleep Holder (1412). The Control Room will be staffed by the following who should wear identification tabards.

a) Medical Controller (On-call Consultant Physician)
b) Hospital Controller (General Manager or Site Manager or Manager On Call)
c) Nursing Controller (On Call Hospital Bleep Holder 1412 or On Call Senior Manager)
d) Ambulance Liaison Officer
e) Clerical staff (Records Administration Team)
f) Support Staff for Medical/Hospital and Nursing Controllers.

27 The **Hospital Control Team** will confer and make an initial assessment of the situation. They will decide on the course of action to be followed depending on the circumstances and implications for NHS Borders (see suggested agenda at Section 4/17, Annex 'A').

28 The Control Room will be fitted with ex directory telephones and internal extensions with numbers.

Police Hospital Liaison Team

29 A liaison team from Lothian and Borders Police will be based in the Occupational Therapy Staff Base (adjacent to control room) to liaise with hospital staff regarding identification of casualties, passing this information to the Police Casualty Bureau

Staff Reporting

30 Nursing staff called in will report to the **Nursing Allocation Team in the Committee Room.** Other staff will report to their departments. **All** staff must sign in on the boards at the main entrance to the hospital.

Action Cards

31 Action Cards providing guidance to staff for the initial operation of each BGH Specialty and Department are contained in Section 5. Action Cards for Primary Care and Mental Health and Learning Disabilities are contained in Section 7.

Passage of Information

32 It is the responsibility of senior staff in key emergency roles to provide the Hospital Control Room with regular situation reports. They must also ensure that phones are continually staffed in key areas.

Casualty Reception and Documentation

33 The Emergency Department Consultant (or Consultant Orthopaedic Surgeon on call, in the absence of the Emergency Department Consultant) will be in overall clinical charge of casualties. If no Consultant is immediately available the A&E Medical Controller will assume clinical control.

34 Initially casualties may arrive at the Accident & Emergency Department bearing no labels but once triage at the scene of the incident is in operation prioritised casualties should start to arrive.

35 Casualties requiring:

a) **IMMEDIATE (RED LABEL)** treatment should be followed by those categorised by the Medical Incident Officer as requiring
b) **URGENT (YELLOW LABEL)** then
c) **DELAYED (GREEN LABEL)** treatment.

36 The arrival of casualties cannot however be guaranteed to be in this order. Labels will also show the name of the casualty (when known), nature of injuries, treatment given and any drugs administered at the scene.

37 Each incoming casualty including those who are found to be dead on arrival will be seen at the entrance to the Accident & Emergency Department Consultant or Orthopedic Surgeon.

38 A secondary triage will differentiate between the seriously injured, who are to remain in the Accident & Emergency Department, and those with minor injuries, who will be transferred to the Out-Patient Department on Level 1. **The category of the triage card can be changed at this time.**

39 The 'dead on arrivals' will be progressed to the Mortuary under the directions of the Police after death has been certified.

40 After initial treatment in the Accident & Emergency Department all casualties will be transferred to Radiology, Day Procedures Unit, Wards: Theatres or Intensive Therapy Unit as required.

41 The Day Procedures Unit will be the main receiving area for major incident casualties. Ideally only one ward should be designated for overspill but the Hospital Control Team must adopt a flexible approach.

42 On arrival at hospital, patients will be allocated a sequential serial number (including persons found to be dead on arrival), which relates to their personal property, case papers and all documentation. Adopting this system will result in the exact number of casualties/dead, arriving at the Hospital, being known.

43 **Accident & Emergency staff, assisted by Medical Records and Reception staff, will issue a pre-numbered Major Incident Record Card to each patient or deceased on arrival, and attach a corresponding numbered bracelet or label to that person, under the supervision of nursing and medical staff.**

44 If a casualty is unconscious, it is important to record sex and approximate age. A description of the casualty including dress and any identifying items of property should be recorded in the section marked "for Police use".

45 As soon as sufficient details are recorded on the Major Incident Record Card, the top copy **(blue)** should be removed and handed to the Nursing Co-ordinator or runner appointed by the Nursing Co-ordinator. The Record Card should be delivered to the Control Room where, after details have been recorded on the Control Room Patient Tracking Board, it will be handed to the Police Team.

46 When the casualty is ready to leave the Accident and Emergency Department the second and third **(pink and green)** copies of the Major Incident Record Card (completed as far as possible) will be removed and placed in a tray situated near the exit door, from where they will be collected and taken to the Control Room by the Nursing Co-ordinator or runner. The Nursing Co-ordinator will supervise this procedure and must ensure forms are delivered to the Control Room without delay.

47 The white copy of the Major Incident Record Card will stay with the patient within the various treatment areas. If the patient is transferred to another hospital, or the mortuary, the Major Incident Record Card will accompany the patient. Nursing and medical staff should record all procedures.

48 Medical Records staff and the Police documentation team will be responsible for making enquiries to establish identities of patients when this is not readily available, and recording and updating details of the casualty on the record.

49 Medical staff are responsible for ensuring that all patients are fully documented at all stages of treatment, **and for reporting patients' progress at each stage through the Hospital, to the Medical Controller. The number on each patient's Major Incident Record Card, and name or description should be passed for the information of the Medical Controller.**

50 Any difficulties in identifying unconscious or seriously injured patients will have to be resolved after the welfare of the patient has been considered. There should be no delay in the treatment of casualties in order to obtain identification particulars.

51 Major Incident Record folders (kept in the Major Incident Store (under the main staircase) contain the following pre-numbered items:

a) Major Incident Record Card with self carbonating copies
b) Blood transfusion request form
c) X Ray card
d) Envelope for patient's valuables
e) Envelope for dentures
f) Specimen bag
g) Bio hazard bag
h) Tie on label
i) Stick on label
j) Identity bracelet
k) Microbiology form
l) Haematology form
m) Clinical Chemistry form
n) Sample bottles

Receipt of non-major incident casualties

52 A Junior Grade Staff, Medical Directorate, will be responsible for receiving routine calls from General Practitioners and also for dealing with clinical emergencies arising in all other departments of the Hospital for the duration of the Major Incident. The Junior Grade should liaise with the FY2 on call, Obstetrics and Gynaecology regarding calls for that department.

53 It is likely General Practitioners will have difficulty in contacting the Borders General Hospital main switchboard during a major incident. To alleviate this situation, the Junior Grade Staff will nominate a direct dial in telephone number(s), which the Primary Care Manager on call will circulate to health centres/surgeries and Community Hospital Departments/Wards. The Nursing Controller will confirm that BGH wards have been informed of these telephone and bleep numbers.

54 Non-major incident patients will be admitted to the Borders General Hospital via the A&E Department where they will be recorded in the normal A&E Department system. In liaison with the Junior Grade Staff, Medical Directorate, they will be transferred to the appropriate department for treatment.

55 Patients requiring admission to theatre or to the Intensive Therapy Unit will be assessed, prioritised and booked into those areas according to standard procedures.

Casualty Bureau

56 The **Police Liaison Team** will deal with the transmission of information from patient documentation to the Police Casualty Bureau, to enable a response to incoming enquiries from friends and relatives, and information of next of kin etc. The team may transmit some of this information by fax.

57 All enquiries relating to persons involved in the incident will be directed to the Casualty Bureau, Police Headquarters, Fettes Avenue, Edinburgh, when it has been established. The Police will issue the telephone number for the Casualty Bureau.

58 Until the Casualty Bureau has been established calls should be directed to **Police Headquarters, Edinburgh, tel. no. 0131 311 3131.** Callers, who state they have been in touch with the Casualty Bureau and told that their relative/friend is in Borders General Hospital, should be referred to the Hospital Information Point, which is located in the Day Hospital and Hospital Reception areas.

Police e-mail facility

59 An e-mail facility will be made available to the Police Liaison Team via a NHS Borders computer in the Occupational Therapy Staff Base. Start up instructions for the computer will be given to the Officer in Charge of the Police Team by the **Hospital Controller.**

Media

60 A **Press Liaison Centre** will be set up in the Education Centre, Borders General Hospital, under the control of the Head of Communication and PFPI or other Executive Director

61 All staff must be alert to the possibility of members of the press attempting to gain entry to the Hospital. All members of the press or media must be referred to the Press Officer in the Press Liaison Centre.

62 On no account should the press be admitted to the hospital unless on a controlled visit arranged by the Press Officer. Members of the press have been known to enter clinical areas, and the mortuary with concealed cameras posing as relatives. Staff should be made aware of this, and if necessary assistance sought from the Police Liaison Team in the Hospital Control Room.

Site Medical Team

63 When a major incident is declared, and where Borders General Hospital resources allow, a Site Medical Team comprising a Consultant Anaesthetist, an ODP and a team of nurses will be dispatched to the scene, unless the Medical Incident Officer states a team is not required. A surgical team will be dispatched from Borders General Hospital if requested.

64 Members of the Site Medical Team will obtain protective clothing from the Major Incident Equipment Store (under the main Hospital staircase).

65 Rucksacks containing major incident equipment are available for each member of the team together with Nurses Bags.

66 The Hospital Controller via the Scottish Ambulance Service will arrange transport for the Site Medical Team, but Hospital transport should be considered if there is likely to be any delay with ambulance transport.

67 The **Recovery Staff** will ensure that the contents of the rucksacks and nurses bags are checked on a six-monthly basis and the check form initialled.

Communications

68 The Site Medical Team will be provided with a cellular telephone and three hand held radios for use at the scene. This telephone is for use by the Medical Incident Officer. The Medical Incident Officer can also make use of Scottish Ambulance Service, or Police radio at the scene, to make contact with Hospital Control.

69 The Scottish Ambulance Service use Airwave Radio (supplied by SAS) in the Hospital Control Room. Lothian and Borders Police will install a radio in the Occupational Therapy Staff Base. These radios will provide direct contact with the personnel at the scene of the incident and the Control Rooms of those services. Access may also be gained to a Scottish Government private telephone network (see emergency telephone directory for details).

Interpreters

70 The services of interpreters can be obtained from the switchboard (telephone number available at the BGH switchboard/also in the Hospital Bleep Holder file).

Relatives and Friends

71 A multi-disciplinary Hospital Support Team comprising Chaplaincy, Social Work, Macmillan Nurses, Occupational Health and Mental Health and Learning Disabilities staff will operate from the Day Hospital and deal with all aspects of the care of relatives and friends of casualties.

Identification of key staff

72 64) Key personnel listed below should obtain an identification waistcoat from the Major Incident Store. All other staff should wear uniform or identification badges.

a) Consultant in Charge Emergency Department
b) Medical Controller
c) Hospital Controller
d) Nursing Controller
e) Anaesthetic Co-ordinator
f) Administration
g) Head Porter
h) Laboratory Consultant
i) Medical Co-ordinator A&E
j) Nurse in Charge Allocation
k) Nursing Co-ordinator A&E
l) Nurse in Charge A&E
m) Media Officer
n) Support Team Co-ordinator
o) Radiology Consultant

Ambulance and Fire Service Equipment

73 It is most important that Ambulance and Fire Service equipment arriving with casualties is released from the Accident & Emergency Department as soon as possible.

Mortuary Arrangements

74 The Hospital Controller will monitor the number of deceased in the mortuary.

75 It is important that each casualty certified 'dead on arrival' at the hospital is issued a pre-numbered Major Incident Record Card by Accident and Emergency/Medical Records staff. The top copy of the record should be passed immediately to the Hospital Control room for information of the Medical Controller.

76 Casualties who die after admission to hospital will be taken to the Hospital Mortuary. They will be dealt with in liaison with the Police, and according to any instruction issued by the Procurator Fiscal. The Hospital Controller must be informed of all such deaths.

77 Bodies found to be dead at the scene will not be brought to the Hospital Mortuary, but taken to a temporary mortuary arranged by the Police.

Casualties contaminated with radioactive material

78 The Royal Infirmary of Edinburgh is the sole designated receiving hospital for Lothian, Borders and Fife areas, for the reception of casualties from incidents involving radioactive substances. However, if a casualty requires immediate resuscitation or stabilisation that casualty will be taken to the nearest Accident & Emergency Department for treatment.

Assistance from other NHS Boards

79 Borders General Hospital will remain the Control Hospital for major emergencies occurring in the Scottish Borders.

SECTION 4

80 The Royal Infirmary of Edinburgh, Dumfries Royal Infirmary and Cumberland Infirmary, Carlisle, will be Designated Receiving Hospitals for major incidents in the NHS Borders area, although all may not necessarily receive casualties.

81 Other major hospitals could be used as required by the circumstances, arrangements being made by the Medical Controller in conjunction with the Medical Incident Officer.

Incident Management Support Team

82 In certain circumstances, it may be necessary to establish an **Incident Management Support Team** at NHS Borders Headquarters or Borders General Hospital, to act as the focal point for arranging support from other NHS Board areas.

83 The decision to establish an Incident Management Support Team, and where it will meet, will be made by the Chief Executive or on call Executive Director of NHS Borders, in liaison with the Medical Controller at Borders General Hospital.

84 If an Incident Management Support Team is established it will be responsible, in consultation with the Medical Controller, for assessing all offers of assistance from NHS Boards and other health services outwith Scottish Borders.

Borders Emergency Care Services (BECS)

85 On being notified that a major emergency has been declared, the duty BECS Doctor and driver will transfer to Galashiels Health Centre. The Duty Receptionist/ Administrator will remain at Borders General Hospital to handle routine telephone calls.

Assistance from NHS Lothian

86 If a major incident occurs in the northern Scottish Borders area, the Executive Director on Call will inform the Royal Infirmary of Edinburgh, and NHS Lothian. Each will provide assistance with regard to the reception of casualties, should this be required. If further assistance other than this is required, NHS Lothian Emergency Bed Bureau should be contacted and requests routed through the duty NHS Lothian Consultant in Public Health Medicine.

Assistance from Primary and Community Services

87 Contact the Primary and Community Services on call Manager regarding the use of Community Hospital beds and minor injuries facilities. Consideration to be given to the trigger of Patient Flow Action Team Escalation Policy (PFAT).

Helicopters

88 Helicopters may be used to convey casualties from the scene of a major incident to Borders General Hospital. The normal Helicopter Operational Policy should be followed in relation to landings on the grass area opposite the entrance to Accident and Emergency, and for requesting the use of a helicopter to convey a casualty from Borders General Hospital to another hospital. Such requests should be made formally via Ambulance control.

Relief of staff and shift working

89 Managers and supervisors must bear in mind the need to relieve staff during a prolonged incident, and to consider the possibility of shift working.

Staff childcare

90 Childcare facilities will be made available to NHS Borders staff recalled to duty, in the CARESHARE Creche located behind the Education Centre.

Staff Welfare

91 The Hospital Support Team will provide support both emotional and practical to members of staff, should this be required. Supervisors should be aware of the effects of stress on members of staff during a major incident and take steps to relieve them of duties as necessary and arrange support.

92 Supervisors should also be aware of the possibility of relatives of members of staff being involved in the incident and the additional stress that this may cause. Relieving affected members of staff from duty may have to be considered, however, this should be done in a discreet and sensitive manner.

Routine activity

93 During a major incident normal visiting will be suspended and the hospital cleared of all visitors, with the exception of those visiting critically ill patients and parents staying with child patients.

Stand down

94 The decision to 'stand down' NHS resources will be a joint decision taken by the Executive Director on Call, Medical Controller, Hospital Controller, Medical Incident Officer, Ambulance Liaison Officer and the Police Incident Officer.

95 The stand down may need to be phased depending on the circumstances of the incident and the Hospital Controller should ensure that all departments in the hospital are informed accordingly.

96 The Hospital Controller should also ensure that Primary Care personnel and facilities which were involved in the incident, and other hospitals outwith the area, which were alerted, are informed of the stand down.

97 The Medical Controller will ensure that there is sufficient staff in all specialties to deal with the workload after stand down.

Debrief

98 The Hospital Controller in conjunction with the Director of Public Health, will arrange a debrief meeting of the key personnel and request the submission of written reports. Individual departments should hold debrief meetings to discuss their performance as soon as practicable after the incident.

99 The Scottish Borders Joint Director of Public Health will arrange for a report on the incident to be submitted to the Scottish Government Health Department

EMERGENCY DEPARTMENT

1 The Consultant Emergency Physician has overall responsibility for the Emergency Department (ED) including the reception, triage, documentation and initial treatment of casualties. He will undertake the role of Consultant in Charge and wear the Consultant in Charge waistcoat. Until his arrival the ED Junior and/or ED Specialty Doctor will assume control, assisted by the Nurse in Charge, Emergency Department. Where possible the ED Specialty Doctor should assume responsibility in preference to the Ortho/ED Junior until the ED Consultant arrives. For the remainder of this document this individual will be referred to as the ED Doctor. In the event that the ED Consultant is not available the Consultant Orthopaedic Surgeon should be contacted in his absence. The Consultant in Charge will appoint a senior clinician as Medical Co-ordinator to co-ordinate activity in the Emergency Department while he is engaged in triage of casualties. See Action Cards in Section 5 – kept in ED Charge Nurse Office:

(a) Action Card No. 5 - Consultant in Charge duties
(b) Action Card No. 6 - ED Medical Co-ordinator duties
(c) Action Card No. 27 - Orthopaedics/ED Doctor duties

Declaration of Major Incident

2 Notification that a major incident/emergency has been declared will normally be received from Lothian and Borders Police Force Communications Centre, the Scottish Ambulance Service, or any other source. The call should be routed to:

- ► The ED Doctor, or if that officer is not immediately available -
- ► The Senior Nurse on duty in the hospital.

3 The ED Doctor or Senior Nurse on duty in the hospital will implement the Major Incident Procedures, dependent on whether the notification is an alert or a confirmation of a major incident. The ED Doctor will thereafter carry out the duties of the Consultant in Charge until the arrival of the ED Consultant, (aide memoir available in Charge Nurse Office).

Preparation

4 The ED Doctor and Nurse in Charge will prepare the Emergency Department by the following actions:

a) Clear the Emergency Department by expediting treatment of urgent cases and sending non-urgent cases home.

b) Prepare whole department for the admission of casualties, ensuring all necessary equipment is available.

c) Ensure major incident casualty records (kept in Major Incident Store under main stairs – obtain key from Telephone Exchange) are allocated to nursing/medical records staff to complete.

d) Allocate staff to specific tasks with at least one nurse to each seriously injured casualty - to remain with patient when admitted to ward or until admitted to theatre, where possible.

e) Inform Surgical Registrar and all resident medical staff that a Major Incident has been declared.

f) Call out additional off duty staff by referring to Emergency Department staff record list kept in Charge Nurse Office.

Admission

5 All casualties will enter the Emergency Department by the main door to the Department. Casualties may have been triaged at the scene of the incident and issued with a label indicating classification as follows:

i) **Red** - requires **IMMEDIATE** treatment to save life

ii) **Yellow** - requires **URGENT** treatment but when life is not in jeopardy

iii) **Green** - evaluation and treatment can be **DELAYED** (walking wounded, slightly injured and those expected to die can be in this category).

iv) **White** - **DEAD** (Casualties certified dead at the scene are unlikely to be brought to Borders General Hospital, but casualties who die en route to Borders General Hospital will be certified dead on arrival, documented and taken to the Hospital Mortuary)

6 Triage should be carried out by the Consultant in Charge (Emergency) and/or ED Doctor with assistance as required, and the classification changed if necessary. A supply of triage labels is kept in the Major Incident Store.

7 Severely injured casualties will remain in the Emergency Department for initial treatment.

8 Minor injuries will be taken to the Outpatients Department.

9 **Documentation**

Ensure each casualty admitted (including those 'dead on arrival') is issued with a Major Incident Casualty Record Card and an identity bracelet fitted to the patient's wrist or appropriately attached. Attached to the Major Incident Casualty Record Card is a plastic bag containing all documentation and bottles required for blood samples. All items in the major incident pack are pre-numbered. **IT IS OF UTMOST IMPORTANCE THAT CARE IS TAKEN IN FILLING IN BLOOD TRANSFUSION AND OTHER REQUESTS TO ENSURE THAT WHAT IS REQUIRED IS CLEARLY UNDERSTANDABLE.**

10 When a blood sample is taken from a patient the appropriate bottle and request form from the pack must be used. The major incident number will be used for all reference to the patient until a formal decision is taken to revert to names at a later stage of the emergency. **Great care must be taken to ensure that only pre-numbered items from the pack attached to the Major Incident Casualty Record Card for each patient is used for that patient.** Patient details can be added if known.

11 'Dead on arrivals' will be conveyed to the Mortuary to be dealt with by the Police after being issued with a Major Incident Casualty Record Card.

12 To avoid delays in admission only brief details of casualty should be noted in the reception area.

13 The nurse/medical records staff will obtain fuller details after the casualty is admitted to the Emergency Department.

14 **If a casualty is unconscious, it is important to record sex and approximate age. A description of the casualty including dress and any identifying items of property should be recorded in the section marked "for Police use".**

15 As soon as sufficient details are recorded on the Major Incident Casualty Record Card, the **top copy (blue)** should be removed and handed to the Nursing Co-ordinator or runner appointed by the Nursing Co-ordinator and delivered to the Control Room (situated in the Occupational Health Department) where, after details have been recorded on the Control Room patient tracking board, it will be handed to the Police Team.

16 When the casualty is ready to leave the Emergency Department the **second and third (pink and green)** copies of the Major Incident Record Card (completed as far as possible) will be removed and placed in a tray situated at the ED Reception, where they may be collected and taken to the Control Room by the Nursing Co-ordinator or runner. **The Nursing Co-ordinator will supervise this procedure and must ensure forms are delivered to the Control Room without delay.**

17 The white card remains with any admitted patient as the patient record, and nursing and medical staff should record all procedures.

18 Medical Records staff and the Police Liaison Team will be responsible for making enquiries to establish identities of patients when this is not readily available, and recording details of the casualty on the record.

Blood Samples

19 Blood samples should be taken from all casualties with serious injuries, at an early stage while in the Emergency Department, and passed to the Laboratory. **It is again stressed that the only identification required is the major incident number.** The doctor obtaining the blood sample must complete the form as to the priority of the request and where immediate action is required, contact the Laboratory by telephone.

To ensure that Laboratory staff can cope with the demands and deal with the most urgent requests, medical personnel in the ED should restrict blood transfusion requests to those most necessary and also ensure that request forms are completed accurately. All staff should follow the Major Haemorrhage Protocol as detailed on the Intranet.

Specimens for Laboratory

20 It is anticipated that the Laboratory Consultant on call will be present in the ED at least initially, to act as a reference point for specimen requests, to help in assessment of their urgency and act as a direct link with staff in the Laboratory. If for any reason the Laboratory Consultant is not present, the medical staff in the ED must liaise closely with Laboratory staff in terms of obtaining the most appropriate blood, not only for the individual patient but also in preventing the excessive use of Group O blood; this is likely to be the role of the ED Consultant. Personnel must ensure that the number on the sample is identical to that on the major incident record for the patient.

Accommodation

21 The accommodation to be used in the Emergency Department is as follows:

a) Resuscitation Room
b) Treatment Room
c) Minor Operating Room
d) Plaster Application Room
e) 4 examination cubicles
f) 2 minor injury rooms (ED rooms 5 and 6)
g) 2 consulting rooms (located at the top of the Orthopaedic Clinic area)
h) 3 minor cubicles (situated at the front of the ED)

22 Rooms (a) to (d) are fitted with oxygen and medical vacuum. Seriously injured casualties requiring resuscitation will be allocated to those rooms.

23 Those seriously injured but not requiring resuscitation will be treated in rooms listed at (e), (f), (g) and (h).

Initial Treatment

24 Patients should only be managed in the ED if they require resuscitation, emergency first aid treatment or splinting. Similarly portable x rays should only be done in the ED if it is not possible to move the patient to the Radiology Department.

25 Patients will be moved to X-Ray, Day Procedures Unit, Theatre/ITU or other appropriate ward as soon as practical. Where possible they should not return to the ED after examination and X-Ray. **The doctor in charge of each casualty should make clear to the 'buddy nurse' in attendance the destination of the patient**.

26 A Consultant Radiologist should be available in the Emergency Department to give immediate and definitive reports when necessary.

27 **Only patients requiring urgent X-Ray procedures should be referred to the X-Ray Department. Non-urgent x-rays should be deferred until the Major Incident is over or pressure on the department has eased.**

Anaesthetist

28 At the earliest opportunity, an Anaesthetist will be allocated to assist in the Emergency Department – see Protocol for Anaesthetics/ITU.

Medical Co-ordinator in the Emergency Department

29 The Consultant in Charge will appoint a senior clinician to act as Medical Co-ordinator in the ED. This should be the on call Consultant Physician as they are least likely to be involved in direct clinical care in a major incident. If the Major Incident requires a significant input from this service then the ED Consultant will nominate an alternative.

Communications

30 Communications to and from the Emergency Department should be restricted where possible to one person, the Consultant in Charge, apart from when a doctor is referring to an urgent blood sample request. The Medical Coordinator will be the main line of contact between the Emergency Department and Theatres/Anaesthetic Co-ordinator. The Medical Coordinator should coordinate the exchange and communication of all telephone and pager numbers between the relevant areas. This does not preclude the Anaesthetist in the ED from contacting the Anaesthetic Co-ordinator for clinical or any other reason.

Equipment

31 The ED Nurse-in-Charge should be aware of the need for extra equipment and should arrange for the Stores Department to be contacted as the situation demands.

32 The ED Nursing Co-ordinator should ensure that Scottish Ambulance Service equipment is released as soon as possible so that the ambulance can return to active duties.

33 To prevent congestion being caused in the X-Ray Department corridor by trolleys being returned to the Emergency Dept against the flow of traffic, the ED Nursing Co-ordinator should ensure that a one-way system is introduced, with trolleys being returned to the ED via the door from the main reception area.

Management of Radiation Casualties – see Section 8

Call Out List

34 The Nursing Officer in Charge will ensure that a departmental call out list is maintained, kept up to date and quarterly checks initiated.

Off Duty Staff

35 Do not telephone Borders General Hospital as this overloads the telephone system. You will be contacted by telephone if required. Listen to local radio and television - requests for staff will be made via the media if required.

Reporting for Duty

36 All off duty staff should record their name, designation and time of arrival on one of the clipboards at main Reception before reporting to their Department, or in the case of nursing staff, to the Committee Room located on the first floor of the building adjacent to Hospital Administration. Staff will not stand down until instructed by a supervisor.

SECTION 4/2

ANAESTHETIC DEPARTMENT MEDICAL

1 The Consultant Anaesthetist (ITU) will have overall responsibility for the operation of the department during a major incident/emergency. Until the arrival of the Consultant Anaesthetists (ITU), the Anaesthetic Registrar on call will assume this role.

Declaration of Major Incident/Emergency

2 When a major incident/emergency has been declared the Consultant Anaesthetist (ITU) will be notified by the hospital telephonist. The Consultant Anaesthetist will then:

a) Contact a colleague according to the communication protocol, asking colleague to contact other consultants and middle grade staff.

b) Proceed immediately to Borders General Hospital.

c) Nominate an Anesthetist to lead Site Medical Team and to liaise with Senior Nurse, Anesthetic Department (Bleep 6594) in selecting the Team.

d) Nominate an Anaesthetist to act as Hospital Anaesthetic Co-coordinator.

3 The Anaesthetic Registrar/FY2 on call will be notified by the Orthopaedic/Accident and Emergency FY2 (on call) and he/she will:

a) Contact a colleague if possible.

b) In conjunction with the Hospital Anaesthetic Co-coordinator, expedite the clearing of the Intensive Care Unit and the cessation of elective anaesthetics.

c) If circumstances allow, proceed to the Accident and Emergency Department to assist with resuscitation.

4 The nominated Hospital Anaesthetic Co-coordinator working from Theatres/ITU will:

a) Report to the Medical Controller in the Hospital Control Room and receive update of situation, including numbers of casualties expected (Medical Controller telephone extension numbers 27514, 27515, 27516).

b) Assess the Hospital anesthetic staffing situation, call out staff and, if necessary, request extra anaesthetic assistance from NHS Lothian by contacting the Emergency Bed Bureau Tel. no. 0131-536-9330 (or emergency number 0131-662-1000).

c) Ensure Anaesthetic Department staff, Day Procedures Unit, Emergency and X-Ray Department staff are all aware of pager number carried - check with Hospital Controller re re-programming if necessary.

d) Co-ordinate the cessation of elective anaesthetics and the clearing of the Intensive Care Unit.

e) Allocate Anaesthetists to resuscitation, operating theatres and Intensive Therapy Unit as appropriate.

Staff Requirements

5 Should the situation arise where only the two Anaesthetists on call can be contacted. (Consultant Anaesthetist and Registrar) the Consultant would assume the role of Site Medical Team leader while the Registrar would be Hospital Anaesthetic Coordinator. Immediate Anaesthetic assistance would be required from NHS Lothian.

Priorities

6 The Hospital Anaesthetic Co-coordinator will be required to deal with urgent hospital requests as well as those arising from the major incident. A priority list will require to be drawn up, irrespective of the origin of the patient.

Communications

7 It is essential that there be only one line of communication between Emergency Department and operating theatres and similarly only one line of communication to request for anaesthetic assistance. All such requests should be made through the Anesthetic Co-coordinator, with the line of contact from Emergency Department being via the Consultant with overall clinical responsibility. The Anaesthetic Co-coordinator will carry a pager and ensure his number is made available to the Medical Controller, Accident and Emergency Consultants, X-Ray and Day Procedures Unit.

Reporting for Duty

8 **ALL** Anaesthetists shall on arrival at the Borders General Hospital record their name, designation and time of arrival on one of the clipboards in hospital reception. They should then report to the Hospital Anaesthetic Co-coordinator in the Theatre/ITU. Staff will not stand down until instructed by a supervisor.

SECTION 4/3

ANAESTHETIC DEPARTMENT – NURSING

1 The Anaesthetic Department includes Theatres, Recovery, Intensive Therapy Unit, Day Procedures Unit and the Area Sterilizing and Disinfection Unit. During a major incident/emergency, the Senior Nurse in Charge, Band 7 will have overall responsibility for the nursing aspects of the Anesthetic Department.

2 The Anaesthetic Department plan for the nursing response during a major incident/emergency is divided into two parts:

i) Theatres/Recovery/ITU.
ii) Day Procedures Unit.

Theatres/Recovery/ITU - Declaration of a Major Incident/Emergency

3 Notification that a major incident/emergency has been declared will normally be received by the senior nurse on duty (bleep no. 6594) from the Nursing Controller.

Preparation

4 On receiving notification of a major incident/emergency, the Nurse in Charge, Anaesthetic Department will:

a) Postpone further routine cases. All elective operation and Anesthetic activity shall cease. The operating theatres will be cleared of all patients except cases of extreme urgency. All operative obstetrics will be performed on the labour ward.

b) Liaise with Nursing Controller re call out of additional staff by referring to staff record list kept in the Clinical Service Manager Theatre/Critical Care's office.

c) Prepare theatres in readiness to receive casualties.

d) Nominate up to 5 staff from Theatre/ITU to attend scene of incident as **Site Medical Team -** (Nurses + Anaesthetic Assistants - see Section 4/31).

e) Each theatre will function as a separate unit and all trays and bags tagged with appropriate tags.

f) When the Day Procedures Unit is open, notify DPU Sister. At times when Day Procedures Unit is not open, liaise with the Nursing Controller re appointment of a senior nurse to take charge of that Unit and liaise with the Nurse in Charge of Allocation re provision of staff.

5 The Nurse in Charge, Anaesthetic Department will not be actively involved with theatre teams but will remain free to co-ordinate the Unit in conjunction with the Anesthetics Co-coordinator.

6 Theatres and Intensive Therapy Unit are likely to receive casualties direct from Accident and Emergency during a major incident.

Theatre Staff Requirements

7 3 registered practitioners (of which 1 should be anesthetic trained and 1 trained practitioner) for working theatre.

Recovery Area

8 This may have to be set up as an Intensive Care Area, staffing needs identified once number, and severity of casualties is known. Initially 2-3 nurses would be required. Ten beds are stored in the garage storage area for major incident use and four can be made available immediately for the recovery area, by arrangement with the Hospital Controller.

Equipment

9 Department should be able to cope with a major incident with existing stock initially, but Nurse in Charge should arrange for additional Pharmacy or Stores items as required. ASDU staff will be on hand to deal with processing trays and supplementary items.

Additional Information

10 Patients entering department will be logged on to Recovery Patient Sheet, and to remain there for duration of operating sessions.

11 The patients will be notified to the Nurse in Charge, Anesthetic Department by the Anaesthetics Co-coordinator (who will receive details directly from the Consultant with overall clinical responsibility in the Emergency Department), in order of severity giving details of procedure required.

12 Emergency admissions not associated with the major incident but requiring operative procedures would be slotted in when appropriate to do so.

13 All operative obstetric procedures would be undertaken on Labour Ward for the duration of major incident. Minimum of 2 registered practitioners needed for procedures in the Labour Ward.

14 If their condition warrants it, ITU patients would return to their base ward. ITU nursing staff may be utilised within Reception/Recovery/Anaesthetics if necessary.

15 Domestic/nursing auxiliaries' help will be essential to the running of the Unit, in preparation of beverages and provision of food for the operating teams. The Nurse in Charge will arrange sufficient staff.

16 Adequate rest periods are essential if emergency is of lengthy duration and supervisory staff should be alert to the possibility of stress in staff.

17 Additional anaesthetic cover may be required from Edinburgh and will be arranged by the Anaesthetics Co-coordinator (Consultant) as required.

Day Procedures Unit - Declaration of a Major Incident/Emergency

18 The Day Procedures Unit will be the main holding Ward during a major incident, for casualties from Accident and Emergency not being taken directly to Theatres/ITU, and they will receive treatment until they are transferred to Theatres, an appropriate specialty or ward.

19 The Day Procedures Unit is staffed from 8 a.m. to 8 p.m. from Monday to Friday each week apart from two 14 day periods when it is closed for annual leave (summer and Christmas/New Year). The Unit has 10 trained nurses including the Sister-in-Charge plus 2 auxiliary nurses and reception staff.

20 A copy of the **NHS Borders Major Incident Procedures,** departmental arrangements and a call out list of staff, will be retained in the desk drawer in the Nurses' Station.

Declaration of a Major Incident

21 When a major incident/emergency is declared during a period when the Day Procedures Unit is open, the Nurse in Charge, Anaesthetic Department will inform the DPU Sister or deputy. If such an incident occurs when the Unit is not staffed, the Nursing Controller in conjunction with the Nurse in Charge, Anaesthetic Department, will appoint an appropriately trained senior nurse to take charge. The Nurse in Charge Anaesthesic Department will call out Day Procedures Unit staff and obtain additional staff via the Nurse in Charge of Allocation. Medical staff will be appointed by the Medical Controller. Entry to the Unit via swipe card lock.

Accommodation

22 15) The Day Procedures Unit has the following facilities

i) reception and waiting area plus a variety of changing rooms, staff rooms and offices.

ii) operating theatre

iii) primary recovery room containing 4 trolley bays fitted with piped oxygen, suction and monitoring facilities (Recovery 1).

iv) secondary recovery area with 6 trolley bays fitted with piped oxygen and suction points (Recovery 2).

v) recovery/sitting area (Recovery 3).

23 Up to 15 patients could be safely accommodated on trolleys/beds as follows but only 5 could be continuously monitored:

i) 4 in Recovery 1.

ii) 6 in Recovery 2.

iii) 5 in Recovery 3.

24 Ten beds are stored in the garage storage area for major incident use, 6 of which are available for use in the Day Procedures Unit and should be requested via the Hospital Controller. 8 reclining chairs would require to be moved from the 3rd recovery area to accommodate beds.

Staffing Requirements

25 To provide the level of care required, up to 8 nurses should be allocated to the Day Procedures Unit, depending on the number of casualties expected. Nurses accompanying casualties from Accident and Emergency to the Day Procedures Unit will remain with the casualty until instructed to return to Accident and Emergency by the Sister in Charge.

26 If the Day Procedures Unit is closed the Nurse in Charge Anaesthetic Department will attempt to contact the DPU Sister or deputy and if either are available, will be in charge of the Unit. If neither is available, the Nursing Controller in conjunction with the Nurse in Charge Anaesthetic Department will appoint an appropriately trained senior nurse to take charge. The Nurse in Charge Anesthetic Department will call out Day Procedures Unit staff and obtain additional staff via the Nurse in Charge of Allocation. Medical staff will be appointed by the Medical Controller.

27 On receiving notification of a major incident/emergency, the Nurse in charge of the Day Procedures Unit will prepare for admission of patients as follows:-

1) Clear the Unit of any visitors.

2) Prepare to discharge any existing patients where possible or decant them to other wards in consultation with the Nursing Controller.

3) Cancel procedures for any patients waiting for treatment.

4) Prepare Unit to receive seriously injured patients from Accident and Emergency Department.

5) Liaise with Nurse in Charge of Allocation (Committee Room - tel. ext. 27509/27510) regarding allocation of staff. During out of hours periods liaise with the Nurse in Charge, Anaesthesic Department regarding call out of staff.

Supplies and Drugs

28 Standing arrangements have been made for supplies and drugs to be provided automatically by the Supplies Department and Pharmacy, immediately after they have supplied Accident and Emergency. Supplies of sheets will be held in the secure store within the Laundry and will be supplied on request. Lists of supplies and drugs to be provided will be kept with the Major Incident Procedures in the desk drawer in the Nurses' Station.

Equipment

29 Dinamap monitors are situated in the DPU primary recovery area and one in the DPU theatre. Each trolley has its own drip stand and there are two mobile drip stands available in the unit.

Communications

30 It is important that communications between the Day Procedures Unit, Emergency Department and Theatres/Anesthetics are restricted. Contact will be made generally by the Consultant or Nurse in Charge of the Day Procedures Unit. The contact in Emergency is the Consultant with overall clinical responsibility, while all contact with Theatres/Anesthetics should be via the Anesthetics Co-coordinator.

31 In the event of the Day Procedures Unit being unable to admit further casualties due to lack of accommodation or appropriately qualified staff, the Sister in Charge must liaise with the Nursing Controller in Hospital Control Room (ext. 27518 and 27519) regarding provision of alternative accommodation.

Documentation

32 All major incident casualties being admitted to the Anaesthetic Department should have a Major Incident Casualty Record Card, which has been issued in Accident and Emergency. The coloured copies **(blue, pink and green)** should have been removed when the casualty left Emergency and only the white card copy, which is the patient record during a major incident, should accompany the patient.

33 In the event of any of the coloured copies still being attached, they should be removed and sent by runner to the Hospital Control Room (Occupational Therapy Workshop). The patient record card will have a unique number and may have details of the patient and injuries/treatment. Anaesthetic Department staff when possible should obtain any missing patient details. The unique number should be used in all documentation and requests.

34 When a casualty is admitted to any part of the Anaesthetic Department, the Hospital Controller in the Hospital Control Room should be informed (extensions 27511/27513 and 27512). Similarly, when a casualty is transferred from the Anaesthetic Department to another area of the hospital, the Hospital Controller must be informed immediately.

Call Out Lists

35 The Operational Managers Theatre/Critical Care will ensure that a call out list of Anaesthetics Department staff is maintained, with a copy being retained in the Senior Nurse folder. This list should be updated quarterly by the Department Manager but any changes should be noted as they take place.

Off Duty Staff

36 Do not telephone Borders General Hospital as this overloads the telephone system. You will be contacted by telephone if required. Listen to local radio and television - requests for staff will be made via the media if required.

Reporting for Duty

37 All off duty Anaesthetic Department staff should record their name, designation and time of arrival on one of the clipboards at main reception before reporting to the Nurse in Charge, Anaesthetic Department or the Nurse in Charge, Day Procedures Unit as appropriate.

Refreshments

38 The Nurse in Charge Anaesthetic Department and the Nurse in Charge of Day Procedures Unit should liaise with the Catering Department regarding the supply of refreshments for casualties and staff, as required.

Stand Down

39 Staff should not stand down until instructed by a supervisor.

SECTION 4/4

AREA STERILISING AND DISINFECTING UNIT

1 The ASDU coordinator will be in charge, or in his absence, his deputy. Should neither be available when a major incident/emergency is declared, the senior member of staff in the anaesthetic department will assume control of the department until their arrival or until a supervisor is appointed by the Hospital Controller.

Declaration of a Major Incident Emergency

2 During normal working hours, the coordinator or his deputy will be informed by the Hospital Telephonist.

3 Outwith normal working hours the Hospital Telephonist will contact the coordinator or his deputy and if unable to contact either, the next member of staff from the department call-out list. The person in receipt of the call should report to the Hospital without delay, recording their arrival at the main reception desk.

4 Additional off duty staff should be called out by referring to the departmental call-out list.

Access to Department

5 Outwith normal working hours the Department is locked. If any staff are called out in respect of a major emergency and the Department is locked on their arrival, they can gain access with a swipe card lock. Alternatively Theatre staff can open the door from the inside and they can be contacted by the buzzer at the Theatre recovery area.

Unavailability of ASDU staff – Operation of Machinery

6 Should the situation arise during a major incident/emergency that none of the staff available could operate either the autoclaves or the washing machine, arrangements would have to be made to contact personnel from other departments who may be able to assist.

7 Assistance in operating the autoclaves may be obtained from Estates responsible for steriliser maintenance, who will be called out by Estates. Laboratory staff responsible for sterilising may also be able to assist. Those who can carry out this work should be identified on call out lists for the relevant departments.

Instrument Trays

8 Should no member of staff be available who can assemble instrument trays, Theatre Staff may be able to assist. However, theatre staff must not be relied on to assemble trays.

Failure of Electricity Supply

9 Autoclave number's 1, 2 and 3 are on the emergency electricity supply and would continue to operate. As the washing machine is on the emergency supply, it would not cease to operate during a power failure.

Operating Tray Stock

10 If an acute shortage of any type of operating tray is anticipated due to the nature of the incident or should occur for any reason, the Unit Manager, Sterile Services Unit at the Royal Infirmary of Edinburgh (Tel. no. 0131 242 6103) should be contacted and requested to supply trays as necessary. While not the same as BGH trays, they are very similar and can be used. Transport should be mutually arranged.

Call-Out List

11 The ASDU coordinator will ensure that a department call-out list is maintained, kept to date and quarterly check initiated.

Off Duty Staff

12 Do not telephone Borders General Hospital as this overloads the telephone system. You will be contacted by telephone if required. Listen to local radio and television – requests for staff will be made via the media if required.

Reporting for Duty

13 All off duty staff should record their name, designation and time of arrival on the clipboard at main reception before reporting to their Department.

Stand Down

14 Staff should not stand down until instructed by a supervisor.

SECTION 4/5

CATERING

1 The Catering Manager or Deputy Catering Manager will be in charge. Should neither the Catering Manager or Deputy Catering Manager be available, a supervisor will take charge.

Declaration of a Major Incident/Emergency.

2 During normal working hours a member of the Hospital Administration will Inform the Catering Manager or Deputy Catering Manager.

3 Outwith the normal working hours the Administrator will contact the Hospital Catering Manager or Deputy. In their absence, the first available supervisor on the list of staff should be called out to prepare the department. The first person contacted will call out one other member of staff before proceeding to the Borders General Hospital

4 The first person to arrive at the Borders General Hospital will:

- Liaise with Hospital Controller and decide how many members of staff will be required and meal requirements.
- Arrange for refreshment trolleys to be sent to appropriate areas.

Staff Meals

5 Meals to be provided will be served via the Staff Dining Room. No cash transactions will be required but a record will be kept of the number of meals issued.

6 During the early stages of a major incident/emergency, it may be difficult to assess the number of meals required. It should be kept in mind that a greatly increased number of staff will be in the hospital but in the first few hours, time for refreshments will be very limited. However it is essential that refreshments and food are available.

Patients' Meals

7 Due to porters being required for other duties during a major incident, it may be that none are available to deliver patients' meals. Arrangements should be made for the deliveries to be made by catering staff with voluntary assistance provided, on request, through the Hospital Controller.

Refreshments

8 The following areas will require to be provided with refreshments, as staff may not be able to leave their posts for meals:

(a) Accident and Emergency
(b) Radiology Department
(c) Day Procedures Unit
(d) Outpatients Department
(e) Day Hospital
(f) Education Centre
(g) Laboratory
(h) Control Room (Occupational Therapy Workshop)
(i) Theatres/ITU

9 A beverage trolley is situated in the Day Hospital while that for the Outpatient Department can be obtained from Ward 5. Should further beverage trolleys be required, they can be obtained from other wards if necessary. Trolleys should be taken to the specified areas and the following action taken:

i) On arrival at required point the water level in the trolley should be checked (level indicator is found at one end of trolley).

ii) The trolley should be plugged in, it is ready for use when the orange light situated near cup stack and water tap is lit. (Allow one hour for a full tank of cold water to heat up to required temperature).

iii) Extra cups are available from the locked cupboard on the trolley. The key for this cupboard should be hanging on the tap.
iv) Further provisions may be obtained from other wards if required or from the servery pantry store (2DK12). Access to this is by:

(a) Pantry Key - held in Chef's Office (Room 2DK15).

(b) Kitchen Key - available in telephone exchange.

(c) Main Store Key - essential cupboard in Deputy Catering Manager's office.

Call Out List

10 A departmental call out list will be found at the front of the Major Incident Procedures manual along with the Catering Department action card in the catering office 2DK42. Action card and list also in chef's office.

11 The Catering Manager will be responsible for ensuring this list is maintained, kept up to date and quarterly checks initiated. A copy should be forwarded to the Administration Department.

Off Duty Staff

12 Do not telephone Borders General Hospital as this overloads the telephone system. You will be contacted by telephone if required. Listen to local radio and television - requests for staff may be made via the media.

Reporting for Duty

13 All off duty staff should record their name, designation and time of arrival on one of the clipboards in main Hospital Reception area before reporting to their department. A senior member should inform the Hospital Controller when the Catering Department is operational.

Stand Down

14 Staff should not stand down until instructed by a supervisor

CHAPLAINCY

See Hospital Support Team – Section 6/2

SECTION 4/7

CONSULTANT ORTHOPAEDIC SURGEON IN CHARGE OF EMERGENCY DEPARTMENT

1 Where the Emergency Dept Consultant is unavailable, the Consultant Orthopaedic Surgeon on call will take overall clinical charge of the major incident response.

2 Duties

i) Obtain and wear 'Consultant in Charge' waistcoat.

ii) Obtain a bleep.

iii) Ensure Emergency Department is prepared for admission of patients both from the major incident and for admission of casualties from routine emergencies.

iv) Carry out the role of Medical Controller until he/she arrives **(See Section 4/17 and Section 5, Action Card No. 5)**.

v) In liaison with Nurse-in-Charge, Emergency Dept, ensure that arrangements are in hand for allocation of numbered Major Incident Record Cards to each casualty, including those dead on arrival.

vi) Liaise with Medical Controller and Ambulance Reception Officer regarding estimated number of casualties.

vii) Carry out triage of casualties arriving, those with serious injuries being admitted to Emergency Dept, those with less serious injuries to Out-Patient Dept., and dead on arrivals to the Mortuary.

viii) In liaison with the Medical Controller, appoint a senior clinician to act as Medical Co-ordinator to co-ordinate activity in Emergency Department while you are engaged with admission of casualties.

3 Allocate staff to specific tasks with at least one nurse to each seriously injured casualty - to remain with patient when admitted to Ward or until admitted to theatre:

i) Arrange for off duty staff to be called out as required.

ii) Liaise with Anaesthetic Co-ordinator and Laboratory Consultant.

iii) Decide in conjunction with the Medical Controller and Hospital Controller when emergency is over and staff can be stood down.

iv) Arrange for "hot" debrief and arrange date within 14 days for formal debrief to be held.

SECTION 4/8

DAY PROCEDURES UNIT

See Section 4/3 Anaesthetic Department – Nursing paragraphs 18-39

SECTION 4/9

DAY HOSPITAL

1 The Outpatient Manager is responsible for the operation of the Day Hospital. During a major incident a Senior Nurse will be appointed by the Nursing Co-ordinator in A&E to supervise the Outpatient Department and Day Hospital

Declaration of Major Incident/Emergency

2 During normal hours the Senior Nurse on duty in the Day Hospital and at other times the Senior Nurse appointed by the Nursing Co-ordinator, will be informed that a major incident has been declared.

Preparation

3 The Senior Nurse will prepare the Day Hospital by the following actions:

a) Clear the Day Hospital of existing patients (if any) by decanting to the Day Rooms of Wards 10 and 11 with nurses in attendance. Arrange with Ambulance Service for patients to be taken home where possible.

b) Ensure Day Hospital is staffed with at least 2 nurses to assist with general reception/discharge of casualties, in conjunction with Hospital Support Team.

c) Arrange for interview rooms to be made available for Police and Hospital Support Team staff. The Interview Room, Consulting/Examination Room, Treatment Room and Physiotherapy Treatment Room are suitable for this purpose.

d) Clear Day Hospital of all unnecessary equipment.

Admission

4 All casualties with minor injuries will be treated in the Outpatient Department and either admitted to the hospital or, as in most cases, discharged via the Physiotherapy Department, Outpatient Treatment Room and the Day Hospital, where assistance will be provided by the Hospital Support Team.

5 Each casualty will have been issued with a pre-numbered Major Incident Record Card and identity bracelet when admitted in the Accident and Emergency Department. The top three copies of the Major Incident Record Card should have been removed and passed to the Hospital Control Room before the casualty arrives in the Day Hospital. **Should any of the coloured copies (blue, pink or green) of the Major Incident Record Card still be attached to the white card copy which remains with the patient, they should be removed and taken to the Control Room without delay.**

6 The Major Incident Record Card **(white card copy)** will be used as the patient record and will remain with the casualty until he/she reaches the Day Hospital for discharge

Discharge Procedure

7 Patients discharged from the Outpatient Department will be escorted via the fire escape stairway to the Physiotherapy Department Outpatient Treatment Room. Police and members of the Hospital Support team will be present to interview the casualties and arrange for any assistance required.

8 The Major Incident Record Card should be endorsed on the front page, to show the date and time discharged and details of whose care the casualty was discharged to and thereafter passed to the Control Room. After the discharge has been recorded, the casualty can be reunited with relatives or friends in the Day Hospital. In the absence of relatives or friends, the Hospital Support team would arrange assistance as required.

9 A record of all discharges should be maintained by nursing staff in the Day Hospital. **Completed patient record cards should be passed to the Control Room at the earliest opportunity.**

Hospital Information Point

10 A multidisciplinary hospital information point will be established in the Day Hospital. This information point will be staffed by members of the Hospital Support Team (Chaplaincy, Palliative Care, Social Work and Occupational Health staff), together with a police officer, and is to provide a focal point for enquiries from members of the public. (See Hospital Support Team - Section 6/3 for full details). If possible, a nurse should be allocated to the information point. A member or members of this team will operate at the reception desk in the hospital main entrance to provide a contact point for relatives.

Call Out List

11 The Nursing Officer in Charge will ensure that a departmental call out list is maintained, kept up to date and quarterly checks initiated and staff will be called out as required.

Off Duty Staff

12 Do not telephone Borders General Hospital as this overloads the telephone system. You will be contacted by telephone if required. Listen to local radio and television; requests for staff will be made via the media if required.

13 All nursing staff reporting for duty at the Hospital should record their name and time of arrival on one of the clipboards provided at the main Reception Area of the Hospital, and thereafter report to the Nurse in Charge of Allocation in the Committee Room, (2AD15).

Stand Down

14 Staff should not stand down until instructed by a supervisor.

SECTION 4/10

ESTATES AND FACILITIES DEPARTMENT

1 The Deputy Director of Estates will be in charge (or in his/her absence one of the Estates Officers) of the Estates Department while the Chief Technician will be in charge of the Electro-Medical Department.

Declaration of a Major Incident/Emergency

2 During normal working hours the Deputy Director of Estates or deputy will be informed by the Hospital Telephonist.

3 Outwith normal working hours the Hospital Telephonist will contact the on call engineer (rota of on call staff held in telephone exchange), who will inform the Deputy Director of Estates or a deputy, and the Chief Technician or deputy, depending on availability. The on call engineer, Estates Officer and Chief Technician should report to the hospital without delay, recording their arrival at the main reception desk.

4 On arrival in the Estates Department they will then notify the Hospital Controller by telephone (extension 27511). The Estates Officer/Chief Technician will then call out the following staff:

i) Deputy Director of Estates/Chief Technician if not already on site.
ii) Technician responsible for steriliser maintenance in ASDU/Laboratory. If required, technician would be available to operate sterilisers.
iii) Other staff as required in liaison with the Hospital Controller, e.g. to assist with security and traffic control. (See 'General Services' - Section 4/11)

5 **The Deputy Director of Estates/ Chief Medical Electronics Technician (or Deputies) must liaise when calling out staff.**

Access to Departments

6 Outwith normal working hours the on call engineer has keys for doors to Estates Department. A master key is held within the telephone exchange and this will open all doors in the Estates Department.

Works Staff Telephone Numbers

7 The Deputy Director of Estates will ensure that a list of all Estates personnel is maintained within the Major Incident Procedure manual, which is displayed on the wall at the right hand side of the door in the Deputy Director of Estates office, in PSB29.

Off Duty Staff

8 Do not telephone Borders General Hospital as this overloads the telephone system. You will be contacted by telephone if required or alternatively requests for staff may be made by local radio/television.

Reporting for Duty

9 All off duty staff should record their name, designation and time of arrival on one of the clipboards provided in main reception before reporting to their department.

Stand Down

10 Staff should not stand down until instructed to do so by a supervisor.

SECTION 4/11

GENERAL SERVICES DEPARTMENT

1 The General Services Supervisor will be responsible for the portering services department during a major incident. A supervisor will generally be on duty between the hours of 7 a.m. and 10.15 p.m. Should a major incident be declared during a period when there is no supervisor on duty, porters and other General Services staff will be instructed by the Senior Nurse on duty to implement their departmental procedures. The following tasks must be carried out (see also "General Services Major Incident List" at Annex 'C' to this Section).

Call out Procedure

2 A member staff should be deployed to notify all available General Services staff (including supervisors) to report to the hospital.

Communications

3 **Porters are equipped with site radios and the Site Control is situated at the Main Reception Area of the hospital.** The Main Reception Area is also the signing in point for staff recalled to duty to assist in managing the major emergency response.

Control Room

4 The Senior Nurse on duty should be assisted to set up the Hospital Control Room in the Occupational Therapy Workshop by the following actions:

1) Collect telephones contained in cardboard box, box of stationery equipment and whiteboards from Major Incident Store under stairway to Out Patients (1ME14A). Access using either master key or key held within switchboard.

2) Set up Control Room as per layout in Annex 'A' to this Section, using tables from the main stairwell and the Committee Room. A larger table will be required for the Medical Controller.

Signs and Site Control

5 One porter to be instructed to unlock the signs at road entrances to hospital indicating **"MAJOR INCIDENT IN OPERATION - NORMAL VISITING SUSPENDED".** Signs are located as detailed on the plan attached at Appendix B to this Section, i.e. main entrance to hospital near residences and Chiefswood Road entrance.

6 One **"Press Liaison Centre"** sign should be erected on the pavement at the entrance to car park one, with the arrow pointing in the direction of the Education Centre. The second **"Press Liaison Centre"** sign should be placed on the roadway from the car park to the Education Centre.

7 As personnel become available, they should be detailed for security duties at the following points:

(a) Main entrance
(b) Day Hospital
(c) Accident & Emergency
(d) Mortuary
(e) Stores

8 The **General Services Supervisor** should intimate to all members of the public in the main concourse that major incident has been declared. All patients should be requested to return to their ward and all visitors required to leave the premises. Exception can be made for relatives visiting acutely ill patients or children.

9 Porters detailed for security duties at points (a), (b) and (c) should also make every effort to clear any vehicles parked in the vicinity of the hospital entrance and prevent further parking there. To assist with traffic control every effort should be made to staff the following points with a porter.

(a) Main entrance near residences
(b) Chiefswood Road entrance

As staff become available the following additional points should be staffed

(c) Access to car park one
(d) Access to one-way system
(e) Access to car park three
(f) Access to bus stances

The General Services Supervisor should liaise with the Senior Estates Officer and request assistance of Estates and Works Department staff to ensure some of the above points.

(g) Junction to Huntlyburn House

10 Should an incident happen during the night hours, then the requirement to secure the site in the initial stages will be less important than during peak visiting times and accordingly need not be carried out immediately.

Provision of Transporting Equipment

11 Ensure that an adequate supply of wheelchairs and trolleys is available to support arrival of casualties at the Accident & Emergency Department. A flat top trolley should be made available to transport equipment for the Site Medical Team, which will be directed to the scene of the incident at an early stage.

12 **When returning trolleys to A & E, do so by door in main entrance foyer and not by way of the X-Ray Department corridor as this is against the flow of traffic from A & E/X-Ray to elsewhere in the hospital.**

Service to the rest of the Hospital during a Major Incident

13 The critical factor will be the availability of personnel and as such, all departments will be requested to make, if possible, transport available for the routine transfer of specimens and other ad hoc requests. **Incidents involving cardiac arrests will receive the normal priority response.**

14 During the course of a major incident, it may be that General Services staff are not available for the delivery and collection of food trolleys to and from wards. The Catering Supervisor should be contacted and the Catering Department required to move the trolleys in such an event.

Reporting for Duty

15 All personnel reporting for duty will record their name, designation and time of arrival on one of the clipboards at Main Reception Area of the Hospital, and thereafter report to the General Services Supervisor for instructions.

16 The first Supervisor to arrive at the hospital should inform the Hospital Controller of their arrival by telephone (extension numbers 27511, 27512 and 27513).

Off Duty Staff

17 Do not telephone Borders General Hospital as this overloads the system. You will be contacted by telephone if required or by appeals on local radio and television.

18 A list of staff names, addresses and home telephone should be displayed in the General Service Manager's office. The General Service Manager should ensure the list is kept up to date and checked at least quarterly.

Stand Down

19 Staff should not stand down until instructed by a Supervisor.

SECTION 4/12

GENERAL SURGEONS

Consultant General Surgeon Receiving Call

1 When the telephonist informs a Consultant General Surgeon that a major incident has been declared, he will immediately contact a colleague and then proceed directly to the Accident and Emergency Department.

Second Consultant informed

2 The second Consultant Surgeon informed will inform the other Consultant Surgeons and available Junior Staff before reporting to the Accident and Emergency Department.

Duties

3 All Surgical staff will report to the Accident and Emergency Department where they will be allocated duties in consultation with the Consultant in Charge (Consultant Orthopaedic Surgeon "on call"). The duties will be in Accident and Emergency Department and Operating Theatres, depending on the situation and case mix.

4 The Consultant Orthopaedic Surgeon in Charge is responsible for the triage and admission of casualties and it is likely that in the early stages of a major incident considerable support will be required in the Accident and Emergency Department

Routine Work

5 As the scale of the incident becomes apparent, thought will have to be given to the deployment of staff for the duration of the incident and the following days.

Off Duty Staff

6 All off duty staff should record their name, designation and time of arrival on one of the clipboards provided at the Main Reception Area of the Hospital, before reporting to Accident and Emergency Department.

Stand Down

7 Staff should not stand down until instructed by the Consultant Orthopaedic Surgeon in Charge.

HOSPITAL CONTROLLER – ON CALL MANAGER

1 During normal hours, the on call Hospital Bleep Holder will be informed by the Hospital Telephonist that a major incident has been declared and they will then report to the Hospital Control Room.

2 Outwith normal hours the on-call Manager will be informed of a major incident by the Hospital Telephonist. He/she will contact a second manager (if the on call Manager is a Nurse then the second Manager must be a non-nurse and vice versa) by telephone before leaving for the hospital. The second manager informed will notify the Director/Deputy Director of Estates and Facilities, the General Services Manager and administrative support staff as required.

3 If the on-call Manager is unable to contact a second Manager, he/she should inform the Director/ Deputy Director Of Estates and Facilities and General Services Manager before leaving for the hospital. Other administration staff can be contacted from the hospital.

4 Duties of Hospital Controller

i. Don Hospital Controller waistcoat and act in this role until relieved. Obtain a bleep (27511).

ii. Assume overall administrative control, liaising with the Medical Controller and Consultant in Charge on arrival and with the telephonist to ascertain who has already been called in. Ensure Control Room has been established. (See Section 4/11 "General Services Department", Annex 'A' for layout).

iii. Arrange for assistance to be provided to the telephonist (if not already provided), with one operator to implement the call out system.

iv. **Appoint a deputy Hospital Controller to undertake the Hospital Controller role while you are visiting other parts of the hospital to assess the situation.** Call out administration/clerical staff and medical records staff including a member of staff to operate the computers in the Control Room, keeping a log of actions and record of casualties admitted. Appoint runners.

v. Confirm Chief Executive or on-call Executive Director, and on-call Consultant in Public Health Medicine has been informed

vi) Ensure that a cellular phone and three hand held radios have been issued to the **Site Medical Team Leader**. If a Site Medical Team is not required, arrange for the cellular phone and hand held radios to be delivered to scene for use by the **Medical Incident Officer** and general practitioners assisting.

vii) Ensure that accommodation for casualties is being arranged and obtain a bed state from senior nurse on duty.

viii) In liaison with the Nursing Controller, arrange for 4 beds to be made available for use in Theatres recovery area and 6 for use in the Day

ix) Procedures Unit. 10 beds are kept in the garage store for this purpose.

x) Ensure hospital is sealed off to the public (with the exception of those visiting critically ill patients), positioning personnel to enforce security at all entrance/exits, which are not locked. Liaise with Works Department to provide staff to assist with security and traffic control tasks as outlined in Porters duties. Request Police Liaison Officer to provide officers to assist.

xi) Consider requesting media to ask for off-duty staff to report to the hospital.

xii) Ensure all hospital accommodation being used for the incident and routes are internally signposted and that ' signing on' boards for staff are placed in the main reception area.

xiii) Appoint members of staff to carry out certain jobs until proper person arrives, e.g. records and portering, etc.

xiv) Direct all public enquiries from relatives and friends to the **Police Casualty Bureau in Police Headquarters, Edinburgh** (telephone number of Casualty Bureau to be announced or in the absence of such a number to Police Headquarters

xv) Enquiries from the Media regarding the incident should be directed to the **Police Media Relations Manager,** Police Headquarters, Edinburgh or in relation to the hospital, to the NHS Borders Head of Communications and PFPI or On Call Executive Director.

xvi) Ensure staff are positioned as observers at Emergency Department internal doors to track the progression of patients.

xvii) Appoint Media Officer until arrival of Executive Director, if not immediately available.

xviii) Arrange for Medical Directorate fax to be brought from the Control Room.

xvii) Ensure Day Hospital and Physiotherapy Outpatient Treatment Room are staffed by members of the Hospital Support Team to provide support to relatives and friends.

xviii) Consider reprogramming bleeps for control officers.

xix) Consider appointing a Supplies/Equipment Officer and Transport Officer.

xx) Ensure arrangements are made for security of casualties' property.

xxi) Consider relief for staff and the possibility of shift working.

SECTION 4\14

HOSPITAL SUPPORT TEAM

SEE SECTION 6/2

SECTION 4\15

LABORATORY

Declaration of Major Incident/ Emergency

1 When a major incident/emergency is declared for Borders General Hospital, the hospital telephonist will call the following:

a) Haematology Consultant on call
b) Haematology Laboratory or Haematology Biomedical Scientist on call.
c) Clinical Chemistry Laboratory or Clinical Chemistry Biomedical Scientist on call.
d) Microbiology Laboratory or Microbiology Biomedical Scientist on call.

2 If out with normal working hours the Haematology Consultant on call will notify the following from home before proceeding to the hospital:

a) Consultant Microbiologist
b) Consultant Biochemist
c) Diagnostic Service Manager

3 All Laboratory staff will, on arrival at Borders General Hospital, record their name, designation and time of arrival on one of the clipboards in the Main Reception Area of the hospital.

4 The Consultants and duty Biomedical Scientists will notify the Hospital Controller (telephone extensions 27511, 27512 and 27513) of their arrival at the Laboratory.

5 The first Biomedical Scientist to arrive will take charge until the arrival of the duty Consultant and will obtain a briefing on the situation by the Medical Controller (telephone extension 27514, 27515, 27516) or the Hospital Controller (telephone extensions 27511, 27512 and 27513).

Biomedical Scientist Duties

6 See individual Laboratory Major Incident operational policies.

Consultant Duties

7 On arrival at Borders General Hospital, contact the Major Incident Control Room (Occupational Therapy Workshop) to be briefed, arrange for extra Biomedical Scientist staff as necessary and liaise with Blood Transfusion Service (Edinburgh). Contact other Consultant Haematologists if possible.

8 It is anticipated that the Haematology Consultant on call will be present in Accident & Emergency at least initially, to act as a reference point for specimen requests and help in an assessment of their urgency, and act as a direct link with staff in the Laboratory.

9 If for any reason the Haematology Consultant is not present then medical staff in Accident & Emergency must liaise closely with Laboratory staff in terms of obtaining the most appropriate blood not only for the individual patient, but also in preventing the excessive use of Group O blood

Communications

10 The telephone in room 3PA14 Transfusion Practitioners office 01896 826226, will be the laboratory controllers contact number.

Major Incident Box

11 A Major Incident box is stored in the secretaries office and contains:

a) Telephone list of staff
b) Operational Policies
c) Telephone numbers of SNBTS (Components Lab and Clinical Directorate

Blood Samples

12 A pack containing all bottles and documentation in respect of blood samples will be attached to each Major Incident Record Card for use in the Accident & Emergency Department.

13 Each item will be pre-numbered with the Major Incident Record Card (MI) number. The MI number is used instead of the normal hospital number and will be the primary means of identification for laboratory samples and results.

14 Request forms and bottles may bear the name of the patient if known but is stressed that the MI number is the primary means of identification.

15 Blood samples should be taken from each patient with significant injuries while in Accident & Emergency. The doctor taking the sample should complete the request forms, indicating the degree of urgency as necessary.

Guidelines for the Issue of Blood in a Major Incident

16 It is important to at least ABO and Rhesus type patients before releasing group specific blood as an emergency in order to prevent the unnecessary depletion of blood group O.

17 It may be necessary in some situations of extreme urgency to issue unmatched group O blood. If so, give group O while determining the correct group and if no more than six units have been given then change to blood of the correct group.

Meal Breaks/End of Period of Duty

18 Biomedical Scientists should consult with the duty Consultant before discontinuing duty either for meals or at the end of a period of duty.

Routine Work

19 As time progresses and the scale of the incident becomes apparent, thought will have to be given to the deployment of staff over the following few days and it must be remembered that other emergency work not related to the incident must also be dealt with. Medical and senior laboratory staff will deal with this facet, as further information is made available.

Off Duty Staff

20 Do not telephone Borders General Hospital via the switchboard as this overloads the telephone system. You will be contacted by telephone if required. Listen to local radio and television - requests for staff will be made if required. If staff are away from home, contact can be made with the Laboratory by the direct line, telephone number 01896 26257.

21 All off duty staff should record their name, designation and time of arrival on one of the clipboards at the Main Reception Area of the hospital before reporting to their department.

Stand Down

22 Staff should not stand down until instructed by a supervisor.

SECTION 4/16

LAUNDRY

1 The Hospital Controller (on-call Manager/Administrator) will arrange for the call out of Laundry personnel if required. The Area Linen Services Manager, Assistant Linen Services Manager, Supervisor or Charge Hand should be contacted in that order.

2 Laundry personnel, on being called out for a major incident, should record their name, time of arrival and designation on one of the clip-boards at the Main Reception Area of the hospital, and thereafter the person to open the department should inform the Hospital Controller (telephone ext. 27511, 27512 and 27513) that the Laundry is open for the issue of linen to ambulances and porters.

3 **Open both Dirty Reception and Clean Reception up and over doors.**

Major Incident Linen Supply

4 A supply of linen is held in the linen bins located:

ITU (3)
X-Ray (1)
Wards: 4,5,6,7,8,9,10,11,15,16,17 (1 each)
A small supply is held within Laundry

Unavailability of Laundry Staff

5 In the event of no Laundry, staff being available a master key for the laundry is held within the telephone exchange.

Off Duty Staff

6 Do not telephone Borders General Hospital as this overloads the telephone system. You will be contacted by telephone if required. Listen to local radio and television - requests for additional staff will be made via the media if necessary

Stand Down

7 Staff should not stand down until instructed by a Supervisor.

SECTION 4/17

MEDICAL CONTROLLER

1 In the event of a major emergency the on-call Consultant Physician will undertake the role of Medical Controller.

Duties

2 **Report to Borders General Hospital Control Room and don** 'Medical Controller' **waistcoat.**

3 Confirm whether **'Major Incident'** has been confirmed or if 'Alert' only, by speaking to the Consultant in Charge/ Senior Nurse in A & E.

4 Notify Accident and Emergency Department, Royal Infirmary of Edinburgh, that a major incident has been declared. If incident is in south of area, consider notifying Cumbria Infirmary, Carlisle and Dumfries Royal Infirmary.

5 Confirm with Ambulance Incident Officer, or Scottish Ambulance Control that **Medic 1** is attending the incident scene.

6 Obtain a bleep (programmed to 27514) and mobile phone from Hospital Switchboard Office.

7 Liaise with Hospital Controller and Consultant in Charge A & E and ascertain who has been called in.

8 Liaise with the Consultant Anaesthetist on the provision of Site Medical Team. Contact Ambulance Control re transport and send team when major incident is confirmed. Liaise with Police re safe route.

9 Confirm with Hospital Controller that Chief Executive or on-call Executive Director, and on-call Consultant in Public Health Medicine have been informed.

10 In liaison with the Consultant in Charge in A&E, allocate medical staff as required, including the appointment of a Medical Co-ordinator in A&E, a Consultant to the Day Procedures Unit and a doctor to Outpatients Department. Consider Obstetric Senior House Officers and the use of local GPs in Outpatients if necessary.

11 Liaise with Medical Incident Officer, Ambulance Liaison Officer and Police Liaison Officer regarding estimated number of casualties, type of injuries and information regarding incident.

12 Identify number of beds required, and arrange discharges via decanting area (Physiotherapy Gymnasium) in liaison with Ambulance Service or relations, etc. Confirm arrangements to clear the DPU are in hand.

13 Confirm Outpatient clinics/routine procedures have been stopped, and areas cleared of non-essential patients and visitors.

14 Notify Emergency Bed Bureau, Lothian Health Board of major incident (telephone 0131 536 9000 or ex-directory 0131 662 1000).

15 Confirm that Middle Grade Medical Directorate receiving calls from GPs regarding routine emergencies has passed work location, direct dial telephone number and 'bleep' number to the Major Incident Control Room and Hospital Switchboard Operator. If not instruct a member of support staff to initiate inquiry to find out.

16 Arrange for Primary Care on call Manager to inform all Health Centres/Surgeries that a major incident has been declared and that the number referred to in paragraph 15 above should be used for routine emergencies. Liaise with Primary Care on call Manager regarding any assistance required, e.g. use of GPs/Community Nurses.

17 In the event of the Medical Incident Officer wishing to transfer casualties direct to Royal Infirmary of Edinburgh or Cumberland Infirmary, Carlisle, or Dumfries Royal Infirmary, notify the Accident & Emergency Departments at those hospitals and the Police Liaison Officer. Should casualties arrive at a Community Hospital, inform Police Liaison Officer.

18 Ensure movement of patients is recorded on patient tracking whiteboard in Major Incident Control Room and computer tracking system (TRAK CARE).

19 Keep Nurse in Charge of Theatres and Nurse in charge of Day Procedures Unit informed of situation re casualties.

20 Direct all enquiries from relatives and friends to the Casualty Bureau, Edinburgh, when this has been set up (telephone no to be announced, or to Police Headquarters, Edinburgh tel. no. **0131 311 3131).**

21 Enquiries from the Media should be directed to the NHS Borders Media Officer (Head of Communications and PFPI**,** or other Executive Director).

22 Chair regular meetings with Hospital Controller, Nursing Controller, Hospital Support Team Manager and Officer in Charge of Police Liaison Team to obtain an overview of how the management of the incident within the Hospital is progressing (see suggested agenda at Annex 'A' to this Section).

23 Ensure that there is sufficient staff in all specialties to deal with the workload long-term and after stand down.

24 Decide in conjunction with the Medical Incident Officer, Hospital Controller and Scottish Ambulance Service when NHS resources can be stood down. Ensure that all BGH wards and departments, and Primary Care facilities involved in the incident are informed of the stand down.

SECTION 4/17

ANNEX A

BGH MAJOR INCIDENT CONTROL ROOM CO-ORDINATING GROUP

1 Managing the response to a major emergency is a dynamic process, where events move quickly, and the situation can change by the minute. Whilst they may have to adopt a 'hands on' approach in the initial stages of an incident, the following key players should adopt a more hands off role and form a co-ordinating team, as more support staff become available:

i) Medical Controller (Chair)
ii) Nursing Controller
iii) Hospital Controller
iv) Hospital Support Team Manager
v) Primary Care on call Manager
vi) Officer in Charge of Police Liaison Team

2 Meetings should be focused and short, no more than 15-20 minutes. This should enable the key players to make an assessment of the areas for which they are responsible, and make managerial decisions with regard to allocation of staff, resources, patients etc.

3 The following areas should be considered for the agenda:

a) **C**-asualties: how many on way to BGH; nature of injuries; which other hospitals are receiving casualties?
b) **H**-azards: at the incident scene – chemical, fire etc. for information of Site Medical & Surgical Teams if sent.
c) **A**-ccess: for the Site Medical & Surgical Teams to the incident site; what is the best route; the most direct may not be available for some reason.
d) **L**-ocation: where exactly is the location of the incident?
e) **E**-mergency Services: those present at the scene; what additional medical resources are required?
f) **T**-ype of Incident: fire; explosion; building collapse; road accident etc.

g) Reports from BGH Departments:

- Accident & Emergency
- X-Ray
- Theatre
- ITU
- Laboratory
- Wards
- Other BGH Departments
- Media issues

SECTION 4/18

MEDICAL UNIT

Declaration of Major Incident

1 When a major incident is declared, the Hospital Switchboard Operator will inform the Consultant Physician on call. The Emergency Department/Orthopaedics Junior doctor will inform resident medical staff.

Consulting Physician receiving call

2 When the Switchboard Operator informs a Consultant Physician that a major incident has been declared, he/she will immediately contact a colleague and go to the Major Incident Control Room (Occupational Therapy Workshop) and assume the role of **Medical Controller**. If such a call is received when at home, the Consultant Physician will contact a colleague before leaving for the Hospital.

3 The second Consultant Physician informed will contact other available Consultants and non-residential Middle Grade Staff (if able to be contacted), informing them that a major incident has been declared, and requesting them to report to the Consultant Orthopaedic Surgeon in charge of the Accident and Emergency Department, BGH.

4 **On Call Staff** - The following staff are on call during the silent hours:

a) House Officer (resident)
b) 2 middle grade staff (resident)
c) Consultant on call from home

5 The 2nd Consultant Physician informed will report to the **Medical Controller** in the Major Incident Control Room, and in conjunction with the Medical Controller and the Consultant Orthopaedic Surgeon in charge of A & E, decide on the allocation of duties to Medical Directorate personnel, including Consultants and Staff Grades.

Duties

6 One of the Middle Grade Staff on call will receive routine calls for **ALL** specialties, and deal with emergencies arising in all other departments of the Hospital for the duration of the incident, or until otherwise directed by the Consultant Physician on call. If the Middle Grade Staff requires further assistance, the Consultant Physician on call will arrange this.

7 The Middle Grade Staff will inform the Medical Controller, Hospital Switchboard, and wards and departments of their work location, including the direct dial telephone number(s), and 'bleep' number.

8 The Primary Care on-call manager will inform all general practitioners of the major incident, and direct dial contact telephone number for Middle Grade Staff. General Practitioners will be told to contact the Middle Grade Staff, via this number, for all non-major incident emergencies.

9 Other Consultants, Staff Grade and Middle Grade staff, and FY's will report to the Consultant Orthopaedic Surgeon in charge of the Accident and Emergency Department, and assist with major incident casualties as requested, until otherwise directed.

10 Medical Directorate staff may be allocated to duties in Accident and Emergency, Day Procedures Unit, receiving wards for major incident casualties, Out Patient Department (walking wounded), or elsewhere as required.

Routine Work

11 As the scale of the Incident becomes apparent, the Head of Clinical Service, or in his/her absence, the Consultant Physician on call, will have to give thought to the deployment of staff for the duration of the incident and the following days.

Off duty staff

12 Do not telephone BGH via the switchboard as this overloads the telephone system. You will be contacted by telephone if required. Listen to television and local radio - requests for staff may be made in this way.

13 All off duty staff should record their name, designation and time of arrival on the clipboards provided in Main Reception Area of the Hospital, before reporting as detailed in paragraphs 5 and 9 above.

Stand Down

14 Staff should not stand down until instructed by a supervisor.

SECTION 4/19

MEDICAL RECORDS AND RECEPTION STAFF

1 The Manager in charge of Medical Records will arrange for the attendance of records and reception staff.

Summary of Functions

2 Staff will be deployed to the Accident and Emergency Department, Day Procedure Unit, Outpatient Department, X-Ray Department and Hospital Control Room to assist with the documentation of casualties and the recording of information. The Medical Records Manager (or senior member of staff) will inform the Hospital Controller (Tel. no. 27511) that staff are in attendance.

Area	Proposed Staffing Plan	Remarks
A&E	2	
OPD	1-2	
Control Room	2	
DPU	1	Excludes Ward Clerk cover
Runner	1	
Relatives Reception	1	
X Ray	1 *	

Call Out Lists

3 The exact number of staff required will depend on the nature of the incident and the number of casualties expected. This should be discussed between the Medical Records Manager and the Hospital Controller.

4 The Medical Records Manager will ensure that a list of all available staff is maintained and displayed in the Medical Records Department. This list must be kept up to date with, at least, quarterly checks. Copies will be provided to the Administration Department and Telephone Switchboard.

Major Incident Records & Completion at Accident and Emergency

5 Pre-numbered major incident record packs are available in the Major Incident Store. Staff will be allocated to issue these to casualties on arrival at Borders General Hospital. Each record pack contains the following pre-numbered items to ensure that casualties are correctly identified throughout the duration of the incident.

(a) Major Incident Record Card with self-carbon copies:

- 1st copy (blue) - to Hospital Control, then to Police
- 2nd copy (green) - to Medical Controller
- **(when casualty is ready to leave the A & E Dept)** 3rd copy (pink) - to Medical Records
- **(when casualty is ready to leave the A & E Dept)** 4th copy (white) - part of Patient Record **(stays with patient)**

(b) blood transfusion request form	(h) Tie-on label
(c) X-Ray card	(i) Stick-on label
(d) Envelope for patient's valuables	(j) Identity bracelet
(e) Envelope for dentures	(k) Microbiology forms
(f) Specimen bag	(l) Haematology forms
(g) Bio-hazard bag	(m) Clinical Chemistry form
	(n) Blood sample bottle

Procedures

6 A Major Incident Record Card must be allocated to each patient on admission. The pre-numbered tie-on label and identity bracelet from the pack must be attached to each casualty at the earliest opportunity. Any patient details, which can be obtained at this time, should be entered on the record. The top **(blue)** copy of the Major Incident Record Card should be handed to the person allocated to deliver forms to the Control Room, with the other three parts of the record remaining with the patient, or placed in the filing tray provided for this purpose.

Dead-on-Arrivals

7 It is important that any casualty certified 'dead-on-arrival' at the Accident and Emergency Department is issued with a Major Incident Record Card and a pre-numbered identity bracelet and label attached before the body is taken to the Mortuary. The death should be recorded on the record.

Hospital Control: White Board & Computerised Major Incident System

8 The patient tracking white board, which will be posted in Major Incident Control Room, will be maintained by Medical Records staff who will take details from the Major Incident Record Cards as these are delivered to the Control Room.

9 As additional information is obtained about the casualties at the Day Procedure Unit, Outpatient Department, X-Ray, A & E or elsewhere, this should be input into the Major Incident System or communicated to the Major Incident Control Room to ensure that the Control Room's information is as up to date as possible.

10 The laptop which is retained in Medical Records Room 2MR2 should be taken to the Major Incident Control Room by Medical Records staff and connected to the network via the network point on the outer window wall. The staff should use their normal log-on name or password to access Track Care and, key in MAJOR to access the system. Operational instructions for the system are held in the laptop case and, in the Medical Records Procedures Manual.

11 The functionality of the laptop and network connection should be checked at least quarterly and a record maintained of these checks. Details of the operational instructions on the use of the computerised Major Incident System are in the laptop case.

Off Duty Staff

12 Should not telephone Borders General Hospital as this overloads the telephone system. You will be contacted by telephone if required. Listen to local radio and television - requests for staff may be made via the media.

13 All personnel should record their name and time of arrival on one of the clipboards provided at the hospital reception desk.

Stand Down

14 Staff should not stand down until instructed by a supervisor.

SECTION 4/20

MORTUARY

1 The Laboratory Manager has responsibility for the Mortuary.

2 When a major incident/emergency is declared, the telephonist will contact the Laboratory Consultant (on call) who will in turn contact the Laboratory Manager. The duty Microbiologist BMS is also contacted by the telephonist who will in turn contact the Mortuary Technician who will attend when available.

3 All personnel reporting for duty will record their name, designation and time of arrival on the clipboard at Main Reception Area of the hospital before reporting to the Laboratory. The Laboratory Manager and Mortuary Technician will report their arrival to the Hospital Controller in the Hospital Control (Tel. Nos. 27511, 27512 and 27513) on arrival.

Security

4 The Hospital Controller will arrange for a member of staff (other than Mortuary staff) to control access to the main double door to the Mortuary. The Hospital Controller will arrange for a briefing card to be handed to this person, with verbal emphasis that no unauthorised person should be admitted to the Mortuary. Only members of the Police Documentation Team, Pathologist and staff, Procurator Fiscal and staff, Hospital Support Team, Mortuary staff and relatives will be admitted. They will carry either Health Service ID cards, police warrant cards or suitable identification, with the exception of relatives who will be accompanied by a Hospital Support Team member.

5 No relatives will be admitted unless accompanied by a member of the Hospital Support Team. Special attention must be paid to members of the press attempting to gain unauthorised access and it is known that they may pose as doctors, hospital personnel or relatives of deceased to do so. Any attempt at unauthorised entry should immediately be reported to the Hospital Controller.

6 All doors, including the overhead hearse entrance doors, must be kept locked. The overhead door should only be opened when access/egress is required.

Duties

7 Assess storage capacity available - space is available for up to 38 bodies (or 48 if there are to be NO PMs), which will be stored using the following priorities as space permits. Request additional body bags from the Area stores.

8 Reconfigure the fridge storage space if possible to accommodate the 6 spare trays at floor level. This gives a refrigerated capacity of 24.

i) Routine refrigeration bays (15)
ii) Infected refrigeration bays (3) unless already being used by police
iii) Floor level trays (6)
iv) PM room leaving central area free (4 on tables 4 on floor 2 on back dissecting tables) total 10. **Not available if PMs to be performed at BGH.**
v) Viewing room, bed moved to main corridor (8)
vi) Body store old trolley, one inside, one on top (2)
vii) Hearse entrance area (4)

9 Bodies removed from the scene of the incident will not be brought to Borders General Hospital, but will be taken to temporary mortuary facilities arranged by the police. Only those who are found to be 'dead on arrival' at Borders General Hospital, and those who die in hospital will be stored in the Mortuary.

10 Each person admitted to the hospital including those 'dead on arrival' will be issued with a Major Incident Record Card, consecutively numbered, by personnel at the Accident and Emergency Department. Bodies arriving at the Mortuary should have a plastic identification bracelet attached to a limb and showing the appropriate major incident number. A Major Incident Record Card with the same number should accompany the body. Any known details should be added to the Major Incident Record Card and the top three copies removed and sent to the Hospital Control room, so that details of those in the mortuary are known.

11 The Mortuary register will be completed for each body with the major incident number being recorded in the Unit number column.

Identification of Bodies and Viewing

12 A Police Enquiry team (CID) will attend at the Mortuary to deal with any bodies connected with the major incident. Bodies should not be stripped or searched, this being the responsibility of the police.

13 Relatives will be met in the Day Hospital and escorted by a member of the Hospital Support Team (Chaplain, Macmillan Nurses, Occupational Health, Social Work and Palliative Care). The Support Team will arrange with Police Mortuary staff to view/identify a body and will accompany relatives to and from the Mortuary, providing assistance as required. Identification must take precedence over viewing if priorities need to be made.

14 The viewing room should be used for identification purposes when practicable. The area used to store the body trolley can be screened off and identification made using a trolley if necessary.

15 Viewing should whenever possible be put off until the viewing room is free.

16 Mortuary staff will inform the member of staff on door security duties, when to expect relatives, giving names where possible.

Release of Information

17 Requests for information from the media should be referred to the Head of Communications and PFPI located in the Education Centre. Mortuary staff should, under no circumstances, release any information to callers.

Post Mortems

18 Pathologists or Forensic Pathologists may arrive at an early stage to commence post mortem examinations. Mortuary staff will be required to assist and if necessary, the Hospital Controller may be approached to make staff available for duties normally undertaken by Mortuary staff. Alternatively, all bodies may be taken to the Police temporary mortuary by arrangement with the Procurator Fiscal, if it is decided to carry out all post mortem examinations there.

General

19 The Laboratory Consultant/Laboratory Manager will assess the situation and arrange staffing during a prolonged incident. It may be necessary to consider mutual aid from NHS Lothian if a large number of bodies were brought to the hospital. The Laboratory Consultant/Laboratory Manager will monitor the situation in the Laboratory and Mortuary staff should not leave the Mortuary without permission. Staff should not stand down until instructed by a supervisor.

20 A key for the Mortuary is held by the portering staff. When no Mortuary attendants are immediately available, the Laboratory Manager in conjunction with the Hospital Controller will arrange for a member of the portering staff to attend at the Mortuary and record the arrival of bodies.

Off Duty Staff

21 Do not telephone Borders General Hospital as this overloads the telephone system. You will be contacted by telephone if required or by appeals for staff on local radio or television.

22 The Laboratory Manager should ensure that details of Mortuary attendants' home addresses and telephone numbers are readily available in the Laboratory to enable call outs to be made.

SECTION 4/21

NURSE MANAGEMENT - Nursing Controller, Nursing Co-ordinator, and Nurse in Charge of Allocation

Nursing Controller – Associate Director of Nursing, BGH, Clinical Service Manager/Head of Midwifery/Operational Manager, Senior Nurse on Duty

NB: In the absence of the Associate Director of Nursing, BGH, or a Clinical Service Manager/Head of Midwifery, the Senior Nurse on Duty in the Hospital must undertake this role.

Please note: Where reference is made to a nurse, this includes nurses and midwives

1 When the FY2, Orthopaedics/Emergency on call is not immediately available, the Senior Nurse on duty for the Hospital will accept notification of the major incident from the Police, or the Scottish Ambulance Service.

2 Once he/she has confirmed with Lothian and Borders Police Force Communications Centre, or Ambulance Control (by Dialling 999) that the call is genuine, will immediately instruct the telephone operator to put into action the Major Incident Procedure and inform the FY2 Orthopaedics/Emergency Department.

Duties

a) On being notified that a major incident has been declared, the **Senior Nurse on Duty for the Hospital** will:

b) Collect 'Nursing Controller' waistcoat from Major Incident Store 1 ME14A and obtain a bleep.

c) Inform **General Services Department** that major incident has been declared and instruct them to follow their departmental plan. Obtain assistance of porters to bring the Hospital Major Incident Control Room (Occupational Therapy Workshop) into operation. **(see General Services Department - Section 4/11, for equipment).**

d) Advise the nurse in charge of Anaesthetics that a major incident has occurred.

e) Allocate a senior nurse to act as Nursing Co-ordinator in Emergency Department (Room 1AE31) until relieved.

f) Allocate a senior nurse to act as Nurse in Charge of Allocation in the Committee Room, Administration Department, until relieved.

g) Arrange for the Day Procedures Unit to be cleared and made ready to receive casualties from the major incident. Arrange for other Wards to receive major incident casualties who cannot be accommodated in the Day Procedures Unit, with arrangements being made to decant patients as required. A flexible approach should be adopted. When DPU is closed and in liaison with Nurse in Charge of the Anaesthetic Department, appoint a Senior Nurse in Charge of Day Procedures Unit.

h) Appoint senior nurse(s) and runners to assist you in the Major Incident Control Room

i) Mobilise all available nurses within the hospital by contacting the unit bleep holder inform them of the major incident and request the following:

i) They send all available nursing staff to nurse in charge of allocation in Committee Room 2AD15.

ii) Send names of all nurses on duty to nurse in charge of allocation in Committee Room 2AD15 (to assist call out of off-duty staff).

iii) Clear wards of visitors. Exception can be made for close relatives visiting patients who are very ill and those staying with a child patient.

iv) Instruct them to obtain and report to the Nursing Controller the current bed state for each ward.

j) Assist the Medical Controller as required.

k) Notify those senior nursing personnel who are off duty (Associate Director of Nursing, BGH, and Clinical Service Managers/Operational Managers).

l) Inform **Nurse in Charge of Allocation,** of nursing staff requirements as per request of Nursing Co-ordinator.

m) Obtain bleep number allocated to Consultant/Middle Grade Medical Unit from Medical Controller, and arrange for all Wards to be notified that he/she will deal with all routine emergencies in the hospital and enquiries from General Practitioners.

3 Nursing Co-ordinator - Accident & Emergency Department

Confirm that the Nurse in Charge, Accident & Emergency Department has been informed and is preparing to receive casualties.

a) Liaise with the Nurse in Charge of Accident & Emergency and Nursing Controller regarding nursing requirements.

b) Ensure that Out-Patients Department and Day Hospital are staffed and ready to deal with casualties and discharge of casualties respectively.

c) Ensure that Major Incident Record Cards are brought from the Major Incident Store (opposite telephone switchboard from where key can be obtained) and that Medical Records and/or nursing staff are allocated to issue these to each casualty on arrival in A&E.

d) Ensure that top copies (blue) of Major Incident Record Cards are being removed as soon as the casualty has been triaged. (They may only have sex and approximate age recorded at this stage). Arrange for these forms to be taken as soon as possible to the Hospital Controller, appointing a member of staff to this duty.

e) Ensure 2nd **(pink)** and 3rd **(green)** copies of Major Incident Records Cards are removed when casualty leaves Accident and Emergency and are taken to the Hospital Controller.

f) Ensure that staff are positioned as observers in Accident & Emergency to track the progression of patients for Hospital Control.

g) Arrange for trolleys to be returned to A & E by door from main foyer, not by Radiology Department corridor.

h) Ensure ambulance equipment is released as soon as possible.

4 Nurse-in-Charge of Allocation Room 2AD15 (extensions 27509 and 27510)

a) Allocate nursing staff as per instructions of Nursing Controller.

b) Mobilise additional nurses in case they are required and instruct them to report to the Committee Room, Administration Department. Liaise with Nurse in Charge, Anaesthetic Directorate, re staffing of Day Procedures Unit.

c) Liaise with Nursing Controller as to grade and number of staff available and record where and time nursing staff seconded to area of request.

d) In conjunction with Nursing Controller, consider staff for following shifts, remembering that a major incident can continue over many hours, with staff implications over a longer period.

e) Consider requesting additional nursing staff from Primary & Community Services (P&CS) or the Mental Health and Learning Disability Network via the on call managers for these areas. (Details of managers on call can be obtained from the BGH Switchboard Operator).

SECTION 4/22

OCCUPATIONAL HEALTH

See Section 6/3 **Borders General Hospital Support Team**

SECTION 4/23

ORAL SURGEON

1 When a major incident is declared, the hospital telephonist will inform the Associate Specialist Oral Surgeon.

2 The Associate Specialist Oral Surgeon will report to the Medical Controller in the Hospital Control room (Occupational Therapy Workshop) and receive an update on the situation. Depending on the nature of the incident and the type of injuries expected, the Associate Specialist Oral Surgeon will be allocated duties.

3 Should there be no injuries requiring the specific skills of the Associate Specialist Oral Surgeon, he/she will be allocated other appropriate duties.

4 The Associate Specialist Oral Surgeon will call out staff as appropriate.

Routine Work

5 On a major incident being declared all routine work in the hospital is cancelled. As the scale of the incident becomes clear thought must be given to routine work on ensuing days

Off Duty Staff

6 Do not telephone Borders General Hospital via the switchboard as this overloads the telephone system. You will be contacted by telephone if required. Listen to television and local radio - requests for staff may be made in this way.

7 All off duty staff should record their name, designation and time of arrival on the clipboards provided in Main Reception Area of the hospital, **before** reporting as detailed in paragraph 2 above.

8 **Stand Down**
Staff should not stand down until instructed by a supervisor.

SECTION 4/24

OUT PATIENTS DEPARTMENT

1 The Clinical Service Manager, for the Surgical and Orthopaedic Specialties is responsible for the overall operation of the Out-Patient Department. During a major incident/emergency a Senior Nurse will be appointed to this position by the Nursing Co-ordinator and will also be responsible for the Day Hospital.

Declaration of Major Incident/Emergency

2 During normal opening hours the Senior Nurse on duty in Outpatients, and at other times, the Senior Nurse appointed by the Nursing Co-ordinator, will be informed by the Nursing Co-ordinator, that a major incident/emergency has been declared.

Preparation

3 The Senior Nurse will prepare the Out-Patient Department by the following actions:

a) Clear Out-Patient Department by expediting examination and treatment of urgent cases and sending non-urgent cases home with instructions to contact their general practitioner.
b) Cancel all clinics and clear department of non-essential staff.
c) Prepare whole department to receive a large number of minor casualties (depending on information received).
d) Outwith normal opening hours, nursing staff will be allocated by the Nurse in Charge of allocation after discussion with the Nursing Co-ordinator.

Admissions and Discharge

4 All casualties will have been admitted through the Accident & Emergency Department where triage will be carried out. Seriously injured patients will remain in the Accident & Emergency Department, while those with minor injuries will be taken to Out-Patient Department. While in Accident & Emergency Department each casualty will be issued with a pre-numbered Major Incident Record Card and a pre-numbered identification bracelet and label.

5 The Major Incident Record Card will accompany the patient to Out-Patient Department where the record will be completed, if this has not already been done in the Accident & Emergency Department. **After completion the top three copies must be detached and passed by runner to the Control Room without delay (in batches as required).** Card **white** copy remains with patient.

6 After treatment the patient will either be detained for further treatment or, in most cases, discharged. When the patient is ready for discharge, he/she should be taken to the Physiotherapy Outpatient Treatment room together with the white card copy of the Major Incident Record Card, via the internal fire escape stairway.

7 Police and Hospital Support Team staff will be present in this room and in the Day Hospital to record discharge details, arrange counselling if required or give other assistance as required. When the patient is discharged the Major Incident Record Card should be passed to the Control Room, showing that the casualty has been discharged.

Treatment

8 **Casualties should be fully examined by the doctor(s) allocated this task and injuries treated.** Non-urgent X-rays should be deferred until the Major Incident/Emergency is over.

Call Out List

9 The Clinical Service Manager will ensure that a departmental call out list is maintained, kept up to date and quarterly checks initiated.

Off Duty Staff

10 Do not telephone Borders General Hospital as this overloads the telephone system. You will be contacted by telephone if required. Listen to local radio and television - requests for staff will be made via the media if required.

Reporting for Duty

11 All off duty staff should record their name, designation and time of arrival on one of the clip-boards at the Main Reception Area of the hospital before reporting to their Department, or in the case of nursing staff to Committee Room 2AD15.

Stand Down

12 Staff should not stand down until instructed by a supervisor.

SECTION 4/25

PAEDIATRICS AND COMMUNITY CHILD HEALTH

Declaration of a Major Incident

1 The senior nurse on duty from the Nursing Controller will normally receive notification that Major Incident/Emergency has been declared. The hospital telephonist and/or the Paediatric FY2/Registrar/Advanced Paediatric Nurse Practitioner (APNP) will contact the Consultant Paediatrician on call.

On Call Staff

2 The following staff are on call during the silent hours:

(a) Paediatric FY2, Registrar or APNP
(b) Paediatric Consultant on immediate call from home.

3 The FY2/Registrar/APNP on call should tour Ward 15 with the senior nurse and assess patients for immediate discharge home, including children awaiting elective surgical procedures in Ward 15. The FY2/Registrar/Advanced Neonatal Nurse Practitioner (ANNP) should then tour SCBU with the senior nurse and assess patients, who can be safely transferred to Ward 17. These should include babies admitted principally for problems with feeding, BUT these babies should only be transferred to Ward 17 if the cause for their feeding problems has been investigated or, alternatively, if they have been stable under observation for a reasonable period of time.

Action

4 FY2/ Registrar on call/APNP - take all emergency calls concerning paediatric patients from GPs. Arrange admission of and treatment for these patients, who should be taken directly to Ward 15. Neonates within the first two weeks of life can be admitted to the isolation cubicle in SCBU. In view of the fact that the labour suite might be converted to an emergency obstetric theatre, the Paediatric FY2/Registrar/ANNP should liaise with the middle grade obstetric staff, to ensure Paediatric cover for obstetric emergencies.

Consultant

5 The Consultant on call should contact one other Paediatric Consultant from home before leaving for the hospital. The second Consultant informed will contact other Consultants and middle grade staff in Paediatrics and Community Child Health. (It is the duty of the Paediatric secretarial staff to provide each of the Paediatric/Community Paediatric/Child Psychiatry Consultants with an up dated list of contact telephone numbers for all of the medical staff in Paediatrics and Community Child Health on a quarterly basis.)

6 On arrival at the hospital, the duty Consultant will report to the Medical Controller in the Hospital Control Room. Thereafter, the duty Consultant should tour Ward 15 and SCBU to assess patients, at the request of the Paediatric FY2/Registrar/APNP/ANNP on call. The duty Consultant should liaise with the Child Health bleep-holder to ensure optimal co-ordination of services and use of facilities. Thereafter, the duty Consultant should report back to the Medical Controller and be available for the clinical assessment of patients in Accident and Emergency or Day Procedures Unit as required.

Suggested duties for Off Duty Medical Staff

7 Consultant, middle grade staff and APNP's would be most usefully employed in assessing paediatric casualties in Accident and Emergency and the Day Procedures Unit. Members of the Community Child Health Department would be most usefully employed within the soft play area. These staff members can provide a service particularly to children who have been separated from the families during the major incident.

Child Health Bleep-holder

8 In the event of a major incident being declared, staff and volunteers called to the hospital at short notice may require childcare facilities. In addition, children involved in a major incident who have minor injuries, but where their accompanying adults have been seriously injured or have died, or have been separated from the child, need particular attention. Once it has been determined that these children do not require medical treatment, they should be moved to a safe and friendly environment until they can be reunited with relatives. When notified that a Major Incident has been declared, the Child Health bleep holder should take the following actions:

i) Liaise with FY2/Registrar/APNP and Consultant on call to co-ordinate Services and use of facilities.
ii) Liaise with Nurse in Charge of Allocation re allocation of staff.
iii) Arrange for Paediatric play leader to organise and manage a childcare facility within the soft play area.
iv) Contact members of the community child health department and child Psychiatry Department, Occupational Therapy and Physiotherapy Departments to assist with this facility.
v) Ensure telephones in the department are constantly manned.

Off Duty Staff

9 Do not telephone Borders General Hospital via the switchboard, to avoid overloading the telephone system. Ensure that you are available at your emergency contact telephone number, as listed in departmental records. Listen to the local radio and television - requests for staff may be made in this way.

10 All off duty staff should record their name, designation and time of arrival on one of the clipboards provided in Main Reception area of the hospital, before reporting to their department, and to the Medical Controller in the Hospital Control Room for allocation of duties.

Stand Down

11 Staff should not stand down until instructed by a supervisor.

SECTION 4/26

PALLIATIVE CARE

See Section 6/3 **Borders General Hospital Support Team**

SECTION 4/27

PHARMACY

1 The Director of Pharmacy or the most senior pharmacist on duty will act as pharmacy co-ordinator.

2 In the event of a major incident/emergency occurring outside normal hours, the hospital telephonist will contact the 'on-call' Pharmacist, who will assume the role of Pharmacy Co-ordinator until a more senior colleague reports for duty.

3 The Pharmacy Co-ordinator will report to the department and inform the Medical Controller (ext 27514, 27515, 27516).

4 The 'on-call' Pharmacist will contact the most senior pharmacist available who will take over the role of pharmacy co-ordinator after reporting for duty.

5 The Pharmacy Co-ordinator will be responsible for:

(a) identifying the nature of the accident;
(b) determining the estimated number of casualties;
(c) determining the likely time of arrival of casualties;
(d) calling out additional staff;
(e) allocating staff to specific tasks (see Annex 'A' to this Section);
(f) arranging a departmental briefing once the Major Incident is over.

Telephone - Off Duty Staff

6 Off duty staff should not normally be required to telephone the hospital as a call out system will be operated. However, if a member of staff is not at home, contact may be made using the direct telephone lines (Galashiels 826613, 826611, 826607). Listen to local radio and television - requests for additional staff may be made via the media if necessary.

Reporting for Duty

7 All off duty staff should record their name, designation and time of arrival on one of the clipboards at the Main Reception Area of the hospital before reporting to the Pharmacy

Stand Down

8 Staff should not stand down until instructed by a supervisor.

SPECIFIC TASKS

Pharmacy Casualty Organiser

9 The pharmacy casualty organiser ensures that appropriate drugs are available in the casualty department. He/she may remain in the Accident & Emergency Department to oversee drug usage and to provide advice on dosage and administration. (This will be a clinical pharmacist).

Distribution and Dispensary Co-ordinator and Ordering Clerk

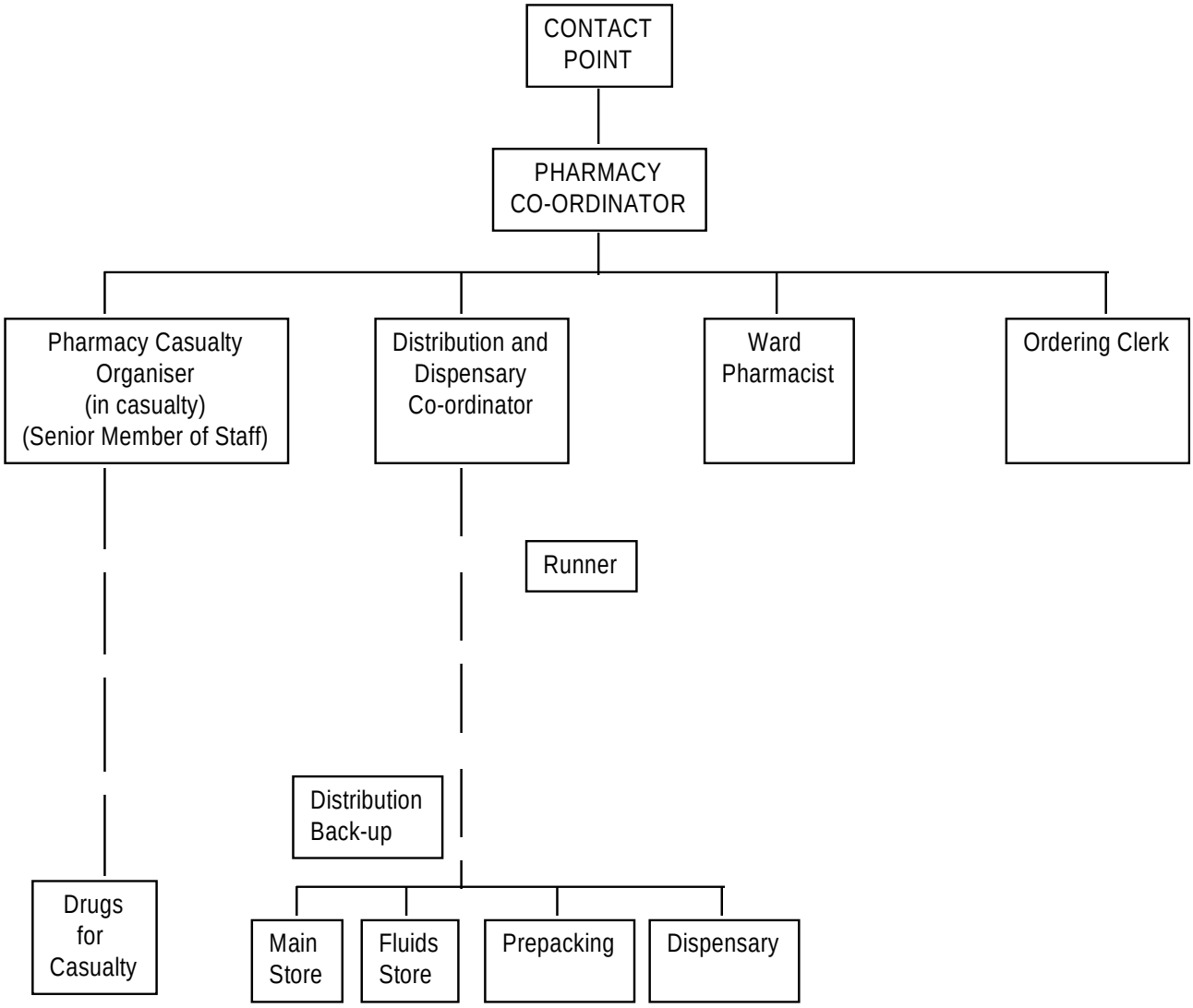
10 The dispensary and distribution co-ordinator liaises with the ordering clerk to ensure that the appropriate drugs and intravenous fluids are available to supply casualty and the wards receiving admissions. Arrangements are also made to pre-pack discharge drugs for dispensing to casualties who are not being admitted to hospital.

Ward Pharmacist(s)

11 Ward pharmacist(s) visits appropriate wards to find out the number of patients being discharged or transferred to other wards. He/she then ensures that take home prescriptions are written and dispensed as quickly as possible. Patients may also be transferred from the intensive care unit to wards, which are not used to caring for critically ill patients. The ward pharmacist makes sure that these wards are supplied with the necessary drugs.

PHARMACY

SECTION 4/27
APPENDIX A



SECTION 4/28

PHYSIOTHERAPY

1 Physiotherapy staff have skills which would enable them to assist in a variety of ways during a major incident. In particular their knowledge of treating soft tissue injuries and first aid procedures would be of use in the treatment of casualties with minor injuries in 'Out Patient' Department, while their expertise in assisting with respiratory care techniques could be used as required. Their lifting and handling skills, ability to deal with members of the public and knowledge of the hospital will enable physiotherapy staff to assist with patient supervision in X Ray, Out-Patient and other areas of the hospital as required, or as runners between departments.

2 The Physiotherapy Gymnasium has been identified as a waiting area for patients being decanted from the Borders General Hospital to Community Hospitals or other accommodation to make bed space available for major incident casualties.

3 The Physiotherapy Outpatient Treatment Room will be used as a waiting area for the 'walking wounded' casualties after they have been discharged from the Out Patient Department and prior to their being interviewed by the Hospital Support Team.

4 When a major incident is declared during normal working hours the Physiotherapist in charge within the BGH will consult with the Nurse in Charge of Allocation (Room 2AD16 - telephone extension 6043) regarding the use of Physiotherapy staff.

Call-out

5 At all other times, the 'on call' Physiotherapist will be called out by the Hospital. Telephonist from the Physiotherapy Department 'on call' rota held in the Telephone Exchange. Before leaving for the hospital the 'on call' physiotherapist will inform the most senior member of staff available by telephone. The senior member of staff will on arrival at Borders General Hospital, consult with the Nurse-in-Charge of Allocation (Room 2AD16 - Telephone Extension 6043) as to duties for staff and call out further members of staff as appropriate.

Physiotherapy Department Staff Telephone numbers

6 The Head of Profession for Physiotherapy will ensure that a list of telephone numbers of all members of staff is maintained within the Major Emergency Procedures manual, which will be retained in a prominent position in the Department.

Off Duty Staff

7 Do not telephone Borders General Hospital as this overloads the telephone system. You will be contacted by telephone if required or alternatively requests for staff may be made by local radio and television.

Reporting for duty

8 All off duty staff should record their name, designation and time of arrival on one of the clipboards provided in Main Reception Area of the hospital before reporting to the Nurse in Charge of Allocation (Administration Department Committee Room, 2AD15).

Stand Down

9 Staff should not stand down until instructed by a supervisor.

SECTION 4/29

DEPARTMENT OF RADIOLOGY

1 Out of hours the Consultant Radiologist 'on call' will be responsible for the running of the Radiology Department during a major incident. Until their arrival the Radiographer on standby will assume control and immediately call in the second on-call CT Radiographer who will immediately inform by telephone the most senior Radiographer available of the situation. During working hours the Lead Radiologist and Lead Radiographer or their deputies will assume control

Declaration of a Major Incident

2 Notification that a major incident/emergency has been declared could be received from Lothian and Borders Police or the Scottish Ambulance Service, or any other source. The Consultant Radiologist 'on call' and the Radiographer 'on standby' (out with the working day) will be informed by the hospital Telephonist. The Consultant Radiologist 'on call' will notify another Consultant Radiologist at home who will cascade to the remainder of the Consultant Radiologists. The most senior Radiographer contacted will assess the situation as below before initiating the 'cascade' call out system of staff from Radiology Department call out list.

Preparation

3 The Consultant Radiologist/ Senior Radiographer will prepare the Radiology Department by the following actions:

a) Review the cases awaiting examination and prioritise into urgent and non-urgent.

b) Clear the Radiology Department by expediting examination of urgent cases and sending non-urgent cases home.

c) Review the nature of the emergency and decide which staff to call in and which staff to place on stand by.

d) Prepare whole of the main department for examination of casualties. When the second on-call radiographer arrives they will open up CT.

e) Allocate staff to specific tasks as required.

Liaise with Consultant in Charge of the Emergency Department (ED), or Medical Co-ordinator in ED on a regular basis regarding the number of casualties requiring imaging. Arrange with Medical Co-ordinator in ED to ensure that staff prioritises Radiology requests. Request that low priority cases such as the walking wounded and others with less serious injuries be delayed until the emergency is over. Also emphasise that initial imaging requests should not be for the whole range of the patient's injuries, but should be restricted to those which are absolutely necessary at that time.

Admission and Examination

4 Each casualty will have been admitted via the Emergency Department and issued with a pre-numbered Major Incident Casualty Record Card and an identification bracelet bearing the same number.

5 Patients should be booked onto the Radiology Information system (RIS) following the procedure for creating a RIS file for unknown patients using Data sent over from the Emergency Department to fill the name and date of birth fields. X-Ray examinations will be carried out in the Radiology Department whenever possible. When the need arises due to the condition of the casualty, X-Ray examination will be carried out in the Emergency Department, Day Procedures Unit or Ward as necessary, using the portable X-Ray equipment. Images should be sent to PACs and patients will be merged with their permanent CHI at a later date. A Consultant Radiologist should be available to give immediate and definitive reports on as many patients as possible.

Reporting

6 The initial result of the examination will be dictated onto the RIS using the temporary CHI generated by the RIS and unique identifiers given by the Emergency Department. These are generated when patient details and permanent CHI are not available. This report can be accessed either through PACs when viewing the images or on the Radiology Information system (RIS).

7 The Major Incident patient request will be retained in the Radiology Department so that all details can be updated at a later time on RIS and PACS.

Call Out List

8 An up to date call out list of all staff will be maintained by the Radiology Department and retained in the on call folder. The Superintendent Radiographer will ensure that this is kept up to date**.**

Off Duty Staff

9 Do not telephone Borders General Hospital as this overloads the telephone system. You will be contacted by telephone if required. Listen to local radio and television - requests for staff will be made via the media if required.

Reporting for Duty

10 All off duty staff should record their name, designation and time of arrival on one of the clip-boards at Main Reception Area of the hospital before reporting to their Department.

Stand Down

11 Staff should not stand down until discussed with a Superintendent Radiographer.

SECTION 4/30

REPRODUCTIVE MEDICINE AND MIDWIFERY

Declaration of a Major Incident

1 Notification that a major incident/emergency has been declared will normally be received by the senior nurse on duty from the Nursing Controller. The Consultant Obstetrician/Gynaecologist (on call) will be contacted by the hospital telephonist and/or the Obstetric Middle Grade.

On Call Staff

2 The following staff are on call during the silent hours:

- FY2
- Middle Grade (Resident)
- Consultant on immediate call from home

Preparations

3 The FY2 first on call should tour the obstetrical and gynaecological wards with the senior nurse and assess patients for immediate discharge home.

Action

4 **FY2 first on call** - take all emergency calls concerning obstetrical and gynaecology patients from GPs. Arrange admission of and treatment for these patients who should be taken directly to third floor wards. (Liaise with the Middle Grade Staff, Medical Unit allocated to deal with non major incident calls).

Obstetric Middle Grade

5 On being notified that a major incident has been declared, immediately telephone the on-call Consultant and request his presence in the hospital. Inform hospital telephonist that this has been done to prevent second call being made by telephonist during hospital call out.

Consultant

6 During the silent hours the Consultant on call should contact one other Consultant from his department, from home, before leaving for the hospital.

Duties

7 On arrival of the on-call Consultant in the department and the Obstetric Registrar should report to the Medical Controller in Hospital Major Incident Control Room (Occupational Therapy Workshop).

8 In the early stages of the incident the Medical Controller will be the Consultant in Charge in the Accident & Emergency Department. The Registrar should make himself/herself available for duties as required. (It is suggested that this Registrar would be most usefully deployed as an assistant in the operating theatres).

9 The on-call Obstetric Consultant should assess all patients in the labour ward with the FY2. The Consultant will check the arrangements for converting the delivery room into an emergency obstetric theatre, to enable all five theatres to be used during the major incident. He/she will take direct control over the labour ward and supervise the SHO in clearing beds.

10 If not required for immediate duties in the labour ward or obstetrical or gynaecological wards, the on-call Consultant should report to the Medical Controller, who will allocate a role CONSISTENT WITH THE DUTY CONSULTANT'S IMMEDIATE AVAILABILITY TO THE LABOUR WARD.

Routine Work

11 As the scale of the incident becomes apparent, thoughts will have to be given to the deployment of staff over the following days.

Off Duty Staff

12 Do not telephone the Borders General Hospital via the switchboard as this overloads the telephone system. You will be contacted by telephone if required. Listen to local radio and television - requests for staff may be made this way.

13 All off duty staff should record their name, designation and time of arrival on one of the clip boards provided at the Main Reception Area of the hospital, before reporting to their department and report to the Medical Controller in the Major Incident Control Room, for allocation of duties.

Suggested Duties for Off Duty Staff

14 Consultant and middle grade staff could be most usefully employed either in operating theatres assisting the General Surgeons or in support of previously triaged patients in the Day Procedures Unit or Ward 8. Obstetric FY2'S could be employed treating minor casualties in the Out Patient area.

Stand Down

15 Staff should not stand down until instructed by a supervisor.

SECTION 4/31

RESIDENT MEDICAL STAFF

1 All resident Medical Staff, on being notified of a major incident/emergency, will report to Borders General Hospital and follow the instructions for their department.

2 Record arrival on the clip boards in the Main Reception Area of the hospital.

3 In the absence of a specific instruction for their department, report to the Medical Controller for instructions.

4 Do not stand down until instructed to do so.

SECTION 4/32

SITE MEDICAL TEAM

1 A Site Medical Team is sent to the scene of a major incident except when the Medical Controller has been asked by the Medical Incident Officer **not** to send a team or there are inadequate anaesthetic resources to provide a team. The Anaesthetic Co-ordinator will nominate an Anaesthetist to lead the Site Medical Team and liaise with the Nurse in Charge of Theatres in selecting the team.

Composition of Team

2 The Site Medical Team will comprise a Consultant/Staff Anaesthetist and up to 5 nurse /ODPs.

3 As soon as the Site Medical Team is nominated, they should be directed to the Major Incident Equipment Room to select clothing and make all equipment packs ready for transport to the scene.

4 The clothing which will be worn is as follows:

- Anorak with detachable lining
- Coverall
- Waterproof trousers
- Safety boots
- Safety helmet with lamp (size adjustable)
- Leather gloves

5 The clothing is in a variety of sizes with identity badges showing 'DOCTOR' and 'SITE MEDICAL TEAM, BORDERS GENERAL HOSPITAL'.

Equipment

6 The Site Medical Team will be responsible for taking a range of rucksacks containing the necessary equipment and drugs, plus nurses' bags and hampers containing blankets and other equipment to the scene. **Morphine and Suxamethonium should also be collected from the A & E Dept.** The equipment will be kept in the Major Incident Equipment Room in the well of the stairway to Out-Patients Department on the ground floor main corridor. (Blanket hampers in laundry). A checklist will be kept in the room.

7 One cellular telephone should be uplifted from the Hospital Controller for use by the Medical Incident Officer while three hand held radios should be uplifted from the Estates and Facilities Department for use by the Medical Incident Officer, Site Medical Team leader and doctor in charge of Casualty Clearing Station. The contents of the rucksacks and Nurses bags are shown in Appendices A & B to this Section.

Transport

8 The Medical Controller is responsible for arranging transport for the team with the Scottish Ambulance Service. The team leader (Consultant Anaesthetist) should ensure that this is done timeously. If there is likely to be any delay in obtaining ambulance transport, the use of any available hospital transport should be considered. Contact should also be made with the Police to establish the most suitable route to the scene of the incident.

Site Control and Briefing

9 Report to Ambulance Incident Control on arrival at the scene of the incident where names of all medical personnel on site will be recorded. The Site Medical Team leader should then contact the Medical Incident Officer, Ambulance Incident Officer and Police Incident Officer to be briefed on the situation. The team should normally be based at the Casualty Clearing Station, with equipment stock piled nearby.

Role of Site Medical Team

10 The primary task of the Site Medical Team is the assessment, resuscitation, treatment and stabilisation of individual casualties as directed by the Medical Incident Officer. They will also assist the Medical Incident Officer in deciding on priorities for the removal of casualties to hospital for treatment. The Site Medical Team will be based at and deploy from the Casualty Clearing Station set up by ambulance personnel. The team leader must liaise at all times with the Site Medical Officer and the GP in charge of the Casualty Clearing Station.

11 **Rescue at any incident site is the responsibility of the Fire Service. Members of a Site Medical Team must only enter contaminated areas when it is essential to attend casualties in situ and only after the approval of the Senior Fire Officer (normally the 'Fire Commander').**

Health Care at Site

12 Treatment of the injured at the site of a major incident will normally be confined to the prevention of further injury and immediate care and stabilisation. More advanced treatment may be necessary in the case of trapped casualties or those whose removal to hospital is delayed for some other reason.

Triage

13 The purpose of the triage process at the scene of a major incident is to ensure that limited time and other resources available are used to care for those who will benefit most, rather than those with minor injuries or those who have little chance of survival. The casualty should be assessed, treated and a triage priority category given.

14 Triage is a continuous process and regular re-assessment and review of the priority categories at intervals over a period of time may detect alteration in the patient's condition. Casualties should be clearly and visibly labelled with the triage category (labels carried by ambulance crews and in nurses' bags). In addition to being a priority indicator, the triage label is the first stage of patient documentation and should be filled in as the opportunity arises by whoever treats the casualty (ambulance staff, doctor/nurse). Triage categories shown on the label by category number and colour coding are:

1	Red	requires immediate evacuation and treatment to save life.
2	Yellow	requires urgent evacuation and treatment but whose life is not in jeopardy.
3	Green	evacuation and treatment may be delayed (walking wounded, slightly injured and those expected to die).
4	White	dead - labelling the dead saves time and makes further involvement by Health Service staff unnecessary. The triage label has space for a note by the doctor pronouncing death, the time and police information.

Personnel Management

15 Working at the scene of a major incident may expose staff to personal danger and harrowing circumstances. The Medical Incident Officer and Site Medical Team Leader will ensure that monitoring of staff at the scene is carried out. Details of time of arrival and departure of each individual should be recorded in Ambulance Incident Control. On occasion it may be necessary to be firm about not allowing individuals to work to the point of exhaustion.

Communications

16 The Medical Incident Officer will be provided with a hand held radio at the Scottish Ambulance Service Incident Control by SAS. This will provide direct communications with the ambulance radio in Hospital Control. In addition the cellular telephone can provide direct contact with the Hospital Medical Controller (telephone **01896 827511)** or the Borders General Hospital Switchboard **(01896 826000).** Hand held radios will also be taken from Borders General Hospital to the scene, for on site communications, e.g. Medical Incident Officer, Site Medical Officer and doctor in charge of Casualty Clearing Station.

Stand Down

17 Staff will not stand down until instructed by a supervisor.

18 The Site Medical Team Leader will be responsible for:

a) ensuring the safe return of all unused controlled drugs to Pharmacy,

b) ensuring major incident equipment which requires sterilising or laundering, is sent to the appropriate department,

c) ensuring that the major incident rucksacks and nurses bags are replenished and returned to Major Incident Equipment Room.

SOCIAL WORK DEPARTMENT

See Section 6/3 – **Borders General Hospital Support Team**

SECTION 4/34

STAFF CHILD CARE

1 Staff and volunteers called to the hospital at short notice to assist with a major incident may well need childcare facilities.

2 Paediatric play leaders will organise and manage the provision of childcare within the soft play area. The facility will be established by the Child Health bleep holder being contacted by the telephone switchboard operator as part of the major incident call-out. Soft Play Contact 26035

3 Occupational therapy staff and physiotherapy assistants will assist depending on availability, contact being made with these departments by the Child Care bleep holder. Contact 26035

4 Helpers called in from the WRVS list of volunteers can support staff.

Off Duty Staff

5 Do not telephone Borders General Hospital as this overloads the telephone system. You will be contacted by telephone if required or alternatively requests for staff may be made by local radio and television.

Reporting for duty

6 All off duty staff should record their name, designation and time of arrival on one of the clipboards at the main reception before reporting to the play area. WRVS staff should be advised to report to the Voluntary Services Mustering Point in the Day Hospital, on arrival and before reporting to the play area.

Stand down

7 Staff should not stand down unless instructed by a supervisor.

SECTION 4/35

SUPPLIES DEPARTMENT

1 The Hospital Controller (Director of Estates and Facilities, Facilities Manager or Senior Manager on call) will arrange for the call out of members of the Area Stores should the need arise. The Supplies Manager or Senior Storekeeper should be contacted if possible. It is not envisaged that this would happen during the early stages of a major incident, as sufficient supplies should be available.

2 Area Stores personnel, on being called out for a major incident should record their name, time of arrival and designation on one of the clipboards at main reception and thereafter the person who opens the department should inform the Hospital Controller accordingly (tel. ext. 27511/2 and 27512). Procedures for the emergency issue of supplies should thereafter be followed.

Security

3 The keys for the Area Stores are held by the telephonist. A duplicate set of keys is held by the Estates and Facilities Department, Borders General Hospital. The Hospital Controller will have knowledge of the security system.

Staff Requirements

4 The number of staff will depend on the nature of the incident, but two should generally be called out. A list of staff names, addresses and telephone numbers should be prepared by the Senior Storekeeper and submitted to the telephonists and he will be responsible for notifying any changes of personnel to the telephonist.

Stock List and Location of Goods

5 To assist personnel detailed to obtain items from the Area Stores in the event of no stores staff being available the Supplies Manager will be responsible for ensuring that the head Storekeeper displays in the Area Stores, stock list and location of goods chart above the working counter, to aid non-stores personnel in finding items.

Off Duty Staff

6 On learning of a major incident/emergency, do not telephone Borders General Hospital as this overloads the system. You will be contacted by telephone if required. Listen to local radio and television - requests for staff will be made via the media if required.

Stand Down

7 Staff should not stand down until instructed by a supervisor.

SECTION 4/36

SWITCHBOARD

1 The **Senior Telephonist** will be responsible for the switchboard services during a major incident/emergency, and ensuring that all operators are cognisant with the actions to be taken in the event of a major incident being declared. Should a major incident/emergency be declared during a period when the Senior Telephonist is not on duty, the telephonist(s) on duty should implement the undernoted procedure and additionally contact the Senior Telephonist and another operator at the earliest opportunity. If only one telephonist is on duty, a request should be made to the Nurse Manager or Senior Nurse on duty for someone to assist with the call out, until the arrival of a second operator.

Call Out Procedure

2 The telephonists have a key role in the activation of the hospital response to a major emergency in both an "Alert" or a "full" major incident status.

3 The actions to be taken in each scenario are detailed below:

1) Status: Alert

a) In anticipation of a major incident/emergency, being declared the hospital may be put on **'Alert'.** Authenticity of the call will be verified by the A&E/Orthopaedic Senior House Officer (on call) or the Senior Nurse on duty in the Borders General Hospital who, following dialing 999 to the Police, will inform the hospital telephonist, who in turn will notify the personnel detailed at **Annex 'A'** to this Section, stressing that it is "only" an **'Alert'** situation and to report to the Hospital Major Incident Control Room (Occupational Therapy Workshop).

Status: Major Incident Declaration

b) When a full major incident is declared, the A&E/Orthopaedic Senior House Officer (on call) or the Senior Nurse on duty in the Borders General Hospital is required to confirm the authenticity of the call with the Police. Thereafter he/she should advise the switchboard of the declaration. The telephonists are then required to call out all personnel as detailed in **Annex 'B'** to this Section.

c) When two operators are on duty when a major incident is declared, the task of calling out personnel should be shared, each taking one of the two copies of **Annex 'B'** retained in the switchboard.

d) Depending on the time of day certain members of staff may well be in hospital within their department or within their on call room in the residency.

e) In the event of any personnel, being contacted requiring access to an outside line the class of service of the appropriate extension should be changed.

f) Details of the personnel to be contacted on a cascade call-out is shown at **Annex 'B'.** When a person on the call out list is not contacted during the initial call out further attempts should be made later.

g) Those contacted by pager during the call out should be instructed to respond by contacting the switchboard Operator using the Hospital internal emergency number - 6999

Telephone Instruments and Directories

4 The telephone instruments to be utilised in the Major Incident Control Room are retained in the Major Incident Store. The Portering Services Department should have taken these to the Major Incident Control Room.

5 Current directories for the Edinburgh and Glasgow area should be retained by the hospital switchboard for the use in the event of a major incident. These directories will be withdrawn from the switchboard if required by the Hospital Control Room.

Vodaphone Equipment

6 The two Vodaphones retained at switchboard should be in a condition ready for use at all times, and at any one time, two Vodaphones should be available for use in the event of a major incident. The Senior Telephonist is responsible for ensuring that the Vodaphones are maintained in a fully charged condition, and that all switchboard operators are cognisant with the use of Vodaphones so that this information can be passed to any personnel requiring using same.

Hospital Pagers (CASS)

7

Hospital Controller	-	2751
Medical Controller	-	2751
Nursing Controller	-	2751

Public Enquires

8 All public enquiries, by relatives and friends, should be referred by the hospital telephonist, to the Casualty Enquiry Bureau, Police Headquarters, Edinburgh. The telephone number of which will be made public by Lothian and Borders Police.

9 If a Casualty Bureau has not been established enquiries should be referred to Lothian and Borders Police Headquarters, Edinburgh, tel. no: **0131 311 3131.**

Media Enquiries

10 Enquiries from the Media regarding the incident should be directed to the Media Relations Manager at Police Headquarters, Edinburgh, telephone **0131-311-3423.** Media enquiries regarding the establishment of a Media Centre at the hospital should be directed to the Education Centre.

Call Out List

11 The Senior Telephonist will be responsible for ensuring that the telephone numbers of all key personnel to be contacted in the event of a major incident are up to date and readily accessible to the switchboard operators.

12 The senior telephonist will also be responsible for maintaining an up to date list of the telephonists' telephone numbers and accessibility **within switchboard.**

Off Duty Staff

13 Do not telephone Borders General Hospital as this overloads the telephone system. You will be contacted by telephone if required. Listen to local radio and television - as requests for staff may be made via the media.

Reporting for Duty

14 All off duty staff should record their name, designation and time of arrival on one of the clipboards in the Main Reception Area of the hospital before reporting to their department. Any problems should be brought to the attention of the Hospital Controller (ext 27511). Staff should not stand down until instructed by a supervisor.

SWITCHBOARD **ANNEX A**

BORDERS GENERAL HOSPITAL TELEPHONISTS NOTIFICATIONS **ALERT ONLY**

DETAILS OF INCIDENT:

_____

_____

TIME

NOTIFIED: DATE: BY WHOM:

PERSON TO BE NOTIFIED	NAME	TIME NOTIFIED	BY – INITIALS
1. Accident & Emergency/ Orthopaedic Fy2 on Call			
2. Hospital Bleep Holder (Bleep 1412)			
3. Consultant Physician on call **(Medical Controller)**			
4. On call Manager. If none on call, notify the Director of Estates and Facilities, or Facilities Manager or any Senior Manager			
5. Associate Director of Nursing OR Clinical Service Manager on-call			

SWITCHBOARD **ANNEX B**

Part 2 **Telephonists'**

Notifications

Details of Incident:				
Time Notified	Date	By Whom		

	Person to be notified	Name	Time	Initial
1.	Senior Nurse Hospital (1412)			
2.	A&E Department			
3.	Orthopaedic Consultant Surgeon on call			
4.	2nd Telephone Operator			
5.	General Services Supervisor (6059 & 6060)			
6.	2nd Consultant Orthopaedic Surgeon			
7.	Medical Controller – Consultant Physician on call			
8.	General Surgeon on call			
9.	Anaesthetist Consultant on call			
10.	Radiologist Consultant on call			
11.	Haematology Consultant on call			
12.	Senior Manager on call			
13.	Facilities Manager			
14	Clinical Services Manager			
15.	Medical Records Manager			
16.	Executive Director on call			
17.	Consultant in Public Health Medicine on call			
18.	Chief Operating Officer - **During working day**			
19.	Associate Director of Nursing			
20.	Haematology- Duty MLSO			
21.	Radiographer - Duty			
22.	Obstetrician/Gynaecologist Consultant on call			
23.	Paediatrician Consultant on call			
24.	Microbiology -Duty MLSO			
25.	Clinical Chemistry -Duty MLSO			
26.	Engineer/Unit Engineer – Duty Work Hrs Bleep 6383 Eves & W/Ends Bleep 1905/1906 Nights – Distance Pager			
27.	ASDU - Manager			
28.	Pharmacist - Duty			
29.	Hospital Support Team			
30.	Mental Health Network on call			
31.	Community Hospital - **Nearest to Incident**			
32.	Emergency Planning Officer			
33.	Physiotherapist on call			
34.	Oral Surgeon Staff Grade			
35.	Ophthalmologist - Consultant			
36.	Primary and Community Services on call Manager			

37.	Child Health Bleep Holder			
38.	Head of Communications and PFPI (Media)			
39.	Supplies Department			

When all notification has been made inform Hospital Control. If initially unable to contact any of the above, carry on with other notifications and then make further attempts to complete.

SWITCHBOARD **ANNEX C**

BORDERS GENERAL HOSPITAL
MAJOR EMERGENCY TELECOMMUNICATIONS

Location User Description	Tel. Point No.	Description of Telephone Point	
		BT Ex Directory	Internal Extension
Major Incident Control Room (OT Treatment Room)			
Ambulance (spare)	1	01896 827520	27520
Ambulance Service	2	01896 827521	27521
Ambulance (spare)	3	01896 827525	27525
Nurse Control (spare)	4	01896 827517	27517
Nurse Controller	5	01896 827518	27518
Nurse back-up	6	01896 827519	27519
Nurse Backup	6a	01896 827526	27526
Hospital Controller	7	01896 827511	27511
Admin. Assistant	8	01896 827512	27512
Admin back-up	9	01896 827513	7513
Medical Controller	10	01896 827514	27514
Medical Cont. assist.	11	01896 827515	27515
Medical back-up	12	01896 827516	27516
Fax In		01896 827524	
Fax Out		01896 827527	
Police Room	13	01896 827522	27522
(Office adjacent to Control Room)	14	01896 827523	27523
Nurse in Charge of Allocation (Committee Room)	.	01896 827509 01896 827510	27509 27510 (Plug into Incident Sockets)
Laboratory (3PA11)	-	01896 826231	26231
Pharmacy (2PH41)	-	01896 826613	26613

SECTION 4/37

WARDS (EXCEPT REPRODUCTIVE MEDICINE/MIDWIFERY)

1 This instruction applies to all wards except the Day Procedures Unit **(Sections 4/3 & 4/8)**, and Reproductive Medicine/Midwifery **(Section 4/30)**, for which separate instructions have been issued.

Declaration of Major Incident/Emergency

2 The Nursing Controller will inform the Senior Nurse on duty in each ward that a major incident/emergency has been declared.

Preparation

3

a) Instruct all visitors to leave the Hospital. Exceptions can be made for relatives of seriously ill patients and other circumstances at the discretion of the Ward Sister.

b) Co-operate with the Nursing Controller/Nurse in Charge of Allocation in providing nursing staff as required.

c) Co-operate with staff of DPU in making equipment available as required.

Call-out Lists

4 The Operational Managers/Head of Midwifery will be responsible for ensuring that ward call-out lists are maintained, kept up to date with 6 monthly check and update. A copy should be filed in the communication book for the Senior Nurse in Charge of the Hospital and in Hospital Management.

Off Duty Staff

5 Do not telephone Borders General as this overloads the telephone system. You will be contacted by telephone if required. Listen to local radio and television, requests for staff will be made via the media if required.

Reporting for Duty

6 All off duty staff should record their name, designation and time of arrival on one of the clip-boards at Main Reception Area of the hospital before reporting to the Nurse in Charge of Allocation in Committee Room 2AD15.

Stand Down

7 Staff should not stand down until instructed by a supervisor

SECTION 5

BORDERS GENERAL HOSPITAL
ACTION CARD CONTENTS

SECTION 5
ACTION CARD No1

ANAESTHETICS DEPARTMENT

Consultant Anaesthetist on call

1 The Consultant Anaesthetist on call will have overall responsibility for the operation of the department. Until the arrival of the Consultant Anaesthetist on call, the Anaesthetic Registrar on call will assume this role.

Duties

2 If at home - contact a colleague according to communications protocol before proceeding to Borders General Hospital

3 Nominate Anaesthetist to lead Site Medical Team and to liaise with Nurse in Charge, Anaesthetic Department in selecting the team.

4 Nominate an Anaesthetist to act as Hospital Anaesthetic Co-ordinator.

Consultant Anaesthetic (notified by Orthopaedic/A&E FY2)

5 Contact a colleague if possible.

6 Report to Anaesthetics Co-ordinator in Theatres area.

7 In conjunction with Hospital Anaesthetic Co-ordinator, expedite the clearing of ITU and the cessation of elective anaesthetics.

8 If circumstances allow, proceed to A&E Department to assist with resuscitation.

Hospital Anaesthetic Co-ordinator (working from Theatre/ITU)

9 Report to Medical Controller in Hospital Control Room and receive update of situation including number of casualties expected (Medical Controller tel. nos. **27514, 27515/9**).

10 Assess hospital anaesthetic staffing situation, call out staff, and if necessary, request extra anaesthetic assistance from **NHS Lothian Emergency Bed Bureau** (Tel: **0131-536 9330 ex- directory**) (fax: **0131-536 9334**)

11 Ensure Anaesthetics, DPU, A&E Department and Radiology Department staff are aware of pager number carried - check with Hospital Controller re programming.

12 Co-ordinate the cessation of elective anaesthetics and clearing of ITU.

13 Allocate Anaesthetists to resuscitation operating theatres and ITU.

14 Prioritise major incident casualties and urgent hospital requests for other patients. N.B: Should only the two Anaesthetists on call be available (Consultant Anaesthetist and Registrar) **Immediate anaesthetic assistance** would be required from Lothian Health Board.

SECTION 5
ACTION CARD No1

Site Medical Team Leader
The Consultant Anaesthetist on call will nominate an Anaesthetist as Site Medical Team leader.)

15 In conjunction with Nurse in Charge of Anaesthetic Department, select a Site Medical Team of up to 5 Nurses/ODA's.

16 Assemble team at Major Incident Store (opposite Telephone Exchange from where key is available). Select protective clothing **(WHICH MUST BE WORN AT SCENE)** and make equipment packs ready. Arrange for major incident blankets to be obtained from Laundry & drugs pack from A&E.

17 Ensure Medical Controller has arranged transport in liaison with Ambulance Service. If likely to be any delay, look to arranging other transport

18 **Check with Police Liaison Officer or Divisional Headquarters, Hawick re most suitable route to scene.**

19 Brief staff en route to scene on duties of Site Medical Team.

20 Report Rendezvous Point and then to Ambulance Incident Control. Team Leader to liaise with Medical Incident Officer. Base team at Casualty Clearing Station.

21 Role of team - assessment, resuscitation, treatment and stabilisation of individual casualties as directed by Medical Incident Officer. Team Leader to deploy team.

22 Assist Medical Incident Officer in deciding on priorities for removal of casualties to hospital by use of triage labels carried in nurse's bags.

23 Liaise with Fire Service Incident Officer re contaminated casualties. **Do not enter contaminated area without permission of Fire Service Incident Officer.** Rescue is the responsibility of the Fire Service.

24 Liaise with Medical Incident Officer re appropriate time for Team to return to hospital.

25 On return to hospital report to Medical Controller and then to Anaesthetics Co-ordinator. Members of team return to departments.

SECTION 5
ACTION CARD No 2

AREA STERILISING AND DISINFECTING UNIT

1 The ASDU Manager will be in charge, or in his absence his deputy or the most senior member of staff available.

2 If the department is locked, Theatre staff can open the door from the inside after being contacted by the buzzer in Theatre recovery area. Alternatively, the master key can be obtained from the telephone switchboard.

3 Person contacted should open department and call out other staff from the call out list kept in the ASDU office.

4 If none of the staff available can operate the autoclaves or washing machine, contact personnel from other departments who may be able to assist, e.g. Area Works and Laboratory.

5 Should no member of staff be available to assemble instrument trays, Theatre Sisters may be able to assist, but should not be relied on.

6 If there is an acute shortage of any type of operating tray, contact the Unit Manager, Sterile Services Unit at the Royal Infirmary of Edinburgh, tel. no: 0131 232 6103, and ask for assistance. Arrange transport by agreement with Royal Infirmary.

SECTION 5
ACTION CARD No 3

CATERING

The Catering Manager or Assistant Catering Manager will be in charge of the Catering Department should a major incident be declared. If neither is available, a supervisor will take charge. The following actions should be taken.

1 During normal working hours, the supervisor should prepare the department to provide refreshments for staff unable to leave their work area.

2 If contacted outwith normal working hours, the first supervisor contacted should contact one other member of the Catering Department before proceeding to Borders General Hospital.

3 1. The first member of staff to arrive at the hospital will: -

a) Liaise with Hospital Controller (tel. ext. 27511/27513 or 27512) and decide how many staff will be required and meal requirements.
b) Call in additional staff as required.
c) Arrange for refreshment trolleys to be sent to the following areas: -

- Accident and Emergency
- Control Room (Occupational Therapy Workshop)
- Day Procedures Unit
- Day Hospital
- Education Centre
- Laboratory
- Out Patient Department
- Theatres/ITU
- Radiology

4 A beverage trolley is situated in the Day Hospital. A trolley for Outpatient Department can be obtained from Ward 5. Other beverage trolleys should be obtained from Wards as necessary. Trolleys should be taken to the above areas and the following actions taken

a) Check water level on indicator at one end of trolley
b) Plug trolley in – (allow 1 hour for full tank of cold water to heat).
c) Obtain provisions from other Wards as required. Pantry key held in Chef's office. Kitchen key available in telephone exchange. Main store key in key cupboard in Assistant Catering Manager's office (essentials cupboard).

5 Do not stand down until instructed by a supervisor.

6 All off duty staff arriving should log their arrival on the boards provided at the main Hospital Reception Desk.

SECTION 5

ACTION CARD No 4

CHILD HEALTH BLEEPHOLDER

1 In the event of a major incident being declared, staff and volunteers called to the hospital at short notice may require child care facilities.

2 In addition, children involved in a major incident who have minor injuries, but where their accompanying adults have been seriously injured or have died, or have been separated from the child, need particular attention.

3 Once it has been determined that these children do not require medical treatment, they should be moved to a safe and friendly environment until they can be reunited with relatives.

4 When notified that a major incident has been declared, the Child Health bleepholder should take the following actions:

a) Liaise with FY2/Registrar and Consultant on call to co-ordinate services and use of facilities.

b) Liaise with Nurse in Charge of Allocation re allocation of staff.

c) Arrange for Paediatric play leaders to organise and manage a child care facility within the soft play area.

d) Contact members of the Community Child Health, Occupational Therapy and Physiotherapy Departments to assist with this facility.

e) Ensure telephones in the department are constantly manned.

f) Off duty, staff called in should be instructed to log their arrival on the clipboards provided in the main entrance foyer.

g) Do not stand down until instructed by a supervisor.

SECTION 5
ACTION CARD No 5

CONSULTANT ORTHOPAEDIC SURGEON IN CHARGE

(Consultant Emergency Department/Consultant Orthopaedic Surgeon)

1 The Consultant Emergency Physician has overall responsibility for the Emergency Department (ED) including the reception, triage, documentation and initial treatment of casualties. He will undertake the role of Consultant in Charge and wear the Consultant in Charge waistcoat. Until his arrival the ED Junior and/or ED Specialty Doctor will assume control, assisted by the Nurse in Charge, Emergency Department. Where possible the ED Specialty Doctor should assume responsibility in preference to the Ortho/ED Junior until the ED Consultant arrives. For the remainder of this document this individual will be referred to as the ED Doctor. In the event that the ED Consultant is not available the Consultant Orthopaedic Surgeon should be contacted in his absence. The Consultant in Charge will appoint a senior clinician as Medical Co-ordinator to co-ordinate activity in the Emergency Department while he is engaged in triage of casualties. See Action Cards in Section 5 – kept in ED Charge Nurse Office:

(a) Action Card No.5 - Consultant in Charge duties
(b) Action Card No.6- Medical Co-ordinator duties
(c) Action Card No.27 - Orthopaedics/ED Doctor duties

Duties

2 Don 'Consultant in Charge' waistcoat.

3 Take overall clinical charge of incident.

4 Carry out duties of Hospital Medical Controller until his/her arrival.

5 Ensure FY2 and Nurse in Charge have:

- Cleared Emergency Department of non-urgent cases and expedite treatment of urgent cases.
- Prepared department to receive major incident casualties and obtained all necessary equipment. Obtained Major Incident Casualty documentation packs from Major Incident store under the main stairs.
- Allocated staff to specific tasks, one nurse to each seriously injured casualty.
- Inform surgical junior doctors and all staff a Major Incident has been declared.
- Called out additional off duty staff.

5 Liaise with Ambulance Reception Officer and Medical Controller re number of casualties and injuries expected.

SECTION 5
ACTION CARD No 5

6 **Appoint senior doctor to act as Medical Co-ordinator in ED.**

7 **Triage casualties on arrival and ensure casualty record is issued to each casualty,** including those 'dead on arrival'.

8 Admit seriously injured casualties to ED. Slightly injured patients to be escorted to Out Patient Department. **All casualties to enter by main door to ED reception area. Dead on arrival, direct to mortuary.**

9 Liaise with Medical Incident Officer and Medical Controller re nomination of on Site Surgical Team if requested by MIO. Equipment in Major Incident Store.

SECTION 5
ACTION CARD No 6

CONSULTANTS AND STAFF GRADES

1 The Consultant on call in each specialty will notify one of his colleagues from home, and proceed direct to Borders General Hospital.

2 Log your arrival on boards at Main Reception Area.

3 The second consultant informed will contact other Consultants and Middle Grade Staff.

4 Report to the Medical Controller on arrival - except Orthopaedic and General Surgeons who report direct to Consultant in Charge in ED.

5 Each Consultant will thereafter follow the major incident procedures relative to his specialty. If no specific duties have been allocated, liaise with Medical Controller as to requirements and best use of skills.

6 Ensure telephones in departments are constantly staffed.

SECTION 5
ACTION CARD No 7

EMERGENCY DEPARTMENT DOCTOR

Emergency Dept doctor on call

1 The Emergency Dept Doctor (ie the ED Specialty Doctor on shift), on receipt of the call reporting a major incident, will **verify that it is genuine by contacting Lothian and Borders Police Force Communications Centre via the '999' system**.

2 The ED doctor will then take charge of the medical response until the arrival of the Emergency Dept Consultant (or on call Consultant Orthopaedic Surgeon in his absence)

3 In the absence of an ED Specialty Doctor, the ED doctor duties should fall to the ED Nurse in Charge and NOT the Ortho/ED junior, who may not necessarily be familiar with MI protocols

4 Inform Senior Nurse on duty in Hospital **and** Nurse in Charge of ED.

5 Instruct telephonist to implement major incident call out.

6 Notify **Surgical Registrar** and all resident medical staff that a major incident has been declared.

7 Carry out duties of Emergency Dept Consultant or deputy until his arrival.

8 Liaise with Nurse in Charge, ED to discharge non-urgent casualties, terminate outpatient clinics and routine procedures and prepare department to receive major incident casualties.

9 Ensure pre-numbered Major Incident Records Cards are brought to ED from Major Incident store.

10 Each casualty to be triaged at entrance to ED by a doctor or nurse and issued with a Major Incident Record Card.

11 Casualties certified 'dead on arrival' to be issued with Major Incident Record Card, and taken direct to the Mortuary without entering ED.

12 Treat injured under supervision of the ED Consultant (or Consultant Orthopaedic Surgeon in his absence).

13 Call out additional staff as required.

14 Inform Hospital Control room of movement of patients to X-Ray, and other Hospital Depts. etc.

15 Remain in ED until told to stand down by Consultant in Charge.

SECTION 5
ACTION CARD No 7

Registrar/ Senior House Officer on call - Medical Directorate

16 Deal with **all** clinical emergencies arising in all other departments of the hospital for the duration of the emergency. Inform Ward Sisters of these arrangements and your bleep number plus direct dial telephone number.

17 Pass direct dial telephone number, bleep number and work location to the Medical Controller in the Hospital Control Room.

18 This telephone number will be passed to all GPs, Health Centres, and Community Hospitals by the on-call Primary Care Manager.

19 Arrange with telephone operators to receive all routine calls from GPs for **all specialties**.

ANAESTHETISTS

20 See departmental plan.

Reproductive Medicine

21 See departmental plan.

All Other Resident Medical Staff

22 Record arrival on board in entrance foyer (if in place)

23 Report to Accident and Emergency Department and assist as directed by the Consultant in Charge or Medical Co-ordinator.

24 Do not stand down until instructed.

SECTION 5
ACTION CARD No 8

ESTATES AND FACILITIES DEPARTMENT

1 The Deputy Director of Estates will be in charge, or in his absence one of the Estates Officers, while the Chief Technician, or deputy will be in charge of the Electro-Medical Department.

2 During normal working hours the Deputy Director of Estates, or Estates Officer will be informed by the telephonist.

3 Outwith normal hours the on call engineer will be notified and he/she will inform the Deputy Director of Estates or Estates Officer and the Chief Technician or deputy.

4 On arrival in Estates Department report arrival to Hospital Controller (ext. 27512/27513) and discuss duties for staff.

5 Call out following staff: -

a) Deputy Director of Estates/Chief Technician if not already on site.

b) Technician responsible for steriliser maintenance in ASDU/Laboratory. If required, technician would be available to operate sterilisers.

NB. Deputy Director of Estates and Chief Technician or deputies must liaise when calling out staff.

SECTION 5
ACTION CARD No 9

GENERAL SERVICES DEPARTMENT

1 The Portering Services Supervisor will be responsible for the department during a Major Incident. Should a Major Incident be declared when there is no supervisor on duty, the porters will be instructed by the Senior Nurse on duty to implement their departmental procedures. Ensure following tasks are carried out: -

1. Supervisor or senior member of staff wear 'Head Porter' waistcoat obtained from Major Incident Store
2. Deploy a porter to contact all available porters to report for duty.
3. **As many Porters as possible including those on external duties to be allocated with mobile radios**.
4. Assist Senior Nurse to set up Hospital Control Room by taking major incident equipment (telephones, whiteboard and stationary box) from Major Incident store (opposite switchboard) under main stairway to Control Room (Occupational Therapy Treatment Room).
5. Tables - two in room or corridor, one in adjacent Light Switch Room, two in main stair well.
6. Erect signs at road entrances to hospital indicating 'Major Incident - normal visiting suspended'. Signs should also be located as detailed in the Portering Services Department plan, i.e. entrance to hospital near residences and at Chiefswood Road entrance. All non-essential traffic to be diverted out of hospital grounds via Chiefswood Road.
7. Position one 'Press Liaison Centre' sign on pavement at entrance to car park 1, with arrow pointing to Education Centre, and another 'Press Liaison Centre' sign on the roadway from the car park to the Education centre.
8. As personnel become available, they should be detailed for security duties at the main entrance, Day Hospital entrance, A&E entrance and Mortuary steps. Liaise with Works Department re use of their staff to assist.
9. Ask all public to leave hospital except those visiting acutely ill patients or staying with children
10. Clear vehicles from hospital entrance area.
11. Ensure that adequate supply of wheelchairs and trolleys is kept available in A&E. Trolleys being returned to A&E should be by way of the doors from the main entrance foyer and not via X-Ray Department corridor.
12. **Stand by in casualty to assist with casualties.**

SECTION 5
ACTION CARD No 10

HOSPITAL CONTROLLER

BGH on call Manager

The Hospital Controller will assume overall administrative control of the incident, liaising with the Medical Controller and the Consultant in Charge, in the Control Room (Occupational Therapy Workshop).

1 Don 'Hospital Controller' waistcoat and obtain bleep programmed to 27511.

2 Assume, overall administrative control, liaising with Medical Controller and Consultant in Charge. Liaise with telephonist to establish who has been contacted.

3 Ensure that a Control Room is established (see General Services Department for layout) and log of events is kept from the start of the incident. Appoint Log keeper/computer - log sheets in major incident box.

4 Ensure that assistance is provided for telephonist and that they do not respond to incoming calls during "call out" sequence.

5 Arrange for members of Administration Department to be called out/appoint deputy. Ensure Chief Executive and on call Director and Consultant in Public Health Medicine have been informed.

6 Issue a cellular telephone and 3 hand held radios to Site Medical Team leader (Consultant Anaesthetist). Should a Site Medical Team not be required, arrange for a cellular telephone to be delivered to Medical Incident Officer at scene.

7 Liaise with Nursing Controller re accommodation for casualties.

8 Ensure hospital is closed to general public. Position staff to enforce security at all entrance/exits and main door to mortuary. Ask for Police assistance if required.

9 Make arrangements for patients' valuables

10 Appoint Hospital Press Officer (Head of Communications and PFPI or on call Executive Director) and ensure Press Liaison Centre is established. Consider asking media to broadcast appeal for off duty staff.

11 Arrange for Medical Directorate fax to be taken to Control Room.

12 Arrange for extra telephone facilities for Day Hospital and Press Liaison Centre, if required, via BT duty engineer (Tel. No.0800 154 980 24hrs).

13 Liaise with Nursing Controller re beds for Theatre recovery area.
10 beds kept in garage store area - 4 for Recovery and 6 for DPU.

SECTION 5
ACTION CARD No 10

14 Ensure staff allocated to track movement of patients.

15 Ensure Day Hospital & Physiotherapy OT Room prepared for 'discharge point and relatives waiting area'. Relatives Information Point to be established by Hospital Support Team.

16 Ensure all hospital accommodation being used for the incident and routes are internally signposted and that ‘signing on’ boards for staff are placed in the main reception area.

17 Request assistance voluntary aid societies via Police Liaison Officer, if required. Red Cross will have been alerted by Police and will send teams to scene and to BGH.

18 Allocate number to Registrar/FY2 - General Medicine.

19 Consider reprogramming hospital pagers for Control Officers.

20 Call out Laundry Staff and/or Catering Staff if required.

21 Consider appointing Supplies/Equipment Officer, Head of Communications and PFPI, Transport Officer.

22 Direct all public enquiries re relatives and friends to Casualty Bureau when set up. (Tel. No. to be announced). All Press enquiries re incident to be directed to Police Media Relations Manager (0131-311-3423/3461).

23 Provide accommodation for 'Ad Hoc' emergency patients.

24 Consider relief for staff during prolonged incident.

25 Decide in liaison with Medical Controller and Medical Incident Officer when Major Incident Procedures can be stood down.

SECTION 5
ACTION CARD No 11

LABORATORY

Hospital Telephonist will contact Haematology Consultant on call, Haematology Laboratory or Haematology Biomedical Scientist on call, Clinical Chemistry Laboratory or Clinical Chemistry Biomedical Scientist on call, Microbiology Laboratory or Microbiology Biomedical Scientist on call.

Consultant's Duties

1 If at home, before leaving for BGH, contact:

1.2.1 Consultant Microbiologist
1.2.2 Consultant Biochemist
1.2.3 Diagnostic Service Manager

2 On arrival at BGH contact Hospital Control to be briefed.

3 Arrange extra Biomedical Scientist staff as necessary.

4 Liaise with Blood Transfusion Service (Edinburgh).

5 Assess situation and initially act as reference point in Accident and Emergency Department for specimen requests, assessment of urgency, and act as direct link with Laboratory staff.

6 **NB** Telephone in secretaries' office (extension 826226) will be the main laboratory contact number. A major incident box is stored in the secretaries office containing staff telephone numbers, Operational Policies and telephone number of BTS (Edinburgh) 0131 242 7501 (out of hours), speed dial 5349

7 See NHS Borders Major Incident Procedures - Laboratory - re issue of blood.

8 Ensure telephone in department is constantly staffed.

Biomedical Scientist Duties

9 See individual Laboratory Major Incident Policies.

SECTION 5
ACTION CARD No 12

LAUNDRY

1 The Linen Services Manager, Assistant Linen Services Manager, extension 7511/ Supervisor or Charge Hand will be contacted by the Hospital Controller.

2 The person opening the laundry should inform the Hospital Controller (tel. 27511 or 27513), obtain briefing on situation and call out staff as required.

3 The person will obtain staff telephone numbers, copies of Action Card 11 and Section 4/16 – Laundry from the front of the Major Incident Manual held in the Laundry Office Reception.

4 Open both Dirty Reception and Clean Reception up and over doors.

5 Issue blanket hampers to Site Medical Team. A supply of linen is held in the linen bins located: ITU (3), Radiology (1), Wards: 4,5,6,7,8,9,10,11,15,16,17 (1 each), A small supply is held within Laundry

6 Issue linen as required. A supply of linen for major incident use is stored within the packing area of the Laundry, on racks to the right hand side of the clean entrance.

7 Organise Department as required.

SECTION 5

ACTION CARD No 13

MEDIA OFFICER

The Media Officer for NHS Borders is the Head of Communications & PFPI. If he cannot be contacted, the Chief Executive or on-call Executive Director , or in his absence, the Hospital Controller, will appoint a senior officer to undertake the role.

1 Report to Hospital Controller for briefing and obtain 'Media Officer' tabard.

2 In liaison with the Hospital Controller, appoint a deputy media officer.

3 Open Education Centre as Media Liaison Centre. Out of hours the keys are kept at Switchboard.

4 Arrange for call out of additional staff from Public Involvement & Communications, and non clinical support service staff.

5 Ensure porters have erected signs directing press to the Media Liaison Centre.

6 Appoint staff as follows, assign and explain tasks (see folder section 5 for task lists):

Control of photographers at the main hospital entrance – 2 persons (one of senior status) Police will assist (See folder section 4, Point 9. on Action Card No.8)

Education Centre door	1
Reception	1
Directing Media to allocated rooms	1
Admin Support	2
Messengers	1
Media room	1

7 The following rooms will be allocated for the media work (see folder section 6 for plans)

Lecture Theatre	Media Briefing Room (media accompanied)
Classroom 3	Crisis Room (NHS staff only)
LRC (Classroom 1)	Communications Room/Media Centre (NHS staff only)
Internet Café	Media Room (open use by media)
Committee Room	Interview Room (media accompanied)
Reception	NHS staff only

8 The Media Officer, Deputy Media Officers and administrative support will operate from the Communications Room

9 Establish the following facts:

- Time the hospital was informed of the major incident
- Time the first casualties arrived
- Number of casualties received at BGH and at community hospitals
- Number of casualties admitted to BGH
- Number of casualties transferred to other hospitals
- Number of casualties taken direct from the scene to hospitals outwith the Borders
- General information about casualties, e.g. age range, sex, general types of injuries

10 Establish liaison with Police and Ambulance Press Officers. Agree with Police Press Officer as to what information can be released, and co-ordinate the release of press releases from the hospital.

11 Obtain assistance and advice from the Scottish Executive Press Office (0131 244 2797, out of hours 0131 556 840) and liaise over information to be released

12 Arrange an early press conference followed by frequent pre-timed updates. Each conference should end with the time of the next conference

13 Make telephone extensions available to the press until extra lines can be installed.

14 Arrange controlled visits for photographers and reporters to the BGH.

SECTION 5

ACTION CARD No 13

CONTACTS

Scottish Government Health Department Press Office

Chief Press Officer	0131 244 4008
Emergency Planning & NHS Borders	0131 244 2797
Out of hours	0131 556 8400
Press Officers	0131 244 3092
	0131 244 2968
	0131 244 2517
	0131 244 2024
	0131 244 2951
	0131 244 2701
	0131 244 2598
	0131 244 2596

Newstead

Switchboard	01896 825500
Fax:	01896 823401

Lothian & Borders Police Press Officer

Daytime	0131 311 3423/3350
Out of hours	0131 311 3131 and ask for Press Officer on call
Email	media.relations@lbp.pnn.police.uk

Scottish Ambulance Service Press Officer

Any time	07974 017 937
Main HQ	0131 446 7000

Scottish Borders Council

Day time	01835 826632
Out of hours	01896 752 111
Email	communications@scotborders.gov.uk
	nhsborders@scotborders.gov.uk – NHS Borders Liaison in SBC Emergency Control Centre

Media Contacts – National

BBC online
E-mail: newsonlinescotland@bbc.co.uk
Web: bbc.co.uk/Scotland/southscotland/

BBC Radio Scotland (Edinburgh)
Tel.: 0131 557 5888
Fax: 0131 248 4269
E-mail: rob.flett@bbc.co.uk
Web: bbc.co.uk/scotland

BBC Radio Scotland (Glasgow) Tel.: 0141 338 3050 E-mail: scottish.planning@bbc.co.uk Web: bbc.co.uk/scotland	**Daily Record** Tel.: 0131 2254275 Fax: 0131 220 6478 E-mail: reporters@dailyrecord.co.uk Web: www.dailyrecord.co.uk
Daily Telegraph Tel.: 0131 620 4214 Fax: 0131 225 4877 E-mail: auslan.cramb@telegraph.co.uk Web: www.telegraph.co.uk	**Edinburgh Evening News** Tel.: 0131 620 8731 Fax: 0131 620 8696 E-mail: news_en@scotsman.com Web: www.edinburghnews.com
Glasgow Evening Times Tel.: 0141 302 7000 Fax: 0141 302 6699 E-mail: times@evening.co.uk Web: www.eveningtimes.co.uk	**Herald** Tel.: 0141 302 7089 0131 718 6454 Fax: 0141 302 7007 E-mail: news@theherald.co.uk Web: www.theherald.co.uk
Scotland on Sunday Tel.: 0131 620 8427 Fax: 0131 620 8491 E-mail: sosnews@scotlandonsunday.com Web: www.scotlandonsunday.com	**Daily Express (Scottish)** Tel.: 0141 352 2521/2524 Fax: 0141 352 2555 E-mail: scot.news@express.co.uk Web: www.express.co.uk
Sunday Express (Scottish) Tel.: 0141 352 2519 Fax: 0141 332 8538 E-mail: scotsunday@express.co.uk Web: www.express.co.uk	**Scottish Television** Tel.: 0141 300 3000 Fax: 0141 332 9274 E-mail: scotlandtoday@scottishmediagroup.com Web: www.stv.tv
Sunday Mail Tel.: 0131 624 2249 E-mail: b.lironi@sundaymail.co.uk Web: http://www.sundaymail.co.uk	**Scotsman** Tel.: 0131 620 8512 Fax: 0131 620 8615 E-mail: newsdesk_ts@scotsman.com Web: www.scotsman.com

Times (& Sunday) Scotland Tel.: 0141 420 5296 E-mail: help@timesplus.co.uk newsdesk@sunday-times.co.uk Web: www.thetimes.co.uk www.thesundaytimes.co.uk	

Media Contacts – Local

BBC Radio Scotland (Borders)
Tel.: 01750 724567
Fax: 01750 725555
E-mail: selkirk.news@bbc.co.uk
Web site: www.bbc.co.uk/scotland

Berwickshire News
Tel.: 01289 306677
Fax: 01289 307377
E-mail: mail@tweeddalepress.co.uk
Web site: www.berwickshiretoday.com

Berwickshire News
Tel.: 01289 306677
Fax: 01289 307377
E-mail: mail@tweeddalepress.co.uk
Web site: www.berwickshiretoday.com

Border Telegraph
Tel.: 01896 758395
Fax: 01896 759395
E-mail: editorial@bordertelegraph.com
Web site: www.bordertelegraph.com

(Tyne Tees&) Borders Television
Tel.: 01228 525101
Fax: 01228 594229
E-mail: btvnews@itv.com
Web site: http://www.border-tv.com

Hawick News
Tel.: 01450 379690
Fax: 01450 376705
E-mail: hnnews@tweeddalepress.co.uk
Web site: www.tweeddalepress.co.uk

Peeblesshire News
Tel.: 01721 720884
Fax: 01721 721492
E-mail: editorial@peeblesshirenews.com
Web site: www.peeblesshirenews.com

Radio Borders
Tel.: 01896 759444
Fax: 08453 457080
E-mail: news@radioborders.co.uk
Web: www.radioborders.com

Radio Forth 1 & Forth 2
Tel.: 0131 557 1005
Fax: 0131 557 8489
E-mail: forth-news@srh.co.uk
Web: www.forthonline.co.uk

Southern Reporter
Tel.: 01750 21581
Fax: 01750 21239
E-mail: news@tweeddalepress.co.uk
Web site: www.southern-reporter.co.uk

GENERAL INFORMATION

- Out of hours, the key for the Education Centre is held by BGH Switchboard.
- To obtain an outside line from the Education Centre, dial 47. There is no direct line to Newstead.
- Learning Resource Centre computers - NHS Borders staff can log on as themselves, but will need to set up a profile. Instructions enclosed.

SECTION 5
ACTION CARD No 14

MEDICAL CO-ORDINATOR IN EMERGENCY DEPT

The medical co-ordinator will be the Senior Emergency dept doctor

1 Don 'Medical Co-ordinator in ED' waistcoat.

2 Obtain bleep.

3 Liaise with Consultant in Charge as to his specific instructions and co-ordinate activities in A&E.

4 Allocate medical and nursing personnel to casualties in ED, prioritising casualties as required.

5 Ensure DPU is prepared to accept casualties before sending casualties there.

5 Liaise regularly with Medical Controller in Hospital Control re situation. Ensure that the Medical Controller is made aware if the A&E Department is becoming overloaded at any time.

6 Liaise with Laboratory Consultant. Ensure that blood samples taken from casualties with serious injuries are prioritised and that request forms make clear what is required.

7 Ensure that X-ray requests are clearly made out detailing the specific examination required. Only casualties with limb or life threatening injuries should be sent to X-Ray initially.

SECTION 5
ACTION CARD No 15

MEDICAL CONTROLLER (on-call Consultant Physician)

1 Report to Hospital Control Room (Occupational Therapy Workshop).

2 Don **'Medical Controller'** waistcoat and obtain pager programmed to **27514**.

3 Speak to Hospital Controller and Consultant in Charge A & E to ascertain who has been called in, the nature of the incident, the level of support required and whether there are any Public Health implications. Appoint assistant from Medical staff.

4 Speak to Ambulance Liaison Officer and Consultant in Charge A & E, as to number and extent of injuries reported.

5 Identify number of beds required – speak to Hospital Controller and Nursing Controller on discharges and decanting as required. Arrange to clear Day Procedures Unit and appoint a doctor to take charge. Arrange further beds as required in conjunction with Nursing Controller.

6 Confirm with BGH Switchboard that Chief Executive/ on-call Executive Director and on-call Consultant in Public Health Medicine have been informed.

7 Note details of medical staff reporting for duty. Appoint a senior clinician to take charge in Day Procedures Unit. Appoint medical staff to Outpatient Department.

8 Speak to Anaesthetic Co-ordinator if there is a requirement for Site Medical Team. Liaise with Ambulance Service re transport and Police re route.

9 Confirm outpatient clinics and routine treatment cancelled.

10 Speak to Officer in Charge of Police Liaison Team re situation and re duties of Police Documentation Team in BGH. Inform him/her of casualties admitted to Community Hospitals and hospitals outwith area.

11 Notify Emergency Bed Bureau, Lothian Health Board that a major incident has been declared (**0131 536 9000** or ex directory **0131 662 1000**).

12 Notify Accident and Emergency Department, Edinburgh RI of Major Incident (telephone **0131 242 1300/1301**) and inform them that a major incident has been declared.

13 Notify Accident and Emergency Department, Edinburgh RI (**0131 311 1300/ 1301**) if any patient is being taken there direct from site. Notify Police Liaison Officer in BGH. NB. All casualties for Lothian Hospitals should be directed to the Royal Infirmary unless specific circumstances require direct transfer to a specific hospital.

14 Notify St John's Hospital, Livingston (**01506-417797** - ex-directory) if any patient is taken there direct from site. Notify Police Liaison Officer in BGH.

SECTION 5
ACTION CARD No 15

15 Notify Royal Hospital for Sick Children, Edinburgh (**0131-536-0756/ 0000**) if any injured child is being taken there direct from site. Notify Police Liaison Officer in BGH.

16 Ensure movement of patients is recorded on wallboard in Control Room.

17 Obtain direct dial telephone number via Switchboard of the Registrar/SHO in General Medicine for GP referrals.

18 Speak to Primary Care on call Manager regarding assistance required from GPs and Community Nursing staff.

19 Direct all enquiries re relatives to Hospital Support Team who will liaise with Casualty Enquiry Bureau. Press enquiries to Police Media Relations Manager (**0131 311 3461/3423**).

20 Arrange for dispatch of Site Surgical Team, if required, in conjunction with Consultant in Charge. Liaise with Ambulance Service re transport.

21 Decide in liaison with MIO, Police Liaison Officer and Hospital Control Team when Major Incident Procedures in hospital can be 'stood down'.

22 Provide accommodation for other emergency admissions.

23 Ensure that there is sufficient staff in all specialties to deal with the workload long-term and after stand down

SECTION 5
ACTION CARD No 16

MEDICAL RECORDS

1 The Senior Medical Records staff member present is responsible for organising the issue of Major Incident Record Cards to each casualty on admission to Borders General Hospital. These pre-numbered Major Incident Record Cards replace the normal admission system.

2 Assistance may be required from nursing or other available personnel.

3 A Major Incident Record pack must be issued to each casualty including those dead on arrival.

4 A pre-numbered identification bracelet and a pre-numbered label must be attached to each casualty on admission.

5 Any patient details, which can be obtained at this time, should be entered on the record. When casualties are unable to provide details, the following should be entered

APPROXIMATE AGE and **SEX**

6 The top (blue) copy of the form must be removed from the Major Incident Record Card as soon as this information is obtained and handed to the runner appointed to take the forms to Hospital Control, or in the absence of a runner, place them in the tray to be provided for this.

7 The second (green) and third (pink) copies can be used to provide updated details to the Hospital Control Team on the patient at any time during the patient's care

8 Those casualties certified 'dead on arrival' must also be issued with a Major Incident Record Card and issued with a pre-numbered identification bracelet and/or a tie on label, before the body is taken to the Mortuary.

9 Records personnel posted at the Day Procedure, Out Patient Department and Medical Records Department will provide updated information about the patient's location and condition.

10 The laptop to give access to the computerised Major Incident System within TRAK CARE to be taken from the Medical Records Managers (Room MR2) and connected to the network point on the window wall of the Hospital Control. Staff should also take whiteboard pens from the Medical Records Managers office lest there are any problems with these supplied in Hospital Control Room

11 Reports from the computerised system are printed off on the system printer sited in the Medical Records Department

SECTION 5
ACTION CARD No 17

MORTUARY

The Microbiology Laboratory Manager has responsibility for the Mortuary. The Mortuary staff will be contacted by the on-call Microbiology staff

1 Liaise with Hospital Controller re member of staff (other than Mortuary attendant) to control access to main double door of mortuary and ensure that this person is properly briefed as to who to admit. Discuss with Police Mortuary Team, or prior to their arrival, with Police Liaison Officer in hospital.

2 Assess storage capacity of Mortuary.

3 Ensure each 'dead on arrival' has been issued with a Major Incident Record Card and a plastic identification bracelet or label attached to a limb. Mortuary register to be completed with major incident number in Unit column.

4 Ensure staff co-operate with members of Police Mortuary Team.

5 Bodies should not be stripped by Mortuary staff - this is a Police responsibility.

6 Arrange viewing of bodies with members of Hospital Support Team and Police.

7 Arrange for Mortuary staff to assist Pathologists as required. Approach Hospital Controller regarding additional staff for this purpose, if required.

8 Consider staffing arrangements and mutual aid from NHS Lothian.

9 When no Mortuary staff available, arrange with Hospital Controller for portering staff to assist with recording of arrival of bodies.

10 Refer all Press enquiries to Press Officer in Education Centre. DO NOT RELEASE ANY INFORMATION.

SECTION 5

ACTION CARD No 18

NURSING MANAGEMENT
(Nursing Controller, Nursing Co-ordinator and Nurse in Charge of Allocation)

1 **NURSING CONTROLLER** (Lead Nurse – Acute Services, Clinical Service Manager/Head of Midwifery/Operations Manager, Senior Nurse/Midwife on duty)

2 When the FY2 Orthopaedics/Accident and Emergency on call is not immediately available, the Senior Nurse on duty will accept notification of the major incident from the Police and, once he/she has confirmed with the Police Headquarters in Hawick (by Dialling 999) that the call is genuine, will immediately instruct the telephone operator to put into action the Major Incident Procedures and inform the FY2 Orthopaedics/A&E.

Please note: Where reference is made to a nurse, this includes nurses and midwives

3 On being notified that a major incident has been declared, the senior nurse will obtain a bleep (programmed to 7518) and the Nursing Controller waistcoat.

4 Inform General Service staff that major incident has been declared and instruct them to follow their departmental plan. Obtain assistance of porters to bring the Hospital Control Room into operation, ensuring that the following are brought from the Major Incident store:

- ► Copy of NHS Borders Major Emergency Procedures and Action Cards
- ► 2 Novo-boards
- ► Telephones
- ► Major Incident stationery box

5 Allocate a senior nurse as Nurse in Charge of Allocation in Committee Room.

6 Allocate a senior nurse to act as Nursing Co-ordinator in A&E Dept.

7 Advise Nurse in Charge of Anaesthetic Department that major incident has occurred and liaise re appointment of Senior Nurse in Charge of DPU if unit is closed. If DPU is open, to be cleared and made ready to receive casualties.

8 Mobilise all available nurses within the hospital by contacting each Clinical Service Manager/Operations Manager or Senior Nurse on duty in all departments (by their bleep), inform them of the Major Incident and request the following:

- ► Send names of all nurses on duty to nurse in charge of allocation in Committee
- ► Instruct Ward Sisters to clear wards of visitors. Exceptions can be made for those visiting patients who are very ill or staying with sick children.
- ► Instruct Ward Sisters to obtain bed state and report this to Nursing Controller.

SECTION 5
ACTION CARD No 18

9 Liaise with the Medical Controller and Hospital Controller re accommodation for casualties. Arrange for other wards to receive casualties who cannot be accommodated in DPU - a flexible approach to be adopted, decanting patients where necessary.

10 Notify senior off duty nurses (Director of Nursing and Midwifery/Associate Director of Nursing, BGH and Clinical Service Managers).

11 Inform Nurse in charge of Allocation, of nursing staff requirements.

12 Obtain bleep number allocated to Registrar/FY2 General Medicine who will deal with all routine emergencies in the hospital, and ensure Ward Sisters are informed

Nursing Co-ordinator - Emergency Department

13 Confirm that Emergency Department has been informed.

14 Liaise with the nurse in charge of Emergency Department and Nursing Controller regarding nursing requirements.

15 In liaison with Nurse in Charge of Allocation ensure Out-Patient Department and Day Procedures Unit are staffed before sending casualties there. Ensure Day Hospital staffed for reception of relatives and friends of casualties.

16 Ensure that Major Incident Record Cards are brought from the Major Incident Store to A&E and are issued to casualties on arrival. Top copies **(blue)** of Major Incident Record Card must be removed as soon as the casualty has been triaged. Appoint runner to take these forms to Hospital Control. Make a tray available to place forms in.

17 Ensure 2nd **(pink)** and 3rd **(green)** copies of Major Incident Record Card are removed when the casualty leave A&E and are take to Hospital Control. Appoint staff for this.

18 Ensure that staff are positioned as observers in Accident and Emergency to track the progression of patients and report this to Hospital Control.

19 Keep Nursing Controller informed on situation in ED.

20 Ensure ambulance equipment is released as soon as possible.

21 Arrange for trolleys being returned to ED to be by way of door in foyer.

Nurse-in-Charge of Allocation (Committee Room)

22 Allocate nursing staff as per instructions of Nursing Controller and mobilise additional nurses, instructing them to report to the Committee Room.

23 Liaise with Nurse in Charge of Anaesthesia to ensure that Theatres and Day Procedures Unit staff have been called out and allocate staff as required. Nurse in Charge Anaesthesia calls out Theatres and DPU staff.

24 Liaise with Nursing Controller re grade and number of staff available. Record where and time nursing staff seconded to area of request. Consider staff for following shifts, remembering that a major incident can have staffing implications over a longer period.

25 Consider requesting additional nursing staff from Primary & Community Services, Mental Health and Learning Disability Services via the on call managers for these areas. (Details of managers on call can be obtained from the BGH Switchboard Operator).

SECTION 5
ACTION CARD No 19

NURSE IN CHARGE OF EMERGENCY DEPT

On being notified by the Senior nurse on duty or Emergency Dept senior doctor that a major incident has been declared, the Nurse in Charge of the Department will organise the department as follows:

1 Make the entire department available to receive and treat casualties. Remove tape and open west door to receive casualties, clearing seats from waiting area.

2 Prepare equipment in Emergency Department: drip sets, stitch trays etc.

3 Liaise with Nursing Co-ordinator re staffing requirements.

4 Liaise with Emergency Dept doctor regarding clearing the dept of all non-urgent cases.

5 Arrange for all casualties to be received at Emergency entrance and separate into: -

- Major injury - to remain in Emergency Department.
- Minor injury - to be escorted to Out-Patient Department.

6 Ensure Major Incident Record Cards are collected from Major Incident store (Room 1ME14A) opposite Telephone Exchange - key held there) and made ready for issue to each casualty.

7 Liaise with Consultant in Charge and Medical Records/Reception Staff to ensure a Major Incident Record Card is issued and that a pre-numbered casualty bracelet/label is attached to each casualty, including those "dead-on arrival". Those certified "dead on arrival" will be transferred direct to the Mortuary.

8 Detail a nurse to remain with each seriously injured casualty until admitted to Theatre/ITU or if admitted to Day Procedures Unit or a Ward, until instructed by sister in charge to return to Emergency Department.

9 Arrange for Medical Controller to be kept up to date by regular telephone calls regarding the number and type of casualties admitted.

10 Until appointment of Nursing Co-ordinator in Emergency Department ensure the blue copy of each Major Incident Record Card is sent to the Control Room at the earliest opportunity, even if not completed.

11 Liaise with Ambulance Reception Officer.

12 Ensure telephone in Emergency Department is constantly attended.

13 Be alert to needs of staff working under extreme pressure and arrange relief/support as necessary. Hospital Support Team available to provide counselling and support to staff.

SECTION 5
ACTION CARD No 20

NURSE IN CHARGE OF ANAESTHETIC DEPARTMENT

During a major incident the Nurse in charge of the Anaesthetic Department, will have overall responsibility for Theatres, Recovery, ITU and DPU. Nurse in charge will not be actively involved with theatre teams but will remain free to co-ordinate the unit in conjunction with Anaesthetics Co-ordinator.

1 In liaison with Nurse in Charge of Allocation, call out of additional staff, referring to list kept in the Clinical Service Manager Theatre/Critical Care's office, and appoint senior nurse in charge of DPU.

2 Prepare theatres in readiness to receive casualties.

3 In liaison with Anaesthetist appointed to Site Medical Team, allocate up to 5 nurses/ODA's to the Site Medical Team.

4 Arrange for each theatre to function as a separate unit with all trays and bags tagged appropriately.

5 Allocate three nurses and one Anaesthetic Nurse/ODA to each theatre.

6 Prepare to have Theatres recovery area set up as an Intensive Care Area once number and severity of casualties is known. Liaise with Hospital Controller re provision of beds. Allocate nursing staff as required.

7 Arrange for additional stocks from Pharmacy and Stores as necessary.

8 Arrange for patients entering the department to be logged on to a Recovery Patient sheet.

9 Patients will be notified to Nurse in Charge by Anaesthetics Co-ordinator.

10 Non major incident emergency to be slotted in when appropriate.

11 If condition warrants, return ITU patients to base ward.

12 Use domestics/nursing auxiliaries to assist in provision of refreshments.

13 Arrange rest breaks for staff during prolonged incident.

14 Be alert to possibility of stress affecting staff. Hospital Support Team available to assist with counselling and support

SECTION 5
ACTION CARD No 21

NURSE IN CHARGE – DAY PROCEDURE UNIT

During normal hours, the Day Procedure Unit Sister or deputy will be in charge of the unit. If a major incident occurs when the Unit is not staffed, the Nursing Controller in conjunction with the Nurse in Charge of Anaesthetic Department will appoint an appropriately trained senior nurse to take charge. The Nurse in Charge Anaesthetic Department will call out Day Procedures Unit staff and obtain additional staff via the Nurse in Charge of Allocation. Medical staff will be appointed by the Medical Controller.

NB. Entry to the Unit by swipe card/ID badge.
As DPU is a separate swipe card system to the rest of the Hospital, cards need to be activated by Hospital admin.

1 Clear Unit of any visitors.

2 Prepare to discharge any existing patients where possible, or decant them to other wards in consultation with Nursing Controller.

3 Cancel procedures for any patients waiting for treatment.

4 Prepare unit to receive seriously injured patients from Emergency Department.

5 Liaise with Nurse in Charge of Allocation (Ext. 26043) regarding allocation of staff. During out of hours periods liaise with Nurse in Charge of Anaesthetic Department re call out of staff.

6 Request additional supplies from Laundry, Supplies Department and Pharmacy as per standing arrangements.

7 Ensure only card copy of Major Incident Casualty Record remains with casualty on arrival at DPU. Any other copies should be sent to Control Room.

8 Notify Control Room (ext. 27511/27513 and 27512) when a casualty is admitted to DPU.

9 Notify Control Room when a casualty is transferred to another ward or hospital.

Between 8 p.m. and 8 a.m. on weekdays and at weekends, the key for the DPU drugs cupboard should be obtained from switchboard. When the Unit is closed during holiday periods, this key should be obtained from the switchboard (no internal doors with DPU are locked).

SECTION 5
ACTION CARD No 22

NURSE IN CHARGE OUT-PATIENT DEPARTMENT & DAY HOSPITAL

The Nursing Co-ordinator will appoint a senior nurse to take charge of both Outpatient Department and the Day Hospital during a Major Incident.

1 Clear Outpatient Department by expediting treatment of urgent cases and sending non-urgent cases home with instructions to contact their GP.

2 Cancel all Outpatient clinics and clear department of non-essential staff.

3 Prepare whole department to receive casualties with minor injuries.

4 Liaise with Nurse in charge of Allocation re nursing staff for Outpatient and Day Hospital including Hospital Support Team.

5 Clear Day Hospital of existing patients by decanting to the Day Room of Wards 10 and 11 or the Gymnasium, with nurses in attendance. Arrange with Ambulance Service for patients to be taken home where possible.

6 Arrange for rooms to be made available in Day Hospital and Physiotherapy Department Outpatient Treatment Room for Police and Hospital Support Team. The Interview Room, Consulting/Examination room, Treatment room and Physiotherapy room together with offices, are suitable for this purpose. Patients being discharged from Outpatient Department will be taken to the Physiotherapy Outpatient Dept., to be dealt with by Hospital Support Team.

7 Clear Day Hospital of all unnecessary equipment.

8 Liaise with Nursing Controller re allocation of a doctor to Outpatients.

Admission and Discharge

9 Arrange treatment of casualties in conjunction with doctor.

10 Ensure that Major Incident Record Card issued to each casualty in ED is completed, if this has not already been done in ED. After completion the top 3 copies will be detached and passed by runner to the Hospital Control room (in batches if required). Card copy to remain with patient.

11 When patient is ready for discharge, arrange for escort to the Physiotherapy Department Outpatient Treatment Room via the Fire Escape stairway, where they will be assisted by Hospital Support Team.

12 Use Red Cross personnel present to escort and generally support casualties.

13 Nursing staff in the Day Hospital should be instructed to work in conjunction with the Hospital Support Team looking after the needs of the casualties being discharged, the needs of friends and relatives waiting for news of casualties and subsequent reunion of casualties with relatives. The Hospital Support Team has a card system to ensure casualties being discharged are dealt with in order. They also have forms for recording the discharge of patients.

SECTION 5
ACTION CARD No 23

NURSE IN CHARGE OF WARDS (EXCEPT DPU, PAEDIATRICS/CHILD HEALTH AND REPRODUCTIVE MEDICINE)

This instruction applies to all wards except DPU and Reproduction/Midwifery for which separate instructions have been issued. The Senior Nurse in each ward, will be informed, by the Nursing Controller, that a major incident has been declared.

Duties All Wards

1 Instruct all visitors to leave hospital - exceptions can be made for those visiting seriously ill patients and for those staying with child patients.

2 Co-operate with Nursing Controller and Nurse in Charge of Allocation in providing nursing staff as required.

3 Co-operate by making equipment available in the hospital as required.

4 Be prepared to receive casualties from major incident or casualties decanted from another Ward.

SECTION 5
ACTION CARD No 24

ORAL SURGEON

1 Report to Medical Controller in Hospital Control Room (Occupational Therapy Workshop).

2 Receive update of situation and discuss duties to be undertaken.

3 Call out staff as appropriate.

4 Cancel clinics and other routine work as required.

5 Do not stand down until instructed.

SECTION 5
ACTION CARD No 25

PHARMACY CO-ORDINATOR

(Director of Pharmacy or deputy will be in charge of the department**)**

Outwith normal hours the 'on-call' Pharmacist will be contacted and will open the Pharmacy, notifying the Medical Controller when this has been done. The 'on-call' Pharmacist will call out other members of staff and will assume the role of Pharmacy Co-ordinator until the arrival of a more senior colleague. A senior member of pharmacy will nominate a member of staff as Pharmacy Casualty Controller.

1 Report to Department and inform Medical Controller.

2 Identify the nature of the incident.

3 Ascertain the estimated number of casualties.

4 Call out additional staff.

5 Allocating staff to specific tasks as per departmental plan.

6 Arranging a departmental briefing when the incident is over.

Pharmacy Casualty Organiser

7 Ensure that appropriate drugs are available in Emergency Department. Remain in ED to oversee drug usage and provide advice.

Distribution and Dispensary Co-ordinator

8 Liaise with the ordering clerk to ensure availability of appropriate drugs and fluids.

9 Arrange prepack discharge drugs for dispensing to casualties who are not admitted to hospital.

Ward Pharmacists

10 Visit appropriate wards to ascertain number of patients being discharged or transferred to other wards. Ensure that take home prescriptions are written and dispensed as quickly as possible. Patients may also be transferred from ITU to wards, which are not used for caring for critically ill patients. Ward pharmacist must ensure that these wards are supplied with necessary drugs.

SECTION 5
ACTION CARD No 26

PHYSIOTHERAPY DEPARTMENT

Outwith normal hours the 'on-call' Physiotherapist will be contacted during the Major Incident call out.

1 Inform the most senior member of staff available.

2 Prepare Physiotherapy gymnasium as a waiting area for patients being decanted from Borders General Hospital.

3 Prepare Physiotherapy Outpatient Treatment Room to receive 'walking wounded' casualties being discharged from Medical Outpatient Department to care of Hospital Support Team.

Senior Physiotherapist.

4 Consult with Nurse in Charge of Allocation in Committee Room (ext. 6043) re appropriate duties for staff and call out further members of staff as appropriate. (The lifting and handling skills of Physiotherapists, plus their ability to deal with members of the public, would enable them to assist with patient supervision in Radiology, Out-Patient Department and other areas of the hospital as required, or as runners between departments).

SECTION 5
ACTION CARDS No 27

RADIOLOGY DEPARTMENT

The **Consultant Radiologist on call** will be responsible for running the X-Ray Department during a major incident. Until their arrival, the On-call Radiographer will assume control. The Consultant Radiologist on call and the Radiographer on call will be notified during the BGH call out. The radiographer on-call will immediately call in the second on-call radiographer and inform the most senior radiographer available of the situation.

Duties

1 The Consultant Radiologist and/or on-call Radiographer will prepare the Department by the following actions: -

- Clear the Department by expediting examination of urgent cases and sending non-urgent cases home - obtain porters as required.
- Review the nature of the emergency and decide which staff to call in and which staff to place on stand by.
- Prepare whole department for examination of casualties. Use all four rooms for radiology.
- Initiate secondary call out of additional staff (radiographers, clerical and auxiliaries), from department call out list, as required.
- Allocate staff to specific tasks.

2 X-Ray procedures will be carried out in X-Ray Dept. whenever possible, but can be carried out in ED, DPU or Ward according to the condition of the patient.

3 Request for anaesthetic assistance, if required, should be via Anaesthetics Co-ordinator.

4 Liaise with Medical Controller for medical presence in X-Ray should this be necessary.

5 Liaise with Consultant in Charge or Medical Co-ordinator in ED re number of casualties expected - **emphasise the need to prioritise with only casualties with limb or life threatening injuries being sent for X-Ray initially**.

6 If the department becomes overloaded, inform Consultant in Charge of ED or the Medical Co-ordinator in ED, as well as the Medical Controller in Hospital Control.

SECTION 5
ACTION CARDS No 27

Recording of patient information on the RIS

- All examinations must be entered onto the RIS
- The patient hospital number is not likely to be available in the first instance. This should be replaced by the major incident number followed by the date of the incident in the format **MI01DDMMYY.**
- All other known patient information should be recorded if available. If no name is available call the patient Surname=**Major**, Forename = **Incident Number i.e. 01.**
- If date of birth not known give the date of the major incident as the DOB.

Image Production and distribution.

- All images will be produced on hard copy and will be sent with the patient.
- All images will be archived to the Fusion Server and any necessary demographic changes can be made retrospectively.

Reporting

7 All examinations should be hot reported and a copy of the result sent with the patient when they leave the department where possible. If not possible a handwritten report must be issued.

8 The copy of the Major Incident Report will be retained in the X-Ray Department so that a complete record can be initiated later.

9 All X-Ray films should be returned to X-Ray Department as soon as possible after use.

SECTION 5
ACTION CARD No 28

REPRODUCTIVE MEDICINE AND MIDWIFERY

FY2 first on call

1 Tour obstetrical and gynaecological wards with senior nurse and assess patients for immediate discharge home.

2 Liaise with Medical Middle Grade Staff, Medical Directorate, dealing with non-major incident calls.

3 Take all emergency calls concerning obstetrical and gynaecology patients from GPs and arrange admission/treatment as required.

4 Undertake duties as directed by Consultant - may be elsewhere in hospital.

Obstetric Middle Grade

5 On being notified that a major incident has been declared, immediately telephone on-call Consultant and request his presence in hospital. Inform hospital telephonist that this has been done to prevent a second call.

6 On arrival of on-call Consultant, report to Medical Controller in Hospital Control Room and undertake duties as directed - possibly in operating theatres.

Consultant on call

7 During silent hours - contact a colleague before leaving for hospital.

8 Direct staff as to duties

9 Check arrangements for converting the delivery room into an emergency obstetric theatre, to allow use of all 5 theatres during major incident.

10 Take charge of labour ward, assess patients with FY2 and discharge where possible.

11 If not required for immediate duties in department wards, report to Medical Controller for duties **CONSISTENT WITH DUTY CONSULTANT'S IMMEDIATE AVAILABILITY TO LABOUR WARD**.

Off Duty Staff

12 Report to Medical Controller for duties. Consultant and middle grade staff could be most usefully employed in either operating theatres assisting General Surgeons or in support of previously triaged patients in DPU.

SECTION 5
ACTION CARD No 29

SUPPLIES DEPARTMENT

The Hospital Controller (Chief Executive, Operational Services Manager or Administrator) will arrange for the call out of members of the Supplies Department during a major incident. The Supplies Manager or Senior Storekeeper will be contacted.

1 Supplies Department personnel called out for a major incident should record their arrival on the boards provided in main reception.

2 First person to arrive during out of hours periods, should inform the Hospital Controller (ext. 27511/27513 or 27512) that the department is open.

3 Keys for Supplies Department held in telephone switchboard. A duplicate set is held by the Works Department.

4 Call out staff as required. At least 2 should be called out.

5 Follow procedures for emergency issue of supplies to Emergency Department, Day Procedures Unit etc.

6 Identify as soon as possible any special needs.

7 Do not stand down until instructed by a supervisor.

SECTION 5
ACTION CARD No 30

SWITCHBOARD

1 The Senior Telephonist will be responsible for switchboard services during a major incident and ensuring that all operators are familiar with actions to be taken. Should a major incident be declared when the Senior Telephonist is not on duty, the telephonist should implement call out procedures and additionally contact the senior telephonist and another telephonist as soon as possible.

2 On receipt of a call reporting a major incident, the Accident and Emergency/Orthopaedic SHO on call or Senior Nurse, will instruct the telephone operator to implement the **'Alert'** or full call out procedure as appropriate.

NOTE: Those contacted by pager during the call out should be instructed to respond by contacting the Switchboard Operator using the Hospital internal emergency number – <u>26999</u>.

Actions

3 During an **'Alert'** phase, the telephone operator will:

- Ask for assistance
- Implement 'Alert' call out by contacting:
- Accident and Emergency/Orthopaedic SHO on call or Senior Nurse on duty.
- Consultant Physician on call **(Medical Controller)**
- Chief Executive or on-call Executive Director
- Director of Estates/Facilities Manager/on call Manager.
- **Head of Nursing – Acute Services, or Deputy**

Major Incident confirmed

4 Ask for assistance until second telephone operator is available.

5 Implement full major incident call out. When two operators are on duty the call out should be shared. Continue with call out until all personnel on list have been contacted. **Call out to take precedence over incoming calls.**

6 Issue mobile phone to Site Medical Team.

7 Programme pagers -

Hospital Controller	-	27511
Medical Controller	-	27514
Nursing Controller	-	27518

8 Refer all enquiries from relatives and friends to the Hospital Support Team or Casualty Bureau, Police HQ, Edinburgh, (Tel. No. to be announced).

9 Press enquiries regarding the incident should be referred to the Police Information Officer, Police HQ Edinburgh (0131-311-3461/3423). Press enquiries re Hospital response should be directed to the Hospital Press Liaison Officer in the Education Centre.

10 Allow use of fax machine by Police Documentation team if required.

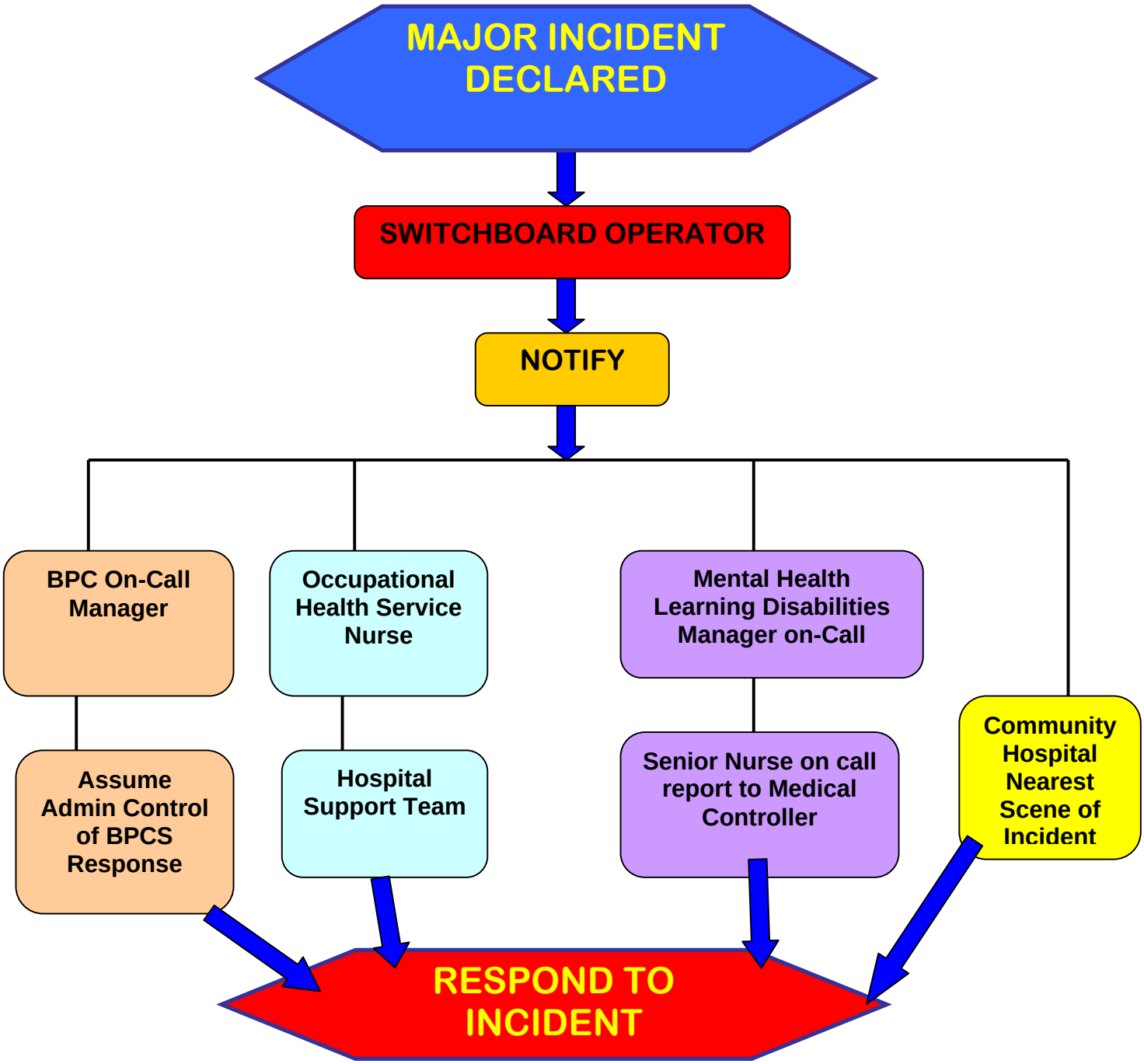
11 All routine calls from GPs referring patients should be passed to the Middle Grade Staff in General Medicine, who will deal with <u>all</u> specialties, except for Reproductive Medicine, which should be passed to that department. If direct dial telephone number of Middle Grade Staff has not been passed to you contact Hospital Controller and obtain it.

SECTION 6

NHS Borders

MAJOR EMERGENCY PROCEDURES

BORDERS PRIMARY AND COMMUNITY SERVICES, MENTAL HEALTH & LEARNING DISABILITIES RESPONSIBILITIES



SECTION 6

BORDERS PRIMARY & COMMUNITY, SERVICES, MENTAL HEALTH & LEARNING DISABILITY SERVICES

SECTION 6/1

ROLE OF PRIMARY AND COMMUNITY SERVICES, MENTAL HEALTH AND LEARNING DISABILITY SERVICES

Introduction

1) The aim of this Section is to provide a framework for Primary & Community Services (P&CS) to provide a response to a major incident or emergency, so that essential health care needs are met effectively when normal services become overloaded, restricted or non-operative for whatever reason.

2) When the Police declare a Major Incident and Borders General Hospital notified, the **Borders General Hospital Switchboard Operator** will notify the following **during, and outwith normal working hours**: -

(a) P&CS on-call Manager
(b) Occupational Health Service Nurse (if available)
(c) Mental Health Manager on call
(d) Community Hospital nearest scene of incident

3) Initially, Lothian and Borders Police will call General Practitioners practising in the area of the incident to the scene of the incident.

4) The first General Practitioner to arrive will normally undertake the role of Medical Incident Officer. (The duties of the MIO are detailed in Section 6/7).

Role of P&CS

5) The P&CS on-call Manager will co-ordinate and control the service involvement by:

(a) Maintaining an emergency call-out list of staff available to provide support at either the incident site or at Borders General Hospital.

(b) Taking the lead role in calling of General Practitioners and community nursing staff to the scene of the incident, Emergency Rest Centres which are established by the local authority, Borders General Hospital, and / or some other center where their services are required.

(c) Alerting all Community Hospitals to the major incident.

(d) Providing details of available beds within Community Hospitals to allow transfer of patients from Borders General Hospital, if required.

(e) Liaison with Mental Health and Learning Disabilities to ensure the provision of other staff to the Borders General Hospital Support Team, to ensure counselling and support is available to patients, relatives and friends of casualties and to NHS personnel, if required.

(f) Calling Occupational Health Service staff for the Hospital Support Team.

(g) Providing additional personnel, accommodation and equipment resources to assist Borders General Hospital, if requested.

(h) Ensuring the continuing treatment and care for existing patients.

(i) Supplying appropriate competent staff (i.e. nurses, dental nurses or admin staff) for Radiation Screening Units which may be set up following a large release of radiation, whether from a source in this country or abroad, (e.g. Chernobyl) to provide reassurance monitoring of the public.

(j) In partnership with Borders Emergency Care Services liaise with NHS24.

SECTION 6/2

PRIMARY & COMMUNITY SERVICES ON-CALL MANAGER

1 During normal working hours, and outwith normal working hours, the **Borders General Hospital Switchboard Operator** will notify the **Primary & Community Services (P&CS) On-Call Manager** of the declaration of a major incident or emergency.

2 The P&CS on-call Manager will: -

(a) Assume administrative control of the Primary & Community Services response.

(b) Go to Borders General Hospital Major Incident Control Room (Occupational Therapy Workshop), and report arrival to the Medical Controller.

(c) Room 1RE40 Rehabilitation Secretary has been designated as the operational base for the General Primary and Community on-call Manager.

(d) If unable to go to Borders General Hospital, inform Medical Controller at Borders General Hospital of work location, and of contact telephone & fax numbers, and e-mail address(s) for Primary Care team.

(e) Obtain a situation report from the **Medical Controller** regarding the incident, and assess the level of assistance required from Borders Primary Care resources.

(f) Call out additional Primary Care support staff as are required to assist.

(g) Contact Community Hospitals starting with those closest to the scene of the incident. Inform the Senior Nurse on duty and obtain details of available beds and staff. **(The Community Hospital nearest the scene should have been informed during Borders General Hospital call-out but confirm this has been done)**.

(h) Initially Community Hospital bed states may be obtained from the Primary Care computer system as follows: -

1. In 'Outlook', click on View
2. Click on 'Folder List'
3. Under 'All Public Folders' double-click on 'BPCT'
4. Drag 'BPCT Bed States' to 'Outlook Shortcuts'
5. Open as any other shortcut.

(i) Pass Community Hospitals bed state to Medical Controller at Borders General Hospital. Discuss whether or not there is likely to be a need for additional Community Hospital beds or Primary Care staff.

(j) In conjunction with the Medical Controller at Borders General Hospital and the Senior Nurses at Community Hospitals, arrange to admit any patients who may have to be decanted from Borders General Hospital by the Ambulance Service.

(k) Contact Lothian and Borders Police Force Communications Centre 0131 311 3423 to establish the names of General Practitioners already contacted by Police and attending at scene.

(l) Ascertain, from Lothian and Borders Police, the location of Rendezvous Point, the most appropriate route there, and location of Rest Centre(s), which may have been established by Scottish Borders Council. This information will be required for the information of NHS Borders staff deployed to the scene of the incident, or other place, and who may have to negotiate police cordons, road closures etc.

(m) If required, arrange for sufficient number of General Practitioners to attend at scene of the incident, the Rest Centre and/or Community Hospital nearest to the scene, as required. Liaise with Borders Emergency Care Services receptionist if any difficulty is experienced in contacting General Practitioners.

(n) Arrange for competent / appropriate Primary Care staff to be sent to any Rest / Decontamination Centre, Borders General Hospital and / or Community Hospitals as required.

(o) Contact the Medical Controller at Borders General Hospital and ascertain the direct dial telephone number(s) for the **Middle Grade Staff, Medical Directorate, at Borders General Hospital**, who will be responsible for receiving routine calls and referrals to all specialties at Borders General Hospital.

(p) Ensure all Health Centres, Borders Emergency Care Services and General Practitioners **not** involved with major incident duties are informed of the major incident.

(q) Circulate to Health Centres and General Practitioners, the direct dial telephone number(s) for the **Middle Grade Staff, Medical Directorate, at Borders General Hospital**, who will be responsible for receiving routine calls and referrals to all specialties at Borders General Hospital.

(r) Liaise with on-call Mental Health Manager regarding any assistance required by the Borders General Hospital Support Team.

(s) Maintain a log sheet of all actions taken.

3 If for some reason the General Primary Community Services on-call Manager cannot attend Borders General Hospital, or nearest available NHS Premises, that individual should contact another Primary Care Manager on the on-call

rota, and request they undertake the duties outlined above.

SECTION 6/2

4 The P&CS on-call manager should inform the P&CS Senior Management Team of the Major Incident A.S.A.P. **The telephone numbers for Mr A Pattinson; Dr S MacDonald; Mrs E Peace; Mr C Kontothanassis; Mr E Witkowski; Mrs H Irwin; Mrs M Wood are held by the BGH switchboard.**

5 Throughout, the P&CS on-call manager should maintain close liaison with and act in support of the Executive on call.

SECTION 6/3

BORDERS GENERAL HOSPITAL SUPPORT TEAM

1 The Hospital Support Team (HST) will be drawn from personnel in Chaplaincy, Palliative Care, Occupational Health and Social Work and work under a co-ordinator, normally the Occupational Health Manager or deputy. The aim of the team will be to ensure that casualties, their relatives and friends, and hospital staff are provided with care and support.

2 The bereaved must be cared for and casualties must be reunited, where possible, with relatives and friends on their arrival at the hospital. There may be requirements for clothing, temporary financial help, accommodation, travel arrangements and spiritual support. Counselling may also be required.

3 The HST will be able to liaise with and co-ordinate voluntary organisations called in to assist in the hospital and co-operate with external Social Work teams involved.

4 The role of the HST will be to provide: -

a) Care and support of relatives, friends arriving at Borders General Hospital, in the Day Hospital and hospital cafeteria area.

b) Initial support and counselling of casualties, relatives, and friends as required, and in consultation with medical and nursing staff.

c) A mortuary escort service.

d) Voluntary Aid Societies Reception point.

e) Care and support of staff as required.

See flow chart at **6.3 annex** for summary of how this is achieved.

Declaration of Major Incident

5 When a major incident is declared the HST will be called out as part of the notification system by the Switchboard Operator at Borders General Hospital. The Switchboard Operator and Borders General Hospital Administration hold the call-out list for the team.

6 It is the responsibility of the Managers of the groups involved to ensure that the call out list is kept up to date with quarterly checks initiated. **Updated lists of their staff must be sent to the Senior Telephonist and Hospital Administration on a quarterly basis**.

Reporting for Duty and Initial Action

7 All members of the HST should record their arrival on the clipboards provided in the main Hospital Reception Area.

8 The first HST member to arrive should collect the (red coloured) HST Emergency Procedures file from the Borders General Hospital Switchboard, and immediately put up information signs in the main reception, Day Hospital and Physiotherapy Outpatient Treatment Room. (The signs are contained in an envelope at the back of the Emergency Procedures file). Room allocations are as follows: -

Hospital Support Team

INITIAL RECEPTION FOYER	ENQUIRY DESK IN MAIN
INFORMATION POINT	RECEPTION DESK IN DAY HOSP. + ROOM 1. DH 3 IF REQUIRED
INTERVIEW ROOMS	1.DH.22 & 1.DH.25
POLICE INTERVIEW ROOMS	1.DH.2 & 1.DH.28
WAITING AREA FOR RELATIVES & FRIENDS	1. DH 7
REUNITING ROOMS	1.DH.17, 1 DH 18 and 1.DH.1
CASUALTY DISCHARGE (POLICE)	1.DH.23
CASUALTY DISCHARGE (GENERAL)	1.DH.24
WAITING AREA FOR CASUALTIES BEING DISCHARGED	PHYSIOTHERAPY OUTPATIENT TREATMENT

9 The first member of the HST to arrive should liaise with the senior nurse on duty in the Day Hospital and with Physiotherapy Department staff regarding the preparation of these areas.

10 Referral forms, telephone enquiry forms and discharge forms are all in the HST Emergency Procedures file

Hospital Information Point – Day Hospital

11 Ensure that all Hospital Support Team staff record their details in the register contained in the HST Emergency Procedures file as they arrive.

12 A multidisciplinary information point in the Day Hospital will provide a focal point where enquiries from friends and relatives of casualties can be directed. By this means, pressure is taken off the Switchboard Operator(s) and a co-ordinated approach can be made to assisting relatives and friends.

13 The hospital information point staff will also pick up enquirers who have not yet contacted the Casualty Bureau at Police Headquarters, Edinburgh (tel no will be made available by Police Liaison Officer). Members of the Hospital Support team a member of the nursing staff and a police officer will staff the hospital information point.

14 **N.B.** It is important to remember that the Casualty Bureau is the focal point for all enquiries about casualties. A computerised system is in operation. The media will publish the telephone number of the Casualty Enquiry Bureau. However, some relatives and friends may call the hospital direct. As casualties could be taken to several different hospitals and in different NHS Board areas, it is important that all enquiries are recorded centrally.

Reception Procedure for Relatives

15 One or more HST team member will act as receptionist, stationed at the reception desk in the main entrance. S/he will welcome enquirers and direct them to the Information Point in the Day Hospital where initial details will be recorded and a Link Worker allocated. (Relatives/friends of each casualty/Misper will be allocated to the same Link Worker if that is appropriate). The Link Worker will thereafter accompany the group to any interviews, etc. A police officer may be asked to assist in or at the reception area.

16 Members of the HST in the Hospital Information Point (Day Hospital) must ask each enquirer, either in person or by telephone, whether or not they have contacted the Casualty Bureau. If they have not, the enquiry should be passed to the police officer on duty in the information point. If no police officer is present, details of the enquirer should be recorded on a Casualty Bureau Misper form and they should then be assisted to telephone the Casualty Bureau. Telephones in the Day Hospital can be used for this purpose until additional telephones are provided. Contact should be made with the Control Room to establish whether or not a casualty is in Borders General Hospital.

17 A Link Worker will accompany the enquirer to the Day Hospital interview room, to ascertain information regarding the casualty/Misper. (Information will only be passed on in private interviews). If the casualty/Misper is suspected to be dead, then the relatives will be required to identify the body. The relatives will be accompanied to the Mortuary by the Link Worker and a member of the Palliative Care Team after having made arrangements for viewing with police on duty at the Mortuary (ext 6013).

18 Social Work staff will be available in the Day Hospital to take down detailed information. The Social Work staff will have the necessary information and forms to assist in the provision of assistance, in liaison where necessary, with other organisations such as Housing, Welfare Benefits etc.

Visits to Wards

19 Link Workers will arrange with Ward for initial visit to the casualty on Wards and will accompany relatives and friends at the first visit. For the benefit of those involved, visits to relatives in wards should be arranged as early as possible.

20 The palliative care team will have overall responsibility for the welfare of relatives.

Discharge of Casualties

21 Casualties being discharged will be escorted from the Outpatient Department to the Physiotherapy Outpatient Treatment Room by the internal fire escape stairway where the HST will deal with them.

22 It is essential that those being discharged remain in the Physiotherapy Outpatient Treatment Room until administrative procedures have been completed, after which they should be reunited with relatives and friends who will be in the Day Hospital sitting room. The casualty should be in possession of the **white** card copy of the Major Incident Record Card, which should be endorsed when discharged.

23 Should any of the coloured copies of the Major Incident Record Card **(blue, pink or green)** be attached to the card copy, they should be removed and immediately passed to the Hospital Control Room. The card white copy **(patient record)** should be passed to the Control Room when the casualty has been discharged. A record of all casualties processed by the Hospital Support Team should be kept.

24 It will be the responsibility of the Link Worker to arrange for the re-uniting of discharged patients and any waiting relatives with the nursing staff responsible for discharge. **Every effort should be made, on the discharge of a patient to ask the patient/relative/friend to inform other relatives and friends of the discharge, to prevent unnecessary telephone calls to the hospital or the Casualty Bureau**.

25 After being reunited, casualties and there relatives/friends are free to leave but can be directed to the Chaplaincy Centre where quiet areas will be available.

Post Incident Support of Casualties, Friends and Relatives

26 Ongoing support for casualties and their friends and relatives will be provided by Scottish Borders Council Post Incident Support Team via Social Work Life Long Care Head of Service.

Post Incident Support of Staff

27 Training and experience often help avoid the worst effects of major incidents however they do not always provide a complete safeguard to the emotional response that can be experienced. The Occupational Health Service will be available to staff on a group or individual basis to outline the reactions they can expect to have and ensure that on-going support is available if required. Line managers should be aware of, and make their staff aware of the services offered by the OHS.

Off Duty Staff

28 If the incident occurs outside of office hours (Monday-Friday 0830-1630), the palliative care team are not on site. Off duty members of the PCT should therefore not wait to be contacted but come directly to the main hospital reception area

Stand Down

29 HST Staff should not stand down until they have spoken to the HST co-ordinator.

COMMUNITY HOSPITALS

1 Borders General Hospital (BGH) is the Control Hospital for a major incident in the Borders, while The Royal Infirmary of Edinburgh, Cumbria Infirmary, Carlisle, and Dumfries Royal Infirmary are Designated Receiving Hospitals. Berwick Infirmary may be nominated as Support Hospital for major incidents in eastern Berwickshire.

2 No provision is made for the admission of casualties from a major incident to Community Hospitals because of the limited Accident and Emergency facilities and limited staff available. **This does not preclude the arrival of casualties with minor and major injuries at a Community Hospital by other means.**

Assessment and Triage of Casualties

3 In such circumstances casualties should be assessed and arrangements made for them to be treated there by a GP or nursing staff as appropriate, or transferred by ambulance to BGH, depending on numbers, the nature of injuries, and availability of ambulances.

Casualty Records

4 On arrival at a Community Hospital, the **Senior Nurse on duty** will ensure that each casualty is issued with a pre-numbered **Major Incident Record Card,** and the corresponding numbered identification bracelet will be attached to that person. All items in the Major Incident Record pack are pre-numbered, and each casualty will be allocated a sequential serial number, which relates to all documentation and property

5 1) Major Incident Record packs in each Community Hospital should be stored in the Treatment Room, and contain the following: -

(i) Major Incident Record Card with self-carbonating copies -
1st copy – **yellow** – Police copy
2nd copy -**white** - Community Hospital copy.
Patient record card - **buff** - remains with patient.
(ii) Identity bracelet.
(iii) Tie on label.
(iv) Stick on label.
(v) Envelope for patient's valuables.
(vi) Envelope for dentures.
(vii) Specimen bag.
(viii) Sample bottles.

6 When a patient arrives at the BGH from a Community Hospital, a BGH Major Incident Record will be initiated, with the Major Incident Record Card from the Community Hospital being attached to it.

7 For ease of identification and to prevent the possibility of confusion over numbering, the Community Hospital Major Incident Record Cards and copies, are different colours to those used at the BGH, and will be numbered **1001, 1002** etc., (BGH records are numbered **001, 002** etc.). The name of the Community Hospital will also be clearly shown.

8 Should major incident casualties arrive at a Community Hospital, the Senior Nurse on duty should obtain the services of local GPs. If difficulty is experienced in contacting GPs, the P&CS on-call Manager should be contacted and assistance requested.

9 The location and telephone number of the P&CS on-call Manager should be obtained from the Hospital Controller at BGH, or the BGH Switchboard Operator.

Interpreters

10 Contact Hospital Controller and Borders General Hospital.

Media

11 Borders General Hospital will establish a **Press Liaison Centre** within the **Education Centre**, with a Press Officer in charge, who will be responsible for co-ordinating Health Service information and press releases.

12 **NHS Borders** through the Press Officer **(Director of Workforce Planning)**, will be responsible for issuing any information. Staff at Community Hospitals must not divulge any information regarding the incident unless cleared with the Press Officer

SENIOR NURSE ON DUTY – COMMUNITY HOSPITAL

13 The Scottish Ambulance Service will convey casualties to the BGH as Control and main Receiving Hospital, as well as to the Royal Infirmary of Edinburgh, Cumberland Infirmary, Carlisle, and Dumfries Royal Infirmary, as required, and in conjunction with the Medical Controller at BGH.

14 It is possible that casualties could be conveyed to Community Hospitals by other means. It is therefore essential that Community Hospitals are alerted and prepared to receive casualties should a major incident occur in their area. Community Hospitals may also be asked to receive patients decanted from BGH.

15 The Senior Nurse on duty, on being informed that a major incident has occurred in the locality will prepare the hospital to receive casualties. If the information is received from any source other than the BGH Switchboard or the P&CS on-call Manager, check that the BGH has been informed.

16 Prepare bed state for the information of the P&CS on-call Manager.

17 Appoint member of staff to telephone duties, and another to call in additional staff.

18 Appoint nursing staff to specific tasks.

19 Contact local GPs to attend at hospital. If none available locally due to attending at scene of incident, ask P&CS on-call Manager to arrange. The P&CS on-call Manager will operate from the BGH, or the nearest suitable NHS premises, or from home, notifying their telephone number to the BGH Medical Controller and then Community Hospitals. If there is any delay in this procedure, make direct contact with GPs from another town in the area.

20 Carry out triage of casualties as they arrive.

21 Arrange for **Hospital Controller, Borders General Hospital** to be informed if casualties are admitted to the Community Hospital.

22 Ensure that casualty details are recorded on Major Incident Record Cards, with the **yellow** form **(Police copy)** being faxed to **BGH Control Room** as soon as possible after the casualty has been.

23 In the absence of fax facilities, details of casualties must be passed to the **BGH Control Room** by telephone, at the earliest opportunity. The Community Hospital copy **white** will remain attached to the Record Card until the patient is either discharged or transferred to the BGH, after which it will be filed as the Community Hospital record.

24 The **buff** Record Card remains with the patient. If the patient is admitted or discharged from the Community Hospital, the Record Card remains with the patient until discharged. After discharge the Control Room at BGH should be informed and the Record Card forwarded to the Hospital Controller by the mail system. **N.B. If the patient is transferred to BGH the Record Card must accompany the patient.**

25 Contact Ambulance Control to request ambulances necessary to transport casualties to BGH.

26 Police officers may arrive to obtain details of casualties for the Casualty Bureau. They should be given the **yellow** Police copy of the Major Incident Record Card. In the event of no Police officers arriving at the Community Hospital, the **yellow** copy should be forwarded by the mail system to the Hospital Controller, BGH. **Make clear to any Police officer that the casualties are hospital patients and that officers must co-operate with hospital staff.**

27 Maintain a log of all actions taken.

SECTION 6/5

MEDICAL INCIDENT OFFICER AND OTHER GENERAL PRACTITIONERS

1 The role of Medical Incident Officer is crucial to the Health Service response. The Medical Incident Officer must not get involved in the 'hands on' treatment of casualties. If this occurs, overall control of the situation will be lost and vital overall assessments neglected.

2 On arrival at the scene, the Medical Incident Officer should identify himself to the **Police Incident Officer** and the **Ambulance Incident Officer**, and obtain a briefing regarding the situation.

3 While movement around the site will be necessary, the Medical Incident Officer should be based at the Ambulance Incident Control Point, where communication with Ambulance Central Control, the Control Hospital and other designated receiving hospitals are available, and to maintain close liaison with the Ambulance Incident Officer.

4 General Practitioners may be called upon to assist a major incident, either at the scene, at a rest centre, at Borders General Hospital, or at a Community Hospital. The primary duties at a rest centre, or hospital will be the treatment of casualties.

5 At the scene of a major incident, the first General Practitioner to arrive will undertake the role of Medical Incident Officer. The Medical Incident Officer will provide the link between the scene of the incident and the Control Room at the Borders General Hospital, informing the Medical Controller of the situation at the scene.

6 General Practitioners called to the scene by the Police should go to the Rendezvous Point nominated by the Police, and on arrival report to the Police Incident Officer, and the Ambulance Incident Control, so a record of Health Service personnel at the scene can be maintained.

7 The first General Practitioner to arrive should obtain the Medical Incident Officer jacket from the Divisional Ambulance Officer in attendance, or from the Site Medical Team, and wear this plus other protective clothing as appropriate.

8 Personal protective clothing, to equip 3 General Practitioners will be carried to the incident site by the Scottish Ambulance Service. This equipment will protect individuals from minor hazards arising from chemical and other toxic substances, however advice **must be** sought from the Fire Brigade before going on-site is considered. **On no account should General Practitioners expose themselves to any unnecessary degree of risk.**

9 A Site Medical Team will be sent to the scene from Borders General Hospital, if resources allow, unless the Medical Incident Officer informs the Medical Controller that the team is not required. The Site Medical Team will bring a cellular phone for use by the Medical Incident Officer plus three hand held radios for on site communications. A Surgical Team will be sent if requested.

10 The Medic 1 Team from The Royal Infirmary of Edinburgh will respond to any Major Incident in the Borders. The Consultant in charge will undertake the role of Medical Incident Officer, if requested by the General Practitioner already undertaking this role. The General Practitioner may continue as Medical Incident Officer or hand over the role to the Consultant in Charge of Medic 1.

11 If the Consultant in Charge of Medic 1 takes on the role of Medical Incident Officer, the General Practitioner who initially undertook that role may continue by acting as Assistant Medical Officer, and must inform the Medical Controller at the Borders General Hospital accordingly.

12 The Medical Incident Officer should:-

a) Provide guidance on priorities for the treatment and evacuation of casualties.

b) Keep notes of all decisions made, casualties, medical staff on site etc.

c) Ask Police to provide a liaison officer with radio communications.

d) Reconnoiter the scene to assess:

- the number of casualties likely to require hospital treatment
- whether or not a Site Medical Team is required
- whether or not surgical expertise is required to carry out amputation at the scene

e) Establish communications with the Medical Controller at Borders General Hospital by telephone, or by police or ambulance service radio.

f) Inform Medical Controller (consider use of mnemonic CHALET) of the situation after initial survey and with regular updates thereafter of:

C asualties - number of dead, serious, slight, nature of injuries, numbers taken direct to other (named hospitals).
H azards - contamination, weather, other dangers.
A ccess - to site, and alternative routes and traffic diversions.
L ocation - define exactly the location of the incident.
E mergency - medical services required, and status of any at the scene.
T ype - of incident, chemical, explosion, fire, etc.

f) Direct other General Practitioners to triage and treat casualties. Appoint one General Practitioner to act as assistant to Medical Incident Officer. Ensure all Health Service personnel report their arrival and departure to the Ambulance Incident Control Post.

g) In consultation with the Ambulance Incident Officer and the Police Incident Officer, establish:

- A Casualty Clearing Station. (Appoint a doctor to take charge).
- Ambulance loading point.
- Consider the use of helicopters to evacuate casualties (arranged through Police or Ambulance Incident Officers).

h) Direct General Practitioners in attendance, Site Medical Team and Ambulance Officers to prioritise casualties by using the appropriate triage labels which are carried in Nurses Bags and by Divisional Ambulance Officers to show the category of the patient:

- Immediate - first priority **Red**
- Urgent - second priority **Yellow**
- Non urgent - third priority **Green**
- Dead - **White**

i) The labels display the casualty's name, nature of injury, treatment given and any drugs administered. If the condition of the casualty alters, refolding to show the appropriate colour can change the category on the label. If casualties only require minor first aid treatment, they should be directed to the Rest Centre if one has been opened.

j) Assess whether any further assistance is needed. Medic 1 will be attending from Edinburgh, as well as a Site Medical Team from the Borders General Hospital, if resources there allow, unless the Medical Incident Officer informs the Hospital Controller that it is **not** required. A Surgical Team will be sent if requested.

k) Formulate a casualty evacuation plan in conjunction with the Ambulance Incident Officer. Liaise with the Ambulance Incident Officer and the Ambulance Officer in Charge of the Casualty Clearing Station, so messages to the Medical Controller at the Borders General Hospital, regarding casualties carried in ambulances, **are from one source,** to avoid confusion.

l) In liaison with the Medical Controller at the Borders General Hospital, nominate receiving hospitals as required. Inform Police and Ambulance Incident Officers accordingly.

m) Casualties with serious head injuries, serious burns, spinal injuries, or radioactive contamination who, in the opinion of the Medical Incident Officer, do not require immediate resuscitation or stabilising treatment at Borders General Hospital should, after consultation with the Ambulance Incident Officer, be taken direct to The Royal Infirmary of Edinburgh, or St. John's Hospital as appropriate. In these circumstances, the Medical Incident Officer should inform the Medical Controller, who will inform the Accident and Emergency Department, The Royal Infirmary of Edinburgh, or St. John's, and the Police.

n) Injured children not requiring immediate resuscitation or stabilisation at the Borders General Hospital can also be transferred direct from the site to The Royal Infirmary of Edinburgh, or the Royal Hospital for Sick Children as appropriate. The Medical Incident Officer will inform the Medical Controller who will notify the hospital and the Police.

o) It should be noted that escorting nurses might be required.

p) Depending on the location of the incident, in conjunction with the Medical Controller at Borders General Hospital, and the Ambulance Incident Officer, consider sending casualties to Cumberland Infirmary, Carlisle or Dumfries Royal Infirmary.

q) Should there be a need for support to be given to relatives and friends of casualties at the scene of the incident, request assistance of Community Nurses via the Medical Controller.

r) In liaison with the Medical Controller and the Police Incident Officer, declare a stand down of Health Service personnel when the incident is concluded, and it is no longer considered a major emergency for NHS Borders.

13 It should be borne in mind it may be necessary to remain on site to support the Police after live casualties have left the site. Bodies of those certified dead at the scene will be removed to a temporary mortuary arranged by the Police

14 The Medical Incident Officer must not leave the site unless handing over duties to another doctor appointed to that role.

Other General Practitioners at the Scene

15 Report arrival to Medical Incident Officer and to Ambulance Incident Control. Assist with triage and medical care of casualties at scene and Casualty Clearing Station as directed by Medical Incident Officer.

General Practitioners at Rest Centres

16 Report arrival to senior police and social workers in charge. Provide medical assistance as required. Rest Centres are for uninjured survivors but inevitably people arrive with minor injuries or become ill while there.

General Practitioners at Hospitals

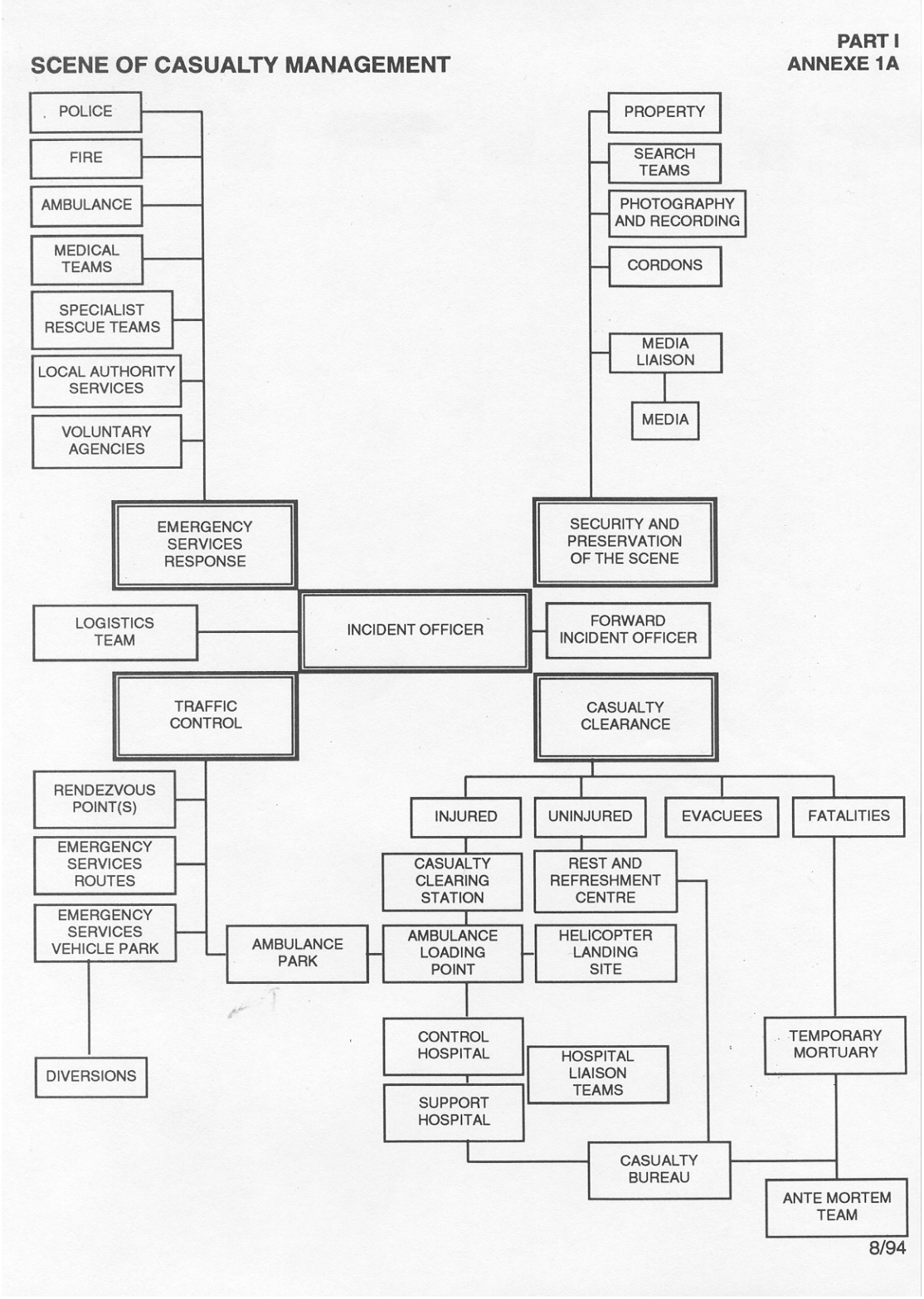
17 Report to Medical Controller in Hospital Control Room at Borders General Hospital or to Senior Nurse at a Community Hospital. Provide medical assistance as required.

If at a Community Hospital make provision for admission to Borders General Hospital if required.

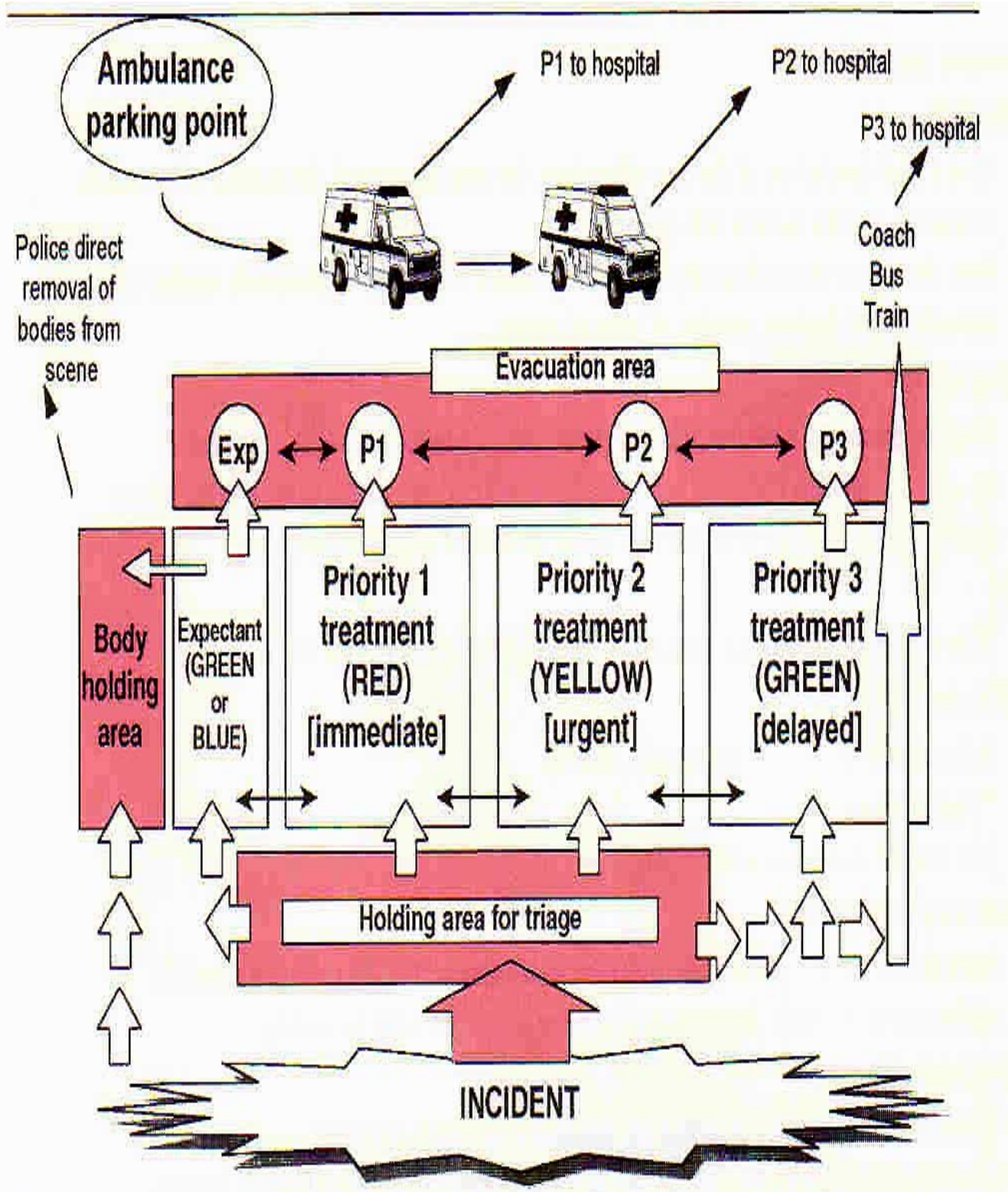
General Practitioners not Involved in Major Incident

18 A Middle Grade in the Medical Directorate will deal with all medical emergencies in the hospital and with all enquiries from General Practitioners regarding admissions. A direct dial in telephone number will be issued.

SECTION 6/5


PART I
ANNEXE 1A
SCENE OF CASUALTY MANAGEMENT
POLICE
FIRE
AMBULANCE
MEDICAL TEAMS
SPECIALIST RESCUE TEAMS
LOCAL AUTHORITY SERVICES
VOLUNTARY AGENCIES
PROPERTY
SEARCH TEAMS
PHOTOGRAPHY AND RECORDING
CORDONS
MEDIA LIAISON
MEDIA
EMERGENCY SERVICES RESPONSE
SECURITY AND PRESERVATION OF THE SCENE
LOGISTICS TEAM
INCIDENT OFFICER
FORWARD INCIDENT OFFICER
TRAFFIC CONTROL
CASUALTY CLEARANCE
RENDEZVOUS POINT(S)
EMERGENCY SERVICES ROUTES
EMERGENCY SERVICES VEHICLE PARK
INJURED
UNINJURED
EVACUEES
FATALITIES
CASUALTY CLEARING STATION
REST AND REFRESHMENT CENTRE
AMBULANCE PARK
AMBULANCE LOADING POINT
HELICOPTER LANDING SITE
CONTROL HOSPITAL
HOSPITAL LIAISON TEAMS
TEMPORARY MORTUARY
DIVERSIONS
SUPPORT HOSPITAL
CASUALTY BUREAU
ANTE MORTEM TEAM
8/94

SECTION 6/5



[The 'expectant' area is used at the discretion of the MIO and AIO]

SECTION 6/6

MEDICAL & NURSING STAFF AT EMERGENCY REST CENTRES

1 Some major incidents involve numbers of people who are uninjured or with minor injuries, but who do not wish or require hospital treatment, or who cannot immediately leave the scene of the incident due to lack of transport or accommodation.

2 An Emergency Rest Centre will be established in suitable premises in the vicinity to provide temporary accommodation for those people. The Police are responsible for obtaining the use of the premises and are involved with documentation of those taken to the Centre, and with security.

3 The Social Work Department, Scottish Borders Council will manage the Centre with assistance from voluntary agencies such as the Red Cross and WRVS. Similar accommodation may have to be provided for people evacuated from their houses due to imminent danger (e.g. damage to building, flooding, release of toxic gas).

4 While casualties from a major incident should be taken to a hospital for treatment, it is probable that some of the public involved will arrive at an Emergency Rest Centre. Some may have minor injuries, or injuries initially thought minor, but which become more serious. They may also become ill during their time in the Centre. While there is likely to be a Red Cross team in attendance, there may well be a need for a General Practitioner(s) and nursing staff.

5 The P&CS on-call Manager will liaise with the Medical Controller at Borders General Hospital, and arrange for the attendance of one or more General Practitioners and Primary Care nursing staff at the Emergency Rest Centre, according to the needs of the situation.

Duties

6 Any General Practitioner or in the absence of a General Practitioner, the Senior Nurse attending at an Emergency Rest Centre should take charge of medical treatment with assistance from Red Cross personnel.

7 Report your arrival to the Medical Controller, Borders General Hospital by telephone.

8 Liaise with Senior Police Officer and Social Worker at Rest Centre.

9 Should it become necessary to send any casualty to hospital, arrangements should be made with the Medical Controller at Borders General Hospital, who will contact Ambulance Control. In cases of urgency the Ambulance Service should be summoned by using the ‘999’ system.

10 Details of any casualties treated should be noted and passed to the Medical Controller as soon as possible.

11 Do not stand down until the Emergency Rest Centre is closed or until a relief is provided. In prolonged incidents where there is a need for relief or additional staff, contact should be made with the Medical Controller at Borders General Hospital who will be in contact with the P&CS on-call Manager.

SECTION 6/7

BORDERS EMERGENCY CARE SERVICES AND STAFF

Duty Receptionist/ Administrator

1 On receipt of a call from Borders General Hospital Switchboard Operator reporting that a major incident has been declared, inform duty doctor and put in place arrangements for BECS doctor to move to **Galashiels Health Centre** for the duration of the incident (if required).

2 Deal with all routine BECS calls.

3 Assist Lothian and Borders Police and/or P&CS on-call Manager to contact General Practitioners to attend at the scene of the major incident, Emergency Rest Centres, or other places where required.

DUTY BORDERS EMERGENCY CARE SERVICES DOCTOR

4 On being notified that a major incident has been declared prepare to move the BECS Doctor's base to Galashiels Health Centre as per standing arrangement.

5 Transfer with car, driver and equipment to Galashiels Health Centre and operate from there until such time as the major incident is declared over and the BECS operation can resume from Borders General Hospital.

6 The BECS telephones will continue to be staffed at Borders General Hospital by the BECS Receptionist during the out of hours period. Additional staff will have to be called in to achieve this.

7 The BGH on-call manager will arrange for the call-out of off duty General Practitioners to attend at the scene of the incident and any Emergency Rest Centre that has been established.

8 Obtain direct dial number from the Hospital Control Room for **Middle Grade Staff, Medical Directorate**, who will be responsible for receiving routine calls from General Practitioners for all specialities and also for dealing with clinical emergencies in the hospital for the duration of the incident. Notify BECS receptionist of this number.

SECTION 6/8

MENTAL HEALTH & LEARNING DISABILITIES SERVICES

Mental Health Manager on call

1 When a major incident has been declared the Borders General Hospital Switchboard operator will notify the manager on-call in mental health

2 The manager will attend at Borders General Hospital, recording name, designation and time of arrival on one of the clipboards at the main reception.

3 Report presence to the **Medical Controller in the Hospital Control Room**. (Occupational Therapy Workshop) by telephone before liaising with the Hospital Support Team Co-ordinator to:

a) Asses overall scale and nature of the incident, and

b) If appropriate, make initial contact on an informal basis with victims or relatives who may be at the hospital.

4 The manager will arrange for support from mental health staff

5 The role of the manager will initially be to:

a) If appropriate, make informal contact with victims and relatives, thereby reducing potential fears over subsequent psychiatric involvement. Initial support would be via Hospital Support Team staff. Anyone identified as requiring specialised help would be discussed with their General Practitioner and referred to specialist psychiatric services as appropriate.

c) co-ordinate the provision of staff from the mental health service and from the learning disability service, to provide support, as required

d) In conjunction with the Occupational Health Service, arrange stress debriefing for members of staff. The Consultant Psychiatrist on call should be consulted at this stage, or earlier if required.

6 If the incident is of disaster proportions, consideration will be given to obtaining assistance from Scottish Borders Regional Council Social Work staff, and the formation of a Post Disaster Counselling Team may need to be considered.

Call Out List

7 A rota of Senior Nurses on call is held at the Borders General Hospital switchboard.

Off Duty Staff

8 Do not telephone BGH as this overloads the telephone system. You will be contacted by telephone if required. Listen to local radio and television - requests for staff may be made via the media.

Stand Down

Staff should not stand down until instructed to do so by a supervisor.

NHS BORDERS
MAJOR EMERGENCY PROCEDURES

SECTION 7

PRIMARY AND COMMUNITY SERVICES, MENTAL HEALTH AND LEARNING DISABILITY SERVICES

ACTION CARDS

SECTION 7
ACTION CARD No.1

PRIMARY & COMMUNITY SERVICES ON-CALL MANAGER

During normal working hours, and outwith normal working hours, the **Borders General Hospital Switchboard Operator** will notify the **P&CS on-call Manager** of the declaration of a major incident or emergency. The P&CS on-call Manager will: -

1	Assume administrative control of NHS Borders P&CS response.
2	Go to Borders General Hospital and report arrival to the Medical Controller.
3	Room 1RE40 Rehabilitation Secretary has been designated as the operational base for the Primary Care Manager.
4	Obtain information regarding the incident and the level of assistance required.
5	Contact Community Hospitals starting with those closest to the scene of the incident. Inform the Senior Nurse on duty and obtain details of available beds and staff. (The Community Hospital should have been informed during BGH call-out but check in case of delay).
6	Pass Community Hospitals bed state to Medical Controller at Borders General Hospital. Discuss whether or not there is likely to be a need for Community Hospitals beds or P&CS staff (other than those detailed in this plan).
7	In conjunction with the Medical Controller at Borders General Hospital and the Senior Nurses on duty at Community Hospitals, arrange to admit any patients who may have to be decanted from BGH by the Ambulance Service.
8	Contact Lothian and Borders Police Force Communications Centre to establish the names of General Practitioners already contacted by Police and attending at scene. Ascertain access roads and location of Rendezvous Point and Emergency Rest Centres.
9	Arrange for sufficient number of GPs to attend at scene, the Emergency Rest Centre and/or Community Hospital nearest to the scene, as required. Liaise with BECS receptionist service if any difficulty is experienced in contacting GPs.
10	Arrange for additional P&CS nursing staff to be sent to any Emergency Rest Centre, Borders General Hospital and / or Community Hospitals as required.
11	Ensure all Health Centres, BECS and General Practitioners **not** involved with major incident duties are informed of the major incident.
12	Circulate to Health Centres and General Practitioners, the direct dial telephone number(s) for the **Middle Grade Staff, Medical Directorate, at Borders General Hospital**, who will be responsible for receiving routine calls and referrals to all specialties at Borders General Hospital.
13	Liaise with Mental Health Service Manager (on-call) regarding any assistance to be provided to BGH Hospital Support Team.
14	Maintain a log sheet of all actions taken.

SECTION 7
ACTION CARD No 2

HOSPITAL SUPPORT TEAM

The first member of the Hospital Support Team to arrive should:

1 Obtain Hospital Support Team (HST) emergency procedures file from BGH Switchboard.

2 Put up information signs in reception and Day Hospital as follows:

INITIAL RECEPTION	ENQUIRY DESK IN MAIN FOYER
INFORMATION POINT	RECEPTION DESK IN DAY HOSP. + ROOM 1. DH 3 IF REQUIRED
INTERVIEW ROOMS	1.DH.22 & 1.DH.25
POLICE INTERVIEW ROOMS	1.DH.2 & 1.DH.28
WAITING AREA FOR RELATIVES & FRIENDS	1. DH 7
REUNITING ROOMS	1.DH.17, 1 DH 18 and 1.DH.19
CASUALTY DISCHARGE (POLICE)	1.DH.23
CASUALTY DISCHARGE (GENERAL)	1.DH.24
WAITING AREA FOR CASUALTIES BEING DISCHARGED	PHYSIOTHERAPY OUTPATIENT TREATMENT ROOM

3 Remove referral forms, telephone enquiry forms and discharge forms from the HST Emergency Procedures file ready for use.

4 Set up Hospital Information Point in Day Hospital.

5 Set up Voluntary Services Mustering Point in Day Hospital.

6 Set up Staff Physiotherapy Outpatient Treatment Room to receive 'walking wounded' on discharge for Outpatient Department.

Reception and Discharge Procedures

7 One team member to act as receptionist.

8 Enquiries to be directed to Information Point in Day Hospital where details will be recorded and link worker allocated.

9 Establish whether enquirer has contacted Casualty Bureau - if not enquiry should be passed to Police Officer allocated to HST or Police Liaison Officer in Control Room. If no Police present record details on Casualty Bureau Misper form and assist enquirer to telephone Casualty Bureau.

10 Link worker to accompany enquirer as required.

11 Allocate numbered cards to ensure casualties for discharge are seen in order and record all discharges on sheets provided.

HST Co-ordinator (usually OH Manager or deputy)

12 Ensure that full communication and co-operation exists between the Hospital Control Room, the Hospital Support Team and other hospital based disciplines at all times.

13 Ensure that all within the HST liaise appropriately and co-operate fully with the other Services and Agencies involved.

14 Ensure that no member of the HST speaks to the Press or Media in the event of a major incident unless authorised.

15 Ensure that any individual or group, seen during the course of a major incident procedure and in need of services available only from another profession or agency, is appropriately and speedily referred on.

Chaplaincy Team Responsibilities

16 Ensure that the religious affiliation of casualties/relatives is recorded.

17 Ensure casualties /relatives receive spiritual support as requested.

18 Ensure that visiting clergy etc only have access to casualties /relatives with the latter's consent.

19 Determine if, and in what way, clergy and religious leaders outwith the hospital's employ, are co-opted on to a Chaplaincy Care Team.

Macmillan Palliative Care Team

20 Ensure that visitors to the Mortuary are accompanied by a team member (arrange in conjunction with Mortuary staff).

21 To ensure adequate support of those identifying the deceased and immediate after care. Assessment of physical and psychological needs of relatives etc and authorisation to arrange temporary resident status with local General Practitioner, if necessary.

Social Work

22 To represent the Social Work Department within NHS Borders in the event of a major incident.

23 To ensure that maximum use is made of appropriate Social Work legislation in dealing with the aftermath of a major incident.

24 Liaise with and, where appropriate co-ordinate the wider Social Work Department resources towards the achievement of a multi-disciplinary team caring for casualties of a major incident.

25 Liaise with Social Work Area Team Offices within Scottish Borders Council area and / or outwith area as appropriate.

26 Ensure that an appropriate continuing Social Work Service (around the clock if necessary) is maintained at all times.

27 Arrange transport etc where appropriate.

Occupational Health

28 Use basic medical and nursing skills as well as specialist post incident support expertise.

29 Provide support and initial counselling services for all members of staff involved in major incident as well as members of emergency services at BGH.

30 If required, provide support and initial counselling for casualties, relatives and friends.

31 Provide on going post-incident support for staff as required.

SECTION 7
ACTION CARD No 3

COMMUNITY HOSPITALS – SENIOR NURSE ON DUTY

Although it is not planned to admit casualties to Community Hospitals, and the Ambulance Service will not convey casualties to Community Hospitals, it is possible that they could make their own way or be conveyed to Community Hospitals by other means. It is therefore essential that Community Hospitals prepare to receive casualties should a Major Incident be declared. Community Hospitals could also be asked to receive patients decanted from BGH.

The Senior Nurse on duty, on being informed that a Major Incident has been declared, will take the following actions:

1 Prepare bed state – to be given to the P&CS on-call Manager when requested.

2 Appoint member of staff to call in additional staff.

3 Appoint member of staff to telephone duties.

4 Appoint nursing staff to specific tasks.

5 Contact local GPs to attend at hospital. If none available due to attending the scene of the incident, ask P&CS on-call Manager to arrange.

6 Carry out triage of casualties as they arrive.

7 Arrange for Hospital Controller at Borders General Hospital (☎ 01896 827511/827512 or BGH switchboard ☎ 01896 826000), to be informed if casualties are admitted.

8 Ensure casualty details are recorded on Major Incident Casualty Forms, with yellow form (Police copy) being faxed to BGH on 01896 827524 as soon as possible after the casualty has been admitted. In the absence of fax facilities, details should be passed to the BGH Hospital Controller at the earliest opportunity by telephone.

9 Community Hospital copy (white) will remain attached to the Patient Record Card (buff) until patient is discharged or transferred to BGH, after which it will be filed as the Community Hospital record. If the patient is transferred to BGH the Patient record card must accompany the patient.

10 Contact Ambulance Control as necessary to transport casualties to BGH.

11 Police Officers may arrive to obtain details of casualties for Casualty Bureau. They should be given the Police copy of Casualty Admission form (yellow). If no police officers arrive the yellow copy should be forwarded by the mail system to the Hospital Controller at BGH.

12 Make clear to police that the casualties are hospital patients and that the Police must co-operate with hospital staff.

13 Maintain a log of all actions taken.

NB: It is important to note that any log kept is an official record of events occurring during a major incident. As such it may be required as a documentary production at any subsequent judicial proceedings and consequently must be carefully maintained in a neat and legible fashion without erasure, overwriting or obliteration.

SECTION 7
ACTION CARD No 4

MEDICAL INCIDENT OFFICER

1 Park as directed by the police - leave your keys in the ignition

2 Put on your protective clothing

3 Report to the ambulance Emergency Control Vehicle (ECV)

4 Liaise with the Ambulance Incident Officer (AIO)
- AIO Name …

5 Put on the Medical Incident Officer tabard

6 Get a portable radio and spare battery
- MIO call sign
- AIO call sign
- ECV call sign

7 Keep a log of all messages you send and receive

8 Find and speak to the Police Incident Officer (PIO)and Fire Incident Officer (FIO)

PIO Name …….
- Routes in and out?

FIO Name …….
- Hazards?
- Closest safe place for Casualty Clearing Station?
- Known entrapments?

9 Go with the AIO on a rapid reconnaissance to establish approximate casualty numbers – **DO NOT STOP TO TREAT ANY CASUALTIES**
- Priority 1 (RED – immediate): Numbers –
- Priority 2 (YELLOW – urgent): Numbers -
- Priority 3 (GREEN – delayed): Numbers -
- Dead (WHITE or BLACK): Numbers –

10 Decide with the AIO the need for further medical support at the scene eg BASICS doctors (numbers), BGH Site Medical Team, Medic 1. Remember all messages MUST be passed through the ambulance emergency control vehicle (ECV) at the scene.

11 Establish the receiving hospitals (BGH, RIE, WGH for head injuries, and St John 's at Livingston for burns) and the number of available beds.

12 Give a preliminary report to the Medical Controller at the BGH via the AIO.

13 Establish the site of the Casualty Clearing Station.

14 Brief arriving doctors and appoint to the following duties as necessary
- Triage officer
- First Treatment Officer
- Casualty Clearing Station Officer

- Further Treatment Officers
- Forward Medical Incident officer
- Loading officer
- Mortuary officer

15 Use other trained personnel (nurses, paramedics) in the CCS to assist the treatment officers.

16 Only send personnel forward from the CCS for a specific need. Check with FIO that it is safe to do this first. Ensure they reach their intended objective. Make it clear on finishing a task they can only be re-deployed with ***your*** permission.

17 Keep a log of key decisions and actions and of medical deployment.

18 Set up a body holding area in conjunction with the PIO. The temporary mortuary is often sited remotely.

19 Pass requests for equipment / drugs / blood re-supply through ambulance ECV to avoid repetition and confusion. Set up an equipment dump at the CCS, jointly supervised by CCS Doctor and Ambulance Officer.

20 Supervise the medical teams; decide on rest periods for staff and the need for relief personnel.

21 Liaise regularly (at least every hour) with all incident officers and the receiving hospitals but always stay close to the Ambulance Incident Officer.

22 Ensure a medical presence at the scene until the incident is closed and release staff to help back at the hospitals as the need for them diminishes. Organise a debrief time before they disperse.

SECTION 7
ACTION CARD No 5

MEDICAL AND NURSING STAFF AT EMERGENCY REST CENTRE

1 The Police and SBC Social Work Department may establish an Emergency Rest Centre in the vicinity of an incident to accommodate and care for people who are uninjured or slightly injured but do not require hospital treatment, or who have been evacuated.

2 The P&CS on-call Manager will liaise with the Medical Controller and arrange the attendance of GPs and P&CS nursing staff at the Emergency Rest Centre according to the needs of the situation.

Duties

3 In the absence of a GP, the Senior Nurse attending at an Emergency Rest Centre should take charge of medical treatment with assistance from Red Cross personnel.

4 Report arrival at the Reception Centre to the Medical Controller at Borders General Hospital, (☎ 01896 827514/ 827515/ 827516) or via BGH switchboard if Control Room not established (☎ 01896 826000).

5 Liaise with Senior Police and Social Work personnel at the Emergency Rest Centre.

6 If necessary, make arrangements for any casualty to be taken to hospital by the Ambulance Service via Medical Controller at BGH. In cases of urgency the Ambulance Service should be summoned by using the '999' system.

7 Details of any injured should be noted and passed to the Medical Controller at Borders General Hospital as soon as possible.

8 Do not stand down until the Emergency Rest Centre is closed or until relief is provided.

9 In prolonged incidents where there is a need for relief or additional staff, contact the P&CS on-call Manager at Borders General Hospital or other location, who will arrange relief or shift working.

SECTION 7
ACTION CARD No 6

BORDERS EMERGENCY CARE SERVICE / STAFF

1 On receipt of a call from Borders General Hospital switchboard reporting that a Major Incident has been declared, inform duty doctor(s) and put in place arrangements for BECS doctor(s) to move to Galashiels Health Centre for the duration of the incident.

2 Remain at base in BGH to deal with routine BECS calls.

3 Obtain direct dial number for Middle Grade Staff, Medical Directorate, from Hospital Control Room (☎ Exts. 7514/ 7515/ 7516), who will be responsible for receiving calls from GPs for all specialties and inform BECS doctors accordingly.

Duty BECS Doctor(s)

4 On being notified that a major incident has been declared, prepare to move the BECS Doctor's base to Galashiels Health Centre as per standing arrangement.

5 Transfer with car, driver and equipment to Galashiels Health Centre and operate from there until major incident is declared over.

6 Obtain direct dial number for Middle Grade, Medical Directorate at BGH, who will be responsible for receiving calls from GPs for all specialities.

SECTION 7
ACTION CARD No 7

MENTAL HEALTH SERVICE ON-CALL MANAGER

When a major incident has been declared the on-call manager will be notified by the Borders General Hospital Switchboard Operator. They will take the following actions:

1 Attend at Borders General Hospital, record arrival on clipboard in main reception.

2 Report present to Medical Controller in Hospital Control Room (☎ ex. 27514/ 27515/ 27516).

3 Liaise with Hospital Controller to assess the overall scale and nature of the incident.

4 Co-ordinate the provision of staff from the Mental Health Services to provide support, supervision, assessment and counselling for victims, relatives and staff.

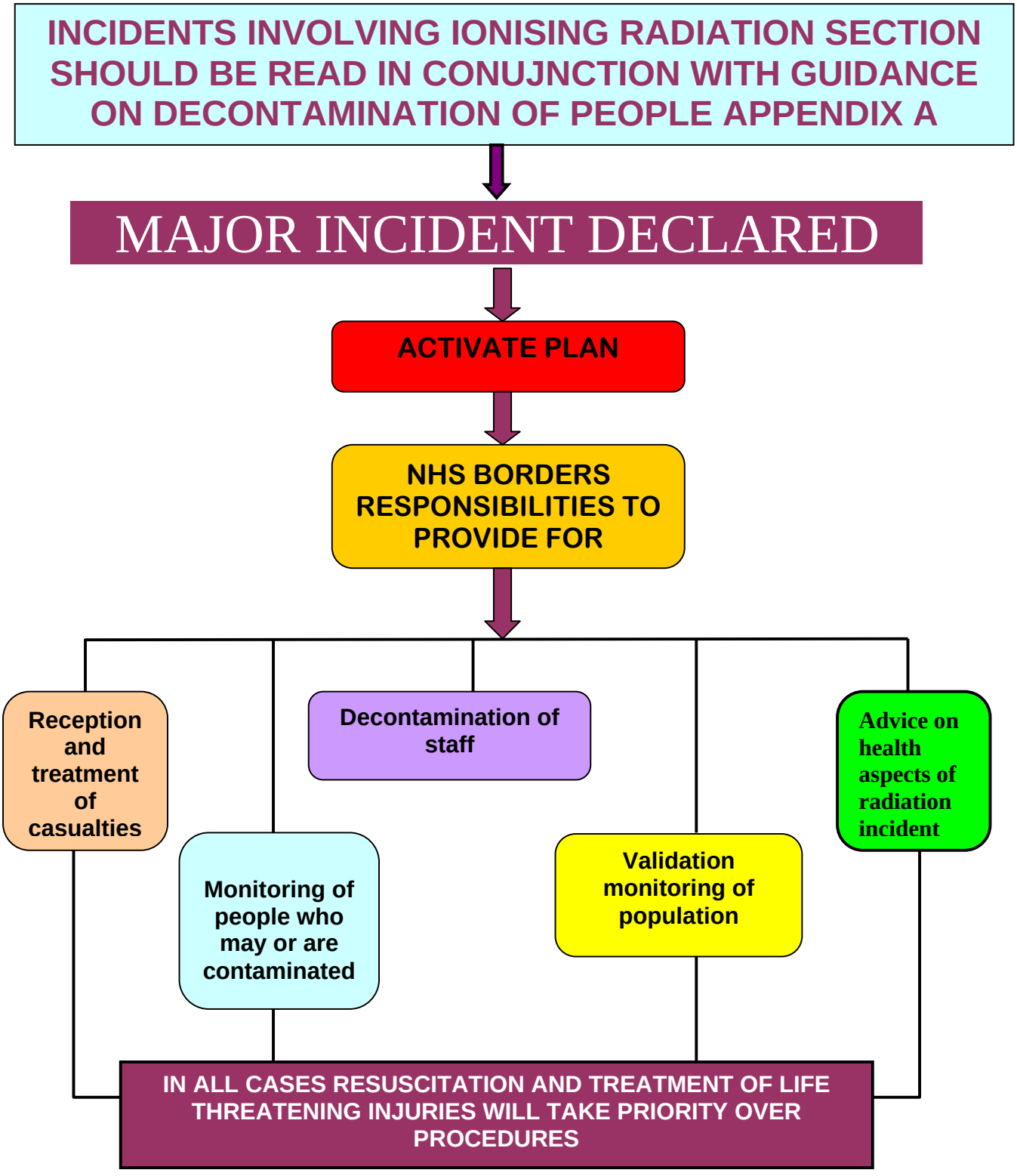
5 Assist the Occupational Health Service staff to arrange stress debriefing for members of staff. The Consultant Psychiatrist on-call should be consulted at this stage if required.

6 If the incident is of disaster proportions, consideration will be given to obtaining assistance from Scottish Borders Council Social Work Department and establishment of a Post Disaster Counselling Team.

SECTION 8

NHS Borders

MAJOR EMERGENCY PROCEDURES



SECTION 8

INCIDENTS INVOLVING IONISING RADIATION

SECTION 8

(Part of the NHS Borders Major Incident Response, which should be read in conjunction with the Guidance on Decontamination of People exposed to Hazardous Chemical, Biological or Radioactive Substances- Appendix A attached)

1 The NHS may have to deal with casualties or the health effects of contamination arising from an incident involving ionising radiation which may be the result of any of the following:

a) A major incident outside the UK.

b) A major incident at a civil nuclear establishment within the UK.

c) A reactor incident in a Ministry of Defence establishment or in a nuclear powered warship.

d) An incident involving nuclear weapons or components at a Ministry of Defence establishment or in transit.

e) The break- up in the atmosphere of a nuclear powered satellite.

f) An incident involving radioactive materials or waste in transit.

g) An incident involving radioactive materials or other radiation sources used in an industrial, commercial, research, educational or health care establishment.

2 NHS Boards are responsible for preparing contingency plans to provide for: -

a) Reception and treatment of casualties.

b) Monitoring of patients, members of the public and attendants who are, or who may be contaminated with radioactive material in the immediate post incident period.

c) Decontamination of patients, NHS staff and where appropriate, members of the public.

d) Subsequent validation monitoring of a sample of the population to confirm calculated assessments of population exposure, or monitoring of individuals who have reason to suppose that they have been exposed to a higher than average level of contamination.

e) Advice on health aspects of a radiation incident, including those relating to foodstuffs and water, to Local Authorities, the public and the media.

SECTION 8

Borders General Hospital Procedures

3 Standing arrangements exist in the Borders area for casualties from radiation incidents to be taken to the Royal Infirmary of Edinburgh for treatment. If however, the condition of the patient is such that resuscitation or other immediate treatment is necessary, the patient will be taken to the nearest Accident and Emergency Department.

4 **In all cases resuscitation and treatment of life threatening injuries will take priority over radiation procedures.**

5 5) On receipt of information that a radiation casualty is being taken to Borders General Hospital or is already on the premises, the telephone operator will be instructed by the Senior Doctor/Senior Nurse on duty in Accident & Emergency to contact the following: -

a) Consultant Orthopaedic Surgeon on call.

b) The Radiation Protection Adviser. During the normal working day, contact 0141 211 6760 and ask for a Radiation Protection Adviser.

c) Out of hours telephone 0141 211 2000 (Western Infirmary, Glasgow), ask for a Radiation Protection Adviser, indicating that the matter is urgent. Outside usual working hours the Borders General Hospital telephone number **and** Accident and Emergency direct dial in telephone number must be given for the RPA to respond to.

d) The Nuclear Medicine Department. Out of hours, contact the Clinical Radiology Department Consultant on call.

e) Director of Integrated Care, Director of Estates and Facilities, Facilities Manager, or on-call Manager/Nurse Manager.

f) Consultant in Public Health Medicine on call.

6 The Consultant Orthopaedic Surgeon on duty is responsible for the treatment of the casualties and for the direction of all staff. The Radiation Protection Adviser in conjunction with local monitoring staff is responsible for all monitoring and for supervision of decontamination procedures.

7 The discharge or subsequent clinical care of the patient may depend on radiation as well as medical considerations. The Radiation Protection Adviser will advise on this.

SECTION 8

Action in Emergency Department

8 6) Action will be taken in the Accident and Emergency Department as follows: -

i) When prior warning of a radiation casualty is received the designated area (Treatment Room - room 1 AE 16) should be cleared of all non-essential items and barriers positioned to control the movement of persons in and out of the area. It is essential that any contamination be confined to as small an area as possible. The trolley on which the patient is to be moved should be prepared by covering its top with several layers of polythene sheet that can be wrapped over the patient.

ii) A doctor and nurse delegated to be those directly involved with the patient must put on protective clothing i.e. theatre suits, aprons, gloves and caps. The hazard is one of contact and lead protection is not necessary.

iii) On arrival, the patient must be taken direct in to the designated area on the prepared trolley. Ambulance staff should be directed to wait in their ambulance or in a second designated area in the hospital until they can be monitored for contamination.

iv) If no other information is available, it must be assumed that the clothing, face and hands of the casualty are contaminated. Careful removal by cutting around the outer clothing will remove the bulk of the contamination. They should be placed in polythene bags and held for monitoring.

v) If the patient's condition permits, monitoring should be done by a member of the Nuclear Medicine Staff to ascertain the distribution and extent of contamination. Serious injury must however, take precedence and the patient treated in the normal way.

vi) Once the distribution of contamination on the body has been mapped, the patient may be moved on to another room for treatment. During transport, the top polythene sheet on the trolley should be folded over the patient. Any wounds not being immediately treated should be covered with opsite or cling film(ie waterproof dressing).

vii) All staff involved must be monitored for contamination before leaving the designated area.

viii) Records must be kept at all stages of persons who may have come in contact with the patient, of all contamination monitoring done and all decontamination procedures carried out.

ix) All materials from the patient or that have been in contact with the patient should be kept aside in labelled polythene bags for subsequent monitoring. Mouth and nasal swabs should also be taken and held in labelled bags so that assessment can be made of radioactivity ingested by the patient.

Community Hospitals

9 9) While it is unlikely a contaminated casualty will be brought by the Scottish Ambulance Service to a **Community Hospital**, it is possible that a casualty with minor injuries, or uninjured from an incident involving a radioactive source could be taken there by other means. Should this happen, the action to be taken is as follows: -

a) Medical and nursing staff involved with the patient should wear basic protective clothing, e.g. gloves, aprons and caps. The hazard is one of contact and lead protection is not necessary.

b) Cover trolley or bed with plastic sheeting or blankets and wrap casualty in plastic sheeting or blankets to contain contamination.

c) Arrange for casualty to be transferred by ambulance to Borders General Hospital as soon as possible, after any life saving treatment has been given, informing the Senior Nurse, Accident and Emergency Department.

d) All protective and outer clothing worn by nursing and medical staff in contact with the patient should be removed and kept in labelled polythene bags for subsequent monitoring by Nuclear Medicine personnel.

e) Obtain advice from Nuclear Medicine staff at Borders General Hospital re monitoring of staff and equipment involved. Staff must not leave the treatment area until cleared to do so by Nuclear Medicine staff and the room must not be used until monitoring has been carried out and clearance given.

f) Keep a record of persons who may have come in contact with the patient.

Radiation Screening Units

10 In the event of an incident involving an escape of radioactive material from a source in this country or abroad, e.g. Chernobyl, arrangements must be made to enable early screening of large numbers of the public, to identify and deal with those who have been contaminated, and reassure those who have not.

11 Temporary radiation screening units will be established so that monitoring, and decontamination procedures can be carried out.

12 In conjunction with the **Radiation Protection Adviser**, and **Scottish Borders Council Property Services,** arrangements will be made to identify premises to be used as **Radiation Screening Units**. Reassurance monitoring of large numbers of people may be carried out at any of the Centres.

13 Guidance, and a flow chart describing the layout of any building selected as a Radiation Screening Unit is shown at **Paragraph 29**

14 Eyemouth Swimming Pool is the designated Radiation Screening Unit, which will be used in connection with any incident at Torness Nuclear Power Station. Plans of Eyemouth Swimming Pool are detailed in **Paragraph 42**.

15 Radiation Screening Units will be established by the **Consultant Radiologist (Nuclear Medicine)** or in his absence by the Consultant Radiologist on call at Borders General Hospital. **The Radiation Protection Adviser** will give guidance and assistance.

16 The minimum staffing level for each Radiation Screening Unit is: -

- Nuclear Medicine - 2
- Nursing - 2
- Clerical - 2.

17 Primary Care staff will co-operate with the Consultant Radiologist by providing nursing and clerical staff from the area(s) in which the Radiation Screening Units are established. It should be noted that shift working may be required depending on the demand. **Staff will be briefed on the action required by the Consultant Radiologist or his representative**.

Layout and Organisation of a Radiation Screening Unit

18 Buildings used as Radiation Screening Units should be spacious enough to accommodate large numbers of people, and be equipped with adequate facilities for changing, showering, and storage of contaminated material. If possible there should be facilities for parking vehicles.

19 The **Main Entrance** to the Radiation Screening Unit should be by an easily accessible door. Police officers will staff the Main Entrance (A in the attached Plan) and car parking areas.

20 It is assumed that any area used for public waiting and reception may become contaminated. It may therefore be appropriate for the Police to place tape cordons across appropriate areas and exits, to separate those from other areas of the building. If this course of action is taken, consideration should be given to the provision of toilet facilities to those in the **Waiting Area (B in the attached Plan)**.

21 The Police will request the public to remain in the Waiting Area until the arrival of a **Monitoring Team**. The Police will secure access to the monitoring area from the Waiting Area until the Monitoring Team arrives and is ready to begin monitoring of evacuees.

22 Police, Social Workers, and local General Practitioners will be available to brief the public in the Waiting Area. Information leaflets and wall charts will supplement verbal information. They will be advised not to eat, drink or smoke while waiting to be monitored. NHS Borders staff would be consulted before any refreshments are provided to people in the waiting area.

23 People will proceed from the **Waiting Area** to **Monitoring Point (M1)**, established by the Monitoring Team

24 Personal details and monitoring results will be recorded for everyone processed at this stage by the Monitoring Team and NHS Borders staff. Any luggage brought to the radiation Screening Unit by evacuees will have to be monitored.

25 Those requiring decontamination will be directed from **Monitoring Point (M1)** to the **Changing Area (E in the attached Map)and Decontamination Areas (M2 & M3 in the attached Map)** for washing, showering and change of clothing. Clean clothing and plastic bags with sealers and identification labels for storing contaminated clothing and personal belongings, will be provided. Sealed bags containing contaminated clothing must be handed back for labelling and storing. Bags containing personal belongings will be kept by the individual concerned.

26 People requiring decontamination will be rechecked by the Monitoring Team at **Monitoring Point (M2) for females and (M3) for males**, within Changing and Decontamination area**,** after washing /showering/change of clothing.

27 Females will leave the female toilet area by the designated exit (M2) onto the pool side and follow the directions to the designated exit out of the building.

28 Males will leave the male toilet area by the designated exit(M3) onto the pool side and follows towards the exit on the poolside (M24) and follow directions to the designated exit out of the building.

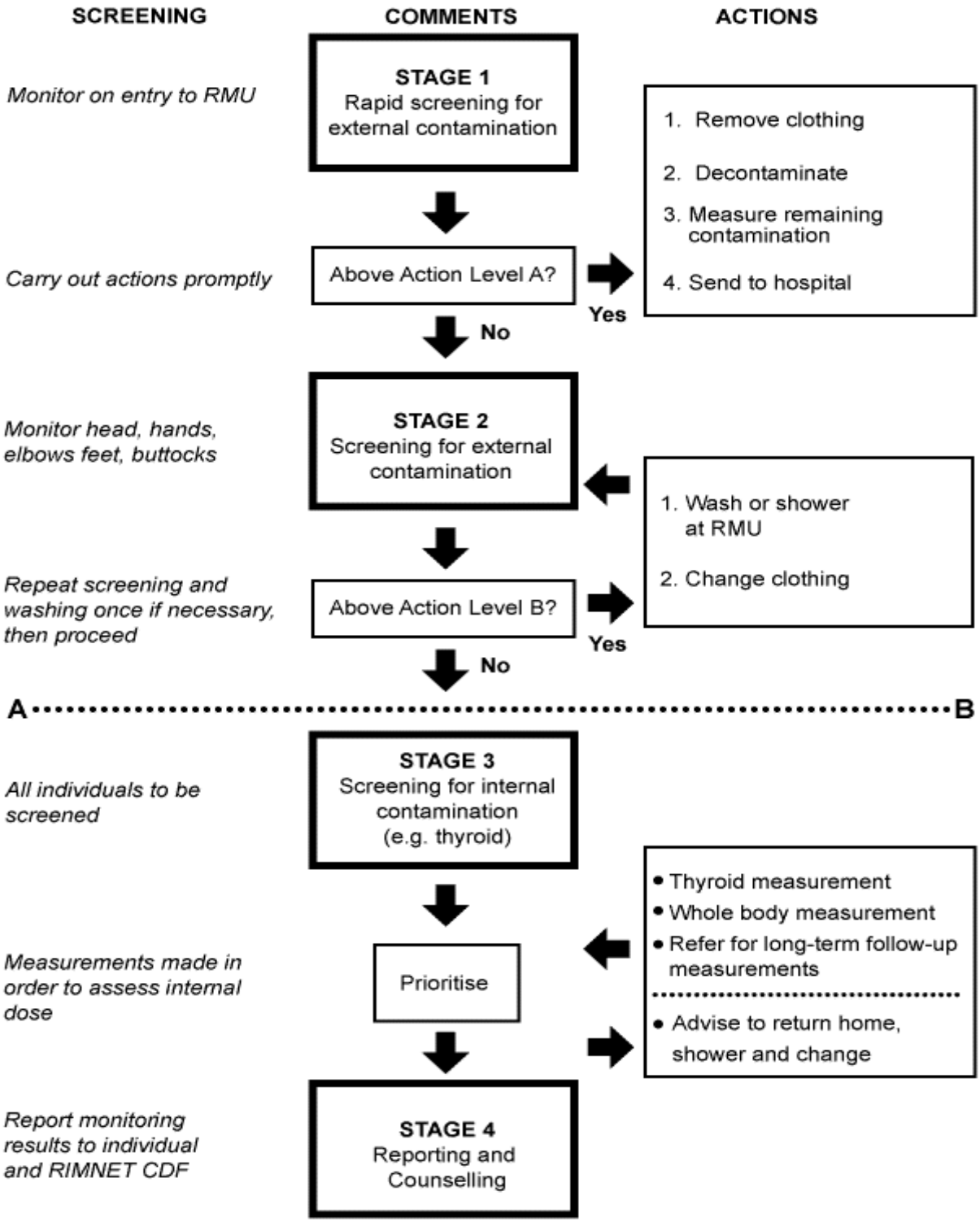
29 They will then proceed to the **Reporting Point**.

30 At this stage Police and Social Work staff will carry out registration of people, using the Police national **'Casualty Form'**. After registration members of the public will be directed or conveyed to a Rest and Refreshment Centre or given any help or advice required and allowed to leave. All will leave the building by the **Designated Exit**.

31 If necessary, directions can by given by the police for the precautionary decontamination of vehicles. Those **not requiring decontamination** will be directed from **Monitoring Point (M1)** to the **Reporting Point**, where the Police will carry out recording of personal details. They will then leave by the Designated Exit.

SECTION 8

32) RADIATION SCREENING UNIT FLOW CHART



SECTION 8

RADIATION SCREENING UNIT - EYEMOUTH SWIMMING POOL

Layout and organisation for use as a Radiation Screening Unit

33 Should an emergency occur at Torness Power Station whereby residents are evacuated, a Rest and Refreshment Centre may be set up in Eyemouth Community Centre. Due to lack of facilities in the Rest and Refreshment Centre, radiation monitoring and decontamination facilities will be made available at a Radiation Screening Unit in Eyemouth Swimming Pool, approximately 350 yards from the RRC.

34 People evacuated from the Torness area to Eyemouth area will be directed initially to the Radiation Screening Unit for monitoring and, if necessary, decontamination. From there they will be directed to the Rest and Refreshment Centre.

35 The public entrance to the Radiation Screening Unit will be by the main door **('A' in the attached plan)**. The Police, who will provide assistance, will staff the entrance and car parking areas.

36 The **spectator area ('B')** will be the initial assembly area for the public but can be supplemented by use of the male changing area. It is assumed that this area may become contaminated and in order to separate it clearly from the rest of the building the Police will place tape cordons **(marked 'C1' to 'C7')** across the appropriate areas and exits, apart from those leading to the toilet facilities at '**D'** which will be made available for use. Cordoned doors will be locked where possible.

37 The Police will request the public to remain in the **Spectator Area** until the arrival of the monitoring team. Seating for approximately 60 is available in this area. The Police will secure access to the monitoring area 'M1' from the waiting area until the Monitoring Team arrives and is ready to begin monitoring of evacuees.

38 Police, Social Workers, and local GPs will be available to brief the public in the waiting areas. Information leaflets and wall charts will supplement verbal information. They will be advised not to eat, drink or smoke while waiting to be monitored. NHS Borders staff would be consulted before any refreshments are provided to people in the waiting area

39 The Monitoring Team will operate in the foyer area at '**M1'** adjacent to the spectator area. Changing and decontamination will be carried out in the **Female and Male toilet at 'F' and 'G'**. The Monitoring Team will erect sign posting and guiding tape cordons. Personal details and monitoring results will be recorded for everyone processed at this stage by the Monitoring Team and NHS Borders staff at **point 'M1'**. Any luggage brought to the radiation Screening Unit by evacuees will have to be monitored.

40 Those requiring decontamination will be directed from the **monitoring point at 'M1'** to the **Female Changing Rooms at 'F' and the male Toilet 'G'** for washing, showering and change of clothing. Clean clothing and plastic bags with sealers and identification labels from storing contaminated clothing and personal belongings, will be provided in the Female/Gent toilets. Sealed bags containing contaminated clothing must be handed back for labelling and storing in still to decide '**F'**. Bags containing personal belongings will be kept by the individual concerned.

41 People requiring decontamination will be rechecked by the Monitoring Team at **Monitoring Point 'M2' for females & M3 for males** within the Toilet Area after washing /showering/change of clothing. They will then proceed to the designated exit area. Consider putting in a **Recording Point 'G'**.

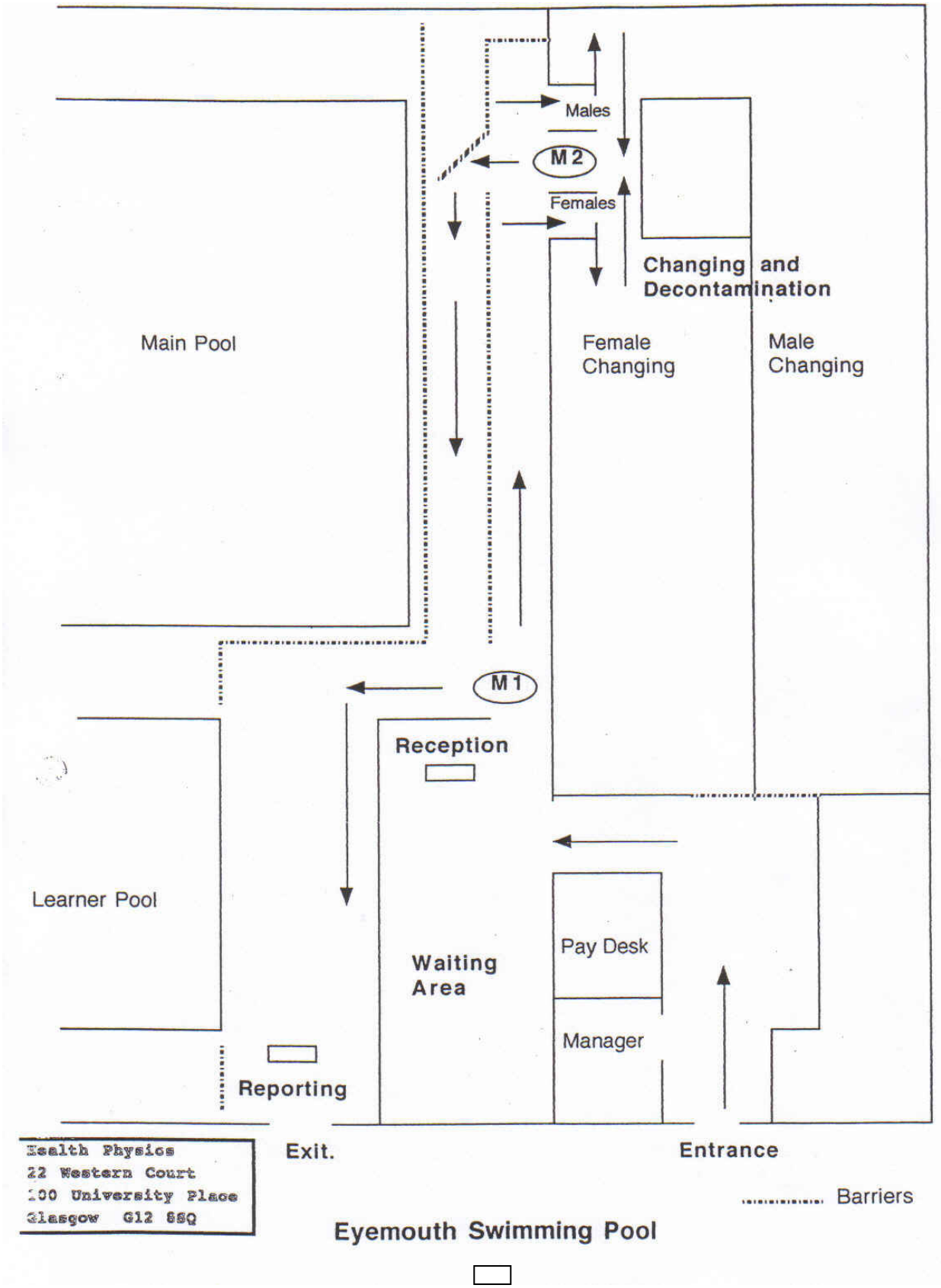
42 Registration of people, using the Police national 'casualty form' will be carried out by Police and Social Work staff at this stage. After registration members of the public will be directed or conveyed to the Rest and Refreshment Centre or given any help or advice required and allowed to leave. All will leave the building by the designated fire exit at '**H'**.

43 If necessary, directions can by given by the police for the precautionary decontamination of vehicles. Those not requiring decontamination will be directed from **Monitoring Point 'M1'** to the **Recording Point 'G'**, where the Police will carry out recording. They will then leave by fire exit door '**H'**.

44 Eyemouth Swimming Pool has one telephone line (see emergency telephone directory) with telephones located in the Managers Office and Pay Desk.

SECTION 8

45) EYEMOUTH SWIMMING POOL



SECTION 8

RADIATION SCREENING UNIT
EYEMOUTH SWIMMING POOL

Entrance: Main Entrance to Pool
Reception Desk: Table in Reception Area

Waiting Area:

Spectator area

H. L. Monitoring:

'M1' on Plan

At poolside, beside spectator doorway

Uncontaminated people are directed alongside Learner Pool to Fire Exit.

Contaminated people go to poolside entrances of changing areas.

L. L. Monitoring:

'M2' on Plan

Foyer at poolside entrance to changing areas.

Reporting:

Table at the Fire Exit beside the Learner Pool

Car Parking: There is little parking at the Pool, but public car parking is within easy walking distance.

Communications: Telephone at Pay Desk/Manager's Office

Barriers: One barrier is needed to separate people going to, and returning from changing areas. Other barriers prevent access to the pool.

Changing and Decontamination:

Both male and female changing areas should be used and kept separate for both sexes

Comments:

1. The Swimming Pool is located beside, and to North of Eyemouth Harbour.

2. This Radiation Screening Unit will provide the monitoring function for an Emergency Reception Centre established in Eyemouth Community Centre, in accordance with the '**Torness Contingency Plan'**.

Exit: Fire exit beside the Learner Swimming Pool

SECTION 9

SEVERE WEATHER

SECTION 9

SEVERE WEATHER POLICY

1 Aim

1.1 This document aims to provide guidance to NHS Borders Executive Directors and Managers on the initial actions to be taken when warnings of severe weather are received, or severe weather begins to affect delivery of services. The guidance should be viewed as flexible, and action(s) required should be adapted to suit the circumstances. It is part of the Major Incident Plan which is on the internet at http://intranet/new_intranet/microsites/index.asp?siteid=32&uid=5.
It is a Clinical Board responsibility that the Plan should also be available to on-call Board managers in hard copy form.

1.2 The actions described in this document may have to be initiated out with normal office hours and on-call staff and staff who are on duty, should be aware of the need to be proactive and initiate such action.

2 Severe Weather Warnings

2.2 Severe weather warnings received during office hours at NHS Borders Headquarters, are circulated by email on the Global Distribution List by the Resilience Manager/Public Health PA. In the event that computer technology is not working the Resilience Manager/Public Health PA will distribute the severe weather warnings by Fax to the on-call Executive Director, on-call Consultant in Public Health Medicine, Primary & Community Services, Mental Health, Learning Disabilities and Borders General Hospital Administration Department for onward circulation by fax/phone depending on urgency. Severe weather warnings can be accessed via the Met Office website http://www.metoffice.gov.uk/weather/uk/uk_forecast_warnings.html

2.3 **Outwith normal office hours**, the only warnings of severe weather may come via the media, or through the personal observations of NHS staff, who may be on or off duty.

3 Flood Warning System

3.1 NHS Borders receives targeted flood warning direct from the Scottish Environmental Protection Agency (SEPA) for its premises identified at risk in the event of flooding. The premises identified at risk are:- Hawick Health Centre, Hawick Community Hospital and Priorsford Day Unit, Peebles. The warnings are delivered as per section 3.2 on a 24 hour a day basis using an automated messaging system that delivers a pre-recorded message via the telephone networks.

3.2 NHS Borders will receive this advance warning via the Borders General Hospital switchboard on 01896 827852. On receipt of this the switchboard operator will contact the BGH on call Duty Manager who will in turn log onto www.sepa.org.uk and make an assessment of the flooding alert. It should be remembered that this is an advance warning of possible flooding. The Estates Officer (P&CS) of the Estates and Facilities Dept. will also be alerted to the flood warning (by text) and although the Estates & Facilities Dept are responsible for alerting contactors to install flood defences at the three identified premises if needed, this action will only be taken as a result of a discussion between the on call manager and Estates (and Executive Director on call if notified). The Estates on-call engineer who is contactable by switchboard will contact an Estates Manager as appropriate.

3.3 The on call Duty Manager will contact the on call Primary & Community Services Manager and Estates Dept to discuss whether any further action needs to be taken at this time. Consideration should be given to advising the on call Executive Director if the incident is likely to escalate.

4 Initial Action

4.1 When warning of severe weather is received which is likely to result in the widespread closure of major routes in the Scottish Borders e.g. strong gales, severe snow storms, widespread flooding etc., the **Executive Director or NHS Borders Manager** first learning of the warning will contact directly, or via the BGH Switchboard, on-call managers in the departments listed in **Paragraph 4.5 of this document** to discuss if any action needs to be taken at that time. (See flow chart Guidance for Executive Directors/Managers at Appendix A)

4.2 Staff on-call within NHS Borders may find it advantageous to identify on-call colleagues in the departments listed in **Paragraph 4.5**, via the BGH Switchboard, at the beginning of their on-call tour, thereby reducing the time it takes to establish contact when circumstances require it.

4.3 Weather conditions should be monitored, and contact established with BGH Departments and remote NHS Borders sites e.g. Community Hospitals, Health Centres etc., to maintain a continual assessment of the situation.

4.4 Where there is a significant threat of serious disruption to service delivery, it may be prudent to convene a meeting of a **NHS Borders Co-ordinating Group** within **Hospital Management at Borders General Hospital/Newstead/by teleconference**, to discuss any further action required. The decision to establish this group should be a mutual decision, taken after assessing the circumstances prevailing at the time. The decision to convene a group will also be influenced by actions of other agencies e.g. Scottish Borders Council, Police, Lothian and Borders Strategic Coordinating Group.

4.5 Members of the Co-ordinating Group chaired by the Chief Operating Officer or deputy should be drawn from: -

a) Borders Primary & Community Services – General Manager or on call Manager
b) Borders General Hospital – General Manager or on call Manager
c) Mental Health – General Manager or on call Manager
d) Learning Disabilities – General Manager or via Social Work on-call system
e) Estates and Facilities Department (may operate from Estates and Facilities office complex)
f) Support Services – in first instance, HR, Communications, Estates & Facilities, Administration coordinator (identified by Chief Operating Officer or deputy), Transport Coordinator (identified by the Chief Operating Officer or deputy)
g) Public Health/Resilience Manager

4.6 Contact should be made directly with on-call managers, or via the BGH Switchboard Operator.

4.7 Managers should review the Emergency Response (Red) and/or Crisis Management (Yellow) section of their Business Continuity Plans. http://intranet/new_intranet/microsites/index.asp?siteid=386&uid=1, ensuring that staff contact lists are up to date and accessible out with working hours. This should be checked at least quarterly to ensure it is up to date.

4.8 If severe weather begins to affect movement and communication links within Scottish Borders, the identified lead Director/Manager should contact the **Emergency Planning Section, Scottish Borders Council (SBC) (office hours–01835 825056, out of hours-01896 752111)**, to ascertain whether the **Emergency Control Centre (ECC)** will be activated. The initial contact may be made by SBC Emergency Planning Officer to NHS Borders Public Health or Emergency Planning Officer.

4.9 The Board Executive Team will continue to meet as required in its strategic function at Newstead for as long as possible. In the event that Newstead is unavailable consideration will be given to the BET meeting in the Committee Room at the BGH. Decisions concerning the NHS Borders HQ function will be taken by BET as appropriate and operationalised by the Executive Assistant or deputy from the Newstead team.

4.10 The Corporate functions will meet as a group as required.

5 NHS Co-ordinating Group Actions

5.1 If a co-ordination group is convened, primary control room accommodation is available at the Occupational Therapy Department (OTD); the BGH in Ward 10 Meeting Room and the BGH Committee Room are also available. The BGH On call Manager and General Services Supervisor would set up the OTD control room. The Board Room, Newstead may be used and a teleconferencing facility will be available. The first Executive Director/ NHS Manager attending will decide the location and should initiate the following: -

a) If out of hours (evenings/weekends/public holidays) - call at the **BGH Switchboard** and collect the instructions for accessing the Facilities Manager's office, starting the computers, and logging onto the NHS Borders E-mail system. During hours, the Board Room or other rooms at Newstead would be utilised including teleconferencing facility.

b) Start a written log of events (see **Appendix 'B'**).

c) Inform all Clinical Boards (and Support Services), that the co-ordinating group will be established at BGH Administration (use e-mail, fax and telephone as required). Provide telephone/ fax and E-mail contact details.

d) If the Emergency Control Centre (ECC) at SBC is established, ensure that contact is made with the ECC and agree who will be NHS Borders Liaison Officer. Ask switchboard to contact the ECC and discuss if there is a requirement for the **NHS Borders Liaison Officer** to attend there. The Liaison Officer may be the Resilience Manager, a senior

manager or an officer from Primary and Community Services for liaison with social work on shared opportunities for transport to community patients. A Process document for P&CS Transport Links with Scottish Borders Council is set out at Appendix C.

e) In the event of extreme weather, or other unexpected causes, it is recognised there may be exceptional occasions when it would be appropriate to ask staff, who are not directly employed to do so, to work across organisational boundaries. (i.e. Community health staff to carry out Home care work, Home care staff to carry out check visit on vulnerable patient). – a Protocol for Cross working across NHS Borders/Scottish Borders Council is set out at Appendix D. When this protocol is activated this information should be highlighted in a communication to staff.

f) From the Emergency Planning Section at SBC obtain situation report on the state of major roads in the Borders, and details of any traffic diversions being implemented.

g) If a Strategic Group is established at Scottish Borders Council, arrange for NHS Borders input via teleconference.

h) If weather conditions <u>especially severe</u>, ask if SBC are considering requesting the services of helicopters (normally accessed via Lothian and Borders Police), or four wheeled drive vehicles from military or other sources. These resources may be made available to the NHS.

i) Establish whether SBC are opening rest centres, and if so where. (Primary & Community Care staff may be required at these centres as per Section 6 of this manual.

j) Obtain radio to monitor local radio broadcasts (Radio Borders & BBC Radio Scotland).

k) Contact the Public Involvement and Communications Team who will establish contact with local medial to provide information up dates and contact details. NHS Borders Media Handling Policy must be followed at all times.

l) Transport considerations – the Chief Operating Officer or deputy will identify a Chair for a Transport Coordinating Group to explore scenarios and options to maintain service supplies and services depending on circumstances. A Transport Office will be set up according to the Standard Operating Procedures held by the Borders Improvement & Support Team.

5.2 Please note that staff will be expected to make their own way to work under most circumstances (see para 6.2 below). The transport group to contact the following Departments who will provide dedicated telephone number(s) as a point of contact: -

a) On Call Consultant in Public Health Medicine
b) Estates and Facilities
c) Mental Health

d) Learning Disabilities
e) Community Hospitals
f) Health Centres
g) Pharmacy
h) Catering
i) General Services
j) Laboratories
k) Area Sterilisation and Disinfecting Unit
l) Stores Department
m) Supplies
n) Mail Room
o) Linen Services
p) Medical Records

5.3 Inform Scottish Ambulance Service Headquarters Control Room, Edinburgh 0131 300 4918, and Non Emergency Ambulance Service Control Room, Borders General Hospital – 01896 826062, that the Co-ordinating Group has been established, and provided with contact details.

5.4 Log onto the Met Office weather site at http://www.metoffice.gov.uk/ to monitor weather predictions and or weather Internet site (http://www.onlineweather.com/index.html)

5.5 Consider relief of staff if crisis is likely to be prolonged including shift systems for managers and supporting staff to cover 7.00 am – 9.00 pm. If the severe weather is likely to last several days, resulting in severe disruption to NHS service delivery, consideration should be given to activating the Major Incident Control Room in the Occupational Therapy Workshop.

5.6 Appoint Manager to coordinate Situation Reporting to SGHD and link with Resilience Manager reporting to L&B SCG and SBC.

5.7 A flow chart outlining the procedure detailed above is attached at **Appendix 'A'**

6 Staff Safety

6.1 Whilst the welfare of patients is of prime importance, all members of NHS Borders should also consider their own safety when attempting to meet Patient needs. A careful assessment should be made of the risks, and whether patient care can be delivered by a safer alternate means.

6.2 An employee who is unable to get to their normal place of work should discuss with their manager the possibility of working from an alternative place of work, **provided they can reach the establishment without putting themselves at any unnecessary risk. Managers should ensure that staff have required telephone number so that they can be contacted.** In all such cases, the Manager must consider the particular needs of the service and the contribution the employee is able to make, taking into account the competence/skills, qualifications/professional responsibilities of the employee and whether appropriate supervision would be available. NHS Borders Adverse Weather Policy provides advice for managers and staff http://intranet/new_intranet/microsites/index.asp?siteid=57&uid=51.

Summary advice for managers and staff is attached (Appendix D).

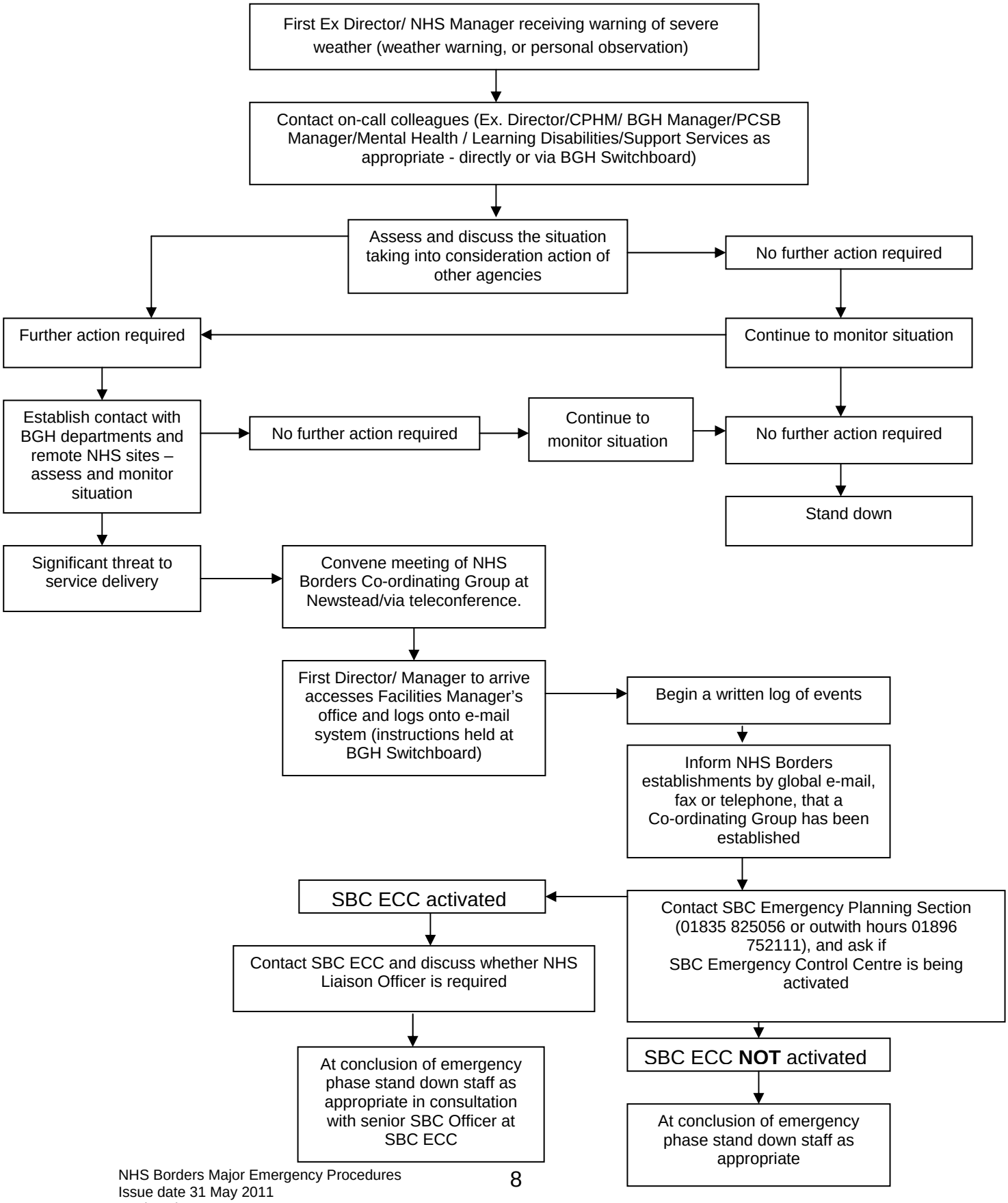
7 Stand Down

7.1 The decision to stand down the Co-ordinating Group and supporting staff will be taken as and when the circumstances permit. If the Emergency Control Centre at Scottish Borders Council has been activated the officer in charge there should be consulted and a lead taken from the Council's Strategic Group.

SECTION 9

APPENDIX A

Guidance for Executive Directors/ NHS Managers



NHS BORDERS
MAJOR EMERGENCY PROCEDURES

SECTION 9
APPENDIX B

Member of ERT completing:	
Responsible for:	

Business Continuity *Recoveryflow* ™

Log Form Number	

Issue / activity	Actioned by	When	Agreed action / comments / costs incurred	Deadline

Photocopy Sheet

SECTION 9

APPENDIX C

Process for P&CS Transport Links with SBC

The flow diagram below outlines the process for P&CS links with SBC transport co-ordinators. This co-ordination function is located within the bunker at SBC HQ and a member of the P&CS admin team is located within the bunker, with access to a dedicated e-mail address and phone line. Staff within the bunker have access to SBC 4x4 provision, as well as to between 10-12 British Red Cross 4x4 vehicles with drivers, 3 Forestry Commission 4x4 vehicles with drivers and the mountain rescue.

The rationale for direct links with P&CS is that the majority of this 4x4 provision is located in the peripheral areas of the Borders and is therefore ideally placed to support clinicians to access vulnerable patients and to transport staff to and from peripheral health centre and hospital locations.

Approval for progression of this approach was given at midday on 2nd Dec and by 3pm on 2nd Dec P&CS service leads were informed of the process for any subsequent transport requests. P&CS service leads were also advised on 2nd Dec to start identifying essential transport needs for over the weekend period and to be in a position to feed these in via the new process early on 3rd Dec.

Staff should prioritise making the journeys required. If they are unable / feel it is unsafe to make an essential journey then they should contact the P&CS transport link below.

Co-ordinators within each locality (nursing) or service area (AHP / dental / sexual health / primary care) should ensure that all transport requests meet the NHSB essential transport criteria. A copy of the criteria has been e-mailed to all co-ordinators.

↓

Co-ordinators to contact the P&CS transport link within the SBC bunker during 9.30-3pm weekdays and 11-2pm Saturday & Sundays, on either:

01835 826713 or nhsborders@scotborders.gov.uk

to pass the details of all transport requests (inc names, timings, locations & both landline and mobile contacts for the person/s requiring transport) to the P&CS transport link. The co-ordinators should also outline the context of the urgency of the request (i.e. potential risk should the transport not be available).

Requests for **evening** and **next day** transport to be sent to P&CS link by **12pm**
Requests for **weekend & early Monday** transport to be sent to P&CS link by **12pm Friday**

↓

Once essential transport requests have been received in the bunker by the P&CS link, the details will be entered into a spreadsheet and passed to SBC and third sector colleagues who will try to co-ordinate a transport response.

If it doesn't seem feasible that a response can be provided through this process, the P&CS transport link in the bunker will refer the transport request to the NHSB transport co-ordination team through the usual channels – and will record the time that this has been done on the spreadsheet.

Were the transport requests can be met, the P&CS transport link will contact the co-ordinator who made the request to advise them of the details of what has been arranged. Where possible, this will include giving a contact number to access the person providing the transport which should be passed by the co-ordinator to the person getting the lift so that the person getting the lift can communicate any changes directly with the provider out with the opening hours for the P&CS link in the bunker.

Staff must report to the P&CS transport link or out of hours manager as a priority if transport is no longer required

↓

Prior to leaving the bunker each day, the P&CS transport link will send the P&CS on-call manager a copy of the spreadsheet (which should contain phone numbers where possible) so that any problems out of hours can potentially be picked up by the P&CS on-call manager.
Any problems or issues out of hours should then be reported back to the P&CS transport link the next day for them to record on a separate issues log.

SECTION 9

APPENDIX D

Use Of Staff Across NHS Borders / Scottish Borders Council

In the event of extreme weather, or other unexpected causes, it is recognised there may be exceptional occasions when it would be appropriate to ask staff, who are not directly employed to do so, to work across organisational boundaries.

(i.e. community health staff to carry out Home care work, Home care staff to carry out check visit on vulnerable patient).

In these circumstances it is important that:

1) **The Manager requesting support**:

i) Is explicit over the location and type of work required
ii) Provides information on any known risks associated with the work / location
iii) Is clear about the skills and competencies required

2) **The Manager providing the staff member**

i) Is clear the staff member has the required competencies
ii) has carried out a Risk Assessment on the staff member attending this location / carrying out the identified duties and concluded this is reasonable in the circumstances concerned
iii) Reassures themselves the staff member understands the nature of work required and their responsibilities in carrying this out
iv) Clarifies with the Staff member concerned the ongoing reporting arrangements (taking into consideration issues such as lone working)

3) **The Member of staff concerned**

i) Works to their own competencies and only undertakes tasks for which they have the appropriate competency and training
ii) Ensures they are clear what is expected of them
iii) Report to their line manager on an agreed basis

In agreeing to this request the Manager recognises that the staff member's employer will continue to have Employer's liability towards the member of staff concerned and the Employee will be working under their existing pay and terms & conditions.

In making this request the Organisation concerned will recognise it takes responsibility for the reasonable actions of the staff member concerned in undertaking their duties.

NHS BORDERS
MAJOR EMERGENCY PROCEDURES

SECTION 9

APPENDIX E

Adverse Weather Policy - Advice for Managers and Staff

- NHS Borders must continue to provide a service to the public at all times. We must balance the needs of the service with those of our staff whilst ensuring that everyone is treated fairly and consistently
- As long as the policy and protocol are followed, staff who have made reasonable attempts to continue to work will be paid in line with NHS Borders Special Leave Policy. If the policy and protocol are not followed, it is expected that all hours lost will be worked up, taken as annual leave or processed as unpaid leave

Managers' preparation:

- Make sure you have all staff details up do date on SGIS. This includes phone/mobile numbers and post-codes (to allow us to easily identify where staff live when considering how they might be able to help during adverse weather)
- Make sure you have access to staff lists and contact details at all times – do not rely on getting access to SGIS
- Remember that some managers may be able to manage staff/situations effectively from home if travelling to work is not possible

What all staff need to think about:

- Plan ahead – find out who lives near you and travels to the same place of work. Discuss possible shared travel arrangements
- Be prepared – carry emergency equipment in your vehicle e.g. warm clothing, sturdy footwear, a mobile phone (and charger) food / drink and an overnight bag
- Carry supplies of any medication you may require
- Regularly assess the risks involved in travelling to and from work (use the media to help)
- Ensure that you know your manager's contact details
- Inform your manager of anticipated travelling difficulties as soon as possible and maintain regular contact with your manager during periods of adverse weather
- Be prepared to work flexibly or from an alternative base / unit during periods of adverse weather if agreed with your manager
- Consider what arrangements you could make to enable you to continue to work after your agreed working hours to support your ward / base if required

For more information go to the Adverse Weather policy page of the HR intranet.

END

NHS BORDERS
MAJOR EMERGENCY PROCEDURES

SECTION 10

MAIN FUNCTIONS OF THE EMERGENCY SERVICES AND OTHER AGENCIES

MAIN FUNCTIONS OF THE EMERGENCY SERVICES AND OTHER AGENCIES

CATEGORY 1 RESPONDERS
LOCAL AUTHORITY

1 NHS Borders area is coterminous with the Local Authority boundary of Scottish Borders Council.

2 In exercising their respective functions, NHS Borders and the Local Authority are required to work together to secure and advance the health of the population in their areas.

3 The Local Authority provides a wide range of services to the communities in their areas such as social services, environmental health, consumer protection, education, roads and transportation, local and strategic planning, community centres, libraries and parks etc.

4 Local Authorities are identified within the Civil Contingencies Act 2004 as Category 1 responders in the event of a major incident. The Local Authorities have a duty to ensure that they have major incident plans in place detailing their response to a major incident. Local Authorities also actively participate in the Lothian and Borders Emergency Planning Strategic Co-ordinating Group (SCG).

5 Close collaboration currently exists on a routine basis between the Social Work Department of the Council and various points across NHS Borders and similarly between Health Protection and the Local Authority Environmental Health Department. Such co-operation is fundamental to the every day operations of both Health and Council functions and should be expanded where appropriate, especially in the event of major incident.

6 A Local Authority's primary responsibility at a major incident site is in providing support to the emergency services, particularly in traffic management.

Other duties of the Local Authorities may include:

- Sourcing of emergency transport resources
- Sourcing, preparation and management of buildings for emergency use.
- Structural assessment of damaged buildings or other structures and co-ordination of works to make them safe
- Support in the operation and management of emergency mortuary facilities.
- Management and operation of reception centres (in conjunction with the Police, Primary Care services and Voluntary Organisations).
- The provision of temporary accommodation and support for persons unable to return home.
- Provision of emergency feeding of survivors and responders (in conjunction with Voluntary Organisations).
- Provision of Social Work Staff.

7 When the SCG considers the emergency phase of response to a major incident to have ended, the Chair of the SCG will pass from the Chief Constable of the Lothian and Borders Police to the Chief Executive of the Local Authority area where the

incident occurred. The Chief Executive will then lead the SCG as member agencies plan and implement interventions to restore services affected by the major incident and the agencies responses to the emergency.

The 'recovery' phase of a major incident will vary greatly in duration and intervention dependent upon the nature of the incident. Some major incidents may have very long-term consequences for the people, environment and institutions within the area affected and its surroundings. The aftermath of a major incident may require ongoing physical, psychological and financial support requiring the co-operation of a number of agencies.

Local Authority provisions can include such tasks as setting up information and support centres for those affected by the emergency, longer term accommodation or repairs, economic restoration and re-building confidence within the community.

8 In the event of a major incident the Local Authority has arrangements to co-ordinate its response from its Council Emergency Centre at Newtown St Boswells. The Centre is equipped with suitable communication systems and will be staffed by Council employees trained in the emergency role.

9 Dependent on the nature and circumstances of the major incident representatives from the Emergency Services, NHS Borders and other appropriate agencies may be required to attend the Council's Emergency Centres to work alongside the Council to ensure a co-ordinate and combined approach to the crisis.

LOTHIAN AND BORDERS POLICE

10 Lothian and Borders Police is responsible for policing the geographical area of Lothian and Borders. In common with all Police forces in Scotland, Lothian and Borders Police maintain contingency plans for responding to any major incident that involves danger to life, property, disorder or disruption in the community.

11 At the scene of any major incident the Police have the authority to co-ordinate the on site activities of all the emergency services and support functions. A Police Incident Officer (PIO) will be present to facilitate this purpose.

12 An exception to this would be at the scene of a fire or chemical hazard exposure where the Senior Fire Officer would adopt control until the danger related to the fire / incident has been eliminated, after which the co-ordination role would revert to the Police Incident Officer.

13 In view of the overall co-ordinating role of the Police it is essential that the Medical Incident Officer reports to the Police Incident Officer on his arrival at the site.

14 Other tasks which may be carried out by the Police are:-

- control of access to the site / access routes / identifying rendezvous points
- traffic / crowd control at and around the site / elsewhere to support activities of the responders
- safeguarding people / property at and around the scene
- procuring specialist / support services as required
- provision of communications

MAIN FUNCTIONS OF THE EMERGENCY SERVICES AND OTHER AGENCIES

- co-ordinating media response
- establishing identity of the dead / informing relatives / arranging temporary mortuary facilities
- criminal / investigation /reporting upon the incident /facilitating enquiries by other statutory agencies
- The saving of life in conjunction with the other emergency services.
- Co-ordination of the emergency services and other organisations.
- Access and egress to and from the site, and the protection and preservation of the scene.
- Evacuation procedures, undertaken in consultation with the other emergency services and the Local Authority.
- The investigation of the incident, in conjunction with other investigative bodies where applicable.
- The collation and dissemination of casualty information.
- Identification of victims on behalf of the Procurator Fiscal.
- Assist the Local Authority with the restoration of normality at the earliest opportunity.
- Protection of property.
- The co-ordination of the response to the media.
- The co-ordination of public information / warning.

15 Whilst it is the responsibility of the Scottish Ambulance Service to provide communication between the site and the Control Hospital, it should be noted that in the event of a failure of this arrangement, it will be possible to communicate from the site via the Police Radio Network to the nominated Police Liaison Officer based at the Hospital Control Centre / Designated Receiving Hospitals.

16 Should a major incident involve a significant number of casualties the Police will establish a Casualty Bureau as a central contact point for those seeking information about casualties. A contact telephone number in respect of the Casualty Bureau will thereafter be released to the public through the media.

17 The Casualty Bureau will obtain appropriate information from Police Officers who will attend and liaise with staff at the Designated Receiving Hospital(s). In conjunction with the Police Liaison Officer their role will be the identification and documentation of casualties and the relay of this information to the Casualty Bureau.

18 The Borders General Hospital will ensure that suitable accommodation for the Police Documentation Team is identified in their major incident plans and procedures. Ideally this should be sited at or close to Accident and Emergency Departments.

19 Additionally, a Major Incident Box will be deposited at the hospital by the Police for use by the Documentation Team in the event of a major incident. This will be retained in a secure place at the Accident and Emergency Departments until required for use.

20 The arrangements for the removal of the dead from the scene of a major incident and the provision of temporary mortuaries lie with the Police and the Local Authority. However, NHS Borders should assist as appropriate but without detriment to routine

healthcare activity.

21 In order that the Police can effectively co-ordinate the operational responses of all the agencies, it is crucial that they have knowledge of and access to NHS Borders major incident plans and procedures.

22 In the event that a major incident is considered to involve deliberate endangerment to public health, property or the environment, criminal investigation will be undertaken by Lothian and Borders Police. This investigation may proceed under guidance from the Procurator Fiscal or the Senior Investigating Officer for the Criminal Investigation Department (CID). All communications regarding the investigation will be directed to Lothian and Borders Police.

If a criminal investigation requires to be undertaken within an NHS Borders site, NHS Borders staff are expected to assist facilitate Lothian and Borders Police in this undertaking as far as possible. Criminal investigation should not, however, prevent essential services from continuing. The preservation of life is the lead priority of all agencies involved.

In the event of instigation of an exclusion cordon within an NHS Borders facility by Lothian and Borders Police, all NHS Borders employees must ensure they carry their Identification Card at all times. This will assist police staff to ensure essential NHS Borders personnel are not restricted from fulfilling their role in a major incident response. Department managers must maintain accurate rosters of staff working within their department on a shift by shift basis.

SCOTTISH AMBULANCE SERVICE

23 Roles and Responsibilities of the Scottish Ambulance Service

In responding to a incident at any location in Scotland, responsibilities may be summarised as follows:

1. The saving of life and the provision of immediate care to patients at the scene of the incident and in transit to hospital.

2. The alerting of hospital services, immediate care GPs and other relevant NHS agencies.

3. The management of decontamination for people affected by hazardous substances, prior to evacuation from the scene.

4. The evacuation of the injured from the scene in order of medical priority.

5. Arranging and ensuring the most appropriate means of transport for the injured to the receiving hospital.

6. The supply of patient care equipment to the scene of a major incident.

7. To arrange the transportation of appropriate medical staff and their equipment to the scene of a major incident.

8. Alerting and co-ordinating the work of the Voluntary Aid Societies acting in support of the ambulance service at the incident site.

9. The provision and maintenance of communications equipment for medical staff and appropriate Voluntary Aid Society personnel at the scene of a major incident.

10. The restoration of normality.

Response to Major Incident

24 On receipt of a message indicating that a major incident involving casualties has occurred, the Service will implement major incident procedures as contained in the publication Scottish Ambulance Service Operational Arrangements – Civil Emergencies.

25 On receipt of a message indicating that a major incident involving casualties has occurred, the Service will implement major incident procedures as contained in the publication Scottish Ambulance Service Operational Arrangements – Civil Emergencies.

Ambulance Control will, as required:

1. Create an incident on the Command and Control System.

2. Dispatch an initial response to the incident – first crew to act as Ambulance Incident Officer (AIO) and Site Communications Officer.

3. Hold staff due to go off duty (operational and control) and consider further call out of personnel.

4. Dispatch Ambulance Officers to manage activity at the scene.

5. Establish effective communication with the Ambulance Control Point as the focal point of NHS activity at the site.

6. Confirm major incident and obtain a standard situation report in respect of:
   - a Casualties – number injured, number trapped, type of injury, triage category
   - b Hazards – Actual or potential hazards
   - c Access – best access to the site for ambulances
   - d Location – exact location of the incident
   - e Emergency Services – present and required
   - f Type – of incident

7. Maintain emergency cover; if required divert patients to other treatment centres.

8. Reduce, postpone or cancel routine patient transport services.

9. Inform / Activate:
   - a Scottish Ambulance Service Air Desk
   - b Other Emergency Services

c Designated Receiving Hospitals / other NHS organisations
d Immediate Care Doctors
e Neighbouring Control Rooms
f Blood Transfusion Service
g Voluntary Aid Societies acting in support of the Service

10. Deploy:

a Ambulances; including Accident and Emergency, Non-Emergency resources and Air Ambulance support, Emergency Support Units, Mobile Ambulance Control Unit, Support vehicles and other major incident equipment and communications assets, as appropriate.

b Personnel to act as Liaison Officers at Designated Receiving Hospitals and other key areas.

Action at the scene

26 The Ambulance Incident Officer is in command of ambulance service operations on site. The AIO will work in liaison and co-ordination with the Medical Incident Officer, if present, and the other emergency services.

27 Tactical considerations may be summarised as:

a Command and Control
b Safety
c Communications
d Assessment of requirements
e Triage
f Treatment
g Transport

28 The AIO will, as appropriate:

1. Ensure that command roles such as Forward Ambulance Incident Officer(s) (FAIO) and Casualty Clearing Officer (CCO) are established.

2. Ensure that key points of activity such as the Ambulance Control Point and Casualty Clearing Station, Ambulance Loading Point and Parking Point are established.

3. Ensure that all NHS and Voluntary Aid resources attend the RVP and report to the Ambulance Control Point for documentation and tasking.

4. Brief personnel and deploy resources to triage, treat or transport patients.

5. Ensure that appropriate dynamic triage and labelling of casualties is carried out using standard triage systems (sieve and sort), in consultation with the MIO, if present.

6. Develop a casualty evacuation and distribution plan, in consultation with MIO, if present, co-ordinated and documented at the Ambulance Control Point and

communicated to ambulance control and receiving hospitals.

7. Request additional / special resources, including personnel or bulk patient care equipment to be delivered by air.

8. Liaise with the police regarding patient destination, transportation of patients by air ambulance / MOD helicopter, scene management and any requests for ambulance assistance at Rest Centres or other sites.

9. Participate in regular co-ordinating group meetings arranged by the Police.

10. Ensure that suitable arrangements are made for relief, welfare and health and safety of ambulance personnel.

11. Make suitable arrangements for media liaison, in co-operation with the other emergency services.

Additional Information

29 The Ambulance Incident Officer AIO is identified by a high visibility jacket with green and silver chequered yoke. Prior to the arrival of an officer, a member of vehicle crew staff wearing a standard HV jacket with AIO slide insert will undertake the role of the AIO.

30 Slide inserts are available to identify the role undertaken by key personnel i.e. Forward Incident Officer.

31 Ambulance officers will wear white helmets with rank markings. Ambulance technicians and paramedics will wear green helmets. Leading ambulance personnel can be identified by a single black band around the helmet.

32 All NHS staff must be appropriately identified and have available the correct level of personnel protective equipment for the working environment at the scene.

33 Site communications will be established using a network of portable hand held radios. Off site communication will be established through the ambulance control point; either the first ambulance at scene, officer's car or MACU, depending on location.

34 According to the geography of the site and the disposition of casualties, it may be necessary to divide the site into sectors with ambulance personnel and medical staff allocated specifically to duties within that sector.

35 Major incident scene management and triage aide-memoire cards, triage labels and Hazchem cards are carried on each accident and emergency ambulance.

36 The distribution of patients must be co-ordinated. In the early stages patients may self-present at the nearest hospitals, this will be taken into account when arranging the evacuation of patients from the scene.

37 Major incidents do not respect administrative boundaries. Accordingly, patients may need to be distributed across several Health Board areas. The nearest appropriate

treatment facilities may be those contained within a neighbouring Health Board area.

38 In the event of a request for the assistance of Voluntary Aid Societies, an assembly point should be designated; i.e. an ambulance station or VAS HQ, from which volunteers may be transported to the scene or elsewhere.

39 The MIO/AIO should consider cautiously, the use at the scene of uninvited volunteers including medical staff without immediate care experience, and those without official identification.

40 Ambulance or medical support may also be required at Rest Centres established by the local authority for evacuees.

LOTHIAN AND BORDERS FIRE AND RESCUE SERVICE

41 Lothian and Borders Fire and Rescue Service are responsible for providing a comprehensive fire service, which includes promoting the safety of the community and ensuring an integrated response to any major incident that might occur in the area.

42 Lothian and Borders Fire and Rescue Service will render humanitarian aid and can be relied upon to respond to virtually any incident where life or property is at risk. In addition to fire fighting this would include road accidents, industrial accidents together with assisting in natural disasters such as storms and floods.

43 Lothian and Borders Fire and Rescue Service will assist NHS Borders and the other Emergency Services at the scene of a major incident.

Their role will include:

- Rescue of trapped casualties
- Prevention of further escalation of the incident by tackling fire, chemical, electrical or other hazards
- At a chemical incident take steps to identify the chemical, cordon off the contaminated area and rescue persons within the affected area
- Assist the Scottish Ambulance Service with the decontamination of casualties if required
- Improve the working area for the medical teams by providing shelter, lighting and access to casualties.
- When medical resources are limited assist with the care of casualties under the supervision of medical personnel.
- Liaison with the Medical Incident Officer, Ambulance Incident Officer and other medical services. Provide assistance at the ambulance loading point regards the evacuation of casualties.
- Liaison with the Police Incident Officer regarding the provision of an inner cordon at the immediate incident site. Take control of operations within the inner cordon.
- Consider the safety of all persons involved in the safety work
- Consider the effects the incident may have on the environment and take steps to

minimise this.
- Assist the Police with the recovery of the dead.
- Participation in the investigations as required and prepare reports and evidence for enquiries.
- If necessary, standby during the non-emergency recovery phase to ensure the continued safety of all persons at and around the incident / emergency site.

MARITIME AND COASTGUARD AGENCY

44 The Maritime Coastguard Agency (MCA) is an executive agency of the Department for Transport (DfT).

45 The primary aim of the Agency is to develop, promote and enforce high standards of maritime safety; to minimise loss of life amongst seafarers and coastal users; and to minimise pollution from ships and other hazards within the policy framework set by the Secretary of State.

46 Her Majesty's Coastguard is part of the Maritime Coastguard Agency and has the primary role to co-ordinate all civil maritime search and rescue activities around the 10,500 miles of UK coastline, and 1,000 miles into the North Atlantic, a total of 1.25 million square miles.

47 On a 24/7 basis Coastguard Maritime Rescue Coordination Centres (MRCCs) around the coast will monitor the international maritime frequencies and respond to '999' emergency calls.

48 In a maritime emergency the Coastguard can call on and will co-ordinate all available facilities in the vicinity able to respond, including RNLI Lifeboats, MOD aircraft and civil aircraft able to provide assistance. It will also co-ordinate the support provided by the other Emergency Services when they are involved.

49 The Coastguard also possesses its own resources, namely Coastguard Response Teams, who are trained in Search, Cliff, Mud and Flood Response depending upon the terrain of their location.

50 A large percentage of NHS Borders Area is coastline and maritime incidents involving injury or loss of life on a large scale cannot be ignored. NHS Border's Board area is defined within the Forth District of the Coastguard which stretches from Stonehaven to the Scottish / English Border.

52 The Maritime and Coastguard Agency (MCA) is divided into Districts and the Borders is encompassed within the Forth MRCC District which stretches from Stonehaven to the English Border.

53 Any calls for assistance to NHS Borders will be made through the Forth Maritime Rescue Co-ordination Centre (MRCC) which is situated at Fife Ness near Crail, Fife. Forth MRCC has contact details for the Accident and Emergency Department, Royal Infirmary of Edinburgh and will inform them direct of the circumstances of any major incident requiring medical assistance.

MAIN FUNCTIONS OF THE EMERGENCY SERVICES AND OTHER AGENCIES

VOLUNTARY SERVICES

54 The Voluntary Aid Services that offer assistance to NHS Borders:

- The British Red Cross
- St Andrews Ambulance Association (via Scottish Ambulance Service)
- The Woman's Royal Voluntary Service

55 Volunteers can provide a valuable resource to NHS Borders in the event of a major incident. However, it is imperative that the assistance offered is structured and co-ordinated in order that maximum benefit can be derived in responding to the emergency.

56 In most incidents the Emergency Services and the hospitals involved manage the incident without the assistance of volunteers. However, in the event of a major incident within NHS Borders area, the assistance of the Voluntary Services may be sought. If so, they will be alerted by the Scottish Ambulance Service who will contact them and request assistance appropriate to the nature and scale of the incident.

57 Voluntary Services providing aid at the scene of a major incident will operate under the direction of the Ambulance Incident Officer in consultation with the Medical Incident Officer.

58 The decision as to whether voluntary aid is required at the hospital should be taken by the Hospital Medical Controller in consultation with the other members of the Hospital Control Team. In the event that such assistance is required, requests should be co-ordinated through the Scottish Ambulance Service. The assistance of the Voluntary Services should be included in NHS Borders emergency plans and procedures.

59 An outline of these organisations and the assistance they can provide is detailed in paras 60-66.

THE BRITISH RED CROSS SOCIETY

60 It is the policy of the British Red Cross to provide relief emergency services during and after a major incident in conjunction with and under the control of the Local Authority and the Emergency Services and other partners.

61 The British Red Cross is one of several non-statutory agencies who provide a vital reserve of trained personnel. Their assistance is requested and administered from the local branch office, supported by the area office based in Edinburgh, and has mutual aid arrangements in place with the rest of the UK.

MAIN FUNCTIONS OF THE EMERGENCY SERVICES AND OTHER AGENCIES

62 The local branch Headquarters of the British Red Cross is situated at Wheatlands Mill, Wheatlands Mill, Galashiels TD1 2HQ Tel 01896 751888. The local branch can be called upon to supply volunteers in a multi-skilled team approach to provide:

- First Aid Support - It is not envisaged that assistance would be provided at the scene of an incident / emergency except where the Scottish Ambulance Service / Medical Services were overwhelmed with the number of casualties involved. It is more likely that assistance would be rendered dealing with minor injuries at a rest and reception centre or other site as directed by the NHS or Local Authority.

- Health and Social Care - Care and support to individuals affected by the incident. This can include psychosocial care, and other services.

- Transport and Escort - Provision of vehicles, drivers and escorts to transfer casualties, evacuees and emergency staff under the direction of the Scottish Ambulance Service or other agency such as the Local Authority.

- Medical Equipment Loan - Provision of wheel chairs and other equipment as considered necessary.

ST ANDREWS AMBULANCE ASSOCIATION

63 The Association provides first aiders to events where large numbers of the general public will be present. If a major incident occurred at a major event they would assist under the direction of the Scottish Ambulance Service.

64 In the event the assistance of the Association is required, this will be arranged by the Scottish Ambulance Service. Contact details are available in the Emergency Contacts Directory.

WOMEN'S ROYAL VOLUNTARY SERVICE

64 The Women's Royal Voluntary Service is trained to assist the Local Authorities and Emergency Services at rest and reception centres and hospitals. The assistance they will provide will include:

- Provision of refreshments
- Assistance with documentation / registration
- Provide an Information Point
- Care and comfort of those in need

In the hospital situation they would also:-

- Escort relatives and families
- Assist the Chaplain
- Staff refreshment facilities

OFFSHORE EMERGENCIES

67 GENERAL

MAIN FUNCTIONS OF THE EMERGENCY SERVICES AND OTHER AGENCIES

68 NHS Borders area is bounded to the east by a long stretch of coastline and the North Sea.

69 The risk of a serious offshore / maritime accident with large-scale injury / loss of life impacting on healthcare services within Borders cannot be ignored and NHS Borders will require to prepare accordingly.

70 In general terms the healthcare of persons embarked in ships or employed on offshore oil / gas installations is the responsibility of the owner of the ship or platform installation.

71 Owners of ships or offshore facilities will retain their own medical officers and support medical staff to serve on the ship or installation. These resources are likely to be supported by onshore medical officers.

NOTIFICATION

72 In the event of an emergency onboard ship it is likely that notification will be made by the Maritime and Coastguard Agency (MCA) who have overall responsibility to instigate and co-ordinate a response to incidents at sea or offshore.

73 NHS Borders may also be alerted to the circumstances of a major incident at sea / offshore by Lothian and Borders Police who would still retain overall responsibility for co-ordination of the on shore response to a major maritime / offshore incident, but would maintain close liaison with the Forth Maritime Rescue Co-ordination Centre (MRCC).

NHS BORDERS' RESPONSE

74 On receiving an alert of a large scale maritime / offshore incident NHS Borders arrangements with regards to the reception and treatment of casualties will follow existing major incident plans and procedures as followed for a land based emergency. These arrangements can be modified dependent on the type and nature of the major incident.

75 The Royal Infirmary of Edinburgh is the designated receiving hospital in such a major incident.

76 The Royal Infirmary of Edinburgh benefits from the provision of an on-site helicopter landing pad (helipad) and will provide the capability to receive casualties evacuated by air from an offshore / maritime incident. There are also identified helicopter landing sites next to St John's Hospital and RHSC. None of these sites are operable at night due to the lack of lighting.

77 As acute medical aid may be required, the Royal infirmary of Edinburgh major incident plans and procedures include the dispatch of a Site Medical Team and Medical Incident Officer to the casualty disembarkation point if ships are utilised to ferry casualties ashore.

78 The composition and equipment of the Site Medical Team will be decided on the information known at the time.

79 The Medical Incident Officer and Site Medical Team will be prepared to establish triage / Casualty Clearing Station at the point of disembarkation, if required.

80 Emergency plans and procedures of the Royal Infirmary of Edinburgh include arrangements to receive large scale casualties at the helipad in the event that notification is given that casualties are to be evacuated from the scene of the major incident by air.

81 In exceptional circumstances there may be a request for humanitarian medical assistance to be provided offshore or at sea. The Royal Infirmary of Edinburgh major incident plans and procedures include the provision of a Site Medical Team to be airlifted from the hospital to the site of a major incident when air transport can be arranged by an appropriate authority.

DIVING ACCIDENTS

82 Diving accidents can also be a feature of major incidents at sea or offshore and persons involved in diving accidents often require specialist care and treatment under hyperbaric conditions.

83 A victim of a diving accident may require to be transported immediately from the scene of an incident to a suitable hyperbaric chamber for lifesaving treatment and such assistance is not available within NHS Borders.

84 Therefore, the major incident plans and procedures of The Royal Infirmary of Edinburgh include the location and availability of this specialist advice and equipment should it be required:

Aberdeen Royal Hospitals NHS Trust
Hyperbaric Medicine Unit
Royal Infirmary
Foresterhill
Aberdeen

is equipped with the only NHS operated hyperbaric chamber within Scotland and can be contacted on telephone 0845 408 6008 stating 'diving emergency'.

NHS 24

85 General

NHS24 provides a responsive, easily accessible health resource for the people of Scotland 24 hours a day

NHS24 can provide assistance to the NHS Borders incident response by:

- Undertaking telephone triage of members of the public within Borders who are unwell or injured directly, indirectly or concurrently to a major incident.
- Informing and reassuring members of the public who may have concerns that the

causes or consequences a major incident may affect their health and wellbeing.

These services may reduce self presentation, particularly of the 'worried well' at NHS Borders facilities and help to prioritise those people genuinely in need of urgent assistance. Requests for assistance from NHS24 will be made from the Board Control Centre.

86 Helpline
As specialists in telemedicine NHS24 are able to provide a helpline service to support NHS Borders' response to a major incident, between 08:00 and 22:00 seven days a week. This may play an invaluable role in fulfilling NHS Borders' responsibility to warn and inform the public under the Civil Contingencies Act 2004. A helpline may offer an opportunity to advise the public on aspects of the major incident which may affect their health and provide support and reassurance for those whose health is not considered to be at risk.

87 Criteria for NHS24 Health Alert Helpline

- NHS24 requires 6 hours notice to implement a helpline
- NHS Borders is required to provide suitable information to allow NHS24 staff to answer public queries. This information is required 4 hours prior to commencement of the helpline. Suitable candidates and contact details should be identified to give expert guidance to NHS24 on a 24 hour a day basis
- NHS Borders will provide contact details for redirecting public enquiries that require specialist knowledge, i.e. NHS Borders Public Health Helpline
- NHS24 will provide a 24 hour contact point for NHS Borders
- NHS Borders must include NHS24 in updates and situation reports as they arise. N.B. A report stating that there are no changes is still a useful report!
- Helplines will run for one week in the first instance. If a helpline is no longer required within this time period notice should be given to NHS24 to stand down their operation as soon as is practical
- Following stand down of a helpline NHS24 will provide a brief of calls taken and waiting times for response

88 Contact details
Phone: Duty Team Leader or Duty Clinical Services Manager – 0141 435 3901 / 08457 000666 / 07796938134

Fax: 0141 435 3902
Email: alert.helpline@nhs24.scot.nhs.uk

Refer to the Health Protection Team document: NHS24 – Guidance on setting up a health alert helpline (located in the emergency bag - Public health)

RAIL INCIDENT CARE TEAMS

89 Train Operating Companies have teams of specially selected volunteers who have been have been trained and equipped to respond to the needs of people affected in the hours and days immediately following a rail emergency. These are referred to as Incident Care Teams.

MAIN FUNCTIONS OF THE EMERGENCY SERVICES AND OTHER AGENCIES

90 In the event of an emergency involving a passenger train or station, Incident Care Team members may be deployed to hospitals, Emergency Assistance Centres and train stations. Their aim is very much to work alongside and complement the efforts of other responding agencies but unique among these they are able to provide 'ownership' (in recognition that whatever the cause of the emergency, persons affected were customers of and hence the responsibility of the rail industry) and acknowledge/validate the loss suffered.

91 Incident Care Teams can provide and/or fund/arrange the following for those directly involved along with the families and friends and those bereaved:

- Information (particularly that specific to the railway)
- Assistance with getting/keeping in touch with friends/family members eg access to phone lines or email
- Refreshments
- Accommodation
- Travel
- Purchase of any basic personal items, eg toiletries, clothing
- Replacement of lost or damaged personal effects
- Signposting to other support agencies

92 In the event of a major rail incident, the train operating company concerned will be seeking to make early contact with the relevant hospitals, local authorities and police forces so as to facilitate the rapid deployment and most effective use of rail industry Incident Care Team members.

SECTION 11

RESILIENT COMMUNICATIONS

SECTION 11

RESILIENT COMMUNICATIONS

GENERAL

1 The rapid, accurate and reliable transmission of credible information will be fundamental to the effective co-ordination and control of NHS Borders response to any major incident.

2 NHS Borders major incident plans and procedures are required to include effective communication systems to enable the mobilisation of the response to a major incident and to support its effective management and control.

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

MAJOR INCIDENT RESPONSE

General

4 The effective co-ordination and control of NHS Borders response to a major incident will be dependent on communications. NHS Borders Public Involvement & Communications (PI&C) will require to develop strategies to communicate with internal and external agencies to enable an integrated response to any incident / emergency.

Strategic Communications

5 NHS Borders has established a Board Control Centre at Board Headquarters, Newstead, Melrose equipped with suitable communication facilities.

6 In the event of a major incident, the purpose of the Board Control Centre is to provide a focus for communications / control at strategic level with internal partners, the Scottish Government and external agencies. The core function of PI&C/Head of Comms & PFPI is to service and support the strategic communications requirements of NHS Borders in this type of situation.

Control Hospital

7 During a major incident, communications between hospital departments, Board Control Centre, the site of the incident and other agencies will be critical to the overall co-ordination and control of the NHS response.

8 To facilitate such communications, the major incident plans and procedures of NHS Borders will include the requirement for Hospital / Primary Care Control Centres.

9 Hospital / Primary Care Control Centres will be equipped with suitable communications facilities such as dedicated telephone lines, including internet access and fax machines and will have the ability to communicate internally and externally.

10 The Hospital Control Centre is also equipped with a Scottish Ambulance Service radio which will maintain a communications link with the Medical Incident Officer at the site of a major incident anywhere within Borders.

11 There will be a requirement to ensure that suitable arrangements such as call signs and voice procedures are agreed with the Scottish Ambulance Service for the operation of the radio. There will also be a need to ensure that appropriate staff are trained in its use. Such arrangements should be outlined in hospital major incident plans and procedures.

Site of the Incident

12 The Scottish Ambulance Service will provide the Medical Incident Officer with hand-held radio communication facilities at the site of the major incident to enable a link to be maintained with the Hospital Control Centre.

13 The Medical Incident Officer will also be provided with portable telecommunication equipment by the hospital to enhance the capability to contact all parts of the NHS within Borders from the site, and other NHS Board areas, if required.

14 To ensure the timeous passage of information between the Medical Incident Officer, the Hospital Control Centre and the hospital switchboard, dedicated lines should be nominated and identified in hospital major incident plans and procedures.

CORPORATE COMMUNICATIONS

15 It is crucial in any major incident to enable NHS Borders to respond in a co-ordinated and combined manner that staff are kept fully aware of the circumstances as far as possible. This will also help to dispel rumour, speculation, encourage staff participation and enhance their morale.

16 The Head of Communications & PFPI, NHS Borders will be responsible for ensuring that there is an appropriate and timely production of corporate communication content, key messages and information to staff and the public. However it is for service managers to ensure the appropriate flow of information to their operational staff to assist them to fully support the NHS Borders response to any major incident.

17 The role of the Public Involvement and Communications Team in a major incident - as in normal business – is:

- to provide expert advice and support on communications, public relations and reputation management to the BET/Board
- to perform all the corporate external communications to Public, Press & Media. Also to the communications offices for Scottish Government and External Partners (eg other Boards, Police, SBC etc)
- to perform all global/whole systems communications to all staff (in partnership with Workforce & Partnership)
- to manage a Press Centre/Activity on an appropriate site to minimize disruption to operational services
- to actively monitor ongoing local and national press coverage and advise the Board/BET
- to support and liaise (in content management and advice) Clinical Boards, operational and staff/services/clinicians through their existing cascade routes. We advise BET/Board and partner agencies of service communications to ensure consistency of approach and content where appropriate.

The communication cascade systems within services need to be used operationally and are the ongoing responsibility of GMs (and senior managers) as in day to day business.

COMMUNICATION WITH THE PUBLIC / PATIENTS

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

19 NHS Borders staff who experience language difficulties with the public should contact:

Telephone Translation only:
Language Line (no need to book in advance) 0845 310 9900 NHS Code L47668.
Operates 24 hours, 7 days per week, 365 days per year.

Face to Face interpretation only:
Alpha Translating & Interpreting Service Ltd, 18 Haddington Place, Edinburgh. EH7 4AF
Tel: 0131 558 9003
Operates 24 hours, 7 days per week, 365 days per year.

Sign Language only:
Scottish Borders Interpreter Agency, Social Work Office, Borders General Hospital, Melrose. TD6 9BS
Tel: 01896 822998
Email: sbia@scotborders.gov.uk
Operates 0830-1245 Monday to Friday

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

PUBLIC TELECOMMUNICATIONS NETWORK

20 The NHS in Borders is heavily reliant on the Public Switched Telephone Network (PSTN) for communications in the event of a major incident. Plans should take account of this fact whenever possible and 'back up systems' are being developed by telecommunications managers.

21 In the event of a major incident in the NHS Borders area it is possible that vital communications could be delayed and normal business severely disrupted.

22 To enable hospital telephone lines to remain operational guidance should be given in the hospital emergency plans and procedures for staff to avoid the use of the main hospital switchboard when instigating departmental staff alert systems and cascades.

23 In the event of a major incident in the NHS Borders area it is possible that vital communications could be delayed and normal business severely disrupted.

SECTION 11

EMERGENCY COMMUNICATION ASSISTANCE

Lothian & Borders Strategic Coordinating Group Resilient Telecommunications Plan

24 L&B SCG's Resilient Telecommunications Plan sets out guidance to the agencies who may respond to an emergency in the Lothian & Borders Area involving a communications failure in order to ensure that a coordinated response is achieved. (Being finalised - link to be added)

25 The Government Telephone Preference Scheme (GTPS) was introduced to ensure that essential users can continue to use the Public Switched Telephone System (PSTN) at times when the network, or part of it, is severely overloaded or damaged.

GOVERNMENT TELEPHONE PREFERENCE SCHEME (GTPS)

26 The Government Telephone Preference Scheme (GTPS) was introduced to ensure that essential users can continue to use the Public Switched Telephone System (PSTN) at times when the network, or part of it, is severely overloaded or damaged.

27 GTPS Scheme is invoked very rarely and would only be considered by BT if there was a major risk to PSTN service of NHS Borders.

28 It operates by removing the ability to make outgoing calls, including 999 calls, on all telephone lines other than those registered under the scheme. The ability to receive calls is unaffected. The scheme does not apply to mobile phones.

29 All major hospital sites, health care centres and GP surgeries within NHS Borders are registered under the GPTS Scheme

30 The GPTS Service is provided by BT and Cable and Wireless, but eligibility is limited to those organisations providing services important to the community such as the Emergency Services and the NHS. Application for registration within NHS Borders can only be made through NHS Borders Estates Department.

RAYNET

31 RAYNET is an independent, national organisation composed of amateur radio enthusiasts and, in emergencies, will provide radio links between key locations. They have considerable experience and knowledge in transmitting radio signals, especially in rough terrain.

32 In an incident / emergency situation, RAYNET would be prepared to establish a radio link between hospitals/other health care premises and the site of the major incident. This would be of particular assistance where NHS communications had failed, or as a means of establishing a radio link in the more inaccessible areas.

33 Any requirements for assistance from RAYNET can be made through the City o Edinburgh Emergency Planning Officer who will contact the Lothian representative on 07749 923 044. Should local contact fail, the 24/7 nationa

number is 0141 621 2121.

34 Any requirements for assistance from RAYNET can be made through the City of Edinburgh Emergency Planning Officer who will contact the Lothian representative on 07749 923 044. Should local contact fail, the 24/7 national number is 0141 621 2121. *to be confirmed*

MOBILE TELECOMMS PRIVILEGED ACCESS SCHEME (MTPAS)

35 MTPAS is a Cabinet Office scheme for managing mobile telephone privileged access. It is available to Category 1 and 2 Responders (as defined in the Civil Contingencies Act 2004) and partner organisations which directly supports them at the scene of an emergency incident. NHS Borders has a number of telephone SIMs registered under the scheme which will operate when mobile networks are otherwise inoperable. This is reviewed annually with Scottish Government.

AIRWAVE RADIOS

36 Airwave is the UK's secure digital voice and data communications service dedicated to public safety response organisations. The network became fully operational throughout UK in 2005. It is used by all Scottish police, fire and ambulance services. An ambulance service fixed airwave radio is situated in BGH Emergency Department for use by ambulance staff and ED staff; training is provided by Scottish Ambulance Service (SAS).

37 The SAS would instal an airwave radio in the Hospital Control Room in the event of an incident.

38 Other organisations use Airwave; NHS Boards and local authorities hold two airwave radios and a protocol is being developed by Lothian & Borders Strategic Coordinating Group on their use.

39 A further protocol will thereafter be developed by NHS Borders. The two radios are currently held securely by Public Health. The radios which also double as mobile phones can be used when mobile networks are inoperable and signal testing will be undertaken particularly inside the Borders General Hospital.

NATIONAL RESILIENCE EXTRANET

40 The National Resilience Extranet (NRE) provides a resilient browser based collaborative communications toool secure to 'Restricted' level. It is intended for use during routine planning and also during incident response. All Category 1 and 2 responders including the voluntary sector can subscribe to the system. It can be accessible via other secure internet connections to allow remote access.

41 A protocol for 999 responders has been developed. NHS Borders has obtained access and training (April 2011) and Lothian & Borders SCG will develop a protocol for non-999 users. Cascasde training will be undertaken within SCG organisations.

NHS BORDERS INTRANET MICROSITE

42 A microsite on NHS Borders is devoted to Telecommunications, including the telephones and infrastructure for Emergency Planning. The following locations have telephone facilities set up for use in both **Major Incident and**

SECTION 11

Service Continuity scenarios:

- Major Incident room, Rehabilitation department, BGH – room layout and telephone numbers at Section 4/11.
- Rooms within the Education Centre (specifically for press/media use) - room layout and telephone numbers at Section 3.
- Board Room, Newstead - room layout and telephone numbers at Section 2.

43 The room layout and telephone numbers for the Major Incident Room in the Rehabilitation Department, BGH are set out in Section 1.

NHS BORDERS
MAJOR EMERGENCY PROCEDURES

SECTION 12

NAME	DAY	OUT OF HOURS	E-MAIL/ FAX	MOBILE	PAGER
Alternative accommodation:					
Portable Offices and Units	See Yellow Pages Telephone Directory under the headings provided in column 1				
Arkley G – Deputy Director Estates	01896 826382	01896 826000	01896 826400	07879 661912	
BBC Broadcast Duty Manager Radio News Desk	0141 422 7804				
BBC Scotland Good Morning Scotland	0141 422 7755				
BBC Radio Scotland			Selkirk.news@bbc.co.uk		
Berwick Infirmary	0844 8118111				
Baijal, Dr E, Joint Director of Public Health (NHS Borders and Scottish Borders Council)	01896 825560	01896 826000	01896 825580	07788 422201	07699 707505
Border Television	0844 8815850		btvnews@granadamedia.com		
BECS	01896 826995	01896 827011	01896 827001		
Cameron R – Medical Director	01896 828290	01896 826000			
Campbell C - Chief Executive	01896 825525	01896 826000	01896 825580		
Care Commission, S E Regional Office	0131 653 4100		0131 653 4149		
Care Commission, Scottish Borders area	01896 664400		01896 664419		
Carlisle and District PCT	01228 603500		01228 602766		
Coldstream Hospital	01890 882417		01890 883954		
Cumberland Infirmary, Carlisle	01228 523444				
Cumbria and Lancashire Strategic Health Authority					
Davidson J – Director of Finance/Chief Operating Officer	01896 828220	01896 826000			
DEFRA Animal Health – Galashiels Divisional Office - Divisional Manager or Duty Officer	01896 758806	01896 758806	01896 756803		
Director of Estates	01896 826370	01896 826000			
Dumfries Royal Infirmary	01387 246246				
Duns – Knoll Hospital	01361 883373		01361 882186		
Executive Director NHS Borders on-call	01896 826000	01896 826000			07699 707237
Flood Line	08459881188				
Food Standards Agency (Scotland)	01224 285100	07881 516867	01224 285167		
Gething J – General Services Manager	01896 826061	01896 826000			
Facilities Manager	01896 826047	01896 826000			
Hawick Community Hospital	01450 372162		01450 373935		
Health and Safety Executive	0131 247 2121	Via Police			
Health Protection Agency North East	0164 233 3604		0164 233 3602		
Health Protection Agency North West	0124 466 5300		0124 466 5309		
Health Protection Scotland	0141 300 1100	0141 300 1100	0141 300 1170		

SECTION 12

NAME	DAY	OUT OF HOURS	E-MAIL/ FAX	MOBILE	PAGER
Jedburgh - Sister Margaret Cottage	01835 863212		01835 864917		
Kelso Hospital	01573 223441		01573 224732		
Local Health Council	01896 661420				
Lothian & Borders Fire Brigade Headquarters	0131 228 2401	0131 228 2401	0131 229 1514		
Lothian and Borders Police – Hawick G Division	01450 375051	01450 375051	01450 373303		
Lothian and Borders Police HQ	0131 331 3131	0131 440 6901	0131 331 6889		
Lothian and Borders Police HQ – Inspector **(ex-directory - emergencies only)**	0131 440 6890				
Lothian and Borders Police HQ – Supervisor **(ex-directory - emergencies only)**	0131 440 6863/ 6864				
Lothian and Borders Police Media Relations	0131 311 3423	0131 311 3131			
Lyreco	0845 767 6999		0845 076 2698		
Mail & Collection and Delivery Services	**)**				
Courier Services	**)**See Yellow Pages Telephone Directory under **)**the headings provided in column 1 **)**				
Circular and Sample Distributors					
Direct Mail					
Stephen J – Head of I M & T	01896 828296	01896 826000			
Smyth J – Interim Director of Planning and Workforce	01896 825537	01896 826000			
Paterson, L – Resilience Manager	01896 822213	01896 826000	01896 823396		
Peace, E - Borders Primary & Community Services	01896 825503	01896 826000			
Wright, S – Director of Nursing & Midwifery	01896 828224	01896 826000			
Mordue - Dr A, CPHM	01896 825560	01896 826000	01896 825593	07769 887581	07699 701799
NHS 24	0845 4 24 24 24	0845 4 24 24 24			
NHS Borders Supplies 1	01896 826177		01896 826172		
NHS Borders Supplies 2	01896 826175				
NHS Borders Supplies 3	01896 826173				
NHS Lothian - DPH	0131 456 5817	0131 242 1000 (Royal Infirmary)			
NHS Lothian – Health Protection Team	0131 465 4520/4522	0131 465 4520/4522			
NHS Scotland	0131 556 8400	0131 556 8400			

NHS BORDERS
MAJOR EMERGENCY PROCEDURES

SECTION 12

NAME	DAY	OUT OF HOURS	E-MAIL/ FAX	MOBILE	PAGER
NHS Scotland Duty Custody Officer	0131 556 8400	0131 556 8400			
North Tyneside PCT	0191 217 2500		0191 217 2501		
Northumberland, Tyne and Wear Strategic Health Authority	0191 210 6400		0191 210 6401		
Patterson - Dr T, CPHM	01896 825560	01896 826000	01896 825580	07747 757343	07699 702047
Pattinson, A – Interim General Manager Primary & Community Services	01896 825508	01896 826000			
Peebles - Hay Lodge Hospital	01721 722080		01721 726989		
Public Analyst 4 Marine Parade Edinburgh	0131 555 7980	07831 485784 or 07831 822477			
Radio Borders/Keith Clarkson Programme Controller	07980 785 737	07980 785 737			
Raine J, Chair of Borders NHS Board	01896 825525	01896 826000	01896 825580		
Royal Hospital for Sick Children, Edinburgh	0131 536 0000				
Royal Infirmary, Edinburgh – A & E Dept.	0131 242 1300/1301	0131 242 1300/1301	0131 242 1344		
Royal Mail (postal re-direction) 1	08457 950 950				
Royal Mail (postal re-direction) 2	08457 740 740				
Scottish Agricultural College Veterinary Services, Greycrook, St. Boswells.	01835 822456				
Scottish Ambulance Galashiels	01896 751529	0131 446 2600	01896 752441		
Scottish Ambulance HQ, Edinburgh	0131 300 4928	0131 446 7000	0131 452 7001		
Scottish Borders Council – all Depts	01835 824000	01896 752111	01835 825001		
Scottish Borders Council Emergency Planning	01835 825056	01896 752111	01835 824031		
Scottish Borders Council Property Services	01896 752111 Bordercare	01896 752111			
Scottish Borders Council Public Relations Officer	01896 752111 Bordercare	01896 752111	01835 825059		
Scottish Borders Council Winter Control (1st Nov-31st March)	01896 825076				
Scottish Enterprise Borders	01896 758991		01896 758625		
Scottish Executive Emergency Room Controller	0131 244 2890	0131 244 2890			
Scottish Executive Health Department	0131 244 2296	0131 556 8400	0131 244 2051		
Scottish Poisons Bureau - Royal Infirmary, Edinburgh	0131 242 1383/1381	0870 600 6266	0131 242 1387		

NAME	DAY	OUT OF HOURS	E-MAIL/ FAX	MOBILE	PAGER
Scottish Power	0845 272 7999				
Scottish Water - Edinburgh	0845 6008855				
SEPA – Galashiels Area Office	01896 754797	01896 752425	01896 754412		
SEPA – National Emergency number	0800 807060	0800 807060			
Specialist Supply and Disaster Recovery:					
Carpenters and Joiners					
Cleaning and Maintenance Services					
Computer Services					
Dehumidifiers – Air Conditioning Equipment	See Yellow Pages Telephone Directory under				
Fencing Services	the headings provided in column 1				
Fire and Flood Restoration					
Fume Extraction					
Fumigation Services					
Security Services and Equipment					
St Johns, Livingston	01506 523000	01506 417787 (ex-dir)	01506 416484 (ex-dir)		
Transco Scotland	0800 111999				
Tweed Horizons	01835 822992		01835822991		
Western General, Edinburgh	0131 537 1000				

Document Status	
Version	

This plan is under regular review. Revisions and updates will be circulated to all named holders. Further information on most recent changes may be obtained by checking the NHS Borders intranet site or contacting the Resilience Manager.

www.nhsborders.org.uk

or

lorna.paterson@borders.scot.nhs.uk

DOCUMENT CHANGE HISTORY

Version	Date	Comments

RECORD OF AMENDMENTS

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

Page Number/Area	Section	Date of Amendment

REQUEST FORM FOR CHANGE TO REGISTERED PLAN HOLDER

Please photocopy this form when submitting requests for amendments as this for should remain in the Major Incident Plan for future duplication.

Alternatively please complete the Word version on the intranet site (INSERT LINK)

CHANGE OF PLAN HOLDER

From		**To**	
Job Title		**Job Title**	
Place of Work		**Place of Work**	

Signed	
Date	
Print Name	
Position Held	

Please return to:

Lorna Paterson
Resilience Manager
NHS Borders
Department of Public Health
Rushbank
Newstead
Melrose. TD6 9DA