



Bwrdd Iechyd Prifysgol Bae Abertawe

**SWANSEA BAY
UNIVERSITY HEALTH BOARD**

OVERARCHING MAJOR INCIDENT PROCEDURE
(Version 16 November 2025)

Please Note: The Major Incident Procedure will need to be read in conjunction with any current addendums either due to Infection, Prevention and Control or due to Service Changes that occur during the review period.



Approved by: SBUHB Emergency Preparedness
Resilience and Response, (EPRR)
Oversight Group

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6	07.11.13	Head of Operations, Morrison Emergency Planning Officer	Annual Review
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Policy Version Number	Date	Author	Description of Change
8	December 2015	Emergency Planning Officer	Review following major incident declaration;25.10.15
9	January – April 2017	Lead for EPRR EPRR Strategy Group HB wide consultation	Annual review following a workshop as a result of organisational changes during 2016.
10	May – August 2018	Consultation with Action Card holders included within the Procedure Head of EPRR	Annual Review
11	October 2019	Head of EPRR	Annual Review includes Lessons identified from tabletop Exercise and consultation
12	December 2021	Head of EPRR	Annual Review
13	December 2022	Head of EPRR, following stakeholder review of the Tactical/Operational response	Annual Review
14	December 2023	Head of EPRR, EPRR Manager following stakeholder review of the Tactical/Operational response	Annual Review
15	November 2024	Head of EPRR, EPRR Manager following stakeholder review of the Tactical/Operational response	Annual review, incorporated further key service change proposals & amended MI standby/declared activation process
16	November 2025	Head of EPRR, EPRR Manager following stakeholder review of the Tactical/Operational response	Annual Review, incorporating use of clinical capacity group (CCG) in both major & mass casualty incidents



IMMEDIATE **ACTIONS**

**If You Have Received Notification That
A Major Incident Has Been Declared
And You Have Not Read This
Procedure**

DO NOT READ THIS NOW

**Find Your Relevant Action Card
In The Appropriate Section**

**AND FOLLOW THE
INSTRUCTIONS**



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Please note:

This Overarching Procedure should be read in conjunction with: -

- SBU Health Board Morriston Major Incident Procedure
- SBU Health Board Burns Major Incident Procedure
- SBU Health Board Support response, Singleton, and Neath Port Talbot Hospital Major Incident Procedure
- Mass Casualty Arrangements for Wales

The full suite of SBUHB Emergency Response Procedures are held on the EPRR SharePoint site - [Emergency Preparedness, Resilience and Response \(EPRR\) - Home \(sharepoint.com\)](#)

Other Health Board policies and procedures and statutory regulations are to be referenced as appropriate e.g.:

- Infection, Prevention & Control (IPC)
- Health & Safety (H&S)
- Workforce and Organisational Development
- Welsh Language Act
- Quality statements, e.g., care of the critically ill

The Action Cards referred to in this Procedure should be read in conjunction with the whole Procedure.

The Major Incident Procedures may be invoked alongside other appropriate, Health Board Procedures, other Emergency Response Procedures, SBUHB Business Continuity Procedures and / or Strategic Multiagency Procedures.



HEALTH BOARD EMERGENCY RESPONSE, COMMAND, CONTROL & CO-ORDINATION (C3)

The following will be a standard process as articulated within the Health Board (HB) Major Incident (MI) Procedures for any Emergency Response:

- C3 arrangements
- JESIP Interoperability Principles
- Information management
- Communication Strategy
- Service Business Continuity Procedures to be invoked alongside any Emergency Response
- Continued focus on quality delivery during emergency response

All Emergency Response Procedures are flexible and adaptable, this allows for a tailored response to all emergencies and any additional threats and risks that may arise at the time.

In the event of a major incident, The Committee Room in Health Board Head Quarters will be the Gold Coordination Centre and Morriston Hospital Co-ordination Centre will be the Health Board Lead Tactical, (Silver) command and control for the incident. Each Service Group will establish their respective Incident/Hospital Co-ordination Centres.



FOREWORD

Swansea Bay University Health Board, as a Category 1 responder under the Civil Contingencies Act 2004, has a statutory duty to participate in multi-agency planning and ensure robust procedures are in place to manage and support the acute medical aspects of a major incident. This includes incidents involving chemical, biological, radiological, and nuclear hazards.

The importance of these Procedures remains undiminished in the face of ongoing threats, including terrorism, transport-related incidents, lone assailants, and natural disasters. They are designed to support not only the health communities of Swansea and Neath Port Talbot but also those across South and West Wales and Southwest England.

While the primary focus of this Major Incident Procedure is on response, it is important to recognise that the Health Board will also play a significant role in the recovery phase—supporting communities in managing the longer-term impacts of major incidents. This work aligns closely with business continuity planning and the broader resilience agenda.

Effective response depends on thorough planning and preparedness. Major incidents can occur at any time, often without warning, and it is essential that all Health Board staff are familiar with this Procedure and understand the role they may be required to play. By preparing well, we strengthen our ability to respond and recover safely, swiftly, and effectively when the need arises.

It is the duty of every member of the Health Board staff to ensure that they are familiar with the Major Incident Procedure and be conversant with the part they will be expected to play when the need arises.

Chief Executive



SECTION 1

GENERAL PRINCIPLES



SECTION 1: GENERAL PRINCIPLES

1.0 Introduction

The Welsh Government (WG) has a responsibility to ensure that health services are fully prepared to make an effective contribution to the combined response of all emergency services in the event of a major incident. This is co-ordinated through NHS Wales Performance and Improvement (Emergency Planning and Response), and the Emergency Planning Advisory Group of WG.

The Health Boards have overall responsibility for the population within their geographical area and ensure that plans provide a single framework of operational and management response, thus ensuring that co-ordination and liaison is in place for all major incidents.

The Swansea Bay University Health Board, (SBUHB) is defined as a category 1 responder in the Civil Contingencies Act 2004 (the Act). The Act places a number of responsibilities on the Health Board in this regard. These include:

- Assess local risks and use this to inform emergency planning;
- Put in place emergency Procedures;
- Put in place Business Continuity Management arrangements;
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency;
- Share information with other local responders to enhance co-ordination;
- Co-operate with other local responders to enhance co-ordination and efficiency

The Civil Contingencies Act 2004 requires Category 1 Response Organisations to co-operate and plan with partners in Local Resilience Forums based on Police Force areas. The Police Force in whose area an Incident occurs has responsibility for the overall strategic management and co-ordination of the responding Agencies. SBUHB is represented at the Local Resilience Forum for South Wales Police Force.

Major incidents are by their very nature unpredictable. Although often the same lessons are repeatedly learnt. Each and every incident is unique, both in terms of type, causation, circumstances, and consequences. They can range from transport to terrorist type incidents, but unfortunately, common lessons are identified and re-identified.

Contingency plans are aimed to be simple and flexible, adopting an '*all hazards*' approach, allowing for adaptation if and when required. They link with the other emergency services likely to be involved and take account of any specific local hazards. A major incident for one service may not necessarily be so for another service.



All Health Boards are required to have plans and procedures that interlink, and form part of the overall Emergency plans. These should consider, and reflect the relevant guidance and requirements: -

- NHS Wales Emergency Planning Guidance (*Welsh Government*)
- Draft Wales Pandemic Preparedness & Response Guidance (*Welsh Government*)
- Wales Building Partnerships Staying Safe: Guidance for Healthcare Organisations (*Welsh Government*)
- PROTECT – Guidance on Activation of CBRN Health Countermeasures (*Welsh Government*)
- Ambulance Service Guidance on Dealing with Radiological Incidents and Emergencies (*Welsh Government*)
- Planning for the Psychological and Mental Health Care of People Affected by Emergencies (*Welsh Government*)
- Planning for Lockdown of NHS Facilities (*Welsh Government*)
- Medical Care at the Scene of Major Incidents (*Welsh Government*)
- Planning for the Management of Blast Injured Patients (*Welsh Government*)
- 'How to' Guide on Local Arrangements for Antiviral Collection Points (*Welsh Government*)
- Wales Framework for Managing Major Infectious Disease Emergencies (*Welsh Government*)
- Welsh De-contamination Protocol (*Welsh Government*)
- Mass Casualties Incidents – A Framework for Planning (*Welsh Government*)
- NHS Wales Doing Well, Doing Better – Standards for Health Services in Wales (*Welsh Government*)

The guidance aims to ensure that the NHS in Wales is prepared and able to respond in an effective manner to any major incident. These guidance notes set out details in relation to general principles, training, communication, equipment, Ambulance, and Hospital response.

The Health Board Executive lead for Emergency Preparedness is the Director of Planning & Partnerships. The SBUHB Emergency Preparedness Resilience and Response, (EPRR) Oversight Group supports the Executive lead and Operational leads. This multi-disciplinary Group has wide representation from the Health Board Service Groups, Corporate and some external agencies.

Other guidance is offered in the following documents: -

- NHS Wales Resilience and Business Continuity Management Guidance (*Welsh Government*)
- Pan-Wales Response Plan (*Wales Resilience*)
- The Needs of Faith Communities in Major Emergencies: Some Guidelines (*Cabinet Office*)
- Data Protection and Sharing – Guidance for Emergency Planners and Responders (*Cabinet Office*)
- Civil Contingencies Act 2004 – Emergency Preparedness (*Cabinet Office*)
- Emergency Response and Recovery
- Wales Heat Wave Guidance (*Welsh Government*)



- Counter Terrorism Protective Security Advice (NaCTSO)
- Scientific and Technical Advice Cell (STAC) (*Wales Resilience*)
- Hospital Emergency Checklist (*WHO*)
- The Coroners Justice Act 2009
- Preventable Future Death Reports via Chief Coroners Newsletter

In the event of a declared mass casualty incident and in addition to invoking the Health Board's major incident procedures, Mass Casualty Incident Arrangements for NHS Wales will be invoked and will need to be referred to and the associated pre-agreed first 2-hour casualty dispersal plan.

1.1 Aim

The aim of the respective SBU major incident plans is to describe the manner in which the Health Board would respond to a major incident and ensures that the maximum effectiveness of the response for those patients affected by the incident or incidents outside of the organisation. However, there is also the possibility of an internal major emergency such as infectious disease outbreak, disruption to premises, loss of key equipment or disruption to services and these are dealt with in other emergency response plans. The command, control, and co-ordination structures for any such emergency response are nonetheless the same to those outlined within the SBU major incident procedures.

The Health Board Overarching Plan relates to the strategic management of a major incident. Morriston Hospital major incident procedure details the Group response at a tactical and operational level, Neath Port Talbot and Singleton Service Group note the emergency response in terms of the support arrangements, both at a tactical and operational level. Primary and Community Care and Mental Health Service Groups responses are embedded within the acute response arrangements.

In addition, the SBUHB Business Continuity/Significant Incident Procedure maps the additional emergency response plans against the identified community risks. The SBUHB Business Continuity Framework is in place to guide the Service business continuity management.

1.2 Objectives

- Patients, families and staff will be at the heart of the HB response
- Provide an overarching governance framework detailing the service response to a major incident
- Define what constitutes a major incident and who can declare one for the Health Board
- State the roles of Health Board staff in a major incident
- Describe the roles of response partners in a major incident
- Describe the command structures and responsibilities in a major incident
- Identify key elements of the major incident response, including specialist resources



- Outline the risk management process that underpins emergency preparedness arrangements
- Describe the casualty management processes employed in a major incident
- State mutual aid arrangements to support a major incident response
- Identify the training and exercising requirements to support staff who may have to respond to a major incident
- States the process in place to capture lessons learnt from a major incident and incorporate into future arrangements.
- Identify the recovery process by which the return to normal operations is managed following a major incident.

1.3 Definition of a Major Incident

CCA definition of 'emergency'

'An event or a situation which threatens serious damage to human welfare in a place in the UK, to the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK.'

**Welsh Government NHS Emergency Planning Core Guidance
February 2015**

NHS definition of 'major incident'

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

Individual NHS organisations can self-declare a major incident or emergency when their own facilities and/or resources or those of its neighbours are overwhelmed. What is a major incident to the NHS may not be a major incident for other local agencies.

**Welsh Government NHS Emergency Planning Core Guidance
February 2015**

1.3.1 Declaration of a Major Incident

Prehospitally, a major incident may be declared by any Emergency service (Ambulance, Police, or Fire & Rescue), if the information reaching them indicates that a Major Incident is occurring or is likely to occur. It is important to note however, that a major incident may also be declared by any Category One Responder organisation, including the Health Board.

This definition purposely makes no reference to the number of patients that may be needed in order to invoke a major incident. It reflects the complexity of utilising such an approach.

The use of patient numbers alone is insufficient to decide on a major incident declaration. Intrinsicly linked to this is injury severity and available resources at the time. It should be noted that a Burns Major Incident may be declared with as few as five patients with major burn injuries prior to the formal declaration of a Major Incident.



In addition, a major incident may be declared due to other factors that require an emergency response and there may not be casualties. However, the Health Board may be alerted in these circumstances to attend a Strategic Coordination or Tactical Coordination Group anyway and there may still be requests or implications for the Health Board. If there are no casualties, WAST will not alert the Health Board of the major incident and the Health Board will only become aware if there is multi-agency coordination group to be convened. The alert will therefore, come via the South Wales Local Resilience Forum.

Where there is a serious incident, which does not result in such a declaration of a Major Incident at the scene, but where there are many casualties and the Emergency Department is under severe pressure, the Senior Doctor and/or Nurse in charge of the Emergency Department may activate the Major Incident Procedure by informing the Hospital Switchboard. In this event, Ambulance Control should be informed (by Switchboard) and will act as a conduit to alert other neighbouring Health Boards and Public Health Wales and will assist in directing Ambulance cases to other appropriate Receiving Hospitals, if agreed and authorised.

It is important to appreciate that the Health Board may need to declare a Major Incident even though the Emergency Services are able to manage the incident on-site.

On occasions, the Emergency Department (at Morriston Hospital) is informed by Ambulance Control of actual or potential serious incidents in the area. These are incidents which fall outside an unconfirmed or confirmed situation; examples include large-scale evacuation, firearm incidents, explosion risks, large fires, etc. These incidents have not resulted in any or very few patients at that time, but nevertheless the potential exists for an escalation of the incident.

In these circumstances, the Nurse in Charge of the Emergency Department at the time will inform the Senior Nurse in the Emergency Department/ED Consultant on call **immediately**, who will make a valid judgement (based on the information available at the time) whether to take no further action and await further information; inform Site Management/Strategic Leads for information; or request that the Stand-by Procedure be implemented. In the majority of such cases, these incidents resolve with no further action having been required.

The major incident plans are specific for dealing with an emergency resulting in a high number of casualties. In addition, there are a suite of emergency response plans in place. If there is a business continuity incident or significant emergency the Overarching Business Continuity/Significant Incident Procedure will be invoked.



1.3.2 Major Incident or Business Continuity/Significant Emergency/Critical Incident Declaration

**Multiple Casualties/
Meet definition of Major Incident**

**Business
Continuity/Significant
Incident/Critical Incident**



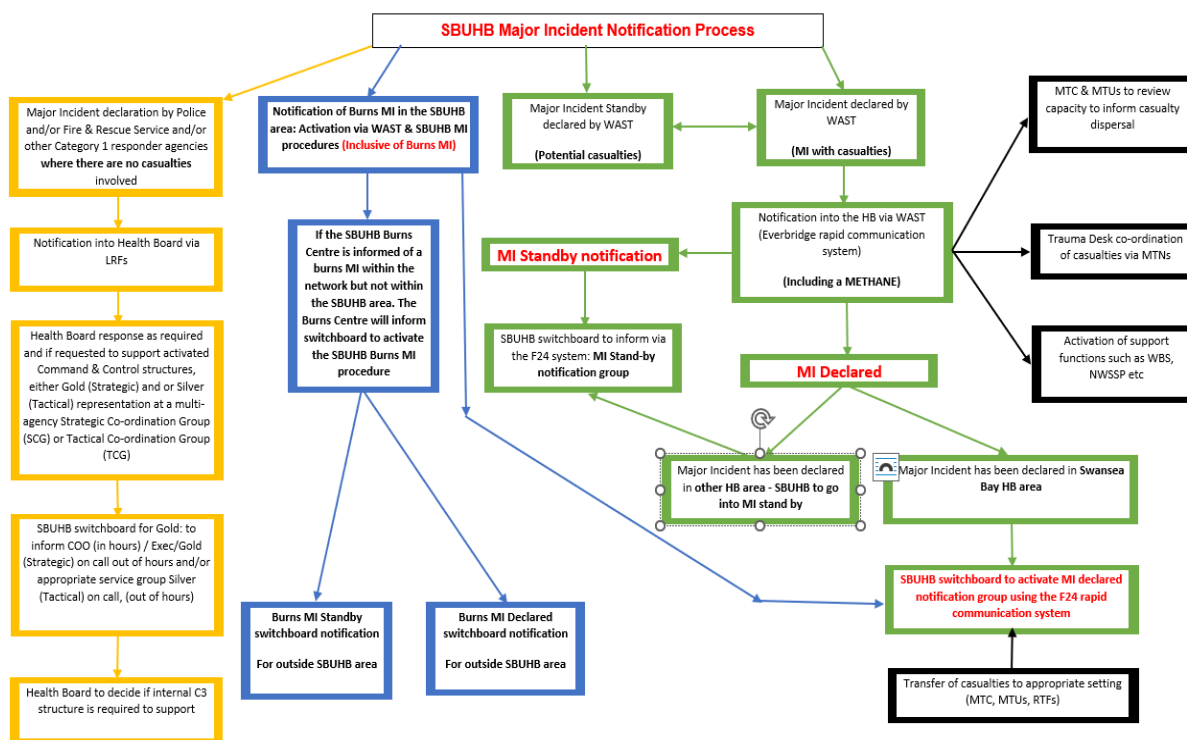
Invoke Major Incident Procedure



Invoke Business Continuity/
Significant Incident Procedure

Business continuity procedures will be required during a major incident response also, however, not every declared business continuity incident is a major incident.





Please Note: For a declared Critical/Business Continuity Incident, refer to the Health Board Overarching Business Continuity Procedure.

In the event of the Welsh Ambulance Services Trust (WAST) declaring a Major Incident (MI) anywhere in Wales all HB's are required to join the **Clinical Capacity Group meeting**. During this meeting, WAST will share information across the NHS Wales system, in relation to the receiving hospitals for the incident.

No additional notifications or invites will be forwarded by WAST for the Clinical Capacity Group meeting; representatives must join via a preassigned link 30 minutes after the declaration of the Major Incident.

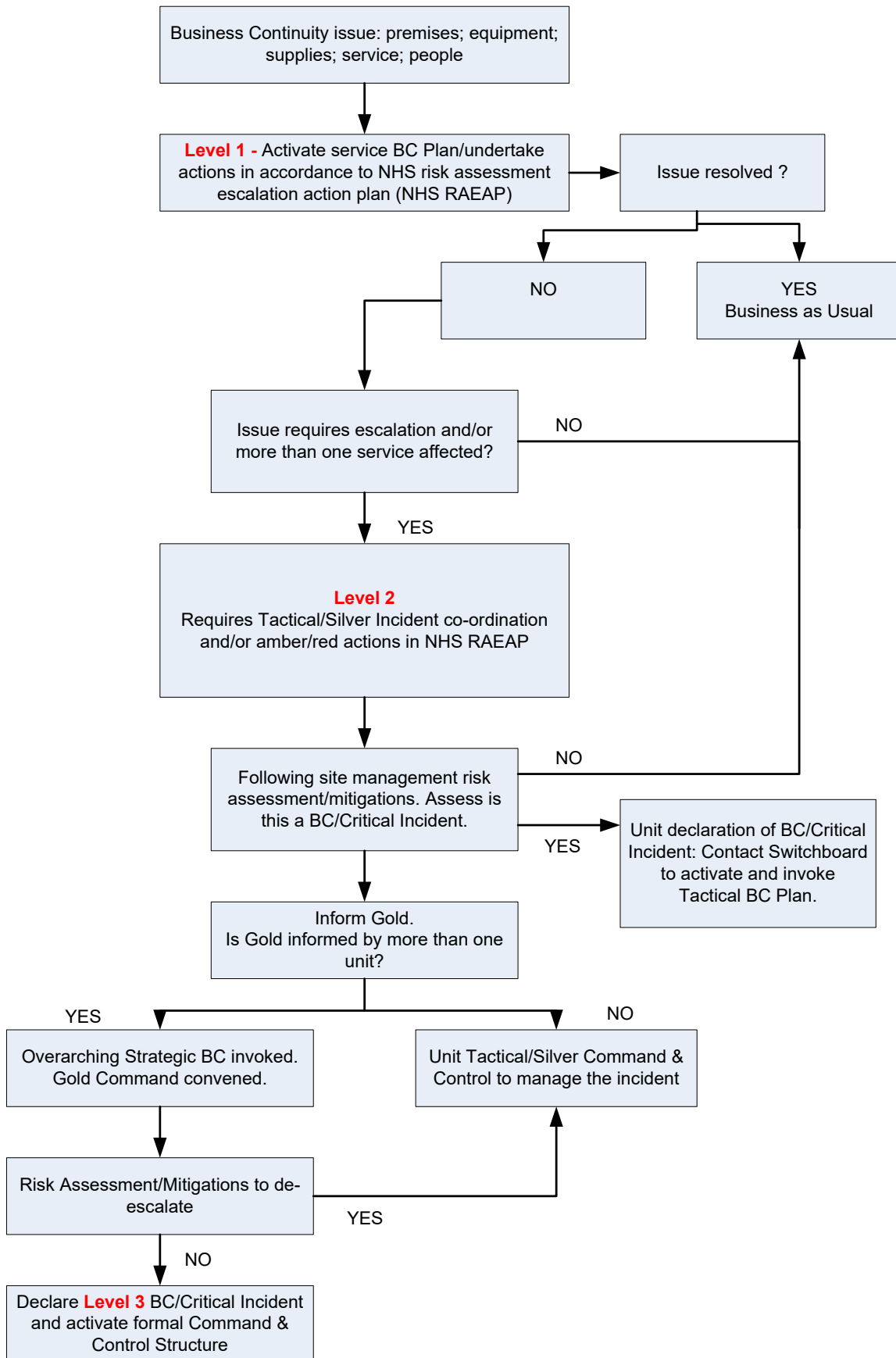
The meeting link is included in the following action cards:

- **Gold Command**
- **Silver Command – Morryston MI Procedure**
- **Clinical Site Team – Morryston MI Procedure**

A Clinical Capacity Group (CCG) calendar invite has been created for all Clinical Site Team Matrons and other nominated Clinical Site Team staff. The calendar invite includes the direct link to join the CCG.



Business Continuity (BC) / Critical Incidents



1.4 Potential High-Risk Categories within the SBUHB Area

It is recognised that there are general and specific risks that prevail within the Health Board area. The SBU major incident arrangements aim to deal with an incident which may occur in the community which results in large numbers of casualties and any internal major emergency which threatens the welfare of patients/staff or significantly compromises the Health Board's ability to deliver key services.

For example, the Control of Major Accident Hazards (COMAH) Regulations 1999 require emergency services, Local Authorities, site operators and other key response partners to jointly plan the response to incidents at sites of heightened risk, in accordance with the regulations.

Through engagement with key partners under the auspices of the Civil Contingencies Act 2004, Community Risk Registers are developed and revised, highlighting specific areas of risk within the Local Resilience Forum area, which is based on Police Force areas. This is a continuing and evolving work stream and is subject to regular review.

This joint approach to risk assessment drives the requirement to develop single service and joint arrangements for response to specific scenarios. A prime example of this is the plan for a Pandemic response.

Where no specific plan exists to deal with a particular risk scenario, this Major Incident Plan provides the generic command, control, and coordination framework to support the response.

These are examples only; further detailed Risk Assessments to potential hazards in the vicinity is undertaken by the Local Resilience Forums and these risks are linked to the Health Board EPRR risk register. It must be noted that Morriston Hospital may have to deal with casualties not only from South and West Wales, but in addition, because there is a designated Burns Centre, the hospital could have to deal with a major burns incident anywhere across the Southwest of the UK;



AIR / SEA	POTENTIAL HAZARDS
Fairwood Airport	Aircraft Accident; Terrorist Incident
Military Aircraft	Aircraft Accident; Terrorist Incident
Airways Over Area	Aircraft Accident; Terrorist Incident
Swansea – Cork Ferry	Shipping Accidents; Terrorist Incident
Shipping Channels / Port	Chemical / Radiation / Biological Incidents
ROAD NETWORK	POTENTIAL HAZARDS
M4 Motorway	Major Road Traffic Collisions
Local Road Networks	Passenger Carrying Vehicles
Dual Carriageways	Chemical / Radiation Incidents
RAIL NETWORK	POTENTIAL HAZARDS
Main Inter-City Line	Rail incidents
Local Lines	Chemical Incidents
Movement of Hazardous Material	Chemical / Radiation Incidents
INDUSTRIAL INSTALLATIONS	POTENTIAL HAZARDS
Heavy Industries, e.g., Steel	Fires, Explosions
Chemical Plants	Release of Toxic Substances
COMAH Sites	Explosions; Chemical Incidents; Terrorist Incident
Pipelines	Gas Incidents / Explosions
PUBLIC AREAS/ PUBLIC ENTERTAINMENT	POTENTIAL HAZARDS
Public Buildings, Shopping Centres/shopping malls, Theatres, Cinemas, Large Bars, Restaurants	Fires & Crowd Incidents, Crushing, Fire, Public Disorder, Terrorist Incidents
SPORTS GROUNDS	POTENTIAL HAZARDS
Sports Stadia, e.g., Liberty Stadium, Parc y Scarlets, Gnoll, Brewery field, Victoria Road.	Crowd Incidents, Crushing, Fire
Pembrey Motor-racing Circuit	Vehicular Incidents
Fos Las Racecourse	Crowd Incidents, Crushing
OTHER EXAMPLES	POTENTIAL HAZARDS
Firearm & Terrorist Incidents	Explosions, multiple shootings, CBRN
Grand Theatre & similar Venues	Crowd Incidents, crushing, Fire
Building Collapses	Crush injuries
Places of public entertainment / large bars	Fire, Public Disorder situations
Multiple occupation premises requiring Fire Certification, e.g., Apartment Blocks, Hostels, Hotels, Nursing Homes, Residential Homes, Student accommodation and Hospitals	Fire, Public Health outbreaks, Contaminated food and liquid
Inclement Weather, e.g., flooding	Hypothermia, Transport incidents
Mountains	Exposure,
Landslides	Crush, Building Collapses



Disruption of national infrastructure	Loss of Gas, Electricity, Telephone and Water networks and/or disruption of supply chains.
Public Demonstrations & Civil Disorder	Crowd Incidents, Missiles
Pop Concerts	Crowd Incidents, Public Health Outbreaks
Foreign Travellers	Public Health/Infectious Disease Outbreaks
Food Preparation Premises, Restaurants	Contaminated food and liquid



1.5 Control Levels

Most incidents are geographically local and limited in time and are dealt with at the Health Board strategic/tactical and operational levels. However, some incidences may require broader, multi-agency command, control, and co-ordination structures to manage the response. A nationally recognised three-tiered command and control structure known as Strategic (Gold), Tactical (Silver) and Operational (Bronze) has been adopted by the emergency services and most responding agencies.

The Health Board command and control arrangements are based upon this system and a precis of the Silver command and control is articulated in Section 2, where further detail is included in the Morriston Hospital Major Incident Procedure.

Health Board Gold command is also detailed in section 2. However, the level of command required will be determined by the nature of the incident.

1.5.1 Co-ordination

The Police will co-ordinate the initial response to most major incidents. They will establish a joint-agency command and control structure known as Integrated Emergency Management. The Welsh Ambulance Services NHS Trust, as an emergency service, will be part of that structure. The Health Board will liaise with other NHS Hospitals and primary health care staff involved to ensure that health services are appropriately represented.

1.5.2 Strategic Co-ordination Group (Multi-agency Gold Command)

This level determines the co-ordinated strategy and policy for overall management of the incident. It is normally led by the Chief Constable or nominated officer and will include senior representatives from emergency services, Local Authorities, Health, and all other agencies responding to the incident, e.g., Natural Resource Wales, Health & Safety Executive as required. The Control Centre for South Wales Local Resilience Forum will normally be located at Police Headquarters, Bridgend, however, this will be decided at the time of the incident. It is likely that TEAMS meetings will be convened.

The representative Strategic commander/team leader has overall control of the resources of their own organisation and should also consider the longer-term resourcing implications and any specialist skills that may be required.

This level of management also formulates media handling and public communication strategies, in consultation with any partner organisations involved. The Strategic Lead of each organisation will then delegate actions to the respective Tactical (Silver) control level for them to implement a tactical plan to achieve the Strategic aim and objectives.

If the incident affects more than one HB, one Chief Executive/nominated Director *may* attend on behalf of the others, but it is likely that representation is required by each. However, if the incident is specific to one Health Board the Chief Executive or nominated Executive Director will attend. The HB representative must ensure that appropriate Health Boards are kept informed and also the Health Board internal Gold Command.



1.5.3 Health Board Gold, (Strategic) Command Structure

If a Major Incident (MI) is declared by the Welsh Ambulance Service NHS Trust (WAST) within the SBUHB area, or the HB declare a major incident, an internal Gold Command Team will be convened.

If a MI is declared by WAST outside of the SBUHB area, a Silver Command structure will be required at Morriston Hospital. The Chief Operating Office (COO) and Head of Emergency Preparedness, Resilience and Response (EPRR) /Deputy (in hours) and the Gold on call (out of hours) will link with silver command at Morriston to review the incident details (METHANE). A decision will be made as to either stand-down, remain in standby and await further information or activate the HB major incident (MI) procedures and full command, control & co-ordination structures.

In the event of the Welsh Ambulance Services Trust (WAST) declaring a Major Incident (MI) anywhere in Wales all HB's are required to join the **Clinical Capacity Group meeting**. During this meeting, WAST will share information across the NHS Wales system, in relation to the receiving hospitals for the incident.

No additional notifications or invites will be forwarded by WAST for the Clinical Capacity Group meeting; representatives must join via a preassigned link 30 minutes after the declaration of the Major Incident.

The meeting link is included in the following action cards:

- ***Gold Command***
- ***Silver Command – Morriston MI Procedure***
- ***Clinical Site Team – Morriston MI Procedure***

A Clinical Capacity Group (CCG) calendar invite has been created for all Clinical Site Team Matrons and other nominated Clinical Site Team staff. The calendar invite includes the direct link to join the CCG.

If a MI standby is declared by WAST, a Silver Command structure will be required at Morriston Hospital. The Chief Operating Office (COO) and Head of Emergency Preparedness, Resilience and Response (EPRR) /Deputy (in hours) and the Gold on call (out of hours) will link with silver command at Morriston to review the incident details (METHANE). A decision will be made as to either stand-down, remain in standby and await further information or activate the HB major incident (MI) procedures and full command, control & co-ordination structures.

If a Strategic Co-ordination Group (SCG) (multi-agency gold command) is activated as part of a declared MI response, a representative from gold command will be nominated to attend.

If a Strategic Co-ordination Group (SCG) (multi-agency gold command) is activated outside of a WAST MI declaration (South Wales Police or Fire & Rescue Service). The COO and EPRR (in hours) and the Gold on call (out of hours) will attend and review the incident details. A decision will then be made as to whether the HB stand up its internal command, control & co-ordination structures.



1.5.4 Tactical (Silver Control)

If a major incident, multi-agency response team is convened within the HB area, this will be known as Silver Control and is termed Tactical Coordination Group, (TCG). This level implements the strategy and agrees policy for management of the incident and co-ordinates the response of all the services and organisations involved at the scene. The Health Board may be required to have representation at a TCG also.

The Police Incident Officer co-ordinates services at a multi-agency Silver Control with representatives of appropriate services asked to attend at a location determined by the Police, usually a police station near to the scene. Health representation will depend upon circumstances but will often include a representative from Public Health Wales.

Silver Control within the Health Board will be convened within each of the Service Delivery Groups Co-ordination Centres. They will be responsible for developing and implementing a tactical plan to achieve the strategic direction set by Gold command. Health Board Silver will oversee the operational response and will be the link between strategic and operational. The lead silver command in major incident response is Morriston Hospital.

The Silver Commander should have more information available about the incident than anyone else.

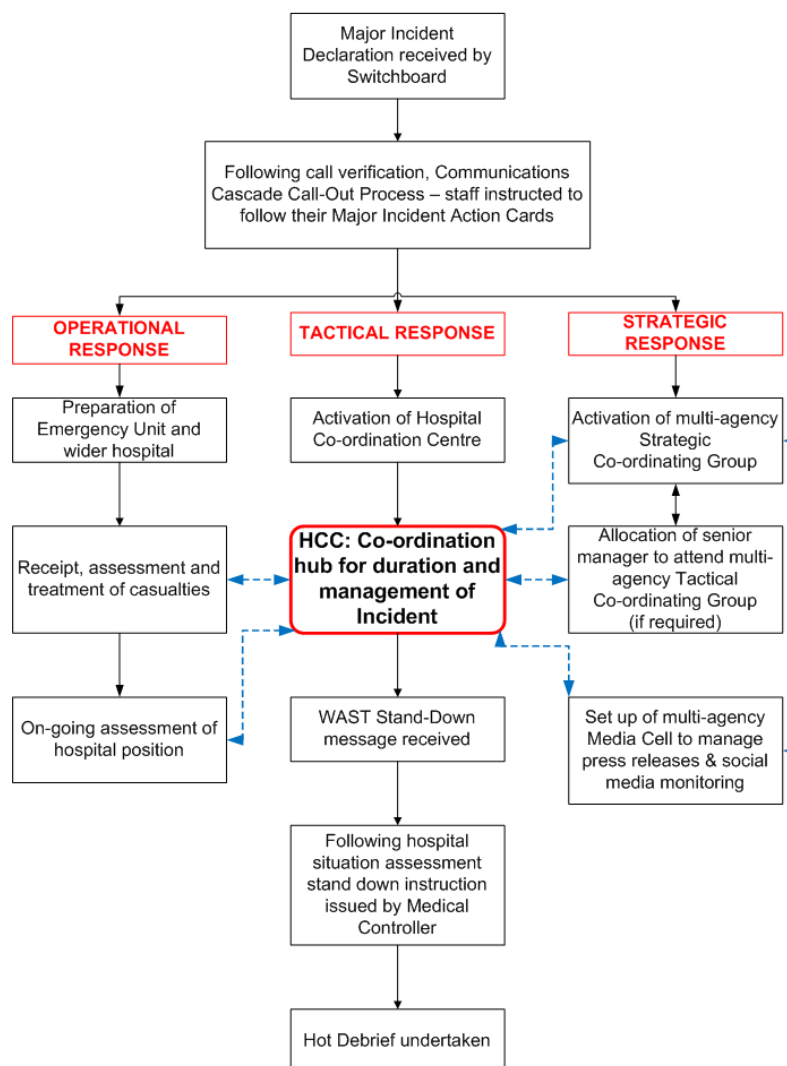
1.5.5 Operational (Bronze Controls)

These are locations where resources are deployed to carry out the tasks required in responding to the incident. The police will establish a multi-agency bronze control (Forward Control Point) near the scene where all responding agencies will liaise to co-ordinate work undertaken at this level.

Within the Health Board, the operational teams will manage the physical response to achieve the tactical plan. There are a number of Health Board operational teams included as part of the response and organised into groups such as the Emergency Department, Medical Teams, Management and Support Teams and a Relatives Care Team. The operational response to a major incident is articulated in the Morriston Hospital procedure.



Major Incident Response Diagram



1.6 Role of the Health Board

1.6.1 Prior to a Major Incident

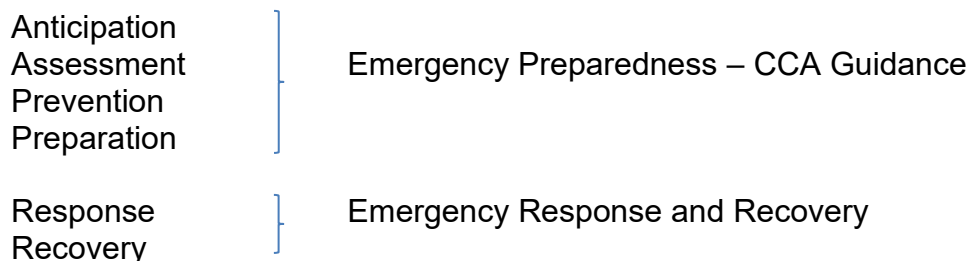
The Health Board has direct responsibility for: -

- Identifying local risks, in accordance with the Civil Contingency Act requirements.
- Developing and maintaining a HB major incident procedure together with other emergency response procedures to respond to emergencies and maintain business continuity.
- General emergency planning.
- Establishing and maintaining out of hours / on call arrangements for effective emergency response.
- Ensuring appropriate representation at the South Wales Local Resilience Forum.
- Identifying training and exercising requirements and producing plans to deliver relevant training for HB staff.
- Co-operate with local responders
- Sharing of information.



- Warning and informing.

In order to develop robust plans and to oversee emergency preparedness, resilience and response, an integrated emergency management, (IEM), cyclical approach is required. The IEM cycle is founded in six activities;



1.6.2 During a Major Incident

Health Boards are responsible for: -

- Ensuring the provision of health care for those affected by the incident including psychological support.
- Ensuring provision of prescription medicines to reception centres.
- Assisting release of patients from hospitals.
- Supporting the Public Health response to the incident where appropriate.
- Working with other relevant agencies to assess the impact on health and health services.
- Co-ordinating the Health Service response to the media unless PHW are involved and take leading role.

Although individual organisations will have specific responsibilities, 'the combined response' should seek to achieve the following generic objectives.

- To save life, prevent harm and relieve suffering
- To prevent escalation to the incident/disaster
- To safeguard the environment and protect property
- To continue to maintain normal services at a pre agreed level
- To warn and inform the public in order to promote self-help and recovery and restore normality as soon as possible
- To facilitate criminal investigation and judicial, public technical or other inquiries
- To promote recovery and consequence management
- To evaluate the response and identify lessons to be learned

The Health Board has fully adopted the "Charter for Families Bereaved through Public Tragedy" which included the below recommendations:

1. In the event of a public tragedy, support the activation of emergency plans and deployment of resources to rescue victims, to support the bereaved and to protect the vulnerable.
2. Place the public interest above our own reputations.



3. Approach forms of public scrutiny – including public inquiries and inquests – with candour, in an open, honest and transparent way, making full disclosure of relevant documents, material and facts. Our objective is to assist the search for the truth. We accept that we should learn from the findings of external scrutiny and from past mistakes.
4. Avoid seeking to defend the indefensible or to dismiss or disparage those who may have suffered where we have fallen short.
5. Ensure all members of staff treat members of the public and each other with mutual respect and with courtesy. Where we fall short, we should apologise straightforwardly and genuinely.
6. Recognise that we are accountable and open to challenge. We will ensure that processes are in place to allow the public to hold us to account for the work we do and for the way in which we do it. We do not knowingly mislead the public or the media.

This is being managed by the Care after death service.

It is also important that the Major Incident Clinical Guidelines are referenced and used as part of the operational response:

<https://www.england.nhs.uk/ourwork/epr/major-incidents/>



1.6.3 Support for Primary Care

General Practitioners and their teams will be the natural focus of healthcare in the community in the aftermath of a major incident.

1.6.4 Supporting Provision of Healthcare at Reception Centres

- Reception centres will be set up by the Local Authorities and the Police, either to accommodate those who have survived major incidents without obvious injury or to shelter people evacuated from their homes because of direct risks, for example, buildings collapsing or exposure to dangerous chemicals. People evacuated may need some first aid, comforting, emotional or practical support, or some form of screening before they leave the centre.
- The HB will support the provision of healthcare at reception centres.

1.6.5 South Wales Local Resilience Forum

The HB is represented on the South Wales Local Resilience Forum Executive, Training and Co-ordination Group and respective subgroups. These groups meet on a regular basis to discuss emergency planning issues within the South Wales Police area. They have live community risk registers and arrange multi-agency training and exercises based on the risks identified.

1.7 Health Board response/South Wales Major Trauma Network

Major trauma refers to multiple and serious injuries. It is the leading cause of death in people under the age of 45 and a significant cause of disability or poor health.

Patients with these types of injuries will have a better chance of survival if they are treated within a major trauma network. As well as saving lives, the network will improve patient outcomes by preventing avoidable disability, returning more patients to their families, to work and to education.

The South Wales Trauma Network covers South Wales, West Wales and South Powys and consists of 1 major trauma centre at UHW in Cardiff, a trauma unit with specialist services at Morriston hospital, Swansea, along with 4 other trauma units, 2 rural trauma facilities and 1 local emergency hospital. The network works closely with prehospital providers to ensure patients are cared for in the most appropriate facility to meet their needs.

The major incident response articulated within this procedure includes the provision of the South Wales Major Trauma Network.

Given the nature and workload of Morriston Hospital in relation to major trauma; and the clinical Specialities based at the Health Board it is likely that the Hospital will become involved in the event of a major incident arising from a much larger geographical area. In the case of a Burns Major Incident, an incident anywhere in the UK could result in SBUHB becoming involved. ***However, if an incident occurs in the Southwest UK Burn Network, the Burns Major Incident Procedure should be immediately activated.***



The Duty Consultant in the Emergency Department, at the time of the incident, will determine the maximum number of seriously injured patients that can be dealt with at Morriston Hospital. If a large number of seriously injured casualties have arrived at Morriston Hospital, in coordination with other senior staff, it will be considered whether further serious casualties should be directed to other receiving Hospitals; this will be in conjunction with the Major Trauma Network Plans and the associated Trauma desk. A mass casualty response may have to be activated in such circumstances. **In the event of a declared mass casualty incident and in addition to invoking the Health Board's major incident procedures, Mass Casualty Incident Arrangements for NHS Wales will be invoked and will need to be referred to.**

1.7.1 Neighbouring Hospitals: Main Switchboard Telephone Numbers

Morriston Hospital	01792 702222	Prince Charles Hospital	01685 721721
Princess of Wales Hospital	01656 752752	Royal Glamorgan Hospital	01443 443443
West Wales General Hospital	01267 235151	University Hospital of Wales	02920 747747
Withybush General Hospital	01437 764545	Aneurin Bevan	01633 865054
Welsh Blood Service	01443 622118		

1.8 Supporting Hospitals

Within the Health Board, Neath Port Talbot and Singleton Hospitals will offer supporting roles in a major incident. Supporting hospitals will be alerted by the Health Board Major Incident rapid communication system but will not be receiving hospitals for casualties.

Singleton & Neath Port Talbot Hospitals may take some inter-hospital transfers by prior agreement. **Medical emergencies or 999 cases will not go to Singleton or Neath Port Talbot Hospitals.** Mutual aid may be required from hospitals within other Health Boards; however, it is recognised that other Health Boards maybe activated also as part of the Major Trauma Network. There may be benefits from the Ambulance Service taking any such 999 cases directly to these units, but this will require prior agreement and in line with the major trauma network. It would be envisaged that GP referrals for medical emergencies would be directed to these sites but again with prior agreement.

It is possible that the Minor Injury Unit at the Neath Port Talbot Hospital may receive some casualties, who self-refer from the scene by private transport; in addition to those



non-major incident patients triaged as suitable for transfer by private transport from the Emergency Department in order to create capacity to respond to the incident.

The duty Site Manager/Matron at Morriston Hospital will liaise with the duty Site Manager/Matron at Singleton Hospital, Neath Port Talbot Hospital regarding any transfers. Singleton and Neath Port Talbot will invoke their respective emergency response procedures as part of the major incident response and will be part of Morriston Silver Command as the lead silver for the incident.

Any self-presenting casualties from the incident will receive basic treatment and then if appropriate and necessary, arrangements will be made to transfer them to the Emergency Department at Morriston Hospital. Specific medical specialities based at Singleton Hospital may be requested to attend Morriston Hospital for individual patients and dependent on clinical need, (i.e., Ophthalmology, Obstetrics and Gynaecology).

It is possible in a mass casualty incident in the Swansea City Centre that large numbers of casualties could self-present to Singleton Hospital or Neath Port Talbot Minor Injuries Unit. Although these units could provide emergency care, they might need to transfer cases to Morriston or one of the other major units. The Health Board will need to consider at that time, what resources might be required to be allocated to these units if a high number of casualties arrived unannounced at these sites.

1.9 Medical Advisor

The new Welsh Guidance makes the securing and organising (a rota) of medical advisors a responsibility of the Welsh Ambulance Service Trust, (WAST). Ambulance Control is also responsible for notifying the Medical Advisor on call and activating their role. The Emergency Medical Retrieval and Transfer Service, (EMRTS) Wales will be deployed together with BASIC Doctors for this purpose.

A Medical Emergency Response Incident Team (MERIT) may also be deployed and will be activated by WAST. There is a standard operating procedure for this activation at Morriston Hospital Emergency Department, however, in the near future it is anticipated that management of casualties at the scene will be undertaken by WAST and EMRTS.

1.10 Information Links

- Overall co-ordination at the scene of the incident will be by the Police.
- The Police, Ambulance and Fire Services will establish Control vehicles and radio links at the scene of the incident. Radio links will be established to the hospital via Ambulance Control to the Emergency Department. Information from the scene will be conveyed to the ED and Hospital Co-ordination Centre. METHANE reports will be sent via email.

The Police will establish a Casualty Enquiry Bureau at a convenient Police premises and will answer queries from relatives. The Police Media Relations Officer will deal with enquiries from the press and media via a Gold Media Cell (please see section on communications for further information).



The Casualty Enquiry Bureau will normally be at a remote Police Headquarters. The ambulance Triage card which, will be attached to each patient at the scene of the incident will be retained with the patient in the Emergency Department. Details on casualties, numbers, condition, etc. will be relayed to the Hospital Co-ordination Centre and Police Liaison Officer **only** from the Administration Manager in the Emergency Department, who will establish a register of casualties.

1.11 Communications

1.11.1 Press and Media

At the start of a major incident, the Communications Lead for the Police force involved will take the lead for managing communication with the press and media, and general public. During this initial phase a 'Gold media cell' will be established, led by the Police Communications Lead, but supported as necessary by the SBU Director of Insight, Communications & Engagement, Communications & Engagement / Head of Communications (or deputy) and any other communication leads from partner Gold Command organisations e.g., Fire or Ambulance etc.

As the major incident moves into the recovery phase, the SB Director of Insight, Communications & Engagement, Communications & Engagement / Head of Communications (or deputy) will be responsible for managing the press and media in connection with press interest around the Health/NHS issues linked to the major incident.

Responsibilities will include managing press and media on hospital or other Health Board sites, arranging press releases and information updates, dealing with media queries, and organising press conferences and interviews. In addition, the Head of Communications will be responsible for social media updating, including the Health Board's Face book and Twitter sites as appropriate.

The SBU Facebook page will be used to ensure accurate and timely information is available via social networking. A bespoke Facebook page can be considered, but it is likely to be more beneficial to access the existing audience of the established SBU Facebook page. In addition, a hashtag named in accordance with the incident will be produced for Twitter updates, or if a hashtag has already been established by another party, that will be used.

The Head of Communications will also update information on the SBU website as needed.

During this recovery phase, the Head of Communications will continue to work with Communications Leads from the Police and other organisations as necessary, in liaison with the Director of Insight, Communications & Engagement, Communications & Engagement.



1.11.2 Communications: Internal

The Head of Communications will be responsible for updating the SBU intranet as necessary to keep staff informed in general about the incident. In addition, the Head of Communications will be responsible for preparing general staff email messages.

Note: specific operational information to groups of staff will be the responsibility of their line manager, and not the Head of Communications.

1.11.3 Communications: External (Non-Press and Media)

The Director of Insight, Communications & Engagement, Communications & Engagement / Head of Communications will also ensure other important parties are kept aware of key messages:

- Non-Executive Health Board Members
- Community Health Councils
- Welsh Government
- Partner Organisations as appropriate
- Members Community Health Councils

1.11.4 Additional Communications Support

The Head of Communications will also assist in general Communications support, e.g., preparing ad hoc patient information leaflets, posters, etc.

1.12 Burns Major Incident

In the event of a Burns Major Incident **involving** the Emergency Department at Morriston Hospital as the Receiving Unit, the SBU Morriston Major Incident Procedure **and** the SBU Burns Major Incident Plan will immediately be activated.

In the event of a Major Incident involving multiple burn injuries **outside** the catchment area of Morriston Hospital, but in the Southwest UK Burns Network, expert clinical advice will be provided by Morriston Burns Unit to the staff in the Emergency Departments receiving casualties. The SBU Burns Major Incident Procedure should immediately be activated, together with the additional action cards from the Morriston Major Incident Procedure as noted in the Burns Procedure.

In the event of a Major Incident outside the catchment area of SBUHB, a Consultant Burns Surgeon, Burns Anaesthetist and experienced Burns Nurse may be deployed as a Burns Incident Response Team (BIRT) to those Emergency Departments, to help identify the patients that would best benefit from the facilities available at the Welsh Burns Centre at Morriston. The BIRT will arrange for a maximum of 4 of those major burns to be transferred to the Burns Centre within any one hour in addition to moderate and minor injury transfers. All the identified casualties who have been assessed in an Emergency Department requiring transfer to SBU will go directly to the Burns Centre and not via the Emergency Department at Morriston Hospital. If a BIRT is required it



may be necessary to request assistance from neighbouring burn services if appropriate.

Once the Burns Major Incident Procedure has been implemented, as noted some of the action card holders in the SBUHB Morriston Major Incident Procedure **MUST** also be implemented simultaneously to support the response, (refer to Burns Major Incident Procedure).

1.13 Community Incident

Community staff in SBUHB may be involved in a Major Incident situation when the rest of the Health Board Major Incident Procedure has not been invoked. A request may be received from the Local Authority Emergency Planning Officer for health service support at uninjured Survivor Reception Centres and Evacuation Centres, an example could be a large fire with no casualties, but local residents have been evacuated from their homes; or an evacuation of a Nursing / Residential Home.

In any community there are likely to be groups of vulnerable individuals. Information may be sought in relation to chronically ill patients and frail/disabled persons within a given community, where evacuation may be considered by the Police.

In particular, Community Nursing Services may be called upon to provide: -

- Nursing support at Survivor Reception Centres and Rest Centre.
- Nursing support for patients discharged early.
- Nursing service in Health Centres / Clinics.
- Assistance in the administration of vaccines and/or emergency antidotes.

Where the SBUHB Major Incident Procedure has not been activated, activation of Community Services will be from the Local Authority Emergency Planning Officer to the Primary and Community and Therapies Service Delivery Group. The PCCT Service Delivery Group may need to activate their respective Silver Command arrangements to support this response.

1.14 Primary Community and Therapies Services

The HB will provide appropriate co-ordination of Primary Community and Therapies Services involvement at major incidents. The services likely to face increased demand for emergency health care as a result of a major incident will include:

- GPs
- Community Nurses
- Health visitors
- Mental health services
- Pharmacists
- Practice Nurses
- Out of hours' services

Primary Community and Therapies Services may be required to:



- To assist in the management of patient discharges from Hospitals.
- Establish close liaison with Social Services, other Local Authority departments and other agencies to meet the needs of people affected.
- Assist in providing arrangements for social and psychological support.
- Ensure that the health needs of people at survivor reception centres and rest centres have effective access to health care and support.
- To recognise signs and symptoms of patients referring to surgeries who have been exposed to chemical/biological agents.
- Deal with a large influx of patients who need healthcare advice or re-assurance following exposure to hazardous materials.
- Provide support to overwhelmed acute secondary care hospital units.
- Provide healthcare support for people who have been evacuated from their homes into reception centres.
- Provide support to mass vaccination and treatment programmes.

1.14.1 General Practitioner Services

GP services will be the natural focus of health care in the community in the aftermath of a major incident. They will be expected to maintain accurate records of patient/doctor contacts relating to a major incident and may be called upon to:

- Provide routine medical services (including at rest centres if requested to do so).
- Deal with minor consequences, such as eye irritations, in their surgery/health centre, if requested to do so.
- Be alert to the signs of post-traumatic stress in casualties and their families ensuring access to counselling/mental health services.
- Assist PH in the identification of patients who have or may have been exposed in a chemical/biological incident and facilitate appropriate sampling;
- Provide additional medical support to acute secondary care hospital units. in an escalating major incident necessitating the drafting of extra medical help (the HB will arrange for GP support after liaison with the Medical Director of the receiving hospital, which can be accessed through the Welsh Ambulance Services NHS Trust, Control)

The Royal College of GPs believes that GPs have a professional responsibility to take what action they can in contributing to the emergency response whilst continuing to provide general medical care to the community within the limited conditions imposed by the incident. Where GP services are utilised as a result of a major incident, HB's will compensate GP services in accordance with the conditions specified in the General Medical Services contract, or as directed by the Welsh Government.



1.14.2 Out of Hours Services and Urgent Primary Care Centres

Out of hours' primary care services may be called upon to support a major incident. They will be expected to maintain accurate records of patient/doctor contacts and calls and may be called upon to: -

- Mobilise General Practitioners to support the incident
- Provide advice and increase capacity to primary care services.

The GP OOH Service operates 6.30pm – 8.00am Monday to Thursday, 6.30pm Friday to 8.00am Monday (covering all weekend) and Bank Holidays. If the major incident were to occur during normal primary care service hours (i.e., Monday to Friday 8.00am to 6.30pm) then the GP OOH Support Team will make every effort to mobilise GPs. However, it should be recognized that GPs are commissioned on a session-by-session basis to work in GP OOH's, some GPs also work in daytime GMS practices and there is no ability to compel GPs to work at stated times.

If the ADAstra system (used by out-of-hour services) failed and could not be retrieved it would be necessary to revert to a paper-based system of recording patient data in accordance with their business continuity arrangements.

1.15 Medical Major Incident [CBRN/Infectious Disease]

A Medical Major Incident could occur from either conventional causes, or terrorist activities; for example, as a result of a severe outbreak of poor weather resulting in hypothermia; an environmental disaster, such as flooding, or a boating incident where large numbers of casualties have to be admitted with hypothermia and other medical problems; or a toxic chemical incident. Additionally, a major outbreak of severe infectious diseases could cause similar difficulties.

In a Medical Major Incident, the medical services would need to be mobilised to provide assistance in the ED. Following discussions with the Hospital Co-ordination Team and Clinical Lead for Medicine, the Medical Teams may need to cancel routine clinics for that particular day, and clear beds to allow for medical major incident admissions. It may be necessary to change Junior Doctors' on-call rotas to provide additional support for the acute emergencies.

If the nature of the Medical Major Incident is of a prolonged nature, for example in a chemical leak, severe infectious disease outbreak, the Medical Teams may additionally need to provide on-going review for patients requiring longer-term treatment. It is well documented that in the case of chemical incidents it can be difficult to predict the type of on-going medical problems that can evolve. It may be necessary to establish additional Outpatient Clinics to monitor patient's health in the event of such an incident. The required emergency response plans include Contaminated Casualties, Distribution of Countermeasures and Pandemic Framework and Tactical Plan.

As a result of recent terrorist related events, the threat of Chemical, Biological, Radiation, and Nuclear (CBRN) terrorist attack on the UK has become more predominant;



1.15.1 Chemical

These devices will contain some form of chemical agent, the effects of which range from causing watery eyes, blistering to the skin through, in the worst-case scenario, to instantaneous death. Examples are CS, Sarin, and Mustard Gas.

1.15.2 Biological

These devices contain some form of biological agent, the effects of this type of device are not immediately apparent as the biological agent may take a number of days or even weeks to incubate in an infected victim. However, the result of exposure and subsequent infection can range from flu-like symptoms through to, in extreme cases, death. Examples are Anthrax, Cholera, and Ebola

1.15.3 Radiological and Nuclear Incidents

This type of incident may result from a Chemical, Biological, Radiation, and Nuclear (CBRN) terrorist attack such as a “dirty bomb” or result from a non-terrorist incident such as an accident involving transport of radioactive materials.

Radioactive material can harm individuals if: -

- contaminated material is inhaled;
- there is direct contact with a radiation source;
- material is ingested;
- material is allowed to ingress through cuts and open wounds.

Unlike chemical or biological hazards, radiation resulting from such events is easily measurable and quantifiable.

Radioactively **contaminated** casualties are those that have been exposed to contaminated radioactive material. Although such casualties should be decontaminated in the same manner used for chemical incidents, they are highly unlikely to emit radiation that is harmful to rescuers and staff and lifesaving treatment must always take priority over decontamination.

Radioactively irradiated casualties are those that have been exposed to a radioactive source and radiation has passed through them. The irradiated casualty does not re-emit harmful radiation and does not pose a hazard to staff.

Contaminated/ irradiated casualties with injury or requiring treatment will normally be taken to Morriston Hospital Emergency Department. Those with life-threatening injuries will be taken to the nearest Emergency Department. Personnel within Radiation Physics of the Medical Physics and Clinical Engineering Department (MPCE) at Singleton Hospital will provide specialist advice to staff in the event of such an incident. MPCE also contributes to the National Arrangements for Incidents involving Radioactivity (NAIR) scheme co-ordinated by The UK Health Security Agency



(UKHSA) Radiation Emergency Response Group in support of the police and other authorities.

Many non-terrorists Chemical Incidents will not result in the Major Incident Plan being invoked. It may, however, be necessary to implement appropriate response measures based on Emergency Plans, whether or not a Major Incident has been declared.

A Chemical Incident is considered to be “an event leading to acute exposure of two or more individuals to any non-radioactive substance resulting in illness or potential toxic threat to health; or where there are two or more individuals suffering from a similar illness which might be due to such an event”. The key issue in dealing with these types of casualties is to avoid secondary injury to treating staff.

It is envisaged that casualties will usually have been decontaminated by the Emergency Services prior to arrival at the ED. The Welsh Ambulance Service NHS Trust is equipped with mobile decontamination facilities, and specially trained personnel, for use as the scene of a Chemical incident. Receiving Hospitals are also equipped with decontamination facilities, should casualties present without having been decontaminated at scene. In this event, the Health Board is required to notify Natural Resource Wales if decontamination procedures are instigated.

In the event that large scale mass casualty decontamination is required, assistance from the Fire Service should be sought, as outlined in the All-Wales Protocol for Decontamination.

Note: Should a patient present to the Hospital following a chemical/radiation incident they should **not** be allowed access until decontamination has been undertaken. They should be kept outside of the ED Decontamination area pending decontamination, to prevent spread of the contamination. Similarly, a patient suspected of having an infectious disease, such as SARS, must first be donned in appropriate protective equipment. These measures will help minimise the risk of contamination or disease spread to other vulnerable hospital patients. The only exception will be those with life threatening injuries who may need to decontaminate and treated at the same time. All treating staff must use appropriate protection measures.

The Welsh Government has a stockpile of health countermeasures for use in the event of a deliberate attack resulting in release of chemical, biological, radioactive, or nuclear materials.

In the event of a major emergency, all countermeasures can be accessed by contacting **The Ambulance Service Emergency Control Room – Telephone 01633 – 294866. More specific information is available in each of the Emergency Departments.**



1.16 Response Plans and Groups

1.16.1 Communicable Disease Outbreak

The Communicable Disease Outbreak Plan for Wales should be used as the template for managing all communicable disease outbreaks with public health implications across Wales when an outbreak has been formally declared.

The Health Board has the public health legal responsibility to protect the health of its resident population. Public Health Wales (PHW) has the responsibility for advising the Health Board, providing specialist leadership and management of outbreaks – including those that may require mass vaccination of the population.

The Communicable Disease Outbreak Plan for Wales is divided into seven parts. Parts 1 and 2 contain details pertinent to all outbreaks. Parts 3-7 contain the technical operational detail needed for managing specific issues. In the case of cross-border outbreaks, all those led by Wales will be managed in accordance with this plan.

For outbreaks occurring in hospitals the plan for outbreak management in hospital settings could be followed. However, if a hospital outbreak has any potentially serious public health implications, then this plan takes precedence in control of the outbreak.

For outbreaks occurring in prisons, the multi-agency contingency plan for the management of communicable diseases or other health protection incidents in prisons in Wales should normally be followed. The prison plan contains the same principles as the Wales Outbreak plan but includes more specific details in the prison setting.

Following the activation of the Communicable Disease Outbreak Plan for Wales an Outbreak Control Team (OCT) will be established. Core members of the OCT are:

- Local Authorities (Director of Public Protection and Lead officer for Communicable Disease)
- Public Health Wales (Consultant in Communicable Disease Control / Consultant in Health Protection and Clinical Lead for Microbiology if PHW provided)
- Health Board (Executive Director of Public Health of the Health Board [or their nominated officer of sufficient seniority] and Clinical Lead for Microbiology if Health Board provided)

Other members may be co-opted as necessary.

The tasks of the Outbreak Control Team – to be implemented by OCT members on behalf of their employer - are as follows (not exhaustive):

- Confirmation
 - Assess if the outbreak is real
 - Initiate interviewing of cases
 - Collect relevant clinical / environmental samples
 - Identify population at risk
 - Notify hospital pharmacies and Immunisation Coordinators
 - Form preliminary hypothesis of the cause



- Initial investigation and control
 - Identify cases
 - Identify and investigate the routes of transmission
 - Collect data
- Collation of information
 - Calculate attack rates
 - Test hypotheses using analytical epidemiology
 - Agree source and route of transmission
- Implementing control measures
 - Implement appropriate control measures, including mass vaccination where necessary
 - Monitor effectiveness of control measures through continued surveillance
 - Communication
 - Agree lead agency for communication
 - Liaise with partners not actively involved in the OCT
 - Develop and share key public messages to manage risk

There will be rare occasions where an outbreak may necessitate the activation of civil contingency arrangements. This is likely to be where the nature and scale of the communicable disease overwhelms services, or where it creates wider strategic issues or risks that may have a serious impact on the public. In such a scenario, the Wales Resilience Emergency Civil Contingency structures will be employed or invoked.

Whilst disease outbreaks are usually managed at the local level in accordance with the Communicable Outbreak Plan for Wales, the Wales Framework for Managing Major Infectious Disease Emergencies sets out additional measures needed to manage a major infectious disease emergency, integrates planning and response arrangements with existing emergency planning structures for dealing with major emergencies and clarifies organisational responsibilities for an effective health response.

(The Communicable Disease Outbreak Plan for Wales is currently in review and is due to be launched in early 2024).

1.16.2 Environmental Incidents

The *Managing public health risks from environmental incidents Guidance for use in Wales*, sets out arrangements for the management of incidents that are minor or localised using an Incident Management Team (IMT) approach, through to the early stages of potentially major incidents when existing command and control arrangements may apply.

Following the declaration of an Environmental Incident as per definition, an Incident Management Team will be established. Membership of the IMT will include Public Health Wales, UKHSA CRCE-Wales, Health Board, Local Authority and Natural Resources Wales. Other non-core members will be invited as necessary.

SBUHB have a statutory responsibility to protect and improve local population health and wellbeing. In most incidents SBUHB are supported by Public Health Wales. The



main link with SBUHB will be through the Director of Public health (DPH). Where incidents may impact on wider SBUHB services e.g., Primary, and secondary care, other HB staff such as Emergency Planners will be involved.

In the event of a significant or 'major' incident occurring or where local existing incident plans prevail and the situation escalates beyond an IMT and this guidance, formal Civil Contingencies incident response structures will be implemented as agreed by the Local Resilience Forum (LRF).

1.16.3 Scientific and Technical Advisory Cell

A STAC brings together scientific and technical experts operating under the strategic direction of the SCG during the response phase or once the transition to recovery has been taken, the Recovery Co-ordinating Group (RCG). The SCG Chair is responsible for, and will set the overall direction of, the multi-agency response including the high-level objectives and priorities

STAC should only be activated when there is a collective belief that it can “add value” over the level and type of information or advice that can already be provided by SCG or RCG members. STAC may be activated in response to many different types of significant event (including industrial chemical or nuclear accidents, CBRN attacks and severe environmental incidents), but activation and operation are always the same, regardless of incident type. When making a decision about whether to activate a STAC, SCG or RCG members should consider the nature and expected timescale of the incident, and complexity of the response/recovery as well as the type and level of specialist advice required. It is often more efficient and timelier for experts to advise the SCG/RCG directly than to establish a STAC.

In most instances the immediate concern is likely to be the risk to human health in the majority of cases the role of STAC Chair will be filled by Public Health Wales where there is no clear alternative. However, depending on the nature of the incident the Chair can be any relevant person appointed by the SCG Chair

Health Boards may be requested to provide to representation on the STAC to provide scientific and technical advice to SCGs / RCGs.

1.17 Roles and Responsibilities of Other Organisations

1.17.1 National Security and Resilience Division

This group will normally be based at Welsh Government Emergency Co-ordination Centre, Cathays Park, usually convened when a major incident or significant emergency has been declared.

The role of the centre is to co-ordinate information from across Wales on the developing situation. It also provides the strategic coordinating group with information from central government and the Welsh national picture.



1.17.2 NHS Wales Performance and Improvement

The NHS Wales Performance and Improvement EPRR team, will provide 24/7/365 functionality and will assume responsibility for the command, control, communication, coordination of the NHS in Wales at a strategic level in the event of a crisis.

The National Director for Networks and Planning has lead responsibility for emergency planning across NHS Wales and will therefore assume the lead Director role for coordination of NHS Wales' response during a crisis. They will be supported by the Heads of EPRR for NHS Wales Performance & Improvement and their team.

To ensure a coordinated approach, the NHS Wales Performance and Improvement EPRR team will coordinate appropriate crisis management structures and ensure effective communication and cooperation between NHS Wales organisations and the Health, Social Care & Early Years Group (HSCEY)/ National Security Risk Division (NSRD) of Welsh Government, co-locating where this enhances response.

NHS Wales Performance and Improvement responsibilities will be delivered in accordance with the incident response levels declared by NSRD and will include:

- Coordination of relevant crisis management structures in line with incident response levels and type;
- Adopting the JESIP principles of joint working;
- Sharing situational awareness / information with Executive Civil Contingencies and EPRR leads of NHS Wales organisations and other external partners in a timely manner;
- Providing briefings for System Resilience Planning and Response Group and EDT Contingencies on issues / impacts / risks for NHS Wales;
- Brief NHSW P&I Senior Leadership Team on a regular basis;

Out of hours contact to be made via the Security Office at WG

- 0300 025 3551 (Main point of contact) / 0300 025 3391 (Back up number)

1.17.3 Public Health Wales

Roles and Responsibilities of Public Health Wales in an Emergency or Major Incident:

- Assess the impact on public health to inform the multi-agency response.
- Liaise with partners to gather detailed information as well as contributing to effective shared situational awareness.
- Liaise with other Category 1 and 2 responders as well as other relevant stakeholders across the United Kingdom (e.g. Defence Science and Technology Laboratory) as appropriate, to ensure the provision of proportionate and timely evidence-based advice and support to partners.



- Recommend measures to protect public health.
- Interpret and share information/advice with health services and partners.
- Collate information obtained from different sources into a coherent, meaningful and usable format for different audiences
- Establish and maintain effective internal command & control arrangements that compliment multi-agency structures that may be established.
- Attend and contribute to established multi-agency command & control structures including (but not limited to) Strategic Coordinating Groups (SCG), Tactical Coordinating Groups (TCG), Operational Groups and Emergency Coordination Centre Wales (ECCW) as required.
- Contribute to a range of multi-agency partnerships such as the Scientific and Technical Advice Cell (STAC), Air Quality Cell (AQC), Cyber Technical Advice Cell (CTAC) and Media cell.

NB. This may include convening and initially chairing the Scientific and Technical Advice Cell (STAC).

- Advise on the effective communication of public health risks.
- Analyse and evaluate response proposed by other agencies in terms of the likely impact on public health.
- Facilitate epidemiological follow-up of affected populations/communities as necessary.
- Provide an integrated approach to the protection of public health in Wales supporting partner agencies in the provision of scientific and technical advice within the following specialist areas
 - Infectious disease
 - Outbreak surveillance
 - Chemical hazards
 - Biological hazards
 - Radiation (led by the UKHSA)
 - Weather events
- Engage with the UK Health Security Agency to obtain (and contribute to) scientific and technical advice in relation to deliberate Chemical Biological Radiological and Nuclear (CBRN) emergencies (as a non-devolved matter) as well as non-deliberate radiation emergencies.
- Protect and maintain the organisations critical activities
- Support the process for rebuilding, restoring and rehabilitating our communities

1.17.4 Welsh Ambulance Services NHS Trust

The NHS, Ambulance Service providers have the responsibility for alerting, mobilising, and coordinating the initial NHS response to short notice or sudden impact emergencies such as critical or major incidents, this includes:

- Initiate and maintain Ambulance Service command plans to provide appropriate support and guidance to all NHS responders and other agencies.
- Coordination of all NHS communication will be through the host/responding ambulance service provider(s).
- The management of the health, safety and welfare of all NHS responders at the scene of the incident.



- The provision of effective casualty triage, treatment and transport including the selection of appropriate receiving hospitals.
- Provision of specialist incident response capabilities, including hazardous area working, decontamination of casualties and response to terrorist incidents.
- Appropriately trained and competency assessed commanders with evidence of Continued Professional Development (CPD).
- Command development as per the Standards for NHS Ambulance Service Command and Control.
- Ensuring all Strategic and Tactical Commanders contribute to an on-call rota should be appropriately Security Cleared to attend sensitive meetings and briefings implied by their role.

1.17.5 Police

In the event of a major incident, the Police will deploy;

- A Hospital Documentation Team for the purpose of disaster victim identification, (DVI)
- Establish a Casualty Bureau
- Dispatch Family Liaison Officers, if appropriate
- Deploy an Incident Investigation Team. The Police will treat the cause of the incident as suspicious until proven otherwise and all staff must consider this when handling patient's property. In addition, Health Board staff may need to be interviewed if deemed as witnesses as part of their role in the response.

1.17.6 Local Authorities

Local Authorities have a number of key roles and responsibilities to undertake during major incidents and are defined as a category 1 responder in the Civil Contingencies Act, 2004. In addition to Emergency Planning, Departments that may be included in the response include;

- Local Education Authority
- Social Services
- Environment / Place Services
- Third Sector (Voluntary)

Local Authorities can respond to requests from emergency services and partner agencies during major incidents. Depending on the scale and type of incident, support from several internal departments may be necessary. This support can include:

- Establishing rest centres to provide shelter, food, and information to those affected by the emergency.
- Supporting the emergency services with the provision of other reception centres (lead by the emergency services).



- Offering advice on the temporary re-housing of individuals unable to return to their homes.
- Providing specialist advice on public health, food safety, excess deaths, and dangerous structures.
- Supplying plant, materials, personnel, and expertise.
- Coordinating support from the voluntary sector.
- Leading the recovery phase of the incident if appropriate.

1.17.7 Voluntary Sector

Voluntary sector organisations can provide support to the statutory response to emergencies, by the deployment of volunteers. They are embedded into the emergency planning and response structures in Wales, with representation on the national Wales Resilience Forum and the four regional resilience fora.

Voluntary sector organisations include British Red Cross, CRUSE Bereavement Care, Disaster Action, Neighbourhood Watch Association, Royal National Lifeboat Institution, Salvation Army Trust, Samaritans, St John's Cymru and Royal Voluntary Service.

The roles that can be supported by volunteers in an emergency are broad and include:

- Preparing for an emergency through assisting in sandbagging or moving of property out of a risk zone
- First line emergency response through volunteer operated lifeboats, air ambulance services or mountain rescue activities
- Preparing and providing clean-up operations
- Establishing emergency shelter centres for those having to leave their homes for safety because of flooding, fire, or extreme weather
- Distributing essential supplies and money
- Offering emotional support for affected individuals, families, other volunteers, and emergency responders
- Raising and distributing charitable funds to assist with emergency and post-emergency costs
- Setting up an information/ support line for families/ loved ones.
- Deploying ambulance and all-terrain vehicle support
- Handling patient transport including out-of-hours hospital discharges, urgent admissions and delivering medical supplies
- Sharing information and reviewing good practice

Volunteer support would be requested via the Strategic Co-ordinating Group (SCG).

1.17.8 Military Aid

Military Aid to the Civil Authorities (MACA) is the collective term used by the Ministry of Defence of the Government of the United Kingdom and refers to the operational deployment of the armed forces of the United Kingdom in support of the civilian



authorities, other government departments and the community. There are 3 criteria for the provision of MACA;

- When the use of mutual aid, other agencies and the private sector is considered as insufficient or unsuitable
- When the Civil Authority lacks the required level of capability to fulfil the task or prohibitively expensive
- When the Civil Authority has a capability but the need to act is urgent and the resources are not readily available.

1.18 Recovery

The recovery phase of an incident needs to be considered at the onset of an emergency. The recovery phase continues until disruption has been rectified, demands on services have returned to normal and the needs of the affected population have been met.

Recovery management should encompass the physical, social, psychological, political, and financial consequences of an emergency.

It is the responsibility of the Strategic Director and Chief Operating Officer to anticipate consequences and appropriate recovery planning right from the beginning of any response and a recovery team should be convened to manage the recovery of an incident.

Consideration will also be required for sustainability in the event of a protracted incident. People who are acting in roles designated in the major incident plans should consider handing over the role to a colleague of similar seniority and experience either at the time they have to leave the Health Board due to other commitments, or at the time when they feel that their effectiveness may become impaired. During these circumstances a rolling rota will be required.

1.19 Operational Debrief

An Operational debriefing meeting will be organised by the Tactical Group as soon as possible after the incident. This will involve Heads of Departments, and other relevant staff involved, to discuss the events of the incident, both positive aspects and key lessons learnt which could be implemented for future planning.

A significant major incident will require a structured debrief. This is to ensure learning points are identified, analysed, acted upon and if deemed necessary incorporated into the organisations response arrangements. The sharing of good practice reduces the risk of incidents re-occurring and their impact. A structured debrief for the Health Board will be organised by the Emergency Preparedness Resilience and Response Team. The Health Board may also be required to participate in a multi-agency debrief.



Following a structured debrief a post incident report will be collated, internal to the Health Board. The incident report will be shared with the Emergency Preparedness Resilience and Response Strategy Group. Lessons to be learned will be recorded and progress monitored.

The thrust of any such debrief(s) would be to identify areas for improvement in procedures, equipment, and systems. They should not be forums for criticising the performance of others.

1.20 Post Traumatic Stress / Emotional Effects: Psychological Support

Following a major incident which was exceptionally threatening or catastrophic, it is to be expected that many people will develop short-term symptoms of psychological adjustment. Mental Health and Learning Disability Unit Staff have provided front line response staff (Chaplaincy Manager, Volunteer Services Manager, Hospital Social Work Team Manager and Relatives Area) with information leaflets for patients (children and adults) who have been involved in a major incident. These leaflets outline what to expect, coping strategies, and advice on when to seek further help. These leaflets are embedded in this major incident plan at section 5 & will be made available by the Mental Health & Learning Disability senior manager at the time of the incident, as per action card 80.

Psychologically focussed debriefing is not recommended in the current Post Traumatic Stress Disorder (PTSD) NICE Guidelines and should not be offered.

It is not anticipated that mental health staff will become directly involved in offering responses to disaster survivors immediately following the incident.

People at high risk of developing PTSD after a major disaster should be offered a validated, brief screening instrument for PTSD at 1 month after the disaster.

Adult trauma survivors with clinically important symptoms of PTSD (re-experiencing, flashbacks, nightmares, avoidance, hyper arousal, negative alterations in mood or thinking) will be recommended to speak to their general practitioner and seek assessment from LPMHSS (Local Primary Mental Health Support Services). Survivors with significant risk because of their symptoms should be referred to Mental Health Single Point of Access (SPOA) for mental health triage assessment.

Adult trauma survivors, or their families/carers may also dial 111, then select option 2 to directly access urgent support for their mental health. This service is available 24/7 and will provide immediate support, signposting to community resources and onward referral to mental health services as appropriate.

Child trauma survivors will be assessed by school counsellors or Primary CAMHS and potentially passed onto Specialist CAMHS services if needs are complex.

Following a major incident, the MH and LD Manager will inform the Chair and Vice Chair of the PTMC (Psychological Therapies Management Committee), and an



emergency meeting will be convened within one week to ensure that an adequate response in relation to both public and staff psychological needs has been provided.

Traumatic events affecting people in the workplace occur fairly infrequently. When they do occur, they are usually initially accompanied by a sense of shock. However, for some people there can be a more lasting effect. To ensure that staff are well supported, managers are advised to follow the Trauma Risk Management (TRiM) processes highlighted below.

1.20.1 Trauma Risk Management, (TRiM)

The TRiM model bases itself on keeping staff functioning after traumatic events by providing support and education. TRiM is a 'NICE (UK's National Institute for Clinical Excellence) compliant' model of peer group traumatic stress management.

The types of traumatic events where a TRiM response might be initiated are as follows:

- Serious injury to self and others particularly colleagues
- Where personnel have been disabled or disfigured
- The trauma involves death, particularly grotesque death
- When the trauma is complex, long lasting, or multiple
- Where personnel have been involved in a "near miss"
- Where personnel experience overwhelming distress after the event

Also, in situations where the mistreatment, death or injury of the following occurs: children, women, elderly people, disabled people, and colleagues.

There are a number of people across the health board trained in the following roles: TRiM Manager, TRiM Practitioner and TRiM Supporter.

Following a traumatic event, within 24 hours (ideally as soon after the event as possible) a planning meeting will be organised by the TRiM Manager. It is during this meeting that the TRiM Manager would undertake a TRiM Incident Brief (TIB) where a general overview of the psychological effects of a traumatic incident on people is given. The main focus of the planning meeting is therefore to consider the psychological needs of trauma exposed staff and the purpose of the meeting is 3-fold:

- To educate staff about the TRiM process and ensure that staff receive the highest quality management at a time when they may be vulnerable to psychological injury.
- To exchange information. TRiM is a supportive protocol that aims to enhance the benefits of the informal support processes that naturally happen following a traumatic event. The next stage is to consider whether it is appropriate to instigate individual or group TRiM risk assessment interviews to assess the risk of psychological harm or those who might be at risk of developing psychological difficulties, or to carry out psycho-educational briefings as appropriate. If after a planning meeting, no action is deemed necessary then the TRiM Manager would record the reason for this decision, for both legal and audit purposes.



- To assist Operational Managers. TRiM Managers are ideally placed throughout the health board to assist with the management of distressed people. TRiM is based upon 'best evidence' and therefore managers should be reassured that using the process is best practice.

If required, group or individual assessments would be carried out a minimum of 72 hours after the incident. The purpose of the TRiM interview is not to directly eliminate or 'treat' mental health difficulties. It aims to allow the interviewer to identify those who may be at risk of developing psychological problems so that they can be monitored and appropriately managed.

A follow up risk assessment is carried out after a month and if indicated, people are sign-posted to further help and support as appropriate.

1.21 Additional Resources: External to the Health Board: Mutual Aid

The responsibilities for the calling out of additional resources external to Hospital i.e., Staff, Central Stores, Laundry, Social Services, etc. will rest with the Hospital Co-ordination Centres.

Statutory guidance to the *Civil Contingencies Act 2004* recognises that the emergency planning process may identify some areas where existing capability to deal with an emergency are insufficient and presumes Category 1 responders will use mutual aid agreements as a way of addressing these.

The Health Board may receive a request for assistance or similarly request mutual aid from another organisation. The Health Board Executive Team will need to consider whether the resources required can be made available without impacting the organisation's service delivery obligations with respect to external mutual aid requests and similarly another organisation will undertake the same process prior to agreement of a mutual aid request from the Health Board.

1.22 Training

Training in Emergency Planning procedures is of paramount importance and a training and exercising schedule is required to include;

- Simulated incidents and communications exercises to learn lessons for future planning. Communications exercises will be held at regular intervals (at least every 6 months) without warning.
- Relevant Staff will also be expected to undertake pertinent training courses, such as CBRN and IP&C.
- Following the general induction programme for major incidents, it is the individual staff responsibility to ensure that they are familiar and updated with their role in the event of a major incident. It is the responsibility of Service Group Directors and key staff to ensure that the personnel under their management are fully conversant with



this plan and are informed and trained in the implementation of their action card. An e-learning package is available to facilitate annual assessment and supplement job specific training.

- In addition to responding to live Major Incidents, there is a requirement that Major Incident Procedures are exercised regularly to ensure that all staff are familiar with their role. Such exercises may take many forms, from a purely 'paper exercise' to a full reconstruction of an incident with simulated casualty victims.

1.23 Exercises

The Health Board is required to carry out a major incident communication cascade exercise every six months, a desk top exercise once a year and a live major incident exercise every three years.

Major Incident Procedure exercises are valuable and often identify areas that require revision in the light of changed circumstances, personnel, or facilities.

Please take the time to read and familiarise yourself with your role in the event of a major incident now, and to re-read it from time to time. It should ensure that if there were to be a Major Incident in South Wales, then the patients would get the best possible care in the difficult circumstances that often result.

1.24 Governance

The maintenance of the document is the responsibility of the Emergency Preparedness Resilience and Response, (EPRR) Team and it will be reviewed as required by the Health Board EPRR Oversight Group and approved by the Health Board.

Its content will be reviewed at least annually, by the EPRR Oversight Group and any major changes recommended to be formally reviewed and submitted for further approval to the Board.

This plan will also be reviewed following the declaration of a major incident or exercise and/or in light of any changes to the relevant legislation.

The SBU EPRR Oversight Group will approve and sign off any amendments to this plan. Revised versions will be submitted to the Board for approval.

1.25 Supporting Arrangements

1.25.1 Record Keeping

A comprehensive record should be kept of all events, decisions, reasoning behind each key decision and actions taken. The organisation is responsible for maintaining its own records.

Logging is an essential procedure which must aim to provide people with the right information at the right time in a form they can assimilate and act upon. Loggist capture information relating to decisions made and actions taken. Loggist are



required to produce a contemporaneous log of the incident. Loggist will be included in the Hospital Co-ordination Centres and Health Board Gold.

All documentation will need to be saved and produced for the purposes of internal/multiagency debrief, inquiry, civil or criminal proceeding, or coroner's court. Any log produced is disclose able and as such becomes legal evidence.

1.25.2 Archival Process

During a major incident, a wealth of information will be generated. Best practice for the archival process will include storage, creation of a historical record during a major incident, its impact and other key information. Archiving the documentation in a clear and accessible way will aid the legal process post incident.

All retained documentation (records) must be preserved. The records must be made available to the risk & assurance team, who should preserve them in the way which makes them most accessible to any Inquiry. Records can be made available to the risk & assurance team by either forwarding a copy or providing access to digital platforms.

The risk & assurance team should apply archival processes to the records such as appraisal, arranging, describing, and cataloguing, preserving, and provision of access, so that they can be adequately requested by, and provided to, any future legal processes (Archival Process Action Card included in appendices).

1.25.3 Health and Safety

All Health Board staff are required to follow SBU Health and Safety policies, procedures, and protocols.

Members of the Tactical Team should give consideration to Health and Safety policy, procedures, and protocols in the directing of tasks to operational staff and should be made aware of any identified or potential risks and should alert Gold command of such risks.

Every member of staff has a statutory duty of care under the *Health and Safety at Work Act 1974* to take reasonable care of their own health and safety and of others who may be affected by their acts or omissions.

1.25.4 Business Continuity

The *Civil Contingencies Act 2004* requires all Category 1 responders to maintain plans to ensure they are still able to exercise their functions, as far as reasonably practical, in the event of an emergency. The Health Board therefore needs to ensure that key services are maintained when faced with disruption.

Business Continuity Management systems support the delivery of key services at pre-determined levels during internal incidents and ensures the capability for an operational response during a major incident.



In summary Business Continuity Planning should have a structure that can;

- Deliver a framework which can be used to strengthen resilience during times of disruption
- Identify and risk assess potential threats and weaknesses of the organisation
- Aid preparation, prevention and recovery of the identified risks and potential disruption
- Support the continuance and recovery of core critical services
- Promote return to business as usual
- Defend and protect stakeholder interests
- Ensure reputational integrity

SBU Business Continuity arrangements are outlined in the document Overarching Business Continuity/Significant Incident procedure and Business Continuity Management Framework. These documents are supported by Service Group respective Tactical Business Continuity Arrangements and service business continuity plans, as well as Corporate, 'Cross Cutting services' Business Continuity Plans.

1.26 Equality and Human Rights Statement

Under equality legislation, the Health Board have a legal duty to pay 'due regard' to the need to eliminate discrimination and promote equality. The Health Board is committed to ensure that we consider the needs of all members of our community. These principles are embedded as part of the core functions of the Health Board and are included within the values, policies, procedures, delivery standards and objectives.

An Equality Impact Assessment has been undertaken.



SECTION 2

Strategic Executive Response



SECTION 2: STRATEGIC EXECUTIVE RESPONSE

2.0 Strategic Executives

The following information provides SBUHB Executives with a summary of the Health Board response in the event of an emergency.

2.1. Background

Under the Civil Contingencies Act 2004, as a category one first responder the HB has a responsibility to ensure there are plans in place which demonstrate its level of preparedness.

Plans include: -

- Major Incident
- Burns*
- Chemical, Biological, Radiation and Nuclear [CBRN]
- Business / Service continuity Plans
- Pandemic

** It should be noted that the Burns Procedure may be activated as a result of an incident anywhere within the UK**

The HB is a member of the South Wales Local Resilience Forum (SWLRF), a body set up by the Welsh Government to co-ordinate a response across all first and second responders.

In the event of an emergency/infectious disease outbreak that requires a strategic, multi-agency response, the SWLRF will establish a strategic co-ordination control centre (SCC). This may be at Bridgend Police Head Quarters, but it is likely that initially the strategic co-ordination group (SCG) is chaired by the Chief Constable via TEAMS and this provides a co-ordinated strategic response. A nominated Gold representative would be expected to attend these meetings in the event of an emergency.

The Gold representative will be fully briefed by HB officers, on the current situation and any potential impact on HB services, including the need for 'mutual aid' from partner agencies.

2.2 Health Board Response

2.2.1 Silver/Senior Manager on-Call

The HB has the following senior management on-call arrangements in place for the following services and during in hours Service Group Directors:

- Service Delivery Group, (SDG) Directors
- Acute Senior Managers
- Mental Health & Learning Disabilities



- Women & Child Health
 - Primary Care and Community Services
- The on-call managers can be contacted via switchboard for an out of hours response.

2.2.2 Silver Command/Acute Service Response

Morrison Hospital is a designated Trauma Unit in the event of a major incident, with Neath Port Talbot and Singleton Hospitals providing the 'support' hospital role.

Silver Command within the Health Board will be convened within the on-site Co-ordination Centres within each SDG, however Morrison Hospital will be the lead silver. They will be responsible for developing and implementing a tactical plan to achieve the strategic direction set by Gold command. Health Board Silver will oversee the operational response and will be the link between strategic and operational. Each SDG will establish a Silver Command structure.

Early robust communication between the hospital co-ordination centres is imperative. This will include, where appropriate the liaison with Burns also, if required.

The MI standby Core Team will comprise of;

- Nurse-in-Charge - ED
- Consultant in Charge in ED
- Clinical Site Matron for Morrison
- Service Group Nurse Director/Deputy
- Service Group Medical Directors/Deputy
- Silver On Call managers for all SDG's (**Out of hours**)
- Service Group Directors (**in hours**)
- Gold On Call (**out of hours**)
- Chief Operating Officer (**in hours**)
- Head and Manager of Emergency Preparedness Resilience and Response
- Loggist/Administration Staff - **alerted from within the HCC**

In the event of the Welsh Ambulance Services Trust (WAST) declaring a Major Incident (MI) anywhere in Wales, a Clinical Capacity Group meeting will be convened 30 minutes after the declaration. All NHS organisations are required to send a representative to the meeting. During this meeting, WAST will share additional information across the NHS Wales system, in relation to the potential receiving hospitals for the incident, this will increase situational awareness and allow health boards to further inform their response to the incident.

The Clinical Site Team Matron will join the **Clinical Capacity Group meeting** 30 minutes after the declaration of the Major Incident by WAST.

(no additional notifications or invites will be forwarded by WAST for the Clinical Capacity Group meeting; representatives must join via the below link 30 minutes after the declaration of the Major Incident).

[Wales Mass Casualty Arrangements \(Clinical Capacity Group\)](#)



A Clinical Capacity Group (CCG) calendar invite has been created for all of the Clinical Site Team Matrons and other nominated Clinical Site Team staff. The calendar invite includes the above direct link to the CCG.

The MI declared Silver Command Core Team will comprise of;

- Service Group Director/Deputy, Nurse Director/Deputy, and Medical Director/Deputy
- Clinical Site Management
- Head of Communications/Deputy
- Additional managerial, nursing and administration staff as required
- Key stakeholders, e.g., Psychology
- Welsh Ambulance Service representative

Silver Command will be in close liaison with Gold and may have direct liaison with the following:

- Chief Operating Officer/Deputy
- Emergency Preparedness Resilience and Response Lead
- The Director of Information, Communications & Engagement

The HCC will coordinate the hospital response and include: -

- Establishment of a telephone link with the Welsh Ambulance Service
- Creation of additional bed capacity through the reorganisation of services, which may include the cancellation of electives, curtailment of outpatient services
- Effective bed management arrangements providing regular updates regarding bed availability.
- The deployment of staff
- A reception area for casualties.
- Establishment of a patient information area, activating support services, overseeing the co-ordination of relatives (those attending at the Hospital and telephone enquiries), and the media/press response.
- Preparation of 'status' reports for the Gold Command Team and briefings for staff.
- Making arrangements, in conjunction with Gold Command for the possible on-going Press & Media interest, and visits from VIP's in the period shortly after the incident.
- In close liaison with Gold Command, instigating a recovery programme and debriefing reports/arrangements
- The HCC will also be responsible for standing down the Hospital from a Major Incident response following instruction by Gold Command. It should be noted that this could be sometime after the scene of the incident has been stood down.

2.2.3 Morryston Hospital

The Co-ordination Centre for Morryston Hospital will be located as follows:

- **Morryston Hospital** – service corridor adjacent to the Hospital switchboard:
 - 01792 530759 – Ext 30759 Main desk phone next to MI PC (phone 1),
 - 01792 532905 – Ext 32905 Internal room (phone no 2),



- 01792 703778 – Ext 33778 External room (phone 3)

Burns Co-ordination Centre; extensions: 33814 / 33293

2.2.4 Gold Command

If a Major Incident (MI) is declared by the Welsh Ambulance Service NHS Trust (WAST) within the SBUHB area, an internal Gold Command Team will be convened. Please note, the HB can also declare a major incident.

If a MI is declared by WAST outside of the SBUHB area, the COO and EPRR (in hours) and the Gold on call (out of hours) will link with silver command at Morriston to review the incident details (METHANE). A decision will be made as to either stand-down, remain in standby and await further information or activate the HB major incident (MI) procedures and full command, control & co-ordination structures.

If a MI standby is declared by WAST the COO and EPRR (in hours) and the Gold on call (out of hours) will link with silver command at the Morriston HCC to review the incident details (METHANE). A decision will be made as to either stand-down, remain in standby and await further information or activate the HB major incident (MI) procedures and full command, control & co-ordination structures.

If a Strategic Co-ordination Group (SCG) (multi-agency gold command) is activated as part of a declared MI response, a representative from gold command will be nominated to attend.

If a Strategic Co-ordination Group (SCG) (multi-agency gold command) is activated outside of a WAST MI declaration (South Wales Police or Fire & Rescue Service). The COO and EPRR (in hours) and the Gold on call (out of hours) will attend and review the incident details. A decision will then be made as to whether the HB stand up our internal command, control & co-ordination structures.

The Gold Command objectives include;

- To ensure a safe, effective, and co-ordinated response and recovery to a Major Incident. Gold Command will undertake the Health Board leadership role. They will provide strategic direction where required, supporting the Silver Command Team.
- To act as the route of communication with the Strategic Co-ordination Group (SCG).
- To co-ordinate decision making and effective use of resources during a major incident; ensuring key supporting roles are covered.
- To liaise with other Health Boards and agencies as required.
- To provide an appropriate response to the media and other external agencies.
- Liaison with multi-agency Gold command regarding additional resources both within and outside the area.
- To protect the wellbeing of staff and patients within the Health Board.
- To ensure a strategic oversight of the incident and the Health Board as a whole.
- To decide when the internal major incident arrangements should be activated, stood down and recovery phase implemented.



In the event of a SBUHB MI declaration, the following Gold Command team members will be alerted by switchboard. The Gold Commander in hours will be the Chief Operating Officer/Deputy and out of hours will be the Gold on call initially. A Loggist will always be required to document the key decisions and actions discussed at Gold Command; the core team will comprise of the following:

- Chief Operating Officer or Deputy who will be in close liaison with Silver (Tactical) Command
- Medical Director or Deputy
- Director of Nursing or Deputy
- Director of Insight, Communications & Engagement, Communications & Engagement or Deputy
- Director of Allied Health Professions and Health Science or Deputy
- Director of Digital or Deputy
- Director of Planning & Partnerships (Civil Contingencies Lead)/Deputy
- Head of EPRR or Deputy
- Director of Public Health or Deputy
- Loggist*
- Additional Administration staff

***Loggist activation will be undertaken by the Gold commander using the “Gold Loggist staff list” in the co-ordination centre.**

In addition to the above core team, the following are to be included if available:

- Director of Workforce & OD
- Director of Finance and Performance

The nature and/or time of the incident may dictate that in the first instance nominated deputies or other Executive Director staff will have to undertake these roles, which is why Executive Directors/Assistant Directors must be familiar with the content of the relevant action cards.

The members of the Gold Command Team will be based in Health Board Head Quarters and a Gold Coordination Centre will be established. The Committee Room is the designated Health Board Gold Command facility. Where possible, the Emergency Preparedness Resilience and Response Lead will establish the Gold Command room in readiness. Alternatively, a guide in the form of a flow chart is included in order to establish the Gold Command co-ordination centre.

For big bang emergencies, it would be more appropriate for the Gold Command team to be based in the Gold Coordination Centre. Key actions of the Gold Command Coordination Centre include:

- Strategic Command and Control
- To provide strategic direction for the incident
- To be situationally aware of the incident
- To be aware of the risks to ascertain the emerging strategy



- To discuss options and contingencies to address the risks and to further inform the response
- To liaise with external strategic functions as part of the response
- There is a dedicated gold email address in order that information flows can be centralised

Strategic Aim & Objectives

Aim

Working together, to save life and reduce harm, to staff, patients, and families

Objectives

- Save and protect life
- Relieve suffering
- Provide information to the public
- Protect the Health, Safety, welfare & wellbeing of staff, patients, and families
- Maintain critical / normal services
- Manage recovery
- Evaluate and identify lessons

2.2.5 Head of Emergency Preparedness Resilience and Response

The role includes;

- To provide specialist advice to the Gold commander in relation to the interpretation and application of the Health Board Major Incident Procedure and associated documents.
- Confirm that the relevant command and control structures have been implemented across the Health Board.
- Establish links with partners across the South Wales Local Resilience Forum. Provide advice in respect of the role, capacity, and capabilities of partner responder organisations
- Identify a flow of communications (battle rhythm) and communicate accordingly, dependent on;
 - SCG meetings, (if SCG established)
 - NHS external teleconferences/meetings
 - Reporting requirement

2.2.6 JESIP Interoperability Principles

The JESIP Interoperability Principles should be used during all phases of an incident, whether spontaneous or pre-planned and regardless of scale.



They support the development of a multi-agency response and provide structure during the response to all incidents. The principles can also be applied during the recovery phase.

The agreed core principles are as follows;



CO-LOCATE

Co-locate with other responders as soon as practicably possible at a single, safe and easily identified location.

COMMUNICATE

Communicate using language which is clear, and free from technical jargon and abbreviations.

CO-ORDINATE

Co-ordinate by agreeing the lead organisation. Identify priorities, resources, capabilities and limitations for an effective response, including the timing of further meetings.

JOINTLY UNDERSTAND RISK

Jointly understand risk by sharing information about the likelihood and potential impact of threats and hazards, to agree appropriate control measures.

SHARED SITUATIONAL AWARENESS

Establish shared situational awareness by using M/ETHANE and the Joint Decision Model.

To support the 5 core principles, the Joint Decision Model, (JDM), is widely used at all levels of multi-agency meetings during the response phase of an emergency, to enable responding agencies to agree on key decisions. The JDM allows commanders to gain situational awareness of the incident by bringing together the available information, understand the risks, reconcile objectives, and make decisions.





METHANE

- M** Major Incident declared?
- E** Exact Location
- T** Type of incident
- H** Hazards present or suspected
- A** Access - routes that are safe to use
- N** Number, type, severity of casualties
- E** Emergency services present and those required



Joint Emergency Services Interoperability Principles (JESIP); Example:

Co-locate

Co-locate with commanders as soon as practically possible at a single, safe and easily identified location near to the scene

What Should happen?	
Purpose of co-locating	<ul style="list-style-type: none"> • To assume Strategic Command and Control – follow action cards • To share information – METHANE Report • Communicate Clearly • Establish a joint understanding of the unfolding emergency
Who?	<ul style="list-style-type: none"> • Executive Directors; <ul style="list-style-type: none"> ○ On Call ○ Medical ○ Nurse ○ HR ○ Chief Operating Officer ○ Strategy ○ Loggist ○ Head of Communications
Where?	<ul style="list-style-type: none"> • Gold Command at Health Board HQ • Another Executive Director may be required to attend the Strategic Coordination Group, (Multi-agency Gold Command)



Communicate
Communicate clearly and in plain English

<p>Gold Command Chair</p>	<ul style="list-style-type: none"> • Establish Command, Control Co-ordination, and communication structures • Receive an update of the current situation by convening a Gold meeting via video/teleconference. All email communications to be delivered via the designated major incident email address. Template documentation included in Overarching Major Incident Procedure. • Communicate clearly within the Health Board Command, Control and Coordination structures • Establish communication links with partners across the South Wales Local Resilience Forum and Welsh Government • Identify a flow of communications, (battle rhythm) and communicate accordingly dependent on; <ul style="list-style-type: none"> ○ Strategic Coordination Group meetings ○ NHS external teleconferences/meetings ○ Reporting requirements • To oversee the coordination of the Press and Media response by the Health Board
<p>Head of Communications</p>	<ul style="list-style-type: none"> • Invoke SBU Major Incident Communications Strategy and liaise with the Multi-agency Gold media cell.
<p>Loggist</p>	<ul style="list-style-type: none"> • Ensure a Loggist is appointed to log all key decisions and actions. • Explain all concepts and terminology that may be misunderstood and avoid using acronyms and abbreviations.



Co-ordinate

Identify priorities, resources and capabilities for an effective response, including the timing of further meetings

What Should happen?	
Gold Command Chair	<ul style="list-style-type: none"> • Undertake actions as noted in action card • Chair meetings using the JDM model • Ensure in readiness for the meetings that the most up to date information is received in order to <ul style="list-style-type: none"> ○ Understand the risks ○ prioritise actions in accordance with the risks ○ identify other plans that may need to be invoked ○ formulate a response plan ○ Ensure appropriate resources are deployed ○ Escalate/report as required ○ Confirm next meeting in accordance with the battle rhythm
Gold Team Members	<ul style="list-style-type: none"> • Undertake actions as noted in action card • Receive updates from tactical response colleagues • Provide updates in Gold Command • Ensure appropriate resources and capabilities are deployed
Loggist	Ensure a Loggist is appointed to log all key decisions and actions.



Jointly understand risk

Jointly understand risk by sharing information about the likelihood and potential impact of threats and hazards to agree potential control measures

What Should happen?	
Gold Command Chair	<ul style="list-style-type: none"> • Share joint dynamic risk assessments with all Strategic and Tactical Commanders, (internal and external as appropriate) so that all risks, threats, and hazards can be fully considered and understood • Appropriate response plans can be invoked, and appropriate control measures put in place to maximise the safety of all responders and patients and to ensure a team response to minimise treatment delays.
Gold Team Members	<ul style="list-style-type: none"> • Share identified threats and hazards highlighted from respective services • Receive updates from tactical response colleagues • Provide updates in Gold Command
Loggist	Ensure a Loggist is appointed to log all key decisions and actions.



Shared Situational Awareness

Shared Situational Awareness established by using
METHANE and the Joint Decision model

What Should happen?	
Gold Command Chair	<ul style="list-style-type: none"> • Use JDM to Chair meetings • Work together to formulate the strategic response plan • Understand how the emergency is unfolding, keep up to date • Understand the threats and hazards in order to invoke the appropriate policies and procedures • Understand the resources available and required
Gold Team Members	<ul style="list-style-type: none"> • Provide updated information in Strategic meetings, failure to share pertinent information may result in an uncoordinated response and may lead to duplication
Loggist	Ensure a Loggist is appointed to log all key decisions and actions.

Situation	Direction	Action
What is happening?	What do you want/need to achieve in the first hour (the desired outcomes)?	What do you need to do to resolve the situation and achieve your desired outcomes?
What are the impacts?	What are the aims and objectives of the emergency response?	
What are the risks?	What overarching values and priorities will inform and guide this?	
What might happen and what is being done about it?		



Further supporting information can be found in the JESIP Joint Doctrine:



JESIP-Joint-Doctrine-
Update-April-2024-Pr



2.2.7 Gold Command - COO or Gold on call – Action Card

GOLD COMMAND - COO or GOLD ON-CALL ACTION CARD		
ROLE SUMMARY		
<p>As the Gold commander, (in and out of hours), notification and confirmation of either a Stand-by or Declared Major Incident will be received from Morriston Hospital Switchboard. You will be provided with a report of the incident in the form of the mnemonic; METHANE. All Gold's are included as part of the major incident declared cascade.</p> <p><i>During working hours, the COO will undertake the role of Gold Command.</i></p> <p>For a standby notification or a declared MI outside of the SBUHB area, the Morriston Hospital Co-ordination Centre (HCC) will be established for the core standby group to convene and discuss any potential implications for the HB.</p> <p>Please note, if a mass casualty incident is declared, in addition to the Health Board Major Incident response, please also refer to the Mass Casualties Arrangements for Wales NHS, where additional actions will be required, see Section 3.</p> <p>Your role is to:</p> <ul style="list-style-type: none"> • Ensure a safe, effective, and co-ordinated response and recovery to a Major Incident. Gold Command will undertake the Health Board leadership role. • Provide strategic direction where required, supporting the Silver Command Team. • Act as the route of communication with the SCG (Multi Agency Gold). • Liaison SCG regarding additional resources both within and outside the area. • Co-ordinate decision making and effective use of resources during a major incident; ensuring key supporting roles are covered. • Liaise with other Health Boards and agencies as required. • Provide an appropriate response to the media and other external agencies. • Protect the wellbeing of staff and patients within the Health Board. • Ensure a strategic oversight of the incident and the Health Board as a whole. • Decide when the internal major incident arrangements should be activated, stood down and recovery phase implemented. 		
	ACTION :- As soon as a major incident is declared you should immediately:	<i>Tick when completed</i>
1	Standby or notification of Declared Incident (outside of SBUHB area) – liaise with Silver Command at Morriston HCC as part of the MI standby core team and review the incident details (METHANE). This could be in person or via the pre-established Silver Command Microsoft Teams link (see below action 20). The purpose is to discuss the incident and ascertain if the HB	<input type="checkbox"/>



GOLD COMMAND - COO or GOLD ON-CALL ACTION CARD

ROLE SUMMARY

should remain on stand-by, stand down or proceed to activate the HB Major Incident Procedures.

In the event of the Welsh Ambulance Services Trust (WAST) declaring a Major Incident (MI) anywhere in Wales, gain assurance from Silver Command that the Clinical Site Team Matron joins the **Clinical Capacity Group meeting** 30 minutes after the declaration of the Major Incident by WAST. During this meeting, WAST will share information across the NHS Wales system, in relation to the receiving hospitals for the incident.

(no additional notifications or invites will be forwarded by WAST for the Clinical Capacity Group meeting; A Clinical Capacity Group (CCG) calendar invite has been created for all Clinical Site Team Matrons and other nominated Clinical Site Team staff. The calendar invite includes the direct link to join the CCG.

Silver Command will review all available information and in liaison with Gold, decide whether to stand down the MI standby, remain in MI standby and await further information or declare a MI.

2 Declared Incident (SBUHB area):

- Proceed to Health Board HQ if not already present.
- Inform Switchboard of arrival.
- Confirm with Morriston Silver Command of arrival and obtain initial METHANE details.

Gain assurance from Silver Command that the Clinical Site Team Matron joins the **Clinical Capacity Group meeting** 30 minutes after the declaration of the Major Incident by WAST. During this meeting, WAST will share information across the NHS Wales system, in relation to the receiving hospitals for the incident.

(no additional notifications or invites will be forwarded by WAST for the Clinical Capacity Group meeting; A Clinical Capacity Group (CCG) calendar invite has been created for all Clinical Site Team Matrons and other nominated Clinical Site Team staff. The calendar invite includes the direct link to join the CCG.

- 3** If a major incident has not been declared but a significant incident has occurred, proceed, or make contact with the hospital co-ordination centre at Morriston Hospital to obtain a SITREP and refer to the “SBUHB Business Continuity/Significant Incident Overarching Procedure”.



GOLD COMMAND - COO or GOLD ON-CALL ACTION CARD	
ROLE SUMMARY	
4	<p>Set up the Gold Co-ordination Centre</p> <p>(If available, the lead for Emergency Preparedness, Resilience and Response, will prepare the room for the purpose of Gold Command. Alternatively, a guide, in the form of a flow chart is included within the Committee Room, major incident cupboard).</p>
5	<p>Commence your log</p> <p>When possible, allocate a Loggist, note taker and additional administration personnel to monitor information flows via email and telephone.</p> <p>(Gold trained Loggist staff list is held in the Committee Room, major incident cupboard)</p> <p>Agree a way of working with the Loggist. Ensure the Logbook is completed, evidence of decisions, supporting rationale and the options considered and why they were used or disregarded. The Logbook should be signed off once the incident is stood down.</p>
6	<p>Ensure the HQ email has been established</p> <p>Receive an update of the current situation from the Hospital Co-ordination Centre.</p> <p>All email correspondence must be sent and received via the email addresses below;</p> <p>Morrison Hospital SBU.MajorIncidentMorr@wales.nhs.uk</p> <p>SBUHB Headquarters SBU.MajorIncidentHQ@wales.nhs.uk</p> <p>Tempest Ward, Burns Centre Burns.Incident@wales.nhs.uk</p>
7	<p>Establish a battle rhythm and convene a Gold Command meeting when possible, to do so and in conjunction with the Lead Silver Command (see action 23)</p> <p>A Gold meeting should not take longer than an hour and the Hospital Co-ordination Centre; (Silver Command) will be waiting for the Gold aim and objectives to inform their response. (see action 22).</p>
8	<p>Request Digital Services to establish News channel links.</p>



GOLD COMMAND - COO or GOLD ON-CALL ACTION CARD	
ROLE SUMMARY	
9	Confirm that the Press & Media Rooms in the designated area on the Morriston hospital site has been established and ensure that the role of Communication Coordinator has been allocated. Agree a media holding statement with the Director of Insight, Communications & Engagement. <input type="checkbox"/>
10	If there is a Strategic Coordination Group , (SCG) established, allocate an appropriate representative from Gold Command to attend. <input type="checkbox"/>
11	Establish external communication channels with the following: - <ul style="list-style-type: none"> Local Resilience Forum Strategic Coordination Centre, (SCC), if established. The Health Board may be asked to attend the SCC by the South Wales Police or join remotely. The SCC will normally be located at Bridgend Police HQ – (see Executive Pack guidance). Nominate an Executive to attend the Strategic Coordination Group; they may require a Loggist to accompany them. Welsh Government – see contact list Public Health Wales on-call Consultant (via Ambulance Control), if required <input type="checkbox"/>
12	Regularly update the Chief Executive of the incident. <input type="checkbox"/>
13	Liaise with the Chief Operating Officer/Deputy to regularly assess the operational impact on daily business and supporting hospitals taking routine emergency admissions. <input type="checkbox"/>
14	Hold discussions with fellow senior colleagues in the Hospital Coordination Centre, at appropriate times, to consider the HB's on-going needs, recovery management plan and the impact the incident is having on the rest of the Health Board, this should include the following: <ul style="list-style-type: none"> Diversion of emergency admissions where possible Outpatient Clinics Routine elective operating lists A recovery response team will be required, and the Recovery Action Card will be invoked, co-ordinated by the Chief Operating Officer/Deputy. <input type="checkbox"/>
15	Confirm with Silver that a Patient Identification Team is assembled to formally identify and transfer patient identification from the Major Incident numbering system to the PAS system for each patient. The Police may wish to be involved in this process. <input type="checkbox"/>
16	Confirm with Silver on-going emotional support and counselling for patients / staff is arranged. Ensure regular staff updates are provided as part of HB communications. <input type="checkbox"/>
17	Depending on the type of incident, consider other Health Board plans as appropriate, which may help in the response. 'Hard copies' of all plans are available in the Committee Room and can be accessed via the Major Incident network drive:- z drive, ststorage 2, Major Incident and EPRR SharePoint site. <input type="checkbox"/>
18	The decision to stand down the Health Board from a Major Incident should be made following consultation with the Health Board Gold Team <input type="checkbox"/>



GOLD COMMAND - COO or GOLD ON-CALL ACTION CARD

ROLE SUMMARY

and the lead Hospital Co-ordination Centre. This will not be following receipt of the stand-down notification from the scene.

Stand down should be communicated to all staff involved in the response via Switchboard and agreement as to when they should return to normal duties. However, please consider alternative methods for communicating this out of hours. Partner agencies will also require notification of stand down.

An appropriate recovery plan should be in place prior to standing down to ensure a return to new normality following the incident.

- 19 Arrange to hold a **Gold Command ‘hot debrief’**. The lead silver will undertake a hot debrief also. An organisational debrief, will be arranged by the Emergency Preparedness Resilience and Response Team at a suitable time following the incident, and a Report will be prepared. ☐
 Ensure all documentation is collated into a major incident pack; both hard copy and digital and arrange for safe storage in line with the HB archival process action card.

- 20 **Silver Command Microsoft Teams link, (Gold to join when Major Incident Stand by notification received):**

Microsoft Teams meeting
Join on your computer or mobile app
[*Click here to join the meeting*](#)

You can also join via TEAMS by using the following:
Mobile phone – QR Code



Should you not have access to TEAMS you can alternatively connect via smart phone or landline using the details below:

Telephone call (Audio Only) participation
Telephone Number - 02033215246
Meeting ID - Number 816630279#

The Silver Command at Morriston HCC will contact the Gold Commander to advise of the meeting time and will also forward the Teams link.

Silver Command will review all available information and in liaison with Gold, decide whether to stand down the MI standby, remain in MI standby and await further information or declare a MI. **If agreed to proceed to major incident



GOLD COMMAND - COO or GOLD ON-CALL ACTION CARD

ROLE SUMMARY

declared, request that Silver confirm with Switchboard to proceed**.

If major incident is declared, Gold Command will be required. Forward a message via the Gold major incident WhatsApp group and the Gold team will also be alerted by Switchboard

Out of hours, please refer to the HQ SOP for access:



SOP HQ security -
FINAL.docx

The following Gold Command team members will be the core for the incident strategic response and should convene in the Gold Coordination Centre. Please consider that out of hours, the initial core team members may be reduced initially.

A Loggist and note taker will always be required to document the key decisions and actions discussed at Gold Command. (A list of Trained Loggist is included within the Committee Room and major incident z drive; ststorage 2).

Gold Command Team:

- Medical Director or Deputy
- Chief Operating Officer or Deputy, who will be required to be liaise with Silver (Tactical) Command directly
- Director of Nursing and Patient Experience or Deputy
- Director of Workforce, (may not be present initially)
- Director of Insight, Communications & Engagement (Head of Communications/Deputy required at Silver)
- Director of Planning & Partnerships (Civil Contingencies Lead)/Deputy
- Director of Public Health
- Director of Digital
- Director of Finance & Performance, (may not be present initially)
- Director of Therapies & Health Science
- Head of EPRR
- Loggist
- Administration support



GOLD COMMAND - COO or GOLD ON-CALL ACTION CARD

ROLE SUMMARY

Request, as required, that they attend Health Board Gold Command Coordination Centre, which will be held in the Committee Room, Health Board HQ.

If not all Directors or Deputies are available to cover the appropriate action cards, allocate as appropriate utilising the resources available within Gold Command.

Agree who will be in attendance and at the Strategic Coordination Group if convened.

21 **Refer to Gold Agenda as noted below**

Strategic Aim & Objectives

Aim

Working together, to save life and reduce harm, to staff, patients, and families

Objectives

- Save and protect life
- Relieve suffering
- Provide information to the public
- Protect the Health, Safety, welfare & wellbeing of staff, patients, and families
- Maintain critical / normal services
- Manage recovery
- Evaluate and identify lessons

22 Establish a **TEAMS conferencing meeting** with the lead Silver Co-ordination Centre, Gold members (and other key stakeholders as appropriate) at the earliest convenience and in liaison with Silver Command as to when it will be most appropriate. The dedicated **TEAMS** meeting appointment for SBU emergency planning for Gold Command, please see below, which includes the direct link. (In addition, all Gold PA's have the appointment in their diaries and in yours to forward if required).



GOLD COMMAND - COO or GOLD ON-CALL ACTION CARD

ROLE SUMMARY

23

MAJOR INCIDENT
or
BUSINESS CONTINUITY INCIDENT

'GOLD COMMAND' TEAMS MEETING

Time of meeting confirmed by **GOLD COMMANDER** in response to a Major Incident or Health Board wide Business Continuity Incident.

PLEASE NOTE
Not for use for Individual Gold meetings.

Mobile Phone – QR CODE



TELEPHONE CALL (Audio Only)
Telephone Number - **02033215246**
Meeting ID Number - **959939382#**

NOTE:

If you are called in from Home, it is essential that you drive safely.
Please keep calls through the Hospital Switchboard to an absolute minimum.
Ensure you wear a valid HB identity badge at all times.
Maintain a record of key actions, this will be required for a post-incident debrief and Report.
Any changes to your action card should be discussed with the Head of Emergency Preparedness Resilience and Response.



Gold Command Team Briefing Agenda

No.	Title of Item	Item	Lead
1	Procedural Matters / Review What has Happened.		
1.1	Welcome, Apologies & meeting etiquette	Verbal	Chair
1.2	Procedural / Urgent Matters <ul style="list-style-type: none"> Confirm core gold team present/required 	Verbal	Chair
2	Gather Information and Intelligence – BRIEF		
2.1	<ul style="list-style-type: none"> M/ETHANE(s) Receive update Summary from Lead Silver Command 	Verbal	Silver(s)
3	Assess Risks & Develop a Working Strategy		
3.1	Identify current & emerging threats & risks to SBUHB core functions and service delivery	Verbal	Chair
4	Consider Powers, Policies and Procedures		
4.1	Agree guidance, plans and procedures that are required	Verbal	Chair
5	Identify Options & Contingencies		
5.1	Identify options available to mitigate impacts of the emergency and on the SBUHB core functions and service delivery	Verbal	Chair
6	Take Action		



No.	Title of Item	Item	Lead
6.1	<p>Agree the Strategic Aim & Objectives</p> <p>Aim</p> <p>Working together, to save life and reduce harm, to staff, patients, and families</p> <p>Objectives</p> <ul style="list-style-type: none"> • Save and protect life • Relieve suffering • Provide information to the public • Protect the Health, Safety, welfare & wellbeing of staff, patients, and families • Maintain critical / normal services • Manage recovery • Evaluate and identify lessons 	Verbal	Chair
6.2	Complete and agree action & decision log	Verbal	Loggist
7	Any Other Business (AOB)		
7.1		Verbal	All
8	Time of Next Meeting (considering internal & external battle rhythm requirements)		
8.1		Verbal	Chair



2.2.8 Medical Director – Action Card

Medical Director Action Card	
ROLE SUMMARY	
<p>Notification and confirmation of either a Stand-by or Declared Major Incident will be received from Morriston Hospital Switchboard. You will be provided with a report of the incident in the form of the mnemonic; METHANE. Please note, if a mass casualty incident is declared, in addition to the Health Board Major Incident response, please also refer to the Mass Casualties Arrangements for Wales NHS, where additional actions will be required, see Section 3.</p>	
<ul style="list-style-type: none"> • Support, as part of the Gold Command Team, the strategic oversight of the incident response • Ensure the medical response to the incident is co-ordinated, supported, and sustainable 	
ACTION :-	<i>Tick when completed</i>
<p>1 If you are the Gold on Call, you will need to allocate a deputy to undertake this role until the Gold Commander is agreed.</p> <p>From home, or your location at the time of receiving the notification, confirm if a major incident has been declared within the SBUHB area. The Gold Command Team will convene in the Committee Room, Health Board HQ as the Gold Coordination Centre.</p> <p>In the event of a MI Stand-by or a MI Declared outside of the SBUHB area, no immediate response is required (unless it out of hours and you are Gold on call, if so please refer to Gold Commander action card). Alternatively, await further information from the Gold Commander.</p>	<input type="checkbox"/>
<p>2 Receive an update of the current situation. All email correspondence must be sent and received via the email addresses below;</p> <p>Morriston Hospital SBUHB Headquarters Tempest Ward, Burns Centre</p> <p style="margin-left: 40px;">SBU.MajorIncidentMorr@wales.nhs.uk</p> <p style="margin-left: 40px;">SBU.MajorIncidentHQ@wales.nhs.uk</p> <p style="margin-left: 40px;">Burns.Incident@wales.nhs.uk</p> <p style="margin-left: 40px;">http://howis.wales.nhs.uk/masscasualties/: Updated METHANE reports via this link</p>	<input type="checkbox"/>
<p>3 Ensure that the medical response to the incident is co-ordinated, supported, and sustainable.</p>	<input type="checkbox"/>



	Ensure the Major Incident Clinical Guidelines are being referenced https://www.england.nhs.uk/ourwork/epr/major-incidents/	
4	Appoint a deputy to deal with any BAU escalation	<input type="checkbox"/>
5	Maintain close liaison with the clinical lead within the Silver Command: Hospital Co-ordination Centre.	<input type="checkbox"/>
6	Update and discuss issues within Gold Command.	<input type="checkbox"/>
7	Liaise with the Medical Director at WAST and neighbouring Health Boards as appropriate. Consider communication with the Welsh Government Chief Medical Officer if the scale of the incident requires this.	<input type="checkbox"/>

Note:

- Please keep calls through the Hospital Switchboard to an absolute minimum
- Ensure you wear a valid HB identity badge at all times
- Maintain a record of key actions, this will be required for a post-incident debrief and Report.
- Any changes to your action card should be discussed with the Emergency Preparedness, Resilience and Response Lead
- **Be aware that initial information reports will change regularly**



2.2.9 Nurse Director – Action Card

Nurse Director Action Card	
ROLE SUMMARY	
<p>Notification and confirmation of either a Stand-by or Declared Major Incident will be received from Morriston Hospital Switchboard. You will be provided with a report of the incident in the form of the mnemonic; METHANE.</p> <p>Please note, if a mass casualty incident is declared, in addition to the Health Board Major Incident response, please also refer to the Mass Casualties Arrangements for Wales NHS, where additional actions will be required, see Section 3.</p>	
<ul style="list-style-type: none"> • Support, as part of the Gold Command Team, the strategic oversight of the incident response • To maintain strategic oversight of standards of nursing care, quality, and safety • To ensure the nursing response to the incident is co-ordinated, supported, and sustainable 	
ACTION :-	Tick when completed
<p>1. If you are the Gold on Call, you will need to allocate a deputy to undertake this role until the Gold Commander is agreed.</p> <p>From home, or your location at the time of receiving the notification, confirm if a major incident has been declared within the SBUHB area. Gold Command Team will convene in the Committee Room, Health Board HQ as the Gold Coordination Centre.</p> <p>In the event of a MI Stand-by or a MI Declared outside of the SBUHB area, no immediate response is required. Await further information from the Gold Commander, unless out of hours and the Gold on call, (if so, follow the Gold Commander action card). Alternatively, await further information from the Gold Commander.</p>	<input type="checkbox"/>
<p>2. Receive an update of the current situation. All email correspondence must be sent and received via the email addresses below;</p> <p>Morriston Hospital SBU.MajorIncidentMorr@wales.nhs.uk</p> <p>SBUHB Headquarters SBU.MajorIncidentHQ@wales.nhs.uk</p> <p>Tempest Ward, Burns Centre Burns.Incident@wales.nhs.uk http://howis.wales.nhs.uk/masscasualties/ - updated METHANE Reports</p>	<input type="checkbox"/>
<p>3. Ensure that the nursing response to the incident is co-ordinated, supported, and sustainable. Consider any additional resources that may be required to support.</p>	<input type="checkbox"/>



4.	Maintain close liaison with the Nursing lead within the Hospital Co-ordination Centre. Ensure the Major Incident Clinical Guidelines are being referenced https://www.england.nhs.uk/ourwork/epr/major-incidents/	<input type="checkbox"/>
5.	Update and discuss issues within Gold Command, considering the below: <ul style="list-style-type: none"><li data-bbox="331 432 1046 465">• Temporary suspension of the Nursing Staff Act<li data-bbox="331 472 1129 506">• Temporary suspension of single sex accommodation	<input type="checkbox"/>
6.	Liaise with the Nurse Directors at neighbouring Health Boards as appropriate. You may need to consider communication with Welsh Government Chief Nursing Officer if the incident requires this.	<input type="checkbox"/>

Note:

- Please keep calls through the Hospital Switchboard to an absolute minimum
- Ensure you wear a valid HB identity badge at all times
- Maintain a record of key actions, this will be required for a post-incident debrief and Report.
- Any changes to your action card should be discussed with the Emergency Preparedness, Resilience and Response Lead
- **Be aware that initial information reports will change regularly**



2.2.10 Chief Operating Officer – Action Card

Chief Operating Officer Action Card	
ROLE SUMMARY	
<p>Notification and confirmation of either a Stand-by or Declared Major Incident will be received from Morriston Hospital Switchboard. You will also be notified of the incident by the Gold Commander on Call via WhatsApp, (out of hours). You will be provided with a report of the incident in the form of the mnemonic; METHANE.</p> <p><i>During working hours, the COO/Deputy will undertake the role of Gold Command.</i></p> <p>Please note, if a mass casualty incident is declared, in addition to the Health Board Major Incident response, please also refer to the Mass Casualties Arrangements for Wales NHS, where additional actions will be required, see Section 3.</p>	
<ul style="list-style-type: none"> • Maintaining service continuity • Liaise and support via Silver Command, the Gold Command Team strategic oversight of the incident response • Instigate recovery planning 	
ACTION :-	<i>Tick when completed</i>
<p>1 From home, or your location at the time of receiving the notification, confirm if a major incident has been declared within the SBUHB area. Gold Command Team will convene in the Committee Room, HB HQ as Gold Coordination Centre. Contact Silver Command at Morriston Hospital; the Hospital Co-ordination Centre of the receiving hospital to receive a SITREP.</p> <p>In the event of a MI Stand-by or a MI Declared outside of the SBUHB area (in hours) refer to the Gold Commander action card and undertake the role of Gold Commander.</p> <p>In the event of a MI Stand-by or a MI Declared outside of the SBUHB area (out of hours) no immediate response is required (unless it out of hours and you are Gold on call, if so please refer to Gold Commander action card). Alternatively, await further information from the Gold Commander.</p>	<input type="checkbox"/>
<p>2 Receive an update of the current situation. All email correspondence must be sent and received via the email addresses below;</p> <p style="margin-left: 40px;">Morriston Hospital SBUHB Headquarters</p> <p style="margin-left: 80px;">SBU.MajorIncidentMorr@wales.nhs.uk SBU.MajorIncidentHQ@wales.nhs.uk</p>	<input type="checkbox"/>



	<p>Tempest Burns.Incident@wales.nhs.uk Ward, Burns Centre</p> <p>http://howis.wales.nhs.uk/masscasualties/: updated METHANE Reports via this link</p>	
3	<p>Ascertain the impact of the incident on the Health Board service continuity; consider the HB's on-going needs. Ensure Silver Command have instigated a major incident response team and also maintain an operational response team.</p> <p>Gain assurance from Silver Command that the agreed WAST ambulance release protocol has been achieved by ED:</p> <ul style="list-style-type: none"> • 50% of vehicles released within 10 minutes • 75% of vehicles released within 20 minutes • 100% of vehicles released within 30 minutes <p>Instigate a recovery management plan, where strategic overview, direction and monitoring will be required to ascertain progress of the recovery work programme. This, will require a separate team who should consider:</p> <ul style="list-style-type: none"> • Diversion of emergency admissions • Ceasing of Outpatient Clinics • Ceasing of routine elective operating lists <p>(**See Recovery Action Card**)</p>	<p style="text-align: right;"><input type="checkbox"/></p> <p style="text-align: right;"><input type="checkbox"/></p>
4	<p>Maintain close liaison with Silver Command within the Hospital Co-ordination Centre and Gold Command.</p>	<p style="text-align: right;"><input type="checkbox"/></p>
5	<p>Liaise with Support Services / WAST to arrange a transportation plan for inter-hospital transfers</p>	<p style="text-align: right;"><input type="checkbox"/></p>
6	<p>Update and discuss issues within Gold Command</p>	<p style="text-align: right;"><input type="checkbox"/></p>

Note:

- Please keep calls through the Hospital Switchboard to an absolute minimum
- Ensure you wear a valid HB identity badge at all times
- Maintain a record of key actions, this will be required for a post-incident debrief and Report.
- Any changes to your action card should be discussed with the Emergency Preparedness, Resilience and Response Lead
- **Be aware that initial information reports will change regularly**



2.2.11

Director of Allied Health Professions and Health Science – Action Card

Director of Allied Health Professions and Health Science Action Card	
ROLE SUMMARY	
<p>Notification and confirmation of either a Stand-by or Declared Major Incident will be received from Morriston Hospital Switchboard.</p> <p>You will be provided with a report of the incident in the form of the mnemonic; METHANE. Please note, if a mass casualty incident is declared, in addition to the Health Board Major Incident response, please also refer to the Mass Casualties Arrangements for Wales NHS, where additional actions will be required, see Section 3.</p>	
<ul style="list-style-type: none"> • Support, as part of the Gold Command Team, the strategic oversight of the incident response • Ensure the Allied Health Professions and Health Science response to the incident is co-ordinated, supported, and sustainable 	
ACTION :-	<i>Tick when completed</i>
<p>1 If you are the Gold on Call, you will need to allocate a deputy to undertake this role until the Gold Commander is agreed.</p> <p>From home, or your location at the time of receiving the notification, confirm if a major incident has been declared within the SBUHB area. The Gold Command Team will convene in the Committee Room, Health Board HQ as the Gold Coordination Centre.</p> <p>In the event of a MI Stand-by or a MI Declared outside of the SBUHB area, no immediate response is required. Await further information from the Gold Commander, unless you are the Gold Commander on call and if so, liaise with Silver Command at Morriston.</p>	<input type="checkbox"/>
<p>2 Receive an update of the current situation. All email correspondence must be sent and received via the email addresses below;</p> <p>Morriston Hospital SBUHB Headquarters Tempest Ward, Burns Centre</p> <p style="margin-left: 40px;">SBU.MajorIncidentMorr@wales.nhs.uk</p> <p style="margin-left: 40px;">SBU.MajorIncidentHQ@wales.nhs.uk</p> <p style="margin-left: 40px;">Burns.Incident@wales.nhs.uk</p> <p style="margin-left: 40px;">http://howis.wales.nhs.uk/masscasualties/: Updated METHANE reports via this link</p>	<input type="checkbox"/>
<p>3 Ensure that the Therapies & Health Science response to the incident is co-ordinated, supported, and sustainable.</p>	<input type="checkbox"/>



	Ensure the Major Incident Clinical Guidelines are being referenced https://www.england.nhs.uk/ourwork/epr/major-incidents/	
4	Maintain close liaison with the clinical leads.	<input type="checkbox"/>
5	Update and discuss issues within Gold Command.	<input type="checkbox"/>
6	Liaise with the external colleagues as appropriate.	<input type="checkbox"/>

Note:

- Please keep calls through the Hospital Switchboard to an absolute minimum
- Ensure you wear a valid HB identity badge at all times
- Maintain a record of key actions, this will be required for a post-incident debrief and Report.
- Any changes to your action card should be discussed with the Emergency Preparedness, Resilience and Response Lead
- **Be aware that initial information reports will change regularly**



2.2.12 Director of Workforce & OD – Action Card

Director of Workforce & OD Action Card	
ROLE SUMMARY	
<p>Notification and confirmation of either a Stand-by or Declared Major Incident will be received from Morriston Hospital Switchboard.</p> <p>You will be provided with a report of the incident in the form of the mnemonic; METHANE. Please note, if a mass casualty incident is declared, in addition to the Health Board Major Incident response, please also refer to the Mass Casualties Arrangements for Wales NHS, where additional actions will be required, see Section 3.</p>	
<ul style="list-style-type: none"> • Support, as part of the Gold Command Team, the strategic oversight of the incident response • Ensure the Workforce & OD response to the incident is co-ordinated, supported, and sustainable 	
ACTION :-	<i>Tick when completed</i>
<p>1 If you are the Gold on Call, you will need to allocate a deputy to undertake this role until the Gold Commander is agreed.</p> <p>From home, or your location at the time of receiving the notification, confirm if a major incident has been declared within the SBUHB area. The Gold Command Team will convene in the Committee Room, Health Board HQ as the Gold Coordination Centre.</p> <p>In the event of a MI Stand-by or a MI Declared outside of the SBUHB area, no immediate response is required (unless it out of hours and you are Gold on call, if so please refer to Gold Commander action card). Alternatively, await further information from the Gold Commander.</p>	<input type="checkbox"/>
<p>2 Receive an update of the current situation. All email correspondence must be sent and received via the email addresses below;</p> <p>Morriston Hospital SBUHB Headquarters Tempest Ward, Burns Centre</p> <p style="margin-left: 100px;">SBU.MajorIncidentMorr@wales.nhs.uk</p> <p style="margin-left: 100px;">SBU.MajorIncidentHQ@wales.nhs.uk</p> <p style="margin-left: 100px;">Burns.Incident@wales.nhs.uk</p> <p style="margin-left: 100px;">http://howis.wales.nhs.uk/masscasualties/: Updated METHANE reports via this link</p>	<input type="checkbox"/>
<p>3 Ensure that the Workforce & OD response to the incident is co-ordinated, supported, and sustainable.</p>	<input type="checkbox"/>



4	Maintain close liaison with the Workforce & OD leads.	<input type="checkbox"/>
5	Update and discuss issues within Gold Command.	<input type="checkbox"/>
6	Liaise with the external colleagues as appropriate.	<input type="checkbox"/>

Note:

- Please keep calls through the Hospital Switchboard to an absolute minimum
- Ensure you wear a valid HB identity badge at all times
- Maintain a record of key actions, this will be required for a post-incident debrief and Report.
- Any changes to your action card should be discussed with the Emergency Preparedness, Resilience and Response Lead
- **Be aware that initial information reports will change regularly**



2.2.13 Director of Public Health– Action Card

Public Health Director Action Card	
ROLE SUMMARY	
<p>Notification and confirmation of either a Stand-by or Declared Major Incident will be received from Morriston Hospital Switchboard.</p> <p>You will be provided with a report of the incident in the form of the mnemonic; METHANE. Please note, if a mass casualty incident is declared, in addition to the Health Board Major Incident response, please also refer to the Mass Casualties Arrangements for Wales NHS, where additional actions will be required, see Section 3.</p>	
<ul style="list-style-type: none"> • Support, as part of the Gold Command Team, the strategic oversight of the incident response • Ensure the Health Board Public Health response to the incident is co-ordinated, supported, and sustainable as appropriate 	
ACTION :-	Tick when completed
<p>1 If you are the Gold on Call, you will need to allocate a deputy to undertake this role until the Gold Commander is agreed.</p> <p>From home, or your location at the time of receiving the notification, confirm if a major incident has been declared within the SBUHB area. The Gold Command Team will convene in the Committee Room, Health Board HQ as the Gold Coordination Centre.</p> <p>In the event of a MI Stand-by or a MI Declared outside of the SBUHB area, no immediate response is required (unless it out of hours and you are Gold on call, if so please refer to Gold Commander action card). Alternatively, await further information from the Gold Commander.</p>	<input type="checkbox"/>
<p>2 Receive an update of the current situation. All email correspondence must be sent and received via the email addresses below;</p> <p>Morriston Hospital SBUHB Headquarters Tempest Ward, Burns Centre</p> <p>SBU.MajorIncidentMorr@wales.nhs.uk</p> <p>SBU.MajorIncidentHQ@wales.nhs.uk</p> <p>Burns.Incident@wales.nhs.uk</p> <p>http://howis.wales.nhs.uk/masscasualties/ Updated METHANE reports via this link</p>	<input type="checkbox"/>
<p>3 Ensure that the Health Board Public Health response to the incident is co-ordinated, supported, and sustainable as appropriate</p>	<input type="checkbox"/>



	Ensure the Major Incident Clinical Guidelines are being referenced https://www.england.nhs.uk/ourwork/epr/major-incidents/	
4	Maintain close liaison with the Public Health Team, Health Protection team and Immunisation & Vaccination Team Leads	<input type="checkbox"/>
5	Update and discuss issues within Gold Command	<input type="checkbox"/>
6	Liaise with external colleagues including Public Health Wales (PHW) and neighbouring Health Board Public Health Directors as appropriate.	<input type="checkbox"/>

Note:

- Please keep calls through the Hospital Switchboard to an absolute minimum
- Ensure you wear a valid HB identity badge at all times
- Maintain a record of key actions, this will be required for a post-incident debrief and Report.
- Any changes to your action card should be discussed with the Emergency Preparedness, Resilience and Response Lead
- **Be aware that initial information reports will change regularly**



2.2.14 Director of Planning & Partnerships – Action Card

Director of Planning & Partnerships (Civil Contingencies Executive Lead) Action Card			
ROLE SUMMARY			
<p>Notification and confirmation of either a Stand-by or Declared Major Incident will be received from Morriston Hospital Switchboard.</p> <p>You will be provided with a report of the incident in the form of the mnemonic; METHANE. Please note, if a mass casualty incident is declared, in addition to the Health Board Major Incident response, please also refer to the Mass Casualties Arrangements for Wales NHS, where additional actions will be required, see Section 3.</p>			
<ul style="list-style-type: none"> • Support, as part of the Gold Command Team, the strategic oversight of the incident response • Ensure the EPRR response to the incident is co-ordinated, supported, and sustainable 			
ACTION :-			
1	<p>If you are the Gold on Call, you will need to allocate a deputy to undertake this role until the Gold Commander is agreed.</p> <p>From home, or your location at the time of receiving the notification, confirm if a major incident has been declared within the SBUHB area. The Gold Command Team will convene in the Committee Room, Health Board HQ as the Gold Coordination Centre.</p> <p>In the event of a MI Stand-by or a MI Declared outside of the SBUHB area, no immediate response is required (unless it out of hours and you are Gold on call, if so please refer to Gold Commander action card). Alternatively, await further information from the Gold Commander.</p>		
2	<p>Receive an update of the current situation. All email correspondence must be sent and received via the email addresses below;</p> <table border="0"> <tr> <td>Morriston Hospital SBUHB Headquarters Tempest Ward, Burns Centre</td> <td> SBU.MajorIncidentMorr@wales.nhs.uk SBU.MajorIncidentHQ@wales.nhs.uk Burns.Incident@wales.nhs.uk http://howis.wales.nhs.uk/masscasualties/: Updated METHANE reports via this link </td> </tr> </table>	Morriston Hospital SBUHB Headquarters Tempest Ward, Burns Centre	SBU.MajorIncidentMorr@wales.nhs.uk SBU.MajorIncidentHQ@wales.nhs.uk Burns.Incident@wales.nhs.uk http://howis.wales.nhs.uk/masscasualties/: Updated METHANE reports via this link
Morriston Hospital SBUHB Headquarters Tempest Ward, Burns Centre	SBU.MajorIncidentMorr@wales.nhs.uk SBU.MajorIncidentHQ@wales.nhs.uk Burns.Incident@wales.nhs.uk http://howis.wales.nhs.uk/masscasualties/: Updated METHANE reports via this link		
3	<p>Ensure that the EPRR support function to the incident is co-ordinated and sustainable.</p>		



4	As appropriate maintain close liaison with National & Regional resilience structures and attend multi-agency command & control meetings.
5	Update and discuss issues within Gold Command.
6	Liaise with other Health Board Civil Contingencies colleagues as appropriate.

Note:

- Please keep calls through the Hospital Switchboard to an absolute minimum
- Ensure you wear a valid HB identity badge at all times
- Maintain a record of key actions, this will be required for a post-incident debrief and Report.
- Any changes to your action card should be discussed with the Emergency Preparedness, Resilience and Response Lead
- **Be aware that initial information reports will change regularly**



2.2.15 Director of Insight, Communications & Engagement– Action Card

Director of Insight, Communications & Engagement
ROLE SUMMARY
<p>Notification and confirmation of either a Stand-by or Declared Major Incident will be received from Morriston Hospital Switchboard.</p> <p>You will be provided with a report of the incident in the form of the mnemonic; METHANE. Please note, if a mass casualty incident is declared, in addition to the Health Board Major Incident response, please also refer to the Mass Casualties Arrangements for Wales NHS, where additional actions will be required, see Section 3.</p>
<ul style="list-style-type: none"> • Support, as part of the Gold Command Team, the strategic oversight of the incident response • Ensure the Insight, Communications & Engagement response to the incident is co-ordinated, supported, and sustainable

ACTION :-

1	<p>If you are the Gold on Call, you will need to allocate a deputy to undertake this role until the Gold Commander is agreed.</p> <p>From home, or your location at the time of receiving the notification, confirm if a major incident has been declared within the SBUHB area. The Gold Command Team will convene in the Committee Room, Health Board HQ as the Gold Coordination Centre.</p> <p>In the event of a MI Stand-by or a MI Declared outside of the SBUHB area, no immediate response is required (unless it out of hours and you are Gold on call, if so please refer to Gold Commander action card). Alternatively, await further information from the Gold Commander.</p>		
2	<p>Receive an update of the current situation. All email correspondence must be sent and received via the email addresses below;</p> <table style="width: 100%; border: none;"> <tr> <td style="padding: 5px;">Morriston Hospital SBUHB Headquarters Tempest Ward, Burns Centre</td> <td style="padding: 5px; vertical-align: top;"> SBU.MajorIncidentMorr@wales.nhs.uk SBU.MajorIncidentHQ@wales.nhs.uk Burns.Incident@wales.nhs.uk </td> </tr> </table> <p style="text-align: right; padding: 5px;">http://howis.wales.nhs.uk/masscasualties/: Updated METHANE reports via this link</p>	Morriston Hospital SBUHB Headquarters Tempest Ward, Burns Centre	SBU.MajorIncidentMorr@wales.nhs.uk SBU.MajorIncidentHQ@wales.nhs.uk Burns.Incident@wales.nhs.uk
Morriston Hospital SBUHB Headquarters Tempest Ward, Burns Centre	SBU.MajorIncidentMorr@wales.nhs.uk SBU.MajorIncidentHQ@wales.nhs.uk Burns.Incident@wales.nhs.uk		



3	Ensure that the Insight, Communications & Engagement support function to the incident is co-ordinated and sustainable.
4	Update and discuss issues within Gold Command.
5	Liaise with Head of Communications as appropriate
5	Liaise with other Health Board Insight, Communications & Engagement Directors as appropriate.

Note:

- Please keep calls through the Hospital Switchboard to an absolute minimum
- Ensure you wear a valid HB identity badge at all times
- Maintain a record of key actions, this will be required for a post-incident debrief and Report.
- Any changes to your action card should be discussed with the Emergency Preparedness, Resilience and Response Lead
- **Be aware that initial information reports will change regularly**



2.2.16 Director of Digital – Action Card

Director of Digital Action Card			
ROLE SUMMARY			
<p>Notification and confirmation of either a Stand-by or Declared Major Incident will be received from Morriston Hospital Switchboard.</p> <p>You will be provided with a report of the incident in the form of the mnemonic; METHANE. Please note, if a mass casualty incident is declared, in addition to the Health Board Major Incident response, please also refer to the Mass Casualties Arrangements for Wales NHS, where additional actions will be required, see Section 3.</p>			
<ul style="list-style-type: none"> • Support, as part of the Gold Command Team, the strategic oversight of the incident response • Ensure the Digital response to the incident is co-ordinated, supported, and sustainable 			
ACTION :-			
1	<p>If you are the Gold on Call, you will need to allocate a deputy to undertake this role until the Gold Commander is agreed.</p> <p>From home, or your location at the time of receiving the notification, confirm if a major incident has been declared within the SBUHB area. The Gold Command Team will convene in the Committee Room, Health Board HQ as the Gold Coordination Centre.</p> <p>In the event of a MI Stand-by or a MI Declared outside of the SBUHB area, no immediate response is required (unless it out of hours and you are Gold on call, if so please refer to Gold Commander action card). Alternatively, await further information from the Gold Commander.</p>		
2	<p>Receive an update of the current situation. All email correspondence must be sent and received via the email addresses below;</p> <table border="0"> <tr> <td>Morriston Hospital SBUHB Headquarters Tempest Ward, Burns Centre</td> <td> SBU.MajorIncidentMorr@wales.nhs.uk SBU.MajorIncidentHQ@wales.nhs.uk Burns.Incident@wales.nhs.uk http://howis.wales.nhs.uk/masscasualties/: Updated METHANE reports via this link </td> </tr> </table>	Morriston Hospital SBUHB Headquarters Tempest Ward, Burns Centre	SBU.MajorIncidentMorr@wales.nhs.uk SBU.MajorIncidentHQ@wales.nhs.uk Burns.Incident@wales.nhs.uk http://howis.wales.nhs.uk/masscasualties/: Updated METHANE reports via this link
Morriston Hospital SBUHB Headquarters Tempest Ward, Burns Centre	SBU.MajorIncidentMorr@wales.nhs.uk SBU.MajorIncidentHQ@wales.nhs.uk Burns.Incident@wales.nhs.uk http://howis.wales.nhs.uk/masscasualties/: Updated METHANE reports via this link		
3	<p>Ensure that the Digital support function to the incident is co-ordinated and sustainable.</p>		



4	As appropriate maintain close liaison with Digital Health Care Wales (DHCW).
5	Update and discuss issues within Gold Command.
6	Liaise with other Health Board Digital Directors as appropriate.

Note:

- Please keep calls through the Hospital Switchboard to an absolute minimum
- Ensure you wear a valid HB identity badge at all times
- Maintain a record of key actions, this will be required for a post-incident debrief and Report.
- Any changes to your action card should be discussed with the Emergency Preparedness, Resilience and Response Lead
- **Be aware that initial information reports will change regularly**



2.2.17 Director of Finance and Performance – Action Card

Director of Finance and Performance Action Card	
ROLE SUMMARY	
<p>Notification and confirmation of either a Stand-by or Declared Major Incident will be received from Morriston Hospital Switchboard.</p> <p>You will be provided with a report of the incident in the form of the mnemonic; METHANE. Please note, if a mass casualty incident is declared, in addition to the Health Board Major Incident response, please also refer to the Mass Casualties Arrangements for Wales NHS, where additional actions will be required, see Section 3.</p>	
<ul style="list-style-type: none"> • Support, as part of the Gold Command Team, the strategic oversight of the incident response • Ensure the Finance and Performance response to the incident is co-ordinated, supported, and sustainable 	
ACTION :-	Tick when completed
<p>1 If you are the Gold on Call, you will need to allocate a deputy to undertake this role until the Gold Commander is agreed.</p> <p>From home, or your location at the time of receiving the notification, confirm if a major incident has been declared within the SBUHB area. The Gold Command Team will convene in the Committee Room, Health Board HQ as the Gold Coordination Centre.</p> <p>In the event of a MI Stand-by or a MI Declared outside of the SBUHB area, no immediate response is required (unless it out of hours and you are Gold on call, if so please refer to Gold Commander action card). Alternatively, await further information from the Gold Commander.</p>	<input type="checkbox"/>
<p>2 Receive an update of the current situation. All email correspondence must be sent and received via the email addresses below;</p> <p>Morriston Hospital SBUHB Headquarters Tempest Ward, Burns Centre</p> <p style="margin-left: 100px;">SBU.MajorIncidentMorr@wales.nhs.uk</p> <p style="margin-left: 100px;">SBU.MajorIncidentHQ@wales.nhs.uk</p> <p style="margin-left: 100px;">Burns.Incident@wales.nhs.uk</p> <p style="margin-left: 100px;">http://howis.wales.nhs.uk/masscasualties/: Updated METHANE reports via this link</p>	<input type="checkbox"/>



3	Ensure that the Finance and Performance response to the incident is co-ordinated, supported, and sustainable.	<input type="checkbox"/>
4	Update and discuss issues within Gold Command.	<input type="checkbox"/>
5	Liaise with the external colleagues as appropriate.	<input type="checkbox"/>

Note:

- Please keep calls through the Hospital Switchboard to an absolute minimum
- Ensure you wear a valid HB identity badge at all times
- Maintain a record of key actions, this will be required for a post-incident debrief and Report.
- Any changes to your action card should be discussed with the Emergency Preparedness, Resilience and Response Lead
- **Be aware that initial information reports will change regularly**



2.2.18 Recovery Team - Action Card

MAJOR INCIDENT RECOVERY TEAM	
ROLE SUMMARY	
<p>Recovery is an integral part of the emergency management process and is a valuable process of rebuilding, restoring and rehabilitation following an emergency. During a major incident there is a need to ascertain the impact of the emergency on the Health Board service continuity and consideration is required of the HB's on-going needs and recovery management plan.</p> <p>This Action Card should be referenced by the Command-and-Control Team, (Chief Operating Officer) during a Major Incident or Business Continuity Incident and the Recovery Team will be established for the whole of the Health Board.</p>	
<ul style="list-style-type: none"> • Provide operational management support in the recovery phase of an emergency. This will begin at an early stage of the incident. 	
<ul style="list-style-type: none"> • Provide a valuable source of help and specialist advice 	
<ul style="list-style-type: none"> • Provide Health Board representation at a multi-disciplinary recovery group 	
<ul style="list-style-type: none"> • Provide support to Public Health 	
ACTION :-	<i>Tick when completed</i>
<p>1 Establishment of a Recovery Team during the Response phase of a major incident will be required. Discuss a senior lead nomination, somebody who is not directly involved in the incident. Consideration also for the whole team to be made up from individuals not involved in the immediate major incident response. Once established, identify a base and communication/update routes the Team will need to consider/undertake the following;</p>	<input type="checkbox"/>
<p>2 Compliance with the strategic direction set by Health Board Gold Command</p>	<input type="checkbox"/>
<p>3 An impact appraisal of the disruption to services, immediate and medium term. Ascertain the period, post incident, prior to services resuming to normal operating. Management of usual business not directly associated with the major incident is imperative.</p>	<input type="checkbox"/>
<p>4 Engage with key stakeholders, (Silver and Gold Command) to decide upon and communicate the overall recovery strategy. Establish appropriate subgroups to address key operational risks, e.g.;</p> <p>Ensure all areas log the movement of patients to allow ease of tracking for those patients who have either;</p> <ul style="list-style-type: none"> ○ Been discharged early ○ Transferred to another ward within the hospital ○ Transferred to another hospital 	<input type="checkbox"/>



	<ul style="list-style-type: none"> ○ Discharged following cancellation of their planned operation ○ Cancelled OPD appointment <p>Assess the risk of impact on normal business; ensure a plan is devised for those patients, where scheduled activity has been cancelled.</p>	
5	Identify problems/specific issues and vulnerabilities within the acute and community care setting that may require priority attention.	<input type="checkbox"/>
6	Liaise with and support Public Health Wales in the health care response.	<input type="checkbox"/>
7	<p>Provide support to multi-agency recovery teams as required;</p> <ul style="list-style-type: none"> ○ Liaise with the Director/Deputy of Primary Care and Community in order to co-ordinate and mobilise primary community health care as requested ○ Advise and mobilise the support requirements ○ Provide advice and leadership on health aspects of an incident. ○ Continued liaison with L/A agencies to meet the needs of people affected ○ Liaison with GP services to increase capacity to Primary Care Services where necessary 	<input type="checkbox"/>
8	Ensure community teams build in additional home visits as deemed necessary to support, provide reassurance and for the process of rehabilitation of discharged major incident patients and those people who have remained within the community but may be affected by the incident	<input type="checkbox"/>
9	Liaise with Hospital Transport and WAST to discuss the transport of patients, either for those in patients awaiting transfer, in patients that have been discharged early and also major incident patients who have been assessed as fit for discharge.	<input type="checkbox"/>
10	In liaison with hospital co-ordination team monitor and support staff welfare issues and co-ordination with wellbeing and psychological services	<input type="checkbox"/>
11	<p>Identify the key recovery issues for services, staff, premises, utilities and supplies following notification of 'stand down', in terms of the impact from the following perspectives;</p> <ul style="list-style-type: none"> ● Financial ● Physical ● Psychological ● Social ● Political 	<input type="checkbox"/>
12	Ascertain the requirements for a replenishment/cleaning/maintenance programme	<input type="checkbox"/>
13	Ensure the collation of all decision and incident logs and any other relevant documentation. Safe storage is required of all documents.	<input type="checkbox"/>
14	Assist with VIP visits and other elected representative visits	<input type="checkbox"/>
15	Consideration and implementation of an incident de-brief	<input type="checkbox"/>
16	Welsh Government Community Advice and Listening Line	<input type="checkbox"/>



A Community Advice and Listening line, (C.A.L.L) is offered which provides emotional support and information/literature on mental health and related matters to the people of Wales. Free phone 0800 132 737 or text call 60062:- <http://www.callhelpline.org.uk/>. Consider issuing in readiness for Debrief.

Note:

- Please keep calls through the Hospital Switchboard to an absolute minimum
- Ensure you wear a valid HB identity badge at all times
- Maintain a record of key actions, this will be required for a post-incident debrief and Report.
- Any changes to your action card should be discussed with the Emergency Preparedness, Resilience and Response Lead
- **Be aware that initial information reports will change regularly**



2.2.19 Gold Command Loggist – Action Card

Gold Command Loggist Action Card	
ROLE SUMMARY	
<p>The Gold Command Loggist will be assigned at the time of the major incident and will be contacted in accordance with availability of trained Loggist staff. (A list of trained Loggist is included in the Committee Room, HB HQ and can also be accessed via the major incident web site, z drive, ststorage 2, major incident file). See page 73 (Gold Commander action card) for TEAMS link if asked to establish a TEAMS meeting.</p> <p>The Role of the Loggist is to: To record all key decisions and actions taken or not taken by the Gold Commander. The Loggist is not a minute taker or there to provide any other administration functions. The role will be undertaken by trained staff only. The Health Board will be asked to account for their actions and decisions during an incident. Notes, records, and reports may be scrutinised as evidence.</p>	
ACTION :-	Tick when completed
1 All email correspondence must be sent and received via the email addresses below;	
Morrison Hospital SBU.MajorIncidentMorr@wales.nhs.uk	<input type="checkbox"/>
SBUHB Headquarters SBU.MajorIncidentHQ@wales.nhs.uk	<input type="checkbox"/>
Tempest Ward, Burns Centre Burns.Incident@wales.nhs.uk	<input type="checkbox"/>
2 On receipt of a Major Incident declared a trained Loggist will be contacted to undertake the role of Gold Loggist.	<input type="checkbox"/>
3 When requested attend the Committee Room, Health Board HQ as the Gold Coordination Centre	<input type="checkbox"/>
4 Ensure you receive a briefing of the incident so far. Log using the METHANE format. (Number the METHANE reports).	<input type="checkbox"/>
5 Commence the Incident Logbook, ensuring the incident name and date is documented.	<input type="checkbox"/>
6 Introduce yourself to the Gold Commander and outline your role as above.	<input type="checkbox"/>
7 Remain by the side of the Gold Commander and attend all meetings/briefings unless directed by the Gold Commander not to.	<input type="checkbox"/>
8 Enter the current time and date in the Logbook, log handover time and any other relevant details.	<input type="checkbox"/>
9 Ensure blank spaces are ruled through with a single line.	<input type="checkbox"/>
10 Any mistakes should be ruled through with a single line and initialled.	<input type="checkbox"/>
11 Record all decisions made including the time each decision is made, (use 24-hour clock)	<input type="checkbox"/>
12 Decisions recorded in a meeting must be read out at the end of the meeting and signed by the decision maker.	<input type="checkbox"/>
13 Once Major Incident stand down is declared, the Logbook should be signed and retained in accordance with the HB Archival process (see Archival Process Action Card, p138)	<input type="checkbox"/>

Note:

- Please keep calls through the Hospital Switchboard to an absolute minimum
- Ensure you wear a valid HB identity badge at all times



- Maintain a record of key actions, this will be required for a post-incident debrief and Report.
- Any changes to your action card should be discussed with the Emergency Preparedness, Resilience and Response Lead
- **Be aware that initial information reports will change regularly**



2.2.20 Head of Emergency Preparedness Resilience and Response - Action Card

Head of Emergency Preparedness Resilience and Response	
ROLE SUMMARY	
<p>Notification and confirmation of either a Stand-by or Declared Major Incident will be received from Morriston Hospital Switchboard.</p> <p>You will be provided with a report of the incident in the form of the mnemonic; METHANE.</p> <p>Please note, if a mass casualty incident is declared, in addition to the Health Board Major Incident response, please also refer to the Mass Casualties Arrangements for Wales NHS, where additional actions will be required, see Section 3.</p> <p>Your role is to:</p> <ul style="list-style-type: none"> • Provide specialist advice to the Gold Command Team or MI Standby Core Team in relation to the interpretation and application of the Health Board Major Incident Procedure and associated documents 	
ACTION :-	Tick when completed
<p>1 From home, or your location at the time of receiving the notification, confirm if a major incident has been declared within the SBUHB area. The Gold Command Team will convene in the Committee Room, Health Board HQ as the Gold Coordination Centre. The Head of EPRR is a core member of the Gold Team.</p> <p>Standby or notification of Declared Incident (outside of SBUHB area) – liaise with Silver Command at Morriston HCC as part of the MI standby core team and review the incident details (METHANE). This could be in person or via the pre-established Silver Command Microsoft Teams link (see Gold Commander action card, action 20). The purpose is to discuss the incident and ascertain if the HB should remain on stand-by, stand down or proceed to activate the HB Major Incident Procedures.</p>	<input type="checkbox"/>
<p>2 Prepare the room for Gold Command, referring to the establishment of Gold flow chart. Ensure there is a dedicated laptop for email correspondence and that the video conferencing facility is ready for use.</p>	<input type="checkbox"/>
<p>3 Contact a Loggist, referring to the list of Gold Loggists for contact details.</p>	<input type="checkbox"/>
<p>4 Receive an update of the current situation. All email correspondence must be sent and received via the email addresses below: All email correspondence must be sent and received via the email addresses below;</p> <p>Morriston Hospital SBU.MajorIncidentMorr@wales.nhs.uk</p>	<input type="checkbox"/>



	SBUHB Headquarters	SBU.MajorIncidentHQ@wales.nhs.uk
	Tempest Ward, Burns Centre	Burns.Incident@wales.nhs.uk
	<p>Confirm that the command-and-control structure has been established across the Health Board.</p> <p>http://howis.wales.nhs.uk/masscasualties/ - updated METHANE Reports</p>	
5	Liaise with multi-agency partners as required.	<input type="checkbox"/>
6	Discuss with the Chair the required battle rhythm in accordance with the external communications that will be required, e.g. SCC, Welsh Government	<input type="checkbox"/>
7	Refer to appropriate guidance and provide advice as required	<input type="checkbox"/>
8	Liaise with Gold and Silver Teams and in conjunction with the Recovery team collate all documentation, both hard copies and digital and retain in line with the HB archival process (see Archival process action card)	<input type="checkbox"/>

Note:

- Please keep calls through the Hospital Switchboard to an absolute minimum
- Ensure you wear a valid HB identity badge at all times
- Maintain a record of key actions, this will be required for a post-incident debrief and Report.
- Any changes to your action card should be discussed with the Emergency Preparedness, Resilience and Response Lead
- **Be aware that initial information reports will change regularly**



2.2.21 Mass Casualty Incident Arrangements For Wales – Strategic Health Group (SHG) & Clinical Capacity Group (CCG) Action Card

This action card is in addition to the Gold Commander / Medical Director action cards and will only be used in the event of a declared Mass casualty Incident.

Notification and confirmation of the invoking of a Mass Casualties incident, during a major incident is most likely to be triggered by WAST, but it can be declared by any health organisation. This could occur following the declaration of a major incident or be declared initially.

Mass Casualties incidents will result in a large number of casualties where a generic major incident response is unlikely to cope and threatens severe disruption to health and social care and will exceed the collective local capability available.

The **Strategic Health Group** will be chaired by HSCEY Director of Planning/Director of Operations/Deputy Chief Executive or Director General as appropriate.

Key organisations will join the Strategic Health Group via an MS Teams call using this link : [Wales Mass Casualty Arrangements \(Strategic Health Group\)](#).

The group will automatically meet **90 minutes** after the major/mass casualty incident declaration (received from WAST via Everbridge). This will allow time for the initial report from Clinical Capacity Group to be fed in and discussed).

The group will consist of Welsh Government representation, NHS Performance & Improvement and NHS Wales Health organisations CEO's (or nominated Executive Director/Gold on-call) together WAST Strategic Commanders with wider network attendance where appropriate.

The **Clinical Capacity Group** will be chaired by the EMRTS Strategic Advisor.

This group will determine, with Health Boards/Trusts/Networks, the hospital capacities, to inform the casualty distribution plan. NHS England will be invited to join, when and as appropriate.

Upon declaration of a Mass Casualty/Major Incident, appropriate representatives from all stakeholder organisations (as shown below) should join the Clinical Capacity Group through a virtual meeting (via this link: [Wales Mass Casualty/Major Incident - Clinical Capacity Group](#)) **30 minutes** after a declared mass casualty or major incident, to coordinate the response.

In addition to the Health Board Major Incident response, please also refer to the Mass Casualties Arrangements for Wales NHS, where additional actions will be required, see Section 3.



Your role is to:

Strategic Health Group (SHG) & Clinical Capacity Group (CCG)	
ROLE SUMMARY	
•	Gold Commander or nominated Deputy to join the Strategic Health Group 90 minutes after the mass casualty incident declaration.
•	Medical Director or nominated Deputy to join the Clinical Capacity Group 30 minutes after a declared mass casualty incident.

ACTION :-

- 1 Gold Commander or nominated Deputy to join the NHS Wales Strategic Health Group (SHG) **90 minutes** after the mass casualty incident declaration

Item	Title
	Confirm group membership
1	Receive sitrep from Clinical Capacity Group including the need for mutual aid from UK networks and healthcare providers.
2	Confirm “battle rhythm” for co-ordination of the incident.
3	Confirm the accountability and governance of the Wales NHS mass casualty incident response.
4	Agree the mechanism for visible co-ordinated leadership of Wales NHS response.
5	Agree a shared understanding of Wales NHS response and priorities.
6	Confirm /agree priorities and use of NHS resources, where appropriate.
7	Consider additional NHS requests for assistance not currently being provided.
8	Consider clinical advice/requirements referred by the Clinical Capacity Group.
9	Provide collective support to the Wales NHS response and consider issues to be escalated to WG.
10	Consider the need for agreeing collective media lines and health communications impacts.
11	Consider short/medium- and longer-term NHS business impacts and co-ordination requirements including recovery.
12	Consider issues to be fed into Strategic Co-ordinating Group(s).
13	Summary of decisions and actions agreed.
14	Time and date of next meeting.

Membership:

- Welsh Government



- NHS Performance & Improvement
- Health Boards: Designated Gold/Gold on-call
- WAST Strategic Commander
- EMRTS (Strategic Advisor) – Clinical Capacity Group Chair

2 Medical Director or nominated Deputy to join the Clinical Capacity **30 minutes** after the mass casualty incident declaration

Item	Title
	Confirm group membership
1	Confirm group membership
2	Gain latest situation information from WAST Tactical Commander
3	Confirm if mass casualty incident, if not already declared
4	Update on progress against casualty dispersal plan and current casualty position by Trauma Desk.
5	Capacity & resource reports from each HB (exception reports)
6	Identified key risks e.g. hospital delays, secondary transfers, conveying vehicle capacity.
7	Tactics for further casualty distribution
8	Issues for escalation to Strategic Health Group (use template below)
9	Summary of decisions & actions agreed
10	Time and date of next meeting.

For consideration:

- [Clinical Guidelines for Major Incidents and Mass Casualty Events](#)
- Mutual aid requirements to increase capacity.
- Trauma Desk to be SPOC to communicate patient dispersal according to instructions from Tactical Commander.
- Trauma Desk to notify receiving sites of patient details to include Priority, Pt Age (approx.) Clinical Requirements, ETA (Acronym PACE)

Membership:

- WAST: Tactical Commander, ODU NDM and Support Officer
- Network Reps: Trauma Networks - South Wales & Northwest Midlands & North Wales Trauma Networks; Burns/Paeds as appropriate
- Health Boards – Medical Directors
- EMRTS – Medical Advisors (Strategic & Tactical)
- WBS
- PHW
- NWSSP
- NHS Wales Performance & Improvement
- NHS England (as required)



2.3 Emergency Contact List

EMERGENCY CONTACT LIST	
Organisation	Telephone Number
SB UNIVERISTY HEALTH BOARD	Head Quarters Security 01639 823961
Morrison Hospital	Switchboard (01792) 702222
	A & E (01792) 703419/703422
Singleton Hospital	Switchboard (01792) 205666
Neath Port Talbot Hospital	Switchboard (01639) 862000
	LAC (01639) 862160 ?? MIU
Co-Ordination Centres	
Morrison Hospital	(01792) 530759
	Ext: 30759 / 32905 / 33778
Singleton Hospital	(01792) 285263
	Ext: 5263/8986
	(01792) 285378
Neath Port Talbot Hospital	(01639) 862455/862150
	Ext: 2455 / 2150
	(01639) 862583
ESTATES	
On-call Estates Manager Morrison	Via Switchboard
On-call Estates Manager Singleton	"
On-call Estates Manager Neath Port Talbot	"
HEALTH BOARDS	
Hywel Dda Health Board	(01267) 235151
Cwm Taf Morgannwg Health Board	(01443) 744800
Cardiff and Vale University Health Board	(02920) 747747
Aneurin Bevan Health Board	(01633) 865054
Powys teaching Health Board	(01874) 711661
Betsi Cadwaladr Health Board	(01248) 384384
PUBLIC HEALTH WALES	07623518530 (EPRR Duty Officer) 24 hrs
PRIMARY CARE	



EMERGENCY CONTACT LIST	
Organisation	Telephone Number
Block A, Neath Port Talbot Hospital	(01639) 684526 (MON – Fri – 09.00 – 16.30)
	Out of Hours via Morriston or Singleton Hospital Switchboard (see above)
EMERGENCY SERVICES	
WELSH AMBULANCE TRUST	
Central and West Ambulance Control	(01267) 229476
Southeast Ambulance Control	(01633) 294866
MID & WEST WALES FIRE BRIGADE	
Carmarthen Control Room	(01267) 237195
POLICE	
South Wales Police Bridgend	(01656) 655555 or 101
South Wales Police Swansea	101
Dyfed–Powys Police	(01267) 222020 or 101
Critical Incident/Dispatch Supervisor	(01656) 869238
H.M. COASTGUARD	
Coastguard Emergency Control – Swansea	(01646) 690909
WELSH GOVERNMENT	See below - Welsh Government Major Emergencies: Health Contacts List




2.4 Welsh Government Major Emergencies: Health Contacts List

Welsh Government Health & Social Services Group Cathays Park, Cardiff CF10 3NQ	
HSSG EP Contacts (for major incidents)	
<p>David Goulding Health Emergency Planning Adviser</p>	<p>Mobile 07787-565133 Home Tel 01633-213588 Email David.Goulding@gov.wales</p>
<p>Iain Hardcastle Deputy Director Emergency Planning</p>	<p>Mobile 07920836042 Email Iain.Hardcastle2@wales.nhs.uk</p>
<p>Samia Edmonds Director of Planning</p>	<p>Mobile 07855741656 Email Samia.Edmonds@gov.wales</p>
<p>Bec Luffman Planning Lead</p>	<p>Mobile 07812249712 Email Rebecca.Luffman@gov.wales</p>
<p>Welsh Government Security Control Room – 0300 025 3551 / 0300 025 3391 (24 hours)</p>	



2.5 Welsh Health Board Major Incident Hospital Co-Ordination Centre Contact Telephone Numbers

Health Board	Hospital	HCC Telephone Number
SBUHB	Morrison	Extension: 30759 / 32905 / 33778
	Morrison - Burns	01792 703805 / 703814 / 703293
Hywel Dda UHB	Bronglais Hospital	01970 617006
	Withybush Hospital	01437 763547
	Glangwili Hospital	01267 438743
Aneurin Bevan UHB	Royal Gwent Hospital	01633 865054
Powys Teaching HB	Central Coordination for Primary and Community Care Services in Health Board	01874 712007 – (This number is only available when the HECC is activated)
Cwm Taff UHB	Royal Glamorgan Hospital	01443 443160
	Prince Charles Hospital	01685 375962
	Princess of Wales Hospital Bridgend	Switchboard (01656) 752752 ED (01656) 752393
Cardiff and Vale UHB	University Hospital of Wales	02921 8441836
Betsi Cadwalader UHB		 Aide Memoire.pdf
WAST	For Major Incident or security issues use only	WAST National Interagency Liaison Officer, (NILO) is 0300 123 2312 (24/7) amb_wast-nilo@wales.nhs.uk



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2.6 METHANE

Person receiving call		Person making call	
Name & signature		Name	
Date		Title/Organisation	
Exact time of call		Phone number	

M	Major Incident declared or standby?	
E	Exact location	
T	Type of incident e.g., RTC, explosion, fire, building collapse, rail, air/plane, sea, multiple burns	
H	Hazards, present and potential e.g., any decontamination issues – chemicals, radioactivity, explosion risk, other risks	
A	Access and egress e.g., any roads to the hospital obstructed	
N	Numbers and types of casualties expected e.g., severity and type of injuries expected, any children expected?	
E	Emergency Services present and required E.g., any speciality teams required, e.g., MERIT?	



RECALL TO CONFIRM & VERIFY INFORMATION (Switchboard): -

WELSH AMBULANCE <input type="checkbox"/>	POLICE <input type="checkbox"/>	MID & WEST FIRE <input type="checkbox"/>
Central & West Ambulance Control – (Carmarthen) (01267) 229476 <input type="checkbox"/>	South Wales Police – Swansea - 101 <input type="checkbox"/> Critical Incident - 01656 869238	Carmarthen Control Room –(01267) 237195 / 222044 <input type="checkbox"/>
Southeast Ambulance. Control – (Newport) (01633) 294866 <input type="checkbox"/>	South Wales Police – Bridgend (01656) 655555 or 101 <input type="checkbox"/>	H.M. COASTGUARD <input type="checkbox"/>
<input type="checkbox"/>	Dyfed - Powys Police – Carmarthen (01267) 222020 or 101 <input type="checkbox"/>	Coastguard Emergency Control- Swansea(01792)366534 <input type="checkbox"/>



2.7 Executive Briefing Proforma

EXECUTIVE BRIEFING PRO-FORMA	
DATE:	TIME:
ISSUE:	REPORT:
Information from the scene – incident location, type, estimated number of casualties, severity, and any hazards?	M – Major Incident declared or stand-by E – Exact Location T – Type of Incident H – Hazards A – Access and egress N – Numbers and types of casualties E – Emergency Services Present
Casualties expected / still at scene	
Casualties arrived – numbers and condition	
Has a MERIT been deployed	
What is the ED Capacity?	
How many available beds?	
What is the capacity in critical care and specialist areas?	



Any special issues, e.g., burns / plastics etc. patients?	
What is the situation in the supporting Hospitals?	
Any staffing issues/Support?	
Media – is there a prepared statement?	
Number of dead and Mortuary spaces?	
Any issues with Relatives & Friends?	
Any Police or Ambulances issues?	
Any equipment /IT issues?	
Any Refreshments / catering issues?	
Resources required?	
Time of next briefing [unless there is a change]	



2.9 External Contributors

EXTERNAL AGENCIES CONSULTED IN THE DEVELOPMENT OF THIS PROCEDURE

This Health Board Major Incident Procedure is part of an overall co-ordinated response to an incident occurring in its geographical catchment area, involving both South Wales and Dyfed Powys Police Force areas. Colleagues from many of the following Agencies have contributed and commented on its content, together with formal and informal meetings, (recently or during the collation of previous versions): -

- NHS Wales Performance & Improvement, Welsh Government
- Cwm Taf Morgannwg Local Health Board
- Cardiff & Vale University Local Health Board
- Powys Local Health Board
- Locality Manager EPRR, Welsh Ambulance Service, Central Region
- Emergency Planning Officer, Welsh Ambulance Service, Southeast Region
- Emergency Planning Officer, South Wales Police
- Emergency Planning Officer, Dyfed Powys Police
- Emergency Planning Officer, Mid & West Wales/South Wales Fire and Rescue Service
- Emergency Planning Officers, Swansea, and Neath Port Talbot Local Authorities
- Emergency Planning Officer, Carmarthenshire County Council
- Emergency Planning Officer, Powys County Council
- Emergency Planning Officer, Social Services Department, City & County of Swansea



2.10 Major Incident Procedure Circulation List

SBU HEALTH BOARD / EXECUTIVE TEAM

- Chief Executive
- Chief Operating Officer
- Director of Allied Health Professions and Health Sciences
- Director of Insight, Communications & Engagement
- Director of Corporate Governance
- Medical Director
- Director of Finance & Performance
- Director of Nursing and Patient Experience
- Director of Planning & Partnerships
- Director of Public Health
- Director of Workforce and Organisational Development
- Director of Digital

SBU HEALTH SDG's Tri-Umverates

- Service Group Director Morriston Hospital
 - Nurse Director Morriston Hospital
 - Medical Director Morriston Hospital
-
- Service Group Director Neath Port Talbot / Singleton Hospital (NPTSSG)
 - Nurse Director Neath Port Talbot / Singleton Hospital (NPTSSG)
 - Medical Directors Neath Port Talbot / Singleton Hospital (NPTSSG)
-
- Service Group Director Mental Health and Learning Disabilities
 - Nurse Director Mental Health and Learning Disabilities
 - Medical Director Mental Health and Learning Disabilities
-
- Service Group Director Primary Community and Therapies
 - Nurse Director Primary Community and Therapies
 - Medical Director Primary Community and Therapies



SBU HEALTH BOARD

SBU HEALTH BOARD ACCIDENT & EMERGENCY UNIT

- Lead Consultant in Emergency Medicine
- Major Incident Responsibility Consultant Lead Emergency Departments
- All other ED Consultants
- Unscheduled Care Operations Leads
- Administration Manager, Emergency Department

EMERGENCY SERVICES

- Welsh Ambulance Service NHS Trust
- South Wales Police
- Dyfed Powys Police
- Mid & West Wales Fire and Rescue Service
- H. M. Coastguard

HEALTH BODIES

- NHS Wales Executive, Welsh Government
- Head of EPRR, Hywel Dda UHB
- EPRR Manager, Cwm Taf Morgannwg UHB
- Head of EPRR, Cardiff, and Vale UHB
- Public Health Wales

LOCAL AUTHORITIES

- Resilience Units for Neath Port Talbot County Borough Council, City and County of Swansea Local Authorities



2.11 GLOSSARY

For further information, please refer to the UK Civil Protection Lexicon: www.cabinetoffice.gov.uk/cplexicon

TERM	DEFINITION
A.C.A.O.	- Assistant Chief Ambulance Officer
A.C.C.	- Assistant Chief Constable
A.C.F.O.	- Assistant Chief Fire Officer
A.C.P	- Access Control Point
A.E.S.	- Arms & Explosives Search
A.F.O.	- Authorised Firearms Officer
AirCO	- Person who supervises the involvement of multiple aircraft in search and rescue operations
Airwave	- The common, secure digital radio system used by the emergency services and others in the resilience and security community. The system is based on the TETRA standards set.
Ambulance Incident Commander [A.I.C.]	- The Senior Ambulance Officer who manages and coordinates the Ambulance resources at the scene of the Incident, in close liaison with the MA.
Ante Mortem	- Before death (Latin)
A.R.V.	- Armed Response Vehicle
A.S.A.R.	- Airborne Search and Rescue
A.S.O.	- Ambulance Safety Officer
BASICS	- British Association of Immediate Care Schemes. Professional association whose members are volunteer medical practitioners trained and equipped for the pre-hospital care of casualties at the scene of an accident or emergency.
BC	- Business Continuity – Strategic and tactical capability of an organisation to plan for a respond to incidents and business disruptions in order to continue business operations at an acceptable predefined level.
BCM	- Business Continuity Management – Holistic management process that identifies potential threats to an organisation and the impacts to business operations that those threats, if realised, might cause, and which provides a framework for building organisational resilience with the capability for an effective response.
BIA	- Business Impact Analysis – A method of assessing the impacts that might result from an incident and the levels of resources and time required for recovery.
BRC	- British Red Cross



TERM	DEFINITION
Bronze	- The tier of command and control within a single agency (below gold level and silver level) at which the management of “hands on” work is undertaken at the incident site (s) or associated areas.
BSAT	- Burn Specialist Advice Team.
Body Holding Area	- A point close to the scene where the dead can be temporarily kept until transfer to the mortuary.
CasB	- Casualty Bureau. Initial point of contact and information.
Casualty	- A person directly involved in, or affected by, the incident (injured, uninjured, deceased, or evacuee).
Casualty Bureau	- Central contact and information point for all records and data relating to casualties.
Casualty Clearing Station [C.C.S.]	- An area established at a major incident by the Ambulance service in liaison with medical/nursing staff to assess, treat, and triage casualties, and direct their evacuation.
Catastrophic Emergency	- An emergency which has an exceptionally high and potentially widespread impact and requires immediate central government direction and support
Category 1 Responder	- A person or body listed in Part 1 of Schedule 1 to the Civil Contingencies Act. These bodies are likely to be at the core of the response to most emergencies. As such, they are subject to the full range of civil protection duties in the Act.
Category 2 Responder	- A person or body listed in Part 3 of Schedule 1 to the Civil Contingencies Act. These are co-operating responders who are less likely to be involved in preparing for incidents affecting their sectors. The Act requires them to co-operate and share information with other Category 1 and 2 responders.
CBRN (Incident)	- Chemical, biological, radiological, nuclear – material that has the potential to be adapted for use in a terrorist incident.
CBRNE	- Chemical Biological Radiological Nuclear Explosives. A term used to describe Chemical, Biological, Radiological, Nuclear and Explosive material. CBRNE terrorism is the actual or threatened dispersal of CBRN material (either on their own or in combination with each other or with explosives), with deliberate criminal, malicious or murderous intent.
CCA	- Act of 2004, which established a single framework for Civil Protection in the United Kingdom. Part 1 of the Act establishes a clear set of roles and responsibilities for Local Responders; Part 2 of the Act establishes emergency powers.
CEO	- Chief Executive Officer. United Kingdom Government’s principal medical adviser who additionally acts as the professional head of all medial



TERM	DEFINITION
	staff in England. Each of the devolved administrations also has a CMO who acts as the principal medical adviser in Northern Ireland, Scotland, and Wales respectively.
CFO/CO	- Chief Fire Officer/Chief Officer
CHEMET	- Chemical Meteorology. Met Office forecasting response service in the event of an emergency atmospheric release of hazardous material anywhere in the UK Numerical Atmospheric Modelling Environment.
Civil Contingencies	- Risks to civilian health, safety and property from emergencies as defined in the Civil Contingencies Act (2004)
CNC	- Civil Nuclear Constabulary National specialised armed police service whose role is the protection of civil nuclear sites and nuclear materials.
CNI	- Critical National Infrastructure A sub-set of critical infrastructure, and describes those elements of critical infrastructure, which have been identified by Government as being of strategic national importance to essential service delivery. The loss or compromise of these assets would have a severe, widespread effect, impacting on a national scale.
CMO	- Chief Medical Officer. United Kingdom Go
CO	- Cabinet Office. Department of the United Kingdom Government responsible for supporting the Prime Minister and Cabinet.
COBR	- Cabinet Office Briefing Rooms. UK Government's dedicated crisis management facilities, which are activated in the event of an emergency requiring support and co-ordination at the national strategic level.
COMAH	- Control of major accident hazards regulations 2015. Regulations applying to the chemical industry and to some storage sites where threshold quantities of dangerous substances, as identified in the Regulations, are kept, or used.
COMAH Site	- Industrial site covered by the Control of Major Accident Hazard Regulations.
CONOPS	- Concept of Operations – The statement of UK Central Government arrangements for responding to an Emergency. A high-level description of how a defined system will operate to achieve defined strategic objectives. COMOPS will establish the higher-level framework within which more specific, operational-level plans, protocols and procedures will be developed and implemented.
COP	- Common Operating Picture. Single display of information collected from and shared by more than



TERM	DEFINITION
	one agency or organisation that contributes to a common understanding of a situation and its associated hazards and risks along with the position of resources and other overlays of information that support individual and collective decision making.
Cordon	- The perimeter of an area, for example the rescue zone or a sector. May be physical or improvised.
Cordon – Inner	- Surrounds and protects the immediate scene of an incident.
Cordon – Outer	- Seals off a controlled area around an incident to which unauthorised persons are not allowed access.
Decontamination	- Procedure employed to remove hazardous materials from people and equipment.
Decontamination – Clinical	- Medical procedure to treat patients affected by, or contaminated with, hazardous material.
Decontamination – Emergency	- Procedure carried out when time does not allow for the deployment of specialist NHS resources and is judged as imperative that decontamination of people is performed as soon as possible. Improvised equipment may be used in lieu of dedicated facilities. Implementation of emergency decontamination may carry risks to certain groups, e.g., elderly, infirm, and injured.
Decontamination – Mass	- Procedure used to decontaminate people when the number requiring decontamination has overwhelmed or threatens to overwhelm the NHS capacity.
DIM	- Detection, Identification and Monitoring (equipment). Hazardous materials/substances equipment operated by the fire and rescue service. Supplied by the Government as part of the New Dimensions programme.
DRA	- Dynamic Risk Assessment. Continuing assessment appraisal, made during an incident or emergency, of the hazards involved in, and the impact of, the response.
DVI	- Disaster Victim Identification. The process of gathering evidence relating to bodies or body parts and the cause of death resulting from an emergency or disaster, in order to enable the Identification Commission to identify the deceased.
ECC(W)	- Emergency Co-ordination Centre (Wales). Welsh Government centre co-ordinating a multi-agency response to an emergency and acting as a link between the local level and the Cabinet Office Briefing Rooms.
E.P.O.	- Emergency Planning Officer.
Emergency Planning Cycle	- A continuous process of assessing the risk of and preparing for emergencies, supported by procedures to keep staff in readiness and to review and validate



TERM	DEFINITION
	plans and training, revising them if necessary following emergency exercises or response operations.
FFRC	- Family and Friends Reception Centre. Assistance centre established by the police to cater for the family and friends of people affected by an emergency.
FIM	Force Incident Manager. Tactical role within a Police service when responding to a major or critical incident.
FLO	- Family Liaison Officer. Police officer designated to facilitate an investigation into people believed to be missing and to assist identification by collecting ante-mortem data.
GIS	- Geographical Information System. Computer based system that supports the capture, management, analysis, and modelling of geographically referenced data.
GOLD	- The strategic level of command and control (above Silver level and Bronze level) at which policy, strategy and the overall response framework are established and managed for individual responder agencies. Note: the Strategic Co-ordinating Group, the multi-agency strategic co-ordinating body, may colloquially be referred to as the Gold Group or Gold Command, but not simply as Gold.
HART	- Hazardous Area Response Team Specially recruited and trained personnel who provide the ambulance response to major incidents involving hazardous materials, or which present hazardous environments, that have occurred as a result of an accident or have been caused deliberately.
HAZMAT	- Hazardous material Abbreviation for hazardous materials although it is commonly used in relation to procedures, equipment and incidents involving hazardous materials.
HEMS	- Helicopter Emergency Medical Service. National network of air ambulances.
Hospital Ambulance Liaison Officer (HALO)	- The Hospital Ambulance Liaison Officer at the Receiving Hospital will liaise with the ED and Hospital Co-ordination Centre and supervise Ambulance activity at that Hospital.
Hospital Co-ordination Team	- The Team which manages the Health Board/Hospital response to a Major Incident.
Hospital – Designated / Receiving	- The Hospital(s) alerted by the Ambulance Service to receive casualties in the event of a major incident. Receiving Hospitals must be adequately equipped to receive casualties on a 24-hour basis and be able to provide, when requested, the MA and a MMT.



TERM	DEFINITION
Hospital – Listed	- Hospital(s) listed as equipped and staffed to receive casualties on a 24-hour basis.
Hospital – Supporting	- A Hospital which is activated to support the Designated Hospital(s) by taking non-incident patients and in-patients decanted from the Designated Hospital(s).
Hot Zone	- Zone of the highest level of contamination. Note: only personnel in appropriate PPE may enter this zone (following a dynamic risk assessment).
HSE	- Health and Safety Executive – The Health and Safety Commission (HSE) and the HSE are responsible for the regulation of almost all the risks to health and safety arising from work activity in Great Britain.
IED	- Improvised Explosive Device – A device placed or fabricated in an improvised manner incorporating destructive, lethal, noxious, pyrotechnic, or incendiary chemicals and designed to destroy, incapacitate, harass, or distract. It may incorporate military stores but is normally devised from non-military components.
IEM	- Integrated Emergency Management – Multi-agency approach to emergency management entailing six key activities – anticipation, assessment, prevention, preparation, response, and recovery.
I.E.P.	- Integrated Emergency Plan.
Inner Cordon	- Cordon established to secure the immediate scene and provide a measure of protection for personnel working within the area.
Interoperability	- The extent to which organisations can work together coherently as a matter of routine.
IOR	- Initial Operational Response (CBRNe)
JDM	- Joint Decision Model (as defined in the JESIP Joint Doctrine: the interoperability framework)
JESIP	- Joint Emergency Services Interoperability programme Two-year programme aiming to improve the way in which the three blue light services work together at major and complex incidents.
Joint Health Advisory Cell [J.H.A.C.]	- The group that meets under the direction of the Regional Director of Public Health, or other senior Clinical Manager in the NPHS to advise the Police Incident Commander on the management of the public health aspects of a criminal/terrorist CBRN incident.
JRLO	- Joint Regional Liaison Officer – Officer of the Ministry of Defence (MOD) providing liaison between local or regional civil Emergency Control Centres and the MOD’s United Kingdom command structure.
JTAC	- Joint Terrorism Analysis Centre
Health Board [H.B.]	- A statutory NHS body. HB’s have responsibility in relation to the health services in their area.



TERM	DEFINITION
LRF	- Local Resilience Forum
MA	- Medical Advisor
M.A.C.A.	- Military Aid to the Civil Authority.
M.A.C.C.	- Military Aid to the Civil Community.
M.C.A.	- Marine Coastguard Agency.
MCI	- Mass Casualty Incident – An incident (or series of incidents) causing casualties on a scale that is beyond the normal resources of the emergency services. Note: the term mass casualty denotes a major incident potentially involving hundreds of casualties, or more.
Media Centre	- Central contact point for media enquiries, providing communications and conference facilities and staffed by Press Officers from all organisations. Usually established by the Police.
Medical Advisor (M.A)	- Medical Officer with the overall responsibility (in close liaison with the AIC) for the management of medical resources at the scene of a major incident. The MA will not be a member of the MMT and does not engage in clinical activity of casualties.
METHANE	- Major emergency. Exact location. Type of incident. Hazards Access. Number of casualties. Emergency services specified by JESIP as consistent method of sharing incident information.
Mobile Medical Team (M.M.T.)	- A team of specialist medical and nursing personnel provided from a Listed Hospital to assist in the clinical management of casualties at the site of an incident.
MTFA	- Marauding Terrorist firearms Attack
MTPAS	- Mobile Telecommunications privileged Access Scheme – Scheme that provides call preference for key emergency management organisations if public network access is restricted.
NaCTSO	- National Counter Terrorism Security Office
NARU	- National Ambulance Resilience Unit
NEMA	- National Emergency Mortuary Arrangements Private sector capability (under contract to the Home Office) that can be deployed anywhere within the UK to establish an emergency mortuary with the capacity to deal with large numbers of fatalities.
NILO	- National Inter-agency liaison Officer – A Fire and Rescue Service Officer who can advise and support Incident commanders, Police, Medical Military and other Government Agencies on the organisation’s operational capacity and capability to reduce risk and safely resolve incidents at where an attendance may be required. This will include major incidents, public order, domestic or any other situation that would benefit from the attendance of the ILO.



TERM	DEFINITION
NRA	- National Risk Assessment – the full and classified assessment of the likelihood and potential impact of a range of different risks that might directly affect the UK
NRE	- National Resilience Extranet Secure web-based infrastructure to enable multi-agency information sharing and which has a specific information function during emergency response and recovery.
N.R.P.B.	- National Radiological Protection Board (part of the Health Protection Agency).
NRR	- National Risk Register – A publicly available statement of the assessment of the likelihood and potential impact of a range of different risks that might directly affect the UK.
Outer Cordon	- Cordon established around the vicinity of an incident , and encompassing the inner cordon, to control access to a wider area around the scene, to allow the emergency services and other agencies to work unhindered and in privacy.
PBIED	- Person Borne Improvised Explosive Devices
P.H.W	- Public Health Wales
Place of Reasonable Safety	- Place within a building or structure where for a limited period of time, people have some protection from the effects of fire and smoke.
Police Documentation Team	- A team of Police Officer at the Receiving Hospital(s) to gather and relay information on casualties to the Police Casualty Bureau.
Police Incident Officer / Commander	- Silver or ground commander, responsible for decisions at a tactical level.
RCG	- Recovery Co-ordinating Group Strategic decision-making body for the recovery phase once handover has taken place from the police.
Rescue Zone	- The area within the inner cordon.
Rest Centre	- Premises designated for the temporary accommodation of evacuees.
R.N.L.I.	- Royal National Lifeboat Institution.
Rendezvous Point [R.V.P.]	- A point selected by the emergency services as the location for all personnel and vehicles to report to before attending the major incident. It is situated within the outer cordon.
Rising tide emergency	- Event or a situation that develops into an emergency or major incident over a period of days, weeks or even months (such as health pandemic, flooding, industrial action), the final impacts of which may not be apparent early on (in contrast to rapid onset emergency).
SA	- Situational Awareness – The state of individual and/or collective knowledge relating to past and current events, their implications, and potential future



TERM	DEFINITION
	developments. Note: the process of building situational awareness involves perception, comprehension, evaluation, and future projection; achieving a common position within groups necessitates transparency around, for example, the concepts, assumptions, language, and frameworks used to build individual situational awareness.
SC	- Security Cleared
SCG	- Strategic Coordinating Group – In Scotland Strategic Co-ordinating Groups are the principal local forum for multi-agency cooperation in civil protection. The groups have a role in both preparation and response to emergencies.
Senior Investigating Officer [S.I.O.]	- The Police senior detective officer appointed to assume responsibility for all aspects of the Police investigation.
Silver	- The tactical tier of command and control within a single agency (below Gold level and above Bronze level) at which the response to an emergency is managed. Note: multi-agency co-ordination at the tactical level is undertaken by the Tactical Co-ordinating Group.
Silver Command	- Individual with responsibility of the incident at Silver (tactical) tier
SitRep	- Situation Report – produced by an officer or body, outlining the current state and potential development of an incident and the response to it.
SMAC	- Strategic Media Advisory Cell Multi-agency group set up within the Strategic Co-ordination Centre to ensure consistent communication is delivered by all agencies. Brings together media representatives of the key organisations involved in the response to the emergency and liaises with the main incident press office. Led by the Police Strategic Media Advisor during the acute phase, and the Local Authority Press Officer in the recovery phase.
STAC	- Science and Technical Advice Cell. Group of technical experts from those agencies involved in an emergency response that may provide scientific and technical advice to the Strategic co-ordinating Group chair or single service gold commander.
Strategic Commander	- The strategic level of the emergency services command and control
Survivor Reception Centre	- A secure area, established by the Local Authority, to which uninjured survivors (not requiring acute hospital treatment) can be taken for short-term shelter, first aid, interview, and documentation.
Tactical	- Level (below strategic level and above operational level) at which the response to an emergency is



TERM	DEFINITION
	managed 1 – The terms tactical and Silver are frequently used interchangeably for single agency operations. Tactical and operational are inverted in military usage.
TCC	- Technical Co-ordination Centre response centre whose role is to provide technical and scientific advice to support the response to an overseas nuclear accident. Normally chaired by DECC but this role can be delegated if appropriate, depending on the issues to be discussed.
TCG	- Tactical Co-ordinating Group – A multi-agency group of tactical commanders that meets to determine, co-ordinate and deliver the tactical response to an emergency. Note: the TCG may also be known as the Silver Group
Temporary Mortuary	- A pre-designated location which can be used as a mortuary if the scale of the incident renders existing facilities inappropriate. Such locations require detailed pre-planning and will be used as a centre for the examination and identification of the deceased.
Triage	- Process of prioritising the evacuation and treatment of the injured by medical, nursing, and ambulance personnel.
V.A.S.'s	- Voluntary Aid Societies – St. John Ambulance and British Red Cross.
Warm Zone	- In this zone some cross contamination from the Hot Zone is to be expected. The level of PPE will need to be determined on the basis of dynamic risk assessment.
WCCC	- Wales Civil Contingencies Committee Multi-agency group, including representatives from the Welsh Government, emergency services, local authorities, and others as applicable, convened as required to co-ordinate multiple strategic co-ordinating groups across Wales, into co-ordinate multiple strategic co-ordinating groups across Wales, in order to improve the co-ordination of the response to an emergency with a particular focus on consequence management and the recovery phase.
W.G.	- Welsh Government.
WGLO	- Welsh Government Liaison Officer
WWIG	- Wales Warning and Information Group – Ad-hoc group of senior media editors, government representatives, local authority emergency planners, emergency services, police and the private sector in Wales set up to consider the provision of information to the public, and other media issues, in the context of civil emergencies.



**ANY SUGGESTED CHANGES TO THE MAJOR INCIDENT PROCEDURE;
ADDITIONS OR AMENDMENTS TO THE CIRCULATION LISTS
SHOULD BE DISCUSSED WITH THE EMERGENCY PREPAREDNESS
RESILIENCE AND RESPONSE LEAD**



2.12 SBUHB Emergency Response Plans: Register

Risk	Health Board Emergency Response Procedures	Associated key Strategic Plans
Pandemic Emerging Infectious Disease	<ul style="list-style-type: none"> • Pandemic Response Arrangements • Distribution of Countermeasures • Contaminated Casualties Procedure 	<ul style="list-style-type: none"> • South Wales Local Resilience Forum Infectious Disease Framework • South Wales Local Resilience Forum Pandemic Response Arrangements • Wales Framework for Managing Major Infectious Disease Emergencies • Wales Pandemic Preparedness and response Guidance • Health Board Infection Prevention and Control Procedures
Terrorist Attacks and other malicious attacks; catastrophic, cyber infrastructure, transport, CBRN, data confidentiality	<ul style="list-style-type: none"> • Major Incident Procedures; <ul style="list-style-type: none"> ○ Overarching ○ Morriston ○ NPTSSG ○ Burns • Mass Casualty Procedure • Mass Fatalities Procedure • Lock down Procedure • Contaminated Casualties • Receipt of Bomb Threat • Distribution of Countermeasures • Suspect Package Procedure • Firearms Procedure • Overarching Business Continuity/Significant Incident Procedure, Service Delivery Group Tactical Business Continuity 	<p>South Wales Local Resilience Forum documents;</p> <ul style="list-style-type: none"> • CBRN • Community Resilience • Logistical Preparedness • Mass Evacuation • Mass Fatalities • Recovery • Resilient Telecoms • Risk • Warning and Informing • Counter Terrorism Protection Security Advice



Risk	Health Board Emergency Response Procedures	Associated key Strategic Plans
	<p>Procedures, Service specific Business Continuity Procedures, and Cross-Cutting Service Business Continuity Procedures.</p> <ul style="list-style-type: none"> • Critical Response Protocol 	<ul style="list-style-type: none"> • Department of Health Mass Casualties Incidents, 2007 • Department of Health Planning for the Management of Burn Injured Patients in the Event of a Major Incident, 2011
Flooding; inland, coastal	<ul style="list-style-type: none"> • Business Continuity Procedures • Fire Plans for evacuation procedure • Severe Weather Procedure 	<ul style="list-style-type: none"> • South Wales Local Resilience Forum Severe Weather Plans
Widespread loss of electricity	<ul style="list-style-type: none"> • Business Continuity Procedures 	<ul style="list-style-type: none"> • South Wales Local Resilience Community Resilience and Logistical Preparedness
Major Transport Accidents Major Industrial Accidents	<ul style="list-style-type: none"> • SBUHB Major Incident Procedures • Mass Casualty Arrangements • Mass Fatalities Procedure 	<ul style="list-style-type: none"> • South Wales Local Resilience Forum Mass Casualty Procedure and Mass Fatalities Procedures • Mass Casualty Arrangement for Wales
Public Disorder	<ul style="list-style-type: none"> • Civil Disturbance Procedure • Major Incident Procedures 	
Industrial Action	<ul style="list-style-type: none"> • Fuel Procedure • HB Workforce & OD Procedures 	<ul style="list-style-type: none"> • South Wales Local Resilience Forum Fuel Plan
Severe Weather; low temperatures, heavy snow, heatwaves, storms, and gales	<ul style="list-style-type: none"> • Severe Weather Procedure 	<ul style="list-style-type: none"> • South Wales Local Resilience Forum Severe Weather Plan
Poor Air Quality Events	Public Health Wales; Managing Public Health Risks from Environmental Incidences	



Additional Procedures

- Very Very Important Person Procedure, (VVIP)
- Person of Public Interest Procedure
- Control of Major Accident Hazards (COMAH) Site Plans;
 - BOC Gases Tata Steel
 - Vale Europe
 - Calor Gas
 - Flogas



SECTION 3

MASS CASUALTY ARRANGEMENTS



SECTION 3: Mass Casualty Arrangements

3.1. Introduction – Mirrored updated section from Morryston Procedure

The UK risk assessment and Local Resilience Forum risk registers identify many hazards and threats that could result in the NHS in Wales having to respond to a mass casualty situation. Recent further atrocities have exacerbated the need for organisations to re-assess their response capability, to work with partner organisations in terms of a co-ordinated response and how this may correspond in a wider national response across the UK.

The purpose of the SBUHB Mass Casualties response process is to underpin the NHS Wales Emergency Planning Guidance 2008; Mass Casualties Incidents; A Framework for Planning and Mass Casualty Incident Arrangements for NHS Wales to ensure that it does then correspond with any pan Wales health and multi-agency plans as well as national plans. It is designed to describe the Health Board process for responding to a major incident of extremely serious proportions that results in mass numbers of casualties. It should be used as a supportive text to aid decisions and should not be used on its own, but in conjunction with the **Health Board Major Incident Procedure's and Mass Casualty Incident Arrangements for NHS Wales as well as national plans.**

This precis informs operational management of the additional requirements for consideration if a major incident is declared as a mass casualty incident. It focuses on the management of co-ordination of the incident within the Health Board. It is anticipated that 'crisis cell' arrangements will be established to co-ordinate the national response requirements and appropriate networks to cope with a large influx of people, and these will need to be aligned. The detailed information to support a mass casualty response is included in the Mass Casualty Incident Arrangements for NHS Wales and **must** be referred to support the Health Board response.

Notification and confirmation of the invoking of a Mass Casualties incident, during a major incident is most likely to be triggered by WAST, but it can be declared by any health organisation. This will occur in the declaration of a major incident resulting in a large number of casualties where a generic major incident response is unlikely to cope and threatens severe disruption to health and social care and will exceed the collective local capability available.

3.2. Definition of a Mass Casualty Incident

"A disastrous single or simultaneous event(s) or other circumstances where the normal major incident response of several NHS organisations must be augmented by extraordinary measures in order to maintain an effective, suitable and sustainable response" (Welsh Go, 2015)

By definition, such events have the potential to rapidly overwhelm the local capacity to respond, even with the implementation of major incident procedures. Responding effectively to a mass casualty incident requires an integrated approach to service delivery by Health Boards working in partnership with other Health Boards and Category 1 and 2 responders. In planning their



response to these types of incidents, all Health organisations will need to ensure business continuity and escalation processes, and the on-going provision of services for casualties who require urgent medical attention but not associated with the incident/s.

It is possible to estimate initial casualty volume and previous patterns of hospital use have highlighted that within 90 minutes following an event, 50-80% of the acute casualties will likely arrive at the closest medical facilities. It must be noted that less injured casualties often leave the scene and go to the nearest hospital. This could include Singleton and Neath Port Talbot Hospitals, even though these hospitals have limited access to support services. Therefore, approximately half of all casualties will arrive at the hospital within 1 hour of the incident. To predict the total expected casualties, note as follows;

Total Expected Casualties = Number of casualties arriving in one-hour x 2 (Assuming a “big bang” incident in an urban area). It is worthy of note that different interpretations and definitions are used to indicate hospital’s capacity to receive casualties from a major incident. However, it is important to identify how many critically injured victims that a hospital can receive. To calculate the capacity of hospitals to receive, diagnose and treat casualties from a large-scale incident a model termed Patient Distribution Protocol has been sourced. The All Wales first 2-hour capacity plan is included in the Mass Casualty Incident Arrangements for NHS Wales.

Activation of NHS MCI Response Arrangements

Once a Mass Casualty Incident has been formally declared, the emergency response and coordination measures detailed in this document will be activated without delay.

The diagram below illustrates the full process from initial incident recognition through to activation of NHS Wales MCI arrangements.



Additionally, many burn patients may have concurrent traumatic injuries or inhalation of asphyxiants, necessitating a flow management approach like trauma or medical casualty flow arrangements.

Major incident patient flow management (burns)

Most major incidents involving burns will trigger mass casualty arrangements (see below). However, the following flow management may be applied to any incident that results in very small numbers of patients who have sustained isolated burns injuries. Clinicians must exercise clinical discretion in applying the standard triage categories and adhere to burns referral guidelines whenever feasible.

- **Priority 1 and Priority 2** patients with concurrent traumatic injuries or physiological instability suggesting an injury, should be transferred to a major trauma centre.

If the number of patients with traumatic injuries in the incident is substantial, consideration should be given to transferring Priority 2 patients with traumatic injuries to trauma units.

- **Priority 1 and Priority 2** patients with obvious isolated major burns and no other identified or suspected major injuries based on anatomical or physiological criteria should be transferred to a burns centre if capacity permits.

If this number exceeds the capacity of the burns centre, then mass casualty triggers will be met (see below)

- **Priority 3** patients with burns to specialist anatomical areas should be transferred to a burns centre if capacity is available. Patients with burns to non-specialist areas should be transferred to an appropriate facility capable of assessing the injury and providing initial management. This may include any district general hospital.

Priority 3 patients with minor burns may be treated in a minor injury unit or, if appropriate, discharged from the scene.

Mass casualty considerations (burns)

Given the limited capacity for burns management in the United Kingdom, a significant burns incident involving relatively few patients is likely to prompt the immediate activation of mass casualty arrangements.

In contrast to trauma and medical incidents where standard referral pathways are maintained but scaled up, the patient flow management of a burn's incident will replace these standard pathways

Key considerations for a mass casualty burns incident include:

- Continued involvement of all health boards in Wales who must remain fully engaged in the incident response.
- Reconfiguring of the flow patient pathway as follows:
- **Priority 1 and Priority 2** patients should be transferred to a hospital site capable of providing initial resuscitation and intensive care support. This is likely to be an MTC or TU and may or may not be a burns-capable facility.



Patients with an identified or suspected concurrent major injury should be prioritised to an MTC

- **Priority 3** patients should be transferred to a minor injury unit. These units may be required to manage patients until capacity becomes available at other sites.
- A mutual aid request should be made via the NHS England EPRR Duty Officer.
- The direct transfer of patients from scene to additional English sites that agree to support the incident response. This is likely to be an MTCs and TUs that may or may not be burns-capable facilities.
- Confirmation from the NHS England EPRR Duty Officer that the NHS England concept of operations burns annex has been activated.
- Inclusion of the NHS England Mass Casualty Clinical Cell and the National Burns Beds Bureau in capacity meetings to advise the clinical capacity group on further patient flow

This approach will necessitate collaborative working between burns networks across the United Kingdom. The incident is likely to result in a substantial number of patients requiring inter-hospital transfers, which may include international transfers.

Additionally, burns incident response teams from England may be deployed to assist in ongoing patient management.

Under-triaged and hyper-acute transfers (burns)

With limited burns national burns capacity, it is likely that many patients will be under triaged. However, most sites with intensive care facilities can provide the initial management of these patients effectively.

The ongoing management will depend on a national response with either patients being transferred to burns capable site or burns incident repose teams moving to assist remote hospital sites.

Paediatric Considerations

Any major incident may involve a substantial number of paediatric patients, which will present additional challenges to the response. These incidents are likely to trigger mass casualty arrangements at an early stage.

Key considerations for a mass casualty paediatric incidents include:

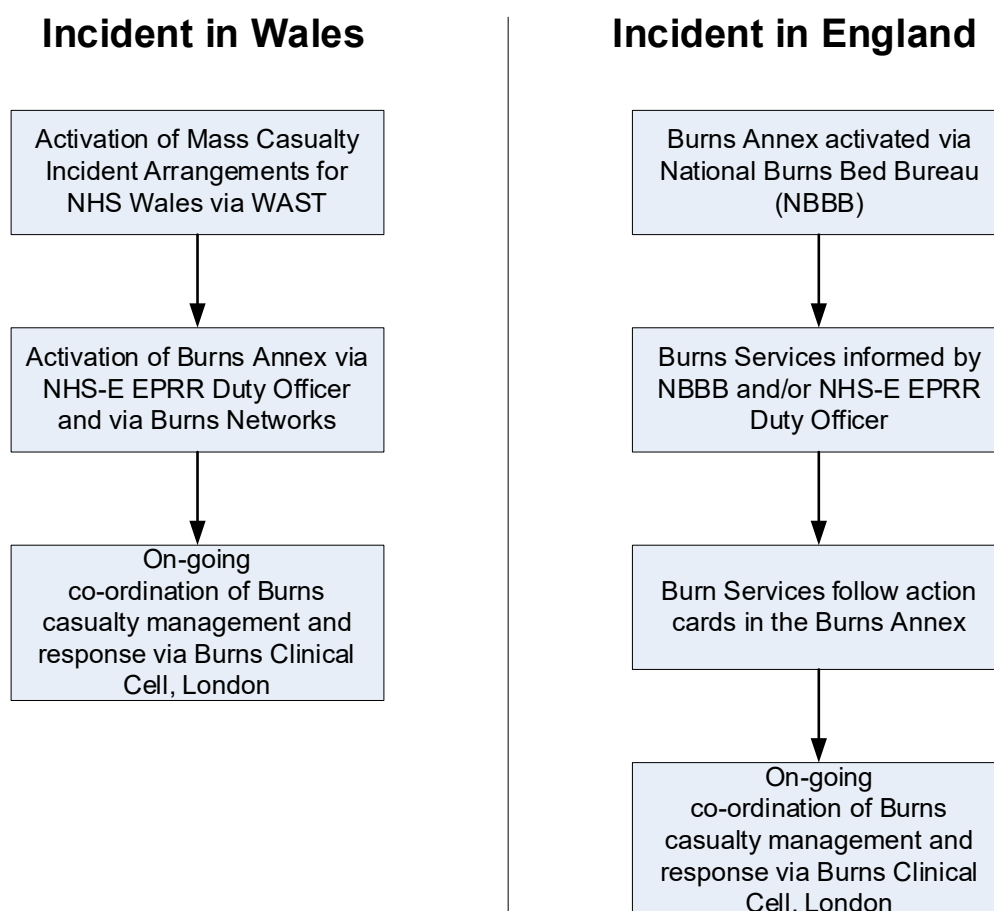
- Early mutual aid from English hospital sites.
- Non-paediatric hospital sites should be prepared to manage children and hold them on-site for an extended period, including older children and adolescents requiring intensive care and surgical management.
- Hospital sites must be flexible to keep families together as much as possible, which may involve accommodating adult patients on paediatric wards and vice versa. All health board major incident plans must incorporate this scenario.



Wales is covered by two Burns Networks; Southwest UK Burn Care Operational Delivery Network, at Morriston Hospital, (covering up as far as Machynlleth) and Northern Burn Care Operational Delivery Network, which covers the North Wales area.

In addition to the activation of the Mass Casualty Arrangements for Wales, the Southwest UK Burns Network Plan details the local response arrangements as well as the SBU Burns Major Incident Procedure. The NHS England Concept of Operation for the management of Mass Casualties (Burns Annex) details the national response.

Burns Mass Casualty Incident Declaration



3.4. Role of the Health Board in responding to a declared Mass Casualty Incident

In addition to activating their Major Incident response plans (including Mass Casualty and Surge Capacity Plans), Health Boards will:

- **Activate internal arrangements** to manage a sudden increase in seriously ill or injured casualties.



- **Participate in overarching MCI coordination structures**, including the Clinical Capacity Group and Strategic Health Group, and ensure appropriate personnel are nominated to receive invites and represent the Health Board.
- **Balance care needs** by continuing treatment for existing patients while addressing the urgent needs of MCI casualties, recognising that opportunities for routine emergency patient transfers may be limited.
- **Coordinate with partner agencies** to ensure casualties are directed to the most clinically appropriate facilities.
- **Implement the All-Wales Critical Care Escalation Guidance and Plans.**
- **Release specialist staff** to form Burn Incident Response Teams (BIRTs), if required for deployment (SBUHB).
- **Support hospitals receiving burn casualties**, ensuring readiness to assist deployed BIRTs with patient assessment prior to transfer to designated burn services

Additional Considerations for Health Boards

Health Boards may also need to address a range of operational and strategic challenges during an MCI, including:

- Sustaining routine emergency care alongside MCI response.
- Managing prolonged disruption to services during an extended incident.
- Meeting increased demand for community-based care.
- Supporting safe and effective accelerated hospital discharges.
- Ensuring continuity of tertiary and regional services, where applicable.
- Responding to infrastructure or service disruption.
- Addressing shortages in essential supplies.
- Coordinating a Chemical, Biological, Radiological, Nuclear or Explosive (CBRNe) response (where required).
- Ensuring the security and welfare of staff and facilities.
- Managing the wider consequences of the incident.
- Activating and maintaining business continuity plans.
- Upholding public confidence in the Health Board's response.
- Leading or contributing to recovery efforts post-incident.

Primary and Community Care Responsibilities

Health Boards should also ensure that primary and community care services are integrated into the response, with responsibilities including:

- Facilitating accelerated patient discharges from acute settings.
- Liaising with Social Services, Local Authorities, and other agencies to meet the needs of affected individuals.
- Coordinating social and psychological support services.
- Providing access to healthcare for individuals at Survivor Reception Centres and Rest Centres.
- Managing self-presenting patients exposed to chemical or biological hazards, ensuring awareness of appropriate treatment pathways.
- Managing increased presentations of individuals seeking reassurance or medical advice.
- Supporting ongoing mass vaccination or treatment programmes, if required.



3.5. Required Supportive Mechanisms for a declared Mass Casualty Incident

Each patient will present specific clinical and managerial challenges in the areas of triage/treatment, capacity, coordination, and communication across a wide area. There are five typical groups of patients who are likely to make demands upon the NHS and local NHS contingency:

- Treatment of those seriously ill or injured as a direct result of the incident that requires immediate treatment and care. Dependent on the nature of the incident, but some patients may require the provision of critical care facilities and a high number of hours of primary and secondary surgery.
- Those affected by the incident who although not obviously or immediately suffering any serious illness or injury, need assessment and diagnosis, advice, or treatment and who may need subsequent monitoring and ongoing support that can often be better provided in a non-acute or primary care setting.
- People who are neither ill nor injured but require information, advice, and reassurance; they are often referred to as the 'worried well'.
- Continued services for those who fall acutely ill (e.g., heart attack) or sustain severe injuries but are not part of the major incident.
- Patients in the community affected by the loss of service due to the impact of the incident and its response (i.e., dialysis patients, home oxygen patients).

However, it must be remembered that all patient types including patients who are being admitted from the wider population, will need to be treated against a backdrop of available healthcare capacity. Therefore, the Health Board will need to;

- Maintain services for routine emergency admissions.
- Maintain on-going service continuity in a protracted incident, e.g.
 - The provision of emergency work during the incident and post incident
 - Critical care decant
 - Mental Health provision for Psychological treatment
 - Surgical elective work
 - The provision of ongoing surgical interventions and MDT meetings
 - The provision of ongoing diagnostic support during and post incident
 - Theatres
 - Provision of Blood Products
 - Procurement and potential shortage of essential supplies
 - General infrastructure instability and potential loss of services
 - Demand for increased capacity in community settings
 - Caring for accelerated discharges within the community
 - Impact on tertiary or regional services
 - Security arrangements
 - Provision for secondary transfers
 - Staffing



- Medical equipment
- Provide consequence management
- Provide a CBRN type incident response
- Primary and Community Care response, e.g. ensuring health needs of people in survivor reception centres and rest centres and for those displaced, process for CBRN related incident self-presenters at GP surgeries, dealing with a large influx of individuals who need healthcare advice or reassurance, provision of support to secondary care, support to ongoing mass vaccination and treatment programmes, working with Social Services, identifying and giving support to vulnerable people and their families within the community being evacuated
- Consider reputational damage
- Early consideration of recovery
- Hospital evacuation procedures if required
- Psychological trauma provision including psychological first aid, on-going psychological welfare and support, reflection events and follow up arrangements.
- Managing mass fatalities

3.6. Mass Paediatric Casualties

Any major incident may involve a substantial number of paediatric patients, which will present additional challenges to the response. These incidents are likely to trigger mass casualty arrangements at an early stage.

Key considerations for a mass casualty paediatric incidents include:

- Early mutual aid from English hospital sites.
- Non-paediatric hospital sites should be prepared to manage children and hold them on-site for an extended period, including older children and adolescents requiring intensive care and surgical management.
- Hospital sites must be flexible to keep families together as much as possible, which may involve accommodating adult patients on paediatric wards and vice versa. All health board major incident plans must incorporate this scenario.

3.6.1 Uninjured and Unaccompanied Children

- These children will be accommodated in the Hospital relatives care centre until Police Liaison Officers are able to reunite families if no other venue had previously been found.
- Child Safeguarding issues must be considered.
- The Health Board will identify chaperones until the next of kin are identified by the Police.

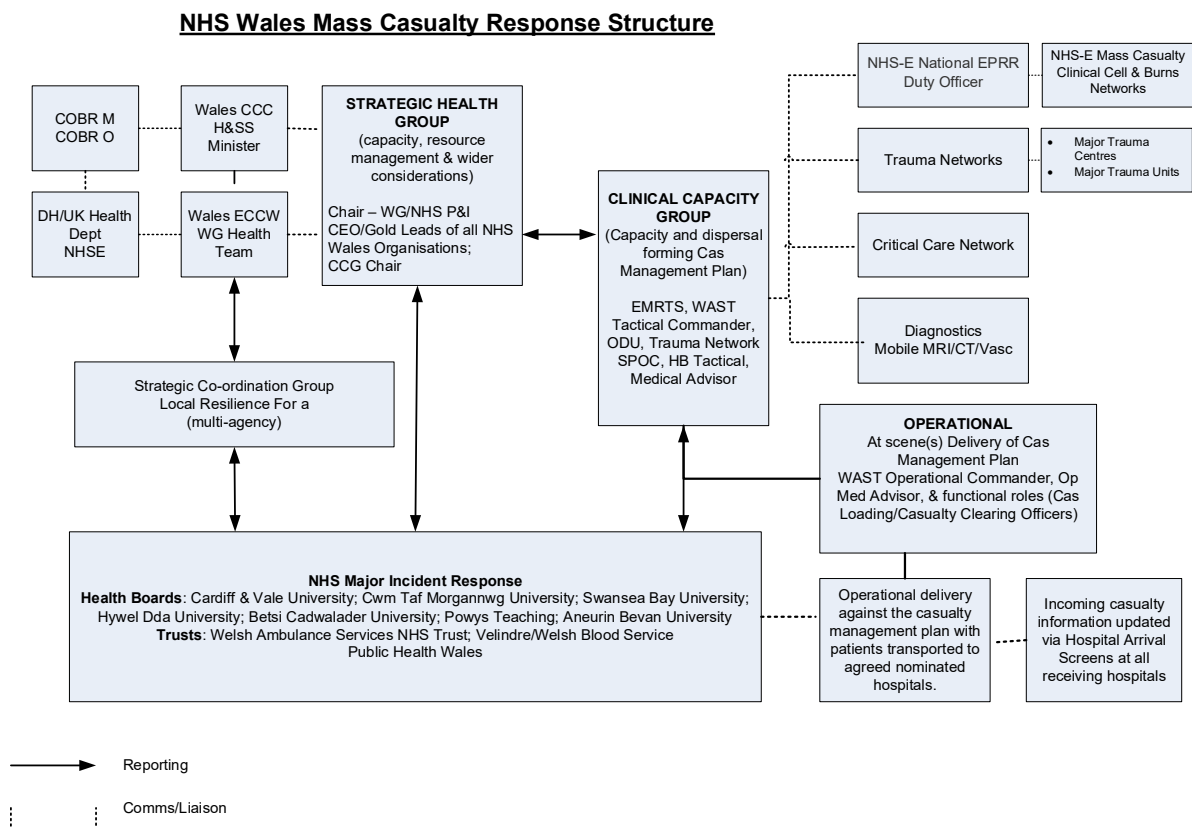


- Staff will proactively assist Police Officers in the identification of next of kin using available databases within Health.



3.7. Additional Action Cards reference: Mass Casualty Incident Arrangements for NHS Wales

- Strategic Health Group – Health Board Gold Commander
- National Clinical Teleconference – Health Board Medical Director/Deputy

3.8. NHS Wales Mass Casualty Response Structure



3.9. Mass Casualty Incident Arrangements for NHS Wales: Separate Document

MASS CASUALTY Mass Casualty
 ARRANGEMENTS VEDispersal Plan - 04.1



4.0. Archival Process Action Card

Archival Process Archiving a Major Incident	ACTION CARD 01 V2 25-10-2024
ROLE SUMMARY	
<p>During a major incident, a wealth of information will be generated. Best practice for the archival process will include storage, creation of a historical record during a major incident, its impact and other key information. Archiving the documentation in a clear and accessible way will aid the legal process post incident.</p> <p>The process will ensure:</p> <ul style="list-style-type: none"> • All documentation is preserved and made available to the risk & assurance team • The HB can protect itself in case of legal or other challenges – it can produce evidence to show it has acted appropriately, and met its obligations • Meet accountability requirements of the regulatory environment in which it operates • Allow for consistency and continuity in administration and governance • Prevent data loss • Reduce operational costs • Improve security • Enhanced compliance – avoids financial penalties by retaining legally required documents 	
ACTIONS:	
Service Delivery Groups:	
<p>1. Ensure Logbooks (NHS Wales Decision Log) are completed appropriately (in line with Logging best practice) and are signed by both the Commander and Loggist.</p> <p>If electronic logging is used, the same above process applies. The electronic log should then be scanned and saved.</p>	
<p>2. Ensure all other relevant documentation (meeting notes/minutes etc) are collated and retained.</p>	
<p>3. Forward all documentation from the major incident, hard copies and digital documentation to the risk & assurance team.</p>	
Rish & Assurance Team:	
<p>1. Arranging the records – The documentation generated in the response to the Major Incident will initially be stored according to its immediate use e.g., all records referenced at meetings will be stored together. The risk & assurance team will decide how to arrange the records to be most presentable and accessible when the response to the Incident is later reviewed. This should be done according to</p>	



Archival best practices, and based, where possible, on Original Order, Provenance, or Function.
2. Cataloguing and Indexing the records – The records, once arranged, must be indexed appropriately in the Archival database – this will make it easy to refer to them accurately at a later date, when the response to the Incident is reviewed. Refer to the SBUHB Logging & Archival Process Policy - EPRR Governance / Guidance Documents
3. Log inquiries – All requests for information regarding the Major Incident must be logged, in order to provide a complete paper trail. This will provide an easily readable account of who was provided with which information.

Note:

- Please keep calls through the Hospital Switchboard to an absolute minimum
- Ensure you wear a valid HB identity badge at all times
- Maintain a record of key actions, this will be required for a post-incident debrief and Report.
- Any changes to your action card should be discussed with the Emergency Preparedness, Resilience and Response Lead
- **Be aware that initial information reports will change regularly**



SECTION 4

MORRISTON HOSPITAL MAJOR INCIDENT PROCEDURE

REFER TO SEPARATE DOCUMENT



SECTION 5

BURNS MAJOR INCIDENT PROCEDURE

REFER TO SEPARATE DOCUMENT



SECTION 6

NPTSSG MAJOR INCIDENT PROCEDURE

REFER TO SEPARATE DOCUMENT



SECTION 7

BUSINESS CONTINUITY PROCEDURES

***REFER TO SBUHB BUSINESS
CONTINUITY/
SIGNIFICANT INCIDENT
OVERARCHING PROCEDURE***



Major Incident Casualty Reporting Tool

Currently, this reporting tool is not active, and the 1st 2-hour casualty dispersal plan will be used:



Mass Casualty
Dispersal Plan - 04.1

MAJOR INCIDENT CASUALTY REPORTING TOOL; NHS WALES CAPACITY DASHBOARD	
SUMMARY	
<p>In the event of a major incident involving casualties, it is essential for NHS Wales to quickly identify what capacity and capability exists to deal with the expected numbers of patients.</p> <p>The purpose of the major incident casualty reporting tool is to record NHS Wales capacity in one place so that focussed discussions can take place without delay leading to better informed decision making. The system will also capture data on ambulance availability across Wales and also provide sections for updating METHANE messages and a contact directory.</p> <p>Hourly updating of capacity figures in a major incident is required, in order to provide the latest information to ambulance and medical responders.</p>	
<ul style="list-style-type: none"> • Identify a PC to retain the Dashboard page • Bed Management will update the Dashboard 	
ACTION: The Bed Manager should:-	<i>Tick when completed</i>
1 Turn on dedicated PC	<input type="checkbox"/>
2 Access the NHS Wales Capacity dashboard via – http://howis.wales.nhs.uk/masscasualties/ <ul style="list-style-type: none"> • Click on hospitals • The dashboard will show the capacity information for each hospital in Wales • Open Health Board Data Input page at the top of the screen or via – http://howis.wales.nhs.uk/emergencypressures/login/menu.cfm • SBU log in Username – MCAM • SBU password – hos4@ber <p>Reports from the major incident site can be found here: http://howis.wales.nhs.uk/emergencypressures/majevreporting/viewday.cfm</p>	<input type="checkbox"/>
3 Information required for dashboard updating times, which should be hourly: <ul style="list-style-type: none"> • ED <ul style="list-style-type: none"> ○ Available capacity for P1, P2, P3 patients ○ Total number of patients in ED • Theatres <ul style="list-style-type: none"> ○ How many patients can be taken to theatre over the next 2 hours, with the resources available ○ Note Green if all specialities of theatre available and teams available, Amber if some limitations with the specialty of patients able to get to theatre. Use drop down box to give more 	<input type="checkbox"/>



MAJOR INCIDENT CASUALTY REPORTING TOOL; NHS WALES CAPACITY DASHBOARD

SUMMARY

information, **Red** if no current theatre capacity available, (use drop down box to give an approximation of when capacity will be available)

- **Patient Access**

- Number of available beds in medicine, surgery, trauma, and orthopaedics, cardio thoracic, plastics

- **Critical Care**

- Number of level 3 and level 2 beds

- **Paediatrics**

- Number of medical, surgical beds

- **Diagnostics**

- Ability to process multiple patients – MRI/CT/USS

Note **Green** if all diagnostic imaging available, **Amber** if limited availability, use drop down box to give more detail, **Red**, no current availability for diagnostic imaging, use drop down box to give an approximation of time for when imaging will be available

- **Mortuary**

- How many bodies is there the capacity to take

4 Note any METHANE updates and provide to Silver Command – can be accessed when you open the dashboard

