

**Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board**

**WELSH BURNS CENTRE  
MORRISTON**

**MAJOR INCIDENT PROCEDURE  
(Version 17 November 2025)**

**Approved by:** Burns Centre/EPDR Oversight Group

**Date Approved:** November 2025

**Operational Date:** November 2025

**Version:** 17

**Date for Review:** November 2026

## DOCUMENT VERSION CONTROL

Policy Version Number	Date	Author	Description of Change
1	18.07.12	Consultant Plastic & Reconstructive Surgeon, Director Welsh Burns Centres & SWUK Burn Network (Adults)	Redrafted
2	06.09.12	Consultant Plastic & Reconstructive Surgeon, Director Welsh Burns Centres & SWUK Burn Network (Adults), Lead Nurse Plastic Surgery, Emergency Planning Officer	Reformatted
3	10.09.12	Consultant Plastic & Reconstructive Surgeon, Director Welsh Burns Centres & SWUK Burn Network (Adults), Lead Nurse Plastic Surgery, Emergency Planning Officer	Amended/ Reformatted
4	17.09.12	Consultant Plastic & Reconstructive Surgeon, Director Welsh Burns Centres & SWUK Burn Network (Adults), Lead Nurse Plastic Surgery, Emergency Planning Officer	Reformatted
5	Nov. 2012	Lead Nurse, Plastic Surgery	Amendments to Action Cards
6	August 2013 November 2013	Consultant Plastic & Reconstructive Surgeon, Director Welsh Burns Centres & SWUK Burn Network (Adults), Lead Nurse Plastic Surgery, Emergency Planning Officer	Annual Review with an additional amendment
7	March/May 2015	Consultant Plastic & Reconstructive Surgeon, Director Welsh Burns Centres & SWUK Burn Network (Adults), Lead Nurse Plastic Surgery, Emergency Planning Officer	Annual Review
8	December 2015	Emergency Planning Officer	Amendments to Morriston Major Incident Plan Action Cards following declaration of Major Incident; 25.10.15
Addendum	June 2016	Emergency Planning Officer/Clare Baker	<b>Addendum</b> – revised Burns Network Action

Policy Version Number	Date	Author	Description of Change
			Card – On Call Burns Consultant included
9	January – April 2017	Lead for EPRR Lead Nurse/Consultant B&P EPRR Oversight Group HB wide consultation	Annual review following a workshop as a result of organisational changes during 2016
10	May – August 2018	Lead Burns Consultant, Anaesthetist and Nurse Head of EPRR	Annual Review and inclusion of Mass Casualty Arrangements and BIRT
11	December 2020	Lead Burns Consultant, Nurse, and Lead Anaesthetist	Internal BIRT Remove references to Network MI plan
12	October 2021	Lead Burns Consultant, Nurse, and Lead Anaesthetist Changes confirmed by Directorate Manager, Deputy Head of Nursing	Track changes review
13	November 2021	Updated by Lead Burns Consultant, Deputy Head of Nursing B&P, matron, Charge Nurse, and Directorate Manager	Updated changes following advice from Head of EPR&R
14	December 2022	Updated by Deputy Head of Nursing, Charge nurse Burns ITU, Directorate Manager	Annual review and updated
15	December 2023	Updated by B&P Matron, Charge Nurse Burns, Directorate Manager Associate Service Group Director	Annual review and update
16	November 2024	Updated by B&P Matron, Charge Nurse Burns, Directorate Manager, Associate Service Group Director	Annual review, incorporated further key service change proposals & amended MI standby/declared activation process

<b>Policy Version Number</b>	<b>Date</b>	<b>Author</b>	<b>Description of Change</b>
17	November 2025	Updated by B&P Matron, Charge Nurse Burns, Directorate Manager, Lead Burns Consultant, Associate Service Group Director	Annual review incorporated further key service changes.

## **IMMEDIATE ACTIONS**

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

**DO NOT READ THIS NOW**

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

**AND FOLLOW THE INSTRUCTIONS**

### **NOTE**

- If you are called in from Home, it is essential that you drive safely and park in designated parking areas, since it is likely that there will be heavy traffic in the area.
- Please keep calls through the Hospital Switchboard to an absolute minimum.
- Ensure you wear a valid Health Board identity badge at all times.
- Maintain a record of key actions, this will be required for a post-incident debrief and Report.

---

## TABLE OF CONTENTS

---

<b>SECTION 1 – GENERAL PRINCIPLES .....</b>	<b>10</b>
1.1 INTRODUCTION.....	10
1.2 NOTIFICATION OF A BURNS MAJOR INCIDENT.....	10
1.3 PRINCIPAL OBJECTIVES OF THE WELSH BURN CENTRE.....	10
1.4 CONTACT DETAILS .....	12
1.5 INCIDENTS INVOLVING MORRISTON HOSPITAL EMERGENCY .....	13
DEPARTMENT.....	13
1.6 ACTION ON RECEIPT OF NOTIFICATION OF A BURNS MAJOR .....	13
INCIDENT INVOLVING MORRISTON HOSPITAL EMERGENCY DEPARTMENT .....	13
1.7 PAEDIATRIC BURN INJURIES.....	14
1.8 BURNS MAJOR INCIDENT NOT INVOLVING MORRISTON HOSPITAL EMERGENCY DEPARTMENT.....	14
<b>1.9 BURNS MASS CASUALTY INCIDENT NOT INVOLVING MORRISTON HOSPITAL EMERGENCY DEPARTMENT.....</b>	<b>15</b>
1.10 PATIENT DISTRIBUTION .....	17
1.11 CAPACITY IN BURNS SERVICE .....	17
1.12 REPATRIATION OF PATIENTS.....	17
1.13 BUSINESS CONTINUITY AND SERVICE RECOVERY .....	17
1.14 CONSUMABLES .....	18
1.15 SUPPORTING CLINICAL SPECIALTIES .....	18
1.16 RELATIVES.....	18
1.17 PATIENTS FOR DISCHARGE / TRANSFER .....	18
1.18 In the Event that the Burns Centre is Closed to Level 2/3 patients.....	18
<b>SECTION 2 - BURNS MAJOR INCIDENT ACTION CARDS - .....</b>	<b>19</b>
2.1 PRINCIPLES .....	20
2.2 Burns Major Incident Action Cards – Medical Team .....	21
2.2.1 SHO BURNS: Action Card 01 .....	21
2.2.2 SHO Plastic Surgery On-Call – Action Card 02.....	23
2.2.3 Consultant Burns Surgeon – Action Card 03.....	25
2.2.4 Consultant Plastic Surgeon On-Call - Action Card 04 .....	27
2.2.5 Specialist Registrar Burns and Plastic Surgery On-Call - Action Card 05.....	29
2.2.6 Consultant Anaesthetics 1 <sup>st</sup> on - Action Card 6a.....	30
2.2.7 Consultant Anaesthetics 2 <sup>nd</sup> on - Action Card 6b.....	33
2.2.8 Consultant Intensive Care Consultant - Action Card 06c.....	36
2.2.9 Trainee Burns/ITU Anaesthetist On-Call - Action Cards 07a & 07b.....	37
2.2.10 Remaining Plastic Surgery Trainees (Not on-call) - Action Card 08 .....	42
2.2.11 Consultant Burns and Plastic Surgeons (Not On-Call) - Action Card 09.....	43
2.2.12 Consultant Anaesthetists (not on call) - Action Card 10 .....	44
2.2.13 Trainee Anaesthetists (Not On-Call) - Action Card 11 .....	46
2.3 Burns Major Incident Action Cards – Burns Triage Team .....	48
2.3.1 Burns Triage Team Nurse - Action Card 12 .....	48
2.3.2 Burns Triage Team Surgeon – Action Card 13.....	50
2.3.3 Burns Triage Team Anaesthetist Action Card 14 .....	51
2.4 Burns Major Incident Action Cards – Support Team .....	52
2.4.1 Nurse-In-Charge – Burns Centre (23441) - Action Card 15.....	52
2.4.2 Nurse-In-Charge – Plastic Surgery (23441) - Action Card 16.....	54

2.4.3	Head of Nursing or Designated Deputy for Surgery (Burns & Plastic Surgery) - Action Card 17.....	56
2.4.4	Nurse-In-Charge – Burns Theatre & Dressing Room - Action Card 18.....	58
2.4.5	Plastic Surgery Nurse Practitioner (23655) - Action Card 19.....	59
2.4.6	Clerical Staff – Action Card 20.....	60
2.4.7	Loggist - Action Card 21.....	62
2.4.8	Coordination of Psychosocial Care - Action Card 22.....	64
2.5	Burns Incident Response Team, (BIRT) Action Cards.....	69
2.5.1	BIRT Surgeon – BIRT Action Card 1.....	69
2.5.2	BIRT Anaesthetist – BIRT Action Card 2.....	71
2.5.3	BIRT Nurse – BIRT Action Card 3.....	73
<b>SECTION 3: HOSPITAL RESPONSE LIST AND ACTION CARDS FOR A BURNS MAJOR INCIDENT WHERE MORRISTON EMERGENCY DEPARTMENT IS NOT INVOLVED.....</b>		<b>74</b>
3.1	SBUHB Morriston Major Incident Plan Action Cards to be invoked to support the Burns Major Incident Plan.....	75
3.2	ACTION CARDS – PRINCIPLES.....	77
3.3	Hospital Switchboard Team.....	77
3.3.1	Hospital Telephonist (Morriston) – Action Card 01.....	77
3.4	Medical Team.....	86
3.4.1	General Consultant Anaesthetist On-Call - Action Card 9.....	86
3.4.2	Medical: 2 <sup>nd</sup> General/Burns Consultant Anaesthetist. Action Card 9a.....	89
3.4.2	Burns/Cardiac Trainee Anaesthetist – Action Card 11.....	91
3.4.3	Consultant General Surgeon - Action Card 16.....	94
3.4.4	Consultant Trauma & Orthopaedic Surgeon (On-Call) - Action Card 20.....	96
3.4.5	Paediatric Consultant of the Week (COW) 1 - Action Card 32.....	98
3.4.6	Paediatric Consultant of the Week (COW) 2 - Action Card 32a.....	100
3.4.7	Consultant Paediatrician 3 - Action Card 32b.....	102
3.4.8	Paediatric Middle Grade on Call - Action Card 33.....	104
3.4.10	Consultant Physician On-Call - Action Card 38.....	108
3.5	Management Team.....	112
3.5.1	Executive On-Call Action Card - Refer to SBU Overarching Major Incident Plan.....	112
3.5.2	Clinical Site Team (Cisco 23123) - Action Card 43.....	112
3.5.3	Silver Command – Action Card 44.....	119
3.5.4	Head of Communications/Deputy - Action Card 46.....	131
3.5.5	Service Group Nurse Director/Deputy - Action Card 47.....	134
3.5.6	Service Group Medical Director/Associate Medical Director - Action Card 48.....	137
3.6.1	Health Board Nurse Bank Manager / Office Manager - Action Card 49.....	140
3.6.2	Matrons – Action Card 50.....	142
3.6.3	Matron for Paediatrics - Action Card 54.....	144
3.6.4	Ward Sister/Charge Nurse for Paediatrics - Action Card 54a.....	147
3.6.5	Paediatric Service Manager - Action Card 54b.....	150
3.6.6	Radiology Services Manager / Deputy – Action Card 57.....	152
3.6.7	Theatre Services Manager / Deputy – Action Card 59.....	156
3.6.8	Pharmacist – Action Card 60.....	158
3.6.9	HSDU Manager (On Call) – Action Card 61.....	160
3.6.10	Catering Services Manager (On-Call) – Action Card 62.....	162
3.6.11	Portering Services Manager/Senior Porter (On Duty) – Action Card 63.....	164
3.6.12	Hospital Security Officer (On Duty) – Action Card 64.....	169
3.6.13	Domestic Services Manager / Senior Domestic (On Duty) – Action Card 65.....	171
3.6.14	Pathology B.M.S On-Call – Action Card 66.....	173

3.6.15 Anatomical Pathology Technician (APT) (On-Call) – Action Card 67 .....	176
3.6.16 Medical Illustration Manager / Deputy – Action Card 68.....	179
3.6.17 Digital Services Technician (In & out of hours) – Action Card 70 .....	181
3.6.18 Head of Procurement – Action Card 72.....	184
3.6.19 Physiotherapy Manager / Deputy – Action Card 73.....	186
3.7 Relatives Care Team .....	189
3.7.1 Nurse in Charge/Manager: Main General Outpatients Department – Action Card 53.....	189
3.7.2 Spiritual Care Service/Chaplaincy Manager - Action Card 74 .....	193
3.7.3 Volunteer Services – Action Card 75 .....	196
3.7.4 Patient Advisory Liaison Services (PALS) Team – Action Card 75a.....	198
3.7.5 Home First/Social Work Team/Deputy – Action Card 76.....	200
3.7.6 Care After Death Service Manager – Bereaved Relatives Area – Action Card 77 .....	203
3.7.7 Nurse in Charge, Designated Discharge Area – Action Card 78 .....	206
3.7.8 Manager Education Centre – Action Card 79.....	208
<b>SECTION 4 .....</b>	<b>210</b>
4.1 Appendix 1 - List of Staff in Morriston Hospital Burns Co-Ordination Centre .....	211
4.2 Appendix 2 – Co-ordination Arrangements .....	212
4.3 Separate Documents .....	212
5.0 Mass Casualty Incident Arrangements.....	213
5.1. Introduction.....	214
5.2. Definition of a Mass Casualty Incident.....	214
5.3 Activation of NHS MCI Response Arrangements .....	215
5.4 Burns Injury Incidents .....	217
5.5 Health Board Role in Responding to a Declared Mass Casualty Incident .....	218
5.6 Mass Paediatric Casualties .....	219
5.7 Additional Action Cards reference: Mass Casualty Incident Arrangements for NHS Wales .....	219
5.8 WAST Mass Casualty Interim Reporting dashboard.....	220

**Please note that the Action Cards are arranged for organisational convenience and are NOT listed in order of importance.**

## **SECTION 1**

### **GENERAL PRINCIPLES**

---

## **SECTION 1 – GENERAL PRINCIPLES**

---

### **1.1 INTRODUCTION**

The Welsh Burns Centre at Morriston Hospital provides a burns service to a catchment area involving the whole of South and Mid Wales.

It is also the **Adult Burns Centre** for complex burn admissions from the South West UK Burn Network and so must be prepared for a major incident involving multiple major burns casualties from anywhere within its catchment population. In addition, it forms part of a UK wide Burn Incident response.

It is recognised from previous burn disasters that in any incident there will be a spectrum of burn injuries ranging from the most severe complex burns which require burn centre level of care, moderately severe injuries which require burn unit care, moderate injuries requiring burns facility care and minor injuries which can be cared for in a plastic surgery service, Emergency department or by GP.

### **1.2 NOTIFICATION OF A BURNS MAJOR INCIDENT**

A Burns Major Incident may be called by the Ambulance Service, Swansea Bay Emergency Department, or The Burns Service, Morriston Hospital. The Burns Service in Morriston Hospital may also receive notification of a Burns Major Incident from other burns services within the UK or the National Burns Bed Bureau.

### **1.3 PRINCIPAL OBJECTIVES OF THE WELSH BURN CENTRE**

The principal objectives of the Welsh Burn Centre are: -

- To establish a **Burns Co-ordination Centre** (Bronze control) within Tempest Ward (Resource Room), from where the response of the Burns & Plastic Surgery service will be co-ordinated. (Staff allocated to Co-ordination centre; Appendix 1). The main Hospital Co-ordination Centre, located behind the hospital canteen, will be used to co-ordinate a Hospital wide response, and will be staffed as outlined in the main Swansea Bay UHB Morriston Major Incident Plan.
- To confirm details of Major incident and likely number of casualties.
- To create space and facilities within the Burns & Plastic Surgery service to **admit severely injured patients**, as well as a larger number of moderate and minor burn/soft tissue injury patients.

- To establish a **Check-In, Point** in the Burns Seminar Room for staff attending to sign-in, be briefed, and deployed.
- To establish a Burns Triage Team (BTT), led by a Consultant Burns Surgeon with a Consultant Burns Anaesthetist and an experienced Burns Nurse (Band 6 or above) in Morriston ED. The BTT will liaise with Bronze control regarding patient numbers, need for Individual Patient Management Teams (IPMT), and transfer of patients out of Morriston ED. Depending on the extent of the MI, support from an external BIRT team can also be requested through the burns network.
- To assemble and deploy Individual Patient Management Teams (IPMT) consisting of a consultant surgeon, consultant anaesthetist and a nurse, who will assess, manage, and transfer the patient to their designated place of safety from either Morriston ED (via CT scan if required) or on arrival at the burns centre from an outside ED.
- To inform all other Burns Services and Burn networks in the UK that there is a burn major incident in Swansea Bay UHB via the National Burns Bed Bureau
- In the event of a National Major Incident follow the Burns Annex to the CONOPS document and Wales Mass Casualty plan. The Welsh Burns Centre may be required to deploy a Burns Incident Response Team (BIRT).

#### 1.4 CONTACT DETAILS

CENTRE	LOCATION	TEL NUMBERS/ E-MAIL DETAILS
<b>Burns Co-ordination Centre</b>	Resource Room, Tempest Ward, Burns Centre.	<b>Tel:</b> 01792 703814 / 703293 <b>E-Mail:</b> <a href="mailto:Burns.Incident@wales.nhs.uk">Burns.Incident@wales.nhs.uk</a>
<b>Clinical Site Team</b>	Service centre, first floor, behind canteen	<b>Tel:</b> 01792 703026 / 703269 / 23123 <b>E-Mail:</b> SBU.MorrClinicalSiteTeam@wales.nhs.uk

#### NATIONAL BURN BED BUREAU

Telephone:- 01384 – 679036

This is a 24-Hour Service

## 1.5 INCIDENTS INVOLVING MORRISTON HOSPITAL EMERGENCY DEPARTMENT

In the event of a Burns Major Incident *involving* Morriston Hospital as the receiving Emergency Department, the Burns Major Incident Plan and the Swansea Bay UHB Morriston Major Incident Plan should immediately be activated.

There are several scenarios where Morriston could be the receiving Emergency Department: -

- The burn major incident occurs within Swansea Bay UHB catchment area
- The incident may happen outside Swansea Bay UHB catchment area, but a decision is made by the Medical Incident Officer to transfer burn patients directly to Morriston Emergency Department as a trauma unit or as the home of the regional burns centre.
- Patients may present to Morriston Emergency Department as walking wounded from an incident.

All patients being referred to the Welsh Burns Centre who have been primarily assessed in an Emergency Department in another hospital do not need to be re-assessed in Morriston Emergency Department. Where capacity allows these patients should be directly admitted to the Burn Centre in accordance with the Major Incident Plan.

## 1.6 ACTION ON RECEIPT OF NOTIFICATION OF A BURNS MAJOR INCIDENT INVOLVING MORRISTON HOSPITAL EMERGENCY DEPARTMENT

On declaration of a major incident, communication must take place between the Burns Surgeon providing burns unit cover (on call consultant surgeon out of hours) and the Consultant in the Emergency Department. The Consultant covering the Burns Unit will be responsible for deploying a Burns Triage Team to Morriston ED to give clinical advice as well as advising on the dispersal of injured casualties.

The Burns Triage Team deployed to the Emergency Department is responsible for communicating with the Burns Co-ordination Centre in Tempest Ward, informing them as to number of casualties and requesting Individual Patient Management Teams to attend the Emergency department as required.

In the event of a major incident declared involving significant adult burn injuries or the organisation's major incident control room being established, see Section 5, 5.10.

**Cisco phones should be used for all Burns and Plastics Surgery Cisco phone holders as per action card. The Consultant Burns Surgeon and Registrar providing burns unit cover should be notified via their mobile phone.**

For Burn incidents within the catchment area of Morriston Hospital the alerting message will be: -

**STANDBY** “There is a burns major incident. Please stand by. Please refer to your action card.”

Or

**CONFIRMED** “There is a confirmed burns major incident. Please activate burns major incident. Please refer to your action card”.

**All patients being referred to the Welsh Burns Centre who have been primarily assessed in an Emergency Department in another hospital do not need to be re-assessed in Morriston Emergency Department. Where capacity allows these patients should be directly admitted to the Burn Centre in accordance with the Major Incident Plan.**

## **1.7 PAEDICTRIC BURN INJURIES**

In accordance with the Swansea Bay UHB Morriston Major Incident Plan the Paediatric Consultant, Paediatric SpR and the Paediatric Matron will be notified.

Children with major burns will be triaged in the same way as adult patients. The Welsh Centre for Burns is a paediatric burns unit. Children who exceed the unit threshold for injury will require stabilisation and transfer to a paediatric burns centre. The Southwest UK paediatric burns centre is situated in Bristol Children’s hospital. In a mass casualty event, a child is defined as age < 12. In the event of a major incident declared involving significant paediatric burn injuries, see Section 5, 5.9.

## **1.8 BURNS MAJOR INCIDENT NOT INVOLVING MORRISTON HOSPITAL EMERGENCY DEPARTMENT**

The Welsh Burns Centre may be alerted via the National Burn Bed Bureau or by the other Burns Services. In this instance, when information is received by the Burns Centre, the ‘Stand-by’ Major Incident procedure should be implemented as per the Swansea Bay UHB Major Incident Plan. This is done by informing the Hospital Switchboard, who will activate the Swansea Bay UHB Stand-by procedure.

The Cisco phone system should be used for all Burns and Plastics Cisco phone holders as per action cards. The consultant surgeon and registrar providing burns unit cover should be notified via their mobile phone. The alerting message will be: -

**STANDBY** “There is a burns major incident. Please stand by. Please refer to your action card.”

Or

**CONFIRMED** “There is a confirmed burns major incident. Please activate burns major incident. Please refer to your action card”.

A number of identified action card holders from the SBU Morriston Major Incident Plan will also be contacted, even if the Burns Major Incident Plan only is activated, (*refer to Section 3 of this Document - Hospital Response List for a Burns Major Incident where Morriston Emergency Department is not Involved*).

**All patients being referred to the Welsh Burns Centre who have been primarily assessed in an Emergency Department in another hospital do not need to be re-assessed in Morriston Emergency Department. Where capacity allows these patients should be directly admitted to the Burn Centre in accordance with the Major Incident Plan.**

---

## **1.9 BURNS MASS CASUALTY INCIDENT NOT INVOLVING MORRISTON HOSPITAL EMERGENCY DEPARTMENT**

---

The Mass Casualty Arrangements for Wales and The NHS England Concept of Operation for the management of Mass Casualties including the Burns Annex details the national response, including:

- All UK burns services will close to new admissions on declaration of a National Burns Mass Casualty event
- Any patients outside of the incident requiring burns care will be incorporated into the mass casualty burns event and will not necessarily be transferred to the nearest Burns service, but will be allocated care following assessment by the Burns Clinical Cell
- Prepare to deploy a Burns Incident Response Team (BIRT) **Burns Incident Response Team, (BIRT) Action Cards**

A Burns Incident Response Team may be requested as a result of a burns incident in Wales or anywhere within the UK, (See NHS England Concept of Operations, and

Burns Annex). A BIRT will comprise of a Burns Surgeon, Anaesthetist and Nurse and will be activated by the Clinical Cell within London.

The Welsh Burns Centre may be alerted via the National Burn Bed Bureau or by the other Burns Services. In this instance, when information is received by the Burns Centre, the 'Stand-by' Major Incident procedure should be implemented as per the Swansea Bay UHB Major Incident Plan. This is done by informing the Hospital Switchboard, who will activate the Swansea Bay UHB Stand-by procedure.

The Cisco phone system should be used for all Burns and Plastics Cisco phone holders as per action cards. The consultant surgeon and registrar providing burns unit cover should be notified via their mobile phone. The alerting message will be: -

**STANDBY** "There is a National burns mass casualty incident. Please stand by. Please refer to your action card."

Or

**CONFIRMED** "There is a confirmed National burns mass casualty incident. Please activate CONOPS Burns Annex. Please refer to your action card".

A number of identified action card holders from the SBU Morriston Major Incident Plan will also be contacted, even if the Burns Major Incident Plan only is activated, (*refer to Section 3 of this Document - Hospital Response List for a Burns Major Incident where Morriston Emergency Department is not Involved*).

All the identified casualties who have been assessed in an Emergency Department requiring transfer to Swansea Bay UHB will go directly to the Burns Centre, and not via the Emergency Department at Morriston Hospital. If casualties have not been assessed in another Emergency Department Morriston Hospital will need to be the receiving Emergency Department. If more than one Hospital is receiving, coordination of the dispersal of the casualties is the responsibility of the Burns Co-ordination Centre in discussion with colleagues in other services/networks.

Information on bed availability in the UK will be available from the NBBB and NHS DOS.

## 1.10 PATIENT DISTRIBUTION

Patients will initially be accommodated within the Burns Centre. The plastic surgery ward in Morrision Hospital has been identified to take less severely burn-injured patients requiring in-patient care that cannot be accommodated within the main Burns Centre or to accept transfer of existing burns in-patients from the Burns Centre where clinically appropriate.

Once capacity has been reached it may be necessary to transfer patients to other burns services as indicated below.

Capacity will vary from day to day and decisions to transfer patients to other Burn Services would be made in consultation with Swansea Bay UHB Managers and Burns Consultants taking into account the principle of “no degradation of care” and business continuity.

## 1.11 CAPACITY IN BURNS SERVICE

	<b>Burns ITU</b>	<b>Tempest Ward</b>	<b>Ward M</b>
<b>Normal Capacity*</b>	<b>3 Beds</b>	<b>6 Beds</b>	<b>4 Beds</b>

Normal capacity reflects the bed numbers on the Burns centre assuming all beds could be available on the day.

If the National plan is activated, the burns service will be asked to double capacity on all burns and plastics wards.

## 1.12 REPATRIATION OF PATIENTS

*Please refer to Appendix 5*

## 1.13 BUSINESS CONTINUITY AND SERVICE RECOVERY

All Trusts/HB’s must ensure business continuity following a Major Incident. The nature of a burn major incident will mean that significant numbers of inpatients and outpatients will be involved with the burn services for extended periods of time e.g., inpatient care for up to 12 months, ongoing rehabilitation for many years.

- Burn services must give particular attention and concern to the impact of a major incident on staff wellbeing.

- A burn major incident is highly likely to have an impact on in-patient plastic surgery services as well as burn services.

#### **1.14 CONSUMABLES**

In the event of a Major Incident additional stores and consumables can be accessed by EPRR.

#### **1.15 SUPPORTING CLINICAL SPECIALTIES**

Burns places a high demand on supporting clinical services, in particular Haematology, Blood transfusion, Biochemistry and microbiology.

#### **1.16 RELATIVES**

Relatives of the injured will be directed initially to the hospital Dining Room where members of the volunteer services will be available. The Plastic Surgery Outpatients department will be used for the breaking of bad news to relatives and for emotional support of distressed relatives. Relatives must receive information in a language and manner sensitive to their needs.

#### **1.17 PATIENTS FOR DISCHARGE / TRANSFER**

Patients awaiting discharge / transfer to clear beds within the Centre will be coordinated by the Site Bed Management Team as per action cards.

#### **1.18 In the Event that the Burns Centre is Closed to Level 2/3 patients**

If a national emergency was called, there would need to be a discussion with senior management at Morriston hospital and relevant clinical leaders, to establish what level of support we could provide at that time dependant on the reasons for closure.

**ANY SUGGESTED CHANGES TO THE MAJOR INCIDENT PLAN;  
ADDITIONS OR AMENDMENTS TO THE CIRCULATION LISTS  
SHOULD BE DISCUSSED WITH THE HEAD OF EMERGENCY PREPAREDNESS  
RESILIENCE AND RESPONSE (EPRR)**

## SECTION 2

### BURNS MAJOR INCIDENT ACTION CARDS

**Note: -**

If there is a Burns Major Incident and Morriston Emergency Department is the receiving Emergency Department the Morriston Major Incident Plan will be invoked and Morriston Silver Command will contact Burns centre in relation to activating the Burns Major Incident Plan

If there is a Burns Major incident outside the SBU area the Burns Major incident Procedure will be invoked with some and not all action card holders from the Morriston Major Incident Plan

---

## SECTION 2 - BURNS MAJOR INCIDENT ACTION CARDS -

---

### 2.1 PRINCIPLES

Action cards have been prepared for all key personnel and departments. These are held by those concerned, whose responsibility it is to have them available at all times.

Action cards form part of the Major Incident Procedure for the Swansea Bay University Health Board. Copies are held on the Health Board intranet site and Hospital Co-ordination Centres.

Due to the additional requirements associated with a major incident the Hospital Co-ordination Centres will be established in Morriston Hospital.

Singleton and Neath Port Talbot hospitals will also convene Silver Command as supporting hospitals.

It is the responsibility of individual Directorates/Departments to ensure that their Action Cards are kept as up to date as possible and that they reflect any service changes or management re-organisations; for maintaining staff call-out lists which must be updated every 3 months; having further Departmental/Ward operational plans; and for ensuring staff are aware of their responsibilities in such an event.

Any amendments to individual Action Cards should be notified to the Emergency Preparedness Resilience and Response Lead, Swansea Bay UHB.

**Note: -**

**Staff must be advised that when contacted, they must not ring back to the hospital switchboards to re-check the message, but are to attend the relevant hospital as soon as possible, and report to the Hospital Co-ordination Centre, unless otherwise stated (i.e., Emergency Unit and Critical Care areas only).**

## 2.2 Burns Major Incident Action Cards – Medical Team

### 2.2.1 SHO BURNS: Action Card 01

SHO BURNS ONCALL Informed by switchboard (Cisco broadcast)		ACTION CARD 01
Role Summary		
ACTION - Once notified of a Burns Major Incident by Switchboard Cisco phone you should immediately:		Tick when completed
1	Report to the <b>Check-in-point in the Burns Seminar Room</b>	<input type="checkbox"/>
2	Contact and Liaise with Consultant Burns Surgeon and Specialist Registrar who are covering the burns unit.	<input type="checkbox"/>
3	Contact and request help from an SHO colleague who is not part of the on-call team.  Ask them to notify the other burns and plastics SHO team. Message to pass on should be that “a Burns Major Incident has been declared. SHOs who are currently in Morriston should complete urgent workload and attend the Burns Seminar Room, sign in and following action card (Action card 08).	<input type="checkbox"/>
4	With the help of the On Call Specialist Registrar for burns and Nurse-in-Charge for Burns Centre, decide which burns inpatients may be discharged home, or which patients may be transferred to a plastic surgery ward.	<input type="checkbox"/>
5	Document any discharges or transfers.	<input type="checkbox"/>
6	Report to the burns co-ordination centre in the resource room on Tempest ward.	<input type="checkbox"/>
7	Urgent burns referrals unrelated to the incident should be discussed with the Consultant in charge of the Burns Centre before being accepted.	<input type="checkbox"/>
8	Provide medical care for the remaining patients in the Burns Centre.	<input type="checkbox"/>
9	If no longer needed to provide immediate medical care for inpatients, wait in the burns physiotherapy department for further instructions and deployment.	

All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available.

**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**

## 2.2.2 SHO Plastic Surgery On-Call – Action Card 02

SHO PLASTIC SURGERY ON-CALL Informed by Switchboard (Cisco broadcast)		ACTION CARD 02
ROLE SUMMARY		
ACTION - Once notified of a Burns Major Incident by Switchboard you should:		Tick when completed
1	Contact and liaise with the plastic surgery consultant on call.	<input type="checkbox"/>
2	Report to the <b>Check-in-point in the Burns Seminar Room.</b>	<input type="checkbox"/>
3	Contact and request help from an SHO colleague who is not part of the on-call team.	<input type="checkbox"/>
4	In conjunction with the consultant plastic surgeon on call, nurse in charge (23441), make an appraisal of the number of adult and paediatric beds available in the plastic surgical unit. Identify which patients can be safely discharged home or transferred to other wards in the Hospital. <b>Contact Hospital Bed Manager regarding transfer out of patients from other specialties who have outliers on the plastic surgery wards.</b>	<input type="checkbox"/>
5	Ensure that all existing patients are stable, assist with the transfer of patients from the plastic surgical wards. Hand over any identified issues to the Nurse in charge. Document transfers.	<input type="checkbox"/>
6	Provide medical care for the remaining patients on the plastics ward. Once a Burns Major Incident has been declared, only accept referrals of other trauma patients if they cannot wait until the following day. (e.g., re-implantation & re-vascularisation and then only after discussion with consultant on call in the Burns centre).	<input type="checkbox"/>
7	Keep a record of any patients deferred and the source of referral. Share this information with the nurse practitioner.	<input type="checkbox"/>
8	Document any discharges.	<input type="checkbox"/>
9	If no longer required to provide immediate medical care for inpatients, wait in the burns physiotherapy department for further instructions and deployment.	<input type="checkbox"/>

All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available.

**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**

### 2.2.3 Consultant Burns Surgeon – Action Card 03

<b>Consultant Burns Surgeon Duty 08:00-17:00hrs</b> <b>Consultant Burns Surgeon On-Call 17:00- 08:00 and weekends</b> <b>Informed by switchboard</b>		<b>ACTION CARD 03</b>
<b>Role Summary</b>		
<b>ACTION</b> - Once notified of a Burns Major Incident you should immediately:-		<b>Tick when completed</b>
1	<b>Notify switchboard to activate the Burns Major Incident Procedure, if alerted to a burns major incident by an external source.</b>	<input type="checkbox"/>
2	Report to the <b>Check-in Point in the Burns Seminar Room</b>	<input type="checkbox"/>
3	Attend the Burns Coordination Centre and obtain up to date details of the incident. Assess the situation and staffing levels.	<input type="checkbox"/>
4	<p>Notify another Burns Consultant, giving brief details of the incident, and ask them to contact their consultant colleagues advising that a Burns MI has been declared.</p> <p>Consideration should be given to the number of Consultant Burn Surgeons required for immediate attendance and that number requested. Those required to immediately attend should then follow Action Card (Action card 09).</p>	<input type="checkbox"/>
5	<p>If the incident involves Morriston ED, you should identify a Burns Triage Team (BTT) and deploy this team to Morriston ED.</p> <p>A BTT consists of a consultant burns surgeon, consultant burns anaesthetist and an experienced burns nurse (Action cards 12, 13, 14). In some circumstances this may include you, if so, delegate the remainder of these action card tasks to a consultant colleague.</p>	<input type="checkbox"/>
6	<p>For all incidents (involving Morriston ED or other referring ED), you should identify Individual Patient Management Teams (IPMT). The precise number of teams will depend on the nature of the MI. Where possible, one team should be identified for each major burn patient.</p> <p>IPMT should consist of one surgeon, one anaesthetist and one nurse.</p>	<input type="checkbox"/>

If the incident involves Morriston ED, these teams will be called to ED as required, to assist in stabilisation and transfer of the patient to the burns centre.

If the incident does not involve Morriston ED, these teams should standby receive patients in the burns centre

**Note**

- If the number of patients expected/arrived exceeds capacity contact the National Burns Bed Bureau and ask to evoke the National Mass Casualty Plan.
- Direct Communication with the Burns Co-ordination Centre in Tempest ward may be via the designated telephone line   
(Direct telephone numbers: Swansea (01792) 703293, 703814.

**All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available.**

**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**

## 2.2.4 Consultant Plastic Surgeon On-Call - Action Card 04

Consultant Plastic Surgeon On-Call Informed by the SHO plastic surgery on Call		ACTION CARD 04
<b>Role Summary</b>		
<b>ACTION</b> - Once notified of a Burns Major Incident by the SHO on call you should immediately:-		<i>Tick when completed</i>
1	Report to the <b>Check-in Point in the Burns Seminar Room.</b>	<input type="checkbox"/>
2	<p>Assess situation and medical staffing levels. If necessary, notify another Consultant with brief details of the incident, and ask them to contact all their colleagues notifying that a burns major incident has been declared.</p> <p>Discussion with On call burns consultant should include consideration on the number of consultants required for immediate attendance. Those required for immediate attendance should then follow their Action Card (Action card 09).</p>	<input type="checkbox"/>
3	<p>In conjunction with the nurse in charge (23441) make an appraisal of the number of beds available on the adult and paediatric plastic surgery wards. Identify which patients can be safely discharged home or transferred to other wards in the Hospital.</p> <p><b>Contact Hospital Bed Manager regarding transfer of patients from other specialties who have outliers on these wards</b></p>	<input type="checkbox"/>
4	If no longer needed to provide immediate medical care for inpatients, wait in the burns physiotherapy department for further instructions and deployment.	<input type="checkbox"/>
<b>Note</b>	<ul style="list-style-type: none"> <li>Direct Communication with the Burns Co-ordination Centre in Tempest Ward may be via the designated telephone line (Direct telephone numbers: Swansea (01792) 703293, 703814.</li> </ul>	

All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available.

**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**

## 2.2.5 Specialist Registrar Burns and Plastic Surgery On-Call - Action Card 05

Specialist Registrar Burns and Plastic Surgery On-Call Informed by Switchboard		ACTION CARD 05
<b>Role Summary</b>		
<b>ACTION</b> - Once notified of a Burns Major Incident by Switchboard you should immediately:		<i>Tick when completed</i>
1	Report to the <b>Check-in Point in the Burns Seminar Room.</b>	<input type="checkbox"/>
2	Liaise with burns consultant and SHO on call. Contact one of the other Specialist Registrars, giving them details of the incident, ask them to notify colleagues and advise that a burns major incident has been declared. Discussion with the burns consultant on-call should consider the number of specialist registrars required for immediate attendance. Those requested for immediate attendance should then follow their Action Card (Action card 08).	<input type="checkbox"/>
3	Assist the burns SHO and the Nurse-In-Charge of the Burns Centre (23441) in deciding which patients are suitable for discharge home, or transfer from the Burns Centre and the plastic surgery wards.	<input type="checkbox"/>
4	If no longer required to provide immediate medical care for inpatients, wait in the burns physiotherapy department for further instructions and deployment.	<input type="checkbox"/>

**All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available.**

### 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**

2.2.6 1<sup>st</sup> Consultant Anaesthetist (1<sup>st</sup> On-call General or Duty Anaesthetist in daytime) Action Card 6a

1 <sup>st</sup> Consultant Anaesthetist		
1 <sup>st</sup> On-call General or Duty Anaesthetist in daytime		Action Card 6a
<i>Informed by Burns/SR Resident Anaesthetist</i>		
Role Summary		
<ul style="list-style-type: none"> <li>• The initial senior Anaesthetic response</li> <li>• Role will be at the forefront of communication and dissemination of information</li> <li>• Assist triage within the burns triage team (BTT)</li> <li>• Will co-ordinate delegation of Individual Patient Management Teams (IPMTs) for ongoing care of burns patients.</li> </ul>		
Action		Tick when completed
1	<p>Retrieve CISCO phone 23808 at earliest convenience</p> <p>Initial Communication:</p> <ul style="list-style-type: none"> <li>- determine immediate needs to allow appropriate action – off-site versus on-site</li> </ul> <p><b>On-site incident</b></p> <ul style="list-style-type: none"> <li>- determine <b>Theatre Lead Anaesthetist (TLA)</b> <ul style="list-style-type: none"> <li>- in-hours – nominated CEPOD or Burns Consultant Anaesthetist</li> <li>- out of hours – 2<sup>nd</sup> on call General Anaesthetist</li> </ul> </li> <li>- act or delegate to TLA:           <ul style="list-style-type: none"> <li>- cascade METHANE message to Major Incident WhatsApp group</li> <li>- determine colleague availability via WhatsApp Poll</li> </ul> </li> <li>- ensure resident staff are following action cards and calling in other Consultants (cardiac / Paeds)</li> </ul> <p><b>Off-site incident:</b></p>	<input type="checkbox"/>

	<ul style="list-style-type: none"> <li>- cascade METHANE message to Major Incident WhatsApp group</li> <li>- determine colleague availability via WhatsApp Poll</li> <li>- can await situation update to determine colleague attendance</li> </ul>	
2	Report to check-in point in burns seminar room and sign-in	<input type="checkbox"/>
3	Attend Burns co-ordination centre and obtain up-to-date details of the incident, assess the situation with staffing levels	<input type="checkbox"/>
4	Liaise with nurse in charge of burns centre (23441)	<input type="checkbox"/>
5	Assess initial requirements and contact consultants <ul style="list-style-type: none"> <li>- this can be delegated to secretaries in-hours</li> <li>- this can be delegated to TLA out of hours</li> </ul>	<input type="checkbox"/>
<b>On-site Incident</b>		
6	Attend Morriston Emergency Department (ED) as part of the Burns Triage Team (BTT), alongside Burns Consultant Surgeon and Burns Nurse	<input type="checkbox"/>
7	From ED, liaise with TLA for deployment of Individual Patient Management Teams (IPMTs)	<input type="checkbox"/>
8	Oversee deployment of IPMTs in the ED – assist with retrieval and transfer of these patients if required with each team	<input type="checkbox"/>
9	Liaison within burns triage team and Intensive Care Consultant to determine appropriate patient dispersal – ward / theatres / ICU	<input type="checkbox"/>
10	Liaise with TLA and nurse in charge of burns centre (23441) regularly	<input type="checkbox"/>
<b>Off-site Incident</b>		
11	Assume the role of the theatre lead anaesthetist (TLA) – action card 6b	<input type="checkbox"/>
12	Refer to Major Incident Clinical Guidelines: <a href="#">NHS England » Clinical guidelines for major incidents</a>	<input type="checkbox"/>

All patients will have been/be issued with a special numbered record folder and tags on arrival which will accompany them at all times. These unique major incident numbers must be used (in full – ALL digits) for all investigations and prescriptions until a full demographic P.A.S. entry and number is available

This unique numbering system must remain in place for 24 hours

Once patients are formally identified their names can be recorded alongside the numbering system but cannot replace this system which must remain for 24 hours post-incident.

**General notes:**

- Please keep all calls through the hospital switchboard to an absolute minimum
- Ensure you wear a valid health board 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 action card should be discussed with the Emergency, Preparedness, Resilience and Response Lead
- Be aware that initial information reports will change regularly.

2.2.7 2nd Consultant Anaesthetist (2<sup>nd</sup> On-call General or Duty Anaesthetist in daytime) Action Card 6b

2 <sup>nd</sup> Consultant Anaesthetist		Action Card 6b
2 <sup>nd</sup> On-call for General Anaesthetics or nominated daytime Consultant (CEPOD or Burns) <i>Informed by Duty/1<sup>st</sup> on call Anaesthetic Consultant</i>		
Role Summary		
<ul style="list-style-type: none"> <li>• Central point of organization and support to 1<sup>st</sup> Anaesthetist</li> <li>• Role may be absorbed by 1<sup>st</sup> Anaesthetist for an off-site incident, when there is no responsibility for burns triage within Morriston Emergency Department</li> <li>• <b>This action card is only to be used in a Burns Major Incident</b></li> </ul>		
Action		Tick when completed
1	Retrieve CISCO phone 36496 at earliest convenience and report to check-in point in Burns Seminar Room	<input type="checkbox"/>
2	Liaise with 1 <sup>st</sup> Consultant Anaesthetist for up-to-date briefing and anticipate required resources / staffing	<input type="checkbox"/>
3	Attend Main theatres, assume role of theatre lead anaesthetist (TLA)	<input type="checkbox"/>
4	Ensure initial communication - cascade METHANE message to Major Incident WhatsApp group - determine colleague availability via WhatsApp poll - ensure resident anaesthetists are following action cards and calling in on-call consultants (cardiac / paed / ICU) - CEPOD – 23488 - Burns – 23495 - Cardiac – 23615 - ICU – 30600, 30599	<input type="checkbox"/>
5	Call in Consultant Anaesthetists as required based on availability and need - can be delegated to secretaries in-hours - ensure next day continuity	

6	Oversee creation of Individual Patient Management Teams (IPMTs) - minimum – consultant anaesthetist, consultant surgeon, burns nurse - ideal – additional ODP, resident/trainee anaesthetist	<input type="checkbox"/>
7	Oversee deployment of IPMTs - for on-site incident – deployment to ED in liaison with burns triage team - for off-site incident – standby to receive patients in appropriate location (Theatre vs ICU)	<input type="checkbox"/>
	- co-ordinate with 1 <sup>st</sup> anaesthetist, Consultant Burns Surgeon and ICU Consultant for appropriate patient dispersal.	
8	Oversee creation of theatre teams for patient dispersal - can be delegated to theatre co-ordinator - including scrub practitioner, theatre healthcare staff and ODP (if not already allocated to IPMT) - allocate to prepare a vacant theatre for patient arrival	<input type="checkbox"/>
9	Liaise with ICU Consultant about disposition of patients once out of theatre - may be appropriate for patients to remain in theatre until capacity for care has been created.	<input type="checkbox"/>
10	Maintain communication with Burns co-ordination centre in Tempest - designated telephone line – 01792 703293 / 703814 - nurse in charge of burns centre - 23441	<input type="checkbox"/>
11	Refer to Major Incident Clinical Guidelines: <a href="#">NHS England » Clinical guidelines for major incidents</a>	<input type="checkbox"/>

**All patients will have been/be issued with a special numbered record folder and tags on arrival which will accompany them at all times. These unique major incident numbers must be used (in full – ALL digits) for all investigations and prescriptions until a full demographic P.A.S. entry and number is available  
This unique numbering system must remain in place for 24 hours**

**Once patients are formally identified their names can be recorded alongside the numbering system, but cannot replace this system which must remain for 24 hours post-incident.**

**General notes:**

- **Please keep all calls through the hospital switchboard to an absolute minimum**
- **Ensure you wear a valid health board 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 action card should be discussed with the Emergency, Preparedness, Resilience and Response Lead**
- **Be aware that initial information reports will change regularly.**

## 2.2.8 Consultant Burns Intensive Care Consultant Action Card 06c

<b>ACTION CARD 06c</b>	
<b>Consultant Intensive Care (daytime number 37807)</b>	
<b>Informed by On call Burns Anaesthetist (see Action Card 06a)</b>	
<b>Role Summary</b>	
<b>Action</b>	<b>Tick when completed</b>
1 Report to the <b>Check-in Point in the Burns Seminar Room.</b>	<input type="checkbox"/>
2 Attend the critical care unit to assess bed and staffing status.	<input type="checkbox"/>
3 Notify appropriate colleagues, giving brief details of the incident.  ICU consultant on call will contact other consultant intensivists to provide additional cover as needed.	<input type="checkbox"/>
4 Liaise with the Nurse in Charge of the Burns Centre on 23441.	<input type="checkbox"/>
<b>Note</b> <ul style="list-style-type: none"> <li>• Direct Communication with the Burns Co-Ordination Centre in Tempest Ward may be via the designated telephone line (Direct telephone numbers: Swansea (01792) 703293, 703814.</li> </ul>	

**All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available.**

### **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 Trainee Burns/ITU Anaesthetist On-Call 23495 - Action Card 07a & b

Burns / SR / Cardiac Resident Anaesthetist Informed by Switchboard / CISCO broadcast		Action Card 7a
<b>Role Summary</b>		
<ul style="list-style-type: none"> <li>• most appropriate training grade to assume this role dependent on rota</li> <li>• initial communication and preparation in anticipation of casualty arrivals to theatre</li> <li>• assist in main theatres and ICU for care of patients already in theatres</li> <li>• assist in Emergency Department in resuscitation of P1 casualties</li> <li>• undertake clinical anaesthetic duties according to deployment</li> <li>• <b>This action card is only to be used in a Burns Major Incident</b></li> </ul>		
Action		Tick when completed
1	Give 1st general consultant on call CISCO phone 23808 Give 2nd general consultant on call CISCO phone 36496  Initial Communication: - contact other resident anaesthetists to clarify role, ensure action cards, any immediate response required to Emergency Department  - general - 23808, 23488 - burns – 23495 - cardiac - 23615 - ICU – 30600, 30599  - <b>inform consultant anaesthetist on call – not via switch</b> - inform anaesthetic nurse/ODP carrying burns phone (23577)	<input type="checkbox"/>
2	Ensure that all existing patients (theatre / ICU) are stable - hand over any required care to ICU residents remaining on unit (SHO)	<input type="checkbox"/>
3	Report to check-in point in burns seminar room	<input type="checkbox"/>
4	Attend Burns co-ordination centre and meet nurse in charge (23441) - obtain briefing of major incident - cascade briefing to other anaesthetic staff	<input type="checkbox"/>

5	Assess initial requirements and contact resident colleagues - this can be delegated to secretaries in-hours - this can be delegated to another onsite resident - list of contact details kept in anaesthetic department	<input type="checkbox"/>
<b>On-site Incident</b>		
6	Check anaesthetic machines / equipment / drugs in theatres - this task can be delegated to another resident anaesthetist	<input type="checkbox"/>
7	As soon as available proceed to Emergency Department (ED) and assist the consultant in ED in the resuscitation of P1 casualties	<input type="checkbox"/>

8	On arrival of Consultant Anaesthetist, update them of the situation and work under their direction, joining an Individual Patient Management Team (IPMT)	<input type="checkbox"/>
9	Assist with the creation of IPMTs	<input type="checkbox"/>
<b>Off-site Incident</b>		
10	- provide medical care for remaining Burns patients in ICU - provide medical care for remaining patients in theatres	<input type="checkbox"/>
11	Check anaesthetic machines / equipment / drugs in theatres - this task can be delegated to another resident anaesthetist	<input type="checkbox"/>
12	Assist with required transfer of patients from ICU to create space - document all transfers	<input type="checkbox"/>
13	If no longer required to provide immediate medical care for inpatients, wait in main theatres for further instructions and deployment	
14	Refer to Major Incident Clinical Guidelines: <a href="#">NHS England » Clinical guidelines for major incidents</a>	<input type="checkbox"/>

All patients will have been/be issued with a special numbered record folder and tags on arrival which will accompany them at all times. These unique major incident numbers must be used (in full – ALL digits) for all investigations and prescriptions until a full demographic P.A.S. entry and number is available  
This unique numbering system must remain in place for 24 hours

Once patients are formally identified their names can be recorded alongside the numbering system but cannot replace this system which must remain for 24 hours post-incident.

**General notes:**

- **Please keep all calls through the hospital switchboard to an absolute minimum**
- **Ensure you wear a valid health board 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 action card should be discussed with the Emergency, Preparedness, Resilience and Response Lead**
- **Be aware that initial information reports will change regularly.**

*Informed by Switchboard / CISCO broadcast*

### Role Summary

- provide assistance to senior trainee in initial communication and preparation
- provide assistance in preparation of theatres for arrival of casualties
- assist in main theatres for care of patients already present
- assist in Emergency Department in resuscitation of P1 casualties
- undertake clinical anaesthetic duties according to deployment

Action		Tick when completed
1	<p>Give 1st general consultant on call CISCO phone 23808 Give 2nd general consultant on call CISCO phone 36496</p> <p>Liaise with SR / Burns Trainee to allocate initial communication needs</p> <ul style="list-style-type: none"> <li>- general - 23808, 23488</li> <li>- burns – 23495</li> <li>- cardiac - 23615</li> <li>- ICU – 30600, 30599</li> </ul> <p>- if calling consultants / trainees use CLW, not via switchboard</p>	<input type="checkbox"/>
2	Go to main theatres	<input type="checkbox"/>
3	<p>Liaise with SR / Burns Resident or Theatre Lead Anaesthetist</p> <ul style="list-style-type: none"> <li>- assist preparation of theatres with machine / equipment / drug checks</li> <li>- deployment to assist ED Consultant as part of initial resuscitation of P1 casualties</li> <li>- deployment as part of an Individual Patient Management Team</li> </ul>	<input type="checkbox"/>
4	If no immediate requirement for provision of medical care, wait in main theatres for further instructions and deployment	<input type="checkbox"/>
5	<p>Refer to Major Incident Clinical Guidelines: <a href="#">NHS England » Clinical guidelines for major incidents</a></p>	<input type="checkbox"/>

All patients will have been/be issued with a special numbered record folder and tags on arrival which will accompany them at all times. These unique major incident numbers must be used (in full – ALL digits) for all investigations and prescriptions until a full demographic P.A.S. entry and number is available  
This unique numbering system must remain in place for 24 hours

Once patients are formally identified their names can be recorded alongside the numbering system but cannot replace this system which must remain for 24

hours post-incident.

## 2.2.10 Remaining Plastic Surgery Trainees (Not on-call) - Action Card 08

Remaining Plastic Surgery Trainees (Not On-Call) (Informed by Plastic Surgery SHO On-Call)		ACTION CARD 08
<b>ACTION</b> - Once notified of a Burns Major Incident you should immediately:		<i>Tick when completed</i>
1	Attend the <b>Check-in-Point in the Burns Seminar Room</b> and sign in.	<input type="checkbox"/>
2	Wait in the burns physiotherapy department for further instructions and deployment.	<input type="checkbox"/>
3	<p>Prepare to join an Individual Patient Management Team (IPMT) Each team will comprise a surgeon, anaesthetist, and a burns nurse.</p> <p>If the incident involves Morriston ED, these teams will be called to ED as required, to assist in stabilisation and transfer of the patient to the burns centre.</p> <p>If the incident does not involve Morriston ED, these teams should standby receive patients in the burns centre.</p>	<input type="checkbox"/>
<b>NOTE</b>		

All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available.

### 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 Consultant Burns and Plastic Surgeons (Not On-Call) - Action Card 09

Consultant Burns and Plastic Surgeons (Not On-Call) Informed by Burns and Plastic Surgeons On-Call		ACTION CARD 09
<b>ACTION</b> - Once notified of a Burns Major Incident by Burns or Plastic Surgeon On-Call you should go immediately:		<i>Tick when completed</i>
1.	Attend the <b>Check-in-Point in the Burns Seminar Room</b> and sign in.	<input type="checkbox"/>
2.	Wait in the burns physiotherapy department for further instructions and deployment.	<input type="checkbox"/>
3.	<p>Prepare to join a triage / treatment team. Each team will comprise a surgeon, anaesthetist, and a burns nurse.</p> <p>If the incident involves Morriston ED, these teams will be called to ED as required, to assist in stabilisation and transfer of the patient to the burns centre.</p> <p>If the incident does not involve Morriston ED, these teams should standby receive patients in the burns centre</p>	<input type="checkbox"/>

All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available.

### 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 Consultant Anaesthetists (Not On-Call) - Action Card 10

<b>Consultant Anaesthetist (not on-call)</b> <b>Action Card 10</b> <i>Informed by WhatsApp Major Incident Group Requested to attend by onsite staff</i>		
<b>Role Summary</b> <ul style="list-style-type: none"> <li>attend major incident response if available and as requested</li> <li>undertake clinical anaesthetic care for patients as deployed within Individual Patient Management Teams (IPMTs)</li> </ul>		
Action		Tick when completed
1	When Requested to attend – go to check-in point in Burns Seminar room and sign in	<input type="checkbox"/>
2	Wait in main theatres for further instructions and deployment	<input type="checkbox"/>
3	Prepare to join an Individual Patient Management Team (IPMT) - comprising a surgeon / anaesthetist / nurse - onsite incident – to attend ED to assist / stabilize / transfer patients - offsite incident – standby to receive patients in theatre / ICU	<input type="checkbox"/>
4	Refer to Major Incident Clinical Guidelines: <a href="#">NHS England » Clinical guidelines for major incidents</a>	<input type="checkbox"/>
<p><b>All patients will have been/be issued with a special numbered record folder and tags on arrival which will accompany them at <u>all</u> times. These unique major incident numbers must be used (in full – <u>ALL</u> digits) for all investigations and prescriptions until a full demographic P.A.S. entry and number is available</b></p> <p><b>This unique numbering system <u>must</u> remain in place for 24 hours</b></p> <p><b>Once patients are formally identified their names can be recorded alongside the numbering system, but <u>cannot</u> replace this system which must remain for 24 hours post-incident.</b></p>		

**General notes:**

- **Please keep all calls through the hospital switchboard to an absolute minimum**
- **Ensure you wear a valid health board 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 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 Trainee Anaesthetists (Not On-Call) - Action Card 11

Resident / Trainee Anaesthetist (not on-call)		Action Card 11
<i>Informed by onsite colleagues Requested to attend by onsite staff</i>		
<b>Role Summary</b>		
<ul style="list-style-type: none"> <li>• attend major incident response if available and as requested</li> <li>• undertake clinical anaesthetic care for patients as deployed within Individual Patient Management Teams (IPMTs)</li> </ul>		
Action		Tick when completed
1	When Requested to attend – go to check-in point in Burns Seminar room and sign in	<input type="checkbox"/>
2	Wait in main theatres for further instructions and deployment	<input type="checkbox"/>
3	Prepare to join an Individual Patient Management Team (IPMT) <ul style="list-style-type: none"> <li>- comprising a surgeon / anaesthetist / nurse</li> <li>- onsite incident – to attend ED to assist / stabilize / transfer patients</li> <li>- offsite incident – standby to receive patients in theatre / ICU</li> </ul>	<input type="checkbox"/>
4	Refer to Major Incident Clinical Guidelines: <a href="#">NHS England » Clinical guidelines for major incidents</a>	<input type="checkbox"/>
<p><b>All patients will have been/be issued with a special numbered record folder and tags on arrival which will accompany them at <u>all</u> times. These unique major incident numbers must be used (in full – <u>ALL</u> digits) for all investigations and prescriptions until a full demographic P.A.S. entry and number is available</b></p> <p><b>This unique numbering system <u>must</u> remain in place for 24 hours</b></p> <p><b>Once patients are formally identified their names can be recorded alongside the numbering system but <u>cannot</u> replace this system which must remain for 24 hours post-incident.</b></p>		
<b>General notes:</b> <ul style="list-style-type: none"> <li>• Please keep all calls through the hospital switchboard to an absolute minimum</li> <li>• Ensure you wear a valid health board identity badge at all times</li> <li>• Maintain a record of key actions, this will be required for a post-incident debrief and report</li> <li>• Any changes to action card should be discussed with the Emergency,</li> </ul>		

**Preparedness, Resilience and Response Lead**

- **Be aware that initial information reports will change regularly.**

## 2.3 Burns Major Incident Action Cards – Burns Triage Team

### 2.3.1 Burns Triage Team Nurse - Action Card 12

Burns Triage Team Nurse (23882) ACTION CARD 12 Informed by Nurse-In Charge Burns Unit	
<b>ACTION</b> - Once notified of a Burns Major Incident by Nurse-In-Charge, Burns Unit:-	<i>Tick when completed</i>
1 Attend the <b>Check-in point (Burns Seminar Room)</b> , and sign in.	<input type="checkbox"/>
2 Make contact with the Nurse in Charge of the Burns Centre (23441) for an update on the incident. Ensure regular updates occur throughout incident.	<input type="checkbox"/>
3 You will be a member of the Burns Triage Team (BTT) along with a consultant surgeon and a consultant anaesthetist.	<input type="checkbox"/>
4 BTT to attend Morriston Emergency department if the incident involves Morriston hospital ED.	<input type="checkbox"/>
5 From the Emergency department, liaise with the nurse in charge of the burns centre (23441).	<input type="checkbox"/>
6 Request Individual Patient Management Teams (IPMT) to attend the Emergency department as required, guided by patient numbers and injury severity.	<input type="checkbox"/>
7 Once each patient is ready to leave the Emergency department, liaise with the nurse in charge of the burns centre to identify the patient's destination, via CT scan if required. Communicate this to the IPMT.	<input type="checkbox"/>
8 Inform the nurse in charge of the burns centre when the patients leave the Emergency department, including whether the patient is going via CT scan.	<input type="checkbox"/>
9 Maintain a record of patient movements.	<input type="checkbox"/>

All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available.

**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**

## 2.3.2 Burns Triage Team Surgeon – Action Card 13

Burns Triage Team Surgeon Informed by Surgeon In Charge Burns Unit		ACTION CARD 13
<b>ACTION</b> - Once notified of a Burns Major Incident		<i>Tick when completed</i>
1	Attend the <b>Check-in point (Burns Seminar Room)</b> , and sign in.	<input type="checkbox"/>
3	You will be a member of the Burns Triage Team (BTT along with a senior nurse and a consultant anaesthetist).	<input type="checkbox"/>
4	If this incident involved Morriston ED, BTT to attend Morriston emergency department to make initial assessments as patients arrive.	<input type="checkbox"/>
5	From the emergency department, liaise with the nurse in charge of the burns centre on (23441).	<input type="checkbox"/>
6	Request Individual Patient Management Teams (IPMT) to attend the Emergency department as required, guided by patient numbers and injury severity.	<input type="checkbox"/>
7	Provide assistance to the IPMT as required.	<input type="checkbox"/>

All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available.

### 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**

### 2.3.3 Burns Triage Team Anaesthetist Action Card 14

Burns Triage Team Anaesthetist Informed by Surgeon In Charge Burns Unit		ACTION CARD 14
<b>ACTION</b> - Once notified of a Burns Major Incident		<i>Tick when completed</i>
1	Attend the <b>Check-in point (Burns Seminar Room)</b> , and sign in.	<input type="checkbox"/>
2	You will be a member of the Burns Triage Team (BTT along with a senior nurse and a consultant surgeon.	<input type="checkbox"/>
3	If this incident involved Morriston ED, BTT to attend Morriston emergency department to make initial assessments as patients arrive.	<input type="checkbox"/>
4	From the emergency department, liaise with the nurse in charge of the burns centre (23441).	<input type="checkbox"/>
5	Request Individual Patient Management Teams (IPMT) to attend the Emergency department as required, guided by patient numbers and injury severity.	<input type="checkbox"/>
6	Provide assistance to the IPMT as required.	<input type="checkbox"/>

All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available.

**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**

## 2.4 Burns Major Incident Action Cards – Support Team

### 2.4.1 Nurse-In-Charge – Burns Centre (23441) - Action Card 15

Nurse-In-Charge – Burns Centre (23441) Informed by Switchboard Cisco		ACTION CARD 15
<b>ACTION</b> - Once notified of a Burns Major Incident by Switchboard Cisco phone.		<i>Tick when completed</i>
1	Contact the Burns & Plastic Surgery Matron on 23467, or at home and advise of incident. Activate the Burns Major Incident Response Team, (BIRT) if requested.	<input type="checkbox"/>
2	Contact <b>the Head of Nursing for Surgery or Designated Deputy</b> and advise them of the Incident.	<input type="checkbox"/>
3	Inform the Nurse in Charge of Burns Theatre. If out of hours, contact nurse on call for Burns Theatre.	<input type="checkbox"/>
4	If unable to contact Burns & Plastic Surgery Matron, identify a senior Nurse on Tempest Ward to act as Triage Nurse (must have undertaken E.M.S.B course).	<input type="checkbox"/>
5	If necessary, take on this role yourself, and identify an alternative senior Nurse in the Burns Centre to take 23441. The 23441 holder needs to communicate from the Burns Co-ordination Centre.	<input type="checkbox"/>
6	If Band 7 on Tempest not on shift, contact them at home.	<input type="checkbox"/>
7	Meet key personnel, from each Burns area and provide brief details of incident. Identify Burns receptionist to take on clerical role in Secondary Co-ordination Centre (Burns Co -ordination Centre) as a priority. Each nurse to then return to their own areas, and <ul style="list-style-type: none"> <li>• Identify available staff currently on duty and assess the needs to their area</li> <li>• Contact off duty staff from their own area, identify availability, ensuring that does not compromise next 2 shifts, and advise to be on stand-by</li> <li>• Allocate admin support X2 to receive calls and document staff availability as designated contact.</li> </ul> Complete availability list and take to the Burns Co-ordination Centre.	<input type="checkbox"/>
8	In conjunction with key personnel, Assist the Burns SHO in identifying patients for potential discharge or transfer from Tempest Ward. The transfer receiving ward will be Powys Ward for adults. Notify the Burns Co-ordination Centre.	<input type="checkbox"/>
		<input type="checkbox"/>

9	Pending the arrival of the Head of Nursing or Assistant General Manager for Regional Services, initiate the establishment of the Burns Co-ordination Centre, and check-in point. (If able to, commence or allocate responsibility of their action card).	
10	Liaise with consultant surgeon and consultant anaesthetist to assign staff into treatment teams. Treatment teams consist of one surgeon, one anaesthetist and one nurse. These teams should be ready to receive patients in the burns centre or will be called to the Emergency department when required to assist in stabilisation and transfer of the patient to the burns centre.	<input type="checkbox"/>
11	Brief waiting staff about the incident. Inform and update Burns Co-ordination Centre of staff movements, and any shortfall.	<input type="checkbox"/>
12	During normal working hours contact person in charge of B&P Physiotherapist – Phone No 33984, to prepare their department for waiting staff, and to advise of therapist requirements.	<input type="checkbox"/>
13	Contact Burns Centre Senior HCSW on 33802, or at home. To assist with equipment.	<input type="checkbox"/>
14	Identify any additional equipment requirements and pass this list to the Head of Nursing or Associate Service Group Director for Regional Services in the Burns Co-ordination Centre.	<input type="checkbox"/>

**All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available.**

**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**

## 2.4.2 Nurse-In-Charge – Plastic Surgery (33624) - Action Card 16

Nurse-In-Charge – Plastic Surgery 33624 (powys ward)		ACTION CARD 16
<b>ACTION</b> - Once notified of a Burns Major Incident by Switchboard Cisco phone.		<i>Tick when completed</i>
1	Contact the Burns & Plastic Surgery Matron on 23993 or at home and advise them of the incident. If unable to contact, a senior Sister/Charge Nurse in Plastic Surgery should be contacted instead. Contact one of the Plastic Surgery Nurse Practitioners, advise of the incident and ask them to attend.	<input type="checkbox"/>
2	Contact <b>the Head of Nursing for Surgery or Designated Deputy</b> and advise them of the Incident.	
3	The Senior nurse for Plastic surgery will follow this Action Card until one of the above arrives. On their arrival provide a hand-over, relinquish responsibility, and await further instructions.	<input type="checkbox"/>
4	<p>Meet key personnel from each plastic surgery area and give them brief details of incident. Each then to return to their own areas and:</p> <ul style="list-style-type: none"> <li>Identify available staff for transfer to the Burns Centre, including Clerical staff. Once instructed, these staff should go to the Check-In-Point (Burns Seminar Room). Staff will then wait for further briefing in the Burns &amp; Plastic Surgery Physiotherapy Department (key number available on Tempest and Powys Ward).</li> <li>Contact off duty staff from their area, identify availability, ensuring that does not compromise next 2 shifts and advise to be on stand-by. DO NOT CALL IN (this will be organised by the Assistant General Manager/Head of Nursing when exact requirements are identified).</li> </ul> <p>Complete availability list and relay to the Co-ordination Centre in the Burns Centre.</p>	<input type="checkbox"/>
5	<p>In conjunction with key personnel, assist the Plastic Surgery SHO to appraise available beds within the Plastic Surgery Centre and identify patients who could be transferred to other Wards within the hospital, or discharged home.</p> <p>Await instructions regarding actual discharges and transfers from the Head of Nursing or designated Deputy for Surgery. Patients awaiting discharge may be directed to the Renal Day Case Unit.</p> <p>A record must be kept of all transfers and discharges, and the Burns Co-ordination Centre on Tempest must be notified. Liaise with</p>	<input type="checkbox"/>

Nurse-In-Charge – Plastic Surgery 33624 (powys ward)		ACTION CARD 16
Paediatric Outreach Nurse in Charge on 23585/38060 regarding Plastic/Burns patients on Ward M.		
6	Ensure that Powys Ward staff prepare for patients with soft tissue injuries, which may arrive from the incident. Other trauma referrals will only be accepted if they cannot be delayed until the following day (e.g.; Revascularisation/re-plantation).	<input type="checkbox"/>
7	Ensure that the Burns & Plastics Surgery Outpatients is opened and vacated of patients as directed by the Head of Nursing or Assistant General Manager for Regional Services (then follow Out-patient's action card 53). Liaise with the Secondary Co-ordination Centre regarding staff requirements to receive relatives for this area.	<input type="checkbox"/>
8	Liaise with the Burns Co-ordination Centre concerning staff, patients, and available beds. The Hospital Co-ordination Centre can be contacted by telephone on extension 30759, 320905, 33778. To attend Burns Co-ordination Centre when role completed.	<input type="checkbox"/>

**All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available.**

**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**

2.4.3 Head of Nursing or Designated Deputy for Surgery (Burns & Plastic Surgery) - Action Card 17

Head of Nursing/Designated Deputy for Burns & Plastic Surgery Informed by Nurse-In Charge Burns Unit		ACTION CARD 17
<p><b>ACTION</b> - Once notified of a Burns Major Incident by Nurse-In-Charge, Burns Unit, proceed to the Burns Co-ordination Centre in Tempest Ward (If unavailable, another Head of Nursing or General/ASGD will need to be identified by the Hospital Co-ordination Centre to undertake this role:</p>		<i>Tick when completed</i>
1	<p>Establish the Burns Co-ordination Centre (Resource Room, Tempest Ward), and the <b>Staff Check-in Point (Burns Seminar Room)</b> with clerical support. Once staff have checked in ensure that they are directed to the Burns &amp; Plastic Surgery Physiotherapy Department for briefing and to await the arrival of casualties.</p> <p>Allocate a Loggist to the Burns Co-ordination Centre. (A list of Loggist trained staff is included in the Burns Co-ordination Centre).</p>	<input type="checkbox"/>
2	<p>Establish contact with the main Hospital Co-ordination Centre who will liaise with the Executive on Call.</p>	
3	<p>Together with the Nurse-In-Charge Burns Centre (23441) establish the number of clerical/receptionist staff required (the minimum number required to support an incident is 5 clerks/receptionist).</p> <p>Identify a clerk/receptionist to contact the clerical staff (if out of hours, delegate responsibility to contact 23441. Telephone numbers for plastic surgery clerical staff are kept in the duty Plastic Surgery folder.</p>	<input type="checkbox"/>
4	<p>Liaise with the Hospital Co-ordination Centre, establishing links with key personnel i.e., Site Manager, Theatre Services Manager, and Senior Nurse in the Emergency Department, TNR Manager.</p>	<input type="checkbox"/>
5	<p>Contact the following (if not already notified by Switchboard) - Medical Photography Manager.</p>	<input type="checkbox"/>
6	<p>Liaise with 23441 and General OPD Nurse in Charge to ensure that the General Outpatients is opened and, cleared as appropriate and staffed for the counselling of relatives.</p>	<input type="checkbox"/>
7	<p>Liaise frequently with the Burns Triage Nurse (23882) the Nurse-in-Charge for Burns Centre and Plastic Surgery Nurse in Charge (23441)</p>	<input type="checkbox"/>

**Head of Nursing/Designated Deputy for Burns & Plastic Surgery      ACTION CARD 17**  
**Informed by Nurse-In Charge Burns Unit**

- Establish staff requirements shift by shift. Liaise and discuss with Nurse Bank Manager in the Hospital Co-ordination centre the availability of bank nurses. Once bank nurse availability has been identified, the Nurse Bank team will ring bank staff. Request Clerks to ring available Burns & Plastic surgery staff as identified by above Bleep holders.
  
- Liaise with Hospital Co-ordination Centre for an update on staff and bed availability in GITU/CITU.
  
- If children are involved, liaise with the Paediatric Outreach Nurse in Charge (23585/38060). Out of hours – contact on-call via number provided on tempest ICU
  
- Identify equipment requirements and arrange for their provision.
  
- Confirm with the Catering Department that refreshments for staff are being organised.

8      Keep all documentation relating to staff and patient movement     

**All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available.**

**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**

## 2.4.4 Nurse-In-Charge – Burns Theatre & Dressing Room - Action Card 18

Nurse-In-Charge Burns Theatre & Dressing Room (Cisco 33819)		ACTION CARD 18
Informed by Nurse-In Charge Burns Unit		
ACTION - Once notified of a Burns Major Incident by Nurse-In-Charge, Burns Unit:--		Tick when completed
1	Attend the <b>Check-in point (Burns Seminar Room)</b> , and sign in.	<input type="checkbox"/>
2	Make contact with Nurse-in-Charge of the Burns Centre (23441) for an update on the incident. Ensure regular updates occur throughout incident.	<input type="checkbox"/>
3	Liaise with Burns Co-ordination Centre regarding additional Theatre staffing requirements.	<input type="checkbox"/>
4	Liaise with Burn Co-ordination centre to assess for the potential need for Burns Theatre.	<input type="checkbox"/>
5	Establish availability of allograft/cryoskin - contact suppliers and inform of potential requirements.	
6	In conjunction with Medical Staff formulate Teams of staff for Theatre and Dressings area. At least 1 Theatre & Dressing Room staff to be in each Theatre Team.	<input type="checkbox"/>
7	Maintain records of patient movements, diagnosis, and treatments.	<input type="checkbox"/>
8	Co-ordinates Burns Theatre and Dressing lists, allocating work accordingly.	<input type="checkbox"/>

**All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available.**

### 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**

## 2.4.5 Plastic Surgery Nurse Practitioner (23655) - Action Card 19

Plastic Surgery Nurse Practitioner (Cisco 23655)		ACTION CARD 19
Informed by Nurse-In Charge Burns & Plastic Surgery		
ACTION - Once notified of a Burns Major Incident by Nurse-In-Charge, Plastic Surgery :--		Tick when completed
1	Go to Powys ward, meet, and receive a handover of the situation from the Lead Nurse for Plastic Surgery and or 23441 Cisco phone holder. If called in from home attend the <b>Check-in point (Burns Seminar Room)</b> , and sign in.	<input type="checkbox"/>
2	Liaise with the SHO on-call for Plastic Surgery.	<input type="checkbox"/>
3	Provide Nurse Practitioner support for remaining in-patients within Tempest and Powys wards.	
4	Co-ordinate safer transfer and discharge of ward-based patients. Ensuring accurate documentation is maintained. Inform Burns & Plastic Surgery Matron and Secondary Co-ordination Centre.	
5	Provide Nurse Practitioner support for any patient that may arrive from the incident with soft tissue injuries.	
6	In conjunction with the SHO on-call for Plastic Surgery review referrals, only accepting revascularisation/replantation cases.	
7	Keep accurate records of those patients whose referrals is deferred, obtaining contact numbers of clinician(s), and patient details, in order to contact them in the future with an appropriate date and time for the patient to attend.	
8	Ensure all documentation re patient discharges transferred is given to the Burns Coordination centre.	

**All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available.**

### 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**

## 2.4.6 Clerical Staff – Action Card 20

Clerical Staff		ACTION CARD 20
Informed by Nurse-In Charge of Burns or Plastic Surgery Unit or Deputy		
<p><b>ROLE:</b> - Clerical staff will play an important role in supporting the clinical, nursing, and managerial staff during the incident. The availability of clerical staff will be assessed by the Senior Nurses for Burns and for Plastic Surgery from Wards, OPD and secretarial staff. Clerical staff telephone numbers will be available in the Burns and Plastic bleep holder folders.</p>		
<p><b>ACTION:-</b> When informed of a Burns Major Incident/instructed by the Nurse-In-Charge of the Burns Centre or Plastic Surgery Units or Deputy clerical staff should:-</p>		<p><i>Tick when completed</i></p>
1	<p>Proceed immediately to the Staff <b>Check-in point (Burns Seminar Room)</b>, sign in and contact Burns &amp; Plastics admin support on 39859 re cancellation of any pre booked meetings for the Burns Seminar Room.</p>	<input type="checkbox"/>
2	<p>On arrival, the Nurse-In-Charge Burns Centre will direct Clerical staff to an area to man.</p> <p>The first to arrive will assist in setting up the Staff Check-in point (Burns Seminar Room) and then the Burns Co-ordination Centre</p> <ul style="list-style-type: none"> <li>• <b><i>For a Burns Incident involving the Emergency Department at Morriston Hospital</i></b> – Patients brought to the Burns Triage Area from the Emergency Department at Morriston Hospital will already have numbered documentation pack and tags with them – these must remain with the patient at all times.</li> <li>• <b><i>For a Burns incident outside the catchment area for the Emergency Department at Morriston</i></b> - The Major Incident Packs can be obtained from the burns major incident room. All the packs will be pre-numbered with MI numbers. (See protocol located in Burns Co-ordination Centre).</li> </ul>	<input type="checkbox"/>
3	<p>One member of clerical staff will remain permanently in the Burns Co-ordination Centre, and a second will remain at the Weighbridge to issue emergency numbers/notes and tags (unless already issued in the Emergency Department at Morriston Hospital), until all casualties have stopped arriving. Additional staff will co-ordinate the <b>staff check-in point</b> in the interface room and the phone lines for staff to contact regarding their availability.</p>	

All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available.

**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**

## 2.4.7 Loggist - Action Card 21

Burns Co-ordination Centre Loggist Action Card		ACTION CARD 21
ROLE SUMMARY		
<p>To record all key decisions taken or not taken by the Silver Commander in the Burns Co-ordination Centre.</p> <p>The Loggist is not a minute taker or there to provide any other administration functions. The role will be undertaken by trained staff only.</p> <p>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 <b><u>SBU.MajorIncidentMorr@wales.nhs.uk</u></b>	<input type="checkbox"/>
	SBUHB Headquarters <b><u>SBU.MajorIncidentHQ@wales.nhs.uk</u></b>	<input type="checkbox"/>
	Tempest Ward, Burns Centre <b><u>Burns.Incident@wales.nhs.uk</u></b>	<input type="checkbox"/>
2	On receipt of a Major Incident declared, a trained Loggist will be contacted to fill the role of Silver Loggist.	<input type="checkbox"/>
3	When requested attend the Burns Co-ordination Centre.	<input type="checkbox"/>
4	Ensure you receive a briefing of the incident so far.	<input type="checkbox"/>
5	Commence the Incident Logbook, ensuring the incident name and date are documented.	<input type="checkbox"/>
6	Introduce yourself to the Silver Commander and outline your role as above.	<input type="checkbox"/>
7	Remain by the side of the Silver Commander and attend all meetings/briefings unless directed by the Silver 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 though 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 a safe place as a record of the incident. The Logbook should be stored within the Co-ordination Centre. <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**

## 2.4.8 Coordination of Psychosocial Care - Action Card 22

Coordination of Psychosocial Care		Action Card 22
BURNS CENTRE CONSULTANT CLINICAL PSYCHOLOGIST		
<p><b>ROLE SUMMARY:</b></p> <p>To support the Burns MDT in providing psychological first aid to patients and relatives admitted to the Burns Centre during a major incident and ensure appropriate psychoeducation is provided (in written form).</p> <p>To initiate the TRiM process with regards to staff support.</p> <p>To ensure routine screening of psychological needs of inpatients is considered prior to discharge.</p> <p>To liaise with Burns MDT and other relevant services (including chaplaincy, PALS, Social Work team) as appropriate.</p>		
No	Action	Tick when completed
1.	<p><b>Once notified of a Burns Major Incident by Switchboard you should immediately:</b></p> <p>Proceed to the Hospital. <input type="checkbox"/></p> <p>Report to the <b>Check-in-point in the Burns Seminar Room.</b> <input type="checkbox"/></p> <p>Call relevant psychology department senior team members alongside Burns and Plastic surgery psychology team, as appropriate. <input type="checkbox"/></p>	
2.	Attend the Burns Coordination Centre and obtain up to date details of the re the incident. <input type="checkbox"/>	

<p>3.</p>	<p><b><u>Immediate provision of information and advice to the patients and families under the care of the burns centre:</u></b></p> <p>Nursing staff to provide copies of leaflets advising patients and families (adults and children) of the burns psychology service, common psychological responses to a traumatic event and when help should be sought (Leaflets available on Tempest ward ITU, Tempest ward and Ward M).</p>	<p>□</p>
<p>4.</p>	<p><b><u>Immediate Concerns re: Mental Health Crisis:</u></b></p> <p>For concerns that any adult is experiencing mental health crisis in relation to the incident, support can be available on site from the hours of 7am to 10pm via Liaison Psychiatry (contactable via 01792 703312/ internal dial 33312). Outside these hours, contact Mental Health Single Point of Access on 01639 862032</p> <p>In the event of a young person (under-18) presenting in overt mental-health crisis contact the Child and Adolescent Mental Health Service (CAMHS) single point of access on 01639 862744 (9 am to 5 pm) or the out of hours on-call child psychiatrist or crisis team (via Morriston Hospital switchboard).</p>	

5.	<p><b><u>Concerns re: psychological impact of major incident on patients and families under the care of the burns centre:</u></b></p> <p>Patients and families (adults and children) admitted to the burns centre will be screened for psychological distress by nursing staff as soon as is clinically appropriate and referred to the burns centre psychology service as required.</p>	□
----	--	---

<p>6.</p>	<p><b><u>Staff Wellbeing / Psychological needs:</u></b></p> <p>The Welsh Centre for Burns has a team of practitioners and two strategic leads trained in MedTRiM- a proactive approach which aims to ensure that colleagues are supported following any PTE (potentially traumatic events) experienced at work. The Consultant Clinical Psychologist (as one of the two TRiM strategic leads within the Burns Centre) will:</p> <p>Inform other strategic lead and Burns Centre TRiM practitioners that a burns major incident has taken place.</p> <p>Support TRiM practitioners on duty in the centre at the time of the major event and in it's immediate aftermath to undertake psychological defusing as appropriate (as per MedTRiM training).</p> <p>Initiate use of MedTRiM incident logbook (located within Burns Centre Teams TRiM channel).</p> <p>Organise TRiM incident briefing meeting as soon as possible (ideally within 72 hours) following stand-down of major incident. To include strategic leads, TRiM practitioner, Burns Centre director, lead surgeon, lead anaesthetist, lead nurse, therapies lead. Attendance to be offered to all staff involved in the burns major incident (attendance is <b>not</b> compulsory). Document in logbook.</p> <p>Organise planning meeting with key personnel to agree on the offer of any individual or group staff risk assessments (ideally within 3 days of the briefing meeting). Document in logbook.</p> <p>Following any individual or group risk assessment one month follow up risk assessments to be completed. Document in logbook.</p> <p>Following one month follow up risk assessments 3 month risk assessments to be completed. Document in logbook.</p> <p>TRiM action completed. Document in logbook.</p> <p>TRiM logbook archived.</p> <p><b>Please note:</b> In the event of a Burns Incidence Response Team (BIRT) being deployed to a national burns mass casualty incident outside of the Swansea Bay UHB area the above process regarding staff support will be implemented on their return.</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
-----------	--	---

7.	Consultant Clinical Psychologist to meet with senior psychology department team 2 <sup>nd</sup> day post incident to discuss the potential increased workload for burns and plastic surgery psychology staff and to consider support required during recovery period.	□
----	---	---

**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**

## 2.5 Burns Incident Response Team, (BIRT) Action Cards

A Burns Incident Response Team may be requested as a result of a burns incident in Wales or anywhere within the UK, (See NHS England Concept of Operations and Burns Annex). A BIRT will comprise of a Burns Surgeon, Anaesthetist and Nurse and will be activated by the Clinical Cell within London.

### 2.5.1 BIRT Surgeon – BIRT Action Card 1

BIRT STANDING OPERATING PROCEDURES (SOP's)	
<b>Subject</b>	BIRT Surgeon
<b>Reference Number</b>	BIRT Action Card 1
<b>Target Audience</b>	Consultant Surgeon with a specialist interest in burn care
Action No	Actions
0	Pack money, mobile phone and charger, pens, change of clothes, toiletries, and personal medication sufficient for at least 48 hours.
1	Report to Burns Seminar room.
2	Brief the team members, collect Hi-Viz tabard inscribed BIRT Surgeon.
3	Ensure appropriate BIRT assessment paperwork is available and ready to be taken to the receiving hospital with you.
4	Await transport to casualty receiving hospital.
4	On arrival at casualty receiving hospital, liaise with lead clinician or EPRR co-ordinator.
5	Undertake joint burns assessments using BIRT assessment paperwork.
6	Indicate patient's priority according to TBSA and clinical condition.
7	Calculate and advise on fluid resuscitation requirements.
8	Advise on treatment and dressing options.
9	Ensure completed BIRT assessment paperwork is immediately available to the clinical cell.
10	DO NOT become involved in treatment of patients.
11	Report any problems, concerns, or requests to local EPRR coordinator.
12	Be aware of members of the press and ensure that confidentiality is maintained.
13	Once all required assessments are completed, return to base hospital.
14	Attend the hot 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**

## 2.5.2 BIRT Anaesthetist – BIRT Action Card 2

BIRT STANDING OPERATING PROCEDURES (SOP's)	
<b>Subject</b>	BIRT Anaesthetist
<b>Reference Number</b>	BIRT Action Card 2
<b>Target Audience</b>	Consultant Anaesthetist with a specialist interest in burn care
Action No	Actions
0	If available to attend a mass casualty as part of a BIRT please ensure you bring the following: money, phone and charger, pens, change of clothes, toiletries, and personal medication sufficient for at least 48 hours.
1	Report to Burns Seminar room.
2	Receive briefing from BIRT Team Leader (BIRT Surgeon), collect Hi-Viz Tabard inscribed BIRT Anaesthetist.
3	Ensure appropriate BIRT assessment paperwork is available and ready to be taken to the receiving hospital with you.
4	Await collection of BIRT for transfer to receiving hospital.
5	On arrival at receiving hospital, liaise with lead clinician / EPRR.
6	Undertake joint Burns assessments using BIRT assessment paperwork.
7	Indicate patient's priority according to TBSA/ clinical presentation.
8	Calculate and advise fluid resuscitation requirements.
9	Advise on treatment options for the patients.
10	Ensure completed BIRT assessment paperwork is made immediately available to the clinical cell.
11	DO NOT become involved with treatment of patients.
12	Report any problems, concerns, or requests to BIRT Team Leader.
13	Be aware of members of the press and ensure confidentiality maintained.
14	At completion of all the required assessments, return to base hospital.
15	At completion of the incident, attend the hot 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**

### 2.5.3 BIRT Nurse – BIRT Action Card 3

BIRT STANDING OPERATING PROCEDURES (SOP's)	
Subject	BIRT Nurse
Reference Number	BIRT Action Card 3
Target Audience	Senior Nurse EMSB Qualified
Action No	Actions
0	If available to attend a mass casualty as part of a BIRT please ensure you bring the following: money, phone and charger, pens, change of clothes, toiletries, and personal medication sufficient for at least 48 hours.
1	Report to Burns Seminar room.
2	Receive briefing from BIRT Team Leader (BIRT Surgeon), collect Hi-Viz Tabard inscribed BIRT Nurse.
3	Ensure appropriate BIRT assessment paperwork is available and ready to be taken to the receiving hospital with you.
4	Await collection of BIRT for transfer to receiving hospital.
5	On arrival at receiving hospital, liaise with lead clinician / EPRR.
6	Undertake joint Burns assessments using BIRT assessment paperwork.
7	Indicate patient's priority according to TBSA/ clinical presentation.
8	Advise on treatment/dressing options for the patients.
9	Ensure completed BIRT assessment paperwork is made immediately available to the clinical cell.
10	DO NOT become involved with treatment of patients.
11	Report any problems, concerns, or requests to BIRT Team Leader.
12	Be aware of members of the press and ensure confidentiality maintained.
13	At completion of all the required assessments, return to base hospital.
14	At completion of the incident, attend the hot 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**

## SECTION 3

### **MORRISTON HOSPITAL RESPONSE LIST AND ACTION CARDS FOR A BURNS MAJOR INCIDENT WHERE MORRISTON EMERGENCY DEPARTMENT IS NOT INVOLVED.**

The Following Action Cards from The Morriston Major Incident Plan Will Be Invoked as Well as The Burns Major Incident Plan.

---

## **SECTION 3: HOSPITAL RESPONSE LIST AND ACTION CARDS FOR A BURNS MAJOR INCIDENT WHERE MORRISTON EMERGENCY DEPARTMENT IS NOT INVOLVED**

---

### **3.1 SBUHB Morriston Major Incident Plan Action Cards to be invoked to support the Burns Major Incident Plan.**

Please note - if it is a Burns Major Incident outside SBU area the following action card holders, (as listed below) from the Morriston Plan will be activated in addition to the Burns Major Incident Plan.

Some action cards are from the Morriston Major Incident Procedure include attending the Emergency Department; some responders will be re-directed to the Burns Centre, as burns patients, in this instance, should not be admitted to Morriston ED as they will be established in their nearest ED/Trauma Unit/Major Trauma Centre.

**NOTE: -**

**For a Burns Major incident involving Morriston Emergency Department - both the Morriston Major Incident Plan and the Burns Major Incident Plan will be invoked**

#### **Hospital Switchboard Team –**

- Hospital Telephonist – Action Card 01

#### **Medical Team**

- General Consultant Anaesthetist On Call – Action Card 9
- Burns Anaesthetist Trainee/Cardiac Trainee on Call - Action Card 11
- Consultant General Surgeon, On-Call - Action Card 16
- Consultant Trauma & Orthopaedic Surgeon On-Call – Action Card 20
- Paediatric Consultant of the Week (COW) 1- Action Card 32
- Paediatric Consultant of the Week (COW) 2 - Action Card 32a
- Consultant Paediatrician 3 - Action Card 32b
- Paediatric Middle Grade Doctor On-Call - Action Card 33
- Paediatric SHO Grade Doctor On Call – Action Card 33a
- Consultant Physician On-Call - Action Card 38

#### **Management Team**

- Executive On Call - Action Card - Refer to SBUHB Overarching Major Incident Procedure for Strategic Response
- Clinical Site Team – Action Card 43
- Silver Command– Action Card 44
- Head of Communications/Deputy – Action Card 46
- Service Group Nurse Director/Deputy – Action Card 47
- Service Group Medical Director/Deputy Action Card 48

### **Support Team**

- Health Board Nurse Bank Manager - Action Card 49
- Matrons – Action Card 50
- Matron for Paediatrics – Action Card 54
- Ward Sister/Charge Nurse for Paediatrics – Action Card 54a
- Paediatric Service Manager - Action Card 54b
- Radiology Services Manager/Deputy – Action Card 57
- Theatre Services Manager – Action Card 59
- Pharmacist – Action Card 60
- HSDU Manager - Action Card 61
- Catering Services Manager – Action Card 62
- Porter Services Manager/Senior Porter On Duty – Action Card 63
- Hospital Security Officer- Action Card 64
- Domestic Services Manager/Senior Domestic On Duty – Action Card 65
- Pathology BMS On Call – Action Card 66
- Anatomical Pathology Technician On Call – Action Card 67
- Medical Illustration Manager/Deputy – Action Card 68
- Information Technology Technician – Action Card 70
- Head of Procurement – Action Card 72
- Physiotherapy Manager – Action Card 73

### **Relatives Care Team**

- Nurse in Charge/Manager: Main General Outpatients Department – Action Card 53
- Spiritual Care Service/Chaplaincy Manager - Action Card 74
- Volunteer Services - Action Card 75
- Patient Advisory Liaison Services (PALS) Team – Action Card 75a
- Home First/Social Work Team/Deputy – Action Card 76
- Care After Death Service Manager – Bereaved Relatives Area Action Card 77
- Nurse in Charge Designated Discharge Area – Action Card 78

### **Press/Media Provision**

- Manager Education Centre – Action Card 79

### 3.2 ACTION CARDS – PRINCIPLES

Action cards have been prepared for all key personnel and departments. These are held by those concerned, whose responsibility it is to have them available at all times.

Action cards form part of the Major Incident Procedure for the Swansea Bay University Health Board. Copies are held on the Health Board intranet site, the Emergency Units, major incident z drive and Hospital Co-ordination Centres.

Due to the additional requirements associated with a major incident the Hospital Co-ordination Centres will be established in Morriston Hospital, Swansea and Princess of Wales Hospital, Bridgend. In the event of a Burns Major Incident outside the SBU area, the Morriston Hospital Co-ordination Centre will be established as well as the Burns Co-ordination Centre.

It is the responsibility of individual Directorates/Departments to ensure that their Action Cards are kept as up to date as possible and that they reflect any service changes or management re-organisations; for maintaining staff call-out lists which must be updated every 3 months; having further Departmental/Ward operational plans; and for ensuring staff are aware of their responsibilities in such an event.

Any amendments to individual Action Cards should be notified to the EPRR Lead SBUHB.

**Note: -**

**Staff must be advised that when contacted, they must not ring back to the hospital switchboards to re-check the message, but are to attend the relevant hospital as soon as possible, and report to the Hospital Co-ordination Centre, unless otherwise stated (i.e., Emergency Unit and Critical Care areas only).**

### 3.3 Hospital Switchboard Team

#### 3.3.1 Hospital Telephonist (Morrison) – Action Card 01

Please note - if it is a Burns Major Incident outside SBUHB area you will need to emphasise to the following action card holders that the Burns Major Incident Plan and some action card holders only from the Morrison Plan will be activated and not all as listed below:

HOSPITAL TELEPHONIST (Morrison)	ACTION CARD 01
<p>Notification will be received by the <u>Hospital Switchboard</u> at Morrison Hospital (on pre-determined ex-directory telephone number), which will normally be from the Ambulance Service; but also, in certain circumstances, may arise initially from the Police, Fire Service, HM Coastguard or the Emergency Department or a Senior Manager within the Health Board.</p> <p>The Switchboard Notification Procedure could include the below processes: -</p> <ul style="list-style-type: none"><li>• Activation of the F24 system – Standby/Declared outside of SBUHB area</li><li>• Activation of the F24/Cisco Systems – Declared in SBUHB area</li><li>• Manual phone calls – Consultants, via the on-call rota</li></ul>	
<p><b>(a) Stand-by Procedure</b></p> <p>In the event of a potential Major Incident situation, or where another Hospital is dealing with a Major Incident, and SBU Health Board have been asked to be prepared to assist:</p> <p>The alerting message must go to the main Hospital switchboard, and will be: -</p> <div data-bbox="328 1245 1390 1973" style="background-color: #1a3d54; color: white; padding: 10px;"><p>This is the Welsh Ambulance Service. The Trust has declared a Major Incident Standby in the following Health Board area - ####. The incident location is: ####.</p><p>The information is as follows:</p><p>Major Incident Standby Exact Location: #### Type of Incident: #### Hazards: #### Access: #### Number of Patients: #### Emergency Services Required or Present: ####</p><p>All Health Boards and partner Health agencies in Wales have been sent this notification.</p></div>	

Do not contact the Welsh Ambulance Service, refer to your organisation's major incident plan. Please await further information.

**Note:** A Standby Incident will subsequently be cancelled or become Declared.

**(b) Major Incident Declared**

For a “**Declared Major Incident from WAST**”, the alerting message will be:-

This is the Welsh Ambulance Service. The Trust has declared a Major Incident in the following Health Board area - ####. The incident location is: ####

The information is as follows:

Major Incident Declared  
Exact Location: ###  
Type of Incident: ###  
Hazards: ###  
Access: ###  
Number of Patients: ###  
Emergency Services Required or Present: ###

All Health Boards and partner Health agencies in Wales have been sent this notification.

Do not contact the Welsh Ambulance Service, refer to your organisation's major incident plan. Please await further information

All Health Boards in Wales will receive the same information.

**(c) Stand Down Procedure.**

On receiving the message from the Ambulance Incident Commander, Ambulance Control will notify the following message to the ED, who will inform the Hospital Co-ordination Centre: -

**This is the Welsh Ambulance Service. The Trust has declared a Major Incident in the following Health Board area - ####. The incident location is: ####**

**The information is as follows:**

**Major Incident Stand Down**

**Exact Location: ###**

**Type of Incident: ###**

**Hazards: ###**

**Access: ###**

**Number of Patients: ###**

**Emergency Services Required or Present: ###**

**All Health Boards and partner Health agencies in Wales have been sent this notification.**

**Do not contact the Welsh Ambulance Service, refer to your organisation's major incident plan. Please await further information**

The Hospital will be informed of any casualties already end-route when this message is given.

**N.B. It is likely that the hospital stand-down will not be given for some time after the scene stand-down, and will be issued from the Hospital Co-ordination Centre, which will in turn be cascaded to relevant staff through the Hospital Switchboard**

ROLE

- Notification could be internal and/or via external partners
- Accept the call and verify its authenticity, recording key information as outlined in the METHANE log.
- Notify key staff as quickly as possible, maintaining a log of staff that have responded.

**ACTION** - As soon as a Major Incident call notification is received, the Hospital Telephonist should:

*Tick when completed*

1.	Obtain the caller details and log as much information as is available using the METHANE template in Log1 below.	<input type="checkbox"/>
2.	Ascertain if the incident is a stand-by; a Declared Major Incident and which health board area; or an Incident implemented by the Emergency Department.	<input type="checkbox"/>
3.	Call back to verify the information.	<input type="checkbox"/>
4.	<p><b>Standby/Declared outside of SBUHB area</b> – As soon as information is received activate the F24 MI standby group and phone to inform:</p> <ul style="list-style-type: none"> <li>• Nurse in charge ED</li> <li>• ED Consultant</li> <li>• Site Matron</li> </ul>	<input type="checkbox"/>
5.	<p><b>Declared Major Incident (SBUHB area)</b> - As soon as information is received activate the F24 MI declared group, Cisco broadcast and make manual phone calls to:</p> <ul style="list-style-type: none"> <li>• Consultants on call group                             <ul style="list-style-type: none"> <li>➤ Anaesthetics consultant</li> <li>➤ ICU consultant</li> <li>➤ General Surgery consultant</li> <li>➤ Vascular consultant</li> <li>➤ Urology consultant</li> <li>➤ T&amp;O consultant</li> <li>➤ Plastic consultant</li> <li>➤ Maxillofacial consultant</li> <li>➤ ENT consultant</li> <li>➤ Paediatric consultant</li> </ul> </li> </ul>	

ROLE

	<ul style="list-style-type: none"> <li>• <b>Notification could be internal and/or via external partners</b></li> <li>• <b>Accept the call and verify its authenticity, recording key information as outlined in the METHANE log.</b></li> <li>• Notify key staff as quickly as possible, maintaining a log of staff that have responded.</li> </ul>	
	<ul style="list-style-type: none"> <li>➤ Cardio Thoracic consultant</li> <li>• Singleton switchboard to inform them and ask them to contact the Obstetrics &amp; Gynaecology and Ophthalmology Consultant</li> </ul> <p>Confirm with Silver Command whether to also activate the separate F24 Burns MI group.</p> <p>Consider transferring non-major incident telephone activity to Singleton Switchboard, where appropriate and possible</p>	
<p>6.</p>	<p><b>Implementation of the Hospital Major Incident Procedure –</b></p> <p>Prior to the formal declaration of a Major Incident, or where there is a serious incident, which does not result in such a declaration of a Major Incident, but where there are many casualties, and the Emergency Department is under severe pressure, the Senior Doctor and/or Nurse in charge of the ED may request the MI standby core team to be established (F24 standby group).</p>	<p><input type="checkbox"/></p>
<p>7.</p>	<p><b>Burns Major Incident –</b> As soon as information is received of a Burns Major Incident, that is outside of the <b>SBUHB area</b>, implement the F24 MI Standby group &amp; Burns MI group and make manual phone calls to:</p> <ul style="list-style-type: none"> <li>• Consultant Burns Surgeon</li> <li>• Consultant Plastic Surgeon</li> <li>• General Consultant Anaesthetist</li> <li>• Consultant General Surgeon</li> <li>• Consultant Trauma &amp; Orthopaedic Surgeon</li> <li>• OOH Consultant Paediatrician</li> </ul> <p>For a major incident declaration or where it is a known Burns major incident <u>within</u> the <b>SBUHB area</b>, activate the F24 MI Declared group and confirm with Silver Command whether to also activate the separate F24 Burns MI group.</p>	<p><input type="checkbox"/></p>

ROLE

	<ul style="list-style-type: none"> <li>• <b>Notification could be internal and/or via external partners</b></li> <li>• <b>Accept the call and verify its authenticity, recording key information as outlined in the METHANE log.</b></li> <li>• Notify key staff as quickly as possible, maintaining a log of staff that have responded.</li> </ul>	
8.	<p>If a 'stand-down' from the Scene is issued by Ambulance Service, relay this <b>only</b> to Gold Command and Morrison Silver Command.</p> <p>The Silver Commander from the Hospital Co-ordination Centre will issue the Hospital stand-down, which might be sometime after that is issued from the Scene and with confirmation from Gold.</p>	<input type="checkbox"/>
9.	<p>When informed by the Hospital Co-ordination Centre of the Hospital 'Stand-down', follow the below in &amp; out of hours communication mechanism:</p> <p><b>In hours (09:00 – 17:00 hrs):</b></p> <p>Activate the F24 MI stand down group</p> <p><b>Out of hours (17:00 – 09:00 hrs):</b></p> <p>The F24 system will not be used for a stand down notification. Silver Command will decide on the appropriate stand down mechanism.</p>	<input type="checkbox"/>

M

**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**

• **MAJOR INCIDENT - SWITCHBOARD (Log 1)**  
**Major Incident Notification- METHANE report**

Person receiving call	
Name & signature	
Date	
Exact time of call	

Person making call	
Name	
Title/Organisation	
Phone number	

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

**RECALL TO CONFIRM & VERIFY INFORMATION: -**

<b>WELSH AMBULANCE</b> <input type="checkbox"/>	<b>POLICE</b> <input type="checkbox"/>	<b>MID &amp; WEST FIRE</b> <input type="checkbox"/>
Central & West Ambulance Control – (Carmarthen) (01267) 245777 <input type="checkbox"/>	South Wales Police – Swansea - 101 Critical Incident - 01656 869238 <input type="checkbox"/>	Carmarthen Control Room – (01267) 237195 / 222044 <input type="checkbox"/>
South East Ambulance. Control – (Newport) (01633) 294866 <input type="checkbox"/>	South Wales Police – Bridgend (01656) 655555 or 101 <input type="checkbox"/>	<b>H.M. COASTGUARD</b> <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"/>

### 3.4 Medical Team

#### 3.4.1 General Consultant Anaesthetist On-Call - Action Card 9

GENERAL CONSULTANT ANAESTHETIST ON-CALL (Informed by SR Anaesthetic Trainee/Middle Grade On-Call)		ACTION CARD 9
ROLE SUMMARY		
<p><b>In hours (08.00 hrs – 17.00 hrs, Monday – Friday); Duty Consultant</b></p> <p><b>In hours (17.00 - 20.00) Cepod Anaesthetist</b></p> <p><b>Out of hours; General Consultant on Call</b></p>		
<ul style="list-style-type: none"> <li>• Call in second on call Consultant Anaesthetist or appraise Burns Anaesthetist (Phone 36496) Ask them to cascade METHANE message to major incident WhatsApp group if not already done and to determine availability and requirements for anaesthetists to attend. Use Microsoft Forms link in Whatsapp group.</li> <li>• <a href="https://forms.office.com/e/tnjguLVLGd">https://forms.office.com/e/tnjguLVLGd</a></li> </ul>		
<ul style="list-style-type: none"> <li>• Attend coordination centre to receive briefing on the situation.</li> </ul>		
<ul style="list-style-type: none"> <li>• Out of hours, General On Call Consultant to ensure that Cardiac and Paediatric On Call Consultants have been called in by onsite Anaesthetic staff</li> </ul>		
<ul style="list-style-type: none"> <li>• Attend the Emergency Department to assist the Consultant in Emergency Medicine. Take on the role of Anaesthetic Commander in ED. Liaise with the Second on Call consultant when they arrive – send them to theatre to create resuscitation pod teams. Liaise with ITU consultant on call as to state of ITU.</li> </ul>		
<ul style="list-style-type: none"> <li>• Oversee the deployment of resuscitation pod teams in the Emergency Department in role of Anaesthetic Commander to specific patients – assisting the transfer of these patients up to theatres with each team.</li> </ul>		
<ul style="list-style-type: none"> <li>• Refer to the major incident clinical guidelines: <a href="https://www.england.nhs.uk/ourwork/epr/major-incidents/">https://www.england.nhs.uk/ourwork/epr/major-incidents/</a></li> </ul>		
ACTION - As soon as a major incident is declared you should immediately: -		Tick when completed
1.	<p><b>Out of hours</b> - call in the second on call Anaesthetist</p> <p><b>In hours</b> - enlist help of the Burns Anaesthetist.</p> <p>Disseminate a METHANE message to the major incident WhatsApp group or ask second on call cons to do it.</p>	<input type="checkbox"/>

(Informed by SR Anaesthetic Trainee/Middle Grade On-Call)

## ROLE SUMMARY

	Post link for consultants to record <a href="https://forms.office.com/e/tnjguLVLGd">https://forms.office.com/e/tnjguLVLGd</a>	<input type="checkbox"/>
2.	If you don't already have it, take with you the 23808 phone from the SR trainee.	<input type="checkbox"/>
3.	Ensure on site anaesthetic staff have called in On Call Anaesthetic Consultants; (Cardiac and Paediatrics). They should proceed as soon as possible to main theatres where they will be briefed by the Theatre Lead Anaesthetist.	<input type="checkbox"/>
4.	Proceed to the coordination centre and receive briefing on the situation	<input type="checkbox"/>
5.	Proceed to the Emergency Department and assist the Consultant in Emergency Medicine in assessing the number of P1 patients needing resuscitation.	<input type="checkbox"/>
6.	Request resuscitation pod teams from the TLA and allocate them to specific patients – with the inclusion of an ED doctor whilst they are in ED.	<input type="checkbox"/>

All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available. This unique numbering system must remain in place for 24hrs.

Once patients are formally identified their names can be recorded alongside the numbering system, but cannot replace this system which must remain for 24 hrs post incident

**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**

<u>Contacts:</u>	<i>CEPOD Cons</i>	23808	<i>Cardiac Trainee</i>	23615	<i>Anaes Office</i>	33279
	<i>CEPOD Trainee</i>	23488 36496	<i>3<sup>rd</sup> ITU</i>	30600	<i>Blood Bank</i>	33054
	<i>Burns Trainee</i>	23495	<i>ITU sister</i>	33479	<i>Theatre co- ordinator</i>	34060
	<i>ED Resus</i>	33428	<i>ODP</i>	23820	<i>CT scan</i>	33393

### 3.4.2 Medical: 2<sup>nd</sup> General/Burns Consultant Anaesthetist. Action Card 9a

<b>SECOND GENERAL CONSULTANT ANAESTHETIST ON-CALL</b> <b>ACTION CARD 9a</b> (Informed by SR Anaesthetic Trainee/Middle Grade On-Call)		
<b>ROLE SUMMARY</b>		
<p><b>In hours</b> – Burns Anaesthetist (08.00 - 17.00)</p> <p><b>In hours</b> – Trauma Anaesthetist (17.00- 20.00)</p> <p><b>Out of hours</b> - Second on Call Consultant</p>		
<ul style="list-style-type: none"> <li>Cascade METHANE information to all colleagues via Major Incident WhatsApp group (if not already passed by first on call consultant) and post availability poll - <a href="https://forms.office.com/e/tnjguLVLGd">https://forms.office.com/e/tnjguLVLGd</a></li> <li>Plan requirements for consultants needed to attend and availability via Microsoft Forms link and call-in consultant colleagues as required, whilst considering protection of next day working (if possible).</li> <li>Oversee the creation of Anaesthetic/Theatre pod teams that will form a Consultant Anaesthetist, Trainee Anaesthetist, ODP, Consultant Surgeon, Trainee Surgeon, Scrub Practitioners, Theatre Healthcare staff and a vacant theatre.</li> <li>Oversee the deployment of theatre pod teams to the emergency department to help with resuscitation or retrieval of patients to theatre for damage control surgery as required.</li> <li>Coordinate onward dissemination of patients to ward/ITU as required.</li> <li>Refer to the major incident clinical guidelines: <a href="https://www.england.nhs.uk/ourwork/epr/major-incidents/">https://www.england.nhs.uk/ourwork/epr/major-incidents/</a></li> </ul> <p><b>ACTION</b> - As soon as a major incident is declared you should immediately:-</p>		
<b>Tick when completed</b>		
1.	<p><b>Liase with Consultant on Call (will likely be in Emergency department)</b></p> <p>Ensure METHANE message has been cascaded to the consultant major incident Whatsapp group and availability link - <a href="https://forms.office.com/e/tnjguLVLGd">https://forms.office.com/e/tnjguLVLGd</a></p>	<input type="checkbox"/>

	Call in consultant colleagues based on availability data (Considering need to protect next day working where possible)	<input type="checkbox"/>
2.	Pick up a free cisco phone and ensure others know the number	<input type="checkbox"/>
3.	Oversee the creation of theatre pod teams consisting of Consultant Anaesthetist, Trainee Anaesthetist, ODP, Consultant Surgeon, Trainee Surgeon, Scrub and Healthcare staff. Attach each pod to a vacant theatre.  Call in consultant anaesthetists as required based on availability and need to ensure following day continuity.	<input type="checkbox"/>
4.	Oversee the deployment of theatre pod teams down to ED rhesus to retrieve patients from resuscitation teams and transfer up to theatre for damage control surgery or to help with resuscitation as required as requested by the anaesthetic commander in ED	<input type="checkbox"/>
5.	Liaise with ITU consultant / ITU 3rd on call (30600) about disposition of patients once out of theatre. It may be appropriate for patients to remain in theatre until capacity for care has been created	<input type="checkbox"/>

All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available. This unique numbering system must remain in place for 24hrs.

Once patients are formally identified their names can be recorded alongside the numbering system, but cannot replace this system which must remain for 24 hrs post incident

**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**

### 3.4.2 Burns/Cardiac Trainee Anaesthetist – Action Card 11

<b>BURNS ANAESTHETIC TRAINEE/CARDIAC TRAINEE ON CALL</b> <b>ACTION CARD 11</b> (Informed by Switchboard– Cisco phone broadcast)	
<b>ROLE SUMMARY</b>	
<ul style="list-style-type: none"> <li>• Ensure on-site medical staff in Anaesthetics are aware</li> </ul> <p><b>Burns Trainee</b></p> <ul style="list-style-type: none"> <li>• Undertake clinical anaesthetic duties for existing theatre patients</li> <li>• Make yourself available to general ITU as needed to help make space for anticipated patients</li> <li>• Assist the General on Call consultant in ED with resus and transfer of patients to theatre/ITU.</li> </ul> <p><b>Cardiac Trainee</b></p> <ul style="list-style-type: none"> <li>• Care for existing ventilated patients on the Cardiac ITU</li> <li>• If able to leave cardiac ITU, assist the Consultant in ED in the resuscitation of patients and the General on Call consultant (as the anaesthetic commander in ED)</li> <li>• Ensure someone is always able to cover emergencies from existing patients on cardiac ITU</li> <li>• Determine how many beds are likely to be available on cardiac ITU for patients – convey this to ITU consultant and theatre lead anaesthetist.</li> <li>• Refer to the major incident clinical guidelines:  <a href="https://www.england.nhs.uk/ourwork/epr/major-incidents/">https://www.england.nhs.uk/ourwork/epr/major-incidents/</a> </li> </ul>	
<b>Action</b> – As soon as a major incident is declared you should immediately: -	<b>Tick when complete</b>
<ol style="list-style-type: none"> <li>1. Ensure that all other on-site doctors in Anaesthetics are aware of the incident and are following their action cards.               <ol style="list-style-type: none"> <li>a. General rota: 23488, 36496, 23808</li> <li>b. Cardiac rota: 23615</li> <li>c. ICU 3<sup>rd</sup> on 30600</li> </ol> </li> </ol>	<input type="checkbox"/>   <input type="checkbox"/>

## BURNS ANAESTHETIC TRAINEE/CARDIAC TRAINEE ON CALL

### ACTION CARD 11

(Informed by Switchboard– Cisco phone broadcast)

#### ROLE SUMMARY

	<input type="checkbox"/>
2. Call in On-call Cardiac Anaesthetic Consultant (Not via Switchboard); use phone numbers in CLW. (Second on call cons will be called by general on call consultant). Do not go through switch.	<input type="checkbox"/>
3. Receive briefing from the SR rota trainee once they have been briefed by the coordination centre	<input type="checkbox"/>
4. <b>Burns Trainee</b> – make yourself available to ITU as required for movement of patients to create space for anticipated admissions. <b>Cardiac Trainee</b> – Ensure cardiac ITU patients are cared for and stable	<input type="checkbox"/> <input type="checkbox"/>
5. <b>Cardiac Trainee</b> – Determine likely numbers of beds that can be created on cardiac ITU – pass this onto the Theatre Lead Anaesthetist (23808) and ITU Consultant on Call (37807)	<input type="checkbox"/>
6. Proceed to the Emergency Department and assist the Consultant in ED in resuscitation of P1 casualties.	<input type="checkbox"/>

ill patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available. This unique numbering system must remain in place for 24hrs.

Once patients are formally identified their names can be recorded alongside the numbering system, but cannot replace this system which must remain for 24 hrs post incident

#### 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

<u>Contacts:</u>	<i>CEPOD Cons</i>	23808	<i>Cardiac Trainee</i>	23615	<i>Anaes Office</i>	33279
	<i>CEPOD Trainee</i>	23488 36496	<i>3<sup>rd</sup> ITU</i>	30600	<i>Blood Bank</i>	33054
	<i>Burns Trainee</i>	23495	<i>ITU sister</i>	33479	<i>Theatre co- ordinator</i>	34060
	<i>ED Resus</i>	33428	<i>ODP</i>	23820	<i>CT scan</i>	33393

### 3.4.3 Consultant General Surgeon - Action Card 16

CONSULTANT GENERAL SURGEON (ON-CALL)		ACTION CARD 16
(Informed by Switchboard via Manual Phone Call)		
Contact via: Switchboard/Personal Mobile (on call rota)		
ROLE SUMMARY		
<ul style="list-style-type: none"> <li>Attend Hospital Coordination Centre to attain briefing as to nature of the incident.</li> </ul>		
<ul style="list-style-type: none"> <li>Mobilise another Consultant General Surgeon to cascade information to all colleagues in General Surgery. Direct incoming colleagues to main theatre to form resus pods. Inform colleagues at Bridgend and UHW that emergency surgery intake will be diverted based on clinical need/ complexity.</li> </ul>		
<ul style="list-style-type: none"> <li>Attend the ED and assist the Consultant in Emergency Medicine in the assessment and management of patients.</li> </ul>		
<ul style="list-style-type: none"> <li>Coordinate with the Anaesthetic Consultant in ED to deploy resus pods from theatre for transfer of patients up to theatre and subsequent surgery.</li> </ul>		
<ul style="list-style-type: none"> <li>Refer to the major incident clinical guidelines:  <a href="https://www.england.nhs.uk/ourwork/eprp/major-incidents/">https://www.england.nhs.uk/ourwork/eprp/major-incidents/</a> </li> </ul>		
<b>ACTION</b> - As soon as a major incident is declared you should immediately:-		<i>Tick when completed</i>
1.	Attend Coordination centre to attain briefing as to the nature of the major incident (and likely number of colleagues required)	<input type="checkbox"/>
2.	Contact another colleague and ask them to inform all Consultants in your Department of the incident, giving as much information as you can. (During normal working hours this can be delegated to a Medical Secretary).	<input type="checkbox"/>
3.	They should be asked to stop what they are doing as soon as it is safe to do so and proceed to the theatre Hub where they can be briefed by the Theatre Lead Anaesthetist and deployed into resus pods.	
4.	Proceed to the Emergency Department and assist the Consultant in Emergency Medicine in the assessment and management of casualties in close liaison with the Consultants in Emergency Medicine, Anaesthetics, and Trauma & Orthopaedic Surgery.	<input type="checkbox"/>

**CONSULTANT GENERAL SURGEON (ON-CALL)****ACTION CARD 16****(Informed by Switchboard via Manual Phone Call)****Contact via: Switchboard/Personal Mobile (on call rota)****ROLE SUMMARY**

5. Co-ordinate with the Anaesthetic Consultant in ED to deploy resus pods from theatre to patients in the ED to be taken to theatre for surgery.

6. Ensure that the Hospital Co-ordination Centre (extension 30759 – main desk, 32905 – outside room, 337788 – outside phone – emergency backup line) is kept informed of the nature of injuries and requirements for additional resources. They will liaise with the Theatre Manager, and other Medical staff in the Hospital Co-ordination Centre.

All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available. This unique numbering system must remain in place for 24hrs.

Once patients are formally identified their names can be recorded alongside the numbering system, but cannot replace this system which must remain for 24 hrs post incident

**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**

### 3.4.4 Consultant Trauma & Orthopaedic Surgeon (On-Call) - Action Card 20

CONSULTANT TRAUMA & ORTHOPAEDIC SURGEON (ON-CALL) ACTION CARD 20 (Informed by Trauma & Orthopaedic Surgery Specialist Registrar (On-Call))	
ROLE SUMMARY	
<ul style="list-style-type: none"> <li>Mobilise another Consultant Trauma &amp; Orthopaedic Surgeon to come in and cascade information to all colleagues in Trauma &amp; Orthopaedic Surgery</li> </ul>	
<ul style="list-style-type: none"> <li>Assist the Consultant in Emergency Medicine in the assessment and management of patients.</li> </ul>	
<ul style="list-style-type: none"> <li>Oversee the deployment of Trauma &amp; Orthopaedic Medical staff.</li> </ul>	
<ul style="list-style-type: none"> <li>Refer to the major incident clinical guidelines: <a href="https://www.england.nhs.uk/ourwork/epr/major-incidents/">https://www.england.nhs.uk/ourwork/epr/major-incidents/</a></li> </ul>	
<b>ACTION</b> - As soon as a major incident is declared you should immediately:-	<i>Tick when completed</i>
1. Receive briefing from the Registrar on call as to nature of incident and numbers of patients.  Contact another colleague and ask them to come in and inform all Consultants in your Department of the incident, giving as much information as you can. (During normal working hours this can be delegated to a Medical Secretary).	<input type="checkbox"/>
2. Colleagues should be asked to stop what they are doing and proceed to main theatres to receive briefing from Theatre Lead Anaesthetist and form part of a resuscitation pod team. 2 <sup>nd</sup> Consultant who has called colleagues in to coordinate this.	<input type="checkbox"/>
3. Proceed to the Emergency Department at the earliest opportunity and assist the Consultant in Emergency Medicine in the assessment and management of casualties, in close liaison with the Consultants in Emergency Medicine, Anaesthetics, and General Surgery.	<input type="checkbox"/>
4. Co-ordinate the deployment of Trauma & Orthopaedic medical staff.	<input type="checkbox"/>
5. Ensure that the Hospital Co-ordination Centre (extension 30759 – main desk, 32905 – outside room, 337788 – outside phone – emergency backup line) is kept informed of the nature of injuries and requirements for additional resources. They will liaise with the Theatre Manager, and other Medical staff.	<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**

### 3.4.5 Paediatric Consultant of the Week (COW) 1 - Action Card 32

<b>CONSULTANT OF THE WEEK COW 1</b> (Contacted via CISCO phone alert) Monday to Friday 8.30-17.00 out of hours: action card 32b will assume role of COW1		<b>ACTION CARD 32</b>
<b>ROLE SUMMARY</b>		
<ul style="list-style-type: none"> <li>• Inform COW 2 (Consultant of the week 2) to cascade information to all Consultants and other colleagues in Paediatrics</li> </ul>		
<ul style="list-style-type: none"> <li>• Ensure COW 2 acts as co-ordinator for MI</li> </ul>		
<ul style="list-style-type: none"> <li>• COW 1 to proceed to Hospital Co-ordination Centre to be briefed by Medical Director</li> </ul>		
<ul style="list-style-type: none"> <li>• Mobilise another Consultant Paediatrician to provide regular updates to Hospital Coordination Centre</li> </ul>		
<ul style="list-style-type: none"> <li>• Attend the ED and assist the Consultant in Emergency Medicine in the assessment and management of patients using APLS guidelines.</li> </ul>		
<ul style="list-style-type: none"> <li>• Provide regular updates to the Paediatric Major Incident Core Team</li> </ul>		
<b>ACTION</b> - As soon as a Major Incident is declared, you should immediately :-		<b>Tick when completed</b>
1. Contact COW 2 to act as the co-ordinator for the MI and ask them to inform all Consultants in your Directorate of the incident, giving as much information as you can. (During normal working hours this can be delegated to a Medical Secretary)		
2. COW 1 should stop what they are doing as soon as it is safe to do so, and proceed to the Hospital Co-ordination Centre, (back room), where the Medical Director will brief them or Deputy and deployed according to need.		
3. COW 1 should then proceed to the Emergency Department and assist the Consultant in Emergency Medicine in assessing and managing casualties along APLS guidelines, in close liaison with the Consultants in Emergency Medicine and other Consultant colleagues.		
1. COW 1 should regularly update the Paediatric Major Incident Core team if patients require admission, extra staff, and resource requirement (PIMCT) (Ext 38892/38303).  The PMICT team will be responsible for organising beds, staff, resources and provide regular updates to the Hospital Co-ordination Centre		

All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available. This unique numbering system must remain in place for 24hrs.

Once patients are formally identified their names can be recorded alongside the numbering system, but cannot replace this system which must remain for 24 hrs post incident

**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**

### 3.4.6 Paediatric Consultant of the Week (COW) 2 - Action Card 32a

<b>CONSULTANT OF THE WEEK 2</b> Contacted via CISCO phone alert Monday to Friday 8.30-17.00		ACTION CARD 32a
<b>ROLE SUMMARY</b>		
<ul style="list-style-type: none"> <li>• COW 1 will have debriefed COW 2/Consultant paediatrician on call and will be responsible for the overall co-ordination of staff, patients, and equipment during a Paediatric Major Incident</li> </ul>		
<ul style="list-style-type: none"> <li>• Attend the Paediatric Major Incident Core Team (PMICT) meeting point in the Doctor's office on Ward M as soon as possible</li> </ul>		
<ul style="list-style-type: none"> <li>• Oversee the deployment of Paediatric Medical staff</li> </ul>		
<ul style="list-style-type: none"> <li>• Liaise with COW1/consultant paediatrician on call for regular updates</li> </ul>		
<ul style="list-style-type: none"> <li>• Liaise with the Hospital Co-ordination Centre and provide regular updates</li> </ul>		
<ul style="list-style-type: none"> <li>• Liaise with the WATCH retrieval service, Bristol, Tel: 0300 0300 789 if transfer of a seriously ill/injured child is required. The WATCH service will liaise with other PICU's for bed availability</li> <li>• Liaise with Paediatric Consultant Anaesthetist if a paediatric transfer is required</li> </ul>		
<b>ACTION</b> - As soon as a Major Incident is declared, you should immediately :-		<b>Tick when completed</b>
1. Proceed to the Paediatric Major Incident Core Team meeting point in the Doctor's office on Ward M		
2. Brief the PMICT Core Group of the incident and their roles and responsibilities		
3. Co-ordinate the deployment of Paediatric medical staff		
4. Ensure that the Hospital Co-ordination Centre (Ext. 37442, 33778, 33779, 33269) is kept informed of the nature of injuries, patient deposition and requirements for additional resources. They will liaise with other medical staff and departments		
5. Liaise with the WATCH retrieval service, regarding the possible need for transfer of the acutely unwell/injured child. Keep the Hospital Co-ordination Centre updated of discussions.		
6. Liaise with other hospital specialities dependent on requirement including the neonatal unit		
7. Receive regular updates from COW 1/Consultant paediatrician on call to assist with the deposition of patients and allocation of resources and personnel		
8. Arrange regular re grouping of the PMICT team to ensure that staff receive the most up to date information in relation to the Major incident to be cascaded to all staff		

9. Ensure that children from the ward or as a result of the major incident requiring follow up are documented and recorded

All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available. This unique numbering system must remain in place for 24hrs.

Once patients are formally identified their names can be recorded alongside the numbering system, but cannot replace this system which must remain for 24 hrs post incident

**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**

### 3.4.7 Consultant Paediatrician 3 - Action Card 32b

ON CALL PAEDIATRICIAN		ACTION CARD 32b
Informed by switchboard via phone call		
out of hours will take on role of COW1 action card 32		
ROLE SUMMARY		
<ul style="list-style-type: none"> <li>On call paediatrician will be contacted on appropriate contact number by switchboard</li> </ul>		
<ul style="list-style-type: none"> <li>Attend the Paediatric Major Incident Core Team (PMICT) meeting point in the Doctor's office on Ward M as soon as possible</li> </ul>		
<ul style="list-style-type: none"> <li>Notify rest of consultant paediatric team if MI is likely to result in paediatric casualties or significant number of paediatric patients within hospital requiring input</li> </ul>		
<ul style="list-style-type: none"> <li>If MI out of usual working hours to take on role of COW1</li> </ul>		
<ul style="list-style-type: none"> <li>Nominate consultant paediatrician to act as COW2 and paediatrician 3</li> </ul>		
<ul style="list-style-type: none"> <li>Liaise with the Hospital Co-ordination Centre and provide regular updates</li> </ul>		
<b>ACTION</b> - As soon as a Major Incident is declared, you should immediately :-		<b>Tick when completed</b>
1. Proceed to the Paediatric Major Incident Core Team meeting point in the Doctor's office on Ward M		
2. If appropriate contact paediatric consultant team to request further personnel		
3. Brief the PMICT Core Group of the incident and their roles and responsibilities		
4. If out of hours take on role of COW1 action card 32		
5. Co-ordinate the dissemination of key information		
6. Ensure that the Hospital Co-ordination Centre (Ext. 37442, 33778, 33779, 33269) is kept informed of the nature of injuries, patient deposition and requirements for additional resources. They will liaise with other medical staff and departments		
7. Receive regular updates from Consultant Paediatrician (1) to assist with the dissemination of information relating to patients and allocation of resources and personnel		
8. Receive regular updates from Consultant Paediatrician (2) to assist with the dissemination of information relating to patients and allocation of resources and personnel		
9. Arrange regular re grouping of the PMICT team to ensure that staff receive the most up to date information in relation to the Major incident to be cascaded to all staff		

10. Responsible for liaising with and updating the Hospital Coordination Centre at regular intervals/as and when necessary
11. Responsible for updating Consultant (1) and Consultant (2) of communications received from the Hospital Coordination Centre at regular intervals/as and when necessary

**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**

### 3.4.8 Paediatric Middle Grade on Call - Action Card 33

<b>PAEDIATRIC MIDDLE-GRADE DOCTOR (ON-CALL)</b> <b>(Informed by Switchboard – Cisco broadcast)</b>		<b>ACTION CARD 33</b>
<b>ROLE SUMMARY</b>		
<ul style="list-style-type: none"> <li>• Proceed to the Paediatric Major Incident Core Team meeting point in the Doctor's office on Ward M</li> <li>• Ensure that consultant on call has been informed</li> </ul>		
<ul style="list-style-type: none"> <li>• Identify patients in Oakwood ward/Ward M/PAU who can be discharged to make space for incoming Paediatric casualties</li> </ul>		
<ul style="list-style-type: none"> <li>• Identify patients that can be transferred to neighbouring hospitals to make space for incoming Paediatric casualties or adult Wards for patients &gt;16 years of age</li> </ul>		
<ul style="list-style-type: none"> <li>• Identify a middle grade colleague and an SHO to attend the ED, and assist the Consultant in Emergency Medicine in the assessment and management of patients using APLS guidelines</li> </ul>		
<b>ACTION</b> - As soon as a Major Incident is declared, you should immediately :-		<b>Tick when completed</b>
1. Proceed to the Paediatric Major Incident Core Team meeting point in the Doctor's office on Ward M to be briefed about the Major Incident		
2. Ensure that all other junior medical staff in Paediatrics are aware of the incident and are following their action cards.		
3. If it is out of hours, telephone or What's app colleagues at home is, using the list kept in your Department. If clinically committed, delegate this task. DO NOT call via Switchboard, unless necessary.		
4. Proceed to Oakwood Ward, Ward M and PAU in turn and liaise with the nurse-in-charge for each ward. In conjunction with them, clear the ward for incoming casualties by: <ul style="list-style-type: none"> <li>• Sending pre-operative patients home [the Matron for paediatrics will identify a suitable holding area for all discharged children to wait for transport home].</li> </ul>		

5. The Nurse-in-Charge of each Paediatric ward will record the disposal of all patients and inform the PMICT core team who in turn will liaise with the Hospital Co-ordination Centre (extension 37442, 33778, 33779, 33269). All patients relocated to other areas within the Hospital should go with their medical records, nursing and drug charts and x-rays.

6. Once this task is completed, proceed to the PMICT meeting point in the Doctor's office to await further instructions

□

**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**

### 3.4.9 Paediatric SHO Grade Doctor (On-Call) – Action Card 33a

PAEDIATRIC SHO GRADE DOCTOR (ON-CALL) (Informed by Paediatric Middle-Grade Doctor (On-Call))		ACTION CARD 33a
<b>ROLE SUMMARY</b>		
<ul style="list-style-type: none"> <li>• Proceed to the Paediatric Major Incident Core Team meeting point in the Doctor's office on Ward M</li> </ul>		
<ul style="list-style-type: none"> <li>• Assist the Paediatric Middle Grade doctor to identify patients in Oakwood ward/ward M/PAU who can be discharged to make space for incoming Paediatric casualties</li> </ul>		
<ul style="list-style-type: none"> <li>• Assist the Paediatric Middle Grade to identify patients that can be transferred to Childrens OPD or neighbouring hospitals to make space for incoming Paediatric casualties</li> </ul>		
<ul style="list-style-type: none"> <li>• If requested attend the ED, and assist the Consultant Paediatrician (1)/Paediatric Middle Grade Doctor in the assessment and management of patients using APLS guideline</li> </ul>		
<b>ACTION</b> - As soon as a Major Incident is declared, you should immediately: -		<i>Tick when completed</i>
1. Proceed to the Paediatric Major Incident Core Team meeting point in the Doctor's office on Ward M to be briefed about the Major Incident		<input type="checkbox"/>
2. Proceed to Oakwood Ward, Ward M and PAU in turn with the Paediatric Middle Grade Doctor and liaise with the nurse-in-charge for each ward. In conjunction with them, clear the Ward for incoming casualties by: <ul style="list-style-type: none"> <li>• Moving patients to Childrens OPD.</li> <li>• Sending pre-operative patients home [the Matron for Paediatrics will identify a suitable holding area for all discharged children to wait for transport home].</li> </ul>	<input type="checkbox"/>	
3. The Nurse-in-Charge of each Paediatric ward will record the disposal of all patients and inform the PMICT who in turn will liaise with the Hospital Co-ordination Centre, (Phone Numbers: 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)). All patients relocated to other areas within the Hospital should go with their medical records, nursing and drug charts, and x-rays.		<input type="checkbox"/>
4. Once this task is completed, proceed to the PMICT meeting point in the Doctor's office to await further instructions.		<input type="checkbox"/>

All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available. This unique numbering system must remain in place for 24hrs.

Once patients are formally identified their names can be recorded alongside the numbering system, but cannot replace this system which must remain for 24 hrs post incident

**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**

### 3.4.10 Consultant Physician On-Call - Action Card 38

CONSULTANT PHYSICIAN ON-CALL		ACTION CARD 38
(Informed by Switchboard – F24)		
ROLE SUMMARY		
<ul style="list-style-type: none"> <li>Mobilise another Consultant Physician to cascade information to all Consultant colleagues in General Medicine and Medical Junior staff.</li> </ul>		
<ul style="list-style-type: none"> <li>Assist the Consultant in Emergency Medicine in the assessment and management of patients in the event of a Medical Major Incident.</li> </ul>		
<ul style="list-style-type: none"> <li>Oversee the deployment of General Medicine medical staff.</li> </ul>		
<ul style="list-style-type: none"> <li>In the event of a medical major incident, (issues arising from an environmental disaster, infectious disease outbreak or chemical incident) deployment specifically of medical teams may require additional cancellation of clinics to resource the response. Consideration will also be required for longer term treatment plans following a medical emergency.</li> </ul>		
<ul style="list-style-type: none"> <li>In the event of a non-medical Major Incident, the Consultant Physician will assist the Medical Director through the co-ordination and allocation for the deployment of medical staff. Until the Service Group Medical Director arrives on site, the Consultant Physician will assume this role also.</li> </ul>		
<ul style="list-style-type: none"> <li>Refer to the major incident clinical guidelines: <a href="https://www.england.nhs.uk/ourwork/epr/major-incidents/">https://www.england.nhs.uk/ourwork/epr/major-incidents/</a></li> </ul>		
ACTION :-		<i>Tick when completed</i>
	<b>'Medical' Major Incident</b> - As soon as a Major Incident is declared you should immediately:-	<input type="checkbox"/>
1.	Contact another colleague and ask them to inform all Consultants in your Directorate of the incident, giving as much information as you can. (During normal working hours this can be delegated to a Medical Secretary)	<input type="checkbox"/>
2.	They should be asked to stop what they are doing as soon as it is safe to do so, and proceed to the Hospital Co-ordination Centre, where they will be briefed by the Medical Director or Deputy and deployed according to need.	<input type="checkbox"/>

(Informed by Switchboard – F24)

## ROLE SUMMARY

- |     |  |                          |
|-----|--|--------------------------|
| 3.  | Proceed to the Emergency Department and assist the Consultant in Emergency Medicine in the assessment and management of casualties, in close liaison with the Consultants in Emergency Medicine and Anaesthesia.   | <input type="checkbox"/> |
| 4.  | Co-ordinate the deployment of General Medicine staff.  | <input type="checkbox"/> |
| 5.  | Ensure that the Hospital Co-ordination Centre (Numbers: 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)) is kept informed of the nature of injuries and requirements for additional resources. They will liaise with the other Medical staff and Departments.  | <input type="checkbox"/> |
| 6.  | <b>‘Non-Medical’ Major Incident’ – Providing</b> that it is not a medical Major Incident, the Consultant Physician on-call will be needed to control and allocate the deployment of medical staff throughout the incident until the arrival of the Medical Director. This will be a pivotal role in the medical response to the Incident. If for any reason the Consultant Physician is not immediately available, they should delegate to another Consultant colleague. As soon as a Major Incident is declared you should immediately: - | <input type="checkbox"/> |
| 7.  | Proceed to the Hospital Co-ordination Centre and wait the arrival of Consultant colleagues and junior Medical staff.   | <input type="checkbox"/> |
| 8.  | Inform the Hospital Co-ordination Centre (Numbers: 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)) when ready and request an Incident briefing for the Medical staff from the Medical Director or Deputy.   | <input type="checkbox"/> |
| 9.  | Ensure that all medical staff sign-in, and record their grade and specialty, phone number, and home/contact telephone number.  | <input type="checkbox"/> |
| 10. | In discussion with Consultant colleagues, form teams of personnel to assist with the management of casualties in the ED, Theatres, and Critical Care and Ward areas. This should take account of individual skills and seniority. Most casualties will be admitted to Theatres, Critical Care areas or to Surgical Decision-Making Unit (SDMU)/Oakwood initially. Once the Teams’ tasks are completed, they  | <input type="checkbox"/> |

(Informed by Switchboard – F24)

## ROLE SUMMARY

should return to the Hospital Co-ordination Centre for further deployment and/or refreshments.

- |     |   |                          |
|-----|---|--------------------------|
| 11. | Ensure that adequate medical cover is provided for existing patients throughout the Hospital.   | <input type="checkbox"/> |
| 6.  | Once the situation is declared, and the incident is underway, it may be appropriate to send some medical staff home, to return later as a second wave of medical care. A record should be kept of such staff for contact later. | <input type="checkbox"/> |
| 7.  | The 'White Board' in the Hospital Co-ordination Centre may be used to monitor the deployment of Medical Teams.  | <input type="checkbox"/> |
| 8.  | Additional information and resources should be obtained from the Hospital Co-ordination Centre. Regular feedback should be provided from the Hospital Co-ordination Centre to the Hospital Co-ordination Centre.                | <input type="checkbox"/> |
| 9.  | In a prolonged Incident, other Consultant Physicians should be available to deputise for the Consultant Physician on-call, on a shift basis.  | <input type="checkbox"/> |

**All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available. This unique numbering system must remain in place for 24hrs.**

**Once patients are formally identified their names can be recorded alongside the numbering system, but cannot replace this system which must remain for 24 hrs post incident**

**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**

### 3.5 Management Team

3.5.1 Executive On-Call Action Card - Refer to SBU Overarching Major Incident Plan, (contacted by Switchboard).

3.5.2 Clinical Site Team (Cisco 23123) - Action Card 43

Clinical Site Team (Cisco 23123) (Informed by Switchboard – Cisco broadcast)		ACTION CARD 43
<b>ROLE SUMMARY</b>		
Notification and confirmation of either a Standby or Declared Major Incident will be received from the Hospital Switchboard:		
<ul style="list-style-type: none"> <li>• If required assist the Nurse Director/Deputy to co-ordinate the deployment of nursing staff. Update a senior nurse of the demands prior to major incident declaration</li> </ul>		
<ul style="list-style-type: none"> <li>• Ensuring up-to-date Hospital Bed state is conveyed to Silver Command</li> </ul>		
<ul style="list-style-type: none"> <li>• Assist Silver Command in directing and monitoring staff within the Hospital.</li> </ul>		
<ul style="list-style-type: none"> <li>• Join the Clinical Capacity Group meeting 30 minutes after the declaration of a Major Incident by WAST.</li> </ul>		
<b>ACTION :-</b> As soon as a major incident is declared you should immediately:-		<b>Tick when completed</b>
1.	<p><b>Standby/Declared Incident (outside of SBUHB area)</b> - Proceed to establish the Co-ordination Centre and prepare in readiness for command and control of the incident (MI standby Core Team) (<b>Refer to HCC setting up Flow Chart included in major incident information within the HCC</b>).</p> <p><b>Hospital Coordination Centre</b> - Proceed to establish the Co-ordination Centre and prepare in readiness for command and control of the incident. (<b>Refer to HCC setting up Flow Chart included in major incident information within the HCC</b>).</p> <ul style="list-style-type: none"> <li>○ <b>Ensure Microsoft teams link for the Silver Command meeting is forwarded to the Gold Commander (COO in hours &amp; Gold on call out of hours) for the initial meeting</b></li> <li>○ <b>Establish a TEAMS conferencing meeting with Gold (and other key stakeholders who may not be present for the Silver Command Meeting) at the earliest convenience; confirm with the Silver Commander. The dedicated TEAMS</b></li> </ul>	

(Informed by Switchboard – Cisco broadcast)

## ROLE SUMMARY

*meeting appointment for SBU emergency planning for Lead Silver Command is:*

**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#**

**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.**

**Declared Incident (outside of SBUHB area):**

Join the **Clinical Capacity Group meeting** 30 minutes after the declaration of a Major Incident by WAST (using the pre-established Clinical Capacity Group (CCG) calendar invite). 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 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 Clinical Site Team Matrons and other nominated Clinical Site

(Informed by Switchboard – Cisco broadcast)

**ROLE SUMMARY**

Team staff. The calendar invite will include the above 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 Major Incident (SBUHB area)** – Inform/Confirm with Clinical Site Managers at Singleton, Neath Port Talbot Hospitals. Discuss with Silver Commander and when appropriate the agreed transfer of intra-hospital intakes where possible and necessary and under the direction of Silver.

Join the **Clinical Capacity Group meeting** 30 minutes after the declaration of a Major Incident by WAST (using the pre-established Clinical Capacity Group (CCG) calendar invite). 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 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 Clinical Site Team Matrons and other nominated Clinical Site Team staff. The calendar invite will include the above 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.***

3. **Hospital Coordination Centre** - Proceed to establish the Co-ordination Centre and prepare in readiness for command and control of the incident. ***(Refer to HCC setting up Flow Chart included in major incident information within the HCC).*** □

- Ensure a copy of each action card is available for those who request it.
- Ensure the time is noted when activation of action cards is confirmed, (document on proforma) and ascertain if any action

(Informed by Switchboard – Cisco broadcast)

## ROLE SUMMARY

cards have not been activated; highlight to the Silver Command Chair.

- Ensure Microsoft teams link for the Silver Command meeting is forwarded to necessary personnel as noted here when the confirmed battle rhythm is established and agreed:

Establish a **TEAMS conferencing meeting** with the other Service Group Silver Co-ordination Centres (and other key stakeholders who may not be present for the Silver Command Meeting) at the earliest convenience; confirm with the Silver Commander. The dedicated **TEAMS** meeting appointment for SBU emergency planning for Lead Silver Command is:

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#**

- Turn on television, activate news channels.
- A series of administration functions will be required and allocated via Silver Command. Collated initial information about the incident should be as per METHANE format and this should be documented on the METHANE form included in the major incident information. Number the METHANE forms in order of updates. Retrieve further METHANE reports from the Capacity Dashboard/emails to Switchboard. Provide all information to the assigned lead for information flows.
- Ensure the Morriston Hospital Major Incident e-mail address is accessed in readiness. *(Instructions are included in the*

(Informed by Switchboard – Cisco broadcast)

**ROLE SUMMARY**

**major incident information).** All emails out should be forwarded via the Morriston major incident email address and all emails in should be via the Morriston Major Incident email address:

Morriston Hospital                      [SBU.MajorIncidentMorr@wales.nhs.uk](mailto:SBU.MajorIncidentMorr@wales.nhs.uk)

SBUHB Headquarters                      [SBU.MajorIncidentHQ@wales.nhs.uk](mailto:SBU.MajorIncidentHQ@wales.nhs.uk)

Tempest Ward, Burns Centre                      [Burns.Incident@wales.nhs.uk](mailto:Burns.Incident@wales.nhs.uk)

Access the Capacity Dashboard and commence populating it - see action card. This will require updating hourly.

The following will form the hospital co-ordination centre team after the initial reporting and co-ordination of all major incident response staff;

- Hospital Operations: Deputy Group Director, Divisional Manager, Deputy Head of Nursing and Service Managers
- Clinical Site Team Matron
- Service Group Director
- Service Group Medical Director
- Service Group Nurse Director
- Nurse Bank Manager
- Loggist
- Administration Staff; agreed at the time of the incident
- WAST Silver
- Psychologist
- Therapies representative/link

The following will be in Gold Command but will be in close contact:

- Executive on Call
- Assistant Director of Operations
- Head/Deputy of Communications
- Emergency Preparedness Resilience and Response Lead

(Informed by Switchboard – Cisco broadcast)

**ROLE SUMMARY**

	<ul style="list-style-type: none"> <li>• Chief Operating Officer</li> <li>• HB Medical Director</li> <li>• HB Nurse Director</li> <li>• Executive Lead for Civil Contingencies</li> </ul>	
4.	<b>Emergency Coordination Hospital Operations</b> - Inform Hospital Operations Team: Deputy Group Director, Divisional Manager, Deputy Head of Nursing and Service Managers	<input type="checkbox"/>
5.	<b>Hospital Bed Capacity</b> - Establish an up-to-date bed-state and staffing levels for Morriston Hospital, identifying available beds by specialty and critical care areas. Log as appropriate on capacity dashboard.	<input type="checkbox"/>
6.	<b>Handover</b> - Give handover to senior Managers on arrival.	<input type="checkbox"/>
7.	<b>Hospital receiving wards</b> - Ensure available beds on the receiving Wards. <ul style="list-style-type: none"> <li>• Surgical Assessment Unit (SAU) and Oakwood. Ensure they have their Action Card</li> <li>• Ensure all ward areas are aware and they should refer to the 'Other Wards/Critical Care' action card.</li> </ul>	<input type="checkbox"/>
8.	<b>Ambulance Operational Delivery Unit (ODU)</b> - Inform Ambulance ODU following a discussion/agreement within the co-ordination centre regarding transfer of any intakes.  Please note trauma, vascular and tertiary intake cannot be diverted. You will be acting in accordance with the Major Trauma network principles as well as other networks.	<input type="checkbox"/>
9.	<b>Patient Discharge</b> - Arrange for the early discharge of patients, (as part of preparations for treatment of others), from the designated receiving Wards, in conjunction with the appropriate Specialist Registrar. Inform the Nurse in Charge of the Discharge Lounge and lead in Physiotherapy OPD as patients awaiting transfer/discharge should be sent to these areas. These areas will act as Holding/Decanting areas.	<input type="checkbox"/>
10.	<b>Clinical Site Matron</b> - Clinical Site Matrons to continually liaise and update Silver Command	<input type="checkbox"/>

(Informed by Switchboard – Cisco broadcast)

## ROLE SUMMARY

- |     |   |   |
|-----|---|---|
| 11. | <b>Clinical Site Matron Assessment:</b> Make an assessment, in discussion with Silver Command, and if necessary, recall off-duty staff, as appropriate, and allocate them to necessary areas in the Hospital. This task can be allocated to the Nurse Bank Manager if/once present. | ☐ |
| 12. | <b>Nursing Staff workforce</b> - Establish a list of Nursing staff on-duty within the Emergency Department and Critical Care areas. This task can be allocated to the Health Board Nurse Bank Manager if present.   | ☐ |
| 13. | <b>Nursing Staff availability</b> - Establish a pool of nurses/other staff ready to assist. This task can be allocated to the Health Board Nursing Register Manager if present. Update the Nurse Director/Deputy of the initial steps and handover when appropriate.                | ☐ |

All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available. This unique numbering system must remain in place for 24hrs.

Once patients are formally identified their names can be recorded alongside the numbering system, but cannot replace this system which must remain for 24 hrs post incident

**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**

### 3.5.3 Silver Command – Action Card 44

#### SILVER COMMAND

#### ACTION CARD 44

Service Group Director/Deputy AECHO or Morriston Silver ON CALL MANAGER

(Informed by Switchboard – F24)

#### ROLE SUMMARY

Notification and confirmation of either a Standby or Declared Major Incident will be received from the Hospital Switchboard who will also give a METHANE report.

For a standby notification or a declared MI **outside of the SBUHB area**, establish the HCC for the core standby group to convene and discuss any potential implications for the HB.

**Please note, if a mass casualty incident is declared, in addition to the Health Board Major Incident response, please also refer to the Mass Casualty Arrangements for NHS Wales, where further actions will be required, see section 4.**

**Section 4.9 - WAST Mass Casualty Interim Reporting dashboard action card, enables WAST to provide casualty information and estimated arrival times to receiving hospitals.**

Your Role is to:

- Silver Command/operational management support for the incident and running of the hospital.  
***Do not stand down any action card holders in isolation; the Major Incident Procedure includes action card holders from a number of services and must be activated and stood down in totality.***
- Support ED with the release of ambulances waiting to offload in line with the agreed release protocol:
  - 50% of vehicles released within 10 minutes
  - 75% of vehicles released within 20 minutes
  - 100% of vehicles released within 30 minutes
- Ensure organisation of signposting, car parking, relatives' area, press and media with assistance from the Senior Porter on duty until the Facilities Manager arrives.
- Oversee the co-ordination of relatives and friends, both those attending at the hospital, and telephone enquiries.
- Oversee the opening of Press/Media Centre in the Education Centre
- Oversight and co-ordination of inter hospital transfers

Service Group Director/Deputy AECHO or Morriston Silver ON CALL MANAGER

(Informed by Switchboard – F24)

## ROLE SUMMARY

- Ensure the Clinical Site Team Matron or nominated representative joins the Clinical Capacity Group meeting 30 minutes after the declaration of a Major Incident by WAST.
- Refer to the major incident clinical guidelines:  
<https://www.england.nhs.uk/ourwork/epr/major-incidents>

**ACTION :-** As soon as a major incident is declared you should immediately:-*Tick when completed*

1. **Major Incident Standby-** ensure the Hospital Co-ordination Centre is established and immediately proceed in person, inform Switchboard of your arrival at the HCC: -

- Log all your personal actions, and commence your decision/action log
- The MI standby Core Team will comprise of:
  - Nurse-in-Charge - ED
  - Consultant in Charge in ED
  - Clinical Site Matron for Morriston
  - Service Group Nurse Director
  - Service Group Medical Directors/Deputies
  - 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**

***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.***

Service Group Director/Deputy AECHO or Morriston Silver ON CALL MANAGER

(Informed by Switchboard – F24)

## ROLE SUMMARY

2. **Major Incident Declared (outside of SBUHB area)** - ensure the Hospital Co-ordination Centre is established and immediately proceed in person, inform Switchboard of your arrival at the HCC: -

- Log all your personal actions, and commence your decision/action log
- The MI standby Core Team will comprise of:
  - Nurse-in-Charge - ED
  - Consultant in Charge in ED
  - Clinical Site Matron for Morriston
  - Service Group Nurse Director
  - Service Group Medical Directors/Deputies
  - 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**

Ensure the Clinical Site Team Matron or nominated representative joins the **Clinical Capacity Group meeting** 30 minutes after the declaration of a Major Incident by WAST. During this meeting, WAST will share additional 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 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 Clinical Site Team Matrons and other nominated Clinical Site

Service Group Director/Deputy AECHO or Morriston Silver ON CALL MANAGER

(Informed by Switchboard – F24)

## ROLE SUMMARY

Team staff. The calendar invite includes the above 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.***

3. **Declared Incident (SBUHB area)** – ensure the Hospital Co-ordination Centre is established and immediately proceed in person, inform Switchboard of your arrival at HCC

- Log all your personal actions, and commence your decision/action log
- Contact fellow Senior Managers to attend, this is imperative if the action card holder has a duplicate role/action card as there are some potential overlaps. ***Assign another Senior Manager to assist and agree the actions as noted below. The core Silver Command team must be present in the HCC.***
- Ensure all SDG Silver Command Co-ordination Centres are established
- Assume Command and Control of the Incident, (adopt JESIP Principles, see Appendix)
- Establish an early battle rhythm in conjunction with Gold command and inform key stakeholders of the silver command meeting structure including other SDG. □

**Morriston will be the lead silver command for the incident.**

Ensure the Clinical Site Team Matron or nominated representative joins the **Clinical Capacity Group meeting** 30 minutes after the declaration of a Major Incident by WAST. During this meeting, WAST will share additional 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 the below link 30 minutes after the declaration of the Major Incident).***

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

**Service Group Director/Deputy AECHO or Morriston Silver ON CALL MANAGER****(Informed by Switchboard – F24)****ROLE SUMMARY**

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 above 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.***

***Only Convene a silver command meeting when appropriate information has been gathered, risks have been identified and updates/further actions can be provided; refer to point 10 below and template Agenda, (appendices). Also align the battle rhythm to ensure you can appraise Gold Command following silver meetings***

***The following information is included in action 18:***

- ***The Hospital Co-ordination Centre Core Team composition***
- ***Silver Command Teams Meeting Link, when ready to convene the first Silver Command meeting***
- ***Gold Command Team***

***You will need to allocate the following roles immediately:***

- **Loggist:** allocated to the Co-ordination centre to keep a log of activity/decisions, (a register of Loggist is included in the Co-ordination Centre).
- **Management Teams:** agree and allocate team members for management of day-to-day business and the team for management of the major incident. Ascertain how many more Silver Command personnel are required.
- **Administration Personnel required** to establish an information point to:
  - a) Monitor and record responding action card holders, either presenting in person or via telephone. Identifying any gaps.
  - b) Monitor/respond to telecommunications
  - c) Monitor generic major incident email communications

Service Group Director/Deputy AECHO or Murrison Silver ON CALL MANAGER

(Informed by Switchboard – F24)

## ROLE SUMMARY

- d) To monitor the NHS Capacity Dashboard if available:  
Bed Management
- e) Monitor information flows
- f) To support Medical Director
- g) To be a point of contact within the Coordination Centre
- h) Ascertain key area points of contact, e.g., ED, Critical Care, SDMU, OPD, Discharge lounge and Physiotherapy Gym and ensure there are correct contact details
- i) Ascertain if transfer teams are required to move patients from ED to definitive care areas
- j) Allocate runners to assist with information flows to and from the HCC
- k) Monitor F24 Rapid Communication System for additional staff resources

4. **Situational Awareness: METHANE** – If not already received, request the METHANE from switchboard, and HB SITREP from the Clinical Site Matron.

Identify, where possible with the Emergency Department a single point of contact and contact number and vice versa for further direct updates.

- Undertake a briefing with key action card holders and managerial staff and when appropriate hold discussions via a Silver Command meeting, (refer to agenda and in section 6, p 329)
- Arrange early briefing/update with Gold Command.

5. **Coordination information flow** - Allocate a Senior Manager to co-ordinate information flows as noted in action 1d and to undertake the following:

- Ensure senior staff/ED/Switchboard/OPD are aware of the point of contact.
- Identify runners to assist with the information flow to and from the Co-ordination Centre. Consider the use of radios as additional resilience for communications between key personnel.

Service Group Director/Deputy AECHO or Morriston Silver ON CALL MANAGER

(Informed by Switchboard – F24)

## ROLE SUMMARY

- ED reception staff will need to provide information on the numbers of arriving patients, the identity, and the severity of injuries, (Numbers of Priority 1, 2, 3, paediatric Patients), discharges and deaths.
- Ensure receiving wards are ready to receive major incident patients. In the event of a medical major incident consideration should be given to allow major incident patients to go directly to AMAU.
- Ensure that it is communicated that all e-mail correspondence is via the Morriston Hospital Co-ordination Centre e-mail address. Similarly emails out should be from this address, ensuring emails to Burns Silver command, (where required) are as noted and to Gold as noted:

Morriston Hospital      [SBU.MajorIncidentMorr@wales.nhs.uk](mailto:SBU.MajorIncidentMorr@wales.nhs.uk)

SBUHB                      [SBU.MajorIncidentHQ@wales.nhs.uk](mailto:SBU.MajorIncidentHQ@wales.nhs.uk)  
Headquarters

Tempest      Ward, [Burns.Incident@wales.nhs.uk](mailto:Burns.Incident@wales.nhs.uk)  
Burns Centre

- Initial and subsequent receipt of information should be logged sequentially using the METHANE format. All collated information written, email, logs will be required to be placed in order and filed safely following the incident.
- If a multi-agency Silver (TCG) is established, another silver commander will be required to attend and feedback.

6. **Gain Assurance for the following:**

- **Confirm with Senior Porter on-duty** - (Cisco 23916) to ensure the HB Lockdown procedure has been invoked and confirm the organisation of Signposting, Car Parking, and Relatives area in main dining room. Hand over responsibility to a facilities Manager, or deputy, if available.
- **Main Entrance Information Desk** - has been opened by Volunteer Services Manager.

Service Group Director/Deputy AECHO or Murrison Silver ON CALL MANAGER

(Informed by Switchboard – F24)

## ROLE SUMMARY

- **Relatives Care Team** has been established in area 3, in OPD.  
*Please note, out of hours additional staff resources will be required to be allocated to establish this area and to undertake the OPD Nurse in Charge Action Card.*

- **Education Centre – (Media Centre)**

**In hours**, Ensure the Education Centre has invoked their action card, request that they confirm when this is ready. Inform Communication lead upon their arrival.

**Out of hours** – request Security to open Education Centre. When possible allocate a staff member to open rooms in accordance with action card until Communication Team/Education Centre team members arrive. In addition, to open OPD for Relatives Care Team. The Nurse Director will allocate resources OOH for this area.

- **Facilities** - Facilities action cards should have been invoked. Ensure refreshments are available for relatives and staff

7. **Silver Commander Assessment** - As part of the silver command meeting (see agenda in MI packs); make an assessment, in discussion with senior colleagues present, of any;

- Current and immediate/emerging risks and any concurrencies
- additional resources; staff/equipment likely to be required
- Any business continuity issues
  - Critical supplies; clinical and pharmaceutical
  - Premises
  - Staffing
  - Digital
  - Transport for the purpose of supplies and patients; consider liaison with HB Transport Manager
- Health & safety issues
- Surge Capacity Plans and other regional guidance
- Consider staff welfare within Silver and operational teams

Consideration will be required to ascertain if non-major incident 999 calls can be diverted either within the Health Board and or to neighbouring Health Boards. Approval will be required in accordance with current protocols, prior to alerting WAST of the

**Service Group Director/Deputy AECHO or Morriston Silver ON CALL MANAGER**

(Informed by Switchboard – F24)

**ROLE SUMMARY**

arrangements. Trauma, vascular and tertiary 999 calls cannot be diverted.

8. **Maintaining daily Operational Management, (see action 1) -** Provide on-going operational management and liaise with the Chief Operating Officer or Deputy.

9. **Notification of Stand Down -** Following notification by Switchboard that WAST have confirmed Stand Down at the scene, consider the following;

- Hospital position and decide an appropriate time for stand down of the hospital response in conjunction with Gold (which may be some time later).
  - **During in hours (09:00 – 17:00 hrs):** inform Switchboard to activate the hospital stand down procedure.
  - **During out of hours (17:00 – 09:00 hrs):** decide the most appropriate communication method to alert responding staff, consider the below routes:
    - E-mail
    - Cisco broadcast
    - Final Silver meeting
- A hot debrief is required as soon after stand down notification as possible. A formal debrief will be arranged post incident

10. **Operational Debrief post stand down -** Assist the Executive Director in the organisation of an operational debrief and the preparation of a Report.

- Consider issues related to Press/Media interest. In conjunction with the Communication Team prepare for Press/Media statements and also possible VIP visits. Ensure there is a process to collate all documentation, hard copy and digital and liaise with the Incident Recovery Team for storage.

11. **Welsh Government Community Advice and Listening Line -**

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/>. For

Service Group Director/Deputy AECHO or Morriston Silver ON CALL MANAGER

(Informed by Switchboard – F24)

## ROLE SUMMARY

discussion and issue within the Debrief as well as staff information leaflets that the Psychologist representative will guide you on and are included as appendices.

12. **Further Consideration; Staff Welfare** - Considerations for Psychological Support and TRiM

13. The dedicated **TEAMS** meeting appointment for SBU emergency planning for the Lead Silver Command meeting is as follows and request an administrator to forward the appointment once you have ascertained who is responding:

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#**

- Service Group Director
- Service Group Medical Director
- Service Group Nurse Director
- Hospital Operations Team: Deputy Group Director, Divisional Manager, Deputy Head of Nursing and Service Managers
- Clinical Site Team Matron
- Nurse Bank Manager

Service Group Director/Deputy AECHO or Morriston Silver ON CALL MANAGER

(Informed by Switchboard – F24)

## ROLE SUMMARY

- Loggist
- Administration Staff; agreed at the time of the incident
- WAST Silver
- Psychologist
- Therapies representative/link
- Additional staff as runners
- Head of Communications

The **Gold Executive** will be based at HB HQ and will comprise of the following:

***(It is the Chair of the Lead Silver only who will join gold command meetings when convened and update on escalated response issues that cannot be resolved at a tactical level)***

- Executive on Call
- Assistant Director of Operations
- Director of Information, Communications and Engagement
- Emergency Preparedness Resilience and Response Lead
- Chief Operating Officer
- HB Medical Director
- HB Nurse Director
- Executive Lead for Civil Contingencies
- Loggist
- Executive Director of Therapies and Health Sciences
- Director of Digital
- Director of Public Health
- Finance Director

All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available. This unique numbering system must remain in place for 24hrs.

Once patients are formally identified their names can be recorded alongside the numbering system, but cannot replace this system which must remain for 24 hrs post incident

**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**

### 3.5.4 Head of Communications/Deputy - Action Card 46

HEAD OF COMMUNICATIONS/DEPUTY		ACTION CARD 46
Notified by Switchboard – F24		
<b>ROLE SUMMARY</b>		
<p>Notification and confirmation of a Declared Major Incident will be received from the Executive On Call or Hospital Switchboard.</p> <p>Be part of the Silver Command in the Morriston Hospital Coordination Centre but work in liaison with Director of DICE in Gold Command.</p> <p><i>Please note – the Morriston Coordination Centre remains the centre for Silver Command irrespective of which site the major incident is focused on.</i></p>		
<ul style="list-style-type: none"> <li>To co-ordinate and manage press and media arriving on the hospital site, working in liaison with senior managers, police and other agencies</li> <li>To co-ordinate and manage urgent site-related communications</li> </ul>		
<p><b>ACTION :-</b> As soon as a Major Incident is declared (in <b>SBUHB area</b>) or receipt of notification by the hospital telephonist or a Senior Manager, the Communications Co-Ordinator should:-</p>		<b>Tick when completed</b>
1.	Contact the hospital Co-ordination Centre 1) 01792 530759, 2) 01792 532905, 3) 01792 703778 and note if you are also able to send any additional communications team members who will be part of the Management Team at Morriston and liaise with the Coordination Centre in Morriston	<input type="checkbox"/>
2.	Join any Silver Command online Teams meeting if required, as well as in-person in the Coordination Centre	<input type="checkbox"/>
3.	Make urgent contact with the Police liaison officer and Police Press and Media officer, and arrange to join emergency comms cell, as required.	<input type="checkbox"/>
4.	Liaise with Site Manager over any urgent general public messages about restricting general access to the hospital site - unless seriously ill or injured – to reduce pressure on unscheduled care during the major incident.	<input type="checkbox"/>
5.	Recognising that reporters are likely to turn up on the hospital site, the lead for Communications should liaise with the Site Manager about security arrangements to stop rogue reporters getting to patients or relatives, and generally managing Press and Media presence.	<input type="checkbox"/>

Notified by Switchboard – F24

## ROLE SUMMARY

- |     |  |                          |
|-----|--|--------------------------|
| 6.  | Update website, SB staff intranet and social media as necessary, and monitor social media, in liaison with police and other agencies.  | <input type="checkbox"/> |
| 7.  | Once the initial Major Incident is contained, take over from Gold Command Police Communications on Press and Media and social media issues relating to hospital operational matters. However, if necessary, continue to work with Police Liaison officers – including Police Family Liaison officers – over ongoing patient/relatives statements/releases. | <input type="checkbox"/> |
| 8.  | Working with Gold and Silver, co-ordinate and manage press conferences if necessary. Depending on the stage of the Major Incident, Police and other agencies may also be involved.   | <input type="checkbox"/> |
| 9.  | Support clinicians and senior managers who may need to make press and media statements or give interviews. Liaise as necessary with 111 Service, WAST or other NHS health boards regarding health service specific key messages that may be required, following discussions within Silver and Gold command.  | <input type="checkbox"/> |
| 10. | Use the following email addresses when corresponding:  |                          |
|     | Morrison Hospital <a href="mailto:SBU.MajorIncidentMorr@wales.nhs.uk">SBU.MajorIncidentMorr@wales.nhs.uk</a>   |                          |
|     | SBUHB Headquarters <a href="mailto:SBU.MajorIncidentHQ@wales.nhs.uk">SBU.MajorIncidentHQ@wales.nhs.uk</a>  |                          |
|     | Tempest Ward, Burns Centre <a href="mailto:Burns.Incident@wales.nhs.uk">Burns.Incident@wales.nhs.uk</a>  |                          |

All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available. This unique numbering system must remain in place for 24hrs.

Once patients are formally identified their names can be recorded alongside the numbering system, but cannot replace this system which must remain for 24 hrs post incident

**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**

### 3.5.5 Service Group Nurse Director/Deputy - Action Card 47

Service Group NURSE DIRECTOR/DEPUTY (Informed by Switchboard F24)		ACTION CARD 47
<b>ROLE SUMMARY</b>		
Notification and confirmation of either a Standby or Declared Major Incident will be received from the Hospital Switchboard.		
<p>In the event of a MI Standby or Declared (<b>outside of SBUHB area</b>) your role will be:</p> <ul style="list-style-type: none"> <li>• Part of the MI standby Core Team (Silver Command) at the HCC</li> </ul> <p>In the event of a MI Declared (<b>within the SBUHB area</b>) your role will be:</p> <ul style="list-style-type: none"> <li>• The HB Nurse Bank Manager or Deputy will be contacted and assist in the co-ordinating the deployment of nursing staff</li> <li>• Direct and monitor nursing staff within the hospital</li> <li>• Assess the nursing demands of the hospital</li> <li>• Refer to the major incident clinical guidelines: <a href="https://www.england.nhs.uk/ourwork/epr/major-incidents/">https://www.england.nhs.uk/ourwork/epr/major-incidents/</a></li> </ul>		
<b>ACTION :-</b> As soon as a major incident is declared you should immediately:-	<i>Tick when completed</i>	
1.	<p>In the event of a MI Standby or Declared (<b>outside of SBUHB area</b>):</p> <p>Proceed to the Hospital Co-ordination Centre at Morriston Hospital (service corridor, adjacent to Telephone Exchange), and inform Switchboard of arrival at Hospital. Form part of Silver Command MI Standby Core Team.</p> <p><b><i>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.</i></b></p>	<input type="checkbox"/>
2.	<p>In the event of a MI Declared (<b>within the SBUHB area</b>):</p> <p>Proceed to the Hospital Co-ordination Centre at Morriston Hospital (service corridor, adjacent to Telephone Exchange), and inform Switchboard of arrival at Hospital. Inform senior nursing staff; Heads of Nursing and Matrons. (Adopt JESIP principles, see Appendix).</p>	<input type="checkbox"/>

**ROLE SUMMARY**

3.	Receive an update of the current situation from the Clinical Site Manager (23123 Cisco Phone holder).	<input type="checkbox"/>
4.	Organise an update to assess staffing situation.	<input type="checkbox"/>
5.	Assign a staff member to collate information from each area regarding nursing members and skill mix on duty – assess and re-deploy to critical areas, if required.	<input type="checkbox"/>
6.	Assign a staff member to prepare to allocate nursing staff on arrival, recording details of deployment including name, specialty, time deployed and area.	<input type="checkbox"/>
7.	<p>Assess the need for extra staffing in liaison with Senior Nursing staff in the following areas:-</p> <ul style="list-style-type: none"> <li>• Emergency Department</li> <li>• Operating Theatres</li> <li>• Critical Care areas</li> <li>• Designated Receiving Wards</li> <li>• Discharge lounge and Physiotherapy OPD, (secondary in-patient discharge area)</li> <li>• OPD – relatives care centre</li> </ul> <p>Review staffing of areas where activity has been restricted to ascertain if staff can be deployed.</p> <p>Some staff resource maybe allocated in teams to wait in the Doctors Mess within the dining room until they are required. Medical staff teams may also be waiting in this area and will be allocated by the Medial Director/Deputy. (Entry code: <b>9856</b>, contact number: <b>32102</b>).</p>	<input type="checkbox"/>
8.	Designate nursing staff who may be called upon to escort patients from the Emergency Department to receiving Critical Care and Ward areas.	<input type="checkbox"/>
9.	Liaise with the Director of Nursing in Gold Command regarding the on-going situation.	<input type="checkbox"/>

ROLE SUMMARY

- |     |  |                          |
|-----|--|--------------------------|
| 10. | Allocate a Lead Nurse to work with the OPD Nurse in Charge and Hospital Chaplain, to specifically assist in the care and support of bereaved relatives allocate additional staff as required             | <input type="checkbox"/> |
| 11. | Consideration may be required for vulnerable individuals, (adult/child) who are uninjured in the major incident but who may require an interim place of safety until relatives are identified by Police. | <input type="checkbox"/> |
| 12. | Consideration with regard to the co-ordination of staff referrals to the Staff Well Being Service post incident. A Psychologist will be present in Silver.   | <input type="checkbox"/> |

**Note:** - In the absence of the Nurse Director, a Head of Nursing will be asked to undertake these duties.

All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available. This unique numbering system must remain in place for 24hrs.

Once patients are formally identified their names can be recorded alongside the numbering system, but cannot replace this system which must remain for 24 hrs post incident

**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**

### 3.5.6 Service Group Medical Director/Associate Medical Director - Action Card 48

Unit Medical Director/Associate Service Group Medical Director (Informed by Switchboard F24)		ACTION CARD 48
<b>ROLE SUMMARY</b>		
Notification and confirmation of either a Standby or Declared Major Incident will be received from the Hospital Switchboard.		
<p>In the event of a MI Standby or Declared (<b>outside of SBUHB area</b>) your role will be:</p> <ul style="list-style-type: none"> <li>• Part of the MI standby Core Team (Silver Command) at the HCC</li> </ul> <p>In the event of a MI Declared (<b>within the SBUHB area</b>) your role will be:</p> <ul style="list-style-type: none"> <li>• Co-ordinate the deployment of medical staff</li> <li>• Direct and monitor medical staff within the hospital</li> <li>• Assess the medical demands of the hospital</li> <li>• Refer to the major incident clinical guidelines: <a href="https://www.england.nhs.uk/ourwork/epr/major-incidents/">https://www.england.nhs.uk/ourwork/epr/major-incidents/</a></li> </ul> <p><b>If you are the Gold on Call, you will need to allocate a deputy to undertake this role.</b></p>		
<b>ACTION :-</b> As soon as a major incident is declared you should immediately:-		<b>Tick when completed</b>
1.	<p>In the event of a MI Standby or Declared (<b>outside of SBUHB area</b>):</p> <p>Proceed to the Hospital Co-ordination Centre at Morrision Hospital (service corridor, adjacent to Telephone Exchange), and inform Switchboard of arrival at Hospital. Form part of Silver Command MI Standby Core Team.</p> <p><b><i>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.</i></b></p>	
1.	In the event of a MI Declared ( <b>within the SBUHB area</b> ):	<input type="checkbox"/>

**ROLE SUMMARY**

Proceed to the Hospital Co-ordination Centre at Morrilton Hospital (service corridor, adjacent to Telephone Exchange), and inform Switchboard of arrival at Hospital. (Adopt JESIP principles, see Appendix).

2. Receive an update of the current situation from the Clinical Site Manager, Senior Manager, Executive Manager on-call and the Emergency Department.

3. Form part of the Hospital Co-ordination Centre team.

4. Ascertain an administration staff member to assist;

- Issuing medical staff action cards as they arrive; Copies of all action cards are included in the Co-ordination Centre.
- Log staff names, time of deployment and location.

5. Assess the clinical and medical staffing situation through the Health Board. Provide an update to the Medical Director/Deputy.

6. In conjunction with the Clinical Site Team, prepare the Co-ordination centre to allocate medical staff on arrival, recording details of deployment. This will be delegated to the Consultant Physician On-Call during a 'Non-Medical Major Incident'. If there is a medical major incident, this role will need to be delegated to another specialty consultant.

7. Medical staff reporting for duty will initially present to the Co-Ordination Centre. Undertake a briefing of medical staff. Liaise with the Emergency Department Lead Consultant to ascertain the required medical team compliment, dependent on the casualty numbers and the nature of their injuries. Some medical teams may need to wait until their deployment is required and will need to wait in the Doctors Mess in the dining room. (Access Code: **9856**, Extension: **32102**). Some teams will inform you if they will be waiting in different areas and will provide a point of contact.

8. Delegate and direct medical staff to the most appropriate areas. You will base yourself in the Co-ordination Centre and will oversee this area.

**ROLE SUMMARY**

- |     |   |                          |
|-----|---|--------------------------|
| 9.  | Organise the allocation of theatre time, in liaison with the Theatre Manager.   | <input type="checkbox"/> |
| 10. | Call in Consultant Medical Staff, as required.  | <input type="checkbox"/> |
| 11. | Consideration regarding the co-ordination of staff referrals to the Staff Well Being Service post incident. A Psychologist will be present in Silver to assist. | <input type="checkbox"/> |

All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available. This unique numbering system must remain in place for 24hrs.

Once patients are formally identified their names can be recorded alongside the numbering system, but cannot replace this system which must remain for 24 hrs post incident

**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**

## 3.6 Support Team

### 3.6.1 Health Board Nurse Bank Manager / Office Manager - Action Card 49

HEALTH BOARD NURSE BANK MANAGER/OFFICE MANAGER		ACTION CARD 49
(Informed by Switchboard – F24)		
ROLE SUMMARY		
Notification and confirmation of a Declared Major Incident will be received from the Hospital Switchboard.		
<ul style="list-style-type: none"> <li>Assist the Service Group Nurse Directors/Deputy in monitoring nursing staff levels within the Health Board.</li> </ul>		
<ul style="list-style-type: none"> <li>Assist the Service Group Nurse Directors in meeting the nursing demands of the Health Board, and keep the Nurse Directors informed of changes.</li> </ul>		
<b>ACTION:</b> -As soon as a major incident is declared you should immediately		<i>Tick when completed</i>
1.	Contact the Health Board Bank Co-ordinators at home, advise them of the incident, log onto bank system via their remote access to assist with staffing demand	<input type="checkbox"/>
2.	Proceed to Morriston Co-ordination Centre and liaise with the Service Group Nurse regarding the nursing and clerical levels demand within the Hospital for the next 24 hours, taking into account numbers of staff, grades, and skill mix.	<input type="checkbox"/>
3.	Contact the Bed/Site Manager at Singleton Hospital and assess the nursing and clerical demand within Singleton Hospital for the next 24 hours, taking into account numbers of staff, grade's, and skill mix as they may receive transferred patients from Morriston Hospital.	<input type="checkbox"/>
4.	Liaise with the Nursing Bank Co-ordinators regarding the additional staffing requirements across the Health Board	<input type="checkbox"/>
5.	The Health Board Nurse Bank office will email details of the Staff booked to the Co-ordination Centre at Morriston Hospital: and will inform the Wards/Departments as appropriate.	<input type="checkbox"/>

**NOTE: - During the Major Incident ALL requests for additional nurse staffing, must be routed via the Co-Ordination Centre at Morriston Hospital and NOT via the Health Board Nurse Bank office.**

All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available. This unique numbering system must remain in place for 24hrs.

Once patients are formally identified their names can be recorded alongside the numbering system, but cannot replace this system which must remain for 24 hrs post incident

**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**

### 3.6.2 Matrons – Action Card 50

Matrons		ACTION CARD 50
(Informed by Cisco broadcast & the Service Group Nurse Director)		
ROLE SUMMARY		
<ul style="list-style-type: none"> <li>Liaise with the Hospital Co-ordination Centre in relation to communication and information flow with the individual Service</li> </ul>		
<ul style="list-style-type: none"> <li>Continue to co-ordinate the activities of the Service</li> </ul>		
<b>STAND BY ACTION:</b> - Notification of a Major Incident will come from the Hospital Co-ordination Centre.		<i>Tick when completed</i>
1.	Notify Wards of a potential Major Incident and instigate the stand-by procedure. Ensure the receiving wards commence preparation; Surgical Assessment Unit and Paediatrics. If Medical Major Incident, where possible AMU will need to receive major incident patients directly	<input type="checkbox"/>
2.	Receive current accurate bed-state and staffing levels from the Nurse-in-Charge of Wards. Forward Directorate/Unit bed-state by signal or telephone to the Hospital Co-ordination Centre (service corridor, adjacent to Telephone Exchange) on extension, phone Numbers: 01792 530759 – Ext 30759 Main desk phone next to MI PC (phone 1), 01792 532904 – Ext 32904 Internal room (phone no 2), 01792 703778 – Ext 33778 External room (phone 3)	<input type="checkbox"/>
3.	Await further instructions from the Hospital Co-ordination Centre.	<input type="checkbox"/>
4.	Ensure that Ward routines carry on as normal.	<input type="checkbox"/>
5.	Refer to the major incident clinical guidelines: <a href="https://www.england.nhs.uk/ourwork/eprp/major-incidents/">https://www.england.nhs.uk/ourwork/eprp/major-incidents/</a>	
<b>FULL MAJOR INCIDENT ACTION:</b> Notification of a full Major Incident will come from the Hospital Co-ordination Centre		<i>Tick when completed</i>
1.	Ensure the receiving wards are ready to receive major incident patients. However, assess with the Nurse-in-Charge of <b>each</b> Ward, the availability of staff to: <ul style="list-style-type: none"> <li>Remain on duty</li> <li>Arrive early for next shift</li> </ul>	<input type="checkbox"/>

(Informed by Cisco broadcast &amp; the Service Group Nurse Director)

## ROLE SUMMARY

- Provide extra cover, if necessary.

2. Forward current accurate bed-state and staffing information, by fax or telephone, to the Hospital Co-ordination Centre (service corridor, adjacent to Telephone Exchange) on extension, phone Numbers: 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) The Hospital Co-ordination Centre should be continually updated of this information.

3. Await further instructions from the Hospital Co-ordination Centre.

4. Ensure that Ward routines carry on as normal.

**STAND-DOWN ACTION:** - Notification of a Stand-Down will come from the Hospital Co-Ordination Centre.

*Tick when completed*

1. Inform staff of the end of the Major Incident alert.

**Note:** - A Stand-by alert is not necessarily followed by a full Major Incident Alert. You may be instructed to Stand-down, which indicates the end of the Major Incident alert.

All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available. This unique numbering system must remain in place for 24hrs.

Once patients are formally identified their names can be recorded alongside the numbering system, but cannot replace this system which must remain for 24 hrs post incident

**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**

### 3.6.3 Matron for Paediatrics - Action Card 54

MATRON FOR PAEDIATRICS (Informed by Switchboard – Cisco)		ACTION CARD 54
<b>ROLE SUMMARY</b>		
Notification of a Declared Major Incident will be received from the Hospital Switchboard		
<ul style="list-style-type: none"> <li>• Liaise with Service Manager to ensure awareness and on-site support</li> <li>• Liaise with the Hospital Co-ordination Centre in relation to provide communication and information flow with the Paediatric department via the PMICT Core Team</li> <li>• Provide clinical nursing advice on the care of children involved in the Incident.</li> <li>• Continue to co-ordinate the activities of the Paediatric Unit.</li> <li>• Co-ordinate the activities of the paediatric casualties admitted to the wards</li> </ul>		
<b>ACTION</b> - The Matron for Paediatrics (or deputy) should be notified as soon as it is confirmed that children have been involved in either a Major Incident, or Burns Major Incident.		<b>Tick when completed</b>
<p>However, remember that even if only adults are involved, they may have Children, and the support of the Matron for Paediatrics may be invaluable to identify the need for a place of safety and chaperones to accompany:-</p> <ul style="list-style-type: none"> <li>• Uninjured children who are not yet reunited with their family</li> <li>• Injured children where parents are also injured.</li> </ul> <p>Please liaise with the Emergency Department, Unit Nurse Director/Deputy in the Co-ordination Centre, and the relatives care centre to fulfil this action.</p>		
<p>Consultant Paediatrician (2) will liaise with the WATCH retrieval service if transfer of a critically ill or injured child is required.</p> <p>Once notified, contact the Nurse-in-Charge of the Paediatric Ward, giving brief details of the Incident. You should appoint a co-ordinator for external co-ordinations and sub co-ordinator for ward level communications and ongoing organisation:- This can be achieved via the PMICT Core Team</p>		
<p>1. Matron for Paediatrics and Paediatric Service Manager will be contacted by HCC at home, and advise them of the Incident, if unable to contact, the Ward Manager should be contacted. The nurse holding bleep 23585 will follow this action card until one of the above arrives.</p>		

2. Proceed to the Paediatric Major Incident Core Team meeting point in the Doctor's office on Ward M for further information about the Major Incident response	
3. Liaise with the Emergency Department to establish the number and extent of any injured children.	□
4. Identify the total number of available beds within Oakwood Ward and decide with the nurse in charge and the relevant speciality SHO which children could be discharged home. For Plastic Surgery, children liaise with (Bleep 38060). Families and children awaiting discharge should remain in a designated area. Consider the use of paediatric OPD also.	□
5. Contact off duty staff and identify availability, do not compromise next 2 shifts, advise to be on stand-by. DO NOT CALL IN (this will be organised by the Service Manager when exact requirements are identified). Complete availability list and provide Hospital Co-ordination Centre with a copy.	□
6. Provide RSCN for the Childrens emergency department as requested by the Nurse Director/Deputy. Ensuring the ward staffing remains safe. Ensure the name of the staff member the location and the time allocated is documented.	□
7. Inform the Safeguarding Co-ordinator of the Incident and liaise as required.	□
8. Meet up with the PMICT Core Team at regular intervals and hold regular team meetings to update internally.	□

All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available. This unique numbering system must remain in place for 24hrs.

Once patients are formally identified their names can be recorded alongside the numbering system, but cannot replace this system which must remain for 24 hrs post incident

**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**

### 3.6.4 Ward Sister/Charge Nurse for Paediatrics - Action Card 54a

Ward Nurse/Charge Nurse for Paediatrics (Informed by Matron for Paediatrics)		ACTION CARD 54 A
ROLE SUMMARY		
<p><b>ACTION</b> - The Ward Sister/ Charge Nurse will be notified by the Matron for Paediatrics (or deputy) as soon as it is confirmed that children have been involved in either a Major Incident or Burns Major Incident.</p>		<i>Tick when completed</i>
1. Await the brief from the Unit Nurse Manager		
2. Liaise with the Matron for paediatrics <ul style="list-style-type: none"> <li>○ Keep a patient log and outcome</li> <li>○ Co-ordinate the activities of the paediatric casualties admitted to the wards</li> </ul>		
<ul style="list-style-type: none"> <li>• Brief ward staff as per METHANE (<a href="#">APPENDIX 1</a>)</li> <li>• Assess and treat children indicated to you in order of priority</li> <li>• Report any changes in condition to Consultant Paediatrician 1</li> <li>• Record all examination and treatments on the clinical record card</li> <li>• Double check the identity of all children before treatment as many may only be identified by a Major Incident casualty number</li> <li>• Place all clothes and other items in a property bag marked with the correct Major Incident casualty number</li> <li>• Do not dispose of any of the child's clothing or personal effects as these may be invaluable for identification</li> </ul>		

<ul style="list-style-type: none"> <li>• Do not move any children without informing Consultant Paediatrician 1 and Matron</li> <li>• If children are moved, ensure a record of their destination is kept and given to the Matron who will feedback to the PMICT</li> <li>• Priorities</li> <li>• Assessment and treatment of seriously ill or injured children</li> <li>• Provision of advice and practical help to others involved in the care of seriously ill or injured children <ul style="list-style-type: none"> <li>○ Clinical documentation</li> </ul> </li> </ul>	
3. Work with the Middle Grade doctor to identify patients that can be discharged from the ward <span style="float: right;">□</span>	
4. Ensure that the ward and HDU are ready to receive patients from the Major Incident	
5. Ensure that there are adequate staff available and ensure the normal function of the ward	
6. Identify the total number of available beds within Oakwood Ward and decide with the nurse in charge and the relevant speciality SHO which children could be discharged home. For Plastic Surgery, children liaise with (Bleep 38060). Families and Children awaiting discharge should remain in a designated area. Consider the use of paediatric OPD also.	
i. Contact off duty staff and identify availability, do not compromise next 2 shifts, advise to be on stand-by. DO NOT CALL IN (this will be organised by the Service Manager when exact requirements are identified). Complete availability list and provide Hospital Co-ordination Centre with a copy.	
ii. Provide RSCN and/or play specialist for the Childrens emergency unit/Burns Centre ensuring staffing levels on the Ward remain safe, as requested by the Nurse Director/Deputy. Ensure the name of the staff member the location and the time allocated is documented.	
iii. Inform the Safeguarding Co-ordinator of the Incident and liaise as required.	
iv. Meet up with the PMICT Core Team at regular intervals and hold regular team meetings to update internally.	



All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available. This unique numbering system must remain in place for 24hrs.

Once patients are formally identified their names can be recorded alongside the numbering system, but cannot replace this system which must remain for 24 hrs post incident

**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**

***Any changes to your action card should be discussed with the Emergency Preparedness Resilience and Response Lead***

### 3.6.5 Paediatric Service Manager - Action Card 54b

PAEDIATRIC SERVICE MANAGER (Informed by Switchboard – F24 & Matron for Paediatrics)		ACTION CARD 54b
ROLE SUMMARY		
Notification of a Declared Major Incident will be received from Switchboard		
<ul style="list-style-type: none"> <li>• Be key co-ordinator of the PMICT Team</li> <li>• Obtain regular updates from Consultant Paediatrician (3) and Matron</li> <li>• Liaise and update the Hospital Co-Ordination Centre</li> <li>• Be responsible for the documentation and tracking all paediatric patients</li> <li>• Link with Medical Director to provide regular updates upon request of Consultant (1), Consultant (2) and/or Consultant (3)</li> </ul>		
<b>ACTION</b> - The Paediatric Service Manager will receive notification of Major Incident involving children via the Switchboard. If the Paediatric Service Manager is on duty for the hospital they will be based in the Hospital Co-ordination Centre and not in the PMICT centre.		<b>Tick when completed</b>
1. Once confirmation of a Major Incident involving children has been received proceed to the Paediatric Major Incident Core Team meeting point in the Doctor's office on Ward M to be briefed about the Major Incident unless on duty for the hospital when you should proceed to the Hospital Co-ordination Centre		<input type="checkbox"/>
2. Be briefed by Consultant Paediatricians on the Major Incident as part of the PMICT Core Team		<input type="checkbox"/>
3. Document and keep track of all paediatric patient flow and provide regular updates to the Hospital Co-ordination Centre		<input type="checkbox"/>
4. Document and keep track of all staff flow and provide regular updates to the Hospital Co- ordination Centre		<input type="checkbox"/>
5. Contact off duty staff when exact requirements are identified.		<input type="checkbox"/>
6. Provide regular updates to the PMICT Core Team		<input type="checkbox"/>

All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available. This unique numbering system must remain in place for 24hrs.

Once patients are formally identified their names can be recorded alongside the numbering system, but cannot replace this system which must remain for 24 hrs post incident

**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**

### 3.6.6 Radiology Services Manager / Deputy – Action Card 57

RADIOLOGY SERVICES MANAGER/DEPUTY (Informed by Switchboard F24, Radiology Staff and/or ED)		ACTION CARD 57
<b>ROLE SUMMARY</b>		
<ul style="list-style-type: none"> <li>• Provision of radiological support to the Emergency Department.</li> <li>• Provision of specialist radiological investigations.</li> </ul>		
<b>ACTION:-</b> As soon as a <b>major incident</b> is declared (notification will be from Hospital Switchboard and ED) you should:		<b>Tick when completed</b>
1.	<p><b>Monday to Friday 09.00 to 17.00 hrs:</b></p> <p>Coordination will be via <b>Radiology Services Manager</b> (ext. 33146) or <b>Site Superintendent Radiographer</b> (ext. 33502)</p> <p><b>Outside the above hours:</b> <i>(NB see flow chart at end of action card)</i> Main radiographer is contacted by Switchboard and / or by ED. <b>The main Radiographers on duty</b> will contact ext. 23924 or 33311</p> <ul style="list-style-type: none"> <li>• <b>Radiology Services Manager (RSM) or next available site Superintendent Radiographer.</b></li> <li>• <b>The Radiographers on duty</b> in the ED Radiology Department.</li> <li>• <b>Consider another Superintendent Radiographer</b></li> </ul>	<input type="checkbox"/> Time:
2.	<p><b>The RSM or Superintendent Radiographer contacted</b>, should then contact the following staff, according to call-out lists kept in the Main and ED Radiology Offices and at home:-</p> <ul style="list-style-type: none"> <li>• <b>5 Radiographers</b> for ED Radiology Unit</li> <li>• <b>6 Radiographers</b> for Main Radiology Department, ensuring that at least 4 are CT – trained.</li> <li>• <b>2 Superintendent Radiographers</b> (one for ED and one for Main Departments)</li> <li>• <b>Radiology PACS Manager</b></li> <li>• MRI on call radiographer</li> <li>• <b>The on-call radiographer in Singleton Hospital</b>, (Singleton Switchboard: 01792 205666, request Switchboard to phone on-call Radiographer)</li> </ul>	<input type="checkbox"/> Time:

(Informed by Switchboard F24, Radiology Staff and/or ED)

**ROLE SUMMARY**

- **The on-call radiographer at NPTH supporting MIU (ext. 42664 until 12 am then on call from home).**

3. **The RSM or Superintendent Radiographer contacted** should: Check that **2 On-Call Radiologists** have been contacted by the Hospital Switchboard:

- Duty registrar based in main radiology ext. 23062
- **1 General Radiology Consultant**
- **1 Neuro Radiology Consultant**

Time:

*(NB: Everlight will continue to support head only CT requests between).21.00 – 09.00*

4. **The RSM or Superintendent Radiographer contacted** should: Arrange with **Portering Service Manager** (extension 33098) to have **four porters** available to the Radiology Department for the duration of the Incident.

Time:

5. **The Superintendent Radiographer called in for ED and Main Radiology** should:

Ensure ED and Main Departments are ready for use including image intensifiers and mobile X-ray units:-

- **Both C.T. Scanners** switched and warmed up.
- Non-urgent work is cleared.
- Consider if any planned maintenance work in the short or medium term of the incident should continue or proceed, as this may impact on an emergency service provision.

Time:

6. **The Superintendent Radiographers called in for ED and Main Radiology** should liaise to:

Consider moving patients waiting for radiology from ED to the main Radiology Units, in order to clear and prepare the ED Radiology Unit.

Time:

7. **The Superintendent Radiographers called in for ED and Main Radiology** should liaise to:

Time:

(Informed by Switchboard F24, Radiology Staff and/or ED)

**ROLE SUMMARY**

Advise the **Hospital Co-ordination Centre**, service corridor, adjacent to Telephone Exchange (extension, 33479, 32904, 32905, 33778) when the Radiology Department is ready.

**Documentation:-**

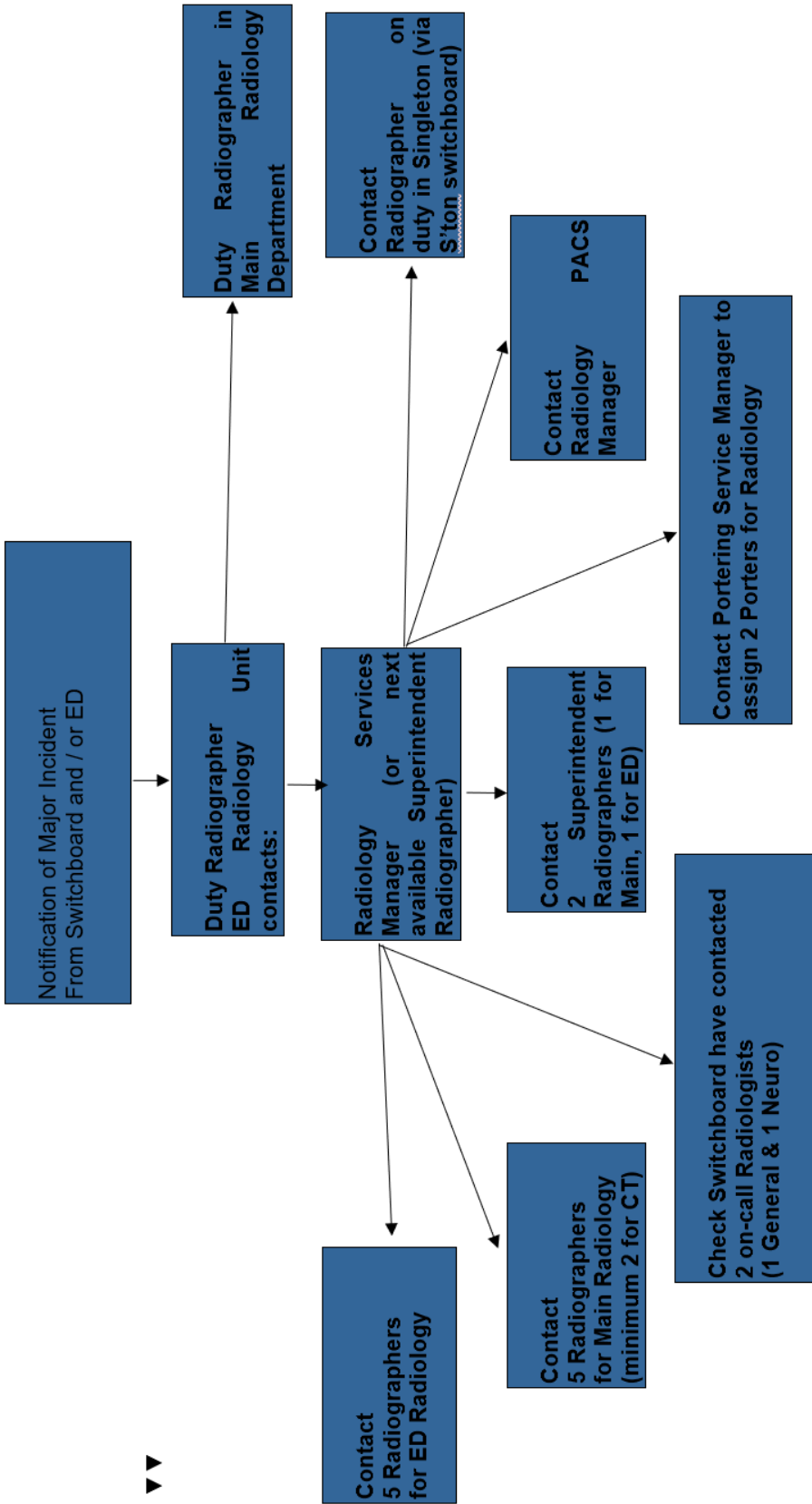
8. Patients will attend from ED having been registered on Computerised Systems Myrddin with pre populated PAS numbers which will feed the Radiology Information System and PACS. Detail is stored locally in ED X-ray.  Time:
- Please see below for additional information.

All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available. This unique numbering system must remain in place for 24hrs.

Once patients are formally identified their names can be recorded alongside the numbering system, but cannot replace this system which must remain for 24 hrs post incident

**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**



**N.B. Call-Out Lists kept in Main ED Radiology Office**

### 3.6.7 Theatre Services Manager / Deputy – Action Card 59

THEATRE SERVICES MANAGER/DEPUTY (Informed by Switchboard – F24)		ACTION CARD 59
ROLE SUMMARY		
<ul style="list-style-type: none"> <li>• Control activity in the Operating Theatres, dependant on the needs of the Incident and routine surgical activity in conjunction with the Consultant Orthopaedic Surgeon for Main Theatres, and Consultant Plastic Surgeon for Plastic Theatres.</li> <li>• <b>Deputising Arrangements:</b></li> <li>• If the Theatre Matron is <b>called in to act as Silver Commander</b> during the incident, Responsibility for theatre operations must be formally handed over to the <b>Secondary Theatre Matron Colleague</b> (if available) or <b>Nominated Deputy</b> (Senior Nurse/ODP on duty). <b>The handover must include:</b> <ul style="list-style-type: none"> <li>○ Current theatre activity and capacity</li> <li>○ Staffing levels and any redeployments</li> <li>○ Equipment and supply status</li> <li>○ Any ongoing or anticipated challenges</li> </ul> </li> </ul>		
<b>ACTION:-</b> As soon as a major incident is declared the Theatre Services Manager, or nominated Deputy / most senior Nurse on duty, should :		<i>Tick when completed</i>
1.	Ensure Theatre Department aware of activation of standby or declared major incident. Call in sufficient staff to run all theatres –via switchboard asking them to activate the theatre F24 system group. Monitor F24 system for staff responses.	<input type="checkbox"/>
2.	If the emergency arises during the daytime, surgeons should be asked to finish operating safely and advise of estimated time of procedure end in each theatre. This will be recorded on theatre activity sheet in the Loggist folder. Staff in Theatres then to prepare for casualties requiring surgery.	<input type="checkbox"/>
3.	If the emergency arises when the Theatre Manager is off duty, S/he will be informed by the Senior Theatre Nurse on duty, according to Departmental Action Cards and checklists held in the Operating Theatre.	<input type="checkbox"/>
4.	The Theatre Services Manager will contact the Hospital Co-ordination Centre to advise that Theatres are ready on phone Numbers: 01792	<input type="checkbox"/>

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)

- |    |  |                          |
|----|--|--------------------------|
| 5. | The Theatre Services Manager will, in conjunction with the Duty Consultant Anaesthetist, Consultant Surgeon and Matron, determine the number of operating theatres required based on all information available, numbers of patients and type of injuries sustained. In the absence of relevant information and also the nature of operations being performed at the time, the Theatre Services Manager will have authority to suspend operating in all theatres if considered necessary and reinstate list as appropriate. | <input type="checkbox"/> |
| 6. | The communication and decision-making point within theatre will be the communication hub within the main theatre coffee room (ensure signage from major incident box has been put in place to direct staff)  | <input type="checkbox"/> |
| 7. | Liaise with HSDU to ensure sufficient trays are available. (full Tray list availability laminated and in Major Incident box<br><br>Confirm with Estates regarding any planned maintenance programmes as this may impact on the extra provision to respond to the emergency in the short and medium term of the incident.   | <input type="checkbox"/> |

All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available. This unique numbering system must remain in place for 24hrs.

Once patients are formally identified their names can be recorded alongside the numbering system, but cannot replace this system which must remain for 24 hrs post incident

**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**

### 3.6.8 Pharmacist – Action Card 60

PHARMACIST		ACTION CARD 60
(Informed by Switchboard – F24)		
ROLE SUMMARY		
<ul style="list-style-type: none"> <li>The provision of medicine advice, additional drugs, intravenous fluids, and other items as required.</li> </ul>		
<b>ACTION:</b> As soon as a major incident is declared the following actions should be completed:		<i>Tick when completed</i>
1.	During core opening hours when the pharmacy is open, switchboard will contact the Pharmacy Manager or Acting Deputy on Ext 33119 or the Dispensary on Ext 33366. This person will act as the Pharmacy Incident Co-ordinator as detailed in the Major Incident SOP.	<input type="checkbox"/>
2.	<p>Out of hours the emergency duty pharmacist will be contacted via switchboard. As soon as the major incident is declared the emergency duty pharmacist will:</p> <ul style="list-style-type: none"> <li>Contact the most senior pharmacist at home using the Major Incident cascade staff contact list who will then become the nominated Pharmacy Incident Co-ordinator.</li> <li>The emergency duty pharmacist will attend the hospital and open the pharmacy department. Once support staff arrive he/she may return to on call duties.</li> </ul>	<input type="checkbox"/>
3.	The first person on site should refer to the departments Major Incident SOP for detail on specific actions.	<input type="checkbox"/>
4.	Out of hours the emergency duty pharmacist or whoever first attends the hospital will report to the Hospital Co-ordination Centre – (Phone Numbers: 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)), to inform them that the Pharmacy Department is open.	<input type="checkbox"/>
5.	The Pharmacy Incident Senior Person will attend the hospital co-ordination centre to liaise with the Nurse-in-Charge and senior clinician to assess the need for Pharmacy Services.	<input type="checkbox"/>
6.	Pharmacy staff in attendance will issue drugs and other items, as required, and provide medicines advice when required.	<input type="checkbox"/>

(Informed by Switchboard – F24)

### ROLE SUMMARY

7. If necessary, contact Pharmacy staff who are usually based at other hospitals and, if necessary, Primary care teams if additional skills and/or staff are required.

All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available. This unique numbering system must remain in place for 24hrs.

Once patients are formally identified their names can be recorded alongside the numbering system, but cannot replace this system which must remain for 24 hrs post incident

#### 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**

### 3.6.9 HSDU Manager (On Call) – Action Card 61

HSDU MANAGER (ON-CALL) (Informed Switchboard – F24)		ACTION CARD 61
ROLE SUMMARY		
<ul style="list-style-type: none"> <li>Provision of additional sterile instruments and supplies</li> </ul>		
<b>ACTION:-</b> As soon as a major incident is declared you should :-		<i>Tick when completed</i>
1.	Contact other colleagues from home, as deemed necessary.	<input type="checkbox"/>
2.	Inform Head of Sterile Services.	<input type="checkbox"/>
3.	Proceed to the Hospital and open the H.S.D.U. Ensure adequate stocks of sterile instruments, packs and supplies are readily available.	<input type="checkbox"/>
4.	Inform the Hospital Co-ordination Centre, service corridor, adjacent to Telephone Exchange (Phone Numbers: 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)) when the H.S.D.U. is open.	<input type="checkbox"/>
5.	Liaise with the Nurse-in-Charge of the Emergency Department to assess the need for fresh supplies, (do not include swabs).	<input type="checkbox"/>
6.	Liaise with the Nurse-in-Charge of the Operating Theatre to assess the need for fresh supplies, (do not include swabs).	<input type="checkbox"/>
7.	Issue sterile instruments, packs, and other items, as required.	<input type="checkbox"/>
8.	Contact Sterile Services staff at Singleton Hospital if additional skills and/or staff are required. Alert the Co-ordination Centre if equipment etc. is required to be transported across the HB.	<input type="checkbox"/>
9.	Confirm with Estates if there are any planned maintenance programmes that may be required to be delayed as a maintenance programme may disrupt the provision of additional services to respond to the emergency. Consideration will be required in the short and medium term of the incident	<input type="checkbox"/>

All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available. This unique numbering system must remain in place for 24hrs.

Once patients are formally identified their names can be recorded alongside the numbering system, but cannot replace this system which must remain for 24 hrs post incident

**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**

### 3.6.10 Catering Services Manager (On-Call) – Action Card 62

CATERING SERVICES MANAGER (ON-CALL) (Informed by Switchboard – F24)		ACTION CARD 62
ROLE SUMMARY		
<ul style="list-style-type: none"> <li>• Provision of Hotel Services support to the hospital</li> <li>• Provision of catering arrangements for the Hospital.</li> </ul>		
<b>ACTION:-</b> As soon as a major incident is declared you should :-		<i>Tick when completed</i>
1.	Report to Hospital Control Centre for initial briefing and take responsibility for the co-ordination of Catering staff.	<input type="checkbox"/>
2.	Establish a Catering Co-ordination Team within Catering Services Department - Ext. 33679/33537/38913/33535/32389. Call in extra staff from home, as necessary.	<input type="checkbox"/>
3.	<p>Liaise with Nurse in Charge of OPD, Hospital Chaplain, Social Work Team and Volunteers who will establish a relatives and friends' area in OPD, including the provision for bereaved relatives and major incident patients discharged and re-united with relatives.</p> <p>Liaise with staff in the discharge lounge and Physiotherapy OPD to ascertain catering provision for patients/staff.</p> <p>Liaise with medical/Nursing staff teams who may be waiting as additional teams in the Doctors Mess, the dining room.</p>	<input type="checkbox"/>
4.	Contact the Hospital Co-ordination Centre in the service corridor, adjacent to Telephone Exchange (Phone Numbers: 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)) as soon as the Department is ready.	<input type="checkbox"/>
5.	Provide beverages, as necessary, to casualties in the ED, GPOOH and Ambulatory Care areas. <b>Check with medical/nursing supervisor that beverages may be given to individual casualties.</b> Provide refreshments in the Staff Dining Room, ED, and Operating Theatres for members of staff.	<input type="checkbox"/>

6.	Ensure that beverages are available for Volunteers, Hospital Co-Ordination Centre, all areas as well as any other Hospital Departments called in 'Out-of-Hours'.	<input type="checkbox"/>
7.	Ensure that beverages and sandwich facilities are available for staff, volunteers, and the press/media.	<input type="checkbox"/>
8.	Co-ordinate requests for additional Supplies contacting the Central Stores Manager (if not already done by the Supplies Manager).	<input type="checkbox"/>
<b>Note:</b>	In the absence of the Catering Services Manger, the Senior Facilities Manager On Call/Deputy Catering Manager will undertake these duties.	<input type="checkbox"/>

All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available. This unique numbering system must remain in place for 24hrs.

Once patients are formally identified their names can be recorded alongside the numbering system, but cannot replace this system which must remain for 24 hrs post incident

**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**

### 3.6.11 Porter Services Manager/Senior Porter (On Duty) – Action Card 63

PORTERING SERVICES MANAGER/SENIOR PORTER (ON DUTY) ACTION CARD 63 (Informed by Switchboard F24 & Cisco broadcast)	
ROLE SUMMARY	
<ul style="list-style-type: none"> <li>• Provision of Porter services for patient movements and general Porter duties.</li> <li>• Direction of Relatives and Press/Media to appropriate areas.</li> </ul>	
<b>ACTION:-</b> As soon as a major incident is declared you should :-	<i>Tick when completed</i>
1. Inform Porter Services Manager, and immediately call in additional Porter staff. See Security Services Action Card; allocation of additional staff may be required to undertake these actions also. Liaise with the most Senior Facilities Manager.	<input type="checkbox"/>
2. Porter Services Manager will report to the Hospital Co-ordination Centre when arrangements are complete.	<input type="checkbox"/>
3. Prepare the ED entrance for the reception of casualties, by means of:- <ul style="list-style-type: none"> <li>• Allocating a senior Porter to centralise all available trolleys and wheelchairs as close as possible to the area, without causing an obstruction, and ensure return of ambulance trolleys to the vehicles as quickly as possible for return to the scene.</li> <li>• Providing a supply of blankets and other linen requirements.</li> <li>• Liaising with the ED Nurse-in-Charge in the preparation of the Department.</li> </ul>	<input type="checkbox"/>
4. Allocate one Senior Porter to act as 'doorman' on the entrance to the ED to control unauthorised visitors and direct visitors/relatives/press accordingly.  Instigate Lock Down Procedure and refer to the HB procedure for this purpose	<input type="checkbox"/>
5. Allocate two Porters to establish traffic control, one to keep ambulance entrance clear for ambulances only, and another to divert traffic at the main entrance to ensure visitors and non-emergency staff use the car park 3 and the overflow car park (until relieved by the Police Officer/Hospital Security)	<input type="checkbox"/>
6. Ensure the OPD HVS building is opened out of hours	<input type="checkbox"/>

**PORTERING SERVICES MANAGER/SENIOR PORTER (ON DUTY) ACTION CARD 63**  
(Informed by Switchboard F24 & Cisco broadcast)

**ROLE SUMMARY**

7.	Await liaison with Bed/Site Manager regarding the internal movement of patients. Allocate Porters as required.	<input type="checkbox"/>
8.	Allocate two Porters to X-Ray Department in ED, and two to the main X-Ray Department, until Department Porters arrive. Use X-Ray Porters to display the sequentially numbered [1 to 16] fixed signs located around the Hospital on the Ground and Lower Ground Floors. Please follow map. Commencing with the external signs at the top of the roundabout entrance road and bottom roundabout entrance road. No's 4&5 A frame signs are located by facilities corridor.	<input type="checkbox"/>
9.	Allocate two Porters to Surgical Decision-Making Unit (SDMU) - for transfer of patients. The Porters to remain available for other transfer duties.	<input type="checkbox"/>
10.	Allocate a Porter to act as 'doorman' at the entrance to the Education Centre, where the press will be located to ensure they do not wander around the Hospital unescorted.	<input type="checkbox"/>
11.	Portering Manager to be stationed in the ED, to supervise the removal of patients to other places. (Major casualties to ED treatment area and walking casualties to GPOOH).	<input type="checkbox"/>
12.	Keep treatment areas clear of rubbish.	<input type="checkbox"/>
13.	Provide staff to assist with any Helicopter transfers, according to the Health Board Helicopter Policy.	<input type="checkbox"/>

**BURNS MAJOR INCIDENT**

**ACTION:-** In the case of a **Burns Major Incident:-**

*Tick when completed*

1.	Assist with moving patients from Dyfed, Powys, Tempest, Anglesey, Pembroke, and Paediatric Wards.	<input type="checkbox"/>
2.	Clear Sluice areas of waste and keep clear.	<input type="checkbox"/>
3.	Collect extra stock and equipment, as requested.	<input type="checkbox"/>

**PORTERING SERVICES MANAGER/SENIOR PORTER (ON DUTY) ACTION CARD 63**  
(Informed by Switchboard F24 & Cisco broadcast)

**ROLE SUMMARY**

4. Help with admissions from Ambulances to the Burns Centre. If required, bring additional trolleys from elsewhere in the Hospital.

5. Take urgent specimens to the Laboratory.

**Note:** In the absence of the Portering Services Manger, the Senior Facilities Manager On Call/Portering Team Leader will undertake these duties.

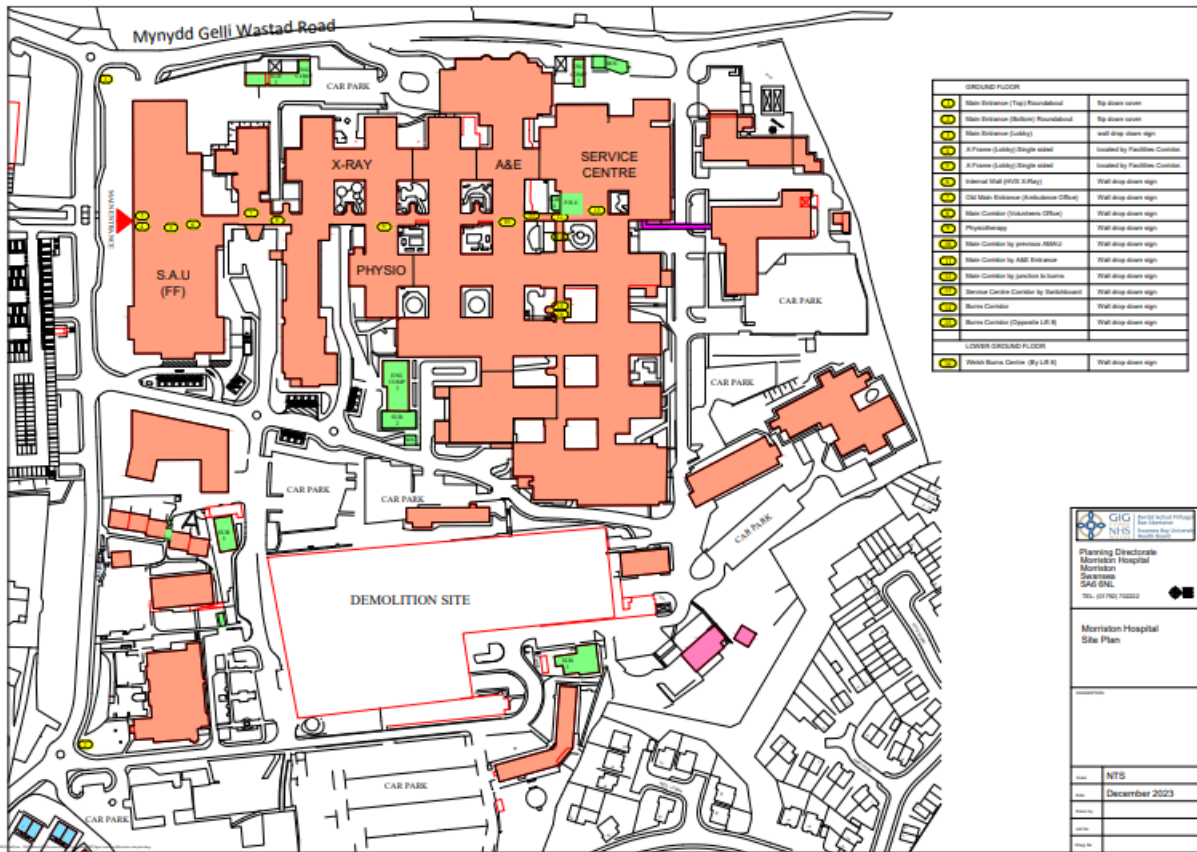
All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available. This unique numbering system must remain in place for 24hrs.

Once patients are formally identified their names can be recorded alongside the numbering system, but cannot replace this system which must remain for 24 hrs post incident

**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**

<b>FLOOR LEVEL</b>	<b>SIGN NUMBER</b>	<b>LOCATION</b>	<b>✓</b>
<b>EXTERNAL</b>	1	Main Entrance (Top) Roundabout – flip down cover	
	2	Main Entrance (Bottom) Roundabout – flip down cover	
<b>GROUND FLOOR CORRIDOR</b>	3	Main Entrance (Lobby) – wall drop down sign	
	4	A Frame (Lobby) Single sided –this is not fixed signage so will need retrieving from the Facilities Corridor.	
	5	A Frame (Lobby) Single sided –this is not fixed signage so will need retrieving from the Facilities Corridor.	
	6	Internal Wall (HVS X-Ray) – Wall drop down sign	
	7	'Old' Main Entrance (Ambulance Office) – Wall drop down sign	
	8	Main Corridor (Volunteers Office) – Wall drop down sign	
	9	Physiotherapy – Wall drop down sign	
	10	Main Corridor by previous AMAU – Wall drop down sign	
	11	Main Corridor by A&E Entrance – Wall drop down sign	
	12	Main Corridor by junction to burns – Wall drop down sign	
	13	Service Centre Corridor by Switchboard – Wall drop down sign	
	14	Burns Corridor – Wall drop down sign	
	15	Burns Corridor (Opposite Lift 8) – Wall drop down sign	
<b>LOWER GROUND FLOOR</b>	16	Welsh Burns Centre (By Lift 8) – Wall drop down sign	



GROUND FLOOR		
0	Main Entrance (Top) Roundabout	By draw down
0	Main Entrance (Bottom) Roundabout	By draw down
0	Main Entrance (Building)	Wall drop down sign
0	3 Phase Public Single street	Isolated by Facilities Control
0	3 Phase Public Single street	Isolated by Facilities Control
0	General Ward (P10) X-Ray	Wall drop down sign
0	Old Main Entrance (Discharge Office)	Wall drop down sign
0	Main Corridor (Discharge Office)	Wall drop down sign
0	Physiotherapy	Wall drop down sign
0	Main Corridor by previous MBU2	Wall drop down sign
0	Main Corridor by A&E Exit area	Wall drop down sign
0	Main Corridor by junction to house	Wall drop down sign
0	Service Centre Corridor by Backhouse	Wall drop down sign
0	Burns Corridor	Wall drop down sign
0	Burns Corridor (Opposite L&R)	Wall drop down sign
LOWER GROUND FLOOR		
0	Waste Burns Centre (By L&R)	Wall drop down sign


  
 Planning Directorate  
 Morriston Hospital  
 Morriston  
 SA6 9NQ  
 Tel: 01792 122222

---

Morriston Hospital  
 Site Plan

---

Drawn by	NTS
Issue	December 2023
Checked by	
Approved by	
Project no.	

### 3.6.12 Hospital Security Officer (On Duty) – Action Card 64

**HOSPITAL SECURITY OFFICER ON DUTY (Allocated by Senior Facilities Manager on Call if not available)** **ACTION CARD 64**

(Informed by Switchboard – Cisco broadcast)

#### ROLE SUMMARY

- Provision of Security services to the ED/Burns Centre and Hospital.
- Ensure traffic flow around the ED/Burns Centre entrance.
- Organise, in conjunction with the Hospital Co-ordination Centre, for additional parking for staff being called in for duty.
- Direction of Relatives and Press/Media to appropriate areas, and traffic flow around site.
- Site access

**ACTION:-** As soon as a major incident is declared you should :-

*Tick when completed*

- |    |   |                          |
|----|---|--------------------------|
| 1. | Inform other Security Officer colleagues on-site, and Car Parking personnel.  | <input type="checkbox"/> |
| 2. | Proceed to the Emergency Department and liaise with the Nurse-in-Charge.  | <input type="checkbox"/> |
| 3. | Prepare the ED entrance for the reception of casualties, by means of: <ul style="list-style-type: none"> <li>• Attempting to move any vehicles likely to obstruct the free flow of Emergency Ambulances to the ED</li> <li>• Ensure that this area is kept clear of all obstructions for the emergency Services.</li> </ul>                                     | <input type="checkbox"/> |
| 4. | Liaise with Portering Service Manager to instigate HB Lockdown Procedure and ensure security provision for ED, Press area and in some circumstances this may be required for the mortuary.<br><br>Allocate one Security Officer to act as 'doorman' on the entrance to the ED to control unauthorised visitors and escort visitors/relatives/press accordingly. | <input type="checkbox"/> |

**HOSPITAL SECURITY OFFICER ON DUTY (Allocated by Senior Facilities Manager on Call if not available)**  
**ACTION CARD 64**

(Informed by Switchboard – Cisco broadcast)

**ROLE SUMMARY**

5. Allocate two Security Officers to establish traffic control, one to keep ambulance entrance clear for ambulances only (until relieved by a Police Officer, if available), and another to divert traffic at the main entrance to ensure visitors and non-emergency staff use the bottom car park.

6. The Senior Security Officer is to liaise with the Hospital Co-ordination Centre, located in the ED Seminar Room for further duties.

7. Some walking wounded major incident patients may enter the hospital via main entrance; consideration of re-direction may be required.

**Note:** In the absence of the Senior Security Officer, the Senior Facilities Manager On Call/Portering Services Manager will undertake these duties.

**All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available. This unique numbering system must remain in place for 24hrs.**

**Once patients are formally identified their names can be recorded alongside the numbering system, but cannot replace this system which must remain for 24 hrs post incident**

**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**

### 3.6.13 Domestic Services Manager / Senior Domestic (On Duty) – Action Card 65

DOMESTIC SERVICES MANAGER/SENIOR DOMESTIC (ON DUTY) ACTION CARD 65 (Informed by Switchboard – Cisco broadcast)	
ROLE SUMMARY	
<ul style="list-style-type: none"> <li>• . Provision of domestic services.</li> </ul>	
<b>ACTION:-</b> As soon as a major incident is declared you should:	<i>Tick when completed</i>
1. Inform Domestic Services Manager, and immediately call in additional Domestic staff. Domestic Services Office; Tel 01792 703721, extension; 33721. Domestic Team Leader; Tel 01792 516539 or extension 36539. Domestic Supervisor (24-hour Cisco Phone number 23944). Ensure contact numbers for staff are up to date.	<input type="checkbox"/>
2. Domestic Services Manager will report to the Hospital Co-ordination Centre when arrangements are complete.	<input type="checkbox"/>
3. Await contact from Hospital Co-ordination Centre with regard to deployment. Phone Numbers: 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)	<input type="checkbox"/>
4. Liaise with Nurse-in-Charge of the ED deploy Domestic support to the ED.	<input type="checkbox"/>
<b>Note:</b> In the absence of the Domestic Services Manger, the Senior Facilities Manager On Call/Domestic Services Team Leader will undertake these duties.	<input type="checkbox"/>

All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available. This unique numbering system must remain in place for 24hrs.

Once patients are formally identified their names can be recorded alongside the numbering system, but cannot replace this system which must remain for 24 hrs post incident

**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**

### 3.6.14 Pathology B.M.S On-Call – Action Card 66

PATHOLOGY B.M.S (ON-CALL)		ACTION CARD 66
(Informed by Switchboard – Cisco broadcast)		
ROLE SUMMARY		
<ul style="list-style-type: none"> <li>• Conduit to alert other colleagues in Pathology Services.</li> <li>• Provision of emergency blood and blood analysis.</li> </ul>		
<b>ACTION:-</b> As soon as a major incident is declared:-		<i>Tick when completed</i>
<b>During Inside Normal Working Hours</b>		<input type="checkbox"/>
Inform colleagues in the following Departments: <ul style="list-style-type: none"> <li>• Haematology</li> <li>• Coagulation</li> <li>• Biochemistry</li> </ul>		
<b>During Outside Normal Working Hours</b>		
Blood transfusion BMS will then contact staff on duty in the following areas: <ul style="list-style-type: none"> <li>• Haematology (24/7)</li> <li>• Coagulation (24/7)</li> <li>• Biochemistry (24/7)</li> </ul> Transfusion Practitioners (core hours)		
<b>You Should then</b>		
1.	Appoint a Laboratory Co-ordinator. The Laboratory co-ordinator will inform the Hospital Co-ordination Centre, located in the service corridor, adjacent to Telephone Exchange (Phone Numbers: 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)) when the Pathology Department is ready. Follow the Departmental Major Incident procedure located in Blood Bank.	<input type="checkbox"/>
2.	The Laboratory co-ordinator will also inform the following:	<input type="checkbox"/>

(Informed by Switchboard – Cisco broadcast)

**ROLE SUMMARY**

- Consultant Haematologist
- Consultant in Clinical Chemistry
- NBTS (Wales) – via Blood Bank Direct Line:
  - In Hours: 01443 622034/5/7
  - Out of Hours: 07768293963

All calls, where possible, will be made using the direct B.T. Line (790557)

3.	Assess the need to contact additional off-duty Pathology staff.	<input type="checkbox"/>
4.	The Laboratory Co-ordinator will liaise with porters to ensure collection of samples and deliver blood, etc.	<input type="checkbox"/>
5.	All pathology results will be delivered to the appropriate Departments via normal systems.	<input type="checkbox"/>

**Note**

- Some areas, e.g., ED will use vacuum system for sending samples, as appropriate.
- The vacuum system may be used for despatching results back to departments on the system, after a telephone call to inform them to expect the result

**All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available. This unique numbering system must remain in place for 24hrs.**

**Once patients are formally identified their names can be recorded alongside the numbering system, but cannot replace this system which must remain for 24 hrs post incident**

**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**

### 3.6.15 Anatomical Pathology Technician (APT) (On-Call) – Action Card 67

ANATOMICAL PATHOLOGY TECHNOLOGIST (APT) ON-CALL		ACTION CARD 67
(Informed by Switchboard – F24)		
ROLE SUMMARY		
<ul style="list-style-type: none"> <li>Organise the Mortuary for the receipt of bodies, and associated administrative tasks</li> </ul>		
<b>ACTION:-</b> As soon as a major incident is declared:-		<i>Tick when completed</i>
1.	Proceed to the Hospital and open the Mortuary.	<input type="checkbox"/>
2.	<p>Report to the Hospital Co-ordination Centre – service corridor, adjacent to Telephone Exchange (Phone Numbers: 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) when the Mortuary Department is open.</p> <p>Inform the Mortuary Manager who will in turn contact additional APT staff, (if required), HTA Designated Individual and Pathology General Manager.</p> <p>Liaise with Care After Death Manager for points of contact regarding relatives care.</p>	<input type="checkbox"/>
3.	Request for Security to cordon the mortuary main car park; relatives should be directed to the Care After Death Team – Bereaved Relatives Area in Outpatient Department in the first instance.	<input type="checkbox"/>
4.	Bodies arriving at the Mortuary from the Emergency Department (ED) should be labelled in the ED. If there is Police Disaster Victim Identification (DVI) involvement, these deceased patients may be labelled with a DVI Tag containing a unique reference number and this tag should not be removed under any circumstance. Alternatively, the hospital may use a unique Major Incident number, this should not be removed.	<input type="checkbox"/>
5.	<p>If bodies are brought into the mortuary that have been retrieved and processed by the Police Disaster Victim Identification (DVI) Team <u>at the scene</u>, these will already be labelled with a DVI Tag containing a unique reference number and this tag should not be removed under any circumstance.</p> <p>If no DVI involvement, bodies brought to the mortuary directly from the scene, until identified formally, should be labelled with a minimum of 3</p>	<input type="checkbox"/>

(Informed by Switchboard – F24)

## ROLE SUMMARY

identifiers, e.g., Unknown male/female 1,2,3, etc., mortuary register number, date & time of admission to Mortuary, brought into mortuary by Ambulance/Funeral Director, etc.

6. Any loose possessions accompanying the deceased should be placed in a bag, all others left in situ. The known identification details of the deceased **MUST** be written on the bag clearly and the bag kept with the body at all times until collection by the relevant police department. As per 4 & 5, if DVI involvement any personal effects will already have a unique reference number.

7. The APT will liaise with the Hospital Co-ordination Centre; Police, Pathologist and Coroner's Officer in assisting to establish the identity of the deceased. Dealing with possessions in conjunction with the Care After Death Team.

8. Liaison with the Care After Death Team as required to facilitate collaborative support for relatives and the deceased patients

- NOTE**
- In the event of a Major Incident occurring outside normal working hours, the Hospital Switchboard will call in the APT on Call for the Mortuary who will then in turn inform the Mortuary Manager.

- In the event of a Major Incident occurring in normal working hours, the Hospital Switchboard will inform the Mortuary.

All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available. This unique numbering system must remain in place for 24hrs.

Once patients are formally identified their names can be recorded alongside the numbering system, but cannot replace this system which must remain for 24 hrs post incident

**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**

### 3.6.16 Medical Illustration Manager / Deputy – Action Card 68

MEDICAL ILLUSTRATION MANAGER/DEPUTY (Informed by Switchboard – F24)		ACTION CARD 68
ROLE SUMMARY		
<b>ACTION:-</b> As soon as a major incident is declared:		<i>Tick when completed</i>
1.	Proceed to the Hospital, and inform the Hospital Co-ordination Centre – service corridor, adjacent to Telephone Exchange (Phone Numbers: 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)), when on-site.	<input type="checkbox"/>
2.	Liaise with the Nurse in Charge of the Emergency Department and/or Burns Centre to assess where support is required, such as Mobile Medical Team, ED, Burns Centre, etc.	<input type="checkbox"/>
3.	Liaise with the Hospital Co-ordination Service regarding the provision of Medical Photographic support to the Hospital as requested.	<input type="checkbox"/>
4.	Open Medical Photography Department and contact colleagues. Allocate staff with duties as necessary.	<input type="checkbox"/>

All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available. This unique numbering system must remain in place for 24hrs.

Once patients are formally identified their names can be recorded alongside the numbering system, but cannot replace this system which must remain for 24 hrs post incident

**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**

### 3.6.17 Digital Services Technician (In & out of hours) – Action Card 70

DIGITAL SERVICES TECHNICIAN (In & out of hours) Informed by Switchboard – F24)		ACTION CARD 70
<b>ROLE SUMMARY</b>		
<ul style="list-style-type: none"> <li>• Provide 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> line support for all Digital systems, computer networks and telecommunications.</li> <li>• Maintain key critical servers, applications, network, and telecommunications infrastructure.</li> <li>• Ensure the infrastructure is running at its optimal level.</li> <li>• Support the organisation until stand-down has been announced.</li> </ul>		
<b>ACTION:-</b> As soon as a major incident is declared:-		<i>Tick when completed</i>
1.	<p><b><u>Within working hours</u></b></p> <p>If informed during normal working hours the recipient of the call must contact a member of the senior management team who will then immediately implement the local major incident/ business continuity procedure. This will establish the relevant links between HB Gold command and the appropriate Silver control centre.</p> <p>Depending on site, a member of the Digital Services team will be sent to the Hospital/Incident Co-ordination Centre and then will become site Digital Bronze.</p> <p>An immediate notification should also be sent to the SBU Digital Critical incidents &amp; outages Microsoft teams chat and also a notification to the SBU Digital MI WhatsApp group.</p>	<input type="checkbox"/>
2.	<p><b><u>Outside working hours</u></b></p> <p>Switchboard contacts on-call Digital Services and the recipient of the call should proceed to Morriston hospital Coordination Centre – service corridor, adjacent to Telephone Exchange (Phone Numbers: 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) when ready.</p> <p>After ascertaining the situation, the on-call staff should then contact a member of the senior operational team who will be responsible for initiating the wider Informatics response which may or may not require implementation of the local major incident/ business continuity procedure. The senior operational team manager will then inform the senior management team via telephone call and establish the</p>	<input type="checkbox"/>

## ROLE SUMMARY

Microsoft teams chat and also a notification to the SBU Digital MI WhatsApp group.

The senior management team will then implement the local major incident/ business continuity procedure if required.

3. **Establish control centres.**

In the event of a Digital issue which requires establishment of a control centre, a senior manager will coordinate Digital operations. Digital Silver command will be setup and led by a senior manager. The senior manager involved in Silver command is responsible for communicating with the Digital Services Senior manager involved in gold command.

The local procedure describes the full structure that will be implemented in the case of an incident, these will be established by the control team at the time.

Regardless of whether a Digital control centre is established, the purpose of this procedure is to:

- a. Provide on-site support to major incident co-ordinator and end users.
- b. Institute a shift system to provide 24-hour staffing at the required level. Contact details for all staff are held in the Local plan.
- c. Prioritise all incidents with the service desk with the lowest severity being a severity 2 incident. These priorities are defined within the Local plan.
- d. Ensure the staffing requirements for each department are available.
- e. Ascertain which staff are available to help with non-IT work if required and manage this response bearing in mind staff personal responsibilities e.g., family.
- f. Provide staffing to assist with non-IT issues if required.
- g. Set up communication links with all departments as listed in the local plan, this may require communication with external organisations such as DHCW in line with the National incident reporting plan.
- h. Consider reporting requirements under NIS Regulations and GDPR, as well as national notification to DHCW.

4. The senior operational team manager will ensure the appropriate Digital representative(s) is/are located and remain in the Hospital Co-ordination centre and communicate with the incident room at Baglan.
- The roles and responsibilities for staff are detailed in the local plan and

**ROLE SUMMARY**

these should be adhered to at all times until the incident is declared closed.

**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**

### 3.6.18 Head of Procurement – Action Card 72

HEAD OF PROCUREMENT (Informed by Switchboard – F24)		ACTION CARD 72
ROLE SUMMARY		
<ul style="list-style-type: none"> <li>Provision of additional supplies support.</li> </ul>		
ACTION:- As soon as a major incident is declared:-		Tick when completed
1.	Proceed to Hospital Co-ordination Centre at Morriston Hospital	<input type="checkbox"/>
2.	Inform the Hospital Co-ordination Centre at Morriston Hospital – service corridor, adjacent to Telephone Exchange (Phone Numbers: 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) when on-site.	<input type="checkbox"/>
3.	Inform Bridgend Stores and arrange for opening of the Store. Alert the Co-ordination Centre if there are issues regarding transport/delivery.	<input type="checkbox"/>
4.	During office hours, inform the front-line Procurement Team Buyers, so that they are aware that emergency purchasing will most likely be required.	
5.	Liaise with Staff at the Co-ordination Centre to determine if the Emergency Department requires additional supplies.	<input type="checkbox"/>
6.	Liaise with Staff at the Co-ordination Centre to determine if the Operating Theatre requires additional supplies.	<input type="checkbox"/>
7.	Organise for any emergency on-going supplies required, either from Bridgend Stores or direct from other suppliers.	<input type="checkbox"/>

All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available. This unique numbering system must remain in place for 24hrs.

Once patients are formally identified their names can be recorded alongside the numbering system, but cannot replace this system which must remain for 24 hrs post incident

**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**

### 3.6.19 Physiotherapy Manager / Deputy – Action Card 73

PHYSIOTHERAPY MANAGER/DEPUTY CARD 73 (Informed by Switchboard – F24)		ACTION
<b>ROLE SUMMARY</b>		
<ul style="list-style-type: none"> <li>The Physiotherapy/ Occupational Therapy Department will be utilised for in -patients who have been discharged/awaiting transfer and require transport if the discharge area is full. It must be emphasised that it is not a designated in-patient area and only patients that are discharged home and waiting transport can be accommodated.</li> </ul>		
<ul style="list-style-type: none"> <li>Provision of an on-call therapies services, as required.</li> </ul>		
<ul style="list-style-type: none"> <li>Provision of staff to assist with the Major Incident response.</li> </ul>		
<b>ACTION:-</b> As soon as a major incident is declared (notification via Physiotherapy Manager/Deputy) to Physiotherapy, Occupational Therapy, Speech Therapy Managers/Deputies you should :-		<i>Tick when completed</i>
1	As calmly and quickly as possible, start to evacuate the Department of patients. Both in and outpatients.	<input type="checkbox"/>
2	Ask Out-patients to telephone the following day to re-arrange their appointments.	<input type="checkbox"/>
3	Inform the Hospital Co-ordination Centre – service corridor, adjacent to Telephone Exchange (Phone Numbers: 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)), when Department ready.	<input type="checkbox"/>
4	All OP Therapy Service staff to report to the Therapy Staff Room and await further instructions.	<input type="checkbox"/>
5	Staff to cancel further Outpatient Appointments for the rest of the day, and the following day.	<input type="checkbox"/>
6	Major Incident Physio Coordinator to appoint admin/MSK Physio or assistant to direct to gym/Discharge Lounge. In the event of no person available to distribute signs 3 stored in MI folder in Managers Office. One for main corridor, one for fracture clinic corridor and three for gym corridor, (there is no longer dedicated admin).	<input type="checkbox"/>

**PHYSIOTHERAPY MANAGER/DEPUTY  
CARD 73**

**ACTION**

(Informed by Switchboard – F24)

**ROLE SUMMARY**

7 The telephone lines identified to use are: -

- Physiotherapy Gym: internal line only Ext. Number: 38123
- Physio admin desk/mini reception: 01792 703124
- Physiotherapy managers hub: internal line only Ext. Number: 38124

8 Refreshments will be arranged by the Catering Services Manager if required. Contact the Catering Services Manager.

9 All patient and staff personal details should be locked away.

10 The Physiotherapy Manager will liaise with the Hospital Co-ordination Centre and ascertain the nature of the incident and ascertain if nursing staff required to care for any patients waiting transport.

11 Meet with therapy leads to discuss implications on ward-based staff depending on the nature of the incident. This might include a plan to deploy staff to expedite discharges from wards.

12 Any staff available to help, if required, are to contact the respective Therapies Managers, and await further instructions – DO NOT telephone the Hospital Switchboard to offer help.

13 The Therapies Managers will co-ordinate staff according to the nature of the Incident, and the predicted impact on service provision. Identify to the Co-ordination Centre additional staff resources that could be deployed if required. If staff are deployed elsewhere, log the staff member name, time, and location.

14 Consider increased workload for the requirements for Therapies, 2<sup>nd</sup> day post incident onwards and during recovery period.

**Note:-**

- If the Incident occurs 'out of hours', the Physiotherapy Department is locked with a key and digital lock.
- The code for the digital lock is kept in the Hospital Co-ordination Centre.

**PHYSIOTHERAPY MANAGER/DEPUTY  
CARD 73**

**ACTION**

(Informed by Switchboard – F24)

**ROLE SUMMARY**

- Do not disclose any information to the Press & Media in relation to the Incident.
- Senior Health Board Managers will be issuing regular press bulletins, when appropriate

All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available. This unique numbering system must remain in place for 24hrs.

Once patients are formally identified their names can be recorded alongside the numbering system, but cannot replace this system which must remain for 24 hrs post incident

All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available. This unique numbering system must remain in place for 24hrs.

Once patients are formally identified their names can be recorded alongside the numbering system, but cannot replace this system which must remain for 24 hrs post incident

**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**

### 3.7 Relatives Care Team

#### 3.7.1 Nurse in Charge/Manager: Main General Outpatients Department – Action Card 53

<b>NURSE IN CHARGE/MANAGER - MAIN OUTPATIENTS DEPARTMENT ACTION CARD 53</b> (Informed by F24 & Co-ordination Centre)	
<b>ROLE SUMMARY</b>	
Liaise with the Hospital Co-ordination Centre in relation to communication and information flow with the Out Patients Department. The Nurse in Charge of OPD will have the oversight of the relatives' care response to the major incident.	
<b>DECLARED MAJOR INCIDENT ACTION:</b> - Notification of a declared Major Incident will come from switchboard & the Hospital Co-ordination Centre, if so and under the instruction of the Site Management, the Nurse in Charge will then confirm with the Co-ordination centre when the relatives care team is established and if to proceed with the following:	<b>Tick when completed</b>
<p>1. Confirm with the Co-ordination Centre and ED Administration the single point of contact name for the relatives' care centre in OPD and confirm the telephone number as 34644. All information in and out of OPD will be via the Nurse in Charge/Manager action card holder and this includes communications from all other disciplines within the relative's care team in OPD and where it is related to the incident response.</p> <p>Refer to the major incident additional information pack within OPD and undertake lockdown in accordance with the OPD plan.</p> <p>Prepare to brief the relatives care team upon arrival and to note the processes that have been put in place. This briefing will be held in the MDT room.</p> <p>Inform all staff and patients within all areas in OPD:</p> <ul style="list-style-type: none"><li>• Patients to vacate the Out-Patient area.</li><li>• To expect a further Out-patient appointment for the next available Clinic.</li><li>• To contact their G.P. if they have any concerns.</li><li>• All patients that are discharged without being seen will need to be logged to track the patients for another appointment.</li><li>• Request for Paediatric staff in OPD to prepare a paediatric area and to liaise directly with the Paediatric Incident response team</li></ul>	<input type="checkbox"/>

**NURSE IN CHARGE/MANAGER - MAIN OUTPATIENTS DEPARTMENT ACTION CARD 53**  
(Informed by F24 & Co-ordination Centre)

**ROLE SUMMARY**

2. If required, work with all OPD staff as well as Bereavement Nurses, PALS/Volunteers, Hospital Chaplaincy and Social workers who are assigned to this area and to prepare available Consulting Rooms/areas for the following; See Map (2.54.1)
- If there is a high number of walking wounded major incident patients, they **may** be directed to OPD. This will require medical and nursing support and should be requested via the Coordination Centre.
  - Receipt of reunited major incident relatives and friends waiting area
  - Establish Nurse Station H&N as the central hub
  - Receipt of major incident bereaved relatives' area
  - Receipt of reunited major incident casualties with relatives and friends' area
  - Relatives and friends booking in area and the Volunteers/PALS will undertake a meet and greet process
  - Private area for Social worker discussions
  - Assign staff members to the above areas, in order that they can track the location of relatives and sign post them to the disciplines as required. In addition, assign an administration staff member to track relatives arriving; this information will be given to the Nurse in Charge and who will update ED. Assign an administration staff member for logging/tracking of communications via telephone and ensure they work closely with the assigned single point of contact person to ensure the co-ordination centre is updated/ED and the Nurse in Charge of OPD. Tracking of relatives and major incident patients will be logged and noted on a white board in the meeting room and in 'hard copy' format.
  - Collate key telephone contact numbers of personnel within OPD as the single point of contact nominated person will be able to contact them as required.
  - Ensure links with Mortuary personnel in conjunction with Chaplains
  - Direct families who have children involved in the major incident to assigned paediatric area

3. Identify skill-mix on duty and inform the Hospital Co-ordination Centre phone Numbers: 01792 530759 – Ext 30759 Main desk phone next

**NURSE IN CHARGE/MANAGER - MAIN OUTPATIENTS DEPARTMENT ACTION CARD 53**  
(Informed by F24 & Co-ordination Centre)

**ROLE SUMMARY**

to MI PC (phone 1), 01792 532905 – Ext 32905 Internal room (phone no 2), 01792 703778 – Ext 33778 External room (phone 3) (Service Corridor, adjacent to telephone Exchange) on extension 3368. Await further instruction if deployment of resources is required. If staff resources requested, log staff names, time, and deployment area.

4. Ensure that a list of staff telephone numbers is available.

5. Await further instructions from the Hospital Co-ordination Centre.

6. Liaise with Hospital Co-ordination Centre for additional resources such as access to interpreters, additional staff or to any other highlighted issues.

**STAND-DOWN ACTION:** - Notification of a Stand-Down will come from the Hospital Co-ordination Centre.

*Tick when completed*

1. Inform all staff of the end of the Major Incident alert.

2. Undertake a hot debrief

3. Collate all logging information and retain to feedback in a formal debrief

**Note:** - A Stand-by alert is not necessarily followed by a full Major Incident Alert. You may be instructed to Stand-down, which indicates the end of the incident.

All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available. This unique numbering system must remain in place for 24hrs.

Once patients are formally identified their names can be recorded alongside the numbering system, but cannot replace this system which must remain for 24 hrs post incident

**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**



PAEDS%20MAJOR% Paeds%20MAJOR% Paeds%20NURSE%2  
20INCIDENT%20%2020INCIDENT%20CO\0STATION%201%20I

### 3.7.2 Spiritual Care Service/Chaplaincy Manager - Action Card 74

SPIRITUAL CARE SERVICE / CHAPLAINCY MANAGER		ACTION CARD 74
(Called by Switchboard – F24)		
ROLE SUMMARY		
<ul style="list-style-type: none"> <li>• To provide a comforting and supporting role to patients and relatives of all faiths in the Outpatient Department Area, Multi Faith Centre, Emergency Department and Bereaved Relatives Area. To liaise closely with the Care after Death Service Manager to ensure all relevant parties are supported.</li>   <li>• To give support and comfort to carers and staff, i.e., Nursing, Medical, Ambulance, Clerical, etc. for emotional trauma.</li> </ul>		
<p><b>ACTION:</b> - As soon as a major incident is declared the Hospital Telephonist will contact the Spiritual Care / Chaplaincy Manager first, (or if not available, the next Hospital Chaplain from the Approved List)</p>		<i>Tick when completed</i>
1.	On receipt of notification of a Major Incident, Spiritual Care / Chaplaincy Manager should attend site to assess Spiritual Care response needed. If more member of the Spiritual Care / Chaplaincy Team are required, they will be called out by the Spiritual Care / Chaplaincy Manager as needed.	<input type="checkbox"/>
2.	Spiritual Care / Chaplaincy Manager on arrival at site will report to the MDT Room in the outpatient's area. You will be briefed by the Nurse in Charge upon arrival and additional detail will be given with regard to pre-assigned rooms, single point of contact process, communication, and information flow processes.	<input type="checkbox"/>
3.	<p>If required and further Spiritual Care Team members / Chaplains attend site, they must first report to the Spiritual Care / Chaplaincy Manager in the outpatient department and will be directed from there.</p> <p>Critical areas that may need to be supported by the Spiritual Care/ Chaplaincy Team are ED, under the direction of the Nurse in Charge of ED, and also the Multi-Faith Centre.</p> <p>The Spiritual Care / Chaplaincy Manager and the Spiritual Care / Chaplaincy Team will liaise closely with the Volunteer Services Manager, Care After Death Service Manager &amp; Care After Death Team and OPD Nurse in Charge and will utilise both Chaplaincy volunteers and general volunteers in the support and care of relatives and staff as needed.</p>	<input type="checkbox"/>

**(Called by Switchboard – F24)**

**ROLE SUMMARY**

4. It is envisaged that the multi faith centre will be used as a quiet area where relatives/staff may wish to go. There should be a member of the Spiritual Care / Chaplaincy Team available in this area

**NOTE** • Special packs of prayer cards, Holy oils, and other faith items are available in the multi faith centre.

• The Spiritual Care / Chaplaincy Team will act as a source of information on the requirements of patients and relatives from various faith communities.

• The Spiritual Care / Chaplaincy Manager will keep the Hospital Switchboard updated when changes to the Approved list are made.

• The Spiritual Care / Chaplaincy Manager will co-ordinate the support and care of relatives/staff during the Incident with the relatives care team within OP

• Spiritual Care / Chaplaincy Team across the site to liaise with each other regularly to provide updates to the Spiritual Care / Chaplaincy Manager as they respond to need.

• Consideration should be given, by the Spiritual Care / Chaplaincy Manager for Business as Usual cover, as well as rotation of the Spiritual Care / Chaplaincy Team during a prolonged incident

All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available. This unique numbering system must remain in place for 24hrs.

Once patients are formally identified their names can be recorded alongside the numbering system, but cannot replace this system which must remain for 24 hrs post incident

**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**

### 3.7.3 Volunteer Services – Action Card 75

VOLUNTEER SERVICES		ACTION CARD 75
(Informed by Switchboard – F24)		
ROLE SUMMARY		
<ul style="list-style-type: none"> <li>Open and manage the Information Desk at the main entrance and temporary information desks as appropriate if requested to do so.</li> <li>To deal with relatives arriving at the main hospital entrance and direct them to the appropriate area as indicated in the Major Incident procedure; refer to Major Incident Relatives and Friends Flow Chart.</li> <li>Direct press/media to designated area; Education Centre.</li> <li>Allocate volunteers to support the relatives' area in upstairs main OPD.</li> <li>To provide a comforting and supporting role to patients and relatives in upstairs OPD, and other areas, as requested.</li> <li>Work closely with the other staff teams in OPD in the support and care of relatives.</li> </ul>		
<b>ACTION:</b> - As soon as a major incident is declared the Hospital Telephonist will contact the Volunteer Services Manager and Volunteer Services Coordinator. They should:		<i>Tick when completed</i>
1.	On receipt of notification of a Major Incident, call in Hospital Volunteer Service Team to include Ty Olwen Volunteer Manager.  Proceed to the Hospital.	<input type="checkbox"/>
2.	On arrival report to the MDT room in waiting area 3, OPD. Confirm the point of contact at the Volunteers Desk. Draft volunteers in as necessary.	<input type="checkbox"/>
3.	Open the Information Desk at the main entrance in preparation for directing enquiries and directing people arriving at the hospital to	<input type="checkbox"/>

(Informed by Switchboard – F24)

**ROLE SUMMARY**

	upstairs OPD, if they are linked to patients involved in the major incident	
4.	Allocate volunteers to lifts at floors 0 and 1 to direct families to OPD and to other key locations as requested.	<input type="checkbox"/>
5.	Maintain communication and refer any issues to the OPD point of contact.	<input type="checkbox"/>
6.	Liaise with Catering manager to provide refreshments within OPD.	<input type="checkbox"/>
<b>NOTE</b>	<ul style="list-style-type: none"> <li>Information in relation to patients from the Incident will be provided by the Hospital Co-ordination Centre and the Police Officers present at the Hospital, (information from the Police Casualty Bureau). However, it may take some time for this information to become available. No information should be given out by volunteer staff.</li> </ul>	<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**

### 3.7.4 Patient Advisory Liaison Services (PALS) Team – Action Card 75a

#### PALS TEAM ACTION CARD 75 a (Informed by Switchboard)

##### ROLE SUMMARY

- Attend the multi-disciplinary meeting room in Morriston Main OPD Area 3 Relative and Friends Hub
- To deal with relatives arriving at the entrance of Relative's and Family Hub. Document the names of the family – patient and contact numbers. Direct them to the appropriate area as indicated in the Major Incident Relatives and Friends Floor plan.
- To provide a comforting and supporting role to patients and relatives in the upstairs OPD, and other areas, as requested.
- Work closely with other staff teams in OPD in the support of relatives
- Support the volunteer service at the main entrance and other areas if needed.

**ACTION:** - As soon as a major incident is declared the Hospital Telephonist will contact the Head of Quality and Safety/Deputy Head of Quality and Safety. PALS team should:

*Tick when completed*

- |    |  |                          |
|----|--|--------------------------|
| 1. | On receipt of notification of a Major Incident, report to the MDT room in waiting area 3, OPD. Confirm the point of contact telephone number for PALS to the Relatives and Friends Lead (Senior Nurse OPD) | <input type="checkbox"/> |
| 2. | Organise the allocated workstation in preparation of processing and logging relatives/friends' names and contact details on arrival  | <input type="checkbox"/> |
| 3. | Liaise with the security and police force present in the Unit in case support is needed  | <input type="checkbox"/> |
| 4. | Maintain communication and refer any issues to the OPD point of contact  | <input type="checkbox"/> |
| 5. | Provide support in communication and concerns raised by family/friends in OPD and wider hospital   |                          |
| 6. | <ul style="list-style-type: none"> <li>• Provide advice and support to the multi-disciplinary team in OPD and wider hospital</li> </ul>  | <input type="checkbox"/> |

**PALS TEAM ACTION CARD 75 a  
(Informed by Switchboard)**

**ROLE SUMMARY**

- NOTE**
- Information in relation to patients from the Incident will be provided by the Hospital Co-ordination Centre and the Police Officers present at the Hospital, (information from the Police Casualty Bureau). However, it may take some time for this information to become available. No information should be given out by volunteer staff. □

**All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available. This unique numbering system must remain in place for 24hrs.**

**Once patients are formally identified their names can be recorded alongside the numbering system, but cannot replace this system which must remain for 24 hrs post incident**

**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**

### 3.7.5 Home First/Social Work Team/Deputy – Action Card 76

HOME FIRST/SOCIAL WORK TEAM/DEPUTY		ACTION CARD 76
(Informed by Switchboard – F24) – no OOH provision		
ROLE SUMMARY		
<ul style="list-style-type: none"> <li>• Provide a comforting and supporting role to patients and relatives in upstairs OPD area.</li> <li>• Specifically oversee and co-ordinate the 'Reunited &amp; Discharge' area in OPD, in liaison with the Nurse in Charge and Hospital Chaplain.</li> <li>• Offering of practical assistance to those discharged from the Incident, and discharge arrangements for those in-patients being discharged.</li> <li>• Liaise with other colleagues in Social Services and other relevant agencies.</li> </ul>		
<p><b>ACTION:</b> - As soon as a major incident is declared, within Council Office Hours (8.30am to 5pm Monday to Thursday and 8.30am to 4.30pm Friday), They should:</p>		<i>Tick when completed</i>
1.	On receipt of notification of a Major Incident, call in additional Hospital Social Work Team members, as appropriate. Proceed to the Hospital. Confirm the lead for the Social Work team in order to act as the co-ordinator of the team. Ensure there are links with Social Work members in other areas, e.g., ED	<input type="checkbox"/>
2.	Confirm with the Hospital Co-ordination Centre in the service corridor, adjacent to the Telephone Exchange (Phone Numbers: 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) of their presence at the Hospital.	<input type="checkbox"/>
3.	Establish a Hospital Social Work team presence in the upstairs OPD area with liaison with the Nurse in Charge. You will be briefed of the incident upon arrival at OPD and additional information will be provided. Pre-assigned rooms will be available for the Social Work Team to speak to relatives.	<input type="checkbox"/>

(Informed by Switchboard – F24) – no OOH provision

**ROLE SUMMARY**

4. The Social Work Team is to be available to provide support and any other practical support to relatives and patients who have been discharged. Log actions and decisions taken to support patients and relatives on discharge.

5. The Team is to be available to help in facilitating discharge arrangements for existing in-patients, to help in liaising with their families and carers and to signpost to appropriate agencies. 3 members of the team will be assigned for this.

6. After the initial crisis, the Team will be available to offer support, and any practical support to the casualties that remain in the Hospital, and to be involved in their discharge planning.

7. Some of the Social Work staff may be available to offer on-going support to casualties and staff in the immediate aftermath.

**NOTE** The Hospital Social Work Team will liaise with appropriate senior colleagues in the City & County of Swansea Social Work Department. Should the incident involve a Local Authority adjacent or distant to City and County of Swansea, the Hospital Social Work Team will act as liaison to that Local Authority

The Hospital Chaplain will co-ordinate the support and care of relatives during the incident.

In addition, the Hospital Social Work Team may wish to liaise with the Service Group Director/Deputy; Primary and Community Care; contact will be made via the Hospital Co-ordination Centre in this circumstance.

All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available. This unique numbering system must remain in place for 24hrs.

Once patients are formally identified their names can be recorded alongside the numbering system, but cannot replace this system which must remain for 24 hrs post incident

**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**

### 3.7.6 Care After Death Service Manager – Bereaved Relatives Area – Action Card 77

<b>CARE AFTER DEATH SERVICE MANAGER – BEREAVED RELATIVES AREA</b>	
<b>ACTION CARD 77</b>	
<b>(Allocated from Switchboard – F24)</b>	
<b>ROLE SUMMARY</b>	
<ul style="list-style-type: none"> <li>To provide a comforting and supporting role to patients and relatives in the Bereavement Area established in upstairs OPD</li> <li>Specifically oversee and co-ordinate the Bereavement area established in the upstairs OPD Department, supported by the Care After Death Team</li> <li>To liaise with Police and Mortuary Team as required to facilitate collaborative support for relatives and the deceased patients</li> <li>To liaise with the Spiritual Care / Chaplaincy Team, Volunteers &amp; PALS Team for support as required</li> </ul>	
<p><b>ACTION:</b> - As soon as a major incident is declared the Hospital Telephonist will contact the Care After Death Service Manager first, (or if not available, the Care After Death Support Lead as deputy)</p> <p>Care After Death Service Manager for the Relatives Area will be the Lead of the Bereaved Relative Response and will follow other response plans, including Mass Fatality and the Bereavement Charter. The Care After Death Manager should:-</p>	<i>Tick when completed</i>
<ul style="list-style-type: none"> <li>On receipt of notification of a Major Incident, The Care after Death Service Manager should attend site to assess the bereavement response needed. If more members of the Care after Death Team are required, they will be called out by the Care after Death Service Manager as needed.</li> </ul>	
<p>1. On arrival at site, the Care After Death Manager will report to the MDT Room in the outpatient’s area. The Care After Death Manager will also establish a Bereavement area for relatives and friends in the Outpatients Department, Waiting Area 3. You will be briefed by the Nurse in Charge upon arrival and additional detail will be given with regard to pre-assigned rooms, single point of contact process, communication, and information flow processes. <input type="checkbox"/></p>	
<p>2. The Care After Death Manager is to be available to oversee the running of the Bereavement area within OPD, together with the Care After Death Team. <input type="checkbox"/></p>	

## CARE AFTER DEATH SERVICE MANAGER – BEREAVED RELATIVES AREA

### ACTION CARD 77

(Allocated from Switchboard – F24)

#### ROLE SUMMARY

If required and further Care After Death Team attend site, they must first report to the Care After Death Service Manager in the outpatient department and will be directed from there.

Critical areas that may need to be supported by the Care After Death Team are the Bereavement Area & Mortuary.

The Care After Death Service Manager and the Care After Death Team will liaise closely with the Volunteer Services Manager, Spiritual Care / Chaplaincy Manager, PALS Team and OPD Nurse in Charge and will utilise both Spiritual Care / Chaplaincy Team and general volunteers in the support and care of relatives as needed.

3. Liaison with Police, DVI and Mortuary Team as required to identify relatives/friends. These relatives / friends will have been identified by the Police as having to be informed that their loved-one is possibly dead. The news will be broken to them in the private areas Bereavement area and will be co-ordinated by the Care After Death Team.

They will be informed of the process that will be established by the Police for the care of the dead and subsequent procedure to identify the deceased and work with Mortuary Team to facilitate support.

4. Liaison with Paediatrics as appropriate for the care of families with children and also care of families following the death of a child.

- NOTE**
- The appropriate volunteers will accompany any relatives and friends to the 'Bereavement area' on arrival at the hospital to be supported by the Care After Death Team

- A dedicated reception area will be established by the Police for Relatives of the deceased in the Bereavement area and will be supported and coordinated by the Care after Death Team at the time.

- The Care After Death Team will co-ordinate the support and care of relatives during the Incident where basic human rights to dignity and privacy must be protected and will liaise with the Spiritual Care / Chaplaincy Team to ensure that spiritual and cultural needs are met and respected.

## CARE AFTER DEATH SERVICE MANAGER – BEREAVED RELATIVES AREA

### ACTION CARD 77

(Allocated from Switchboard – F24)

#### ROLE SUMMARY

- The Care After Death Service Manager will keep the Hospital Switchboard updated when changes to the Approved list are made
- Care after Death Team across the site to liaise with each other regularly to provide updates to the Care after Death Service Manager as they respond to need.
- Consideration should be given, by the Care after Death Service Manager for Business as Usual cover, as well as rotation of the Care after Death Service Team during a prolonged incident. It is critical during any Major Incident that BAU is maintained

All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available. This unique numbering system must remain in place for 24hrs.

Once patients are formally identified their names can be recorded alongside the numbering system, but cannot replace this system which must remain for 24 hrs post incident

#### 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**

### 3.7.7 Nurse in Charge, Designated Discharge Area – Action Card 78

NURSE IN CHARGE, DESIGNATED DISCHARGE AREA (Informed by Site Manager)		ACTION CARD 78
ROLE SUMMARY		
<ul style="list-style-type: none"> <li>Any patient requiring to be discharged, or transferred to another Hospital when possible should be sent to an appropriate identified area, e.g., the discharge lounge which will act as a holding/decanting area for those awaiting Ambulance transport and/or require a clinical environment. Ambulant patients may wait in the discharge lounge and Physiotherapy OPD if additional capacity required.</li> </ul>		
<b>ACTION:</b> - As soon as a Major Incident is declared you will be informed by a member of the Site Management Team. The Nurse in Charge should:		<i>Tick when completed</i>
1.	Establish an area for discharged patients waiting for ambulance transport home or transfer to another hospital resulting from the major incident. Arrange for Beverages to be available. Advise Catering Services Manager when ready, extension 33079 / 33537 / 33560 / 33535	<input type="checkbox"/>
2.	Allocate a nurse is to be available to oversee the running of this area, and provide support to patients, relatives, and friends.	<input type="checkbox"/>
3.	Allocate clerical staff to assist in the preparation for receipt of patients	<input type="checkbox"/>
4.	Inform the Hospital Co-ordination Centre that the Department is ready - Phone Numbers: 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).	<input type="checkbox"/>
5.	Keep Ambulance Liaison Officer informed.	<input type="checkbox"/>
6.	Log all patients arriving with the following detail. <ul style="list-style-type: none"> <li>Name of patient</li> <li>Area discharged from</li> <li>Transfer location</li> <li>Relatives informed</li> <li>Transport booked</li> </ul>	<input type="checkbox"/>

All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available. This unique numbering system must remain in place for 24hrs.

Once patients are formally identified their names can be recorded alongside the numbering system, but cannot replace this system which must remain for 24 hrs post incident

**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**

### 3.7.8 Manager Education Centre – Action Card 79

MANAGER – EDUCATION CENTRE		ACTION CARD 79
Notified by Switchboard - F24		
<b>ROLE SUMMARY</b>		
<ul style="list-style-type: none"> <li>Notification and confirmation of a Declared Major Incident will be received from switchboard and the Hospital Co-ordination Centre</li> <li>Your role is to:               <ul style="list-style-type: none"> <li>Clear Education Centre of all meetings ongoing following discussion with your manager.</li> <li>Ensure designated rooms are available as per procedure</li> <li>Set up a reception area at the break out area to co-ordinate press and media. Handover to Communication team upon arrival. (Communication Team may require on-going assistance from staff within Education Centre and should request this at the time, in and out of hours)</li> <li>If out of hours, Site Manager to arrange for Security to open Education Centre.</li> </ul> </li> </ul>		
<p><b>ACTION:</b>-In hours the role will be undertaken by Education Centre Manager/Deputy. They will meet and greet and direct staff to relevant rooms until the Communication Team arrive. Out of hours a member of staff will be allocated by the Silver Commander in the Hospital Co-ordination Centre after a Major Incident is declared. Security will open rooms and over-ride electronic release of doors. The Education Centre staff should:</p>	<i>Tick when completed</i>	
<p>1. On notification of a major incident, contact a member of the Communications Team to discuss the incident and if the following provision within the Education Centre will be required.</p> <p>Seminar Rooms designated for use during a Major Incident must be cleared of any current meetings. The designated rooms are:-</p> <ul style="list-style-type: none"> <li>Breakout Area – Meet, Greet, Direct</li> <li>Lecture Theatre 1, (1<sup>st</sup> floor) – Media/Press Rooms <span style="float: right;">☐</span></li> <li>Lecture Theatre 2, (1<sup>st</sup> floor) – Media/Press Briefings</li> <li>Medical Skills Room, (1<sup>st</sup> floor) – Media/Press Interviews</li> <li>Seminar Room 1, (1<sup>st</sup> Floor) – Communications Team Room</li> </ul> <p>Meetings ongoing in all other rooms on 1<sup>st</sup> floor should be terminated wherever and the rooms secured.</p>		

Notified by Switchboard - F24

## ROLE SUMMARY

- |    |   |                          |
|----|---|--------------------------|
| 2. | Confirm with Site manager in Co-ordination Centre when the area is ready.   | <input type="checkbox"/> |
| 3. | Make contact with Catering Services Manager, Extension 32389 to ensure arrangements are in place for refreshments.  | <input type="checkbox"/> |
| 4. | Pending the arrival of the Communications Manager, (or other Communication Team members) maintain a register of press/ media who are directed to the Seminar rooms available. | <input type="checkbox"/> |

All patients will have been/be issued with special numbered record folders, and tags on arrival which will accompany them at all times. These unique M.I. numbers must be used [in full - ALL digits] for all investigations and prescriptions until a full demographic P.A.S. entry and number is available. This unique numbering system must remain in place for 24hrs.

Once patients are formally identified their names can be recorded alongside the numbering system, but cannot replace this system which must remain for 24 hrs post incident

**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**

## **APPENDICES**

---

## **SECTION 4**

---

### **4.1 Appendix 1 - List of Staff in Morriston Hospital Burns Co-Ordination Centre**

**Nurse-In-Charge Burns Unit (23441)**

**Nurse-In-Charge Plastic Surgery Unit (23441)**

**Head of Nursing Surgery / Deputy (Burns and Plastics) (23991)**

**Clerical Staff as allocated**

## **4.2 Appendix 2 – Co-ordination Arrangements**

**See South West UK Burns Operational Delivery Network, Burn Major Incident Plan, (September 2016, Version 16).  
Separate Document**

## **4.3 Separate Documents**

**The following Appendices are separate documents: -**

**Appendix 2A –  
SW UK Burn Care Network Burn Major Incident Plan – Guidance Doc  
Separate Document.**

**Appendix 3 –  
NHS (NNBC) National Burn Care Referral Guidance  
Separate Document.**

**Appendix 4 –  
DoH NHS - Emergency Planning Guidance  
Separate Document**

**Appendix 5 –  
SWUK Burn Care Network – Repatriation of Adult Burn Injured Patients in  
the South West UK Burn Care Network.  
Separate Document**

**Appendix 6 –  
NHS England Concept of Operations for Managing Mass Casualties  
Separate Document**

**Appendix 7 –  
NHS England Concept of Operations for Managing Mass Casualties (Burns  
Annex)  
Separate Document**

**Appendix 8 –  
Mass Casualty Arrangements for NHS Wales  
Separate Document**

## **SECTION 5**

### **MASS CASUALTY INCIDENT ARRANGEMENTS**

## SECTION 5: MASS CASUALTY INCIDENT ARRANGEMENTS

### 5.1. Introduction

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.

### 5.2. 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.

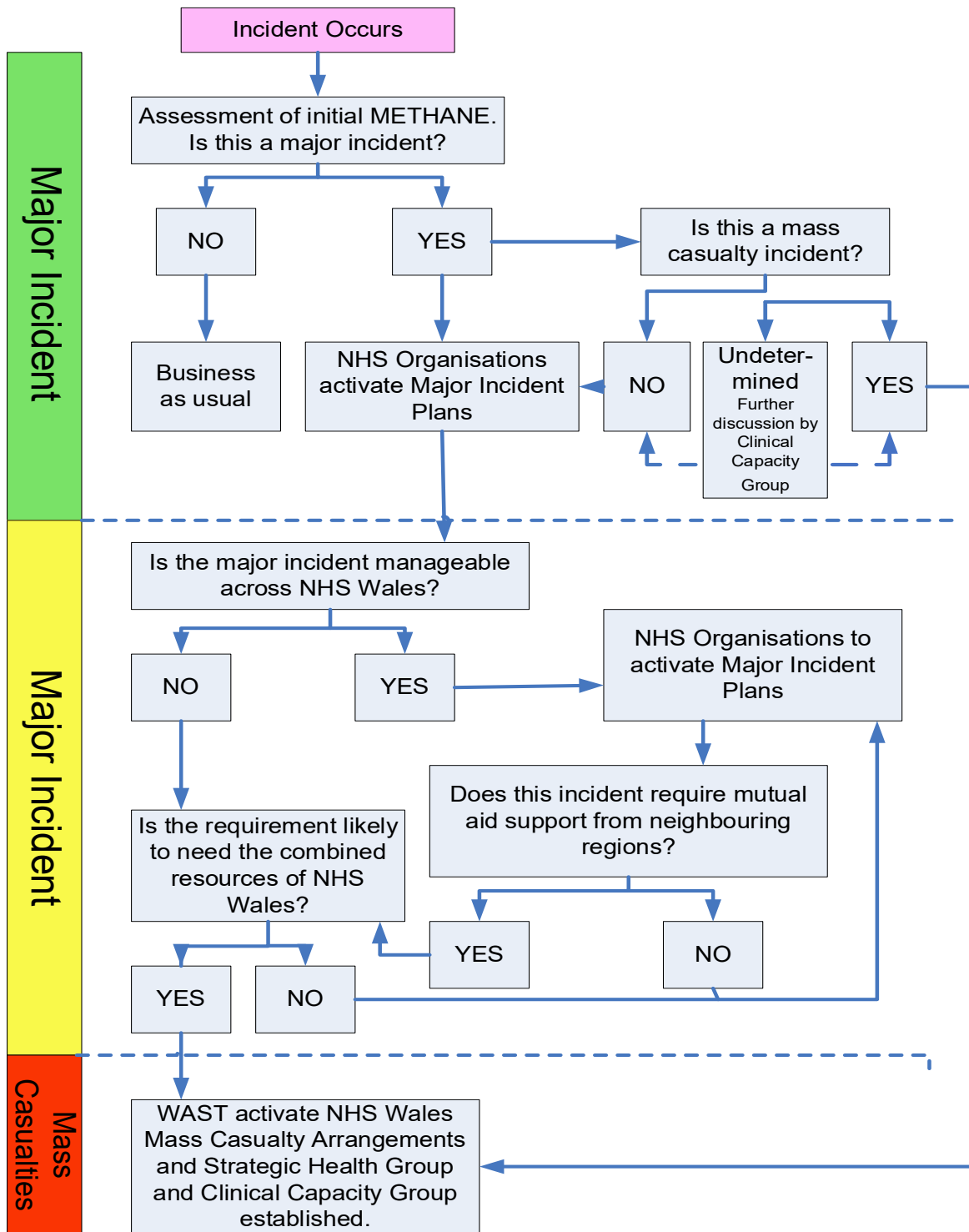
It is possible to estimate initial casualty volume and previous patterns of hospital use have highlighted that within 90 minutes following an event, 50-80% of the acute casualties will likely arrive at the closest medical facilities. It must be noted that less injured casualties often leave the scene 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.

### **5.3 Activation of NHS MCI Response Arrangements**

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

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



## 5.4 Burns Injury Incidents

Burns incidents pose unique challenges due to limited burns beds in the UK. This scarcity may lead to a rapid overload of available capacity, potentially triggering mass casualty arrangements for a relatively small number of patients.

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.

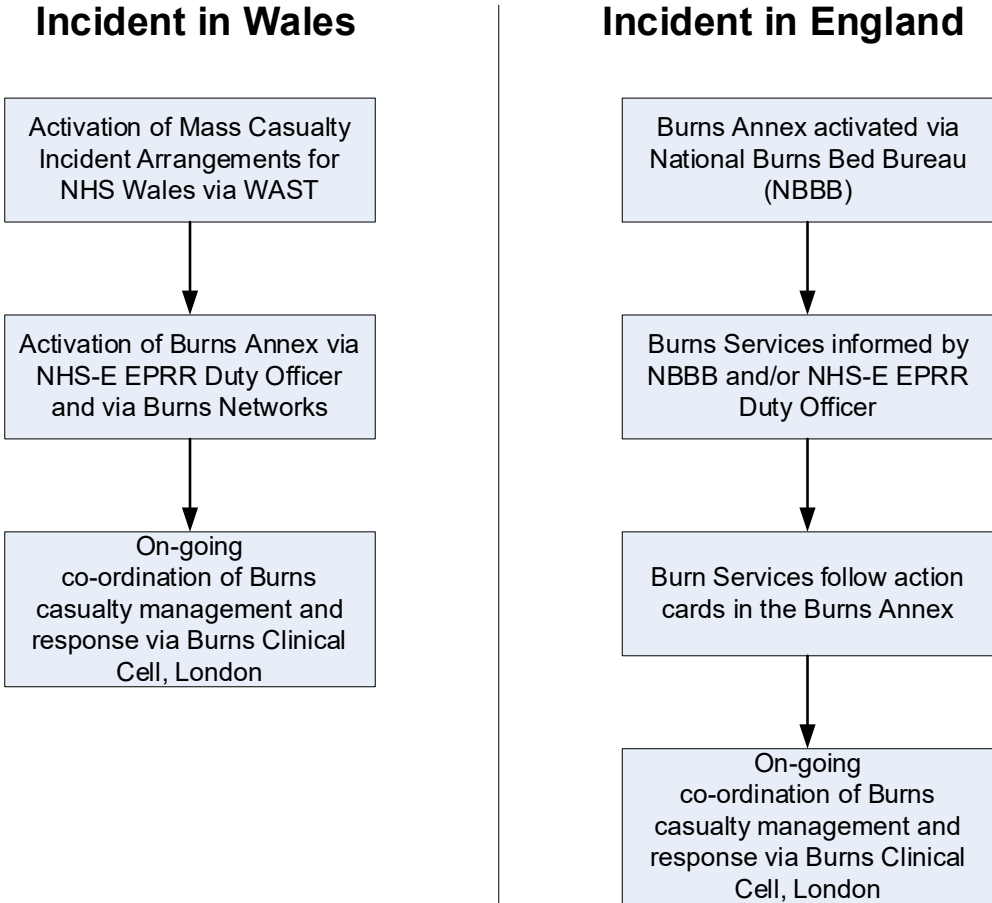
Key considerations for a mass casualty paediatric incidents include:

- 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 Morrision 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 South West 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



## 5.5 Health Board Role 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.

### 5.6 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.

### Uninjured and Unaccompanied Children

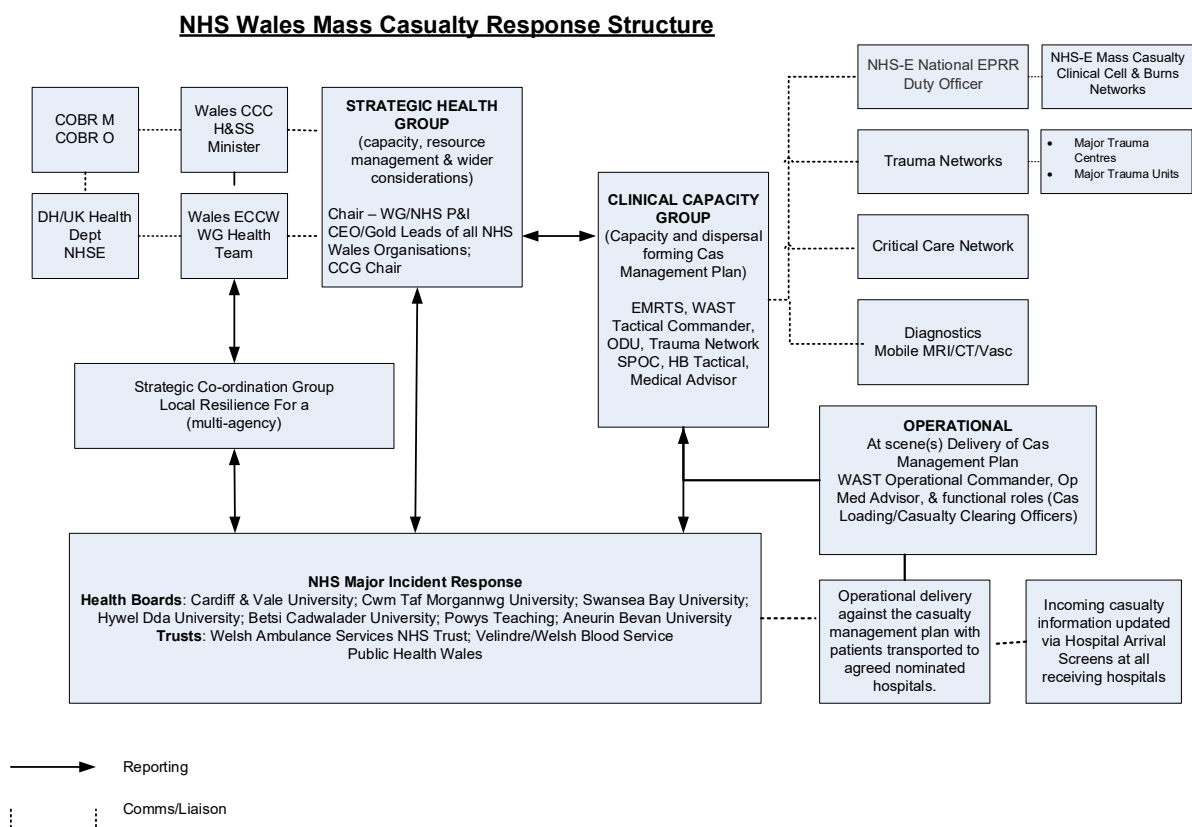
- These children will be accommodated in the Hospital relatives care centre until Police Liaison Officers are able to reunite families if no other venue had previously been found.
- Child Safeguarding issues must be considered.
- The Health Board will identify chaperones until the next of kin are identified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

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


### 5.7 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

### 5.7 NHS Wales Mass Casualty Response Structure



## 5.8 WAST Mass Casualty Interim Reporting dashboard

MASS CASUALTY INTERIM REPORTING DASHBOARD	
SUMMARY	
<p>In the event of a Mass Casualty incident being declared, the Mass Casualty Interim Reporting dashboard will be utilised by WAST and can be accessed by ED &amp; Silver Command prior to the Clinical Capacity Group and Strategic Health Group being established.</p> <p>The purpose of the Mass Casualty Interim Reporting dashboard is to enable WAST to provide casualty information and estimated arrival times to receiving hospitals.</p> <p>Casualty numbers will be in line with the Mass Casualty First 2-hour Capacity arrangements.</p>	
<ul style="list-style-type: none"> <li>Identify a PC to monitor the Casualty Dispersal Dashboard and Hospital Arrival Screen (HAS)</li> </ul>	
<b>ACTION:</b> ED NIC / DIC & Silver Command should:	<b>Tick when completed</b>
<p>1. Access the Mass Casualty Interim Reporting dashboard via –</p> <p> <a href="#">Casualty Dispersal Form v2.xlsx</a></p> <ul style="list-style-type: none"> <li>Click on dashboard tab</li> <li>The dashboard will show the number and priorities of casualties that have left or due to leave scene and the receiving hospital <input type="checkbox"/></li> <li>Click on Form 1 tab</li> <li>This shows the WAST vehicle callsign, triage category, receiving hospital and any specialist requirements (major trauma, burns, Peads ect)</li> <li>Cross check the respective WAST vehicle callsign(s) of casualties being transported to Morriston against the HAS. This will show the estimated arrival time of casualties</li> </ul>	
<p>2. The Mass Casualty Interim Reporting dashboard will remain in use until the Clinical Capacity Group and Strategic Health Group are established <input type="checkbox"/></p>	

### Mass Casualty Incident Arrangements for NHS Wales: Separate Document:



MASS CASUALTY  
ARRANGEMENTS VEF



Mass Casualty  
Dispersal Plan - 04.1