



MAJOR INCIDENT PLAN

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Preface

Major re-organisation of the Health Service has resulted in both the creation of new organisations and the changing role of existing ones. Guidance from the Emergency Planning Co-Ordination Unit (EPCU) of the Department of Health, devolved the Health Authority emergency planning responsibilities to Primary Care Trusts (Emergency Planning Co-Ordination Unit, 2000 see <http://www.doh.gov.uk/epcu/nhsguidance.htm>).

As an emerging PCT it is important that we can demonstrate that we can demonstrate that:

- There is corporate ownership and a sound commitment to emergency preparedness and to the development of a high profile for major incident planning.
- Adequate funding and resources are provided to ensure that major incident planning responsibilities are met.
- Major incident planning is conducted in accordance with the principles of integrated emergency management both internally and with other organisations involved.
- Comprehensive response plans are in place, and that these are regularly reviewed both internally and with other external agencies involved.
- Staff receive appropriate training in emergency preparedness and that proper preparations are made for the delivery of an effective response.
- Robust arrangements are in place to manage emergencies, alert staff and report information.
- Preparedness can be demonstrated by exercising and testing Major Incident plans.

The Director of Operations & Nursing takes the lead for Emergency Planning. However, it is a corporate responsibility and as such involves all Directorates and potentially all members of staff. Everyone therefore needs to be aware of the contents of West Gloucestershire PCT and Gloucestershire PCT major incident plans and their possible involvement in their implementation.

I am satisfied that this plan ensures that this PCT has effective arrangements in place to respond to a major incident.

Stephen Golledge
Chief Executive, West Gloucestershire PCT

Amendment Details

Contact details for the author

The Director of Operations & Nursing takes overall responsibility for the Major Incident Plan.

The PCT Major Incident Plan will be reviewed at least quarterly and updated as required, but at least annually. The members of the PCT EMERGENCY PLANNING GROUP will agree updates.

Responsibility for updating the PCT Plan has been delegated to:

Simeon Foreman
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West Gloucestershire Primary Care Trust
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West Gloucestershire Primary Care Trust

Major Incident Plan Amendments

Amendment Record

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INTRODUCTION

- 1 The West Gloucestershire Primary Care Trust's Major Incident Plan establishes the framework for the Trust's response in the event of any major incident regardless of cause. This plan is to be used in conjunction with the Primary Care Trusts' Countywide Major Incident Plan.
- 2 The outline responsibilities of the Trust in response to a major incident are at [Annex A](#).

DEFINITION OF A MAJOR INCIDENT

- 3 A major incident is any event happening with, or without, warning, causing or threatening death or injury, damage to property or the environment or disruption to the community, and which because of the scale of its effects, cannot be dealt with by the emergency services, and local authorities as part of their day to day activities.

More specifically, it will require the implementation of special arrangements for,

- a. The rescue and transportation of a large number of casualties
- b. The management of combined resources of emergency services, or
- c. The mobilisation of the emergency services and local authority to cater for the threat of death, serious injury or homelessness to a large number of people.

RESPONSIBILITIES OF STAFF

- 4 On appointment and periodically thereafter it the responsibility of all members of staff to familiarise themselves with the general outline of this plan, the location to which they should report when an emergency situation is declared and the emergency roles and responsibilities pertinent to their appointment as detailed in the Action Cards.
- 5 Individual members of staff are responsible for reporting any change in their home address or telephone number to their line manager to enable out of hours contact lists to be maintained.

West Gloucestershire will have a Senior Manager on-call at all times, who will be expected to initiate this plan as a matter of immediate urgency if it should be required. There is also a Countywide On-Call PCT Director. The Countywide On-Call Director will take the overview of the countywide Primary Care Trusts position regarding an incident.

The On-Call Senior Manager needs to be mindful of this during the period they are on call, and ensure that that they are contactable and within

reasonable travelling distance of the PCT area at all times during their spell of duty, or that they make adequate arrangements for cover by a suitable colleague.

The Health Protection function is one of the responsibilities of the Director of Public Health, who will, with countywide and regional colleagues, provide a 24-hour on call service.

ALERTING

6 During normal working hours the alerting call will be received by the switchboard, who will transfer the alerting call to a director or the most senior manager on site. Out of hours, the **On-Call Senior Manager** will receive the call. The call received may be from one of the following organisations:

- Gloucestershire Ambulance Service NHS Trust
- Cheltenham General Hospital (receiving hospital)
- Gloucestershire Royal Hospital (receiving hospital)
- Cotswold & Vale Primary Care Trust
- Cheltenham & Tewkesbury Primary Care Trust
- Gloucestershire Partnership Trust
- On-Call Public Health Specialist
- A member of West Gloucestershire Primary Care Trust's staff in accordance with the Trust's Operational Plans

Diagrammatic representation of the alerting mechanism, with lateral links to the Social Services Area Office, is provided as [Annex B](#).

In the event of a call from another Emergency Service (Fire or Police) the On-Call Senior Manager should contact the Countywide on-Call Director to invoke the countywide major incident plan.

- 7 On receipt of an alerting message the **On-Call Senior Manager** will:
- a) **Note all details** concerning the major incident situation, all hospitals and other agencies involved in response, the time of the alerting call and name of caller. A questionnaire aide memoir is on the reverse side of the West Gloucestershire PCT On-Call Manager [Action Card 1](#).
 - b) The On-Call Manager will liaise with the Countywide On-Call Director, or Directors at the other two Primary Care Trusts to assess the situation and decide on the most appropriate location for the **Countywide Major Incident Control Centre. (CMICC)**
 - c) Notify the Gloucestershire Partnership Trust.

- d) The On-Call Director/ Senior Manager will decide if they are the most appropriate person to go to the Countywide Major Incident Control Centre (CMICC); otherwise they will nominate an alternative Director/Manager to attend.
- e) The On-Call Director/ Senior Manager will contact one of the Directors/Managers identified in the West Gloucestershire PCT cascade for the **Local Major Incident Control Team (LMICT)** at [Annex C](#).
- f) The first contacted Director/Manager will then contact the other members of the Local Major Incident Control Team and ask them to meet at **Ground Floor Unit 15 (15G) West Gloucestershire PCT Headquarters**. This will become the West Gloucestershire PCT Major Incident Control Centre.

Depending on the location of the incident, the **UNIT 15G** may also be the location for the Countywide Major Incident Control Centre (CMICC). If this is the case, the local (West Gloucestershire PCT) Major Incident Control Centre (LMICC) will be relocated to **UNIT 16**.

Diagrammatic representation of the warning/alerting cascade system is at [Annex D](#).

Should any individual hospital or service receive a request for support directly from a Receiving Hospital, Gloucestershire Ambulance NHS Trust, Cheltenham & Tewkesbury PCT, Cotswold & Vale Primary Care Trust and Gloucestershire Partnership NHS Trust, they will immediately contact the Countywide On-Call manager who will activate the Countywide Major Incident Plan.

8 Chemical, Biological, Radiological or Nuclear (CBRN) Alert

If the major incident involves any of the elements of CBRN then the action plan in the Countywide Major Incident Plan should be followed.

TRUST RESPONSE

- 9 The **Local Major Incident Control Team (LMICT)** will:
- Conduct an immediate assessment of the emergency situation
 - Review the status and resources of West Gloucestershire PCT, culminating in a decision concerning any requirement to implement the Trust Major Incident Plan in full or in part. This includes activating the Major Incident Plans for the Dilke and Lydney & District Community Hospitals.

- Appoint a Major Incident Co-ordinator to serve as the Trust focal point or activate the Trust Local Major Incident Centre (**LMICC**)
- Confirm emergency contact arrangements to all those required to respond within the Trust and to all other relevant response agencies.

Action Card 2 details the instructions for the Local Major Incident Control Team (LMICT).

10 Independent Plan Activation

Any of the individuals listed at [Annex C](#) may activate the Major Incident Plan, in full or in part, regardless of any formal alerting message.

Such action may be taken when it is apparent that severe weather or an environmental hazard may demand the implementation of special arrangements or when a spontaneous response by members of the public results in the presentation of major incident casualties at a hospital.

THE TRUST'S CONTRIBUTION

11 The Trust contribution to a major incident **may** be:

- To send a representative to Gold Command (if the Police Service establish one).
- Send a representative to Silver Command.
- Establish a joint health advisory cell (JHAC) (if the Police request one is established). The Director of Public Health or their nominated deputy, Consultant in Communicable Disease Control (CCDC), will establish **JHAC in accordance with the arrangements defined in the Countywide Major Incident Plan**. It is usual for the JHAC to be established at the Police Headquarters.
- Support other PCTs.
- Provide Community nursing services/general practitioners/primary care staff to rest centres.
- Activation of the following support hospitals:

The Dilke Memorial Hospital	Tel: 01594 598100
Lydney & District General Hospital	Tel: 01594 598220

COMMUNITY NURSING SERVICES

- 12 The outline responsibilities of Community Nursing Services in response to a major incident are at [Annex E](#).
- 13 The NHS/Social Services Assistant Director for Operations/Nursing, as a member of the Local Major Incident Control Team (LMICT) will:
 - a. Judge to what extent it is appropriate to require District Nurses and Health Visitors to report for duty and will then arrange contact via the cascade system.
 - b. Establish contact and liaise with community hospitals as appropriate.
 - c. Judge to what extent it is appropriate to request help from local GPs and Pharmacists, and arrange contact via Messagelink and the Out of Hours Co-Ops.
- 14 The Community Nursing Services response is detailed on [Action Card 6](#).

MENTAL HEALTH SERVICES (Gloucestershire Partnership NHS Trust)

- 15 The Gloucestershire Partnership NHS Trust On-Call Manager will judge to what extent it is appropriate to require consultant psychiatrists, psychologists and community mental health teams to respond to a major incident to provide patient, relative and staff counselling services/support
- 16 Following the alerting to a major incident the Duty Consultant Psychiatrist will, if appropriate, establish a liaison link with the Social Services Area Office for the purposes of co-ordination and collaboration in the psychological care response.

HOSPITAL ROLES

- 17 Community hospitals provide a third tier of response in the event of the most severe pressures being placed on local resources. Their primary role is the acceptance of in-patients transferred from receiving and/or supporting hospitals, for nursing care. Gloucestershire's receiving hospitals are Cheltenham General Hospital and Gloucestershire Royal Hospital.

Community hospitals within West Gloucestershire are:

The Dilke 01594 598100 Lydney 01594 598220

Other community hospitals in Gloucestershire are:

Berkeley 01453 562000
Bourton 01451 820228

Cirencester	01285 655711
Fairford	01285 712212
Moreton	01608 650456
Standish	01453 822481
Stroud	01453 562207
Tetbury	01666 502336
Tewkesbury	01684 295887
Winchcombe	01242 604024

MAJOR INCIDENT CONTROL CENTRE

- 18 A Local Major Incident Control Centre (LMICC) will be established in the **UNIT 15 G at West Gloucestershire PCT Headquarters, Highnam.**

Dependent upon the nature and location of the major incident, this Local Major Incident Control Centre (LMICC) **may** convert into the Countywide Major Incident Control Centre (CMICC). It will be within the remit of the Countywide On-Call Director to identify the location of the Countywide Major Incident Control Centre (CMICC). This may be at any one of the three PCTs, however it is envisaged that each of the PCTs will have a Local Major Incident Control Centre (LMICC) or appoint a Major Incident Coordinator to feed information in to the Countywide Major Incident Control Centre (CMICC).

The Local Major Incident Control Centre (LMICC) will serve as the focal point for all liaison, co-ordination and control matters pertinent to the local area.

The Countywide Major Incident Control Centre (CMICC) will have a minimum of two, maximum of four, senior managers representing their Primary Care Trust and this will serve as the focal point for all liaison co-ordination and control matters for the county position with regard to a major incident.

It is within the remit of the first Senior Manager to arrive on site to relocate the Local Major Incident Control Centre as appropriate to the situation. In the event of re-location all principal contact points will be immediately informed of the alternative location and all communication details.

Copies of the emergency plan and all relevant complementary documents will be permanently located in the UNIT 15G in a cupboard marked 'MAJOR INCIDENT'.

19 Staffing

The Local Major Incident Control Centre (LMICC) will be staffed by the Local Major Incident Control Team (LMICT). The membership of this team will be:

- Lead Officer (First Manager to arrive at Headquarters)
- On-Call Senior Manager
- Chief Executive
- Director of Service Development
- Director of Finance
- Director of Public Health / Consultant in Public Health Medicine
- Director of Operations/Nursing
- Assistant Directors for Operations/Nursing
- PCT General Practitioner – (PEC Chair)
- Communications Manager
- Admin/secretarial support

The first senior manager (lead officer) to arrive on site will allocate roles as deemed appropriate.

The staffing of the Countywide Major Incident Control Centre (CMICC) will comprise of a **minimum of two**, maximum three, directors/managers from **each** of the three Primary Care Trust, There needs to be negotiation between directors on the actual personnel to be sent, however, there will be the expectation that **each** of the Primary Care Trusts will send a **minimum of two** representatives.

In both cases, (Local & Countywide) the Major Incident Control Team will remain in their respective Major Incident Control Centres at all times to act corporately and individually in the collation and dissemination of information, necessary decision-making and the issue of any instructions

20 Passage of Information

It is the responsibility of all staff in key emergency roles to provide the Major Incident Control Team with regular situation reports, in addition to any specific detail required in accordance with Action Card responsibilities. Details of useful telephone and fax numbers are **Appendix F** in the **Countywide Primary Care Trusts Major Incident Plan**.

ACTION CARDS

21 Purpose

The Action Cards provide detailed instructions and information concerning emergency procedures, functional roles and responsibilities applicable to a specific post holder or to a specific department. These Action Cards will be held at appropriate locations throughout the Trust. The Action Cards will be in addition to the site copy of West Gloucestershire Primary Care Trust's Major Incident Emergency Plan located in the major incident cupboard in Unit 15G at PCT headquarters.

22 Issue of Action Cards

- The On-Call Senior Manager and Reception/ Switchboard at Highnam will hold **Action Card 1**.
- Each member of the Local Major Incident Control Team and the nominated Deputy will hold a copy of **Action Card 2**.
- Copies of the Major Incident Plan and action cards; together with an emergency pack containing note pads, pens, useful information etc will be kept in a cupboard entitled 'MAJOR INCIDENT' which is in **UNIT 15G** at PCT headquarters.
- Action Cards for Community Hospitals are included in their local Major Incident Plans. A copy of these plans is held in the Major Incident Cupboard at Highnam.
- The heading of each card indicates the specific post holder or department required to perform the listed emergency procedures.
- The first available officer serving as a nominated deputy of a specific post holder or, in the case of a department action card, of the relevant department, will take the action card from its location and follow the procedure described.

NB. THE REMOVAL OF ACTION CARDS FROM THEIR LOCATION IS IMPORTANT SO THAT THERE MAY BE RAPID ASSESSMENT OF THE DEGREE TO WHICH SPECIFIC FUNCTIONS ARE BEING COVERED AT ANY TIME FOLLOWING ACTIVATION OF THE MAJOR INCIDENT PLAN.

- There should be successive handing over of Action Cards, with appropriate briefing on the prevailing situation and all action taken, on the arrival of specialist or more senior colleagues.

RECORD KEEPING

23 Preservation of Documents

Following a major incident, the Trust may be invited or required to provide evidence to an appropriate enforcement agency (e.g. the Health & Safety Executive), a judicial inquiry, a coroner's inquest, the Police or a civil court hearing compensation claims. In the course of any or each of these, the Trust may well be obliged or advised to give access to documents produced prior to, during and as a result of the incident. Under no circumstances must any document, which relates or may in any way relate (however slightly) to the incident, be destroyed, amended,

held back or mislaid. For these purposes "documents" means not only pieces of paper but also photographs, audio and videotapes, and information held on word processor or other computer. It also includes internal electronic mail.

The vital message '**Preserve and Protect**' - needs to be spread very quickly during a major incident and must reach those who might quite unknowingly hold significant documents. The Local Major Incident Control Team will issue appropriate instructions and guidance on procedures to be adopted in the immediate aftermath of a major incident to preserve all documentation.

24 **Notepads**

A notepad will be issued to all Action Card holders who should keep a record of all instructions received, actions taken and other incidents that may enable the Trust to assess the success of the emergency response and provide evidence to any enquiry that may follow.

The notepad should remain intact; no part should be destroyed or erased because, no matter how trivial notes may appear, the total content may form an important contribution in assessment of the continuity of response.

The notepad is to be handed on if the holder is relieved during the incident and following stand-down it is to be returned to the Local Major Incident Control Centre/Co-ordinator for safe storage.

All senior PCT staff involved in a major incident should keep a log of actions, requests etc made during the course of the incident – entries should be made during the course of the incident – entries should be made as close to the actual events as possible, even if very briefly.

STAFF REPORTING

25 **Cascade Calling System**

A cascade calling system involving concurrent activity by the switchboard and designated officers will be used to inform senior staff of the implementation of the emergency plan. The cascade system is shown in diagrammatic form at [Annex D](#) with individual responsibilities covered in the relevant Action Cards.

It is the responsibility of the **Corporate Risk and Business Manager** to maintain a telephone directory in support of the cascade calling system for the Local Major Incident Control Team.

26 **Off Duty Staff**

Off Duty Staff who learn **indirectly** of an emergency, which is likely to involve the Trust response, **should remain at home until called.**

VOLUNTEERS

27 Welfare Team

Welfare team has a list of accredited volunteers. These are contacted via the Social Services duty manager.

28 Requests for Assistance

Requests for assistance to the British Red Cross, St John's Ambulance and Women's Royal Voluntary Service will be initiated by the Countywide major Incident Control Centre and co-ordinated with the other Primary Care Trusts within the county.

29 Individual Volunteers

Individual volunteers offering their services on a spontaneous basis may only be used in a general capacity. It will be impossible in a crisis to conduct any check of credentials; therefore, such volunteers cannot be used in any capacity that may result in direct contact with patients or confidential information.

Staff Volunteers

A number of Trust staff members have volunteered their services in the event of a major incident. A copy of their contact details will be provided to the Switchboard and Major Incident Control Team (LMICT), to be held "in confidence" and only to be used in an emergency.

COMMUNICATIONS

30 Telephone Lists

It will be the responsibility of line managers to ensure that telephone numbers of all staff to be contacted in an emergency are reviewed at three monthly intervals and amendments passed in writing to the **Corporate Risk and Business Manager**. A copy of the telephone list will be provided to the switchboard and to the Local Major Incident Control Team (LMICT), to be held "in confidence" and only to be used in an emergency.

31 Distress Calls

In the event of any difficulty in initiating important telephone calls, priority service may be requested via British Telecom exchange operators by using the prefix "This is a distress call".

MEDIA LIAISON

- 32 Unless authorised by the Trust Headquarters or the Local Major Incident Control Centre (LMICC),

INDIVIDUAL MEMBERS OF STAFF ARE NOT TO MAKE STATEMENTS OR PROVIDE INFORMATION TO THE MEDIA.

- 33 In the event of a major incident the Head of Communications, Shared Services, will be contacted by the PCTs cascade system. It will be the postholder's responsibility to give early consideration to the likely media response to the incident, to manage the NHS response in line with the Joint Agency Major Incident Media Plan and to immediately report the incident to the Avon, Gloucestershire and Wiltshire Strategic Health Authority Communications Team.

Responsibilities will include:

- Contacting a member of the NHS Communications, Shared Service Team to act as Media Co-ordinator at the Local Major Incident Control Centre (LMICC) or, the County Major Incident Control Centre (CMICC) if necessary.
- Representing the NHS as their Media Manager at Gold or Silver control, if necessary, to advise on public requirements and media management.
- Contacting members of the NHS Communications, Shared Services Team and allocating tasks in line with the Joint Agency Media Plan, e.g. ensuring NHS media officer present at media briefing point and media briefing centre if necessary.
- Ensuring good communications and flow of information exists at all times between the NHS media officer representatives at the Local Major Incident Control Centre/County Major Incident Control Centre, Gloucestershire Hospitals NHS Trust, Media Briefing Point/Centre and Gold/Silver control.
- Co-ordinating and agreeing information with the NHS senior managers, the Media Co-ordinator and the Head of Communications Gloucestershire Hospitals NHS Trust for inclusion in media statements and to be communicated through the Media Briefing Point/Centre.

- Assessing media staff resources and managing effective handover/call up arrangements.
- Logging all instructions received and actions taken. (See section on [Record Keeping](#)).

34 Local Major Incident Control Centre/County Major Incident Control Centre Media Co-ordinator will be responsible for:

- Maintaining effective communications with the NHS media manager.
- Co-ordinating and submitting information from the Local Major Incident Control Centre/County Major Incident Control Centre to the NHS Media Manager for inclusion in joint agency media statements/briefings e.g. information from the community hospitals, role of health visitors, primary care support, support to rest/reception centres.
- Assessing requirements for additional media/administrative support and informing NHS media manager e.g. requirement for media officer presence at community hospitals receiving patients.
- In conjunction with the NHS media manager act as a media advisor to the local major incident control team/county major incident control team, community hospitals, and the community nursing manager (or equivalent).
- Logging all instructions received and actions taken (see section 13 - Recording Keeping).
- If the Head of Communications cannot be contacted e.g. annual leave the Head of Communications at Gloucestershire Hospitals NHS Trust should be called. See contact details below.

Name	Organisation/Post	Work	Home	Mobile	Fax
Anthony Dallimore	Head of Communications Shared Services	01452 389424	01432 343386	0774 7776654	01452 389425
Yvonne Wray	Communications Manager, Gloucestershire Hospitals NHS Trust	01242 274733	01242 515095	07659 159157 (Pager)	01242 221214
Deborah Richards	Gloucestershire Partnership NHS Trust Communications Manager	01452 891094			01452 891105
Shirley Billson	Cotswold and Vale PCT	01285 884694	01453 834494	07815 858319	01285 884607
Becky Jarvis	Cheltenham and Tewkesbury PCT Communications Manager	01242 548827	01242 254971	07881 786903	01242 548802

LOGISTICAL SUPPORT

- 35 The nature of logistical support required in response to an emergency will vary. The Trust Major Incident Co-ordinator will refer any logistical shortfalls, which cannot be resolved locally, to the Countywide Major Incident Control Centre.

STAND DOWN

36 Declaration of Emergency Stand-Down

The Local Major Incident Control Team (LMICT) will determine the time for the declaration of the Trust 'Stand Down' from emergency procedures. This decision will not necessarily coincide with receipt of notification of stand down by other elements of the NHS.

POST-INCIDENT REPORT

- 37 Following stand down, there will be a debriefing session co-ordinated by the Trust Major Incident Co-ordinator. The Director of Operations & Nursing will produce a formal report, which after sign off will be forwarded to all other parties involved in the implementation of the PCT Major Incident Plan and a copy will be sent to the Strategic Health Authority.

WEST GLOUCESTERSHIRE PRIMARY CARE TRUST
OUTLINE RESPONSIBILITIES IN A MAJOR INCIDENT

1. To provide a point of contact to receive from the Department of Health, other NHS healthcare organisations or the Police an alerting message which may demand preparatory measures or the co-ordination of primary care service response to a major incident or environmental emergency.
2. To receive notification of the implementation of emergency plans and procedures by associated PCT and NHS Trusts.
3. To alert key officers of the PCT to the emergency, as appropriate activating a Major Incident Control Centre to collate and disseminate information and advice.
4. To confirm the PCT contact details to all agencies involved in the emergency response.
5. To assume the lead PCT role in the event of the major incident being within the Trust's geographical area of responsibility or, as appropriate, to establish liaison with the lead PCT.
6. To examine the support that may be given to General Practitioners, Deputising Services and Co-operatives.
7. To assess the best utilisation of the skills and resources of:
 - Nurse practitioners
 - Hospital at home staff
 - Community Nurses
 - Health Visitors
 - Administrative and clerical staff
8. To provide community nursing support to any activated local authority Rest Centre(s).
9. To determine the role to be played by community hospitals in: the treatment of minor injuries and the reception of early discharges from acute hospitals
10. To liaise and co-ordinate on mutual support capabilities with the lead PCT.
11. To assess the effect of any emergency, or contingency measures invoked as a result of potential hazards, on special care groups, e.g. premature

babies, dialysis patients etc. co-ordinating any immediate response required.

12. To provide information and advice, as necessary activating a helpline, for:
 - The special needs of children
 - Special care groups
 - The needs of the frail and vulnerable
 - Early proactive intervention to minimise psychological stress
13. To examine any additional requirements for out of hours dispensing.
14. To assess the medium term impact on the community and priorities for the restoration of normality
15. To consider the need for long term monitoring.
16. To preserve all plans and documentation used or produced during the course of the emergency response.
17. To prepare a post-incident report for consolidation in the NHS report to be forwarded to the Strategic Health Authority.

ANNEX B

ALERTING

Legend:



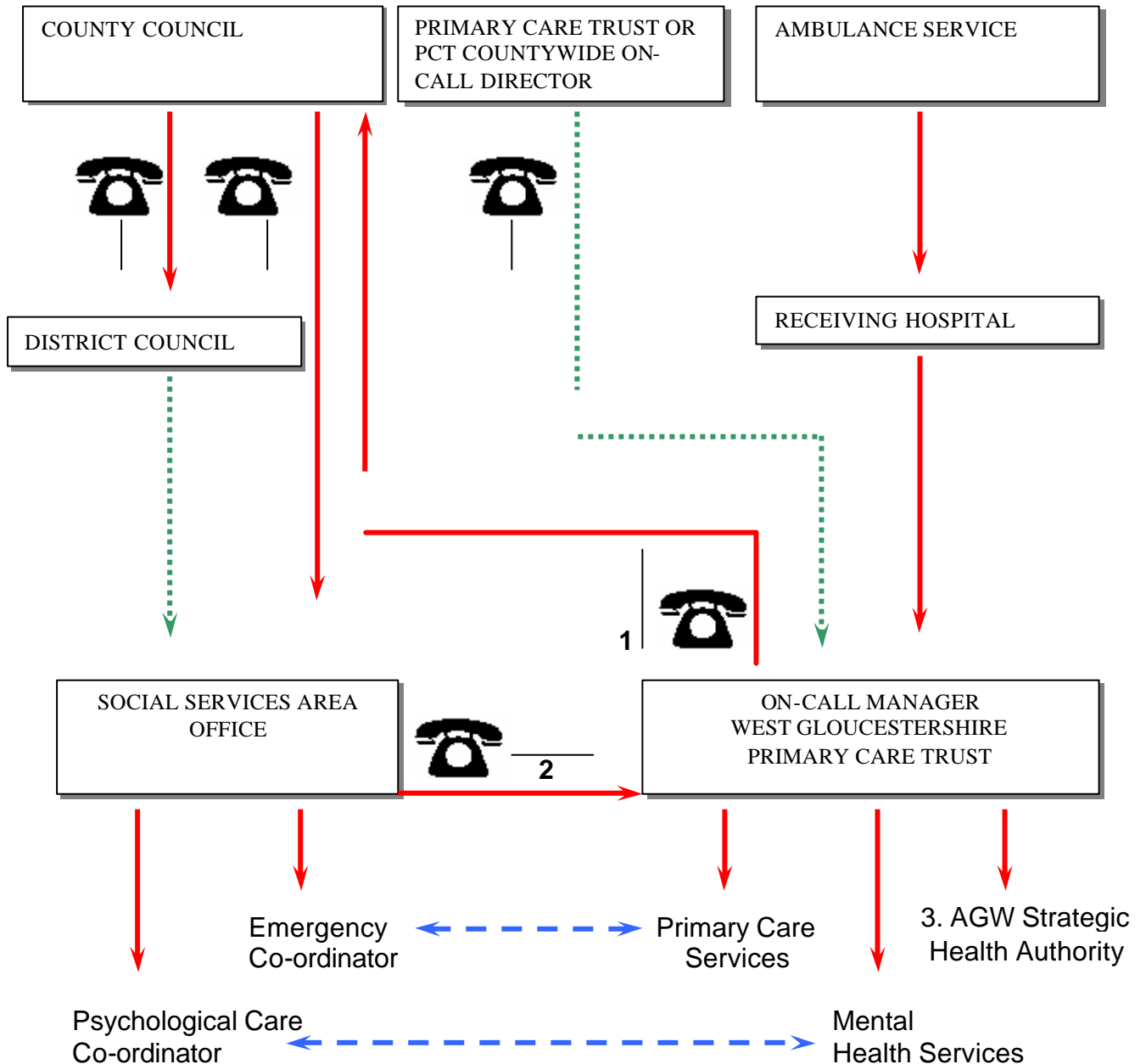
Primary



Alternative



Liaison/Co-ordination



1. Council maintain emergency contact list for Social Services - NHS Trust confirmation of lateral contact arrangements via County Council Emergency Planning Team.

2. On-Call Manager contact details provided to Social Services.

3. Avon Gloucestershire and Wiltshire Strategic Health Authority must be alerted of major incident within 2 hours. This will normally be by the Head of Communications.

ANNEX C

WEST GLOUCESTERSHIRE PRIMARY CARE TRUST

MAJOR INCIDENT PLAN TELEPHONE CASCADE LIST

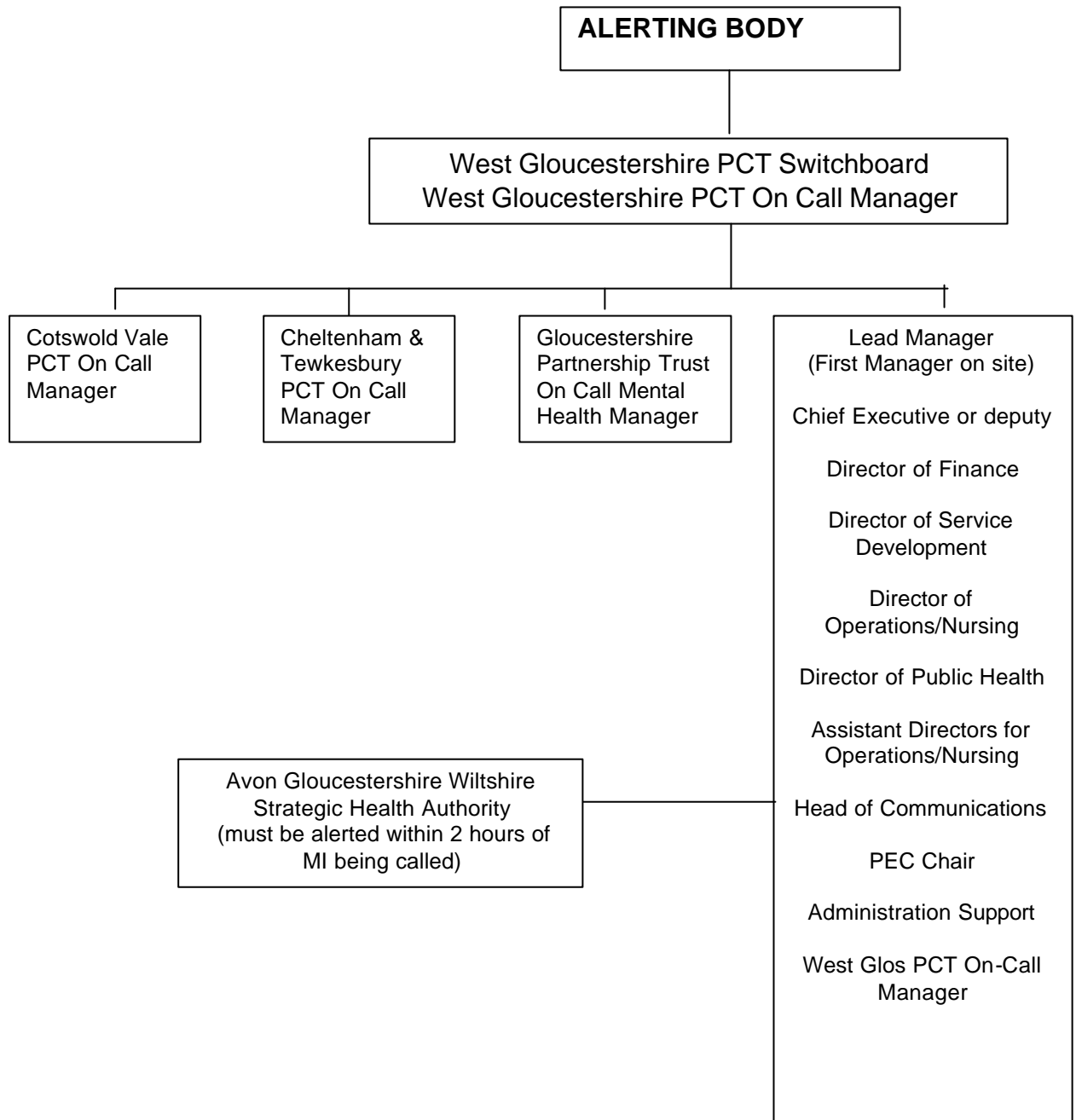
MAJOR INCIDENT CONTROL TEAM

Name	Title	Telephone No.
Stephen GOLLEDGE	Chief Executive	01452 389432
Mike THEELKE	Director of Finance	01452 389441
Jan MARRIOTT & Ann PURSEY	Director of Operations & Nursing	01452 389459
Penny HARRIS	Director of Service Development	01452 389455
Anthony DALLIMORE	Head of Communications	01452 389424
Hugh ANNETT	Director of Public Health	01452 389430
David DUNGWORTH	Assistant Director of Ops/Nursing (Forest)	01594 820569
Roy MCDOWELL	Assistant Director of Ops/Nursing (Gloucester)	01452 394518
Mike ROBERTS	PEC Chair – GP	01452 389435 (Highnam) 01452 543000 (Surgery)
W Glos PCT On Call Manager	*On Call Manager for PCT	Bleep*

* Bleep and home/mobile telephone numbers for these staff members are held by Switchboard/Reception at Highnam, Dilke and Lydney as well as in the Major Incident Cupboard and the local and countywide on-call packs.

ANNEX D

WARNING/ALERTING CASCADE SYSTEM



COMMUNITY NURSING SERVICES

OUTLINE RESPONSIBILITIES IN A MAJOR EMERGENCY

1. To deploy Community Nurses to local authority designated Rest Centres, as an immediate action, following notification of their activation, to:
 - Provide some medical screening to ensure evacuees who have or develop medical problems receive necessary health care
 - Assess any health needs of evacuated people
 - Arrange for the replacement of lost prescribed medicines
 - Provide medical advice and information on the consequences of the incident
 - Provide a health contribution to the welfare support of evacuees
2. To assess immediately available staff resources.
3. To conduct an assessment of needs, including any relevant geographical factors and to provide care in the community in respect of:
 - Patients who may be prematurely discharged from hospitals
 - Minor injured victims of an incident discharged to their homes
 - Any concentrations of survivors within the community
 - Any concentrations of relatives and friends of victims
4. To conduct an assessment of the impact of any emergency on Nursing and Residential Homes.
5. To establish contact with the Social Services Emergency Co-ordinator, providing an assessment of resources, needs and any joint working arrangements that may be required.
6. To establish liaison with General Practitioners and Practice Nurses directly involved or with specific interests associated with the geographical area of the emergency.
7. To review arrangements for the dissemination of information and advice to community nursing services and primary care staff, confirming with the Strategic Health Authority, via the Trust MICC, that there will be no duplication in information dissemination to General Practitioners and Practice Nurses.
8. To support Nursing and Residential Homes, with particular reference to providing assistance in any relocation of residents and/or overcoming shortfalls in resources, including staff.
9. To monitor requirements and organise relief for deployed staff.

10. To maintain records of all action taken, including the personal details of all those screened.
11. To provide periodic situation reports to the Trust Major Incident Centre/Chief Executive for onward reporting to the Strategic Health Authority.

COMMUNITY NURSING SERVICES

EMERGENCY PLAN IN RESPONSE TO A MAJOR INCIDENT

ALERTING

1. Initial Contact

Primary Care Development Managers (or nominated Deputies) will be alerted by a Senior Manager of the Major Incident Control Team to any emergency situation requiring a response by Community Nursing Services.

2. Alerting Cascade

The Primary Care Development Managers will form the primary tier for the cascading of alerting messages. They are responsible for the maintenance of a list of home telephone numbers and other contact detail for all members of their staff, and providing this to Corporate Risk & Business Manager. Messagelink can be used to contact staff in the event of plan activation with follow up from the Local Major Incident Control Centre (if PCDM is away for any reason).

FOCAL POINTS

3. Trust Major Incident Control Centre (MICC)

The Assistant Director of Operations/Nursing (or nominated Deputy) will form part of the Trust Major Incident Control Team, working from the Local Major Incident Control Centre (LMICC). The location of the Trust LMICC is **UNIT 15G** at Highnam Business Centre.

4. Primary Care Development Managers

Primary Care Development Managers will work from their normal office base to make best use of office services, administrative support, information technology (IT) resources (in particular access to the Trust Local Area Network) and telephone and facsimile communications.

For an emergency arising outside normal working hours, Primary Care Development Managers will deploy to their office base at the earliest opportunity after making any necessary immediate telephone calls to activate members of their team.

5. Confirmation of Arrangements

There should be an exchange of information, including confirmation of relevant telephone numbers, as soon as the focal points are activated.

EMERGENCY RESPONSE

6. Outline Responsibilities

A list of the outline responsibilities of Community Nursing Services in a major emergency is at Annex E. There may be a number of factors contributing to an emergency situation and there can be no prescription in the action required in the numerous scenarios of crisis. Intelligent interpretation and extension of the outline responsibilities will be necessary at all staff levels.

7. Deployment of Community Nurses & Health Visitors

As an immediate response there may be a requirement to deploy community nurses/health visitors to the Rest Centre(s) which may be activated by the **local authority**. The primary roles of the deployed community nurses will be to:

- Provide some medical screening to ensure evacuees who have or develop medical problems receive necessary health care
- Assess any health needs of evacuated people
- Arrange for the replacement of lost prescribed medicines
- Provide medical advice and information on the consequences of the incident
- Provide a health contribution to the welfare support of evacuees

Action Card 6 provides an aide memoir for Community Nurses/Health Visitors deployed to Rest Centres. Local authorities are responsible for the overall management of Rest Centres and the Community Nurses /Health Visitors will be part of the Rest Centre team.

8. Assessment of Staff Resources

Primary Care Development Managers will assess immediately available staff resources and make best possible deployments to tasks in keeping with determined priorities.

9. Assessment of Needs

In the assessment of needs as a result of the emergency situation consideration should be given to:

- Patients who may be prematurely discharged from hospitals
- Minor injured victims who may be discharged to their homes

- Geographical concentrations which may impact on the short or long term provision of primary care services
- Any environmental impact on Nursing and Residential Homes

10. **Dissemination of Information and Advice**

An important facet of the Community Nursing Service response will be liaison with General Practitioners and Practice Nurses who may be directly effected by the emergency or have specific interests associated with the geographical area of the emergency. There will be a need to review arrangements for the dissemination of information and advice to all community nursing services and primary care staff, as far as possible trading on established networks. It will be important to confirm with the Major Incident Control Centre, that there will be no duplication in the dissemination of information and advice to General Practitioners and Practice Nurses.

11. **Supports to Nursing and Residential Homes**

Scenarios of environmental emergencies may require the provision of support and assistance to Nursing and Residential Homes. In particular there may be a need to provide assistance in the relocation of residents and/or overcoming shortfalls in resources, including staff.

12. **Maintenance of Records**

From the outset there will be a need to maintain records of:

- All information received and action taken
- All liaisons with GPs, Social Services, Receiving hospital(s), Nursing Homes etc.
- Personal details of all those subject to specific advice or care at Rest Centres

13. **Reporting**

The Trust Major Incident Co-ordinator/Control Centre will be provided with situation reports covering all significant events, assessments and action taken or proposed by Community Nursing Services. It will be of particular importance to establish and maintain the reporting chain to all Community Nursing Services staff who may be deployed to other than normal working locations, e.g. Community Nurses deployed to Rest Centres.

ACTION CARDS

14. Action cards allocating specific tasks to key officers are:

Primary Care Development Managers

ACTION CARD 5

Community Nurses/Health Visitors at Rest Centres ACTION CARD 6

ACTION CARD 1

ON-CALL SENIOR MANAGER

(FIRST MANAGER CONTACTED/LEAD OFFICER)

On receipt of a warning message or an alerting call:

1. Using the Alert Call Record, set out on the reverse of this Action Card, record details of the alert.
2. Using the Major Incident Control Team telephone cascade list set out at Annex C of the Major Incident Plan notify Director/Senior Managers from the following list that a warning message or an alerting call has been received and give brief details including the originating source.

Chief Executive Officer
OR Director of Service Development
OR Director of Finance
OR Director of Public Health / Consultant in Public Health Medicine
OR Directors for Operations/Nursing
OR Assistant Directors for Operations/Nursing
OR Communications Manager

AND Countywide Primary Care Trust On-Call Director

3. Record all subsequent instructions received, actions taken and other incidents that may enable the Trust to assess the success of the Major Incident Plan and provide evidence to any inquiry that may follow. All entries in the notepad must be timed, dated, signed and made in ink.
4. Assume the role of the First manager contacted/ Lead Officer.
5. Request assistance from persons contacted in step 2 as appropriate.
6. Alert appropriate clinical staff in line with Trusts operational policy.
7. Send all written documents to the Major Incident Co-ordinator following the incident.

ACTION CARD 1 (SIDE 2)

ON-CALL SENIOR MANAGER

WARNING MESSAGE/ALERT CALL RECORD

On receiving a warning message or an alert call the following information should be carefully recorded in the spaces provided:

A TIME CALL RECEIVED

B RECEIVED FROM

C. NAME OF CALLER

D. TELEPHONE NUMBER

IF THERE IS DOUBT ABOUT THE AUTHENTICITY OF THE CALL, THE ALERT MUST BE VERIFIED BY CALLING A RECOGNISED NUMBER FOR THE ALERTING BODY.

E. BRIEF SUMMARY OF EMERGENCY NOTIFICATION

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

F. OTHER ORGANISATIONS INVOLVED

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

G: DETAILS RECORDED BY

H: DATE

ACTION CARD 2

ACTIONS TO BE TAKEN BY DIRECTOR/MANAGERS CONTACTED

On receipt of a warning message or an alerting call the Director/Manager contacted will:

1. Respond as requested by the First Manager/Lead officer Contacted.
2. Alert Locality/Specialist Services in line with Trust Operational Policy.
3. When instructed by the First Manager/lead Officer Contacted report to West Gloucestershire PCT Major Incident Control Centre (Unit 15G at PCT Headquarters).

ACTION CARD 3

ACTIONS TO BE TAKEN BY CHIEF EXECUTIVE WHEN CONTACTED

On receipt of a warning message or an alerting call the Chief Executive will:

1. Respond as requested by the First Manager/Lead Officer Contacted.
2. Inform the Chairperson of West Gloucestershire Primary Care Trust.
3. When informed of its activation, by the First Manager/Lead Officer Contacted, if asked, proceed to the West Gloucestershire PCT Major Incident Control Centre (Unit 15 G Highnam Business Centre)
4. Maintain liaison with the other Primary Care Trusts and health organisations providing regular updating reports of the Trust status and response.

ACTION CARD 4

ACTIONS TO BE TAKEN BY THE CHAIR WHEN CONTACTED

On receipt of a warning message or an alerting call the Chairperson will:

1. Respond as requested by the Chief Executive
2. Inform the Non Executive Members of West Gloucestershire Primary Care Trust
3. When requested by the Chief Executive, proceed to West Gloucestershire PCT Major Incident Control Centre (Unit 15G Highnam Business Centre)

ACTION CARD 5

PRIMARY CARE DEVELOPMENT MANAGERS

On receipt of a warning message or an alerting call the Primary Care Development Managers will:

1. Proceed to normal office base.
2. Locate the *Community Services Action Card* at the office base.
3. Record all instructions received, actions taken and other events which may enable the Trust to assess the success of the Major Incident Plan and provide evidence to any inquiry which may follow. All entries in the notepad must be timed, dated, signed and made in ink.
4. *Assume the role of Assistant Director for Operations/Nursing until relieved by another Senior Manager of West Gloucestershire Primary Care Trust.*
5. Assess the anticipated needs of Community Nursing Services in relation to the situation.
6. Assess available staff resources.
7. Establish and maintain contact with the Major Incident Control Centre (Unit 15G at PCT Headquarters).
8. On 'Stand Down' ensure that there is a smooth transition to normal methods of working.
9. Forward a post-Major Incident Report as well as the major incident notepad and all other documents/records to the Local Major Incident Control Centre (LMICC) following the incident.

ACTION CARD 6

COMMUNITY NURSES DEPLOYED TO REST CENTRES

On receipt of a warning message or an alerting call Community Nurses will:

1. Confirm the exact location of the Rest Centre to which deployed.
2. Consider the requirement to take:
 - A change/warm clothing
 - Snacks and drinks
 - Personal medication
 - Personal filofax etc. with important telephone numbers
 - Toiletries
 - Some cash/phone card
3. Make themselves known to the Rest Centre Manager, confirming the role they expect to perform.
4. Confirm the following details at the earliest opportunity:
 - Allocated working area (NB. Ensure there is a room allocated in which evacuees may be interviewed in complete privacy)
 - Other Rest Centre team members and their working locations
 - Estimated time of arrival (ETA) of evacuees and currently known details
 - Forecast or expected developments
 - The routing and flow of evacuees on arrival at the Rest Centre
 - Opportunities/agreed procedures for the screening of victims to ascertain those who may be in need of medical care
 - Proposed documentation
 - Telephone(s) available for use in contacting the Trust
5. Prepare the area in which to work, seeking the assistance of the Rest Centre Manager to resolve any shortfalls.
6. Consider the most appropriate, immediate links to a General Practice in the event of the need for urgent medical attention.
7. Report to the Primary Care Development Managers confirming:
 - Contact telephone number

- Rest Centre status and ETA of victims
 - Forecast of expected developments
 - The GP practice to be used in the event of a requirement for urgent medical attention
 - Any difficulties encountered or foreseen
8. On arrival of evacuees at the Rest Centre:
- Attempt to identify any victims with an apparent physical problem
 - Approach the initially identified victims who may have a physical problem offering assistance
 - Generally make their presence known, contributing to the welfare support of evacuees, in particular providing health information and advice
 - Ensure any evacuees who have or develop health problems receive necessary care
 - Arrange for the replacement of lost prescribed medicines
9. Maintain a record of information and advice given and action taken on behalf of evacuees. All entries in the notepad should be made in ink, timed, dated and signed.
10. Provide periodic situation reports to the Primary Care Development Managers.

The Trust Major Incident Control Centre is located in: -

**Unit 15G at West Gloucestershire PCT, Highnam Business Centre,
Newent Road, Highnam, Gloucestershire GL2 8DN**