MAJOR INCIDENT PLAN

In the event of a Major Incident please go immediately to your Divisional Action Cards

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<th>Document Title</th>
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<tr>
<td>Authorising Manager</td>
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<tr>
<td>Job Title</td>
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<tr>
<td>Issue Date (this version)</td>
<td>October 2012</td>
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<tr>
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| Author(s) and Contact(s) for further information | Lesley Metcalfe  
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| This document should be read in conjunction with appropriate plans | Pandemic Flu Plan  
Divisional Business Continuity Plans  
Heatwave Plan  
Flood Plan  
Fuel Plan  
CBRNe Plan  
Northern Burn Care Network - Burns Major Incident Plan  
These documents are all available on the Trust Intranet |
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Version Control:

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IMMEDIATE ACTION

If you have received notification that a major incident has been declared and you have not read this plan

DO NOT READ IT NOW

Find relevant Divisional Action Cards and follow instructions

For any Chemical, Biological, Radiological, Nuclear or Explosion Incident (CBRNe)
Please also refer to the Trust CBRNe Plan
Major Incident Plan Register of Holders

Plan distributed electronically to all appropriate internal staff who need to access MI Plan.

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<td>Steve Corrigan</td>
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<td>Helen Porter</td>
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<td>Mike Ashburner</td>
<td>Emergency Planning Manager</td>
<td>North West Ambulance Service NHS Trust</td>
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<tr>
<td>Sam Ghebrehewet</td>
<td>Consultant in Communicable Disease Control</td>
<td>Health Protection Agency</td>
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<td>Paul Spears</td>
<td>Emergency Planning Operations Manager</td>
<td>Merseyside Police</td>
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<td>Mary Mercer</td>
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FOREWORD

Wirral University Teaching Hospital, NHS Foundation Trust has a duty to protect the health of our community. This duty extends to times of emergency.

The purpose of this Major Incident Plan is to outline how we will respond in the event of an emergency, meet our responsibilities as a Category 1 Responder and comply with relevant guidance and legislation.

The Major Incident Plan is built on the principles of risk assessment, co-operation with partners, emergency planning, communication and information sharing. It is essential that we are prepared to look beyond a major incident, and put in place business continuity management arrangements, to secure the day to day running of the organisation.

The Management Team within Wirral University Teaching Hospital NHS Foundation Trust has an important role in ensuring we respond professionally to an emergency whilst maintaining vital services. It is essential that you are familiar with how the Trust will operate during such an event, what role you may play and the role of the other organisations we will be working with.

A Major Incident can take place at any time day or night and it may be necessary for staff to work in unfamiliar environments for flexible / extended periods. The plan will be subject to an annual test.

This Plan includes the provision of action cards for the different roles that may be involved.

Mr David Allison
Chief Executive
Wirral University Teaching Hospital
October 2012
SECTION 1: A MAJOR INCIDENT – GUIDANCE AND LEGISLATION

1.1 Background

1.1.1 Purpose of this Document

The NHS Emergency Planning Guidance 2005 and the Civil Contingencies Act 2004 place a duty on the Trust to undertake the following functions:

- To carry out risk assessments relevant to its area to inform the emergency planning process
- To maintain plans to ensure that if any emergency occurs the Trust can continue to perform its functions
- To maintain Business Continuity Management arrangements
- To share information with other local responders to enhance co-ordination
- To co-operate with other local responders to enhance co-ordination and efficiency
- To maintain arrangements to warn the public and to provide information and advice to the public if an emergency occurs

Wirral University Teaching Hospital believe it is essential that we all see emergency planning as a joint responsibility and one that can be incorporated into our daily roles. This Plan is for internal and external stakeholders including staff and the public. All staff within the Trust should be aware of the existence and purpose of the Major Incident Plan and their individual contributions to the success of the Plan. Key staff such as the Chief Executive, Executive Directors, Senior Managers, Consultants and other appropriate individuals should be familiar with the details of this Plan and associated documentation i.e. policies and procedures, and have attended appropriate training sessions.

All such staff should know and understand their specific role in the overall plan and the roles identified in the action cards.

Staff likely to be involved in a major incident response should ensure they have the appropriate training, equipment and knowledge to be able to respond safely and effectively to an emergency. In the event of a major incident, it is likely that several organisations will respond. It is important that this Major Incident Plan is developed and shared with other organisations to ensure a co-ordinated response.

This Plan describes what needs to happen, and who needs to do what, in the event of an emergency (or a disruptive challenge). An emergency might have an immediate impact on the whole organisation or only parts of the organisation.

1.1.2 Distribution of Major Incident Plan

The plan will be made available electronically on the Trusts Intranet Site and each department will be expected to hold a hard copy. A hard copy of the plan will also be held in the Major Incident rooms.

Externally partner agencies will receive a copy electronically. When a revised version of the plan is issued recipients will be instructed to destroy previous versions.

1.2 Introduction

1.2.1 Definition of a Major Incident

The NHS defines a ‘major Incident’ as follows:
Any occurrence which presents a serious threat to the health of the community, disruption to the service or causes (or likely to cause) such numbers or types of casualties as to require special arrangements to be implemented by hospitals, ambulance trusts or primary care organisations. (Emergency Planning Guidance Department of Health 2005)

It is an event whose impact cannot be handled within routine service arrangements and requires the implementation of special arrangements, by one or more of the emergency services, the NHS or local authorities, to respond to it.

1.3 Legal Framework and National Guidance

1.3.1 Overview of the Civil Contingencies Act (2004) (CAA)

The Civil Contingencies Act (2004), and accompanying regulations and guidance, provides a single framework for civil protection across the United Kingdom. The Act (CCA) is separated into two parts:

Part 1 - focuses on local arrangements for civil protection, establishing a statutory framework of roles and responsibilities for local responders.

Part 2 – focuses on emergency powers, establishing a modern framework for the use of special legislative measures that might be necessary to deal with the effects of the most serious emergencies.

1.3.2 Responders

Two types of responders have been identified, i.e. groups of organisations that have different roles and responsibilities under the Civil Contingencies Act (CCA). These are:

Category 1 Responder – those organisations at the core of any emergency response (e.g. the emergency services, local authorities, primary care trusts, NHS Trusts and NHS Foundation Trusts with accident / emergency facilities, Ambulance Service NHS Trusts, the Health Protection Agency).

Category 2 Responder – those organisations likely to be heavily involved in any emergency response (e.g. utility companies [water, gas, electricity, telecommunications], rail companies, airport operators, the Highways Agency, Strategic Health Authorities).

1.3.3 Duty on Category 1 Organisations to Respond

A Category 1 Responder must perform its duties under the Act (CCA) only in relation to two situations, either of which poses a considerable test for that organisation’s ability to perform its normal functions. The two tests are:

- Where the emergency would be likely to seriously obstruct its ability to perform its functions
- Where the Category 1 Responder
  I. would consider it necessary or desirable to act to prevent, reduce, control, or mitigate the emergency’s effects or otherwise take action
  II. would be unable to act without changing the deployment of its resources or acquiring additional resources.

1.3.4 Civil Protection Duties

As a Category 1 Responder, Wirral University Teaching Hospital NHS Foundation Trust is subject to the full set of civil protection duties and is required to:

- Assess the risks of emergencies occurring and use this to inform contingency planning
- Put in place emergency plans
- Put in place business continuity management arrangements
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency
- Share information with other local responders to enhance co-ordination
- Co-operate with other local responders to enhance co-ordination and efficiency

For more information on the Civil Contingencies Act (2004) and the responsibilities of the different responders refer to the following website: http://www.cabinetoffice.gov.uk/ukresilience.aspx

1.3.5 Local Resilience Forum (LRF)

The CCA places a duty on Category 1 and Category 2 Responders to co-operate locally to improve emergency preparedness and response. The mechanism adopted in England by the CCA for this purpose is the Local Resilience Forums (LRF) based on county areas. Merseyside Resilience Forum operates locally to fulfil this duty.

1.4 Major Incident Types and Levels

1.4.1 Overview

Wirral University Teaching Hospital NHS Foundation Trust’s response to a major incident will be co-ordinated by the Hospital Command and Control Team (Bronze) which:
- is called together when a major incident is declared
- has authority to over-rule all normal management arrangements
- can direct any member of staff (however senior) to perform any duty made necessary by the major incident
- can direct any Wirral University Teaching Hospital, NHS Foundation Trust resource (e.g. rooms, transport) to be used in connection with the major incident
- can cancel or prioritise services
- can authorise expenditure in connection with the major incident

1.4.2 Incident Types

An internal major incident may be:
- Fire, breakdown of utilities, major equipment failure, hospital acquired infections, adverse incidents involving screening programmes, violent crime

An external major incident may be:
- Big Bang - serious transport accident, explosion or series of smaller events
- Rising Tide – a developing infectious disease epidemic or a capacity / staff crisis
- Cloud on the Horizon – a serious threat such as a major chemical or nuclear release developing elsewhere and needing preparatory action
- Headline News – public or media alarm about a personal threat
- Deliberate release of chemical, biological, radiological or nuclear (CBRN) materials (e.g. terrorist incident)
- Mass casualties
- Pre-planned major events that require planning – demonstrations, sporting fixtures, race meetings and air shows

The key difference between a major incident and other health-related incidents which the NHS regularly handles is that a major incident requires the implementation of special arrangements. Examples of special arrangements during a major incident could include a mass administration of
vaccine during an epidemic.

The above list is not exhaustive.

1.4.3 Levels of Incidents

NHS Guidance describes the impact of major incident(s) which NHS organisations are required to prepare for. These are:

Level One – Significant Emergency
Has a wider focus and requires central government involvement or support, primarily from a lead government department (LGD) – or a devolved administration, alongside the work of the emergency services, local authorities and other organisations. There is however no actual or potential requirement for fast, interdepartmental/agency, decision making which might necessitate the activation of the collective central government response, although in a few cases there may be value in using the Cabinet Office Briefing Room (COBR) complex to facilitate the briefing of senior officials and ministers on the emergency and its management. Examples of emergencies on this scale include most severe weather related problems. In addition, most consular emergencies overseas fall into this category with the Foreign and Commonwealth Office (FCO) providing advice and support to those affected alongside the authorities in the country affected.

Level Two – Serious Emergency
A serious emergency is one which has, or threatens, a wide and/or prolonged impact requiring sustained central government coordination and support from a number of departments and agencies, usually including the regional tier in England and where appropriate, the devolved administrations. The central government response to such an emergency would be coordinated from the Cabinet Office Briefing Rooms (COBR), under the leadership of the lead government department. Examples of an emergency at this level could be a terrorist attack, widespread urban flooding, widespread and prolonged loss of essential services, a serious outbreak of animal disease, or a major emergency overseas with a significant affect on UK nationals or interests in one which has, or threatens, a wide and prolonged impact requiring sustained central government coordination and support from many departments and agencies, including the regional tier in England and, where appropriate, the devolved administrations. In England and for reserved issues elsewhere in Great Britain, the central government response would be led from COBR under the direction of the Home Secretary or a nominated lead Minister. The Cabinet Office or the government department responsible for overall management of the Government response (the Lead Government Department or LGD) would normally chair meetings of officials.

Examples of emergencies on this scale include the H1N1 Swine Flu pandemic, the 2007 summer floods, and the response to the 7th July bombings in London.

Level Three – Catastrophic Emergency
Is one which has an exceptionally high and potentially widespread impact and requires immediate central government direction and support, such as a major natural disaster, or a Chernobyl scale industrial accident. Characteristics might include a top down response in circumstances where the local response had been overwhelmed, or the use of emergency powers was required to direct the response or requisition assets and resources. The Prime Minister would lead the national response. Fortunately, the UK has had no recent experience of a Level 3 emergency, but it is important to be prepared for such an event should the need arise.

For NHS organisations, a Local Emergency (major incident) are defined on a scale and include periods of excess pressures, i.e. winter. These are:

Level One (Within Trust)
Description - Trusts manage their own pressures within normal parameters. Liaison between providers and commissioners should be the norm and this will ensure that all local stakeholders are aware of current pressures and ready to respond appropriately to any peaks and troughs in
demand. This level may typically be + 15% of urgent activity, this could be across the organisation or just one key area.

**Escalation Trigger Point** – If individual Trust resources cannot / are consistently struggling to meet demand (+ 15%) then the affected Trust should liaise with its Lead Commissioner and/or NHS Tactical Commander to implement a Health Tactical Coordinating Group (HTCG) at Health *Economy level, where appropriate. This group will be chaired by the NHS Tactical Commander but must contain an Executive Level input from the lead commissioning organisation and partner agencies such as Social Care. *The Health economy should consist of all the local health providers, including Social Care partners this group should be the same one who met and produced the winter plan. (Planning Group) At Level 2 it becomes the Health Tactical Coordinating Group for the purposes of Command and Control.

**Level Two (Local Health Economy)**
**Description** – Health Tactical Coordinating Group manage their own pressures within their agreed planning frameworks. Joint working between providers and commissioners is expected on a daily basis – led by the NHS Tactical Commander. Local liaison is expected to ensure that all stakeholders are sharing the same information and preparation can be made to facilitate escalation to level three if required.

**Escalation Trigger Point** – If health economy resources cannot meet the demand **AND** all the appropriate steps have been taken such as deployment of additional resources, accelerated hospital discharge and cancellation of elective workload - then the NHS Silver Commander in discussion with the lead commissioning organisation should liaise with the NHS Strategic Commander to implement a Health Strategic Coordinating Group (HSCG) at the agreed geographical level. This group should be chaired by the NHS Strategic Commander but must contain an Executive Level delegate from each NHS V1.7 - 8 - Dec 2011 Tactical and where appropriate each commissioner/organisation. The NHS Tactical Commanders shall be responsible for liaison across their health economy in respect of any outputs from the Strategic Meetings through the respective Health Tactical Coordinating Groups.

**Level Three (Cluster wide Health Economy)**
**Description** – The NHS Strategic Commander will coordinate the agreed geographical health economy through the Health Strategic Coordinating Group having regard to mutual aid and agreeing generic decisions across the conurbation. Commissioners manage the pressures within their health economy through their Tactical Coordinating Groups and feed into NHS Strategic on a daily basis. If part of a multi-agency response, then the NHS Strategic Commander will also attend the Local Resilience Forums SCG and feed into that process.

**Escalation Trigger point** – If the NHS resources and joint working cannot meet the demand **OR** the NHS SHA/CB declare a Level Four response - then the NHS Strategic Commander will liaise with the NHS SHA/CB to implement a Sector Health (Regional) Coordinating Group. This group will be chaired by a Director of the NHS SHA/CB but must contain the Chair(s) from the Health Strategic Coordinating Group(s) (HSCG)

**Level Four (Sector (Regional) Health Economy)**
**Description** – The NHS SHA/CB manage the pressures within their (Region) Sector through the Sector Health (Regional) Coordinating Group. The SHCG will coordinate the Sector health economies through the Clusters / Local Health Emergency Planning Communities (LHEPCs) having regard to (Regional) Sector decisions across the affected geographic area. If part of a multi-agency response then the NHS Strategic Commander will also attend the Local SCG and feed into that process with (Regional) Sector NHS SHA/CB attending any requisite wider geographical groups if established.
**Escalation Trigger point** – If over the geographical area managed NHS resources cannot meet the demand then the (Regional) Sector NHS SHA/CB will liaise with the National NHS/NHS CB to request national / international input / resources. The NHS/ NHS CB input will be fed back to the (Regional) Sector by an Executive Director of the NHS/NHS CB.

**Level Five (National Health Service)**

**Description** – The demand is such that only a nationally coordinated response is appropriate, this may be concluded following escalation through the various stages above OR fed down the chain as in Swine Flu. In either scenario the top-down input will be managed within Clusters and Sector Health Strategic Coordinating Group(s).

1.4.4 Trust Board Reporting

Wirral University Teaching Hospital Trust Board will receive an Annual Report regarding emergency preparedness at least once every twelve months and if appropriate, will receive reports on a more frequent basis following any actual response detail training activities and exercises undertaken.

The Director of Nursing and Midwifery and a nominated Non Executive Director support the major incident planning process.

In addition, assurance will also be provided as part of the process for the Care Quality Commission registration process.

1.4.5 Consultation and Distribution of Major Incident Plan (MIP)

A copy of the Major Incident Plan was sent to both internal and external stakeholders for consultation and they were proactively asked to contribute to certain sections. Appropriate feedback resulted in amendments being made.

The Major Incident Plan registers of holders on pages 8 states the names of key individuals who will be sent a hard copy of the Wirral University Teaching Hospital Major Incident Plan.

They will then be asked to complete a confirmation sheet stating which numbered copy of the MIP they have received and return to the Trust. Wirral University Teaching Hospital will monitor these confirmation records.

1.4.6 Review and Audit

The Major Incident Plan will be reviewed and updated (where necessary) at least annually or after an incident has occurred. The next scheduled review date is January 2013. Each Division/Corporate Department is asked to validate their actions in relation to this Major Incident Plan by completing and returning the form on page 7. Changes will be made to the plan in response to advice received from the Divisions/Corporate Departments.

The Trust’s approach to emergency preparedness will be assessed every twelve months by an independent body. This work could be undertaken by the Care Quality Commission, Mersey Internal Audit or Emergency Preparedness, Resilience and Response Lead. However, if no audit is undertaken by these bodies, the Trust will proactively arrange for an independent review of its emergency preparedness.

1.4.7 Other Related Wirral University Teaching Hospital Plans

The following plans have been written by the Trust and should be utilised, if appropriate, depending on the nature of the incident.

- CBRN Plan
- Business Continuity Plans
Communications Plan
Heatwave Plans
Pandemic Flu Plans
Fuel plan
Flood plan

A copy of these plans is held within the Major Incident Rooms located in Skills Centre Room B (see page 21) and on the Trusts Intranet Site.

1.4.8 Responsibilities for NHS Resilience within Wirral University Teaching Hospital

Responsibility for ensuring Wirral University Teaching Hospital meets the relevant standards for the different components of emergency resilience is attributed as follows:

- Emergency planning is the responsibility of the Director of Nursing & Midwifery
- Business continuity arrangements are the responsibility of the Chief Executive supported by the Director of Operations
- Deputy Director of Nursing is responsible for training and testing the plan

The Chief Executive is ultimately accountable for the Trust’s response in an emergency.
SECTION 2: COMMAND AND CONTROL

2.1 Command, Control and Co-ordination - Merseyside

Strategic, Tactical and Operational Framework
Under the framework, the management of the response to major incidents will normally be undertaken at one or more of three levels – Strategic, Tactical and Operational. The degree of management and co-ordination required will depend on the nature and scale of the emergency.

Note: * Trusts who have cross border responsibilities, may be required to temporarily join other NHS command and control structures (where appropriate) if responding to a multi agency incident in those counties, e.g. S&O, 5BP, Halton St Helens PCT and the Wirral Trusts.
2.2 Command, Control and Co-ordination – Cheshire, Warrington and Wirral Cluster

Strategic, Tactical and Operational Framework
Under the framework, the management of the response to major incidents will normally be undertaken at one or more of three levels – Strategic, Tactical and Operational. The degree of management and co-ordination required will depend on the nature and scale of the emergency.

Note: Trusts who have cross border responsibilities, may be required to temporarily join other NHS command and control structures (where appropriate) if responding to a multi-agency incident in those counties, e.g. 5BP, St Helen’s & Knowsley Integrated Provider Services, St. Helen’s & Knowsley Hospitals & Merseycare.
Alongside the Strategic, Tactical and Bronze structure a number of organisations and committees play a key role in a major incident structure. These are listed below:

2.2.1 Cheshire, Warrington & Wirral Cluster/ Merseyside Cluster

The lead Cluster for Wirral is Cheshire, Warrington & Wirral
- All Incidents - NHS Cheshire, Warrington & Wirral
- Any Blue Light Incident involves NHS Merseyside

Summary of approach

Multi-agency incident on Wirral:
- WUTH report to NHS Wirral CCG - Tactical Commander
- Emergency Preparedness, Resilience and Response Lead - NHS Cheshire, Warrington & Wirral
- Emergency Preparedness, Resilience and Response Lead – NHS Merseyside

NHS only incident affecting Wirral:
- WUTH report to NHS Wirral CCG -Tactical Commander
- Emergency Preparedness, Resilience and Response Lead - NHS Cheshire, Warrington & Wirral

The role of the Emergency Preparedness, Resilience and Response Lead is to assume the role of Cluster Lead for emergency planning and response. In particular the Emergency Preparedness, Resilience and Response Lead would be the representative at the Local Resilience Forum and would provide Chief Executive or Director equivalent input into the Strategic Co-ordinating Group or ‘Strategic’ command for the NHS.

The roles of the Cluster are to:
- Represent the CCG’s at a senior level on the Local Resilience Forum and on appropriate sub groups.
- Co-ordinate the NHS major incident planning process across the county, including generic planning and planning for specific scenarios such as pandemic influenza
- Establish rota arrangements to ensure that a Chief Executive or Director will be available to represent the CCG’s at a Strategic Co-ordinating Group if one is set up. To ensure that sufficient people are available to provide 24 hour continuity in the event of an incident lasting longer than a single shift
- Ensure that rota arrangements are also in place to provide leadership and NHS representation on a Scientific and Technical Advice Cell (STAC)
- Manage the process of obtaining appropriate security clearance for people on those rotas
- Provide or co-ordinate training for Chief Executives and Directors on that rota
- Ensure that the incident room has sufficient capacity to discharge the lead role
- Assist NHS North West in its performance management role, including advising the Strategic Health Authority (SHA) of any NHS organisations that need support
- Co-ordinate rota arrangements to ensure that there is communication advice available in the event of a major incident
- Attend any national or regional events where representation is required.
- Work closely with the Health Protection Agency which has considerable expertise in all aspects of emergency planning, and whose role is unchanged by these arrangements
- Provide a channel for an NHS contribution to the Local Resilience Forum secretariat.

See Appendices 7 & 8 for the memorandum of understandings with the Merseyside and Cheshire Clusters.
2.2.2 Multi-agency Command Centres

It is important for representatives to understand the role of all levels of command and control, described below.

- The Civil Contingencies Committee (CCC) (a national structure at ministerial level)
- The Regional Civil Contingencies Committee (RCCC)
- A local Strategic Co-ordinating Group (SCG) at county level
- A tactical control centre in the locality of the scene
- An operational control centre at the scene.

The NHS Strategic Commander will function at the local Strategic Co-ordinating Group (SCG) level.

2.2.3 Civil Contingencies Committee (CCC)

The Civil Contingencies Committee is a British cabinet committee chaired by the Home Secretary. It is intended to deal with major crises such as terrorism or natural disasters. It is supported by the Civil Contingencies Secretariat, which is part of the Cabinet Office.

2.2.4 Regional Civil Contingencies Committee (RCCC)

The RCCC is a multi-agency group including representatives from across the region drawn from Category 1 Responders, Government Office North West (GONW) and others as applicable. The core membership is likely to be similar to that of the North West Regional Resilience Forum. The establishment of the RCCC will be based upon more than one Local Resilience Forum being affected, with a varying role, dependent upon the nature of the emergency.

The generic roles are detailed as follows:

- Collating and maintaining a strategic picture of the evolving situation within the region
- Assessing whether issues can be resolved at local level
- Facilitating mutual aid arrangements within or between regions
- Raising issues at national level that cannot be resolved at local or regional level
- Co-ordinate the national input to the local and regional response and recovery
- Providing where appropriate, a regional spokesperson.

The RCCC may meet at one of three levels:

**Level 1** – in a state of readiness, watching and evaluating how local agencies were handling the incident.

**Level 2** – working to co-ordinate government resources into the response.

**Level 3** – taking a strong strategic and executive role in co-ordinating all resources at both local and regional level.

In all circumstances, the RCCC will be focused on ensuring the direction of appropriate resources to assist local responders in the management of a catastrophic incident. It will act as a mechanism for sharing information about the impact of the incident between central government and local responders, and will consider the recovery and long-term restoration of the region following the incident.

The RCCC Chair will be nominated at the time of the incident. In the North West, this could be located at the Cheshire Police Headquarters at Winsford or Mersey Fire and Rescue Service Headquarters in Bootle. It would normally have a Police Chair, and the health representation would be from the Government Office Public Health team, from the Strategic Health Authority, from the Health Protection Agency and from the Regional Ambulance Trust, with that representation being at a very senior level.

The RCCC is sometimes referred to as the "Regional Strategic".
2.2.5 Strategic Co-ordinating Group (SCG)

The SCG, also sometimes referred to as ‘Strategic’, is a committee of senior officers from the Category 1 Responders, meeting at the earliest opportunity and then as deemed necessary.

Strategic is situated at Merseyside Police (MerPol) Headquarters, Canning Place (unless otherwise stated). Strategic Control may be formed unilaterally by the Police to deal with any Police-based emergency, which may not require a multi-agency SCG. If the incident requires multi-agency co-operation, Strategic Control will establish a Strategic Co-ordination Group (SCG).

The SCG convenes on a regular basis to:
- Set the policy framework
- Share information
- Assess forward time-scales and resource demands
- Provide resources
- Consider the prioritisation of demands
- Determine strategy for the return to a state of normality once the incident has been dealt with

2.2.6 NHS Functions at Strategic

The NHS has three core functions to provide at STRATEGIC, these are:

**NHS Strategic Command** - The NHS Strategic Command focuses on strategic management of the NHS during the incident by ensuring NHS service delivery for both the incident and normal services. The NHS Strategic Commander, acting on behalf of the Strategic Health Authority and NHS in Merseyside, will direct and command the response of all NHS resources, including ambulances. The Strategic Commander will be supported by a Staff Officer, Administration Officer and Communications Lead. The role also acts as a conduit to ensure all NHS Tactical and NHS Bronze organisations are kept informed of regional and national arrangements within an incident.

**Public Health Advice** - Public Health advice, in the form of a Scientific and Technical Advice Cell (STAC) should be available at the SCG/RCCC to offer health-related scientific advice for all incidents that require strategic co-ordination. During the initial phase of an incident, the chair of the STAC will probably be a specialist from public health, who will act as the focal point and primary contact for the police incident commander and all responding organisations. The STAC will provide advice on health, public health, health protection and other scientific advice as part of the incident management process. The importance of providing clear and consistent public health messages and advice is widely accepted, and faces a particularly high demand during incidents involving chemical, biological, radiological and nuclear substances, irrespective of the cause.

**Ambulance Strategic Co-ordinator** - Ambulance Strategic Co-ordinator directs and commands the response of one or more ambulance trusts, including voluntary and private ambulance services. A member of the ambulance executive management team will represent the ambulance service at the SCG and marry up with the NHS Strategic Commander.

2.2.7 Scientific and Technical Advice Cell (STAC) Purpose

When there is likely to be a requirement for scientific or technical advice within a Strategic or Tactical Coordination Centre, this will be provided through the establishment of a Science and Technical Advice Cell (STAC). The remit and membership of a STAC includes arrangements for wider scientific advice than the previous role of the Health Advice Team (HAT).

The purpose of the STAC is to bring together technical experts from those Agencies involved in the response and who may provide scientific or technical advice to the overall Police Incident Commander and responding agencies. This will enable all SCG Members to receive the best possible advice based on the information available.
Role of the STAC

STAC is expected to advise on a range of issues including:

- The impact on the health of the population
- Public safety
- Environmental protection
- Sampling and monitoring of any contaminants
- The role of cell in response to an incident would be to:
  - Provide a common source of scientific and technical advice to the Strategic or Tactical Commander and other agencies
  - Lead and Monitor the responding scientific and technical community to deliver on the high level objectives and immediate priorities
  - Agree any divergence from agreed arrangements for providing scientific and technical input
  - Pool available information and seek a common view on the scientific and technical merits of different courses of action
  - Seek to provide a common brief on the extent of the evidence base available, and how the situation might develop, the implications and likely effects of mitigation strategies
  - Liaise between agencies represented in the cell and their national advisors to ensure consistent advice is presented locally and nationally
  - Ensure a practical division of effort among the scientific response to avoid duplication and overcome any immediate problems arising
  - Identify other agencies/individuals with specialist advice who may be required to join the cell to inform the response
  - Maintain written records of decisions made and the reasons

Activation of the STAC

The STAC may be activated by the Overall Police Commander or a senior public health professional may recommend to the Police Commander that a STAC should be established due to the potential impact on the health of the community from an actual or evolving incident.

It is the responsibility of the Local Health Protection Unit in consultation with Primary Care Trusts to identify and bring together the members of the STAC with the assistance of North West Ambulance Service (NWAS) Control Room.

Should an incident within Merseyside require public health advice the initial request should be made to the Director of Public Health in whose area the incident has occurred (in hours to the PCT’s Public Health Team; out-of-hours to the Public Health (see directory for numbers to call). They, in consultation with Cheshire and Merseyside Health Protection Unit (HPU) colleagues will form the initial STAC and must decide if they have sufficient knowledge/expertise to answer the questions raised. If not, then the Health Protection Unit should be requested to access the wider services of the Health Protection Agency.

Leadership

In the initial stages of any emergency the immediate concern is likely to be the risk to human health from substances involved. STAC is likely to be required to provide advice on whether to shelter or evacuate people around the scene, and the safety of responders.

In the initial stages of the response to an emergency an appropriate person from the health community
is the most appropriate person to lead the cell i.e. Director of Public Health (JDPH) and should they not be available then a Public Health Consultant from a PCT or Consultant from the Health Protection Agency should chair.

As an incident progresses, the focus may move away from health matters to wider environmental concerns. It may therefore be appropriate for the lead to be reassigned to a more appropriate person/agency with the necessary knowledge and experience.

The STAC Chair's function is to:
- Co-ordinate the necessary science advice including health, public health, health protection advice to input into the strategic management of the incident
- Agree clear public health messages to be given to the public and incident responders, especially healthcare professionals, via the SCG
- Manage the development and provision of a Scientific and Technical Advice Cell which will usually be held at the Strategic Co-ordination Group
- Notwithstanding the role of ambulance services and public health protection specialists, the Emergency Preparedness, Resilience and Response Lead is in overall executive command of the NHS response during a period of significant disruption.

Location of the STAC
This will normally be co-located with the Strategic Co-ordination Group.

STAC Membership

The Police Strategic commander can activate a STAC. Membership of the STAC could comprise, as appropriate, representatives from the following:
- Health Protection Agency
- Consultant in Public Health from an NHS Primary Care Trust
- Relevant emergency service technical advisors (i.e. Fire Service HAZMAT officer)
- Local Authority Senior Environmental Health Officer
- Health and Safety Executive
- Food Standard Agency
- Environment Agency
- Local water company and Water Inspectorate
- Department for Environment, Food and Rural Affairs (Defra) and partners
- Met Office
- Business, Enterprise and Regulatory Reform (BERR) Government Technical Adviser
- Defence Science and Technology Laboratory (Dstl)
- Atomic Weapons Establishment (AWE)
- Government Decontamination Service
- Site Operator
- Transport operators
- Representative(s) from any other organisation as required

The types of issues covered by a STAC include:
- Impact assessments
- Public Health hazards and advice
- Health and Safety
- Environmental pollution
- Food safety
- Animal welfare
- Water supply safety
- Decontamination
- Meteorological information
2.2.8 Regional Scientific and Technical Advice Cell (RSTAC)

If the RCCC is established, a single Regional STAC (RSTAC) may advise the RCCC and all of the SCGs within the region, thus avoiding duplication.

Role of the RSTAC

The role of the RSTAC would be to:

- Maintain direct communication with DH and the Health Protection Agency (HPA) (national)
- Co-ordinate the region’s public health strategy and provide advice needed to input into the RCCC and local SCGs, ensuring it was nationally linked, consistent and co-ordinated locally
- Agree clear, up-to-date public health messages to be given to the media, the public, healthcare professionals, emergency responders, and other sectors as necessary.

Activation of the RSTAC

It is ultimately the responsibility of the Strategic Health Authority (SHA) Regional Director of Public Health (RDPh) (or nominated deputy) to activate arrangements for the provision of public health advice and the formation of a STAC consisting of suitable and appropriate specialists (in relation to the risk) and relevant local, senior public health professionals. (Letter from Department of Health (Dr P Bevan) to RDsPh 21 September 2006). However the SHA RDPh is likely to do this at regional level, and local arrangements may need to activate a Merseyside STAC if the regional tier is not operational.

2.2.9 NHS Strategic Commander – Role and Responsibilities

The NHS Strategic Commander directs and commands the response of all NHS resources, including ambulances, whilst focusing upon strategic management of the NHS during the incident by ensuring NHS service delivery for both the incident and normal services.

Responsibilities:

- Represent the NHS at SCG Meetings
- Advise the Police Strategic Commander
- Co-ordinate the local/County NHS response to a major incident
- Convene a STAC
- Attend multi agency Strategic meetings
- Co-ordinate the public health, including health protection response locally
- Liaise directly with CCG Tactical, and if necessary, Trusts’ major incident rooms
- Mobilise primary and community care resources to support acute and non acute Trusts
- Act as the health focal point with other agencies and organisations and fulfil the requirements as a Category 1 Responder as detailed within the CCA (2004)

In addition, the NHS Strategic Commander (in consultation with the Chief Executive/Chair or Board and the SHA if time permits) may advise (and exceptionally command) NHS Organisations:

- To activate Major Incident Plans
- To evacuate
- To give priority to the incident, relative to meeting of targets and achievement of standards that would otherwise be imperative
- To assume that resource adjustments would flow to recognise extraordinary expenses incurred in responding to the incident
- To stand-down their emergency response

Many of these decisions may also be made by the organisations themselves without reference to the NHS Strategic Commander, although the NHS Strategic Commander will expect to be informed where appropriate.
2.2.10 Role of Tactical Command

The CCG’s Tactical Command co-ordinates the major incident for the health services within Wirral and will be located at the major incident room at Old Market House. Depending on the magnitude and duration of the incident the various tactical commands would liaise closely with Multi Agency Tactical Co-ordinating Group.

The role of the CCG - Tactical Command is to:

- Co-ordinate the health service’s business at an operational level
- Declare Major Incidents
- Co-ordinate a situation reporting mechanism with health services and partner agencies at all command levels and with participating agencies
- Manage demands on resources
- Advises responders on tactical issues
- Communicate regularly and systematically with the Chief Executive at Strategic Command
- Ensure communication networks are set up
- Contact strategic command when resources are required
- Activate distribution of items
- Relocate health service workers as appropriate within primary care

2.2.11 Tactical Coordinating Group (TCG)

The TCG is a multi agency group of tactical commanders from Police, Fire, Ambulance, Local Authority etc that meet to determine, coordinate and deliver the tactical response to an emergency, whilst liaising with ‘on scene’ Responders or the SCG (if established).

A TCG in Merseyside may be established at a local police station or police headquarters, but the location may vary dependant upon the circumstances at the time.

If the On Call Manager is asked to send a representative to attend the TCG, they will be known as the NHS Multi Agency Tactical Representative and must be equipped and prepared to conduct the role and responsibilities expected of them. Depending on the magnitude and duration of the incident the various tactical commands may be merged or co-located with other agencies.

2.2.12 Role of Bronze Command (Wirral University Teaching Hospital)

At the scene of the incident itself this role is restricted to blue-light staff, possibly working in a cordoned and hazardous situation. This is sometimes referred to as the “Bronze” level of command. Wirral University Teaching Hospital becomes a Bronze level command location and will be required to cooperate with the NHS Wirral, Tactical Command who will co-ordinate the local health and social care response and NHS Strategic Commander requests.

Within the NHS on Wirral, the following organisations could be the Bronzes:

- Wirral Community NHS Trust (WCT)
- Clatterbridge Centre for Oncology NHS Foundation Trust (CCO)
- Cheshire and Wirral Partnership NHS Foundation Trust (C&WPT)
  (for an incident involving their Cheshire boundary as well as their Wirral footprint then Western Cheshire PCT would act as C&WPTs Tactical Command centre).
SECTION 3: THE ROLE OF WIRRAL UNIVERSITY TEACHING HOSPITAL

3.1 Organisational Planning

3.1.1 Planning for a Major Incident

The aim of this plan is to be prepared for any effects a major incident would have on the provision of normal services and includes the ability to respond quickly to and communicate effectively throughout a major incident.

Wirral University Teaching Hospital has overall responsibility for the provision of health care services and the protection of patients’ visitors and staff within its geographical areas on 2 sites. The responsibilities in planning for an incident are embedded within Wirral University Teaching Hospital’s Major Incident Plan and must fulfil the requirements as a Category 1 Responder under the Civil Contingencies Act (2004).

Wirral University Teaching Hospital will co-ordinate a local response to a declared major incident by implementing the hospital command and control structure. A key part of the planning for a response is to have staff who understands the role they are to fulfil, have the necessary competencies and have received training to fulfil these competencies.

3.1.2 Hazard and Risk Assessment

A vital component in the plan preparation process is the identification of potential hazards and threats and applying the risk assessment process. This has involved consulting the Merseyside Community Risk register (available online at Merseyside Fire and Rescue Service’s website at www.merseyfire.gov.uk and click on the icon ‘Merseyside Community Risk Register’) compiled and kept under review by the Merseyside Resilience Forum and additionally, the identification of hazards and threats specific to the Trust site and services.

The Merseyside Community Risk Register has been created for two reasons. Firstly, to reassure the people and communities of Merseyside that an assessment of potential hazards and threats has been made or considered. Secondly, to satisfy the requirements outlined in the Civil Contingencies Act (2004) and it’s statutory Guidance (Emergency Preparedness).

Within Wirral itself there are 5 COMAH (Control of Major Accidents and Hazards) sites. COMAH sites are those where because of the nature or scale of the hazards associated with the site (e.g. large number of toxic chemicals stored or produced), operators have certain duties to reduce the risk and prevent major accidents. Each site has their own specific Major Accident Plan. For the current sites in Wirral please see Section 8 for list and map of sites, although it should be recognised that neighbouring Western Cheshire PCT and the other PCT’s within Merseyside also have a concentration of similar such facilities.

The separate Corporate Risk Register is a further source of information on risks and hazards that could potentially adversely affect WUTH, such as pandemic flu, flooding, fuel strike or adverse weather.

The hazards and threats which may affect WUTH fall into the following categories and formed the basis of the development of this plan and the individual divisional continuity plans:

- External events and weather related incidents
- Human health issues
- Industrial technical failure
- Internal hazards and threats
- Loss or interruption in contractor services
3.2 **Major Incident Room – Location and Resources**

The Trust’s Major Incident Room is located in the Skills Centre Room B and the backup Incident Room is in the Boardroom located in the Education Centre.

Both areas identified are on the Arrowe Park Hospital site. There is capacity to locate a Major Incident Room at Clatterbridge Hospital in Cedar House.

The following resources are available:
- The Trust Major Incident & Business Continuity Plans
- Telephone lines
- Fax machines
- Laptop
- Printer
- Action cards
- Log books
- Event log sheets
- Incident report forms
- Debrief report forms
- Site plan
- Tape
- Note pads/pens/pencils
- Smart board
- 2 way radios (available from Switchboard with instructions of use and relevant frequencies)

**RADIOS ARE OBTAINABLE VIA SWITCHBOARD**

The Trust has available 15 radios for use during any type of Major/Serious Incident, they have the capacity to be aligned to any frequency within the Trust as required. A designated frequency will be activated if necessary to ensure the command team are able to give and receive appropriate timely information. Information on how to use radios and the relevant frequencies will be issued with the radios and also available in switchboard and Major incident Command room.

The equipment is subject to a monthly check.

3.3 **On Call Arrangements**

WUTH has arrangements to respond to a request for activating the Major Incident Plan, 24 hours a day. If an incident is declared during working hours (9 am – 5 pm Monday – Friday) the call will be directed to the Chief Executive / Executive Director. If an incident is declared outside working hours (5pm – 9 am Monday – Friday, all day at weekends / Bank Holidays) the caller will be directed to the Executive Director / Duty Manager on call.

The Chief Executive/Executive Director/Duty Manager would escalate activation of the Major Incident Plan to NHS Wirral as Tactical Command via the Trust Switchboard asking for Chief Executive/Director or On Call Manager.

3.4 **Vulnerable Groups**

3.4.1 **Responsibilities**

During a major incident, the NHS has a specific requirement, in conjunction with other organisations, to ensure at risk groups are specifically cared for.

Examples of vulnerable people are:
- Those already ill, either acutely or with chronic health problems
- People dependent on drugs for disease management, symptom, support or pain relief
- People with mental health problems
- People with learning disabilities
- Parents with babies or young children, or pregnant women
- People receiving home renal dialysis
- People with physical disabilities
- The elderly and confused

WUTH has developed Pan Flu Plans and Heatwave Plans, which have identified specific arrangements to support for vulnerable people.

The care of children requires special consideration. Children have special needs in any major incident, being different from adults in terms of their size, physiology and psychological needs, all of which has an impact on their care.

The destination for child casualties where possible will be to the NHS Trusts who have appropriate inpatient facilities.

The section concerning making and maintaining plans for reducing, controlling or mitigating the effects of an emergency specifically covers the vulnerable as 'people who are less able to help themselves in the circumstances of an emergency'.

The section concerning warning and informing outlines how the needs of vulnerable persons, including those who may have difficulty understanding warning and informing messages, need to be taken into consideration by those Category 1 responders responsible for communicating both pre-event and during an emergency.

Other legislation may interact with the Trust responsibilities under the Civil Contingencies Act, in particular the Disability Discrimination Act 1995 and 2005.

3.4.2 Planning

The Emergency Preparedness Guidance states that in the planning process, a distinction must be made between the self-reliant and the vulnerable.

Whilst all people caught up in an emergency could be defined as vulnerable (including staff and visitors) the planning and response arrangements should focus on those who are assessed as vulnerable.

The basis of planning to meet the needs of vulnerable people is that they have specific needs over and above that of the self-reliant in an emergency.

3.4.3 Sharing Information

Given the sensitive nature of attempting any pre-identification of those who may be considered vulnerable, there is a reluctance to share specific details between agencies ahead of an emergency.

The Civil Contingencies Act allows the sharing of certain information for emergency planning purposes, although sensitive information (which would include personal data within the meaning of the Data Protection Act) needs to be subject to controls on the ways it is handled, and the purposes to which it is put. The restrictions that need to be placed on sharing information at the planning stage are different from those applying in an emergency.

Also in the case of the Trust the vulnerability of patients in most cases is time limited due to the reason for attending the hospital.
However, the Trust is able to and will share certain information with partner agencies in advance of an emergency including:

- An indication of the type and indicative numbers of patients considered to be vulnerable
- The method and format in which specific information will be shared in an emergency

Arrangements will be made with agencies represented on the Merseyside Resilience Forum to achieve this.

### 3.4.4 Incident Response

Arguably, most, if not all patients fall into the categories of vulnerable people identified in paragraph 3.4. Therefore the Trust has considered their needs in the event of an internal or external emergency during the preparation of the Divisional Business Continuity Plans.

The trust plans provides for the relocation of patients to unaffected areas within the Trust and in a major incident affecting the Trust site, for patients to be decanted to other Trusts under mutual aid organisations agreements.

The Trust evacuation procedures or the Trust lockdown procedures could be implemented depending upon the type and scale of the incident.

The welfare of the patients is paramount under such circumstances.

### 3.4.5 Children and Young People

Children are not “just small adults”, and as such, have a number of special requirements, depending on their age, presence of friends or family, and so on. Managing large numbers of injured children would make demands on us all, beyond just having enough paediatric equipment. It is likely that there would be injured adults to care for too and possibly some well children who would need to be catered for separately.

All children tend to feel the cold very easily so make sure that there are plenty of blankets available. Do not leave children in wet clothes. Do everything possible to allay their natural anxiety and fear.

**Actions:**

1. Accident and Emergency will ask for assistance from Paediatrics – both medical and nursing. Other staff such as Play Leaders and Administration and Clerical may also be required

2. The Consultant on call for paediatrics will be asked to assess the situation. He/she will give the Children’s Unit and Neo-Natal Unit (if required) enough information to enable them to decide:
   - The potential number of beds required so that patients can assessed for discharge/transfer to Hospital @ Home from the in-patient wards
   - Which staff can be released to Accident and Emergency
   - Whether any specialist paediatric equipment needs to be transferred to Accident and Emergency
   - Whether incubators or overhead heaters need to be taken to the resuscitation room
   - How to manage the probable influx of patients and relatives
   - How well children caught up in the incident can be cared for, if it is not appropriate for them to stay with injured members of their family or if they have been separated from their carers by the incident
3 The Paediatric Unit bleep holder member of the Divisional Management Team may also need to inform Social Services of the incident as there may be a need to provide urgent temporary care and accommodation.

4 If the incident involves school children, the relevant Education Authority and Schools should be informed as soon as possible by the Paediatric Unit Bleep holder / member of the Divisional Management Team so that the school/s can put their emergency plans into effect.

Parents' wishes to remain with their children should be accommodated as far as possible. Ideally, family units should not be separated. This may result in other locations within the Trust being used to accommodate children who may or may not be injured and their parents/carers.

3.5 Health and Safety

A major incident may involve staff working in areas they do not normally work.

The Trust is committed to the implementation of a Health and Safety Policy aimed at providing and maintaining a health and safe working environment for all staff, patients, visitors and contractors.

The Trust recognises the benefits of ensuring safe systems of work, continuous improvement in Health and Safety and compliance with the relevant Health and Safety legislation.

During the response to an incident, members of staff will not be expected to compromise their personal health and safety and the Trust policy will continue to apply.

As all staff carry some degree of responsibility for health and safety, staff will undertake those same responsibilities during the response to an incident.

3.5.1 Staff Welfare

Responding to incidents puts staff under more pressure than normal. It is therefore vital that staff welfare issues are given a high priority.

In order to achieve this, those staff with management responsibility will ensure that the following issues are continually addressed:

- The availability of food and other refreshments
- Working hours
- Rest breaks
- Travel arrangements
- Consideration of personal circumstances
- Emotional support during and after the incident

3.5.2 Guidelines for Supporting Staff

Looking after Yourself (Staff)

During and after an incident you will accumulate stresses from the people that you are dealing with. This is known as vicarious stress. If you spend several hours dealing with people who have witnessed traumatic or awful things you may well come away from the event feeling that you experienced the trauma personally. The effects of this may lead you to develop stress-related symptoms such as:

- Feeling dispersed and unable to focus
- Disturbed sleep with nightmares
- Daymares of flash backs to difficult images
- Increased smoking, drinking or eating
- Becoming edgy, easily startled or over alert
- Irritability, agitation or anger
- Resentful of the cause of the event
- Feeling anxious and fearful
- Feeling sad depressed and low in energy
- Loss of memory, absent mindedness
- Feeling numb and withdrawn
- Spontaneous shows of emotion, anger and crying
- Becoming fearful for the safety of others
- Unable to face activities, people and places
- Feeling of generalised insecurity and that the world is no longer a safe place

It is important to look after yourself by:

- Attending support groups, supervision, debriefing
- Use the staff counselling service if needed
- Eat regularly and get enough sleep
- Take physical exercise to increase the blood flow and endorphin levels and aid relaxation
- Allow yourself to feel rotten and grieve as appropriate, do not feel that you must be tough and strong
- Be aware that what you are feeling are normal reactions
- Talk about what you are feeling, do not keep it bottled up
- Give yourself time to get over the stresses
- Keep a reflective journal

The most common questions asked during a disaster are:

- Why this?
- Why me?
- Why now?

These questions can rarely be answered but they need to be aired and addressed as much as possible.

3.5.3 Guidelines for Supporting Victims & Relatives

Looking after Yourself (Victims & Relatives)

After any trauma the most common questions asked are:

- Why this?
- Why me?
- Why now?

Following an incident you may develop a stress reaction. This is a normal response of your system to the event and may include:

- Feeling dispersed and unable to focus
- Disturbed sleep with nightmares
- Daymares of flash backs to difficult images
- Increased smoking, drinking or eating
- Becoming edgy, easily startled or over alert
- Irritability, agitation or anger
- Resentful of the cause of the event
- Feeling anxious and fearful
• Feeling sad depressed and low in energy
• Loss of memory, absent mindedness
• Feeling numb and withdrawn
• Spontaneous shows of emotion, anger and crying
• Becoming fearful for the safety of others
• Unable to face activities, people and places
• Feeling of generalised insecurity and that the world is no longer a safe place

It is important to look after yourself by:

• Use any support services and ask about follow-up counselling and support
• Eat regularly and get enough sleep. Use a relaxation or sleep tape if required
• Take physical exercise to increase energy levels and aid relaxation
• Allow yourself to feel rotten and grieve as appropriate, do not feel that you must be tough and strong
• Be aware that what you are feeling are normal reactions
• Talk about what you are feeling, do not keep it bottled up
• Give yourself time to get over the stresses
• Redefine your priorities in life and only do what you have to
• Keep a diary of your progress and how you feel. Writing what you are feeling can be as beneficial as talking about it
• If symptoms persist, consult your doctor

3.5.4 Counselling Arrangements and Support Available

Those who have been involved in an incident either as victims or responders may be traumatised and suffering from shock, intense anxiety and grief.

Some may also need social support such as contacting family and friends, transport, finding temporary accommodation and financial assistance.

Wirral Metropolitan Borough Council is responsible for coordinating both professional and voluntary sector welfare response, particularly when people have been evacuated from their homes.

The incident of Post Traumatic Stress Syndrome in survivors and responders has been recognised from past experiences such as Hillsborough and the London Bombings.

Trust staff, contractors, patients and visitors may require support in the event of an incident occurring on the Trust site.

Trust Chaplains, trained staff and volunteers will be able to assist but also advice should be sought from Liverpool Primary Care Trust and Liverpool City Council.

Independent support organisations and their services include:

• **NHS Direct** - 24 hour health advice and information service – Tel: 111
• **Samaritans** – offer a 24 hour helpline for those in crisis – Tel: 08457 909090
• **Disaster Action** – provide support and guidance – Tel: 01483 799066
• **Assist Trauma Care** – offer telephone counselling and support to individuals and families – Tel: 01788 560800
• **Occupation Health Department** - Wirral University Teaching Hospital staff - Direct No 0151 482 7635 Internal ext 8120 APH
• **Staff Welfare Officer** - Direct No 0151 604 7512 Internal ext 8510 APH
• **Chaplaincy** - Internal No ext 2275 APH / Bleep 2275 Internal No ext 4008 CGH Bleep No 4012
• **Trade Union Representatives** - Internal ext 2215 APH & Internal ext 4315 CGH
• **If you’re a victim of a violent incident** - Internal ext 2779 Bleep 4471
• **General Practitioner** - Please seek advice from your own doctor

3.5.5 **Documentation**

The documentation to be used to record relative’s enquiries please see Appendix 3.

3.6 **Visits by VIPS**

During the response to an incident or during the recovery stage, visits by VIPs can be anticipated.

A Government Minister may make an early visit to the scene or areas affected to mark public concern and to report to Parliament on the current situation.

Depending upon the scale of the incident, visits by members of the Royal Family and Prime Minister may take place.

Local VIP visitors may include religious leaders, local MPs, mayors and local authority leaders.

If foreign nationals are involved, their country’s Ambassador, High Commissioner or other dignitaries may visit.

Visiting ministers and other VIPs will require comprehensive briefing before the visit and will require briefing before any meetings with the media.

VIPs are likely to want to meet patients who are well enough and prepared to see them. This will be dependent upon medical advice and respect for the wishes of individual patients and their relatives. In the case of such visits to hospitals it is common for VIP interviews to take place at the hospital entrance to cover how patients and medical staff are coping.

Merseyside Police are experienced in handling VIP visits and are likely to be involved and would be the main contact point so far as the arrangements are concerned. The Trust’s Communications Team would co-ordinate VIP visits.
SECTION 4: WUTH (Bronze) ACTIVATION & OVERVIEW OF MAJOR INCIDENT ROLES

4.1 Major Incident Origins

"For the NHS, Major Incident is the term in general use. The Civil Contingencies Act guidance on emergency preparedness states the Act, the regulations and the guidance consistently use the term emergency, but there is nothing in the legislation that prevents a responder from using the term 'major incident' in its planning arrangements for the response'.

A major incident may arise in a variety of ways:

- **Big Bang** – a serious transport accident, explosion, or series of smaller incidents
- **Rising Tide** – a developing infection disease epidemic or a capacity/staffing crisis
- **Cloud on the Horizon** – a serious threat such as a major chemical or nuclear release developing elsewhere and needing preparatory action
- **Headline News** – public or media alarm about a personal threat
- **Internal Incidents** – fire, breakdown of utilities, major equipment failure and hospital acquired infections, violent crime
- **Deliberate Release** – of chemical, biological or nuclear materials
- **Mass Casualties** – as a result of deliberate or accidental incident

**Pre-planned major events** – that require planning, demonstrations, sports fixtures, air shows

**Standardised Notification Procedures**

To avoid confusion about when to implement Major Incident Plans, it is essential to use these standard messages:

4.1.1 **Major Incident – Standby**

This alerts NHS organisations that a major incident may need to be declared. Major incident standby is likely to involve the participating NHS organisations in making preparatory arrangements appropriate to the incident.

4.1.2 **Major Incident Declared – Activate Plan**

This alerts NHS organisations that they need to activate their plan and mobilise additional resources immediately.

4.1.3 **Major Incident – Stand Down**

This alerts NHS organisations that the incident has been dealt with and they can implement their agencies Stand Down procedures.

4.1.4 **Major Incident – Cancelled**

This message cancels either of the first two messages at any time.
4.2 Activation of the Major Incident - Flow Chart

WUTH – Process for notification of Major Incident

Notification of a Major Incident for WUTH could come from:
Internally via Executive Director on Call / Externally via NHS Wirral or NWAS

Chief Executive/Director on Call for WUTH to notify On Call Manager for NHS Wirral CCG (Tactical Command) via Switchboard (24 hours)

Message given in METHANE alert format

M – Major Incident declared/standby
E – Exact location of incident
T – Type of incident
H – Hazards present
A – Access/egress arrangements/issues
N – Number and type of casualties
E – Emergency services involved

Does WUTH need to activate its Major Incident Plan?
Chief Executive/Director on Call for WUTH makes this decision

NO
Address issues as appropriate - may be minor incident not requiring activation of Major Incident Plan.
Request agencies to keep WUTH informed if situation changes

STANDBY
Have Major Incident Plan and Action Cards ready.
Keep record of calls made and complete Incident Log Form.
Inform Hospital Command & Control team to standby.
Request Tactical Command to keep WUTH informed if situation changes

YES
Activate Major Incident Plan.
Mobilise Hospital Command & Control Team and convene in the major incident room – Clinical Skills Room B.
4.2.1 Establishment of the Hospital Command and Control Team

The Hospital Command and Control Team will be convened by the CEO or Executive Director on duty in Major Incident Room Clinical Skills Centre Room B which is located on the ground floor (adjacent to D Block) on the Arrowe Park site.

The purpose of the Hospital Command and Control Team is to take overall responsibility for managing Wirral University Teaching Hospital, NHS Foundation Trust through a Major Incident and will ensure that the actions taken by the Division and Corporate Department Teams are coordinated, coherent and integrated to achieve maximum effectiveness and efficiency. The Hospital Command and Control Team will comprise of Executive Directors and Senior Managers from each Division/Corporate Department to inform the executive leads regarding operational issue and will assume hospital command of the situation.

In the absence of the CEO or any of the Executive Directors the most senior manager will take control until they are available.

4.2.2 Function of WUTH Major Incident Room

Detailed Action Cards for roles and responsibilities can be found in the Major Incident Room

The functions of the Major Incident room are to:

- Act as a focal point for senior managers involved in the response to the incident
- Gain intelligence about the Trust’s capacity and response
- Make that intelligence available

A decision to establish the Trust’s major incident room will be made by the CEO/Executive Director on duty either locally in response to a low level incident or by NHS Wirral Tactical Command in response to a large scale incident/emergency.

4.2.3 Staffing the Major Incident Room

During working hours the major incident room will be staffed by the Hospital Command and Control Team members and other appropriate staff as required. Outside normal working hours appropriate staff will be redeployed to support the function of the major incident room. Staff must wear ID badges and sign an attendance register.

4.2.4 Battle Rhythm

Once individuals arrive at the major incident room in Clinical Skills Centre Room B, the frequency of updates or ‘battle rhythms’ should be clarified from NHS Wirral Tactical Command at the earliest opportunity. This will enable WUTH to collate information required by Tactical Command to submit to NHS Strategic Command to enable them to develop the NHS strategy and response in support of the incident.

4.2.5 Establishing Shift Patterns to man the Major Incident Room

Shift patterns will need to be considered from the very beginning of the response. If there is the potential for the response and recovery to be prolonged, then appropriate replacements must be identified and stood-down from normal duties if necessary, in order to allow them to come onto shift in a condition to be effective. Shift patterns should ideally marry up with the other Category 1 Responders’ changeovers. This will aid the battle rhythm generally within all locations. All records will be stored and used within briefing meetings in the control room.
4.3 Record Keeping

When responding to a major incident people sometimes forget to keep records of what they are doing in the situation due to the level of work/stress/complexity and the challenging environment. However, record keeping is necessary to:

- Provide information to people newly arrived at the control room (e.g. when a new shift comes on duty) about what has already been done and what has not been done
- Provide evidence after the event to help us respond better to future incidents
- Provide evidence, if required, for internal or public reviews of the incident

During a major incident accurate records must be kept of every message received, action taken or instruction given. All records should be dated, timed, initialled and written in black ink. Pages should be numbered. As such the following system of logging messages and decisions has been developed.

4.3.1 Message Record Sheets

These are used to record all incoming and outgoing information, which includes reference to all telephone calls, emails and faxes. ALL messages must be kept and as evidence.

4.3.2 Decision Log Book

These are to record significant complex decisions made by WUTH Commander. The Hospital Command Team will have a Loggist.

4.3.3 Personal Logs

It is vital that all messages are logged accordingly. Occasionally members of the Hospital Command and Control team may record their own log i.e. time arrived, breaks taken, notes. All notes are to be submitted after the incident and will form part of WUTH’s incident records.

4.4 ROLES AND RESPONSIBILITIES

4.4.1 Role of the Hospital Command and Control Team

The Hospital Command and Control Team will:

- Make an initial assessment of the incident and determine the potential impact on the Trust
- Inform NHS Wirral CCG Tactical Command via Trusts Switchboard
- Advise the Trust that a Major Incident has been declared and to activate divisional MI action cards
- Plan and co-ordinate tasks
- Assess significant risks to inform decision making
- Maintain essential services wherever possible
- Implement Business Continuity Plans
- Respond to Tactical Command (NHS Wirral CCG)
- Provide leadership for the Trust
- Clarify arrangements to ensure the safety of patients, staff and visitors
- Liaise with internal and external stakeholders
- Activate communication plans and media handling
• Co-ordinate the evacuation of premises if necessary until emergency services arrive
• Be prepared to ‘stand down’ and debrief
• Ensure that post incident issues identified are addressed

Hospital Command and Control Team briefings will be held in the Main Outpatient Department between clinics 3 and 4.

4.4.2 Switchboard Role and Responsibilities

Switchboard will notify the members of the Hospital Command and Control team. Switchboard will also notify the following staff groups to attend main outpatient clinics 3 – 4 for an initial briefing:

• Theatre Manager
• Security Manager
• Consultant staff on-call
• Porters
• Radiology
• Biochemistry Department
• Haematology Department
• WHIS – on call
• Bleep holders for Medicine, Surgery and Women’s & Children’s Division
• Medical Records Co-ordinator
• Quality and Safety Team (supply Loggist)

WUTH Switchboard holds their Internal Action Plan and there is a copy in the Major Incident Room.

System Failure – Internal Failure of the telephone operator screen based consoles (ACWIN consoles) will automatically bring into operation the emergency ‘back-up’ system and hence only the ‘Red’ telephones will remain operational.

All emergency lines checked and all ‘Red’ telephones are in place where they should be. These ‘Red’ telephones are situated on both of the main sites at Arrowe Park and Clatterbridge hospitals including CCO and C+WPT. These telephones are all located in ward and clinic areas. Each area has a printed list of the clinical areas and wards together with the contact number for each area.

4.4.3 Security and Lockdown

Security staff will unlock the doors to the Clinical Skills Centre Room B and display signage held by the Accident & Emergency Department.

Designate car park B for Emergency Services and car park F for the media.

Instigate lockdown procedure as per local plan – copy held in Security Office and Major Incident Room.

4.4.4 Divisional Role and Responsibilities

On notification of the Major Incident Declaration the Divisional/Directorate Bleep Holder must:

• Activate Divisional Action Plans
• Refer to Divisional Action Cards
• Inform Clinical Head of Division/Directorate of Associate Operations
- Notify areas which may be affected in the first instance, eg Physiotherapy, decant areas
- Notify Divisional Management Team/Consultant staff
- Attend the initial briefing in the Outpatient Department Clinic 3-4

Following the briefing the Divisions must:

- Set up a Divisional Communication Centre
- Ensure the 'on-call' bleep is held by a member of the medical team not involved directly in the Major Incident, to ensure continuity of in-patient care to wards and departments
- Identify a Divisional Representative who should report for hourly briefings in the Main Outpatient Department, Clinic 3-4, ground floor, Arrowe Park and must cascade information to their Divisional Teams in the Divisional Communication Centre and provide feedback.

Inpatients – Divisional Teams will be expected to identify patients for discharge and arrange safe discharge of patients.
- The Divisions need to identify patients who are suitable for transfer however; no patient should be transferred to another facility until the Hospital Command Team issue instructions to that effect. The instruction will usually be conveyed to Divisions either via the Official Briefing mechanism or the Bed Management Team

Outpatients – All outpatient clinics will need to be discontinued as medical staff accommodation and other resources may be required for the major incident

Patient Transport – Patients who have their own transport should be asked to make their way home. Ambulance patients should be taken to the Discharge Lounge. Arrangements will be made to take them home (PTS ambulance, private ambulance or hospital transport). The PTS ambulances or personnel may be required for the Major Incident. The area will be co-ordinated by the Patient Flow Manager in liaison with the transport department.

Divisions - will be required to release more nurses or other personnel, if requested to do so by the Hospital Command Team in order to provide additional support to Accident & Emergency or other areas
- Inform their staff of the content of the official brief
- Ensure there are clear lines of responsibility and accountability in place
- Updates on the progress of the incident will only be available via the communication briefing mechanism
- Divisions should make arrangements for one person in each Division to act as their point of contact for their own divisional staff

Documentation - Ensure all decisions (and reasons for those decisions) and messages received are accurately logged in Trust Major Incident documentation
- Remember these are legal documents and will be used if a Public Inquiry is held or legal action is taken

Telephone calls – must be kept to the minimum

4.4.5 Informatics Role and Responsibility

At the request of the Hospital Command and Control Team the front screen of Millennium/PCIS will display Major Incident declared. This message will remain in place until Major Incident stand down is declared.
4.4.6 Quality and Safety Responsibility

The Quality and Safety Team are responsible for documenting the events of the major incident and action taken by the Hospital Command and Control team.

They are also required to collect the radios from Switchboard for the Major Incident Room.

4.4.7 Employees Responsibilities

All staff should be fully aware of this plan and their role in a major incident.

During an incident medical and public interest will be intense and all staff should remember the importance of confidentiality and be careful who they speak to and who may be listening.

Remember:

- **Do not telephone the hospital** if you hear about the incident on the radio or television. Switchboard will have enough to do and the telephone lines (including direct dial lines) need to be kept free.
- **Do not come to the hospital.** Please wait patiently at home, you will be called when needed.
- ‘Tomorrow is another day’ cover will be needed for the next shift or to relieve tired staff. If you are due on duty come in on time. (Do not come in early)
- If you are called in or are due on a normal shift, please try to ensure that you have your Hospital Identity Badge or your fob for staff car parking. You may be denied access to the hospital if you do not have it with you.
- Entry to the hospital will only be via the main entrance by Annabelles.
- A staff rest area will be set up in the old Post Graduate Centre on the second floor in the main building.

4.4.8 Staff Recall

In the event of a Major Incident staff are expected to respond outside their contract hours, subject to their personal availability. This may include the introduction of shift working and will involve duties which are different from their normal role.

The numbers and type of staff will be co-ordinated by the Hospital Command and Control team.

Staff may be contacted through the business continuity arrangements outside of normal working hours and will be asked to bring their staff ID badge with them.

All Divisions/Corporate Departments have staff contact lists for use in the event of a Major Incident being declared. Contact lists are reviewed as part of the annual review of the Major Incident Plan or following an incident as necessary.

See Appendix 5

4.4.9 EMERGENCY DEPARTMENT ROLE AND RESPONSIBILITIES

Capacity of Emergency Department

The Emergency Department has, at one time, the capacity for the following number of casualties:
<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>CASUALTIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediate</td>
<td>4</td>
</tr>
<tr>
<td>Urgent</td>
<td>16</td>
</tr>
<tr>
<td>Minor</td>
<td>56</td>
</tr>
</tbody>
</table>

- The casualties will have been triaged at the scene of the Major Incident by the Medical Incident Officer.
- On arrival at Emergency Department all Major Incident patients will be reassessed (triaged) by senior Emergency Department medical and nursing staff.
- Teams of Emergency Department medical and nursing staff augmented by clinical staff from other areas will be allocated to the following:

  Resuscitation area
  - Majors
  - Trolley bay
  - Observation ward
  - Minors
  - Ophthalmic Theatre Recovery
  - Walk-in Centre (Major Incident Patient Discharge Area)
  - Children’s Emergency Department

**EMERGENCY DEPARTMENT CONTROL ROOM (Operational Level)**

The Emergency Department Control Room is responsible for the arrangements for the Major Incident within the Emergency Department. The Emergency Department Consultant in conjunction with the Emergency Department Manager has the overall responsibility for managing the treatment of patients involved in the Major Incident.

In addition the following Emergency Services will be on site and will be provided with a room and telephone lines, within Emergency Department, to enable them to communicate directly with their control centres and provide information and support to the Trust.

- Police Hospital Documentation Team
- Ambulance Hospital Liaison Officer
- Fire Liaison Officer

**EMERGENCY DEPARTMENT DOCUMENTATION TEAMS**

**Police Documentation Team is responsible for:**

- Gathering information to assist in the formulation of a casualty list
- Make descriptions of any unidentified victims

**Ambulance Liaison Officer is responsible for:**

- Acting as a link between North West Ambulance Service and the Trust. They also act as the point of communication between the Trust and the incident site.

**Fire Liaison Officer is responsible for:**

- Advice and support in the event of Chemical Incidents
- Only present if they are involved at the site of the incident to provide communication and support eg site safety
WITHIN EMERGENCY DEPARTMENT

The first priority is to clear patients from the Emergency Department to allow sufficient space to accept patients from the Major Incident, without compromising the treatment of those patients.

Areas will be cleared in the following order:
- Resuscitation Room
- Majors/Trolleys Bay
- Minors
- Short Stay Observation Ward
- The Bed Manager in hours and Hospital Co-ordinator out of hours need to ensure that the Medical Assessment Units, Surgical Assessment Unit or Orthopaedic Trauma Unit (depending on the nature of the incident) develop capacity to accept admissions and communicate progress with the Hospital Command Team to ensure Bed Management Team are updated regarding bed capacity.

Patients present in the Emergency Department when a major incident is declared on the instruction of the Emergency Dept Manager and Consultant-in-Charge patients will be moved as detailed below:

<table>
<thead>
<tr>
<th>EMERGENCY DEPARTMENT</th>
<th>PATIENTS TO BE MOVED</th>
<th>STAFFED BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resuscitation</td>
<td>Patients requiring stabilisation will be moved to <strong>Ophthalmic Theatre Recovery</strong> (Digital door code number available from ED) OR One patient per ward, as allocated by Bed Management Team</td>
<td>Anaesthetic Specialist Registrar and Theatre staff</td>
</tr>
<tr>
<td>Majors/Trolley Bay</td>
<td>One patient per ward, as allocated by Bed Management Team</td>
<td></td>
</tr>
<tr>
<td>Minors</td>
<td>Walk In Centre/GP Out of Hours</td>
<td>Community Trust staff</td>
</tr>
</tbody>
</table>

**MEDICAL ASSESSMENT UNIT / SURGICAL ASSESSMENT UNIT / TRAUMA UNIT**
(Area cleared will depend on the nature of the incident and on the instruction of the Bed Manager or Hospital Co-ordinator who must communicate progress with Hospital Bed Management Team to ensure Hospital Command Team are updated regarding bed capacity)

Clear beds on the direction of the Bed Manager or Hospital Co-ordinator | Will receive Major Incident patients from ED |

4.5 **DESTINATION OF MAJOR INCIDENT PATIENTS**

Patients involved in a major incident either treated in the Emergency Department or Walk-in Centre will be:
- Discharged via the Walk-in Centre (this will be manned by Emergency Dept staff)
- Admitted
- Transferred to a specialist unit
• Deceased patients will be transferred to the Mortuary. As a general rule those who die at the scene of the incident will not be brought to the hospital mortuary

**USE OF OTHER DEPARTMENTS**

<table>
<thead>
<tr>
<th>DEPARTMENT</th>
<th>FUNCTION</th>
<th>STAFFED BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Skills Centre Room B</td>
<td>Hospital Command Team Control Room</td>
<td>Quality and Safety Team</td>
</tr>
<tr>
<td>Walk-in Centre</td>
<td>Discharge point for all Major Incident patients</td>
<td>ED staff</td>
</tr>
<tr>
<td>Education Centre</td>
<td>Relatives of injured patients and bereaved relatives</td>
<td>Manager, Chaplains, Administrative staff, Volunteers, Medical Records staff</td>
</tr>
<tr>
<td>Old Post Graduate Centre Second Floor</td>
<td>Staff refreshment area</td>
<td>Catering staff</td>
</tr>
<tr>
<td>Discharge Lounge</td>
<td>Discharge and transfer area for patients</td>
<td>Main OPD/Patient Flow Practitioner</td>
</tr>
<tr>
<td>Clatterbridge Switchboard</td>
<td>Relatives telephone enquiry</td>
<td>Switchboard staff</td>
</tr>
<tr>
<td>Induction Room</td>
<td>Media Communication Centre location for press briefings</td>
<td>Communication Team &amp;/or Trust Manager as allocated by the Hospital Command Team</td>
</tr>
<tr>
<td>Outpatient Clinic 3-4</td>
<td>Briefing from Hospital Command and Control Team</td>
<td>Relevant staff</td>
</tr>
</tbody>
</table>

**4.6 MAINTAINING BUSINESS CONTINUITY**

**4.6.1 Overview of Business Continuity and Divisional Responsibilities**

Business Continuity Planning complements the Major Incident Plan but extends beyond it. It addresses potentially serious disruptions in the services provided by WUTH that may not be of sufficiently high risk to trigger the Major Incident Plan. The central co-ordination of a planned response to such events whose impact could not be handled within routine service arrangements and could require the implementation of special planning procedures by the Trust to respond to it, rests with the Chief Executive/Director of Operations.

Significant events likely to cause serious interruption of the continuity of the Trust's business warrant the activation of the Major Incident Plan. Minor business interruptions occur on a daily basis and are dealt with using routine management intervention.

Divisional/Corporate Service Heads are responsible for developing, maintaining, communicating and operating their own service level business continuity procedures to mitigate the impact of any incident affecting the normal delivery of services. Copies in Major Incident Room.

All Trusts completed the Department of Health’s Service Prioritisation Assessment Tool (SPAT) in June 2009. These support the development of department level business continuity plans and can be used to inform decisions about maintaining, enhancing, scaling down or cancelling services in response to major incidents.

Prioritisation planning extends to include arrangements for capacity to be diverted to maintain high priority/essential services. In the event of a serious failure of utilities serving both sites, Arrowe Park or Clatterbridge Hospitals the Estates Department will implement the appropriate procedures from the Combined Services Contingency Plan issued by the Facilities Directorate. The plan contains communication protocols on how to keep the Trust Executive informed and updated during the outage.
4.6.2 Actions to be taken in the different events (e.g. utility/IT failure, flooding)

Utility Outage Guidance - Utility Outage (i.e. loss of gas, electricity, water) can occur due to a wide variety of failures and may last from a few seconds to a few days.

In the event of an Electricity failure
- **Turn off** all electrical equipment such as PCs, monitors and printers and unplug it, where possible. **DO NOT turn anything back on** until the Hospital Command and Control Team or WHIS, Facilities Department, or electrical contractor tell you it is safe to do so, even if you think it is essential for your work. If equipment is plugged in too soon it may be damaged by subsequent power surges or you may be diverting electricity from priority areas.
- A nominated individual must ensure that no patients, members of the public or staff have been trapped in a lift as a result of electrical failure. If people are found to be trapped in a lift then they should be reassured that help is on the way and regular contact should be maintained until help arrives. Out of Order notices should be placed on the lifts.
- Ensure that the building is emptied of all patients if necessary and be aware of opportunist thieves.
- If emergency lighting is activated in such an incident then this is to be used only to vacate a building safely only. Emergency lighting should not be used to proceed with any normal working duties.

In the event of a Gas failure
- **Turn Off** all gas appliances. **DO NOT turn anything back on** until the Hospital Command and Control Team, Facilities Department or gas contractor tell you it is safe to do so, even if you think it is essential for your work.

In the event of a Water failure
- **Turn off** all taps and any equipment requiring water for its operation. **DO NOT turn anything back on** until the Hospital Command and Control Team, Facilities Department or contractor tell you it is safe to do so, even if you think it is essential for your work.

In the event of Flooding of the organisation’s premises
- Business Continuity Plans will address all likely causes of buildings no longer being accessible or functional eg flooding.

In the event of disruptions to supplies of transportation fuel

Business Continuity Plans provide guidance in addressing this situation. WUTH will follow guidance from NHS Strategic regarding the approach to be taken regarding the identifying of staff (and primary care contractors) who need access to limited fuel supplies. WUTH will abide by the Department of Health’s guidance. WUTH will then ensure these staff are advised how to access that fuel by providing them with temporary logos and will follow guidance regarding setting up mechanisms to log the use of that fuel. WUTH will also ensure that appropriate staff have their ID card to the Designated Filling Stations (DFS). **See Fuel Plan for further details.**

4.6.3 Mutual Aid

Mutual Aid is an agreement to lend assistance across neighbouring boundaries and partner organisations. This may occur due to a major incident response that exceeds local resources, such as a significant disaster. It can include offering resources to help support partners eg man hours, materials etc. For WUTH there is a local agreement with Spire Murrayfield which would be instigated by the Hospital Command and Control Team.
4.7 Hospital Evacuation Plan

If in the event the hospital has to be evacuated the Hospital Command Team will make that decision and the process will be to follow the evacuation procedure within the Fire Safety Policy. Fire Policy - Reference: 038

4.8 Major Incident Stand Down and Debrief

On notification from Tactical Command to stand down the Hospital Command and Control Team will cascade the message to the Divisions/Corporate Departments.

All records will be gathered into the Major Incident Room for safe keeping. The documentation will be used to write a report following a major incident.

4.9 Purpose of the Debrief

Debriefing provides an opportunity for everyone involved in an incident to comment on the organisational response. In retrospect it is nearly always possible to identify things that could have been done better. Criticisms should be constructive and not attempt to apportion blame. The purpose is to capture the lessons learnt for subsequent analysis. A debriefing session after a major incident or exercise will help to:

- Inform future training
- Improve procedures or amendments to Plan
- Collect evidence for an inquiry
- Identify and respond to the needs of staff

Debriefing may be in large or small groups. It is easier to admit to failures within your peer group than when others are present. There should be an opportunity to provide written comments. Whatever the form of the debrief, it should take place as soon as possible after the event. When debriefing identifies what went well, individuals should be congratulated and good practice disseminated.

Following debriefing it is important to distinguish between lessons arising from the specific incident and those that are generally applicable. It is easier to plan for the last incident than the next one.

The Trust may identify issues that need addressing by other organisations. If so, they or the Department of Health will need to be informed.

Remember - The emphasis of these debriefs should be on the processes rather than the individuals.

However it is vital to acknowledge that staff may require support or counselling for their physical and emotional needs and it is often more appropriate to deal with these on an individual basis. Therefore, staff should be informed of the support services available and the feelings they may experience.

The Hospital Command and Control Team will undertake an immediate debrief:
- To explore what went well and identify lessons learnt
- Allow staff to express concern
- Thank staff

The immediate debrief will not be used to criticise individuals.
Within one month a full debrief will be held by the Hospital Command and Control Team in the Education Centre on the Arrowe Park Hospital site.

A full internal report on the incident will be prepared and submitted to the Trust Board and Tactical Command. The report will contain assessment of the disruption caused to the Trust by a major incident which may include:

- Effects on staffing
- Support needs of staff affected by the incident
- Disruption caused to patient care
- Damage to buildings
- Financial losses
- Future provision of services

The Major Incident Plan will be amended appropriately following the review.
SECTION 5: OVERVIEW OF KEY PARTNER AGENCIES & STAC
(Scientific & Technical Advice Cell)

5.1 Key Partner Agencies (Role, Response and Resource)

5.1.1 North West Health Protection Agency / Cheshire & Merseyside Health Protection Unit

**Role:** The Health Protection Agency is an independent UK organisation that was set up by the Government in 2003 to protect the public from threats to their health from infectious diseases and environmental hazards. It does this by providing advice and information to the general public, to health professionals such as doctors and nurses, and to national and local government. It is not part of the NHS. Within the Region, the North West Health Protection Agency delivers its service through three Health Protection Units (HPUs) Cheshire and Merseyside Greater Manchester and Cumbria and Lancashire.

The Agency identifies and responds to health hazards and emergencies caused by infectious disease, hazardous chemicals, poisons or radiation. It gives advice to the public on how to stay healthy and avoid health hazards, provides data and information to government to help inform its decision making, and advises people working in healthcare. It also makes sure the nation is ready for future threats to health that could happen naturally, accidentally or deliberately.

The Agency combines public health and scientific knowledge, research and emergency planning within one organisation – and works at international, national, regional and local levels. It also supports and advises other organisations that play a part in protecting health.

The Agency's advice, information and services are underpinned by evidence based research. It also uses its research to develop new vaccines and treatments that directly help patients. Although set up by government, the Agency is independent and provides whatever advice and information is necessary to protect people's health. The Agency exists to help protect the health of everyone in the UK, by identifying, preparing for and responding to health threats.

**Response:** The Health Protection Units (HPUs) continually monitor health issues in the Community and give advice and support to the local NHS, civil and emergency authorities if a medical or environmental incident happens.

Each unit has specialist nurses, doctors and consultants in communicable disease control, ready to respond to incidents around the clock. Other members of the team gather and interpret local information to create a picture of diseases and other hazards which are used in planning and co-ordinating the HPUs work in the community.

The HPUs are supported by health emergency planning advisors, environmental public health units and surveillance teams. They give logistical support and technical expertise in emergency response, disease tracking and control, and chemical, radioactive and biological hazards. They also use the regional microbiology network for laboratory analysis.

Their work falls into two types of work - proactive and reactive.

Proactive work is about preventing health incidents from happening. This includes:

- working with health partners to provide effective immunisation programmes
- helping prevent healthcare associated infections e.g. MRSA and C difficile
- advising immigration authorities on travel related health issues
• advising how to stop infectious diseases such as meningitis, hepatitis or measles from spreading
• carrying out risk assessments to find out how outbreaks occurred, and recommending ways to prevent them happening again
• tracing people who may have come into contact with, or be carrying an infectious disease or be contaminated with chemicals or radiation
• compiling statistics on notifiable diseases e.g. mumps and measles

Reactive work is about minimising the risk to the general public once an incident happens. Priorities include:
• Advising how to stop infectious diseases such as meningitis, hepatitis or measles from spreading
• Carrying out risk assessments to find out how outbreaks occurred, and recommending ways to prevent them happening again
• Tracing people who may have come into contact with, or be carrying an infectious disease or be contaminated with chemicals or radiation
• Compiling statistics on notifiable diseases e.g. mumps and measles

5.1.2 Clatterbridge Centre for Oncology NHS Foundation Trust

Clatterbridge Centre for Oncology (CCO) is one of the largest cancer centres in the UK – registering nearly 7000 new patients each year and providing more than 120,000 attendances for treatment. In addition to the facilities provided on the main Clatterbridge site, many of the out-patient and treatment clinics are run in the surrounding general hospitals of Merseyside, Cheshire and the Isle of Man where a population of 2.3 million are served.

There are 650 staff and volunteers and the spend on all aspects of cancer treatment, diagnosis and care is approximately £50m per year.

Role: CCO is a specialist Trust and does not have an Accident and Emergency Department and therefore cannot offer emergency services for injured casualties.

The cancer centre is located on the Clatterbridge Hospital site in Bebington, Wirral. The centre provides a range of radiotherapy and chemotherapy treatments in out-patient and in-patient settings. Out-patient consultations and support services are also provided.

Response: The Trust has a Major Incident Plan which in the event of a Major Incident will identify a control room and what lead staff are to be contacted to respond to the incident. The aim of the plan is to provide a co-ordinated response for the provision of health care during major/critical incidents that directly affect the Trust and to provide assistance to the wider health community in the event of a major disaster.

CCO can also respond to external radiation leaks and when a National Accident Involving Radiation (NAIR) occurs, some of CCO staff are nominated as 1st line call out persons. Additionally some of CCO’s radiation equipment is designated for use in response to any NAIR event. If there is a risk in the community of a radiation leak either accidentally or deliberately under the CLOUDBURST Response Plan CCO can offer assistance with personnel or equipment.

Resources: Satellite clinics for CCO sessions are run at the following venues:-
• Countess of Chester Hospital
• Halton Clinic
• Southport Clinic
• Aintree Clinic
• Royal Liverpool & Broadgreen University Hospital Trust (RLBUHT)
The above centres are used to deliver chemotherapy services to that community within those geographical areas.

CCO is also in the process of building a radiotherapy department on the Walton site. This facility will provide radiotherapy service to some of the population within Merseyside and surrounding areas.

5.1.3 Wirral Community NHS Trust

Wirral Community NHS Trust provides a wide range of community based, healthcare services to approximately 330,000 registered population of Wirral, working closely with general practitioners and employs approximately 1400 staff

Role: Wirral Community NHS Trust provides community based healthcare to support patients to remain within the home environment and where possible prevent admission to hospital. The trust delivers the following services across Wirral from a variety of locations:

- Unplanned Care
- Community Nursing
- Therapy Services
- Specialist Nursing

Response: The Trust has a major incident plan which includes the potential to open a fully operational control room. The Trust is able to work in partnership with other providers to support discharge and prevent admission to hospital.

Resource: The Trust has Community Nursing Services operating Wirral Wide on a locality based model and in addition Specialist Nursing Services.

Unplanned Care resource includes:

- Victoria Central Hospital Walk in Centre and Minor injuries Unit
- Eastham Walk In Centre
- All Day Health Centre at Arrowe Park
- Primary Care Assessment Unit at Arrowe Park
- GP out of hours Wirral Wide
- Call centre

5.1.4 Cheshire and Wirral Partnership NHS Foundation Trust

The Trust may need to arrange proactive social and psychological intervention in conjunction with the Local Authority and Mental Health Trust (MHT) as a result of any major incident.

Role: Addressing psychological implications of the incident during the recovery phase.

Response: The MHT will not have a direct role in the response to an incident unless their estate is affected.

Resources: They may have staff and resources that could be of some assistance in exceptional circumstances.

5.1.5 NHS Direct

NHS Direct operates a 24-hour advice and health information service providing confidential advice for patients with presenting symptoms or seeking health information. It helps the patient make the right choice to meet their needs, be it self care, a visit to the doctor, pharmacist, dentist or voluntary/support group and in serious cases, to the ambulance service.
NHS Direct can also work in partnership with NHS organisations to provide dedicated helplines for specific purposes.

Additional services include:

- out of hours support for GPs and dental services
- telephone support for patients with long-term conditions
- pre and post operative support for patients
- 24 hour response to health scares
- remote clinics via telephone

The Communications Lead for WUTH should co-ordinate correspondence with NHS Direct and would need to liaise with the Communications cell within NHS Wirral and the Strategic Co-ordinating Group.

5.1.6 North West Ambulance Service (NWAS) NHS Trust

NWAS is one of 12 ambulance Trusts in England.

**Role:** NWAS will deploy a Strategic Commander or Tactical Advisor to work alongside the NHS Strategic Commander.

**Response:** Include attending the scene, providing on site healthcare, decontaminating casualties where necessary (the Fire and Rescue Services would assist by decontaminating affected individuals who are not ill or injured), and transporting patients to hospital. They also have authorisation to request either a Medical Incident Commander (MIC) or a Mobile Medical Team (MMT) to the scene of a major incident for acute hospitals.

**NB:** NWAS will not request both a mobile medical team and a MIC from the same hospital. Additionally, they would not normally request either if that hospital is a designated receiving hospital in a major incident.

**Resources:** NWAS have National Capability Mass Casualty Vehicles available, if the trust needed them.

5.1.7 Regional Directors of Public Health (RDPH)

The RDPH represents the Chief Medical Officer for the North West Region

**Role:** To ensure co-ordination between the HPA and the NHS, and to work closely with the Regional HPA Director and the SHA to provide public health advice, support and leadership in responding to major public health incidents.

**Response:** For the North West there are three HPUs, and each HPU has a Director of Public Health on call rota, with each PCT JDPH taking turns to be on call.

**Resources:** Direct links to the HPA and other appropriate agencies.

5.1.8 Wirral Metropolitan Borough Council

Wirral Council's major incident response is co-ordinated by its Emergency Planning Department.
Role: The local authority has important statutory responsibilities for responding to major incidents, including making provision for people who have to be evacuated from their homes.

During a major incident NHS Wirral support the Local Authority by:

- Providing nursing or medical support on request (for example, to evacuation rest centres)
- Providing information and advice on any public health issue arising from the major incident
- Keeping in close touch with the Local Authority’s Health, Safety and Resilience Team and keeping them informed of the PCT’s response to the major incident.

5.1.9 Merseyside Police

The primary areas of response are:

- The saving of life in conjunction with other emergency responders
- Co-ordination and communication between the emergency responders and other agencies acting in support at the scene of the incident or elsewhere during the response phase
- Secure, protect and preserve the scene through the use of cordons
- Investigation of the incident and obtaining and securing evidence
- Collation and dissemination of casualty information
- Identification of the dead on behalf of HM Coroner

5.1.10 Merseyside Fire and Rescue Service

The primary areas of support are:

- Fire fighting and fire prevention
- Decontamination and mass decontamination of people
- Provide and/or obtain specialist advice and assistance where hazardous materials are involved
- Provision of specialist equipment (pumps, rescue equipment and lighting)
- Safety management within the inner cordon of an incident

5.2 Summary of Potential Issues and Appropriate Agencies

5.2.1 Food Safety

The Food Standards Agency (FSA) has statutory responsibility for ensuring the safety of the food chain (excluding tap water) and for advising the public on food safety matters. The FSA may undertake testing, sampling and analysis of an area affected by potentially hazardous substances to determine the consequences for the food chain and take any necessary actions to protect public health.

5.2.2 Environmental Protection

The Environment Agency (EA) is responsible for protecting the environment from, for example, ground pollution (including contamination of ground water supplies but not water once it is taken for the public water supply) and atmospheric pollution. It is also responsible for flood prevention and management. The Agency undertakes sampling and testing of material collected by ground level monitoring stations or deployed teams. In addition, it is subject to agreement on resourcing between the Agency and Department for the Environment, Food and Rural Affairs (Defra), taking on responsibility for co-ordinating the development and subsequent deployment of an integrated air quality sampling capability.
5.2.3 Public Water Supply

Water companies are responsible for ensuring the safety of the public water supply. Defra, through the Drinking Water Inspectorate and Water Supply Regulation Division, is responsible for notifying other stakeholders of actual / potential water supply emergencies and providing advice / support as necessary to ministers, water companies and responders. The Inspectorate maintains a call-off contract for 24/7 testing of water samples collected by the water companies to identify contamination by chemical or biological agents.

5.2.4 Meteorological Information

The Met Office is the lead agency for the provision of meteorological information, and the issue of plume dispersion information (but not the content of the plume). The Met Office may also be able to make available in conjunction with the Natural Environmental Research Council (NERC) an airborne sampling capacity to support the multi-agency response.

5.2.5 Animal Welfare

Defra and its agencies including the State Veterinary Service, the Veterinary Laboratories Agencies and the Central Science Laboratory, are responsible for providing advice on animal welfare, and the management of animal and plant disease outbreaks.

5.2.6 Radiological Contamination

Defra is responsible for monitoring the fallout from overseas nuclear accidents through the Radioactive Incident Monitoring Network (RIMNET) system. In the event of a civil nuclear site accident having or considered likely to have, off-site effects. The Department of Trade and Industry (DTI) would appoint a Government Technical Adviser (GTA) to provide independent advice on what actions should be taken to protect the public.

5.2.7 Terrorist use of Chemical Biological Radiological Nuclear (CBRN) materials

Ministry of Defence (MOD) technical experts from the Defence Science and Technology Laboratory (DSTL) or Atomic Weapons Establishment (AWE) would deploy, on behalf of the Home Office and in support of the police, as part of the Government response to a terrorist incident involving (or suspected of involving) Chemical, Biological, Radiological or Nuclear material. The teams would provide advice on handling any device as well as identifying and advising on the material involved and appropriate counter measures that might be taken during the initial response phase. They would also undertake the plume modelling. Advice and support may also be provided during the recovery phase.

5.2.8 Managing Decontamination

It is important to remember that the scene may contain casualties who may be contaminated (including dead bodies), hazardous substances (possibly chemical, biological, radiological or nuclear in nature) and forensic evidence. Hence different organisations have different tasks and priorities, which must be recognised and respected to ensure smooth working.

The first strategic priority should be to avoid permitting anybody (staff or public) to put their lives or health at risk by entering a hazardous area without full protection and authorisation.

The second strategic priority should be to ensure that contaminated people do not leave the scene. The ambulance service has a responsibility to decontaminate casualties at the scene, and (through the fire and rescue service) to decontaminate unharmed members of the public. The strategic approach of the Lead PCT should be to support moves to contain contaminated
people at the scene in all circumstances until decontamination is complete, and only then may casualties be transferred to hospitals and members of the public advised appropriately.

Hospitals should be kept informed of contamination progress, and reassured (if appropriate) that they will not be receiving contaminated casualties. Hospitals do have limited decontamination facilities, but if a significant number of contaminated casualties arrive, then there would be major disruption. If the contaminant caused the closure of the A&E Department, there would be the potential for disorder and need for a security presence. Hence decisions by the Lead PCT should always follow the strategy of on-scene decontamination.

A Memorandum of Understanding has been signed between NHS Trusts with A&E Departments and Merseyside Fire and Rescue Service, regarding the provision of mass decontamination units to deal with self-presenters at those sites.

The Government Decontamination Service (GDS) (an executive agency of Defra) does not have a statutory function but provides advice and guidance on decontamination of buildings, infrastructure, mobile transport assets and the open environment following CBRN or significant Hazardous Materials (HAZMAT) incidents. This includes access to the GDS Supplier Framework which contains details of contractors with decontamination capability. The GDS ensure ready access to those services if the need arises. If the incident is believed to be associated with a release of chemical or biological agents, the emergency services will set up decontamination areas (led by the Ambulance Service NHS Trust). The Trust also has the capability to decontaminate patients self-presenting to the A & E Department.

5.2.9 PODS (Portable Decontamination System)

PODS (Portable Decontamination System) Wirral University Teaching Hospital NHS Foundation Trust have PODS available to deal with patients that are self-presenting at A&E. For full details of CBRN action to be taken please refer to CBRN plan.

5.2.10 Health and Safety of Responders and Other Employees affected by the Emergency

Employers (e.g. site operators and Category 1 Responders) are responsible for ensuring the health and safety of their employees. (The Fire and Rescue Service has traditionally had primary, though not statutory, responsibility for ensuring the safety of responders from the emergency services operating within the inner cordon during the response phase of an emergency. The Fire and Rescue Service should manage gateways into an inner cordon but that individual services maintain responsibility for their own personnel’s Health and Safety).

The Health and Safety Executive has statutory (regulatory) responsibility for ensuring that people’s health and safety in the workplace is protected, drawing on advice from, and giving advice to, other agencies (e.g. HPA) as necessary. This will include advice on how responders might fulfil their duty of care obligations to workers, responders and others involved in the response to an emergency. The Health and Safety Executive (HSE) will, unless agreed otherwise locally, undertake necessary sampling and testing for harmful substances arising from an affected workplace once the Fire and Rescue Services or other competent authority has advised that the site, or parts of it, is safe to enter.

5.2.11 Access to Personal Protective Equipment (PPE)

Internal Process

Personal Protective Equipment is available for staff to access in all areas as appropriate. Additional stocks of PPE are held at Clatterbridge Hospital for a Major Incident or Pandemic Flu. Supplementary stock of PPE is held by the Central Equipment Store.
Training in the use of PPE is managed by the Infection Control Team and Clinical Skills Centre staff. Training is recorded on the individuals Electronic Staff Record.

**External Process**

Staff who work in the community have access to a supply PPE as required depending on the nature of the major incident.

**5.2.12 Mutual Aid**

Mutual Aid is an agreement to lend assistance across neighbouring boundaries and partner organisations. This may occur due to a major incident response that exceeds local resources such as a significant disaster. It can involve offering resources to help support partners eg man hours, materials, premises etc. WUTH has a mutual aid arrangement with Spire Murrayfield.
SECTION 6: TRAINING & EXERCISING

6.1 Internal

Deputy Director of Nursing is responsible for the training plan for the Major Incident Plan. Regular training will be provided for WUTH staff to ensure they fully understand their role in the event of a major incident. A training programme has been developed to support this. In addition, the Trust will undertake the following:

- A communications cascade test every 6 months
- A tabletop exercise every year
- A live exercise every three years
- Refresher and awareness training for individuals undertaking information handling roles
- Familiarisation of Major Incident Room awareness sessions
- Monthly Major Incident Room equipment check

See Appendices 9 & 10

6.2 External

Comprehensive multi-agency training and exercise programmes are provided by Local Resilience Forum (LRF), Cheshire/Merseyside Clusters and WUTH staff attend suitable events.
SECTION 7: COMMUNICATIONS AND THE MEDIA

7.1 Communications

The overall aim for communications in a major incident will be to provide effective, accurate and timely communications to the public, staff and other stakeholders.

7.2 Internal Communications

The following systems are in place for communications during a major incident:

- Internal communications system for notifying all WUTH staff of any change in major incident status
- List of contact numbers of key staff and individuals
- List of key contacts in non-statutory/voluntary organisations
- Site addresses for all services

Divisions/Corporate Departments are responsible for maintaining a register of the current contact details for their staff for use during major incidents and other emergencies.

A central register of current contact details of all Trust staff will be maintained by Human Resources via Electronic Staff Record (ESR).

7.3 Key Internal Audiences

- Health Protection Agency (HPA)
- Directly employed staff/staff representatives
- Trust Board members
- Cross-organisational Divisions/Corporate Departments
- Assembly of Governors

7.4 Key Communication Channels

- Telephone
- Global email
- Group emails
- Regular bulletins/briefings
- Through management line cascade systems

7.5 Briefings to Staff

Regular staff briefings will be issued according to the severity and type of incident to ensure staff are aware of what is happening, what they can do to play their part and what to advise their patients. Briefings for key divisional staff will be held in the Out Patient Department Clinic 3 – 4 in the event of a major incident.

7.6 Guidance for Staff

During a major incident, staff may be directed to work at locations other than their usual workplace. Examples include:

- Working at or near the site of the major incident
- Working in a different department
- Working at another hospital site eg Arrowe Park or Clatterbridge Hospitals

It is essential that during a major incident line managers are kept informed of their staff's whereabouts at all times.
WUTH staff should not speak to the media – if they are approached all media enquiries during normal office hours 8.30am to 5.00pm Monday to Friday must be directed to Communications and Marketing Team on ext 8066 or direct dial 0151 604 7762, or within the Major Incident Room. Outside these hours media relations will be via the Executive on-call (contactable via switchboard)

- Do not disclose personal or confidential details of either patients or staff
- Advise the Communications Team in the Major Incident Room on 0151 604-7688 or 0151 604-7689 or the Communications Team extension 2631/8066 during office hours
- Do not confirm or deny that an incident has occurred
- Do not speculate on the cause of the incident
- Do not discuss the incident
- Do not criticise any organisation or individual
- Do not comment on the presence of suspects, VIPs or any other person on NHS premises

7.7 Working with the media

The media will be a key means of communicating with the public. The Communications lead within the Hospital Command and Control Team will co-ordinate in partnership with Tactical/Strategic Communications Cell to produce timely briefings to be given to the media at regular intervals.

NB: prompt and timely messages to the public via the media will be critical to the handling of the incident and the Trust’s reputation as a responder, so this must be given priority early in the incident. A media spokesperson will be identified in the early stages of an incident by the Hospital Command and Control Team.

In many cases, the response to an incident will be multi-agency, often with the police leading in the first instance. The police will establish a media cell at Police Headquarters using the Merseyside Media Handling protocol, as a framework for communications.

The NHS representatives will be Strategic Communications Offer who will cascade media messages using the command and control structure.

7.8 External Communications

7.8.1 Key audiences
- NHS Wirral CCG
- Neighbouring Trusts
- Wirral Council/Social Care (adults and children)
- Local media

7.8.2 Key communication channels - external communications will be disseminated via:
- Media (Press releases, Advertorials, Radio interviews etc) - supervised by the Communication Team
- NHS Direct (health advice where appropriate)
- Existing/newly created dedicated information phone help lines/call centre
- Public Website

7.8.3 Vulnerable Groups

Vulnerable groups include:
- BME communities
- People with mental health problems
- People with physical or learning difficulties
- Older people
- Children and young people

Communication channels may include:
- Wirral Multicultural Centre
- Community Champions
- Health link workers
- Information Access Points – such as Jobcentre Plus, Post Offices, One Stop Shops, Cultural Shops, Care Homes Immigration Centre
- Merseyside Society for Deaf People, Tel: **0151 228 0888**
  Fax: **0151 228 4872**, SMS: **07549 353 350**.

NHS Direct offer a text service for the deaf/hard of hearing
http://www.nhsdirect.nhs.uk/article.aspx?name=TextphoneServices

### 7.8.4 Interpreting Services

Emergency access to interpreters can be arranged by contacting the following:

**Language Line Service**

Provides telephone interpreting both in and out of normal working hours
Tel: **08453 310 990** quote “Major Incident Access code **L38.259**”
Email: interpreting.service@wirral.nhs.uk

### 7.8.5 Out of Hours Cover

Out of Hours cover will be via the Executive on-call (contactable via switchboard)

### 7.8.6 Public Relations - VIP Visits

VIPs may wish to visit the affected area, often at short notice. Visits are likely to involve the scene, the victims, including those in Local Authority care, and the staff and volunteers involved in the response. In most cases VIP visits will be co-ordinated by the Police and Local Authority. For WUTH this role will be undertaken by the Communication Team.

### 7.8.7 Access to Secured/Protected Routes

The Trusts will gain access to secured and protected routes for staff and patients through the normal Police channels or the District Civil Contingencies Group, NHS Silver and Gold Control structure who will liaise with the police. Wherever possible, the Trust Emergency Planning Leads will ensure that:

- Information on secured / protected routes is cascaded to identified Trust staff who may require access
- Consideration is given as to how the secured and / or protected route will affect neighbouring organisations etc. co-ordinated at Strategic/Tactical Command

Staff involved in the discharge of the major incident plan must ensure that they have NHS photo identification and are wearing appropriate uniforms at all times. Where staff access is denied, the Director on-call should be notified immediately who will then attempt to expedite access on behalf of the staff member.
## SECTION 8: HAZARDS AND CONTROL OF MAJOR INCIDENTS AND HAZARDS (COMAH) SITES

8.1 Table: List of Wirral's top tier COMAH sites together with the relevant substances and associated risks.

<table>
<thead>
<tr>
<th>Installation Details</th>
<th>Substance</th>
<th>Main Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaneb Terminals (Eastham) Ltd</td>
<td>Storage of Petroleum and Methanol.</td>
<td>Highly flammable liquids. (Some products have a low flashpoint)</td>
</tr>
<tr>
<td>Bankfields Drive Eastham Wirral, CH62 0BA</td>
<td>Ethylene Dichloride</td>
<td>Toxic liquids</td>
</tr>
<tr>
<td>(Formerly Nustar)</td>
<td>Carbon Tetrachloride Piperidene</td>
<td></td>
</tr>
<tr>
<td>Kaneb Terminals (Eastham) Ltd</td>
<td>Storage of Ethylene Dibromide</td>
<td>Highly flammable liquids. (Some products have a low flashpoint)</td>
</tr>
<tr>
<td>Powerhouse Road Eastham Wirral, CH62 0AZ</td>
<td>1,2-Dibromoethane</td>
<td>Toxic liquids</td>
</tr>
<tr>
<td>(Formerly Nustar)</td>
<td>Carbon Tetrachloride</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chloroform</td>
<td></td>
</tr>
<tr>
<td>Shell (UK) Ltd</td>
<td>Storage of Hydro Carbon products</td>
<td>Fire</td>
</tr>
<tr>
<td>Tranmere Site</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tranmere Oil Terminal Birkenhead Wirral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CH42 1LQ</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eastham Refinery North Road Ellesmere Port</td>
<td>Kerosene</td>
<td>Hazardous / Flammable</td>
</tr>
<tr>
<td>South Wirral CH65 1AJ Merseyside</td>
<td>Bitumen</td>
<td></td>
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<tr>
<td></td>
<td>Hydrochloric Acid</td>
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<tr>
<td></td>
<td>Calcium Chloride</td>
<td></td>
</tr>
<tr>
<td>Unilever UK PO Box 69 Wood Street Port</td>
<td>Ethoxylated Alcohols</td>
<td>Very Toxic to Aquatic Organisms</td>
</tr>
<tr>
<td>Sunlight Wirral CH62 4ZD</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
8.2 Map of Control of Major Accidents and Hazards (COMAH) Sites

Map of Top Tier COMAH Sites within NHS Wirral Boundaries

1- Shell (UK) Ltd, Tranmere Site, Tranmere Oil Terminal
2- Unilever UK, Port Sunlight
3- Kaneb Terminals (Site 1) Ltd, Eastham
4- Kaneb Terminals (Site 2) Ltd, Powerhouse Road, Eastham
5- Eastham Refinery, North Road, Ellesmere Port
SECTION 9: DIVISIONAL/DEPARTMENTAL ACTION CARDS

PLEASE INSERT YOUR OWN DIVISIONAL/DEPARTMENT ACTION CARDS

(ACTION CARDS ARE AVAILABLE ON THE INTRANET)
### SECTION 10: APPENDICES

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Major/Serious Incident Log Sheet</td>
</tr>
<tr>
<td>2</td>
<td>Major Incident Signatory List</td>
</tr>
<tr>
<td>3</td>
<td>Major Incident Relative Enquiry Sheet</td>
</tr>
<tr>
<td>4</td>
<td>Template Form for Major Incident Telephone Contact Details</td>
</tr>
<tr>
<td>5</td>
<td>Major incident Telephone Contact List</td>
</tr>
<tr>
<td>6</td>
<td>Major Incident Message Recording Sheet</td>
</tr>
<tr>
<td>7</td>
<td>Memorandum of Understanding – Cheshire Cluster</td>
</tr>
<tr>
<td>7</td>
<td>Memorandum of Understanding – Merseyside Cluster</td>
</tr>
<tr>
<td>8</td>
<td>Operation Plato/Tango</td>
</tr>
<tr>
<td>9</td>
<td>Training Schedule</td>
</tr>
<tr>
<td>10</td>
<td>Training Schedule Key</td>
</tr>
<tr>
<td>11</td>
<td>Emergency Room Contact Details</td>
</tr>
<tr>
<td>12</td>
<td>Divisional Yearly Validation request</td>
</tr>
<tr>
<td>13</td>
<td>Glossary</td>
</tr>
<tr>
<td>14</td>
<td>Related Guidance and Further Reading</td>
</tr>
</tbody>
</table>
## MAJOR/SERIOUS INCIDENT LOG SHEET

(Hospital Command Room - Please use Log Book)

<table>
<thead>
<tr>
<th>DATE</th>
<th>Nature of Incident</th>
<th>Area</th>
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<tr>
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<table>
<thead>
<tr>
<th>TIME</th>
<th>NAME</th>
<th>REPORT</th>
<th>ACTION TAKEN</th>
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<tbody>
<tr>
<td></td>
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### MAJOR INCIDENT SIGNATORY LIST

Division _________________________  Department _____________________

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>NAME (PRINTED)</th>
<th>DESIGNATION</th>
<th>SIGNATURE</th>
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</table>
## MAJOR INCIDENT RELATIVE ENQUIRY SHEET

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Enquiry taken by</th>
</tr>
</thead>
</table>

**Name of enquirer**

______________________________

**Address**

_________________________________________________

**Telephone Number**

______________________________

**Relationship**

______________________________

**Name of Missing Person**

______________________________  ____  **Sex**  Male/Female

**Address**

_________________________________________________

**Telephone Number**

______________________________

**Description**

________________________________________________________________________

________________________________________________________________________

55
# Template Form for Major Incident Telephone Contact Details Of Staff in Divisions

*This information will only be accessed in the event of a Major Incident*

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number</td>
<td>Mobile Number</td>
</tr>
<tr>
<td>Relevant skills</td>
<td></td>
</tr>
<tr>
<td>Other specialist skills</td>
<td></td>
</tr>
<tr>
<td>Time it takes to get into work</td>
<td></td>
</tr>
<tr>
<td>Own transport/or public transport (delete as necessary)</td>
<td></td>
</tr>
</tbody>
</table>
## MAJOR INCIDENT TELEPHONE CONTACT LIST

<table>
<thead>
<tr>
<th>Division</th>
<th>Department</th>
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</thead>
<tbody>
<tr>
<td>NAME</td>
<td>DATE</td>
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57
**Major incident Message Recording Sheet**

Message recording sheets are used to record all incoming and outgoing messages during the Major Incident. **PLEASE COMPLETE ONE SHEET PER MESSAGE**

<table>
<thead>
<tr>
<th>Location: e.g Hospital Command Room, Education Centre.</th>
<th>Incoming</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td></td>
</tr>
<tr>
<td>Time:</td>
<td></td>
</tr>
<tr>
<td>Received/Sent by:</td>
<td></td>
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<table>
<thead>
<tr>
<th>Message Details</th>
</tr>
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<tbody>
<tr>
<td>Tel</td>
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<tr>
<td>-------------------------------</td>
</tr>
<tr>
<td>From – Name:</td>
</tr>
<tr>
<td>Dept/Organisation:</td>
</tr>
</tbody>
</table>

Message Subject:

Message Content:
APPENDIX 7: Memorandum of Understanding for Emergency Planning
Between the Lead PCT and all the NHS Trusts Within Merseyside and Cheshire

(came into effect on 10th September 2009 - Merseyside)
(came into effect on 1st June 2011 - Cheshire)

MEMORANDUM OF UNDERSTANDING

For Emergency Planning and Business Continuity between the NHS Cheshire, Warrington and Wirral Primary Care Trust Cluster and NHS Organisations including Foundation Trusts in Cheshire, Warrington, Halton and Wirral

This memorandum of understanding gives guidance for Emergency Planning and Business Continuity to NHS Organisations including Foundation Trusts.

NHS Cheshire, Warrington and Wirral has been designated as The Lead for Emergency Planning and Business Continuity on behalf of NHS Northwest. The Chief Executive of NHS Cheshire, Warrington and Wirral is the accountable officer for the delivery of this MOU.

This memorandum of understanding is applicable to the following NHS Organisations:-

- NHS Western Cheshire
- Central & Eastern Primary Care Trust
- Halton & St Helens Primary Care Trust
- NHS Warrington
- NHS Wirral
- The Countess Of Chester Hospital NHS Foundation Trust
- Mid Cheshire Hospitals NHS Foundation Trust
- East Cheshire NHS Trust
- Warrington & Halton Hospitals NHS Foundation Trust
- Wirral University Teaching Hospital NHS Foundation Trust
- Clatterbridge Centre for Oncology NHS Foundation Trust
- Cheshire & Wirral Partnership NHS Foundation Trust
- Bridgewater Community Healthcare NHS Trust
- Wirral Community NHS Trust
- Boroughs Partnership NHS Foundation Trust

Background

NHS Western Cheshire, Central & Eastern Primary Care Trust, Halton & St Helens Primary Care Trust, NHS Warrington, NHS Wirral, Countess of Chester Hospital NHS Foundation Trust, Mid Cheshire Hospitals NHS Foundation Trust, East Cheshire NHS Trust, Warrington & Halton Hospitals NHS Foundation Trust, Wirral University Teaching Hospital NHS Foundation Trust and Clatterbridge Centre for Oncology NHS Foundation Trust are all designated as Category 1 Responders under the Civil Contingencies Act 2004.
Cheshire and Wirral Partnership NHS Foundation Trust, Bridgewater Community Healthcare NHS Trust, 5 Boroughs Partnership NHS Foundation Trust and Wirral Community NHS Trust are not designated within the act at present, but are required to undertake the duties under the act as if they were Category 1 responders.

This act places certain duties on category 1 responders as follows:-

- To assess the risk of Emergencies occurring and use this to inform Contingency Planning
- To have in place Emergency Plans
- To have in place Business Continuity arrangements
- To have arrangements in place to inform the public as to Emergency Planning arrangements and to maintain arrangements to warn, inform and advise the public in the event of an Emergency
- To share information with other local responders to enhance coordination
- To co-operate with other local responders to enhance co-ordination and Efficiency

Some of the changes from individual Primary Care Trusts to Primary Care Trust clusters will not be coterminous with LRF boundaries. Where this is the case, local arrangements have been established to ensure that the most appropriate arrangements are put in place to represent the health sector. The agreement with Merseyside for these arrangements are as follows:-

NHS only incident:-

Incidents that involve health economies only will fall within the command and control arrangements of the Cheshire, Warrington and Wirral Cluster. This will involve the following organisations:-

NHS Western Cheshire, Central & Eastern Primary Care Trust, NHS Warrington, NHS Wirral, The Countess Of Chester Hospital NHS Foundation Trust, Mid Cheshire Hospitals NHS Foundation Trust, East Cheshire NHS Trust, Warrington & Halton Hospitals NHS Foundation Trust, Wirral University Teaching Hospital NHS Foundation Trust, Clatterbridge Centre for Oncology NHS Foundation Trust, Cheshire & Wirral Partnership NHS Foundation Trust, Bridgewater Community Healthcare NHS Trust, Wirral Community NHS Trust and 5 Boroughs Partnership NHS Foundation Trust

NHS Halton & St Helens will fall under the arrangements for the Merseyside Cluster

Local Resilience Forum multi agency incident:-

When dealing with an incident that requires a multi agency response, then NHS organisations will come under the command and control arrangements of the organisations within that LRF area i.e. Within the Cheshire LRF area command and control will cover the following organisations:-

NHS Western Cheshire, NHS Warrington, Central and Eastern Primary Care Trust, Halton and St Helens Primary Care Trust, The Countess Of Chester Hospital NHS Foundation Trust, Mid Cheshire Hospitals NHS Foundation Trust, East Cheshire NHS Trust, Warrington & Halton Hospitals NHS Foundation Trust, Cheshire & Wirral Partnership NHS Foundation Trust, Bridgewater Community Healthcare NHS Trust and 5 Boroughs Partnership NHS Foundation Trust
NHS Wirral, Wirral University Teaching Hospital NHS Foundation Trust, Clatterbridge Centre for Oncology NHS Foundation Trust and Wirral Community NHS Trust will fall under the arrangements for Merseyside Organisations straddling Local Resilience Forum Boundaries

Cheshire & Wirral Partnership NHS Foundation Trust, Bridgewater Community Healthcare NHS Trust and 5 Boroughs Partnership NHS Foundation Trust undertake work across Local Resilience Forum boundaries and in any incident may be required to report under command and control to more than one command centre. Each of these organisations will have systems in place to facilitate this.

**Standard**

All NHS organisations, including Foundation Trusts are to plan and prepare an organised and practiced response to all major incidents, disruptive events and local emergency situations, which may affect the provision of normal NHS services. The response must be in line with previously outlined command and control arrangements in place for the NHS and the Local Resilience Forum and follow current NHS guidance. This should be supported by a formal program of training and exercising for trust staff and management.

**Management Criteria**

To enable NHS Cheshire, Warrington and Wirral to lead the NHS response when appropriate and to ensure that NHS Emergency and Business Continuity Plans are co-ordinated and complementary, all NHS organisations listed above are required to:

- Produce, review and validate Business Continuity plans and all Emergency Plans relating to incidents that may impact on the Trust
- Ensure specialist response arrangements are current and practiced e.g. Hospital decontamination equipment and plans
- Ensure staff with a role in any emergency response are trained in that role
- Ensure staff with a role in any emergency response participate in exercises
- Ensure they have robust mutual aid arrangements with other NHS Trusts, and other partner agencies as appropriate
- Ensure that communications strategies and procedures are in place to deal with any incident within the scope of a major incident and service continuity planning.
- Comply with the standards laid down in the Department of Health 2005
- Emergency Planning guidelines and The Civil Contingencies Act 2004
- Ensure that Emergency and Business Continuity Planning is undertaken within the requirements of the NHS Operating Framework
- Ensure robust links are in place between Health Economies
- Respond to any Incident that may impact on the Trust requiring additional measures to be put in place
- Have in place arrangements to command and control incidents within the local health economy and to provide links to wider command and control via the NHS Strategic arrangements
- Assess local risks and work with all relevant partners to plan against these risks
- Effectively contribute to the combined response of all emergency services and other agencies to incidents
- Assist the Cheshire NHS Resilience Team with Emergency Planning and Business Continuity reviews
• Send appropriate representation to the Local Resilience Forum Health Group
• In consultation with the Cheshire NHS Resilience Team provide representation on selected Local Resilience Forum working groups
• Provide assurance via board reports as required by The Strategic Health Authority (NHS Northwest) in respect of All Emergency plans and
• Business Continuity plans where requested

Signed

Chief Executive
NHS Cheshire, Warrington and Wirral

Signed

Chief Executive
MEMORANDUM OF UNDERSTANDING
Between
Merseyside PCT Cluster and local NHS Trusts Including Foundation Trusts

This Memorandum of Understanding for Emergency Preparedness gives guidance to NHS Trusts, including Foundation Trusts within the Merseyside PCT Cluster area of responsibility. The Merseyside PCT Cluster acts as the lead for NHS Resilience activities in Merseyside on behalf of NHS North West.

This memorandum of understanding incorporates the following NHS Trusts and Partnerships:

- Aintree University Hospitals NHS Foundation Trust
- Liverpool Heart and Chest Hospital NHS Foundation Trust
- Liverpool Women’s Hospital NHS Foundation Trust
- Alder Hey Children’s NHS Foundation Trust
- Royal Liverpool and Broadgreen University Hospital NHS Trust
- St Helens and Knowsley Hospitals NHS Trust
- The Walton Centre for Neurology and Neurosurgery NHS Foundation Trust
- NHS Knowsley
- Knowsley Integrated Provider Services
- Liverpool PCT
- NHS Sefton
- Liverpool Community Health Services NHS Trust
- Mersey Care NHS Trust (including high secure services)
- Halton St Helens PCT*
- Halton St Helens Community Health Services (Name TBC)*
- Southport and Ormskirk Hospital NHS Trust*
- Boroughs Partnership NHS Foundation Trust*

Note: Some NHS Trusts* in the Merseyside PCT Cluster could also align to other NHS command and control structures for a multi agency response within another LRF area, those Trusts* include:

Halton St Helens PCT
Southport and Ormskirk Hospital NHS Trust
Bridgewater Community Health Trust
5 Boroughs Partnership NHS Foundation Trust

For the purposes of NHS Resilience, all Wirral based NHS Trusts are part of the Cheshire, Warrington and Wirral PCT Cluster, but will respond to a Merseyside multi agency incident as part of the Merseyside NHS command and control.

The agreements throughout the region in relation to the response arrangements are as follows:-

60
NHS only incident:-

Incidents that involve health economies only will fall within the agreed command and control arrangements of the individual PCT Clusters.

Local Resilience Forum multi agency incident:-

When dealing with an incident that requires a multi agency response, then NHS organisations will come under the command and control arrangements of the appropriate PCT Cluster within that Local Resilience Forum boundary.

Incidents affecting more than 1 Cluster:-

When dealing with an incident that has an impact across PCT Clusters and LRF boundaries then the relevant Strategic commanders should agree which reporting structure is the most appropriate for the given circumstances. Such a decision should be recorded and communicated to the SHA and relevant staff.

Standard

All NHS Trusts, including Foundation Trusts are to plan and prepare an organised and practiced response to all major incidents, disruptive events and local emergency situations, which may affect the provision of normal NHS services. The response must be in line with the previously outlined command and control arrangements in place for the NHS and the Local Resilience Forum and follow current NHS guidance. This should be supported by a formal program of training and exercising for trust staff and management.

Management Criteria

It must be noted that the Merseyside PCT Cluster is empowered to use/call upon such relevant resources as may be necessary from any one or all of the PCT/Trust Groups in response to a local emergency (major incident).

Performance Management and Emergency Preparedness

In order to ensure the local health economy is resilient and has appropriate levels of preparedness so as to respond effectively to a major incident, the Merseyside PCT Cluster will performance manage all NHS Trusts and Partnerships, including:

Facilitate and oversee the emergency planning functions of the Health Systems associated with the new Primary Care Cluster.

- Ensure that communications strategies and procedures are in place to deal with any incident within the scope of a major incident and service continuity planning.
- Represent the Health Systems in Local Resilience Fora under the Civil Contingencies Act 2004.
- Facilitate a regular forum for Health Agencies to discuss and plan for major incident issues.
- Develop and agree an MOU between the PCT Cluster and all NHS constituent organisations.
- Co-operate with the arrangements for a Science and Technical Advice Cell including liaison with local Health Protection Unit Teams, Public Health England and the Health and Wellbeing Board.
• Ensure that an appropriate* representative attends Police Strategic Coordinating Group (SCG) when required to lead the NHS response and to represent the NHS at this level.
• Lead the local NHS response to support the combined response of all emergency services and other agencies.
• To command and control the NHS in the event of a major incident or service disruption (including winter if required).
• Lead the Health Systems response to support the NHS North West in sub national and/or national incidents.
• Ensure robust Mutual Aid agreements exist across the Health Systems within the NHS, including Business Continuity Plans.
• Liaise with the Strategic Health Authority for wider NHS assistance during major incidents.
• Assist the Strategic Health Authority with any internal and/or independent emergency planning reviews.
• Maintain rotas of appropriately* trained and competent persons to represent the NHS as required.
• Lead on local activities associated with CONTEST, (Government Counter Terrorism Strategy)
• Ensure that robust command and control arrangements are in place within individual NHS organisations in the Cluster area.
• Ensure that all sectors provide assurance that plans are ‘fit for purpose’, including Secondary care, Community services, Mental Health and Primary Care services.

• Appropriate means seniority and competence and should be supported by evidence of a robust training and exercise programme.

NHS Trusts

To enable the Merseyside PCT Cluster to command, control and coordinate the local NHS response (when appropriate) and ensure that the Trusts’ emergency plans are coordinated and complementary, all Trusts including Foundation Trusts are expected to:

• Produce, review and validate major incident plans and associated plans, in accordance with current national and NHS guidance, ensuring the plans are up to date.
• Develop and deliver ongoing staff training programmes to ensure plans are embedded with the Trust.
• Train and exercise staff in cooperation with the Merseyside PCT Cluster strategic training programme.
• Provide written letters of assurance to the Merseyside PCT Cluster relating to Trust resilience, where appropriate.
• Comply with the standards for emergency planning laid down in the Department of Health’s 2005 Guidelines for Emergency Planning and the Civil Contingencies Act 2004.
• Ensure that communications strategies and procedures are in place to deal with any incident within the scope of a major incident and service continuity planning.
• Implement internal Trust major incident plans and support the Health response as appropriate.
• Effectively contribute to the combined response of all emergency services and other agencies.
• Support local initiatives relating to the cross government counter terrorism strategy CONTEST.
• Deliver primary and community health services including mobilisation of community resources, and support designated receiving hospitals where appropriate.
• Provide cooperation and information to the Merseyside PCT Cluster when resilience related audits and surveys are being conducted.
• Develop action plans based upon any findings from resilience related audits and surveys.
• Assist the Associate Director of NHS Resilience to compile an annual report for NHS Resilience for the Chief Executive of the Merseyside PCT Cluster and the other PCTs (Halton St Helens, Knowsley, Liverpool and Sefton).
• Send appropriate representation to local health resilience planning for a when required to do so.
• Provide appropriate representation at Local Resilience Forum activities as requested by the Merseyside PCT Cluster.
• Liaise with Local Authority and Voluntary Agencies for wider assistance during major incidents.

This memorandum of understanding will be subjected to an annual review.

Signed:

Mr Derek Campbell
Liverpool PCT CEO NHS Trust
Appendix 8

OPERATION PLATO/TANGO (TBC)

1. Introduction

‘Operation Plato/Tango’ is the NHS response plan to a large scale incident resulting in a high number of casualties in single/multiple location(s); whether occurring simultaneously, or in close sequential/geographical proximity in Merseyside or across the North West.

Note: For definition of P1, P2 and P3 casualties see Section 5.3 For Immediate information requirements on CMS and via PCTs see Section 6.

2. Command and Control

In the event of a single terrorist related incident or any other incident resulting in mass casualties, NHS command and control structures will be implemented as follows:

- Level 3 – SHA (via Tactical Command) for a sub regional response;
- Level 4 – SHA for a regional response, and;
- Level 5 – DH for a national (all England) response.

Note: The SHA will redeploy to the NWAS Regional Operations Centre in Broughton near Preston to oversee the response.

3. Key References (Merseyside)

- North West Regional Mass Casualties Plan (RRF);
- Strategic Command Activation Plan (Merseyside) and supporting handbooks;
- North Mersey Health Economies Escalation and Alignment Policy;
- Trust Major Incident Plans;
- Trust Business Continuity Plans;
- Merseyside Emergency Response Manual (MRF);
- The Unity Protocol (MRF activation of the voluntary agencies);
- Extra Deaths Plan (MRF), and;
- Mass Fatalities Plan (MRF).

4. Activation

Operation Plato/Tango can be activated by NWAS in conjunction with the SHA via the sub regional Strategic Command to all Trusts, or by NWAS and the NHS Strategic (Gold) Commander) within Merseyside/Cheshire.

5. Initial Actions

5.1 Merseyside/Cheshire NHS Strategic (Gold) Commander

Upon receiving the codeword ‘Operation Plato/Tango’ from NWAS and or the SHA Director on call, the Merseyside/Cheshire NHS Strategic (Gold) Commander will conduct the following (as a minimum):

- Activate NHS Trusts in Merseyside using the practiced cascade mechanisms;
Inform SHA and neighbouring Lead Strategic Commanders via SHA Director on call, where necessary;
Open NHS Strategic (Gold) Cell at a suitable location, as appropriate;
Collate all Trust CMS data and other local sources of information to facilitate strategic decision making and development of the Common Recognition Information Picture (CRIP);
Attend the Merseyside Strategic Coordinating Group (SCG), if established, along with support team;
Coordinate the NHS response in Merseyside on behalf of the SHA*;
Liaise with NWAS to identify Receiving and Supporting Trusts;
Liaise with NWAS to identify Receiving Trusts for casualties, suspect casualties and VIPs;
Instruct Trusts to lockdown facilities**
Ensure that all resource implications are fully investigated and request additional resources from NHS North West;
Request distribution of the UK National Reserve Stockpile via the North West Ambulance Service where appropriate;
Request the deployment of Mobile Medical Teams (MMTs) from other sub regions to support a local response in liaison with NWAS;
Deploy local MMT in support of another sub region in liaison with NWAS;
Request the deployment of voluntary agencies and faith sector representatives to key locations via the local authorities and the Unity Protocol, as appropriate;
Manage the increased tempo of disease surveillance and epidemiology teams in conjunction with the CM Health Protection Unit;
Ensure NHS representation at the SCG media sub group;
Lead NHS media/public communications;
Ensure NHS representation at the STAC, and;
Lead public health advice; coordinating the activation of emergency public health measures where appropriate under the guidance of the Lead Director of Public Health and Health Protection Agency.

Note: *If local Strategic Command arrangements cannot be implemented due to the impacts of a localised incident, then another Lead Strategic Command from another sub region may provide temporary strategic cover, until local command and control arrangements are in place.

Note: **Lockdown or walk in centre preparations may or may not be required due to proximity to the incident/incidents and intelligence relating to threat.

5.2 Tactical Command

Upon receipt of the codeword ‘Operation Plato/Tango’ the Tactical Command (Silver) are required to conduct the following activities (as a minimum):

- Declare Operation Plato/Tango to all Trusts;
- Activate the Major Incident Plan and Surge Plans;
- Open and Staff major incident room;
- Inform NHS Strategic (Gold) Commander that the major incident room is operational;
Monitor CMS to ensure Trusts are updating the remarks column as per Section 7 of this Annex;
Attend Tactical Coordinating Group (TCG) (if established) with support team, if available;
Review staffing arrangements and implement BCM arrangements;
Review and implement activities to support rapid discharging and reducing pressure at AED such as GP referrals;
Liaise with local authorities and social care partners via local authority Single Points of Contact (SPOC) and declare ‘Operation Plato/Tango’, if not already done if and when attending the TCG;
Consider decision to instigate a lockdown*;
Liaise with Trusts and Strategic Command to ensure that all resource implications are fully investigated and request additional resources where appropriate;
Ensure the activation of local Public Health representatives, where appropriate;
Brief walk in centres and Minor Injury Units to prepare staff to receive self presenter casualties (P2 – see Section 6);
Advise health professionals, other agencies and the public in monitoring long term effects of an incident;
Prepare to provide care, including medical support to P2 and (mainly) P3 (see section 6) patients in community settings, where appropriate;
Request the deployment of voluntary agencies and faith sector representatives to key locations via the NHS Strategic (Gold) Commander and the Unity Protocol, as appropriate;
Assist the Police, Local Authorities and Voluntary Aid Sector, for example maintaining primary care services to a population being evacuated, including special measures to offer support during the physical period of evacuation;
Identify the requirement for voluntary agency and faith sector assistance at Trusts and convey requirements to the NHS Strategic (Gold) Commander;
Consider whether displaced patients have suitable access to the medication they need to control their chronic underlying conditions, and;
Ensure that a continuing health service is provided to those unaffected by the incident.

Note: *Lockdown or walk in centre preparations may or may not be required due to proximity to the incident/incidents and intelligence relating to threat.

**If a Tactical (Silver) Command cannot assume its role within the Merseyside NHS command and control due to the impacts of a localised incident, then another Merseyside Tactical Command may provide temporary tactical cover, until local command and control arrangements are in place.

5.3 Acute/Foundation Trusts

Upon receipt of the codeword ‘Operation Plato/Tango’ Acute/Foundation Trusts are required to conduct the following activities (as a minimum):

- Activate Trust Major Incident Plans;
- Open and Staff major incident rooms;
- Inform the Tactical Command that the major incident room is operational;
- Immediately update CMS with the information specified in Section 6;
• Review staffing arrangements and implement BCM arrangements to ensure optimum staffing of ED, surgical services, etc;
• Prepare for rapid expansion of ED, surgical services, ICU, etc;
• Consider:
  o Ceasing all elective activity;
  o Supplementing available equipment, and;
  o Alternative use of specialist/day care beds.
• Implement rapid discharging processes to create capacity, as far as system capacity and available resources of health and social care colleagues will allow;
• Review blood and trauma stocks (receiving trusts to implement immediate 4 hour resupply via NHS supplies);
• Consider decision to instigate a lockdown*;
• Prepare to receive Police Document Teams;
• Prepare to deploy MMT - if on duty according to the local rota;
• Consider the use of non-acute NHS facilities, any independent sector capacity;
• Advise health professionals, other agencies and the public in monitoring long term effects of an incident, consider the need for counselling support for staff involved in a response from an early stage;
• Implement mortuary business continuity arrangements, as required;
• Implement triage principles along the principle of “hospital treatment for those who will most benefit from it”;
• Identify the requirement for voluntary agency and faith sector assistance at Trusts and convey requirements to the NHS Tactical (Silver) Commander;
• Implement Business Continuity Management, and;
• Prepare to respond to further information from Strategic Command via NHS command and control arrangements.

Note:  *Lockdown or walk in centre preparations may or may not be required due to proximity to the incident/incidents and intelligence relating to threat.

The table overleaf shows the planning assumptions that can be used to calculate the potential numbers of patients in each category. It is vital for NHS Trust plans to consider early in the activation stage of a local emergency (major incident) what the real-time point of criticality is, as internal factors (e.g. theatre closed for maintenance) will have an impact on the numbers of patients in each category a Trust may be able to manage.

<table>
<thead>
<tr>
<th>Category</th>
<th>Patient condition</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>Casualty needing immediate life-saving resuscitation and/or surgery</td>
<td>25%</td>
</tr>
<tr>
<td>P2</td>
<td>Stabilised casualty needing early surgery but delay is acceptable</td>
<td>25%</td>
</tr>
<tr>
<td>P3</td>
<td>Casualty requiring treatment but a longer delay is acceptable</td>
<td>50%</td>
</tr>
</tbody>
</table>

5.4 Community Health Services

Upon receipt of the codeword ‘Operation Plato/Tango’ CHSs are required to conduct the following activities (as a minimum):

...
• Activate Trust Major Incident Plans;
• Open and staff major incident rooms;
• Inform the Tactical Command that the major incident room is operational;
• Immediately send a position statement up the local NHS command and control structure, confirming:
  o Levels of walk in centre activity;
  o What staff with appropriate skills are immediately available to support the local response;
  o What trauma equipment if available in walk in centres and other logistic stores that could be used, and;
  o Business continuity issues.
• Consider decision to instigate a lockdown*.

Note: *Lockdown or walk in centre preparations may or may not be required due to proximity to the incident/incidents and intelligence relating to threat.

5.5 Specialist/Tertiary Trusts

Upon receipt of the codeword ‘Operation Plato/Tango’ Specialist/Tertiary Trusts are required to conduct the following activities (as a minimum):

• Activate Trust Major Incident Plans;
• Open and staff major incident rooms;
• Inform the PCT that the major incident room is operational;
• Immediately send a position statement up the local NHS command and control structure, confirming:
  o Levels of activity;
  o What staff with appropriate skills are immediately available to support the local response;
  o What trauma equipment if available for use, and;
  o Business continuity issues.
• Consider decision to instigate a lockdown*.

Note: *Lockdown or walk in centre preparations may or may not be required due to proximity to the incident/incidents and intelligence relating to threat.

6. CMS Updates/Reporting

Upon declaration of ‘Operation Plato/Tango’ Trusts are required to upload the following data (immediately and every 2 hours, unless directed otherwise) in the remarks column of CMS, until directed otherwise via the NHS command and control structure:

• Trust Status;
• AED Status;
• Staffing levels in critical areas;
• Mobile Medical Team (MMT) readiness (if applicable);
• Bed states – including medical, surgical, paediatric and critical care currently available and potential to increase capacity;
• Identify any injury related drug shortages;
• Confirmation of blood and trauma stocks, and;
• Business continuity issues.

6.1 Reporting

All other Trusts who are not able to report on CMS are to continue their reporting every 2 hours up to NHS command and control structure, unless directed otherwise.

6.2 Communications

It is highly likely that handheld telephony devices may be disabled immediately; therefore a greater reliance will be placed upon, CMS, landline, satellite phones, video conferencing and e-mail systems for the transmission of information.

7. Trust Identified as a Receiving Trust

Instigate Major Incident Plan and Lockdown Plan, if appropriate, within WUTH. Notify Tactical (Silver) Command of actions. Consider impact on WUTH and if appropriate contact NHS Acute Trusts e.g. Countess of Chester and Royal Liverpool Hospitals to ensure collaborative working to manage the incident.

7.1 Trust Identified as Supporting Trust

Wirral Community NHS Trust will be our supporting Trust and communication with them will be via Tactical (Silver) Command.
## WUTH TRAINING SCHEDULE

### EMERGENCY PREPAREDNESS TRAINING RECOMMENDATIONS

<table>
<thead>
<tr>
<th>No.</th>
<th>Staff Group</th>
<th>WUTH Staff</th>
<th>Comms Managers</th>
<th>Emergency Planning Officer</th>
<th>Division/Corporate Managers</th>
<th>CEO &amp; Executive Directors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Corporate Induction including element on Emergency Planning</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>2</td>
<td>Emergency Preparedness Awareness Training</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>3</td>
<td>Information Handling within Major Incident Room Awareness Session</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>4</td>
<td>Major Incident Familiarisation Session</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>5</td>
<td>Media Training</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>6</td>
<td>Emergency Planning Officer Course / Diploma</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Multi-agency Training Exercises</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>8</td>
<td>Emergency Plan Writing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
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### WUTH Training Schedule Key

<table>
<thead>
<tr>
<th>Note</th>
<th>Training</th>
<th>Minimum Duration</th>
<th>Minimum Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Corporate Induction including presentation on Emergency Planning and response to CBRN</td>
<td>As required</td>
<td>On appointment</td>
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<tr>
<td>2</td>
<td>Emergency Preparedness Awareness Session</td>
<td>As required</td>
<td>Annual</td>
</tr>
<tr>
<td>3</td>
<td>Information Handling within Major Incident Room Awareness Session</td>
<td>As required</td>
<td>Annual</td>
</tr>
<tr>
<td>4</td>
<td>Major Incident Familiarisation Session</td>
<td>As required</td>
<td>Annual</td>
</tr>
<tr>
<td>5</td>
<td>Media Training</td>
<td>1 Day</td>
<td>Every 3 years</td>
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<tr>
<td>6</td>
<td>Emergency Planning officer course/Diploma</td>
<td>7 Days</td>
<td></td>
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<tr>
<td>7</td>
<td>Multi-agency Training Exercises</td>
<td>Table – top Exercise (half day)</td>
<td>Every 2 years</td>
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<tr>
<td></td>
<td></td>
<td>Live exercise (half day)</td>
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<tr>
<td>8</td>
<td>Emergency Plan Writing</td>
<td>1 Day</td>
<td>Every 3 years</td>
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## WUTH MAJOR INCIDENT ROOM

**Main Major Incident Room Skills Room B**

<table>
<thead>
<tr>
<th>Contact Details</th>
<th>Main Major Incident Room – Skills Rm B</th>
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<tbody>
<tr>
<td></td>
<td>0151 604 7688 or Internal Ext 8695</td>
</tr>
<tr>
<td></td>
<td>0151 604 7689 or Internal Ext 8696</td>
</tr>
</tbody>
</table>

Additional Room – Skills Rm A  
(This room will be used as Comms Room)

|                 | 0151 552 1828 Internal Ext 7354 |
|                 | 0151 552 1829 Internal Ext 7355 |

<table>
<thead>
<tr>
<th>Contact Details</th>
<th>Backup Major Incident Room – Trust Board Room, Education Centre</th>
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</thead>
<tbody>
<tr>
<td></td>
<td><strong>Above phone numbers will be re-directed by switchboard</strong></td>
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<tr>
<th>Contact Details</th>
<th>Women and Children’s Conference Room</th>
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<td></td>
<td>0151 552 1826 Internal Ext 7350</td>
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<td></td>
<td>0151 552 1827 Internal Ext 7351</td>
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<td>Internal Ext 7353</td>
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<thead>
<tr>
<th>Contact Details</th>
<th>Trust Communication Team</th>
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<tr>
<td></td>
<td>0151 604 7762 or Internal Ext 8066</td>
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<thead>
<tr>
<th>Contact Details</th>
<th>Fax Number:</th>
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<tr>
<td></td>
<td>0151 604 7097 or Internal Ext 8648</td>
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<table>
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<tr>
<th>Contact Details</th>
<th>Email Address:</th>
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<tr>
<td></td>
<td><a href="mailto:wih-tr.majorincidentroom@nhs.net">wih-tr.majorincidentroom@nhs.net</a></td>
</tr>
</tbody>
</table>
APPENDIX 12

MAJOR INCIDENT
YEARLY VALIDATION SHEET FOR VERIFICATION OF MAJOR INCIDENT PLAN

The Major Incident Plan must be checked annually and this form returned to the Deputy Director of Nursing, Corporate Nursing and Midwifery Department, Wirral University Teaching Hospital NHS Foundation Trust

Division ___________________________ Date

I confirm that the above Division has checked the Major Incident Plan to ensure:

Please tick

- Divisional Action Plans are valid
- Action Plan has not been affected by any Divisional organisational changes or changed in use of facilities
- Information is correct
- Contact Telephone Numbers for staff are up-to-date
- Communication system is still effective
- All staff have received instruction on their role in a Major Incident

COMMENTS

(Please print and sign name)

Name ___________________________ Name ___________________________

Signature ___________________________ Signature ___________________________

Clinical Head of Division Associate Director of Operations
GLOSSARY

A&E       Accident and Emergency
AIC       Ambulance Incident Commander
AWE       Atomic Weapons Establishment
BCM       Business Continuity Management
BCP       Business Continuity Plan
C&WPT     Cheshire & Wirral Partnership NHS Foundation Trust
CBRN      Chemical Biological Radiological Nuclear
CCA       Civil Contingencies Act
CCC       Civil Contingency Committee
CCDC      Consultant in Communicable Disease Control
CCO       Clatterbridge Centre for Oncology NHS Foundation Trust
CEO       Chief Executive Officer
CHaPD     Chemical Hazards and Poisons Division
CMO       Chief Medical Officer
COBR      Cabinet Office Briefing Room
COMAH     Control of Major Accidents and Hazards
DEFRA     Department for Environment, Food and Rural Affairs
DPH       Director of Public Health
DSTL      Defence Science and Technology Laboratory
DTI       Department for Trade and Industry
EA        Environmental Agency
FSA       Food Standards Agency
GMHC      Greater Manchester Health Council
GONW      Government Office North West
GTA       Government Technical Advisor
HAZMAT    Hazardous Materials
HPA       Health Protection Agency
HPU       Health Protection Unit
HSE       Health and Safety Executive
JDPH      Joint Director of Public Health
LA        Local Authority
LRF       Local Resilience Forum
MHT       Mental Health Trust
MIC       Medical Incident Commander
MIMMS     Major Incident Medical Management and Support
MIT       Major Incident Team
MITR      Major Incident Team Representative
NERC      National Environmental Research Council
NHS       National Health Service
NOK       Next of Kin
NW        North West
NWAS      North West Ambulance Service
PCT       Primary Care Trust
PEC       Professional Executive Committee
PGD       Patient Group Directive
PH        Public Health
PODS      Portable Decontamination System
PPE       Personal Protective Equipment
PS        Provider Services
RC        Reception Centres
RCCC      Regional Civil Contingencies Committee
RCG       Regional Co-ordination Group
RCN       Rest Centre Nurse
RDPh      Regional Director of Public Health
RIMNET  Radioactive Incident Monitoring Network
RLBUHT  Royal Liverpool & Broadgreen University Hospital Trust
RRF    Regional Resilience Forum
SCG    Strategic Co-ordinating Group
SHA    Strategic Health Authority
SITREP  Situation Report
SMIT   Silver Major Incident Team
SPA    Single Point of Access
SPAT   Service Prioritisation Assessment Tool
STAC   Scientific and Technical Advice Cell
VCH    Victoria Central Hospital
WAPS   Wirral Admission Prevention Services
WIC    Walk-in Centre
WUTH   Wirral University Teaching Hospital NHS Foundation Trust
APPENDIX 14

RELATED GUIDANCE AND FURTHER READING

Department of Health 2005 – The Emergency Planning Guidance
Deliberate Release of Biological and Chemical Agents, Department of Health (March 2000) and Related Deliberate Release Guidance published by the Department of Health 2004
Emergency Response and Recovery, Cabinet Office (2005)
Health Care Commission – National Standards, Local Action: Health and Social Care
Heatwave Plan for England, Department of Health (May 2009)
Planning for Major Incidents: the NHS Guidance, Department of Health (HSC 1998/197) including the August 2002 update for Primary Care Trusts & 2004 update on Radiation
Merseyside Community Risk Register 2009
Merseyside Health Control Information Pack
Merseyside Lead PCT Function Activation Plan (Dec 2008)
Control of Major Accident Hazards (COMAH) Plans
Radiation Emergency Preparedness & Public Information Regulations (REPPIR)
Strategic Command Arrangements for the NHS during a Major Incident, Department of Health (Dec 2007)

Useful Websites:
Department of Health – Emergency Planning Section
www.dh.gov.uk/PolicyandGuidance/EmergencyPlanning/fs/en
Health Protection Agency
www.hpa.org.uk
UK Resilience
www.ukresilience.info
Home Office
www.homeoffice.gov.uk/terrorism
Preparing for Emergencies
www.pfe.gov.uk