



Emergency Planning

What you need to know



Why do we need an emergency plan?

In 2004 the Government introduced the Civil Contingencies Act, which places responsibilities on responders. QVH as an acute Trust, is classed as a category one responder, we have a duty to plan our response to any incidents with other health partners and emergency services.

What is a Major incident?

Is any event which cannot be handled within normal arrangements, requiring special procedures in order to respond to it.

Incident Types

The two main types are:-

Internal - Incidents that happen within the trust such as fire, flood, power outage etc.

External - Incidents that occur outside the trust but we would be required to respond to, i.e. Terror attacks, big fires or explosions, pandemic flu, or disease outbreak.

Levels of incident

Level 1 Generic - An incident that only requires a local response within the trust, with no help from other health or emergency service partners—this would be something like a power outage or IT or telecommunications fail.

Level 2 Mass —This would be a larger incident requiring a regional response from all health partners and usually the emergency services—incidents such as the London bombings, this level of incident would include a burns surge due to a serious incident elsewhere.

Level 3 Catastrophic - An incident that would probably require a national response such as for pandemic flu or an infectious disease outbreak.

Incident Alert

In the event of an external incident the Trust would be alerted by the Ambulance Service. We would either go to:-

Major Incident Standby

The trust site and senior teams are informed of an incident that may require us to help, department heads should find staff contact lists and the Site Team may consider setting up the Incident Control Room – this is situated within **Jubilee Meeting Room 2**, no staff would be called in at this time.

Or:-

Major Incident Declared

Key staff will need to be called in, the Incident Control Room will be set up in the Jubilee Meeting Room 2 and if we think it will be a long incident then a staffing resources centre will be set up in the staff development centre.

Stand Down

This would normally be via the ambulance service or police to say the incident scene is clear and all patients have been moved to hospital. However as a tertiary centre it may only be the start of the incident for us and we may remain on declared status if we have large numbers of minor injuries, burns or reconstructive patients coming to us over several days.

What is in the emergency plan?

There are numerous sections in the plan covering a variety of scenarios including:-

Burns—we have plans that will enable us to deliver care during a surge in burns patients, as part of the regional Burns Network.

Mass Minor injuries presentations—In the event of a disaster in the area we may be overwhelmed with minor injuries patients that would result in us declaring a major or serious incident in order to cope with high numbers of self-presenting injured or contaminated patients.

CBRN—Chemical Biological Radiological or Nuclear threat or contamination , this is a deliberate release of a toxic substance designed to cause illness and injuries, we are not designated to respond to patients of this nature, but patients contaminated may well turn up at MIU as self-presenters so we have plans to protect our staff and premises from contamination.

Pandemic, Heatwave and Cold weather—these are all national plans that we integrate into our local plans to be able to deal with incidents such as these, how we keep going, get staff into work, what we tell the public etc.

Business continuity plans—whilst it is important we can respond to any incident internal or external, our business continuity plans are about how we get back to normal working as soon as possible. This is a really important part of the plan and all staff should have an awareness of what your departments BC plans are.

Lockdown—this is when we need lock the site down in the event of a security incident that puts the hospital or staff risk, a large number of patients seeking MIU treatment or contaminated patients coming to the Hospital. Each department has an action card and it is important to follow that action plan, the only time wards may depending on the incident open their doors for you is if they have a medical emergency and you are on the crash or MET teams.

Evacuation—what to do if the site or part of it needs to be evacuated.

Where is all this information?

The latest version of the whole plan is on the Intranet with each section separate within in it. There should be a paper copy in each department.

What do you need to know?

- Don't leave it until an incident to read the plan and understand your role, check the relevant sections before something happens
- Know your part of the plan and any actions you may need to do, your role may be supportive or front line depending on the incident
- We need your full co-operation during a Major incident Ensure you wear any protective kit issued to you when asked.
- Seek further advice from Emergency Planning Team - Nicky Reeves Chief Nurse ext 4360
- Maintain accurate records of any patients you are asked to see, especially in the event of mass minor injuries presentations or criminal related incidents.

Please sign below to acknowledge that you have read this short leaflet and that you are aware we have an emergency plan within the Trust. You will consult with your department head to ensure you are aware of your own responsibilities in the event of a Major incident.

Name _____

Signature _____

Position _____

Date _____

THANK YOU FOR TAKING THE TIME TO
READ THIS

Please return this signed page to the Learning
and Development Centre so we can record your
compliance