5.1 Responsibilities of Emergency Department

5.1.1 The Emergency Department is responsible for:

- Instructing Switchboard Operators to activate all call-out procedures and alert messages
- Calling in Emergency Department staff in sufficient numbers to care for attending patients
- Reception, registration, triage and immediate care of all patients from the incident. The likely exceptions to this will be:
  - The repatriation of military personnel injured in action overseas. The Emergency Department involvement is likely to be providing a MMT to the air head
  - An ‘Outbreak’ of infection in the hospital involving patients and/or staff
- To prepare plans and action cards for the reception and immediate care of patients including:
  - An environmental or man-made Major Incident or a Mass Casualty Incident
  - Specific plans for the known high risks including CBRN incidents
  - Provision of and Medical Incident Commander and Mobile Medical Team
  - Specific plans for the management of children
  - The transfer of patients by air ambulance or military helicopters

5.1.2 Decontamination of patients contaminated by Chemicals, Biological agents, Radiation, Nuclear contamination is the responsibility of the Emergency and ED services. The safety of staff, other patients, relatives, visitors and the maintenance of Trust services are of primary concern.

Clinical staff must know where and how to access information to manage the clinical effects and secondary complications of patients exposed to contamination.

The deliberate release of a biological agent requiring patients to attend hospital or patients presenting with an ‘Outbreak’ infection may require admission.

The management of such events are described separately in the Decontamination Policy & Procedure and Infection Control policy.
5.1.3 Communications testing

- Weekly test call with the Ambulance Services direct dial red telephone 01225 420376

- Three monthly call-out procedure initiated by Switchboard – complete response check list and forward to Emergency Planning Lead

5.1.4 Major Incident documentation must be located in close proximity to the direct dial telephone the ambulance service will use to alert the hospital.

5.2 Alert Messages

5.2.1 Information that a Major Incident has, or may have, occurred may come from a variety of sources including:

- A member of the public

- Another emergency service

- A hospital or other NHS provider organization

- A member of staff other external agencies (e.g. a licensed nuclear installation, airport, railway operator or industrial complex)

5.2.2 Alert received in Emergency Department from any other source

5.2.3 The Emergency Department Coordinator must document the information received including any known hazards. Contact the lead Ambulance Service and relay the information.

5.2.4 Alert received or information taken by any Trust employee

5.2.5 The individual must immediately contact Emergency Department and relay the information to the duty shift Coordinator who must record the information received. The shift Coordinator must contact the lead Ambulance Service, relay the information and confirm any alert status.

5.2.6 No alert received - Emergency Department overwhelmed with patients

5.2.7 The Emergency Department may activate the Major Incident plan in consultation with the Director for Patient Care Delivery. Where a hospital self-declares a Major Incident, it must advise BOTH Ambulance Services (GWAS and SWAS).

5.2.8 Alert received from the Ambulance Service
This is the – Great Western/South West – Ambulance Service"

“Priority. This is a Major Incident - - message 1-8 added -- alert, repeat
-- message 1-8 added – alert”. Alert record completed

<table>
<thead>
<tr>
<th>1. ‘Standby’</th>
<th>2. ‘Cancelled’</th>
<th>3. ‘Declared – Activate Plan’</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Incident Declared–</td>
<td>Complete’</td>
</tr>
<tr>
<td></td>
<td>Activate Plan</td>
<td></td>
</tr>
<tr>
<td>7. ‘Medical Incident</td>
<td>8. ‘Mobile Medical</td>
<td></td>
</tr>
<tr>
<td>Commander’</td>
<td>Team’</td>
<td></td>
</tr>
</tbody>
</table>

5.2.9 Medical Incident Commander (MIC) and Mobile Medical Team (MMT)

A MIC (Emergency Department Consultant appropriately trained) or MMT can be requested by any of the Ambulance Services who will also be responsible for collecting the individual or team and take them to the scene. All team members must dress in the personal protective clothing provided before leaving the hospital.

- MIC will be a doctor who is appropriately trained
- MMT will be 2 doctors and 2 nurses who have attended MMT training

5.3 Emergency Department Shift Coordinator

5.3.1 The Emergency Department Shift Coordinator will instruct the senior Switchboard Operator to activate the call-out procedure for all alert messages and instructions.

5.3.2 The Emergency Department Shift Coordinator must take responsibility for Command and Co-ordination in Emergency Department and be completely familiar with all procedures and instructions detailed on the Emergency Department action cards. Frequent training and rehearsal is required.
“This is the - - - - Add your role title - - - - in the Emergency Department”
“Priority. This is a Major Incident -- add message 1-8 - alert and repeat.
Activate the call-out procedure, repeat activate the call-out procedure”.

| 1. ‘Standby’ | 2. ‘Cancelled’ | 3. ‘Declared – Activate Plan’ |
| 4. ‘Stand Down’ | | 6. ‘Casualty Evacuation Complete’ |
| 5. ‘Mass Casualty Incident Declared–Activate Plan’ | | 9. ‘Helicopter Alert’ |
| 7. ‘Medical Incident Commander’ | 8. ‘Mobile Medical Team’ | |

5.4 Preparing to Receive Patients

5.4.1 In All Alerts the Emergency Department Shift Coordinator will:

- Complete the Response check list
- Brief First Responder (Site Manager), Emergency Department staff and Forward
- Control Room Observer with alert status, specific incident information including any known hazards. Complete risk assessment
- Log and in a Declared alert transfer existing Emergency Department and Emergency Department Observation ward patients to MAU and return trolley to Emergency Department
- Transfer any Mental Health patients to Hillview lodge
- Issue Action Cards and tabards to key Emergency Department staff to prepare care areas

5.5 Triage

5.5.1 Triage Priorities

<table>
<thead>
<tr>
<th>Priority</th>
<th>Description</th>
<th>Colour</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>Immediate</td>
<td>Red</td>
</tr>
<tr>
<td>P2</td>
<td>Urgent</td>
<td>Yellow</td>
</tr>
<tr>
<td>P3</td>
<td>Delayed</td>
<td>Green</td>
</tr>
<tr>
<td>Dead</td>
<td>Dead</td>
<td>White</td>
</tr>
</tbody>
</table>

5.5.2 Adult Triage Sieve

5.5.3 The adult triage sieve will be undertaken by the Ambulance Service using
the Cruciform Triage Card prior to arriving at Emergency Department. A single card incorporating all four triage categories is contained within a clear plastic cover and secured to the patient by an elastic loop.

5.5.4 All patients on arrival will be triaged at the ambulance entrance using the laminated copy of the adult triage sieve algorithm.

5.5.5 Sufficiently experienced staff will be required to triage patients according to the volume of patients arriving and therefore a dynamic workforce will be required.

**THE ADULT TRIAGE SIEVE**

**5.5.7 Paediatric Triage Sieve**
Paediatric triage will be undertaken according to local clinical practice.

**5.6 Registration**

5.6.1 All registration staff must be briefed by the senior receptionist on-duty including any known hazards and provided with action cards to work in pre-determined locations.
5.6.2 Sufficient registration clerks must be available to manage the administrative workload in all care areas.

5.6.3 All patients must be registered and brief details recorded on the Triage log sheet.

5.6.4 All patients must be entered onto the Emergency Department computer system as soon as possible to support clinical and operational management of the incident.

5.6.5 100 sets of notes will be available at all times containing all the required Emergency Department documentation. An ID bracelet with a unique hospital registration number is available in each set of notes which must be affixed to each patient before leaving the triage / registration area.

5.6.6 Each patient will be provided with a property bag which must be used to contain and seal all property to contain any forensic evidence.

5.6.7 Exit Controllers must be positioned at pre-determined points as soon as possible to capture the name and destination of all patients being admitted or discharged.

5.6.8 The Casualty Enquiry Bureau (Management Offices) must be provided with a copy of the Patient registration information for all patients.

5.6.9 The documentation trail from receiving the alert to identification of all patients and the repatriation with family and friends is vital.

5.7 Guidance for the Management of Care

5.7.1 Patients will be assessed according to the local agreed clinical policy with triage being used as a dynamic process to ensure those patients requiring the most urgent attention are identified.

5.7.2

- **P.1 Immediate- Red-Serious Injuries Requiring Admission**: These patients will be cared for in Resuscitation, High Care and the ‘Majors’ areas. Each patient will be cared for by a team of 1/2 doctors and 2 nurses.

- **P.2 – Urgent – Yellow - Intermediate Injuries Requiring Admission**: These patients will be cared for in the ‘Majors’ and Observation ward if required. Each patient will be cared for by a team of 1 doctor and 1 nurse.
P.3 – Delayed – Green –
Patients discharged after care

These patients will be cared for in
‘Minors’, Children’s and if required
Fracture / Orthopaedic Clinic

5.7.3
- A Senior Nurse and Senior Doctor will be allocated and responsible for
managing each area and providing professional advise and guidance

- All patients’ clinical care will be managed according to local clinical
guidelines. In a large incident or mass casualty incident the greatest
good for greatest number of patients is the overwhelming priority

- Each patient will be assessed as to the most suitable place to care for
them i.e. Intensive Care, or Theatre or Receiving Ward i/c the childrens
ward, transferred to another hospital for specialist care or discharged.
Any member of staff involved in transferring patients to other hospitals
in an ambulance is provided with insurance cover by the Trust

- Nurses and doctors must maximise the continuity and minimise the
fragmentation of care within and outside the Emergency Department
environment. Evidence suggests a documented assessment, good
oxygenation, complete, regular and documented vital signs, careful
fluid management and effective pain relief significantly improves
patients outcome

- Periods of particular clinical risk for the patient include blood
transfusion, movement through corridors, time spent in Radiology and
other areas used for investigation and handing over care to another
carer. Documentation is critical to reducing these clinical risks

- Major Incidents are considered a crime scene; the property of patients
will possibly be required for forensic examination. Therefore all
property belonging to patients must be placed with minimal handling in
the bag provided and sealed. It must be retained with the patient and
must not leave the hospital until authorised by the police

- Staff must report or ensure the patient reports to the ‘Exit Controller’ on
leaving Emergency Department providing any name, registration and
destination

5.8 Supplies

5.8.1 The effective management of all supplies to support the immediate
response and replenishment of stocks in a protracted incident or in the
recovery phase is critical and must be planned with the supplies and
procurement department. This includes:

- Medical / Surgical / Stationery

- Sterile supplies
• Pharmacy supplies

• Mobilisation of additional specialist equipment direct from companies

5.9 Recovery Phase – Debriefing and Collection of Evidence

5.9.1 Emergency Department is required to plan for the return to ‘normal’ function as soon as possible once the ‘Stand down’ message is issued.

5.9.2 The Senior Nurse on-duty will be responsible for securing all non-patient documentary evidence no matter how small, including scraps of paper and hand it in person to the duty Operations Coordinator (Bronze).

5.9.3 All staff involved must attend a de-briefing opportunity, which will be arranged as soon after the incident as possible. Staff must be encouraged to share their experiences and if necessary take responsibility to obtain professional support if persistent symptoms of emotional trauma persist.

5.10 Key Points

Emergency Department Shift Coordinator will ensure plans are in place for the reception and immediate care of patients including:

• An environmental, man-made or CBRN Major Incident or mass casualty incident

• Specific plans for the known high risks

• Will confirm any information or alert received from any other source with the Ambulance Service

• Will receive and document the alert from the Ambulance Service

• Will instruct the Senior Switchboard Operator to activate the Major Incident Callout procedure using precise terminology.