Golden Jubilee Foundation

Major Incident Management Procedure

It is important to remember that no member of staff will ever be criticised for initiating a major incident should it be shown subsequently that the major incident team may not be required. It is far easier to stand the team down than to take control of an established incident at a later stage.

|  |  |
| --- | --- |
| **Name** | Major Incident Procedure |
| **Summary** | Outlines operational arrangements for Major Incident response. |
| **Associated documents** | BCM Policy  Major Incident Action Cards  Adverse Event policy  Fire Policy  Bomb Threat Policy  Suspected SARS  Outbreak Policy  Winter Plan  Adverse Weather Policy & Procedure |
| **Target audience** | All Staff |
| **Version number** | 5 |
| **Date of this version** | March 2018 |
| **Review date** | March 2019 |
| **Name of Approving Committee** | Senior Management Team |

**Document history**

This document is valid on the day it was issued

**Document location**

The source of the document will be found on the NWTCB Qpulse document management system; a hard copy will also be stored in the Major Incident Room which is the Level 1 Boardroom.

**Revision history**

|  |  |  |
| --- | --- | --- |
| **Date of this**  **Revision** | **Date of next**  **revision** | **Summary of changes marked** |
| **March 09** | **Jan 2011** | **Clarity to response numbers added as a result of Power Failure.** |
| **July 2011** | **July 2013** | **Updated to add clarity regarding out of hours management through core team.** |
| **July 2013** | **July 2015** |  |
| **July 2017** |  | **Revised to reflect organisational changes. Core and support teams revised.** |
| **March 2018** | **March 2019** | **Revised in response to internal audit and recent events. Core & support team refined.** |

**Approvals**

This document is approved by Resilience Group and SMT.

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# 

# Introduction

The Board has a statutory duty to provide safe and effective care for all patients and to take reasonable measures to ensure that the health and safety of all people on site is unaltered by any circumstances that might adversely affect the ability to provide normal services. There is a requirement to prepare plans, based on objective analysis of possible events, which provide essential guidelines for action.

This document aims to provide relevant information to support staff within the Board, in the event of a major incident that may result in the hospital or hotel being unable to provide either a full or restricted service. Other documents that staff need to be aware of include:

|  |
| --- |
| * Fire Policy |
| * Outbreak Management Policy |
| * Business Continuity Management Policy |
| * Bomb Threat |
| * Suspected SARS |
| * Adverse Event Management guidance |

These documents are located on the Board central policy system electronically and a hard copy will be stored, alongside this procedure in the Major Incident Room.

This protocol applies to the Golden Jubilee National Hospital and the Golden Jubilee Conference Hotel and the Golden Jubilee Research Centre.

# Definitions

The following generic definitions are used in the NHS in Scotland Manual of Guidance: Responding to Emergencies. For each of these levels the duty manager should consider which members of the core incident team and support incident need to be informed. (See page 5)

There are three levels of contingency:

Level 1 - Routine Emergencies

A routine emergency is defined as one, which can be met within the normal capacity and procedures of those faced with it. It is one, which places no abnormal demand upon health care services or causes no significant interruption to the delivery of health care to patients. Most events in the GJNH will in this level.

Level 2 - Major Emergencies

A major emergency is defined as a situation, either arising or threatened, which requires the special mobilisation and/or redeployment of staff or other resources with consequent interruption to routine activities.

Major emergencies are any events, which may cause significant disruption in the delivery of health care to patients.

**Level 3 - Major Incidents**

This is a widely accepted term used by the emergency services to describe any emergency that requires (and triggers) the implementation of special arrangements by one or more of the emergency services, the NHS or the local authority.

For the NHS, Major incidents are events involving the reception of significant numbers of casualties or, limited numbers of casualties whose injuries place special demands on the NHS. Within GJF this includes any event which requires the support of external emergency services in responding and managing the event.

# Triggering Procedure and Guidance for Management of Incidents

## It is important to remember that all staff carry a responsibility for raising the alarm in a potential major incident and should promptly inform their local manager / senior nurse / duty manager when they become aware of the development of an emergency situation.

**Any major incident must be communicated to the Duty Manager as soon as possible who will initiate the Major Incident Procedure for Level 2 or 3 events and call a Major Incident Meeting as soon as possible in Level 1 Boardroom.**

## Level 1 incidents

It is recognised that the majority of incidents that do occur are relatively minor in nature and are managed locally. Level 1 Incidents, even where their risk is rated high will be managed through local investigation reported through governance structures. Refer also to Business Continuity Management Policy

## Level 2 or 3 incident.

The DM should be notified of the event and will initiate the procedure by convening a Major Incident Meeting (MIM) via a switchboard call to the Core Team.

The hospital Major Incident Room will be Level 1 Boardroom. Should an incident occur in the Hotel the hotel duty hotel manager will initiate appropriate response as indicated. The control of the incident reverts to the site DM on their arrival. The Hotel Major Incident Room will be Dalhanna, this has 2 telephone points and wireless networking.

Once a major incident is confirmed the Duty Manager and Core Team are responsible for ensuring smooth management of the event. Guidance is given below on the duties of the core team and in the supporting action cards. This guidance should normally be followed although it is recognised that unusual situations may require a degree of flexibility in their management. All core teams members must ensure they are familiar with their responsibilities and that any deputy supporting the role is aware.

There are additional roles outwith the Core Team who will also support the response and can be called upon by the Duty Manager and/or Core Team to provide support. In the event a support role is initiated the action cards provides general advice on support required and this should be confirmed with the requesting manager.

## Management of a Major Incident out of hours and Public Holidays

## It is recognised that major incidents may occur out of hours when core staff are not available. On such occasions the Senior Nurse should be notified of the event and the following process applies:

## Senior Nurse assesses situation and calls duty manager.

## The Senior Nurse is considered the senior staff member on site and as such will assess the situation and then contact the duty manager to discuss an appropriate response.

## The Senior Nurse should establish control in the most appropriate safe location and should remain flexible.

## When the incident occurs in the Hotel the Hotel Duty Manager will assume seniority, advise the Senior Nurse of the situation and contact the DM to discuss and appropriate response.

## If a full major incident team is required the DM will arrange call out for appropriate staff through switchboard. The Chief Executive or nominated Executive on-call if CE on leave must be contacted by the DM.

## If the incident does not warrant a full response the DM will contact only those staff required to manage the incident. (See support staff)

## Management if major incident is initiated.

## The Senior Nurse / Hotel Duty Manager will continue to manage the situation flexibly until the DM (or Executive Director, depending who is first) arrives on site and establishes the major incident room.

## Management if reduced response is initiated.

* + If a reduced response is required to manage the incident, the duty manager (or senior manager who was on site to manage the situation) will convene the major incident team the next working day to assess the event and to consider what other actions are required and what level of BCP response is required. Management will then transfer to operational managers using BCP plans if required.

The **Core Team** is listed below:

|  |  |  |
| --- | --- | --- |
| **Major Incident Team Core Members** | | |
| **No** | **All of these roles should be immediately available - or have an appropriate deputy available - during hours if an event if declared** | |
|  | **Duty Manager / Incident Controller** | Assumes control as incident controller. Coordinates activity. |
|  | **Nurse Director** | Expert nursing input regards care of patients and coordinates patient movements around hospital. The Nurse Director delegates responsibility to a nurse manager to provide up to date bed state and input to decision making regards movement of patients around hospital |
|  | **Medical Director** | Provides expert medical input and coordinates activities of medical staff as required in the review and movement of patients. |
|  | **Director of Operations** | Assume control of operational aspects and direct responsibility to link to operational leads. |
|  | **Head of Corporate Affairs** | Assumes control of media management and supports communication internally and externally regarding the event. |
|  | **Head of E-Health** | Assumes control of any e-health issues and availability of key systems and telecommunications. |
|  | **Health & Safety Manager** | Provides advice and input regarding control and management of access to hospital, general health & safety and security issues. |
|  | **Head of Estates** | Provides update on structural integrity and availability of key utilities such as power and water. |
|  | **Prevention & Infection Control Manager** | For and Infection Event will ensure appropriate policies/ procedures are initiated and advise the DM on actions required.  Facilitates movement of patients or equipment to ensure safe infection prevention and control. Housekeeping clean up support where required. |
|  | **Business Services Manager** | Operational responsibility for transport, reception, switchboard and booking office – provide advice and co-ordinate response from areas as required. |
|  | **Hotel Duty Manager** | Provides advice and input regarding hotel – this may be impact and actions or support that hotel can provide to hospital response. |
| If on site Chief Executive and other Executive Directors must attend and may be stood down if not required.  The Duty Manager will invite other members of the Senior Management team as required who must attend or ensure an appropriate deputy.  The Chief Executive may assume control of any incident if deemed appropriate. | | |

# Functions of the Core Team

|  |
| --- |
| Priority must be to ensure adequate arrangements for clinical care of patients and preservation of critical services. |
| Ensuring emergency services have been called to respond to the specific event such as fire |

* Establish control centre at primary (Board room) or secondary area.(located within hotel)
* Incident controller should ensure each member of the group is clear as to their respective roles
* Establish what has happened, where it has happened, why it has happened and establish immediate consequences for people and building fabric. Based on this information prioritise actions / control measures and deliver these.
* Inform the senior team leader of NHS 24 (located on level 5 of the hospital building)

of a level 2 or 3 incident. NHS 24 staff may be able to assist in some way and the incident may impact on the operation of their services.

* As appropriate establish security within the building and through an incident cordon
* Establish internal and external lines of communication thus ensuring provision of clear direction and/or information to local staff, patients and relatives at all times.
* Ensure an adequate record of events is maintained and log of agreed actions
* Ensure adequate provision of supplies and staff to meet any additional needs related to incident.
* When critical phase of incident has passed incident controller will declare stand down.
* It is recognised that the critical phase of the incident may not mean the incident has ended and management of incident may be ongoing over a period of time as per BCP arrangements. Management throughout the recovery phase defaults to appropriate Heads of Department supported by the Senior Management Team who will oversee activity to restore normal services.

# Recording major incidents

The incident will be documented by a member of the core team delegated by the Duty Manager.

During working hours, member of administrative staff will be seconded for this purpose. It is essential that detailed records are kept of the incident to ensure a comprehensive review can take place. Notes may also be required for legal purposes.

# 

# External Communication

The following contact numbers will be useful in the event of a major incident :

|  |  |
| --- | --- |
| **External contacts** | **Phone number** |
| Health Facilities Scotland | **0141 207 1600** |
| Health Protection Scotland | **0141 300 1100** |
| Police (Dumbarton police station) | **01786 289070** |
| Scottish Ambulance (via Strategic Ops Manager for Major Level 3 Incidents only) | **07881 356395**  **0141 810 6106** |
| Scottish Government Resilience Unit (Duty Resilience Officer page) | **07623 909981** |
| NHS 24 | **08457000666** |

**External media relations.**

Staff should not engage in discussion with the media. Board staff who are first to arrive on site in advance of the core team should liaise with the police to ensure that media representatives are kept at a safe distance from the incident itself. If approached by any member of the press they should give a statement similar to the following:

““Due to the early stages of the incident it is not possible for me to make any comment at this time. We will be issuing a statement in due course.”

There may be occasions when it is not possible for the Head of Corporate Affairs to attend the scene, in this instance; staff should again not enter into discussion with media representatives until an agreed line has been discussed with other members of the Core Team.

The Head of Corporate Affairs will form part of the Core Team and co-ordinate the release of regular updates and interviews/ news conferences as required and will work with the incident team to anticipate media demand and pressures over the lifetime of any incident.

Internal communication.

The core major incident team will be required to ensure that appropriate lines of communication are maintained through all phases of the incident. Guidance on the most appropriate methods of communication will be given by the Head of Corporate Affairs. It is recognised that a flexible approach will be required dependant on available methods of communication.

The Hospital and Hotel both have daily huddles. During a major event the DM should ensure attendance at the Hospital Huddle as will the Hotel Duty Manager to provide an update on the situation and advise of any actions required. This will also provide information on the status of key operations and activity. The Hotel Duty Manager will provide an update to the Hotel huddle.

# Debrief and Follow up investigation

For infection related incidents the infection control manager will instigate either the pandemic flu or outbreak policies and will oversee a full review of the incident.

The Duty Manager will ensure arrangements are made for debrief of the event prior to stand down. Responsibility for co-ordinating the debrief will be assigned by the DM to an appropriate Senior Manager.

The debrief meeting must be held within 1 week of stand down and will include the Core Team and other members as appropriate agreed at the time of stand down. The debrief meeting will review why the event occurred and how it was managed to identify any learning. A summary report must be prepared and shared with the Resilience Group and Senior Management Team; an Extra-Ordinary Resilience Group may be called to review and the report will be discussed at the next available Senior Management Team meeting.

Depending on the type of event it may be appropriate to commission a Root Cause Analysis investigation. This will be decided by the Duty Manager or can be recommended by the Debrief.

# Testing this protocol

It is recognised that this protocol must be tested on a regular basis to ensure that it is robust and that all staff are familiar with their role should a major incident occur. Tabletop testing will be undertaken annually and reported to the Resilience Group where appropriate learning including any updates to this procedure will be discussed.

# Review

This procedure will be reviewed at least annually or more often if outputs from exercises or actual incidents require changes to be made.

# Appendix 1 – Major Incident Flowchart

**Does the incident have potential to cause major**

**disruption beyond your immediate area of work?**

**Report/Manage**

**using incident**

**reporting process**

**as per guidance**

**in Incident**

**Guidelines**

**In working hours:**

**Contact Duty**

**Manager on**

**07917 231 408**

**Out of hours:**

**Contact Senior Nurse**

**who in turn will call**

**Duty Manager**

**Can be managed**

**locally**

**Yes**

**No**

**Incident has**

**occurred**

**Duty Manager contacts core team**

**and exec directors.**

**Incident group report to Incident**

**Room and manage incident**

**Will incident have longer**

**term impact on business**

**No**

**Yes**

**Incident Closed.**

**Stand down is called by Duty**

**Manager**

**Debrief and event reviewed**

**at next Resilience Group**

**for lessons learned**

**Business**

**Continuity**

**Plans**

**arrangements**

**initiated**

**Yes**

**No**

**Incident assessed**

**by duty manager**

**as major**

**Does the incident have potential to cause major**

**disruption beyond your immediate area of work?**

**Report/Manage**

**using incident**

**reporting process**

**as per guidance**

**in Incident**

**Guidelines**

**In working hours:**

**Contact Duty**

**Manager via**

**switchboard**

**Out of hours:**

**Contact Senior Nurse**

**who in turn will call**

**Duty Manager**

**Can be managed**

**locally**

**Yes**

**No**

**Incident has**

**occurred**

**DM initiates procedure, contacts core team to meet in incident room (Level 1 Boardroom) & manages incident**

**Will incident have longer**

**term impact on business**

**No**

**Yes**

**Incident Closed.**

**Stand down is called by Duty**

**Manager**

**Business**

**Continuity**

**Plans**

**initiated**

**Yes**

**No**

**Incident assessed**

**by duty manager**

**as major**

# Appendix 2 – Call Lists for Major Incident

# Switchboard to initiate the following alerts via Netcall on request from Duty Manager:

# Alert 1 – Core Team

# Sent to:

# All Executive Directors, Head of E-Health, Head of Corporate Affairs, Head of Estates, Hotel DM, Head of Infection Prevention & Control, Health & Safety Manager, Business Services Manager

# Message:

# A Major Incident has been declared please attend a Major Incident Meeting in Level 1 Board room at <time confirmed by DM>

# Response:

# Recipients to confirm message received and attendance

# 

**Alert 2 - Alert to Duty Managers & Support Roles**

**Sent to:**

**Duty Managers, Resus Team Lead, Duty Security Officer, Catering Manager, Housekeeping Manager, Senior Theatre Practitioner, Spiritual Care Lead**

**Message:**

**For information - a major incident has been declared; a Major Incident Meeting will be held in Level 1 Boardroom at <time confirmed by DM>.**

**Response:**

**Recipients can attend MIM if on site and available – if they MUST attend to support response the Duty Manager or Core Team will contact separately.**