West Midlands Ambulance Service NHS

NHS Trust

Major Incident Plan

2008

IF A MJAOR INCIDENT HAS OCCURRED
REFER TO THE ACTION CARDS ON PAGE 25

Version	Version 5
Ratified By	West Midlands Ambulance Service Executive Board
Date Ratified	[redacted]
Principal Authors	Regional Head of Emergency Preparedness/ Health Emergency Planning Officer
Responsible Officer	Regional Head of Emergency Preparedness
Date for Review	[redacted]
Intended Audience	General Public
Supporting Documentation	NHS West Midlands ERMA CONOPS 2008 WMAS Gold Control Plan 2008 WMAS RAMP Plan 2008 WMAS Emergency Preparedness SOPs NHS West Midlands Mutual Aid Process (Draft 1.3) WMAS Adverse Weather Plan

Chief Executive's Foreword

This revised Major Incident Plan sets out the activation, response, management and mutual aid arrangements for West Midlands Ambulance Service (WMAS). It describes how we, as a regional service, will operate in response to a major incident, to ensure that we are able to meet the expectations of legislation and guidance, our partner agencies and most importantly the needs of the public we serve.

he arrangements set out in this Regional Plan build on day-to-day arrangements, which have been in place for a long time and are tried and tested. It outlines how new developments will be utilised to best effect to enhance major incident response. Whilst this document provides an overview and generic response structure, it is not exhaustive and is supported by specific plans and arrangements related to identified risks. It is important to stress that incident management should remain flexible to adapt responses to uncertain and complex environments.

I am committed, with the Trust board, to seeing a culture of preparedness develop within the Trust, which will in turn ensure that we have robust emergency response and management system in place, capable of dealing with a range of scenarios. In order for this to occur I need your support, ensuring that you are aware of your role, understand the principles of command and control and ensure you are appropriately trained.

I, as the Chief Executive accept overall responsibility for major emergency planning and have appointed and given authority to a senior and experienced manager to lead the planning team.

However all Trust staff must be fully aware of the contents of this document and I urge you not to wait until an emergency occurs to pick up this plan.

Anthony C Marsh

Chief Executive

Document Navigation

Ensure you have the latest copy of the Major Incident Plan:
WMAS staff can visit the Emergency Preparedness web page on the Intranet

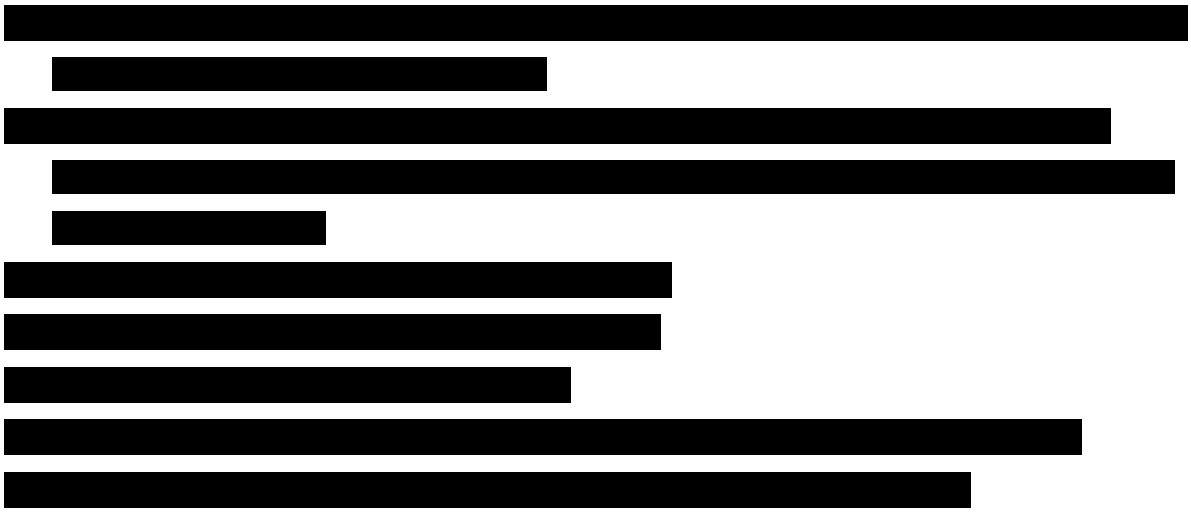
This document uses electronic navigation – left-click on the required section

West Midlands Ambulance Service Concept of Operations (CONOPS)

This CONOPS has been developed to provide a clear set of command, control, co-ordination and communication (C4) arrangements that will manage our Trust response to incidents and major emergencies.

It will set out the principles upon which we will operate as a Trust to ensure we have an appropriate, proportionate and resilient response to **any** incident in which we become involved: either leading or supporting.

It is built upon the following important principles:



And also sets out the following:

a) Defines a local or regional incident for the Trust

b) Sets out what it means to be in charge (take leadership/command) of WMAS response to an incident

c) Sets out the principles of Escalation to the next level of the WMAS response (i.e. local to regional)

d) Risk/impact assessment

e) Sets out our C4 structures and principles of working within them

f) Defines a Standard Operating Procedures for determining our "core" actions during incidents

g) Provides individual action cards which describe "key" actions for specific roles within WMAS major incident arrangements

Defining Local and Regional Incidents for the Trust

A Local Incident

"An incident, which is managed within the resources of a locality"

A Regional Incident

"Any incident, which cannot be managed within the resources of a single locality or requires regional command to be put in place"

What It Means To Be In Charge (Take Leadership/Command) Of WMAS Response To An Incident

[redacted]

Principles of Escalation to the next level of WMAS response (i.e. local to regional)

The WMAS response to an incident is premised on ensuring the locus of command is as near to the incident as possible. The level of response (local or regional) will be defined by where command sits and the level of resources needed to run the incident.

In essence an incident can escalate within WMAS for two reasons

- **Command**
- **Resources**

Command

Escalation through command can be for several reasons:

- The person in charge recognises they can no longer cope
- The Chief Executive Officer (or their nominated deputy) has concerns over the way the incident is being managed
- The incident becomes more complex and therefore the management sits at a higher level (e.g. seriousness/scale of the incident, political or media interest/involvement) may drive this)

Resources

The resources available cannot meet the demand of the incident response and therefore requires escalation to bring more on line; this may be for the following reasons:

- The incident grows (magnitude, geographical spread, politically)
- The incident response needs to be sustained for a longer period of time (e.g. influenza pandemic)
- To meet partner requirements/expectations of the WMAS response
- Scale and magnitude of the incident (mass casualties, mass decontamination)

Risk assessment – (further copy at Annex 2)

In order to determine the level of the incident, resources needed and command structure to put in place it will be important for a risk assessment to be carried out. Risk assessments should be dynamic and undertaken at regular intervals during an incident as they are a vital decision support tool and assist with determining the overall strategy for managing the incident response.

This following risk assessment is designed to be quick and simple. The SILVER and GOLD commanders should use it as soon as they are notified: it should take no more than 10 minutes to complete and gives additional information to the METHANE report

Question/consideration	Answer	Notes/comments
Is this a WMAS incident	Y/N	
Location		
Nature of incident		
Number of casualties (injured, exposed or affected)		
Have any multi-agency or single agency groups been set up to manage the incident?	Y/N	
Are the command and control arrangements in place for WMAS	Y/N	
Is there an ongoing risk?	Y/N	
What is the level of public concern High/Medium/Low		
What is the level of media interest? High/Medium/Low		
Are there any cordons or control	Y/N	

measures in place?		
Complexity of situation		
Is there a need for specialist support or equipment?	Y/N	
Is this a malicious or deliberate act?	Y/N	

WMAS Command, Control, Co-ordination and Communication Arrangements (C4)

Will determine how WMAS will configure itself to respond to incidents and set out how all staff within the service will operate during the response to an incident. It is absolutely vital that all staff understand the command rules and work within them to ensure we have a robust, credible and safe response:

C4 will adhere to the well-understood GOLD, SILVER and BRONZE terminology and command that exists within other blue light responder agencies and apply to all scenes that this service attends

Gold – Strategic
Silver – Tactical
Bronze – Operational

The command and control (C4) hierarchy will be implemented from WMAS first attendance at a scene. It is not intended that command and control management levels are necessarily pre-determined by rank or seniority of the individual, but out of the necessity of the role and functions that must be discharged

Due regard will be given to the responsibilities of officers and managers attending such an incident, to ensure their safety and well being and these are detailed in

INDIVIDUAL ROLE SPECIFIC ACTION CARDS (ANNEX 1)

Important principles of C4 for WMAS

1. There can only ever be one GOLD operating within the Trust at any one time: i.e. when a locality is managing an incident and there is a need to escalate to regional level, the command moves to region. This means that GOLD COMMAND will be at a regional level and therefore the Locality GOLD reverts to GOLD LIAISON as Command moves with escalation

2. There will remain a need within the regional service to maintain and attend multi agency locality command and control structures during the response to incidents (i.e. SCG or Police Gold)

3. Officers within the Trust must respect and adhere to the chain of command

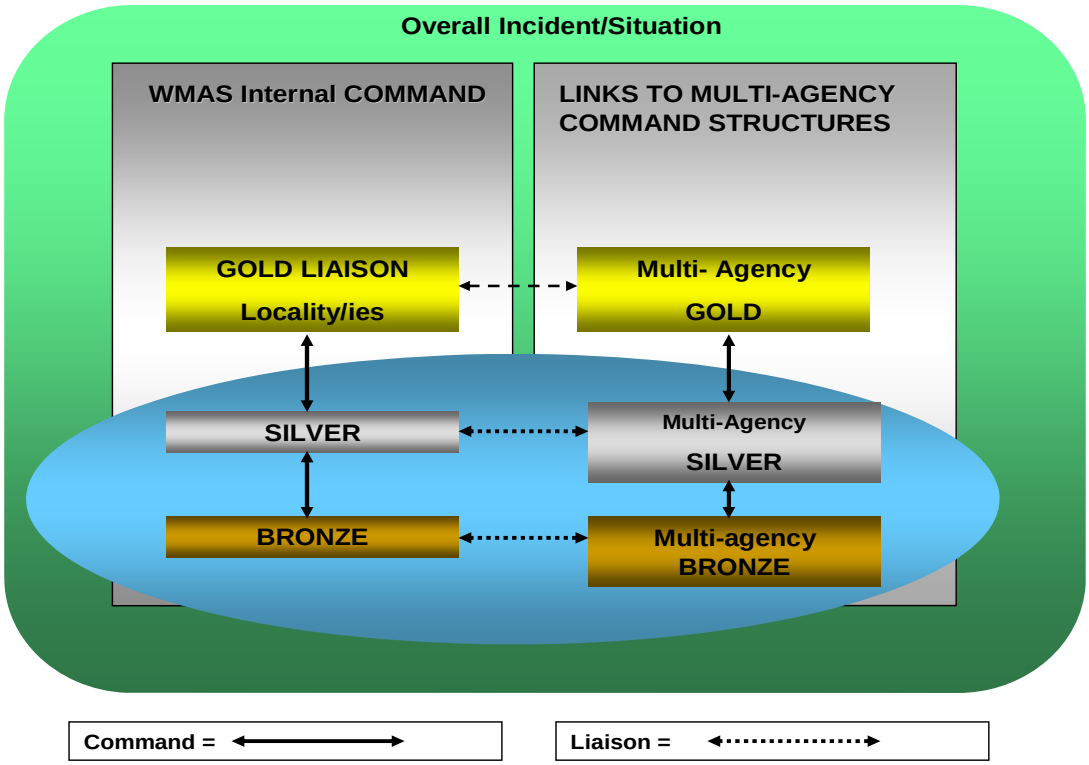
4. Officers are empowered within the C4 structures to undertake their roles in line with core action cards

5. Officers involved in the response to an incident (regardless of rank) must have a specific action card and set of functions to fulfil. This ensures that officers are involved because they have a need to be rather than a desire to be.

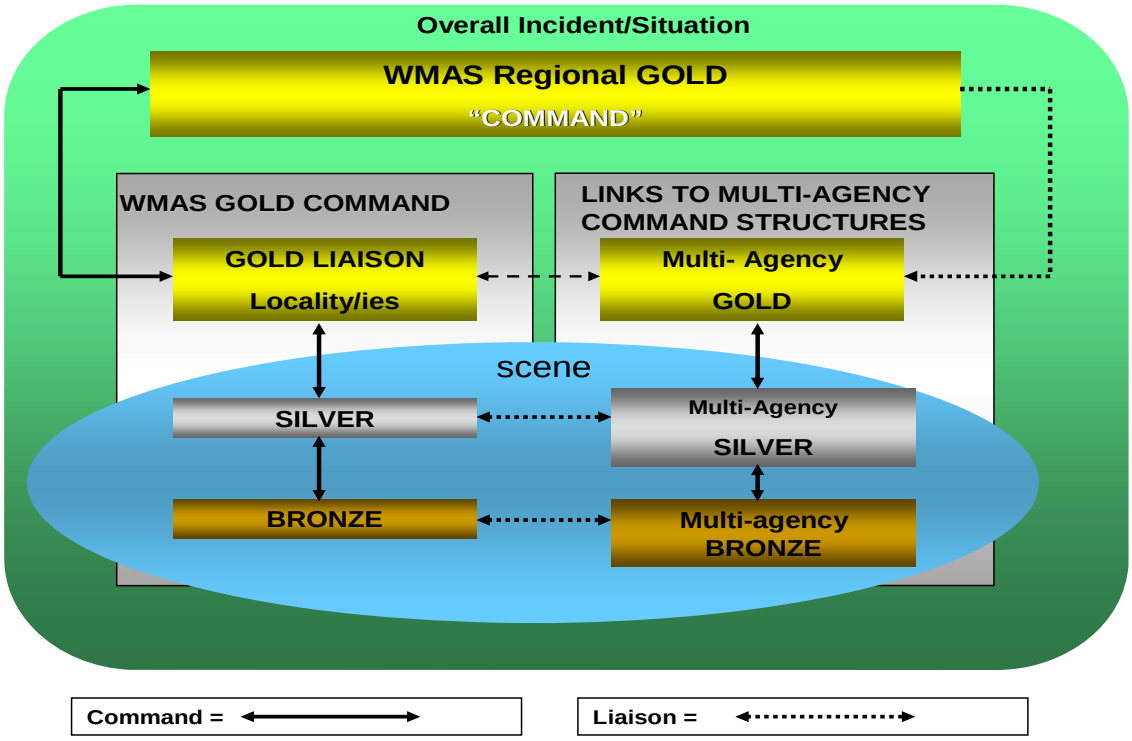
6. Command structure is in place to eliminate duplication of functions and ambiguity

7. That two way dialogue and communication is essential up and down the command chain

WMAS C4 for a LOCAL incident



WMAS C4 for a **REGIONAL** Incident ***(Gold at Locality level reverts to "Liaison" with "Command" at Regional level)***



UK Security Status Threat Level

Terrorism threat levels are designed to give a broad indication of the likelihood of a terrorist attack. They are based on the assessment of a range of factors including current intelligence, recent events and what is known about terrorist intentions and capabilities. The following categories of threat and the UK has been at **Severe** alert status since the London Bombings (7th July 2005).

CRITICAL	An attack is expected imminently
SEVERE	An attack is highly likely
SUBSTANTIAL	An attack is a strong possibility
MODERATE	An attack is possible but not likely
LOW	An attack is not likely

A move to **Critical** therefore is seen as a significant trigger and the following predetermined actions will be initiated. These are over and above or complimentary to our day to day *modus operandi.*

Major Incident Plan

1. Introduction

This Major Incident plan sets out the procedures adopted by West Midlands Ambulance Service (WMAS). It is produced in modular form so that it is easily updated as new sections are developed of reviewed.

[redacted]

In the initial stages of a Major Incident the ambulance service provides an essential gateway between the NHS and other responding agencies. It is therefore imperative that the ambulance service rapidly identifies and declares a major incident, or the potential for a major incident. Ambulance service plans must also therefore reflect the responsibilities to alert, mobilise and co-ordinate NHS resources acting in support of the wider NHS response.

1.1 Objectives of the Major Incident Plan

Objectives

- Provide a coherent and resilient set of arrangements to enable WMAS to discharge its emergency response duties
- Mitigate the impacts of a Major Incident
- Ensure duty of care to patients and staff is maintained
- Ensure integrated response both internally and externally
- Assist the return to normality of the community following an incident
- Provide a methodology for incorporating lessons identified into future arrangements

1.2 Major Incident Terminology and Triggers

A Major Incident is defined as an event whose impact cannot be handled within routine service arrangements. It requires the implementation of special procedures by one or more of the emergency services, the NHS or a local authority to respond to it[1].

For the NHS, a Major Incident is defined as Any occurrence that presents serious threat to the health of the community, disruption to the service or causes (or is 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.

More specifically it requires the implementation of

- Rescue, triage, treatment and transport of large numbers of casualties
- Integrated management of the emergency service response
- Mobilisation of emergency services to cater for threat of death, injury and homelessness

[1] NHS Emergency Planning Guidance 2005

- Mobilisation of specialist resources

1.3 Major Incident Notification Messages

The following standard accepted messages should be used by the Ambulance Service when informing NHS partners of incidents.

Major Incident – Standby: This alerts the hospital that they may need to activate their Major Incident Plan and to make advance preparations. As much information as possible should be passed to the hospital. The hospital should receive an indication as the whether they will be designated receiving or supporting for the incident.

Major Incident Declared – Activate Plan: This notifies the hospital to activate their plan. It should be confirmed as to whether they are supporting or receiving and any details of casualties expected.

Major Incident Cancelled: this message rescinds either of the two above messages at any time

Major Incident – Casualty Evacuation Complete: all receiving and supporting hospitals should be informed when the last casualty has been removed from the scene. This is not an instruction for the hospitals to stand down, which is an internal decision.

1.4 Specific Risks within WMAS Operational Area

1.5 Ambulance Service Responsibilities

The Ambulance Service is principally geared to the immediate clinical needs of those directly or indirectly associated with an incident and their subsequent transportation to treatment centres.

The responsibilities of the Ambulance Service include

- The saving of life in conjunction with other emergency services
- To instigate a command structure, including the appointment of a Medical Incident Commander as required
- To protect the health and safety of all NHS personnel on site
- To provide and coordinate on site NHS communications
- To alert receiving hospitals for the receipt of injured
- To undertake ah health service assessment of the incident

- To instigate a triage process, using triage sieve on all patients and triage sort as required
- To provide treatment to casualties
- To provide most appropriate types of transportation of casualties to treatment centres
- To provide clinical decontamination and direct mass decontamination, that includes dirty side triage and limited dirty side clinical care
- To mobilise UK National Capabilities Stock as appropriate
- To maintain adequate levels of cover throughout the service area, reducing disruption to normal workload
- To alert and coordinate the work of the Voluntary Aid Societies
- To have the facility to call on ambulance tactical advisor and other sources of information
- Provide a nominated member of staff to maintain communications with receiving hospitals
- Have the facility to deploy bulk oxygen supplies to meet requirements at the site

2. Initiation

It is probable that the initial alert will come from one of the emergency services, it is also possible that such a call could come from any source and as such it may not always be initially clear if an incident is one of Major proportions.

In addition to this ambulance service staff of all ranks must immediately inform the EOC if they consider an incident to which they have been normally dispatched to could be a Major Incident. This should take the form of a METHANE message to ensure accuracy, brevity and clarity.

Clear SOPs have been developed for the use by EOC on the receipt this information.

It is recommended that the Major Incident Plan be initiated early, possibly unnecessarily, rather than to delay doing so, which would have consequential risks to patient safety.

The Chief Executive may also activate the Major Incident Plan at any time in response to a widespread incident either within the UK or internationally.

4. Initial Risk Assessment and First Actions at Scene

Rapid assessment of the scene is vital in the initial response to an incident in order that the levels of resources can be appropriately mobilised.

The quality of first information passed from the scene will be crucial in determining the speed and adequacy of the subsequent response. In addition, there should be regular situation reports (SITREPS) provided to the EOC. The acronym METHANE is considered to be good practice nationally and is consistent with doctrine in all other ambulance services and those formally taught on Major Incident Medical Management and Support (MIMMS) courses.

M	Major Incident	Standby/Declared and Call Sign
E	Exact Location	Grid Reference, directions etc
T	Type of Incident	Rail, Chemical etc
H	Hazards	Present and potential
A	Access	Direction of approach/egress
N	Number of Casualties	Number, severity and type
E	Emergency Services	Present and required

The first WMAS resource on site becomes the Ambulance Incident Commander until relived by a suitably trained member of staff as detailed in Action Card 7. The Ambulance Incident Commander is the on site Silver who is responsible for the command and control of the incident scene.

4.1 Ambulance Silver Command Cell

The Ambulance Silver Command Cell should be where the Ambulance Incident command, Medical Commander, Communications and tactical advisor are collocated to provide command and control of WMAS assets in response to the incident. This structure should ensure clear communications links at scene with multi-agency partners, and externally to Gold Control and designated hospitals. All decisions made and actions taken in the Ambulance Silver Command Cell, should be logged by the Silver Loggist.

The Silver Command Cell should ensure that the following positions/roles become operational as soon as possible.

- Ambulance Holding Area – which may fall outside of the Outer Cordon
- Casualty Clearing station
- Ambulance Parking Point
- Ambulance Loading Point – should be adjacent to the Casualty Clearing Station
- Ambulance Safety Officer
- Bronze Forward Incident Officer
- Triage Officers

This list is not exhaustive and a Bronze Commander may be allocated to any site-specific supervisory role.

Silver Commanders and other officers may find it useful to refer to the CSCATTT process, which encapsulates the all-hazard structured approach to major incident management in seven key principles. The generic nature of these principles have been shown to cross interservice boundaries at the scene. This is covered in WMAS Major Incident and CBRN training courses in addition to MIMMS.

1. **Command and Control**
2. **Safety**
3. **Communication**
4. **Assessment**
5. **Triage**
6. **Treatment**
7. **Transport**

5. Safety

5.1 Safety triggers for Emergency Personnel (STEP123)

The following guidance should be used when the cause of an incident is unknown

ONE casualty, approach using normal procedures

TWO casualties, approach with caution and consider possible options

THREE or more casualties without obvious cause – DO NOT approach scene. Withdraw and isolate, report SITREP to EOC as soon as possible.

5.2 Personal Safety

- Do not compromise your safety or that of colleagues or the public
- Don appropriate protective equipment and tabard as necessary
- Obey all cordons and safety advice
- Encourage self help for survivors with minor injuries
- Follow the instructions of the Ambulance Incident commander

6. Additional WMAS Capacity

6.1 Patient Transport Services (PTS)

In the event of a declared Major Incident the resources of PTS will assist the Emergency and Urgent operations of WMAS in all or some of the following according to the prevailing situation

- Participation in hospitals emergency discharge programme
- Participation in hospital to hospital transfers
- Transport at the scene for walking wounded
- Deployment to alternative treatment sites where implemented

Activation of PTS to any of the above will be decided in conjunction with the EOC Duty manager, the Gold Commander and the PTS Manager.

6.2 Community First Responders (CFRs)

Whilst CFRs would not be tasked by the EOC to respond directly to a Major Incident, there is a role for CFRs to provide additional cover and support to the ongoing emergency activity unrelated to the incident to assist in making resources available for the incident.

7. Multi-Agency Command and Control Structures and Response Arrangements

Emergency Response and Management Arrangements (ERMA) - NHS West Midlands

ERMA provides a region-wide structure for the strategic command, control, communication and coordination for all NHS organisations in the West Midlands is

response to a major incident. ERMA ensures that command arrangements are robust and can be scaled up or down in response to an incident.

WMAS Role in ERMA

As regional service provider, WMAS are in a unique position in respect of ERMA, and in addition, form the gateway to the rest of the NHS at the scene of a major incident. In the event that ERMA is activated, regardless of level of activation, WMAS will task an appropriate level officer to fulfil the role of ERMA Liaison Officer who will be responsible for ensuring the Ambulance Service perspective is considered in strategic decisions.

Multi-Agency

Large or Complex Major Incident may require the initiation of a Strategic Coordination Group (SCG) which will require attendance and input from WMAS and is responsible for the overall strategic multi-agency management and coordination of the incident response. The Gold Commander is responsible for ensuring appropriate WMAS attendance at these groups.

In some circumstances, the establishment of a Scientific and Technical Advice Cell (STAC) may be considered. The role of this group is to provide expert advice in relation to a range of scientific matters (including public health and environmental). It is the responsibility of the Regional Director of Public Health (RDPH) to convene a STAC if required. This responsibility has been devolved to the Health Protection Agency (HPA) in the West Midlands who can be contacted via First Response.

Regional Civil Contingencies Committee (RCCC)

In exceptional circumstances, where the response to a major incident would benefit from multi-agency coordination at a regional level, a RCCC may be convened. The role of the RCCC is to maintain a strategic picture across the region with a focus on consequence management, ensuring escalation of issues which cannot be resolved at local level, guide the deployment of resources and facilitate mutual aid, and where appropriate provide a regional spokesperson.

WMAS will be represented at RCCC by the Gold Commander or nominated deputy, by teleconference or videoconference where circumstances demand.

8. Triage

In situations where demand exceeds resources available it is important that treatment priorities are established so that resources can be appropriately focused on those patients most in need. Complete anatomical examination is too time consuming to be used in these circumstances however, physiological methods are simple, quick and reproducible ways of reliably identifying patients who have serious injury.

The range of Triage Categories area s follows:

(a) Immediate First Priority - **Red (P1)**
(b) Urgent Second Priority - **Yellow (P2)**
(c) Delayed Third Priority - **Green (P3)**

A 4th category exists for use in special circumstances (Dealing with Mass Casualties 2006)

(d) Expectant - **Blue (P4)**

Where time allows, during transportation a Patient Report Form (PRF) should be completed for the patient to assist the hospital Emergency Department staff.

8.1 Paediatric Triage

Separate Triage algorithms exist for paediatric casualties based on height – copies of these algorithms are included with all triage packs on ambulances.

8.2 Casualty Labelling

WMAS has two types of casualty labelling are available on each emergency vehicle.

Triage Slap Bands

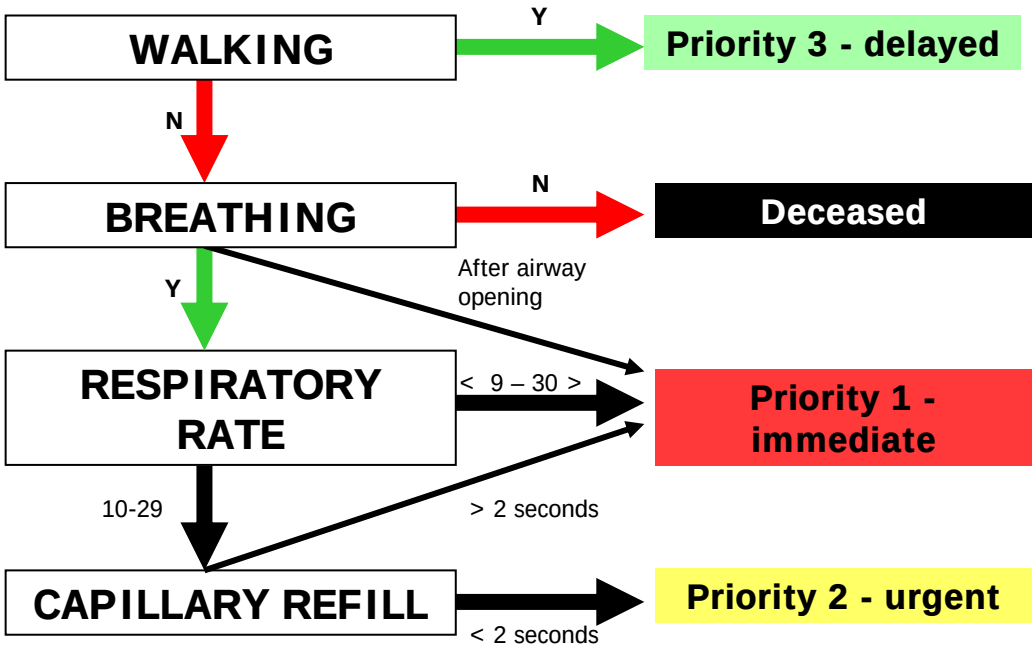
To be used for the process of Triage Sieve. These bands are single use and do not allow for any patient information to be recorded. They are an initial prioritisation only.

Triage Cards

To be used for Triage Sort process. These uniquely numbered cards allow for patient details e.g. brief identifying information (i.e. Male 40s) to be recorded along with details of any drugs administered or interventions taken. This allows for the casualty to be better tracked and provides more information for further care.

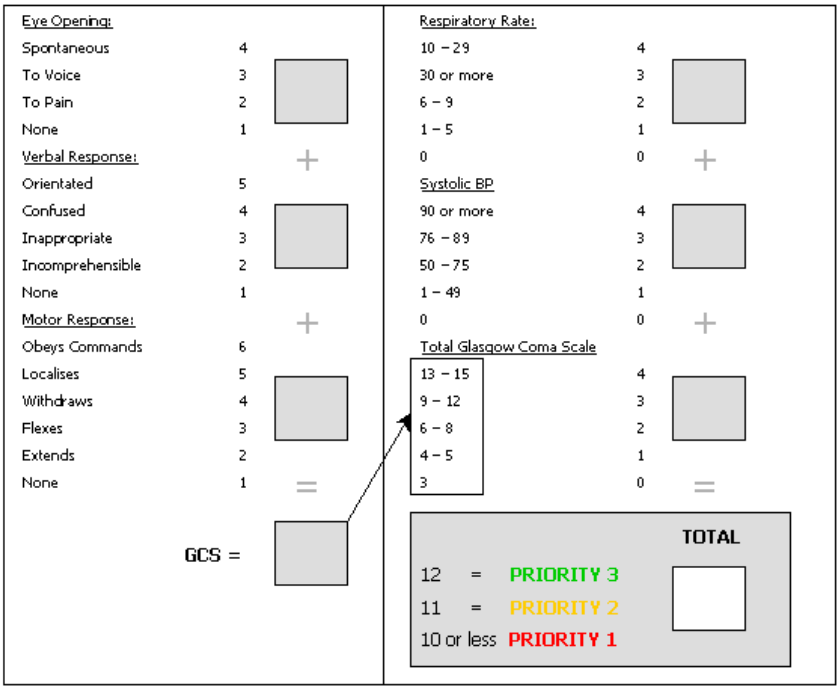
8.3 Triage Sieve

This is a very rapid assessment of casualties. This should be undertaken at the scene of the incident using the Slap Bands.



8.4 Triage Sort

This is a more anatomically based system which makes use of the Glasgow Coma Scale, Systolic Blood Pressure and Respiratory rate. Triage Sort should be undertaken at the Casualty Clearing Station utilising the Triage Cards. There is the opportunity to also record basic patient details and treatments or drugs administered.



9. Media

It should be expected that representatives of the media will arrive at the scene of a Major Incident very quickly soon after the events. In the event of a Major Incident being declared the EOC will notify the WMAS on call Press Officer who will coordinate communications with media in regard to ambulance service response.

No member of WMAS staff should talk to the media without the authorisation of the Gold Commander and the support of the Press Officer.

Should a Multi-agency press conference be convened, the Gold Commander will nominate a spokesperson (in appropriate uniform) who will attend with the Press Officer.

If the WMAS Press Officer is required at the scene, they should proceed to an agreed rendezvous point and liaise with colleagues from other emergency services.

10. Staff Welfare

10.1 Welfare at Scene

Consideration should be given by the Safety Officer, Ambulance Incident Commander and the Gold Commander for welfare arrangements to be made for staff involved in the response to a major incident.

This could include the provision of food and water, adequate breaks and rest periods and suitable toilet facilities.

10.2 Welfare in EOC

The EOC Duty Officer should take responsibility for ensuring EOC staff are provided with suitable breaks recognising the increased stress levels which may arise during a major incident. There should also be consideration given to allowing members of EOC staff to take a few moments to contact relatives where appropriate, this should be managed by the Duty Officer.

10.3 Welfare in Gold Control

This is covered separately in the WMAS Gold Control Plan.

11. Debriefing and Updates to the Major Incident Plan

Following a major Incident the Regional head of Emergency preparedness will be responsible for ensuring internal debriefing is actioned, and includes all staff involved in the response, to capture important leaning points.

Following the above, a member of the Emergency preparedness department on cooperation with a member of staff of the divisional Management Team will participate in any multi-agency debriefs.

All debriefs will be used to inform future planning and revision of the major incident plan. The Major Incident plan will also be reviewed annually for relevance, context and scope.

12. Specific Arrangements

12.1 Management of the Deceased

HM Coroner is responsible for all matters concerning deceased casualties and the Police act under the instructions if the Coroner taking temporary charge of the bodies. Such circumstances may require the implementation of Mass Fatality Plans maintained by the Local Authorities and addressed under separate cover.

Other than to gain access to injured casualties; those clearly deceased should NOT be moved without Police authority in order to preserve forensic evidence.

Patients will be certified deceased by a Doctor and a record made of the time and name of the certifying doctor. This would normally take place at one of three locations:

- At scene

- At the Casualty Clearing Station (CCS)
- At the Receiving Hospital

Casualties found to be deceased on arrival at the receiving hospital, having been transported by ambulance from scene, will be dealt with in compliance with extant hospital policy. However, this should not delay the ambulance coming back in to operation to assist the ongoing response.

As in all situations, if the deceased have to be moved or transported this should be done with the utmost respect.

12.3 Psychosocial Staff Support

The regional Staff Advice and Liaison Service (SALS), who would be contacted by the EOC on the declaration of a Major Incident, can provide direct support and provide referral to specialist services and counselling.

In addition to this, information and access to further sources of help is available from www.direct.gov.uk/helpafterincident - details of this website will be cascaded to all staff following any Major Incident.

12.4 Hyperbaric

Where hyperbaric treatment represents the optimal clinical intervention access to these facilities will be arranged by the EOC in contact with the national hyperbaric facilities in the UK. Air [redacted] should be considered as appropriate transport options in the vent of time critical hyperbaric treatment requirements

12.5 Mutual Aid Procedure

Mutual Aid arrangements are dealt with Specifically in the Mutual Aid Process.

12.6 Blast and Burn Incidents

The nature and severity of a Major Incident involving burns will initially be assessed by the Ambulance Service, who will also map available care assets. The Ambulance Incident Commander and Medical Incident Commander will jointly determine the evacuation priority of casualties. Where possible, every attempt will be made to transport patients to Emergency Departments collocated with specialised Burns Service. However, where this is not possible, casualties will be transported to Emergency Departments for stabilisation and specialist advice sought.

[redacted]

Transportation of burns patients will increasingly involve the use of [redacted] Air transport resources to transfer patients to specialist centres for definitive care.

12.7 Air Operations Unit (Air Ambulance)

Prior to the use of Air Ambulance resources at the scene of a Major Incident, the following must occur:

Once the aircraft is en route Air Operations Desk will maintain communications via a designated radio channel.

In the event that deployment of one or more aircraft the Air Operations Manager will be informed of the deployment. If appropriate, the Air Ops Manager will attend scene to undertake the role of Air Support Officer in the Air Ops Mobile Control vehicle.

A range of landing sites, which have been pre-surveyed, are available with the EOC.

12.8 Bulk Oxygen

This specialist equipment is intended for use in mass casualty incidents to provide multiple patients with oxygen. In the event of deployment MPU300 will come under control of Equipment Officer and should be used in conjunction with the Standard Operating Procedure

12.9 Hazardous Area Response Team / Urban Search And Rescue

[redacted]

12.10 Regional Gold Control

In the event that a Major Incident requires command and control on a regional scale, this will primarily be located at Regional Headquarters and a separate Gold Control Plan exists detailing the precise function and operation of this facility.

12.11 Sources of Specialist advice

A range of sources of specialist information are available including:

Source of Information	Type of Information Held
TOXBASE	Clinical Toxicology Database
WISER	Hazardous Materials Database
CAMEO	Chemical Database and information management
ARCC	Military Aircraft Database
ERICards	Chemical Transport Database
HPA	Chemical, Biological and Radiological information and Public health advice

12.12 CBRN

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

12.13 Search and Rescue (Military Aid)

[redacted]

[redacted]

[redacted]

[redacted]

12.14 Cultural and Religious Diversity

Whilst the health and safety of casualties should be the paramount consideration at the scene of a major incident, WMAS staff should remain sensitive at all times to the concerns and requirements of different cultural and religious groups.

ACTION CARDS

GOLD COMMANDER

OVERALL ROLE:
To take overall command of the WMAS response, make strategic decisions in a cohesive manner with partner agencies and ensure that decisions and actions are appropriately recorded.

[redacted]

	ACTIONS	TIME
1	Assume GOLD Command - agree this with the Chief Executive.	
2	**Commence Personal LOG.**	
3	Mobilise other Directors as required – **available Directors to attend HQ.**	
4	Notify the Strategic Health Authority of the incident and establish a communications pathway. Prepare to deploy personnel to the NHS Command structures as appropriate.	
5	Establish a central electronic decision/reason and tasking log.	
6	Complete Risk Assessment Matrix (annex 2).	
7	Consider whether Ambulance Service Regional GOLD Control needs to be set up and action as appropriate.	
8	Develop and communicate overall strategy for the Trust response	
9	Confirm that command structure is in place for the Trust and communicate this (diagram) to other agencies and internally – ensure effective operational command of emergency and Trust resources.	
10	Ensure inter-service liaison (undertake appropriate liaison with strategic commanders in other agencies).	
11	Speak to Regional Head of Communications/press officer on call.	
12	Establish a framework for the overall management of the emergency.	
13	Determine strategic objectives that should be recorded and subject to regular review.	
14	Rapidly formulate and implement an integrated media policy.	
15	Ensure there are clear lines of communication with tactical commander(s).	
16	Ensure there is longer-term resources and expertise for command resilience.	
17	Ensure that any HQ staff who can assist with non-999 EOC Duties are utilised in support of the operational effort.	
18	Give consideration to the prioritisation of demands from any number of tactical commanders.	
19	Decide on what resources or expertise can be made available for tactical commander requirements (mutual aid).	
20	Plan beyond the immediate response phase from recovering from the emergency to returning to or toward a state of normality.	

EOC DUTY MANAGER

OVERALL ROLE:
To ensure that WMAS core response functions continue to be met during a major incident. To work closely with the SILVER Co-ordinator in resource procurement and deployment for the incident and to be aware of the impact it as on day-to-day operations. To be in CONTROL of resources to the incident.

[redacted]

	ACTIONS	TIME
1	**COMMENCE PERSONAL LOG.**	
1A	*Allocate EOC operator to the Major Incident talk group radio position in EOC*	
1B	*Agree with On Scene Ambulance Incident Commander a major incident talk group*	
2	Confirm on call Gold (Locality Director) and On call SILVER/s have responded.	
3	Activate on call Medical Pager.	
4	**Inform: Senior Managers** ➢ Regional Head of Emergency Preparedness and the Emergency Preparedness Manager on call ➢ Regional Head of Special Operations ➢ Regional Head of Communications ➢ Regional Head of Performance and EOC ➢ Capacity Manager on call ➢ Press Officer on call ➢ IT Manager on call ➢ Fleet Manager	
5	Complete Risk assessment matrix (subsequent to METHANE) report (specific hazards/updates).	
6	Monitor the maintenance of business continuity ensuring core responsibilities and standards within WMAS Trust are achieved – consider use of CFRs to cover activity to free resources	
7	Mobilise resources to scene based on information received.	
8	Inform the most appropriate Receiving and supporting hospitals in conjunction with Ambulance Incident Commander	
9	Notify EOCs in other localities, arranging mutual support as appropriate.	
10	Mobilise specialist incident support units (Control Vehicle/Air Ambulance Command Vehicle	
11	Have regard for the welfare of staff in EOC, allowing time to contact relatives where possible and circumstances demand.	
12	Activation of PODS if requested.	
13	Mobilise an officer to the receiving and supporting hospitals to act as Ambulance Liaison Officer (ALO).	
14	Inform NHS Direct.	
14A	*Inform Airwave of expected increased usage of system for them to monitor system capacity*	
15	Maintain an overview of air support capabilities, which may include Police and Military assets in addition to HEMS/Air Ambulance.	

ON CALL SILVER EOC

OVERALL ROLE:
To act in a co-ordination role between the commander at scene, duty SILVER CONTROL and GOLD Commander. To ensure messages and requests are effectively channelled and resources are managed with due regard to day to day work.
[redacted]

[redacted]

ACTIONS		TIME
1	**Commence personal log**	
2	Report to Ambulance EOC and establish communications with the Ambulance Incident Officer *(i.e Ambulance Incident Commander on Major incident talk group allocated by EOC silver)*	
3	Ensure Ambulance EOC has carried out the primary control action as per the appropriate Action Card	
4	Maintain ongoing liaison with the EOC Duty Manager (SILVER CONTROL) with particular regard to the activation of mutual aid	
5	Ensure communications are established to receiving hospitals/supporting hospitals. Confirm contact with Hospital Liaison Officers	
6	Establish contact with WMAS GOLD Commander AND MAINTAIN LIAISON DURING THE INCIDENT	
7	Establish contact with Ambulance Incident Commander (scene) and maintain robust contact throughout incident	
8	Monitor the maintenance of business continuity ensuring core responsibilities and standards within WMAS Trust are achieved	
9	Monitor duty times of personnel	
10	Following “stand down” from Ambulance Incident Officer, implement reversal to normal working	
11	Prepare a report for Regional Head of Emergency Preparedness, Chief Executive and Chief Operating Officer	

AMBULANCE INCIDENT COMMANDER

OVERALL ROLE:
Maintains overall responsibility for all activity of ambulance personnel at the scene in conjunction with a Medical Incident Commander and has responsibility for effective use of clinical resources at the scene.

ROLE FILLED BY: On Call Silver Operations [redacted]

	ACTIONS	TIME
1	Don the appropriate high visibility jacket marked 'SILVER COMMANDER' and helmet *and change personal radio to major incident talk group as directed by EOC Silver*.	
2	Receive briefing from Acting Incident Officer	
3	Management of the scene can be achieved by following the process below (CSCATTT) **Command and Control** **Safety** **Communication** **Assessment** **Triage** **Treatment** **Transport** **Recovery**	
4	Establish Ambulance Silver Command Cell to include: • Ambulance Incident Commander • Medical Incident Commander (See Action Card – Medical Incident Commander) • Silver Loggist (see Action Card – Silver Loggist) • Silver Communications Officer (See Action Card – MEOC)	
5	Ensure regular and continued liaison with other Emergency Services	
6	Using action cards designate appropriate staff into the following roles ensuring communications are established via the appropriate major incident talk groups: a. Primary Triage Officers b. Secondary triage Officers c. Forward Incident Officer(s) d. Casualty Clearing and Loading Officers e. Ambulance Parking Officer f. Equipment Officer g. Ambulance Decontamination (if required) h. Ambulance Dirty Store (if required)	

7	Deploy other WMAS personnel, VAS, and other NHS staff to their best use	
8	If suspected or confirmed CBRN incident Complete Tactical CBRN Assessment (SOP EP 04) and report assessment to EOC.	
9	Establish if additional medical support is required and report to EOC	
10	Confirm that radio communications between Ambulance EOC, MEOC, Ambulance Silver Command Cell and Receiving Hospital(s) are established. Maintain regular communication with Ambulance Points to ensure continued staff, equipment and vehicle availability. *This will be achieved by allocating Bronze and Silver talk groups, in discussion with the EOC Silver*	
11	Pass any requests for additional resources or mutual aid to Gold Commander.	
12	Liaise with the Police regarding the receiving and supporting hospitals being used	
13	Liaise with Police for the removal of uninjured persons, if necessary.	
14	Decide if any specialist equipment (example lighting) is required.	
15	Have due regard for the safety and welfare of staff at all times.	
16	Notify the EOC "**Major Incident – Last Casualty Evacuated"** and **"Major Incident – Stand Down"** instructions as and when necessary.	
17	Provide a report and attend any debrief as instructed.	

FORWARD INCIDENT OFFICER

All staff arriving on scene should report their arrival to the EOC by radio or telephone and in person at the Ambulance Holding Point before entering the scene

[redacted]

N.B. There may be more than one Forward Incident Officer required if an incident is zoned operating under the direction of the Ambulance Incident Officer (Silver Commander) to directly manage clinical resources within the site or sector.

	ACTIONS	TIME
1	Don high visibility jacket and helmet. *change personal radio to bronze talk group as directed by Ambulance Incident Commander*	
2	In liaison, with the Ambulance Incident Commander, directly manage and coordinate medical activities at the incident or specific site or sector providing updates to the AIC as required.	
3	Direct Ambulance personnel as needed/consider use of specialised units.	
4	Liaise with the Medical Incident Officer (MIO) and assist in the directing of medical teams as needed. Ensure Ambulance Incident Commander is aware of such teams on site.	
5	Liaise, where required, with the MIO to monitor and manage initial triage.	
6	Provide flexible managerial control of the forward area.	
7	Monitor the working environment for safe working practices.	
8	In liaison with the Ambulance Incident Commander, ensure: • That appropriate access/egress exists • The setting up of a Casualty Clearing Station • The setting up of an Ambulance Loading Point • The setting up of an Ambulance Parking Point • The setting up of a Forward Triage • Casualty Decontamination Area (as required).	
9	Maintain liaison with other Emergency Service Representatives.	
10	Inform the Ambulance Incident Commander when casualty evacuation is complete in sector of responsibility.	
11	In liaison with the AIC, allocate staff as required to meet the ongoing needs of the incident.	

FIRST AMBULANCE ON SCENE - Driver

All staff arriving on scene should report their arrival to the EOC by radio or telephone and in person at the Ambulance Holding Point before entering the scene

[redacted]

	ACTIONS	TIME
1	Park as near to the scene as safety permits.	
2	Ensure vehicle keys remain with the vehicle.	
3	High visibility jacket and helmet are to be worn at all times.	
4	**Leave roof beacons on**. The first ambulance on scene will remain the Ambulance Silver Command Cell. Point within easy reach of Police/Fire Control Units, until relieved.	
5	Provide Ambulance EOC with an initial visual report and confirm the attendance of other emergency services.	
6	Do not leave your vehicle and, where possible, maintain a communications link between your attendant and Ambulance EOC.	
7	Provide a report and attend any debrief as instructed.	

FIRST AMBULANCE ON SCENE - Attendant

All staff arriving on scene should report their arrival to the EOC by radio or telephone and in person at the Ambulance Holding Point before entering the scene

[redacted]

[redacted]

! DO NOT STOP TO TREAT !

Do not become involved directly in the rescue or treatment of casualties

The attendant of the first ambulance on scene assumes the role of Ambulance Incident commander until relieved by a suitably trained officer.

	ACTIONS	TIME
1	Safety jacket and helmet are to be worn at all times.	
2	Carry out reconnaissance of incident and report back to Ambulance EOC the following **METHANE** format message: Type of incident and declare a **M**ajor Incident to the EOC **E**xact location and any directions to the site **T**ype of incident **H**azards present **A**ccess / egress including holding and parking points **N**umber of casualties and early estimates of ambulances required including numbers trapped Special **E**quipment and medical teams are on scene Location of Ambulance Parking Point	
3	In liaison with other emergency services, set up the following: • Access and egress to site • Ambulance Parking Point • Casualty Clearing Station	
4	Provide briefing to Ambulance Incident commander	
5	Following handover to Ambulance Incident Commander, then undertake duties as directed	
6	Provide a report and attend any debrief as instructed.	

FIRST AMBULANCE ON SCENE - Solo

All staff arriving on scene should report their arrival to the EOC by radio or telephone and in person at the Ambulance Holding Point before entering the scene

[redacted]

[redacted]

! DO NOT STOP TO TREAT !

Do not become involved directly in the rescue or treatment of casualties

THIS ROLE ASSUMES AMBULANCE INCIDENT COMMANDER UNTIL RELIVED

	ACTIONS	TIME
1	Safety jacket and helmet are to be worn at all times.	
2	Carry out reconnaissance of incident and report back to Ambulance EOC the following **METHANE** format message: Type of incident and declare a **M**ajor Incident to the EOC **E**xact location and any directions to the site **T**ype of incident **H**azards present **A**ccess / egress including holding and parking points **N**umber of casualties and early estimates of ambulances required including numbers trapped Special **E**quipment and medical teams are on scene Location of Ambulance Parking Point	
3	In liaison with other emergency services, arrange for the following structures to be set up: • Site Access and Egress • Ambulance Parking Point • Casualty Clearing Station	
4	Provide briefing to Ambulance Incident Commander on arrival	
5	Following handover to Ambulance Incident Commander, then undertake duties as directed	
6	Provide a report and attend any debrief as instructed.	

SUBSEQUENT AMBULANCE CREWS

All staff arriving on scene should report their arrival to the EOC by radio or telephone and in person at the Ambulance Holding Point before entering the scene

[redacted]

	ACTIONS	TIME
1	Proceed as instructed (normally to Ambulance Control Point). **Note: Responders may be directed to the Casualty Clearing station area.**	
2	Report arrival to Ambulance Control Point on the Emergency Reserve Channel (ERC) **Ensure you are given or ask for this information.**	
3	Don high visibility jacket and helmet.	
4	**SWITCH OFF ALL BLUE BEACONS** with the exception of the vehicle being used temporarily as an Ambulance Control Point which may be superseded by the MEOC which will display a green and white chequered flag/beacon.	
5	Driver to remain with vehicle at Parking Point until otherwise instructed.	
6	Attendant to remain with vehicle until otherwise instructed, vehicle keys to be available at all times.	
7	*All radio messages to be passed to Ambulance Control Point on the designated major incident talk group as directed.*	
8	Undertake casualty management and movement as directed when called forward to the casualty treatment station where you are required to undertake triage of patients you are called forward to manage. ***ENSURE YOU HAVE A TRIAGE PACK AND APPROPRIATE LABELS.***	
9	On leaving scene, advise the Ambulance Control Point of your: Departure and destination. Casualty numbers and makeup – male-female ratio and age spread.	
10	Further radio communication should now be with Ambulance Control.	

BRONZE MEOC

All staff arriving on scene should report their arrival to the EOC by radio or telephone and in person at the Ambulance Holding Point before entering the scene

[redacted]

[redacted]

A copy of the Major Incident Plan is available on the MEOC

	ACTIONS	TIME
1	Don high visibility jacket and helmet.	
2	An Ambulance crew will be responded to collect a Mobile Control Unit and deliver to the scene. The Communications Officer may travel with the unit or use his/her own vehicle.	
3	In liaison with the Ambulance Incident Commander or, in their absence, set up the unit a safe distance from the incident and near to the other emergency service control vehicles. (Minimum distance between vehicles not less than ten metres).	
4	Carry out procedures for setting up the control vehicle and implement communication checks. *Monitor major incident talk groups as designated by EOC Silver*	
5	Issue hand portable radios and Action Cards as required – each person on scene should have one or ready access to one.	
6	If the Ambulance Incident Commander is not in attendance, assume that role (as indicated by the appropriate Action Card) and inform Control of the exact location and magnitude of incident.	
7	Provide and coordinate an Ambulance/NHS communications net based on local policy.	
8	Ensure links with Ambulance EOC *Silver* and all other on-site Emergency Service controls are maintained.	
9	Ensure all vehicles leaving and arriving on the scene are accurately logged.	
9A	*Ensure departing ambulances give brief, verbal detail of patients on board and destination*	
10	Provide a report and attend any debrief as instructed.	

CASUALTY CLEARING & CASUALTY LOADING

All staff arriving on scene should report their arrival to the EOC by radio or telephone and in person at the Ambulance Holding Point before entering the scene

[redacted]

	ACTIONS	TIME
1	Don the appropriate high visibility jacket and helmet.	
2	Collect a *hand portable radio on major incident bronze talk group as directed by EOC Silver* from the Ambulance Control Point and set up a Casualty Clearing Station and Ambulance Loading Point with signage once available.	
3	In liaison with the Medical Incident Officer, brief medical staff on their arrival at the incident and coordinate Triage.	
4	When necessary, arrange for the siting of the Ambulance Equipment/Specialised Unit(s) as near as possible to the Casualty Clearing Station in liaison with PARKING OFFICER.	
5	Establish Loading Point with consideration to vehicle movements, access/egress and ground surface (seek Police assistance if appropriate).	
6	In liaison with the BRONZE FORWARD INCIDENT OFFICER, Ambulance Control Point and Ambulance Parking Officer, ensure an adequate supply of vehicles.	
7	Ensure that patient documentation is initiated, even if very limited details are obtained.	
8	Coordinate the supply of extra equipment for the casualty clearing station where necessary.	
9	Provide separate area/s for triage categories and ensure the categories are segregated appropriately. **Red - Immediate First Priority** **Yellow - Urgent Second Priority** **Green - Delayed Third Priority** **Blue - Expectant (P4 special circumstances)**	
10	Make arrangements with the Ambulance Incident Commander for the transportation of staff and equipment in order to maintain the effective function of the Casualty Clearing Station.	
11	Specify levels of continued care required for each casualty en route to hospital, e.g. Paramedic, Technician, Ambulance Person, and Voluntary Ambulance Societies (VAS).	
12	Provide a report and attend any debrief as instructed.	

AMBULANCE PARKING OFFICER

All staff arriving on scene should report their arrival to the EOC by radio or telephone and in person at the Ambulance Holding Point before entering the scene

[redacted]

	ACTIONS	TIME
1	Don high visibility jacket appropriately marked and helmet. Obtain a hand portable radio from Mobile Control *and /or change personal radio to Bronze talk group as directed by Silver*	
2	Erect the appropriate sign – AMBULANCE PARKING POINT.	
3	Inform the Ambulance Incident Commander and the Ambulance Control Point when Parking Point is manned and operational.	
4	Brief staff arriving at the incident of any special areas/hazards for consideration.	
5	Ensure that all staff attending are wearing the appropriate safety clothing and hardhat.	
6	Maintain records of staff/vehicles attending: Status of Ambulance Service arriving e.g. Paramedic, Technician Arrival of Specialist Major Incident vehicles Arrival of vehicles with teams of staff Arrival of medical and nursing teams Arrival of Doctors e.g. BASICS and GP's Arrival of Voluntary Ambulance Societies Arrival of Responders	
7	Log arrival of vehicles from neighbouring services.	
8	Direct Ambulance Service staff and all medical staff into scene when required.	
9	In liaison with the Ambulance Incident Commander, consider the provision of refreshments to all staff including MEOC.	
10	Provide a report and attend any debrief as instructed.	

SAFETY OFFICER

All staff arriving on scene should report their arrival to the EOC by radio or telephone and in person at the Ambulance Holding Point before entering the scene

[redacted]

	ACTIONS	TIME
1	**Don the appropriate high visibility jacket and helmet *and change personal radio to Bronze talk group as directed by Silver***	
2	Liaise with Safety Officers from other Services, in particular the Fire Service. Commence a log of all Health, Safety and Welfare matters.	
3	Provide tactical advice to ambulance on site command team.	
4	Identify specific hazards and/or dangers and notify Forward Incident Officer and/or Ambulance Incident Commander.	
5	Monitor, in liaison with other Officers, number of staff working within the incident boundaries and ensure all Ambulance Service personnel and hospital staff are wearing the correct safety clothing.	
6	Advise Forward Incident Officer and/or Ambulance Incident Commander of any unforeseen hazards and dangers that may arise and of any protective measures that can be taken, i.e. specialist clothing, decontamination.	
7	Monitor all work functions, where possible, for safety and act immediately to minimise errors.	
8	Assist as required with staff briefings prior to the deployment of staff into the scene.	
9	In liaison with AMBULANCE INCIDENT COMMANDER monitor periods of duty that staff are working and ensure that they receive adequate rest and refreshment.	
10	Identify members of staff who may be feeling the effects of stress and/or fatigue. Take action to either relieve the stress or relieve them of their duties within the boundaries of the incident.	
11	Monitor periods of duty that staff are working and ensure they receive adequate rest and refreshment. **N.B.** Fresh supplies of food and water brought to the scene would eliminate the risk of potential contamination resulting from the incident.	
12	In liaison with other attending Services, advise Forward Incident Officer and Ambulance Incident Commander of the need to evacuate the scene.	
13	Where required, provide Ambulance Incident Commander and Forward Incident Officer with appropriate methods of treatment for eventualities such as contamination.	
14	Provide a report and attend any debrief as instructed.	

AMBULANCE LIAISON OFFICER

All staff arriving on scene should report their arrival to the EOC by radio or telephone and in person at the Ambulance Holding Point before entering the scene

[redacted]

[redacted]

	ACTIONS	TIME
1	Report to the Receiving Hospital.	
2	Set up and maintain a telephone and/or radio communications link between the receiving hospital and Ambulance Control (EOC). *Change personnal radio to Silver talk group as directed by EOC Silver*	
3	Don high visibility jacket	
4	Liaise with the Hospital A&E Officer and Police Casualty Bureau Office.	
5	Liaise with Ambulance EOC and assist with the organising of transport for nursing and medical teams.	
6	Ensure the quick turn around of ambulances bringing casualties to the hospital and return to the incident if required.	
7	Ensure release of ambulance service equipment by the hospital and arrange its return to the incident if required.	
8	Ensure maximum cooperation with the Hospital Coordinating Team in regard to decanting of patients to secondary hospitals.	
9	Maintain, so far as is reasonably practicable, a log of vehicle call signs, crew names, fuel status, numbers of patients and equipment arriving at the hospital.	
10	Liaise with Ambulance EOC with regard to the throughput of patients and any problems that are developing or are likely to develop.	
11	Under close liaison with the Ambulance Incident Commander, arrange that bulk supplies of hospital based drugs, infusion fluids and other such items are despatched from the Pharmacy to the location.	
12	Assist with coordination of Voluntary Aid Societies at the hospital.	
13	Remain at the hospital subsequent to “Major Incident Stand Down” in order to manage continuing demands on resources for discharges/transfers. Provide a report and attend any debrief as instructed.	

MEDICAL INCIDENT COMMANDER

All staff arriving on scene should report their arrival to the EOC by radio or telephone and in person at the Ambulance Holding Point before entering the scene

[redacted]

[redacted]

	ACTIONS	TIME
1	At the time of responding inform **Ambulance EOC** of Identity Call Sign and mobile telephone number. On arrival, park in safe location and ensure vehicle is identifiable.	
2	Report to the Ambulance Silver Command Cell to be briefed and collect a portable radio on *silver talk group as directed by EOC silver*	
3	Don helmet and high visibility jacket marked **'MEDICAL INCIDENT COMMANDER'**	
4	Confirm that the Ambulance Incident Commander has established a Causalty Clearing Station and appropraitely resourced with additional medical staff as required	
5	Assume command of all Medical staff resources. Ensure a minimum of 1 Doctor and 1 Nurse remain in the Casualty Clearing Station at all times.	
6	Inform Police Silver Commander of receiving hospitals and supporting hospitals being utilised.	
6	<u>General Duties:</u> ➢ Liaise regularly with Ambulance Liaison Officer(s) at receiving hospitals to ensure designated hospitals are kept informed of ongoing situation ➢ Ensure that a flow of patients is maintained through Casualty Clearing Station ➢ Ensure, by regular assessment, that adequate resources are on site and report any deficiencies to Equipment Officer.	
7	Liaise with press officer to agree any press statements.	
8	In liaison with the Ambulance Incident Commander agree 'Stand Down' time when appropriate.	

AIR OPERATIONS OFFICER

All staff arriving on scene should report their arrival to the EOC by radio or telephone and in person at the Ambulance Holding Point before entering the scene

[redacted]

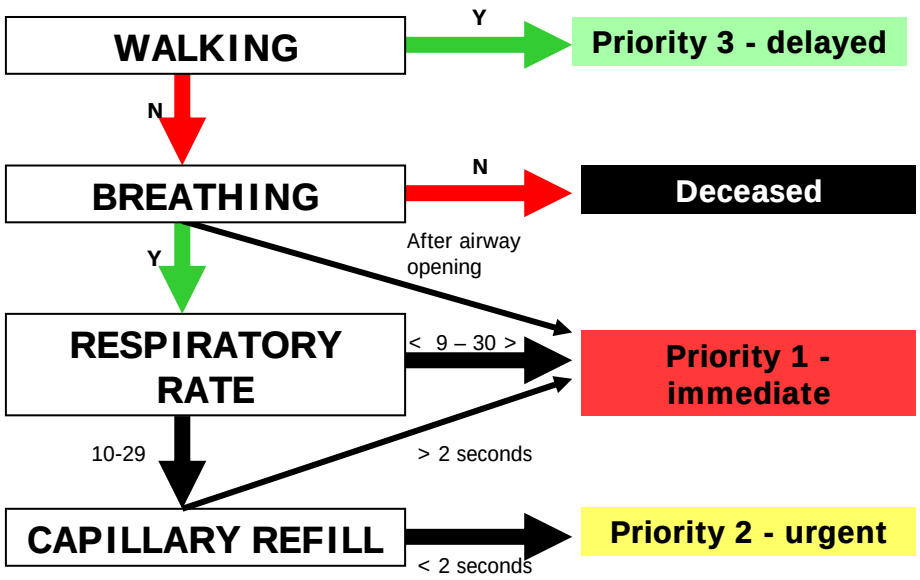
[redacted]

	ACTIONS	TIME
1	Take charge and take measures to make safe the agreed temporary helicopter-landing site.	
2	Advise the Air Operations Controller of the exact location including grid reference of the temporary helicopter-landing site.	
3	Advise the Ambulance Incident Commander when the site is operational.	
4	Maintain ongoing liaison with the Loading Point Officer to facilitate the transfer of casualties designated for Air ambulance transport from the Casualty Clearing Station to the Temporary Helicopter Landing Site.	
5	Casualties will only be transferred to the Landing Site when an aircraft is on the ground and ready to load.	
6	Maintain contact with approaching and departing Air Ambulances and the Air Operations Controller.	
7	Maintain a log of casualties airlifted and confirm with MEOC including details (sex, age etc).	
8	On stand down prepare a report and attend any debrief.	

PRIMARY TRIAGE OFFICERS

All staff arriving on scene should report their arrival to the EOC by radio or telephone and in person at the Ambulance Holding Point before entering the scene

[redacted]

	ACTIONS	TIME
1	Wear tabard to identify self as TRIAGE OFFICER	
2	Assign priorities and label casualties within the sector designated by commander (bronze or silver	
3	Use the **TRIAGE SIEVE** [2] – ADULT prioritisation 	
4	Ensure all staff undertaking triage have appropriate labels and use the TRIAGE SIEVE	
5	Use **PAEDIATRIC TRIAGE TAPE** – CHILD prioritisation	
6	Keep a tally of the number of casualties of each priority within your sector	
7	Report casualty numbers and priorities to the BRONZE Commander	
8	Once Triage is complete seek further tasking from **AMBULANCE INCIDENT COMMANDER**	

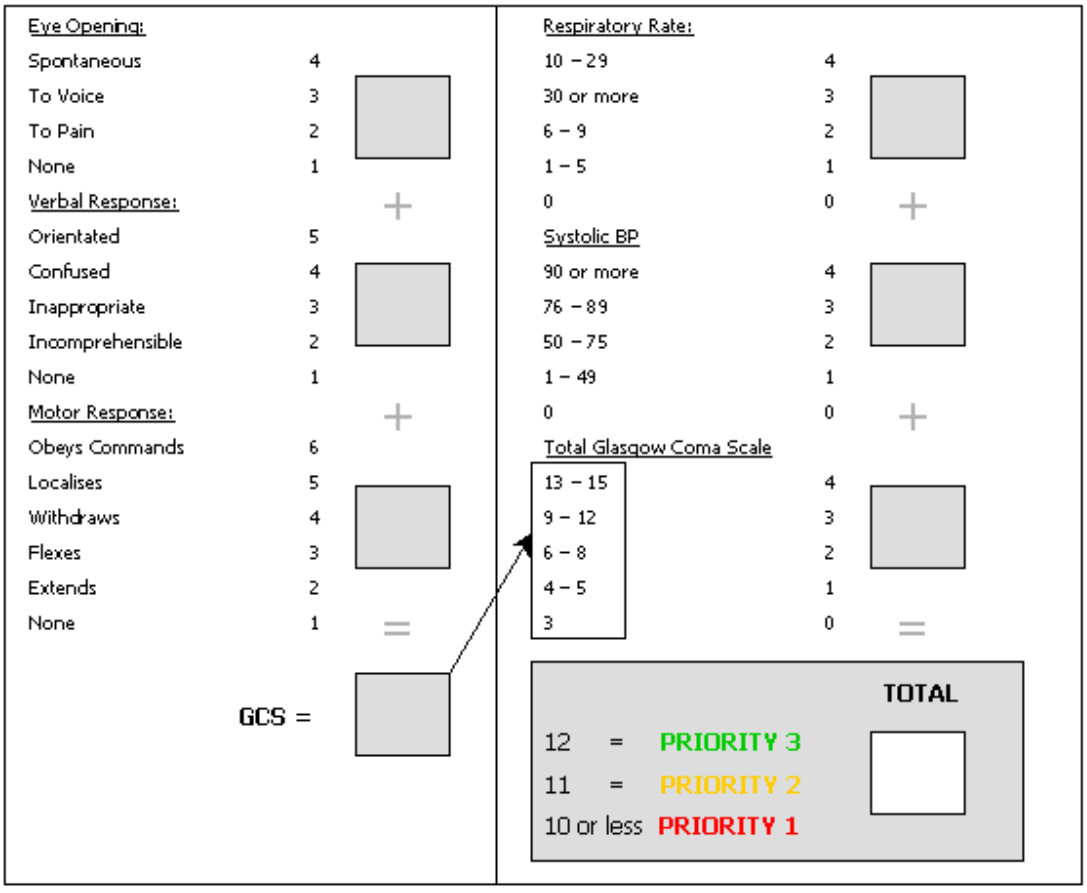
[2] Taken from Major Incident Medical Management and Support (MIMMS) model

SECONDARY TRIAGE OFFICERS

All staff arriving on scene should report their arrival to the EOC by radio or telephone and in person at the Ambulance Holding Point before entering the scene

[redacted]

	ACTIONS	TIME
1	Wear tabard to identify self as TRIAGE OFFICER.	
2	Assign priorities to casualties on arrival at the Casualty Clearing Station (CCS) – casualties should be wearing a label, but in some cases primary triage may have been missed in which case refer to triage sieve.	
3	Use the **TRIAGE SORT** [3] to prioritise adults when time and resources allow.	
4	Use **PAEDIATRIC TRIAGE TAPE** to prioritise children.	
5	Allow senior clinicians to use judgement to adjust physiological triage priorities based on anatomy of injury or clinical diagnosis.	
6	Keep a tally of the number of casualties of each priority.	



[3] Taken from Major Incident Medical Management and Support (MIMMS) model

EQUIPMENT OFFICER

All staff arriving on scene should report their arrival to the EOC by radio or telephone and in person at the Ambulance Holding Point before entering the scene

[redacted]

[redacted]

ACTIONS		TIME
1	At the time of responding inform **Ambulance EOC** of Identity Call Sign and mobile telephone number. On arrival, park in safe location and ensure vehicle is identifiable.	
2	Report to the MEOC to be briefed and receive call Airwave Radio call group.	
3	Don helmet and high visibility jacket marked **EQUIPMENT OFFICER.**	
4	Liaise with the Ambulance Incident Commander to ensure that the following has been implemented as required. Deployment of Bulk Major incident Equipment as begun Designated logistics area as been identified If HAZMAT/CBRN Incident identify Decontamination equipment dump area	
5	Assume command of logistics collection area Begin Inventory Log Identify Rest Area for crews	
6	<u>General Duties:</u> ➢ Liaise regularly. ➢ Dynamically check safe storage of logistics. ➢ Ensure, by regular assessment, that adequate resources are on site. ➢ Plan safe storage/disposal of used logistics	
7	Liaise with regularly with Ambulance Incident Commander Bronze Forward Casualty Clearing Officer CBRN Forward Bronze Commander (if HAZMAT/CBRN Incident)	
8	In liaison with the **<u>Ambulance Incident Commander</u>** agree ‘Stand Down’ time when appropriate.	

SILVER LOGGIST

All staff arriving on scene should report their arrival to the EOC by radio or telephone and in person at the Ambulance Holding Point before entering the scene

[redacted]

	ACTIONS	TIME
1	Report to the Ambulance Silver Command Cell	
2	Liaise with the Ambulance Incident Commander to confirm what messages require logging	
3	Using WMAS Incident Log Book(s) ensure accurate and timely records are kept with regards to: • Telephone and radio messages • Decisions taken by Silver Command Cell • Multi-agency communications and information	
4	Close log on stand down of incident	
5	Ensure log is provided to Gold Control/Emergency Preparedness Department for retention	
6	Attend incident debrief	

PRESS OFFICER

All staff arriving on scene should report their arrival to the EOC by radio or telephone and in person at the Ambulance Holding Point before entering the scene

[redacted]

[redacted]

	ACTIONS	TIME
1.	Start personal incident log and **separate** decision / policy log and constantly update	
2.	Advise the GOLD COMMANDER in relation to all media issues	
3.	Ensure that WMAS media input is present and appropriate within the wider agency command and control arrangements and when needed undertake a “talking head” role on behalf of the service.	
4.	Be the focal point of contact for Media enquiries within GOLD.	
5.	Support the smooth running of GOLD under the direction of Regional GOLD CONTROL MANAGER	
6.	Provide support , advice and direction to the local and regional media networks	
7.	Lead on the preparation of media briefings and lines to take in liaison with the GOLD COMMANDER	
8.	When appropriate and if requested deploy a press officer to the scene , other multi-agency command groups and to Regional HQ(WMAS)	
9.	Assist with the preparation and dissemination of public information and advice.	
10.	Ensure that the WMAS communications are running smoothly and plugged appropriately into the wider media response.	
11.	Provide access to other communication assets and resources across the region, such as GNN, BBC Connecting in a crisis etc	
12.	Work with NHS Direct to activate existing health messages and to formulate public information for distribution through NHS Direct	
13	Close Log	

Annexes

Annex A – Use of Nerve Agent Antidote Kit

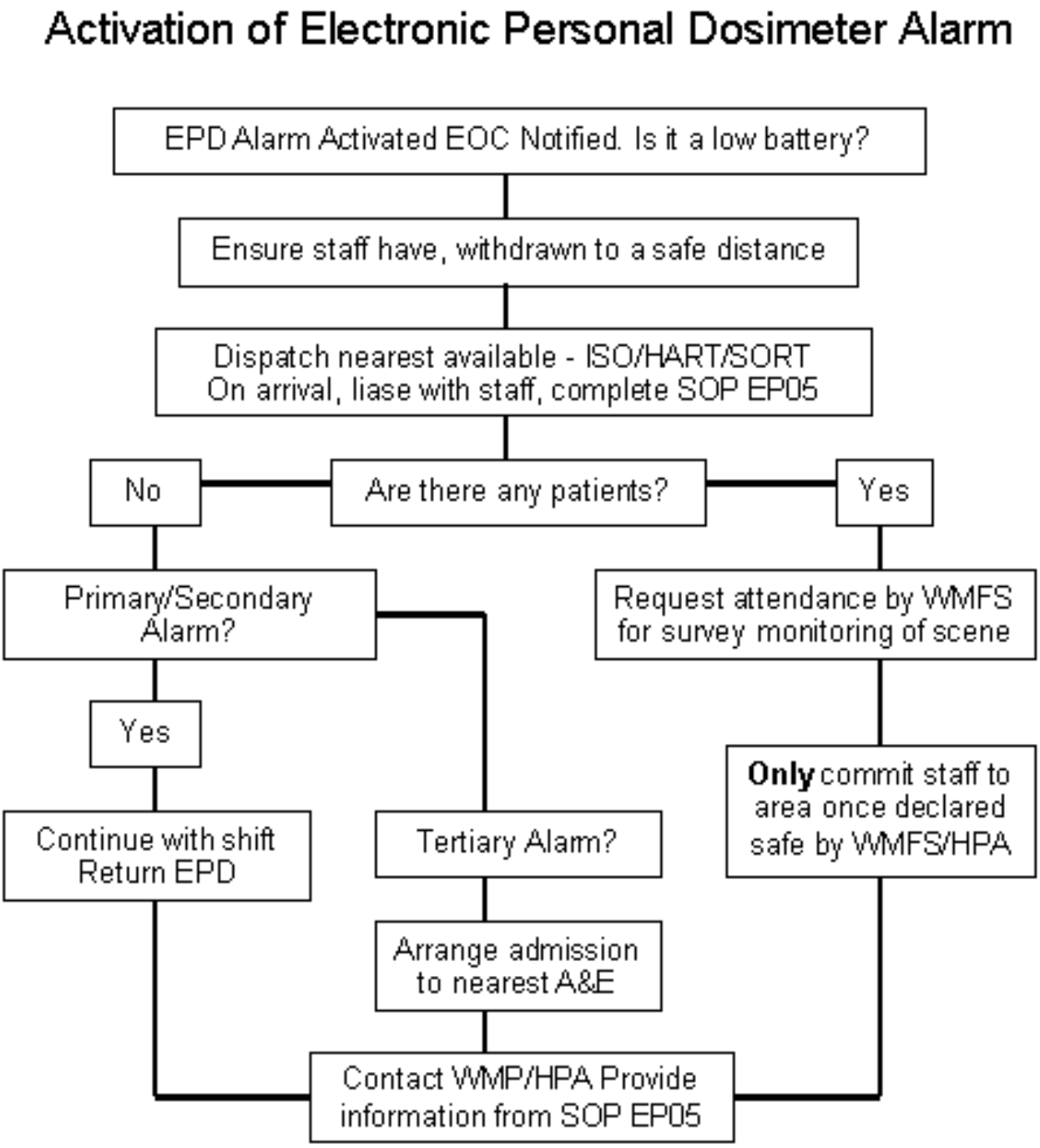
Annex B – Actions on hearing an EPD Alarm

Annex C – Aide Memoir – Bulk Oxygen System

Annex A – Use of Nerve Agent Antidote Kit

[redacted]

Annex B – Actions on hearing EPD Alarm



ALERTING THE NHS – SOP EP1

Task Description:
Alerting the NHS that a Major Incident has occurred, for information or action as appropriate.

Scope:
This Alerting SOP should be used by EOC staff responsible for communicating from EOC to other NHS Organisations in the event of a Major Incident. It does not cover actions required when communicating with WMAS staff involved in the incident response.

Related Documentation: WMAS Major Incident Plan

- - - - STANDARD OPERATING PROCEDURE - - - -

Annex D – Major Incident Initial Mobilisation – SOP EP2

MI INITIAL MOBILISATION – SOP EP2

Task Description: Following notification of Major Incident DECLARED this SOP should be sued for the initial deployment of resources

Scope: As information is received back from the scene, resource requirements may vary. This SOP is for initial use only until further information is received

Related Documentation: WMAS Major Incident Plan

- - - - STANDARD OPERATING PROCEDURE - - - -

Annex E – Tactical Assessment Checklist – SOP EP3

TACTICAL CBRN ASSESSMENT– SOP EP3

Task Description: Initial Tactical Assessment of Major Incident Scene to be used by Ambulance Incident Commander

Scope: Assumes CBRN element until potential for this hazard is excluded

Related Documentation: WMAS Major Incident Plan

- - - - STANDARD OPERATING PROCEDURE - - - -

BULK OXYGEN SYSTEM – SOP EP4

N.B.

1.	Both Supply and reserve Units are adjacent and in safe operating locations	
2.	Ensure both Bleed Valves, (Red) are in closed position	
3.	Turn on all cylinders-Duty + standby	
4.	Switch on Unit through TEST phase and mute alarm	
5.	Note Pressure gauge readings on main control panel	
6.	Yellow bags on standby unit contain 6 x 10m O2 lines with 4 valve distribution head and masks	
7.	Locate lines to unit using valve housing. Collar to be pushed inwards while inserting fitting, (check for lug positioning)	
8.	Patient distribution lengths can be fitted as determined by patient treatment requirements	
9.	**Important** Red bleed valves are released prior to changing cylinders	

Annex G – Risk Assessment Matrix

In order to determine the level of the incident, resources needed and command structure to put in place it will be important for a risk assessment to be carried out. Risk assessments should be dynamic and undertaken at regular intervals during an incident as they are a vital decision support tool and assist with determining the overall strategy for managing the incident

This risk assessment is designed to be quick and simple. The SILVER and GOLD commanders should use it as soon as they are notified: it should take no more than 20 minutes to complete

Question/consideration	Answer	Notes/comments
Is this a WMAS incident	Y/N	
Location		
Nature of incident		
Number of casualties (injured, exposed or affected)		
Have any multi-agency or single agency groups been set up to manage the incident?	Y/N	
Are the command and control arrangements in place for WMAS	Y/N	
Is there an ongoing risk?	Y/N	
What is the level of public concern High/Medium/Low		
What is the level of media interest? High/Medium/Low		
Are there any cordons or control measures in place?	Y/N	
Complexity of situation		
Is there a need for specialist support or equipment?	Y/N	
Is this a malicious or deliberate act?	Y/N	

Annex H – Key Contact Details

All contact details required for the initiation of this plan, and response to a major incident are contained in locality EOC's, MEOC's and Emergency Preparedness Offices.

Numbers have been intentionally removed from this version of the plan for anonymity

Annex I – External Distribution List

Electronic copies of this Major Incident plan have been circulated to:

British Red Cross
East Midlands Ambulance Service
Government Office West Midlands
Great Western Ambulance Service
Hereford and Worcestershire Fire Service
Health Protection Agency
NHS West Midlands
Northwest Ambulance Service
West Midlands Lead PCT organisations
St John Ambulance
Shropshire Fire and Rescue Service
Staffordshire Fire and Rescue Service
Staffordshire Local Resilience Forum
(For onward dissemination to Category 1 and 2 responders)
Staffordshire Police
Warwickshire Fire and Rescue Service
Warwickshire Local Resilience Forum
(For onward dissemination to Category 1 and 2 responders)
Warwickshire Police
Welsh Ambulance Service
West Mercia Local Resilience Forum
(For onward dissemination to Category 1 and 2 responders)
West Mercia Police
West Midlands Fire and Rescue Service
West Midlands Local Resilience Forum
(For onward dissemination to Category 1 and 2 responders)
West Midlands Ambulance Service Internet (external website)

Annex J - Glossary

Ambulance Control Management Officer	A Senior Control Officer based at Ambulance Control, not directly involved with the controlling of Ambulance Service resources, but rather having a listening brief. The role provides a valuable overview to the Ambulance Incident Officer.
Ambulance Control Point	An emergency mobile control vehicle (MEOC), readily identifiable by a green flashing light, providing an 'on-site' communications facility which may be at a distance from the incident. It is to this locaiton that all NHS/Medical resources should report. Ideally, the point should be in close proximity to the Police and Fire Service Control vehicles, subject to radio interference constraints.
Ambulance Incident Commander	The Officer of the Ambulance Service with the overall responsibility for the work of that Service at the scene of a Major Incident.
Ambulance Liaison Officer	The Ambulance Officer responsible for providing mobile radio communication and/or the supervision of Ambulance Service activity and liaison at receiving or supporting hospitals receiving casualties from a Major Incident.
Ambulance Loading Officer	The Ambulance Officer responsible for ensuring that suitable access/egress is available to the area, for organising patient movement in priority order with documentation and maintaining a supply of appropriate transportation.
Ambulance Loading Point	An area, preferably a hard standing, in close proximity to the Casualty Clearing Station, where ambulances can manoevre and load patients.
Ambulance Parking Officer	This Officer is responsible for marshalling both staff and types of vehicle arriving at the parking area and, in liaison with the Ambulance Incident Officer, ensures the most appropriate use of such resources.

Ambulance Parking Point	The place designated at the scene of a Major Incident where arriving ambulances can park, thus avoiding congestion at the entrance to the site or at the Ambulance Loading Point. These areas are also suitable for staff briefings, procedurement of refreshments and restocking of equipment.
Ambulance Tactical Officer	An Ambulance Officer responsible for ensuring the overall safety of Ambulance/NHS personnel and other support staff involved at the incident.
Casualty Clearing Station	A facility set up at a Major Incident by the Ambulance Service in liaison with the Medical Incident Officer to assess, treat and triage casualties and direct their evacuation.
Casualty Clearing Station Officer	The Ambulance Officer who, in liaison with the Medical Incident Officer, ensures an efficient patient throughput at the Casualty Clearing Station.
Communications Officer On Site	The Officer responsible for managing the Ambulance Control Point (Emergency Mobile Control) on-site. A prime area of responsibility is to ensure, in liaison with the Ambulance Control, that the most appropriate communications net is available for all medical personnel on site.
Consultant in Charge	The Consultant (usually the Consultant in charge of the A&E Department) who is nominated and responsible for coordinating all hospital medical arrangements relating to Major Incidents.
Emergency Operations Centre	A Control room which receives all demands for the Ambulance Service in a specified geographical area, coordinates and allocates resources.
Emergency Services	The Ambulance, Fire, Police and Coastguard Services.
Forward Control Point	A selected area, near or at the scene, where the Incident Officer/Forward Incident Officer can direct the operation with mobile communications. The Forward Control will also act as a focal point for the NHS/Medical resources at the initial point of patient contact on the scene. There may be a requirement for more than one Forward Control.
Forward Incident Officer(s)	The Officer(s) who, under the direction of the Ambulance Incident Officer, manages the

	Ambulance/Medical resources at the 'points of patient contact' within the site. This role is of particular relevance in the event that the Ambulance Incident Officer, who for logistical reasons or operational requirements, is unable to be placed at the site.
Hospital Casualty Officer	A nominated Doctor who will receive and assess all casualties as they enter the hospital and decide the priority of treatment.
Hospital Information Centre	The Centre set up at the receiving hospital to collate data concerning casualties received, their condition, bed status, theatres available, and to provide information to the Police Decontamination Team, as appropriate.
Listed Hospital	Hospitals listed by Strategic Health Authority as adequately equipped to receive casualties on a 24-hour basis and able to provide, when required, the Medical Incident Officer and a Mobile Medical/Nursing Team.
Major Incident	For Health Services purposes, a Major Incident is one which, because of the number and severity of live casualties it produces, or its location, requires special arrangements by the Health Service.
Medical Incident Commander	The Medical Officer with overall responsibility for medical staff at the scene of a Major Incident. He/she should not be a member of any mobile team.
Medical/Nursing Team	Nominated Hospital personnel that provide on-site treatment at the request of either the Medical Incident Officer or the Ambulance Service.
Nursing Incident Officer	The Nursing Officer who coordinates nursing activities at the scene of a major incident where more than one mobile nursing team is required and where the appointment of a Nursing Incident Officer is considered necessary, he/she will work together with the Medical Incident Officer and should not be a member of a mobile medical team.
Paramedic	A Qualified Ambulance Person who has obtained the Edexel (IHCD) Certificate as a Paramedic and is

	registered with the Health Professions Council (HPC) as a Registered Paramedic allowing the practising of endotracheal intubation, intravenous infusion and cardiac care. He/she is also permitted to administer specified drugs.
Police Casualty Bureau	A bureau established by the Police to maintain a list of casualties resulting from a Major Incident, including casualties dealt with at the site without referral to hospital and to answer all initial enquiries and coordinate media bulletings.
Primary Triage Officer	An Ambulance Officer or nominated Doctor at the site, organising patient removal to the Casualty Clearing Station, using the standard system of triage.
Receiving Hospital	A hospital alerted by the Ambulance Service to receive casualties in the event of a major incident.
Secondary Triage Officer	A nominated Doctor, qualified Nurse, or Ambulance Officer who selects and assesses at the Casualty Clearing Station the priority order in which casualties are transported to hospital or evacuated.
SORT	Special Operations Response Team.
Supporting Hospital	A hospital nominated by the ambulance service to support the receiving hospital in dealing with casualties from a major incident.