

RTC 15.05.19
EMERGO
Zeus
11th Sept 2018

Tim Wreford-Bush

Purpose

- A Trust wide EMERGO exercise to test our updated version of the major incident plan
- Mass Casualty Event
- The Department of Health's Strategic National Guidance to the NHS for Major Incident Emergency Planning (2005) defines a major incident as any occurrence that presents a serious threat to the health of the community, disruption to the service or causes such numbers or types of casualties as to require special arrangements to be implemented by hospitals, ambulance trusts or primary care organisations. Varying types of casualties and medical incidents fall into this category. The type of incident will indicate the resources required. Every hospital should therefore have a major incident plan to use when normal resources are unable to cope. Whereas natural disasters account for most deaths worldwide, accidents or terrorist incidents involving the transport system, such as the London bombings in 2005, remain a significant risk in the United Kingdom.

Trust Major incident plan

■ Policy Part 1

TRAINING NEEDS ANALYSIS MAJOR INCIDENT

Staff Group	Strategic Leadership in Crisis	Major Incident Awareness	Command and Control	Table top Exercise	Walk through Exercise	EMERGO "real time" Scenario	Loggist
Execs	✓	✓	✓	✓	✓	✓	✓
Managers	✓	✓	✓	✓	✓	✓	✓
Matrons/HON	✓	✓	✓	✓	✓	✓	✓
Nursing incl midwives		✓	✓	✓	✓	✓	
Nursing incl HCAs and NAs		✓					
AHPs		✓	✓				
Consultants		✓	✓				
Medical		✓	✓				
Locum		✓	✓				
Administrative		✓	✓				
Pharmacy,		✓	✓				
Pathology							

OFFICIAL

APPENDIX 1 LOG OF MAJOR INCIDENT ACTION CARDS, DOCUMENTATION AND LOCATIONS

ACTION CARDS

SILVER CONTROL		
Executive Director	MIPAC 1	September '18
Silver Commander	MIPAC 2	September '18
Trust Communications Officer	MIPAC 3	September '18
Loggist	MIPAC 4	September '18
Control room manager	MIPAC 5	September '18
BRONZE CONTROL		
Senior Medical Officer / On Call Anaesthetist	MIPAC 6	September '18
Operational Manager	MIPAC 7	September '18
Senior Bed Manager	MIPAC 8	September '18
Loggist	MIPAC 4	September '18
Staff Pool	MIPAC 9	September '18
Relatives Reception Area	MIPAC 10	September '18
REST OF HOSPITAL		
Soft FM Team Leader - Level 0	MIPAC 11.1	September '18
Soft FM Team Leader Level 3	MIPAC 11.2	September '18
Ward	MIPAC 12	September '18
Duty Chaplain	MIPAC 13	September '18
Chaplaincy	MIPAC 13.1	September '18
Learning and Research Centre	MIPAC 14	September '18
Clinical Equipment Services	MIPAC 15	September '18
Receiving Ward (AMU)	MIPAC 16.1	September '18
Receiving Ward (SAU)	MIPAC 16.2	September '18
Receiving Ward (MTAU)	MIPAC 16.3	September '18
Receiving Wards (Senior Doctor)	MIPAC 16.4	September '18
Radiology	MIPAC 17	September '18
Ward Decant Area (MDC)	MIPAC 18	September '18
Discharge Lounge	MIPAC 19	September '18
Pathology	MIPAC 20	September '18
Service Manager, Catering	MIPAC 21	September '18
Information Management & Technology	MIPAC 22	September '18



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MAJOR INCIDENT PLAN (DRAFT) Incident Response Plan



Part One
EFFECTIVE SEPTEMBER 2018

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Trust Major incident plan

- Action card Part 2
 - Liaise with pathology / chemistry and highlight all discharge dependant patients awaiting blood results

SOUTHMEAD HOSPITAL BRISTOL
ACTION CARD MIPAC 20 – SEPTEMBER 2018

PATHOLOGY

ROLE TO BE UNDERTAKEN BY:	SENIOR PATHOLOGY MANAGERS (IN HOURS) ON CALL PATHOLOGY STAFF (OUT OF HOURS)
NOTIFICATION:	VIA SWITCHBOARD
AT ALERT:	FOLLOW RELEVANT PATHOLOGY DEPARTMENT MAJOR INCIDENT PROCEDURE

OUTLINE RESPONSIBILITIES:

- To follow the appropriate Pathology Department Major Incident procedure.

SPECIFIC ACTION POINTS

- Notify senior staff on call of incident
- Assess requirement to notify other pathology services (e.g. Microbiology if call received by Transfusion and incident relates to Microbiology)
- Assess requirement to inform external suppliers relevant to incident e.g. NHS Blood and Transplant

EMERGO Setup

- It was run as a real time to cover the first 4 hours
- Set 12 hours ahead of actual time
- Start time of exercise was 10 am therefore 10 pm
- What staff would be there at 10pm
- What blood stocks

EMERGO Setup

- Different areas split into different rooms
- Bronze Room and Silver Room
- Emergency Department
- Theatres and ICU
- Wards
- No one knew details of what was to come
- Karen Mead (Transfusion practitioner) , Halina Collingbourne (QM) and myself attended

-
- At 10:20 inform Major incident Standby
 - Called Bronze Room (as Chemist)
 - Followed Methane

M	Major Incident declared?
E	Exact Location
T	Type of incident
H	Hazards present or suspected
A	Access - routes that are safe to use
N	Number, type, severity of casualties
E	Emergency services present and those required

10:20 (22:20)

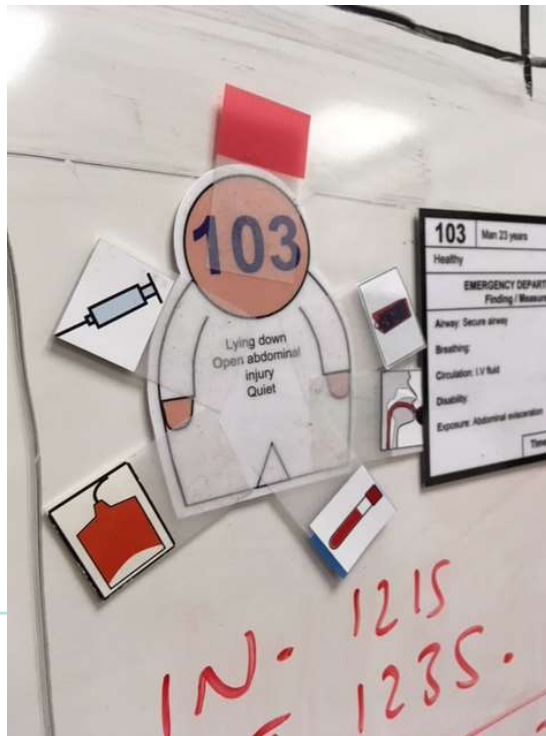
- Major incident declared? – Standby
- Exact location? – some where nearby
- Type of incident? - due to a gas explosion in a nearby shopping centre.
- Hazards present? – falling debris
- Access route? – they didn't know
- Number, type, severity of casualties? – didn't know
- Emergency services present? – On site

10:28 Major Incident Declared

- 8 minutes from Standby to Declared
- First patient arrived 2 minutes after declared
- There was about 25 minute delay for the next patient
- Then there was a steady stream of patients some arriving at the same time
- All patients were already assigned status
 - P1, P2 ,P3
 - Any patient may quickly change between statuses.

How Did the Exercise Represent Patients?

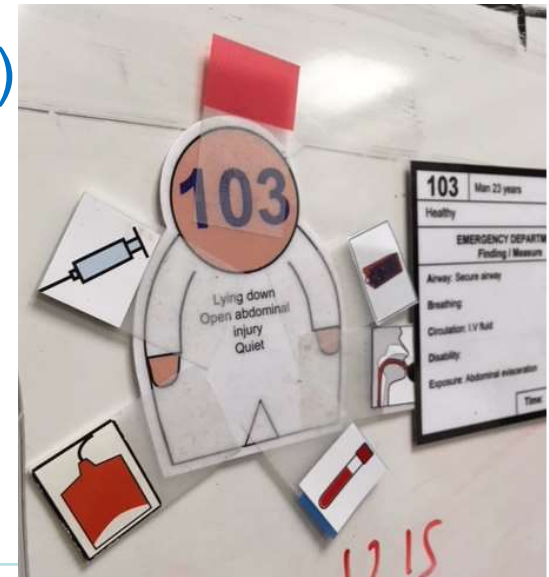
- Magnetic figures
- On the front is what you would see when looking at them
- On the back is further details after examination.



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How Did the Exercise Represent Patients?

- If you want a Scan then this would have to be requested
- They would need staff to transfer them
- The magnetic figure would be placed on the board in the “scanner”
- Real time would be waited (30 minutes)
- Results sent back with magnetic figure



How Did the Exercise Represent Patients?

- Extra sticker to show what other procedures had been undertaken each with a time taken aspect to allow real time movement.
- Patients would move to Theatres, ITU, Wards, Corridors or sent home



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Pathology

- Chemistry, Immunology, Genetics, Histology
 - Business as usual for workload
 - Chemistry ability to absorb any extra work
- Microbiology – Mentioned in Trust MI Policy
 - Could not find anything specific on QPulse
 - Dirty bomb?
- Haematology and Transfusion
 - If a mass casualty event blood components will be in high demand

Transfusion

- Not all patient required blood components
- Learning point from previous EMERGO
 - No individual shock packs for individual patients
 - All Red blood cells and plasma to be put in blood fridge
 - Keep the blood fridges stocked with flying squad
 - ED
 - L2

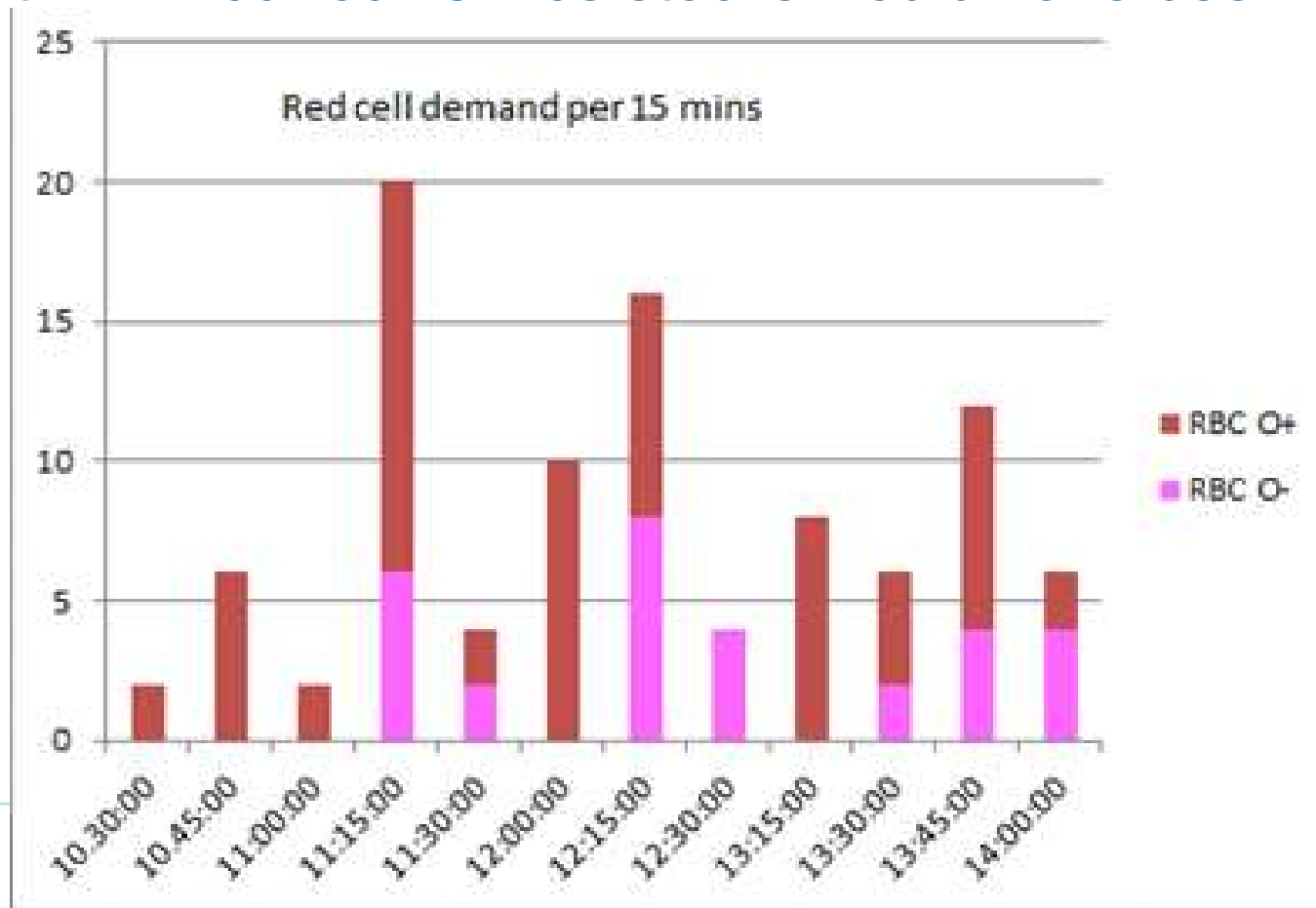
Red Blood Cells

- Time line of blood requests for multiple patients

Time	Location	RBC O-	RBC O+	FFP	Plt	Cryo
10.30:00	ED		2	4		
10.45:00	L2		6	4		
11:00:00	ED		2	4		
11:15:00	ED	6	14	16	4	
11:30:00	ED	2	2	6	1	
12:00:00	L2		10	10		
12:15:00	ED	8	8	20	4	
12:30:00	L2	4		4		
13:15:00	ED	0	8	0	0	
13:30:00	L2	2	4	0	0	
13:45:00	ED	4	8	0	0	
14:00:00	ED	4	2			

Red Cell Demand

- Within 1 hour our O Pos stocks would have been used

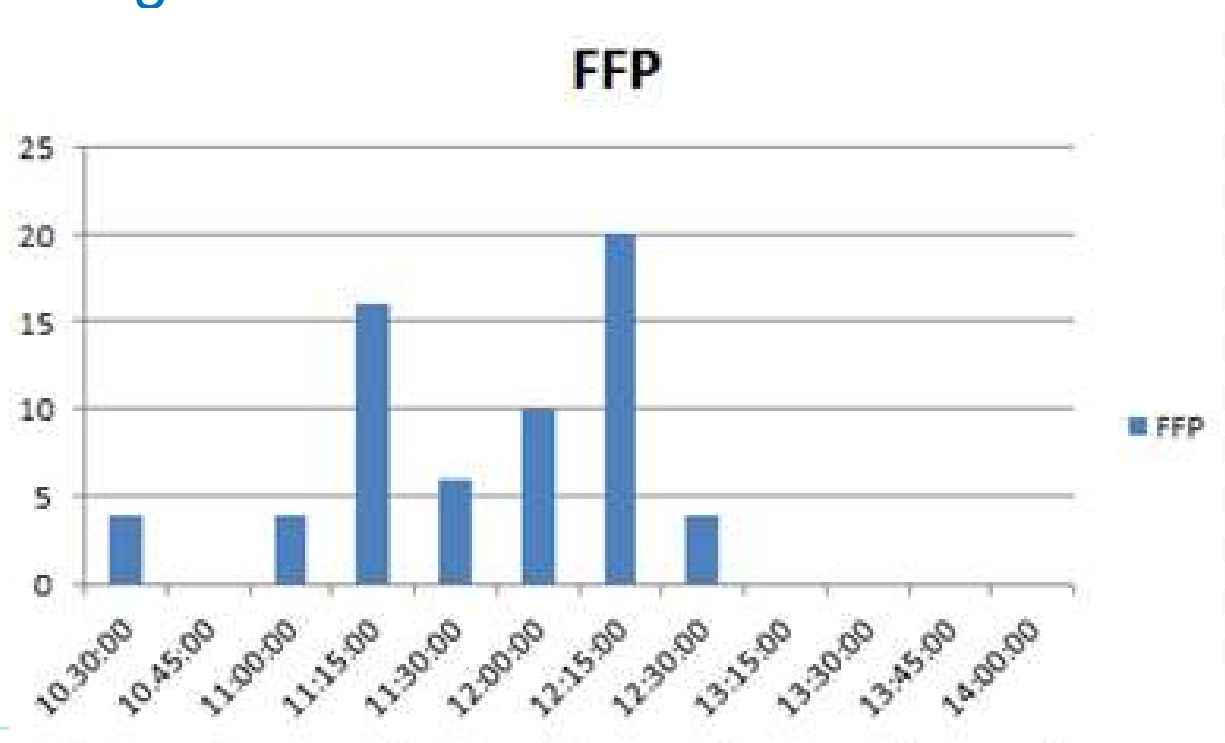


In the 4 hours

- ED
 - 14 patients required urgent blood
 - 7 wanted shock pack 1 (RBC+FFP)
 - 2 wanted shock pack 2 (RBC+FFP+PLT)
- Theatres/ICU
 - 17 patients required urgent blood
 - 9 patients transfused in ED required more
 - 8 patients not transfused in ED required urgent blood

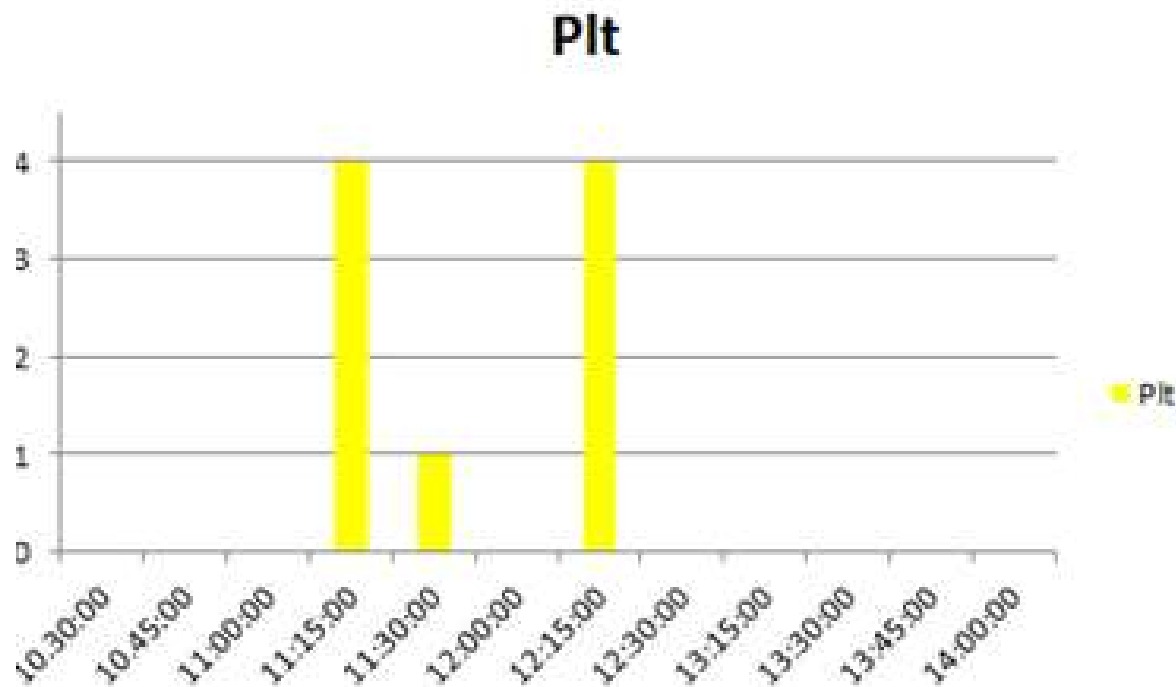
Plasma (FFP)

- Stock levels not an issue
- Thawing was an issue



Platelets

- Stock levels were an issue



Learning Points

- Good
 - Good staff response
 - Did not use much O Neg RBC as mostly Males
- Not so good
 - Insufficient Stock levels
 - Would the LIMS be able to keep up with issues?
 - Unable to keep up with plasma and platelet requirements
 - Could NHSBT supply in time?

Actions

- Increase Group O Stock levels
- Make live the Transfusion Major incident SOP
- Train lab staff
 - POC room booked within October
 - Run laboratory MI exercise
 - Refresh training
- Request a third plasma thawer
- Work with NHSBT for a dummy run
 - Multiple orders
 - Orders from other Trusts
 - They are performing their own exercise in October 18

Any Questions?

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