Major Incident
November 2011

Motorway fireball: At least seven dead and 51 injured in horrific crash on M5 described as 'worst ever seen by emergency services'

Background

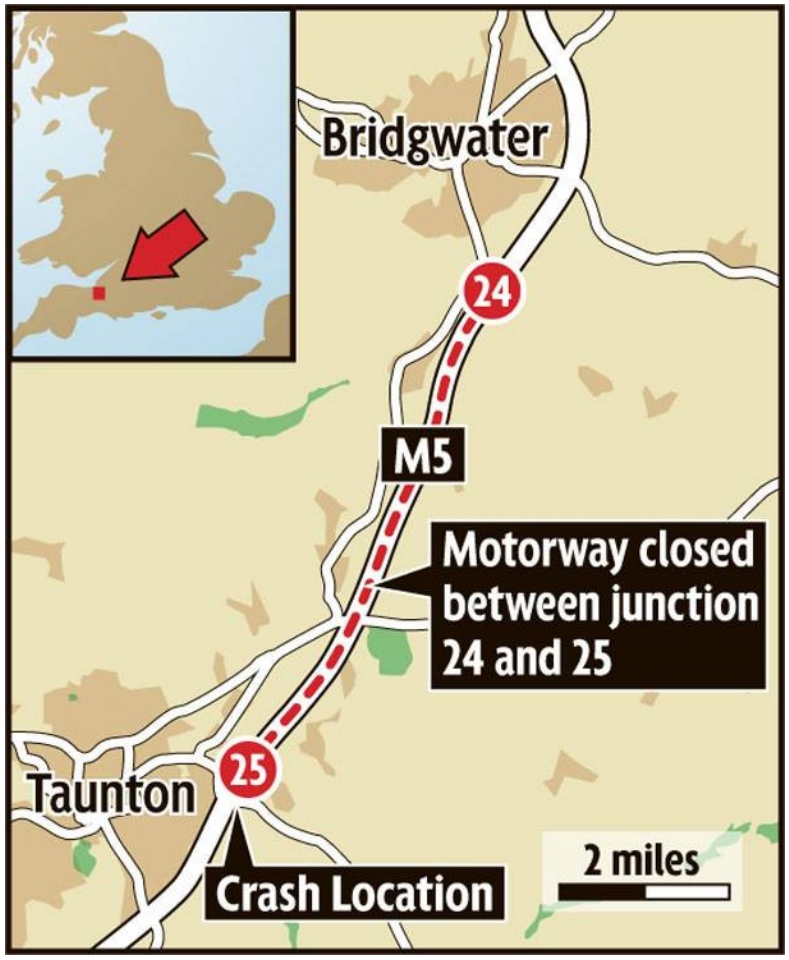
Road traffic incident occurred at approximately 8.30pm involving 34 vehicles including 6 HGVs

Major incident declared by A&S police and message passed to MPH switchboard 20.44

Initial report –up to 10 fatalities and 20+ vehicles involved, plus fireball

1 BMS on duty in transfusion lab

M5 closed both directions between Junction 24 and 25



What did we already have in place?

- Trust major incident plan

- Transfusion specific plan
  - Identified key roles
    - Transfusion BMS
    - Staff Co-ordinator
    - Transfusion Department Co-ordinator
    - Transfusion Department Support Worker
    - Accident Centre Liaison
    - (Consultant Haematologist)
  - Identified key actions
  - Pre-printed incident record sheets/telephone logs etc all stored in the lab

- A&E major incident packs already contained transfusion request form with details of preregistered major incident numbers and demographics.

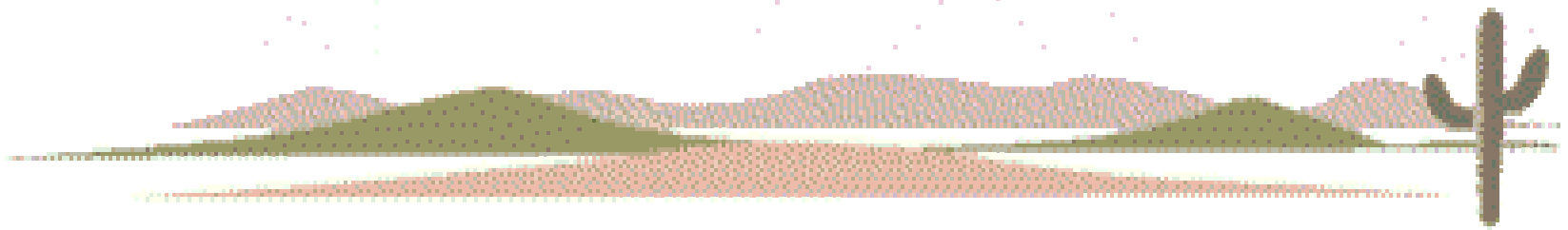
Between 21.15-22.00

- Operations manager alerted first (Staff Co-ordinator)
- He informed
  - Senior BMS to assume Transfusion Department Co-ordinator role
  - On call Consultant Haematologist - on call for Medical director
    - Consultant Haematologist & Transfusion Lead
  - Transfusion Practitioner to assume Accident Centre Liaison role
  - Associate Practitioner to assume Transfusion Department Support Worker
  - Pathology manager

- No issues getting hold of staff on this occasion – but none on call
- Additional BMS support arrived to cover haematology laboratory

Initial actions – Lab staff - 9.30pm

- **Alerted NHSBT and ordered additional stocks – ordered at 22:09**
  - **30 O Pos**
  - **10 O Neg**
- **Set up multiple grouping/crossmatching racks**
- **Set up additional flying squad O neg**
- **Wait……**



Initial actions – Lab staff – 10.30pm onwards

- Samples received from 10.30pm
- Most samples received with priority codes:
- P1 group and saves run STAT
- P1 group specific blood requests issued ‘red label’ and automated G&S performed STAT subsequently.
- P2/P3 G&S samples run in small batched (20-30 minute) intervals.

Initial Actions – A&E liaison – 22.30pm

- Collected bleep and record sheet from laboratory
  - Pre printed
- Proceeded to A&E and made co-ordinator known of presence
  - Not obvious who was co-ordinator
- Initial assessment of patients already in A&E
  - Some difficulty finding out which medic to speak to

Initial actions – Consultant Haematologist

- Determined blood component availability
- Liaised with A&E Consultants
  - Number of casualties
  - Nature of injury and anticipated blood product use – specifically those at risk of major Hg
- Advised lab staff
  - appropriate prioritisation of samples
  - Additional blood components ordered from NHSBT
- Liaised with NHSBT Consultant re anticipated blood component use

On-going activities 23.00pm-01.00am

- Lab staff kept informed regarding condition of patients
  - Last casualty arrived in A&E at about 23.30
- Additional stock ordered: 23:31
  - 30 O Pos RBC
  - 10 O Neg RBC
  - 4 A Pos PLT
- Consultant Haematologist reviewed results in real time
  - Appropriate blood components issued
  - Clinicians advised of results and component availability
- On-going record of blood product use kept by A&E Liaison officer.
  - Only 2 patients requiring urgent blood product support
  - Only 1 patient required platelets

Actions at Stand down

- Formal stand down at 01.30am
- Product reconciliation performed:
  - Stock for morning run ordered:
    - 10 A FFP
    - 2 A Cryo
    - 16 A Pos RBC

- 0800hrs repeat G&S requested on all critical patients to ensure correct patient demographics.
- TP came in Saturday to locate traceability paperwork

Lab – Key issues

- Sample ID
  - Majax Numbers/ Limited demographics
  - Changing Patient ID
- No immediate record of patients and products used/ required
- Staff Role Booklets have detailed content but difficulty to reference
- Fortunate staff mix available
- Yeovil Hospital was placed on standby
  - Some staff in the call up procedure are duplicated across the Musgrove & Yeovil Sites
- NHSBT transport delays as refused motorway access
  - Initial order placed 22.09 arrived 00.15
  - Second order placed 23.31 arrived 00.45

A&E Liaison – Key actions and issues

- Checking transfusion samples to prevent rejections
  - MAJAX numbers
    - Addressograph labels already in patient admission packs AEMAJAX, DTTHIRTYTWO
- Co-ordinating blood requirements and collections
  - Porters not easily found
    - Had to run to transfusion myself
- Keep up to date list of patients, including priority score, injuries and location
  - Speed of movement of patients in A&E
    - Patients sent to CT scan and then to another location

Consultant Haematologist – key issues

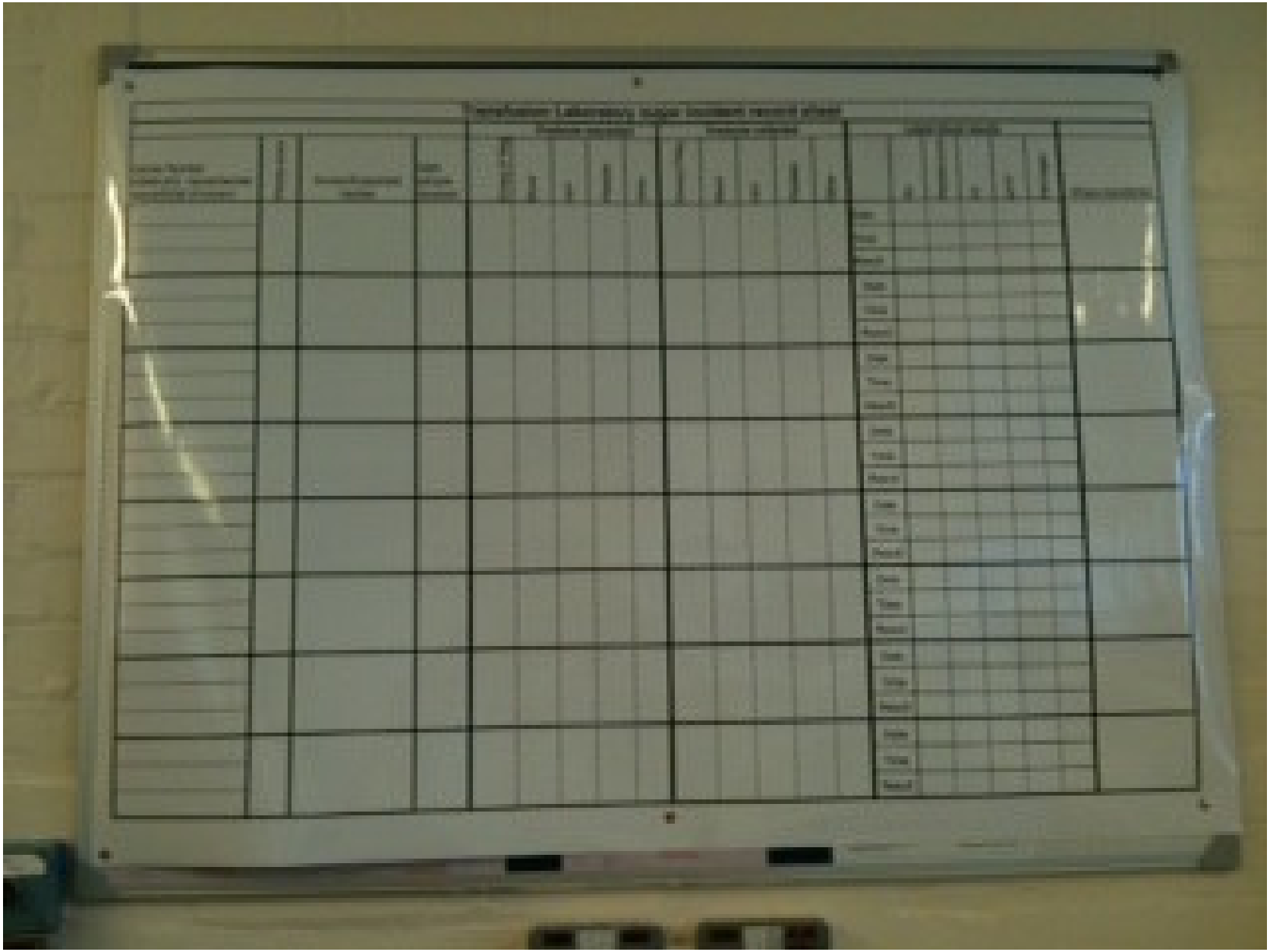
- No formal role but vital to provide clinical interface
- Communication was key
  - Early contact with Major incident room and A&E consultant needed
  - Rapidly changing scenario: patient location, clinical state
- Proactive management

What did we learn?

- The importance of the right staff in the right place!
- What if.....?
  - Total 51 casualties, only 2 patients required blood components within 4 hrs of arrival (1 major haemorrhage)
- Being present in A&E vital
- Consultant Haematologist Role must be formalised
- Importance of easy/fast communication between lab and A&E
- Delivery times considerable
- Contingency for NHSBT if motorway closed
- Visual Management needs improvement and careful consideration

What have we changed?

- Improved role definition
  - Consultant Haematologist role defined
  - Preferred individuals
  - Simplified action cards with flow chart to facilitate action priorities
- Proactive
  - Immediate “just in case” blood component order whilst awaiting clinical information (12 O neg, 30 O pos and 4 A pos platelets)
  - Use MHR request code
- Communication
  - Bleep for Consultant Haematologist (in event of network overload)
  - Record sheet for both Consultant Haematologist & Transfusion liaison role
- Visual management
  - Issuable stock
  - Stock in transit
  - Designated major incident blood area in issues fridge
- Central record sheet in lab
  - Site identified
  - Laminated to allow real time updates.



Transfusion Department Haematology Consultant

STAFF ROLE

WHO?

Role undertaken by:

- On-call Haematology Consultant

RESPONSIBILITIES

- Liaise between senior clinical staff in Accident Centre and Blood Transfusion Department regarding expected blood product requirements
- Liaise between Blood Transfusion Department and senior clinical staff in A&E any issues and problems regarding the availability of blood products.
- Liaise with NBS Consultant on call regarding extent of incident and likely blood productrequirments.
- Request blood and blood products as instructed by A&E clinical staff
- Proactively issue blood component therapy as directed by laboratory results and inform clinical team of availability

DO FIRST

1) Inform Transfusion Department Staff Co-ordinator of your arrival
2) Determine current stock level and likely arrival of initial emergency order from NHSBT
3) Collect Bleep (xxxx) and Consultant Transfusion Record Sheet clip board from Blood Transfusion Major Incident file.
4) Proceed to major incident room to determine expected number of causalities and nature of injuries.

DO NEXT

- Proceed to A&E department and report to relevant incident coordinator.
- Determine number of casulties on site and determine anticipated blood use
- Record patient details on Consultant Transfusion Record Sheet
- Advise Transfusion Department of immediate blood requirements
- Review stock holding with Transfusion Department Coordinator
- Update laboratory central record sheet
- Advise NBS Consultant On-call of nature of incident and anticipated blood use
- Coordinate the telephoning through requests for blood products (ext 2289) to Blood Transfusion department with the Transfusion Liaison Officer
- Coordinate collection of blood products with Transfusion Liaison Officer
- Liaise with clinical staff – ensuring aware when blood products available for administration
- Update transfusion record sheet – running total of blood products. Results, location of patient
- Review results and proactively order appropriate blood product replacement and advise clinical team
- Ensure NBS are made aware when major incident alert stood down

What still needs to be done

- Contingency for NHSBT if M5 closed
- Major incident number across Trust
- Consider “fallout”
  - Next day staffing
  - Increased clinical activity

To summarise

- Right person, right place, right time
- Effective efficient communication vital
- Time delays significant – anticipatory action required
- Practice makes perfect – major incident plan testing needed (including NHSBT)