SECTION TWO – MAJOR INCIDENT PLAN

This section gives an overview of the department's major incident plan. Doctors are expected to study this during their Induction period and before their major incident tabletop exercise.

Most Emergency Department doctors (including Drs in training) will have an organisational role rather than a clinical one in the early part of an Incident.

It will be too late to start reading the green pages after an incident has been declared!

MAJOR INCIDENTS: **"An incident causing so many casualties that additional resources have to be mobilised".**

In a major incident you will not immediately be able to provide the same level of care that you normally do - by definition resources will be overstretched. For this reason our entire working practice will change and it will aim to produce "the maximum benefit for the maximum number of people".

This section covers:
What to do
An Overview of the Major Incident response
The Three Ts of a major Incident
Action Cards

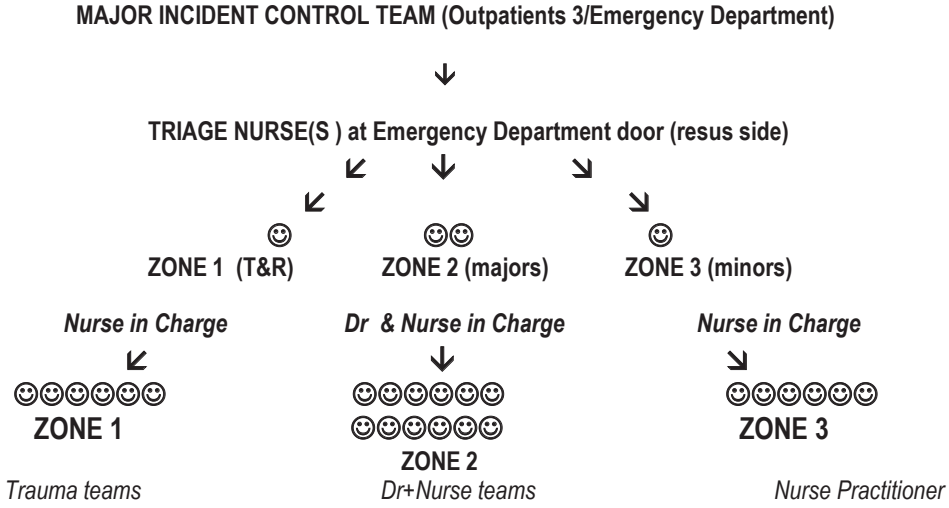
What to do

You may be the most senior Emergency Department doctor in the hospital when a major incident happens. It may be the sudden arrival of patients contaminated with dangerous chemicals, patients suspected of exposure to highly infective agents (eg anthrax, smallpox), patients who have been contaminated with radioisotopes (often following a transport accident) or, most likely a large number of patients injured in a single incident. All Emergency Department staff on duty must go straight to the major incident cupboard and put on the coloured tabards indicating their roles. The most senior doctor will assume the role of Medical Incident Officer and will allocate the other medical roles- NOBODY WILL TELL YOU TO DO THIS, YOU MUST TAKE THE INITIATIVE.

The doctor in charge then helps the Nurse in Charge to set up five areas :

1. **THE INFLATABLE DECOMNTAMINATION TENT (if indicated)**
2. **A SINGLE TRIAGE POINT (at the Emergency Department resus side of the Emergency Department entrance)**
3. **RED ZONE (Resus): For patients who are in imminent danger of death**
4. **YELLOW ZONE (Majors): For patients who cannot walk**
5. **GREEN ZONE(Minors): For patients who can walk**

An overview of this is given below. If you are still in charge after you have set up the areas, distribute copies of the Action Cards from the Major Incident cupboard (or photocopy the Action Cards in this section) and ensure that personnel READ the relevant card. Senior Help should have arrived by now but DO NOT get involved in treating patients yourself until allocated to a decontamination or treatment team by a senior Emergency Department doctor.



The Three 'Ts' of a Major Incident:

STEP ONE: TRIAGE (Emergency Department nurses)
- **Safety Triage**
- **Triage Sieve (see next page)**

STEP TWO: TREATMENT (Emergency Department doctors)
- **Arranged in three areas or "zones"according to priority – Pain Relief,ABC: Keep management as simple as possible.**

STEP THREE: TRANSPORT (Consultants)
- **Senior doctors will decide which patient should go where**

STEP ONE : TRIAGE

Triage **is our first task in a major incident. It begins with the crude "triage sieve" which assigns patients of similar priority to three different treatment zones(see the NEXT page). The nurses perform triage at the Emergency Department entrance and attach a coloured label indicating a triage category to each patient. A special pack including a flimsey, a wrist label, blood forms and bottles, a pen *and 10 mg Morphine* accompanies each patient (except GREEN) to their treatment zone.**

In the unlikely event of a chemical, biological or nuclear incident the nurses will perform safety triage before the triage sieve. Patients who smell of chemical (unless this is known to be harmless) or who have signs of chemical toxicity (skin/eyes/throat/breathing), or who have suspected biological or radioactive contamination are directed to the cardiac garage area for decontamination with soap and water (including eye irrigation if applicable) before admittance *irrespective of their clinical condition.* Patient advice leaflets about this are available at Reception. PATIENTS WHO HAVE BEEN EXPOSED TO A CHEMICAL BUT WHO HAVE NO CHEMICAL SMELL OR VISIBLE CONTAMINATION DO NOT POSE A RISK TO OTHERS AND DO NOT NEED OUTSIDE DECONTAMINATION.

Major Incident Triage Sieve

RED (PRIORITY 1):	**IMMINENT DANGER OF DEATH (GCS<9, RESP> 35, CRT >5)**
YELLOW (PRIORITY 2):	**UNABLE TO WALK**
GREEN (PRIORITY 3):	**CAN WALK**
WHITE (PRIORITY 4):	**NO VITAL SIGNS**

RED AREA:	**ZONE ONE: RESUSCITATION ROOM**
YELLOW AREA:	**ZONE TWO EMERGENCY DEPARTMENT CUBICLES**
GREEN AREA:	**ZONE THREE: PHYSIO/DAY SURGERY**
WHITE AREA:	**TEMPORARY MORTURARY IDENTIFIED BY EMERGENCY DEPARTMENT SISTER**

****** EVEN IF PATIENTS HAVE TRIAGE LABELS ON THEY STILL REQUIRE RE-TRIAGE AT THIS POINT******

STEP TWO: TREATMENT

Junior and Senior doctors will flock to the ED in a large major incident – this is a recipe for chaos unless the incident is properly co-ordinated by the Emergency Department doctors on duty. You will already have assigned the roles of 'Doctor in charge' of the various zones. The Action Cards below will explain the roles in detail. At the beginning of the incident, surgical/theatre teams will automatically go to zone one (resus). They will start resuscitation with no input from you – most of your efforts will be directed to zones two and three. *This is a organisational not a hands-on role – read these Action Cards now.* You are to continue in your role until relieved by a more senior Emergency Department doctor. Doctors from other departments with no Emergency Department experience should go to Zone Two and *they must adhere to their Action Card- read this now*. Doctors who have previously worked in the Emergency Department should generally be directed to Zone Three, as they will have the knowledge required to assess and treat minor injury.

Major Incident Treatment Protocols - Action Cards

ZONE TWO – DOCTOR IN CHARGE

YOU ARE IN CHARGE OF THE OVERALL MEDICAL CARE OF ALL PATIENTS IN THIS ZONE UNTIL RELIEVED BY THE EMERGENCY DEPARTMENT MEDICAL INCIDENT OFFICER

- **Assist nurse in charge with placement of patients in groups of injury type, i.e., all fractures together, all burns together.**
- **Give each doctor a handful of venflons, syringes, etc and brief by talking them through a zone two doctor action card.**
- **Keep a record of patient numbers and injuries on the form provided.**
- **Walk around the zone ensuring that all patients,**

1. **Receive 100% oxygen**
2. **Receive morphine 10mg IV unless contraindicated.**
3. **Undergo primary survey (ABC).**
4. **Are moved to zone one if this changes their priority status (inform AEMIO first).**
5. **Receive one unit of haemaccel and one litre of normal saline if signs of blood loss.**
6. **Have wounds dressed and fractures splinted.**
7. **Have X-ray requirements identified. Have appropriate blood tests taken and sent to laboratory. You must not become involved in hands-on care of patients unless asked to do so by the AEMIO. Be prepared to brief the AEMIO when he/she visits for an update of the progress of the incident in your zone. Other enquiries, etc, (including enquiries from consultant medical staff) should be directed to the AEMIO).**

ZONE TWO – DOCTORS

The doctor in charge of zone two is responsible for all medical care there. You MUST undertake the tasks given to you by him/her and return to him/her when they are complete.
You must be economical with resources and time.

ACTIONS

1. **Go round each patient insert a cannula and administer the intravenous morphine which has been placed in the patient's disaster pack. Take blood and sign bottles and form yourself – you must be meticulous about this in a major incident.**
2. **Assess/stabilise the patient's airway, breathing and circulation. Only carry out essential treatment (e.g., for tension pneumothorax) at this stage.**
3. **If signs of blood loss give one unit of haemaccel and one litre of normal saline.**
4. **Dress wounds and splint fractures.**
5. **Identify X-ray requirements – these MUST be kept to a minimum.**
6. **Be prepared to brief the doctor in charge of zone two about the X-ray requirements and priorities.**
7. **Return to doctor in charge of zone two for further tasks.**

You MUST direct all enquiries and problems to the doctor in charge of zone two.

ZONE ONE – NURSE IN CHARGE

YOU ARE IN CHARGE OF THE OVERALL NURSING CARE OF PATIENTS IN THIS ZONE UNTIL RELIEVED BY THE EMERGENCY DEPARTMENT NURSING INCIDENT OFFICER (AENIO).
Arrange patients according to injury type, i.e., head injuries/chest injuries/burns adjacent to each other if possible.
Ensure that each patient has 100% oxygen applied and receives morphine 10mg IV unless contraindicated.
Ensure that a doctor / nurse team commence resuscitation along ALS lines (primary survey).
Give out medicines and equipment as requested by resuscitation teams.
Keep a record of patient numbers, injuries and triage score on the form provided.
You must not become involved in hands-on care of patients unless asked to do so by the AENIO.
Be prepared to brief the AEMIO or AENIO about:-
Your patient number/severity form.
Requirements for X-ray, transport and specialised equipment.
Other enquiries, etc (including enquiries from consultant medical staff and senior nursing staff) should be directed to the AEMIO/AENIO.

ZONE TWO – NURSE IN CHARGE

YOU ARE IN CHARGE OF THE OVERALL NURSING CARE OF PATIENTS IN THIS ZONE UNTIL RELIEVED BY THE EMERGENCY DEPARTMENT NURSING INCIDENT OFFICER (AENIO).
Arrange patients in groups of injury type, i.e., all fractures together, all burns together.
Give each nurse a handful of 100% oxygen masks with reservoir bag and brief them by talking them through a zone two nurse action card.
Keep a record of patient numbers, injuries on the form provided.
Walk around the zone supporting nursing staff and providing any necessary equipment.
You must not become involved in hands-on care of patients unless asked to do so by the AENIO.

ZONE TWO – NURSES

The nurse in charge of zone two is responsible for all nursing care there. You MUST undertake the tasks given to you by him/her and return to him/her when they are complete.
You must be economical with resources and time.
ACTIONS

1. **Go round each patient and apply 100% oxygen using the face mask with reservoir guard under the trolley.**
2. **Measure vital signs and record them on the inside of the coloured triage card which is round the patient's neck (replace the card with the yellow side showing)**
3. **Assist the doctor with management of the ABC.**
4. **Dress wounds and splint fractures.**
5. **Be prepared to brief the nurse in charge of zone two about X-ray requirements, equipment and priorities.**
6. **Return to nurse in charge of zone two for further tasks. You MUST direct all enquiries and problems to the doctor in charge of zone two.**