Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR IECHYD A DIOGELWCH
HEALTH & SAFETY COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	13 July 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Major Incident Plan
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Alison Shakeshaft, Director of Therapies & Health Science
SWYDDOG ADRODD: REPORTING OFFICER:	Sam Hussell, Head of Emergency Preparedness, Resilience & Response (EPRR)

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report is presented to the Health and Safety Committee (HSC) to provide an update on the Major Incident Plan 2022/23. The Major Incident Plan has been revised and updated to reflect current structures, command and control mechanisms and response processes.

The Committee is asked to recommend the Major Incident Plan 2022/23 for onward ratification by the Board.

Cefndir / Background

The Civil Contingencies Act 2004 provides a framework for integrated emergency management to ensure civil protection across the U.K. Hywel Dda University Health Board (HDdUHB) is classed as a Category 1 Responder under the Act. This means that in partnership with the Local Authority, Emergency Services, Natural Resources Wales and other health bodies, HDdUHB is part of the first line of response in any emergency affecting its population.

The Health Board is required under the Act to undertake risk assessments and produce emergency plans. Additionally, within the Welsh Government's Emergency Planning Core Guidance 2015, Health Boards are required to have up-to-date plans to deal with major incidents and emergency situations that are compliant and tested in accordance with national guidance.

A review process has been undertaken via the Emergency, Preparedness, Resilience and Response (EPRR) Group which has involved multi-disciplinary and partner agency participation.

Major Incident Plan response action cards are also updated on an on-going basis to reflect current organisational structures. Consultation on the revised plan has been undertaken with partner agencies and with Welsh Government prior to presentation for approval.

Asesiad / Assessment

The main areas of change within the Major Incident Plan are:

- Site changes and patient flow arrangements for all sites.
- Mass Casualty Incidents – reflection of reviewed Mass Casualty Arrangements for NHS Wales and associated response structure.
- South Wales Major Trauma Network – reflection of introduction of the network and impact on casualty handling and dispersal.

Argymhelliad / Recommendation

The Committee is requested to approve the Major Incident Plan for onward ratification by the Health Board.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.6: Provide assurance to the Board that the UHB's Emergency Management Plan is underpinned by policy and protocols, planning and performance targets and strategies to address risks to business continuity.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	n/a
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2.1 Managing Risk and Promoting Health and Safety
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Striving to deliver and develop excellent services
Amcanion Cynllunio Planning Objectives	4H emergency planning and civil contingencies
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Civil Contingencies Act (2004) NHS Wales Emergency Planning Guidance (2015)
Rhestr Termau:	Contained within the Major Incident Plan

Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	• EPRR Group • Welsh Government • WAST

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	The main costs associated with the Emergency Planning agenda are staffing; training; exercising and equipment.
Ansawdd / Gofal Claf: Quality / Patient Care:	Major Incident Plan revised with relevant multi-professional input across the sites.
Gweithlu: Workforce:	On-going training issues form part of the UHB's Civil Contingencies Act preparedness and subsequent exercises test its response, plans and communication systems.
Risg: Risk:	The whole Emergency Planning agenda is based on risk and taking every practical step to mitigate against the risk of an event occurring. Identification of the highest risks, and development of plans and procedures to address and respond to them places the Health Board in a better state of preparedness.
Cyfreithiol: Legal:	The Major Incident Plan forms part of our response to the requirements of the Civil Contingencies Act and our duty as a Category One responder under the Act.
Enw Da: Reputational:	Potential. The Major Incident Plan demonstrates our level of preparedness to respond effectively to a major incident event and safeguard the reputation of the organisation.
Gyfrinachedd: Privacy:	No issues identified.
Cydraddoldeb: Equality:	Impact Assessment completed June 2022 with no negative impacts identified.

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

MAJOR INCIDENT PLAN 2022/23

Carmarthenshire, Ceredigion & Pembrokeshire

Policy Number:	n/a	Supercedes:	MIP 2019/20	Standards For Healthcare Services No/s	2.1

Version No:	Date Of Review:	Reviewer Name:	Completed Action:	Approved by:	Date Approved:	New Review Date:
2015/16	Apr/May 2015	S. Hussell	May 2015	Health Board	28/05/15	2016
2016/17	Feb/Mar 2016	S. Hussell	June 2016	Health Board	02/06/16	2017
2017/18	Mar/Apr 2017	S. Hussell	July 2017	Health Board	27/07/17	2018
2018/19	June/July 2018	S. Hussell	Aug 2018	Health Board	27/09/18	2019
2019/20	May/June 2019	S. Hussell	Sept 2019	Health Board	26/09/19	2020
2022/23	May/June 2022	S. Hussell				

Brief Summary of Document:	An operational plan that details the Hywel Dda University Health Board response to a major incident event. This plan has been prepared in consultation with Dyfed Powys LRF partner health agencies, and in accordance with the Civil Contingencies Act (2004), NHS Wales Emergency Planning Guidance (2015), Medical Care at the Scene of Major Incidents (2010), Guidance on Access to UK Reserve Stock for Major Incidents (2018) and other related guidance.

To be read in conjunction with:	Major Incident Plan Action Cards, Major Incident Plan COVID-19 Appendices; Business Continuity Plans; Departmental Major Incident Plans; Dyfed Powys LRF Joint Major Incident Procedures Manual

Classification:	Non Clinical	Category:	Plan	Freedom Of Information Status	

Authorised by:	Alison Shakeshaft	Job Title	Director of Therapies & Health Science	Signature:	

Responsible Officer/Author:	Mrs. Sam Hussell		**Job Title:**	Head of Emergency Preparedness, Resilience & Response
Contact Details:	**Dept**	Emergency Planning	**Base**	Hafan Derwen
	Tel No	01267 239757	**E-mail:**	sam.hussell@wales.nhs.uk

Scope	**ORGANISATION WIDE**	✓	**DIRECTORATE**	✓	**DEPARTMENT ONLY**	✓	**COUNTY ONLY**	✓

Staff Group	Administrative/ Estates	✓	Allied Health Professionals	✓	Ancillary	✓	Maintenance	✓
	Medical & Dental	✓	Nursing	✓	Scientific & Professional	✓	Other	✓

CONSULTATION	**Please indicate the name of the individual(s)/group(s) or committee(s) involved in the consultation process and state date agreement obtained.**			
	Individual(s)	Director of Therapies & Health Science Deputy Director of Public Health WAST EPO WG HEPU	**Date(s)**	
	Group(s)	Hywel Dda EPRR Group	**Date(s)**	Spring 2022
	Committee(s)	Health & Safety Committee Health Board	**Date(s)**	

RATIFYING AUTHORITY (in accordance with the Schedule of Delegation)	**KEY**		**COMMENTS/ POINTS TO NOTE**
NAME OF COMMITTEE	A = Approval Required FR = Final Ratification	**Date Approval Obtained**	
Hywel Dda Board	FR		
Health & Safety Committee	A		

Date Equality Impact Assessment Undertaken	24 June 2022	**Group completing Equality impact assessment**	Mrs. Sam Hussell, Head of Health Emergency Planning Claire Conroy, Emergency Planning & Business Continuity Co-ordinator

Please enter any keywords to be used in the policy search system to enable staff to locate this policy	Major Incident, Civil Contingencies, Emergency Planning

Document Implementation Plan			
How Will This Policy Be Implemented?	Via: EPRR Group. Also available on staff intranet. Staff are advised to also hold a hard printed copy as a contingency measure.		
Who Should Use The Document?	All staff involved in a major incident response.		
What (if any) Training/Financial Implications are Associated with this document?	On-line eLearning module – Major Incident Awareness Strategic Level Major Incident Training (Wales GOLD) Tactical Level Major Incident Training: • Multi-Agency TCG Training • Hospital Silver Training for Managers MERIT Passport Course PRPS Training Loggist Training Switchboard Cascade Training		
What are the Action Plan/Timescales for implementing this policy?	**Action**	**By Whom**	**By When**

CONTENTS

Section	Page
Introduction	6
Aim	7
Command & Control	7
Activation and Response Procedures	10
Scene Management	15
Hospital Arrangements	17
Interoperability	23
Business Continuity	24
Record Keeping	25
Management of Burns	27
Management of Chemical Incidents	29
Management of Radiation Incidents	31
Management of Biological Incidents	33
Mortuary Facilities & Deceased Persons	34
Mass Casualty Incidents	36
Bronglais Site Actions	37
Glangwili Site Actions	41
Prince Phillip Site Actions	45
Withybush Site Actions	48
Internal Major Incidents	52
Contact Telephone Numbers	55
Templates:	
Notification of a Major Incident	62
Incident Log Record Sheet	63
Discharge/Transferred Patients Log Sheet	64
Report for Declaration of an Internal Major Incident	65
Example Major Incident Alert to Day Patients/Visitors	66
Definitions	67
Glossary	69

STOP

IF THIS IS A MAJOR INCIDENT SITUATION AND YOU HAVE NOT READ THIS DOCUMENT…..

DO NOT READ IT NOW !!

- **IF YOU ARE IN THE HOSPITAL, REPORT TO YOUR NORMAL WORK AREA AND CONTACT YOUR MANAGER**
- **IF YOU ARE REPORTING FROM A CALL-IN, REPORT TO YOUR NORMAL WORK AREA, UNLESS YOU ARE A KEY MANAGER, IN WHICH CASE REPORT TO THE HOSPITAL CO-ORDINATION CENTRE**
- **REFER TO YOUR ACTION CARD AND BE PREPARED TO BE RE-DEPLOYED IF NECESSARY**
- **UNDERTAKE ASSIGNED DUTIES OR READ THE CARD AND IMPLEMENT THE ACTIONS**

STATEMENT ON HEALTH AND SAFETY

In a major incident it is very easy to become absorbed by the events unfolding around you and to forget that the usual rules and regulations regarding health and safety still apply.

It is essential that these regulations are observed during a major incident and that the same thought processes with regard to risk assessment and management are adhered to in the same manner as any other task during the working day.

Appropriate personal protection equipment (PPE) and procedures will be provided, and must be used and followed, as must the Health Board's Policy and Procedures for issues such as responding to an infectious disease emergency, infection control, manual handling or the safe use of hazardous substances. As with any other task, if you are unsure of anything during a major incident seek advice from the nearest appropriate person.

INTRODUCTION

The Civil Contingencies Act (2004) defines a Major Incident as:

'An event or situation which threatens serious damage to human welfare in a place in the UK, war or terrorism which threatens serious damage to the security of the UK.'

(Ref: Civil Contingencies Act, 2004)

Within the NHS:

'Any occurrence that presents a 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'.

(Ref: NHS Wales Emergency Planning Guidance 2015)

In Hywel Dda University Health Board, responsibility for amending, updating and testing the Major Incident Plan has been delegated by the Chief Executive to the Director of Public Health and the Head of Emergency Preparedness, Resilience & Response (EPRR), together with the EPRR Group.

This Plan has been prepared in consultation with Local Resilience Forum partner agencies, and reviewed by the Welsh Government Public Health Division (Health Emergency Planning). It is only a guide and those NHS personnel on duty at the time of an incident should use their discretion regarding any need for which provision has not been made.

This Plan should be read in conjunction with the Health Boards' current Risk Management, Health, Safety and Environment Protection Strategy and relevant Business Continuity Plans. Additionally, many departments have well developed major incident response plans specific to their service, which will be activated in conjunction with this over-arching major incident plan. External risks, as identified in the Dyfed Powys Community Risk Register (http://www.dyfed-powys.police.uk/en/what-we-do/civil-contingencies) have also been considered in the development of the Health Board's major incident preparedness and response. Specific Welsh Government guidance is also available on a range of issues to support a major incident response and should also be consulted where appropriate. The Welsh Government, in conjunction with DH and other UK Health Departments, has established a UK stockpile of health countermeasures for use in the event of a deliberate or accidental release of chemical, biological, radioactive or nuclear materials. The "Access to CBRN Health Countermeasures" protocol is held in the Hospital Co-ordination Centre and by the Medical Controllers and Head of Medicines Management.

Departments should review their Action Cards at regular intervals and new personnel must be made aware of the existence of such plans, and their roles and responsibilities within them. Any suggested amendments to this Plan should be made by staff to the Head of EPRR.

As a minimum requirement, the Health Board is required to undertake:

- A 'live' exercise every three years
- A 'table-top' exercise every year
- A 'communications' exercise every six months

(Ref: NHS Wales Emergency Planning Guidance 2015)

A training & exercising programme has been developed to assist with the development and roll out of appropriate training opportunities to support a resilient and robust major incident response.

AIM

The aim of the Major Incident Plan is to save life and mitigate injury in circumstances where routine services may prove inadequate and to provide co-ordination to ensure that limited resources are deployed most effectively.

This Plan is based on the use of Withybush, Glangwili and Bronglais General Hospitals as the Designated Receiving Hospitals for the area with Prince Phillip Hospital designated as a Supporting Hospital. All the facilities of the Health Service would be available in the event of a Major Incident. If the number of casualties exceeds the available capacity at the time, it may be necessary, in order to release beds, to call other hospitals to assist by accepting casualties from the incident and/or patients transferred from these hospitals. It should be noted that in the event of a Major Incident in a neighbouring area, Bronglais, Glangwili, Withybush and Prince Phillip Hospitals may be called upon to act as supporting hospitals.

The Major Incident Plan has been developed, incorporating the organisations values at the core of the response.

COMMAND AND CONTROL

During a Major Incident, Hywel Dda University Health Board will participate in the multi-agency hierarchical framework known as “Command and Control”. The process for the activation of these structures is detailed in the Dyfed Powys Local Resilience Forum’s Emergency Command Protocol. This framework works on the basis of three levels of response:

- Strategic (also known as Gold)
- Tactical (also known as Silver)
- Operational (also known as Bronze)

Strategic Co-ordination Group (Multi-Agency Gold)

This multi-agency Director level group will meet either virtually (using MS Teams) and/or at the Strategic Co-ordination Centre in Police HQ, Llangunnor, Carmarthen. The group will initially be led by the Police Gold Commander, but depending on the type of incident, the chair may move to another agency. The group will make the strategic level decisions relating to the incident (i.e. what is to be done). For Hywel Dda, during office hours, the Executive Director with the lead for EPRR (Director of Public Health – or in the interim, the Executive Director of Therapies & Health Science) will attend with Emergency Planning and Loggist support. During the out of hours period (or if the DPH/DoTH is unavailable), the Executive Director on-call will attend, also with Emergency Planning

and Loggist support. Welsh Government will also be notified of any SCG activation in response to a major Incident.

Health Board Gold Response (Strategic)

Dependent upon the nature of the incident, and in addition to a Strategic Co-ordination Group, an internal Gold Command Team may be convened if necessary. The decision to convene a Health Board Gold Command will be made by the Executive Director on-call at the time of the incident and following a review of the incident details. The aim of the group will be to provide the strategic management and co-ordination of Health Board resources during the emergency by ensuring secondary, community and primary care service delivery for both the incident and for normal operational delivery. The Team would consist of members of the Executive Team, Emergency Planning, Loggist, and a Communications Team representative, together with any additional personnel as requested at the time.

The Gold Command Team would be based in Corporate Offices, Ystwyth Building, St. David's Park, Carmarthen. The Board Room is the designated Health Board Gold Command facility but meetings may also convened utilising MS Teams.

Tactical Co-ordination Group (Multi-Agency Silver)

This multi-agency Senior Manager level group is responsible for formulating the tactics to be adopted by their service to achieve the desired goal (i.e. how to do it). Silver should not become personally involved with activities close to the incident but remain detached. These meetings will normally be located in the County Police Stations but other venues may also be utilised if more appropriate. Meetings may also be convened virtually via MS Teams. For Hywel Dda, the Executive Director on-call will task an appropriate Executive Director/Senior Manager with attendance at this group.

Health Board Silver Response (Tactical)

The Health Board Silver Command will provide the tactical management and co-ordination of resources (including staff) during the emergency by directing secondary, community and primary care services. Based in the Hospital Co-ordination Centre(s), this team will comprise of:

- Hospital General Manager or on-call
- Hospital Head of Nursing or Deputy
- Hospital Clinical Lead or Deputy
- Member of Site/Bed Management Team
- Loggist
- Additional managerial, nursing, support & administrative staff as required
- HALO (Hospital Ambulance Liaison Officer) – activated by WAST

The Hospital Co-ordination Centre will (so far as is reasonably practicable) endeavour to maintain and support routine services throughout the incident whilst promoting a rapid return to normal service where possible.

Operational Response (Multi-Agency Bronze)

The Operational response (Bronze) refers to those who provide the main 'hands on' response to an incident, at the scene, implementing the tactics defined by the Tactical Co-ordination Group (Silver).

Health Board Operational Response (Bronze)

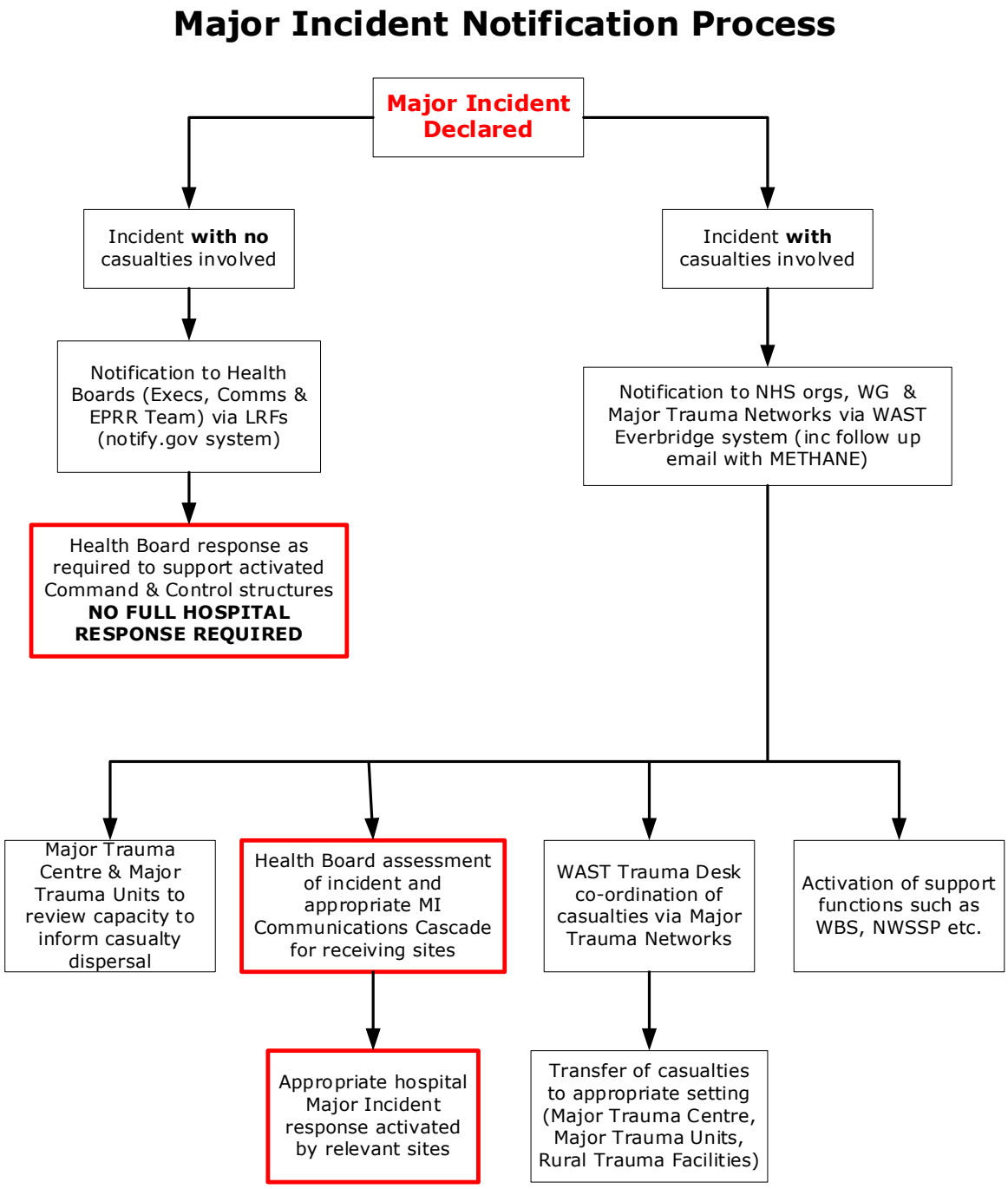
For Hywel Dda, the Bronze level response will mainly be provided on the acute hospital sites where the hospital has been designated as a “Receiving” or “Supporting” hospital. The Operational response is our front line services which will be managed via the relevant Hospital Co-ordination Centre. However, the term may also apply to the incident site where we may have staff working in the Casualty Clearing Station as part of a Medical Emergency Response Incident Team (MERIT).

Joint Major Incident Procedures Manual

To complement, and inform the above structures, Dyfed Powys Local Resilience Forum have produced a guide which details the framework used to respond to, and manage, on a multi-agency basis, a major incident which occurs within or affects the Dyfed Powys Area. The manual describes the responses and responsibilities of key responders during a Major Incident and outlines how responding organisations will work in collaboration as part of a coherent multi-agency effort to coordinate the response, implement the measures necessary to control and contain an incident and protect people, emergency responders and the environment from the effects of such an event.

ACTIVATION & RESPONSE PROCEDURES

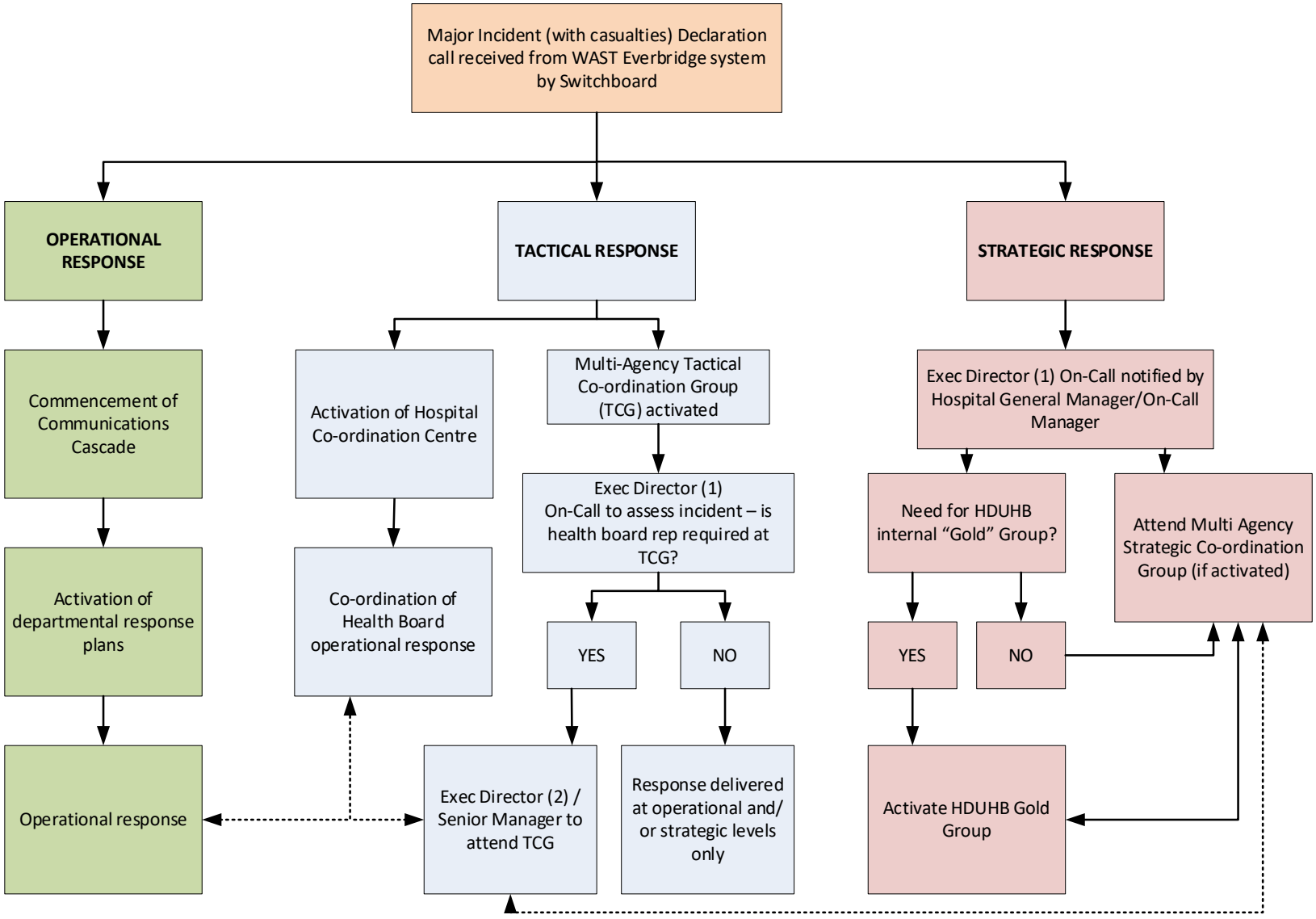
A major incident notification is received in the following way:



* At the time of writing the WAST Trauma Desk only services the South Wales Trauma Network

Following receipt of the notification, and commencement of the hospital communications cascade, the following response is activated:

Major Incident with Casualties - Response Flowchart



ALERT LEVELS

There are five levels of alert:

1. **Major Incident standby -** this is when the incident does not require an immediate response, but there is the potential for the incident to escalate and a decision will be made to send out a 'stand by alert' to the Health Board and the incident will be monitored and if necessary a major incident can be declared

2. **Major Incident declared –** this is when the incident requires an immediate response and the Health Board major incident plan is activated

3. **Major Incident declared: Mass Casualty Incident –** when the threshold of the mass casualty definition has been met (where the number/type of casualties overwhelms the conventional major incident response) and the activation of the Mass Casualty Incident Arrangements for NHS Wales is required.

4. **Major Incident Cancelled –** Cancels either the first or second message.

5. **Major Incident Stand down –** notifies us when an incident is over at scene. It is the responsibility of all responding agencies to determine when their organisation should stand down.

MAJOR INCIDENT - STANDBY

The decision on the action to be taken on a standby alert will vary depending on the incident location and whether the hospital is likely to be required as a receiving or supporting hospital.

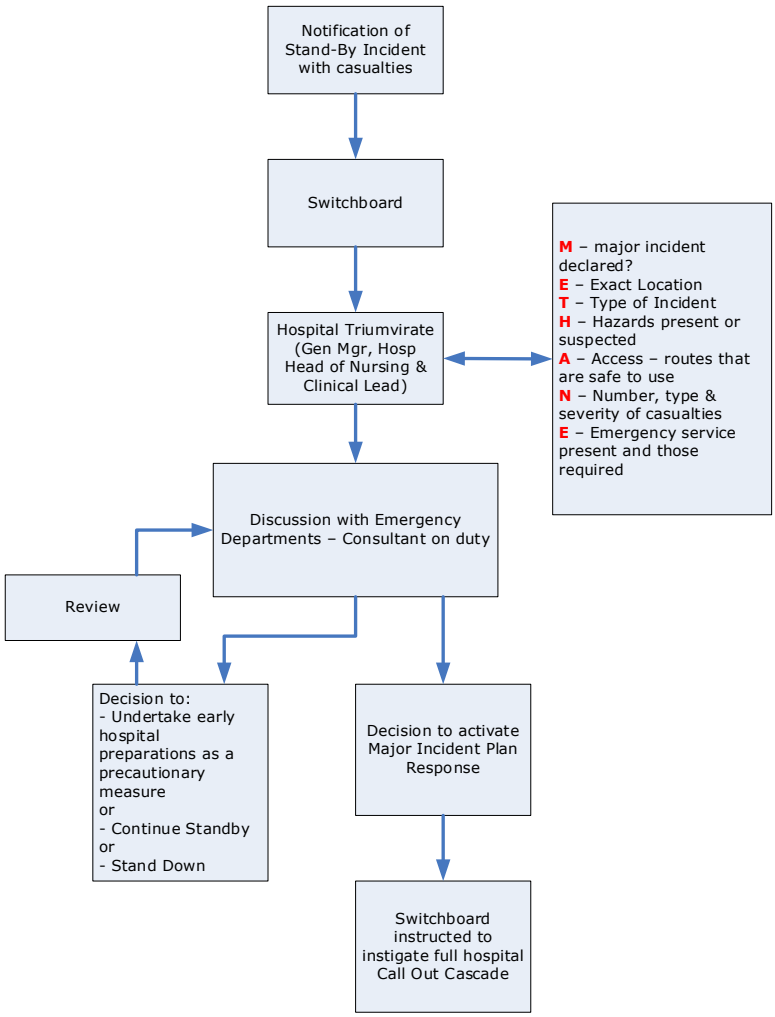
In all cases, an initial limited response will be instigated i.e.

- Switchboard will notify :
    - Hospital General Manager/On-Call Manager
    - Hospital Head of Nursing/deputy (Nurse Controller)
    - Hospital Clinical Lead/deputy (Medical Controller)

Who will:

- Consider the need to establish a Hospital Co-ordination Centre (H.C.C.)
- Establish the current bed state with the Bed Manager/NNP.
- If required, instigate commencement of the Call Out Cascade – this will be decided by the above triumvirate following liaison with the Emergency Dept/Unit Consultant on duty. Switchboard will await this decision and further instruction before commencement of the full cascade.
- Inform the Communications Director of the incident details.

Stand-By Activation Process



HOSPITAL CO-ORDINATION CENTRES

With a Major Incident, there will be a need to ensure a co-ordinated approach to on-going service provision. The Health Board will need to ensure that key decisions are made by a group of managers and staff with the necessary skills and authority. The core group will co-opt other managers and staff dependant on the type and scale of the emergency.

Key functions:

1. Ensure a co-ordinated response to emergencies by all departments and services.
2. Ensure communications with tactical and strategic co-ordination groups, emergency and other health agencies is timely, accurate and managed.
3. Ensure all resources & equipment (phones, radios, emails, runners etc.) are utilised in the most effective and productive way in terms of the ongoing emergency.
4. Ensure that all emerging risks to safe service delivery and health and safety are identified and managed within the available resources including:
    - Staff
    - Patients
    - Public
    - Other agencies
5. Ensure that all staff are briefed with timely and accurate information regularly.

The core membership should include:

- Hospital Head of Nursing or Deputy
- Hospital General Manager or on-call
- Hospital Clinical Lead or Deputy
- Member of the Site/Bed Management Team
- Clinical Leads/on call consultant as appropriate.
- Other Service Leads as required
- WAST Hospital Ambulance Liaison Officer (HALO) *[activated by WAST]*

SELF DECLARATION OF A MAJOR INCIDENT

In the RARE event of the hospital needing to self declare its own major incident, the most Senior Manager on duty/call shall:

- Advise the Switchboard to activate the communications cascade to notify staff.
- Advise Ambulance Control of the situation on 01267 229476 (Duty Manager) or 999 if unavailable)
- Advise the Executive Director on-call of the situation (rota held in switchboard)
- Advise Dyfed Powys Police control of the situation (Tel 01267 226116, identify yourself and ask to speak to the Control Room Duty Inspector urgently).

MAJOR INCIDENT DECLARED

This section details the actions that the hospital is required to take in the event of a major incident being declared. Upon receipt of the declaration call from WAST, Switchboard will print out the Everbridge Notification email which will detail the METHANE information.

M	Major Incident declared? Yes/No
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

Initial notification details of the casualties may be very scant but further details will become available as the Ambulance Service make an assessment at the scene.
The telephonist's next action is to call for assistance at the hospital switchboard, and commence the communications cascade to alert staff, stating:

Switchboard at ----- Hospital here, a Major Incident has occurred. This is not an exercise. I repeat ***NOT*** *an exercise. Report to your place of duty in the Major Incident Plan, informing the Hospital Co-ordination Centre of your arrival, and follow the instructions on your Major Incident Action Card. You should attend in uniform and/or carry hospital identification.*

MAJOR INCIDENT STAND-DOWN AND ASSOCIATED FUNCTIONS

When all live casualties have been evacuated from the Incident Site, the emergency services will agree the Site Incident Stand Down. The Ambulance Service will notify the designated and supporting hospitals of the Site Incident Stand Down. Where possible, the Ambulance Incident Officer will make it clear whether any casualties are still en-route. However, the Medical Controller in the Hospital Co-ordination Centre will decide whether it is appropriate for the hospital to go to Stand Down at this time, or at a later stage. The Medical Controller will ensure that the stand-down message is communicated to all Departments

SCENE MANAGEMENT

Incident Site Action

Co-ordination of operations at the site of the incident will normally be in the hands of the Police. In the case of a major fire, this co-ordination will be in the hands of the Senior Fire Officer. If the incident is within the premises of a major industrial concern (e.g. the oil industry) co-ordination may be in the hands of a Senior Officer of that industry.

If required, the Welsh Ambulance Service NHS Trust will call in appropriate Voluntary Aid Societies to the site of the major incident and/or the receiving hospitals.

Medical Advisor

Overall responsibility for the management of medical resources at the scene of the major incident will be that of the first Doctor and Ambulance Operational Commander. The Emergency Medical and Retrieval Transfer Service Cymru (EMRTS) will fulfil the Medical Advisor role remotely from the scene.

Casualty Clearing Station

The WAST Casualty Clearing Officer and EMRTS CCS Medical Led Doctor will establish a Casualty Clearing Station to treat, sort and arrange ongoing transport for casualties. Priorities for evacuation should follow the coding:

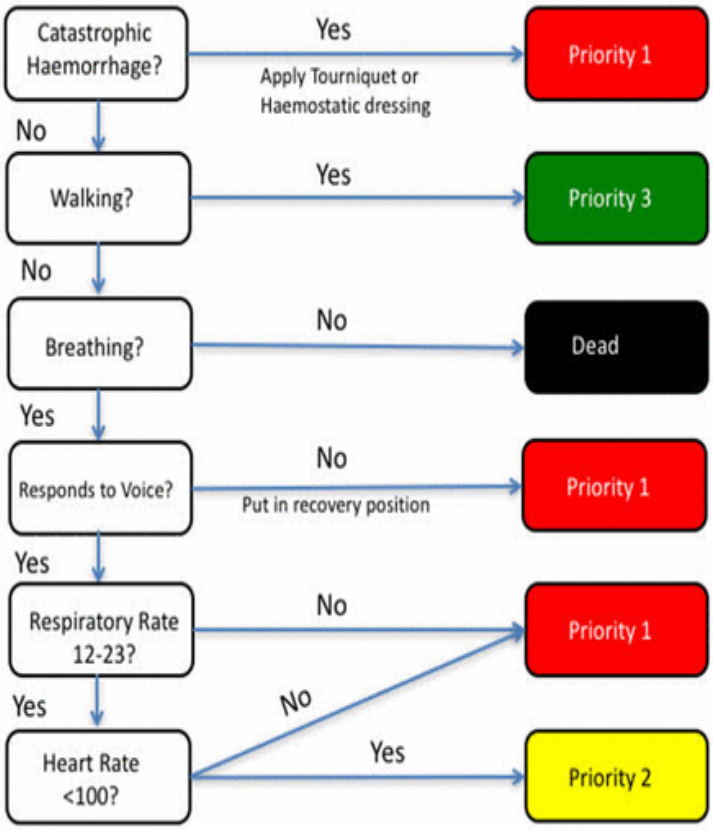
Triage Priority	Order of Treatment	Description of Casualties Needs
P1	1st	**IMMEDIATE** – Likely to require immediate clinical interventions
P2	2nd	**URGENT** – Likely to require urgent clinical interventions
P3	3rd	**DELAYED** – Less serious cases where treatment can be delayed.
P4		**EXPECTANT** – Casualties who would require so much input from the limited resources available, that their treatment would seriously compromise the treatment of large numbers of less seriously injured casualties. The implementation of this category must be authorised by the WAST Medical Director in liaison with the Chief Medical Officers' office at Welsh Government. Resource implications sit with strategic decision makers.
Dead		

Each casualty to be colour coded according to their injury / severity.

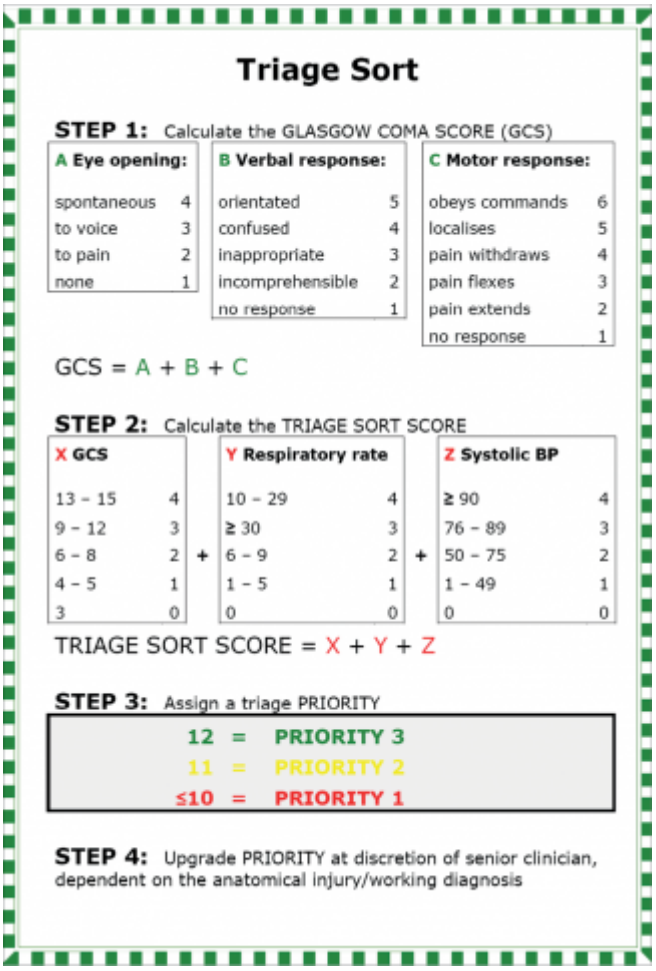
Triage

Casualties will be triaged at the incident site utilising the major incident triage sieve and sort system which is documented using CRUCIFORM cards. The cruciform card will also contain all pre-hospital care information.

TRIAGE SIEVE



TRIAGE SORT



Medical Emergency Response Incident Team (MERIT)

Where it is considered appropriate that the treatment of casualties should be carried out at the incident site, WAST will request a MERIT team be dispatched to site. Wales has an All Wales pool of MERIT trained members who can be called upon to support a major incident pre-hospital response. In accordance with the MERIT Standard Operating Procedures, WAST will request MERIT assistance via the Major Incident line in Switchboard. The Hywel Dda MERIT response will then be co-ordinated by the Senior Nurse in Glangwili Emergency Department.

MERIT team members will be drawn from the nearest appropriate supporting hospitals, and may comprise of doctors and Registered General Nurses from the Emergency Department, with appropriate relevant MERIT Passport training.

Staff will not be allowed on scene unless correctly attired in Personal Protective Equipment (PPE) and have Health Board ID and MERIT Passport PIN cards. Ambulance Control will arrange a vehicle to transport the MERIT from the hospital to the scene.

All Health Service communications between the incident site and the hospital will be channelled via the WAST Major Incident Vehicle on site. The vehicle will be manned by an Ambulance Communications Officer who will issue portable hand radios where appropriate.

Major Trauma Network

The South Wales Trauma Network (SWTN) was launched in September 2021. Serving the population of South Wales, West Wales and South Powys, the network is made up of hospitals, emergency services and rehabilitation services across the region, working together to ensure patients with life-threatening or life-changing injuries receive the best possible treatment and care.

Within the network there is an Adult & Paediatric Major Trauma Centre (at the University Hospital of Wales, Cardiff) and the following:

Trauma Units:

- Morriston Hospital (with specialist services)
- Grange University Hospital
- Princess of Wales Hospital
- Prince Charles Hospital
- Glangwili Hospital

Local Emergency Hospitals/Rural Trauma Facilities:

- Royal Glamorgan Hospital
- Withybush Hospital
- Bronglais Hospital

An Operational Delivery Network (hosted by Swansea Bay UHB) and a Trauma Desk (based in Ambulance Control 24/7) together with a robust governance structure complete the network.

Decisions on casualty dispersal from the scene of a major incident will be taken in conjunction with the SWTN to facilitate casualty transfer to the most appropriate facility.

HOSPITAL ARRANGMENTS

BLOOD

The Regional Blood Transfusion Centre in Cardiff has a Major Incident Procedure and will be informed of the major incident by WAST and may be requested to assist if required. The Consultant Haematologist will update the Blood Transfusion Centre in accordance with the Department's Action Card. Where appropriate the agreed Major Haemorrhage Protocol should be activated.

INTENSIVE CARE

The Adult Intensive Care Teams will make as many beds available as possible following arrangements detailed in their unit response plans and ensuring implementation of the All Wales Critical Care Escalation Guidance and Plans.

INFECTIOUS DISEASE EMERGENCIES

Arrangements will be made for suitable isolation facilities for self referring infectious patients within the Emergency Department, as appropriate, following consultation with IP&C and Microbiology teams. This area will be identified at the time of the incident and according to numbers. This will link in to Incident Management Team processes were appropriate, and activated.

VOLUNTARY AID SOCIETIES

The title "Voluntary Aid Society" is taken in this context to mean the RVS, British Red Cross, CRUSE, League of Friends and St. John's Ambulance Brigade, all of whom have skills and resources, which may be relevant to the health care and welfare of casualties.

If the Incident involves large numbers and/or is likely to be prolonged, the Voluntary Aid Societies can provide much valuable support to the Health Board. This support would be requested through the Hospital Control Centre and co-ordinated by the Partnerships, Diversity & Inclusion Team.

RELIGIOUS AND CULTURAL SENSITIVITY

The Health Board's response in a major incident must continue to respect the religious, ethnic and cultural background of patients who may present for treatment. Staff should continue to display sensitivity in working with patients and their families in the event of a major incident.

The Chaplaincy Service can advise where required and has access to the regions Faith Communities Major Incident Response Plan. They will support the Health Board in responding in the most appropriate way to the distinctive needs of patients, carers and staff. The Chaplaincy Service will be able to draw on multi-faith personnel to comply with and to consider the wide spiritual, religious, sacramental, ritual and cultural requirements during, and after the incident. They offer full consideration to the needs, background and traditions of those who practice a faith and people of no specified faith. Hospital Chaplains will report to the Hospital Control Centre where they will be deployed to either the Relatives' Reception Area or the Chapel.

INTERPRETATION AND TRANSLATION SERVICES

The Health Board will provide access to appropriate interpretation services to communicate effectively and safely with people who do not speak English. This can be accessed via the Equality, Diversity and Inclusion Team.

STAFF WELFARE

Responding to incidents puts staff under more pressure than normal. It is therefore vital that staff welfare issues are given a high priority. In order to achieve this, those staff with management responsibility will ensure that the following issues are continually addressed:

- Health and safety
- The availability of food and other refreshments
- Working hours
- Rest breaks
- Travel arrangements
- Consideration of personal circumstances
- Emotional support during and after the incident

To assist staff in the response to an incident, regular briefings will be given by senior staff, particularly at the start of a shift at shift changes and handovers.

HEALTH AND SAFETY

A major incident may involve staff working in areas they are unfamiliar with. During the response to an incident, members of staff will not be expected to compromise their personal health and safety and the Health Boards' policy will continue to apply. Appropriate PPE will be provided to support this (including for CBRN incidents)

COMMUNICATIONS TEAM

The Communications Team will activate their departmental major incident plan which covers all elements of their response from multi-agency working, to media and social media monitoring and handling. They will be responsible for informing and advising all staff of the response level to the incident as well as key information relating to it, as appropriate and depending on the nature of the incident. This will require the development of communication materials including press statements, social media posts and internal messages via the intranet, all staff emails and pop-up desktop messaging as needed, as well as face to face briefings depending on the nature of proceedings.

Staff and stakeholders will not only look to traditional channels for information but will rely (as has been shown in terrorist attacks in London and Manchester during 2017) increasingly on social media. This information may be inaccurate and so the communications team will need to ensure a flexible and swift response. The information flow will need close monitoring during the course of the event as 'fake news' and misreporting could spread quickly, and this will need to be pre-empted and swiftly managed. Moreover, the communications team will need to establish the corporate, bilingual social media Twitter and Facebook accounts as the 'single source of truth' on behalf of the health board. This will need to happen early on, and confidence will only be maintained through the timely, regular sharing of information.

Any media calls received by Switchboard should be re-directed to the dedicated media line – 01267 239554 unless directed otherwise by the Communications Director. A reactive statement will need to be drafted as soon as is practically possible so that there is a holding line, this should also help to prevent the dissemination of misinformation. If a spokesperson is required the Communications Team will be responsible for identifying this person, briefing them, and liaising with media outlets.

LOCKDOWN

A lockdown of individual buildings or a specific location may be required to either contain the major incident or prevent an external threat from gaining access to Health Board facilities. Lockdown can only be effective if is conducted quickly, either in response to a localised incident or intelligence received.

For a localised lockdown to be effective, standard operating procedures need to be understood and practised by staff. Any decisions to lockdown should be taken by the Director of Operations or Hospital Management Team. Factors to be included are Risk; Duration; Communication and Multi-agency involvement/liaison.

CHILDREN AND MAJOR INCIDENTS

Children have specific needs, both physiological and psychological. Advice and support must be obtained initially from the Nurse in Charge, Children's Ward/Unit and the Paediatric Consultant on call. A Senior Nurse/ Manager can be contacted through the Major Incident cascade process.

If children are uninjured but accompany casualties, support from the play leader/nursery nurse should be sought to minimise any distress experienced during the hospital episode. The child's GP/School Nurse/Health Visitor must be informed of any child involved in an incident.

In-patient children`s services are provided 24 hours a day in both Glangwili General Hospital, Carmarthen and Bronglais General Hospital, Aberystwyth. Where adults and children from the same family are involved in a major incident, and the facilities for adults and children are in separate hospitals, the following guidance should be used:

- If both adults and children are seriously injured, they may need to be taken to separate facilities, but a balance needs to be struck between the benefits to children of being kept close to their parents, and their distress at seeing severely injured patients.
- If adults are seriously injured, but children are uninjured or have only minor injuries, then the

family should be taken to the hospital receiving the adults where arrangements for the care of the children should be made.

- If the children are seriously injured, but the adults uninjured or have only minor injuries, then the family should be taken to the children's hospital where one exists, there the adults can be treated and help in the children's care.

Dyfed Powys does not have a separate children's facility but with the use of the air ambulance the above separation may occur. Liaison should take place with the Ambulance Service and if separation has occurred non injured parties may require transport to the other sites. Appropriate transport should be arranged to facilitate this via local taxi firms, voluntary services etc. If transportation is inappropriate communication links should be established with the other sites so that family members can be kept informed.

POLICE HOSPITAL DOCUMENTATION TEAM

Depending on the scale and nature of the incident, a Police Documentation Team may be deployed to the Hospital(s). They will be established in one or more of the three rooms allocated for this purpose within the hospitals identified for Dyfed-Powys Police use, which are:

- Withybush: CCTV room/Police room, Reception Area, Emergency Department
- Glangwili: 2nd Emergency Unit Consultants Office, Emergency Department
- Bronglais: CCTV room/Porter's room (rear of the Dining room)

The Police Documentation Team will pass generic casualty information electronically via the Police Holmes4 system to the Police Casualty Bureau which will be established at Police Headquarters, Carmarthen.

POLICE CASUALTY BUREAU

The Police Casualty Bureau information will be collated from the hospital and the general public. To assist this process, a unique Casualty Bureau telephone number will be publicised by the Police through the media for members of the public to enquire regarding their missing loved ones. This unique Police Casualty Bureau number will be issued as soon as practically possible during incidents.

The Police will refer all enquiries about the medical condition of identified casualties to the special ex-directory numbers at the relevant hospital. The Police have the responsibility for informing relatives of the location of their family member and will inform the next of kin of any deceased victim.

ARRANGEMENTS FOR VIP VISITS

In the event of a major incident occurring in the catchment area of the hospital, it is likely that a VIP (or VIPs) will ask to meet with casualties. The normal arrangements will be required (i.e. early liaison with Police etc) as with any other visit. However, the hospital will be under abnormal operating pressure so consideration must be given to calling in additional staff in order to minimise the impact on operational services. A designated reception area will be identified area for any VIP(s).

Head of Hotel Services will arrange for control of the media parking area. Members of the press/media will be directed to the Media Area.

Potentially, there will be a high level of media interest on such occasions. The Communications Team will deal with the media and will liaise with the Senior/On-Call Manager (as appropriate) in identifying support staff to undertake various duties in connection with the increased press and public interest.

General security matters will be dealt with by the Head Porter in liaison with the Security Advisor and the Police. As appropriate, the Police Press Officer will liaise with the Press Officer in dealing with the press and media.

Post Incident Follow Up/Counselling Support For Patients/Relatives

For patients managed within the Emergency Department a copy of their patient notes will be sent to the patient's GP for appropriate follow up. This will include a letter informing the GP of the patients' involvement in the Major Incident. For in-patients, GP's will be notified via the patient's discharge letter.

C.A.L.L. Helpline

Community Advice and Listening Line offers emotional support and information/literature on Mental Health and related matters to the people of Wales. **C.A.L.L. Helpline** offers a confidential listening and support service:
Freephone: 0800 132 737 or Text 'help' to 81066
http://www.callhelpline.org.uk

Incident Debriefing

A hot de-brief will be held with the main responding staff within 48 hours of the end of the incident. A more inclusive Debrief for staff will occur within two weeks, with the option of a follow-up if the team requests it. Debriefing not only gives people a chance to talk through their own emotional feelings but also helps staff to review the operational processes and check to see if any changes need to be made. It also enables recognition of a job well done.

The outcomes of the internal debrief are likely to be fed into a wider multi-agency debrief which will be facilitated by the Dyfed Powys Local Resilience Forum Partnership Team. Lessons learned/identified will inform future planning and highlight opportunities for future training and exercising.

Further guidance on supporting staff after a critical incident can be found on the Staff Psychological Well-Being Services pages on the Intranet. Managers needing additional advice can contact the Service directly.

If there is a need for any ongoing team or individual psychological support, this support can be obtained from the Staff Psychological Well-Being Service and/or Occupational Health Department

COMMUNITY INCIDENT

Hywel Dda Community staff may be involved in a Major Incident situation when the rest of the Health Board Major Incident Plan has not been invoked. A request may be received from the Local Authority Emergency Planning Officer for health service support at uninjured Survivor Reception Centres and Evacuation Centres, e.g. a flooding incident or a large fire where there are no casualties, but local residents have been evacuated from their homes; or an evacuation of a Nursing / Residential Home.

In any community there are likely to be groups of vulnerable individuals. Information may be sought in relation to chronically ill patients and frail/disabled persons within a given community, where evacuation may be considered by the Police.

In particular, Community Nursing Services may be called upon to provide:

- Nursing and Pharmacy support at Survivor Reception Centres and Rest Centres.
- Nursing support for patients discharged early.

- Nursing service in Health Centres / Clinics.
- Assistance in the administration of vaccines and/or emergency antidotes.

Where the Hywel Dda Major Incident Plan has not been activated, activation of Community Services will be from the Local Authority Emergency Planning Officer to the Community Manager on-call or relevant Locality Office.

Pharmacy may be asked to also assist with the provision of medication in such an event and should be contacted via the Lead Pharmacist during office hours and via Switchboard out of hours.

CYBER INCIDENTS

Much work is currently being undertaken at national and local levels to respond to the increasing risk and levels of cyber attack on public organisations. It is likely that in the future, cyber resilience and response will be aligned more with Civil Contingencies. Currently though, in the event of a cyber attack within the Health Board, the technical response will be led by Digital Services whilst the service level response will be led from a business continuity perspective. However, if the impact is significant the Major Incident Plan and declaration of an Internal Incident could be activated to respond to the incident.

INTEROPERABILITY

Joint Emergency Services Interoperability Programme (JESIP)

In order to improve a multi-agency response JESIP establishes five principles which organisations need to be aware of, including:

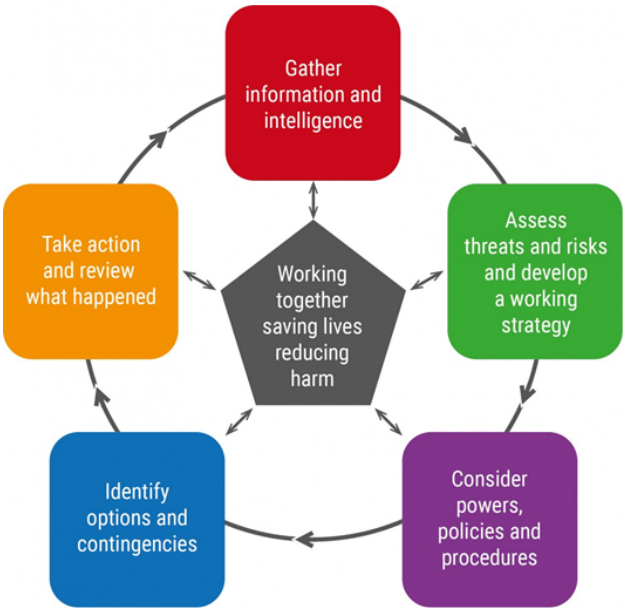
1. Co-location of commanders as soon as practicable at a single, safe, and easily identified location near to the scene.
2. Communicate clearly using plain English.
3. Coordinate by agreeing the lead service. Identify priorities, resources and capabilities for an effective response, including the timings of further meetings.
4. Jointly understanding risk by sharing information about the likelihood and potential impacts of threats and hazards to agree potential control measures.
5. Establish shared situational awareness by using METHANE and the Joint Decision Model (JDM).

If the principles are followed then the result should be a jointly agreed working strategy where all parties understand what is going to happen when and by who, this strategy should include:

• **What** are the aims and objectives to be achieved?
• **Who by** – police, fire, ambulance and partner organisations?
• **When** – timescales, deadlines and milestones
• **Where** – what locations?
• **Why** – what is the rationale? Is this consistent with the overall strategic aims and objectives?
• **How** are these tasks going to be achieved?

Joint Decision Model (JDM)

The Joint Decision Model will be used by multi-agency partners and the Health Board Gold and Silver Commanders to ensure a consistent approach to assessing the situation and planning the response to an incident.



Gather Information and Intelligence	Assess Threats & Risks	Power & Policies	Identify Options and Contingencies	Action & Review
Defining the situation	**Assessing the situation**	**What is applicable to the situation**	**Consider options with least risk of harm**	**Make & implement action, then review**
What is happening? What do you know so far? What further information/ intelligence do you want/need?	Do you need to take action immediately? Do you need to seek more information? What could go wrong? What could go well? How probable is the risk of harm? How serious would it be? Is that level of risk acceptable? Is this a situation for the Health Board alone to deal with? Are you the appropriate person to deal with this? What are you trying to achieve? Develop a working strategy to guide subsequent stages.	What legislation applies? Does the Health Board have the power to initiate action? Is there any guidance covering this situation? Do any NHS, LRF or WG plans or guidance apply?	What options are open to you? Will the response be proportionate, legitimate and necessary? Will the response be reasonable in the circumstances facing you at the time? What will you do if things do not happen as anticipated?	Implement option selected Does anyone else need to know what you have decided? Record what you did and why Monitor What happened as a result of your decision? Was it what you wanted or expected to happen? Review your decisions using the JDM What lessons can you take from how things turned out? What might you so differently next time?

BUSINESS CONTINUITY

Business Continuity is a process which compliments the Major Incident Plan and extends beyond it. Business Continuity Management is an essential tool in establishing the organisation's resilience to maintain critical activities and provides a framework for identifying and managing risks that could disrupt normal service. It addresses potentially serious disruptions in the services provided by the Health Board that may not be of sufficiently high risk to trigger the Major Incident Plan.

Each service will have identified critical services within their Business Impact Analysis that must be maintained during a disruption or interruption.

Further information on dealing with a wide range of events can be found in Service level Business Continuity Plans. Business Continuity arrangements have also been developed to support the resilience of the Hospital Co-ordination Centre and are located within the HCC's.

Mutual Aid

Mutual Aid is an agreement to lend assistance across neighbouring boundaries and partner organisations. This may occur due to a significant incident response that exceeds local resources. It can involve offering resources to help support partners e.g. man hours, materials etc. Prior to Mutual Aid being agreed, the Health Board will take reasonable appropriate steps to assess that all services and supplies are self-protected during a Major Incident or emergency.

RECORD KEEPING

Casualty Documentation

Documentation packs will be available at the Casualty Reception Area/Triage Points. Each pack contains an identity bracelet, a Police documentation form and a property bag, all uniquely numbered. These will be issued on triage and take precedence over existing documentation. Casualties arriving with a completed Cruciform card detailing any pre-hospital triage sort & sieve and treatment will need to have the Cruciform Unique Reference Number attached to all further documentation to ensure all records can be collated.

The Cruciform card and the property bag will remain with the patient until admitted to ward or discharged. If the Police require the property as evidence it must be signed for (see Health Board Property Policy). The Police will be responsible for the completion of the Police documentation form.

Preservation of Documents

Following a major incident, the Health Board may be invited or required to provide evidence to an appropriate enforcement agency (e.g. HSE), a judicial inquiry, a coroner's inquest, the Police or a civil court hearing compensation claims. In the course of any or each of these, we may well be obliged or advised to give access to documents produced prior to, during and as a result of the incident. Under no circumstances must any document which relates or may in any way relate (however slightly) to the incident, be destroyed, amended, held back or mislaid.

Definition of "Documents"

For these purposes "documents" means not only pieces of paper but also photographs, audio and videotapes, and digital information held on computers. It also includes internal electronic mail. The vital message 'Preserve and Protect' – needs to be spread very quickly during a Major Incident and must reach those who might quite unknowingly hold significant documents.

Incident Log Sheets

It is especially important that a record is kept of all key decisions, including the date and time they are made, who made them and the reasons for so doing. All information, including actions and reports relating to the running of the Incident must be recorded on Incident Log Sheets (page 67). The log sheets should provide a single comprehensive record of the action card holder's actions and involvement in the Incident, details actions taken and information both sent and received. It is not necessary that incoming information be transcribed fully onto the Log record. It is sufficient that reference is made to such document on the Log. A stock of these log sheets will be held at the Hospital Co-ordination Centre. Each Department is encouraged to photocopy this Log Sheet, so that Departmental decisions can be documented from the outset of an Incident being declared.

It is also essential that when attending multi-agency command and control structures, the Health Board representatives at the Strategic Co-ordination Group (Gold) and the Tactical Co-ordination Group (Silver) record their decisions contemporaneously. As a minimum, the record should contain:

- Date
- Time
- Situation
- Hazards and Risks
- Options Available
- Option Chosen
- Rationale for Option Chosen and those Not Taken

Each responsible manager should also keep their own records, whether personally or assisted by a trained Loggist.

Incident recording

All Action Card holders must keep a record of all instructions received, actions taken and other incidents which may enable the Health Board to assess the success of the emergency response and provide evidence to any enquiry which may follow. The records should remain intact; no part should be destroyed, removed or erased because, no matter how trivial notes may appear, the total content may form an important contribution in assessment of the continuity of response. The records must be handed on if the holder is relieved during the incident and following stand-down they must to be returned to the Hospital Co-ordination Centre team for safe storage.

MANAGEMENT OF BURNS

Burn care is organised using a tiered model of care (centres, units and facilities). The most severely injured are cared for in burn centres with those requiring less intensive support being cared for in burn units. Patients with smaller burn injuries are cared for in facility level burn care services.

- **Burn Centres** – This level of in-patient burn care is for the highest level of injury complexity and offers a separately staffed, geographically discrete ward. The service is skilled to the highest level of critical care and has immediate operating theatre access.

- **Burn Units** – This level of in-patient care is for the moderate level of injury complexity and offers a separately staffed, discrete ward.

- **Burn Facilities** – This level of in-patient care equates to a standard plastic surgical ward for the care of non-complex burn injuries

The Welsh Burns Centre is situated at Morriston Hospital, Swansea and offers:

- Adults: Centre, Unit & Facility level care
- Children: Unit & Facility level care

Children who sustain burns which require centre level care require transfer to the Paediatric Burns Centre at Bristol Children's Hospital.

The criteria for referral to burn services has been agreed by the National Network of Burn Care and has been widely circulated to all Emergency Departments.

- (Ref: National Network for Burn Care: National Burn Care Referral Guidance (2012)

The Burns Centre at Morriston Hospital forms part of the South West UK Burn Care Operational Delivery Network which includes burn care services at Southmead Hospital, Bristol; Salisbury District Hospital, Salisbury and Derriford Hospital in Plymouth.

In the event of a major incident involving patients with burns the Co-ordinating Medical Officer in the H.C.C. will liaise directly with the on call Burns Consultant at Morriston Burns Centre to discuss patient care/treatment.

Relatively small numbers of burn-injured patients can overwhelm burn care capacity particularly if children and young people are involved.

It is important that those patients admitted to the Centre are those who are likely to benefit most from the specialised facilities.
The Burns Centre in Morriston hospital can admit a maximum of 10 major burns cases (>30% body surface area) but this would be dependent upon the bed occupancy rate of the centre at the time and the availability of staff.

This may mean that in the event of an incident involving multiple burns, all casualties arriving at the Receiving Hospital will require admission and stabilisation prior to transfer to a specialist burn service appropriate for their level of injury.

Acute Phase (24 hours) - Admit all patients to hospital. Inform on-call team at Morriston Burns Centre. Depending on the number of casualties a Burns Incident Response Team (BIRT) may be sent to assist with triage and advise on initial treatment.

As many patients as possible will be transferred to Morriston Burns Centre up to capacity. When capacity is reached the On call Burns Consultant will advise on availability of beds within the South

West UK Burn Care Operational Delivery Network and will have liaised with clinical colleagues in Burns services throughout the UK. Patients should be transferred to a level of care that is appropriate for their level of injury.

It is anticipated that patients with minor burns would remain at the Receiving Hospital or be discharged and be treated locally by Emergency Department /Surgical staff with subsequent advice and assistance of a Burns Specialist Care Team (BSCT).

After 24 hours - The Emergency Department/Surgical Staff of the Receiving Hospital together with the Burns Incident Response Team (BIRT) from Morriston Burns Centre (or other Burns Network facility) will confer and decide on the management of patients remaining at the Receiving Hospital.

In the event of a burns major incident within the SWUK network, the on call Burns Consultant at Morriston(for adults) and Bristol Children's Hospital(for children) and Burns Liaison Manager will advise where patients should be transferred to.

The National Burns Bed Bureau (NBBB) can be contacted 24 hours a day on 01384 679036 to ascertain where there are available burn beds.

Further information can be obtained from:

- NHS Emergency Planning Guidance: Planning for the management of burn-injured patients in the event of a major incident (2011)
- NHS-E Concept of Operations for the management of Mass Casualties (Burns Annex) (2019)
- South West UK Burn Care Operational Delivery Network: Burn Major Incident Plan Guidance Document (2012)
- National Network for Burn Care: National Burn Care Referral Guidance (2012)

copies of which are held in the Emergency Departments and the Hospital Co-ordination Centres, and on line at:

HTTP://WWW.SPECIALISEDSERVICES.NHS.UK/BURNCARE

MANAGEMENT OF CHEMICAL INCIDENTS

In the event of a major incident involving chemical decontamination, consideration should be given to activate the Hospital Lockdown Procedure, to prevent contaminated personnel entering the Hospital building and potentially spreading the contamination.

Hywel Dda has a responsibility of care to provide facilities for the decontamination of any persons involved in an incident, where that person or persons, may become contaminated by a substance known or unknown. Hywel Dda has therefore a responsibility to ensure the decontamination of casualties is undertaken in a safe and responsible manner.

Personal Protective Equipment (PPE)

Hywel Dda Emergency Departments and the Ambulance Service are equipped, and are able to deal with contaminated casualties, utilising appropriate PPE throughout. All casualties at the scene will be decontaminated by the Ambulance Service, prior to transfer to hospital.

Both Ambulance and Fire Services are equipped with mobile decontamination equipment for mass casualty chemical decontamination. Valero Refinery at Pembroke, also have a Decontamination Unit. When patient numbers exceed local capacity, liaison will take place between the HCC and local Fire Service to provide extra decontamination facilities.

The hospital decontamination unit must be utilised in the event of any chemical, radiation or biological incident, this may be necessary for patients self presenting from the scene that have not been decontaminated by the Ambulance Service.

Advice must be sort from the On-call Public Health Consultant via Ambulance Control Carmarthen.

Once the nature of the chemical contamination has been ascertained further advice may be obtained from the 24 hour Chemical Incident Hotline Tel: 0344 8920 555.

Other Sources of Information/Advice

Public Health England Centre for Radiation Chemicals and Environmental Hazards
In hours – 02920 416388 or Out of Hours – 0344 8920 555

Provides support and advice to local authorities and health bodies in the event of an acute chemical related incident and related issues such as contaminated land. 24 hour advisory service on environmental, chemical, medical toxicological, epidemiological and public health aspects of chemical health hazards.

CHEMSAFE Tel: 01235 463060

The 'Chemsafe' scheme is operated by the British Chemical Industry and aims to provide accurate information on the nature of spilled chemicals, and practical assistance when required from incidents involving the transportation of dangerous incidents.

National Focus for Chemical Incidents Tel: 0541 545654

The National Focus provides a telephone specialist advice and is available 24/7. It can provide direct specialist advice, usually for incidents of national significance, or will direct callers to the appropriate sources of expertise and advice.

National Poisons Information Service Tel: 0344 892 0111

This service is only available to NHS professionals, and is staffed 24-hours a day, 365 days a year by trained NPIS specialists in poisons information.

Water Research Centre Tel: 01491 571531

The Water Research Centre through it's national Centre for Environmental Toxicology, offers advice on a wide range of issues concerning the potential effect of chemical contaminants.

Known Hazardous Sites in the Hywel Dda area:

Top Tier COMAH Sites (Control of Major Accident Hazards):

- Puma Refinery, Tiers Cross, Milford Haven (formally known as Murco)
- Valero Pembroke Refinery (previously known as Chevron refinery)
- VPOT Fuel storage site, Waterston, Milford Haven, (formally known as Petrol Plus/SemLogistics),
- Dragon LNG Terminal, Waterston, Milford Haven. (Located on SemLogistics site)
- South Hook LNG terminal, Herbrandson, Milford Haven.
- Tata Steel Plant, Trostre, Llanelli, Carmarthenshire.

Notification of Installations Handling Hazardous Substances Regulations (N.I.H.H.S.)

- Ministry of Defence, RAC Range Castle Martin, Pembroke

MANAGEMENT OF RADIATION INCIDENTS

Roles of different agencies on the occurrence of a radiation incident are as follows, and the Hospital Co-ordination Centre will make the necessary contact:

Current advisors are able to monitor casualties and advise on decontamination requirement. The current Radiation Protection Advisors are based at Singleton Hospital, Swansea, and can be contacted via Switchboard on 01792 205666. Out of hours contact can be made by requesting Medical Physics on call.

In the event of a major incident involving radiation, consideration should be given to activate the Hospital Lockdown Procedure, to prevent contaminated personnel entering the Hospital building and potentially spreading the contamination.

Incidents involving the transport of nuclear materials will fall under the remit of national arrangements facilitated by the Atomic Weapons Establishment who monitor movements of Defence Nuclear Material. In the event of an incident the Joint Operations Cell will alert the Civilian Emergency Services and call out the Nuclear Emergency Organisation.

Response Standby

The extent of the response will depend upon the type of incident and it's impact.

Where an Incident may involve the release of radiation the National Arrangements for Incidents involving Radioactivity (NAIR scheme) should be instigated by the Dyfed Powys Police (with assistance of the Fire Service who possess a mobile de-contamination unit).

Type 1 - Non-Injured Patients

Advice may be sought from the Radiation Protection Advisor, at Singleton Hospital. If there is a need for drug administration for the treatment of internal contamination, the Ambulance Service should ensure that casualties are conveyed to the Emergency Department, Morriston Hospital, Swansea.

Type 2 - Injured Persons (e.g. Road Traffic Collision)

For these types of incident, there are two national schemes in place to provide support to the Police who will lead any responses. They are:

1. **RADSAFE** - this scheme provides expert assistant to the emergency services following an incident involving the transport of radioactive material.

2. **The National Arrangements for Incidents Involving Radiation (NAIR)**. This scheme is administered by the National Radiation Protection board and activated by the Police. In such situations, Physicists would be alerted to attend the scene to provide advice on protection measures and respond to the Emergency Department receiving contaminated or irradiated casualties, this would usually be Morriston Hospital, Swansea.

Type 3 - Multiple Persons Involved (e.g. Power Station Incident)

An incident of this magnitude will require a multi-agency response, the involvement of the National Radiation Board, and the Welsh Government. The Welsh Government will establish an Incident Response Team to co-ordinate the health response and provide support to the Police arrangements.

Reception and Treatment of Casualties

As soon as severely irradiated casualties are decontaminated and stabilised, they should, in liaison with the Medical Team and the Radiation Advisor, be transferred to an appropriate facility which is suitably equipped to deal with them.

RAMGENIE monitoring equipment is available within the Emergency Departments to assist with casualty handling and treatment.

Radiation Monitoring For Members Of The Public

The Radiation Protection Advisor may need to establish a temporary Radiation Monitoring Unit (RMU) to carry out health monitoring.

Public Health Information

Public Health Wales will provide appropriate advice to the Strategic Co-ordination Group (Gold) who are responsible for co-ordinating mobile media information.

Where the radiation injury is life threatening and the need for treatment immediate, admission may be direct to the Receiving Hospital whilst the advice of a radiation expert is awaited.

If time is available preparations should be made before the patient arrives at the hospital.

As soon as possible, information must be obtained from the scene of the incident regarding numbers and condition of casualties expected, and whether or not decontamination has been undertaken at the scene. Ideally, all casualties should be decontaminated prior to transport to Hospital.

If Biological Sampling Kits are required, five are stored in the Emergency Dept - WGH, and a further five are kept in the Biochemical Laboratory at WGH. However, if more kits are required, they can be obtained from the Chemical Pathology Laboratory at Morriston Hospital. (During working hours: contact Secretary to Consultant Chemical Pathologist on 01792 703988, out of hours: the on call Chemical Pathologist / Clinical Scientist via Morrison Switchboard 01792 702222).

It will be necessary to monitor the condition and movements of all staff who have had contact with contaminated patients (including Ambulance personnel). Once their immediate duties have been completed, they should be kept in a separate prepared area of the Department for monitoring, following decontamination. This area will be identified at the time of the incident and according to numbers.

Staff who are, or may be, pregnant must be informed of the situation. A decision will then be made, based on the specialist advice obtained, whether they can participate in the patient(s) care.

The HCC must ensure that notices are posted, and the Hospital Information / Media Centre utilise local media to advise any self referrals to the Emergency Department that a decontamination process will be required prior to entering the hospital building. This may also require the support of the Police controlling large numbers of people / patients.

The HCC must ensure that advice is obtained and implemented in relation to any contamination of the hospital environment by means of biological / chemical / radiation agents. The HCC will need to liaise with Public Heath Wales / Ambulance Control to access supplies of antidotes / vaccines as appropriate to the situation.

MANAGEMENT OF BIOLOGICAL INCIDENTS

Public Health Departments are responsible for preparing and maintaining their plans for the management of incidents of communicable diseases including clusters or outbreaks. This excludes incidents of food and water borne infections for which plans are maintained by local authority environmental health departments.

Public health legislation for the control of communicable diseases is vested in local authorities;

- Public Health (Control of Diseases) Act 1984
- Public Health (infectious Diseases) Regulations 1988

Within Hywel Dda, the Infection Control Departments in conjunction with the Consultant Microbiologists are responsible for Infection Control Policies.

In cases of outbreaks of Small Pox or SARS, a specified area within the Emergency Department will be used and cordoned off for self referral patients. This area will be identified at the time of the incident and according to numbers.

The Infection Control team led by the Consultant Microbiologist should be contacted for isolating these and other patients in a designated area of the hospital. This area will be identified at the time. These patients will be held in the designated area for a short time. After stabilisation, these patients will be transferred to the Infections Ward, University Hospital of Wales, Cardiff.

The Consultant Microbiologist (or Infection Control Team) will inform the HCC and the Director of Public Health of an outbreak. Public Health Wales has a lead role in the managing an outbreak of infectious diseases.

If requested by the Strategic Co-ordination Group, Public Health Wales will establish and chair a Scientific and Technical Advisory Cell (STAC). Public Health Wales is responsible for appointing members of the STAC. This would not necessarily be a local group but is more likely to be a virtual group or based in Cardiff.

In major biological incidents in which large numbers of people need treatment, the Heath Board may be under pressure to maintain services. In such situations arrangements will need to be put in place to ensure adequate resources are in place. This may include invoking emergency planning procedures.

Where investigations lead to suspect that clusters of a communicable disease may be due to bioterrorism, the Police should be informed, and arrangements for handling deliberate release should be put in place.

MORTUARY FACILITIES AND DECEASED PERSONS

No deceased at the scene should be brought to the hospital without prior agreement with the Hospital Co-ordination Centre and Mortuary Manager.

The deceased are the responsibility of Her Majesty's Coroner (via the Police). As a general rule, no such persons shall be moved without the advice of the Police.

NOTE: Where a large number of fatalities occur at an incident site, there will be covered temporary body storage, known as **Body Holding Area** (not to be confused with a Temporary Mortuary).

Temporary Mortuary

The Coroner may request a Temporary Mortuary. In this case, no deceased person should be transferred from the incident site to the hospital mortuary, except in circumstances where a small number of fatalities occur. In these circumstances, it may be possible to accommodate them at a Hywel Dda mortuary.

Dyfed Powys Mass Fatalities Plan

The temporary mortuary arrangements within Dyfed Powys are facilitated via the **Dyfed Powys Mass Fatalities Plan**. This plan details the multi-agency arrangements. Local Authorities have the statutory duty to provide temporary mortuary facilities on behalf of the Coroner. The four Local Authorities within Dyfed Powys maintain contracts with specialist providers of such services (e.g. Blake Emergency Services) and are the identified licence holders. The Coroner will request the commissioning of a Temporary Mortuary at one of the designated sites within the county. This is specifically intended to reduce pressure on the hospital mortuaries.

Any such, a temporary mortuary facility will be jointly operated by the Police and the Local Authority on behalf of the Coroner in premises arranged by the Lead Local Authority, in whose area the incident takes place.

Hywel Dda University Health Board supports the Designated Individual (D.I.) responsible for overseeing the activity within the Temporary Mortuary whilst operational. Hywel Dda mortuaries have only a limited capacity to expand to accommodate fatalities (subject to existing occupancy).

National Emergency Mortuary Arrangements (NEMA)

The UK NEMA capability has been decommissioned. As a result, additional body storage facilities have been acquired, and located within the Dyfed Powys LRF area. These include:

- Nutwell Storage Unit – located with Dyfed Powys Police
  Access via Specialist Operations on 01267 226352

- NEMA Storage Unit – located with Pembrokeshire County Council
  Access via Emergency Planning Unit on 01437 775661 (office hours) or 07785 928731/ 07792 608580 (out of hours)

Both units are available to partner agencies to provide additional body storage capacity.

Forensic Considerations

Any major incident (which is not a natural occurrence) where fatalities occur, will be the subject of a criminal inquiry and every effort must be made to preserve forensic evidence for subsequent investigation.

All forensic material including clothing, personal effects and any other artefacts brought to the receiving hospital in relation to a patient/victim of a major incident must be **retained in a clear plastic bag** and labelled with details, if known, of the owner. Any material not identifiable as being the property of an individual must also be clear bagged and labelled with the date, time and location at which found. Dyfed Powys Police Forensic Offices will collect material from hospitals.

Under the authority of the Coroner, Dyfed Powys Police will undertake work relating to identification of bodies and management of their belongings etc. known as **Disaster Victim Identification (DVI)**.

MASS CASUALTY INCIDENTS

Definition of a mass casualty incident

A mass casualty incident is defined as “a disastrous single or simultaneous event(s) or other circumstances where the normal major incident response of several NHS organisations must be augmented by extraordinary measures in order to maintain an effective, suitable and sustainable response”. (Welsh Government “Wales Emergency Planning Guidance: Mass Casualty Incidents: A framework for Planning. Nov 2015)

A mass casualty incident will consequently be defined by the circumstances and apparent nature of the episode and not by the initial assessment of numbers of casualties. Numeric assessments are not possible in such incidents often for hours or days. It will generally be recognised by its scale and the fact that normal major incident responses will be insufficient.

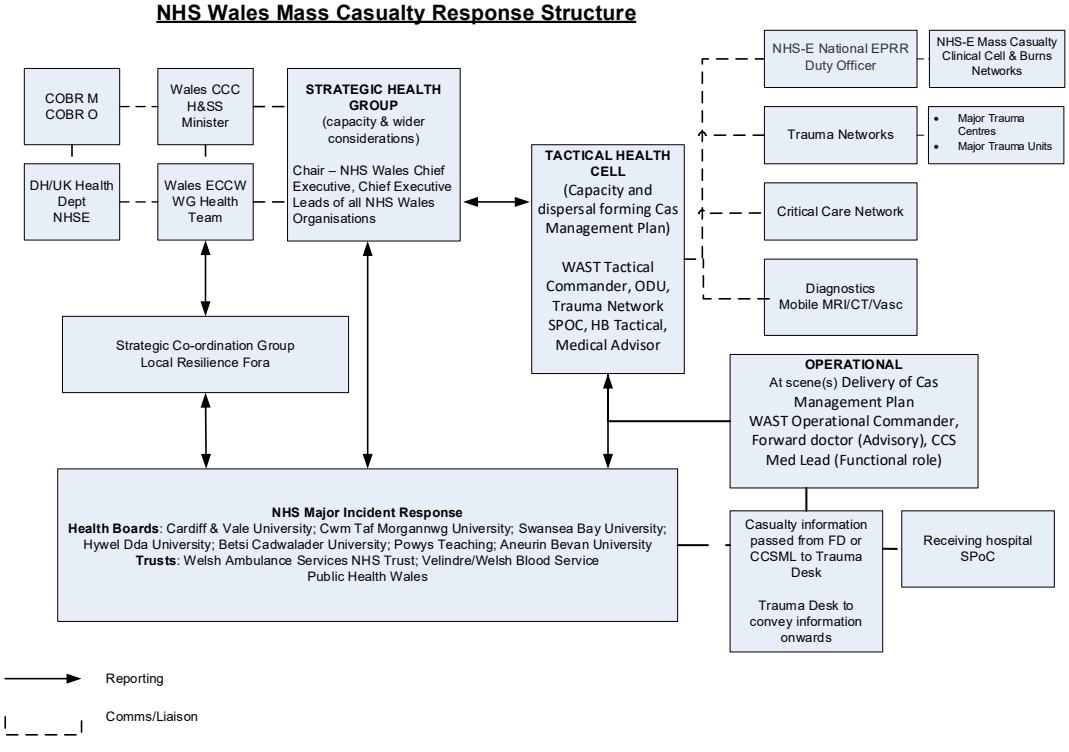
General information

Responding effectively to a mass casualty incident requires an integrated approach to service delivery by the Health Board (including MERIT), working in partnership with WAST, South Wales Trauma Network, other Health Boards, Trusts and partner Category 1 and 2 responders. In planning their response to these types of incidents, all Health organisations will need to ensure business continuity and escalation processes, and the on-going provision of services for patients who require urgent medical attention but not associated with the incident/s.

Command, control and co-ordination arrangements of NHS Wales for dealing with a mass casualty incident, building on existing major incident plans, are set out in the “Mass Casualty Incident Arrangements for NHS Wales” document issued by Welsh Government - version 3 – July 2019. *(Version 4 is currently being consulted upon and is due for publication Sept 2022)*

The arrangements provide a response framework for NHS Wales organisations to escalate and combine their capabilities, while allowing each of their respective major incident plans to address internal capacity, staffing and resource issues and/or local multi-agency arrangements.

NHS Wales Mass Casualty Response Structure



BRONGLAIS HOSPITAL SITE ACTIONS

Staff will, on notification of a Major Incident, carry out the instructions on their Major Incident Action Cards unless modified by instructions from the Hospital Co-ordination Centre.

	General Site Arrangements
Hospital Co-ordination Centre	MDT/Meeting Room, 1st Floor, Management Offices, BGH
Parking	On arrival at the hospital, staff should park in the Frongoch car park – the shuttle bus will be operational to transport staff to site.
Hospital Preparations	Senior Manager on site will inform all ward areas/departments & services to **prepare** for possible discharge/transfer and receipt of additional patients. If further clearance does prove necessary on the wards they will be notified by the HCC.
Hotel Services	Hotel Services staff are to provide portering, traffic control and security activities along with other areas of activity at a very early stage in the alert and in the preparation of the hospital. Staff, including domestic, catering and portering will proceed in accordance with the detailed current departmental plan. This entails an early attendance at the Emergency Department by a Duty Porter whether in working hours or out of working hours. The first Duty Porter is to make sure that the doors in the Postgraduate Centre and Reception entrance are opened, and that the main entrance to the Horse Shoe entrance, Penglais Hill is locked. Allocation of additional Porters is arranged in the departmental plan, providing assistance in a variety of areas. Appropriate arrangements will be made in terms of catering, dependent upon information received from the Hospital Co-ordination Centre and similar activities should follow in terms of availability and usage of domestic staff. A designated person will be responsible for traffic control duty at the Ambulance Discharge Point, to prevent blocking access by vehicles.
Post-Operative	The post-operative admission ward/area(s) will be nominated by the HCC, based on the beds available after decanting etc.
Relatives	Relatives arriving at Bronglais Hospital should be directed to the Dining Room via lower ground entrance, Caradog Road (Pharmacy entrance). This entrance should be manned by 2 staff members/volunteers. The dining area will act as a point of contact for the Voluntary Services and other agencies involved. Hospital Chaplains should be asked to assist in this role. Relatives will be asked to give information to assist in locating/identifying their relative who may be involved in the incident. This should be clearly documented. Person to be designated by HCC to be based by door between Dining Room and DSU to prevent unauthorised access to the DSU from Dining Room and from the top floor car park to the rest of hospital.
Media	The designated area for use by the media is the **Postgraduate Lecture Theatre.** All media representatives will be directed to the Postgraduate Lecture Theatre. Beverages will be made available by Hotel Services staff. A senior manager or nominated deputy will be responsible for liaison between media, the HCC and the LRF Media Cell until the arrival of the Communications Team. The LRF Media Cell will usually take the lead in joint-agency co-ordination of media information. Liaison must occur between the Communications Team and

	General Site Arrangements
	the other agencies to agree media involvement and press statements. Only the On-Call Executive (or nominated deputy) should give media interviews. Outside broadcast vehicles will be sited in the access road to the National Library (adjacent to the Hospital).
Communication with staff	Staff will be kept informed of the incident response at appropriate intervals via existing communication and I.T. systems.
Radio	A communication link will be provided between Bronglais Hospital and Ambulance Control by the Ambulance Liaison Officer. If necessary an additional link will be set up in the Emergency Department by Ambulance Personnel. Care should be taken with regard to interference with medical devices. Copies available in HCC and ED.
Helicopter Landing Facilities	Helicopters carrying casualties can be landed in the Penglais School and/or Blaendolau fields prior to transfer by WAST to the Emergency Department. Helicopter transfers from Bronglais to other hospitals e.g. Morriston will also be co-ordinated by the Ambulance Service/EMRTS. In hours of darkness, lighting will be placed on landing areas by Maintenance & Engineering personnel.
Discharge Holding Area	Will be located in the Medical Day Unit and supported by Occupational Therapy and Physiotherapy staff (detailed on relevant action cards). The following information will be recorded: 1. Patient name on arrival; ward of origin; any planned mode of transport; whether for transfer or discharge. 2. On discharge; time of leaving; mode of transport; where discharged or transferred to. These records should be held until completion of the incident and then forwarded to the HCC. Patients may be transferred to Community Hospitals or other neighbouring Health Board hospitals. Inter-hospital transfers will be arranged in conjunction with the Ambulance Service, and Central Transport Unit.

CASUALTY HANDLING

At Bronglais Emergency Department, the maximum capacity to stabilise “serious (p1) casualties” by surgical and/or resuscitative treatment is 2 in a two hour period.

Not all life-threatened casualties would require surgery as the condition of some could be life-threatening by virtue of, for example, the need for airway management rather than surgery.

Because of this limit to the hospital’s capacity, it will be important for the Medical Controller to liaise with the Triage Officer so that prior to saturation point, notification is made to WAST Trauma Desk in order for casualties to be dispersed to other hospitals.

	Emergency Department Arrangements
Triage	The Emergency Department will be converted into a facility for the handling of casualties, however emergency admissions for non incident patients will also be maintained where possible. Triage will be carried out, as the casualties arrive, by the Triage Doctor, or if not available, the Senior ED Nurse.

	Emergency Department Arrangements
	The details of the preparation and conversion of the ED to this role are held in the EUCC Department Major Incident Plan.
Non incident Emergency Department Patients	Any patients arriving who need treatment but who are not part of the major incident will be advised of the current situation, assessed and informed of appropriate alternative treatment options. If they decide to wait, they will be treated as incident patients but recorded as not so in their documents on triage. CDU Room C will be utilised for serious non-incident patients and Out-patients used to support non-serious injury patients.
Out Of Hours Service	**Normal Working Hours:** During normal working hours the unit is not functional. **Out Of Hours:** Out of hours the unit is functional and is located in Out-Patients. The aim will be to continue to function as normal. Non incident Emergency Department patients to be redirected to the GP in the unit where possible to alleviate any extra burden on the Emergency Department. If incident numbers/type is such that unit cannot continue then HCC to be informed immediately

PATIENT FLOW/ALLOCATION FROM EMERGENCY DEPARTMENT

The planned allocation of patients is as outlined below however the Hospital Co-ordination Centre may deviate from this plan as dictated by the nature of the Incident (numbers and case mix of casualties)

Following Triage, patients will be allocated as follows:

HYWEL DDA UNIVERSITY HEALTH BOARD

BGH EMERGENCY DEPARTMENT MAJOR INCIDENT PATIENT FLOW

MAJOR INCIDENT TRIAGE IN AMBULANCE BAY

If possible, casualties requiring end of life care will be directed to, and cared for in, an alternative environment within the ED – CDU Rooms A/B

This environment will be dependent on the nature of the Major Incident and the number of casualties requiring end of life care

P1
RESUS / MAJORS 3, 4, 5 & 6

Once stabilised ➔ Intensive Care Unit, Main Theatres (or Endoscopy: holding area), Day Surgery Unit (for minor surgical procedures) or best placed ward area

As per individual Action Cards

P2
CDU Rooms D,E & F
(Alternative location: CDU corridor /best placed ward area)

Once stabilised ➔ Main Theatres (or Endoscopy: holding area), Day Surgery Unit (for minor surgical procedures) or best placed ward area

As per individual Action Cards

P3
EMERGENCY DEPARTMENT

Once assessed, stabilised and treated ➔ to best placed ward area or to be discharged

As per individual Action Cards

PAEDIATRICS

PAEDIATRICS P1
RESUS

Once stabilised ➔ PAA, Main Theatres or DSU (for minor surgical procedures)

PAEDIATRICS P2 / P3
MINORS

Once stabilised ➔ PAA, Main Theatres or DSU (for minor surgical procedures)

PATIENTS CURRENTLY IN THE EMERGENCY DEPARTMENT

The Nurse in Charge is to briefly inform members of the public of the situation and to clear the department. Instructing patients to return to their own GP, attend the ED the following day, or if they have minor injuries requiring treatment – **In Hours**: patients can be redirected to the Outpatients Department

Out of Hours: patients can be redirected to call the NHS 111 Service – see below

Existing CDU patients to be re-located to ward C / Existing core ED patients to be re-located into the CDU / Existing Paediatric patients to be re-located to Paeds Room 8

IN HOURS:

Outpatients' staff (after clearing their department) will assist with the treatment of ED patients / minor injuries. However, serious non-incident patients will re-locate to CDU3

Once assessed and treated ➔ to the best placed ward area or to be discharged

As per the Outpatients Action Card

OUT OF HOURS:

Link with the Out Of Hours Service to assist with current ED patients within the Outpatients area, please be aware of the current availability/capacity of the OOH Service

Once assessed and treated ➔ to the best placed ward area or to be discharged

As per the Out Of Hours Services Action Card

GLANGWILI HOSPITAL SITE ACTIONS

Staff will, on notification of a Major Incident, carry out the instructions on their Major Incident Action Cards unless modified by instructions from the Hospital Co-ordination Centre.

	General Site Arrangements
Hospital Co-ordination Centre	Meeting Rooms 1&2, Ty Nant, Glangwili Hospital.
Parking	On arrival at the hospital, all staff must avoid parking in the immediate vicinity of the Emergency Unit.
Hospital Preparations	Key personnel (including General Managers and Senior Nurse Managers) should report their arrival or presence at the hospital to the Hospital Control Centre (Meeting Room 1/2, Ty Nant, extension 8743). Emergency Department staff will report direct to the Emergency Department. Middle Grade Doctors should go to the Emergency Department Staff Base and report to the Senior Emergency Department Doctor. FP1& 2 Post Holders should report to their specialty wards. The On-Call Orthopaedic and General Surgery Consultants should report to the Senior Emergency Department Doctor in the Emergency Department Staff Base. Once casualty numbers have been estimated/determined and they exceed the current capacity of the Emergency Department, then existing patients may be moved to the Endoscopy Unit to release capacity. This will be determined by the Senior Emergency Department Doctor and the Nurse in Charge in conjunction with the Hospital Co-ordination Centre. The Hospital/On-Call Manager will establish regular liaison with the Ambulance Liaison Officer, situated in the Outpatient Department. The Nurse Controller will inform senior nursing staff of the incident and assess nursing resources. The Nurse Controller will call in the Night Nurse Practitioners and Senior Sister OPD as required and arrange for the recall of nursing and essential administrative staff as necessary. If requested by the Medical Controller, the Nurse Controller will ask the Operating Theatres Department to make arrangements for the cessation of non-emergency surgery and to prepare the Theatres for the treatment of the injured.
Organisation Of Beds	The organisation of beds will be the responsibility of the Medical Controller, who will be the Hospital Clinical Lead who will be based in the Hospital Control Centre. The Medical Controller will assume responsibility for co-ordinating the discharge of patients nearing convalescence or waiting for non-urgent surgery, in order to make beds available to accommodate casualties from the incident. They will decide on the cancellation of routine admissions and advise on any matters of medical priority as necessary.
Bed State	The Site Manager (holder of Bleep 070) will be responsible for keeping the Medical Controller up to date with the bed state in the hospital and for establishing the bed state at neighbouring hospitals. In Glangwili General

	General Site Arrangements
	Hospital beds may be needed in several wards and Ward Sisters (or senior nurse on the ward) should liaise with their respective FP1 & FP2 post holders in order to advise on patients suitable for discharge. All inpatients suitable for discharge from specialty wards will be sent to Out-Patients Reception for collection. Patients from Ward Blocks 1, 2, 3 and 4 should be directed to use Out-Patients exit. (Discharge sheet to be completed on patients discharged – see Page 76).
Theatres	If required the Senior Theatre Nurse on duty will prepare operating theatres for substantive treatment of the injured.
Intensive Care Unit	The Consultant Anaesthetist On-Call will advise the Intensive Care and High Dependency Units of patients to be admitted for critical care treatment.
Helicopter Landing Facilities	Helicopters carrying casualties can be landed in the field adjacent to the roundabout prior to transfer to the Emergency Department. Helicopter transfers from Glangwili to other hospitals e.g. Morriston will be co-ordinated by the Ambulance Service
Communication	**Relatives** Relatives arriving at the hospital should be directed to the Relatives' Reception Area located in the **Cardiac Respiratory Unit**. This area will act as a point of contact for the voluntary services and other agencies involved. Beverages will be made available by Hotel Services staff. **Media** The Hospital Co-ordination Centre will arrange for an area to be set aside for the use of the media - the **Cambrian/Coracle Rooms.** All media representatives will be directed to these rooms. Beverages will be made available by Hotel Services staff. A senior manager or nominated deputy will be responsible for liaison between media, the HCC and the LRF Media Cell until the arrival of the Communications Team. The LRF Media Cell will usually take the lead in joint-agency co-ordination of media information. Liaison must occur between the Communications Team and the other agencies to agree media involvement and press statements. Only the On-Call Executive (or nominated deputy) should give media interviews. Outside broadcast vehicles to be sited in the parking area to the rear of the Cambrian Room. **Communication with Staff** Staff will be kept informed of the incident response at appropriate intervals via existing communication and I.T. systems. **Internal Communication** Volunteer and off-duty staff will be used as runners between the Hospital Control Centre and hospital departments. The current system of internal radio links will also facilitate effective two way communication. If necessary, hand-set radios may be issued to the Medical Controller, Nurse Controller, by Head of Hotel Services or deputy.

CASUALTY HANDLING

At Glangwili Emergency Department, the maximum capacity to stabilise “serious (p1) casualties” by surgical and/or resuscitative treatment is 3 in a two hour period during the day and 2 during the out of hours period.

Not all life-threatened casualties would require surgery as the condition of some could be life-threatening by virtue of, for example, the need for airway management rather than surgery.

Because of this limit to the hospital’s capacity, it will be important for the Medical Controller to liaise with the Triage Officer so that prior to saturation point, notification is made to WAST Trauma Desk in order for casualties to be dispersed to other hospitals.

If the number of patients exceeds the maximum capacity of the Emergency Unit, patients in lower priority categories will be treated in the following locations:

- Green Suite, OPD (Priority 3 patients only)
- Appropriate Specialty Wards

Decisions on the location of patients will be determined by the Triage Officer. All patients found to be dead on arrival will be sent to Mortuary.

The needs of children will be recognised as far as practical with the resources available. Paediatric expertise will be called as required.

If there are paediatric casualties, the Nurse in Charge/Deputy Nurse in Charge will notify the Hospital Co-ordination Centre who will inform the Consultant Paediatrician On-Call.

	Emergency Department Arrangements
Triage	A Triage Area will be established at the Emergency Department Ambulance Entrance Foyer. The Triage Officer will be the Emergency Department **Consultant On-Call** (supported by a Senior Emergency Department Nurse) Deputy – Senior Emergency Department Doctor. The Triage Officer will divide the medical and nursing staff into teams so that patients can be assessed as soon as they enter the hospital.
Non incident Emergency Department Patients	Any patients arriving who need treatment but who are not part of the major incident will be advised of the current situation, assessed and informed of appropriate alternative treatment options. The Medical Day Unit will be used, in hours, to assist with the treatment of minor injuries.
Out Of Hours Service	**Normal Working Hours:** During normal working hours the unit is not functional. **Out Of Hours:** Out of hours the unit is functional and is located in the Medical Day Unit. The aim will be to continue to function as normal. Non incident Emergency Department patients to be redirected to the GP in the unit where possible to alleviate any extra burden on the Emergency Department. If incident numbers/type is such that unit cannot continue then HCC to be informed immediately

GGH EMERGENCY DEPARTMENT MAJOR INCIDENT PATIENT FLOW

MAJOR INCIDENT TRIAGE IN AMBULANCE BAY

If possible, casualties requiring end of life care will be directed to, and cared for in, an alternative environment to the ED

This environment will be dependent on the nature of the Major Incident and the number of casualties requiring end of life care

P1
RESUS
(Alternative location: ED)

Once stabilised → Intensive Care Unit, Main Theatres, Day Surgery Unit or best placed ward area

As per the individual service's Action Cards

P2
EMERGENCY DEPARTMENT
(Alternative location: MIU/best placed ward area)

Once stabilised → Main Theatres, Day Surgery Unit or best placed ward area

As per the individual service's Action Cards

P3
MIU
(Alternative location: Green Suite, OPD /best placed ward area)

Once assessed, stabilised and treated → to best placed ward area or to be discharged

PAEDIATRICS

PAEDIATRICS P1
RESUS
Once stabilised → PACU, Main Theatre or DSU

PAEDIATRICS P2
INJURY DEPENDENT
RESUS / PACU
Once stabilised → PACU, Main Theatre or DSU

PAEDIATRICS P3
PACU

PATIENTS CURRENTLY IN THE EMERGENCY DEPARTMENT

The Nurse in Charge is to briefly inform members of the public of the situation and to clear the department. Instructing patients to return to their own GP, attend the ED the following day, or if they have minor injuries requiring treatment - **In Hours**: patients can be redirected to the Medical Day Unit
Out of Hours: patients can be redirected to call the NHS 111 Service – see below

IN HOURS

Medical Day Unit staff (after clearing their department) will assist with the treatment of minor injuries
Once assessed and treated → to the best placed ward area or to be discharged
As per the Medical Day Unit Action Card

OUT OF HOURS

Link with the Out Of Hours Service to assist with current ED patients within the Medical Day Unit area, please be aware of the current availability/capacity of the OOH Service
Once assessed and treated → to the best placed ward area or to be discharged
As per the Out Of Hours Action Card

SUPPORTING HOSPITAL - PRINCE PHILIP HOSPITAL

Staff will, on notification of a Major Incident, carry out the instructions on their Major Incident Action Cards unless modified by instructions from the Hospital Co-Ordination Centre.

	General Site Arrangements
Hospital Co-ordination Centre	Management Offices, PPH.
Hospital Role	Prince Phillip Hospital's main role in a Major Incident would be to continue the intake of medical emergencies from Carmarthenshire, provide a decant facility from Glangwili General Hospital, and where appropriate management of walking patients involved in the Major Incident.
Hospital Capacity	Prince Phillip Hospital has no capacity to stabilise causalities requiring definitive surgical management but could in extreme circumstances manage patients requiring airway management prior to transfer for definitive treatment. At Prince Philip Hospital the maximum capacity to stabilise "serious casualties" by resuscitative treatment is 2 in a two hour period.
Hospital Alerting Procedure	Any notification of a major incident will be received from GGH General Manager/Manager on call as part of their action card responsibilities. In the event that the call is received via any other external route, the call **must** be directed to GGH Switchboard for verification and determination of the nature and scope of the incident. If the Hospital/On-Call Manager is not present on the PPH site, they should immediately arrange for an alternative senior manager to deputise in this role.
Parking	On arrival at the hospital, all staff must avoid parking in the immediate vicinity of the Minor Injury Unit (MIU) and Acute Medical Assessment Unit (AMAU).. The car parking areas in front of the MIU and AMAU Units must be cleared and reserved for ambulances. Head of Hotel Services (or deputy) will arrange for the clearing of the area as soon as possible.
Hospital Preparations	Key personnel should report their arrival or presence at the hospital to the Hospital Co-Ordination Centre (Management Offices Co-ordination Hub Ext. 3709, 3530, 3073 or 3450). MIU and AMAU staff will report directly to their respective units. Medical staff should report to their normal place of work and await further instruction (unless action card holders). Staff with no particular departmental duties should make themselves available to be called by the Hospital Co-ordination Centre, to assist in the provision of a system of "runners/messengers". When a major incident is declared Paediatric casualties of any type **should not** be admitted or received by Prince Phillip Hospital.
Organisation of Beds	The organisation of beds will be the responsibility of the Site Manager/Bleep 600 Holder The Medical Controller will be based in the Hospital Co-ordination Centre.

	General Site Arrangements
	The Medical Controller will assume responsibility for co-ordinating the discharge of patients nearing convalescence or waiting for non-urgent surgery, in order to make beds available to accommodate for casualties from the incident. They will decide on the cancellation of routine admissions and advise on any matters of medical priority as necessary. The Site/Bed Manager (the holder of bleep 600) will be the Nurse Controller until relieved by the Head of Nursing or Senior Nurse Manager and will be based in the Hospital Co-Ordination Centre. The Nurse Controller will inform senior nursing staff of the incident and assess nursing resources. The Nurse Controller will call Emergency Nurse Practitioners, as required.
Bed State	The Site/Bed Manager (holder of bleep 600) will be responsible for keeping the Medical Controller up to date with the bed state in the hospital and for establishing the bed state at neighbouring hospitals. In Prince Philip Hospital beds will be needed in several wards and Ward Sisters (or senior nurse on the ward) will liaise with their respective medical teams in order to advise on patients suitable for discharge. All inpatients suitable for discharge from specialty wards will be sent to the Discharge Lounge/Gerontology Day Hospital for collection
Intensive Care / High Dependency Unit	The Consultant Anaesthetist On-Call will alert the Unit of patients to be admitted for critical care treatment.
Helicopter Landing Facilities	There are no helicopter landing facilities on site, however it may be possible to land locally in Dafen. Helicopter transfers from Prince Phillip to other hospitals will be co-ordinated by the Ambulance Service.
Relatives	Relatives arriving at the hospital should be directed to the Post Grad Lecture Theatre.
Communications	**Media Facilities** The Hospital Co-ordination Centre will arrange for an area to be set aside for the use of the media - the **Caebryn Conference Room.** All media representatives will be directed to the Caebryn Conference Room. Beverages will be made available by Hotel Services staff. A senior manager or nominated deputy will be responsible for liaison between media, the HCC and the LRF Media Cell until the arrival of the Communications Team. The LRF Media Cell will usually take the lead in joint-agency co-ordination of media information. Liaison must occur between the Communications Team and the other agencies to agree media involvement and press statements. Only the On-Call Executive (or nominated deputy) should give media interviews. Outside broadcast vehicles will be sited in the Consultants car park at the front of the hospital **Communication with Staff** Staff will be kept informed of the incident response at appropriate intervals via existing communication and I.T. systems.

	General Site Arrangements
	Internal Communication Volunteer and off-duty staff will be used as runners between the Hospital Co-ordination Centre and hospital departments. The current system of internal radio links will also facilitate effective two-way communication. If required, hand-set radios will be issued to Medical Controller and Nurse Controller by Head of Hotel Services or deputy.

WITHYBUSH HOSPITAL SITE ACTIONS

Staff will, on notification of a Major Incident, carry out the instructions on their Major Incident Action Cards unless modified by instructions from the Hospital Co-ordination Centre.

	General Site Arrangements
Hospital Co-ordination Centre	Patient Flow Office, 1st Floor (above EUCC), WGH.
Hospital Preparations	The Switchboard operator will call out key staff in accordance with the cascade system. If on-call personnel of a Department are unavailable this should be reported to the Hospital Co-ordination Centre (Tel. No. 3547, 3548 or 3576) on completion of calls as listed. The Senior Manager/On-Call Manager will establish the Hospital Control Centre. On arrival at the Hospital, all Action Card holders must either attend or report (action card will specify) to the Hospital Co-ordination Centre where a record of their attendance will be maintained and a brief incident update given.
Hospital Discharges / Maximising Bed Availability	The organisation of beds will be the responsibility of the Medical Controller. The Medical Controller will assume responsibility for co-ordinating the discharge of patients nearing convalescence or waiting for non-urgent surgery, in order to make beds available to accommodate for casualties from the incident. They will decide on the cancellation of routine admissions and advise on any matters of medical priority as necessary. Arrangements will be made for the discharge or transfer to South Pembrokeshire Hospital, Health & Social Care Resource Centre, Tenby Cottage Hospital, commissioned beds within the community and Community Services of patients from the relevant wards, depending upon the type of Major Incident. This will be co-ordinated by the Bed Manager / Senior Nurse in charge of each ward supported by the medical staff. Patients nominated as Discharges / transfers from wards will be relocated to the facilitated Patients' Discharge Waiting Area in the Physiotherapy Treatment area. The staff in the Patients Discharge Waiting Area will co-ordinate and document all inpatient movements via the Discharge / Transferred Patients log (page 69) and ensure that the Hospital Co-ordination Centre is kept informed. The Bed Manager (holder of bleep 2138) will be responsible for keeping the Medical Controller up to date with the bed state in the hospital and for establishing the bed state at neighbouring hospitals. All patients leaving the hospital will exit the hospital via the Physiotherapy Department entrance.
Relatives And Friends Reception Centre	Relatives arriving at Withybush should be directed to the Ante-Natal area. This area will act as a point of contact for the voluntary services and other agencies involved. Hospital Chaplains will be asked to assist in this role.

	General Site Arrangements
Communications	**MEDIA CENTRE** The Hospital Co-ordination Centre will arrange for an area to be set aside for the use of the media - the **Auditorium at the Conference Centre.** All media representatives will be directed to the Conference Centre. Beverages will be made available by Hotel Services staff. A senior manager or nominated deputy will be responsible for liaison between media, the HCC and the LRF Media Cell until the arrival of the Communications Team. The LRF Media Cell will usually take the lead in joint-agency co-ordination of media information. Liaison must occur between the Communications Team and the other agencies to agree media involvement and press statements. Only the On-Call Executive (or nominated deputy) should give media interviews. Outside broadcast vehicles will be sited in the parking area adjacent to the Conference Centre and/or other suitable area of the hospital grounds. **COMMUNICATION WITH STAFF** Staff will be kept informed of the incident response at appropriate intervals via existing communication and I.T. systems. Radios will be held by core staff members to ensure effective and timely communication. A list of designated holders is maintained in the Switchboard. **EXTERNAL COMMUNICATIONS LINK** A communications link will be provided between the Co-ordinating Medical Officer, Ambulance Service Major Incident Vehicle and the Medical Incident Commander as a priority and should be kept open at all times. Radio users need to be aware that sensitive information should not be transmitted on radio links, as these are insecure and can be scanned by public and media scanners. All sensitive information should be transmitted by landline or face to face and not mobile communication.
Helicopter Landing Facilities	Helicopters carrying casualties can be landed on the helipad to the rear of the Emergency Department and/or Withybush Airport. Helicopter transfers from Withybush to other hospitals e.g. Morriston will be co-ordinated by the Ambulance Service. WAST will notify Switchboard if a helicopter is to land on the helipad, Switchboard with notify the Fire Service and the Creche (located adjacent to helipad).

CASUALTY HANDLING

At Withybush Emergency Department, the maximum capacity to stabilise “serious (p1) casualties” by surgical and/or resuscitative treatment is 2 in a two hour period during the day and 1 during the out of hours period.

Not all life-threatened casualties would require surgery as the condition of some could be life-threatening by virtue of, for example, the need for airway management rather than surgery.

Because of this limit to the hospital's capacity, it will be important for the Medical Controller to liaise with the Triage Officer so that prior to saturation point, notification is made to WAST Trauma Desk in order for casualties to be dispersed to other hospitals.

	Emergency Department Arrangements
Triage	A Casualty Triage point will be established inside the Ambulance entrance to the Emergency Department. Triage will be carried out as the casualties arrive by the allocated experienced Nurse and the Emergency Department Middle-Grade Doctor.
Patient Flow/Allocation From Emergency Department	The planned allocation of patients is as outlined below however the Hospital Co-ordination Centre may deviate from this plan as dictated by the nature of the Incident (numbers and case mix of casualties) Following Triage, patients will be allocated as follows: a) Minor casualties and apparently non-injured will be directed to the waiting areas designated within the Outpatients Department or treated within the Emergency Department and discharged. b) Casualties requiring Urgent/Emergency surgery should be transferred to Main Theatres (after being stabilised). If Theatre capacity is full, patients are to be placed in the most appropriate facility to await transfer to Theatre (e.g. Day Surgery Unit / Same Day Admit / High Dependency Unit). c) Casualties requiring hospitalisation but not urgent surgery will be allocated ward beds as appropriate. d) Casualties requiring end of life care will be directed to and will be cared for in an alternative environment to the Emergency Department. The environment (e.g. Endoscopy, Medical Day Unit, CDU) will be dependant on the nature of the Major Incident and the numbers of casualties requiring end of life care.
Out Of Hours Service	The Out of Hours service is based in the out-patient corridor adjacent to the Emergency Department. Therefore the service will continue to function as normal during a major incident. The aim will be to continue to function as normal. Non incident Emergency Department patients to be redirected to the GP in the unit where possible to alleviate any extra burden on the Emergency Department.

WGH EMERGENCY DEPARTMENT MAJOR INCIDENT PATIENT FLOW

MAJOR INCIDENT TRIAGE IN AMBULANCE BAY

If possible, casualties requiring end of life care will be directed to, and cared for in, an alternative environment to the ED

This environment (e.g. Endoscopy, MDU, PHODU) will be dependent on the nature of the Major Incident and the number of casualties requiring end of life care

P1
RESUS
(Alternative location: ED)

Once stabilised ➔ Intensive Care Unit, Main Theatres, Day Surgery Unit or best placed ward area

As per the individual service's Action Cards

P2
EMERGENCY DEPARTMENT
(Alternative location: MIU/best placed ward area)

Once stabilised ➔ Main Theatres, Day Surgery Unit or best placed ward area

As per the individual service's Action Cards

P3
MAJORS / MIU / SDEC / PUFFIN UNIT

Once assessed, stabilised and treated ➔ to best placed ward area or to be discharged

PAEDIATRICS

PAEDIATRICS
P1 RESUS
Continuation of care to be discussed with Paediatric Team

PAEDIATRICS
P2 / P3 MIU
Continuation of care to be discussed with Paediatric Team

PATIENTS CURRENTLY IN THE EMERGENCY DEPARTMENT

As per the Action Card, the Nurse in Charge is to briefly inform members of the public of the situation and to clear the department. Instructing patients to return to their own GP, attend the ED the following day, or if they have minor injuries requiring treatment - **In Hours**: patients can be redirected to the Outpatients Department
Out of Hours: patients can be redirected to call the NHS 111 Service – see below

IN HOURS:

Outpatients' staff (after clearing their department) will assist with the treatment of ED patients / minor injuries
Once assessed and treated ➔ to the best placed ward area or to be discharged
As per the Outpatients Action Card

OUT OF HOURS:

Link with the Out Of Hours Service to assist with current ED patients within the Outpatients area, please be aware of the current availability/capacity of the OOH Service
Once assessed and treated ➔ to the best placed ward area or to be discharged
As per the Out Of Hours Services Action Card

INTERNAL MAJOR INCIDENTS

"An incident within Health Board premises that warrant special arrangements for the co-ordination, command and control of the situation, by senior representatives of the organisation".

Serious situations affecting small numbers of patients and/or staff may also be co-ordinated in this manner, if deemed appropriate.

However, **responses to escalating emergency pressures are not covered by this plan.**

HDUHB must plan to handle incidents in which its own facilities - or neighbouring ones – may be overwhelmed. The organisation itself may be affected by its own internal major incident or by an external incident that impairs its ability to work normally. Fire, breakdown of utilities, major equipment failure, hospital acquired infections, violent crime or the need to deal with one or more contaminated person(s) may paralyse the provision of services and jeopardise safety arrangements. This plan should be considered in conjunction with service level Business Continuity Plans.

ACTIONS FOR INTERNAL MAJOR INCIDENT

TELEPHONISTS

On receiving notification of an *Internal Major Incident* from the Senior Manager on duty/call:

1. Complete Notification of a Major Incident Form (page 60)
2. Inform, as requested by Senior Manager on duty/call:-
   - Hospital Head of Nursing
   - Hospital Clinical Lead
   - Patient Flow Team
   - Emergency Department

   State "***An Internal Major Incident has been declared please report to the Hospital Co-ordination Centre".***

3. Initiate call out of relevant personnel **as requested** by Hospital Co-ordination Centre (once operational).

HOSPITAL GENERAL MANAGER/ON-CALL MANAGER

Activate Hospital Co-ordination Centre. Assess situation with other Response Team Members. Advise Executive Director on-call of situation. Facilitate onward management of the incident. If required, activate full Major Incident response.

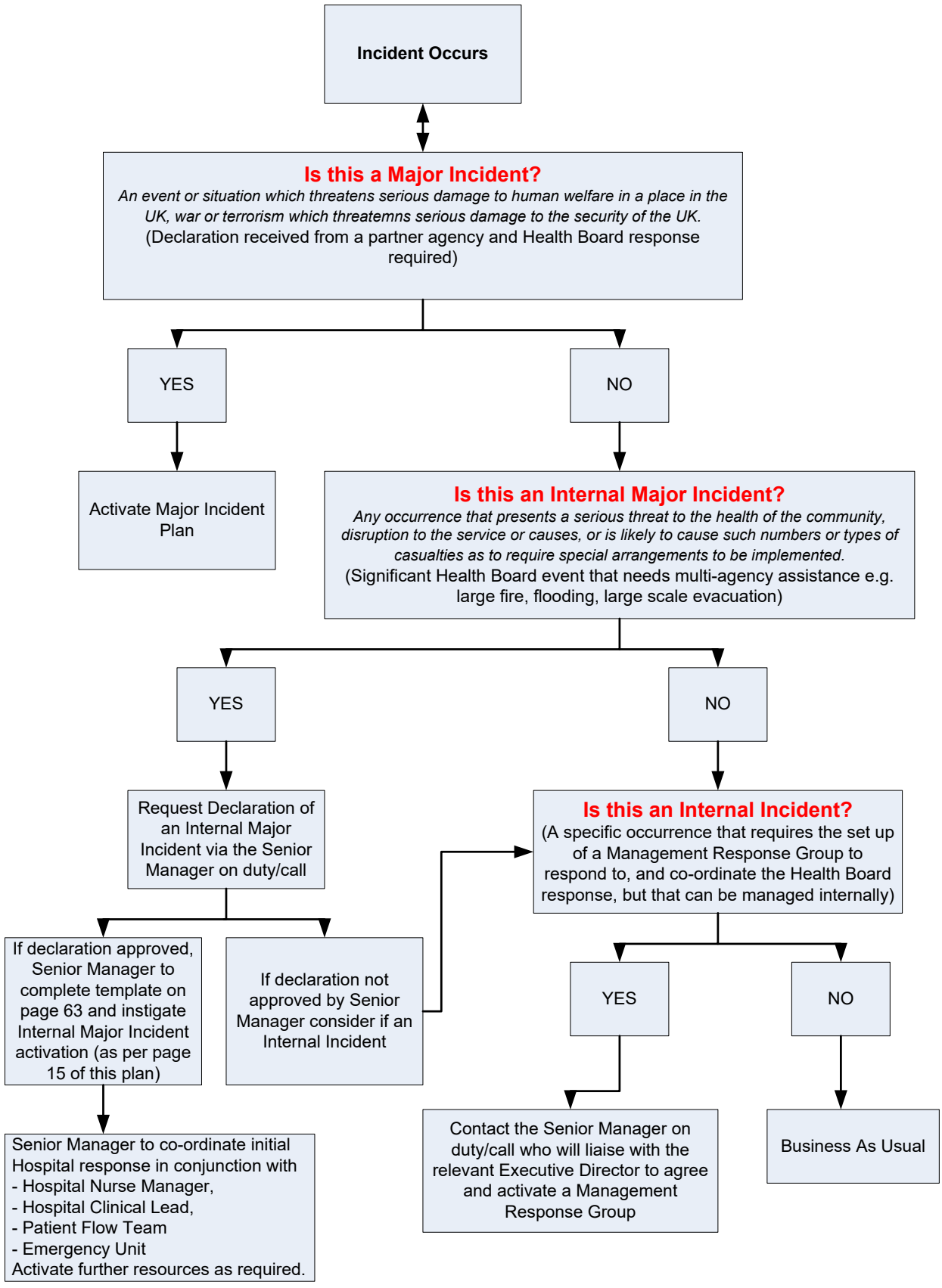
HOSPITAL HEAD OF NURSING, HOSPITAL CLINICAL LEAD & PATIENT FLOW TEAM

Attend Hospital Co-ordination Centre to assess situation with other Response Team Members and if required, activate full Major Incident response.

EMERGENCY DEPT.

Liaise with Hospital Co-ordination Centre. Determine extent of incident. If required:

- Ensure that patients that can be discharged home are dealt with asap.
- Do not admit patients to wards until advised by Response Team.
- Ensure accurate information is available for Response Team regarding patient status in the ED.


Incident Occurs
Is this a Major Incident?
An event or situation which threatens serious damage to human welfare in a place in the UK, war or terrorism which threatemns serious damage to the security of the UK.
(Declaration received from a partner agency and Health Board response required)
YES
NO
Activate Major Incident Plan
Is this an Internal Major Incident?
Any occurrence that presents a 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.
(Significant Health Board event that needs multi-agency assistance e.g. large fire, flooding, large scale evacuation)
YES
NO
Request Declaration of an Internal Major Incident via the Senior Manager on duty/call
Is this an Internal Incident?
(A specific occurrence that requires the set up of a Management Response Group to respond to, and co-ordinate the Health Board response, but that can be managed internally)
If declaration approved, Senior Manager to complete template on page 63 and instigate Internal Major Incident activation (as per page 15 of this plan)
If declaration not approved by Senior Manager consider if an Internal Incident
YES
NO
Senior Manager to co-ordinate initial Hospital response in conjunction with
- Hospital Nurse Manager,
- Hospital Clinical Lead,
- Patient Flow Team
- Emergency Unit
Activate further resources as required.
Contact the Senior Manager on duty/call who will liaise with the relevant Executive Director to agree and activate a Management Response Group
Business As Usual

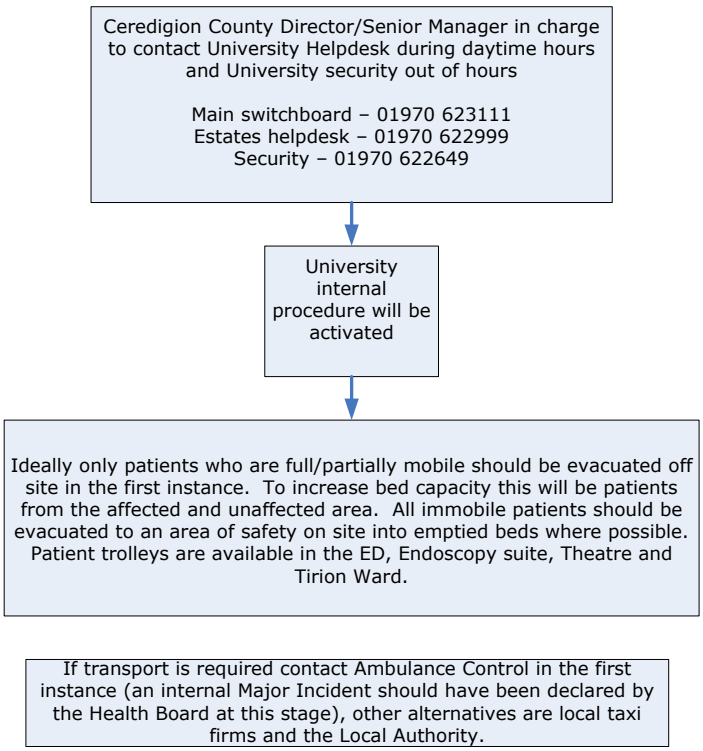
INTERNAL INCIDENT REQUIRING EVACUATION

FOR BRONGLAIS HOSPITAL ONLY:

Use of University of Wales, Aberystwyth

The University have kindly agreed to assist us if possible in providing temporary patient holding facilities if we need to evacuate part/whole of the hospital. The degree of assistance will depend on their circumstances e.g. examinations etc. It is anticipated that the sports cage/hall or Pantycelyn would be the initial areas of choice due to access, size and services available.

Procedure to request assistance:



HYWEL DDA UNIVERSITY HEALTH BOARD

CONTACT TELEPHONE NUMBERS

Dyfed Powys Hospitals:		
Glangwili General Hospital Carmarthen		01267 235151
Prince Phillip Hospital Llanelli		01554 756567
Withybush General Hospital Haverfordwest		01437 764545
Bronglais General Hospital Aberystwyth		01970 623131
Other Hospitals in Wales:		
Ysbyty Gwynedd		01248 384384
Wrexham Maelor General Hospital		01978 291100
Ysbyty Glan Clwyd		01745 583910
University Hospital of Wales		02920 747747
Prince Charles Hospital		01685 721721
Llandough Hospital		02920 711711
Royal Gwent Hospital		01633 234234
Nevill Hall Hospital		01873 732732
Morriston Hospital		01792 702222
Princess of Wales Hospital		01656 752752
Welsh/English Border Hospitals/Trusts:		
Royal Shrewsbury Hospital		01743 261000
Hereford Hospital		01432 355444
Gloucester Royal NHS Trust		08454 222222
East Gloucester NHS Trust		08454 222222
Local Authority Emergency Planners:		
Ceredigion County Council	Steffan Gruffudd	07970 261425
Carmarthenshire County Council	Byron Wilkinson	07900 570431
Pembrokeshire County Council	Steve Jones	07964 577671
Powys County Council	Andy Twigger	07970 005072
	Emergency (24 hours)	01597 825275/08450 544847
Duty Emergency Planning Officer for Carms, Ceredigion & Pembs – Emergency (24 hours)	Contacted via Careline	01558 824283
Director's of Environmental Health:		
Ceredigion	Daytime	01545 572105
	Out of Hours	08457 566766
Carmarthenshire	Daytime	01267 234567/228736
	Out of Hours	01267 224398
Pembrokeshire	Daytime	01437 764551
	Out of Hours	08456 015522
Powys	Daytime	01597 826659
	Out of Hours	08450 544847
Director's of Social Services:		
Ceredigion	Carys James	01545 572562
	Out of Hours	08456 015392
Carmarthenshire	Jake Morgan	01267 224697
	Out of Hours	0300 3332222
Pembrokeshire	Jonathan Griffiths	01437 775831
	Out of Hours	08708 509508
Powys	Alison Bulman	01597 826906
	Out of Hours (via Brecon Hospital	01874 622443

	switchboard)	
National Bodies:		
Welsh National Poisons Unit	24 hours	02920 709901 / 02921 825554
Welsh Government		08450 103300
Health Emergency Planning Adviser for Wales	David Goulding	0300 025 5392
Welsh Government	Duty Officer	02920 343366 (24 hours)
National Blood Transfusion Service (Wales)	Daytime	01443 622000
Welsh Water	24 hours	0800 0520130
Natural Resources Wales	Anytime	0800 807060
Ministry of Agriculture Food & Fisheries (Wales)		
BASIS Registration Ltd (Pesticides)	Daytime	01335 343945
Health & Safety Executive	Daytime	01267 244230
	Emergency	08453 009923
Public Analyst (Cross Hands)		01269 833990
Military – Joint Regional Liaison Officer	Daytime 24 hours	01874 613381 07766 420496
RVS Emergency Services	24 hours	02476 681369
Coroner's Offices:		
Ceredigion		01970 612567/617931
Carmarthenshire		01558 822215
Pembrokeshire		01646 698129
Dyfed Powys Local Resilience Forum:		
Partnership Team		01267 248454
Strategic Co-ordination Centre		01267 226201

BRONGLAIS INTERNAL CONTACT NUMBERS

Key Activity Centres used in the event of a major incident	Location	Tel Ext.
Duty Manager	As per rota	**5476**
Hospital Co-ordination Centre	MDT/Meeting Room, 1st Floor, Management Offices	**5432** **01970 617006**
Emergency Department	Reception Nurse Office Plaster Room Resus Room Team Leader Doctors Room Base Station 1 Base Station 2	**5753** **5736** **5740/Bleep 302** **5502** **7815** **5738/7810/5450** **5736/7807/5938** **7808/7809**
Operating Theatres	Theatre Office Theatre 1/2 Theatre 3 Recovery	**5606** **5611** **5612** **5608**
CSSD		**5701**
Wards	Endoscopy ITU Ceredig Ceredig Rhiannon Short Stay Gwenllian Angharad Meurig Iorwerth CMU Iorwerth/CMU reception Ystwyth Enlli	**5925/8876** **5621/2** **5624/5** **5644/5646** **5640** **5633** **5757** **5752** **5744/5** **5746** **5941** **5986** **5932**
Radiology	Reception CT-Control Room CT - Reception	**5681** **5985** **5697- not manned**
Medical Records		**7038 /5661 / 8892**
Pathology	Blood Bank Coagulation Laboratory Biochemistry Histopathology Laboratory Mortuary	**5945** **5712** **5786 Sec. 5934** **5715** **5743**
Press Centre	Postgraduate Centre Corridor	**5806** **7048**
Porters	 Head Porter	**5729/7617/** **7619**/ Bleep 506 **5349**
Information	Senior person	**7001**
IT Helpdesk		**01267 232000**
Pharmacy		**5732/5733**

GGH INTERNAL CONTACT TELEPHONE NUMBERS

Key Activity Centres used in the event of a major incident	Location	Tel Ext.
Hospital Control Centre	Based in Meeting Rms 1&2, Ty Nant	8743
Media Reception Area	Based in Cambrian/Coracle Rooms	2426
Family Reception Area	Based in Cardiac Respiratory Unit	
Staff Rest Centre	Based in Staff Restaurant	2053
Patients Discharge Area	Based in Out-Patients Department	
Ambulance Liaison Officer	Based in Out-Patients Department	2022
Police Documentation team	Based in 2nd Consultant Office in EU	3979/68
Key Departmental Numbers		
Emergency Unit	Navigator	Bleep 194
	Reception	3961
	Nurse's Main Duty Office	3987
	Staff Base	3960
	Sisters Office	3971/72
	Resuscitation Rooms	3980,3966
	Plaster Room	3969
Operating Theatres	Reception	2333
	ODP - Bleep	107
	Theatre Senior Sister/ Manager - Bleep	176/2424/186
	Theatre – 1	2571
	Theatre – 2	2572
	Theatre – 3	2573
	Theatre – 4	2574
	Theatre – 5	2776
	Theatre – 6	6092
	Recovery	2576
	Day Surgical Unit	2372
	Endoscopy Unit	2355
Wards	CDU	2626/2624
	ITU	2073 / 2074
	HDU	2602 /2236
	CCU	2760
	TOWY	2621
	PADARN	2612
	STEFAN	2950
	PICTON	2784
	PRESELI	2515
	SAU/CLEDDAU	2606/2607
	TEIFI	2750
	MERLIN	2418
	TYSUL	2599
	DINEFWR	2591
	CERI	2600
	COTHI	2125
Radiology	X-RAY (Bleep 125)	2092,2645
	CT SCAN	2556
Pathology	Reception	2453
	Biochemistry Lab -Out of Hrs Bleep – 110	2456
	Haematology	
	& Blood Bank - Out of Hrs Bleep – 109	2458
	Microbiology	
	Infection Control (Bleep 100)	2502
		2596,2422
Pharmacy		2465
Physiotherapy	(Bleep 118 / 119)	2470
Physiological measurements		2084

CSSD		2369 2061/ 62/ 63
Occupational Health		2429
EBME		2793, 2499
Estates		2942-Hotline 2332 -Secretary
Fire Officer		2107
Medical Records		2097 / 8490

PRINCE PHILLIP CONTACT NUMBERS

Key Activity Centres used in the event of a major incident	Location	Tel Ext.
Hospital Co-Ordination Centre	Management Offices Co-ordination Hub	3709/3530/3073/3450
Press Room	Based in Caebryn Conference Room	
Relatives Reception Area	Based in Postgrad Lecture Theatre	3249
Volunteers Reception Area	Based in Seminar Room 2	3251
Staff Rest Centre	Based in Staff Restaurant	3029
Patients Discharge Area	Based in Discharge Lounge/Geriatric Day Hospital	3213
Key Departmental Numbers		
Minor Injuries Unit	Reception	3230
	Sisters Office	3237
Operating Theatres	Reception	3088
	Theatre Senior Sister/ Manager	
	Theatre – 1	3096
	Theatre – 2	3095
	Theatre – 3	3094
	Theatre – 4	3528
	Recovery	3093
	Day Surgical Unit	3113/3516
	Endoscopy Unit	3117
Wards	Ward 1	3217
	AMAU	3303
	Ward 3	3131
	Ward 4	3136
	Ward 5	3105
	Ward 6	3108
	Ward 7	3080
	Ward 9	3313
Radiology	X-RAY	3262
	CT Scan	3268
Pathology	Reception	3045
	Biochemistry Lab	3062
	Haematology	3056
	Microbiology	3068
	Infection Control	3066
Pharmacy		3212
Physiotherapy		3204
Physiological measurements		3157
CSSD		3299
Occupational Health		3518
EBME		3019
Estates		3689

WITHYBUSH CONTACT NUMBERS

Key Activity Centres used in the event of a major incident	Location	Tel Ext.
Hospital Control Centre	Based in 24/7 Room, E&UCC	3547/3548/3576
ED Triage Area	Based in ED-Ambulance Entrance Foyer	3081
Relatives Reception Area	Based in Ante-Natal Area	3286
Press Room	Based in Conference Centre Auditorium	3150
Patients Discharge Area	Based in Physiotherapy Treatment Area	3263
Ambulance Liaison Officer	Based in Out-Patients Department	3666
Police Documentation Team	Based in Consultant's Office in ED	3380
Additional Staff Reception	Based in New Outpts Ophthalmology Reception	2435
Communications Team	Based in the Springfield Block	4476/4482
Key Departmental Numbers		
Emergency Department	Reception	3446/3142
	Sisters Office	2364/2492
	Staff Base	3447/3503
	Staff Office	3380
	Staff Rest Room	3457
	Resuscitation Rooms	2369
	Plaster Room	3276
Operating Theatres	Reception	3500
	Theatre Manager	3577
	Theatre One	2416
	Theatre Two	2415
	Recovery	3141/3274
	Theatre Supply Office	3294
	Central Department	3551
	Theatre Bleep	2159
	ODP Bleep	2233
	Day Surgical Unit	3277
	Day Theatre Manager	3316
	Endoscopy Unit Reception	3421
	Endoscopy Nurse Station	3477
	Endoscopy Recovery	2547
	Endoscopy Sister	2548
Wards	Ward 1	3201
	Ward 3	3203
	Ward 4	3204
	Ward 7	3707
	Ward 8	3868
	Maternity	3306
	PACU	3209
	Ward 10	3210
	Ward 11	3211
	Ward 12	2352
	ACDU (Adult Clinical Decision Unit)	3214/2471
	CCU	3558
	ITU	3337/3440
Radiology	X-RAY	3279
	Radiology Manager	3178
	Radiology Office	3385
Pathology	Blood Transfusion	3230
	Haematology	3271
	Biochemistry	3293
	Microbiology	3318
Pharmacy		3137
Physiotherapy		3260
HSDU		3475
EME		3035
Estates		3463
Medical Records		3108 / 3106

SWITCHBOARD LOG SHEET FOR MAJOR INCIDENT CALL
NOTIFICATION OF A MAJOR INCIDENT FOR:

Bronglais Hospital ☐	Glangwili Hospital ☐
Withybush Hospital ☐	Prince Phillip Hospital ☐

Major Incident Stand-By ☐ Major Incident Declared ☐

Identity of Caller (Agency)	
Tel No	
Name	
Title/Rank	

Time of Call	Time of Incident

M Major Incident?	**YES**	**NO**
E Exact Location		
T Type of Incident		
H Hazards present		
A Access		
N Number, type & severity of casualties		
E Emergency services present		

Any additional information?	

Authenticity verified by ringing caller back	Yes ☐ No ☐

Signature & name of person receiving call:……

……Date……..……...

INCIDENT LOG RECORD SHEET

Date:	**Incident:**
Role being carried out:	**Name of Person undertaking role:**

Time	Message/Decision/Action	Signature

HYWEL DDA UNIVERSITY HEALTH BOARD

DISCHARGE/TRANSFERRED PATIENTS LOG SHEET

Name of Patient	Hospital Number	Transferred/ Discharged from:	Transferred/ Discharged to:	Escort Required? Yes/No	Notes, X-Rays to go with patient? Yes/No

REPORT FOR DECLARATION OF INTERNAL MAJOR INCIDENT

Incident Site:	
Date/Time:	
Name of Person initiating request for internal Major Incident declaration:	
Name of Duty Manager receiving request:	
Time of alert to County on-call/Executive Director:	
Time of alert call to Ambulance Control:	
Time of alert call to Dyfed Powys Police Control Room:	
Other agencies notified:	
Nature of Incident:	
Number of known casualties:	
Nature of injuries:	
Decision process that led to Major Incident request: - who was consulted: e.g. other colleagues/external agencies - bed state at time (if relevant) i.e. incident due to volume as opposed to type of injury - any other relevant information	

Signature & name of person completing form:……

……Date……..……..

Example Major Incident Alert to Day Patients/Visitors:

We have received notification that a major incident has occurred and this hospital is on standby to receive casualties.

It is policy to cancel all clinics and procedures. Day patients, outpatients and visitors must be evacuated immediately. Our medical teams will be proceeding to their designated areas to take up their roles in a major incident.

We do apologise for the inconvenience of this situation and ask you to do the following:-

- If you are able to leave the hospital by your own means, please do so without delay.
- If you came to the hospital by Ambulance, please wait in the designated area in the Outpatients department. A member of staff will be in attendance shortly to make arrangements.
- If you have any problems with your transport, please wait in the Outpatients department until a member of staff arrives to assist.

You will need to reschedule your appointment by contacting the relevant area in 2 working days time (contact numbers to be handed out by all clinic areas)

Enghraifft Digwyddiad Mawr Rhybudd I Gleifon Dydd/Ymwelwyr:

Rydym wedi cael ein hysbysu bod digwyddiad mawr wedi digwydd a bod yr ysbyty hwn wrth gefn i dderbyn y rhai a anafwyd.

Mae'n bolisi gennym i ganslo pob clinig a thriniaeth. Rhaid ceisio gwagio'r ysbyty o gleifion dydd, cleifion allanol ac ymwelwyr yn syth. Bydd ein timau meddygol yn mynd i'w hardaloedd dynodedig i ymgymryd â'u rolau mewn digwyddiad mawr.

Ymddiheurwn am anghyfleustra'r sefyllfa hon a gofynnwn i chi wneud y canlynol:-

- Os oes modd i chi adael yr ysbyty ar eich pen eich hun, gwnewch hynny yn ddioed.
- Os daethoch i'r ysbyty mewn Ambiwlans, arhoswch yn yr ardal ddynodedig yn yr adran Cleifion Allanol. Bydd aelod o staff yn dod atoch cyn bo hir i wneud trefniadau.
- Os oes gennych broblemau gyda'ch trafnidiaeth, arhoswch yn yr adran Cleifion Allanol hyd nes bod aelod o staff yn cyrraedd i'ch helpu.

Bydd angen i chi aildrefnu eich apwyntiad drwy gysylltu â'r adran berthnasol ymhen 2 ddiwrnod gwaith

DEFINITIONS

EMERGENCY SERVICES
The Ambulance, Fire, Police, Mountain Rescue & Coast Guard services. (Military personnel deployed in support of civil powers are not included in this designation).

POLICE CASUALTY BUREAU
A bureau set up 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).

POLICE DOCUMENTATION TEAM
A team provided at a Receiving Hospital by the local Police Force to pass information regarding casualties to the Police Casualty Bureau.

COMMAND SUPPORT UNIT
The vehicle on site provided by the Ambulance Service, which acts as the base for the Medical Incident Commander/Medical Advisor and the Ambulance Incident Commander. It will serve as the Health Service communication centre on site.

MEDICAL ADVISOR
The Medical Officer with overall responsibility, in close liaison with the Ambulance Incident Commander, for the management of medical resources at the scene of a major incident. He/she **should not** be a member of the MERIT (Medical Emergency Response Incident Team) during the incident.

AMBULANCE STRATEGIC COMMANDER
The Senior Ambulance Officer who manages, in close liaison with the Medical Incident Officer/Medical Advisor, the NHS resources at the scene of the incident

MEDICAL EMERGENCY RESPONSE INCIDENT TEAMS (MERITs)
A team of specialists provided by Health Boards and transported to the site of a major incident by the Ambulance Service to give medical and nursing aid to casualties in the Casualty Clearing Station.

LISTED HOSPITALS
Hospitals equipped to receive casualties on a 24 hour basis.

RECEIVING HOSPITALS
Hospitals selected by the Ambulance Service to receive casualties in the event of a major incident.

DESIGNATED HOSPITAL
The **first** Receiving Hospital designated to receive casualties.

SUPPORTING HOSPITALS
A hospital which receives casualties after the Designated Hospital or receives patients transferred from the Designated Hospital to allow for a larger number of casualties to be accepted.

HOSPITAL CONTROL TEAM
The Team, led by the Hospital/On-Call Manager and including the Medical Controller and Nurse Controller, that manages the Hospital's response to a major incident. The Hospital Control Team will be based in the Hospital Co-ordination Centre.

HOSPITAL CO-ORDINATION CENTRE
A centre set up at a Receiving Hospital to collate details of casualties received, their condition and location, hospital bed status, theatre availability, and all necessary information to assist the hospital's response to the incident.

TRIAGE OFFICER
The Doctor who receives and assesses all casualties as soon as they enter the hospital and then decides priority for treatment.

AMBULANCE LIAISON OFFICER
An Ambulance Officer at a Receiving Hospital who is responsible for the provision of mobile radio communications between the hospital and Ambulance Services; for the supervision of Ambulance Service activity and for liaison at the Receiving Hospital.

MEDICAL CONTROLLER
The Doctor responsible for co-ordinating all hospital medical arrangements relating to the major incident.

NURSE CONTROLLER
The Senior Nurse responsible for co-ordinating all hospital nursing arrangements relating to the major incident.

RELATIVES RECEPTION AREA
An area allocated to relatives or friends involved in the major incident, which will be attended by the appropriate specialist personnel, Counsellors, Hospital Chaplain etc.

INCIDENT RESPONSE TEAM
A team of Senior Representatives from Hywel Dda University Health Board, Public Health Wales and other nominated agencies which will usually only be activated in certain circumstances, i.e. communicable disease, radiation incidents, chemical incidents, flu pandemic or other unforeseen circumstances.

TRAUMA NETWORK
A network of hospitals, emergency services and rehabilitation services across the region, working together to ensure patients with life-threatening or life-changing injuries receive the best possible treatment and care.

GLOSSARY

A&C	Acute and Community
AHP's	Allied Health Professionals
AIC	Ambulance Incident Commander
ALO	Ambulance Liaison Officer
BGH	Bronglais General Hospital
ChaPD	Chemical Incident Hotline
CIMSU	Chemical Incidents Management Support Unit
CNC	Clinical Night Co-ordinator
COMAH	Control of Major Accident Hazards Regulations
DSU	Day Surgery unit
ED	Emergency Department
EU	Emergency Unit
GGH	Glangwili General Hospital
GP	General Practitioner
HCC	Hospital Co-ordination Centre
HDU	High Dependency Unit
ID	Identification
ITU	Intensive Therapy Unit
MERIT	Medical Emergency Response Incident Team
MIO	Medical Incident Officer
MIP	Major Incident Plan
MOU	Memorandum of Understanding
NAIR	National Arrangements for Incidents involving Radioactivity
NBBB	National Burns Bed Bureau
NHS	National Health Service
NNP	Night Nurse Practitioner
OCM	On Call Manager
OPD	Out Patients Department
PPE	Personal Protective Equipment
PPH	Prince Phillip Hospital
RMU	Radiation Monitoring Unit
RTC	Road Traffic Collision
SAR	Surgery, Anaesthetics & Radiology
SDA	Same Day Admit
SPH & HSCRC	South Pembrokeshire Hospital and Health & Social Resource Centre
STAC	Scientific and Technical Advisory Cell
SWTN	South Wales Trauma Network
VIP	Very Important Person
WAST	Welsh Ambulance Services NHS Trust
Wd	Ward
WG	Welsh Government
WGH	Withybush General Hospital

Hywel Dda University Health Board
Equality Impact Assessment (EqIA)

Please note:

Equality Impact Assessments (EqIA) are used to support the scrutiny process of procedures / proposals / projects by identifying the impacts of key areas of action before any final decisions or recommendations are made.

It is recognised that certain proposals or decisions will require a wider consideration of potential impacts, particularly those relating to service change or potential major investment. For large scale projects and strategic decisions please consult the Health Board's Equality and Health Impact Assessment Guidance Document and associated forms.

The completed Equality Impact Assessment (EqIA) must be:

- Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval.
- Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.

For in-house advice and assistance with Assessing for Impact, please contact:-

Email: Inclusion.hdd@wales.nhs.uk
Tel: 01554 899055

Form 1: Overview

1.	**What are you equality impact assessing?**	Major Incident Plan 2022/23
2.	**Brief Aims and Description**	Brief summary of document: An operational plan that details the Hywel Dda University Health Board response to a major incident event. This plan has been prepared in consultation with Dyfed Powys LRF partner health agencies, and in accordance with the Civil Contingencies Act (2004), NHS Wales Emergency Planning Guidance (2015), Medical Care at the Scene of Major Incidents (2010), Guidance on Access to UK Reserve Stock for Major Incidents (2018) and other related guidance. Aim: The aim of the Major Incident Plan is to save life and mitigate injury in circumstances where routine services may prove inadequate and to provide co-ordination to ensure that limited resources are deployed most effectively. This Plan is based on the use of Withybush, Glangwili and Bronglais General Hospitals as the Designated Receiving Hospitals for the area with Prince Phillip Hospital designated as a Supporting Hospital. All the facilities of the Health Service would be available in the event of a Major Incident. If the number of casualties exceeds the available capacity at the time, it may be necessary, in order to release beds, to call other hospitals to assist by accepting casualties from the incident and/or patients transferred from these hospitals. It should be noted that in the event of a Major Incident in a neighbouring area, Bronglais, Glangwili, Withybush and Prince Phillip Hospitals may be called upon to act as supporting hospitals. The Major Incident Plan has been developed, incorporating the organisations values at the core of the response.
3.	**Who is involved in undertaking this EqIA?**	Claire Conroy, Emergency Planning & Business Continuity Co-ordinator
4.	**Is the Policy related to other policies/areas of work?**	Major Incident Plan Action Cards; Business Continuity Plans; Departmental Major Incident Plans; and Dyfed Powys LRF Joint Major Incident Procedures Manual
5.	**Who will be affected by the strategy / policy / plan / procedure / service?** (Consider staff as well as the population that the project / change may affect to different degrees)	Staff involved in the Major Incident Response – by default this may have an affect on the delivery of patient services, and therefore on existing patient care Members of the public, and relatives, who may be involved in a Major Incident
6.	**What might help/hinder the success of the Policy?**	**Help**: proactive engagement with staff to promote the contents of the plan and the level of support that is provided **Hinder**: lack of understanding, but this is mitigated by the proactive support provided

Form 2: Human Rights

Human Rights: The Human Rights Act contains 15 Articles (or rights), all of which NHS organisations have a duty to act compatibly with and to respect, protect and fulfil. The 6 rights that are particularly relevant to healthcare are listed below.

Depending on the Policy you are considering, you may find the examples below helpful in relation to the Articles.

Consider, is the Policy relevant to: √	**Yes**	**No**
Article 2 : The right to life **Example**: The protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control	✓	
Article 3 : The right not be tortured or treated in an inhuman or degrading way **Example**: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; Issues of patient restraint and control	✓	
Article 5 : The right to liberty **Example**: Issues of patient choice, control, empowerment and independence; issues of patient restraint and control		✓
Article 6 : The right to a fair trial **Example**: issues of patient choice, control, empowerment and independence		✓
Article 8 : The right to respect for private and family life, home and correspondence; Issues of patient restraint and control **Example**: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; the right of a patient or employee to enjoy their family and/or private life	✓	
Article 11 : The right to freedom of thought, conscience and religion **Example**: The protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers		✓

Form 3 Gathering of Evidence and Assessment of Potential Impact

How will the strategy, policy, plan, procedure and/or service impact on:-	Positive	Negative	No impact	Potential positive and / or negative impacts Please include unintended consequences, opportunities or gaps. This section should also include evidence to support your view e.g. staff or population data.	Opportunities for improvement / mitigation If not complete by the time the project / decision/ strategy / policy or plan goes live, these should also been included within the action plan.
Age Is it likely to affect older and younger people in different ways or affect one age group and not another?			✔	The Plan does not differentiate between people's age However, there is a specific section within the plan dedicated to the needs of children who are involved in a major incident	If a major incident was to require a Health Board response, the supporting Services would have a duty of care to inform current patients, and relatives, of any relevant issues that may affect their level of care Supporting Services would also provide the assistance needed to major incident patients, and relatives
Disability Those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes			✔	The Plan does not differentiate between people's disability However, in order to support staff: if a greater understanding of the actions needed when a major incident affects a working environment is needed, additional support/training is offered	If a major incident was to require a Health Board response, the supporting Services would have a duty of care to inform current patients, and relatives, of any relevant issues that may affect their level of care Supporting Services would also provide the assistance needed to major incident patients, and relatives Ongoing support/training is offered to all staff
Gender Reassignment Consider the potential impact on individuals who either: •Have undergone, intend to undergo or are currently undergoing gender reassignment. •Do not intend to undergo medical treatment but wish to live in a			✔	The Plan does not differentiate between people's gender	If a major incident was to require a Health Board response, the supporting Services would have a duty of care to inform current patients, and relatives, of any relevant issues that may affect their level of care Supporting Services would also provide the assistance needed to major incident patients, and relatives

different gender from their gender at birth					
Marriage and Civil Partnership This also covers those who are not married or in a civil partnership.			✔	The Plan does not differentiate between people's marital status	If a major incident was to require a Health Board response, the supporting Services would have a duty of care to inform current patients, and relatives, of any relevant issues that may affect their level of care Supporting Services would also provide the assistance needed to major incident patients, and relatives
Pregnancy and Maternity Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.			✔	The Plan does not differentiate between pregnancy and maternity	If a major incident was to require a Health Board response, the supporting Services would have a duty of care to inform current patients, and relatives, of any relevant issues that may affect their level of care Supporting Services would also provide the assistance needed to major incident patients, and relatives
Race/Ethnicity or Nationality People of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, gypsies/travellers, asylum seekers and migrant workers.			✔	The Plan does not differentiate between persons of differing race, ethnicity or nationality	If a major incident was to require a Health Board response, the supporting Services would have a duty of care to inform current patients, and relatives, of any relevant issues that may affect their level of care Supporting Services would also provide the assistance needed to major incident patients, and relatives The Health Board has an approved translation service that can be utilised as soon as deemed necessary via the Partnership, Diversity and Inclusion Team
Religion or Belief (or non-belief)			✔	The Plan does not differentiate between individual's religions or beliefs	If a major incident was to require a Health Board response, the supporting Services would have a

The term 'religion' includes a religious or philosophical belief.					duty of care to inform current patients, and relatives, of any relevant issues that may affect their level of care Supporting Services would also provide the assistance needed to major incident patients, and relatives The Health Board has guidance relating to cultural practices, this can be utilised as soon as deemed necessary via the Partnership, Diversity and Inclusion Team
Sex Consider whether those affected are mostly male or female and where it applies to both equally does it affect one differently to the other?			✔	The Plan does not differentiate between a person's sex	Individuals are treated equally and fairly regardless of their protected characteristic
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.			✔	The Plan does not differentiate between a person's sexual orientation	Individuals are treated equally and fairly regardless of their protected characteristic
Socio-economic Deprivation Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered. For a comprehensive guide to the Socio Economic Duty in Wales and supporting resource please see:			✔	The Plan does not differentiate between different level of individual's socio-economic deprivation	If a major incident was to require a Health Board response, the supporting Services would have a duty of care to inform current patients, and relatives, of any relevant issues that may affect their level of care Supporting Services would also provide the assistance needed to major incident patients, and relatives

https://gov.wales/more-equal-wales-socio-economic-duty					
Welsh Language Please note opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language.		✔		If requested, this Plan can be translated and provided in Welsh If face-to-face conversations, or meetings, are requested through the medium of Welsh, and staff are not Welsh speakers, the Health Board's approved translation service would be utilised	If a major incident was to require a Health Board response, the supporting Services would have a duty of care to inform current patients, and relatives, of any relevant issues that may affect their level of care Supporting Services would also provide the assistance needed to major incident patients, and relatives The Health Board has an approved translation service that can be utilised as soon as deemed necessary via the Partnership, Diversity and Inclusion Team

Form 4: Examine the Information Gathered So Far

1.	**Do you have adequate information to make a fully informed decision on any potential impact?**	Yes
2.	**Should you proceed with the Policy whilst the EqIA is ongoing?**	Yes
3.	**Does the information collected relate to all protected characteristics?**	Yes, however they may not all be affected
4.	**What additional information (if any) is required?**	n/a
5.	**How are you going to collect the additional information needed? State which representative bodies you will be liaising with in order to achieve this (if applicable).**	n/a

Form 5: Assessment of Scale of Impact

This section requires you to assign a score to the evidence gathered and potential impact identified above. Once this score has been assigned the Decision column will assist in identifying the areas of highest risk, which will allow appropriate prioritisation of any mitigating action required.

Protected Characteristic	Evidence: Existing Information to suggest some groups affected. (See Scoring Chart A below)	Potential Impact: Nature, profile, scale, cost, numbers affected, significance. Insert one overall score (See Scoring Chart B below)	Decision: Multiply 'evidence' score by 'potential impact' score. (See Scoring Chart C below)
Age	3	0	0
Disability	3	1	3
Sex	3	0	0
Gender Reassignment	3	0	0
Human Rights	3	0	0
Marriage and Civil Partnership	3	0	0
Pregnancy and Maternity	3	0	0
Race/Ethnicity or Nationality	3	1	3
Religion or Belief	3	1	3
Sexual Orientation	3	0	0
Socio-economic Deprivation	3	0	0
Welsh Language	3	1	3

Scoring Chart A: Evidence Available	
3	Existing data/research
2	Anecdotal/awareness data only
1	No evidence or suggestion

Scoring Chart B: Potential Impact	
-3	High negative
-2	Medium negative
-1	Low negative
0	No impact
+1	Low positive
+2	Medium positive
+3	High positive

Scoring Chart C: Impact	
-6 to -9	High Impact (H)
-3 to -5	Medium Impact (M)
-1 to -2	Low Impact (L)
0	No Impact (N)
1 to 9	Positive Impact (P)

Form 6 Outcome

You are advised to use the template below to detail the outcome and any actions that are planned following the completion of EqIA. You should include any remedial changes that have been made to reduce or eliminate the effects of potential or actual negative impact, as well as any arrangements to collect data or undertake further research.

Will the Policy be adopted?	Yes, Health Board wide
If No please give reasons and any alternative action(s) agreed.	-
Have any changes been made to the policy/ plan / proposal / project as a result of conducting this EqIA?	Not yet, but a better awareness of EqIA issues will lead to better signposting in the future
What monitoring data will be collected around the impact of the plan / policy / procedure once adopted? How will this be collected?	n/a
When will the monitoring data be analysed? Who will be responsible for the analysis and subsequent update of the impact assessment as appropriate?	n/a
Where positive impact has been identified for one or more groups please explain how this will be maximised?	n/a

Where the potential for negative impact on one of more group has been identified please explain what mitigating action has been planned to address this. **If negative impact cannot be mitigated and it is proposed that HDUHB move forward with the plan / project / proposal regardless, please provide suitable justification.**	n/a

Form 7 Action Plan

Actions (required to address any potential negative impact identified or any gaps in data)	**Assigned to**	**Target Review Date**	**Completion Date**	**Comments / Update**
n/a				

EqIA Completed by:	**Name**	**Claire Conroy**
	Title	**Emergency Planning & Business Continuity Coordinator**
	Team / Division	**Emergency Planning**
	Contact details	**claire.conroy@wales.nhs.uk / 07976683433**
	Date	**27th June 2022**
EqIA Authorised by:	**Name**	
	Title	
	Team / Division	
	Contact details	
	Date	