NHS
North Lincolnshire
Clinical Commissioning Group

Date:	8 December 2016
Meeting:	CCG Governing Body
Item Number:	8.1
Public/Private:	Public ☒ Private ☐

Author: *(Name, Title)*	Julie Killingbeck Head of Primary Care
GB Lead: *(Name, Title)*	Catherine Wylie, Director of Nursing and Quality

Report Title:
North Lincolnshire CCG Major Incident Plan (Redacted version)
Decisions to be made:
For approval

Continue to improve the quality of services	☒	**Improve patient experience**	☐
Reduced unwarranted variations in services	☐	**Reduce the inequalities gap in North Lincolnshire**	☐
Deliver the best outcomes for every patient	☒	**Statutory/Regulatory**	☒

Executive Summary (Question, Options, Recommendations):

Under the Health and Social Care Act 2012, the CCG is required to develop sufficient plans to ensure that the organisation and all commissioned provider services are well prepared to respond effectively to major incidents/emergencies, so that they can mitigate the risk to public and patients and maintain a functioning health service.

Due to changes in guidance relating to Emergency Planning, Resilience and Response (EPRR), the CCG now have a responsibility to support NHS E in the coordination and control of any major incident. As a result of these changes, NL CCG has reviewed the Major Incident Plan in light of the new guidance.

The Major Incident Plan details the roles, responsibilities and processes for establishing a command and control centre (on behalf of NHSE), including, activation of the plan, escalation processes and establishing an incident control centre. For security and governance reasons, the attached plan is a redacted version of the live document which contains potentially sensitive information.

The plan also provides definitions of incidents, alert levels, reporting requirements and the role of other agencies in the response to managing incidents locally.

The Major Incident Plan was ratified and approved at the NL CCG Quality Group on the 26th October 2016.

The Governing Body Group is asked to:

- **Approve the Major Incident Plan for NL CCG**

Equality Impact	Yes ☐ No ☒	
Sustainability	Yes ☒ No ☐	The MIP support the CCG in maintaining its critical functions in the event of a major disruption to services and to the wider sustainability of the organisation.
Risk	Yes ☒ No ☐	The MIP mitigates risks to the organisation and its ability to maintain critical functions in the event of a major disruption to services.
Legal	Yes ☒ No ☐	The MIP supports the CCG to fulfil its responsibilities as set out in the Health and Social Care Act 2012.
Finance	Yes ☐ No ☒	

Patient, Public, Clinical and Stakeholder Engagement to date									
	N/A	***Y***	***N***	***Date***		***N/A***	***Y***	***N***	***Date***
Patient:	☐	☐	☒		**Clinical:**	☒	☐	☐	
Public:	☐	☐	☒		**Other:**	☐	☒	☐	

NHS
North Lincolnshire
Clinical Commissioning Group

MASTER

NHS NORTH LINCOLNSHIRE CLINICAL COMMISSIONING GROUP (NLCCG)

MAJOR INCIDENT PLAN

The plan is in four sections.
The pages are numbered consecutively.

THIS INFORMATION SHOULD BE READ **BEFORE** A MAJOR INCIDENT

Review May 2017

Version Control Sheet

Version	Date	Author	Status	Comment
6	June/2008	Ass Dir of Emergency Planning Lead NHS NLCCG	Approved	
7 (adapted by EPO)	13/07/2010	Emergency Planning Officer (EPO)	Changes for approval	Bomb Policy taken out and Action Card updated. Approved by Integrated Governance Committee
7	16/09/2010	Emergency Planning Officer	Approved	Approved by the Board
8	Sept 2011	EPO	Changes for approval	Changes to reflect the changes for the CCG
8	1 May 2012		Approved	Transition Programme Board
9	September 2016	Emergency Planning Lead	re-write for approval	Re-write based on revised legislation

C O N T E N T S

Section 1 - Action Cards

Contents

NHS NORTH LINCOLNSHIRE CCG – MAJOR INCIDENT PLAN

ACTION CARD 1- A

FIRST SENIOR MANAGER CONTACTED (EITHER DIRECTOR ON-CALL OR SENIOR MANAGER)

On receiving a major incident alert ensure that Directors and Senior Managers liaise and share the responsibilities outlined below.

1 Gather as much information as possible (record in Personal Log)

2 Contact the NHS England on-call Director (if the call is not from them)

3 Contact the Public Health England (if the call is not from them – if appropriate).

4 Contact the Emergency Planning Lead/Business Manager for NLCCG (if available).

5 Contact NLaGFT on-call Manager – ask whether they require a CCG presence at their Incident Control room at Scunthorpe General Hospital (if appropriate)

6 Identify a CCG representative to locate at Scunthorpe General Hospital room (if appropriate)

7 Contact NLCCG communications lead.

8. Contact all GPs (if appropriate)

9 If the incident dictates, in agreement with the NHS England, open the Incident Room (Boardroom) at Health Place, Brigg, alternatively IT Suite, Ashby Clinic, Collum Lane, Ashby.

10 Request administration assistance for log keeping and other administration duties (if incident control room is to be established).

11 Identify loggist and begin an incident log (use personal log until loggist arrives)

12 Commence action in consultation with the NHS England, Head of Emergency Planning, Resilience and Response, North Yorkshire and the Humber
(24/7 on call: 0333 012 4267)

Consider:-

- Identify who will lead on Situation reports
- Request to local radio to ask staff to report to a location if required/appropriate.

NHS NORTH LINCOLNSHIRE CCG– MAJOR INCIDENT PLAN

ACTION CARD 1 - B

ACTIONS TO BE TAKEN BY EMERGENCY ACCOUNTABLE OFFICER WHEN CONTACTED

On receipt of a warning message or an alerting call, the Accountable Emergency Officer (AEO) will:

1 Inform the NHSE Director on-call/ Police Duty Force Officer of availability to attend Gold (Strategic) Command if established.

2 Maintain liaison with the NHSE regional team providing regular updates.

3 The AEO may be required to sit on the multi-agency Gold Command if it is established. (The AEO may also invite other NLCCG Officers to Gold Command as required to act as information runner/coordinator.) The location of Gold Command will be advised by the Police. Normally it will be Queen's Gardens Police HQ for the Humber area. If required to attend Gold Command take loggist and Emergency planning lead (if available) with you.

Addresses and postcodes for all possible Gold Command Venues

Queens Gardens Police Station, Queens Gardens Hull HU1 3DJ
Priory Road Police Station, Priory Road, Hull HU5 5SF
Grimsby Police Station, Victoria Street, Grimsby DN31 1PE
Humberside Police Training Centre, Courtland Road, Hull HU6 8AW
Hessle Police Station, Hessle Road, Hull HU4 7BA

Ensure all actions on Action Card 1- A are completed.

See guidance on Gold (Strategic) Command overleaf

Continued on next page

Action Card 1 – B Continued

Gold (Strategic) Command

This level of command is undertaken for the CCG by the Accountable Officer/Accountable Emergency Officer (AO/AEO)

- It is recommended the AO/AEO has a Senior Manager accompanying them to the Strategic (Gold) Command
- It is recommended that the AO/AEO has administration support for logging decisions at the Strategic (Gold) Command

The AO/AEO will be required to undertake the following:

- Anticipate NHS demands and support from others (up to 24 hrs in advance), internal and external (through System Resilience Group intelligence)
    - Make executive decisions in respect of resources within the CCG
- Prioritise resources in the event of large scale or multiple incidents
- Prioritise requests for resources
- Have the authority to seek the mutual aid of other agencies in respect to their role as supporting NHS England
- A Scientific and Technical Advisory Cell (STAC) will be established by the NHS E EPRR lead/ Regional Director of Public Health (or deputy if on leave) to give specialist advice.
- Communicate regularly with the local health Silver (Tactical) command (likely to be SGH IC Room

The role is strategic rather than operational. The AO/AEO on-call has the authority to authorise the transfer of assets including staff, equipment, drugs, etc.

The AO/AEO on-call will support NHSE EPRR to coordinate and oversee the NHS response in its entirety including Ambulance, Acute and Community services.

NHS NORTH LINCOLNSHIRE CCG – MAJOR INCIDENT PLAN

ACTION CARD 2 - A

ADMINISTRATION STAFF AT NL CCG INCIDENT CONTROL ROOM

1 Report to the Incident Room which is the Board Room, Health Place, Brigg (alternatively if that cannot be accessed, the IT Room, Ashby Clinic, Colum Lane, Ashby, Scunthorpe) or NLaGFT control room at Scunthorpe General Hospital. Arrangements to open the building will be made by the Director on-Call.

2 Go to the major incident cupboard (Code C2468), and set up the telephones where relevant, telephones and points are clearly marked with numbers 1-5, plug the fax machine into point number? (as per plan on page **16**).

3 Identify quiet space for Director/EAO to receive information/make decisions

4. Arrange tables for each Manager and Loggist at telephone points.

5 Provide a main table area for the maps and Incident Control Room Manager (EP lead) to work from.

6 Prepare a whiteboard with key telephone numbers:

NHS E EPRR
NLaGFT Incident Control Room
Ambulance Control
Police Control
Fire Control
Local Authority

and others as the incident dictates.

7 Prepare log sheets and hand out Log Books to each Loggist.

8 Set up Teleconferencing facilities/TV videoconferencing facilities to stand-by

9 Follow instructions as required, e.g. log maintenance, obtaining supplies, cascading information by fax.

NHS NORTH LINCOLNSHIRE CCG – MAJOR INCIDENT PLAN

ACTION CARD 2 - B

LOGGIST (CONTROL CENTRE)

Function

To manage all logging requirements during an emergency.

1 Attend the NHS E NL CCG Incident Room at Health Place, Brigg if established.

2 Open the major incident cupboard and obtain log book/log sheet(s).

3 Liaise with the Incident Manager to ascertain which logging requirements you will undertake, i.e. allocated to one role/manager or loggist for the control Centre activities.

4 Await further messages/instructions from the incident control team.

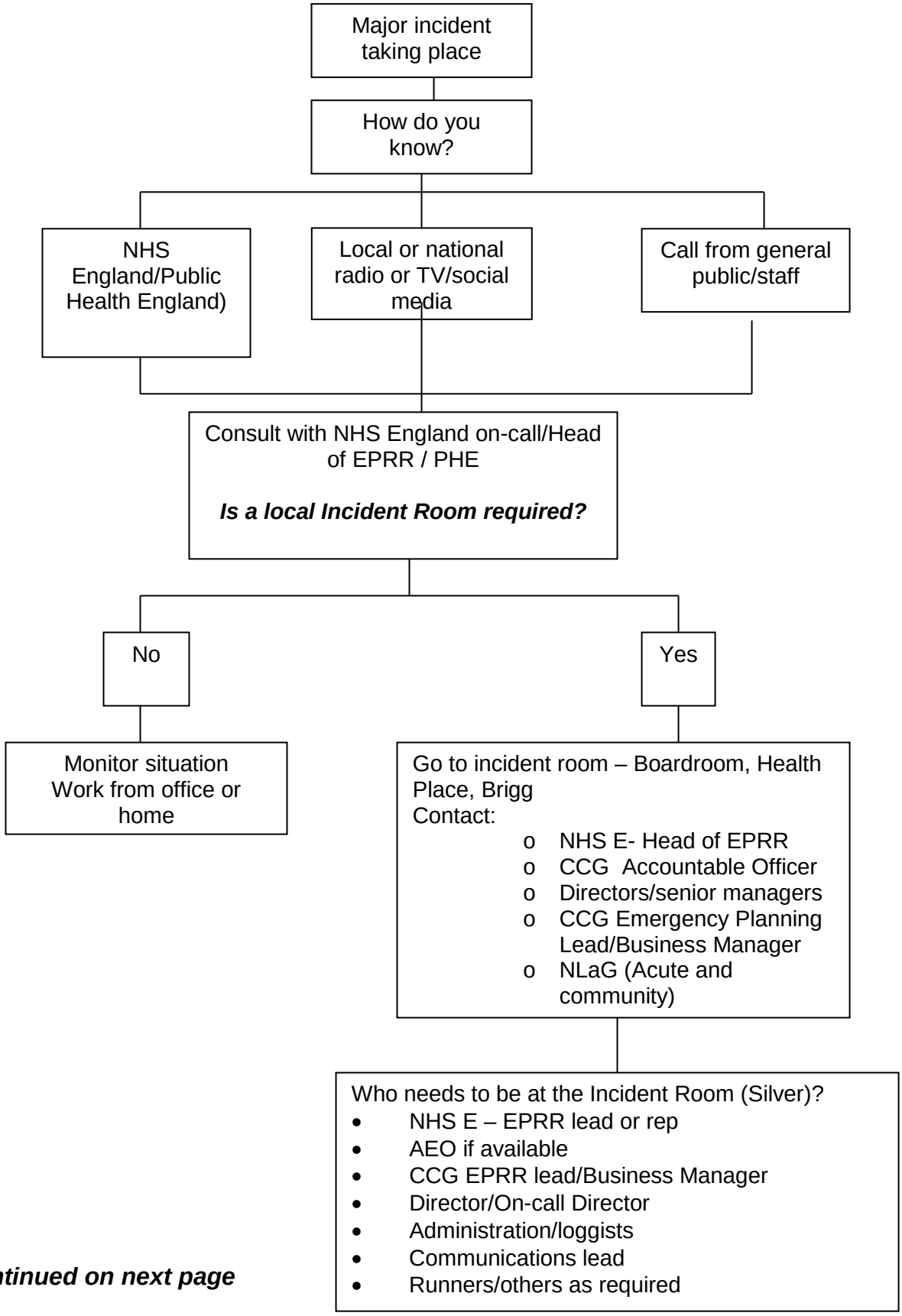
5 Commence recording information and actions taken in the approved Emergency Log Book. Initial each entry and at the end of your duty period when you hand over.

6 Use any available administrative staff to assist with answering telephones, photocopying, etc and focus only on your allocated role.

7 **Post incident action:**

- Collate **ALL** documentation, drawings, maps, trigger notes, A/V material pertaining to the incident for hot debrief/lessons to be learnt and future enquiries

AIDE MEMOIR FOR CCG MANAGERS/DIRECTORS – ON-CALL



Continued on next page

Summary of the Role of a CCG in a Major Incident

Aide memoir continued

Control

- The CCG support NHSE to co-ordinate the NHS response in the post-blue light phase
- The CCG should run the (local) NHS Incident Control Centre under the direction of the NHSE EPRR lead
- The CCG AO/AEO (or deputy) should attend the local multi-agency Gold (strategic) command to represent NHSE/NHS if required
- The CCG should identify a representative to attend SGH/local provider incident control room if required

Control Liaison

The NHSE/CCG led tactical (Silver) control centre should liaise with the following **if necessary** –**as appropriate to the emerging situation:**

- PHE
- NLaGFT – SGH Incident Control Rom
- All emergency services
- Police media manager
- NHS 111
- Other CCGs
- General Practitioners
- Other related agencies, e.g. Maritime/Coastal agency, Environment Agency

MAJOR INCIDENT PLAN

Section 2

Establishing a Major

Incident Command Centre

Board Room, Health Place, Brigg

(alternative premises IT Suite, Ashby Clinic, Ashby, Scunthorpe)

Procedures for Entering the HQ in the Event of a Major Incident

First member of Response Team on site

TO DIS - ARM ALARM

1. Unlock front door
2. Only one person in until alarm dis-armed
3. Alarms will sound
4. Fob in through security door
5. Unlock reception door
6. Key in panel XXXX press enter
7. Press 0 to un set doors
8. Alarm should stop sounding
9. If not, enter number again and press enter again
10. When everyone in – lock the outside door

FAULTS

If there is a fault, check that the front door and the internal security door is closed properly. The system will search for the fault, if the fault has cleared the system will set itself.

If the fault does not clear and the doors are closed properly there is a fault in the system. Please call John Moore Security 01482 507507 during office hours Monday - Friday and 0844 3352 067 for out of hours quoting site code 658460 which will identify you as NHS North Lincolnshire. Please request engineer assistance. The on-call contacts are pinned to the alarm panel.

- Fob back through reception door into main corridor

- Turn left and follow the corridor (turning lights on as you go) to the end of the building until you reach the Board Room. (This will be known as the Incident Control Room)

- Go straight to the Major Incident cupboard (located on the right-hand side of the wall as you enter the boardroom, key code C2468Y) A copy of the CCG full Major Incident Plan is inside, and a full list of all equipment contained in the cupboard will be displayed on the door inside

- Follow the action card in the Major Incident Plan and using the main telephone in the Board Room call in the appropriate staff.

In the Event of a Major Incident
Procedures for Administration Officer

SETTING UP OF INCIDENT CONROL ROOM
& COMMUNICATIONS ROOM

- If the Major Incident Controller is already on site and the building has been disarmed, go directly to the Incident Control Room

- If no-one has arrived from the response team follow the alarm procedures on previous page "Procedures for entering the HQ"

- The Board Room will become the Incident Control Room and the Training Room the Communication Centre. These rooms need to be set out as shown in floor plan **Page 18**.

- Using the special key unlock the interlocking doors between the Board Room and the Training Room, The first door will be opened up to allow access/egress. Door key is on the wall in the Training Room near the far window.

  N.B. Care should be taken when opening the interlocking doors as the key can kick back!

- Go to the major incident cupboard (Code C2468Y) and use the telephones provided, plug the 6 telephones in the appropriate sockets. (The telephones are clearly numbered and the sockets round the Board Room are labeled with the corresponding numbers. One telephone in each room already in place, namely "No 1" in the Board Room and "No 2" in the Training Room).

  Telephone No 1 = Direct line 01652 251000
  Telephone No 2 = Direct line 01652 251001
  Telephone No 3 = Direct line 01652 251002
  Telephone No 4 = Direct line 01652 251150
  Fax Line No 9 = Direct line 01652 251180

- During out of hour's scenarios on leaving or closing down the Incident Control Room the following instructions must be followed to ensure the building is alarmed and safely secured.

- Before alarming the building one person must ensure that all lights/windows and doors are securely closed.

<u>TO ARM ALARM</u>

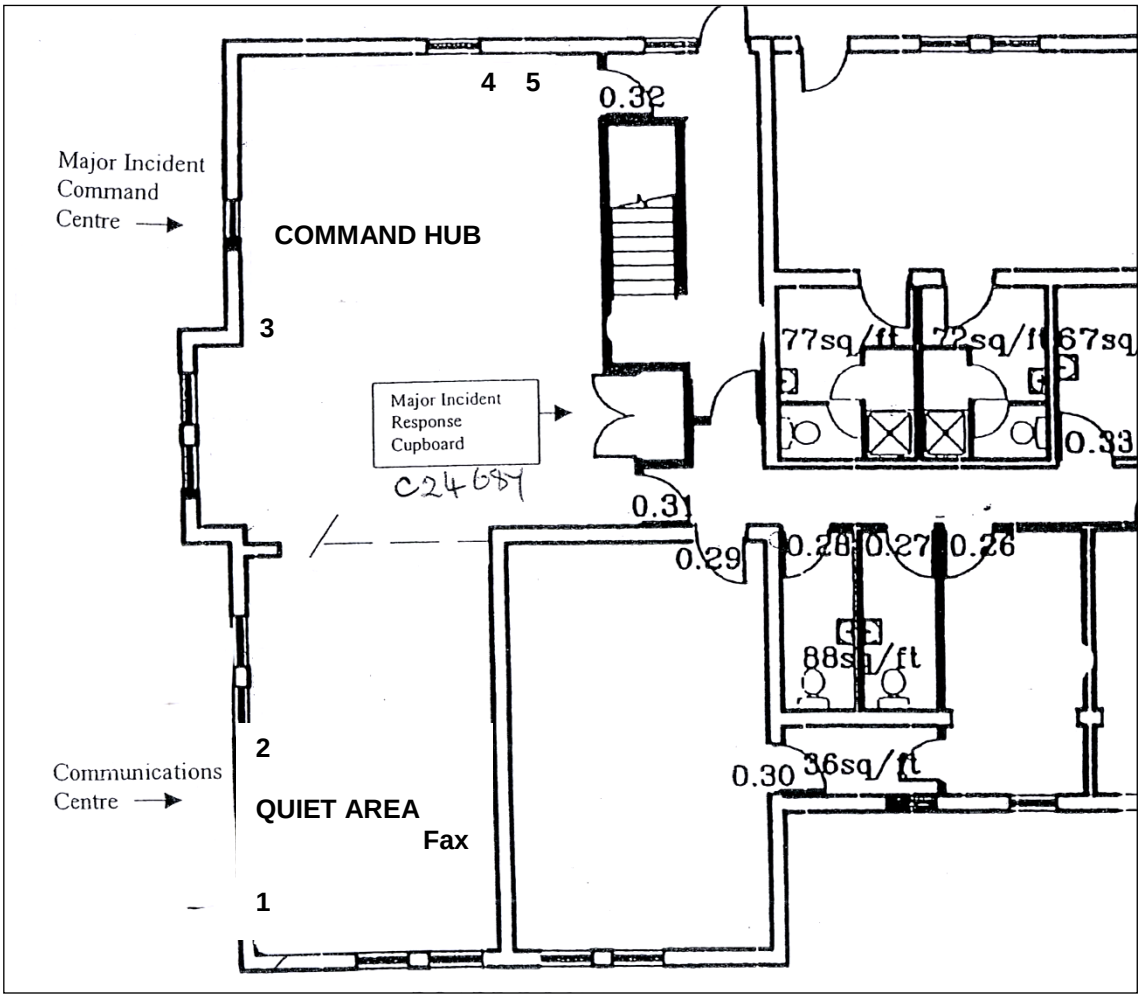
1. Everyone out, but one person
2. Outside door must be closed (not locked)
3. Key in number XXXX
4. Press 0 to set doors
5. Please leave – alarm sounds
7. Close reception door when you are leaving
8. Fob out
9. Leave building via front door
10. Lock front door with key
11. Wait (alarm intermittently bleeps – goes to a high pitch continuous bleep and then stops and is set).

FAULTS

If there is a fault, check that the front door and the internal security door is closed properly. The system will search for the fault, if the fault has cleared the system will set itself.

If the fault does not clear and the doors are closed properly there is a fault in the system. Please call John Moore Security 01482 507507 during office hours Monday - Friday and 0844 3352 067 for out of hours quoting site code 658460 which will identify you as NHS North Lincolnshire. Please request engineer assistance. The on-call contacts are pinned to the alarm panel.

BOARD ROOM & TRAINING ROOM
LAYOUT IN THE EVENT OF A MAJOR INCIDENT



Telephone No 1	=	Direct line 01652 251000
Telephone No 2	=	Direct line 01652 251001
Telephone No 3	=	Direct line 01652 251002
Telephone No 4	=	Direct line 01652 251150
Telephone No 5	=	Direct line 01652 251169
Fax Line	=	Direct line 01652 251180

DAILY MORNING PROCEDURES

- Cast eye over reception noticeboards and remove any out of date material
- Switch on lights in reception area
- Get key no.**20** from key cupboard 2 open wooden reception cupboard and take out key for key cupboard 1 and key for Fire Cabinet. These will be located on the top shelf of the wooden cupboard
- Check the alarm panel shows the date & time. report any faults to Peter Lequelenec on 51011
- Collect the mail from post box outside (Key No 6) and distribute as necessary
- Check the Board Room and Training Room are clean for the days meetings (no old papers left from previous meetings etc)
- Lift the other phone down from the counter.

Appendix 1

Mass Vaccination/Treatment

If it is deemed necessary to carry out mass vaccination the venues will be:-

Leisure Centres:

Ancholme Leisure Centre	Scawby Brook Brigg North Lincolnshire DN20 9JH Tel: (01652) 652031 Email: ancholme.leisurecentre@northlincs.gov.uk.
Baysgarth Leisure Centre	Brigg Road Baysgarth Park Barton-on-Humber North Lincolnshire DN18 5DT Tel: (01652) 632511 Email: baysgarth.leisurecentre@northlincs.gov.uk.
Bottesford Sports Hall	Ontario Road Bottesford Scunthorpe North Lincolnshire DN17 2TQ Tel: (01724) 282146 Email: bottesford.sportshall@northlincs.gov.uk.
Epworth Leisure Centre	Burnham Road Epworth North Lincolnshire DN9 1BZ Tel: 01427 873845 Email: epworth.leisurecentre@northlincs.gov.uk.
The Pods, Scunthorpe	Ashby Road Scunthorpe North Lincolnshire DN16 1AA Tel: 01724 291900 Email: thepods@northlincs.gov.uk.

Appendix 2

FLOODING

AIDE MEMOIRE FOR MANAGER/DIRECTOR ON CALL

Role of NHS North Lincolnshire CCG - Multi-Agency Command

NOTE: LA LEAD THE FLOOD RESPONSE – (NHS IN SUPPORTING ROLE)

In the event of flooding a multi-agency Control Centre **may** be established via the LRF/Humberside Emergency Planning Service (HEPS), NHSE EPRR lead. The NHS will be represented at the Strategic Coordination Group (SCG) – this will normally be the AEO/AO or Director on-call on behalf of, or supporting NHSE.

The SCG (or 'Gold' command) will normally sit at Queen's Gardens Police Command Centre, Hull.

The AE0/AO will be responsible for supporting NHSE with the overall response from Health. There will also be representatives from the Ambulance Trusts and the Public Health/PHE. The AEO/AO should request the Emergency Planning lead attends the SCG as advisor (if the Emergency Planning Lead is on leave/unavailable then an on-call director should accompany them).

The Command Centre Chair will hold regular briefing meetings for situation reports to feed into and information to be disseminated. The SCG will concentrate on strategic issues.

Health organisations to be briefed will include:

NHS Hull (including Communications Team)
North /North East Lincolnshire CCG (including communication lead)
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust
Rotherham, Doncaster & South Humber Mental Health Services

In addition, if not present at the SCG, East Midlands Ambulance Service and PHE should be briefed.

NHSE – EPRR lead should also be updated (if not present).

Priority

The overall priority is to save life.

It is important to ensure the critical functions of the NHS are protected.

Critical Functions

Critical functions include:

- Hospital sites – power, medical gasses, etc. Remember service tunnels are often below ground level. It is often impractical to evacuate hospitals and sometimes impossible to move critically ill patients.
- Staffing – may be necessary to ensure staff can get to and from work.

- Patients in the community – some may require daily care that cannot be postponed

Role of Providers - Health (Community services)

- Meet health care needs in evacuation centres. This will include patients with long term health care needs. Consider:

  District Nursing
  Intermediate Care
  Health Visiting
  Emergency Care Practitioners
  Psychological support from Rotherham, Doncaster & South Humber Mental Health Services
  GPs
  Pharmacists

- Provide health advice. Work in conjunction with local PH teams (DPH) and PHE.

- Continue with priority health care needs. Ensure essential work carries on.

- Business continuity – move sessions to different buildings as required.

- Ensure the public are given key health messages through the communications leads.

- Liaise with Northern Lincolnshire and Goole Hospitals NHS Foundation Trust, East Midlands Ambulance Service and Rotherham, Doncaster & South Humber Mental Health Services.

Coordination

The Senior Manager/Director on-call should make arrangements for a Control Centre to be established if required. It is worth considering a joint control Centre - the normal arrangement is to use the Board Room, Health Place, Wrawby Road, Brigg.

Communications

Communications will be led by NHSE/NL LA communications teams, with close liaison with the NLCCG communications lead and PHE.

It will include health information to the public (sewage, drinking water, etc) and
advice and information to staff.

Appendix 3

NHS North Lincolnshire and Northern Lincolnshire and Goole Hospitals Foundation Trust (Community Services)

MASS CASUALTIES

Mass Casualty Definition

Large-scale events affecting hundreds rather than tens of people, possibly also involving the closure or evacuation of a major facility (for example, because of fire or contamination) or persistent disruption over many days. These will require a collective response by several or many neighbouring NHS Trusts.

Due to the large numbers of injured people the Ambulance Service will set up an Advanced Casualty Clearing Station near, but at a safe distance from the scene of the incident

Rest and Casualty Clearing Centres

NHS North Lincolnshire CCG (NHS NLCCG) and Northern Lincolnshire and Goole Hospitals Foundation Trust (NLaGFT) (Community Services) will prioritise work and cancel non-essential duties in order to send clinicians to assist in the casualty clearing centers, rest and evacuation centers. The response will be managed through A&E Boards (previously System Resilience Groups (SRGs) in conjunction with NHSE EPRR and CCG EPRR responses.

Acute Hospital Capacity can be increased by assisting with early discharge of patients. NLaGFT Acute and Community Services will assist by increasing their capacity on a temporary basis.

The Advanced Casualty Clearing Station will be managed by the Ambulance Service and staff from NLaGFT (Community Services) will only be expected to carry out care they are trained and competent in.

A request should be made to Rotherham Doncaster and South Humber NHS Mental Health Trust (RDaSH) to provide staff to give psychological support to patients in the centers.

Capacity

To enhance capacity (i.e. more staff and equipment) a request for mutual aid from other areas can be made through NHS England EPRR lead/NL CCG System Resilience Group

Command and Control

This will be as per major incident with the added dimension of mutual aid and possibly several shifts being covered.

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MAJOR INCIDENT PLAN

Section 3

Supporting Information

THIS INFORMATION SHOULD BE READ **BEFORE** A MAJOR INCIDENT

Contents

SUMMARY OF MAJOR INCIDENT PLAN (CCGS)

This Major Incident Plan is a generic plan and can be applied to all major incidents. It demonstrates an Integrated Emergency Management Response with partner agencies including the NHS England, Public Health England (PHE), Police, Fire Brigade, Local Authorities, Environment Agency, etc. as well as health services, including CCGs.

This plan defines what constitutes a major incident and identifies the command and control structure at a local level. If the major incident is area wide NHSE EPRR will lead the response.

A 'big bang' major incident is normally declared by the Ambulance Service (for health). Other 'slow burn' incidents can be declared by other elements of the NHS, including Public Health England.

The plan includes an aide memoir for managers and individual Action Cards. Incident room procedure is described

This plan complements other agencies emergency plans.

CCGs have a supportive role in planning for major incidents and long term health related incidents (e.g. a pandemic). This is mainly in the post-blue light phase rather than in any emergency role, and as Category 2 responders, will be supporting NHSE in the coordination of any response to a local incident (NHSE as Category 1 responders).

In a 'big bang' scenario the emergency services will respond initially, the Silver NHS co-ordination being set up within one to two hours of the incident being declared.

Introduction/Background

The introduction of the Health and Social Care Act 2012 brought significant changes to the NHS infrastructure, and legislative requirements for CCGs in relation to Emergency Planning, Resilience and Response (EPRR). In addition to this generic Major Incident Plan, the CCG also has a Pandemic Influenza /Infectious Disease Outbreak Plan, a Fuel Shortage Plan, and Business Continuity Policy/Plan. The CCG also work to the DH Heat wave Plan and Cold Weather Plan which are reviewed annually.

This plan is underpinned by guidance from the following key sources:

- The Civil Contingencies Act (2004)
- Health and Social Care Act 2012
- NHS Emergency Planning Framework (2015)

The plan supports the CCG to fulfill its role in supporting NHSE to coordinate a NHS health response at a local level if required.

Specifically, the EPRR responsibilities of CCGs are to:

- Ensure contracts with all commissioned provider organisations (including independent and third sector) contain relevant EPRR elements, including business continuity
- Monitor compliance by each commissioned provider organisation with their contractual obligations in respect of EPRR and with applicable Core Standards

- Ensure robust escalation procedures are in place so that if a commissioned provider has an incident the provider can inform the CCG 24/7
- Ensure effective processes are in place for the CCG to properly prepare for and rehearse incident response arrangements with local partners and providers
  Be represented at the Local Health Resilience Partnership (LHRP), either on their own behalf or through a nominated lead CCG representative
- Provide a route of escalation for the LHRP in respect of commissioned provider EPRR preparedness
- Support NHS England in discharging its EPRR functions and duties locally, including supporting health economy tactical coordination during incidents (Alert Level 2-4)
- Fulfil the duties of a Category 2 responder under the CCA 2004 and the requirements in respect of emergencies within the NHS Act 2006 (as amended).

NL CCG ROLE

This plan is the framework that the CCG will work to in supporting NHSE coordinate a response to a major incident.

The response of the CCG involves:

- Support co-ordination of the incident in conjunction with/on behalf of NHSE in the post-blue light phase
- Support communications through situation reporting(sitcoms) mechanisms from health services and from partner agencies on behalf of NHSE
- Implementation of emergency plans that meet the need of the incident

This response is supported by local Public Health DPH/ PHE if scientific or technical advice is needed.

The response expected by the commissioned community services is to:

- Contribute to the management of minor injuries
- Meet early discharge needs
- Meet health needs of individuals at rest/evacuation centres and treatment centres including supplying missing medication
- Deliver care to meet the needs of people at evacuation centres (including chronic health care needs)
- Deliver mass immunisation or mass treatment
- Utilise psychological support (from RDaSH if required)

For a major incident involving health protection issues, e.g. chemical incident or radiation, PHE/NHSE will lead the health response. In these situations NHSE and the CCG and Provider role is to support the PHE and provide a service response where necessary (e.g. vaccinations, drug distribution).

MENTAL HEALTH PROVISION

Mental Health providers have the following roles in a major incident:

- Provide psychological support to staff, patients and relatives in conjunction with Social Services
- Advise on the long term effects of trauma and arrange appropriate intervention
- Provide staff, equipment and facilities as requested (offer of general help)
- Ensure their own patients have appropriate support including those caught up in the incident
- Assess displaced population for mental health problems

Definitions
Emergency Planning, Resilience and Response

Emergency

- Under Section 1 of the CCA 2004 an "emergency" means

"(a) *an event or situation which threatens serious damage to human welfare in a place in the United Kingdom;*
(b) an event or situation which threatens serious damage to the environment of a place in the United Kingdom;
(c) war, or terrorism, which threatens serious damage to the security of the United Kingdom".

For the NHS, incidents are classed as either:

- Business Continuity Incident
- Critical Incident
- Major Incident

Each will impact upon service delivery within the NHS, may undermine public confidence and require contingency plans to be implemented. NHS organisations should be confident of the severity of any incident that may warrant a major incident declaration, particularly where this may be due to internal capacity pressures, if a critical incident has not been raised previously through the appropriate local escalation procedure.

Business Continuity Incident

A business continuity incident is an event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level. (This could be a surge in demand requiring resources to be temporarily redeployed)

Critical Incident

A critical incident is any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe requiring special measures and support from other agencies, to restore normal operating functions.

Major Incident

A major incident is any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented. For the NHS this will include any event defined as an emergency as above.It requires the implementation of special procedures by one or more of the emergency services, the NHS or a local authority to respond to it.

A major incident may arise in a variety of ways:

- Big bang – a serious transport accident, explosion or a series of smaller incidents
- Rising tide – a developing infectious disease epidemic or a capacity/staffing crisis
- Cloud on the horizon – a serious threat such as a major chemical or nuclear release developing elsewhere and needing preparatory action

- Headline news – public or media alarm about a personal threat
- Internal incidents – fire, breakdown of utilities, major equipment failure, hospital acquired infections, violent crime
- Deliberate release of chemical, biological or nuclear materials
- Mass casualties

NHS EPRR ALERT LEVELS

***INCIDENT LEVELS**:*
As an event evolves it may be described in terms of its level as shown. For clarity, these levels must be used by all organisations across the NHS when referring to incidents.

Incident level	
Level 1	An incident that can be responded to and managed by a local health provider organisation within their respective business as usual capabilities and business continuity plans in liaison with local commissioners.
Level 2	An incident that requires the response of a number of health providers within a defined health economy and will require NHS coordination by the local commissioner(s) in liaison with the NHS England local office.
Level 3	An incident that requires the response of a number of health organisations across geographical areas within a NHS England region. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.
Level 4	An incident that requires NHS England National Command and Control to support the NHS response. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.

LOCAL RISKS

COMMUNITY RISK REGISTER (HUMBER AREA) - SUMMARY

Very High Risks

- Costal/Tidal flooding
- Fluvial flooding
- Major industrial accident
- Extreme weather
- Coastal flooding
- Toxic chemical release
- Pandemic influenza

Out of Public Domain

Terrorism

High Risks

- Fire/explosion at an oil refinery
- Water pollution
- Air quality incident
- Accident involving transportation of fuel/explosives
- Storms
- Heat wave/drought
- Epidemic
- Offshore incident – disruption to supplies
- Telecommunications failure
- Electrical network failure

Medium Risks

- Gas terminal explosion/fire
- Gas pipeline explosion/fire
- Fuel distribution site explosion/fire
- Offshore gas/oil platform explosion/fire
- Industrial accidental toxic release (e.g. chlorine)
- Accidental release of radioactive material
- Industrial explosion
- Passenger vessel sinking in UK waters
- Accident involving transportation of hazardous chemicals
- Aircraft ditching in the sea or inland water
- Passenger vessel fire
- Bridge collapse
- SARS type disease
- Legionella/meningitis type outbreak
- Animal disease (Foot and Mouth, etc.)
- Public protest

Low Risks

- Food chain contamination
- Deliberate blockage of port
- Tremor/landslide
- Building collapse
- Failure at water treatment works

ALERTING MECHANISMS

As responders or communicators in an incident it is essential that the alerting mechanism or trigger mechanisms are standardised by all responders. The health services communication cascade is undertaken by the Ambulance Service.

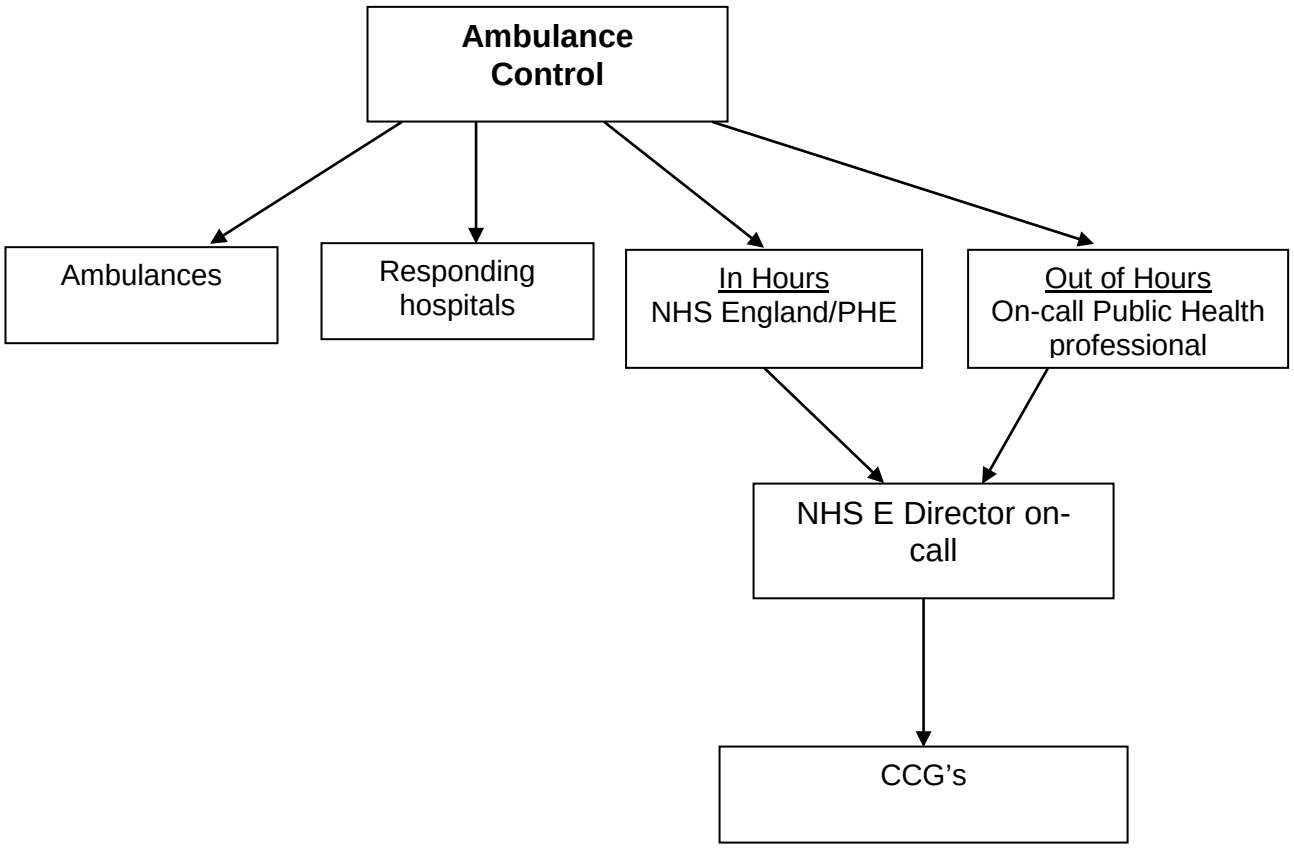
Health Service staff declaring a major incident do so through the Ambulance Service.

The following alerting messages are used to identify the stages of response:

Major Incident Stand By – communicate to staff

Major Incident Activate – implement this plan fully

Major Incident Stand Down – major incident response is no longer required although recovery phase may commence



The CCG will normally support NHS England to coordinate a major incident for health in the post-blue light phase.

COMMAND, CONTROL AND CO-ORDINATION

STRUCTURE OF COMMAND - NHS

Bronze (operational) represents health command at the incident

Silver (tactical) – CCG Operational Managers, Emergency Planning Officer, CCG Directors and CCDC who manage the co-ordination of the incident for the health services.

Gold is the strategic, multi-agency command level. It is normally led by the Senior Police Commander and the NHS will be represented by the NHS England EPRR lead and the AEO of the CCG if requested (NHSE may request the CCG undertake the role on behalf of NHSE).

STAC (Scientific and Technical Advisory Cell) may be set up to give specialist advice to the Gold level and will include Consultants in Communicable Diseases and the Director of Public Health, this will be coordinated through PHE .

NHS England EPRR has a role liaising with the Department of Health and arranging mutual aid in a widespread incident with the support of the CCG.

ROLE OF SILVER COMMAND

The health Silver command should be established between NHS England EPRR lead and the CCG AEO/Director on-call.

The control room should be set up as agreed as soon as is practical (normally within one to two hours of the alert).

Role of Silver Command

The NHSE/CCGs (tactical) Silver command co-ordinates the major incident for the health services supported by PHE who provide specialist health protection advice. The Police, Local Authorities and individual health services will have their own Silver command centres co-ordinating the tactical (Silver) response depending on the type of incident. Depending on the magnitude and duration of the incident the various tactical commands may be merged or co-located with other agencies.

The role of the CCG (tactical) Silver command undertakes the following:

- Support NHSE to co-ordinate the health service's business at an operational level
- Co-ordinate a situation reporting mechanism with health services and partner agencies at all command levels and with participating agencies (likely to be through establishing regular teleconference up-date)
- Manage demands on resources

- Advise responders on tactical issues
- Communicate regularly and systematically with the NHSE EPRR lead/CCG AEO at strategic gold command
- Ensure communication networks are set up
- Contact strategic command when resources are required
- Activate distribution of items

ROLE OF GOLD COMMAND (STRATEGIC POLICE LED)

In the event of a Gold command being established it is expected that the NHSE EPRR lead/CCG AEO (or Director on call) or deputy will represent the local health service.

The AEO/ Director on-call will also invite a Senior Manager (or deputy) and administration support from the CCG.

If the incident is prolonged shift work needs to be considered with Directors and senior CCG managers.

Role of Gold Command

The base will normally be the Police Station, Queen's Gardens, Hull.

NHSE EPRR lead manages strategic NHS operations, this may be through the support of the AEO/Director on call at the CCG. They will:

- Make strategic decisions in respect of resources within the area
- Prioritise resources in the event of multiple incidents
- Prioritise requests for resources
- Have the authority to seek the mutual aid of other agencies in support of their NHS role
- Co-ordinate the overall health response to a major incident
- Ensure effective command control arrangements are established across health services
- Report regularly to the Strategic Health Authority
- Prioritise services to ensure the least amount of disruption to normal services.
- Though the term Gold Command is usually associated with the Strategic Command at Police Headquarters any agency can set up its own Gold command. From a health service perspective this is undertaken for internal major incidents or external limited incidents that predominantly impact on health rather than other agencies long term needs of the health of the population
- Liaise with the military re health needs if required

Role of Gold Command continued

PHE advises the police incident commander of public health issues pertaining to the incident.

PHE function is to advise the Police Incident Commander on public health related issues and, if required, chair a STAC (Scientific and Technical Advisory Cell).

SCIENTIFIC AND TECHNICAL ADVISORY CELL (STAC)

The police may request that PHE / Director of Public Health set up and chair a Scientific and Technical Advisory Cell (STAC). This is a strategic group that consists of individuals who have expertise in managing the health effects of the incident.

The police may request that a STAC is convened to give technical advice to the Gold (Strategic) command.

The Director of Public Health, in consultation with the PHE, will agree on who will chair the STAC.

ROLE OF THE PUBLIC HEALTH ENGLAND (PHE)

Public Health England (PHE)

PHE local (Public Health England centres and locally delivered PHE services)
At a local level PHE will:

- Ensure that PHE has plans for emergencies in place across the local area
- Support the LHRPs, coordinating with local government partners
- Provide assurance of the ability of PHE to respond in emergencies
- Provide a representative to the LHRP, as required, and to represent PHE on the LRF

PHE regional
At a regional level PHE will:

- Ensure the delivery of the national EPRR strategy across their region
- Provide strategic EPRR advice and support to PHE centres
- Ensure integration of PHE emergency plans to deliver a unified public health response across more than one LHRP
- Maintain PHE's capacity and capability to coordinate regional public health responses to emergencies 24/7

PHE national
At a national level PHE will:

- Ensure there is a comprehensive EPRR system that operates for public health at all levels and provides assurance that the system is fit for purpose
- Work together with the NHS at all levels and where appropriate develop joint response plans
- Provide specialist expert public health services and input to national and local planning for emergencies
- Undertake at all levels, its responsibilities on behalf of SoS as a Category 1 responder.

MEDIA MANAGEMENT

In an acute incident (unless the incident is a 'slow burn' on-going health incident) the Police Media Officer co-ordinates the media response. Health services do not communicate directly to the media unless authorised to do so by the Police Incident Commander at Gold Command.

The lead Communications Officer for the CCG operates through a memorandum of understanding with partner agencies. The HPA have a regional Communications Lead who deals with the media on behalf of the HPU.

Key elements to remember are:

- Express sorrow and sympathy
- Say what is being done
- Say what will be done in the future
- Co-operate with the media (they may be at the scene in vast numbers very quickly, depending on the incident)
- Open and maintain dialogue.
- Ensure they are talking to the official spokesperson
- Provide regular bulletins for the press. Mixed messages should not be given.

The media can be a force for good; they can be positive and helpful. They can and will publish what is given to them subject to editorial privilege.

A good relationship with the press will ensure the accuracy of the information and dispel inaccurate rumour. If the press cannot speak to an official spokesperson they may speak to someone who is hostile to the organisation.

The press are the opinion formers who have a job to perform which, in the main, they do professionally and in a caring way.

The media are requested to initially communicate with the lead media officer for the CCGs who will organise an appropriate co-ordinated response.

Co-ordinated Communication Response

The Communication Officers also have to co-ordinate their response to the media. This is seen as a **NHS England** role when:

- Tactical and Strategic Command are convened

- There is more than one incident taking place

COMMUNICATIONS – PUBLIC INFORMATION

Public Information

In a health incident it may be necessary to set up an information line for the public. This should be arranged through NHS Direct.

In an acute incident, e.g. a train crash, the information and helpline will be established through the police but there may be elements of health that need to be incorporated.

Media Broadcast

It is important to establish a positive relationship so the public health information can be broadcast on television and radio or information provided in the press.

Spokesperson

It should be decided in advance on who should speak on behalf of the organisation. This should be someone who is media trained.

SITUATION REPORTING

In a major incident it is vital that regular communication between the CCG, NHS England, Acute Trusts, Emergency Services, Local Authorities and other agencies takes place. Only then is the Incident Management Team able to provide an accurate overview of information to staff working in the field, Gold Command, the Regional Government Office or to the Department of Health.

During a major incident, regular updates will be required from each local NHS Trust to the tactical Silver command and vice versa.

In the event that situation reports do not stipulate what information to provide, ensure the following is reported at agreed times (this is likely to be managed through teleconferences with NHS E EPRR team and local A&E Delivery Boards

Acute Trust

- Bed availability
- Available manpower
- Cancelled services (when, where, why)
- Disrupted services (when, where, why)
- Total number of admissions directly due to the incident
- Total number of deaths directly due to the incident
- Strategic requirements (when)
- Resources
- Assistance

CCGs

- Available manpower
- Relocation of manpower
- Resources
- Cancelled services (when, where, why)
- Disrupted services (when, where why)
- Assistance

EMERGENCY SERVICES

Ambulance Service

- The Ambulance Service responds to an incident in the following ways:
    - as part of the emergency services responding directly
    - as the initial co-ordinator of the health services initial response to an incident by determining which hospitals are responding hospitals
    - as the initial communication link between the emergency services and the overall health service response

- The senior Ambulance Service Manager (Bronze Command) is responsible for the health and safety of all NHS staff at the scene.

- The **Ambulance Incident Officer** at the scene will seek the attendance of the Medical Incident Officer when necessary. The Medical Incident Officer is from a non-responding hospital.

- The Ambulance Incident Officer Co-ordinates medical activity at the scene of an incident. The Medical Incident Officer co-ordinates the Mobile Medical Team at the scene.

- The Medical Incident Officer in conjunction with the Ambulance Incident Officer co-ordinates the declaration of death of casualties at the scene and organises the order of priority for release of trapped casualties with the fire service.

- The Ambulance service treats, triages and transfers casualties to responding hospital(s).

- The Ambulance service will also be involved in transporting discharged patients from responding hospital(s), home or to residential or nursing home accommodation, to decant beds and create capacity for more casualties.

- The Ambulance service has a Major Incident Plan which interfaces with the Gold, Silver and Bronze command structure of the other agencies.

- The Ambulance service informs the main responding hospital(s) and then the Public Health Consultant on call. Agencies involved in a major incident may require a health service response and will communicate via this service until contact is established directly.

- Equipment for decontamination of casualties is obtained by contacting the Ambulance Service.

- The Ambulance Service will undertake primary decontamination of casualties and decontamination of children and the elderly (the fire service will mass decontaminate).

- Supplies needed urgently should be ordered through the Ambulance service.

Police Service

- **The Police service is responsible for co-ordinating responding agencies**
- The Police co-ordinate all the activities of those responding at and around the scene of the incident.
- Information is preserved to provide evidence for subsequent enquiries and possibly criminal proceedings.
- Where practicable, the Police establish cordons to facilitate the work of the other emergency services in saving life, the protection of public health and the care of survivors.
- They oversee any criminal investigation and facilitate inquiries carried out by the responsible accident investigation body, such as the Health and Safety Executive.
- The Police service has the authority to move people out of their homes to rest centres during a terrorist incident.

Fire Service

- The first concern of the Fire service is to rescue people trapped in a fire, wreckage or debris.
- They will prevent further escalation of the disaster by:
    - extinguishing fires or putting in place protective measures to prevent them
    - dealing with released chemicals or other contaminants in order to make the incident site safe
    - assisting the Ambulance service with casualty handling and the Police with recovery of bodies.
- The Fire service is responsible for the health and safety of personnel of **all** agencies working within the inner cordon of a major incident and will liaise with the Police about who should be allowed access, to ensure that they are properly equipped, adequately trained and briefed.
- They submit a hazard analysis of chemicals involved in a release to the main responding hospital and the local Health Protection Unit.
- The Fire Service will provide mass decontamination at the scene and also at a hospital site if requested.
- ***In the event of any situation which is or which is suspected to be the result of a terrorist incident all activities within cordons are under the direct control of the Police.***

PRIMARY CARE - INDEPENDENT PRACTITIONERS

General Practitioners – key recommendations

1 Voluntary involvement in treatment of minor injuries and general health treatment.

2 Keeping up to date with locally or nationally issued public health advice.

3 Awareness of disease presentations associated with biological release.

4 Ensuring the Consultant in Communicable Disease Control is informed when a disease presentation, which is possibly CBRN, is suspected.

5 Provide medical assistance at rest centres, vaccination centres and other treatment Areas if requested to do so.

6 Assist with service provision of patients from practices directly affected.

7 Assist colleagues from affected practices.

8 Balance major incident role with the business continuity of the practice.

Dentists

Dentists, like General Practitioners, are contracted to provide an emergency service. They may need to provide services to displaced populations.

Pharmacy Services

Pharmacy services are provided out of hours. Surveillance of item shortages is monitored by community pharmacists within the CCGs.

Pharmacies are expected to help in providing missing medication to displaced people.

Private Hospitals

It may be necessary to utilise private hospitals through CCG negotiation.

Private hospitals have a range of facilities including operating theatres.

LOCAL AUTHORITIES

In the immediate aftermath of a major incident the principal concerns of local authorities are to:

- Provide support for the emergency services
- Work in partnership with health services
- Continue normal support and care for the local and wider community
- Use resources to mitigate the effects of the emergency and co-ordinate the response by organisations ***other*** than the emergency services
- Local Authorities are also required to work in partnership with Acute and CCGs to create appropriate accommodation for patients who are required to be discharged from acute beds. This is undertaken by the Acute Trust working closely with Social Services.

Humberside Emergency Planning Service (HEPS) and North Yorkshire Emergency Planning Unit

The Local Authority has a significant role in major incident planning. It is responsible for:

- Crowd and event management
- Psychological support for the general public
- Supplies, e.g. sandbags, food, etc.
- COMAH (Control of Major Accident Hazards) regulation implementation
- Leading multi-agency planning meetings
- Providing emergency accommodation
- Providing accommodation for mass immunisation
- Linking to the Environment Agency

Recovery

As time goes on and the emphasis switches to recovery, the local authority will:

- Take a leading role to facilitate the rehabilitation of the community and restoration of the environment. There is a formal hand over from the emergency services to the Local Authority.
- The Local Authority will liaise with the local Health Protection Unit on health matters.

OTHER AGENCIES - Summary of roles

The Environment Agency

The Environment Agency has primary responsibilities for the environmental protection of water, land and air in England and Wales. It has key responsibilities for maintaining and operating flood defences on rivers and coastlines. These responsibilities cover:

- direct, remedial action to prevent and mitigate the effects of the incident
- providing specialist advice; giving warnings to those likely to be affected; monitoring the effects of the incident
- investigating the cause

The Environment Agency also collects evidence for future enforcement or cost recovery. It plays a major part in the UK Government response to overseas nuclear incidents. The Environment Agency accesses a health service response by contacting the Ambulance service.

The Environment Agency also provide information on flooding so that preparation of evacuation procedures and identification of vulnerable people can be established prior to a flood.

Industry and Commercial Organisations

Industrial and commercial organisations, including the utilities, play a direct part in the response to disaster if their personnel, operations or services have been involved. They provide support such as equipment, services or specialist knowledge.

Organisers of large outdoor and indoor events such as sporting competitions, festivals and concerts will also have a role in the response to a disaster.

The Military

The military provide, when appropriate, support and expertise in civil emergencies.
They provide premises for use as a temporary mortuary at RAF Leconfield and RAF Leeming. The military are normally requested as a 'last resort' if all other avenues are exhausted.

They may well be able to provide airlifts.

Requests for military aid are made through Gold Command.

Maritime & Coastguard Agency (MCA)

The MCA oversee safety and pollution prevention.

The Coastguard co-ordinates search and rescue through the Maritime Rescue Centres.

MULTIPLE FATALITIES

Fatalities caused by the major incident are in the first instance taken to a body holding area and then transferred to a temporary mortuary located at the military bases at either Leconfield or Leeming**. It is the role of the Local Authority to coordinate mass mortuaries.**

All fatalities come under the jurisdiction of HM Coroner.

If people die in hospital or in an ambulance it is an NHS responsibility to deal with them, otherwise it is a Local Authority function. The Ambulance service will normally be dealing with live casualties during an incident.

Forensic pathologists determine the cause of death and the identification of the bodies and are supported in their function by the police.

Identification and establishing the cause of death may involve several procedures such as X-ray, fingerprinting, orthodontics and DNA sampling.

Health service staff who are requested to assist in these procedures must be trained in dealing with fatalities and must not be sourced from a responding hospital.

Cognisance must be taken to ensure the health and safety of staff deployed in temporary mortuaries, specifically the following:

- The control of blood born viruses or other biological or chemical agents
- Health service staff must ensure that they are equipped with appropriate personal protective equipment before entering the mortuary

CONTROL OF MAJOR ACCIDENT HAZARDS
COMAH

Within North and North East Lincolnshire, there are 19 COMAH sites – 11 in North East Lincolnshire and 8 in North Lincolnshire (see below).

These sites are subject to the Control of Major Accident Hazards Regulations 1999.

A site specific/off site plan exists for each of the COMAH sites – copies are located in the Major Incident Response cupboard in the Board Room at Health Place (NB folder for the sites in North Lincolnshire have green/yellow markings).

The site plans will be activated when either a major accident occurs or when there is an uncontrolled event which could be reasonably expected to lead to a major accident.

Within the plan, there are key action sheets for each of the agencies which might be involved in the consequences of a major incident on the site. The key actions for NHS North Lincolnshire (CCG) are identical for each site (a copy is enclosed in this section a copy in each of the COMAH plans).

North Lincolnshire Sites

Phillips 66 Humber LPG Terminal Limited
Phillips 66 Humber Refinery
Killingholme PSD
British Steel
Total Lindsey Oil Refinery
BOC Gases, Scunthorpe
Jotun Paints

North East Lincolnshire Sites

Philips 66 Immingham Pipeline Centre & Immingham Propylene Storage
APT Limited
BASF Performance Products
ABP Fertiliser Terminal
Novartis Grimsby Limited
BOC Gases, Stallingborough
Cristal Pigment
Inter Terminals East (was Immingham Storage East)
Inter Terminals West (was Immingham Storage West)

East Riding& Yorkshire

SSE Aldbrough Gas Storage Facility
SSE Atwick Gas Storage Facility
Nippon Gohsei UK Ltd
BP Chemicals Limited, Saltend
INEOS UK
Vivergo Fuels Limited
Rawcliffe PSD
Croda Europe Ltd
Guardian Industries Ltd
Centrica Storage Limited

Yara UK
Perenco UK -

Hull Site - Norbert Dentressangle

Evacuation of local residents in the event of a COMAH will be the absolute last resort.

INCIDENT NOTIFICATION LOG

TO BE COMPLETED BY SENIOR CO-ORDINATING MANAGER

This document must be protected and preserved

As At …… (Hours) on ……..(Date)

Incident details

LOCATION	
TYPE OF INCIDENT	

INFORMED BY	
DATE AND TIME	
CONTACT INFORMATION	

ESTIMATED CASUALTY FIGURES

DEAD	
INJURED	
AFFECTED / INFECTED	

AGENCY INVOLVED	LEAD OFFICER	CONTACT NUMBER

CO-ORDINATION

	DATE AND TIME	ACTIONS AGREED
CHIEF OFFICER INFORMED		
DIRECTOR OF COMM SERVICES DIRECTOR OF PUBLIC HEALTH MEDICAL DIRECTOR		
NHS ENGLAND		
GOLD COMMAND ESTABLISHED? – IF SO STATE WHERE AND CCG REP		

MEDIA ARRANGEMENTS

MEDIA CONTACT PERSON FOR CCG IS	NAME CONTACT NO.
VENUE AND TIME OF NEXT PRESS BRIEFING	
INDIVIDUALS NEEDED AT PRESS CONFERENCE	

ADDITIONAL INFORMATION

COMPLETED BY	SIGNATURE:
INCIDENT LOG SHEET	
INCIDENT	
NAME OF PERSON COMPLETING THIS FORM	
INCIDENT SHEET NUMBER	

DATE	TIME	MODE/SOURCE OF COMMUNICATION*	INFORMATION	ACTION TO BE TAKEN

* T = TELEPHONE CALL F = FAX V = VERBAL EM = E-MAIL

Completed by:

Signature:

Date:

This document must be protected and preserved

NORTH LINCOLNSHIRE MAJOR INCIDENT PLAN

LOCATION OF PLANS

Copies of the Major Incident Plans need to be carefully controlled given the confidential nature of the information contained therein and the need to ensure that all plans have up-to-date information. There are 17 copies of the Plan currently in existence.

The following individuals hold copies of the Plan:-

1. Chief Officer (Liane Langdon)
2. Director of Public Health (vacant)
3. Medical Director (Dr Jaggs-Fowler)
4. Director of Nursing & Quality (Catherine Wylie)
5. Interim Director of Commissioning (Richard Young)
6. Director of Finance (Ian Holborn)
7. Director of Informatics (Jackie France)
8. Communications Manager (Mel Hannam)
9. Deputy Director of Finance (Bill Lovell)
10. Director of Nursing & Quality (Catherine Wylie), EPRR Lead/Business Manager
11. Head of Strategic Commissioning (Jane Ellerton)
12. Four additional copies are kept in the Emergency Response Cupboard (Board Room)
13. Two copies are held by Ashby Clinic & Children's Centre (IT Training Room)