



# **Connolly Hospital Blanchardstown Major Incident Plan (MIP)**

## **PROCEDURES MANUAL**

**Procedures involved in the Management of a Major Incident at  
Connolly Hospital Blanchardstown**

Working document:

Consult X-Drive [\\_CHB MAJOR INCIDENT PLAN](#) for most up to date version



### ***How to read this Procedures Manual.....***

This Connolly Major Incident Plan (MIP) Procedures Manual is part of the overall MIP Plan and Guidelines. It is intended to be a quick guide for staff and reference tool during preparation and activation of the Plan.

It contains practical information on activation of the MIP, staff call in procedures, allocation of tasks, communication systems, action cards and other important miscellaneous information

Additional information that is included in the MIP box can also be stored electronically in a designated folder for that Area or Service on the Connolly Hospital X-Drive [\\_CHB MAJOR INCIDENT PLAN](#)

Pages at the end of this Manual have deliberately been left blank, this is for Areas, Services, Departments and individuals to add specific information important to their preparations and actions in the event of activation.

If the Major Incident Plan is activated, please:

- Get your MIP Red Box
- Read your action card
- Do NOT start reading this manual

Version Control:

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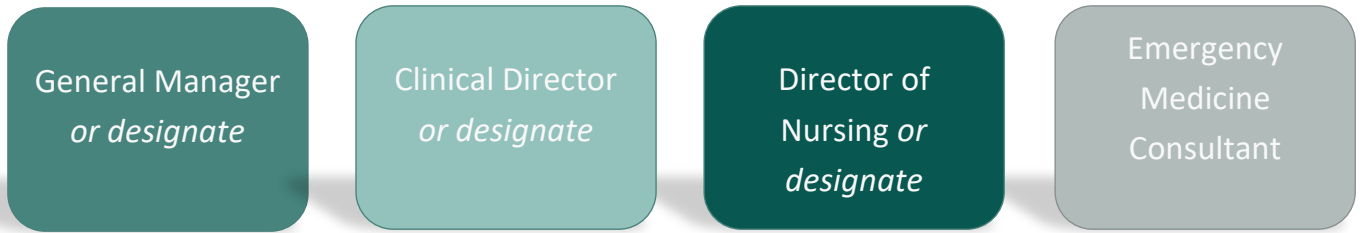


# Chapter 1

## Governance & Activation of the MIP

## 1.1 Governance & Organisational Structure

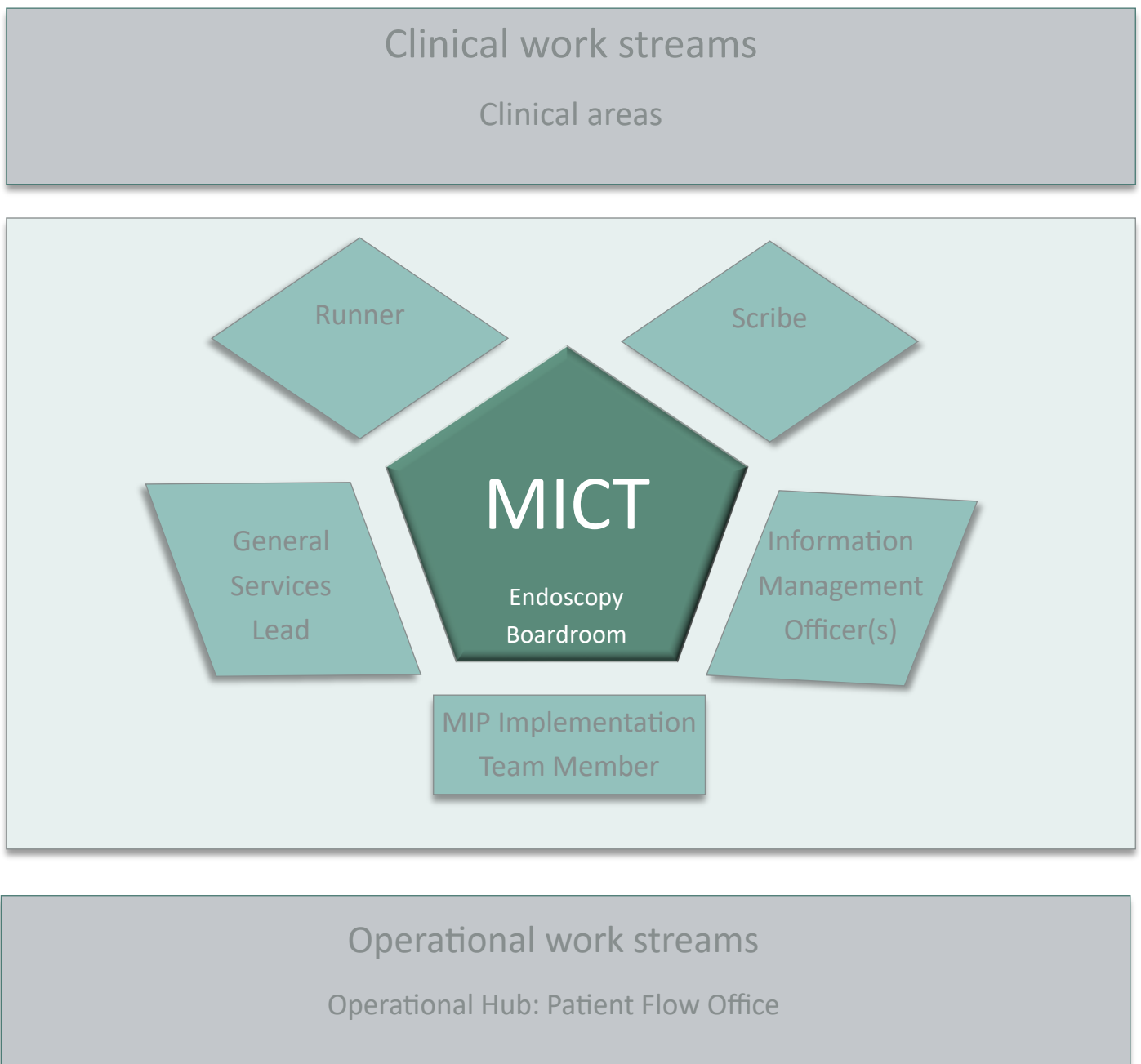
Governance rests with the Major Incident Control Team, which is comprised of:



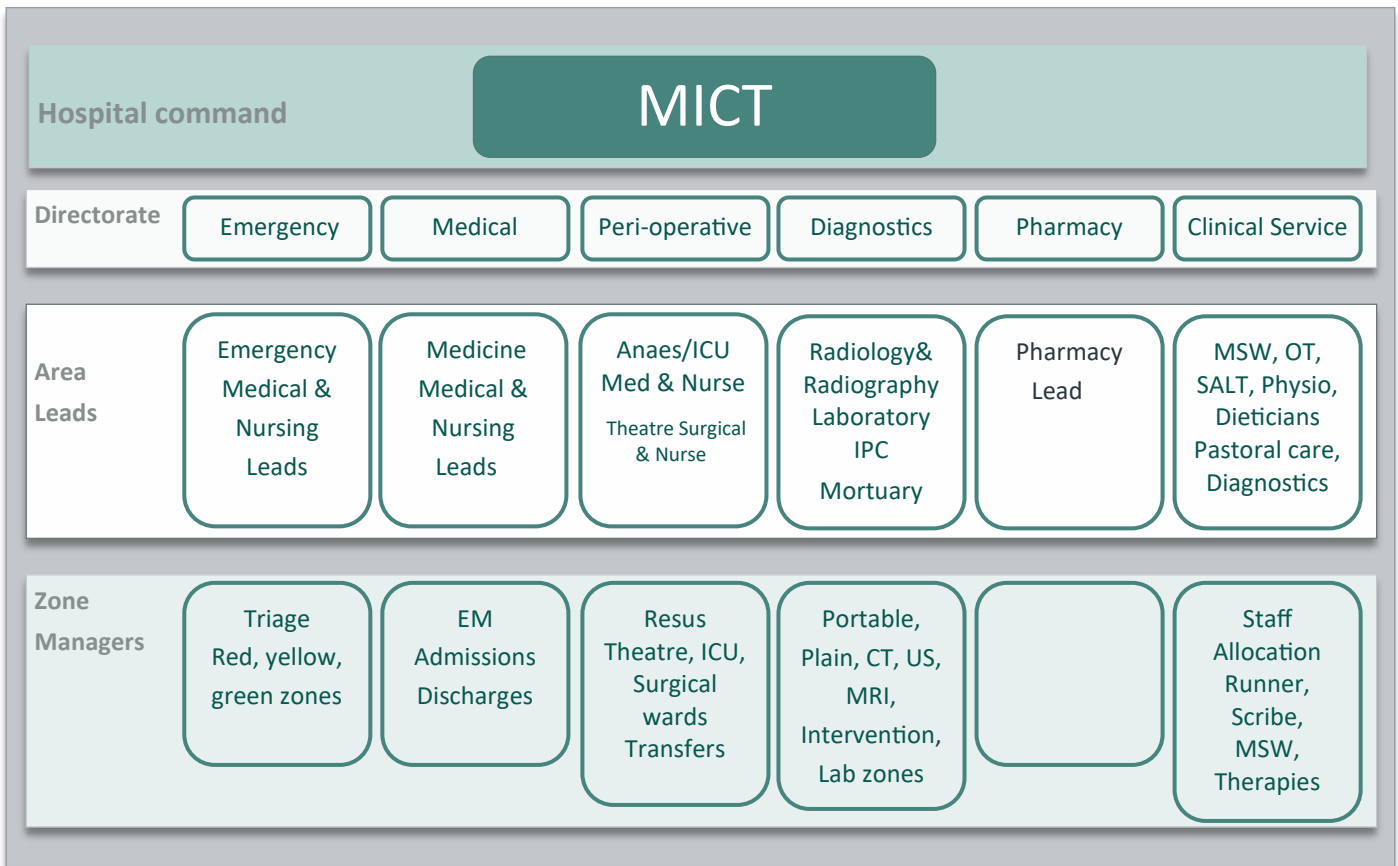
The Strategic Hub of the MICT is the Endoscopy Boardroom on Level 4 of the main Hospital.

The four decision-makers are supported by a scribe, runner, MIP implementation team member, the General Services Leads and one or more Information Management Officers.

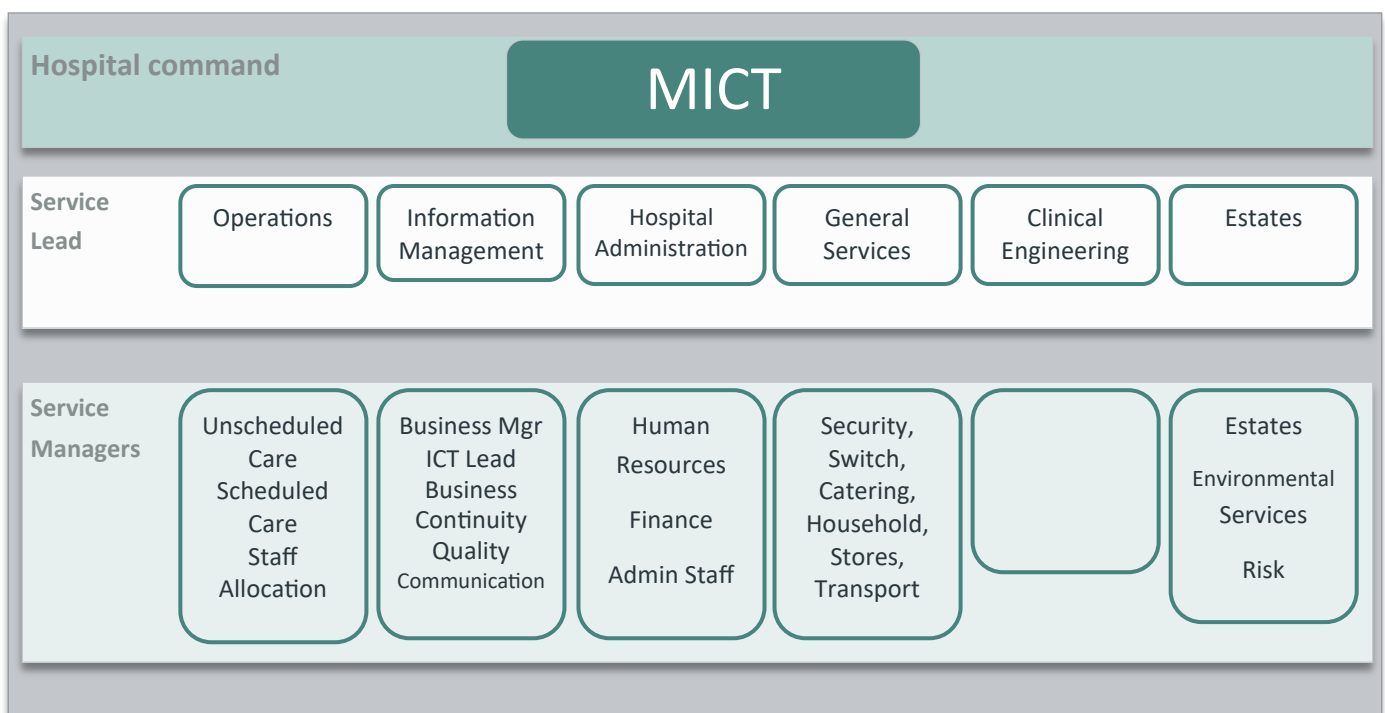
The Operational Hub is in the Patient Flow Office on Level 2 of the Main Hospital.



Clinical work streams are led by the medical and nursing leads from the emergency medicine, medicine and peri-operative directorates and the leads from the diagnostics directorate, Pharmacy and Clinical Services. They relate to direct patient care and are usually based in a physical area. Staff leading these areas are “Area Leads”



Operational work streams are led by operations, general services, information management (including the business managers, ICT and Quality), Administration (Human Resources and Finance) Estates and Clinical Engineering. They are less geographically based and tend to follow the patient or staff. Staff leading these services are “Service Leads”.



## 1.2 Activation

The decision to activate Connolly's Major Incident Plan will be made by a member of the MICT in response to:

- Notification by the pre-hospital emergency services
- An unusual pattern of patient presentation to the ED
- Other extraordinary situations in the hospital
- Notification by HSE Area Crisis Management team or Emergency Management Office

Activation of the Connolly Hospital Major Incident Plan includes two distinct levels of action:

- ◆ Declaration of standby - when a Major Incident is likely to occur
- ◆ Activation of the Plan - when a Major Incident has occurred or is imminent

**The MICT will decide on whether No Action, Stand-by or Activation is declared. Hospital staff will not be informed of "Stand-by" and will only be informed if the plan is activated.**

## METHANE Message

### Communication with the Emergency Services

The National Ambulance Service "National Emergency Operations Centre" or Dublin Fire Brigade's "Eastern Regional Control Centre" may notify the Emergency Department or Switch to inform them of an incident.

If Switch receives the call, they should transfer it to the "Red phone" in the Emergency Department.

The EM staff receiving the call will have an action card to inform them. The first action is to Inform the EM Nursing Shift Lead, the EM Consultant on Call, the Hospital Manager and Site Manager. [This is next to the Ward Clerk in ED.](#)

A standardised "METHANE" message is used to communicate details of a Major Incident. Use this.

The MICT, Switch and EM have access to the Emergency Services contact numbers.

M	Major Incident declared
E	Exact location
T	Type of emergency
H	Hazards - present/potential
A	Access and egress routes
N	Number and type casualties
E	Emergency services present/required

The CNM II or EM Consultant phone 112/999 to verify the METHANE Message.





## METHANE Message

Date \_\_\_\_\_ Time \_\_\_\_\_

Source \_\_\_\_\_

Source contact details \_\_\_\_\_

Call taken by \_\_\_\_\_

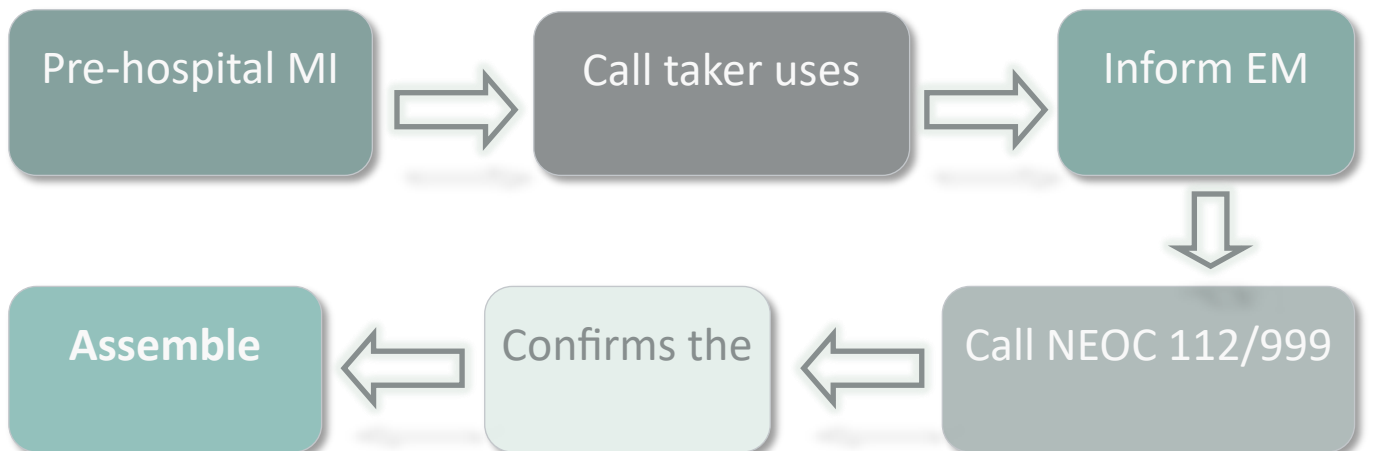
METHANE Message given to \_\_\_\_\_

METHANE message verified by \_\_\_\_\_

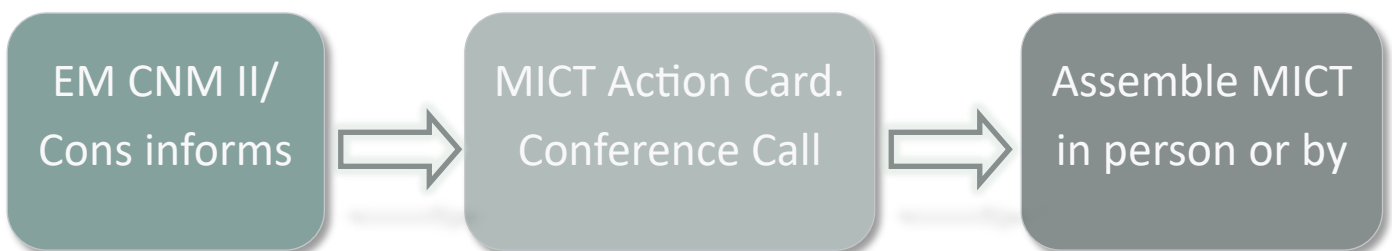
		Details
M	Major Incident Declared	
E	Exact Location	
T	Type of Emergency	
H	Hazards – present/potential	
A	Access and Egress routes	
N	Number & type of casualties	
E	Emergency Services present/required	

## Critical steps in the activation of the MIP—Connolly Hospital

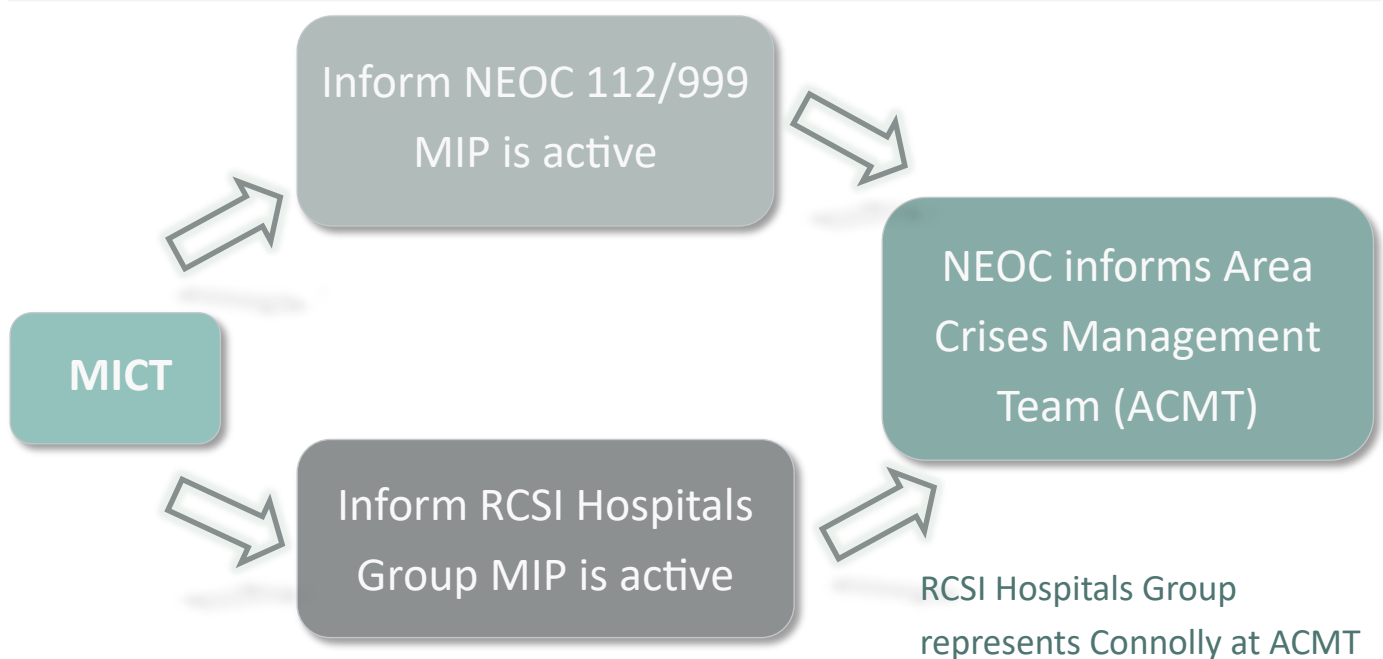
### 1. Notification



### 2. Assemble MICT

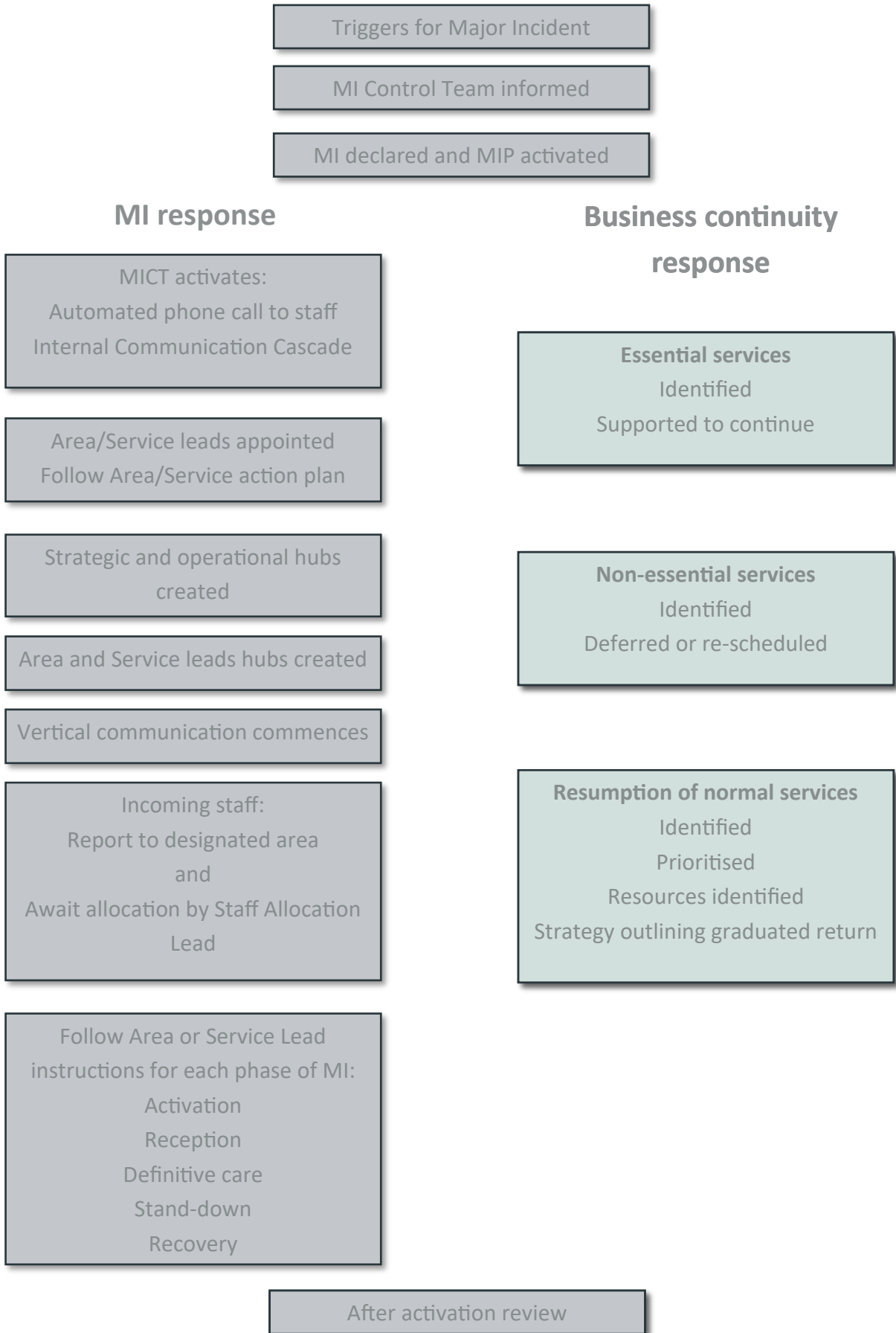


### 3. Notify Area Crises Management and RCSI Hospitals Group



If more Hospitals are involved and more than one Area Crises Management Team is involved, then the National Crises Management Team is established.

# 1.3 Major Incident Flow Chart—All Staff





## **Chapter 2**

### **Staff notification systems**

## 2.1 Internal communication cascade

In the event of an internal hospital incident, activation of the Major Incident Plan or any need to disseminate any information across the hospital, then the internal communication cascade can be used.

### *What is it?*

It is a person-based communication system

Relies on the dissemination of a written message

Message goes to agreed areas

Messenger follows an agreed pathway

It can operate 24/7

Reduces the risks associated with human behaviour e.g. not answering phones

### *What's involved?*

The Site Manager has the authority to activate the internal communication cascade.

The “Internal Communication Cascade information Sheet is completed”.

CHB Internal Communication Information Sheet

Date \_\_\_\_\_ Time \_\_\_\_\_

Incident \_\_\_\_\_

\_\_\_\_\_

Action required \_\_\_\_\_

\_\_\_\_\_

Site Manager name \_\_\_\_\_

Site Manager contact details \_\_\_\_\_

The Information Sheet is photocopied—one copy for each area requiring the information

A runner, selected by the Site Manager, brings the written information to each area and records that the information was given

### Areas within Connolly—For Site Manager to Complete

Service	Area	Tick if need to be informed	Tick when informed	Telephone number	Location
Wards	Beech				
	Rowan				
	Transitional Care Unit				
	Cypress				
	CCU				
	Cherry				
	Elm				
	Maple				
	Laurel				
	Redwood				
	Surgical Day Ward				
	ICU				
	Willow				
Clinical areas	Emergency Department				
	Theatre				
	Outpatients				
	Physio & HSCP				
	Radiology				
	Cardiac diagnostics				
	Vascular diagnostics				
Respiratory diagnostics					
Services	Security				
	Switch				
	Catering				
	Household				
	Pharmacy				
	Medical Social Work				
	Clinical Engineering				
	Laboratory & Mortuary				
	Estates				
	Administration				
Other wards	Sycamore				
	Woodlands				
	Cedarwood				
On campus	Ash/Pine				
	Hospice				
	Children's Health Ireland				
	RCSI campus				



## CHB Internal Communication Information Sheet

Date \_\_\_\_\_

Time \_\_\_\_\_

Incident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action required \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Site Manager Name \_\_\_\_\_

Site Manager contact details \_\_\_\_\_

*Please deliver printed message to the following areas and obtain a signature to indicate that it was received.*



<b>Service</b>	<b>Area</b>	<b>Site Manager to “tick” areas needing the message</b>	<b>Runner to ensure “Signature” confirming receipt of message</b>
Wards	Beech		
	Rowan		
	Rosewood		
	Cypress		
	CCU		
	Cherry		
	Elm		
	Maple		
	Laurel		
	Redwood		
	Surgical Day Ward		
	ICU		
	Willow		
Clinical areas	Emergency Department		
	Theatre		
	Outpatients		
	Physio & HSCP		
	Radiology		
	Cardiac diagnostics		
	Vascular diagnostics		
	Respiratory diagnostics		
Services	Security		
	Switch		
	Catering		
	Household		
	Pharmacy		
	Medical Social Work		
	Clinical Engineering		
	Laboratory & Mortuary		
	Estates		
	Administration		
Additional wards	Sycamore		
	Woodlands		
	Cedarwood		
On campus	Ash/Pine		
	Hospice		
	Children’s Health Ireland		
	RCSI campus		

## 2.2 MIP Conference Calls

Conference calling maybe used by key personnel ONLY during a Major Incident, for example:

- Notifying the Major Incident Control Team of an incident
- Area or Service Leads communications
- Periodic updates to the MICT

Here's how to host and participate in a MIP Conference Call. Familiarise using this system in advance.

### To host a MIP Conference Call

1. Have the phone numbers required written down before starting
2. Call the DAKS Conference Bridge on:
  - a. Extension 6000 (internal call) *or*
  - b. 01-646 6000 (external call)
3. Enter the MIP Conference ID: 9999
4. Press \*# to continue and listen to the full message
5. To invite participants into the call, dial 0, the number and press #
6. Repeat this for all participants
7. Then press \* to begin the call

### Call options

- If you make an error while inputting the number, press \* then re-enter 0, the number and #\*
- If you wish to add a participant during the call, the host can dial \*# and then dial 0, the number and press #\*
- If you are the host and wish to leave the conference call before the other participants, dial \*1# before leaving

### To join a MIP Conference Call

When participants are contacted by the DAKS MIP Conference Call system, then will hear the following announcement "This is the Connolly Hospital Major Incident Plan Conference Call. You are invited to join your colleagues. Please wait to be connected".

### Call etiquette

Introduce yourself when you join

Mute yourself when not speaking

Allow others speak uninterrupted

Confirm and clarify key information/actions required

Switch should have a list with all essential phone numbers available at the start of each shift. See example



### Switch: Important contact Numbers for the Major Incident Plan

The Switch Shift Lead is to ensure that this form is kept up to date on a daily basis

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Major Incident Control Team (MICT)	<i>Insert date</i>	<i>Insert date</i>	<i>Insert date</i>	<i>Insert date</i>	<i>Insert date</i>	<i>Insert date</i>	<i>Insert date</i>
Hospital Executive on Call name							
Phone number							
Clinical Director name							
Phone number							
Emergency Med Cons on Call name							
Phone number							
Site Manager name							
Phone number							

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
On call consultant	<i>Insert date</i>	<i>Insert date</i>	<i>Insert date</i>	<i>Insert date</i>	<i>Insert date</i>	<i>Insert date</i>	<i>Insert date</i>
Medical Cons on-call: Name							
Phone number							
Surgical Cons on-call: Name							
Phone number							
Radiology Cons on-call: Name							
Phone number							
Orthopaedic Cons on-call: Name							
Phone number							
Anaesthesia/ICU Cons on-call: Name							
Phone number							

## 2.3 Staff notification and call-in systems

This involves 4 steps

1. MICT gets together
2. Declare the MIP active
3. Automated call-in of hospital staff
4. Initiate the internal communication cascade

- 1
- 2
- 3
- 4



### Step 1: MICT

This occurs before the MIP is activated. They can meet in person (often in ED or patient flow office) or by phone.

Switch or MICT member can generate a conference call to get the members of the MICT together. **DAKS system**

### Step 2: MIP declared

Only the MICT can activate the MIP. At this stage, the MICT notify Switch that the DAKS MIP Emergency Buttons system is to be activated. Or, the MICT may press the “MIP activate” green button in the CNM III office in ED.

### Step 3: Switch triggers DAKS call-in of Staff

An automated phone call is generated to a pre-determined number of staff in each DAKS Function Group (currently set at 35%). When a staff member receives a call, an automated message instructs them on what to do.

All staff in “key roles” will be contacted by the DAKS system.



### Step 4: Internal communication cascade is initiated

The Site Manager, as part of the MICT, triggers the internal communication cascade, described in Section 2.1

This written message will be distributed through-out the Hospital by hand.

Requirement for DAKS automated call service	How
Area or Service Lead provides MIP Implementation Team with an up-to-date staff contact list quarterly. Include all staff who routinely work in that area or with that service e.g. doctors, nurses, HCA's, clerical staff.	Use the template provided X:\_CHB MAJOR INCIDENT PLAN\14. Useful documents
Staff on the contact list should be listed as “junior” or “senior” to ensure a balanced skill mix. Prioritise staff, so those most urgently needed are called first.	Details are provided in Appendix 8, the MIP box and X-Drive
These numbers are uploaded onto the DAKS system in function groups. DAKS will keep calling staff on the list until there is a 35% positive response.	
DAKS will create reports of the responses	For Staff Allocations Team

## Guidance for the completion of Staff Contact Call In lists

Communication is the cornerstone of the Major Incident (MI) Response and having accurate and up-to-date contact lists is the first step.

This sheet is to provide guidance on the governance and processes for ensuring that Switch has the correct staff contact details on the DAKS system.

### Overview

Once the Major Incident Control Team (MICT) activate the MI Plan, either Switch or the MICT press the “Activate” button on the DAKS control panel. This initiates an automated call to all staff “Function Groups”.

Approximately 30 calls can be made per minute, so a priority system is needed to ensure that the best skill mix of staff are called in.

An automated message is given once the call is answered and the staff member replies stating whether they can attend or not. The system records the reply and produces a report.

### Completing the staff contact list

Connolly Hospital Major Incident Plan staff call in list for DAKS phone system					
Date					
Area or Service Name:			<i>This is the function group</i>		
How to complete this list					
1. Enter the date					
2. Enter the name of your Area or Service (as per the language of the Major Incident Plan e.g. Medical Directorate, Elm ward or Clinical Services, Occupational Health)					
3. Include all staff in your area e.g. nurses, doctors, healthcare assistants, clerical staff etc					
4. Create two sub-groups: one with senior staff and the other with junior staff.					
5. Ensure all staff required for the MIP response are included in a sub-group					
6. Prioritise the urgency of the call going to that person. Allocate 9 for high priority, 5 mid-priority, 1 least priority. Priority should be given for Senior staff, those with MI training or those living locally					
7. If the MI Plan is activated, then 35% of staff in the Senior Staff sub-group and 35% of staff in the Junior Staff sub-group will be contacted to come in. If there is no reply, a call will go to the next priority person on the list.					
Function Sub-group: Senior Staff		<i>This includes Senior Staff, Long-standing staff, Staff with Major Incident training or experience</i>			
Priority (9, 5 or 1)	Surname	First Name	Job description	Mobile phone number	Alternative phone number
Function Sub-group: Junior Staff					
Priority (9, 5 or 1)	Surname	First Name	Job description	Mobile phone number	Alternative phone number

A member of the MIP Implementation Team will liaise with PFH, the contractor for DAKS, to ensure that appropriate messages are recorded on the automated call in system. Samples include:

## DAKS Phone Messages - Activation

DAKS Call to all Staff

The Major Incident Plan in Connolly Hospital has been activated. Press 1 if you can attend the hospital promptly. Press 0 (zero) if you are unable to attend.

If you are a shift worker and are rostered to attend work within the next 12 hours, please disregard this message and attend work as scheduled.

Message to staff who CAN attend

Thank you. Please report to the Main Hospital Concourse to sign in and await role allocation, unless the Major Incident Plan advises that you report elsewhere. Be aware that most of the Hospital doors will be closed for security reasons. Access will be through the Main Hospital Concourse.

Drive carefully and listen to any public service notices.

Message to staff who cannot attend

Thank you for letting us know. Please attend work for your next shift as scheduled unless you hear otherwise.

*The call may be placed every 15 minutes for a maximum of 5 attempts.*

## DAKS Phone Messages – Stand down

Stand down. The Major Incident Plan in Connolly Hospital has been stood down. Normal activity should resume. Press 1 to acknowledge this message.

## DAKS Phone Messages - Test

This is a test message. This is a test message.

The Major Incident Plan in Connolly Hospital is being tested. Press 1 if you can attend the hospital promptly. Press 0 (zero) if you are unable to attend.

If you are rostered to attend work within the next 12 hours, please disregard this message and attend work as scheduled.

This is a test message. Attendance on site is not required. I repeat, do not attend. This is a test message.

## Switch pre-recorded message if MIP is activated

The Major Incident Plan has been activated in Connolly Hospital. It is critical that phone lines are kept free to support the staff response. If your call can wait, then please hang up and call again later. If your call is urgent, please follow the prompts and keep your interactions brief. Your assistance in helping the hospital is greatly appreciated.

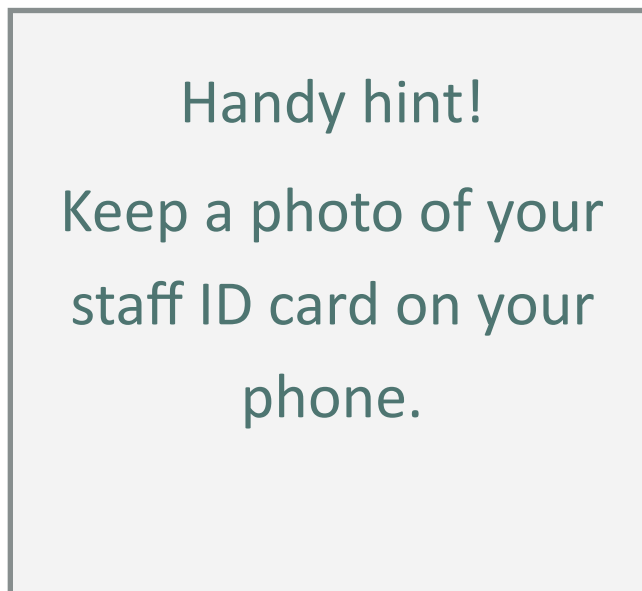
## **Chapter 3**

### **Directions for Staff**

### 3.1 Attending from home— Incoming Staff

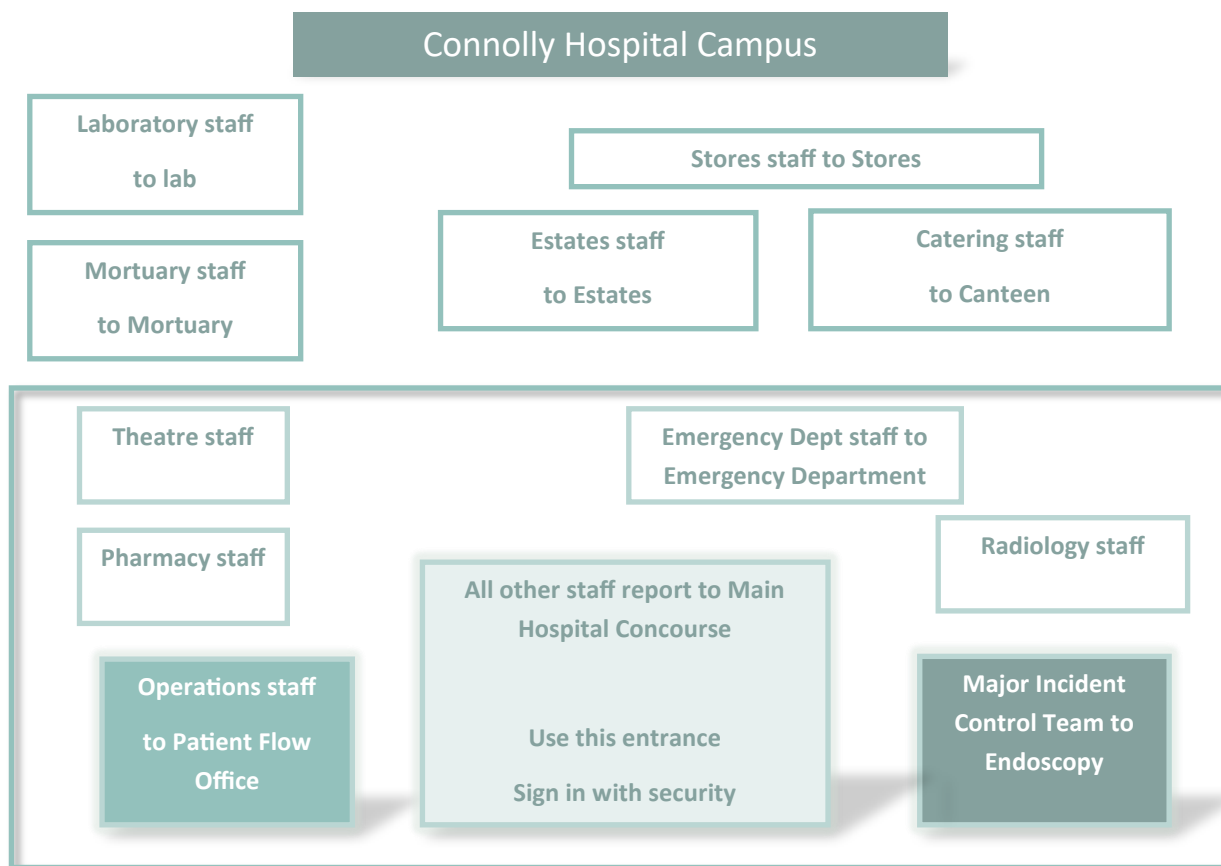
Once notified that the MIP has been declared, staff coming in from home should:

- Notify a friend/family that they are attending (but don't share details of the incident)
- Pack a bag with snacks, water, money, phone charger and warm clothes
- REMEMBER! Your identity card
- Drive carefully, listen to any public service announcements
- Be aware that many of the hospital entrances will be closed. It is important to comply with this for staff safety, staff allocation and hospital security.
- Parking in front of the Main Entrance may be more appropriate
- Report to the Area listed on the next page
- On arrival Staff will report to Security in the Main Hospital Concourse. Their identification card will be checked. Their arrival time will be recorded.
- Most staff will be asked to wait in the Hospital Concourse until allocated a role by the Staff Allocation Team.
- It is very important to be calm. Pay attention to your breathing. If it is fast, then STOP, slow down, breathe. Accidents and errors can occur more easily when we feel overwhelmed.





## 3.2 Reporting locations



Area/Service	Reporting area
MICT	Hospital Concourse and proceed to Endoscopy Boardroom
Operations	Hospital Concourse and proceed to Patient Flow Office
EM Directorate	Emergency Department Waiting room
Medical Directorate	Hospital Concourse and await allocation
Peri-operative Directorate	Hospital Concourse. Theatre staff to theatre. Other staff await allocation
Diagnostics Directorate	Radiology staff proceed to Radiology. Lab staff to Lab. Mortuary staff to Mortuary. IPC to Hospital Concourse
Pharmacy	Hospital Concourse and proceed to Pharmacy
Clinical Services	Hospital Concourse and await allocation
Information Management	Hospital Concourse and await allocation
Quality & Patient Safety	Hospital Concourse and await allocation
Hospital Administration	Hospital Concourse and await allocation
General Services	Catering staff to Canteen. Stores staff to Stores. All others, Hospital Concourse and await allocation
Clinical Engineering	Hospital Concourse and proceed to department
Estates	Estates
All other staff	Hospital Concourse and await allocation

### 3.3 Essential roles & allocation of responsibility: Collapsible hierarchy

Organisations function better when staff have a clear understanding of their role and their reporting relationship. Sometimes, particularly in the early response to a Major Incident, not all staff are on site so not all key roles are filled.

In this situation, another person in the same reporting relationship, will fill the high priority roles initially. The role is more important than the person.

This system of ensuring all roles are filled is called a “collapsible hierarchy”.

The descriptors for each area and service describe the roles, reporting relationships and responsibilities. The Area/Service lead needs to ensure that Managers or “in-charge” staff are appointed to manage either Zones within an area e.g. Theatre Recovery within the Peri-operative Area or a Service within a wider Service e.g. the General Services Lead appoints a Catering Manager or a Porter “in-charge”.

The Governance section 1.1 describes the reporting relationships for the purpose of Major Incident Planning.

#### Key Roles

These are essential roles to be filled promptly once the MIP is activated. They represent the Area and Service Leads within the organisation.

In the incident is declared out-of-hours, often the most experienced person on-site will assume these roles until more experienced staff arrive.

It is important to note, that experience includes not just seniority, but also familiarity with the MIP, participation in preparation, testing and training.

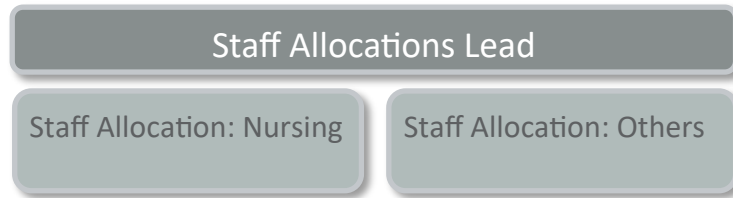
At departmental level, discuss who would be the Area or Service Lead and the alternatives if the proposed lead was unavailable.

<b>Key Staff for initial MIP response</b>	<b>First contact</b>	<b>Second contact</b>
<b>MICT</b>	General Manager	Hospital Executive on Call
	Clinical Director	Associate Clinical Director
	Emergency Medicine Consultant	2nd EM Consultant
	Site Manager	DON or off-site Site Manager
<b>Operations</b>	Chief Operations Officer	Operations Manager
	Unscheduled Care Lead	Deputy Unscheduled Care
	Scheduled Care Lead	
<b>EM Directorate</b>	EM Consultant on Call	2nd EM Consultant
	ADON for EM	CNM III for EM
	Clerical Manager	2nd Clerical Manager
<b>Medical Directorate</b>	Medical Consultant on Call	Associate CD for Medicine
	ADON for Medicine	
	ADON for Medicine II	
<b>Peri-operative Directorate</b>	General Surgeon on Call	Associate CD for Peri-operative
	Anaesthesia Consultant on Call	2nd Anaesthesia Consultant
	ADON for peri-operative	CNM III ICU or Theatre
<b>Diagnostics Directorate</b>	Radiology Consultant on call	Associate CD for Peri-operative
	Radiography Service Manager	
	Laboratory Manager	Chief Medical Scientist
	Consultant Microbiologist on Call	ADON Infection Prevention & Control
<b>Pharmacy</b>	Chief Pharmacist	Senior Pharmacist
<b>Clinical Services</b>	Director of Clinical Services	
<b>Information Management</b>	Business Manager VII	Business Manager VII
	ICT Lead	
	Business Continuity Manager	
<b>Quality &amp; Patient Safety</b>	Head of Quality & Safety	FOI/GDPR Lead
<b>Hospital Administration</b>	Finance Manager	
	Human Resource Manager	
<b>General Services</b>	General Services Manager	
	Household Services Manager	Derrycourt
	Security Manager	Noonan Security
	Catering Manager	
	Stores Manager	
	Switch Manager	
	Transport Manager	
<b>Clinical Engineering</b>	Head Medical Physics & Clinical Engineer	
<b>Estates</b>	Estates Manager	
	Environmental Services Manager	
	Risk Manager	

### 3.4 Staff Allocations

This is a MIP specific role.

Its purpose is to understand the competing demands for staffing, align these with the MICT strategic direction and optimally deploy the staff available. It involves a team of three derived from Site Management or Senior Nursing and HSCP's



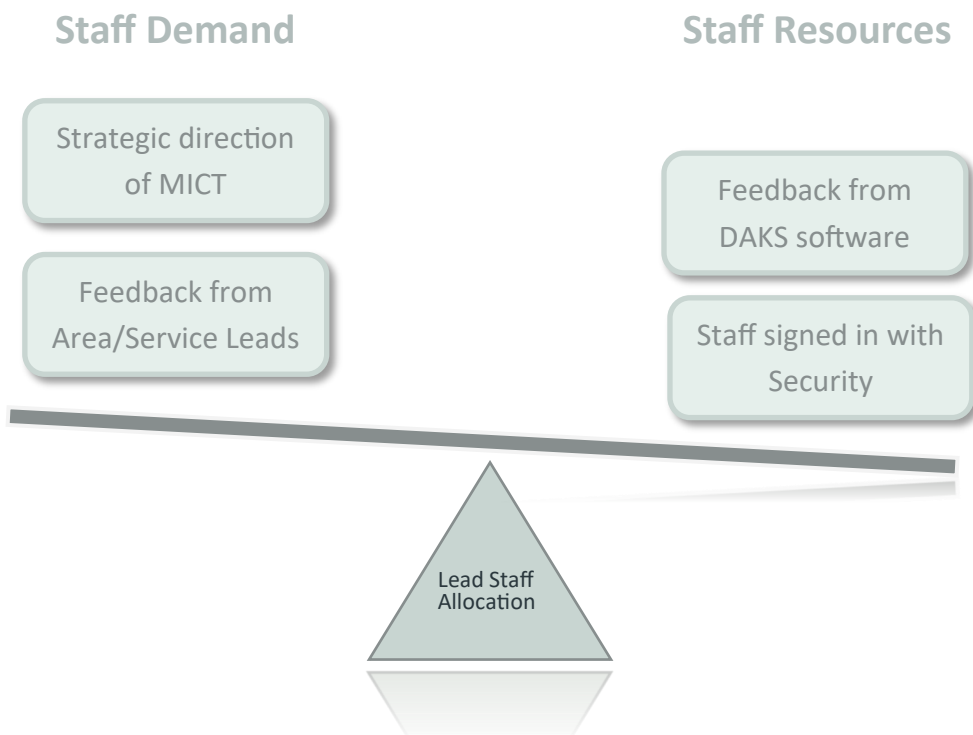
This is a dynamic role that involves constant juggling between demand and the staff resources

- Information on Staff demand is provided by a) MICT and b) Area/Service Leads.
- Information on Staff Resources is provided by DAKS software and Security (Staff signed-in).

The Lead and two others tasked to Staff Allocation will allocate staff based on:

- Clinical urgency
- Tasks to facilitate patient flow
- Enable the strategic direction of the MICT

Most staff will be asked to wait in the Hospital Concourse until allocated a role by the Staff Allocation Team.



## **Chapter 4**

### **Important Locations**

## 4.1 Important locations and designated patient areas

Key Phases	Action	Location
<b>Command &amp; Control</b>	Major Incident Control Team (MICT) Strategic Hub	Endoscopy Meeting Room
	Operations Operational Hub	Patient Flow Office
<b>Activation phase:</b> ED preparation	Medical Patients in ED awaiting admission	Endoscopy
	Surgical specialties patients in ED awaiting admission	Endoscopy
	Mental health patients in ED awaiting assessment/ admission	Ash/Pine
	Patients with possible significant transmissible illness	ED Zone 3
<b>Reception phase:</b> Patient arrival	Triage Area	ED Ambulance doors
	Red Area – Priority 1 patients	ED Resus—Zone 1 and Zone 4
	Yellow Area – Priority 2 patients	ED Zone 1
	Green Area – Priority 3 Patients	ED Zone 2
	White Area – Deceased patients	Mortuary
	Staff Allocation Area	Main Hospital Concourse
	Discharged patients from wards	Rosewood ward
<b>Definitive Care:</b> MIP patients	Surgical MIP Admitting Ward	Laurel Ward
	Surgical MIP Admitting Ward—Backup	Redwood Ward
	Medical MIP Admitting Ward	Elm Ward
	Medical MIP Admitting Ward—Backup	Maple
	Overflow ward	Cedarwood
<b>Support Services</b>	Relatives and survivors	Canteen in Administration Building
	Social Workers and Pastoral Team	Room 8, beside canteen (Administration Building)
	Garda Casualty Bureau	Academic Centre Interview Room
	Media area	Academic Centre – Room 3
	Vacant	Board Room, Administration Building

## **Chapter 5**

# **Communication**

## 5.1 Communication methods

In general, when communicating during a MIP, keep your message clear, factual, brief.

Systems like ISBAR work particularly well.

Keep phone lines free.

Be extremely cautious with personal communication even with trusted people.

**NEVER** post information on social media

The main communications methods during a Major Incident include:

### Within Areas and Services

- Face to Face
- Landlines
- Runners
- Mobiles
- Written patient notes

### Between the MICT and Area/Service Leads

- Information Management Lead
- “4 board” communication system
- Landlines
- Runners
- Mobiles
- Scheduled conference calls
- Microsoft Teams video calls
- Messaging services

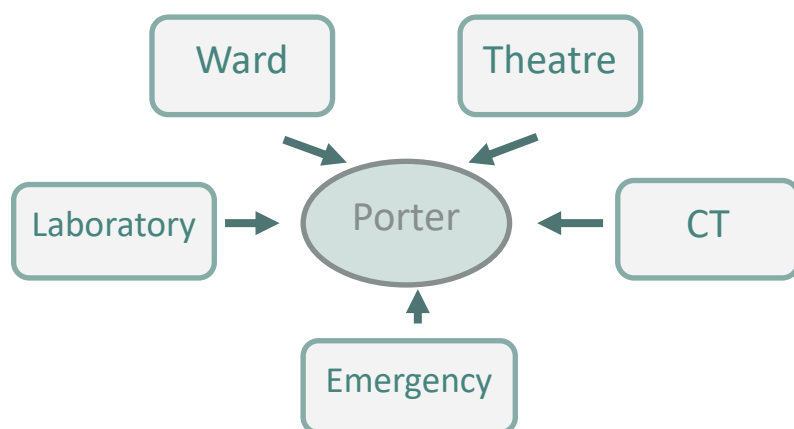
### Between the MICT and RCSI Hospital Group/HSE Regional or National Emergency Management Office

- Information Management Lead
- “4 board” communication system
- Telephone—landlines and mobiles
- E-mail
- Scheduled conference calls
- Microsoft Teams video calls
- National broadcasts (radio, TV, News agencies etc)



## 5.2 Vertical communication

Communication during the normal operation of a hospital is usually “**horizontal**”, that is, if Department A needs something from Department B, the staff will usually make direct contact with that department.

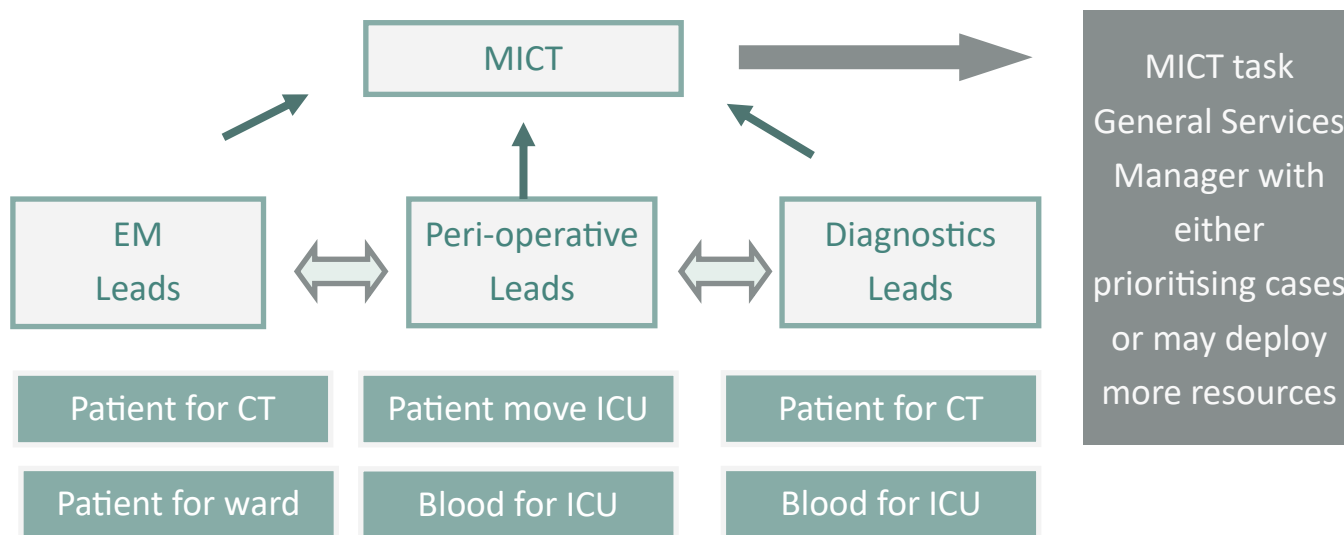


In **horizontal** communication, everyone would bleep the porter.

However, in a MI, **vertical communication** is used. This is where a staff member would communicate a need to the Zone Manager and the Zone Manager would communicate it to the Area or Service Lead. The Leads would aim to resolve this amongst themselves. If there is a resource limitation or other complex problem, this would be communicated to the MICT.

*For example*

There are a limited number of porters: EM needs to take a sick patient to CT immediately. Theatre needs to bring a patient to the ward to allow the next case start and the lab need to get blood to ICU.



In **vertical communication**, the Area Leads acknowledge that demand for porters exceeds availability and inform the MICT of the demand on Porters. The MICT would engage with the General Services Lead in finding a solution.

Vertical communication protects staff from feeling conflicted, over-stretched and stressed and ensures high priority tasks are completed before more less urgent ones.

It is the role of the Area and Service Leads to manage communication between; their areas, the MICT and the other Leads, to allow prioritisation, effective allocation of resources and promote efficiency.

## 5.3 Specialist communication processes

### Information Management Lead

The MICT's function is to make strategic decisions relating to the management of the Major Incident. For this to work, the MICT need information to be filtered, processed and presented in an organised manner. The person(s) managing this information is the Information Management Lead supported by an Action lead if available.

This person will be from Business Management, Quality and Patient Safety or Hospital Administration.

### 4 Board Information Management

They use a structured "4 Board Management System" that is deployed across emergency management nationally and creates a clear visual description of the situation. It is an incredibly effective communication tool.

Recognised current situation			Key issues	Strategic aims and Priorities	Actions			
Time	Action	Who			Time			
METHANE	ED	Theatre						
Security	Ward	Staffing						
Catering	ICU	Parking						

Training for Information Management Officers and the 4-Board System is available through the HSE Regional Emergency Management Office. Contact the MIP Implementation Team if you would like training.

### Scribes

This specialist communication role acts to record events as they occur in real time and in hindsight, will tell the story of the event, decisions made and actions taken.

They are allocated to key decision makers, such as the MICT, Operations, Area Leads and whoever the MICT advises at that time. They record both the event and the outcome.

They also remove the documentation role from the key decision makers, thereby freeing them up to be that decision maker.

### Runners

Runners physically take a message between two or more groups of people. It can be verbal or written. They record that it has been received and can return a response to the sender

They are important in the event of:

- Needing time critical closed loop communication
- Infrastructure difficulties e.g. the phones or internet are not working
- Human factors e.g. phones being engaged or not being answered
- Confidential information

## Deployment of Scribes and Runners

In Connolly, the Scribes and Runners are Health and Social Care Professionals.

The table below is to support the deployment of Scribes and Runners once the MIP is activated:

Area or Service	Scribe's name	Priority	Runner's name	Priority
MICT				
Operations				
Staff Allocations				
EM Leads				
Peri-operative Leads				
Diagnostics Radiology				
Diagnostics Laboratory				
Medical Leads				
Pharmacy				
Clinical Services				
General Services				
Information Management				
Administration				
Medical Physics & Clinical Engineering				
Estates				

<b>Colour</b>			
<b>Priority</b>	Immediate	Fill early	Fill when staffing

### Example of the Scribe Event Log



#### Scribe Event Log

MICT, Area or Service name: \_\_\_\_\_

Location: \_\_\_\_\_

Date \_\_\_\_\_

Scribe Name: \_\_\_\_\_

Time Event log started: \_\_\_\_\_

People present (full name followed by initials) \_\_\_\_\_

History reported to scribe (if appropriate): \_\_\_\_\_

Time (24hr)	Number	Event	Outcome (leave blank if no outcome needed)

Connolly Hospital Blanchardstown Major Incident Plan

### Example of the Runner Event Log



#### *Suggest list of good practice points when acting as a Runner*

- Use this log to keep a basic record of the activity of the runner
- Ask if an immediate response is to be delivered to your designate area and record and delivery same
- Always return to your assigned area after delivering the message
- Use 24 hour clock for times
- Keep notes brief and factual
- Ensure hand writing is legible and well- spaced. Record electronically if conditions permit
- If new runner is assigned, note change and handover runner log to new runner
- If extra runners are assigned, each runner should carry own log

Runners' names
1.
2.
3.

Time of message	From area	From whom?	Message content (basic)	Delivered to area	Received by whom?	Time of delivery

Connolly Hospital Blanchardstown Major Incident Plan

## **Chapter 6**

### **Patient Flow**

## 6.1 Patient Flow

### Activation phase:

#### Focus on creating space in the Emergency Department

Non-incident related Medical and Surgical Specialty Patients in ED awaiting admission	Endoscopy
Mental health patients in ED awaiting assessment/admission	Ash/Pine
Patients with possible significant transmissible illness	ED Zone 3
In-patients identified for discharge	Rosewood
Use of off site bed capacity	TBC

### Reception phase:

#### Focus is on patient reception in ED and preparation of the Receiving wards

Priority 1 patients	Red Area: ED Resus in Zones 1/4 (5 beds)
Priority 2 patients	Yellow Area: ED Zone 1
Priority 3 Patients	Green Area: ED Zone 2
Deceased patients	White Area: Mortuary

### Receiving wards

Surgical MIP Admitting Ward	Laurel Ward
	<b>Backup</b> Redwood Ward
Medical MEP Admitting Ward	Elm Ward
	<b>Backup</b> Maple

### Additional Critical Care capacity

CCU (6 beds), Recovery (4 beds), Minor theatre (1 bed), HDU in Surgical Day Ward (8 beds)

### Surge Capacity

Willow transfusion (6 beds), Sleep rooms (4 beds), Cedarwood (18 beds), Surgical Day Ward (14 beds)

### Definitive Care:

#### Focus is on moving patients through Receiving wards and on to most appropriate care

#### This may involve:

Supported early discharges

Creation of additional bed capacity

## 6.2 Patient Discharges and Admissions

Once the MIP is activated, patient discharge teams identify patients suitable for discharge, then:

- Assess the patient
- Provide them with the MIP Patient Discharge Letter
- Vacate their bed space and arrange cleaning
- Move the patient to an appropriate waiting area
- Ensure transport, home support and prescription/adequate medication supply
- Log the discharges and inform Patient Flow Lead

Participate in inter-ward transfers

Care for incoming patients

Log all ward discharges and admissions

**Connolly Hospital Blanchardstown: Major Incident Plan**  
**Patient Discharge Letter**

Dear patient,

An incident has occurred and Connolly Hospital's Major Incident Plan has been activated. This means that beds must be created quickly in the Emergency Department and on the wards to allow us to treat patients coming in from this event. This is an extra-ordinary measure. We have considered all options carefully.

Clinical staff have selected the patients most suitable for discharge from Connolly Hospital. You are one of the patients considered suitable for discharge. We accept that this may be earlier than what you and your treatment plan predicted.

We recommend the following:

- ◆ On discharge, we suggest that you communicate directly with your GP and explain what has happened.
- ◆ Your discharge letter will be sent out to your GP. This may take a few days.
- ◆ Please do not leave the hospital without an up to date prescription.
- ◆ A member of Connolly Hospital Staff will contact you after discharge. Please check that you have given the discharge staff your up to date phone number.
- ◆ Ideally, we recommend that someone stay with you for the first 24 hours after discharge. We accept that this may be difficult to arrange at short notice.
- ◆ Please have a telephone handy if you need to call for help.  
For urgent matters, the phone number for this ward is \_\_\_\_\_
- ◆ If you are unwell, please seek medical help.

Details of the event that has triggered the activation of the Major Incident Plan are not fully known at present. We do not yet know when normal hospital activity will resume.


Connolly Hospital Blanchardstown MIP: Patient transfer log										
Name of Clinical Area: _____					Date _____					
Transfers out					Transfers in					
Patient number	Patient name (first name, surname)	MCRN	Transferred to	Time	Patient number	Patient name (first name, surname)	MCRN	Transferred from	Ward location	Time
1					1					
2					2					
3					3					
4					4					
5					5					
6					6					
7					7					
8					8					
9					9					
10					10					
11					11					
12					12					
13					13					
14					14					
15					15					
16					16					
17					17					

## 6.3 Emergency Medicine Patient Registration, Triage and Discharge Log

### Registration

Once the MIP is activated:

- Establish a Triage area for patient assessment and registration
- Use the prepared patient registration packs
- Update the patient demographics where known. Print a new ED Card, Stickers and ID band.
- Replace these in the Patient Registration Pack and remove the old ones (with identity unknown)
- When possible, activate the patient registration on IPMS/Symphony. This enables electronic ordering of imaging on NIMIS.
- Complete the EM Patient Registration Log
- Inform the EM Leads of tally of patient registrations and their locations

Connolly MIP: Emergency Medicine Patient Registration Log								
Name of Clinical Area: Emergency Department						Date _____		
Incoming patients								
Patient number	Patient name (first name, surname)	MCRN	Gender	DOB	NOK name	NOK Contact number	Triage priority	Time of registration
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								



## Triage

No patient should be permitted to enter the ED until Triage is performed.

CHB uses a 2-step Triage. *This differs from other hospitals. Inform paramedics of this.*

### Step 1: Handover to Triage Team (ED Ambulance Entrance)

A Triage Sieve occurs.

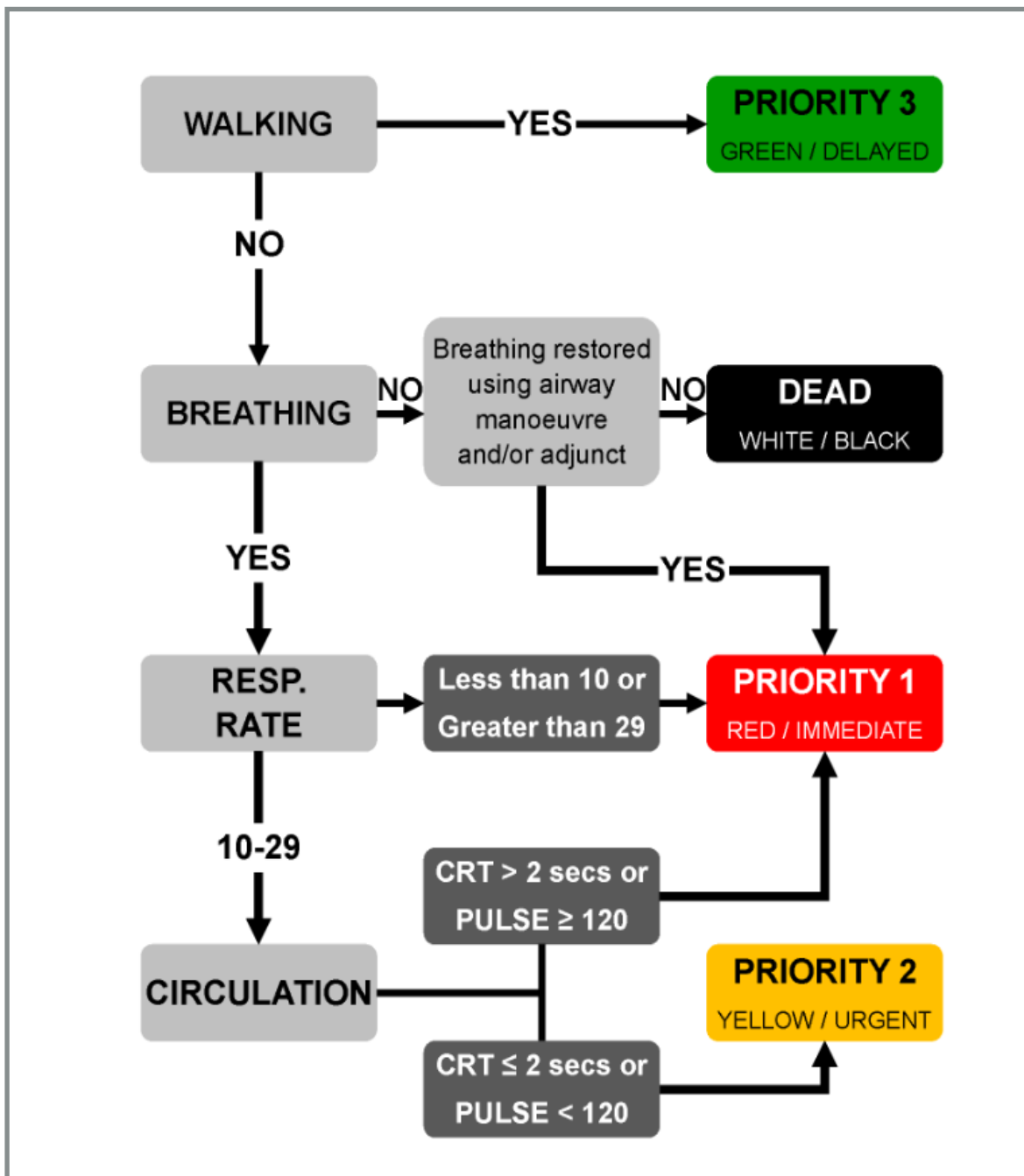
This quick assessment allows a patient be allocated to the Red, Yellow, Green or White (Mortuary) zone. Limited information is used.

### Step 2: Handover to Zone Manager (Red, Yellow or Green Zone)

Detailed clinical handover from pre-hospital practitioners or clinical assessment of self-presenters.

Record in EM notes. Sometimes, a patient will be re-triaged post Step 2.

### Triage Sieve used in Step 1 of Triage process



## Patient Discharge

Once the MIP has been activated and Triage is being established, simultaneously commence the process of creating space in the Emergency Department (ED.)

A senior team will identify 3 patient groups:

1. Unstable patients who should stay in ED
2. Patients requiring admission or further assessment
3. Patients suitable for discharge

**Group 1:** Manage as per clinical need

**Group 2:** Medical and Surgical Patients are moved to Endoscopy and Mental Health Patients to Ash or Pine ward. Photocopy the notes and keep the originals in ED.

**Group 3:** Provide patients with the MIP Patient Discharge Letter

- Vacate their bed space and arrange cleaning
- Move the patient to an appropriate waiting area
- Ensure transport, home support and prescription/adequate medication supply

Log all patient transfers/discharges and inform EM Leads

Connolly MIP: Emergency Medicine Patient Discharge Log										
Emergency Department - State area (red, yellow or green)										Date _____
Discharged patients										
Patient number	Patient name (first name, surname)	MCRN	Gender	DOB	Registered after MI declared: Y/N	Discharge destination	Prescription given	Discharge letter given	Follow-up given	Time of discharge
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										

## **Chapter 7**

### **Preparation**

## Preparation Checklist for Area and Service leads

Please complete and return to the MIP Implementation Team before March 1st and Sept 1st each year.

Name of Area/Directorate/Clinical Service: \_\_\_\_\_ Date \_\_\_\_\_

Name of Clinical Lead: \_\_\_\_\_

Name of Designated Person for MIP preparedness \_\_\_\_\_

Checklist	Answer	✓
MIP Plan: Where is it located?		
Staffing: When was your staff call-in list last updated and given to the MIP Implementation Team?		
MIP Box: What have you added or deleted from this box in the last 6 months?		
Space: Have there been any changes in your department or service that could impact on your MIP preparedness in the last 6 months?		
Training: Have any staff undertaken MI training in the last 6 months? If so, who and what training?		
Equipment When was your MI equipment last checked? Are any actions needed?		
MIP testing 1 Describe the nature of any MIP test, the number who participated and the main learning outcomes		
MIP testing 2 Describe the nature of any MIP test, the number who participated and the main learning outcomes		

## **Chapter 8**

### **Useful Information**

## 8.1 Radiology waiver in the event of a Major Incident Plan being activated in CHB

Given the nature of the incident, the Radiology and Radiography Leads, in conjunction with the other Clinical Leads, have determined that the following Waiver can be used in order to expedite emergency Radiology procedures. This form may only be used for the duration of the major incident, which will be determined by the MICT. Once the Major Incident has been declared over then the normal forms and relevant information shall be required.

Attach Patient sticker or Insert :

Patient name

MRN

Gender

DOB

Indicate any Patient allergies

### Pregnancy waiver

By signing this form:

I acknowledge and I am aware of the risks of possible Foetal irradiation during the requested Radiology procedure. After having taken into account the possibility of pregnancy and made every effort to determine the dates of the patient's last menstrual period, **I am waiving the 10 day rule**, as I deem it necessary to irradiate between the diaphragm and symphysis pubis of this patient given the nature of the incident and the patient's clinical condition. Therefore a clinical decision has been made to proceed to Radiology for imaging which uses ionising radiation, even though there is a real and significant risk to the foetus should this patient be pregnant.

I acknowledge and I am aware of my responsibilities as a **Referrer** under the Radiation Protection Legislation.

### eGFR

Given the nature of the incident and the patient's clinical condition, a clinical decision has been made to proceed to CT/Interventional Radiology for imaging which may include the use of intravenous iodinated contrast agent, in advance of any recent eGFR result being available.

### Risk of contrast-induced hypersensitivity reaction

Given the nature of the incident, the patient's clinical condition and the patient's history of increased risk of contrast-induced hypersensitivity reaction (e.g. asthma, atopy), a clinical decision has been made, after discussion with the Consultant Radiologist, to proceed to CT/Interventional Radiology, where the use of intravenous iodinated contrast agent may be required for imaging purposes.

A medical practitioner will be present in CT for the contrast injection. Please circle **'a'** or **'b'** as appropriate

- A** Proceed straight to CT with medical supervision of contrast injection
- B** Administer 100mg IV hydrocortisone and then proceed to CT with medical supervision of contrast injection

Referring Medical Doctor's Name in Print \_\_\_\_\_ Date \_\_\_\_\_

Referring Medical Doctor's Signature \_\_\_\_\_ MCRN \_\_\_\_\_

## 8.2 Staff sign-in sheets

Complete at Hospital Main Entrance or at Departmental Level if staff are to report to that area directly e.g. Laboratory, catering, Estates etc.

### Major Incident Plan: Staff Sign In sheet

Date: \_\_\_\_\_

	Name	Discipline e.g nursing	Specialty e.g. ICU	ID confirmed	Temporary ID given	Time
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

## 8.3 Management of suspected CBRNe

CBRN incidents refer to **Chemical, Biological, Radiation, Nuclear and Explosive incidents**. While chemical incidents are not uncommon, the others are and external expertise is often required. The basic principle is that injury or illness is caused by contamination, the symptoms of which may be immediate or delayed.

Exposure can be by absorption through the skin, inhalation, inoculation and injection.

Generally, patients brought by ambulance will be decontaminated before arrival and a pre-alert will be given. The greatest risk is with self-presenting patients or those who have had contact with illegal waste. *If the cause of an incident is unknown and 3 or more patients present, consider HAZMAT/ Poisoning/CBRN.* Training must ensure that this is identified at Reception.

There is a risk of contamination to staff and there is an immediate need to balance the risk to patients with the potential risk of contamination to staff. We must reduce the risk of “second victims”.

Each letter has a different meaning and the exposure, risks and management are unique to each category, even if the overall approach has similarities.

There is considerable support information available in X:\\_CHB MAJOR INCIDENT PLAN (Folder 15. CBRNe)

### General approach

#### Isolate

***Withdraw, Contain, Report, Isolate yourself, Call for Specialist Help.***

Use the phones to communicate with the Nurses’ station.

All people in the reception area and waiting room must stay there. Security to ensure no entry/exit.

Generally, ask the patient to go outdoors, but the relatives room may be considered selectively.

Security staff can create a safe cordon. Put the “CBRNe Emergency Pack” inside. Ask the patient to stay in the cordon. Consider putting the portable telephone in the cordon (if coverage possible).

#### Identify agent

Use any information available to identify possible agents.

This may be from collateral history, the manufacturer, signs or markings on vehicles or clinical features.

The HPA: CBRN Incidents – Clinical Management and Health Protection guide (in ED or on X\_drive Major Incident folder) can assist with pattern recognition of clinical features.

A gieger counter or ROMGENE can identify radiation levels. Only use if adequately protected.



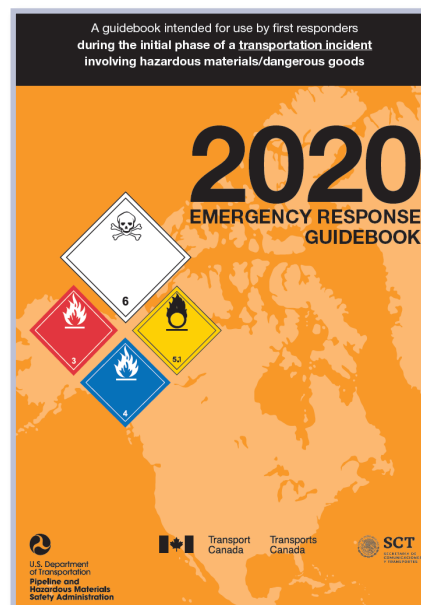
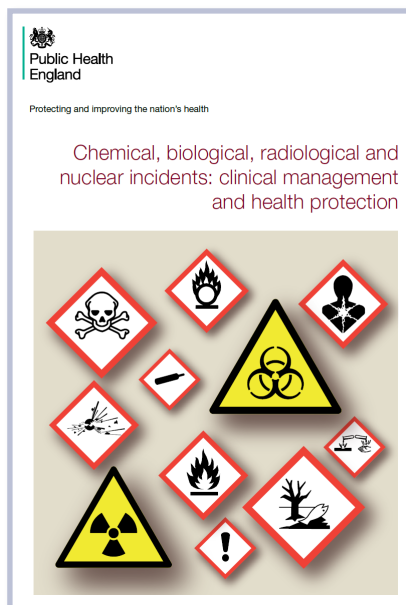
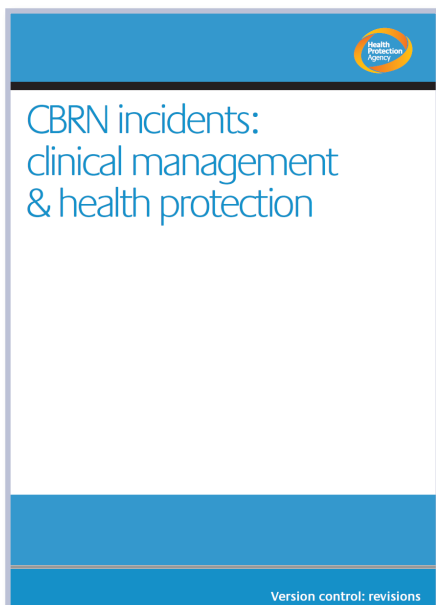
## Decontaminate

**Chemical:** initially use CBRNe Emergency Pack and await expertise from HSE National Ambulance Service.

Use specific antidote if agent known and antidote available.

**Biological:** If external contamination eg anthrax powder, use CBRNe emergency pack and await expertise.

The following guides, available on X:\\_CHB MAJOR INCIDENT PLAN (Folder 15. CBRNe) may help identify the agent. A list of all Major and Minor Seveso Sites is available there too.



The following paper, available on X:\\_CHB MAJOR INCIDENT PLAN (Folder 15. CBRNe) may help in the investigation, management and antidotes.



Other sources of information for Chemical and Biological Incidents include:

- Public Health via HSE National Emergency Operations Centre (NEOC) Ambulance Control
- Chemical, Radiological or Nuclear – Dublin Fire Brigade have access to “Chemdata”
- Infections - HSPC [www.hspc.ie](http://www.hspc.ie)
- Poisoning – [www.toxbase.org](http://www.toxbase.org)
- National Poisons Information Centre, Beaumont 01-809 2566

*Biological incidents* varies from standard precautions, to respiratory precautions to high risk airborne precautions. The latter are available in the Emergency Department and training is required prior to use. A buddy system is required for “donning” and “doffing”.

## CBRNe Patient Management

### The instructions should advise the patient to:

- Give phone number of Nurses's station. Communicate using patient's mobile on "speaker". Keep phone away from face.
- Avoid touching face, eyes, mouth or head
- Do not eat, drink or smoke.
- Open the pack and spread the plastic sheet on the ground
- Apply gloves
- Remove clothing using buttons, zips and shears. Do **not** pull over face/head
- Place used clothing in sealed double plastic bag and retain for assessment
- Remove and bin gloves. Apply new gloves
- Dab entire body with blue tissues – do not rub. Bin tissues. Bin gloves.
- Gently blow nose and wash out eyes, eyebrows and ears using dampened tissue. Bin tissue.
- Apply gown(s)
- Shower – Rinse – Wipe – Rinse with soapy water. 15 min. Use ED Decontamination Shower if HSE Specialist Unit not on site.

### CBRN Emergency Pack

- Strong plastic sheeting
- Strong plastic bag x 2
- Gloves – S, M, L 3 sets
- Surgical face mask x 2
- Clothes shears
- Roll of blue paper towels
- Water (to dampen blue towels)
- 2 gowns
- Pair of Scrub legs
- Instructions

Removing clothing and washing the body with soap and water will remove most external contamination. Even removal of outer clothing alone may reduce contamination by 80-90%.

The effectiveness of decontamination should be confirmed by monitoring.

### Contain waste

Seek expert advice and minimise risk to others

### Avoid cross contamination

Isolate, hand washing, safe donning and doffing of PPE, safety with sharps, biological fluids and transporting of biological material.

## Radiological and Nuclear Incidents

A radiological emergency is an incident or accident which has the potential to result in a person being exposed to elevated levels of harmful radiation known as ionising radiation. While this could include a nuclear accident, the term radiological emergency is generally used for a more local issue. Possible causes are listed below:

1. An accident involving a radiation source regulated under licence by the EPA.	<ul style="list-style-type: none"> <li>• A fire</li> <li>• A transport accident</li> <li>• The collapse of a building</li> </ul>
2. A deliberate criminal act or terrorist attack.	<ul style="list-style-type: none"> <li>• The detonation of a dirty bomb</li> <li>• An arson attack on a building containing a source of radioactivity</li> <li>• The theft of a source of radioactivity</li> </ul>
3. A major incident with widespread radiological consequences.	<ul style="list-style-type: none"> <li>• An accident at a nuclear installation abroad</li> <li>• The re-entry into the earth's atmosphere of a nuclear-powered satellite</li> <li>• An accident involving a nuclear-powered ship or submarine</li> </ul>

## Decontamination in radiological and nuclear incidents

*Radiation:* If radioactive material is deposited onto a patient (external) or into a patient (internal), then they are a risk to others. If they have been exposed to radiation but are not contaminated, they are **not** a risk to others.

Decontaminate external radiation initially using the CBRNe emergency pack and await expertise.

If life-threatening injury exists, then treat with double gloves (non-pregnant staff) but decontaminate before treatment for non-life-threatening injury.

Pregnant patients should not approach patient.

The scale of the response depends on the severity of the incident and the level of potential danger to the public.

A small-scale emergency, like a road traffic accident involving a radioactive source, could be managed locally by the emergency services, with advice from the EPA.

A severe radiological emergency could require the activation of the National Plan for Nuclear and Radiological Emergency Exposures.

A gieger counter or ROMGENE can identify radiation levels. Only use if adequately protected.

Other sources of information for Radiological and Nuclear Incidents include:

Responsibility for Radiation or Nuclear events rests with the Office of Radiation Protection and Environmental Monitoring within the Environmental Protection Agency in conjunction with Dept of the Environment, Climate and Communications, National Emergency Planning Office and Local Authorities.

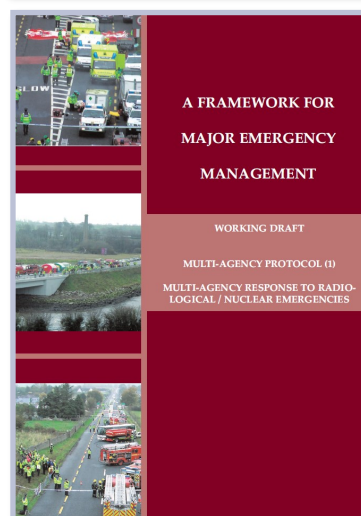
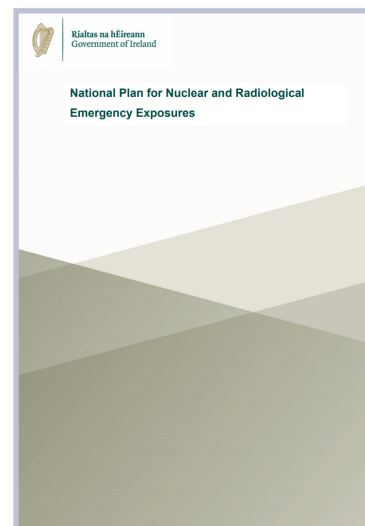
An EPA Radiation Duty Officer rota is in place 24/7 to advise emergency services or the government on appropriate actions. The rota is circulated every month to An Garda Síochána and other relevant organisations.

The EPA should immediately be notified of any major incident involving radiation. Responsibilities include:

- To provide advice to first responders at the site of the incident
- To assist with radiation monitoring
- To confirm the levels of radiation
- To assess the radiation risks posed
- To provide advice on protective measures and public safety
- To notify the relevant international organisations, if appropriate

The EPA Nuclear and Radiological Emergency Plan sets out the EPA's responsibilities under the National Plan. It includes details on EPA's preparedness arrangements, the EPA radiation emergency response structure and the roles of teams and individual staff members in responding to a radiological emergency.

Additional information is available on X:\\_CHB MAJOR INCIDENT PLAN (Folder 15. CBRNe)



## 8.4 Medical Gases

### Medical Gas Bottles

The ordering and distribution of Medical and Non-medical gas bottles is completed by Transport Dept, which is part of General Services.

Transport order and accept the weekly deliveries of gas bottles from BOC gases.

Currently the Centralised store for gas bottles is in the Transport Yard.

Transport deliver gas bottles of the larger size direct to specific areas such as the back units, respiratory, catering, plant rooms and the lab, following requests from the location managers.

There is a sub storage for medical gases located in the cage shed, located outside the glass corridor, near radiology porta cabin.

Porters \ HCAs, bring down the empty gas bottles to this locations and exchange them for full bottles.

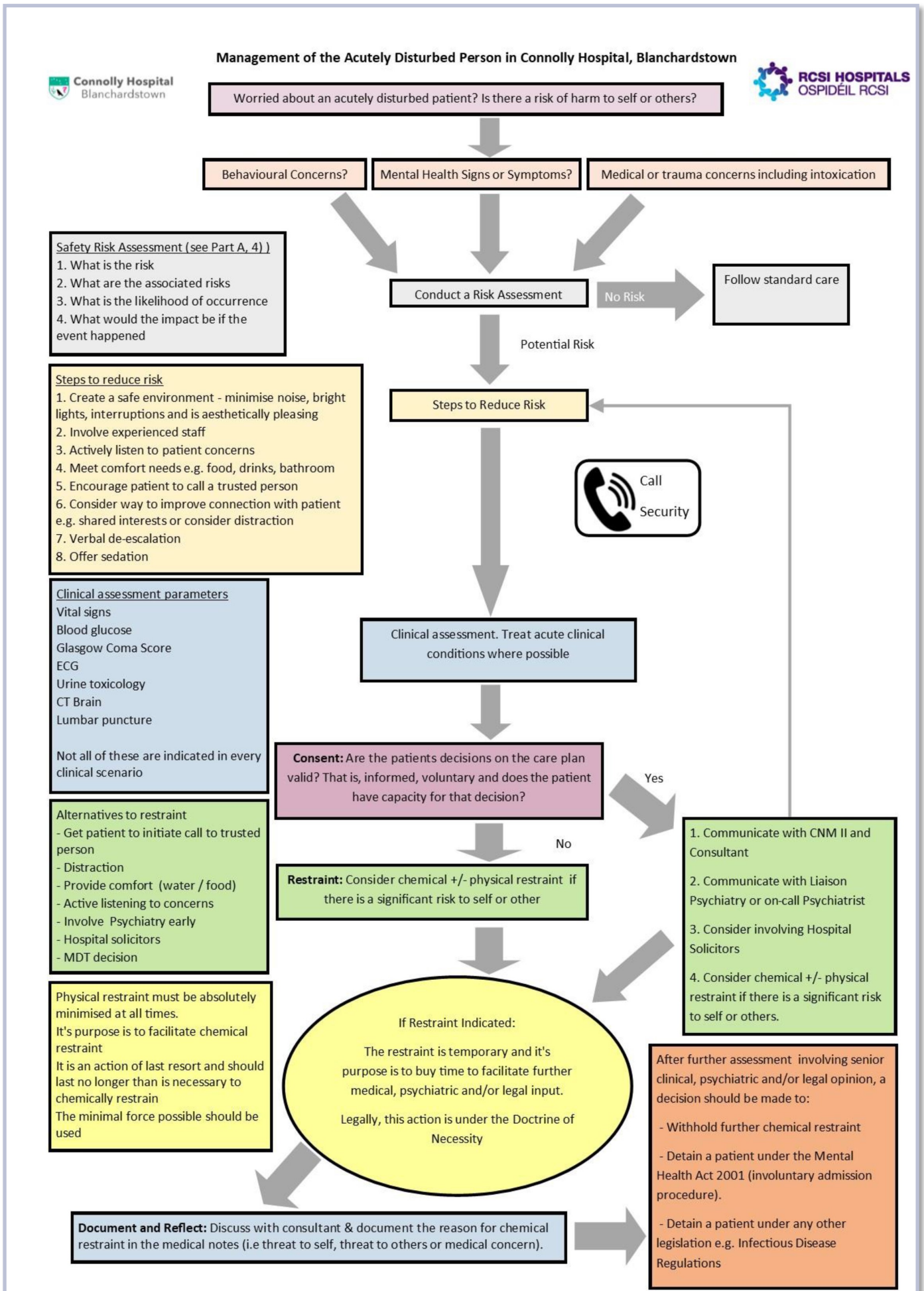
Transport replenish the stock in this shed.

### Piped Medical Gases

Piped gases are managed by Estates Dept.

The Estates have no involvement in the ordering or management of gas bottles from BOC Gases.

## 8.5 Approach to an agitated, disturbed or threatening person





## 8.6 Business Impact Analysis

Business continuity in a Major Incident relies on strong preparation. A core element of this is that each Area and Service conducts a Business Impact Analysis and returns it to the CHB Business Continuity Manager.

It needs to be regularly reviewed and updated after testing, learning, training and incidents.

A copy is available on:

X:\\_CHB MAJOR INCIDENT PLAN\22. Business Continuity

 			
<b>BUSINESS IMPACT ANALYSIS (BIA)</b>			
<b>DEPARTMENT NAME:</b>			
<b>DEPARTMENT DETAILS:</b>	<table border="1"> <tr> <td> <b>STAFF</b>            Total No. of staff in your department: _____             Please list your staff by the following categories:             Admin: _____ Medical: _____            Nursing: _____ HSCP: _____            Support Services: _____ Other: _____         </td> <td> <b>SERVICE YOU PROVIDE</b>            (Please tick box most appropriate to your department)             24 hour service Mon-Sun ..... <input type="checkbox"/>            6 days per week ..... <input type="checkbox"/>            5 days per week ..... <input type="checkbox"/>            Other (please specify) ..... <input type="checkbox"/>   <b>BEDS (if applicable)</b>            No. of beds: _____         </td> </tr> </table>	<b>STAFF</b> Total No. of staff in your department: _____  Please list your staff by the following categories:  Admin: _____ Medical: _____ Nursing: _____ HSCP: _____ Support Services: _____ Other: _____	<b>SERVICE YOU PROVIDE</b> (Please tick box most appropriate to your department)  24 hour service Mon-Sun ..... <input type="checkbox"/> 6 days per week ..... <input type="checkbox"/> 5 days per week ..... <input type="checkbox"/> Other (please specify) ..... <input type="checkbox"/>  <b>BEDS (if applicable)</b> No. of beds: _____
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<b>PERSON COMPLETING:</b>			
<b>DATE:</b>			
<b>VERSION NO.</b>			
<b>DEPARTMENT SIGN OFF:</b>			
<b>BCM TEAM SIGN OFF:</b>			

### INDEX

Q.1 What do you do? (Please outline your department profile and the services you provide.).....	3
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Q.3 What equipment do you currently use to deliver the activity?.....	5
Q.4 What other departments (internal) do these activities depend on? .....	6
Q.5 Who outside the hospital do these activities rely on.....	7
Q.6 What utilities / other services do these activities rely on?.....	8
Q.7 Which internal people do these activities rely on?.....	9



## 8.7 Blood transfusion

Blood transfusion presents a patient safety risk during a Major Incident, given the number of patients presenting simultaneously and that the identity of some patients is incompletely known.

The usual rigorous standards of blood transfusion processes continue to apply in a MI.

**The PDA blood tracker can be used and is the preferred system during a MI.**

See Section 8.8 for further details.

### *Patient identification*

During a Major Incident, pre-prepared patient registration packs with an “unknown identity” are used to identify a patient, unless, there is time at Triage to re-register the patient and the patient’s identity is known.

If there is updated patient information, a “mini-registration” will be done and a new wristband, front sheet and stickers will be printed. A new top sheet will be stapled onto the pre-prepared ED notes.

**Therefore, do not change the patient wristband whilst large volumes of blood products are required without consultation with the Blood Transfusion laboratory.**

**Any change in the patient identity band (updates to name, DOB, MRN) require a new cross-match sample be sent.**

### **Use of blood products**

- If blood is required urgently, please be aware that O *negative* blood has limited availability and O *positive* blood may be provided to men and women >55 years. Due diligence is required here.
- Be aware that platelets are not stored on site in CHB and there is a limited capacity to thaw plasma at any one time.
- Good communication between clinicians and the Laboratory is required to optimise use of resources.
- If multiple patients in an Area require blood transfusion products, ensure the Area Leads are aware of this.
- All staff must take great care during blood product transfusion—consider techniques like a brief “time out” prior to any transfusion to improve safety.
- Be familiar with the CHB Management of Major Bleeding Guideline and the Management of Bleeding—Direct Oral Anticoagulants (Appendix 3 & 4).

## 8.8 Equipment stores: BloodTrack PDA's, Bariatric equipment, Workstations on Wheels

### BloodTrack PDA Scanners

Scanners are available in the following locations:

Ward	Location
ED Zone 1	Nurses station
ED Resus	Nurses station
ED Zone 4	Nurses station
ED Phlebotomy	Plaster room
Holly Day Ward	Treatment room
Walnut	Nurses station
Beech	Doctor's office
CCU	Nurses station
Cherry	Nurses station
Cypress	Nurses station
Elm	Nurses station
Endoscopy	Nurses station
ICU	Nurses station
Laurel x2	Nurses station
Maple	Nurses station
OPD	GP phlebotomy
Pre-assessment Clinic	Pre-assessment clinic room
Redwood x2	On the shelf in the corridor between ward entrance and nurses station
Rowan	Nurses station
Silverbirch	CNM office
Surgical Day Ward	Nurses station
Sycamore	Nurses station
Theatre	Recovery nurses station
Theatre	Holding bay beside blood gas machine
Willow Day Ward x2	Clinical room
Woodlands	Doctor's office

### Bariatric equipment

Bariatric

All trolleys in the Emergency Dept are suitable for patients weighing up to 350Kg

### Workstations-on-Wheels (WOW's)

The number of Workstations on Wheels around the hospital is expanding. They connect to the network via Wifi which is also being extended throughout the hospital.

Log-in details for the Ward WOW's are available in the Site Manager's Office.



## 8.9 Electrical Supply

# Connolly Major Incident Plan

## Information relating to electrical supply

### Background

Connolly Hospital Electrical Supply comes from a single 10,000 volt supply (underground from the Ballycoolin Sub-station). It is supported by back-up generators which cover all areas of the hospital.

Certain designated areas of the Hospital have “Uninterrupted Power Supply Units” connected to sockets designated for “Medical Use”. These sockets are protected from a power loss, but non-medical device sockets and general lighting are not supported by the UPS and in the event of a mains power failure will experience an interruption until the back-up generators engage.

These areas served by UPS include:

- ICU
- CCU
- Theatre
- Resuscitation Areas in ED
- Isolation Room in ED
- Endoscopy
- MRI and CT Unit

### Procedures:

There are different levels of power failure and each requires a different level or response;

Very localised

Sectoral

Hospital wide

There is an Alarm Panel in the Hospital Switch which notifies the Personnel in Switch of a major power interruption. This triggers the Estates Department SOP for Electrical Power Failure.

### If power is interrupted:

Lifts within the affected areas will not be operational

Fire Alarm systems will continue to operate on their integral battery back-up power supply

Emergency lighting systems where installed will operate however lighting levels will be substantially reduced.

## **Chapter 9**

## **Glossary**

## Abbreviations

ADON	Assistant Director of Nursing
CBRNe	Chemical, Biological, Radiological, Nuclear and explosive
CCU	Coronary Care Unit
CD	Clinical Director
CDU	Central decontamination unit
CHB	Connolly Hospital Blanchardstown
CNM	Clinical Nurse Manager
CT	Computed tomography
DFB	Dublin Fire Brigade
ED	Emergency Department
EM	Emergency Medicine
HDU	High Dependency Unit
HMIMMS	Hospital Major Incident Medical Management and Support
HSE	Health Service Executive
ICT	Information and communication technology
ICU	Intensive Care Unit
IPC	Infection Prevention and Control
MI	Major Incident
MICT	Major Incident Control Team
MIDAS	Scanning system for notes in Emergency Medicine
MIP	Major Incident Plan
MRN	Medical Record Number
MSW	Medical Social Work
NAS	National Ambulance Service
NEOC	National Emergency Operations Centre
PPE	Personal Protective Equipment
RCSI	Royal College of Surgeons in Ireland
SDW	Surgical Day Ward
TCU	Transitional Care Unit

## **Chapter 10**

### **Action Cards**

## 10.1 Action Card Template



# Connolly MIP Action Card

*Feb 2022*



**Role:**

**Reporting location:**

**Reports to:**

**Overview:**

**Actions:**

**Considerations**

## 10.2 List of Action Cards

Area or Service	Action Cards available
MICT	Single MICT AC
	MICT - Site Manager (in hours)
	MICT - Site Manager (out-of-hours)
Operations	Information Management Officer
	Operations Lead
	Business Continuity
	Unscheduled Care Lead
	Scheduled Care Lead
	Staff Allocations Lead
	Discharge Team
Emergency Directorate	METHANE call taker
	Emergency Medicine Leads
	Triage team
	Red Area
	Yellow Area
	Green Area
Medical Directorate	Emergency Medicine Clerical
	Medical Directorate Leads
	Discharge Team (Medical)
	Elm ward
	Maple ward
	Endoscopy (in-hours)
	Endoscopy (out-of-hours)
	Beech ward
	Cherry ward
	Cypress ward
	Rosewood ward
	Rowan ward
	Out-patients
	Peri-operative Directorate
Discharge Team (Surgical)	
ICU	
Theatre	
Laurel ward	
Redwood ward	
	CCU

## 10.2 List of Action Cards

Area or Service	Action Cards available
Diagnostics Directorate	Radiology/Radiography Leads
	Radiography Service Manager
	Radiographer
	Radiology Technology
	Radiology HCA
	Laboratory Lead
	Transfusion
	Haematology
	Chemical Pathology
	Microbiology
	Histopathology
	Mortuary
	Phlebotomy
	Infection Prevention & Control
Pharmacy	Pharmacy Lead
Clinical Services	Clinical Services Lead
	Scribe
	Runner
	MSW/Pastoral Care
General Services	General Services Lead
	Security
	Switch
	Catering
	Household
	Portering
	Transport
Information Management	Information Management Lead
	Business Manager
	Quality
	ICT Manager
	Communications
Administration	Administration Lead
Medical Physics & Clinical Engineering	Medical Physics and Clinical Engineering Lead
Estates	Estates Lead

**Major Incident Control Team  
Action cards**

**Major Incident Control Team  
Site Manager (in hours)  
Site Manager (out-of-hours)  
Information Management Officer**





# Connolly MIP Action Card

Feb 2022



**Role: Member of Major Incident Control Team**

**Reporting location: Endoscopy Boardroom, 4<sup>th</sup> Floor, CHB**

**Reports to: RCSI Hospitals Groups & HSE Area Crises Management Team**

## Overview:

Leadership role to ensure:

- Optimum allocation of staff and resources in an extraordinary situation
- Continuous overview of activity and demand within the hospital
- Safe, effective, efficient and dignified care of current patients and incoming MIP patients
- Effective communication: within the hospital, with National Emergency Operations Centre (NEOC), RCSI Hospitals Group, HSE Crises Management Teams, State Agencies and the public
- Mitigate risk, provide a safe environment and promote staff, patient and public welfare
- Documentation and recording of events and decisions made

## Responsibilities:

Decision to “standby” or activate the MIP

### *In standby*

Appoint a Chair

Determine the current level of activity and capacity within the Hospital

Determine who would be the Area and Service “Leads”

Establish a Strategic Hub in the Endoscopy Board Room

Establish communications with source of notification and await updates. Verify METHANE message 112/999 with NEOC.

Decide to “Stand down” or “Activate” the MIP

### *In activation*

Activate the MIP and trigger DAKS Staff Call in System (Panel in Switch and CNM III Office ED)

Appoint a Scribe and Runner and begin the timed documentation of events and decisions

Appoint an Information Management Officer and use “4 Boards” Information Management System

Ensure Operation Hub is created in Patient Flow and determine current activity and capacity

Ensure Staff Allocation Team and Staff Hub in Main Hospital Concourse is in place

Establish communication with the Area and Service Leads. Reinforce “vertical communication”.

Establish communication:

- Call NEOC on 112/999 and advise that MIP is activated. NEOC will establish Area Crises Management Team
- Call RCSI Hospitals Group on-call. They will sit on Area Crises Management Team.

Ensure “business continuity” commences

Ensure staff welfare: rest, break, meals and “hot debriefs”

Declare “Stand-down”

Triggers for activating the MIP are:  
 Notification by pre-hospital services  
 Notification by HSE Crisis Management Team  
 An unusual pattern of patient presentation to the ED  
 Other extraordinary situations in the hospital

## Considerations

- Most senior person on site forms and chairs the MICT until General Manager available
- Get the DAKS Conference Call instructions
- Get the daily list of Major Incident Control Team (MICT) contact details (available from Switch)



# Connolly MIP Action Card

Feb 2022



## Role: Site Manager (in hours)

**Reporting location: Endoscopy Boardroom, 4<sup>th</sup> Floor, CHB**

**Reports to: Major Incident Control Team**

## Overview:

Leadership role (Member of Major Incident Control Team)

Overview of all activity and events within the Hospital

Co-ordination of the early response

Activation of the internal CHB communication cascade

Determination of current hospital capacity

Establishment of the Strategic Hub, Operational Hub and Staff Allocation Hub

## Responsibilities:

### *In standby*

Get the DAKS Conference Call instructions

Get the daily list of Major Incident Control Team (MICT) contact details

Co-ordinate a conference call amongst members of the MICT

Update MICT on current Hospital capacity, staffing, activity and events

Participate in the decision to “Stand down” or “Activate” the MIP

“Troubleshoot”

Establish communications with source of notification and await updates

### *In activation*

Activate the MIP and trigger DAKS Staff Call in System (Panel in Switch and CNM III Office ED)

Appoint a Scribe and Runner and begin the timed documentation of events and decisions

Activate the internal CHB communication cascade

Ensure Strategic Hub is created in Endoscopy Boardroom

Bring 4 White Boards (from outside lifts on 4th Floor) to Endoscopy Board Room

Ensure Operation Hub is created in Patient Flow and determine current activity and capacity

Ensure Staff Allocation Team and Staff Hub in Main Hospital Concourse is in place

Follow the MICT action card

## Considerations

Document everything and save documentation for after action review



# Connolly MIP Action Card

Feb 2022



**Role: Site Manager (out-of-hours)**

**Reporting location: Initially CNM III Office in ED, later Endoscopy Boardroom**

**Reports to: MICT**

## Overview:

Leadership role (most senior member of the Major Incident Control Team on-site out-of-hours)

- Responsible for activation of the Major Incident Plan
- Co-ordination of the early response
- Activation of the internal CHB communication cascade
- Establishment of the Strategic Hub, Operational Hub and Staff Allocation Hub
- Communication with the relevant bodies

## Responsibilities:

### *In standby*

- Get the DAKS Conference Call instructions
- Get the daily list of Major Incident Control Team (MICT) contact details
- Co-ordinate a conference call amongst members of the MICT
- Establish communications with source of notification and await updates
- Summarise baseline capacity and staffing within the hospital
- Determine who would be the Area and Service "Leads"
- Decide to "Stand down" or "Activate" the MIP

### *In activation*

- Activate the MIP and trigger DAKS Staff Call in System (Panel in Switch and CNM III Office ED)
- Appoint a Scribe and Runner and begin the timed documentation of events and decisions
- Activate the internal CHB communication cascade
- Ensure Strategic Hub is created in Endoscopy Boardroom
- Bring 4 White Boards (from outside lifts on 4th Floor) to Endoscopy Board Room
- Ensure Operation Hub is created in Patient Flow and determine current activity and capacity
- Ensure Staff Allocation Team and Staff Hub in Main Hospital Concourse is in place
- Follow the MICT action card

## Considerations

Document everything and save documentation for after action review



# Connolly MIP Action Card

Feb 2022



**Role: Information Management Officer**

**Reporting location: Main Hospital Concourse, later Endoscopy Boardroom**

**Reports to: MICT**

## Overview:

The Information Management Officer plays a critical role in filtering information, providing reliable information to the MICT, facilitating timely decision making and auctioning these decisions. They play an active role to:

- Keep the focus of the MICT
- Process and prioritise information
- Present information coherently

Ideally, 2 senior staff would fill this role e.g. Business Managers, Administration, Data Governance or Quality

## Responsibilities:

- Bring 4 white boards (from outside lifts on 4<sup>th</sup> floor), black & red whiteboard markers and eraser to Strategic Hub in Endoscopy Boardroom
- Inform the MICT of your role and that your responsibilities include:
- Asking the MICT to provide a statement on CHB's "**Strategic Aims and Priorities**" – Document this
- Periodically asking the MICT for updates on the "**Recognised Current Situation**"
- Asking the MICT to identify "**Key Issues**" arising from the "Recognised Current Situation"
- Documenting the "**Actions**" required arising from the "Key Issues"
- Label the 4 Boards with the headings shown below and periodically ask the MICT to complete each Board
- The Boards should present an update summary of the incident as it evolves
- If staffing permits, one IMO sources and documents information and another IMO is an Action Manager
- Verify, filter and process information rather than simply record all data
- Write clearly and avoid abbreviations and acronyms
- Use a black marker when writing and a red marker to delete or cancel entries
- Photograph the Boards periodically and before cleaning
- Prompt the MICT to make decisions and avoid making these decisions yourself
- Action Manager confirms that actions have been completed and strikes through them with red marker

## Considerations *an example of the 4 Boards system*

Recognised current situation			Key issues	Strategic aims & Priorities	Actions			
METHANE	ED	Theatre			Time	Action	Who	Completion Time
ICU	Wards	Staff allocation						
Catering	Procurement	Security						

The sub-headings and the number of boxes in the "recognised current situation" can adapt as required

**Operations  
Action cards**

**Operations Lead  
Business Continuity Lead  
Unscheduled Care Lead  
Scheduled Care Lead  
Staff Allocations Lead  
Discharge Team**



# Connolly MIP Action Card

Feb 2022



## Role: Operations Lead

**Reporting location: Operational Hub in Patient Flow Office**

**Reports to: MICT**

### Overview:

To manage the diverse factors that influence the patient journey through the Hospital so that quality care is delivered efficiently. Responsibilities include unscheduled care (capacity, patient flow and discharge planning), scheduled care and a MIP specific role called "Staff Allocation".

### Responsibilities:

- Appoint a Scribe and Runner and begin the timed documentation of events and decisions
- Allocate a Lead for Unscheduled Care, Scheduled Care and Staff Allocation
- Establish communication with the MICT and Area and Service Leads
- Create an Operational Hub in the Patient Flow Office
- In conjunction with the Unscheduled Care Lead
  - Determine baseline capacity
  - Establish Discharge Teams in conjunction with Medical and Peri-operative Leads
  - Create bed capacity including critical care capacity
  - Tally incoming patients and their location
  - Identify surge capacity
- In conjunction with the Scheduled Care Lead, initiate the business continuity plan
- In conjunction with the Staff Allocations Lead
  - Establish a Staff Allocations Hub in the Main Hospital Concourse
  - Have an overview of available staff and demand for staff
- In conjunction with the Area Leads, anticipate patient needs e.g. radiology, theatre, medications, specialist equipment and pro-actively resource these
- Ensure staff welfare: rest, breaks, meals and "hot debriefs"

### Considerations

Use the 4-board system

Keep a copy of patient moves (electronic, photographs or "magic white boards")



# Connolly MIP Action Card

Feb 2022



**Role: Business Continuity Manager**

**Reporting location: Operational Hub in Patient Flow**

**Reports to: Scheduled Care Lead**

## Overview:

Implement the advanced planning and preparation to ensure that the hospital will have the capabilities to operate its critical business functions in pre-defined critical areas during the major incident.

It is a parallel process that runs alongside the MIP response and commences the moment the MIP is activated.

## Responsibilities:

- Use the CHB Business Continuity Plan to inform decision making
- Establish communication with Operations Lead
- Communicate the “essential services” that must continue during the Major Incident to the Operations Lead
- Identify the resources needed for “essential services” to continue to the Operations Lead
- Establish communications with RCSI Business Continuity Team
- Communicate the clinical and operational services that can be curtailed to the Operations Lead
- Create a record of the curtailed services
- Communicate the order in which non-essential clinical and operational services will resume
- Identify the resources needed to resume curtailed services to the Operations Lead
- Document all decisions made

## Considerations



# Connolly MIP Action Card

Feb 2022



**Role: Unscheduled care lead**

**Reporting location: Operational Hub in Patient Flow Office**

**Reports to: Operational Lead**

## Overview:

Management of patient flow within the Hospital including the accommodation of patients currently within the Emergency Department (non incident related) and incoming patients, the discharge of in-patients and the creation of additional bed capacity.

## Responsibilities:

**Create space in Endoscopy.** Accommodate non-incident related medical and surgical patients from the ED in Endoscopy.

Move non-incident related patients in the ED with mental health symptoms to Ash/Pine

### Initiate a patient discharge process

Liaise with Nurse-in-charge of each ward to identify patients suitable for discharge

Liaise with Medical/Peri-operative Leads to ensure that Patient Discharge Teams are created

Ensure suitable patients vacate bed space and are accommodated at ward level or Rosewood ward. Identify other potential areas for discharged patients.

### Prioritise capacity on MIP Receiving Wards:

Medical – Elm (backup Maple)

Surgical – Laurel (backup Redwood)

### Create Critical Care Capacity. Options include:

CCU (6 beds), Recovery (4 beds), Minor theatre (1 bed), HDU in Surgical Day Ward (8 beds)

### Explore Surge Capacity options

Willow transfusion (6 beds), Sleep rooms (4 beds), Cedarwood (18 beds), Surgical Day Ward (14 beds)

### Establish early definitive care pathways. Options include

Supported early discharges, inter-hospital transfers and additional outreach bed capacity

Document the decisions made

## Considerations

Keep a copy of patient moves (electronic, photographs or “magic white boards”)





# Connolly MIP Action Card

Feb 2022



**Role: Scheduled care lead**

**Reporting location: Operational Hub in Patient Flow Office**

**Reports to: Operational Lead**

## Overview:

Overview of planned activity occurring in the hospital over the next 7 days. Understanding of activities that are essential and must be continued and can identify the resources needed for this to happen.

Also understand which activities can be cancelled, curtailed or re-scheduled and ensure that this happens effectively, establishing robust processes to follow-up these patients after MIP stand-down.

## Responsibilities:

Liaise with the Business Managers, Business Continuity Manager, Radiography Lead and Medical/Peri-operative Leads to determine activity levels.

Identify “essential” and “non-essential” activity

Identify the resources required to continue “essential” activity

Liaise with the Operations Lead and understand the strategic direction of the MICT

Ensure “non-essential” patient care cancellations and deferrals are communicated promptly to patients

Record all cancellations and deferrals

Establish processes to re-schedule any activity cancelled or deferred

Document all decisions made

## Considerations



# Connolly MIP Action Card

Feb 2022



## **Role: Staff Allocations Team**

**(3 persons from HSCP's, Site Management and Ambulatory Nursing)**

**Reporting location: Operational Hub in Patient Flow Office**

**Reports to: Operational Lead**

## **Responsibilities:**

To ensure optimal deployment of staff, based on clinical urgency, patient flow and other priorities as determined by the strategic direction of the MICT.

It is a dynamic balance between demand (communicate by the MICT and Area Leads) and the staff resources (onsite staff, DAKS information and incoming staff who have signed in with Security).

## **Actions:**

Collect the Staff Allocations MIP box in the Patient Flow Office

Nominate the Lead – this person needs to balance demand and resources

Establish a hub in the Operational Hub in the Patient Flow Office

Open DAKS software on the PC's in this office (Passwords in MIP in File)

Liaise with Security Lead to ensure regular updates on incoming staff

Establish communication with MICT. Inform them that Staff Allocations Hub is operational.

Establish communication with the Area Leads in Emergency, Peri-operative, Medicine and Diagnostics

Engage with the strategic direction of the MICT and allocate staff accordingly

Ensure the “key roles” are filled

Prioritise area staffing requirements based on need, giving consideration to skill mix available

Team members to allocate staff accordingly. Record allocation.

Record all decisions made on the Staff Allocations event log

## **Considerations:**



# Connolly MIP Action Card

Feb 2022



## Role: Discharge Team

## Reporting location: Medical or Peri-operative Hub

## Reports to: Medical or Peri-operative Directorate Leads

### Overview:

The role of the Discharge Teams are to identify patients suitable for discharge from each ward. Vacate and clean the space and then ensure safe discharge of the patient. All patient moves should be recorded.

### Responsibilities:

- Establish a Discharge Team with a Senior and Junior NCHD, the Nurse in Charge of each ward and a ward clerk if available
- Identify the patients suitable for discharge. Consider their care plans, clinical status, pending investigations, therapies and interventions.
- Inform the patient that the MIP has been activated and a discharge is being considered. Re-assess them and re-examine them prior to a final discharge decision. Consider then information they provide.
- Move the patient to a suitable waiting area e.g. sit out, Rosewood ward or other identified area
- Arrange cleaning of the bed space
- Provide the patient with a copy of the "MIP Discharge Letter"
- Ensure the patient has a prescription and if appropriate, provide them with a Medication Take Home pack. Discuss the feasibility of this with Pharmacy Lead.
- Arrange patient transport
- Highlight the deferred patient investigations and therapies in the notes.
- The Nurse in Charge should keep these charts safely to ensure that robust follow up can be arranged
- Complete the MIP Ward Transfer Log
- Inform the Medical Leads and Patient Flow Lead of the Discharges
- Document the decisions made

### Considerations

**Emergency Directorate**

**Action cards**

**METHANE Call Taker**

**Emergency Medicine Leads**

**Triage Teams**

**Red Zone**

**Yellow Zone**

**Green Zone**

**Emergency Medicine Clerical**



# Connolly MIP Action Card

Feb 2022



**Role: METHANE Call Taker – notification of Major Incident**

**Reporting location: Nurses station within Emergency Department**

**Reports to: CNM and EM Consultant on call**

## Overview:

To accept notification of a Major Incident being declared by the Emergency Services and to respond to that notification in a structured way.

## Responsibilities:

Record the information provided as follows:

- M** Major Incident declared
- E** Exact location
- T** Type of emergency
- H** Hazards - present/potential
- A** Access and egress routes
- N** Number and type casualties
- E** Emergency services present/required

- Bring this information to the CNM II in Charge or CNM III or Emergency Medicine Consultant
- The CNM II, CNM III or EM Consultant calls the National Emergency Operations Centre (NEOC) to confirm the message on 112/999
- Request the Site Manager to come to the Emergency Department CNM III Office
- Ask Switch to convene a conference call of the Major Incident Control Team (MICT)
- Get the MICT action card
- On the MICT conference call, decide on the action – nothing, stand-by, activation
- Record the decision made

## Considerations



# Connolly MIP Action Card

Feb 2022



**Role: Emergency Medicine Medical & Nursing Leads**

**Reporting location: CNM III Office within Emergency Department**

**Reports to: Major Incident Control Team**

## Overview:

Managerial role to ensure capacity within the Emergency Department to triage, assessment, initiate treatment and arrange disposition of patients, using the staff and resources available.

## Responsibilities:

Plan staffing with the MIP Staff Allocations Lead

Identify patients that can leave the ED

Home/GP

Undifferentiated medical patients/those awaiting admission: Endoscopy

Undifferentiated surgical patients/those awaiting admission: Endoscopy

Undifferentiated mental health patients/those awaiting admission: Ash/Pine

Patients with possible transmissible illness should be managed in Zone 3

Prepare Triage, Red, Yellow, Green Areas

Triage: Ambulance doors to Resus corridor

Red area: 5 Resus Bays – 3 in Zone 1 Resus and 2 in Zone 4 Resus

Yellow area: 14 cubicles, 2 treatment rooms in Zone 1

Green area: Zone 2

Bring equipment to designated area

Allocate staff to Triage, Red, Yellow and Green Areas as staffing levels permit

Document allocation - Using staffing guide to assist allocation if necessary

Ensure that each clinical area has a medical and nursing co-ordinator

Allocate scribes and runners

Staff should sign in and sign out, recording times

Ensure staff are easily identifiable

Support Triage Team (Doctor, Nurse and Clerical Officer) to accurately record the identity and number of incoming patients. Communicate closely with MICT.

Communicate closely with the Managers of the Red, Yellow and Green Areas

Determine bed capacity of each area

Determine patient needs

Staffing requirements

Equipment, medications and other resources

Communicate closely with the MICT and the Medical, Peri-operative and Diagnostics Leads to ensure safe and efficient flow of the patients based on clinical need.

## Considerations

- An EM Registrar and CNM II will assume these role until an EM Consultant and CNM III is available.
- Allocate yourselves a Scribe and Runner as early as possible to assist in above roles
- Get the DAKS Conference Call instructions
- Get the daily list of Major Incident Control Team (MICT) contact details (available from Switch)



# Connolly MIP Action Card

Feb 2022



**Role: Emergency Medicine Triage Team (Medical, Nursing & Clerical)**

**Reporting location: Ambulance doors of the Emergency Department (ED)**

**Reports to: Emergency Medicine Leads**

## Overview:

Control flow of incoming patients into the ED, registering and identifying patients using pre-prepared documentation and allocating the patient a clinical area based on a rapid triage sieve.

## Responsibilities:

- Triage Team will base themselves at the Ambulance doors
- Control (in conjunction with security) the entry of staff and patients in to the department
- Bring the pre-prepared documentation packs to the Triage Area
- Bring the “Wow – workstation on wheels” to the Triage Area. Check Wifi connection.
- Bring the patients’ portable telephone to Triage for communication

Clerical Team member

- Gives the patient a pre-prepared registration pack. If possible, update the patient information with “mini-registration” and print wristband, front sheet and stickers.
- Staple new top sheet onto pre-prepared ED notes if updated details available.
- If identity unknown, then use the details in the pre-prepared registration pack.
- All patient contacts should be “live” on IPMS and Symphony to enable NIMIS ordering.
- During Cyber downtime, use the pre-prepared packs, updating details by hand.
- Record all incoming patients on the “MIP incoming patient registration in ED” log

Nursing Team member

- Assess vital signs to allow a Triage Sieve quickly (guide in Triage box). Apply patient wrist band

Medical Team member

- *Explain to the pre-hospital practitioner that CHB uses a 2-stage handover:*
  - Step 1:** Triage Sieve at the Ambulance Doors
  - Step 2:** IMIST AMBO handover in the Clinical Area. A Triage Sort/Senior clinical judgement occurs. The patient may be re-directed to a different area if appropriate.
- Allocate the patient to a clinical area: Priority 1 – Red, Priority 2 – Yellow, Priority 3 – Green and put the same colour sticker on the outside of the patient pack with the time
- Liaise with clinical area co-ordinators to determine area capacity

Communicate closely with EM Leads and Ambulance Liaison regarding the number of patients

## Considerations

An EM SHO and Senior Staff Nurse will assume these role until more senior staff are available

Do not remove patient valuables or jewellery

Request a Scribe and Runner from EM Leads



# Connolly MIP Action Card

Feb 2022



**Role: Emergency Medicine Medical & Nursing RED Area Managers**

**Reporting location: CNM III Office**

**Reports to: Emergency Medicine Leads**

## Overview:

Clinical role to ensure best clinical care of the “Red” or Priority 1 patients involved in the MI using the staff and resources available. It involves close communication with the EM Leads and EM Triage Team.

## Responsibilities:

Identification of patients that can leave the ED Resus. Patients can go:

Home/GP

Non incident related medical and surgical patients can go to Endoscopy if stable

If a patient requires a high level of care, communicate with EM leads

Prepare the Red Area

3 Resus Bays in Zone 1 and 2 Resus bays in Zone 4

Allocate staff in conjunction with EM Leads

Document allocations and the times staff sign in and out

Identify staff and role clearly – Use MIP Stickers

Accept incoming patients using the IMIST—AMBO process

Communicate closely with EM Leads

Incoming patients

Bed capacity of Red area

Patient needs – theatre, radiology, transfers out, beds

Staffing requirements

Equipment, medications and other resources needed

Facilitate clerical staff in updating patient registration details

Ensure staff get adequate breaks/meals

## Considerations

- An EM Registrar and Senior EM nurse will assume these roles until more senior staff are available.
- Ensure compliance with Blood transfusion sample requirements
- Do not remove patient valuables or jewellery
- Ensure discharged patients are given written instructions and a copy of the “Major Incident Plan Patient Discharge Letter”.
- Record names of discharged patients in the “MIP Patient discharge log from ED”.





# Connolly MIP Action Card

Feb 2022



**Role:** Emergency Medicine Medical & Nursing **YELLOW** Area Managers

**Reporting location:** CNM III Office

**Reports to:** Emergency Medicine Leads

## Overview:

Clinical role to ensure best clinical care of the “Yellow” or Priority 2 patients involved in the MI using the staff and resources available. It involves close communication with the EM Leads and EM Triage Team.

## Responsibilities:

Assist in identifying patients that can leave the Majors Area and Waiting Room. Patients can go:

- Home/GP

- Non incident related mental health patients/those awaiting admission go to Ash/Pine

- Non incident related medical and surgical patients can go to Endoscopy if stable

- If a patient requires a high level of care, communicate with EM leads

Prepare the Yellow Area

- 10 Majors Cubicles, 4 Minors Cubicles, the Plaster Room and two Treatment Rooms

Allocate staff to Yellow Area, in conjunction with EM Leads

- Document allocations and the times staff sign in and out

- Identify staff and role clearly – Use MIP Stickers

Accept incoming patients using the IMIST—AMBO process

Communicate closely with EM Leads

- Incoming patients

- Bed capacity of Red area

- Patient needs – theatre, radiology, transfers out, beds

- Staffing requirements

- Equipment, medications and other resources needed

Facilitate clerical staff in updating patient registration details

Ensure staff get adequate breaks/meals

## Considerations

An EM Registrar/Senior SHO and EM nurse may assume these roles until more senior staff are available

Ensure compliance with Blood transfusion sample requirements

Do not remove patient valuables or jewellery

Ensure discharged patients are given written instructions and a copy of the “Major Incident Plan Patient Discharge Letter”. Record names of discharged patients in the “MIP Patient discharge log from ED”.



# Connolly MIP Action Card

Feb 2022



**Role:** Emergency Medicine Medical & Nursing **GREEN** Area Managers

**Reporting location:** CNM III Office

**Reports to:** Emergency Medicine Leads

## Overview:

Clinical role to ensure best clinical care of the “Green” or Priority 3 patients involved in the MI using the staff and resources available. It involves close communication with the EM Leads and EM Triage Team.

## Responsibilities:

Assist in identifying patients that can leave Zone 2

Prepare the Green Area

Zone 2: 4 Assessment Rooms and Waiting Room

Allocate staff to Green Area, in conjunction with EM Leads

Document allocations and the times staff sign in and out

Identify staff and role clearly – Use MIP Stickers

Accept incoming patients using the IMIST—AMBO process

Communicate closely with EM Leads

Incoming patients

Bed capacity of Red area

Patient needs – theatre, radiology, transfers out, beds

Staffing requirements

Equipment, medications and other resources needed

Facilitate clerical staff in updating patient registration details

Ensure staff get adequate breaks/meals

## Considerations

An ANP, Surgical or EM SHO and a Senior EM nurse may assume these roles until more senior staff are available

Ensure compliance with Blood transfusion sample requirements

Do not remove patient valuables or jewellery

Ensure discharged patients are given written instructions and a copy of the “Major Incident Plan Patient Discharge Letter”. Record names of discharged patients in the “MIP Patient discharge log from ED”.



# Connolly MIP Action Card

Feb 2022



**Role: Emergency Medicine Clerical Roles**

**Reporting location: CNM III Office**

**Reports to: Emergency Medicine Leads initially, then Business Managers**

## Overview:

Ensure optimum recording of information on an individual patient and departmental level  
To ensure the functioning of the patient registration and emergency department ICT systems  
Facilitate patient flow within the hospital.

## Responsibilities:

### Clerical 1 – Triage Team

Bring the pre-prepared documentation packs to the Triage Area  
Bring the “Wow – workstation on wheels” to the Triage Area. Check Wifi connection.  
Bring the Patient Phone (next to Ward Clerk) for communication with MICT [Ext 6099]  
Gives the patient a pre-prepared registration pack.  
If possible, update patient details with “mini-registration”. Print wristband, front sheet, stickers.  
If identity unknown, then use the details in the pre-prepared registration pack.  
All patient contacts should be “live” on IPMS and Symphony to enable NIMIS ordering.  
During Cyber downtime, use the pre-prepared packs, updating details by hand.  
Record all incoming patients on the “MIP incoming patient registration in ED” log

### Clerical 2 – Discharge, Transfers, Registration and Admissions

Print screenshot of Symphony screen

Liaise closely with EM Leads in the safe discharge of patients from the ED:

- Ensure discharged patients receive MIP Discharge Information Sheet and prescription
- Record the names of all patients discharged from the ED in EM Discharge log
- Keep the notes of all discharged patients together

Prepare patient documentation for admission or inter-hospital transfers

- Photocopy the EM notes for patient admissions/ transfers
- Keep the Original in ED

Admissions: Send photocopy in Patient Registration Pack to ward. Do not make chart.

Transfers: Photocopy all documents and send photocopy with patient

## Considerations

Original EM patient notes are NOT allowed leave the ED.

The Patient Registration Packs with a photocopy of the EM notes can go to the wards

## **Medical Directorate**

### **Action cards**

**Medical Directorate Leads**

**Discharge Team (Medical)**

**Elm Ward**

**Maple Ward**

**Endoscopy (in-hours)**

**Endoscopy (out-of-hours)**

**Beech Ward**

**Cherry Ward**

**Cypress Ward**

**Rosewood Ward**

**Rowan Ward**



# Connolly MIP Action Card

Feb 2022



<b>Role: Medical Directorate Medical &amp; Nursing Leads</b>
<b>Reporting location: Medical Hub Respiratory Unit</b>
<b>Reports to: Major Incident Control Team</b>
<p><b>Overview:</b></p> <p>A leadership role to provide clinical care, discharges, creation of bed capacity, staffing and facilitate patient flow. In the event of a “medical” incident, such as, infectious diseases or an environmental emergency e.g. heat related or Chemical, Biological, Radiation, Nuclear or Explosive (CBRNe) events, Medicine will lead the clinical response.</p>
<p><b>Responsibilities:</b></p> <p>Plan staffing with the MIP Staff Allocations Lead</p> <p>Establish discharge teams</p> <ul style="list-style-type: none"> <li>• Medical Consultant supported by NCHD’s, Ward CNM’s, Unscheduled Care Lead (<i>or designates</i>)</li> <li>• Medical Consultant and Nurse in Charge of each ward</li> <li>• Ensure safe discharge plan for patients</li> </ul> <p>Identify patients that can be discharged</p> <ul style="list-style-type: none"> <li>• Sit them out, day room, transitional care unit or other identified area</li> </ul> <p>Create bed space</p> <ul style="list-style-type: none"> <li>• Elm and Laurel to move current inpatients in to newly created bed space</li> </ul> <p>Support clinical care in areas identified by Staff Allocations Lead, Area Leads and MICT</p> <p>Accurately record the identity and number of discharged and incoming patients. Communicate this with Unscheduled Care Lead.</p> <p>Co-ordinate the clinical care of patients (e.g. imaging, theatre, transfers etc) with Area Leads</p> <p>Communicate closely with Endoscopy and the Medical Wards and determine:</p> <ul style="list-style-type: none"> <li>• Bed capacity of each area</li> <li>• Patient needs</li> <li>• Staffing requirements</li> <li>• Equipment, medications and other resources</li> </ul> <p>Communicate closely with the MICT and the EM, Peri-operative and Diagnostics Leads to ensure safe and efficient flow of the patients based on clinical need.</p>
<p><b>Considerations</b></p> <ul style="list-style-type: none"> <li>• The On-Call Medical Consultant and an experienced on site CNM will assume these role until another Medical Consultant and an ADON or CNM III is available</li> <li>• Allocate yourselves a Scribe and Runner as early as possible to assist in above roles</li> <li>• Get the DAKS Conference Call instructions</li> <li>• Get the daily list of Major Incident Control Team (MICT) contact details (available from Switch)</li> </ul>



# Connolly MIP Action Card

Feb 2022



**Role: Medical Discharge Team (Medical NCHD and Nurse in Charge on wards)**

**Reporting location: Medical Hub**

**Reports to: Medical and Nursing Medical Directorate Leads**

## Overview:

The role of the Discharge Teams are to identify patients suitable for discharge from each ward. Vacate and clean the space and then ensure safe discharge of the patient. All patient moves should be recorded.

## Responsibilities:

- Establish a Discharge Team with a Senior and Junior NCHD, the Nurse in Charge of each ward and a ward clerk if available
- Identify the patients suitable for discharge. Consider their care plans, clinical status, pending investigations, therapies and interventions.
- Inform the patient that the MIP has been activated and a discharge is being considered. Re-assess them and re-examine them prior to a final discharge decision. Consider then information they provide.
- Move the patient to a suitable waiting area e.g. sit out, Rosewood ward or other identified area
- Arrange cleaning of the bed space
- Provide the patient with a copy of the "MIP Discharge Letter"
- Ensure the patient has a prescription and if appropriate, provide them with a Medication Take Home pack. Discuss the feasibility of this with Pharmacy Lead.
- Arrange patient transport
- Highlight the deferred patient investigations and therapies in the notes.
- The Nurse in Charge should keep these charts safely to ensure that robust follow up can be arranged
- Complete the MIP Ward Transfer Log
- Inform the Medical Leads and Patient Flow Lead of the Discharges
- Document the decisions made

## Considerations



# Connolly MIP Action Card

Feb 2022



## Role: Elm Action Card

## Reporting location: Nurses Station Elm

## Reports to: Medical Directorate Medical and Nursing Leads

### Overview:

To provide safe clinical care for the current and incoming patients on Elm ward.  
Facilitate patient discharges and the transfer of patients to create capacity in the hospital.  
Prepare to receive incoming MI patients (designated receiving ward)

### Responsibilities:

Plan staffing with the Medical Directorate Medical and Nursing Lead

Work with discharge teams to

- Identify patients suitable for discharge – sit them out, move to day ward, transitional care unit or other designated area
- Identify patients who can be moved to other wards
- Ensure names of discharged patients are captured on the CHB MI Patient Transfer Log
- Ensure discharged patients receive CHB MI Discharge Letter
- Ensure discharged patients receive a prescription or emergency medication pack
- Ensure patient details are recorded to ensure follow up arranged

Create bed space

- Inform Unscheduled Care lead of up to date bed capacity

Deliver clinical care to incoming patients

- Prioritise the sickest
- Co-ordinate their care with the Medical Directorate Leads

Identify resources needed e.g. equipment, linen, medication etc

Create patient chart within 48 hours. Update patient demographics. Merge with existing IPMS number (if available). Re-issue wrist band if appropriate. Re-send Group and Hold if required.

Protect the wellbeing of staff – ensure rest, meals etc. Provide a “hot debrief” before going home.

Communicate closely with the Medical Directorate Leads

### Considerations

The most experienced staff member on site will undertake this role until more senior staff arrive



# Connolly MIP Action Card

Feb 2022



## Role: Maple Action Card

## Reporting location: Nurses Station Maple

## Reports to: Medical Directorate Medical and Nursing Leads

### Overview:

To provide safe clinical care for the current and incoming patients on Maple ward.  
Facilitate patient discharges and the transfer of patients to create capacity in the hospital.  
Prepare to receive incoming MI patients (designated receiving ward)

### Responsibilities:

Plan staffing with the Medical Directorate Medical and Nursing Lead

Work with discharge teams to

- Identify patients suitable for discharge – sit them out, move to day ward, transitional care unit or other designated area
- Identify patients who can be moved to other wards
- Ensure names of discharged patients are captured on the CHB MI Patient Transfer Log
- Ensure discharged patients receive CHB MI Discharge Letter
- Ensure discharged patients receive a prescription or emergency medication pack
- Ensure patient details are recorded to ensure follow up arranged

Create bed space

Inform Unscheduled Care lead of up to date bed capacity

Deliver clinical care to incoming patients

- Prioritise the sickest
- Co-ordinate their care with the Medical Directorate Leads

Identify resources needed e.g. equipment, linen, medication etc

Create patient chart within 48 hours. Update patient demographics. Merge with existing IPMS number (if available). Re-issue wrist band if appropriate. Re-send Group and Hold if required.

Protect the wellbeing of staff – ensure rest, meals etc. Provide a “hot debrief” before going home.

Communicate closely with the Medical Directorate Leads

### Considerations

The most experienced staff member on site will undertake this role until more senior staff arrive





# Connolly MIP Action Card

Feb 2022



## Role: Endoscopy Action Card (in-hours) Monday to Friday

## Reporting location: Nurses Station Endoscopy

## Reports to: Medical & Peri-operative Directorate Leads

### Overview:

To create space to accept 'non incident related' medical and surgical specialty patients awaiting admission or likely to require further assessment/treatment or admission from the Emergency Department.

To establish medical and surgical specialty patient assessment teams to enable:

- Further clinical assessment
- Treatments
- Further investigations
- Interventions and surgical interventions
- To safely discharge patients no longer requiring admission

### Responsibilities:

- Plan staffing with the Peri-operative Directorate Medical and Nursing Lead and staff allocation officer.
- All nursing staff and health care assistants are assigned roles as per the CNM2/CNM1/ nurse in charge.
- Activity in the Endoscopy Department is curtailed.
- Identify scheduled patients who have not been sedated or awaiting procedures, inform them that the MIP has been activated and their procedure will be cancelled.
- Ask them to leave the department immediately and make their way home.
- Complete active procedures and recover these patients in the procedure rooms with one assigned nursing staff member.
- Move post-procedure patients awaiting discharge or those who can mobilise to the discharge lounge.
- Provide clear post-procedure care instructions pre discharge.
- Arrange patient transport for those awaiting discharge if necessary.
- All active venesections and biological patients for infusion are discharged once treatment is complete. Patients awaiting treatment will be cancelled and discharged immediately with a plan to reschedule.
- Liaise with the Emergency Department lead to transfer patients to the endoscopy unit.
- Admissions should be triaged according to acuity by the nurse in charge.
- Transfer log to be completed on all ED admission and discharges from the endoscopy unit for follow up post MIP implementation. Clerical staff on duty to undertake same with assistance of nursing staff.
- Inform Pharmacy and catering that patients are being transferred from the Emergency department to Endoscopy.

### Considerations

The most experienced staff member on site will co-ordinate the endoscopy unit (CNM1/2).

Endoscopy Clerical staff to assist with transfer log and follow up rescheduling post MIP implementation.

All patients affected by the actions above should be given a copy of a completed CHB MIP Discharge Letter.



# Connolly MIP Action Card

Feb 2022



<p><b>Role: Endoscopy Action Card (out-of-hours)</b></p>
<p><b>Reporting location: Nurses Station Endoscopy</b></p>
<p><b>Reports to: Medical &amp; Peri-operative Directorate Leads</b></p>
<p><b>Overview:</b></p> <p>To create space to accept ‘non incident related’ medical and surgical specialty patients awaiting admission or likely to require further assessment/treatment or admission from the Emergency Department.</p> <p>To establish medical and surgical specialty patient assessment teams to enable:</p> <ul style="list-style-type: none"> <li>• Further clinical assessment</li> <li>• Treatments</li> <li>• Further investigations</li> <li>• Interventions and surgical interventions</li> <li>• To safely discharge patients no longer requiring admission</li> </ul>
<p><b>Responsibilities:</b></p> <ul style="list-style-type: none"> <li>• Plan staffing with the Medical &amp; Peri-operative Directorate Leads and Staff Allocations Lead. Will requires a Senior Nurse, second nurse and HCA. Request Clerical support and additional staff as required.</li> <li>• Collect MIP box and Endoscopy keys from CNM II Office. Security to provide access. Keys located in CNM II desk drawer.</li> <li>• MDA keys and clinical press keys to be collected from security office. Key code 0016416. Position 10 &amp;11.</li> <li>• Check bed/trolley areas including oxygen and suctioning equipment and prepare them to accept patients from ED.</li> <li>• Work with medical and surgical specialty teams to:             <ul style="list-style-type: none"> <li>- Provide safe, quality clinical care in a timely way</li> <li>- Prioritise the sickest</li> <li>- Co-ordinate their care with the Medical &amp; Peri-operative Directorate Leads</li> </ul> </li> <li>• Stream patients into following groups:             <ul style="list-style-type: none"> <li>Patients needing admission (non-operative)– Inform Unscheduled Care Lead</li> <li>Patients needing admission (operative)– Inform Unscheduled Care Lead</li> <li>Patients likely to be discharged after treatments</li> <li>Patients likely to be discharged after investigations</li> </ul> </li> <li>• Record all admissions and discharges on the CHB MI Patient Transfer Log</li> <li>• Ensure discharged patients receive a prescription or emergency medication pack</li> <li>• Ensure discharged patient details are recorded to ensure follow up arranged</li> <li>• Inform Unscheduled Care lead of up to date bed capacity</li> <li>• Identify resources needed e.g. equipment, linen, medication etc</li> <li>• Create patient chart within 48 hours. Update patient demographics. Merge with existing IPMS number (if available). Re-issue wrist band if appropriate. Re-send Group and Hold if required.</li> <li>• Protect the wellbeing of staff – ensure rest, meals etc. Provide a “hot debrief” before going home.</li> <li>• Communicate closely with the Medical Directorate Leads</li> </ul>
<p><b>Considerations</b></p> <p>The most experienced staff member on site will undertake this role until more senior staff arrive</p> <p>Security support required to open unit and access MDAS and clinical press keys</p> <p>Transfer log to be completed on admission and discharge from the endoscopy unit</p>



# Connolly MIP Action Card

Feb 2022



## Role: Beech Action Card

**Reporting location:** Nurses Station Beech

**Reports to:** Medical Directorate Medical and Nursing Leads

### Overview:

To provide safe clinical care for the current and incoming patients on Beech ward.  
Facilitate patient discharges and the transfer of patients to create capacity in the hospital.

### Responsibilities:

Plan staffing with the Medical Directorate Medical and Nursing Lead

Work with discharge teams to

- Identify patients suitable for discharge – sit them out, move to day ward, transitional care unit or other designated area

- Identify patients who can be moved to other wards

- Ensure names of discharged patients are captured on the CHB MI Patient Transfer Log

- Ensure discharged patients receive CHB MI Discharge Letter

- Ensure discharged patients receive a prescription or emergency medication pack

- Ensure patient details are recorded to ensure follow up arranged

Create bed space

- Inform Unscheduled Care lead of up to date bed capacity

Deliver clinical care to incoming patients

- Prioritise the sickest

- Co-ordinate their care with the Medical Directorate Leads

Identify resources needed e.g. equipment, linen, medication etc

Create patient chart within 48 hours. Update patient demographics. Merge with existing IPMS number (if available). Re-issue wrist band if appropriate. Re-send Group and Hold if required.

Protect the wellbeing of staff – ensure rest, meals etc. Provide a “hot debrief” before going home.

Communicate closely with the Medical Directorate Leads

### Considerations

The most experienced staff member on site will undertake this role until more senior staff arrive



# Connolly MIP Action Card

Feb 2022



## Role: Cherry Action Card

**Reporting location: Nurses Station Cherry**

**Reports to: Medical Directorate Medical and Nursing Leads**

### Overview:

To provide safe clinical care for the current and incoming patients on Cypress ward.  
Facilitate patient discharges and the transfer of patients to create capacity in the hospital.

### Responsibilities:

Plan staffing with the Medical Directorate Medical and Nursing Lead

Work with discharge teams to

- Identify patients suitable for discharge – sit them out, move to day ward, transitional care unit or other designated area

- Identify patients who can be moved to other wards

- Ensure names of discharged patients are captured on the CHB MI Patient Transfer Log

- Ensure discharged patients receive CHB MI Discharge Letter

- Ensure discharged patients receive a prescription or emergency medication pack

- Ensure patient details are recorded to ensure follow up arranged

Create bed space

- Inform Unscheduled Care lead of up to date bed capacity

Deliver clinical care to incoming patients

- Prioritise the sickest

- Co-ordinate their care with the Medical Directorate Leads

Identify resources needed e.g. equipment, linen, medication etc

Create patient chart within 48 hours. Update patient demographics. Merge with existing IPMS number (if available). Re-issue wrist band if appropriate. Re-send Group and Hold if required.

Protect the wellbeing of staff – ensure rest, meals etc. Provide a “hot debrief” before going home.

Communicate closely with the Medical Directorate Leads

### Considerations

The most experienced staff member on site will undertake this role until more senior staff arrive



# Connolly MIP Action Card

Feb 2022



## Role: Cypress Action Card

## Reporting location: Nurses Station Cypress

## Reports to: Medical Directorate Medical and Nursing Leads

### Overview:

To provide safe clinical care for the current and incoming patients on Cypress ward.  
Facilitate patient discharges and the transfer of patients to create capacity in the hospital.

### Responsibilities:

Plan staffing with the Medical Directorate Medical and Nursing Lead

Work with discharge teams to

- Identify patients suitable for discharge – sit them out, move to day ward, transitional care unit or other designated area

- Identify patients who can be moved to other wards

- Ensure names of discharged patients are captured on the CHB MI Patient Transfer Log

- Ensure discharged patients receive CHB MI Discharge Letter

- Ensure discharged patients receive a prescription or emergency medication pack

- Ensure patient details are recorded to ensure follow up arranged

Create bed space

- Inform Unscheduled Care lead of up to date bed capacity

Deliver clinical care to incoming patients

- Prioritise the sickest

- Co-ordinate their care with the Medical Directorate Leads

Identify resources needed e.g. equipment, linen, medication etc

Create patient chart within 48 hours. Update patient demographics. Merge with existing IPMS number (if available). Re-issue wrist band if appropriate. Re-send Group and Hold if required.

Protect the wellbeing of staff – ensure rest, meals etc. Provide a “hot debrief” before going home.

Communicate closely with the Medical Directorate Leads

### Considerations

The most experienced staff member on site will undertake this role until more senior staff arrive



# Connolly MIP Action Card

Feb 2022



## Role: Rosewood Action Card

## Reporting location: Nurses Station Rosewood

## Reports to: Medical & Peri-operative Directorate Leads, Unscheduled Care

### Overview:

To provide safe clinical care for patients identified as being suitable for discharge after the activation of the MIP

Facilitate patient discharges and the transfer of patients to create capacity in the hospital.

### Responsibilities:

Plan staffing with the Medical & Peri-operative Directorate Leads

Work with discharge teams to:

- Accept patients from the Medical and Surgical wards

- Ensure names of incoming and discharged patients are captured on the CHB MI Patient Transfer Log

- Ensure discharged patients receive CHB MI Discharge Letter

- Ensure discharged patients receive a prescription or emergency medication pack

- Ensure patient details are recorded to ensure follow up arranged

- Document your assessment findings and care delivered

Inform Unscheduled Care lead of up to date bed capacity

Deliver clinical care as appropriate

- Inform the Medical and Surgical Discharge Teams if there is any change in the patient's condition, a change in their EWS or if you become aware of an external factor that may affect their safe discharge

- Co-ordinate their care with the Medical & Peri-operative Directorate Leads

Identify resources needed e.g. equipment, linen, medication etc

Follow the directions of the Business Managers in relation to the management of patient charts

Protect the wellbeing of staff – ensure rest, meals etc. Provide a “hot debrief” before going home.

Communicate closely with the Medical Directorate Leads

### Considerations

The most experienced staff member on site will undertake this role until more senior staff arrive



# Connolly MIP Action Card

Feb 2022



<b>Role: Rowan Action Card</b>
<b>Reporting location: Nurses Station Rowan</b>
<b>Reports to: Medical Directorate Medical and Nursing Leads</b>
<p><b>Overview:</b></p> <p>To provide safe clinical care for the current and incoming patients on Rowan ward. Facilitate patient discharges and the transfer of patients to create capacity in the hospital.</p>
<p><b>Responsibilities:</b></p> <p>Plan staffing with the Medical Directorate Medical and Nursing Lead</p> <p>Work with discharge teams to</p> <ul style="list-style-type: none"> <li>Identify patients suitable for discharge – sit them out, move to day ward, transitional care unit or other designated area</li> <li>Identify patients who can be moved to other wards</li> <li>Ensure names of discharged patients are captured on the CHB MI Patient Transfer Log</li> <li>Ensure discharged patients receive CHB MI Discharge Letter</li> <li>Ensure discharged patients receive a prescription or emergency medication pack</li> <li>Ensure patient details are recorded to ensure follow up arranged</li> </ul> <p>Create bed space</p> <ul style="list-style-type: none"> <li>Inform Unscheduled Care lead of up to date bed capacity</li> </ul> <p>Deliver clinical care to incoming patients</p> <ul style="list-style-type: none"> <li>Prioritise the sickest</li> <li>Co-ordinate their care with the Medical Directorate Leads</li> </ul> <p>Identify resources needed e.g. equipment, linen, medication etc</p> <p>Create patient chart within 48 hours. Update patient demographics. Merge with existing IPMS number (if available). Re-issue wrist band if appropriate. Re-send Group and Hold if required.</p> <p>Protect the wellbeing of staff – ensure rest, meals etc. Provide a “hot debrief” before going home.</p> <p>Communicate closely with the Medical Directorate Leads</p>
<p><b>Considerations</b></p> <p>The most experienced staff member on site will undertake this role until more senior staff arrive</p>



# Connolly MIP Action Card

Feb 2022



<b>Role: Outpatients Action Card</b>
<b>Reporting location: Nurses Station Outpatients</b>
<b>Reports to: Medical Directorate Medical and Nursing Leads</b>
<p><b>Overview:</b></p> <p>To be agile and responsive to the needs of the Major Incident Control Team strategic direction, be that in, providing space, staff, patient assessment facilities or equipment.</p> <p>Whilst acknowledging the limitations in relation to oxygen delivery, space for moving trolleys and ionising radiation compliance.</p>
<p><b>Responsibilities:</b></p> <p>Plan staffing with the Medical Directorate Medical and Nursing Leads</p> <p>Facilitate the strategic needs of the MICT</p> <p>Engage with the Business Continuity Manager and identify and prioritise activity to be continued</p>
<p><b>Considerations</b></p> <p>The most experienced staff member on site will undertake this role until more senior staff arrive</p>



## **Peri-operative Directorate**

### **Action cards**

#### **Peri-operative Leads**

#### **Discharge Team (Surgical)**

**ICU**

**Theatre**

**CCU**

**Laurel**

**Redwood**

**Surgical Day Ward**



# Connolly MIP Action Card

Feb 2022



**Role: Peri-operative Directorate Medical & Nursing Leads**

**Reporting location: Peri-operative Hub Theatre Tutorial Room**

**Reports to: Major Incident Control Team**

## Overview:

A leadership role to provide clinical care, discharges, creation of bed capacity, staffing and facilitate patient flow.

## Responsibilities:

Plan staffing with the MIP Staff Allocations Lead. Areas in need of staff include:

- Emergency Dept
- ICU and new critical care beds
- Theatre
- Endoscopy (for EM patients needing admission or further assessment)
- Discharge teams
- Inter and intra-hospital transfers
- Surgical admissions ward (Laurel, with Redwood as back-up)

Create bed space: Laurel/Redwood (backup) to move current inpatients into newly created bed space

Support clinical care in areas identified by Staff Allocations Lead, Area Leads and MICT

Accurately record the identity and number of discharged and incoming patients. Communicate this with Unscheduled Care Lead.

Co-ordinate the clinical care of patients (e.g. imaging, theatre, transfers etc) with Area Leads

Communicate closely with Endoscopy, the Surgical Wards and ICU to determine:

- Bed capacity of each area
- Patient needs
- Staffing requirements
- Equipment, medications and other resources

Communicate closely with the MICT and the EM, Medical and Diagnostics Leads to ensure safe and efficient flow of the patients based on clinical need.

Focus on the principles of “damage control surgery” and the need to balance patient flow with clinical urgency. There may be merit in running a “high turnaround” theatre to facilitate patient flow.

## Considerations

- The On-Call Surgical Consultant and an experienced on site CNM will assume these role until another Surgical Consultant and an ADON or CNM III is available
- Allocate yourselves a Scribe and Runner as early as possible to assist in above roles
- Get the DAKS Conference Call instructions
- Get the daily list of Major Incident Control Team (MICT) contact details (available from Switch)



# Connolly MIP Action Card

Feb 2022



**Role: Surgical Discharge Team (Surgical NCHD and Nurse in Charge on wards)**

**Reporting location: Peri-operative Hub**

**Reports to: Medical and Nursing Peri-operative Directorate Leads**

## Overview:

The role of the Discharge Teams are to identify patients suitable for discharge from each ward. Vacate and clean the space and then ensure safe discharge of the patient. All patient moves should be recorded.

## Responsibilities:

- Establish a Discharge Team with a Senior and Junior NCHD, the Nurse in Charge of each ward and a ward clerk if available
- Identify the patients suitable for discharge. Consider their care plans, clinical status, pending investigations, therapies and interventions.
- Inform the patient that the MIP has been activated and a discharge is being considered. Re-assess them and re-examine them prior to a final discharge decision. Consider then information they provide.
- Move the patient to a suitable waiting area e.g. sit out, Rosewood ward or other identified area
- Arrange cleaning of the bed space
- Provide the patient with a copy of the "MIP Discharge Letter"
- Ensure the patient has a prescription and if appropriate, provide them with a Medication Take Home pack. Discuss the feasibility of this with Pharmacy Lead.
- Ensure clear post-operative care instructions are provided
- Arrange patient transport
- Highlight the deferred patient investigations and therapies in the notes.
- The Nurse in Charge should keep these charts safely to ensure that robust follow up can be arranged
- Complete the MIP Ward Transfer Log
- Inform the Medical Leads and Patient Flow Lead of the Discharges
- Document the decisions made

## Considerations



# Connolly MIP Action Card

Feb 2022



## Role: ICU Action Card

## Reporting location: Nurses Station ICU

## Reports to: Peri-operative Directorate Medical and Nursing Leads

### Overview:

To provide safe clinical care for the current and incoming patients on ICU.  
Facilitate patient discharges and the transfer of patients to create capacity in the hospital.  
Be able to support the creation of additional critical care beds at short notice

### Responsibilities:

Plan staffing with the Peri-operative Directorate Medical and Nursing Lead

Work with discharge teams to:

- Identify patients who can be moved to other wards
- Ensure names of incoming and discharged patients are captured on the CHB MI Patient Transfer Log

Create bed space

- Inform Unscheduled Care Lead of up to date bed capacity

Deliver clinical care to incoming patients

- Prioritise the sickest
- Co-ordinate their care with the Peri-operative Directorate Leads

Identify resources needed e.g. equipment, linen, medication etc

Create patient chart within 48 hours. Update patient demographics. Merge with existing IPMS number (if available). Re-issue wrist band if appropriate. Re-send Group and Hold if required.

Protect the wellbeing of staff – ensure rest, meals etc. Provide a “hot debrief” before going home.

Communicate closely with the Peri-operative Directorate Leads

### Considerations

The most experienced staff member on site will undertake this role until more senior staff arrive



# Connolly MIP Action Card

Feb 2022



**Role: Theatre Manager**

**Reporting location: Peri-operative Hub Theatre Tutorial Room**

**Reports to: Peri-operative Directorate Medical & Nursing Leads**

## Overview:

To have an understanding of the current and incoming demand on all aspects of Theatre activity. To create capacity throughout Theatre to enable flow and patient care. To identify the resources required to deliver this flow and patient care and to communicate clearly with the Peri-operative Leads and Theatre staff.

## Responsibilities:

Create theatre capacity once the MIP has been activated

- Understand which activity must continue and what can be curtailed
- Allocate staffing
- Ensure appropriate cleaning, equipment, sterilisation, imaging facilities etc. are in place

Create pre-operative and post-operative capacity for patient preparation and recovery.

Optimise the use of Porter staff and HCA's to facilitate flow

Engage with the Laboratory and Blood transfusion for the optimum procurement and management of blood products.

Inform Zehnacker that the MIP has been activated and identify equipment needed and time to deliver.

Engage with Pharmacy Leads and Radiography, informing them of the anticipated requirements and identify potential risks.

Communicate with Peri-operative Leads in relation to:

- Incoming patient case-mix
- Capacity
- Flow and the use of theatre capacity
- Potential deficits in resources – space, staff, blood products, CSSD, medications and specialist equipment
- Staff welfare
- Need for Radiography

## Considerations

The most experienced staff member on site will undertake this role until more senior staff arrive  
 The need to balance patient flow with clinical urgency: there may be merit in continuing a “high turnaround” theatre irrespective of the clinical urgency  
 Focus on the principles of “damage control surgery”



# Connolly MIP Action Card

Feb 2022



## Role: CCU Action Card

## Reporting location: Nurses Station CCU

## Reports to: Peri-operative Directorate Medical and Nursing Leads

### Overview:

To provide safe clinical care for the current and incoming patients on CCU.  
Facilitate patient discharges and the transfer of patients to create capacity in the hospital.  
Be able to create 6 critical care beds at short notice

### Responsibilities:

Plan staffing with the Peri-operative Directorate Medical and Nursing Lead

Work with discharge teams to

- Identify patients suitable for discharge – sit them out, move to day ward, transitional care unit or other designated area
- Identify patients who can be moved to other wards
- Ensure names of discharged patients are captured on the CHB MI Patient Transfer Log
- Ensure discharged patients receive CHB MI Discharge Letter
- Ensure discharged patients receive a prescription or emergency medication pack
- Ensure patient details are recorded to ensure follow up arranged

Create bed space

- Inform Unscheduled Care Lead of up to date bed capacity

Deliver clinical care to incoming patients

- Prioritise the sickest
- Co-ordinate their care with the Peri-operative Directorate Leads

Identify resources needed e.g. equipment, linen, medication etc

Create patient chart within 48 hours. Update patient demographics. Merge with existing IPMS number (if available). Re-issue wrist band if appropriate. Re-send Group and Hold if required.

Protect the wellbeing of staff – ensure rest, meals etc. Provide a “hot debrief” before going home.

Communicate closely with the Peri-operative Directorate Leads

### Considerations

The most experienced staff member on site will undertake this role until more senior staff arrive



# Connolly MIP Action Card

Feb 2022



## Role: Laurel Action Card

## Reporting location: Nurses Station Laurel

## Reports to: Peri-operative Directorate Medical and Nursing Leads

### Overview:

To provide safe clinical care for the current and incoming patients on Laurel ward.  
Facilitate patient discharges and intra-ward transfers to create maximum capacity on Laurel ward.  
Prepare to receive incoming MI patients (designated receiving ward)

### Responsibilities:

Plan staffing with the Peri-operative Directorate Medical and Nursing Lead

Work with discharge teams to

- Identify patients suitable for discharge – sit them out, move to day ward, transitional care unit or other designated area
- Identify patients who can be moved to other wards
- Ensure names of discharged patients are captured on the CHB MI Patient Transfer Log
- Ensure discharged patients receive CHB MI Discharge Letter
- Ensure discharged patients receive a prescription or emergency medication pack
- Ensure patient details are recorded to ensure follow up arranged

Create bed space: Inform Unscheduled Care lead of up to date bed capacity

Deliver clinical care to incoming patients

- Prioritise the sickest
- Co-ordinate their care with the Peri-operative Directorate Leads

Identify resources needed e.g. equipment, linen, medication etc

Create patient chart within 48 hours. Update patient demographics. Merge with existing IPMS number (if available). Re-issue wrist band if appropriate. Re-send Group and Hold if required.

Protect the wellbeing of staff – ensure rest, meals etc. Provide a “hot debrief” before going home.

Communicate closely with the Peri-operative Directorate Leads

### Considerations

The most experienced staff member on site will undertake this role until more senior staff arrive



# Connolly MIP Action Card

Feb 2022



## Role: Redwood Action Card

## Reporting location: Nurses Station Redwood

## Reports to: Peri-operative Directorate Medical and Nursing Leads

### Overview:

To provide safe clinical care for the current and incoming patients on Redwood ward.  
Facilitate patient discharges and intra-ward transfers to create maximum capacity on Redwood ward.  
Prepare to receive incoming MI patients (designated receiving ward)

### Responsibilities:

Plan staffing with the Peri-operative Directorate Medical and Nursing Lead

Work with discharge teams to

- Identify patients suitable for discharge – sit them out, move to day ward, transitional care unit or other designated area
- Identify patients who can be moved to other wards
- Ensure names of discharged patients are captured on the CHB MI Patient Transfer Log
- Ensure discharged patients receive CHB MI Discharge Letter
- Ensure discharged patients receive a prescription or emergency medication pack
- Ensure patient details are recorded to ensure follow up arranged

Create bed space: Inform Unscheduled Care lead of up to date bed capacity

Deliver clinical care to incoming patients

- Prioritise the sickest
- Co-ordinate their care with the Peri-operative Directorate Leads

Identify resources needed e.g. equipment, linen, medication etc

Create patient chart within 48 hours. Update patient demographics. Merge with existing IPMS number (if available). Re-issue wrist band if appropriate. Re-send Group and Hold if required.

Protect the wellbeing of staff – ensure rest, meals etc. Provide a “hot debrief” before going home.

Communicate closely with the Peri-operative Directorate Leads

### Considerations

The most experienced staff member on site will undertake this role until more senior staff arrive





# Connolly MIP Action Card

Feb 2022



## Role: Surgical Day Ward Action Card

## Reporting location: Nurses Station Surgical Day Ward

## Reports to: Peri-operative Directorate Medical and Nursing Leads

### Overview:

To be agile and responsive to the needs of the Major Incident Control Team strategic direction, be that in, providing space, staff, patient assessment facilities or equipment.

The Surgical Day Ward may be tasked with providing:

General Surgical bed capacity *or* Critical Care Capacity (8 HDU beds) *or* Surge capacity (14 beds)

### Responsibilities:

Plan staffing with the Peri-operative Directorate Medical and Nursing Leads

Facilitate the strategic needs of the MICT

Work with discharge teams to

- Identify patients suitable for discharge – sit them out, move to day ward, transitional care unit or other designated area
- Identify patients who can be moved to other wards
- Ensure names of incoming and discharged patients are captured on CHB MI Patient Transfer Log
- Ensure discharged patients receive CHB MI Discharge Letter
- Ensure discharged patients receive a prescription or emergency medication pack
- Ensure patient details are recorded to ensure follow up arranged

Create bed space: Inform Unscheduled Care lead of up to date bed capacity

Deliver clinical care to incoming patients

Prioritise the sickest

Co-ordinate their care with the Peri-operative Directorate Leads

Identify resources needed e.g. equipment, linen, medication etc

Create patient chart within 48 hours. Update patient demographics. Merge with existing IPMS number (if available). Re-issue wrist band if appropriate. Re-send Group and Hold if required.

Protect the wellbeing of staff – ensure rest, meals etc. Provide a “hot debrief” before going home.

Communicate closely with the Peri-operative Directorate Leads

### Considerations

The most experienced staff member on site will undertake this role until more senior staff arrive

## **Diagnostics Directorate**

### **Action cards**

**Radiology and Radiography Leads**

**Radiography Services Manager**

**Radiographer**

**Radiology Technology**

**Radiology HCA**

**Transfusion**

**Haematology**

**Chemical Pathology**

**Microbiology**

**Histopathology**



# Connolly MIP Action Card

Feb 2022



## **Role: Radiology & Radiography Leads**

**Reporting location: Radiology Department MIP Hub**

**Reports to: Major Incident Control Team**

### **Overview:**

Leadership role to ensure capacity and flow within the Radiology Department to investigate, diagnose and treat patients safely and efficiently using the staff and resources available.

### **Responsibilities:**

Initiate the call-in of off-site staff (radiographers, radiology nurses, HCA's and Clerical). This task can be delegated. The Radiologists will be notified by the DAKS automated call system.

Identify patients currently in the department that can leave radiology

Please provide them with a copy of the MIP Discharge Information Sheet

Prepare the main investigation/treatment areas -

Plain films. Ensure streams for simple and complex patients

Ultrasound

CT

Interventional suite

Allocate staff to different clinical areas, as staffing levels permit and varying with service demand

Document allocation

Ensure that each clinical area has a radiography co-ordinator

Staff should sign in and sign out, recording times

Ensure staff are easily identifiable

Communicate closely with the Zone Managers of each clinical area and Radiologists to:

Determine capacity of each area

Determine patient needs

Staffing requirements

Equipment, medications and other resources

Communicate closely with the MICT and the Leads in Emergency Medicine, Medicine and Peri-operative Leads to ensure safe and efficient flow of the patients based on clinical need.

### **Considerations**

- The most senior on-site radiographer will assume these role until more senior staff are available.
- Allocate yourselves a Scribe and Runner as early as possible to assist in above roles
- Get the DAKS Conference Call instructions
- Get the daily list of Major Incident Control Team (MICT) contact details (available from Switch)
- Staff welfare: Ensure breaks, record shift duration and have a "hot debrief" with staff before they go home



# Connolly MIP Action Card

Feb 2022



**Role:** Radiography Service Manager

**Reporting location:** Radiology Department MIP Hub

**Reports to:** Radiology and Radiography Leads

## Overview:

To prioritise patients from the Emergency Department with regard to radiological procedures.

To provide safe and efficient diagnostic imaging to such patients.

## Responsibilities:

Liaise with emergency and other appropriate disciplines (nursing, clerical, and theatre, radiologists) to ascertain imaging requirements.

Assign appropriate staff to the required areas.

Ensure equipment is turned on and operational.

## Actions:

Radiography Services Manager is notified.

Consults with ED regarding requirements.

Contacts and deploys staff as required.

Continuous liaison and reporting to Major Incident Control Team.

Ensure all actions taken are documented, to include date, time and staff signature.

## Considerations

- Staff rotation if prolonged timeframe.
- Ensure sufficient staff available to facilitate return to normal departmental function once the Major Incident Plan has been stood down.
- Consider staffing requirements for the post incident timeframe, for example, further imaging, theatre screening or radiological procedures.



# Connolly MIP Action Card

Feb 2022



**Role:** Out of Hours On-Call Radiographers

**Reporting location:** Radiology Department MIP Hub

**Reports to:** Radiology and Radiography Leads

## Overview:

To ensure appropriate communication to initiate the Major Incident Cascade when out of hours.

## Responsibilities:

If you are notified of a major incident out of hours please initiate the following cascade:

Notify the Radiography Services Manager (RSM). The RSM or designated person in charge will make the necessary contacts:

- Director of Radiology- will alert other radiologists as necessary
- Clinical specialist radiographers, RSO and PACS manager as necessary
- Health Care Assistants (HCAS)
- Radiology Nurses alert from Nursing
- Clerical Supervisor- will alert clerical staff as necessary Business manager or delegate will inform relevant Clerical staff

Alert the other onsite radiographers and health care assistants.

Confirm status of the incident with ED.

Ensure corridors and rooms are unlocked and any relevant equipment is powered on, charged and in good working order.

Communicate with HCAs and check that rooms are stocked and assemble any items or equipment that may be required.

Continuously liaise with the RSM until they are onsite or the incident is stood down.

## Considerations

Verify orders are correct, check patient ID, and confirm images are sent, completed and assigned to relevant radiologist.

Document all actions and issues, including date, times and staff signatures.



# Connolly MIP Action Card

Feb 2022



**Role:** Radiology Technology

**Reporting location:** Radiology Department MIP Hub

**Reports to:** Radiology and Radiography Leads

## Overview:

To ensure alternative systems of work in the event of NIMIS, PACS and RIS being unavailable.

Instigate and monitor downtime measures to mitigate delays to patient service.

## Responsibilities:

Communicate with all relevant staff regarding downtime procedures:

- Written request cards used, ensuring all information is correct
- Gather patients' paper charts in advance of imaging, ensuring appropriate record keeping
- Ensure sufficient amount of film and that printer is in good working order
- Communicate with patients via the website to bring MRN/other relevant information with them

## Actions:

Radiography Services Manager is notified.

Communication with relevant staff and downtime measures initiated.

Deploy staff as required.

Continuous liaison and reporting to Major Incident Control Station.

Ensure all actions taken are documented, to include date, time and staff signature.

## Considerations

Additional staffing requirements for PACS to cope with post event image transfer and clean-up.

Consider outsourcing urgent scans in the case of a prolonged downtime.

Consider use of paper purchase orders.



# Connolly MIP Action Card

Feb 2022



**Role:** Radiology Health Care Assistant

**Reporting location:** Radiology Department MIP Hub

**Reports to:** Radiology and Radiography Leads

## Overview:

To assist with transport and movement of patients to and from the radiology department. To ensure all Health Care Assistant (HCA) duties are managed.

## Responsibilities:

If you are notified of a major incident out of hours please initiate the following cascade:

- Notify the ED radiographer who will contact the Radiography Service Manager (RSM) to initiate the major incident plan.
- The RSM or designated person in charge will make the necessary contacts.
- Alert the other on-site radiographers and health care assistants.
- Ensure corridors and rooms are open, clear for transport and well-stocked.
- Contact other HCA staff members to come on-site as delegated by the RSM.
- Report and document all actions/issues to the RSM or designated person in charge.

## Considerations

Contact house-keeping/stores for extra stock.

Staff rotation to allow for rest (dependent on the type of incident and the presentation of the patients).

Document all actions and issues, including date, times and staff signatures.



# Connolly MIP Action Card

Feb 2022



**Role: Laboratory MIP Lead**

**Reporting location: Pathology Laboratory**

**Reports to: Major Incident Control Team (MCIT)**

## Overview:

Co-ordinate the response of the Pathology Laboratory in the event of the MIP being declared

## Actions:

- Obtain RED major incident folder located in the laboratory manager's office
- Allocate incoming staff to zones (priority to Blood Transfusion)\*
- Re-allocate on-call staff to zones on arrival of incoming staff\*
- Instruct staff to stay in their zones
- Regularly ask for updates from zones
- Ensure runner and scribe available for Pathology
- Resolve issues reported or escalate to MICT in endoscopy boardroom
- Contact additional staff to resource zones as required
- Receive and acknowledge communication from Site Manager / MICT
- Update MICT regularly
- Inform staff when stand down is declared

**\*Give lanyard to all staff to identify allocated zone**

## Considerations

The most experienced staff member on site will undertake this role until more senior staff arrive  
Additional staff may be required for prolonged incidents to cover breaks





# Connolly MIP Action Card

Feb 2022



**Role: Blood Transfusion Zone Lead**

**Reporting location: Pathology Laboratory**

**Reports to: Pathology MIP Lead**

## Overview:

Co-ordinate the response of the Blood Transfusion Laboratory in the event of the MIP being declared

## Actions:

- Report to Pathology MIP Lead on arrival
- Obtain lanyard & action card from MIP Lead
- Ensure 2 incoming staff allocated to Blood Transfusion
- Inform IBTS of declaration of MIP if event involves multiple trauma
- Ensure sufficient blood stocks are maintained
- Regularly update MIP lead as asked
- Report issues to MIP lead for resolution or escalation to MICT
- Inform MIP lead if additional staff required to resource zone
- Inform staff when stand down is declared

## Considerations

The most experienced staff member on site will undertake this role until more senior staff arrive  
Additional staff may be required for prolonged incidents to cover breaks



# Connolly MIP Action Card

Feb 2022



**Role: Haematology Zone Lead**

**Reporting location: Pathology Laboratory**

**Reports to: Pathology MIP Lead**

## Overview:

Co-ordinate the response of the Haematology Laboratory in the event of the MIP being declared

## Actions:

- Report to Pathology MIP Lead on arrival / reallocation from Blood Transfusion
- Obtain lanyard & action card from MIP Lead
- Ensure haematology service is provided
- Regularly update MIP lead as asked
- Report issues to MIP lead for resolution or escalation to MICT
- Inform MIP lead if additional staff required to resource zone
- Inform staff when stand down is declared

## Considerations

The most experienced staff member on site will undertake this role until more senior staff arrive  
Additional staff may be required for prolonged incidents to cover breaks



# Connolly MIP Action Card

Feb 2022



**Role: Chemical Pathology Zone Lead**

**Reporting location: Pathology Laboratory**

**Reports to: Pathology MIP Lead**

## Overview:

Co-ordinate the response of the Chemical Pathology Laboratory in the event of the MIP being declared

## Actions:

- Report to Pathology MIP Lead on arrival / reallocation from Blood Transfusion
- Obtain lanyard & action card from MIP Lead
- Ensure chemical pathology service is provided
- Regularly update MIP lead as asked
- Report issues to MIP lead for resolution or escalation to MICT
- Inform MIP lead if additional staff required to resource zone
- Inform staff when stand down is declared

## Considerations

The most experienced staff member on site will undertake this role until more senior staff arrive  
Additional staff may be required for prolonged incidents to cover breaks



# Connolly MIP Action Card

Feb 2022



**Role: Microbiology Zone Lead**

**Reporting location: Pathology Laboratory**

**Reports to: Pathology MIP Lead**

## Overview:

Co-ordinate the response of the Microbiology Laboratory in the event of the MIP being declared

## Actions:

- Report to Pathology MIP Lead on arrival
- Obtain lanyard & action card from MIP Lead
- Ensure Microbiology service is provided
- Regularly update MIP lead as asked
- Report issues to MIP lead for resolution or escalation to MICT
- Inform MIP lead if additional staff required to resource zone
- Inform staff when stand down is declared

## Considerations

The most experienced staff member on site will undertake this role until more senior staff arrive  
Additional staff may be required for prolonged incidents to cover breaks



# Connolly MIP Action Card

Feb 2022



**Role: Histopathology Zone Lead**

**Reporting location: Pathology Laboratory**

**Reports to: Pathology MIP Lead**

## Overview:

Co-ordinate the response of the Histopathology Laboratory in the event of the MIP being declared

## Actions:

- Report to Pathology MIP Lead on arrival
- Obtain lanyard & action card from MIP Lead
- Ensure Histopathology service is provided
- Regularly update MIP lead as asked
- Report issues to MIP lead for resolution or escalation to MICT
- Inform MIP lead if additional staff required to resource zone
- Inform staff when stand down is declared

## Considerations

The most experienced staff member on site will undertake this role until more senior staff arrive  
Additional staff may be required for prolonged incidents to cover breaks



# Connolly MIP Action Card

Feb 2022



<p><b>Role: Mortuary Manager</b></p>
<p><b>Reporting location: Mortuary</b></p>
<p><b>Reports to: Laboratory Lead</b></p>
<p><b>Overview:</b></p> <p>To prepare the Mortuary for the reception of deceased patients, to ensure adequate capacity by engaging with the Major Incident Control Team (MICT) at an early stage of both capacity and demand. Adequate time must be given to allow the MICT manage capacity demands for the Mortuary. They will manage this in conjunction with the Regional Crises Management Team, the Gardaí and Local Authorities.</p> <p>Preserve evidence for potential forensic examinations.</p>
<p><b>Actions:</b></p> <p>Engage with the Laboratory Lead and inform them of current Mortuary activity and staffing</p> <p>Create capacity for the reception of deceased patients from:</p> <ul style="list-style-type: none"> <li>• Non-incident related hospital activity</li> <li>• Incident related deaths that occur in Connolly patients</li> <li>• Incident related deaths that occur on scene, if request by the Gardaí and agreed by the MICT</li> </ul> <p>Establish communication with the MICT via the Laboratory Lead and notify them when:</p> <ul style="list-style-type: none"> <li>• The mortuary is at 50% capacity</li> <li>• The mortuary is at 75% capacity</li> <li>• The mortuary is full</li> </ul> <p>If the Gardaí request mortuary capacity, please advise the requesting Garda that requests should go to the Major Incident Control Team either directly or via the Regional Crises Management Team which has Garda representation.</p>
<p><b>Considerations</b></p> <ul style="list-style-type: none"> <li>• The most senior person on site assumes this role until more senior staff arrive</li> <li>• A Major Incident should be treated like a forensic incident until informed otherwise. Therefore, a forensic standard of care should be employed when dealing with the deceased, their clothing and their possessions.</li> <li>• Retain all records carefully</li> </ul>



# Connolly MIP Action Card

Feb 2022



**Role: Phlebotomy**

**Reporting location: Main Hospital Concourse**

**Reports to: Laboratory Lead**

## Overview:

Follow the direction of the Staff Allocation Lead to facilitate direct clinical care of patients. Particular care should be taken in the management of samples for Blood Transfusion.

## Actions:

1. Present to the Main Hospital Concourse and await allocation by Staff Allocation Team
2. Once given a designated area, proceed there and introduce yourself to the Clinical Lead
3. Follow the tasks given as requested by the Area Leads
4. Complete phlebotomy and IV cannulation tasks in line with normal procedures (if possible)
5. Ensure strict compliance with patient identification procedures
6. Communicate clearly with the Staff Member in Charge of the area you have been assigned to

## Considerations:

Blood transfusion can presents a patient safety risk given the number of patients presenting and that the identity of some patients in incompletely known. During a Major Incident, pre-prepared patient registration packs with an “unknown identity” are used to identify patients, unless, there is time at Triage to re-register the patient and the patient’s identity is known. If there is updated information, a “mini-registration” will generate a new wristband, front sheet and stickers. A new top sheet will be stapled onto the pre-prepared ED notes.

The BloodTrak PDA scanner can be used and is the preferred system during a MI.

**Any change in patient identity band (name, DOB, MRN) require a new cross-match sample be sent.**

**Discuss any concerns with the Staff Member in Charge of your area.**



# Connolly MIP Action Card

Feb 2022



## Role: Infection Prevention & Control

## Reporting location: Main Hospital Concourse

## Reports to: Major Incident Control Team

### Overview:

The role of the Infection Prevention and Control Team will depend largely on the nature of the Major Incident and the level of transmissible illnesses in the community at that time.

The Microbiologist / IPC Lead has a leadership role to inform the MICT of the risk of transmissible illnesses and to ensure resources and processes are in place to minimise risk.

### Actions:

- Promote practice to minimise risks from transmissible illnesses and infections
- IPC Lead to inform MICT of current risk of transmissible illness
- Identify resources and processes required to minimise risk
- Ensure availability of resources to minimise risk
- Ensure staff are trained and compliant with the processes required to minimise risk
- Liaise with National and Expert bodies as required to inform the strategic actions of the MICT
- Ensure availability of screening and testing as clinically required

### Considerations

The IPC role may be very dynamic and unpredictable given the nature of the incident.



**Pharmacy  
Action cards**

**Pharmacy Lead**



# Connolly MIP Action Card

Feb 2022



**Role: Pharmacy Lead**

**Reporting location: Pharmacy**

**Reports to: MICT**

## Overview:

Leadership role to ensure optimal deployment of staff to facilitate direct patient care, safe patient discharge, re-scheduling of therapies, support for clinical teams and medication availability.

## Actions:

- Immediately identify the Pharmacy Lead. Fill this role with the most experienced on-site staff until more senior staff arrive.
- Allocate staff to different work streams:
  - Patient discharge teams
  - Care of incoming patients
  - Care of patients receiving complex medications
  - Medication procurement and distribution
- Inform staff of communication processes, “Vertical” communication and Runners
- Create a Hub for Pharmacy Lead
- Establish communication with Area/Service Leads and MICT
- Facilitate the discharge of patients to create space e.g. medication reconciliation or emergency take home packs
- Engage with Area Leads on likely medication demands e.g. analgesia, antidotes, sedation, vaccinations (Tetanus, Hep B), PEP
- Care plans for patients receiving complex medication therapy e.g patients receiving chemotherapy or immunotherapy
- Support clinical teams with medication reconciliation, allergies, pre-op assessment for incoming patients
- Procurement of medications

## Considerations

- Communicate anticipated medication difficulties with MICT early
- Communicate anticipated medication shortages and recommend alternatives
- Get the DAKS Conference Call instructions
- Get the daily list of Major Incident Control Team (MICT) contact details (available from Switch)

**Clinical Services**

**Action cards**

**Clinical Services Lead**

**Scribe**

**Runner**

**Medical Social Work/Pastoral Care**



# Connolly MIP Action Card

Feb 2022



**Role: Clinical Services Lead**

**Reporting location: Main Hospital Concourse**

**Reports to: MICT**

## Overview:

Leadership role to ensure optimal deployment of staff to Staff Allocations, Scribes and Runner roles, Patient welfare and Clinical Care.

## Actions:

Immediately identify the Clinical Services Lead. Fill this role with the most experienced on-site staff until more senior staff arrive.

### Staff Allocation

Establish a Staff Allocations hub in the Main Hospital Concourse

Engage with Operations Lead to establish Staff Allocations Team

### Scribes and Runners

Allocate a Scribe and Runner to the MICT, Operations, Area Leads as required (Appendix 13 MIP Manual)

Scribes and Runners should use pre-prepared communication templates for this task.

### MSW and Pastoral care

Set up a Welcome Centre in Canteen for relatives and discharged patients who can't go home

Support the needs of MIP patients

Establish links to support the well-being of staff

### Clinical Care

Provide care in Zone 2 (Green or Priority 3 patients) or patient discharges if requested

Some Senior therapists will be deployed clinically as per the Staff Allocation Lead to facilitate patient care

Inform staff of communication processes, "Vertical" communication and Runners

Liaise with the Area Leads and MICT

## Considerations

- Cancel clinics and defer scheduled care
- Get the DAKS Conference Call instructions
- Get the daily list of Major Incident Control Team (MICT) contact details (available from Switch)



# Connolly MIP Action Card

Feb 2022



## Role: Scribe

## Reporting location: Main Hospital Concourse

## Reports to: Clinical Services Lead

### Overview:

This specialist communication role acts to record events as they occur in real time and in hindsight, will tell the story of the event, decisions made and actions taken.

They are allocated to key decision makers, such as the MICT, Operations, Area Leads and whoever the MICT advises at that time. They record both the event and the outcome.

They remove the documentation role from the key decision makers, freeing them to make decisions

### Actions:

- Collect the MIP Scribe Box
- Ensure a copy of the "Scribe Log" is available
- Await Allocation from either the Major Incident Control Team or Staff Allocations Lead
- Go to the designated area and introduce yourself to the Area or Service Leads
- Document who was present from when documentation commences, then record who enters and leaves
- When listing people, include unique initials for each person and use these in the narrative
- Use 24 hour clock for times
- Keep notes brief and factual – document objective actions only
- Ensure hand writing is legible and well space. Record electronically if conditions permit.
- Record the event (e.g 6 patients need theatre imminently) separately to the outcome (e.g. clinical prioritisation, arrange inter-hospital transfer etc)
- Document that a new scribe takes over within the event log and continue using the same log.

### Considerations

Write in black ball-point pen

Ensure the Scribe Log is kept safely for the after-action review



# Connolly MIP Action Card

Feb 2022



**Role: Runner**

**Reporting location: Main Hospital Concourse**

**Reports to: Clinical Services Lead**

## Overview:

This specialist communication role transmits messages between the key parties in the MIP response. Runners are allocated to key decision makers, such as the MICT, Operations, Area Leads and whoever else the MICT advises. They can communicate messages verbally or in writing (preferred). They ensure reliable communication amongst the key decision makers.

## Actions:

- Collect the MIP Runner Box
- Ensure a copy of the “Runner Log” is available
- Await Allocation from either the Major Incident Control Team or Staff Allocations Lead
- Go to the designated area and introduce yourself to the Area or Service Leads
- Describe that your role is to transmit messages in writing (ideally) or verbally between Areas/ Services
- Use this log to keep a basic record of the activity of the runner

Time of message	From area	From whom?	Message content (basic)	Delivered to area	Received by whom?	Time of delivery

- Ask if an immediate response is to be delivered to your designated area. Record and deliver same.
- Always return to your assigned area after delivering the message
- Use 24 hour clock for times and keep notes brief and factual
- Ensure hand writing is legible and well- spaced. Record electronically or photocopy if possible.
- If new runner is assigned, note change and handover runner log to new runner
- If extra runners are assigned, each runner should carry own log

## Considerations

Write in black ball-point pen

Ensure the Runner Log is kept safely for the after-action review



# Connolly MIP Action Card

Feb 2022



**Role: Medical Social Work/Pastoral Care**

**Reporting location: Room 8, Admin Building**

**Reports to: Clinical Services Lead**

## Overview:

Initial responsibility starts in the Reception Phase looking after the welfare of patients, survivors, relatives and staff

## Actions:

Immediately identify the in-charge MSW/Pastoral Care staff member.  
Initiate communication with the Clinical Services Lead  
Allocate staff to different work streams:

### Care of Survivors and Relatives

- Establish a Welcome Centre in Canteen for discharged patients unable to go home or their relatives
- Assist with communication with clinical teams
- Provide emotional support—immediate and community links
- Provide practical support e.g. emergency accommodation lists, transport etc

### Care of MIP patients

- Support the needs of MIP patients in the initial stages of the MIP
- Identify patients likely to need ongoing community interventions
- Assist in patient assessment and interventions to facilitate early discharge
- Liaise with Community Services early

### Care of Staff

- Establish links with external agencies to support the well-being of staff

Describe the process of vertical communication

Document all decisions made

## Considerations

Write in black ball-point pen

Ensure the documentation is kept safely for the after-action review

## **General Services**

### **Action cards**

#### **General Services Lead**

**Security**

**Switch**

**Catering**

**Household**

**Portering**

**Transport**





# Connolly MIP Action Card

Feb 2022



**Role: General Service Lead**

**Reporting location: Endoscopy Boardroom**

**Reports to: Major Incident Control Team**

## Overview:

General Services encompasses a broad and diverse set of roles Security, Hygiene Services, Catering, Transport, Portering Services.

To provide general services to all wards and departments in the hospital as directed by the Major Incident Control Team (MICT)

## Actions:

Immediately identify the Manager role for all services, fill this role with the most experienced on-site staff until more senior staff arrives.

Establish a staff sign in area in the Hospital Main Concourse

Inform managers of communication processes

Establish communication with Major Incident Control Team (MICT)

Document the decisions made

## Considerations

- Establish communication with the Major Incident Control Team
- If the Major Incident is prolonged, ensure management of service teams is in place to meet the requirements of the hospital for the duration of the incident.
- Get the DAKS Conference Call instructions
- Get the daily list of Major Incident Control Team (MICT) contact details (available from Switch)



# Connolly MIP Action Card

Feb 2022



**Role: Security Manager**

**Reporting location: Security Office Main Hospital Concourse**

**Reports to: General Services Lead**

## Overview:

- Secure access and egress from the Hospital
- Signage
- Traffic management
- Establish a staff sign in area in the Hospital Main Concourse
- Ensuring the safety of the Hospital
- Continue “routine” security roles

## Responsibilities:

Immediately identify the Security Manager role. Fill this role with the most experienced on-site staff until more senior staff arrive.

Make contact with Bidvest Noonan supervisor and ensure additional staff have been called in.

Allocate staff to the following roles:

- Lock all hospital doors except for Main Hospital Concourse, Emergency Department Zone 1, 2 & 4
- Put MIP Sign on all locked doors
- Establish a Staff Sign in area in the Main Hospital Concourse
- Check identity of incoming staff
- Provide temporary swipe access if required
- Establish a traffic management system
- Lift the car park barriers
- Ensure free movement of emergency service vehicles
- 

## Considerations

Establish communication with the General Services Lead

Ensure “vertical” communication

Liaise with Gardaí as required

Allow staff to park in the visitors’ car park initially



# Connolly MIP Action Card

Feb 2022



## Role: Switch

## Reporting location: Main Hospital Concourse/Switch

## Reports to: General Services Manager

### Overview:

Switch plays a crucial role before and during the activation of the MIP. Generally, but not always, Switch organises a conference call between Major Incident Control Team (MICT) members prior to the activation of the MIP.

Switch may be asked to press the “Activate” button on the DAKS Major Incident Control panel. Once the plan is active, then the focus is prioritising calls, keeping phone lines free and directing calls as required

### Actions:

- Immediately identify the Switch Manager role. Fill this role with the most experienced on-site staff until more senior staff arrive. Ensure 2 Switch staff available
- Get the DAKS Conference Call instructions
- Get the daily list of Major Incident Control Team (MICT) contact details
- Initiate a DAKS Conference Call for members of the MICT if requested to do so. This includes:
  - The Hospital Manager or Hospital Executive on Call
  - Clinical Director
  - Site Manager
  - Emergency Medicine Consultant on Call
  - Other staff as requested
- Press the “Activate” button on the DAKS Major Incident Control panel if requested. It should light up. If the Activate button is pushed from the panel in Emergency Dept (CNM III office Ext 6260), then the activate light in Switch should also light up.
- This initiates an automated call to staff informing them the MIP is active.
- Keep phone lines as free as possible.
- Ensure incoming calls are handled efficiently
- Be available for staff calls relating to patient care
- Divert calls from external agencies to the Communications Lead
- Document everything
- Press the “Stand down” button on the DAKS Major Incident Control panel if requested. It should light up.

### Considerations

Ensure the documentation is kept safely for the after-action review



# Connolly MIP Action Card

Feb 2022



**Role: Catering Manager and Catering Staff**

**Reporting location: Hospital Canteen**

**Reports to: General Services Manager**

## Overview:

Provide nutritious food and drinks for all staff, patients and relatives or as directed by the Major Emergency Control Team (MECT)

Enable the canteen area to be used for Relatives and Survivors

## Responsibilities:

- Immediately allocate staff to different work streams
- Establish a Welcome Centre in canteen for relatives and discharged patients unable to go home
- Devise meal plans based on the current information available
- Inform staff of communication processes
- Establish communication with General Services Lead
- Document the decisions made

## Considerations

- The canteen will not be available to staff. This area is for relatives and survivors.
- Cold food will need to be provided due to the risks of re-heating food
- Ensure staff, including the Major Incident Control Team and Switch, are provided with food
- In the event of possible water contamination, provide bottled water for patients and staff
- If the Major Incident is prolonged, alternative locations (eg RCSI GEP building or Coffee Shop) may be provide hot food



# Connolly MIP Action Card

Feb 2022



**Role: Hygiene Services Manager and Hygiene Services Staff**

**Reporting location: Main Hospital Concourse**

**Reports to: General Services Manager**

## Overview:

To provide cleaning and linen services to all wards and departments in the hospital as directed by the Major Incident Control Team (MICT)

## Actions:

Immediately identify the Hygiene Services Manager role. Fill this role with the most experienced on-site staff until more senior staff arrives.

Establish a staff sign in area in the Hospital Main Concourse

Immediately allocate staff to different work streams

Inform staff of communication processes

Establish communication with General Services Lead

Document the decisions made

## Considerations

Establish communication with the General Services Lead

If the Major Incident is prolonged, ensure emergency stock of linen is adequate to meet the requirements of the hospital for the duration of the incident.



# Connolly MIP Action Card

Feb 2022



**Role: Porter Manager and Portering Staff**

**Reporting location: Main Hospital Concourse**

**Reports to: General Services Manager**

**Overview: To provide Portering services to all wards and departments in the hospital as directed by the General Services Manager and Major Incident Control Team (MICT)**

## **Actions:**

- Immediately identify the Security Manager role. Fill this role with the most experienced on-site staff until more senior staff arrive.
- Make contact with Derrycourt supervisor and ensure additional staff has been called in.
- Establish a staff sign in area in the Hospital Main Concourse
- Immediately allocate staff to different work streams
- Inform staff of communication processes
- Establish communication with General Services Lead
- Document the decisions made

## **Considerations**

Establish communication with the General Services Lead



# Connolly MIP Action Card

Feb 2022



**Role: Transport Manager and Transport Staff**

**Reporting location: Main Hospital Concourse**

**Reports to: General Services Manager**

**Overview: To provide Transport and Portering services to all wards and departments in the hospital as directed by the Major Incident Control Team (MICT)**

## Actions:

- Immediately identify the Transport Manager role. Fill this role with the most experienced on-site staff until more senior staff arrives.
- Establish a staff sign in area in the Hospital Main Concourse
- Immediately allocate staff to different work streams
- Inform staff of communication processes
- Establish communication with General Services Lead
- Document the decisions made

## Considerations

The most experienced staff member on site will undertake this role until more senior staff arrive  
If the Major Incident is prolonged, ensure emergency adequate staff and equipment is in place to meet the requirements of the hospital for the duration of the incident.

## **Information Management**

### **Action cards**

## **Information Management Lead**

### **Business Manager**

### **Quality**

### **ICT Manager**

### **Communications**





# Connolly MIP Action Card

Feb 2022



**Role: Information Management Lead**

**Reporting location: Main Hospital Concourse**

**Reports to: MICT**

## Overview:

Collate information from multiple sources and present them to the Information Management Officer (IMO) working with the MICT in the Strategic Hub.

Information relates to unscheduled activity, scheduled activity, business continuity, ICT matters, data management, documentation, communications, clinical risk management and quality measures.

## Actions:

Understand the Strategic Aims and Priorities of the MICT

Provide periodic updates to the IMO in relation to:

- Unscheduled activity
- Scheduled activity
- Business continuity
- ICT performance
- Data management
- Documentation
- Communication requests
- Clinical risk management
- Quality measures

Provide specified information to the MICT to facilitate strategic decision making

Follow the direction of the MICT

Analyse the information obtained and act accordingly

## Considerations

- This role may be filled by Business Manager, Data Manager or Member of Quality & Safety team
- The most Senior person on site initially fills this role until more senior staff arrive
- Get the DAKS Conference Call instructions
- Get the daily list of Major Incident Control Team (MICT) contact details (available from Switch)



# Connolly MIP Action Card

Feb 2022



**Role: Business Manager**

**Reporting location: Main Hospital Concourse**

**Reports to: Information Management Lead**

## Overview:

Essential role to ensure the reliability of the patient paper and electronic records, have up to date census data on all Unscheduled and curtailed activity, ensuring the integrity of the ICT systems and having robust paper based systems in the event of system difficulties.

## Actions:

Identify Business Manager Lead role. Fill this role with the most experienced on-site staff initially.

Get the Business Manager MIP Red Box

Allocate staff to differing work streams:

### *Unscheduled Care*

- Capture all patients moved or discharged as a result of MIP activation (ED, wards, Theatre, OPD, Therapy and clinical diagnostics)
- Ensure patient registration systems (Pre-prepared packs, IPMS, Symphony, NIMIS) are functioning and the “patient contact” is active on each.
- Have accurate and reliable census data on all activity in the hospital
- Analyse data as requested by Major Incident Control Team

### *Scheduled Care*

- Capture data on all patient activity (OPD, Investigations, elective admissions) cancelled or curtailed as a result of MIP activation
- Ensure clear communication of these cancellations/curtailments with patients
- Engage with Business Continuity Manager in terms of re-scheduling activity. Ensure robust plan.
- Create a “back-up” of all systems in electronic and paper form

### **MIP Documentation**

Ensure all admitted patients have a Hospital Chart and merge MIP MRN with existing patient MRN’s, including NIMIS/lab results.

Ensure all EM original notes are scanned to MIDAS within 48 hours

## Considerations

Document all actions and ensure documentation is kept safely for the after-action review



# Connolly MIP Action Card

Feb 2022



**Role: Quality**

**Reporting location: Main Hospital Concourse**

**Reports to: Information Management Lead**

## Overview:

Ensure that safe, effective person centred care is provided during a Major Incident, cognisant of the nature of the incident and that new processes in care have been implemented with little or no preparation time.

## Actions:

- Fill this role with the most experienced on-site staff until more senior staff arrive.
- Get the MIP Red Box in the Dept of Quality & Patient Safety
- Liaise closely with the Information Management Lead and Staff Allocations Team to ensure that staff are allocated to the identified work streams
- Provide leadership that drives the Quality & Patient Safety agenda
- Provide performance management that facilitates Accountability
- Facilitate dynamic risk assessments
- Monitor risks and incidents
- Support risk mitigation
- Support patient wellbeing – engage with complements and complaints
- Provision of oversight, guidance and support to service areas in managing serious incidents

## Considerations

Inform staff of communication processes and “Vertical” communication

Document all actions. Keep this documentation for after-action review.



# Connolly MIP Action Card

Feb 2022



## Role: ICT Manager

## Reporting location: Main Hospital Concourse

## Reports to: Information Management Lead

### Overview:

To ensure the integrity of ICT systems, networks and hardware during a Major Incident

### Actions:

- Fill this role with the most experienced on-site staff until more senior staff arrive.
- Liaise with the Information Management Lead on tasks to be prioritised
- Confirm the integrity and efficient running of all ICT infrastructure (List of Systems – January 2022)

ICT system	ICT system stakeholders	Support - Location
<b>IPMS</b>	Vendor: DXC	National DATA Centre (NDC)
	National IPMS team	
	RCSI Hospital Group IPMS team/ Local IPMS Team	
	OOCIO- Citrix team (Tech Platform)	
<b>Symphony</b>	Vendor: EMIS	National DATA Centre (NDC)
	OOCIO- Tech Platform & Tech Operations	
	TLOs / ICT Lead / Super users	
<b>EndoRAD</b>	Vendor: Manitex	National DATA Centre (NDC)
	TLOS / ICT Lead / Super users	
<b>Track and Trace theatre</b>	Vendor: Fingerprint Medical	National DATA Centre (NDC)
	OOCIO - Citrix team	
	Super users	
<b>Telepath</b>	Vendor: Dedalus	National DATA Centre (NDC)
	OOCIO- National Network team	
	ICT LEAD /Super users	
<b>VOI phone line/DAKS</b>	Joe MacManus, OOCIO and PFH Engineers. Call has to be logged on Ivanti & assigned to Voicecomms team	On SITE
<b>Internet</b>	OOCIO National Network Team/ TLO's	National DATA Centre (NDC)
<b>Software</b>	OOCIO / TLO's	TLOS shared folders
	Software Purchased from Vendor: Software One	
<b>Comms rooms</b>	Approx 35 areas	Connolly Site
<b>G2 Speech recognition</b>	Vendor: G2 Speech	National DATA Centre (NDC)
	Super User/ TLO's	
<b>Exchange Servers- Email system</b>	OOCIO- Tech Compute	National DATA Centre (NDC)
	TLOS	

### Considerations

- Document all actions. Keep this documentation for after-action review.



# Connolly MIP Action Card

Feb 2022



**Role: Communication**

**Reporting location: Main Hospital Concourse**

**Reports to: Information Management Lead**

## Overview:

To promote high quality Communication standards amongst staff, patients and external agencies in compliance with all data protection and HSE Communications standards.

## Actions:

- Fill this role with a Member of the Legal Advisor/FOI & Data Protection Compliance Team, Quality Team or as otherwise advised by the Major Incident Control Team
- Get the MIP Red Box from the Legal Advisor/FOI & Data Protection Compliance Office
- Liaise with the Information Management Lead and follow directions given
- Liaise with Switch and establish a system of handling requests from External Agencies
- Establish Communications with the Gardaí
- Engage with RCSI Hospitals Group and HSE Communications Office on communication strategy during a MI
- Develop a communication system with Staff and a process around the communication of essential information
- Remind staff of “Standards in Communication” during a MI

## Considerations

Document all actions and decisions made. Retain these and copies of all communications for an after-action review

**Administration**  
**Action cards**

**Administration Lead**



# Connolly MIP Action Card

Feb 2022



## Role: Administration Lead

**(this is the most experienced person from HR, Finance or Administration)**

## Reporting location: Main Hospital Concourse

## Reports to: Major Incident Control Team

### Overview:

Initial responsibility is to assist with the identification and sign in of incoming staff.  
Later responsibilities will be at the direction of the Major Incident Control Team

### Actions:

- Get the Admin MIP Red Box (with Staff Contact List for DAKS/Staff Sign In sheet and Event Log)
- Identify the Administration Staff available
- Describe the vertical communication system and use of Scribes and Runners
- Establish communication with MICT, Staff Allocations and Operations Leads
- Allocate Staff to create a “Staff Sign In” hub in the Main Hospital Concourse with Security
- Ensure adequate supply of sign in sheets and temporary ID cards (in conjunction with Security)
- Direct incoming staff to the Sign In Hub
- Check staff identity (ID cards, photo of ID Card or from Staff Contact List)
- Record Staff member details on the Staff Sign in Sheet
- Liaise with Staff Allocation Leads about the staff available
- Follow further directions from the Major Incident Control Team
- Document decisions made in the “Event Log”
- Keep a copy of all documentation for “After Event” review

### Considerations

- Get the DAKS Conference Call instructions
- Get the daily list of Major Incident Control Team (MICT) contact details (available from Switch)

**Medical Physics and Clinical  
Engineering  
Action cards**

**MPCE Lead**





# Connolly MIP Action Card

Feb 2022



**Role: Medical Physics and Clinical Engineering Department**

**Reporting location: MPCE Department, Connolly Wing**

**Reports to: Director of Clinical Services**

## Overview:

Repair, Maintenance, Procurement and Management of Medical Devices in Connolly Hospital.

## Actions:

- On arrival at Hospital, report to main reception to receive debrief of incident
- Assess Medical Device requirements based on clinical presentation and location of presentation and admission
- Gather required equipment and supplied to relevant areas
- Ensure all equipment is safe and ready to use
- Prioritise equipment to respective location based on need
- Provide training on equipment where required
- Support equipment and provide maintenance to equipment to ensure its safe use.
- Liaise with other local hospitals to procure additional equipment where required
- Provide advice to senior management and MIP team with regards to medical devices and services (i.e. oxygen supply).

## Considerations:

- Service to some areas of the hospital may but curtailed during MIP depending on need and priority
- Current staff in MPCE is only 2.0 WTE. It is likely that there may be only one engineer available during MIP if it occurs out of hours.
- Get the DAKS Conference Call instructions
- Get the daily list of Major Incident Control Team (MICT) contact details (available from Switch)

**Estates**  
**Action cards**

**Estates Lead**



# Connolly MIP Action Card

Feb 2022



**Role: Estates Lead**

**Reporting location: Estates Dept**

**Reports to: MICT**

## Overview:

The response of the Estate's Lead will be dependent on the nature of the major incident and whether normal infrastructure is intact. The Department has responsibility for:

- Electrical power supply
- Natural gas for heating
- Medical gases including oxygen
- Water
- Drainage
- Building infrastructure
- Clinical ventilations systems
- Heating systems
- The consequences of Fire
- Environmental Services: Waste management & Hospital grounds

## Actions:

Immediately identify the Estates Lead. Fill this role with the most experienced on-site staff until more senior staff arrive.

Use the MIP Red Box

Allocate staff to different work streams

Ensure the integrity of the services listed above:

In a **compensated** major incident, normal infrastructure is maintained. In this instance, continue the provision of routine services and facilitate the requests of the MICT

In an **uncompensated** major incident, there is disruption to the normal infrastructure. If this disruption is in one of the areas above, then contingency planning is required, liaising closely with the MICT

Special circumstances include:

- Adverse weather and maintaining "blue light access" on the hospital grounds is a priority
- High risk waste e.g. from Viral haemorrhagic fever should be managed as Class A waste
- Interruption of utilities

## Considerations:

- Document all actions and decisions. Retain all documentation for an after-action review
- Get the DAKS Conference Call instructions
- Get the daily list of Major Incident Control Team (MICT) contact details (available from Switch)





