

**NORTHERN BURN CARE NETWORK**

**BURNS MAJOR INCIDENTS  
AND  
BURNS MASS CASUALTY INCIDENTS PLAN  
24 July 2012**

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<b>Author</b>	Jayne Andrew – Northern Burn Care Network Manager	
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## 1. INTRODUCTION

- 1.1 This document provides a framework for the development and implementation of the burn care response to major incidents or mass casualty incidents that involve burn injured patients within the Northern Burn Care Network (NBCN) area (North East, North West, Yorkshire and the Humber, North Wales and Isle of Man), whether working in the pre-hospital or hospital environment (including those hospitals with and those without a specialised burn service). It also covers the NBCN mutual aid response to incidents in other parts of England and Wales. The content of this document is based on work undertaken by the London and South East Burn Care Network, North West Critical Care Network and discussions with NHS North of England, emergency planners within the NBCN area and the other burn care networks in England and Wales.
- 1.2 This document outlines the strategy of the NBCN to assist the strategic command teams and burns services in the management of resources required in the event of a sudden and unexpected increase in demand on the burn services.
- 1.3 This Network Plan is not intended as a separate 'Command and Control' system. The intention is to demonstrate how the burn services within the NBCN area will provide support to existing NHS major incident systems, including critical care networks, trauma networks, ambulance services, NHS acute Trusts, PCT Clusters and NHS North of England.
- 1.4 All NHS Acute and Foundation Trusts have responsibilities in regard to major or mass casualty incidents. An essential aspect of this network plan is that the host Trusts for specialised burn services take additional responsibilities to support a coordinated response to a major incident across the whole network.
- 1.5 This includes liaison with and advice to EDs outside of their own hospitals and referral of patients to other specialised burn care provider hospitals within the NBCN or elsewhere. Each burn service and host Trust will ensure that these responsibilities are appropriately described in the Burn Service Major Incident plan or the burn element of the Trust-wide Incident Plan.
- 1.6 To support the burn service during a declared major incident involving burn injured patients, the host Trust will provide specific management support for the burn service during the incident. This support will be required even if the host Trust is not a main receiving hospital for the incident.
- 1.7 This document describes the specialised clinical resources available to manage burn injured patients in the network area and the response of the burn care network to a major incident. It also explains the relationship between burn services and the organisations involved in coordinating the response to a major incident or mass casualty incident involving burn injured patients which require more resources than is routinely available from a single provider of burn care.
- 1.8 There are two major incident scenarios that may present the burns service with sudden and unplanned clinical activity that exceeds routine capacity.

**Type 1 Incident: Burn Major Incident – NBCN response to a declared major incident INSIDE the network area, requiring a coordinated network response, escalation and mutual aid**

**Type 2 Incident: Burn Major Incident – NBCN response to a declared Burn Major Incident OUTSIDE of the NBCN area, requiring a coordinated network response, escalation and mutual aid**

## 2. CONTEXT

- 2.1 This guidance is in response to the DH Guidance '*Planning for the Management of Burns Injured Patients in the event of a Major Incident*' (2011), which describes the principles of emergency planning associated with preparing for and managing a burn major incident. Furthermore, the document has been developed in line with the lessons learnt and the recommendations from *Exercise Achilles* (NBCN April 2012) and *Exercise Vulcan* (Health Protection Agency November 2011). The guidance, *Mass Casualty Incidents: A Framework for Planning* (March 2007), has also been taken into account when developing this document.
- 2.2 The burn specific element of emergency planning must adhere to the principles described in the above DH guidance which outlines the responsibility of each burn care network in the event of an incident involving multiple burn injured casualties which challenge the clinical resources that are routinely available.
- 2.3 The risks associated with terrorism and major incident make it necessary for the Government to provide clear direction with regards to the need to plan for all eventualities.
- 2.4 Each burn service has either its own burn major incident plan (MIP), or is an explicit element of the host Trust MIP. There is a need to summarise the response of the whole network to assist those involved with the command and control of a major incident involving a significant number of burn injured patients. Each burn service in the NBCN will ensure that their own Trust and/or local Burns MIP are aligned to and reflect this network plan.
- 2.5 Changes in the existing NHS landscape and the on-going development of Major Trauma Networks in the NBCN area will have an effect on the command and control systems utilised in the event of a major incident.
- 2.6 In the interim the planning for the response to a burn major incident has to be maintained. The terminology used in this guidance reflects the current structure of the NHS and, more specifically, the existing structure in the NHS North of England. *The Operating Framework for the NHS in England for 2011/12* identifies the importance of "emergency preparedness and planning for resilience". In addition to generic resilience planning there is a need to plan for major incidents involving significant numbers of burn casualties.
- 2.7 The actions identified in this document specifically refer to the burn element of the planning and response to a major incident or mass casualty incident by the burn care services, their host Trusts and the NBCN and how such responses link to the wider roles and responsibilities of resilience and emergency planning and responses. The document also refers to the arrangements that are required to be in place to effectively manage services post incident thereby enabling services to return to 'normal' working as soon as possible.
- 2.8 The burn major incident plan is not to be utilised to address problems with capacity that arise as a consequence of enduring issues such as staff shortages, organisational pressures or deficiencies in the processes within the service.
- 2.9 The underpinning philosophy of the management and coordination of a burn major incident in the UK is that if there is spare burn capacity in other networks in the UK then there should be no degradation of care.
- 2.10 To optimally manage burn patients in the event of a major incident, burn services must have a low threshold to seek mutual aid from neighbouring burn services. When there is no longer any spare capacity in the burn network, including the appropriate capacity and capability provided in the local NHS Acute Trusts with a plastic surgery in-patient facility, in which the incident has occurred then patients should be transferred to other appropriate burn services in other networks to avoid delivering sub-optimal care.

### 3. PLANNING ASSUMPTIONS

#### 3.1 The planning assumes certain principles:

- NHS Acute Trusts with a burn service have taken into account the following guidance and recommendations:
  - *Planning for the Management of Burns Injured Patients in the event of a Major Incident – DH (2011)*
  - *Exercise Achilles – Northern Burn Care Network (April 2012)*
  - *Exercise Vulcan - Health Protection Agency (November 2011)*
  - *Meeting the Needs of Patients with Burn Injury in Planning for Trauma' National Network for Burn Care – DH (28.06.11)*
  - *Mass Casualty Incidents: A Framework for Planning- DH (March 2007)*
- NHS Acute Trusts with a burn service have taken into account the planning assumptions of critical care services within their respective Trusts.
- NHS Acute Trusts with burn services will provide mutual aid to one another, thereby ensuring optimal use of burns resources and capacity and ensuring no degradation of care across the network.
- NHS Acute Trusts with a burn service have taken into account the planning assumptions of other local hospitals that provide a plastic surgery in-patient service within the network area and can support the burn service, thereby ensuring optimal use of burn resources and capacity and ensuring no degradation of care across the network.
- NHS Acute Trusts with a burn service have set realistic thresholds/triggers to seek mutual aid from neighbouring burn services within and outside of the NBCN area.
- All NHS Acute Trusts with a burn service will be guided by the NHS North England Command and Control Structure, thereby ensuring equity of access and treatment.
- It is likely that in the event of responding to a major incident involving significant burns injured casualties, non-burn care trained nursing staff will be required to care for patients within burn services under the supervision of specialist burns nurses. Wherever it is practical Trusts with a burns service should consider providing basic training to non-burns trained nurses in advance of a major incident occurring. The British Burns Association (BBA) Emergency Management of Severe Burns 1-day course would provide staff with the basic level of training required in pre-hospital and emergency department environments.
- Increases will be stepped according to demand.
- De-escalation of additional capacity will occur at the earliest opportunity.
- Difficult decision making and implementation of policies in relation to triage and futility of patient interventions should only be made after consultation with the wider burn care community. In the first instance, this will be within the network area or, if for any reason this is not possible, other networks' burn care services.
- Burn injured patients will require intensive specialist multi-disciplinary care and treatment over an extensive in-patient stay and post discharge. Therefore, escalation in in-patient capacity must be realistic and sustainable for up to a period of 3 months and, is realistic and sustainable for ongoing therapy treatment and care in out-patients and/or outreach services

for up to a period of 18 months. Business continuity arrangements for burn services will be included in all NHS Acute Trusts with a burn service plans and will include arrangements for clinical support from local NHS Acute Trusts with a plastic surgery in-patient facility and, the provision of a burns outreach service or equivalent.

- The major incident plan and escalation plan of the NBCN and all NHS Acute Trusts, with a burn service, will include the role of the National Burn Bed Bureau (NBBB) and its escalation processes.
- All NHS Acute Trusts with a burn service will submit burn bed capacity data onto the NBBB web based system when there are changes in capacity. In the event of major incident involving burns injured casualties, this data will be crucial in helping the BLO and BLM carry out their roles when disseminating patients to services and, will be also used to complement the daily Situation Report (SITREP) and feed back to NHS North of England to inform discussion and decision making in NHS North of England (NoE) Strategic (Gold) Command about escalation of burn care capacity.
- All NHS Acute Trusts with a burn service will continue to use their generic SITREP template which is used trust-wide. It is the responsibility of NHS NoE to notify Trusts when there is a requirement to modify the SITREP template in order to report specific events.

#### **4. NATIONAL FRAMEWORK FOR BURNS SERVICES IN ENGLAND AND WALES**

4.1 Burn care networks covering England and Wales are:

- **Northern Burn Care Network**
- Midlands Burns Care Network
- London and South East Network
- South West and South Wales Network

4.2 The Northern Burn Care Network covers the NHS North of England and North of England Specialised Commissioning Group (former NE, NW and Y&H SHAs/SCGs)/areas, North Wales and the Isle of Man. As well as working with the other 3 burn care networks, the NBCN also links to the devolved administration of Scotland for the purpose of emergency and resilience planning.

##### **Northern Burn Care Network Resources**

4.3 Burn care is organised using a tiered model of care (centre, unit and facility). The most severely injured are cared for in burn centres and units and those requiring less intensive clinical support being cared for in the burn facility. At the time of writing, burn services across the NBCN have not been formally designated into this 3-tier model. Therefore, existing burn units will continue to accept burn injured patients at facility, unit and centre level.

4.4 In line with the NBCN referral guidelines, all burn services providing unit/centre level care can provide expert advice to EDs irrespective of the complexity of the burn injury. Burn clinicians routinely advise EDs which is the most appropriate burn service to provide care for patients, even if this is another burn service.

4.5 There are network-wide agreed thresholds for the level of care at each service. These are based on nationally agreed criteria and are shown at Appendix 1. Burns services sites within the NBCN and the Ambulance Service they are aligned with are shown in Table 1 below.

<b>Table 1: Burn Services in the NBCN – Description of capability and contact details Local Ambulance Services</b>		
Yorkshire Ambulance Service	<b>Northern General Hospital, Sheffield</b> Contact the Burn Service: 0114 2714129/ 0114 2714126	Centre/Unit/Facility level care for Adults
Yorkshire Ambulance Service	<b>Pinderfields Hospital, Wakefield</b> Contact the Burn Service: Adult: 01924 541700 Children: 01924 541931	Centre/Unit/Facility level care for <b>Adults</b>  Unit/Facility level care for <b>Children</b>
Yorkshire Ambulance Service	<b>Sheffield Children’s Hospital, Sheffield</b> Contact the Burn Service: 0114 226 0694	Unit/Facility level care for Children
North East Ambulance Service	<b>James Cook University Hospital, Middlesbrough</b> Contact the Burn Service: 01642 854535	Facility level care for Adults
North East Ambulance Service	<b>Royal Victoria Infirmary Hospital, Newcastle Upon Tyne</b> Contact the Burn Service: Adult: 0191 282 5637/ 0191 282 0271 Children: 0191 282 6011/ 0191 282 0271	Centre/Unit/Facility level care for Adults and Children
North West Ambulance Service	<b>Alder Hey Children’s Hospital, Liverpool</b> Contact the Burn Service: 0151 252 5400	Centre/Unit/Facility level care for Children
North West Ambulance Service	<b>Royal Manchester Children’s Hospital, Manchester</b> Contact the Burn Service: 0161 701 8100	Centre/Unit/Facility level care for Children
North West Ambulance Service	<b>Royal Preston Hospital, Preston</b> Contact the Burn Service: 01772 522 244	Facility level care for Adults
North West Ambulance Service	<b>Whiston Hospital, Liverpool</b> Contact the Burn Service: 0151 430 1540/ 0151 430 2349	Centre/Unit/Facility level care for Adults
North West Ambulance Service	<b>Wythenshawe Hospital, Manchester</b> Contact the Burn Service: 0161 291 6314	Centre/Unit/Facility level care for Adults

4.6 Cooperation between burn services in the network enables the burn service to manage the total burn bed capacity in the event of a major incident. For example: where there are a high numbers of both large and minor burns cases within the NBCN, wherever possible, the most severe cases will be referred to one of the burn services who provide unit/centre care as shown in Table 1.

4.7 It is not feasible to state precisely what number of beds could be made available in the event of a major incident as this will depend on the number and dependency of existing patients and the number and dependency of casualties. However, an idea of capacity is required to enable planning. Therefore, plans should be based on the routine capacity of each burn service. The routine capacity for adult and children's burn care in the NBCN is shown in Appendix 2.

4.8 In addition to the formal burn services, NHS Acute Trust with a plastic surgery in-patient currently not part of the network will form part of the infrastructure available to the network to respond to a major incident involving burn casualties. With the necessary agreement they will provide care for adults with minor burn injuries at burn facility level and provide step-down care for adult burns in-patients where appropriate and practical. Therefore, it is necessary to factor in such arrangements when developing local burn service plans.

4.9 NHS Acute Trust with a plastic surgery in-patient service within the network area are shown in Table 2 below together with the main contact numbers and their local ambulance service.

<b>Table 2: Description of capability and contact details of NHS Acute Trusts with Plastic Surgery In-patient Facilities within NBCN Area</b>		
Yorkshire Ambulance Service	<b>Bradford Royal Infirmary, Bradford</b> Contact the Plastic Surgery Unit: 01274 365188	Facility level care for Adults
Yorkshire Ambulance Service	<b>Castle Hill Hospital, Hull</b> Contact the Plastic Surgery Unit: 01482 622302	Facility level care for Adults
Yorkshire Ambulance Service	<b>Leeds General Infirmary, Leeds</b> Contact the Plastic Surgery Unit: 0113 3927438	Facility level care for Adults
North East Ambulance Service	<b>University Hospital North Durham, Durham</b> Contact the Plastic Surgery Unit: 0191 3332915	Facility level care for Adults

## 5. THRESHOLDS AND ESCALATION

5.1 The DH Guidance *'Planning for the Management of Burns Injured Patients in the event of a Major Incident'* (2011) provides a description of the 6 stages of escalation to utilise burns resources both within and outside of the network.

However, these have been superseded by the following escalation stages 1–4 and are described in the Framework for Burn Care Escalation at Appendix 3a (Network level) and Framework for Burn Care Escalation Template (Trust level) at Appendix 3b.

- Stage 1 - Normal
- Stage 2 - Concern
- Stage 3 - Pressure
- Stage 4 - Severe Pressure
- De-escalation

5.2 It is the responsibility of each network and each NHS Acute Trusts with a burn service to describe the activity thresholds that will trigger the need to implement the Framework for Burn Care Escalation.

- 5.3 It is extremely difficult to stipulate an aggregated network total of the number of occupied beds at each level of care (ward, HDU or ITU) within the NBCN that might escalate from one stage to another. The throughput of normal activity in an individual burn service can vary significantly from one day to the next. Not only are there multiple variations in activity, dependency levels of existing burns patients and the dependency levels of the burns casualties, but there may also be pressures from other areas, such as staff shortages, temporary lack of equipment or theatres. Nevertheless it is necessary to have some indication of the overall number of beds to understand the capacity of each burns service that could be available without delivering sub optimal care. This is shown in Appendix 2. Burn services within the NBCN who have a number of ring fenced ITU beds for burns patients are also shown in Appendix 2. All other burns services in the network may have access to general ITU beds. Numbers for general ITU beds are not shown.
- 5.4 However, Critical Care Networks and individual critical care units' major incident plans will include bed capacity in their respective areas. It is therefore necessary for those responsible for planning to respond to and manage a major incident involving burns casualties to understand both the routine and 'surge' capacity of their local critical care services. These numbers should be based on discussion and agreement so as to ensure effective use of resources and, crucially that there is no double counting of beds, staff and other resources between burns and critical care services.
- 5.5 This Network BMIP focuses on the actions at each level, 1-4, as described in the NBCN Framework for Burns Escalation – Appendix 3, rather than the estimated bed occupancy numbers. However, each burn service and host Trust must be able to provide a numerical description of the activity thresholds to determine their own local escalation "levels" 1-4.
- 5.6 The NBCN's process for responding to a major incident involving burns injured casualties focuses attention on the availability of Ward, HDU and ITU beds. A "traffic light" approach ensures that burns services are appropriately monitoring their activities and provide the necessary notifications when they are experiencing "pressure". This methodology will also help individual services determine their own level during a declared major incident.
- 5.7 During a declared major incident, a network-wide view of the escalation levels at each service will determine the network level and response. A description of the stages of escalation 1-4 and the NHS Acute Trusts with a burn service and, the network's responding actions are provided in the Operating Framework for Burns Escalation at Appendix 3.
- 5.8 It is generally recognised that specialised burn bed capacity is low in comparison with general adult and children's care, and particularly those requiring critical care. If access is to be maintained for normal activities it is likely that aid would be sought from one or more of its burn services within the network and/or, where appropriate, from local NHS Acute Trusts with a plastic surgery in-patient.
- 5.9 Thereafter, the network would seek mutual aid from one or more burn care networks.

## **5.2 Authority to Escalate**

- 5.2.1 CEOs of organizations will be held accountable for the implementation of escalation within their own organisations.
- 5.2.2 The Emergency Planning Leads in NHS Acute Trusts with a burn service should engage with burn care clinicians and Trust management to ensure that there is a full appreciation of the seriousness of burns capacity pressures and an understanding of its significance.

## 6. BURNS SPECIALIST ADVICE, LIAISON AND COMMUNICATION

- 6.1 In the event of a Type 1 major incident involving burns injured casualties being declared by local ambulance service (or another agency – Police, Fire, etc) the ambulance service strategic commander will contact the local specialised burn care service providing unit/centre level care (as detailed in Table 3) and request the involvement of the Burns Liaison Officer.

**Table 3 Ambulance and Local Specialised Burn Services within the NBCN**

<b>Ambulance Service</b>	<b>Local Specialised Burn Service</b>	<b>Burns Unit Contact Telephone No</b>
Yorkshire	Sheffield Children's Hospital NHS Trust	0114 226 0694
Yorkshire	Sheffield Teaching Hospital NHS Trust	0114 2714129/ 0114 2714126
Yorkshire	Mid Yorkshire Hospitals NHS Trust – Pinderfields Hospital	Adult: 01924 541700 Paediatrics: 01924 541931
North East	Newcastle Upon Tyne Hospitals NHS FT - Royal Victoria Infirmary	Adult: 0191 282 5637/ 0191 282 0271 Paediatrics: 0191 282 6011/ 0191 282 0271
North West	St Helens and Knowsley Teaching Hospitals – Whiston Hospital	0151 430 1540/ 0151 430 2349
North West	Alder Hey Children's Hospital NHS Trust	0151 252 5400
North West	Central Manchester University Hospitals NHS FT – Royal Manchester Children's Hospital	0161 701 8100
North West	University Hospital of South Manchester NHS FT – Wythenshawe Hospital	0161 291 6314

- 6.2 During the first 6 to 24 hours following the declaration of a burns major incident, a specialist Burns Liaison Officer (BLO) and Burns Liaison Manager (BLM) will be provided by the local specialised burn care provider.

- **The Burn Liaison Officer (BLO) will be the duty or on-call burns consultant at the nearest/local specialised burn care provider**
- **The responsible consultant may delegate some of the duties to another senior medical clinical colleague in the burn team**
- **The BLO will be supported by a Burn Liaison Manager (BLM) who will be a manager from the local burn service or from the host Trust's on-call management rota**
- **The BLM will be responsible for undertaking the necessary administrative actions (see BLO/BLM Action Cards – section 22 and 25)**

- 6.3 The BLO and BLM will support the ambulance service and EDs and provide specialist advice regarding the burn specific resources available both within the NBCN and in the rest of the UK.
- 6.4 The BLO and BLM will advise on the availability of burn beds, resources and specialist clinical assets to assist in the initial assessment and management of burns patients. This should ensure that the maximum utility is made of the resources available and will help ensure that patients are distributed in an appropriate manner.
- 6.5 In the event of a mass casualty incident, it may be appropriate for the BLO and BLM to be provided by a specialised burn service elsewhere within or outside of the NBCN. The nominated NBCN BLO will be responsible for identifying the new BLO and for making the necessary arrangements to ensure referring agencies are aware of the arrangements. This is described in the Action Cards for the BLO and BLM at sections 22 and 25.
- 6.6 In the event of a Type 1 or Type 2 Burn Incident and when mutual aid is necessary from burn services outside the network, the point of contact are shown in Table 4:

<b>Table 4 – Other Network Burn Liaison Officer Contact Details within the UK</b>		
London & South East Network	<b>Chelsea &amp; Westminster Hospital</b> Fulham Road, London SW10	0203 3152500
London & South East Network	<b>Queen Victoria Hospital</b> East Grinstead, Sussex	01342 414440
London & South East Network	<b>St Andrews Centre</b> Broomfield Hospital, Chelmsford Essex	01245 516037
London & South East Network	<b>Stoke Mandeville Hospital</b> Aylesbury, Buckinghamshire	01296 315040
Midlands Burn Network	<b>Queen Elizabeth Hospital Birmingham – Switchboard</b> Ask for Consultant on Call for burns	0121 627 8779
South West UK Network	<b>Morrison Hospital Swansea (Adults)</b>	01792 702222
South West UK Network	<b>Bristol Children’s Hospital (Children)</b> Barbara Russell Children’s Unit Frenchay Hospital, Frenchay	0117 9701212

- 6.7 A key role for the BLO and BLM will be to ensure that the full scale of the incident (numbers, complexity and location of burns casualties) is known before patients are transferred from an ED to a specialised burn care service. This will ensure that patients are assessed and transferred on the basis of complexity and need. Ideally, transferring the most complex cases first.

- 6.8 The BLO and BLM will need to ensure continuous cover for the two roles during the incident. Appropriate and comprehensive hand-over arrangements will need to be in place. The BLO and BLM can be stood-down once they are assured that they have:
- a comprehensive log of all the patients with burn injuries including knowledge of the location of patients not transferred to a specialised burn service (Tracking Log)
  - have given and logged advice to the ED's or receiving hospitals of the appropriate transfer destination of all patients have arranged the transfer of high priority patients with the most complex injuries
- 6.9 At the earliest possible opportunity, the BLO and BLM will contact (by email) the NBCN Network Manager and the lead SCG commissioner regarding the incident. The Network Manager will be responsible for ensuring arrangements are in place for continuous monitoring of patient activity, during the days and weeks following the incident.
- 6.10 The BLO, BLM, NBCN Network Manager and the Lead Commissioner will participate in the after-action review and debrief. Network Managers from other UK networks will be invited to attend.

## 7. SPECIALIST BURN TEAMS

- 7.1 In the event of a major incident, it is likely that before patients with complex burn injuries are transferred to a specialised burn care service, they will be first moved from the ED to another part of the hospital (ITU, HDU or Ward). Additionally, it is possible that patients with less severe burn injuries may be retained in non-specialised burn hospitals.
- 7.2 Under both such circumstances, there may be a requirement for specialist burn advice or care teams to attend at the receiving or non-specialised hospital(s) in the days following a burn major incident. Depending on the nature and numbers involved in the initial incident, two types of "off burn service site" outreach teams may be available as shown in Table 5.

<b>Table 5 Specialist Burns Teams</b>	<b>Burns Specialist Advice Team</b>	<b>Burns Specialist Care Team</b>
Provide burn management advice	Y	Y
Provide burn care/intervention	-	Y
Liaise with Burn Service's Command and Control structure	Y	Y
Liaise with receiving hospital's Command and Control structure	Y	Y
Ensure that burn injured patients details are logged	Y	Y
Ensure that burn injuries are photo-documented	Y	Y
Ensure up-to-date accurate and relevant medical documentation	Y	Y

- 7.3 Both teams comprise of burn clinicians and/or senior burn nurses and would provide advice to other clinicians. The key roles and responsibilities for the two teams are described separately because there may be situations or incidents where two teams (one of each kind or two of one type) are required. The BLO and/or BLM will be responsible for providing a point of contact for advice and/or care.

## 8 MASS CASUALTY INCIDENT INVOLVING BURNS CASUALTIES

- 8.1 In very exceptional circumstances, such as a mass casualty incident, a burn team may be required to attend at the scene (an advance clearing station) or at the main receiving hospital ED(s) during the first hours of the incident. Due to the scarcity of clinical resources

associated with burn care, these teams are likely to be constituted and deployed from a service that is remote from the service closest to the burn major incident and may require cross-network collaboration. Provision of a specialist burn team will always be subject to the availability of staff.

- 8.2 Those responsible for planning and responding to major incidents should consider developing contingency plans in the event of specialist burns staff being unavailable to attend at the scene of the incident. Members of local response teams such as the Medical Incident Commander (MIC) may wish to undertake the BBA's 1-day course, Emergency Management of Severe Burns (EMSB), as this would provide the necessary knowledge required when triaging burns injured casualties at the scene of the incident. At the time of

writing the NBCN is exploring the development of e-learning modules to meet this requirement.

## **9. THE ENDURING EFFECT OF A BURN MAJOR INCIDENT**

- 9.1 In the event of a major incident, the additional patients and associated bed utilisation would have a protracted effect on the bed occupancy for some considerable time after the incident. Depending on the numbers and severity, the impact could be up to 3 months or longer for an in-patient episode and a possible 18 months for therapy treatment including post discharge
- 9.2 It is not feasible to calculate or estimate the longer-term impact on activity and capacity in this document. However, as part of the follow-up and actions by the NBCN Network Manager, detailed information about the patient activity related to the major incident will be recorded.
- 9.3 It should be noted that in the event of a major incident involving cases requiring ITU care, the routine capacity available for "normal" activity will be reduced, potentially causing other new patients to be transferred to burn services in other networks. The network will liaise with Critical Care Network Managers to manage repatriation of patients. Appendix 4 shows the Critical Care Network areas and CC Lead contact details within the NBCN area. The NBCN has provided each CC Network within the NBCN area with a description of capacity and capability and contact details for burns services within the network.

## **10. AVAILABILITY OF CONSUMABLES**

- 10.1 In the event of a burn major incident, specialised burn care services will require access to increased amounts of specialised dressings and other consumables. Appendix 10 provides the stockpile (consumables and the quantity) for day to day services in each burns service within the NBCN and details of consumables, the quantity and the arrangements in place for urgent delivery of stock thereof in the event of a major incident.
- 10.2 Burn services must give particular attention and concern to the impact of a major incident on burn care staff. It is recognised that in the first days of a major incident impacting on burn care services and staff, the volume of work in theatres and on the ward will be dramatically increased. This is very likely to have an effect on staff, due to increased physical and emotional demands. All NHS Acute Trusts with a burn service should consider offering mutual aid by rotating or exchanging staff between services.
- 10.3 As a major incident or mass casualty unfolds and escalation plans are initiated, it is recognised that all groups of clinical staff (medical, nursing and allied health professionals) will be expected to work outside of their usual working practices if escalation is to be successful. All NHS Acute Trust with a burn service should ensure they have staff indemnity to cover such eventualities.

Examples include:

- Caring for greater numbers of patients than is recognised to be acceptable and safe by medical and nursing professional bodies
- Working for longer hours than is stipulated by the European Working Time Directive
  
- Staff providing a reduced standard of burn care than is normally considered acceptable particularly during escalation stage 3 and 4.
- Medical staff having to adjust their decision-making process for admission and treatment withdrawal, in times of extreme capacity limitations.

## **11 BURNS SERVICE RESPONSIBILITIES**

- 11.1 This Network Burn Major Incident Plan is predicated on the host NHS Trust for each burn service fulfilling its own responsibilities during a declared major incident. The individual burn services cannot respond alone to a declared burn incident and will require the support and resources of their host organisations.
- 11.2 Key personnel within the NBCN burn services must be aware of the DH guidance on managing a burn major incident. The local burn service must either have a burns specific MIP or make specific reference to burns within the host Trust's MIP.
- 11.3 The burn service should ensure that all personnel within burns and plastics, critical care, theatres and the local referring ED's are aware of their BMIP. The BMIP for the services must include actions for each of the escalation stages 1-4, action cards for the Consultant on call for burns, Nurse in charge and the Directorate or Hospital Manager on Call.
- 11.4 There must be a robust system to notify appropriate personnel and obtain additional resources that may be required to manage multiple patients with major burn injuries. The service must have a process to train staff in their response to a burn major incident. This should include an annual exercise and review of the local BMIP. The BMIP for each service must comply with the recommendations in the national guidance and be an integral component of the hospital MIP.

## **12 MULTI-DISCIPLINARY APPROACH TO CARE**

- 12.1 Specialised burn care is provided using a multi-disciplinary approach and this report does not make reference to the specific elements of care of patients with a burn injury. However, it is worth noting that the plan of care will include not only matters related to physical care but will also include arrangements for providing psychosocial care and support for patients, their families and carers taking into account that patients may be displaced from their home location, ensuring that the continuum of psychosocial care runs in parallel with patients physical healthcare from first response until after their discharge.
- 12.2 The burns service plan must also include arrangements to provide sustained long term MDT care to in-patients and outreach or equivalent to other hospitals, community services and to the patient at home.

## **13 TELEMEDICINE**

- 13.1 Telemedicine facilities are gradually being introduced in ED's and the burns services across the Network. Burns services and ED's should utilise these, where available, to support both effective patient triage when responding to a major incident and, to support the provision of burns outreach services.

## 14 AFTER ACTION REVIEW AND DEBRIEF

- 14.1 The Strategic Gold Commander may declare major incident stand down but the enduring effect of the burn incident may require additional resources for the burns services for some months after the initial incident.
- 14.2 This may result in the burns personnel participating in two phases of an after action review. Firstly with the other agencies involved in the incident and secondly with the burns services themselves which may be some weeks/months after the initial incident.
- 14.3 At the close of the burn major incident the NBCN will undertake an after action review of the burn specific elements of the incident and report findings to the NHS NoE, NBCN Board,
- 14.4 SCGs and NNBC to ensure that any lessons can be identified.

The review will also seek to estimate the actual enduring, long-term impact on normal patient activity, throughput and bed occupancy.

## 15 REGIONAL PAEDIATRIC RETRIEVAL TEAMS

- 15.1 Regional Paediatric Retrieval Teams will continue to work around their designated areas. All NHS Acute Trusts with a burn service must ensure this service is integral to their major incident plan. The Retrieval Teams within the NBCN area are shown in Table 7.

**Table 7**

Region	Paediatric Retrieval Team	Telephone Number
North East	North East Paediatric Retrieval Team	0191 282 3017
North West	North West Paediatric Retrieval Team	08000 84 83 82
Yorkshire and the Humber	EMBRACE	0845 147 2472

## 16 SPECIALISED COMMISSIONING RESPONSIBILITIES

It is anticipated that that there will be a consistent approach taken by commissioners within the terms of the NHS Standard Contract to funding any excess costs resulting from escalation and out-of-network transfers.

## 17 DATA SOURCES

- 17.1 SITREP (Situation Report) daily collection is in place as part of the host Trust's escalation policy. The SITREP should include burn bed availability, hospital transfers, delayed discharges and unmet need outside the burns units e.g. patients being cared for in other areas of the hospital, other burns services or supporting hospitals.
- 17.2 The SITREP will be complemented by data submitted by burns services to the NBBB web based bed monitoring system. The NBBB bed monitoring system is designed to provide a strategic overview of burns resources across the county and to aid decision making and ensure equity of care. All NHS Acute Trusts with a burns service operating at unit/centre level will be required to keep the system up-to-date. Burn Facilities will only be required to update bed numbers onto the system in the event of a major incident when requested by the NBBB. At the time of writing this guidance, the NBBB and the four Burn Care Networks

have access to all burn services bed type and numbers for the country. At the time of writing, arrangements are being made so that in the event of a major incident, the Burns Service BLO and BLM are able to access burn bed capacity and capability for the UK to assist them in their decision making for disseminating patients.

## 18 INTERNATIONAL AID FOR BURNS SERVICES

18.1 At the time of writing, the NBCN is awaiting guidance from the DH for international aid for burns services. Thereafter, the guidance will be circulated to the relevant personnel/organisations.

## 19 NATIONAL BURN BED BUREAU (NBBB)

The NBBB provides a 24/7 service to quantify burn bed availability nationally in the event of a major incident (as directed by the local major incident command and control). Their overall role and Action Card for supporting burns services in the In the event of a Burns Major

19.1 Incident is provided at Appendix 5. The NBBB will be notified by the local Burns Service BLO or BLM of the incident.

## NBCN TRACKING CODE AND PATIENT IDENTIFICATION NUMBER (ID)

20 To ensure that the network and its burns services, specialised commissioners and the SHA can continue to monitor and ensure burns injured casualties are in the most appropriate service post the major incident, it will be necessary to track patients within and outside the  
20.1 NBCN.

The referring ED will provide the patient identification number.

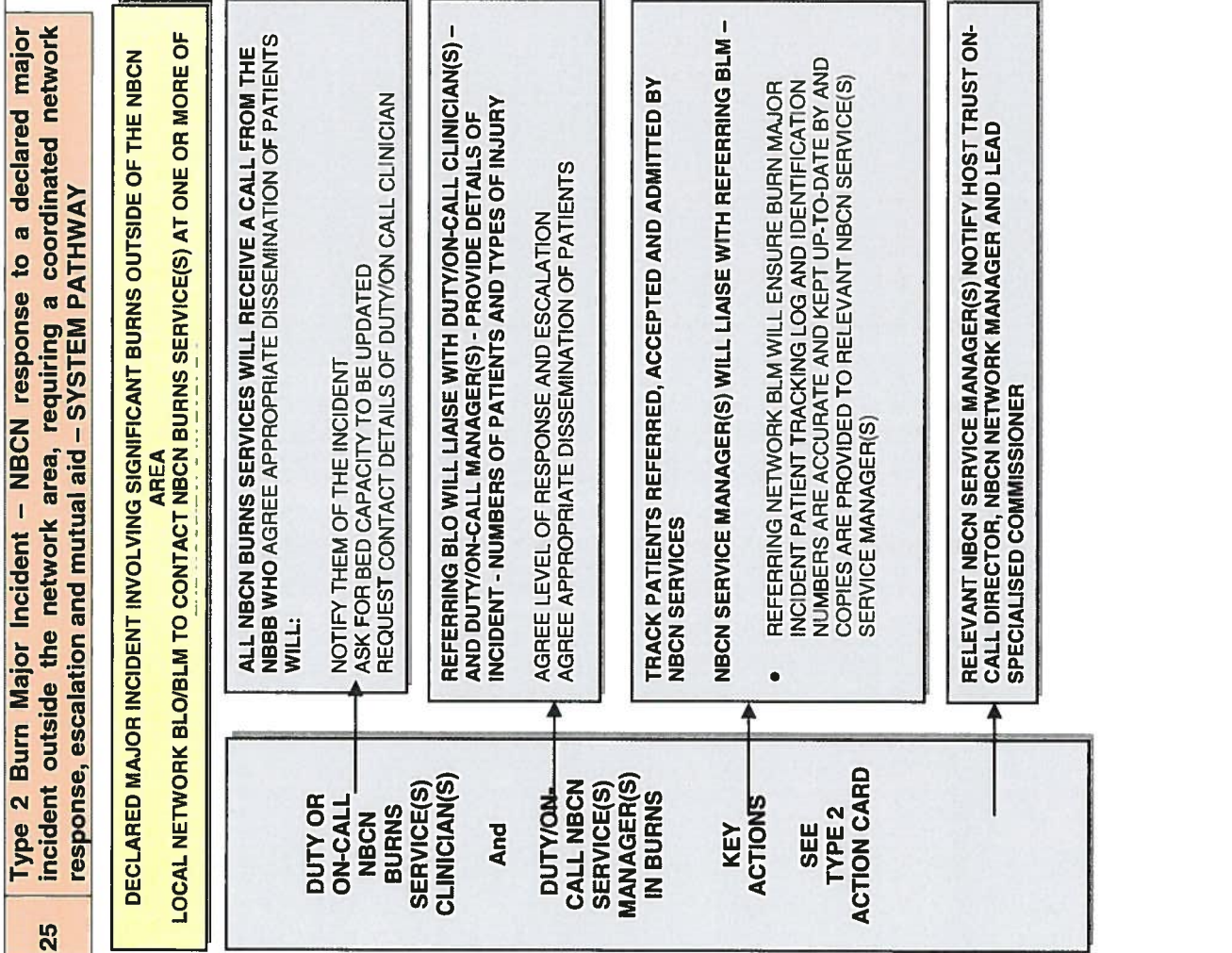
20.2 The BLO and/or BLM providing strategic advice at the time of the incident will issue ED's with a NBCN tracking code for each burns injured casualty. Tracking codes for burns services and plastic surgery departments within the NBCN area are provided in Appendix 8.  
20.3

**21 TYPE 1 Burn Major Incident – NBCN response to a declared major incident inside the network area, requiring a coordinated network response, escalation and mutual aid.**

- 21.1 To assist those involved and responsible in the planning for the command and control of a major incident involving patients with burn injuries, it is necessary to understand the potential scale of an incident and the associated clinical and resource issues that affect the ability of burn services in the NBCN to respond. In the event of a burn major incident more than one of the burn services in the NBCN will be involved in providing burn resources. Co-operation between burn services enables the network to manage the total burn bed capacity in the event of a major incident.
- 21.2 **In the event of a Type 1 burn incident, the ambulance service strategic commander will contact the local specialised burn care service provider and request the involvement of the Burns Liaison Officer (BLO).**
- A description of each service and contact numbers provided in **Appendix 7**  
A full Network Activation Flowchart is shown at **Appendix 6**  
An analysis of bed capacity at each service is provided at **Appendix 2**
- 21.3 The BLO will instigate the local Burn Service MIP and follow the host Trust's escalation policy for managing a major burn incident.
- 21.4 The host Trust will make available a Burns Liaison Manager (BLM) from the senior manager on-call rota. The BLM will be responsible for undertaking the necessary administrative actions.
- 21.5 The BLO and BLM will establish the Burns Clinical Incident Desk OR Coordination Room (Bronze Control). They will ensure that they have access to the appropriate telephones (mobile and landline) and internet ready computers.
- 21.6 The BLO and BLM will ensure that their contact details are available to the Ambulance Gold Commander and when appropriate, to the coordinating clinicians at the receiving Trauma Centres and EDs.
- 21.7 The BLO and BLM will provide advice on the availability of burn beds, resources and specialist clinical assets to assist in the initial assessment and management of burns patients, ensuring that the maximum utility is made of the resources available and will help ensure that patients are distributed in an appropriate manner. This will include identifying and seeking mutual aid from NHS Acute Trust with a plastic surgery in-patient and other burn networks where necessary.
- 21.8 The BLO and BLM will have responsibilities during the first hours of the declared major incident. The Network Manager will be responsible for ensuring arrangements are in place for continuous monitoring of BMIP patient activity, during the days and weeks following the incident.

**A systems pathway / flow chart is provided below at Section 22**  
**A draft action card for the BLO is provided at Section 23**

26	<p><b>NBCN BURNS LIASON OFFICER AND BURNS LIAISON MANAGER</b> <b>DRAFT ACTION CARD TYPE 2</b></p>
Overall Role:	<ul style="list-style-type: none"> <li>To provide support and assistance to other Burn Networks in response to a major incident involving burn injured and patients outside of the NBCN area.</li> <li>Provide burn specific organisational and resource advice as requested</li> </ul>
1	<p><b>NBCN SERVICES RECEIVE CALL FROM NBBB</b></p> <ul style="list-style-type: none"> <li>Notification of the incident</li> <li>Request to update bed capacity from services including Burn Facilities</li> <li>Request to confirm duty/on-call clinician</li> </ul>
2	<p><b>DUTY/ON-CALL CLINICIAN</b></p> <p>Review the available bed capacity in own service using the NBBB website <a href="http://www.nbbb.org.uk">www.nbbb.org.uk</a></p>
3	<p><b>REFERRING BLO WILL LIAISE WITH RELEVANT NBCN ON-CALL BURNS CLINICIANS</b></p> <ul style="list-style-type: none"> <li>Numbers of patients, Type of injuries (Split by adults and children)</li> <li>Agree level of response and escalation</li> <li>Agree available capacity in own service</li> <li>Agree appropriate dissemination of patients</li> </ul>
4	<p><b>TRACK PATIENTS REFERRED, ACCEPTED AND ADMITTED BY NBCN</b></p> <ul style="list-style-type: none"> <li><b>DUTY/ON-CALL SERVICE MANAGER(S) LIAISE WITH REFERRING BLM</b> <ul style="list-style-type: none"> <li>Ensure Burn Major Incident Patient Tracking Log is accurate and kept up-to-date</li> </ul> </li> <li><b>REFERRING BLM</b> will provide regular up-dated copies to relevant duty/on-call Service Manager(s)</li> </ul>
5	<p><b>RELEVANT NBCN SERVICE MANAGER(S)</b></p> <p>Notify host Trust on-call Director who will notify NBCN Network Manager <a href="mailto:jayne.andrew@ntcn.nhs.uk">jayne.andrew@ntcn.nhs.uk</a> , Specialised Commissioner Lead <a href="mailto:cathy.edwards@barnselypct.nhs.uk">cathy.edwards@barnselypct.nhs.uk</a> , NoE SHA Director on-call and SHA EP.</p>
6	<p><b>RELEVANT NBCN SERVICE MANAGER(S) LIAISE WITH NBCN NETWORK MANAGER</b> - To ensure arrangements for continuous monitoring of burns major incident patient activity</p>
7	<p><b>PARTICIPATE IN AFTER ACTION REVIEW AND DEBRIEF</b> Participate in the incident debrief led by the SHA/lead agency</p>



**23 NBCN BURNS LIASON OFFICER AND BURNS LIAISON MANAGER DRAFT ACTION CARD TYPE 1**

1	<p>The Burns Liaison Officer (BLO) is the duty or on-call (out of hours) burns consultant.</p>	<p>The Burns Liaison Manager (BLM) is a senior manager from the Host hospital/NHS Trust On-Call Rota.</p>
2	<p>On receiving the notification from Ambulance Control of a major incident involving burn injured casualties, the BLO will speak with the Ambulance Control to ascertain the known details of the incident, including location, scale, potential number of burns patients and types of injuries.</p>	<p>The BLO and BLM will establish the Burns Clinical Incident Desk OR Coordination Room Bronze C&amp;C) in line with host Trust's escalation policy. They will ensure that they have access to the appropriate telephones (mobile and landline) and internet ready computers.</p>
3	<p>The BLO will provide the Ambulance Control with necessary contact details (landline, mobile phone and email contact) for further communication.</p>	<p>BLM liaise with the Ambulance Control and ascertain the specific details of transfer arrangements for patients moving from the scene of the incident to a receiving hospital (trauma centre or ED).</p>
4	<p>The BLO will contact the Host Hospital On-Call Director and request the support of the on-call Burns Liaison Manager (BLM).</p>	<p>The BLM will make contact with the receiving Major Trauma Centres/EDs and identify burn injured patients.</p>
5	<p>The BLO and BLM will establish the Burns Clinical Incident Desk OR Coordination Room (Bronze C&amp;C) in line with host Trust's escalation policy.</p>	<p>The BLM will issue a unique Burn Identification Number for each patient and will compile and maintain, at all times, an accurate tracking log of burn injured patients, including:</p> <ul style="list-style-type: none"> <li>• a NBCN Patient Tracking Log document for each patient.</li> <li>• An aggregated list using the NBCN Patient Tracking Log (Summary Electronic log).</li> </ul>
6	<p>The BLO will review the available burn bed capacity using the burn bed bureau website <a href="http://www.nbbb.org.uk">www.nbbb.org.uk</a>.</p> <p>The BLO will contact the NBBB to inform of major incident and to follow Action Card. The BLO will request the NBBB to telephone all burns services within the NBCN to notify of the major incident and if necessary put on standby, request bed capacity is updated and to identify clinician on duty/on-call.</p> <p>The NBBB will provide BLO/BLM with contact details of clinicians on duty/on-call. Depending on the scale of the incident and if the BLO considers that the numbers of injured patients will require mutual aid from other burn networks, the BLM will ask the NBBB to also carry out the above actions for burns networks as identified by the BLO.</p>	<p>When the BLO and BLM have a reasonable picture of the incident and the needs of patients are known, the BLO will decide if mutual aid is required from other NBCN services and, possibly, from other networks.</p> <p>Where this is the case, the BLM will set up meeting(s) between the other burns services clinician on duty/on-call (preferably by telephone conference) as identified by the BLO to discuss scale of the incident, level of escalation and agree the appropriate transfer destination of all patients that require specialised burn care.</p>
7	<p>When the BLO and BLM have a reasonable picture of the incident and the needs of patients are known, the BLO will agree with on duty/on-call burns clinicians in NBCN services and, if relevant, other networks the appropriate transfer destination of all patients that require specialised burn care.</p>	<p>The BLM will liaise with each trauma/ED lead to advise on the secondary transfers. The BLM will liaise with Paediatric Retrieval Teams, as required, to advise on transfers.</p>
8	<p>Participate in the incident debrief led by the SHA/lead agency</p>	<p>a) The BLM will notify the NBCN Network Manager (<a href="mailto:jayne.andrew@ntcn.nhs.uk">jayne.andrew@ntcn.nhs.uk</a>) and          b) Local Specialised Commissioner Lead (<a href="mailto:cathy.edwards@barnsleypct.nhs.uk">cathy.edwards@barnsleypct.nhs.uk</a>) of the major incident.          c) If mutual aid is necessary from another region (i.e. Y&amp;H, NW, NE) within the network, the BLM will inform as in (a) and the host Trust Director on-call who will notify NoE SHA On-Call Director and relevant SHA EPL.          d) If mutual aid is necessary from other network(s) is required the BLM will communicate with leads/organisations as identified in (b) above.</p>
9	<p>Participate in after action review and debrief led by the SHA/lead agency</p>	<p>Participate in after action review and debrief led by the SHA/lead agency</p>

**24 TYPE 2 Burn Major Incident - response to a declared Burn Major Incident OUTSIDE of the NBCN area, requiring a coordinated network response, escalation and mutual aid.**

24.1 To assist those involved and responsible in the planning for the command and control of a major incident involving patients with burn injuries, it is necessary to understand the potential scale of a the incident and the associated clinical and resource issues that affect the ability of burn services in the NBCN to respond. In the event of a burn major incident more than one of the burn services in the network will be involved in providing burn resources.

24.2 In the event of a burn major incident outside of the NBCN area, it may be necessary for one or more of the burn services in the NBCN area to be involved in providing burn resources. Co-operation between burn services enables the network to manage the total burn bed capacity in the event of a major incident.

A full Network Activation Flowchart is shown at **Appendix 4**.

24.3 **In the event of a Type 2 burn incident, the Burns Liaison Officer of the referring network will contact the appropriate burn service providing unit/centre care as shown in Table 8 in the NBCN and request the involvement of the NBCN Burns Liaison Officer.**

<b>Table 8 - Local Specialised Burn Service</b>	<b>Burns Unit Contact Telephone Number(s)</b>
Northern General Hospital, Sheffield	0114 226 0694
Sheffield Children's Hospital	0114 2714129/0114 2714126
Pinderfields Hospital, Wakefield	Adult: 01924 541700 Paediatrics: 01924 541931
Royal Victoria Infirmary, Newcastle	Adult: 0191 282 5637/ 0191 282 0271 Paediatrics: 0191 282 6011/ 0191 282 0271
Whiston Hospital, Liverpool	0151 430 1540/0151 430 2349
Alder Hey Children's, Liverpool	0151 252 5400
Royal Manchester Children's Hospital	0161 701 8100
Wythenshawe Hospital, Manchester	0161 291 6314

A description of each service is included at **Appendix 7**.

An analysis of bed capacity of each service is included at **Appendix 2**.

24.4 **The NBCN BLO, acting on behalf of the NBCN will instigate their host Trust and Burn Service plan for managing a major burn incident.**

24.5 The host Trust will make available a Burns Liaison Manager (BLM) from the senior manager on-call rota. The BLM will be responsible for undertaking the necessary administrative actions.

24.6 The BLO and BLM will provide advice on the availability of burn beds, resources and specialist clinical assets to assist in the initial assessment and management of burns patients, ensuring that the maximum utility is made of the resources available and will help ensure that patients are distributed in an appropriate manner.

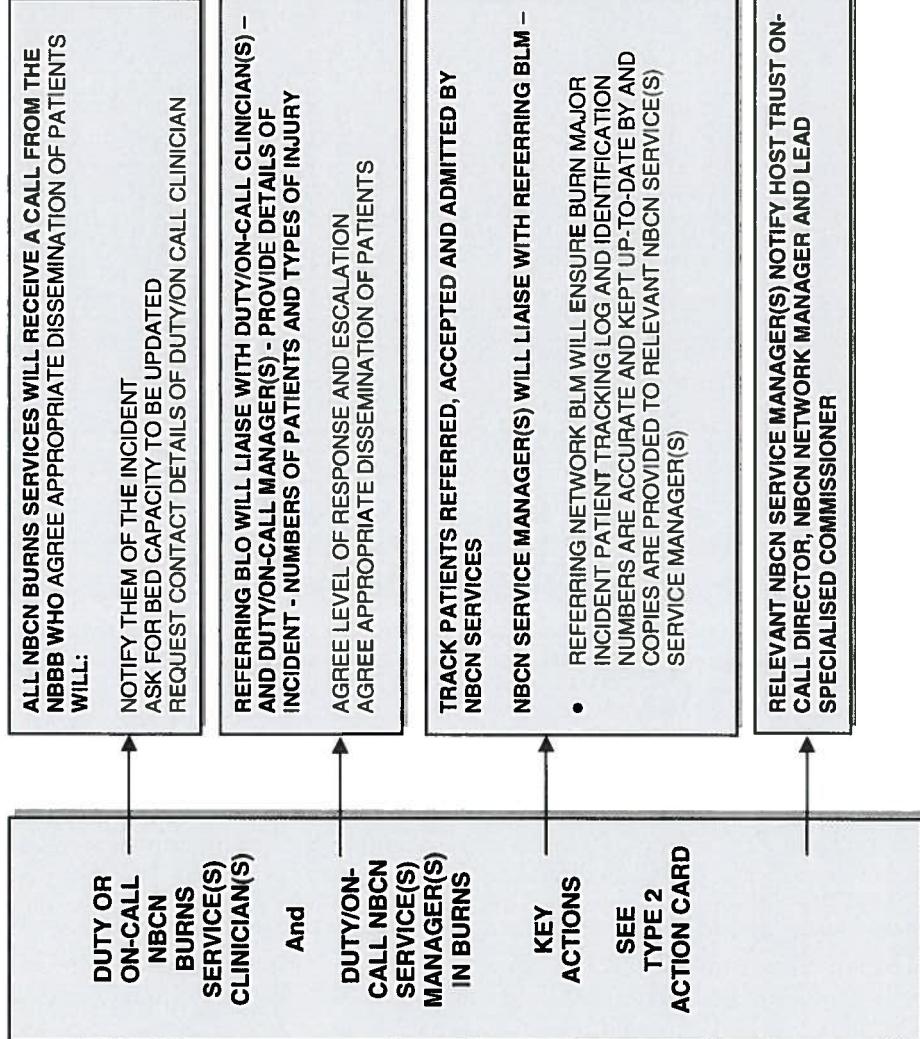
24.7 The BLO and BLM will have responsibilities during the first hours of the declared major incident. The Network Manager will be responsible for ensuring arrangements are in place for continuous monitoring of BMIP patient activity, during the days and weeks following the incident.

**A systems pathway / flow chart is provided below at Section 24**

**A draft action card for the Burns Liaison officer is provided at Section 25**

**25** Type 2 Burn Major Incident – NBCN response to a declared major incident outside the network area, requiring a coordinated network response, escalation and mutual aid – SYSTEM PATHWAY

DECLARED MAJOR INCIDENT INVOLVING SIGNIFICANT BURNS OUTSIDE OF THE NBCN AREA LOCAL NETWORK BLO/BLM TO CONTACT NBCN BURNS SERVICE(S) AT ONE OR MORE OF THE HOSPITALS IN TABLE 3



**26** NBCN BURNS LIAISON OFFICER AND BURNS LIAISON MANAGER DRAFT ACTION CARD TYPE 2

<p><b>Overall Role:</b></p> <ul style="list-style-type: none"> <li>To provide support and assistance to other Burn Networks in response to a major incident involving burn injured and patients outside of the NBCN area.</li> <li>Provide burn specific organisational and resource advice as requested</li> </ul>	
<b>1</b>	<p><b>NBCN SERVICES RECEIVE CALL FROM NBBB</b></p> <ul style="list-style-type: none"> <li>Notification of the incident</li> <li>Request to update bed capacity from services including Burn Facilities</li> <li>Request to confirm duty/on-call clinician</li> </ul>
<b>2</b>	<p><b>DUTY/ON-CALL CLINICIAN</b></p> <p>Review the available bed capacity in own service using the NBBB website <a href="http://www.nbbb.org.uk">www.nbbb.org.uk</a></p>
<b>3</b>	<p><b>REFERRING BLO WILL LIAISE WITH RELEVANT NBCN ON-CALL BURNS CLINICIANS</b></p> <ul style="list-style-type: none"> <li>Numbers of patients, Type of injuries (Split by adults and children)</li> <li>Agree level of response and escalation</li> <li>Agree available capacity in own service</li> <li>Agree appropriate dissemination of patients</li> </ul>
<b>4</b>	<p><b>TRACK PATIENTS REFERRED, ACCEPTED AND ADMITTED BY NBCN</b></p> <ul style="list-style-type: none"> <li><b>DUTY/ON- CALL SERVICE MANAGER(S) LIAISE WITH REFERRING BLM</b> <ul style="list-style-type: none"> <li>Ensure Burn Major Incident Patient Tracking Log is accurate and kept up-to-date</li> </ul> </li> <li><b>REFERRING BLM</b> will provide regular up-dated copies to relevant duty/on-call Service Manager(s)</li> </ul>
<b>5</b>	<p><b>RELEVANT NBCN SERVICE MANAGER(S)</b></p> <p>Notify host Trust on-call Director who will notify NBCN Network Manager <a href="mailto:jayne.andrew@ntcn.nhs.uk">jayne.andrew@ntcn.nhs.uk</a> , Specialised Commissioner Lead <a href="mailto:cathy.edwards@barnselypct.nhs.uk">cathy.edwards@barnselypct.nhs.uk</a> , NoE SHA Director on-call and SHA EP.</p>
<b>6</b>	<p><b>MANAGER</b> - To ensure arrangements for continuous monitoring of burns major incident patient activity</p>
<b>7</b>	<p><b>PARTICIPATE IN AFTER ACTION REVIEW AND DEBRIEF</b> Participate in the incident debrief led by the SHA/lead agency</p>

Network Agreed Severity Thresholds - Paediatrics

Paediatric Care	Size of Burn (TBSA) No Inhalation Injury	Size of Burn (TBSA) With Inhalation Injury	Burn and Other Major Trauma or Significant Co-Morbidity	Age Related Issues – Under 1 Year Old	Age Related Issues – Under 6 Months Old
Alder Hey Children's NHS Foundation Trust	All	All	All – with additional co-morbidity	All	All Can provide ICU care for neonates
Bradford Teaching Hospitals NHS Foundation Trust	5%	0%	0%	0%	0%
Central Manchester University Hospitals NHS Foundation Trust	All	All	All – Major Trauma Centre	All	All
Hull and East Yorkshire Hospitals NHS Trust	The Hull plastics unit is functioning as a burns facility as per the network guidelines. In a major incident we could treat larger burns in adults but would not routinely undertake this level of burn care.				
Lancashire Teaching Hospitals NHS Foundation Trust	<10%	Refer to paediatric centre	Less than 10% -to be discussed with paediatric centre	Less than 2%- to be discussed with paediatric centre	Refer to Paediatric centre

<b>Paediatric Care</b>	<b>Size of Burn (TBSA) No Inhalation Injury</b>	<b>Size of Burn (TBSA) With Inhalation Injury</b>	<b>Burn and Other Major Trauma or Significant Co-Morbidity</b>	<b>Age Related Issues – Under 1 Year Old</b>	<b>Age Related Issues – Under 6 Months Old</b>
<b>Leeds Teaching Hospitals NHS Trust</b>	<6%	<6%	<6%	PICU on site	PICU on site
<b>Mid Yorkshire Hospitals NHS Trust</b>	<20%	0% if on ventilation	Case by case discussion	<10% under 1 year old	All which do not need fluid resuscitation
<b>Sheffield Children's NHS Foundation Trust</b>	30%	30%	30% - Major Trauma Centre	All Neonate ICU and PICU	All Neonate ICU and PICU
<b>South Tees Hospitals NHS Foundation Trust</b>	<16 years 2 – 5% TBSA Full thickness burns	Should be transferred to Newcastle Upon Tyne	Should be transferred to Newcastle Upon Tyne	Should be transferred to Newcastle Upon Tyne	Should be transferred to Newcastle Upon Tyne
<b>The Newcastle Upon Tyne Hospitals NHS Foundation Trust</b>	All	All	All	All	All

### Network Agreed Severity Thresholds - Adults

Adult Care	Max Size of Burn (TBSA) No Inhalation Injury	Max Size of Burn (TBSA) With Inhalation Injury	Max Size of Burn (TBSA) with Other Major Trauma or Significant Co-Morbidity
Bradford Teaching Hospitals NHS Foundation Trust	10%	0%	0%
Hull and East Yorkshire Hospitals NHS Trust	The Hull plastics unit is functioning as a burns facility as per the network guidelines. In a major incident we could treat larger burns in adults but would not routinely undertake this level of burn care.		
Lancashire Teaching Hospitals NHS Foundation Trust	20%	Refer to Burn Centre	20%
Leeds Teaching Hospitals NHS Trust	11%	11%	11%
Mid Yorkshire Hospitals NHS Trust	100%	100%	100% with exceptions of major trauma
Sheffield Teaching Hospitals NHS Foundation Trust	40%	40%	40% - Major Trauma Centre
South Tees Hospitals NHS Foundation Trust	>16 years 10% Full Thickness Burns	Should be transferred to Newcastle Upon Tyne	Should be transferred to Newcastle Upon Tyne

Adult Care	Size of Burn (TBSA) No Inhalation Injury	Size of Burn (TBSA) With Inhalation Injury	Burn and Other Major Trauma or Significant Co-Morbidity
St Helens and Knowsley Teaching Hospitals NHS Trust	All	All	All
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	All	All	All
University Hospitals of South Manchester NHS Foundation Trust	All	All	All

## Northern Burn Care Network Burn Services' Routine Bed Capacity

Hospital with a Burn Service within Network	Status of Burn Service	Adult Child	Routine Capacity				Maximum Referral Threshold Level
			Ward	HDU	ITU	Total	
<b>North East</b>							
The Newcastle Upon Tyne Hospitals NHSFT	Unit	Adult	8	0	2	10	Centre
South Tees Hospitals NHSFT	Facility	Adult	2	0	0	2	Facility
<b>North West</b>							
University Hospital of South Manchester NHSFT	Unit	Adult	8	2	2	12	Centre
St Helens & Knowsley Teaching Hospitals NHST	Unit	Adult	8	4	0	12	Centre
Lancashire Teaching Hospitals NHSFT	Facility	Adult	6	2	0	8	Facility
<b>Yorkshire and the Humber</b>							
Mid Yorkshire Hospitals NHST	Unit	Adult	5	0	2	7	Centre
Sheffield Teaching Hospitals NHSFT	Unit	Adult	0	6	0	6	Unit
<b>Total Adult Beds</b>			<b>37</b>	<b>14</b>	<b>6</b>	<b>57</b>	
<b>North East</b>							
The Newcastle Upon Tyne Hospitals NHSFT	Unit	Child	8	3	0	11	Centre
South Tees Hospitals NHSFT	Facility	Child	2	0	0	2	Facility
<b>North West</b>							
Alder Hey NHSFT	Unit	Child	5	0	0	5	Centre
Central Manchester University Hospitals NHST	Unit	Child	6	2	2	10	Centre
Lancashire Teaching Hospitals NHSFT	Facility	Child	5	0	0	5	Facility
<b>Yorkshire and the Humber</b>							
Mid Yorkshire Hospitals NHST	Unit	Child	4	1	0	5	Unit
Sheffield Children's NHSFT	Unit	Child	0	4	0	4	Unit
<b>Total Paediatric Beds</b>			<b>30</b>	<b>10</b>	<b>2</b>	<b>42</b>	

NB. ITU and HDU beds identified above as Routine Capacity are on the Burn Unit and not part of general ITU.

NBCN OPERATING FRAMEWORK FOR BURN CARE ESCALATION – NETWORK LEVEL The Burns Liaison Officer (BLO) is the duty or on-call (out of hours) burns consultant. The Burns Liaison Manager (BLM) is a senior manager from the Host hospital/NHS Trust On-Call Rota.					Appendix 3a
Host Trust Burn Service Stage/Level	Host Trust/burn Service Triggers	Network Stage/Level	Network Triggers	Action by BLO/BLM/NBBBB/NBCN	Outcome /Impact of Action
1 – Normal	<ul style="list-style-type: none"> <li>Major Incident with burn injured casualties has been declared.</li> <li>Burn injured casualties from major incident admitted to burn service but normal activity maintained.</li> <li>Burn Service operating at normal levels of activity.</li> <li>No impact on non burn routine/elective plastic surgery or critical activity</li> <li>Critical care capacity able to accept patients as required</li> </ul>	1 - Normal	<ul style="list-style-type: none"> <li>Major Incident with burn injured casualties declared.</li> <li>Burn injured casualties from major incident admitted to one of the five (adults) and/or one of the 5 (paediatrics) burns services providing unit/centre level care within the NBCN but normal activity maintained.</li> <li>All other Burn Services within the NBCN are operating at normal levels of activity.</li> <li>Additional capacity available in burns services and critical care within the NBCN</li> <li>No impact on non burn routine/elective plastic surgery or critical activity</li> <li>Within the NBCN critical care capacity able to accept patients as required</li> </ul>	<p><b>BLO/BLM</b></p> <p>No action required</p> <p><b>NBBBB</b></p> <p>No action required</p> <p><b>NBCN</b></p> <p>Overall monitoring of the situation</p>	
2 - Concern	<ul style="list-style-type: none"> <li>Casualties admitted from burn major incident but normal operating arrangements cannot be maintained in the Burn Service.</li> <li>Additional activity can be absorbed by the Trust hosting the Burns Service by transferring/stepping down patients or opening additional capacity elsewhere within hospital.</li> </ul>				

<p><b>Level - 3 Pressure</b></p>	<p><b>Host Trust/Burns Service has declared Level 3 – Pressure</b></p> <ul style="list-style-type: none"> <li>Major Incident with burn injured casualties has been declared.</li> <li>Burn injured casualties admitted but normal activity not possible in Burn Service.</li> <li>Significant pressure on delivery of burn and critical activity</li> <li>Capacity to accept non critical burns patients only</li> <li>Possible cancellation of non burn routine/elective plastic surgery activity</li> <li>Limited capacity to move existing burns patients out of burns unit/downstream within hospital to create capacity</li> <li>No ventilated beds</li> <li>Limited HDU beds</li> <li>Consider mutual aid from Burn Service(s) within the NBCN.</li> </ul>	<p><b>2 – Concern</b></p> <ul style="list-style-type: none"> <li>Major incident with burn injured casualties declared.</li> <li>Casualties transferred to more than one Burns Service within any one of the three regions (Y&amp;H, NE, NW) within the NBCN.</li> <li><b>Level 3 – Pressure or Level 4 – Severe Pressure is declared by all adults and/or paediatric burn services, providing unit/centre level care, in any one region of the NBCN</b></li> <li>Other burns services within the other two regions within the NBCN are operating at <b>Level 1 Normal</b> levels of activity</li> <li>Additional capacity available within burns services and critical care within the NBCN</li> <li>No impact on non burn routine/elective plastic surgery or critical activity</li> <li>Normal activity maintained</li> <li>Notify Burns Services within the NBCN that mutual aid may be required</li> </ul>	<p><b>BLM</b> - Notify NBBB of major incident (MI) and request them to invoke NBBB Action Card. Ask for password to access UK bed capacity on NBBB website</p> <p><b>BLO</b> - Check bed capacity/availability in NBCN Burns Services via NBBB website</p> <p><b>BLO</b> - Consider moving existing patients out of burns/hospital to a local hospital with a plastic in-patient service to create capacity</p> <p><b>BLO and BLM</b> to liaise with the NBBB and other service duty/on-call clinicians within the NBCN to agree level of response and escalation and appropriate dissemination of patients</p> <p><b>BLO/BLM</b> - Notify Trust on-call Director and Trust Emergency Planning Lead, NBCN Network Manager and Specialised Commissioning Lead of MI.</p> <p><b>Trust on-call Director</b> will notify NoE on-call Director and Emergency on-call Lead of MI.</p> <p><b>BLM</b> to notify Trust on-call Director of out-of-region (Y&amp;H, NW, NE) transfers.</p> <p><b>Trust on-call Director</b> to seek authorisation from SHA to transfer patients out-of-region.</p> <p>If mutual aid from other burn networks is being considered <b>BLO/BLM</b> will notify Trust on-call Director</p>	<p>Increased awareness and appropriate utilisation of overall bed capacity within NBCN</p> <p>To further increase capacity utilising resources within the NBCN</p> <p>Level of response and escalation agreed within NBCN.</p> <p>Appropriate dissemination of patients within the NBCN.</p>
<p><b>Level 4 – Severe Pressure</b></p>	<p><b>Host Trust/Burns Service has declared Level 4 - Severe Pressure</b></p> <ul style="list-style-type: none"> <li>Unable to accept further referrals to burn unit</li> <li>No capacity to move existing burns patients out of burn unit/downstream within the hospital to create capacity</li> <li>No critical care capacity</li> </ul>			

				<p><b>Trust on-call Director</b> will notify NHS NoE on-call Director/ Emergency on-call Lead</p> <p><b>NBBB</b> - will notify all burns services in the UK of major incident, request up-to-date bed capacity, identify duty/on-call clinician.</p> <p>Forward above information to the BLO/BLM</p> <p><b>NBCN</b> - Overall monitoring of the situation</p>	
<p><b>Level - 3 Pressure</b></p>	<ul style="list-style-type: none"> <li>Major Incident with burn injured casualties declared.</li> </ul>	<p><b>3 - Pressure</b></p>	<ul style="list-style-type: none"> <li>Major Incident with burn injured casualties declared.</li> <li>Casualties transferred to all adult and/or paediatric Burns Services within any two of the three regions within the NBCN.</li> <li>All adult and/or paediatric Host Trust/Burns Services within 2 of the three regions declaring Level 3 Pressure or Level 4 Severe Pressure as described above.</li> <li>Mutual aid necessary from other burns services within other region of the NBCN.</li> <li>Consider mutual aid from other burn networks</li> </ul>	<p><b>BLM and/or BLM</b></p> <p>Carry out actions as described above under <b>Network Level 2 – Concern</b> and</p> <p>If mutual aid from other burn networks is being considered, <b>BLO/BLM</b> liaise with the relevant Burns Services.</p> <p><b>NoE on-call Director/ Emergency on-call Lead</b> notifies DH that mutual aid from other burn care networks is being considered</p>	<p>Increased awareness and appropriate utilisation of overall bed capacity within NBCN increased capacity by utilising resources within the NBCN</p> <p>Level of response and escalation agreed within the NBCN.</p> <p>Appropriate dissemination of patients within the NBCN.</p> <p>Existing burns patients are appropriately disseminated within the NBCN area.</p> <p>DH on standby for instigating National Burns MIP arrangements</p>
<p><b>Level 4 – Severe Pressure</b></p>	<ul style="list-style-type: none"> <li>Major Incident with burn injured casualties admitted but host Trust/ Burn Service declaring <b>Level 3 – Pressure or Level 4 – Severe Pressure</b> as described above.</li> </ul>				

<p><b>Level 3 – Pressure</b></p>	<p>Major Incident with burn injured casualties declared.</p> <p>Burn injured casualties admitted but host Trust/Burn Service is declaring <b>Level 3 – Pressure or Level 4 – Severe Pressure</b> as described above.</p>	<p><b>4 – Severe Pressure</b></p>	<ul style="list-style-type: none"> <li>Major Incident with burn injured casualties declared.</li> <li>Casualties transferred to all 5 adult burns services and/or all 5 paediatrics burn services in all three regions within the NBCN</li> <li>The network has no additional capacity. All adult burns services and/or all paediatrics burn services in all three regions of the NBCN have declared Level 3 – Pressure or Level 4 – Severe Pressure</li> <li>Mutual aid from other burn care networks required</li> </ul>	<p><b>BLM and/or BLM</b></p> <p>Carry out actions as described above under <b>Network Level 3 – Pressure and</b></p> <p><b>BLO/BLM to notify Trust on-call Director</b> of necessary out-of-network transfers.</p> <p><b>Trust on-call Director</b> to notify NoE on-call Director and Emergency on-call Lead that mutual aid is required from other networks, seek authorisation to transfer patients out-of-network and to request that DH is notified.</p> <p><b>NoE on-call Director/ Emergency on-call Lead</b> - notifies DH that mutual aid from other burn care networks required.</p>	<p>Increased awareness and appropriate utilisation of overall bed capacity across two or more burn care networks.</p> <p>Gain access to additional capacity outside the NBCN.</p> <p>Level of response and escalation agreed across multiple burn networks.</p> <p>Appropriate dissemination of patients within and outside of the NBCN.</p> <p>National Burns MIP arrangements in place to further increase capacity utilising resources within the UK</p>
<p><b>Level 4 – Severe Pressure</b></p>			<p>The overall co-ordination and repatriation of patients is currently being agreed.</p>		
<p><b>Recovery Phase</b></p>					

**NBCN OPERATING FRAMEWORK FOR THE MANAGEMENT OF BURNS MAJOR INCIDENTS - TRUST LEVEL – TEMPLATE**  
**To be completed as part of individual organizations plans.**

Level	Trigger	Action by BLO/BLM	Host Trust's Mitigating Actions	Outcome/Impact of Action
1 - Normal	<ul style="list-style-type: none"> <li>All Burns Services working normal.</li> <li>No pressure</li> </ul>			
2 – Concern	<ul style="list-style-type: none"> <li>Casualties admitted from burn major incident but normal operating arrangements cannot be maintained in the Burn Unit.</li> <li>Additional activity can be absorbed by the Trust hosting the Burns Unit by transferring/stepping down patients or opening additional capacity elsewhere within hospital.</li> </ul>			
3 – Pressure	<ul style="list-style-type: none"> <li>Casualties admitted from burn major incident but normal operating arrangements cannot be maintained in the Burn Unit.</li> <li>Additional activity cannot be absorbed by the Trust hosting the Burns Unit by transferring/stepping down patients or opening additional capacity elsewhere within hospital.</li> <li>Additional activity available by transferring/stepping down patients or opening additional capacity within the local Burn Facilities or Plastic Surgery Department in-patient services.</li> </ul>			
4 – Severe Pressure	<ul style="list-style-type: none"> <li>Casualties admitted from burn major incident but normal operating arrangements cannot be maintained in the Burn Unit.</li> <li>Additional activity cannot be absorbed by the Trust hosting the Burns Unit by transferring/stepping down patients or opening additional capacity elsewhere within hospital.</li> <li>Additional activity cannot be absorbed by transferring/stepping down patients or opening additional capacity in the local Burn Facilities or Plastic Surgery Department in-patient services</li> </ul>			

**BURN NETWORKS - CRITICAL CARE NETWORK CONTACTS  
IN EVENT OF MAJOR INCIDENT**

**Cheshire and Mersey Critical Care Network**

Victoria House, 490 Knutsford Road, Latchford, Warrington WA4 1DX

Reception number: 0151 201 4156

Network Director/Lead Nurse: Sarah Clarke

Email: [Sarah.Clarke@cmccn.nhs.uk](mailto:Sarah.Clarke@cmccn.nhs.uk)

Telephone: 0778 950 5337/01925

867789

**Greater Manchester Critical Care Network**

Critical Care Skills Institute, Trafford General Hospital, Moorside Road, Davyhulme, Manchester M41 5SL

Reception number: 0161 746 2226

Network Director: Alan Stevens

Email: [Alan.stevens@cmft.nhs.uk](mailto:Alan.stevens@cmft.nhs.uk)

Telephone: 0789 1854 615 (Weekends 07505

844319)

**Lancashire and South Cumbria Critical Care Network**

Room PC16, Trust HQ, Chorley & S Ribble District Gen Hospital, Preston Road, Chorley, Lancs PR7 1PP

Reception number: 01257 245 483

Acting Network Director & Service Improvement Lead Nurse: Andrea Baldwin

Email: [Andrea.baldwin@ithtr.nhs.uk](mailto:Andrea.baldwin@ithtr.nhs.uk)

Telephone: 01257 245483/07810

554 215

**North East and Cumbria Locality**

ICU/HDU, North Tyneside General Hospital, Rake Lane, North Shields NE29 8NH

Reception number: 0191 293 4189

Network Director, Service Improvement Lead: Lesley Durham

Email: [lesley.durham@nhct.nhs.uk](mailto:lesley.durham@nhct.nhs.uk)

Telephone: 078244

98625

**North Trent Critical Care Network**

Barnsley PCT, Hilder House, 49-51 Gawber Road, Barnsley S75 2PY

Reception number: 0114 226 3585

Cancer Director/Lead for Critical Care: Kim Fell

Email: [kim.fell@ntcn.nhs.uk](mailto:kim.fell@ntcn.nhs.uk)

Telephone: 0114 226

3585

**North Wales Critical Care Network**

Ty Livingstone, HM Stanley Hospital, St Asaph, Denbighshire, North Wales LL17 0RS

Reception number: 01745 448586

Network Manager: Sue O'Keeffe

Email: [Sue.o'keeffe@wales.nhs.uk](mailto:Sue.o'keeffe@wales.nhs.uk)

Telephone: 01745 448586 Ext 2282/07717

548280

**North Yorkshire & Humberside Critical Care Network**

Reception number: 01904 629 044

Network Manager: Dan Dineen

Email: [Dan.dineen@yorksandhumber.nhs.uk](mailto:Dan.dineen@yorksandhumber.nhs.uk)  
569669

Telephone: 07816

**West Yorkshire Critical Care Network**

Ground Floor, Bronte Tower, Dewsbury Hospital, Halifax Road, Dewsbury WF13 4HS

Reception number: 01924 512280

Network Manager: Karen Dearden

Email: [Karen.dearden@midyorks.nhs.uk](mailto:Karen.dearden@midyorks.nhs.uk)  
290 672

Telephone: 07939

## NATIONAL BURN BED BUREAU (NBBB) Service Specification

### 1. Background

- 1.1 The National Burn Bed Bureau (NBBB) has been developed in conjunction with the National Network for Burn Care (previously the National Burn Care Group) in association with the NHS Specialised Commissioning Groups (England and Wales)
- 1.2 The objectives of the NBBB are to:
- Enable clinicians to source an appropriate burn bed for either primary or secondary transfers
  - Provide a resilient service to quantify national burn bed availability in the event of a major incident

The NBBB is managed by West Midlands Ambulance Service NHS Trust

### 2. Procedure for Responding to Requests to Identify an Appropriate Burn Bed

- 2.1 To contact the NBBB: **Telephone: 01384 215576**                      **Fax: 01384 215580.**
- 2.2 Requests may come from Specialised Burn Care Services or from any NHS Hospital Trust.
- 2.2 Prior to the NBBB receiving a call, the requesting service must have contacted their local Specialised Burn Care Service and must know what level of bed is required.
- B1                      Ward level bed
  - B2                      HDU level bed
  - B3-B5                  ICU level bed
- 2.3 If either of these actions have not be completed by the requesting service they will be asked to contact their nearest specialised burn care service.
- 2.4 When a call is received, the details are recorded on the NBBB database system (or on form FR168 in times of IT failure) and the requesting hospital informed that NBBB will contact Specialised Burn Care Services to identify the nearest suitable bed.
- 2.5 The Services are to be contacted in order of proximity to the requesting Hospital, until an appropriate bed/beds have been identified (the NBBB database will support the call handler in quickly identifying the nearest burn care services with potential availability of the appropriate level bed).

- 2.6 As soon as an appropriate bed/beds have been identified the details are passed to the requesting hospital by phone.
- 2.7 The requesting hospital will be advised that the clinician in charge must be contacted to:
- Confirm that the bed is still available
  - Agree to accept the transfer
- 2.8 The requester will also be informed that transport requirements must be booked in the usual way through their normal procedures. The NBBB does not book transport as part of the service.
- 2.9 If a decision is made to transfer the patient the requesting hospital are asked to confirm with the NBBB that the transfer has taken place. If a call has not been received within one hour then First Response Agency will contact the caller again for an update.
- 2.10 It is the responsibility of the NBBB that once it has been established which hospital (if any) the patient has been transferred to, any other Burn Services which identified having a bed available, should be notified that their bed will no longer be required by the requesting Hospital.
- 2.11 Once the destination has been confirmed the NBBB database will be updated to confirm the outcome of the request.
- 2.12 In the event that a transfer does not occur (i.e. the local services decide to wait for a local bed) the requesting hospital are asked to confirm this with the NBBB within 1 hour so that Burn Services who offered available beds can be notified by the NBBB.

### **3. Major Incident Procedure**

- 3.1 In the event of a Burns Major Incident at level 4 or higher (*please see the attached incident response table*) the Major Incident Command and Control team managing the incident locally will be responsible for notifying the National Burn Bed Bureau.
- 3.2 On receiving this notification, the NBBB will immediately assess bed availability nationally and communicate the results of this exercise back to the major incident command and control team.
- 3.3 The NBBB may be required to repeat this exercise (as directed by the local command and control team managing the incident)
- 3.4 In addition to the above, the NBBB may also be used to communicate key messages to relevant burn services at the request of the major incident command and control.
- 3.5 All actions undertaken by the NBBB in response to a major incident will be logged appropriately.

#### **4. Standard Message to Burn Services/Care Providers**

- 4.1 From time to time it may be necessary to circulate a standard message to all Services i.e. during a major incident and other relevant circumstances. This will be on the instruction of a First Response Team Manager and the NBBB will be asked to complete form FRA1 – NBBB/FRA Communiqué and circulate using email or fax. The communiqué should also be retained on file.

#### **5. Governance Arrangements**

- 5.1 Representatives from the National Network for Burn Care (including a representative from each of the 4 regional Burn Care Networks) will meet annually with the West Midlands Ambulance Service NHS Trust to review the service specification, review information flows, discuss any service requirements, and review the contract price.

- 5.2 The Review Meeting will take place no later than mid-April each year.

#### **6 Other Action Required**

- 6.1 If NBBB / First Response Agency have any issues that require clarification, or need advice in relation to this service, a communication record should be filled in and submitted to the Management Team or alternatively, contact can be made with the Management Team in office hours or with the on-call Manager out of hours.
- 6.2 NBBB / First Response Agency may at times be contacted to provide information and reports to interested parties. This should be referred to the Management Team, who will endeavour to process requests and supply relevant information.
- 6.3 First Response Agency will be represented at any NBBB Meetings and will feedback any concerns/comments about the scheme and feedback any activity data available.
- 6.4 It is noted that it is the responsibility of the Burns Care Networks to ensure that all information relating to Burns beds – numbers, category, location – is kept up to date.

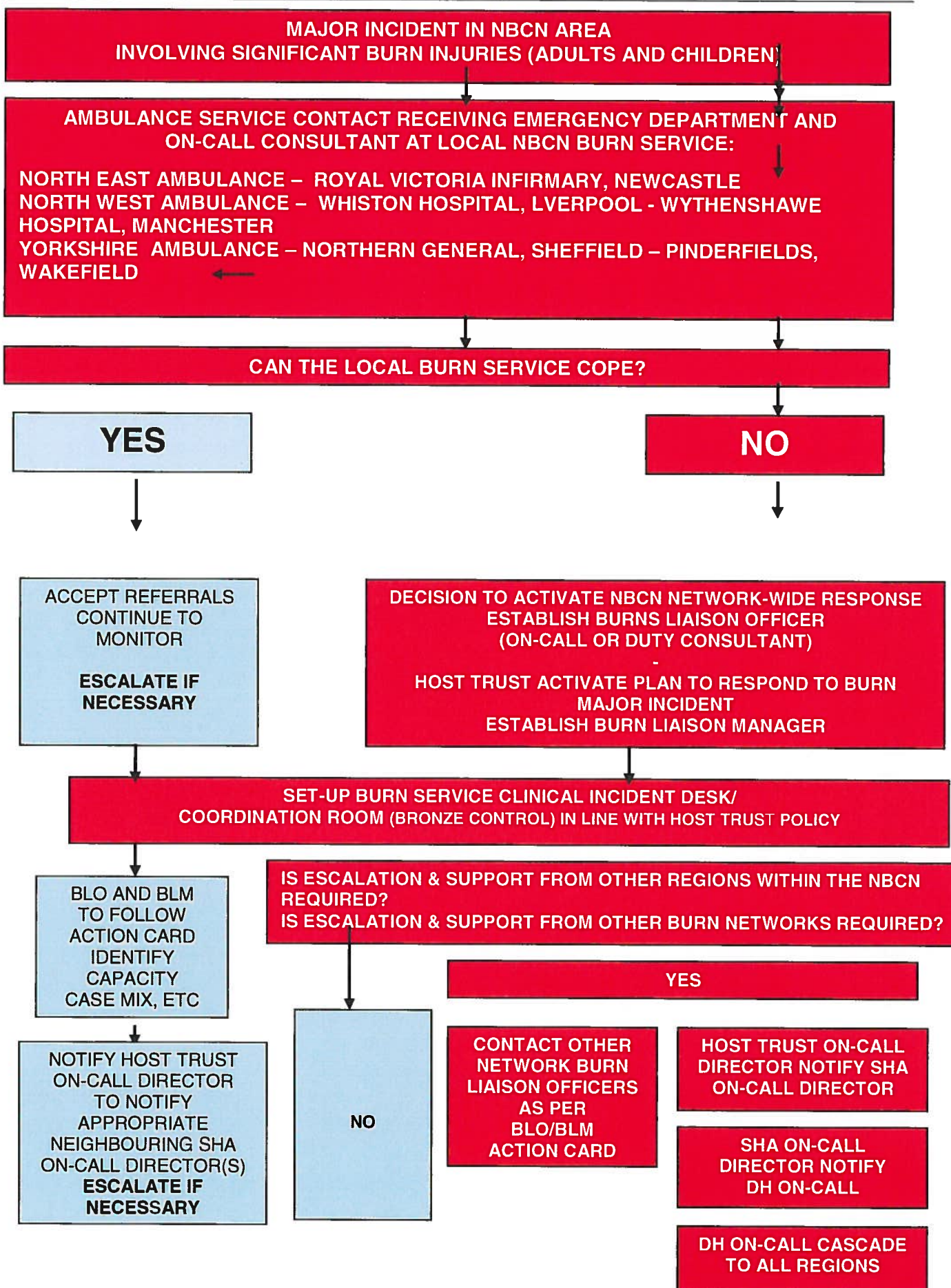
## Levels of Incidents and Response

The levels of response for adults and children that need to be planned for are shown in Figure 1 below:

**Figure1: Levels of Incident and Response**

Level	Description	Who to be notified
<b>1 – Normal</b>	Normal	- No notification required
<b>2 – Concern</b>	Casualties admitted from Burn Major Incident but normal activity maintained in Burn Service	- Check bed capacity in neighbouring Burns Services - Notify Trust on-call Director and Trust Emergency Planning Lead/ Officer or equivalent
<b>3 - Pressure</b>	Casualties admitted from Burn Major Incident and normal activity not possible in Burn Service but additional activity can be absorbed by the Trust hosting the burns services by various means e.g. opening of closed beds, expansion of nursing capacity by increasing agency or bank support, consideration of reduction of elective outpatient activity, outreach and similar services	- Check bed capacity in neighbouring Burn Services - Notify Trust on-call Director and Trust Emergency Planning Lead/ Officer or equivalent
<b>4 – Severe Pressure</b>	Normal activity not possible in Burn Service and additional activity not capable of being absorbed by Trust hosting Burn Service. More than one Burn Service within the local Burn Care Network engaged to admit casualties from Burn Major Incident	- Check bed capacity in neighbouring Burn Services - Notify Trust on-call Director and Trust Emergency Planning Lead - Establish Burn Network communication to determine when Burn Network capacity will be exceeded - Notify National Burn Bed Bureau
<b>5 - Critical</b>	An individual Burn Network is not able to admit all casualties from a Burn Major Incident and needs to consider out of Burn Network transfer of patients.	- Notify National Burn Bed Bureau - Notify Trust on-call Director and Trust Emergency Planning Lead - Request that the SHA Emergency Planning Lead be notified
<b>6 – Capacity Exceeded</b>	National capacity and capability is not able to absorb the additional activity	- Ask Trust on-call Director to notify SHA Emergency Planning Lead with request to notify the Major Incident Coordination Centre at Department of Health

NBCN Network Activation Flowchart – TYPE 1



<b>Burn Services in the NBCN – Description of capability and contact details</b>		
Yorkshire Ambulance Service	<b>Northern General Hospital, Sheffield</b> Contact the Burn Service: 0114 2714129/ 0114 2714126	Centre/Unit/Facility level care for Adults
Yorkshire Ambulance Service	<b>Pinderfields Hospital, Wakefield</b> Contact the Burn Service: Adult: 01924 541700 Children: 01924 541931	Centre/Unit/Facility level care for <b>Adults</b>  Unit/Facility level care for <b>Children</b>
Yorkshire Ambulance Service	<b>Sheffield Children’s Hospital, Sheffield</b> Contact the Burn Service: 0114 226 0694	Unit/Facility level care for Children
North East Ambulance Service	<b>James Cook University Hospital, Middlesbrough</b> Contact the Burn Service: 01642 854535	Facility level care for Adults
North East Ambulance Service	<b>Royal Victoria Infirmary Hospital, Newcastle Upon Tyne</b> Contact the Burn Service: Adult: 0191 282 5637/ 0191 282 0271 Children: 0191 282 6011/ 0191 282 0271	Centre/Unit/Facility level care for Adults and Children
North West Ambulance Service	<b>Royal Manchester Children’s Hospital, Manchester</b> Contact the Burn Service: 0161 701 8100	Centre/Unit/Facility level care for Children
North West Ambulance Service	<b>Royal Preston Hospital, Preston</b> Contact the Burn Service: 01772 522 244	Facility level care for Adults
North West Ambulance Service	<b>Wythenshawe Hospital, Manchester</b> Contact the Burn Service: 0161 291 6314	Centre/Unit/Facility level care for Adults

**NBCN BMIP Patient Tracking Log (INDIVIDUAL)**

**Appendix 8a**

PATIENT DETAILS		PATIENT INJURY		EMERGENCY DEPARTMENT	IF TRANSFERRED FROM ED TO NON-SPECIALISED BURN SERVICE	DEFINITIVE LOCATION (SPECIALISED BURN SERVICE)	
PATIENT NAME (Surname and Initial)	TRIAGE / PRIORITY		TICK	NAME OF ED ADMITTED TO:	HOSPITAL NAME:	BURN SERVICE NAME:	
	Patient not walking Has a burn injury Requires ventilation	P1					
	Patients not walking Has a burn injury	P2					
	Patient is walking Has a burn injury	P3					
	Patient not expected to survive	P4					
NBCN UNIQUE TRACKING NUMBER:	BURN INJURY - AREAS AFFECTED:		BURN INJURY - ESTIMATED TBSA		DATE AND TIME ADMITTED:	DATE AND TIME ADMITTED:	
PATIENT ID NUMBER (e.g.: FROM RECEIVING ED)	BURN INJURY - AREAS AFFECTED:		BURN INJURY - ESTIMATED TBSA		DATE AND TIME ADMITTED:	DATE AND TIME ADMITTED:	
DOB (DD/MM/YYYY)	INHALATION INJURY YES / NO		OTHER INJURIES:		ADMITTED TO:	ADMITTED TO:	
AGE:	INHALATION INJURY YES / NO		OTHER INJURIES:		ADMITTED TO:	ADMITTED TO:	
CHILD / ADULT:	INHALATION INJURY YES / NO		OTHER INJURIES:		ADMITTED TO:	ADMITTED TO:	
OTHER INFORMATION:	INHALATION INJURY YES / NO		OTHER INJURIES:		ADMITTED TO:	ADMITTED TO:	
DATE	TIME	COMMUNICATION				SIGNATURE	
		This document is provided double sided – Additional space to log details is provided overleaf					





<b>BURN NETWORKS - NATIONAL CONTACTS AND OTHER KEY CONTACTS</b>
<p><b>Northern Burn Care Network</b> (includes North Wales and Isle of Man)            Network Manager: Jayne Andrew            e-mail: <a href="mailto:jayne.andrew@ntcn.nhs.uk">jayne.andrew@ntcn.nhs.uk</a>            Website: <a href="http://www.nbcn.nhs.uk">www.nbcn.nhs.uk</a></p>
<p><b>Midlands Burn Care Network</b>            Network Manager: Owen Jones            e-mail: <a href="mailto:owen.jones@emscg.nhs.uk">owen.jones@emscg.nhs.uk</a>            Website: <a href="http://www.midlandsburnnetwork.nhs.uk">www.midlandsburnnetwork.nhs.uk</a></p>
<p><b>South West &amp; South Wales Burn Care Network</b>            Network Manager: Cathie Parsons            e-mail: <a href="mailto:cparssons2@nhs.net">cparssons2@nhs.net</a>            Website: under development</p>
<p><b>London and South East of England Burn Care Network</b>            Network Manager: Pete Siggers            e-mail: <a href="mailto:petesiggers@nhs.net">petesiggers@nhs.net</a>            Website: <a href="http://www.NBCN.nhs.uk">www.NBCN.nhs.uk</a></p>
<p><b>National Network for Burn Care</b>            Nathan Hall, National Burn Care Programme Lead            Email: <a href="mailto:nathanhall@nhs.net">nathanhall@nhs.net</a>            Website: <a href="http://www.specialisedservices.nhs.uk/safe_sustainable/nNBC-home">www.specialisedservices.nhs.uk/safe_sustainable/nNBC-home</a></p>
<p><b>Lead Specialised Commissioner for the Northern Burn Care Network</b>            Cathy Edwards            Director of Specialised Commissioning – Yorkshire and the Humber            Barnsley Primary Care Trust,            Hillder House,            49-51 Gawber Road,            Barnsley S75 2PY            Email: <a href="mailto:Cathy.Edwards@BarnsleyPCT.nhs.uk">Cathy.Edwards@BarnsleyPCT.nhs.uk</a>            Telephone: 01226 433742</p>

# Major Trauma Centres



April 2012

## Adult and Children's Major Trauma Centres

- 1 Addenbrooke's Hospital Cambridge
- 2 Frenchay Hospital Bristol
- 3 James Cook University Hospital Middlesbrough
- 4 John Radcliffe Hospital Oxford
- 5 King's College Hospital London
- 6 Leeds General Infirmary
- 7 Queen's Medical Centre Nottingham
- 8 Royal London Hospital
- 9 Royal Victoria Infirmary Newcastle
- 10 St Mary's Hospital London
- 11 St George's Hospital London
- 12 Southampton General Hospital

## Adult Major Trauma Centres

- 13 Derriford Hospital Plymouth
- 14 Hull Royal Infirmary
- 15 Northern General Hospital Sheffield
- 16 Queen Elizabeth Hospital Birmingham
- 17 Royal Preston Hospital
- 18 Royal Sussex County Hospital Brighton
- 19 University Hospital Coventry
- 20 University Hospital of North Staffordshire Stoke on Trent

## Children's MTCs

- 21 Alder Hey Children's Hospital Liverpool
- 22 Birmingham Children's Hospital
- 23 Royal Manchester Children's Hospital
- 24 Sheffield Children's Hospital

## Collaborative

- 25 Manchester Collaborative MTC
  - a) Salford Royal NHS Trust
  - b) Manchester Royal Infirmary
  - c) University Hospital South Manchester
- 26 Liverpool Collaborative MTC
  - a) Aintree University Hospital
  - b) Walton Centre
  - c) Royal Liverpool University Hospital

