



# Embrace Major Incident Response to Hospitals within the Yorkshire & Humber Region

Reference: 1631v4  
Written by: A Jackson  
Peer reviewer: S Hancock  
Approved: October 2020  
CAEC Review due: October 2023

## Purpose

This guideline should be referred to in the event of a Major Incident being declared within the Yorkshire and Humber region. Yorkshire Ambulance Service (YAS) and/or the hospital involved will inform Embrace.

## Intended Audience

All Embrace staff

<b>Content</b>	<b>Page</b>
1. Statement of intent.....	3
2. Introduction.....	3
3. Guiding principles .....	3
4. Major Incident instructions for Embrace Call Handler.....	4
5. Major Incident instructions for Embrace Nurse Coordinator .....	6
6. Major Incident instructions for Clinical Teams – Doctor/ANP/Nurse/Driver.....	7
7. Major Incident Instructions for Embrace Consultant .....	7
Appendix 1 Embrace MAJOR INCIDENT Staff Resource Form .....	9
Appendix 2 JESIP Principles.....	10
Appendix 3 Major incident contact details form.....	14
Appendix 4 Call Handler response form.....	14
Appendix 5 How to use the NHS text messaging system .....	15

## 1. Statement of intent

- 1.1. This guideline should be referred to in the event of a Major Incident being declared within the Yorkshire and Humber region. Yorkshire Ambulance Service (YAS) and/or the hospital involved will inform Embrace.

## 2. Introduction

- 2.1. Embrace will activate the Embrace section of Sheffield Childrens NHS Foundation Trust (SC(NHS)FT) Major Incident plan if appropriate.
- 2.2. The role of Embrace in such an event is to co-ordinate and facilitate the transfer of infants and children, who, following stabilisation at an Emergency Department, require to be transported to an appropriate specialist unit for on-going care or to transfer existing patients out of Paediatric Intensive Care Unit (PICU)/ Neonatal Intensive Care Unit (NICU) to increase local capacity.
- 2.3. If the Major Incident is not called by SC(NHS)FT, the Embrace Nurse Coordinator will inform the Senior Nurse 524 Bleep Holder and

## 3. Guiding principles

- 3.1. At **no time** will Embrace clinical staff attend the scene of the incident.
- 3.2. Major Incidents, by their nature, are complex, fast moving and unpredictable. The coordination team at Embrace will make decisions at the time based on their experience and common sense within the context of these guidelines.
- 3.3. The Joint Emergency Services Interoperability Principles (JESIP) can help provide a common way of working together with saving life and reducing harm at its core (Appendix 2).
- 3.4. All Embrace resources may need to be allocated to a Major Incident response, in which case mutual aid may be requested from neighbouring transport services.
- 3.5. In exceptional circumstances Embrace staff and equipment may be allocated to provide support to the Major Incident response in a Yorkshire & Humber hospital e.g. transferring patients from ED to theatres, caring for patients in an intensive care overflow area etc.
- 3.6. Balancing the utilisation of limited resources may mean that Embrace ambulances and drivers form part of the YAS response to the Major Incident but

one ambulance, one driver and Embrace 5 RRV would be ring fenced for use by Embrace.

#### **4. Major Incident instructions for Embrace Call Handler**

##### **4.1. Accepting the initial call**

If the call is initially taken by any member of staff other than a Call Handler, the call should be re-directed immediately to the Call Handler on shift.

The Call Handler should note the following using the 'Call Handler Response Form' (Appendix 4):

- Date of call
- Name and designation of person calling
- Contact phone number of person calling
- Location of person calling
- Nature of incident
- Time of incident
- Location of the incident
- Estimated number of casualties
- What do they want Embrace to do?
- Name of Call Handler taking the call
- Redirect the person ringing in, to ring back using Voice Response map option 7 – Major Incident

##### **4.2. In hours**

A Lead Call Handler will be identified by the Embrace Nurse Coordinator. The Embrace Consultant and Nurse Coordinator will assess the impact of the Major Incident on the service and prioritise management appropriately. Call Centre Manager, Lead Nurse and Lead Consultant to be informed if not on site.

The Lead Call Handler should co-ordinate the following tasks:

- a) Ensure all calls relating to the Major Incident should be directed to Option 7 (Major Incident) of the voice response map.
- b) Direct all calls relating to the Major Incident to the Embrace Consultant.
- c) Identify PICU/NICU beds available in and out of region from bed management file if applicable.

- d) Emergency ring round to inform units in the region of the Major Incident and request only acute transfers are referred (see emergency ring round document in management file).
- e) Inform TCAA and ask for their availability.
- f) Set up Call Handling area as Embrace Major Incident control room (flip charts/pens/Major Incident policies). Set up seminar room to receive additional staff where they will receive appropriate briefing and be deployed. The Call Handling area will be restricted to personnel designated appropriate by the Embrace Consultant & Nurse Coordinator

**When requested by the Embrace Consultant & Nurse Coordinator:**

- g) Activate the Major Incident staff communication plan (paper copy also in Major Incident lever arch folder)
  - a. Group text message:  
**'A Major Incident has been declared. Please phone Embrace on 0114 3053014 with your availability. To keep the lines clear, please do not discuss the nature of the incident, just your availability'**
  - b. If mobile phone network is down inform Embrace Consultant & Nurse Coordinator and implement manual ring-round using back-up mobile
  - c. Identify a Call Handler to take responses and complete the availability pro forma for all staff groups (in Major Incident lever arch folder)
  - d. Liaise with the Embrace Consultant & Nurse Coordinator regarding staff availability
- h) Ensure 3/4 Call Handlers available in daytime if applicable
- i) Facilitate all acute referrals:
  - a. Stabilised Major Incident transfers
  - b. PICU/NICU transfers out for local capacity
  - c. Acute emergency transfers in region
- j) Keep bed status up-to-date as beds for referrals are identified
- k) Inform neighbouring transport services and air providers that a Yorkshire & Humber Major Incident has been declared

#### 4.3. Out of hours

As above, but prioritise identification of further staff members to attend Embrace and assist any shift with a single Call Handler. Contact the Call Centre Manager on their Major Incident home contact details.

### 5. Major Incident instructions for Embrace Nurse Coordinator (defer role to most senior nurse on duty)

#### 5.1. In hours

- a) When informed of Major Incident in region liaise with Embrace Consultant  
**If there is likely to be a significant increase in the number of paediatric or neonatal referrals then:**
- b) With Embrace Consultant identify:
  - Second Consultant
  - Lead Call Handler
  - Lead Specialist Trainee/ANP
  - Lead Driver
  - Allocate available teams (nurse/doctor/driver) to check vehicles and equipment
- c) Identify capacity and then liaise with Embrace Consultant
  - Assess current workload – cancel back transfers/pull back teams from non-acute transfers and identify ETA at base
  - Equipment available – consider equipment available at other units
  - Liaise with Call Handler taking staff responses
  - Complete Staff Resource Form (appendix 1)
  - Identify Call Handler or Nurse to call back staff and inform of shifts to attend at Embrace
- d) Contact Captain Sam Rodgers (Somme Barracks) on 0114 2526315 (work) or 07593 368129 to inform him that we require use of the barracks to park the ambulances
- e) Ensure lead nurse and lead Consultant for Embrace are aware a major incident has been declared.

## **6. Major Incident instructions for Clinical Teams – Doctor/ANP/Nurse/Driver**

### **6.1. At all times**

- a. Clinical Teams will be identified by the Embrace Consultant & Nurse Coordinator. They will also assess the impact on the service and prioritise management appropriately.
- b. The Clinical Teams should undertake the following tasks and take directions from the Embrace Consultant & Nurse Coordinator.
- c. Clinical Teams should return to Embrace after 2-3 back to back acute transfers to allow for a break from clinical duties and to re-stock equipment.

### **6.2. Doctor (Specialist Trainee or Consultant) / ANP**

1. With Nurse
2. Take referral information and conduct conference calls
3. Liaise with Embrace Consultant & Nurse Coordinator to prioritise transfers
4. Perform transfers as required

### **6.3. Nurse**

1. With Doctor/ANP
2. Ensure normal equipment checks and documentation are available
3. Be involved in call conference process

### **6.4. Driver**

1. Perform vehicle checks
2. Assess fuel levels and re-fill vehicles if necessary
3. Prepare appropriate information for journey e.g. estimated journey times, assess if normal routes are affected by Major Incident

## **7. Major Incident Instructions for Embrace Consultant**

### **7.1. At all times**

- a) When informed of Major Incident liaise with Nurse Co-ordinator
- b) Obtain further information regarding the nature of the Major Incident to inform further Embrace management. For example:
  - Potential increase in paediatric or neonatal transfers

- Need to transfer 'non-Major Incident cases' from a centre affected by a Major Incident mainly affecting adults. This may not require significant changes to the normal working pattern. However, paediatric patients at the affected centre may require prioritisation. This decision should remain under review. Out of hours, or dependent upon circumstances, this may require action as below.

**If there is likely to be a significant increase in the number of paediatric or neonatal referrals then:**

- c) Co-ordinate with the Major Incident control room – all calls from the Major Incident control room or YAS should be directed to the Embrace Consultant
- d) With Nurse Co-ordinator identify (roles on separate cards):
  - Second Embrace Consultant – to lead triage/call conferences
  - Lead Call Handler
  - Lead Specialist Trainee/ANP
  - Lead Driver
  - Allocate available teams (Nurse/Doctor/ANP/Driver) to check vehicles and equipment
- e) Liaise with Nurse Coordinator regarding capacity
- f) Liaise with Embrace Specialist Trainee/ANPs and Nurses to provide referral service
- g) Liaise with relevant services to triage and prioritise transfers appropriately (initial referral process should be delegated to Nurse and Specialist Trainee teams)
  - Stabilised Major Incident transfers
  - PICU/NICU transfers out for local capacity
  - Acute emergency transfers in region
- h) Consider mutual aid from neighbouring transport services and air transport providers

**Appendix 1 Embrace MAJOR INCIDENT Staff Resource Form**

The number of additional staff required should be assessed taking into account the equipment available, number of potential casualties. Teams can be provided for transfer referrals prior to a vehicle being available to increase efficiency and effectiveness.

<b>DATE:</b>	<b>Doctors</b>	<b>Nurses</b>	<b>Drivers</b>	<b>Call Handlers</b>
Call co-ordination				4 (4 out of hours)
Number of potential teams (to include 1 in region non- MAJOR INCIDENT emergency team)			May be less than number of nurse/doctor teams	
Medical Co-ordinator	1 (Consultant)			
Nursing Co-ordinator		1 (Lead/Co-ordinator)		
<b>Total</b>				<b>4 (4 out of hours)</b>

**Staffing breakdown**

	<b>Transport Consultants</b>			<b>Transport Nursing Staff</b>			<b>Transport Specialist Trainees</b>			<b>Call Handlers</b>			<b>Ambulance Drivers</b>		
	Available	Predicted need	Extra staff required	Available	Predicted need	Extra staff required	Available	Predicted need	Extra staff required	Available	Predicted need	Extra staff required	Available	Predicted need	Extra staff required
LD1															
LD2															
LD3															
N1															
N2															

## Appendix 2 JESIP Principles

### Joint Decision Model

The Joint Decision Model (JDM) will help commanders bring together available information, reconcile objectives and then make effective decisions together.



It is organised around three primary considerations:

- |  |   |  |
|--|---|--|
| <b>Situation</b><br>What is happening?<br>What are the impacts?<br>What are the risks?<br>What might happen and what is being done about it? | <b>Direction</b><br>What end state is desired?<br>What are the aims and objectives of the emergency response?<br>What overarching values and priorities will inform and guide this? | <b>Action</b><br>What needs to be decided and needs to be done to resolve the situation and achieve the desired end state? |
|--|---|--|

### Principles for Joint Working



## Shared Situational Awareness

In the initial stages, pass information between emergency responders and Control Rooms using the METHANE mnemonic.

- M** Major Incident declared?
- E** Exact Location
- T** Type of incident
- H** Hazards present or suspected
- A** Access - routes that are safe to use
- N** Number, type, severity of casualties
- E** Emergency services present and those required

**Appendix 3 Major incident contact details form**

Date: 27 October 2020

**MAJAX Contact Details Update**

As part of the Embrace MAJAX policy, we need to regularly update our staff's contact details.

Please complete the contact details form, then return the form to Ray.

Name:	
Address:	
Postcode:	
Tel No 1 <sup>st</sup> Preference:	
Tel No 2 <sup>nd</sup> Preference:	
Tel No 3 <sup>rd</sup> Preference:	
Email Address:	
Date of Birth:	
Next of Kin Name:	
Next of kin Tel No:	
Embrace start date:	
Any medical information you wish to disclose, which may be useful in an emergency:	
<i>The medical information given will be stored electronically in the Information Spreadsheet</i>	

Checklist	Done	Checklist	Done
Information Spreadsheet (Locums)		Database (Locums) (Ray)	
Majax staff availability		Embrace-GR(Ray)	
NHS Text ( <a href="mailto:@sms.t-mmp.com">@sms.t-mmp.com</a> )		Embrace Email groups (Ray)	
Drinks Preference form		SCH Security Access (Ray)	
Call Handler Desks (If consultant)		In/& Out tracker card/Photo	
Lead Nurse (for nurses)		PACS (Melissa Slocombe)	
PAIP Next of Kin details		SCH Login:	

*(NHS Mail Company: Embrace Yorkshire Humber Infant and Childrens Transport Service)*

**Appendix 4 Call Handler response form****Embrace Major Incident response to hospitals within  
the Yorkshire & Humber region****Call Handler Response Form**

<b>Date of call</b>	
<b>Name of person calling</b>	
<b>Designation of person calling</b>	
<b>Contact number of caller</b>	
<b>Location of person calling</b>	
<b>Nature of incident</b>	
<b>Exact location of incident</b>	
<b>Any Hazards (present or suspected)</b>	
<b>Time of incident</b>	
<b>Estimated number of casualties</b>	
<b>What do they want Embrace to do?</b>	
<b>Direct future calls to option 7</b>	
<b>Name of Embrace Call Handler</b>	
<b>Signature of Embrace Call Handler</b>	

Informed the Call Centre Manager Yes  No

Informed the Lead Nurse Yes  No

Informed the Lead Consultant Yes  No

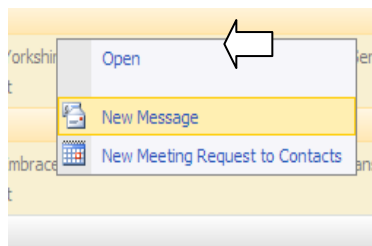
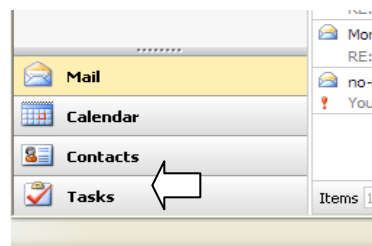
## Appendix 5 How to use the NHS text messaging system

To log on:

1. Open Internet Explorer
2. Go onto [www.nhs.net](http://www.nhs.net)
3. Enter the username [embrace.transport@nhs.net](mailto:embrace.transport@nhs.net)
4. Enter the password (this will change periodically, please see management file for the current password)

To create new text message:

1. Click on **contacts** (in the bottom left hand corner)
2. Choose the group you wish the Text Message to be sent to OR select individuals (use '**Ctrl**' if you wish to select more than one recipient)
3. Right click on the highlighted group/ recipients, then select **new message**
4. A new window will open with the group/ recipients addresses selected in the address bar
5. Type in your message
6. When finished with the NHS emailing system click **log out** in the top right corner



Any problems with logging in or for password changes please contact Ray Trent.