ACORN MEDICAL SERVICES

EVENT MEDICAL PLAN

for

Name of event: _____

Addess of event: _____

_____

_____ **Post code:** _____

w3w: [ ] [ ] [ ]

Date from: _____ **2022**

Date to: _____ **2022**

Event organiser: _____

Acorn Medical Services
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Lincolnshire
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D-U-N-S Number: 223211027
Qualsafe Centre number: 907314

EVENT OVERVIEW

Role of Acorn Medical Services (AMS)
Management of Resources Dynamic Risk
Assessment Variables Levels of Alert

STANDARD OPERATING PROCEDURES

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Medical Emergencies
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Emergency Calls on site (999 Calls via NHS Ambulance Service)
Emergency Calls off site (999 Calls via NHS Ambulance Service)
Treatment Centre(s)
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Uniform and Personal Protective Equipment (PPE)

Control & Radio Communications

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Casualty Reporting and Documentation
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THE ROLE OF ACORN MEDICAL SERVICES (AMS)

AMS will undertake and provide the following roles:

- Identify a level of medical provision required (including equipment and personnel) in accordance with the relevant sections of the The Purple Guide (as amended from time to time) and found at: www.thepurpleguide.co.uk The HSE also have a section on their web pages about running events safely which can be found at: www.hse.gov.uk/event-safety/ See also the section on planning for incidents and emergencies. See Appendix 1 to show the level of cover being provided, as well as the vehicles and equipment to bu made available.

- Provide an adequate service to meet the reasonably foreseeable needs of the event attendees and anyone else which may be directly affected during any site build or site breakdown

- Provide competent and trained medical personnel to carry out the specific roles and responsibilities outlined in the medical risk assessment (as authorised and approved by the General Manager)

- Liaise with local NHS Ambulance Service (if required) to ensure co-ordination of on-site and statutory medical provision

- Ensure relevant personnel are familiar with the location of the nearest hospital with an Emergency Department

- Manage the operational activities of event medical personnel throughout the event period

- Ensure a suitable system is maintained for collation, handling and storage of medical incident records and patient contact information

- Forward all details for reporting to the event safety advisor / event control as required under RIDDOR 1995 (accidents to members of the public)

- Act under the direction of the Emergency Services in the event of a Major Incident or as requested by Event Organiser

- Work in conjunction with the **Event Emergency Plan**

- To identify the potential demands that could be placed upon the services by this event and to manage those demands accordingly. Possibilities include:
    - Sudden illness or accident involving participants on site
    - Sudden illness or accident involving General Public
    - Civil Disorder
    - A Major Incident situation

- In line with the Major Incident Procedure, AMS is responsible for the:
    - Alerting and Liaison with other emergency services (to include Ambulance, Fire, Police, Mountain Rescue or Coastguard, as appropriate)
    - On site treatment and triage of casualties
    - Determination and notification of designated hospitals

- Management and co-ordination of all AMS resources in conjunction with any other medical resource or provider's on site

- Ensure that ALL personnel are up to date with mandatory training and are fully competent at their individual level.

MANAGEMENT OF RESOURCES

The Event Duty Manager will take overall responsibility for Medical Resources via Medical Control (Medic Control). He/she will be responsible for liaising with the Medical Event Control Manager (if applicable), briefing all personnel appropriately and attend all briefings with the Event Organisers and other organisations as required.

Within the treatment centre there will be a designated 'Centre Manager', who will be the primary point of contact for each resource within the treatment centre(s). This person may also undertake the Event Duty Manager role also.

If required, a helipad will be clearly identified on the event map/plan; this will be documented within the 'Event Emergency Plan'.

DYNAMIC RISK ASSESSMENT VARIABLES

During any sleeping hours duty periods, if this applicable to this event, and as activity level reduce, medical control may liaise with event control to decrease medical resources to sleeping/on call accordingly.

In the event that crowd numbers fluctuate during arrival, departure or at specific points during the event, Medical Control shall liaise with event control to increase or decrease medical resources as required (where reasonably practicable).

If risk variables exceed the initial risk score category, or if significant medical resources are engaged in the treatment of casualties, Medical Control shall advise event control requesting activities be reviewed in the effort to reduce risk at that time to match the available medical units.

Off-site transfers will also help reduce the demand on medical resources. These transfers may be conducted by the Casualty directly, with support from someone that may be with them or by an emergency ambulance following a 999 call to the local ambulance service.

LEVELS OF ALERT

Under normal circumstances the event shall be considered to be operating at Condition: **GREEN** and Standard Operating Procedures Remain in Effect.

Should a major incident be imminent or occur, event control may decide to raise the Alert Condition to **RED**.

In a heightened state of alert the Event Liaison Team (ELT) will continuously monitor the situation and adapt the management of the event accordingly. It is essential that all AMS personnel know what these Emergency Operating Procedures include.

SECTION 3	**Standard Operating Procedures** **GREEN**	GREEN

METHOD OF OPERATION

The prime responsibility for the mobilisation of medical resources rests with the Event Organiser. Calls for assistance are likely to be:

Medical / Traumatic Participant / General Public

The most appropriate resource(s) available will respond to these calls as identified by the Medical Event Control Manager. Dependent upon the circumstances, disposal of the patient will be:

a) Treated and assessed by AMS staff at site of incident

b) Transferred to event treatment centre by AM S duty medics

c) Treated and assessed by specialist practitioner at treatment centre

d) Transfer to off-site hospital by local NHS Ambulance Service

e) Patient discharged from AMS care

MEDICAL EMERGENCIES

In the case of collapse or other serious medical emergency, personnel should call control with a "priority call", giving the exact location and nature of the problem. In this event, Medic Control will endeavour to provide paramedic back up (if available).

In the event of a Medical Emergency radio the following:

"<CALL SIGN> to Medic Control - Priority Call…" You will be given priority over radio communications at which point the following information should be supplied:

1	Nature of Incident
2	Location using location (if known) and w3w location details for events with a large footprint
3	Number of Casualties
4	Origin of Call (Onsite Medical Services or 'Other Persons')

NHS ASSISTANCE REQUIRED AT THE EVENT

At this event AMS are:

❖ arranging for the use of a front-line ambulance, which will be provided by another company who is a Care Quality Commission (CQC) registered provider. This provider is a sub-contractor for this purpose, and will be responsible for their own insurances and policies relating solely to the provision of the vehicle. This vehicle will be used to transport the more serious casualties off site and convey them to the nearest and suitable treatment hospital. Once deployed, and should a subsequent emergency transport off the event site be required, the NHS ambulance Service will be called via Event Medical Control. This decision will only be made on the grounds of patient care and/or clinical need this decision will be made in conjunction with the Event Duty Manager

❖ NOT arranging for a front-line ambulance to be available. *(delete as applicable)*

Medic Control will be responsible for calling the Emergency Services. Once called, Event Control will be informed of all relevant details (including RV Point). Emergency Services will be met at the advised RV Point and will be directed to the patient accordingly.

EMERGENCY CALLS ON SITE; (RECEIVED IN NHS AMBULANCE SERVICE EOC)

If a 999 call is placed from the event other than by Event Control, the Ambulance Service Emergency Operations Centre (EOC) may contact Event Control / AMS Medic Control to mobilise AMS teams as the nearest available response. This responding unit will carry an Automated External Defibrillator (AED).

- The full location and type of incident should be passed to medic control, via the NHS Ambulance Service EOC.

- In turn the AMS Medic Control will allocate the nearest available resource with an AED.

- Once the response team has arrived on scene and assessed the patient, they must inform Medic Control of a SITREP using the ASHICE method.
  - AGE
  - SEX
  - HISTORY
  - ILLNESS OR INJURY
  - CONDITION
  - END RESULT – WHERE IS THIS PATIENT GOING? ANY FURTHER ASSISTANCE REQUIRED?

- The AMS Medic Control, in conjunction with the AMS Duty Manager will make a decision as to whether attendance of the NHS Ambulance Service will be required.

- The NHS Ambulance Service will be contacted and advised accordingly with the relevant information and timings.

EMERGENCIES CALLS TO PERSONS UNCONNECTED TO THE EVENT (OFF SITE)

It is possible that NHS Ambulance Service may receive emergency calls for assistance to persons not involved in the event but within its boundaries and local vicinity. Owing to potential movement restrictions in force around the event area, the local NHS Ambulance Service may not be able to respond to incidents within their normal time frames.

In this case the NHS Ambulance Service may contact Event Medic Control and request assistance from the AMS on-site medical services to provide a "First-responder" attendance.

The contact number for on-site medical control is: **Stephen Allen 07905 913 944**

TREATMENT CENTRE(S)

There will be areas designated for triage, treatment and observation.

Within the treatment centre there will be robust re-assessment criteria to ensure patients are responding to treatment and are clinically improving. The timeframe guideline for formal re-assessment will be 15 minutes.

The duty AMS senior medic on shift will complete the re-assessments of the patient(s) as appropriate, with a decision made to transfer the patient to hospital if there is no improvement by, or deterioration before, 30 minutes (time-frame guideline only).

Personnel at the treatment centre will be responsible for the assessment and treatment of minor injuries/illnesses and for arranging transfer to hospital via Medic Control.

If a casualty requires transportation to hospital, Medic Control must be contacted where appropriate transport can be arranged. The Event Duty Manager must also be notified. As far as reasonably practicable, all patients likely to need transport to hospital must be assessed by a qualified IHCD technician, OR other registered health care professional.

A patient report form must be completed for ALL casualties seen. All records must include the location at which they were treated and also who they are – e.g. participant, staff, or member of the public.

A summary of ALL casualties treated on site, including their disposal, will be kept in a secure place within the Treatment Centre. This will be collated by the Event Duty Manager. It is essential that the precise location of every incident is recorded in case of litigation.

SAFETY

This event has been fully risk assessed and copies of these risk assessment will be available throughout the event.

Clinical Waste

Any waste items used during the treatment of a casualty, both in the medical centre and away from it, are classed as clinical waste. As such, they must NOT be disposed of in the general rubbish. All such waste must be placed in official clinical bags and returned to the general office of AMS for correct disposal.

Uniform/PPE

All AMS personnel must wear High Visibility clothing for identification and safety purposes. Standard uniform must be worn at all times; as per company uniform policy. High Visibility clothing will be worn when not in the medical centre.

Attending to Casualties away from the Medical Centre

Under no circumstances should ANY medic respond solo to any casualty not presenting directly to the Medical Centre

CONTROL AND COMMUNICATIONS

Media Enquires

All media enquires must be directed to the event organiser in every circumstance.

Casualty reporting and documentation

A MINORS FORM entry should be made for every patient contact at this event. Where a more serious illness/trauma is reported, and where additional observations need to be recorded, a PRF (patient record form) shall be completed. Staff should make themselves aware which copies are given to the patient and which are retained for our records. Personnel should ask for assistance if struggling to complete patient record forms. Remember, both become legal documents once completed. If you make a mistake, cross out once and initial.

It is the treatment centre managers' responsibility to ensure these are completed to the standard AMS requirements. The following documents will be to hand at all times:

- Patient Report Forms (PRF)
- Continuation Forms
- Safeguarding forms
- Incident Report Forms (IR1)
- Mental Capacity Assessment Forms

Start and Finish duty

All personnel starting / finishing shift or leaving site, should ensure that they have informed medic control and have signed the appropriate paperwork. Permission to leave site MUST be sought before leaving.

Radio channels

AMS will operate their own VHF Radio and repeater system. The designated radio channel is **10**

Control location

AMS will set up a medical control area at the rear of the treatment centre. This area will be a restricted area.

Control Management

Medic Control should ideally be managed by a duty control manager. This individual will be experienced and suitably qualified to work autonomously in this role if staffing levels allow.

This event does/does not (delete as applicable) require a dedicated Duty Control Manager.

They will be responsible for the mobilisation and liaison of all AMS resources on site. They will also be responsible for multi agencies liaisons, in conjunction with command structure.

Logging

All communication and liaisons made 'into' / 'out of' the Event Medical Control Centre will be logged by event control. This information will form part of any investigation or complaint. All personnel are advised to ensure all communications and messages go directly through them, and recorded in the appropriate control log.

Contingency arrangements

The Event Medical Control Centre will/will not (delete as appropriate) have unlimited access to WIFI/internet at all times; AMS Event Medical Control Centre will also hold additional radios which operate on a different frequency, should radio failure occur. In the event that AMS has exhausted all contingency options, immediate contact must be made to the On-call duty manager for assistance.

EQUIPMENT & SUPPORT

Treatment provision

For this event AMS will operate a medical treatment centre in their green gazeebo/s), which will be fully euipped` to deal with all minor inuries,` minor illness and life threatening conditions that may occur. These patients will remain within the medical treatment centre until such time that appropriate assessment and referral has been made by a competent registered health care professional.

Defirillator

There will be a defibrillator located in the response vehicle and in the treatment centre; all personnel are fully trained to operate these devices.

Personal equipment

All personnel should wear appropriate uniform in accordance with the uniform` Policy; this includes suitable access to HI-visibility jackets,` torches (those on night shift) and appropriate footwear. Those personnel who possess individual first aid kit bag may bring them to this event if they wish. All personal stock used (supported by the Minors form or PF)` will be replenished via the treatment centre manager.

Logistics

Logistic support will be available throughout any set 'up' and take 'down' medical provision, will be contactable via the event Manager.

VEHICLES

VEHICLE MOVEMENTS

There are no restrictions for ambulance/emergency vehicles ` all vehicle movement will go through the Medic Control. No other vehicle movements will be permitted in public arenas while the event is live. This instruction can only be overridden by the event organiser.

Nominated access point to site is: _____

EMERGENCY VEHICLES

Ambulance vehicles accessing the site during any site build and take-down will arrive via the above access point and shown on the site plan. All drivers will be instructed to drive at less than 5 mph while on site.

Ambulances visual warnings will be only used on site so as not to cause panic by member of the public. Wherever possible a security steward foot patrol will also be assigned to escort the vehicle by event control.

AMS VEHICLES

All AMS vehicles should remain locked and secure at all times whilst parked and unmanned. It is the drivers responsible to maintain the security of the keys whilst they are out of the vehicle.

VEHICLE WASHING

We may have access to clean running water and standard cleaning products during any extended duty at the event. All cleaning should be in accordance with the AMS Infection Control Policy; If water is not available, then all vehicles will need to be cleaned once the crew return to base.

WELFARE

Rest facilities

All personnel will have access to a rest area at the rear of the treatment centre; within this area refreshments (tea/coffee/water) and snacks are available for the duration of the event. Toilet facilities will also be available for use by AMS medical personnel. Additionally, they will receive a 20 minute unpaid, uninterrupted rest break for every 6 hours of work, in compliance with the Working Time Regulation (1998). Those personnel choosing to camp on site (if applicable) will have unlimited access to the designated camping area during their off duty hours.

Refreshments

Facilities have been arranged to ensure drinks are freely accessible to all personnel within the rest area. Where possible personnel will be provided with hot meals during their shift. If this is not possible, personnel will have access to food traders/stands where discounts will be sought. Personnel may also wish to leave the event to purchase refreshments at nearby locations; It is important that medic control are aware and that authorisation has been given to leave site.

Smoking

Smoking is not permitted in public view. Please ensure smoking is out of public view and that appropriate cover is maintained during your absence and that you keep your radio turned on and with you at all times. You should ensure that you are stood down for this period of time and that your AMS uniform is covered to minimise the smell of smoke on your uniform or when dealing with the public. AMS will happily provide advice on smoking cessation to any colleague who wishes to give up smoking.

REMOVE REMOVE REMOVE (formerly Initial Operational

Whilst we take the welfare of our staff, sub-contractors, clients, their staff and members of the public very seriously, there may be occasions during an event when you are faced with either a single casualty or multiple casualties that present showing signs & symptoms of an attack or contamination by a noxious substance.

Response

The response may be initiated by the identification of a single patient or potentially by the use of the STEPS 1-2-3 plus protocol.

The Emergency Services use the STEPS 1-2-3 plus process as a recognition and risk assessment tool. If one incapacitated patient is encountered with unexplained symptoms then they are treated using NHS universal precautions. If two incapacitated patients are encountered together with unexplained symptoms they are treated with caution and a high index of suspicion of contamination using NHS universal precautions. When three or more incapacitated patients are encountered together with unexplained symptoms the staff withdraw to a safe distance and call for specialist resources and advice. At the same time the plus element indicates the instigation of IOR as detailed below.

Initial Operational Response (IOR)

The IOR model - remove, remove, remove describes a set of actions to be taken by a medical practitioners in the event of encountering potentially contaminated patients. A key aspect of the model is guided self-care which means that the staff member is not required to touch the individual or their clothes.

The NHS action card for this is shown at Appendix 6

In the event of a large or Major Incident occurring, for whatever reason, the following arrangements will be adopted. In general, the Major Incident Procedures of the local Ambulance Service will be invoked and these orders are designed to be complimentary.

MAJOR INCIDENTS

The definition of a major incident is:-

"Any emergency that requires the implementation of special arrangement by one or more of the emergency services, the NHS or the local authority for: -

- The rescue and transport of a large number of casualties
- The involvement either directly or indirectly of large numbers of people
- The handling of a large number of enquiries likely to be generated from the public
- The large scale development of the combined resources of the emergency services"

In the event of a major incident being declared, this will be communicated to the emergency services by the senior medical manager. The M/ETHANE document, Appendix 3, will form the basis of this declaration which is in line with the JESIP principles. These principles clearly show how the Joint Decision Model (JDM) works when there is a multi-agency response, allowing everyone to work together in a structured way. See www.jesip.org.uk for further information.

Following the declaration, the Emergency Liaison Team (ELT) will meet immediately and draw up a plan of action in accordance with pre-agreed operational plans.

Until the arrival of the emergency services, the duty medical manager will assume the role of Silver Commander, Appendix 4, to effect actions contained in this plan. On arrival of emergency services they will assume overall command and control. The duty medical manager may then subsequently adopt the role of Bronze Incident Officer. Appendix 4.

Once the ambulance service arrives on scene, all on-site medical resources will come under their command. We may subsequently be asked to assist the attending emergency services to enforce their plans and to help in any way practicable. All personnel and any sub-contractors should fully cooperate and assist both the Bronze Commander and emergency services in this regard when requested to do so.

Details of the JDM are explained in Appendix 5.

EMERGENCY PLANS

Depending on the scale of the event, an Emergency Liaison Team (ELT) would usually consists of: Event Organiser(s), Health and Safety Officer(s), Medical Director(s), Security Director(s), and if applicable, Camp Site or Arena Manager(s) or any of their representatives as applicable. This list is in now way exhaustive.

Overall responsibility for the management of the event sits with the Event Organiser(s).

Additional meetings may be convened on a needs basis. Dynamic risk assessments will be undertaken throughout the event and results reported to the ELT.

The ELT will assess situations as they occur and confer with the emergency services.

COMMUNICATIONS UNDER CONDITION RED

The ELT will be responsible for making any 999 calls and liaison with the Emergency Services and Local Authority.

All key staff will have 2 way radio contact at all times. Channel **16** will be the designated **RED** channel.

In the event of an emergency, all staff with radios should switch to channel **16** and await instructions. This is **not** a communication channel; it is for the sole use of receiving information from the Emergency Liaison Team.

ACTION ON NOTIFICATION OF A MAJOR INCIDENT

1. DECLARATION

In most cases, the fact that an incident has occurred will be notified to the Event Organiser. A Condition Red Alert will be notified to all personnel by radio instructing Radio Silence and to standby for instructions. All staff with radios should switch to channel **16** as indicated above.

Medic Control will inform all call signs.

2. AMS Incident Officer

Where an incident of major proportions occurs, the senior AMS attendant on-site will become the Ambulance Incident Officer (Medic Silver), declare such an occurrence and ensure that all Medical Staff and NHS Ambulance Service EOC are aware. In conjunction with representatives of the other Emergency Services, MEDIC SILVER will carry out the functions of that position until relieved of his duties by Ambulance Service personnel, delegating roles to other colleagues as appropriate.

3. ALL AMS Personnel

ALL on-duty AMS Personnel will proceed to the designated RV Point ONLY WHEN INSTRUCTED BY MEDIC CONTROL on channel **16,** and await further instruction. When a designated RV point is not allocated, ALL personnel should maintain their current position, locating themselves on their maps, (if applicable) and ensure they are standing by for further instructions. If the instruction to congregate is issued the following radio announcement will be made "Medic Control - All call signs - Priority Call – proceed to <location>". All Personnel should maintain radio silence and proceed immediately to the **designated location.** Channel **8** should then be selected.

4. RENDEZVOUS POINTS

In the event of an emergency there is an 'on site' rendezvous point where briefings and deployments will be given. This will be the main treatment centre unless advised otherwise by the Medical Event Control Officer.

In the event of a major incident resulting in an evacuation of the site all colleagues will be instructed by Medic Control to proceed to the nearest exit point and to make their way to the 'off site' or external rendezvous point where a secondary medical site will be established.

Appendix 1 Contact and other information

Event name: _____

Event address: _____

_____

_____ Postcode: _____

w3w [ ] [ ] [ ]

Date start: _____ Time starts: _____

Date end: _____ Time finish: _____

Organisers name: _____

Mobile number: _____

Organiser 2IC name: _____

Mobile number: _____

Local Hospital: _____

Address: _____

_____ Post code: _____

Telephone number: _____

Nearest 'walk-in' centre: _____

Address: _____

_____ Post code: _____

Nearest chemist: _____

Address: _____

_____ Post code: _____

Telephone number: _____

Hours:

MON		to	
TUES		to	
WED		to	
THURS		to	
FRI		to	
SAT		to	
SUN		to	
B/H		to	

Appendix 2 Staffing and kit list

First responders ☐

Other medics ☐

Nurses ☐

Paramedics ☐

AAP ☐

Doctor ☐

Ambulance ☐

RRV ☐

Gazeebo ☐

LC sign ☐

Defib ☐

O2 ☐

Entonox ☐

Response bag #1 ☐

Response bag #2 ☐

Response bag #3 ☐

Response bag #4 ☐

Carry chair ☐

Stretcher ☐

Headblocks ☐

Treatmnet bed ☐

CD's ☐

_____ ☐

_____ ☐

JESIP

Appendix 3 M/ETHANE Form

Time of call:		**Date:**	
Organisation: Acorn Medical Services			
Name of Caller: Stephen Allen		**Tel No: 07905 913 944**	

M	Major incident	Has a Major Incident been declared? **YES/NO** *(If no, then complete ETHANE message)*	

E	Exact Location	What is the exact location or geographical area of incident	
T	Type of Incident	What kind of incident is it?	
H	Hazards	What hazards or potential hazards can be identified?	
A	Access	What are the best routes for access and egress?	
N	Number of casualties	How many casualties are there and what condition are they in?	
E	Emergency Services	Which and how many emergency responder assets/personnel are required or are already on-scene?	

Signature of person completing this form:

Appendix 4 Diagram showing the generic response structure and basic responsibilities

Adapted from Joint Doctrine: The Interoperability Framework. Version 3 August 2022
Not all of the below will apply to an incident at any duty. This is for guidance only
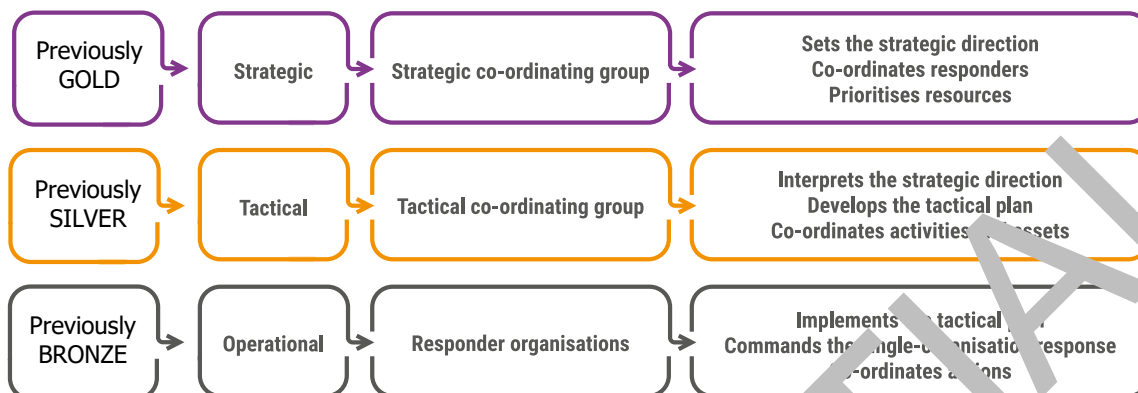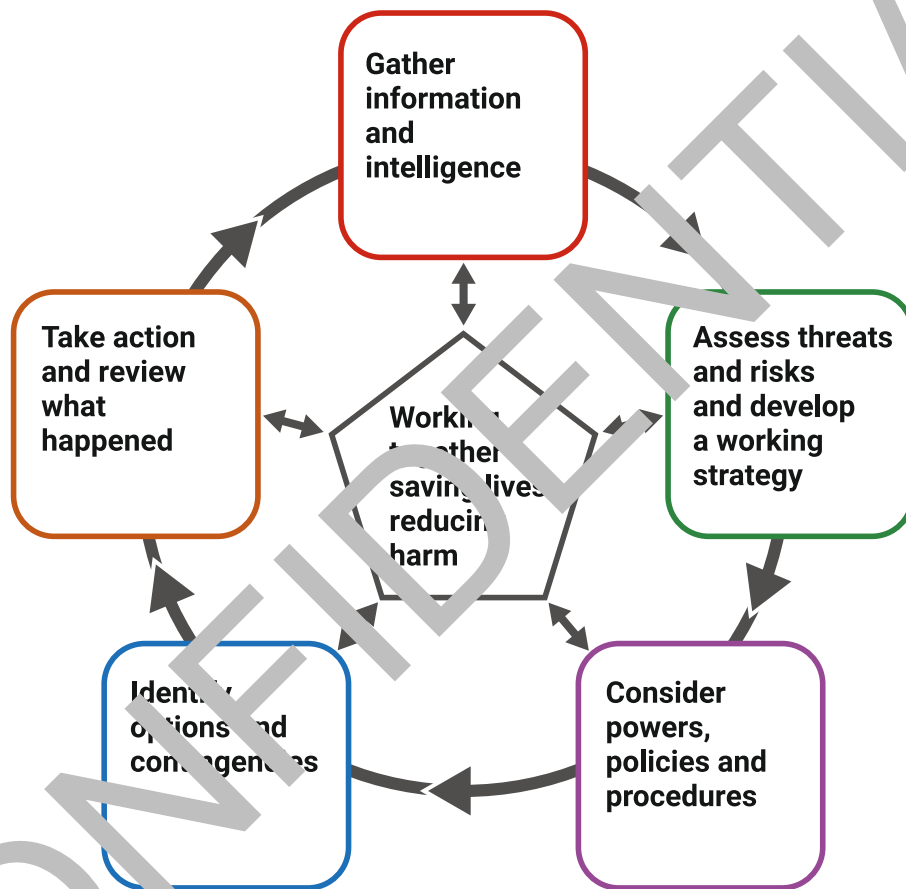

Tactical Command explained:

a.   People who have a tactical command role have a responsibility to ensure they are prepared to carry out their role; this includes keeping up to date with the policies and processes that are used for major incidents

b.   Protect life, property and the environment

c.   Be aware of and understand the multi-agency command structure, commander roles, responsibilities, requirements and capabilities (including gaps), and monitor the operational command structure, including functional roles

d.   Establish shared situational awareness between the responder organisations at the tactical level and promote effective decision-making using the JDM

e.   Understand how ever-changing threats and hazards affect each organisation, and work with multi-agency colleagues to develop a joint understanding of risk, putting in place appropriate mitigation and management arrangements to continually monitor and respond to the changing nature of emergencies for the organisation

f.   Ensure that statutory responsibilities are met for health, safety, human rights, data protection and welfare of people during the incident

g.   Where necessary make the strategic commander aware of the incident and the common operating picture

h.   Ensure that all tactical decisions made, and the rationale behind them, are documented in a decision log, ensuring that a clear audit trail exists for all multi-agency debriefs and future multi-agency learning

i.   Make debriefing facilities available and debrief the operational commander, ensuring any issues that have affected interoperability are shared using Joint Organisational Learning (JOL) Online
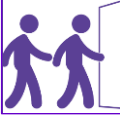
Operational Command explained:

a.   People who have an operational command or management role have a responsibility to ensure they are prepared to carry out the role; this includes keeping up to date with the policies and processes that are used for major incidents

b.   Protect life, property and the environment

c.   Make an initial assessment of the situation, using M/ETHANE to provide early situational awareness of the incident and the relevant resource requirements, ensuring that where appropriate, a major incident is declared and shared with partners

d.   Co-operate with representatives from other responder organisations to identify a forward command point (FCP), if not already done, and agree initial actions including the timings of future meetings

e.   Make and share decisions with multi-agency colleagues according to your agreed level of responsibility, with an awareness of consequence management using the Joint Decision Model (JDM)

f.   Share information, intelligence and risk information to make effective joint decisions and co-ordinate operational plans by agreeing a common view of the situation, its consequences and potential outcomes and the actions required within a working strategy

g.   Identify the role of each organisation in managing and co-ordinating the care of victims and survivors, and their relatives and friends

h.   Understand how continually changing hazards and risks affect each organisation and work with multi-agency colleagues to address them ensuring that statutory responsibilities for the health, safety and welfare of personnel are met during the incident

i.   Consider the security of the scene and identify and agree triggers, signals and arrangements for emergency evacuation of responders

j.   Maintain a contemporaneous log of decisions made, including the rationale for them and any actions to be carried out

Appendix 5 Diagram of the Joint Decision Model

Gather information and intelligence

Assess threats and risks and develop a working strategy

Consider powers, policies and procedures

Identify options and contingencies

Take action and review what happened

Working together saving lives reducing harm

Appendix 6 First Contact Action Card

NHS England

Emergency actions when managing potentially contaminated patient(s) in any healthcare setting. Tell those affected to:

REMOVE THEMSELVES
...from the immediate area to avoid further exposure to the substance or exposing others. Fresh air is important. If the skin is itchy or painful, find a water source.

REMOVE OUTER CLOTHING
...if affected by the substance. Try to avoid pulling clothing over the head. Do not smoke, eat or drink. Do not pull off clothing stuck to skin.

REMOVE THE SUBSTANCE
...from skin using a dry absorbent material to either soak it up or brush it off. Rinse continually with water <u>only</u> if the skin is itchy or painful.

Additional guidance relating to REMOVE, REMOVE, REMOVE

REMOVE or ISOLATE	Reassure patient(s), direct outside if feasible or move to isolation area, limit their movement, do not touch
CONTAIN	Consider need for lockdown, limiting access and egress, switch air conditioning off
ALERT	Dial 999 for ambulance, provide details of substance if known, symptoms and numbers of casualties, follow internal alerting process
DISROBE	Instruct patient to REMOVE outer clothing, not to eat, drink or smoke (avoid pulling clothes over-head, do not to pull off if stuck to the skin)
ASSESS	REMOVE the substance from the skin using either dry, absorbent material or water dependant on

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IF THE SUBSTANCE IS BURNING OR IRRITATING THE SKIN	**IF THE SUBSTANCE IS NOT BURNING OR IRRITATING THE SKIN**
• DO NOT touch the patient(s)	• DO NOT touch the patient(s)
• Provide / direct patient(s) to clean, running water source	• Provide blue / white tissue roll or other absorbent material
• Instruct patient(s) to begin rinsing affected areas starting with hair, (head back) hands, face working down and away from body for minimum of 90 seconds	• Instruct patient(s) to blot and rub exposed skin surfaces in a non-vigorous manner. Start with hair (head back), hands, face working down and away from body
• Instruct patient(s) to place all used waste in waste bags / bins and isolate	• Instruct patient(s) to place all used waste in waste bags / bins and isolate
• Attempt to maintain privacy and dignity and follow any other specialist advice	• Attempt to maintain privacy and dignity and follow any other specialist advice
• Observe for signs of effects of substance on non-exposed personnel	• Observe for signs of effects of substance on non-exposed personnel

**Appendix 7 Site map
to be inserted behind this sheet**