

SJH Critical Care Major Incident Plan (MIP)

Major Incident Declared

Oncall Bleep Holder 3561

Collect MIP box and bleep 3096 from Anaesthetic Seminar Room. Go to Emergency department (ED) ASAP await ON Call Consultant

Contact on call consultant and request their attendance ASAP

Put out Major Incident Call Out on Whatsapp consultant and trainee groups

Take brief Sitrep from ED lead
Go to Anaesthetic Seminar Room to coordinate the Theatre Control Team

Oncall/ICU consultant = Critical Care Consultant1(CCC1)
Bleep 3096

- Allocate following lead roles: Hospital Medical Controller; Resus; Theatre Corridor; Red ICU; Green ICU leads as appropriate (first anaesthetic/critical care consultants available within the hospital)
- Allocate 1-2 further consultants to Resus/ Red ICU/Theatre Corridor/ IGreen ICU as appropriate
- Allocate trainees to Resus/IRed ICU/Theatre Corridor/IGreen ICU as appropriate
- Allocate appropriate consultants/trainees to prepare for/carry out transfers as necessary
- Identify those rostered to be on call/continue service over following 24 hours and protect them from immediate availability
- Identify appropriate roles for surgical and medical trainees/consultants to support critical care staff
- Take roster of immediate attendance and prepare for next 24 hours. Consider shorter shifts if intense work load e.g. 8 hours
- Document information coming and decisions made
- Liase with Hospital Medical Coordinato

Theatre Control Team.
Anaesthetic Seminar Room

CCC2

Emergency Department (ED)

-Assist with ED intubations, stabilisation of patients, transfers to radiology/theatres/recovery/ICU

Hospital Medical controller (HMC)

HMC centre, 2nd floor

-Liase with RIE HMC.
-Coordinate clinical activity and patient flow with medical /surgical/ nursing/ site lead

CCC3

Red ICU (ground floor)

-Review Coronavirus activity
-Take handover of patients present
-Identify stable/ward fit patients who could be discharged to Level 1 or transferred to Green ICU
-Coordinate activity around new admissions to Red ICU

CCC4

Theatre Corridor

-Coordinate theatre activity: facilitate safe and rapid cessation of ongoing surgery as appropriate
-Coordinate new admissions from ED into empty theatres/anaesthetic rooms with appropriate medical/nursing staff per patient
-Allocate appropriate cover for obstetrics

CCC5

Green ICU (2nd floor)

-If in use, take handover of patients present
-Identify stable/ward fit patients who could be discharged to Level 1 or transferred out
-Coordinate activity around new admissions from medical wards/transfers from Red ICU
-Point of contact for in hospital Cardiac Arrest/medical emergencies from the wards.

Communicate and co-ordinate with CCC1