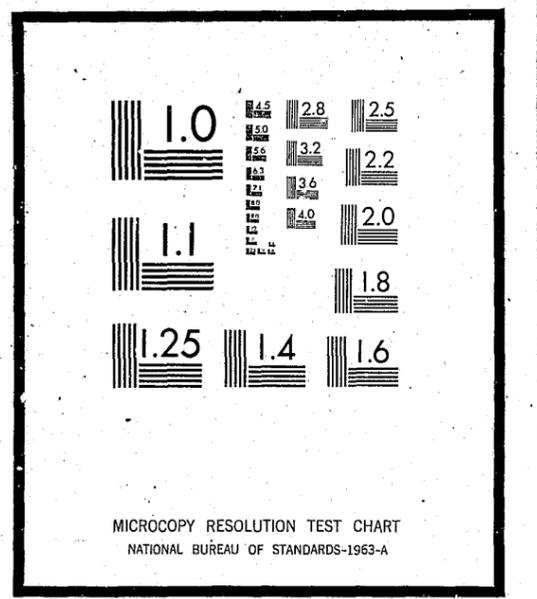


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U.S. DEPARTMENT OF JUSTICE
LAW ENFORCEMENT ASSISTANCE ADMINISTRATION
NATIONAL CRIMINAL JUSTICE REFERENCE SERVICE
WASHINGTON, D.C. 20531

Date filmed 9/30/75

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City of London Police

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~~London (England) Police~~

NORTH EAST THAMES REGIONAL HEALTH AUTHORITY

REGIONAL GUIDANCE

on

MAJOR ACCIDENT PROCEDURE

I Major Accident Procedure

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5. Emergency Bed Service

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1. General

1.1 Definition of Major Accident

Any incident which is determined as such by the Senior Police, Ambulance or Fire Officer first on the scene.

or

* Any incident in which the number of "live" casualties to be handled is estimated to be in excess of 50

or

where the special nature of the incident makes it likely that extraordinary resources of the Accident and Emergency Services would be required.

or

Any incident in which more than one hospital is likely to be involved in handling disaster casualties.

1.2 First Notification - Raising the Alarm

By dialling 999 or acting according to instructions for emergency calls in telephone directories or public call boxes.

The call is received by the Ambulance, Fire or Police Service

The Ambulance Service is responsible for alerting the Hospital Service

1.3 Alerting the Hospital Service

The Ambulance Services will alert the Casualty Receiving Hospital (Appendix 1 attached) which is nearest to the scene of the accident and this hospital will be termed "The Designated Hospital".

At least two other hospitals on the list will be warned at once by the alerting authority that their services may be required as "Supporting Hospitals".

*(Query 20 in Districts outside London)

1.4 Alerting Message

The message alerting the Designated Hospital or a Supporting Hospital will be passed to the hospital telephone/switchboard operator (NOT to the Accident and Emergency Department).

The message will be prefixed with the words "Major Accident."

The first hospital alerted will be informed that it is the Designated Hospital. The remaining hospitals alerted will be told that they are Supporting Hospitals.

It is most important that District Management Teams ensure that switchboard operators at all casualty receiving hospitals are fully instructed on the need to establish whether the hospital has been termed the "DESIGNATED" or a "SUPPORTING" hospital, to record accurately the alerting message, to repeat it to the alerting operator, and to take the telephone number of the person giving the alert in order to check its validity.

1.5 Information Required by Designated Hospital

- (a) Name, designation, authority and telephone number of person giving the alert.
- (b) Type of accident.
- (c) Location and time of accident.
- (d) Estimated number and type of casualties (if this information is available).
- (e) Names of other hospitals which are being alerted as Supporting Hospitals.

1.6 Information Required by Supporting Hospitals

- (a) Type of accident
- (b) Location and time of accident.
- (c) Name of the Designated Hospital.

2. Action to be taken by Designated Hospital

2.1 Despatch of Site Medical Officer to be in charge at the scene of the accident.

The Designated Hospital will immediately arrange to provide a Site Medical Officer to act as medical controller at the scene of the accident.

He will proceed to the scene at once, whether or not a mobile team is despatched.

If transport difficulties are anticipated help from the police should be requested without delay. Every assistance will be given by the police, compatible with their other duties, to enable doctors to reach the scene of a disaster.

2.2 Medical Controller in charge at the Designated Hospital

At the Designated Hospital, a Senior Medical Officer from the staff will be in charge of medical arrangements in the hospital. This officer will be referred to as the Medical Controller. He will be responsible for the despatch of the mobile medical team (see paragraph 2.3.1) and will take whatever steps may be necessary to make the resources of the hospital fully available for the reception and treatment of casualties. He will keep the Site Medical Officer informed of the facilities remaining for the continuing reception of casualties at the hospital.

2.3 Mobile Medical Teams

2.3.1 Despatch

The Medical Controller at the Designated Hospital will despatch a Mobile Medical Team:

- (i) If specifically requested to do so by the Police, Fire or Ambulance Service, or
- (ii) If he (the Medical Controller) considers a mobile medical team is necessary in the light of the information received regarding the seriousness of the accident.

or

(iii) if he is requested to do so by the Site Medical Officer.

Some of the hospitals included in the list of Accident Receiving Hospitals in the Region (Appendix 1 attached) will not be able to provide a mobile medical team if designated. In these cases it is most important that, in the event of such a hospital being "designated", local plans will provide that the hospital which is to supply the Team is alerted at once by the designated hospital and that both the Site Medical Officer at the scene of the accident and the Medical Controller at the Designated hospital will know precisely how to summon and despatch the Team.

2.3.2 Personnel

A team should normally consist of a doctor of registrar grade or above, in charge, with supporting nursing assistance. They will work in the Casualty Post (paragraph 3.5) when this has been established.

2.3.3 Equipment

The amount to be held for this purpose is left to the discretion of individual District Management Teams but in addition to medical and surgical equipment, drugs and dressings, it will be necessary to take a number of blankets, appropriate brassards for use by doctors nurses (see also paragraph 3.5) a stock of labels and documentation record sheets together with waterproof envelopes and possibly cylinders of oxygen.

Rescue workers may have to extricate live casualties who are seriously trapped, and moribund victims, from wreckage. Special amputation packs should be included with the team's equipment.

For ease of transport equipment should be accommodated in suitable containers and maintained in readiness at a designated point in the hospital. It is suggested that these containers should be numbered so that there can be no possibility of one being overlooked.

2.3.4 Transport

The Ambulance Service will provide transport for the Mobile Medical Team if requested to do so.

2.4 Blood Transfusion Service

It is suggested that once a hospital is informed that a major accident has occurred in the vicinity, the senior pathologist concerned should be informed immediately and that he should make contact without delay with the Medical Director of the Brentwood Blood Transfusion Centre, informing him of the likely requirements of blood at both the scene of the accident and at the hospitals receiving casualties.

(Note: In Camden and Islington A.H.A. the Medical Director to be contacted is at the North London Blood Transfusion Centre).

It may not be possible for the Transfusion Centre to send out blood in its own vehicles and the hospital requesting blood should be prepared to send to the Centre for it.

2.5 Unloading of Ambulances and Provision of Stretcher Bearers at those Hospitals receiving Casualties

A Supervisory Ambulance Officer will be posted at the Casualty Receiving Hospital to supervise unloading and to ensure a quick turnround of ambulances.

Plans for the speedy mobilisation of an adequate number of stretcher-bearers should be co-ordinated with Voluntary Organisations.

2.6 Exchange of Stretchers and Blankets

The London Ambulance Service have agreed that it is unnecessary to follow the "one for one" exchange procedure.

Elsewhere in the Region, initially if there are not sufficient stretchers and blankets available to work an exchange system, it is important that casualties should be moved from ambulance stretchers as soon as possible.

Stockpiles of stretchers and blankets are available at strategic points in Essex under the care of the Ambulance Authority.

2.7 Special Telephone Arrangements

The degree of protection from incoming calls and priority for outgoing calls which the G.P.O. can give to hospitals involved in a major accident will vary according to the service provided by local telephone exchanges. District Administrators should, therefore, consult their local telephone manager to see what advantages might accrue from a pre-arranged procedure. Where such procedures are possible they should be recorded in local Major Accident procedures.

2.8 Hospital Telephone Lines for Police Documentation Teams

The Hospital Service will provide the Police with the use of one or more telephones in the hospital building in or near "Reception". If telephone facilities are some distance from "Reception", a runner service should be organised between hospital documentation staff and the Police Officer concerned.

2.9 Notification of Area and Regional Medical Officers

i) The District Community Physicians should notify the Area Medical Officer.

ii) Outside the Metropolitan Police District

The District Administrators (or District Community Physicians) will be responsible for informing the Regional Medical Officer or the Regional Specialist in Community Medicine

Regional Medical Officer

Dr. A.S. Mackenzie's Private
telephone number is:

01-370 2480 (weekdays)
CHRISHALL (076383) 559
(week-ends)

Regional Specialist in Community Medicine

Dr. I.H.F. Murray's private telephone
number is:

BRENTWOOD (0277) 214659

During office hours they should be contacted

at the R.H.A. Offices

(01-262 8011)

(Note: In the Metropolitan Police District, the Emergency Bed Service will inform the Regional Medical Officer or the Regional Specialist in Community Medicine day or night if a major accident occurs in that district).

3. Action to be taken at the scene of the Accident

3.1 Site Medical Officer in charge at the Scene of the Accident

On arrival, the Site Medical Officer will contact Senior Officers of the other Services who are on the spot and obtain a first-hand appreciation of the situation.

The Site Medical Officer acts purely in an administrative capacity and, initially, he will:

- (a) Decide whether to call out the mobile medical team or other special facilities.
- (b) Establish a Medical Services Report Centre, (which must be easily identifiable by day and night.)
- (c) Control and co-ordinate all available medical and first aid services at the site. Local General Practitioners may already have been called by one of the Services engaged at the incident, or have heard of the occurrence from some other source.
- (d) Formulate a Casualty Evacuation Plan in collaboration with the Senior Ambulance Officer present at the interview.
- (e) Set up a Casualty Post which must be easily identifiable by day and night.
- (f) Assume responsibility for the safety of the Mobile Medical Team and the workers under his direction.

(g) Maintain liaison with the Designated Hospital.

The Site Medical Officer will wear a white coat with the words "Site Medical Officer" across the back. The Site Medical Officer should be aware of the ex-directory telephone numbers of the designated and supporting hospitals

3.2 Site Control - Co-ordination

Senior Officers of the Police, Fire Brigade, Ambulance and Medical Services will rendezvous at a focal point at the scene of the accident to co-ordinate the activities of their respective services. The focal point will be distinguished by:

In Greater London

In Essex

In Hertfordshire

The Fire Control Unit, a vehicle with a red and white checkered dome on the roof, which is illuminated at night.

(a) outside the Metropolitan Police District.

The police vehicle fitted with a "Police" sign, which is illuminated at night.

(a) outside the Metropolitan Police District

in the first instance by either a police car or van with a flashing blue light. This will be replaced by a mobile police station if necessary. The mobile police station is a blue trailer caravan clearly marked "Police". It displays a blue pennant bearing the word "Police" and is equipped with a blue flashing light.

(b) within the Metropolitan Police District.

A vehicle with a red and white chequered dome on the roof (illuminated at night).

(b) within the Metropolitan Police District.

A vehicle with a red and white chequered dome on the roof (illuminated at night).

3.3 Location of Medical Services Report Centre

The Site Medical Officer will establish the Medical Services Report Centre (^{para}3.3) near to the site Control. In the Greater London Council Area the Site Medical Officer will be able to use the Mobile Ambulance Control Unit of the London Ambulance Service, which will be in radio contact with Ambulance Headquarters, to pass messages to hospitals. The Control Unit is a white Land Rover with a blue flashing light on its roof flanked on both sides by orange flashing lights.

3.4 Communications between Medical Services Report Centre and Hospitals Receiving Casualties

3.4.1 Initially this will be provided by the Police Network, though in some areas the Police may have to use the Radio Emergency Amateur Network.

3.4.2 When an alert is subsequently confirmed as a major accident and Supervisory Ambulance Officers arrive at hospitals with radio equipped vehicles, the network of the Ambulance Service (both in Greater London and in Essex) will become fully available and should be used in preference to the police network. Messages from the Site Medical Officer to the hospital will be via the Central Ambulance Control.

3.5 Location and Function of the Casualty Post

The Post will be set up in the vicinity of the Medical Service Report Centre and the Ambulance Loading Point.

The Post will act as a 'filter' in ensuring that ambulance priority is given to the seriously injured. This may involve holding back slightly injured cases and treating them on the site if ambulance resources are limited.

The Post will label all casualties before despatching them to hospital.

The Mobile Medical Team, if required, will work in the Casualty Post.

Suitable brassards must be available for hospital doctors and nurses and should be carried in the kit of the mobile medical team.

3.6 Emergency Lighting at the Scene of the Accident

Lighting will be provided by vehicles of the Police, Fire or Ambulance Service.

3.7 Emergency Mortuary Arrangements including Disposal of the Dead

Emergency mortuary arrangements at the site including disposal of the dead will be the responsibility of the Police.

3.8 Assistance from Voluntary Bodies

On request by the St. John's Ambulance Brigade or British Red Cross Society Local police may arrange to inform these organisations of a major accident.

Members of the St. John's Ambulance Brigade or the British Red Cross Society should report to the Medical Services Report Centre on arrival at the scene of the accident in order that the best use may be made of their services in the light of the situation existing at the time. Members of the W.R.V.S. and other Voluntary Organisations should report to the Site Control Centre (Paragraph 3.2). Where arrangements can be made after local discussion with representatives of the voluntary bodies concerned for volunteers to report wearing uniform (even if this means spending time to collect it) the resultant case of identification is considered to be worthwhile.

4. Casualties

4.1 Disposal of Casualties

(a) Before the arrival of the Site Medical Officer

The Ambulance Service will act in accordance with their own knowledge of the hospitals in the area and casualties requiring hospital treatment will be taken to the designated hospital.

(b) After the arrival of the Site Medical Officer

Casualties will be evacuated according to the plan devised in collaboration with the Senior Ambulance Officer present at the incident. If the Site Medical Officer and the Senior Ambulance Officer decide to include in the plan hospitals NOT alerted initially as Supporting Hospitals, the names of these additional Supporting Hospitals must be notified to the police and to Ambulance Headquarters Control. In the Metropolitan Police District or City of London the information should be passed to Inspector I/C, Information Room, New Scotland Yard, The Broadway, London, S.W.1. (Tel. No. 01-230 1212).

4.2 Routing of Ambulances

Routes will be in accordance with the Casualty Evacuation Plan agreed between the Site Medical Officer and the Senior Ambulance Officer.

Details of the plan will be passed to the Senior Officers of the Police and Fire Services as soon as possible.

4.3 Use of Helicopters

In the event of the police or ambulance service deciding to use helicopters to transport casualties from the scene of the accident, the sites listed in Appendix II are available as helicopter landing sites. In the event of the landing site being more than a short distance from the entrance to the casualty receiving hospital, the Ambulance Service will convey casualties from the helicopter.

4.4 Trapped Casualties

The Senior Fire Officer present will be responsible for initiating rescue plans for trapped casualties and for co-ordination of the rescue activities of all Services.

4.5 Handling of Enquiries - Establishment of an Enquiry Zone

As soon as possible, a Central Casualty Bureau will be established away from the hospitals receiving casualties according to local Police arrangements.

In the Metropolitan Police District, this will be at New Scotland Yard, if necessary.

The Police will provide Officers detailed for documentation duties at the alerted hospitals.

4.6 Particulars of Casualties Required by Police Documentation Team.

4.6.1 For identified casualties

Surname
First Name(s)
Age
Sex
Address
Injuries
Whether or not admitted - Name of hospital

Particulars of next of kin

Surname
First Name(s)
Address
Relationship
Telephone Number

4.6.2 For unidentified casualties

Sex	Age	LIVING/DEAD
Build	Face	Height
Complexion		Eyes
Nose	Teeth	Hair
Dress	Additional particulars, e.g. possible race.	

5. Emergency Bed Service

* Information on which hospital has been "designated" and which are "supporting" will be passed by Ambulance Service Headquarters to the Emergency Bed Service which operates on a twenty-four hour basis. They will:-

- (a) pass "stand by" warnings of a major accident to hospitals not initially alerted by the ambulance services
- (b) divert "normal" emergency admissions to hospitals not required to receive casualties
- (c) inform the Regional Medical Officer or the Regional Specialist in Community Medicine if a major accident occurs and
- (d) act as an additional communications link between the Regional Health Authority's officers and the hospitals concerned

*to be discussed with Essex E.B.S.

APPENDIX 13

NORTH EAST THAMES REGIONAL HEALTH AUTHORITY

Casualty Receiving Hospitals

Available for Designation

Dialling Instructions

Numbers prefixed by 01-

Omit the prefix if dialling from within the London telephone area.

Numbers prefixed by exchanges

The hospital phone number is preceded by the name of the exchange.
The exchange code number given in brackets is only operative for calls made within the London telephone area.

<u>AHA District</u> <u>Management</u> <u>Team</u>	<u>Hospital</u>	<u>Telephone</u> <u>Number</u>	<u>Ex-Directory</u>
Essex Harlow	Princess Alexandra Hospital, Hamstel Road, Harlow.	Harlow (0279)26791	
	Herts & Essex General Hospital, Bishop's Stortford, Hertfordshire.	Bishop's Stortford (0279) 53232 and 51399	Bishop's Stortford (0279) 54779 and 51349
	St. Margaret's Hospital, Epping.	Epping (375) 2224/5	Epping (375) 3992 Epping (375) 3850 Epping (375) 3837
Basildon & Thurrock	Orsett Hospital, Nr. Grays.	Grays Thurrock (0375) 5100	Grays Thurrock (0375) 891315/6
Southend	Southend General Hospital Prittlewell Chase, Westcliff-on-Sea.	Southend-on-Sea (0702) 48911	Southend-on-Sea (0702)30861
Chelmsford	Chelmsford & Essex Hospital, London Road, Chelmsford.	Chelmsford (0245) 53481	Chelmsford (0245) 53682/3 and 5226),
Colchester	Essex County Hospital, Lexdon Road, Colchester.	Colchester (0206) 77341	Colchester (0206) 72370 and 72997 and 78094)
	∅ Notley Hospital, near Braintree	Braintree 69	Braintree 1232
	∅ Clacton and District Hospital, Freeland Road, Clacton-on-Sea.	Clacton (0255) 21445	Clacton (0255) 21305 & 21682 28876
	∅ Harwich and District Hospital, Main Road, Dovercourt.	Harwich (025-55) 2446	Harwich (025-55) 2021

∅ to be deleted

(available as support Hospitals
but not for Designation)

<u>Area</u>	<u>District Management Team</u>	<u>Hospital</u>	<u>Telephone Number</u>	<u>Ex-Directory</u>
Enfield & Haringey	Enfield	Chase Farm Hospital, The Ridgeway, Enfield	01-366 6600	01-363 0227
	Haringey	North Middlesex Hospital, Silver Street, Edmonton	01-807 3071	01-807-3211
		Prince of Wales's General Hospital, The Green, South Tottenham, N.15	01-303 1031	01-303 0303/7/8
Redbridge & Waltham Forest	West Roding	Whipps Cross Hospital, Whipps Cross Road, Leytcnstone	01-539 5522	01-539-5622/3/4
	East Roding	King George Hospital, Eastern Avenue, Ilford	01-554-9911	01-554-2532
Barking & Havering	Barking	Oldchurch Hospital, Oldchurch Road, Romford	Romford (70) 46090	Romford (70) 61346
	Havering	Harold Wood Hospital, Gubbins Lane, Harold Wood	Ingrebourn (45) 45533	Ingrebourn (45) 43034 and 41210/2
City & East London	The City and Hackney	St. Bartholomew's Hospital, West Smithfield, E.C.1.	01-603-7777	
		St. Leonard's Hospital, Nuttall Street, Kingsland Road, N.1.	01-739 2434	01-739 5166/7
		Hackney Hospital, Homerton High Street, E.9.	01-935 5555	01-935 6959 01-935 1321
	Tower Hamlets	The London Hospital (Whitechapel) Whitechapel, E.1.	01-247 5454	01-247 0541/4
		The London Hospital (Mile End) Bancroft Road, E.1.	01-930 4355	01-930 4673
		Ø Bethnal Green Hospital, Cambridge Heath Road, E.2.	01-930-3413/4	01-930 3659/3729
	Newham	St. Andrew's Hospital, Devons Road, Bow, E.3	01-937 2030/6	01-937 2201/2/3

<u>AMA</u>	<u>District Management Team</u>	<u>Hospital</u>	<u>Telephone Number</u>	<u>Ex-Directory</u>
		Queen Mary's Hospital, West Ham Lane, Stratford, E.15	01-534 2616	01-534 7271/2
		East Ham Memorial Hospital, Shrawsbury Road, E.7	01-472-2234	01-472-1749
		Ø Albert Dock Hospital, Albwick Road, E.16	01-476-2234	
London and Islington	Islington	Whittington Hospital, St. Mary's Wing, Highgate Hill, N.19	01-272-3070	
	South Camden	University College Hospital, London WC1	01-387-9300 (or 388 0345)	
	North Camden	New End Hospital Hampstead, London, N.W.3.	01-435 7131	
		The Royal Free Hospital Hampstead N.W.3. (as from Autumn 1974?)	01-794 0500	

Cavalier Receiving Hospitals in Other Regions adjacent to North East Thames Regional Health Authority boundaries

North West Thames Region	Lister Hospital, Hitchin, Hertfordshire	Hitchin (0462) 3701
	Barnet General Hospital, Wellhouse Lane, Barnet	01-440 5111
	Edgware General Hospital, Edgware	01-952-2381
	Middlesex Hospital, Portimer St., London, W.1.	01-633-8333
East Anglian Region	Ipswich and East Suffolk Hospital, Angelsea Road Wing, Ipswich	Ipswich (0473) 31021 & 77201

END