O P E R A T I O N G R A N B Y

CONTINGENCY PLANS - GULF WAR

PREAMBLE

On information provided by the Regional Health Authority, in the event of War in the Gulf:

a. Hospitals with specialist centres eg Burns and Plastic, can expect to receive "specialist" casualties

b. In addition, general hospitals can expect to receive other casualties eg general surgery, orthopaedic surgery etc.

c. Initially specialist centres may not receive other war casualties

d. All hospitals can expect to receive some displaced civilian patients

LOCAL CO-ORDINATING COMMITTEE

A Local Co-ordinating Committee will be established comprising:

Designated lead clinician	Mr K Queen (in his absence Mr B Johnston) with orthopaedic support provided by Mr D Heath.
Co-ordinating Admissions Officer	Miss H I Robinson (Deputy, Mr D Heath)
Co-ordinating Consultant Plastic Surgeon	Miss K Chrystal
Co-ordinating Consultant Anaesthetist	Dr M Lothian
Co-ordinating Information Officer for details of daily casualties	Mr S Oram
Co-ordinating Information Officers for details of impact on civilian services	Mr S Oram/Miss H I Robinson
Co-ordinating Senior Nurse Manager	Mrs M Ward
Media and Public Relations and DHA Co-ordinator	Mr B Waite/Mr D L Thelwell

The Local Co-ordinating Committee will meet on an ad hoc basis in order to agree and establish contingency plans for operation "GRANBY". Once SBGH is alerted to receive casualties the formal mechanism for co-ordinating the detailed arrangements will be through the Hospital Control Centre based in the Unit General Manager's (Hospitals) office. It is intended to be manned by the:

Lead Consultant
Co-ordinating Senior Nurse Manager
Unit General Manager (Hospitals)
(as below)

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All requests for admission of casualties will be via the Ambulance Service. It is anticipated that a minimum of 4 hours notice will be provided. The lead clinician (Mr Queen/ Mr Johnston) will set in motion the contingency arrangements in conjunction with UGM (Hospitals) and Co-ordinating Senior Nurse Manager.

All non urgent civilian admissions will be suspended including "telephoned emergencies" via general practitioners. Each consultant will be expected to make separate arrangements where necessary with medical secretarial support for the postponement of waiting list cases etc. It is anticipated that the Regional Control Centre in selecting the designated receiving hospital to receive military casualties will also identify other local support hospitals to accept both civilian emergencies and potentially a number of inpatients decanted from the designated receiving hospital.

Military casualties on arrival will go direct to the agreed designated ward(s) as below via the Triple Theatre entrance. This area will provide ample space for ambulances etc utilising the car park if necessary. Additional trolleys and wheel chairs will be situated in the corridor. The Accident/Emergency Department will <u>not</u> be used for military casualties and will provide a normal civilian service until further notice.

HOSPITAL CONTROL CENTRE

A Hospital Control Centre will be established in the UGM's office and will act as the central information centre in addition to providing the operational base for:

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General Co-ordinator	Mr D L Thelwell or Deputy (Internal Telephone 221)

CLINICAL FACILITIES

All war casualties will be housed in the main block therefore utilising the block wards as outlined below but also for easier access to Block X-ray, Plastic Theatre, TripleTheatre (including all orthopaedic cases), CSSD, Catering etc.

CLEARING OF BEDS

On the assumption that initially the first casualties will be burns/plastic with the intention of other general surgical and orthopaedic cases arriving later; clear the following wards for reception of military casualties:

(i) Ward 2/3 (23 beds apart from a potential small number of civilian patients unable to transfer).

(ii) Then Ward B1 (22 beds).

If also receiving other types of injuries (ortho & surgical) vacate also:

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The Hospital Control Centre will monitor these activities and decide further which other wards to decant intowith Miss Robinson acting as Co-ordinating Admissions Officer to secure these further decanting facilities.

Following alert and in anticipation of receipt of casualties, it may prove necessary to suspend routine visiting hours (ward sisters will identify "urgent" visitors and such visitors will be expected to park in the Hillside Car Park only.

In addition, Elm Park Road Hospital Entrance will be closed to all civilian vehicular traffic (but manned with a key holder) who will allow access for emergency services traffic only (ie Police, Ambulance & Military).

STAFFING

On alert, managers will need to augment staffing especially:

Nursing
Portering
and
Clerical support for
record keeping

(In particular augment nurse staffing on Ward 2/3 and B1).

Additional voluntary help may be used especially for general feeding/routine clerical duties.

STORES/SUPPLIES/EQUIPMENT:

It has been assumed that only the usual range of equipment, stores, drugs etc will be used and therefore all such stocks will be increased and no "specials" should be necessary.

On alert, provide the maximum number of beds, mattresses, lockers, bedpans, linen, CSSD etc.	Stored in Ward 7, which will act as an additional store.
On alert transfer orthopaedic external fixators, horse and equipment	from Hillside Theatre to Triple Theatre
Ensure an improved stock	Dressings - Gauze, Cotton Wool, Crepe Bandages, Conforming Bandages ets.
	Pharmacy (especially for burns cases)
	CSSD items (debridement packs)
	Linen especially theatre and bed linen.
	Bedpans.
	I.D. Bracelets.

MEDICAL RECORDS & IDENTIFICATION SYSTEMS

The full NHS case notes will be used with a separate block of numbering provided for military personnel only. Each case note will be augmented by a plastic folder to hold MOD records. A supply of pathology and x-ray request forms with SBGH number will be provided in each case sheet. Essential information required (where possible) will be:

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In addition Military Beds in each ward in use will be numbered eg Ward B1 - Beds 1 - 22

Wrist identification bands will be used indicating SBGH number plus the Military I.D. Number.

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PSYCHOLOGICAL SUPPORT SERVICE

Please find attached (appendix I) arrangements for various psychological support services.

PRESS AND MEDIA ENQUIRIES

In the main, national and regional arrangements will deal with press and media enquiries. Locally, enquiries should be routed through the office of the UGM (Hospitals)

MILITARY PRESENCE

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OTHER POINTS

i Do not mix civilian and military patients.

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18 January 1991

NORTH WEST DURHAM HEALTH AUTHORITY

M E M O R A N D U M

DATE 18 January 1991

SUBJECT **CONTINGENCY PLANS GULF WAR**

TO All Consultants

Departmental Managers

Ward Sisters

Switchboard

Miss I Mortimer

Mr W Hateley

Mr K Fairbairn

Mr B Waite

I enclose a copy of the contingency plans drawn up, to be implemented in the event that war casualties are referred to Shotley Bridge General Hospital.

Further information may be circulated in due course.

D L Thelwell
Unit General Manager (Hospitals)

DLT/WC

APPENDIX I

GULF WAR: CONTINGENCY PLANNING

In the event of war in the Gulf and casualties being admitted to Shotley Bridge General Hospital, there will need to be psychological support in a number of forms.

1. First line support/counselling to the casualties.

2. Possible support to some relatives.

3. A support group for those involved in counselling.

4. Support systems for other professionals involved in direct and indirect care of casualties (surgeons, nurses, physio/occupational therapists, ambulance men, management etc.)

For those requiring help in category (1) above, we will offer a 24 hour service. During normal working hours, the contact number is 625. Outside normal working hours, the link person is the Consultant Psychiatrist On call (telephone number held at switchboard). The person at the initial point of contact has a list of people who can be called upon to provide "first line" support.

In addition, the Psychiatric Service will arrange support sessions to individuals and groups in categories (2), (3) and (4) above, as required.

J M BROCKINGTON M.R.C.Psych.
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GULF CRISIS - TRAUMA COUNSELLING SERVICE

Information

Dear Colleague,

Thank you for your response and volunteering your services. The organisational aspects of the counselling service are now well underway and this information will bring you up to date.

1) REMIT OF SERVICE

The staff involved in dealing with casualties have been told our service aims to:

a) Give a 24hr counselling service to any casualties.
b) Give a counselling service to families of casualties where required.
c) Give support to hospital staff involved in dealing with casualties.

A) All casualties needing counselling would be seen at least once by a volunteer counsellor who would then decide on the optimum plan for further intervention. Ward staff would be informed of the plan and the counsellor would then take any further action required by the plan.

B) Requests for family support/counselling would be dealt with by our allocation system - their priority dependent upon the need for casualty counselling.

C) Specific staff have volunteered to be involved in staff support systems - these would be planned as soon as casualties begin arriving.

2) ORGANISATION OF SERVICE

A) Requests

All requests for counselling would be made by telephone, from the ward staff.

Mon - Fri 9.00am - 5.00pm to Extension 625, where secretaries Winnie or Susan would take appropriate details, secretaries would then contact the allocations officer for that day - by radio pager.

Allocations Officer	Monday	-	Dr Karolyn Hurren
	Tuesday	-	Mr Arthur Robinson
	Wednesday	-	Dr Pauline Watson
	Thursday	-	Mrs Chris Stanbury
	Friday	-	Dr Jenny Brockington

That officer would then evaluate counsellors workload - availability and contact the appropriate counsellor on the directory. A system has been set up whereby lists of present/previous allocated cases are kept, so monitoring of workload is taking place.

Weekdays 5.00pm - 9.00am, All requests would be telephoned directly to the consultant psychiatrist on call, who would then act as the allocations officer during that period.

There have been specific forms designed to take details of telephone requests and mark down the action taken.

Ward staff would be asked to make a response time needed from our service; i.e. is a response from counsellor required: Immediately
Within 4 hrs, 8 hrs etc
As a counsellor you would be asked to give your approximate time of response, when you could see the casualty.

B) <u>Documentation</u>

All counsellors will be issued with registration forms. These are initially completed when you take a telephone request from the allocations officer. You would complete all the details and then take the form with you when you make your initial contact with the casualty.

The final part of the form would be completed after a plan had been made. It would be useful to bring forms to the support groups for counsellors.

Any queries or need for immediate support/supervision or what to do with particular plans should be initially directed to the allocations officer.

It is not envisaged that any of these casualties would be registered on the normal out patient statistics for any particular department due to the workload involved but also the need to keep seperate numbers for evaluation/monitoring of the service.

C) <u>Support for Counsellors</u>

Various staff have volunteered to run specific support - supervision groups for the volunteer counsellors. You will be informed of these in due course but a check is being kept on who cases are being allocated to no-one will be seeing anyone without the co-ordinators knowledge, therefore, individuals will not be missed out of the support system.

D) Changes

If any circumstances change, e.g. contact number or availability as a counsellor please could you let Chris Stanbury ext 243 know as soon as possible. Similarly if you want to withdraw your name at any point. This will save time for the allocations officer if the directory of names is currently correct.

3) INFORMATION ABOUT THE COUNSELLING SERVICE AND ORGANISATION

This is being sent to:

The Gulf Contingency Planning Group.
All Wards.
Ministry of Defence Liason Officers.

Any further information received from any of those agencies will be communicated to all volunteer counsellors.

Various memo's are already being circulated about the plans for casualties via heads of departments.

4) FINANCIAL IMPLICATIONS

Nursing Staff

Any nursing staff workng unsocial hours - overtime necessitated by the needs of the counselling service should keep a record of this and submit that record with their time sheets. Similarly with any travel costs. This is necessary as extra costs incurred by the Gulf Crisis will be monitored and settled at the end of the crisis. On call payments will Not be made.

Other Staff

Any financial implications to offering volunteer services should be discussed with heads of department.

I hope this has covered most issues but please contact me or Dr Brockington if you require any other information.

Yours sincerely,

Chris Stanbury

Chris Stanbury,
Clinical Nurse Specialist,
(Psychiatry).

NORTH WEST DURHAM MENTAL HEALTH SERVICE

TRAUMA COUNSELLING SERVICE

REFERRAL REGISTRATION/ACCEPTANCE

DATE/TIME REFERRAL RECEIVED:
RECEIVED FROM:
ESTIMATED TIME OF RESPONSE:
APPOINTMENT ARRANGED WITH WARD:

NAME OF PATIENT:
WARD:
CONSULTANT:
D.O.B.
RANK/TITLE:

REQUEST FOR RELATIVE COUNSELLING
NAME:
RELATIONSHIP:

CONTACT NUMBER:

NATURE OF INJURIES/PRESENT CONDITION:

ACTION TAKEN:

PLAN MADE:

SIGNATURE:.....