National Ambulance Resilience Unit

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Clinical Guidance: Medical Support Minimum Requirements for a Mass Casualty Incident

October 2014

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Clinical Guidance: Medical Support Minimum Requirements for a Mass Casualty Incident

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Foreword

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For several years there has been variability around the availability of medical support to ambulance services at a Mass Casualty Incident. There has been a reliance on volunteers with no guarantee of availability, if and when an incident occurs.

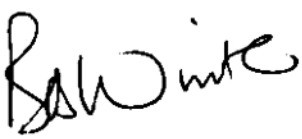
The MERIT guidance issued in 2010 started the process of ambulance trusts having discussions with their commissioners to decide on what was appropriate for their locality, based upon risks and geography to provide clinical support at a major incident. However, the Strategic Health Authorities - who had the duty to assure the implementation - no longer exist. In addition, the interpretation of the guidance differed from region to region.

Set in this context, the purpose of this document is therefore to provide guidance on the minimum medical support required to provide the clinical supervision and advice necessary - not only to maximize the clinical outcomes for those affected by the incident - but also to maximize the care available to the patients who would still require access to pre-hospital care and transport across the health community.

This document is not a guide for commissioners about the establishment of enhanced care teams - and in fact in some areas these already exist and provide excellent care to individual patients. However when such teams are available 24/7 it would be appropriate for them to be part of such teams may be part of the system commissioned to provide the necessary medical support that is part of the framework to enable the NHS to respond as effectively as possible when an incident occurs.

This guidance is primarily for ambulance services and has been developed by the National Ambulance Resilience Unit with colleagues across the NHS and has the full support of the NHS England Emergency Preparedness Clinical Reference Group, The National Ambulance Service Medical Directors and Directors of Operations Groups (NASMeD and NDOG).

I am extremely grateful to the many clinical and commissioning colleagues and their supporting organisations who have contributed up to this point. If you have any comments about the document, or any questions as to how you might act upon this clinical guidance then please email them to Dr John Stephenson via john.stephenson@nhs.net or Dr Bob Winter via bob.winter@nhs.net.



Dr Bob Winter
National Clinical Director for EPRR and Critical Care
NHS England

1.0 Introduction

1.1 NHS England has the responsibility to ensure that appropriate pre-hospital medical support is commissioned as a resilient, supportive network that can provide support through mutual aid to mass casualty incidents. This document is to provide clarity around the expected response to mass casualty incidents where clinical care is aimed at minimal necessary intervention to get patients to hospital, combined with the ability to see, assess, refer to appropriate facilities such as Minor Injury Units, Walk in Centres, Primary Care Centres or treat and discharge lower severity injuries at the scene to protect the hospital based resources from being overwhelmed and prevented from treating seriously injured casualties. It is expected that the provision for a mass casualty incident can be scaled to respond to multiple casualty incidents.

1.2 This document sees the current providers of Pre-Hospital Emergency Medicine who provide critical care interventions for individual patients as an integral part of the response to the mass casualty incident. These providers provide an enhanced level of care to the skills provided by standard ambulance paramedic services. Enhanced Care Teams are currently deployed in different capacities within normal ambulance operations under a variety of names and have a role in the care of complex pre-hospital events (trapped RTC victim, head injury, stabbing etc.) that occur on a daily basis across the country. Consideration to commissioning such resources must be given for day to day response in these isolated cases as when a major incident occurs the skills gained dealing in this environment may well prove life saving for some casualties, so a robust 24-hour response is important.

1.3 Over the past 5 years there has been a significant change in the planning and preparing for mass casualty incidents, with changes in provision of equipment and training for ambulance clinicians and also significant changes in the hospital response to a local major incident. As such the requirements for pre-hospital medical support have changed and now are aimed at complex situations that require skills beyond routine paramedic practice.

1.4 The local NHS ambulance trust is a Category One responder identified in the Civil Contingencies Act (2004) and has statutory responsibilities at a major incident. The ambulance service will be the initial NHS response and has the responsibility to coordinate the provision of clinical care at the scene of a mass casualty incident.

The provision of medical care needs to be included in ambulance trust governance arrangements to ensure clinicians are experienced, trained and equipped to work safely within the pre-hospital environment. Clinicians working with the ambulance trusts at a mass casualty incident would be expected to either be:

a. Directly employed for a specific on-call capability
b. Have an honorary contract with the ambulance trust
c. Be employed by a trust or organisation that has an SLA with an ambulance trust to provide clinical support in the pre-hospital environment

1.5 It is expected that a mass casualty incident will require mutual aid and by having a common description and job description across the country then staff can easily be deployed to work together at an incident. As a result of these changes there can be identified 3 areas for medical support at a mass casualty incident that need to be commissioned with a guaranteed response and guaranteed availability that can then be mobilised by the ambulance service.

The governance and ultimate responsibility for medical support at a mass casualty incident will continue to sit with the Ambulance Trust Medical Director.

1.6 To deliver appropriate clinical care at a mass casualty incident several specific roles have been identified:

a. Strategic Medical Advisor (SMA)
b. Medical Advisor (MA)
c. Casualty Clearing Station Medical Lead (CCSML)

1.7 The ambulance services employ a 3 tier command system comprising of a Strategic (gold) Commander, Tactical (silver) Commander and an Operational (bronze) Commander, also referred to as GSB. This is a hierarchical system whereby individuals are empowered through their role within the structure, providing them with specific authority over others for the duration of the incident or event. The medical roles at a mass casualty incident have previously been described using the GSB system, though the location of the medical roles may not directly map onto those of the corresponding ambulance officers so this document does not prescribe that these terms are used. The location of the medical roles at an incident is shown on appendix 5.

2.0 Strategic Medical Advisor

2.1 The purpose of this role is to have strategic medical input in the ambulance Incident Coordination Centre (ICC), usually at ambulance headquarters where issues around appropriate hospitals, bed capacity and surge capacity can be identified and resolved, extra medical resources can be arranged and the outstanding normal patient workload can be monitored and prioritised when resources are diverted to the mass casualty incident. In addition, having the strategic overview they should advise on any necessary inter-hospital transfers that maybe required e.g. of stable critical care patients to hospitals outside the receiving area, to free up capacity. (See Appendix 1 for a job description). There is an action card for this role included in the NARU Command Guidance (See Appendix 4).

3.0 Medical Advisor

3.1 The purpose of this role is to support the On Scene Ambulance Commander, providing medical advice with overall responsibility for the medical resources deployed to the scene and the provision of appropriate clinical interventions. They ensure rapid throughput at the casualty clearing station, liaising with the ambulance loading officer, and advise on the need to escort Enhanced Care Teams forward to the incident. The Medical Advisor would request the invocation of P4 category in conjunction with the AIC and Strategic Medical Advisor. There is an action card for this role included in the NARU Command Guidance (See Appendix 2).

4.0 Casualty Clearing Station Medical Lead

4.1 The purpose of this role is to coordinate, support and advise the paramedics and medical staff in the Casualty Clearing Station (CCS) to maximise the clinical care of all patients attending the CCS. The CCS encompasses the area where significantly injured patients (those categorised as potentially life threatening injuries during initial triage i.e. P1 & P2 using the Triage sieve) are treated and stabilised prior to transport, as well as the management of the minor injured (P3) patients, some of whom can appropriately be assessed, referred to appropriate facilities such as Minor Injury Units, Walk in Centres, Primary Care Centres or treated and discharged from the scene easing some of the pressure on the acute trust emergency departments. (See Appendix 3 for a job description).

Key to the smooth functioning of the CCS is rapid assessment, focused life saving interventions and rapid evacuation. Without these, there is potential for the CCS to become overwhelmed, so the CCSML must ensure that complex care is focussed where it is most needed. This is achieved by close working with the Ambulance Casualty Clearing Officer (who is the paramedic in charge of the CCS) and the Ambulance Loading Officer.

5.0 Enhanced Care Team Doctors

5.1 Enhanced Care Team doctors may be requested from several sources to attend the scene. They may be from enhanced care teams; aeromedical teams, hospital based staff from a hospital not involved in the response to the incident as part of a pre-arranged response or individual BASICS doctors and all may have a role working within the CCS under the direction of the Casualty Clearing Station Medical Lead. The roles of doctors within the CCS include provision of routine medical care to back up the paramedics, to be escorted forward at the request of the paramedics under the guidance of the Medical Advisor to provide advanced medical care to patients who are entrapped or in extremis and to assist in the assessment, treatment and discharge of P3 patients from the incident. As a rule the Enhanced Care Team doctors will not perform advanced procedures (thoracotomies, RSIs etc) unless the manning and casualty flow allows.

This will be at the express permission of the Medical Advisor, and if the team performs an intervention then a member of the team will be responsible for accompanying the patient to hospital or must hand the patient over to a professional with the appropriate skill set to continue the enhanced care that the patient has commenced.

6.0 Casualty Clearing Station (CCS)

6.1 The CCS has a significant role in the provision of enhanced clinical care at the scene of a mass casualty incident. The success of the CCS depends on medical leadership provided by the on-call Casualty Clearing Station Medical Lead, and the provision by the ambulance service of the CCS facility. The role of the CCS is to provide the minimum interventions required to get the patient safely and comfortably to hospital. With mutual aid in mind the establishment of a standard design for CCS facility that is trained, exercised and staffed by ambulance clinicians whose specific role at a major incident is to set up and work within the CCS will produce the best results.

6.2 The minimum staffing for an effective CCS includes:

a. Casualty Clearing Officer
b. Team of Paramedics and Ambulance Clinicians to set up and man the CCS
c. CCS Medical Lead to guide and support clinical care provided by Paramedics

6.3 The CCSML will report to the Casualty Clearing Officer who is the Paramedic responsible for the setting up and running the CCS to a standard layout. Enhanced Care Team members, experienced in the provision of pre-hospital care, will provide additional staffing and support to the CCS. Equipment, consumables and drugs for the CCS will be provided by the ambulance trust.

7.0 Mobilisation of Specialist Medical Assets

7.1 As soon as a mass casualty incident is declared the on-call medical practitioners should be mobilised as part of the Trust's Major Incident Plan. Initial assessment of casualty numbers and injury patterns will give early indications to the Medical Advisor or Strategic Medical Advisor that additional medical resources will need to be requested to attend the scene to support the CCS Medical Lead. These resources may be local Enhanced Care Teams, Aeromedical or hospital based staff from a hospital not involved in the response to the incident as part of a pre-arranged response or BASICS doctors or may be supplemented with a mutual aid request to adjoining ambulance trusts. Doctors mobilised to the scene will report to the Ambulance parking point where their ID and PPE will be checked and recorded by the ambulance safety officer. Additional medical resources will be under the overall command of the Ambulance Incident Commander and direction of the Medical Advisor. Arriving clinicians will be directed to report to the CCS where the Casualty Clearing Station Medical Lead depending on requirements at that time will task them.

It is accepted that local geography will have a significant impact on response times from a small on-call cadre of doctors, however a response within 60 minutes to both the Incident Coordination Centre and to areas identified as model response sites is a sensible target.

8.0 References and information sources

This document should be read in the context of the following sources of information.

8.1 Major Incident Medical Management and Support (MIMMS) ALSG 2012

8.2 National Ambulance Service Command and Control Guidance. NARU 2012

8.3 NHS England Emergency Preparedness Framework 2013

9.0 Freedom of information

9.1 This document is available to the public.

10.0 Glossary

AIC	Ambulance Incident Commander
ATMD	Ambulance Trust Medical Director
BASICS	British Association for Immediate Care
EPRR	Emergency Preparedness, Resilience and Response
CCA	Civil Contingencies Act (2004)
CCSML	Casualty Clearing Station Medical Lead
CCS	Casualty Clearing Station
ECT	Enhanced Care Team (Doctor)
ICC	Incident Coordination Centre
ID	Identification
MA	Medical Advisor
MCI	Mass Casualty Incident
NHS	National Health Service
PPE	Personal Protective Equipment
RTC	Road Traffic Collision
SMA	Strategic Medical Advisor
TMIP	Trust Major Incident Plan

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Strategic Medical Advisor

XXX AMBULANCE SERVICE NHS TRUST
JOB DESCRIPTION

JOB TITLE: **Strategic Medical Advisor**

LOCATION: **As required**

SALARY: **On-call annual retainer**
Appropriate sessional pay when responding

REPORTING TO: **Ambulance Strategic Commander (Gold)**

RESPONSIBLE FOR:
Providing extended, specialist medical management and advice in the pre-hospital environment, up to and including major and mass casualty incidents. To work closely with the Ambulance Service Strategic Commander within the Incident Coordination Centre to co-ordinate patient treatment and transport.

PURPOSE OF JOB:
NHS input to a major incident starts at the scene, with the Ambulance service assuming the lead. Coordination, activation and deployment of Medical Resources at a mass casualty incident is the responsibility of the XXX Ambulance Service NHS Trust.

The role of the Strategic Medical Advisor is to ensure that appropriate clinical resources are available at the scene of the incident, and providing advice and support to the strategic ambulance commander on clinical issues as required ensuring that clinical care is optimised both at the incident and to the continuing patient responsibilities of the ambulance service.

The SMA will provide liaison between the scene and hospitals.

MAIN TASKS AND RESPONSIBILITIES:
- Provide specialist guidance and support to the ambulance incident coordination centre, assessing the medical implications and response to any mass casualty incident, as well as rising tide and public health incidents
- Before additional medical resources are requested the MA and AIC should agree on their role at the scene and consider if this is the most effective use of resources

- Communicate with MA to establish the nature and complexity of casualties' injuries so that appropriate plans and preparations are made to distribute patients.
- Ensure that appropriate Clinical advice is available to the ambulance clinicians and HART Team(s) attending the scene to ensure that the best possible outcomes for patients are achieved
- To communicate clinician to clinician with the Acute Trusts and Foundation Trusts who are providing casualty receiving facilities or on standby to receive casualties. The Acute Trusts should be able to provide accurate information about each participating Acute Trust's capacity for theatre, critical care and bed availability. Clear information from the MA about children as casualties and burns patients is particularly important
- Press enquires **must not** be dealt with by the SMA in isolation. Enquiries should be directed to the XXX Ambulance Trust Communications Department and advice sort from both the on-call Communications Manager and Police Press Officers if required to speak to the Media. The SMA should however be prepared to respond to media requests and participate in press conferences with the strategic ambulance commander if necessary
- The SMA throughout the incident must maintain an accurate and detailed log of events and decisions made. If possible a Loggist should be appointed to assist with this
- The SMA should attend formal debriefs and ensure that the lessons learnt are shared in the form of a full post-incident report for the NHS England Emergency Preparedness, Resilience & Response Team.

PERSON SPECIFICATION

JOB TITLE: **Strategic Medical Advisor**

EDUCATION AND EXPERIENCE:

Essential

- Registered Consultant or equivalent grade with a current licence to practise
- Annual appraisals leading to revalidation
- Formal Support of your host Trust guaranteeing availability when on call
- Appropriate professional indemnity
- Evidence of clinical management and leadership skills

Desirable

- The following qualifications will be regarded as an advantage:
  - Advance Life Support (ALS)
  - Advanced Trauma Life Support (ATLS)
  - Major Incident Medical Management (MIMMS)
  - Strategic Leadership in a Crisis
  - Fellowship/Diploma in Immediate Care (Royal College of Surgeons)
- Knowledge of legislation appertaining to Emergency Planning & Preparedness
- Knowledge of NHS Emergency Planning Guidance
- Experience in NHS Emergency Planning & Preparedness
- Experience of working across organisational boundaries and developing multi-disciplinary professional partnerships
- Commitment to attend a minimum of one recognised live, multi-agency Major Incident exercise prior to appointment

KNOWLEDGE, SKILLS AND ABILITIES:

Essential

- Understanding of the XXX Ambulance Service NHS Trust's purpose, vision and values
- Ability to demonstrate an understanding of the XXX Ambulance Service Major Incident plan, both internal and external
- High level of interpersonal skills including the ability to influence, direct, negotiate and manage outcomes
- Ability to assess risk, anticipate difficulties and successfully address them

- Experience of working under pressure
- Ability to deal with conflict
- Ability to contribute effectively and work well in a team environment
- Good people skills and listening skills
- Excellent written and oral communications skills
- Physically fit

Desirable

- Knowledge and understanding of the NHS England Emergency Preparedness Framework 2013 and other related Emergency Preparedness guidance materials
- Experience of preparing and writing reports

OTHER REQUIREMENTS

- A commitment to undertake additional accreditation training, including but not limited to:
  - XXX Ambulance Service Induction
  - Health & Safety
  - National Occupational Standards
  - Emergency Driving is not a requirement for the role, but if
  - currently trained and using this skill in a clinical role then the
  - SMA may respond under emergency conditions

Medical Advisor

XXX AMBULANCE SERVICE NHS TRUST
JOB DESCRIPTION

JOB TITLE: **Medical Advisor**

LOCATION: **As required**

SALARY: **On-call annual retainer**
Appropriate sessional pay when responding

REPORTING TO: **Ambulance Incident Commander (AIC) and Strategic Medical Advisor (SMA) and working closely with the On-Scene Ambulance Commander at the scene of an incident.**

RESPONSIBLE FOR:
Providing extended, specialist medical management and advice in the pre-hospital environment, up to and including mass casualty incidents. To work closely with the On-scene ambulance commander. AIC and SMA to co-ordinate patient treatment and transport at the scene of an incident or as otherwise directed by the SMA.

PURPOSE OF JOB:
NHS input to a major incident starts at the scene, with the Ambulance service assuming the lead. Co-ordination, activation and deployment of Medical Resources at a mass casualty incident are the responsibility of the XXX Ambulance Service NHS Trust.

The role of the Medical Advisor is to ensure that appropriate clinical care is provided at the scene of the incident, requesting appropriate resources and providing advice and support to the AIC and on-scene ambulance commander on clinical issues as required.

The MA function is to work in close partnership with the AIC and SMA to provide liaison between the scene and hospitals, co-ordinating patient treatment and transport while providing advice and support to resources already on scene. The MA has an increasingly pivotal role, bringing senior clinical decision making closer to the point of injury at incidents where the Ambulance Service is taking the lead. The MA is a command support role and will not directly treat patients or form part of any mobile treatment team. The MA will also work in support of ambulance colleagues in a 'rising tide' incident.

The MA will direct any Medical Resources at the incident and will consider requests for specific forward clinical intervention, passing agreed requests to the Casualty Clearing Station Medical Lead for appropriate clinicians to be dispatched.

MAIN TASKS AND RESPONSIBILITIES:

- Provide specialist guidance and support to the emergency services, in particular the Ambulance Service, in assessing the medical implications and response to any mass casualty incident, as well as rising tide and public health incidents
- Remain closely co-located with the on-scene ambulance commander at the scene of an incident and attend joint service tactical meetings together
- Before additional medical resources are requested the MA and AIC should agree on their role at the scene and consider if this is the most effective use of resources
- Medical Advisors sit outside but parallel to the command structures that exist within the ambulance service and the role of the MA is to advice and support the on-scene ambulance commander, working closely with the SMA to ensure provision of effective clinical care without undue interference in the ambulance service command of the incident
- Establish communications in conjunction with the Casualty Clearing Station Medical Lead with all medical resources at the scene of an incident, in order to organise and co-ordinate resources and allocate tasks/roles in close cooperation with the AIC
- Regularly brief the SMA and ensure the Ambulance Incident Coordination Centre is fully appraised of the situation on scene
- Supervise the work of all non-ambulance clinicians on scene and take clinical responsibility for the care of casualties and their appropriate distribution to receiving hospitals, again in close cooperation with the AIC
- Liaise with the Casualty Clearing Station Medical Lead to ensure effective evacuation of casualties to hospital. Communicate, with SMA the nature and complexity of casualties' injuries so that appropriate plans and preparations are made to distribute patients
- The MA should avoid making direct contact with the declared receiving hospitals. All communications with these designated hospitals regarding numbers and types of casualties and acceptance status are only to be made through the SMA and ambulance control
- Establish early liaison with the Police to initiate management of the dead. Coroners' boundaries must be identified and where possible confirmation of death should only occur in one area

- Act as an on scene clinical link to the on-call public health, Public Health England (PHE) or other strategic advisors to provide accurate situation reports and risk or threat assessments
- In the event of a CBRN incident the MA will always remain on the clean side of the incident to supervise the care of the casualties after decontamination. It should rarely be necessary for the MA to undertake warm zone working
- Press enquires **must not** be dealt with by the MA in isolation. Enquiries should be directed to the XXX Ambulance Trust Communications Department and advice sort from both the on-call Communications Manager and Police Press Officers if required to speak to the Media. The MA should however be prepared to respond to media requests and participate in press conferences with the AIC if necessary
- The MA should ensure the safety and welfare of all Medical resources at the scene of an incident, with the exclusion of Ambulance Service staff, and make arrangements for rest and refreshment breaks while considering relief for Medical staff in the event of a protracted incident
- After consultation with the AIC, stand down Medical teams and consider any post-incident welfare requirements
- The MA throughout the incident must maintain an accurate and detailed log of events and decisions made. If possible a Loggist should be appointed to assist with this
- At the conclusion of the incident the MA should ensure that all medical staff are subject to a hot debrief and that reports from all clinicians at the scene are collated. The MA should attend formal debriefs and ensure that the lessons learnt are shared in the form of a full post-incident report for the NHS England Emergency Preparedness, Resilience & Response Team

PERSON SPECIFICATION

JOB TITLE: **Medical Advisor**

EDUCATION AND EXPERIENCE:

Essential

- Registered Consultant or equivalent grade with a current licence to practise
- Annual appraisals leading to revalidation
- Formal Support of your host Trust guaranteeing availability when on call
- Appropriate professional indemnity
- Evidence of clinical management and leadership skills

Desirable

- The following qualifications will be regarded as an advantage:
  - Advance Life Support (ALS)
  - Advanced Trauma Life Support (ATLS)
  - Major Incident Medical Management (MIMMS)
  - Strategic Leadership in a Crisis
  - Fellowship/Diploma in Immediate Care (Royal College of Surgeons)
- Knowledge of legislation appertaining to Emergency Planning & Preparedness
- Knowledge of NHS Emergency Planning Guidance
- Experience in NHS Emergency Planning & Preparedness
- Experience of working across organisational boundaries and developing multi-disciplinary professional partnerships
- Commitment to attend a minimum of one recognised live, multi-agency Major Incident exercise prior to appointment

KNOWLEDGE, SKILLS AND ABILITIES:

Essential

- Understanding of the XXX Ambulance Service NHS Trust's purpose, vision and values
- Ability to demonstrate an understanding of the XXX Ambulance Service Major Incident plan, both internal and external
- High level of interpersonal skills including the ability to influence, direct, negotiate and manage outcomes
- Ability to assess risk, anticipate difficulties and successfully address them
- Experience of working under pressure
- Ability to deal with conflict
- Ability to contribute effectively and work well in a team environment

- Good people skills and listening skills
- Excellent written and oral communications skills
- Physically fit

Desirable

- Knowledge and understanding of the NHS England Emergency Preparedness Framework 2013 and other related Emergency Preparedness guidance materials
- Experience of preparing and writing reports

OTHER REQUIREMENTS:

- A commitment to undertake additional accreditation training, including but not limited to:
  - XXX Ambulance Service Induction
  - Health & Safety
  - National Occupational Standards
  - Emergency Driving is not a requirement for the role, but if currently trained and using this skill in a clinical role then the SMA may respond under emergency conditions.

Casualty Clearing Station Medical Lead

XXX AMBULANCE SERVICE NHS TRUST JOB DESCRIPTION

JOB TITLE: **Casualty Clearing Station Medical Lead**

LOCATION: **As required**

SALARY: **On-call annual retainer**
Appropriate sessional pay when responding

REPORTING TO: **Ambulance Incident Commander (AIC) and Medical Advisor (MA) at the scene of an incident**

RESPONSIBLE FOR:
Leading a team of Clinicians, to provide triage, treatment and discharge plus extended specialist clinical skills if required in the pre-hospital environment of a major and mass casualty incident.

PURPOSE OF JOB:
NHS input to a major incident starts at the scene, with the Ambulance service assuming the lead. Co-ordination, activation and deployment of medical resources at a mass casualty incident are the responsibility of the XXX Ambulance Service NHS Trust.

Casualties will be extricated from the scene of the incident by ambulance personnel and brought to a casualty clearing station which will be medically lead to:

- Triage
- Treat
- Refer to other appropriate facilities such as Minor Injury Units, Walk in Centres, Primary Care Centres
- Provide appropriate specialist interventions including, for example, advanced management of pain, advanced airway management and fracture management.

The Casualty Clearing Station Medical Lead will provide oversight and support to the medical care of casualties provided by ambulance clinicians and will coordinate the extra clinical resources that may be available at the scene (Enhanced Care Teams, Aeromedical Teams, hospital based staff from a hospital not involved in the response to the

incident as part of a pre-arranged response, BASICS clinicians) to maximise clinical effectiveness within the CCS.

At the request of the MA the CCSML will task extra clinical resources that are appropriately trained and equipped to be escorted forward into the warm and hot zone areas when a specific clinical intervention is identified (such as sedation, amputation or RSI). The resource will then return to the CCS after the intervention and retrieval of the particular casualty.

The CCSML Doctor is a hands on role coordinating, supervising and when appropriate treating patients within the CCS.

MAIN TASKS AND RESPONSIBILITIES:

- To work with the Casualty Clearing Officer (the Paramedic responsible for establishing the Casualty Clearing Station), providing clinical advice and oversight of clinical care in the CCS
- Work in conjunction with the Casualty Clearing Officer in charge of the CCS to ensure that the most appropriate medical management of casualties in undertaken
- Provide specialist guidance and support to ambulance clinicians, in triaging, treating and providing advanced clinical interventions to casualties at the scene of any major or mass casualty incident
- Establish early communication with the MA at the scene of an incident and work as directed by the MA or AIC in CCS (to assist with the treatment of patients)
- Ensure that casualty treatment records are completed with all available information and that all clinical interventions are indicated with their time
- Give clear information to the MA or Casualty Clearing Officer regarding casualties who will require transfer to Trauma Centres or those that may benefit from specialist interventions such as paediatric or burns patients
- In the event of a CBRN incident the medical resources will always remain on the clean side of the incident to supervise the care of the casualties after decontamination. It should rarely be necessary for the medical resources to undertake warm zone working
- Refer all press enquiries to the MA or AIC to be dealt with by the Ambulance Service Communications Department
- At the conclusion of the incident attend a hot debrief and ensure that all documentation relating to the incident is collated and handed in to the MA
- Share lessons learnt in the form of a post-incident report for the NHS England Emergency Preparedness, Resilience & Response Team as required

PERSON SPECIFICATION

JOB TITLE: **Casualty Clearing Station Medical Lead**

EDUCATION AND EXPERIENCE:

Essential

- Registered Consultant or equivalent grade with a current licence to practise
- Currently operating within the pre-hospital care environment
- Annual appraisals leading to revalidation
- Formal Support of your host Trust guaranteeing availability when on call
- Appropriate professional indemnity
- Evidence of clinical management and leadership skills

Desirable

- The following qualifications will be regarded as an advantage:
  - Advance Life Support (ALS)
  - Advanced Trauma Life Support (ATLS)
  - Major Incident Medical Management (MIMMS)
  - Strategic Leadership in a Crisis
  - Fellowship/Diploma in Immediate Care (Royal College of Surgeons)
- Knowledge of legislation appertaining to Emergency Planning & Preparedness
- Knowledge of NHS Emergency Planning Guidance
- Experience in NHS Emergency Planning & Preparedness
- Experience of working across organisational boundaries and developing multi-disciplinary professional partnerships
- Commitment to attend a minimum of one recognised live, multi-agency Major Incident exercise prior to appointment

KNOWLEDGE, SKILLS AND ABILITIES:

Essential

- Understanding of the XXX Ambulance Service NHS Trust's purpose, vision and values
- Ability to demonstrate an understanding of the XXX Ambulance Service Major Incident plan, both internal and external
- High level of interpersonal skills including the ability to influence, direct, negotiate and manage outcomes
- Ability to assess risk, anticipate difficulties and successfully address them
- Experience of working under pressure
- Ability to deal with conflict

- Ability to contribute effectively and work well in a team environment
- Good people skills and listening skills
- Excellent written and oral communications skills
- Physically fit

Desirable

- Knowledge and understanding of the NHS England Emergency Preparedness Framework 2013 and other related Emergency Preparedness guidance materials
- Experience of preparing and writing reports

Desirable Clinical Skills

- Recognition and clinical management of patients with serious trauma in the highly variable and unpredictable pre-hospital environment
- Advanced assessment, triage and communication skills
- Clinical decision making skills
- Command and control skills
- Medical care during transportation of seriously ill patients
- Ability to function as part of a team to deliver advanced patient care and demonstrable clinical competencies in a pre-hospital environment to include;
  - Rapid Sequence Induction
  - Thoracotomy/Thoracostomy
  - Surgical airway
  - Intra-osseous
  - Extrication/RTC experience

OTHER REQUIREMENTS:

- A commitment to undertake additional accreditation training, including but not limited to:
  - XXX Ambulance Service Induction
  - Health & Safety
  - National Occupational Standards
  - Emergency Driving is not a requirement for the role, but if currently trained and using this skill in a clinical role then the CCSML may respond under emergency conditions

Major Incident Medical Action Cards

National Ambulance Resilience Unit
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STRATEGIC MEDICAL ADVISOR
1

1.0 Strategic Medical Advisor

TASK	DESCRIPTION	✔	TIME
1	On notification of a major incident (declared or standby) co-locate with the **Gold Commander** if requested. Start a log.		
2	In liaison with the **Gold Commander** establish communication with **Medical Advisor** at scene.		
3	In consultation with the **Gold Commander and Medical Advisor**, establish the need for additional medical resources (MERIT) on site.		
4	Discuss with **Gold Commander** the implementation of triage guidelines. Consider the requirement in the event of mass casualties to permit the use of Expectant (P4) category – **this must be authorised by the Trust Medical Director or Associate Medical Director in liaison with the NHS accountable / commissioning body.**		
5	Consider with **Gold Commander** the requirement to cease routine work under force majeure (contractual obligations).		
6	Wherever possible, the use of the Trauma Network Tool to be used with appropriate casualty regulation. Consider the use of wider casualty regulation outside the region and liaise appropriately.		
7	Interpret STAC/specialist advice for the organisation to enable strategic advice and guidance on PPE and infection control if required.		
8	Arrange relief rota for **Strategic Medical Advisor and Medical Advisor**.		

CONTINUED OVERLEAF

National Ambulance
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STRATEGIC MEDICAL ADVISOR

1

TASK	DESCRIPTION	✔	TIME
9	If the incident is or has the potential to be a CBRNE incident consider an early request for Mass CBRN Prophylaxis supply through the NACC.		
10	In liaison with the **Police Incident Commander and DVI Team Manager**, make arrangements for the certification of the deceased and the location of a Body Holding Area. Coroner boundaries must be identified and where possible confirmation of death should only occur in one area.		
11	Compile a report for the CEO and attach all documentation relating to the incident.		

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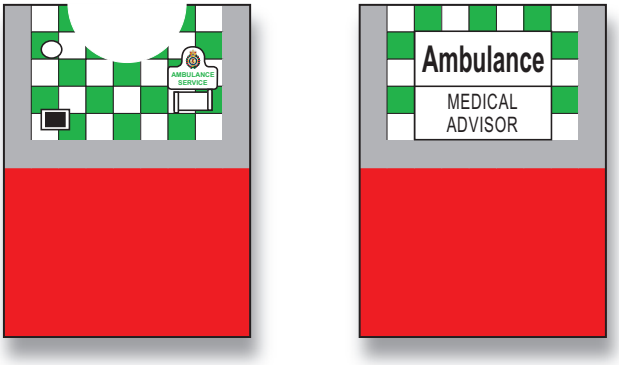
2.0 Medical Advisor



TASK	DESCRIPTION	✔	TIME
1	Don high-visibility tabard inscribed **"Medical Advisor"** and protective helmet.		
2	Check communications/radio callsign and start a log.		
3	Liaise with the **Ambulance Incident Commander** and obtain a full briefing. Work in conjunction with the **Ambulance Incident Commander** for the triage, treatment and transportation of all casualties. Open dialogue with the receiving hospital(s). Request permission from **Strategic Medical Advisor** to invoke expectant (P4) triage category if required or indicated due to mass casualty volume/capacity issues.		
4	Co-locate with the **Ambulance Incident Commander** or **Bronze Commander** throughout the incident. Regularly brief the **Strategic Medical Advisor**.		
5	**Stay focussed on your role. DO NOT ATTEMPT RESCUE OR TREATMENT OF CASUALTIES.**		
6	Establish communications between all BASICS doctors operating at the incident.		

CONTINUED OVERLEAF

MEDICAL ADVISOR
2

MAJOR INCIDENT MEDICAL ACTION CARDS - July 2013
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National Ambulance Resilience Unit
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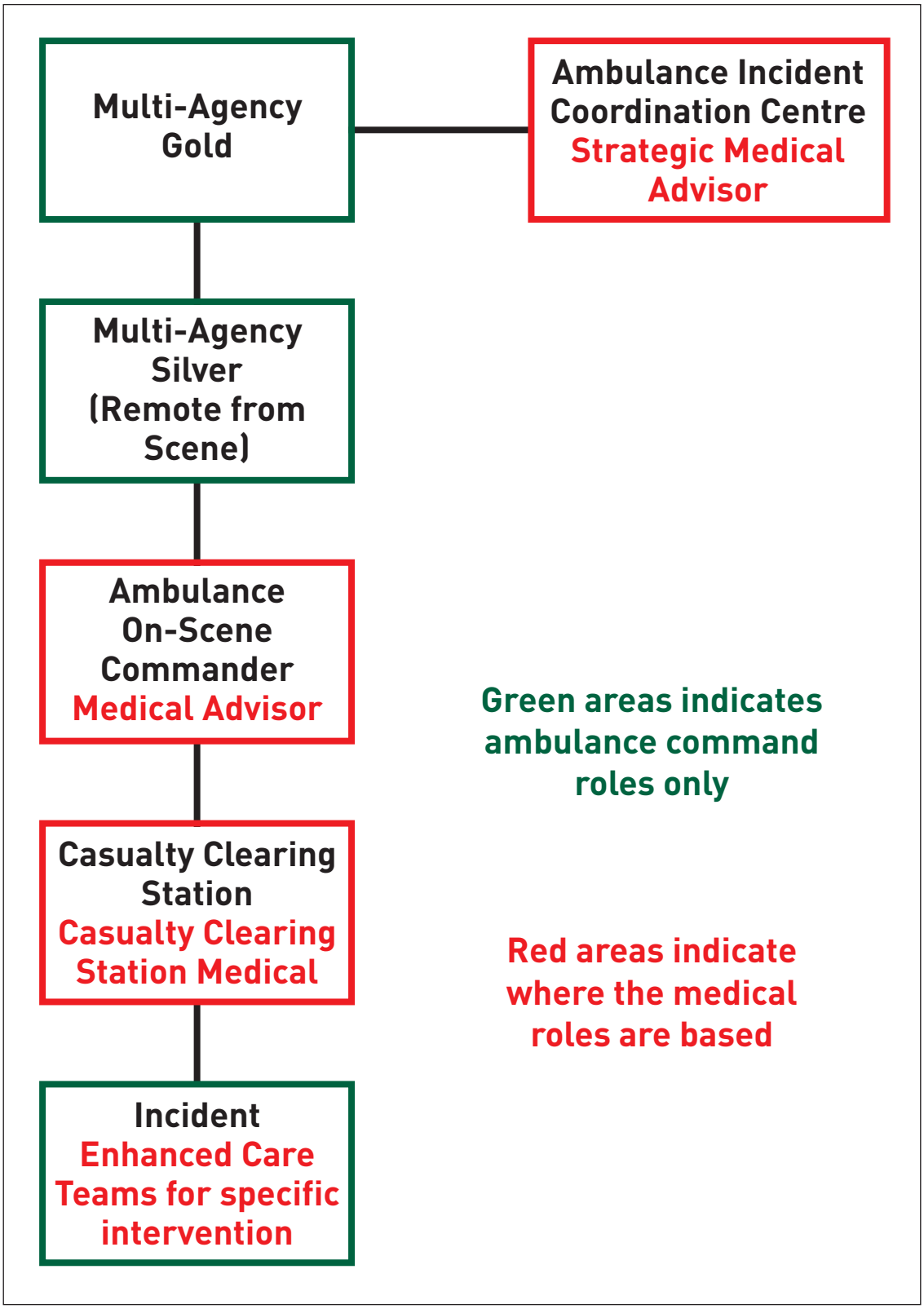
MEDICAL ADVISOR

2

TASK	DESCRIPTION	✔	TIME
7	Check all doctors' ID Cards, as bogus doctors are not uncommon at incidents.		
8	Appoint doctor(s) to designated Bronze areas. ● **Forward Doctor** (to work with **Bronze Commander**) ● Casualty Clearing Stations ● Body Holding Area (in order to confirm life extinct)		
9	In conjunction with the **Casualty Clearing Officer**, ensure the effective throughput and evacuation of casualties, remain constantly aware of bed status at the Receiving Hospital(s) and plan the distribution of casualties accordingly.		
10	In consultation with the **Ambulance Incident Commander and Strategic Medical Advisor**, consider all other relevant and available means of evacuation eg Helicopters, buses, coaches.		
11	Ensure that Receiving Hospital(s) are kept informed of the numbers and type of casualties that they are to receive. Monitor bed and acceptance status.		
12	Liaise with the **Ambulance Incident Commander** to identify suitable specialist hospital treatment centres if required.		
13	Arrange for the relief of medical staff as necessary.		
14	Provide technical medical advice to all services and agencies at the site.		
15	In conjunction with **Ambulance Incident Commander**, arrange medical cover for rescue personnel during the recovery phase after all live casualties have been removed.		
16	After consultation with the **Ambulance Incident Commander** stand down **MERIT** and consider welfare requirements.		
17	Ensure all medical staff are included at the hot debrief.		
18	Compile a report for the AIC and attach all documentation relating to the incident.		

Medical Support Location at a Mass Casualty Incident



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Clinical Guidance: Medical Support Minimum Requirements for a Mass Casualty Incident

For further information please contact:

National Ambulance Resilience Unit (NARU)

Website: www.naru.org.uk

October 2014