ACTION CARDS FOR ORTHOPAEDIC DEPARTMENT FOR MAJOR INCIDENT RESPONSE

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Matrix of Personnel required for response to a Major Incident

Cons		SPR or SAS		SHO		FY	
1	ED Ops Room	1	ED P1 trauma team Alternate every 2 hours with SPR3	1	ED P1 Trauma team Alternate every 2 hours with SHO	1	Admin support for patients for discharge lounge
2	Theatre I	2	Identify patients for discharge lounge Alternate every 2 hours with SPR1	2	Mobilise Staff and stay in contact with CONS1	2	ESTU cover
3	Theatre II	3	Theatre I	3	Identify patients for discharge lounge Alternate every 2 hours with SHO1	3	Runner for Comms
4	ED P1/Theatre III	4	Theatre II	4	ED P3 patient treatment and admission	4	
5	Mobile Team	5	ED P3 patient treatment and admission	5		5	
	RESERVE 11 of 16		RESERVE 11 of 16		RESERVE 4 of 8 1 on nights		RESERVE 0 of 3 1 on twilight

ACTION CARD – CONSULTANT ORTHOPAEDIC SURGEON 1

If you have not read the Major Incident Plan, do not attempt to read it now – there is not enough time.

A Major Incident has been called. This means that multiple casualties are likely to arrive imminently. You will NOT take part in any direct treatment of casualties.

Action Number	Description	Completed
1	Go the Ops Room (ED Seminar Room) with pen and paper to be briefed.	
2	Collect and wear tabard (Duty Consultant Orthopaedics)	
3	Receive and record briefing from ED Consultant	
4	Return to theatre and ESTU and give briefings	
5	Ensure callout of medical staff is in process	
6	Ensure orthopaedic doctors deploying as per action cards	
7	Ensure record sheets for orthopaedic patients are being filled	
8	Liaise with Lead Anaesthetic Consultant	
9	Liaise with Lead General Surgical Consultant	
10	Ensure that emergency orthopaedic equipment is mobilised	
11	Ensure that patients triaged for theatre treatment depending on availability of theatres and staff	
12	Provide Situation Report to Ops room	

NOTES

1 Your role is command and control. You do not take part in any treatment as this will divert you from your role.

2 It will take time for casualties to filter through to ED from the time of the incident. Use this time to prepare and ensure that others know their role.

3 Write down ALL information available from ED Consultant as per the METHANE acronym. You must brief the staff in theatre and wards

M Major Incident Declared?

E Exact Location

T Type of Incident

H Hazards present or suspected

A Access – routes that are safe to use

N Number, type and severity of casualties

E Emergency Services Present and those required

4 You must give a concise briefing on the event, the number of casualties and the time frame for preparation and receiving.

5 the callout of orthopaedic staff is ideally performed by one of the trauma nurses, but until one is available, this should be done by the most junior doctor. When a trauma nurse arrives, they can be relieved

6 All orthopaedic staff should pick up the top card from the allocation pile for their level of seniority and follow the instructions

7 Record sheets exist to list those casualties with orthopaedic injuries from P1 to P3. This is for planning and to ensure patients are not missed.

8 In normal working hours, routine operating lists should be cancelled to allow trauma patients to be treated. You will need to discuss with the Anaesthetic lead and theatre manager about how many trauma theatres can be run (2 or 3)

Outside of normal working hours, the number of personnel will determine whether 2 or 3 theatres can be run. High demands will obviously require more theatre capacity. However, re-triage should be used to prioritise patients.

9 Trauma patients may have general surgical as well as orthopaedic injuries. Damage control surgery and orthopaedics should be practiced.

10 All external fixation equipment should be made available. There may be pre-sterilised packs of monolateral external fixators available.

11 Patients should be triaged in ED. If they are retriaged by orthopaedic staff due to occult injury or surgical emergencies, then you should ensure that the order for theatre is altered.

12 SitRep should include number of patients in ED awaiting surgery, number of patients treated, number of beds made available for P2/P3 patients.

The plan exists so that you do not need to make any decisions on deployment of staff. However, the deployment is fluid, and you may need to redeploy on the basis of current need.

USEFUL NUMBERS

ED consultant
General Surgery Lead
Anaesthetics Lead
Recovery
Ops Room (silver command)
Theatre 12
Theatre 5
Theatre 11
Theatre 33

ACTION CARD – CONSULTANT ORTHOPAEDIC SURGEON 2

If you have not read the Major Incident Plan, do not attempt to read it now – there is not enough time.

A Major Incident has been called. This means that multiple casualties are likely to arrive imminently.

You will be involved in surgical management of patients in theatre. Guidelines on the positioning of external fixator pins will be available. You will be assisted by one SHO. At 0800/2000 hrs you will be relieved, to be available 12 hours later.

Action Number	Description	Completed
1	Report to trauma theatre	
2	Ensure that monolateral fixator equipment is located and stored outside theatre 9	
3	Obtain a list of patients awaiting surgery from either the trauma nurse or theatre recovery	
4	Liaise with General Surgeon in theatre for cases requiring joint care and prioritisation	
5	Liaise with Anaesthetist in theatre for prioritisation of patients. WHO checklisting should still be performed.	
6	After each case, determine the next patient with the anaesthetist and liaise with the orthopaedic lead consultant	
7	After each case, feed back to trauma nurse that case has been completed and future care required	

Notes

1 Do not leave theatre to go to ED or ESTU until relieved

2 The minimum time must be spent on the application of the external fixator. One hour should be sufficient per external fixator.

Useful numbers

Trauma Nurse
Anaesthetic lead
General Surgical lead
Orthopaedic lead consultant
Theatre 12
Theatre 5
Theatre 11
Theatre 33

ACTION CARD – CONSULTANT ORTHOPAEDIC SURGEON 3

If you have not read the Major Incident Plan, do not attempt to read it now – there is not enough time.

A Major Incident has been called. This means that multiple casualties are likely to arrive imminently.

You will be involved in surgical management of patients in theatre. Guidelines on the positioning of external fixator pins will be available. You will be assisted by one SHO. At 0800/2000 hrs you will be relieved, to be available 12 hours later.

Action Number	Description	Completed
1	Report to trauma theatre	
2	Ensure that monolateral fixator equipment is located and stored outside theatre 9	
3	Obtain a list of patients awaiting surgery from either the trauma nurse or theatre recovery	
4	Liaise with General Surgeon in theatre for cases requiring joint care and prioritisation	
5	Liaise with Anaesthetist in theatre for prioritisation of patients. WHO checklisting should still be performed.	
6	After each case, determine the next patient with the anaesthetist and liaise with the orthopaedic lead consultant	
7	After each case, feed back to trauma nurse that case has been completed and future care required	

Notes

1 Do not leave theatre to go to ED or ESTU until relieved

2 The minimum time must be spent on the application of the external fixator. One hour should be sufficient per external fixator.

Useful numbers

Trauma Nurse
Anaesthetic lead
General Surgical lead
Orthopaedic lead consultant
Theatre 12
Theatre 5
Theatre 11
Theatre 33

ACTION CARD – CONSULTANT ORTHOPAEDIC SURGEON 4

If you have not read the Major Incident Plan, do not attempt to read it now – there is not enough time.

A Major Incident has been called. This means that multiple casualties are likely to arrive imminently.

You will be involved in the orthopaedic emergency management of patients in the emergency department for P1/P2 casualties. Patients will have been triaged by the most senior ED clinician.

P1 Unstable patients requiring urgent surgical resuscitation – to treat haemodynamic instability related to fractures/abdominal injury
Patients will go direct to theatre

P2 Patients require surgery but can wait.
Patients need emergency splinting and fluid resuscitation
Patients will go to beds freed up on ESTU or HDU

P3 Walking wounded.
Patients will go to ESTU if requiring admission and Outpatients if can be discharged after ambulatory treatment.

If required, you may be redeployed to operate in a third trauma theatre

Action Number	Description	Completed
1	Report to ED majors area	
2	Ensure that orthopaedic splintage/plaster/celox/tourniquets available	
3	Provide direct input into patient care as required to support ED staff	
4	Retriage if patient status changed eg compartment syndrome or haemodynamic instability	
5	Liaise with Orthopaedic Lead to communicate type of surgery required and time frame	
6	Direct treatment from Reg 1 for patients	
7	Redeploy to third theatre if required by Consultant 1	

Useful numbers

Trauma Nurse
Anaesthetic
Orthopaedic Lead
ESTU Male
ESTU Female

ACTION CARD – CONSULTANT ORTHOPAEDIC SURGEON 5

If you have not read the Major Incident Plan, do not attempt to read it now – there is not enough time.

A Major Incident has been called. This means that multiple casualties are likely to arrive imminently.

The likelihood of need for a mobile team is low. Mobile orthopaedic teams would only perform emergent amputations in the field to allow extraction of entrapped casualties, where the time or equipment for extraction is not available. If a mobile team is required, you will need to collect an amputation kit from the operating theatre. Amputations in the field are guillotine amputations under (combat) tourniquet control to free the casualty, not to perform any intricate surgery.

If no mobile unit is required, then you will stand down and return at 0800/2000 to relieve colleagues

Action Number	Description	Completed
1	Receive briefing from Consultant 1	
2	Collect Amputation Kit from Theatre.	
3	Liaise with mobile team anaesthetist	
4	If no mobile team required, stand down	
5	If mobile team required, liaise with NWAS	
6		
7		

Useful Numbers

Trauma Nurse
Anaesthetic Mobile
Orthopaedic Lead
ESTU Male
ESTU Female
NWAS ALO

ACTION CARD – ORTHOPAEDIC REGISTRAR 1

If you have not read the Major Incident Plan, do not attempt to read it now – there is not enough time.

A Major Incident has been called. This means that multiple casualties are likely to arrive imminently.

Your role is to provide orthopaedic input to patients in ED Resus. You may be the only orthopaedic surgeon present. When enough consultants have arrived, you will be joined by one. Your role is to provide appropriate specialist intervention in unstable patients. This will include splinting, plastering and haemorrhage control. You will not apply an external fixator in the emergency department. If you use a tourniquet, mark the time of application on the patients forehead in the 24 hour clock manner with the letter T eg T1352, so that the duration of application is clear. You will spend 2 hours in ED Resus, before you swap roles with the Orthopaedic Registrar on ESTU. You will swap roles every two hours.

Action Number	Description	Completed
1	Report to ED Resus Room	
2	Ensure that orthopaedic splintage/plaster/celox/tourniquets available	
3	Provide direct input into patient care as required to support ED staff in Trauma Team	
4	Retriage if patient status changed eg compartment syndrome or haemodynamic instability	
5	Liaise with Orthopaedic lead (consultant 1) to communicate type of surgery required and time frame	
6	Brief Consultant 4 if arrives in ED Resus Room	
7	Rotate with Orthopaedic Registrar 2 every 2 hours or as directed	

Useful numbers

Trauma Nurse
Anaesthetic
Orthopaedic Lead
ESTU Male
ESTU Female

ACTION CARD – ORTHOPAEDIC REGISTRAR 2

If you have not read the Major Incident Plan, do not attempt to read it now – there is not enough time.

A Major Incident has been called. This means that multiple casualties are likely to arrive imminently.

Your role is to identify patients who can be safely removed from an orthopaedic bed and placed in a discharge lounge. This includes patients who are preoperative with upper limb injuries such as wrist fractures, all preoperative elective patients, and any postoperative patients who can be safely discharged. This information should be channelled through the trauma nurse, so that patients can be transferred either before casualties arrive, or to allow casualties in ED to move to a ward bed.

You will spend 2 hours in ED Resus, before you swap roles with the Orthopaedic Registrar on ESTU. You will swap roles every two hours.

Action Number	Description	Completed
1	Liaise with Consultant 1 for briefing	
2	Liaise with FY doctor 1 or CT doctor who will go around with you	
3	Make list of suitable patients from ESTU male and female	
4	Liaise with Trauma Nurse	
5	Perform second trawl to identify secondary group of patients if more beds required	
6	Liaise with FY 1	
7	Brief Consultant 1 on number of beds	
8	Relieve Orthopaedic Registrar 1 after 2 hours or as directed	

Useful Telephone Numbers

Trauma Nurse
Anaesthetic
Orthopaedic Lead
ESTU Male
ESTU Female

ACTION CARD – ORTHOPAEDIC REGISTRAR 3

If you have not read the Major Incident Plan, do not attempt to read it now – there is not enough time.

A Major Incident has been called. This means that multiple casualties are likely to arrive imminently.

Your role is to assist in theatre to operatively treat the casualties. You will accompany Consultant 2. The priority will be as follows

P1 Unstable patients requiring urgent surgical resuscitation – to treat haemodynamic instability related to fractures/abdominal injury
Patients will go to theatre recovery to await surgery

P2 Patients require surgery but can wait.
Patients need emergency splinting and fluid resuscitation
Patients will go to beds freed up on orthopaedic wards or HDU

P3 Walking wounded.
Patients will go to ESTU if requiring admission and Outpatients if can be discharged after ambulatory treatment.

You will reassess P1 patients in the theatre recovery area prior to surgery, to determine priorities for surgery.

Action Number	Description	Completed
1	Report to Theatre for briefing	
2	Ensure that orthopaedic equipment is available Eg tourniquet/exfix	
3	Assist Consultant 2 in theatre	
4	Retriage if patient status changed eg compartment syndrome or haemodynamic instability	
5	Liaise with Anaesthetists	
6	Liaise with Consultant 1 if required	
7	Brief Consultant 2 and 3 as required to handover to theatre for surgery	

Useful Numbers

Trauma Nurse
Anaesthetic
Orthopaedic Lead
ESTU Male
ESTU Female

ACTION CARD – ORTHOPAEDIC REGISTRAR 4

If you have not read the Major Incident Plan, do not attempt to read it now – there is not enough time.

A Major Incident has been called. This means that multiple casualties are likely to arrive imminently.

Your role is to assist in theatre to operatively treat the casualties. You will accompany Consultant 3. The priority will be as follows

P1 Unstable patients requiring urgent surgical resuscitation – to treat haemodynamic instability related to fractures/abdominal injury
Patients will go to theatre recovery to await surgery

P2 Patients require surgery but can wait.
Patients need emergency splinting and fluid resuscitation
Patients will go to beds freed up on orthopaedic wards or HDU

P3 Walking wounded.
Patients will go to ESTU if requiring admission and Outpatients if can be discharged after ambulatory treatment.

You will reassess P1 patients in the theatre recovery area prior to surgery, to determine priorities for surgery.

Action Number	Description	Completed
1	Report to Theatre for briefing	
2	Ensure that orthopaedic equipment is available Eg tourniquet/exfix	
3	Assist Consultant 3 in theatre	
4	Retriage if patient status changed eg compartment syndrome or haemodynamic instability	
5	Liaise with Anaesthetists	
6	Liaise with Consultant 1 if required	
7	Brief Consultant 2 and 3 as required to handover to theatre for surgery	

Useful Numbers

Trauma Nurse
Anaesthetic
Orthopaedic Lead
ESTU Male
ESTU Female

ACTION CARD – ORTHOPAEDIC REGISTRAR 5

If you have not read the Major Incident Plan, do not attempt to read it now – there is not enough time.

A Major Incident has been called. This means that multiple casualties are likely to arrive imminently.

You will be involved in the orthopaedic emergency management of patients in the emergency department for P3 casualties. Patients will have been triaged by the most senior ED clinician.

P1 Unstable patients requiring urgent surgical resuscitation – to treat haemodynamic instability related to fractures/abdominal injury
Patients will go to theatre recovery to await surgery

P2 Patients require surgery but can wait.
Patients need emergency splinting and fluid resuscitation
Patients will go to beds freed up on orthopaedic wards or HDU

P3 Walking wounded.
Patients will go to ESTU if requiring admission and Outpatients if can be discharged after ambulatory treatment.

Action Number	Description	Completed
1	Report to ED minors area	
2	Ensure that orthopaedic splintage/plaster/celox/tourniquets available	
3	Provide direct input into patient care as required to support ED staff	
4	Retriage if patient status changed eg compartment syndrome or haemodynamic instability	
5	Liaise with Trauma Nurse and Consultant 1 to communicate type of surgery required and time frame	
6	Direct treatment from SHO 4	
7	Brief Consultant 4 when he/she arrives	

Useful numbers

Trauma Nurse
Anaesthetic
Orthopaedic Lead
ESTU Male
ESTU Female

ACTION CARD – ORTHOPAEDIC CORE TRAINEE 1

If you have not read the Major Incident Plan, do not attempt to read it now – there is not enough time.

A Major Incident has been called. This means that multiple casualties are likely to arrive imminently.

You will be involved in the orthopaedic emergency management of patients in the emergency department for P1/2 casualties. Patients will have been triaged by the most senior ED clinician.

P1 Unstable patients requiring urgent surgical resuscitation – to treat haemodynamic instability related to fractures/abdominal injury
Patients will go to theatre recovery to await surgery

P2 Patients require surgery but can wait.
Patients need emergency splinting and fluid resuscitation
Patients will go to beds freed up on orthopaedic wards or HDU

P3 Walking wounded.
Patients will go to ESTU if requiring admission and Outpatients if can be discharged after ambulatory treatment.

You will spend 2 hours in ED Resus, before you swap roles with the Orthopaedic Core Trainee on ESTU. You will swap roles every two hours.

Action Number	Description	Completed
1	Report to ED Resus	
2	Ensure that orthopaedic splintage/plaster/celox/tourniquets available	
3	Provide direct input into patient care as required to support ED staff	
4	Retriage if patient status changed eg compartment syndrome or haemodynamic instability	
5	Liaise with Trauma Nurse and Consultant 1 to communicate type of surgery required and time frame	
6		
7		

Useful numbers

Trauma Nurse
Anaesthetic
Orthopaedic Lead
ESTU Male
ESTU Female

ACTION CARD – ORTHOPAEDIC CORE TRAINEE 2

If you have not read the Major Incident Plan, do not attempt to read it now – there is not enough time.

A Major Incident has been called. This means that multiple casualties are likely to arrive imminently.

Your role is to call in staff to assist in the treatment of casualties. The number of the staff required will be dictated by Consultant 1, but the minimum is the number of action cards for the major incident. You should identify who has been called and record if they will attend or if they cannot. You should record ETA. Once all the action cards are taken, you must stand down anyone who calls in or attends, and ask them to return at 0800/2000 to relieve their colleague.

When this role is discharged, you will go to ESTU to assist with the routine management of patients already on the ward.

Action Number	Description	Completed
1	Liaise with Consultant 1 for briefing	
2	Collect Folder with contact details	
3	Ring list of Consultants/Registrars/Core Trainees	
4	Record who has been called and who can attend and time able to attend	
5	Perform second trawl to contact personel if action cards still available	
6	Liaise with Consultant 1	
7	Liaise with Trauma Nurse to take over role when available	
8		

Useful Telephone Numbers

Trauma Nurse
Anaesthetic
Orthopaedic Lead
ESTU Male
ESTU Female

ACTION CARD – ORTHOPAEDIC CORE TRAINEE 3

If you have not read the Major Incident Plan, do not attempt to read it now – there is not enough time.

A Major Incident has been called. This means that multiple casualties are likely to arrive imminently.

Your role is to identify patients who can be safely removed from an orthopaedic bed and placed in a discharge lounge. This includes patients who are preoperative with upper limb injuries such as wrist fractures, all preoperative elective patients, and any postoperative patients who can be safely discharged. This information should be channelled through the trauma nurse, so that patients can be transferred either before casualties arrive, or to allow casualties in ED to move to a ward bed.

You will spend 2 hours in ESTU, before you swap roles with the Orthopaedic Registrar in ED RESUS. You will swap roles every two hours.

Action Number	Description	Completed
1	Liaise with Consultant 1 for briefing	
2	Liaise with FY doctor 1 or CT doctor who will go around with you	
3	Make list of suitable patients from ESTU male and female	
4	Liaise with Trauma Nurse	
5	Perform second trawl to identify secondary group of patients if more beds required	
6	Liaise with FY 1	
7	Brief Consultant 1 on number of beds	
8	Relieve Orthopaedic Core Trainee 1 after 2 hours or as directed	

Useful Telephone Numbers

Trauma Nurse
Anaesthetic
Orthopaedic Lead
ESTU Male
ESTU Female

ACTION CARD – ORTHOPAEDIC CORE TRAINEE 4

If you have not read the Major Incident Plan, do not attempt to read it now – there is not enough time.

A Major Incident has been called. This means that multiple casualties are likely to arrive imminently.

You will be involved in the orthopaedic emergency management of patients in the emergency department for P3 casualties. Patients will have been triaged by the most senior ED clinician.

P1 Unstable patients requiring urgent surgical resuscitation – to treat haemodynamic instability related to fractures/abdominal injury
Patients will go to theatre recovery to await surgery

P2 Patients require surgery but can wait.
Patients need emergency splinting and fluid resuscitation
Patients will go to beds freed up on orthopaedic wards or HDU

P3 Walking wounded.
Patients will go to ESTU if requiring admission and Outpatients if can be discharged after ambulatory treatment.

Action Number	Description	Completed
1	Report to ED minors area	
2	Ensure that orthopaedic splintage/plaster/celox/tourniquets available	
3	Provide direct input into patient care as required to support ED staff	
4	Retriage if patient status changed eg compartment syndrome or haemodynamic instability	
5	Liaise with Trauma Nurse and Consultant 1 to communicate type of surgery required and time frame	
6		
7		

Useful numbers

Trauma Nurse
Anaesthetic
Orthopaedic Lead
ESTU Male
ESTU Female