

**Major Incident Situation Report**

**(SitRep)**

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| **Date:** |  | **Time:**  **(24 hour clock)** |  |
| **Date Major Incident declared:** |  | **Time Major Incident declared:** |  |

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| **1a. Site details** | | |
| **Organisation name** | Royal Hospital for Neuro-disability | |
| **Address** | West Hill, Putney, London, SW15 3SW | |
| **1b. Major Incident Control Room contact details** | | |
| **Phone** |  | |
| **Email** |  | |
| **Gold Command** |  | |
| **Executive On-call** |  | |
| **Manager On-call** |  | |
| **1c. Major Incident Manager (Silver Commander)** | | |
| **Name** |  | |
| **RHN role title** |  | |
| **Phone number** |  | |
| **1d. SitRep** | | |
| **SitRep completed by:** | **Name** |  |
| **RHN role title** |  |
| **Major Incident role** |  |
| **Telephone number** |  |
| **Email address** |  |
| **SitRep approved by:** | **Name** |  |
| **RHN role title** |  |
| **Major Incident role** |  |
| **Telephone** |  |
| **Email address** |  |
| **1e. Communications Lead** | | |
| **Name** |  | |
| **Email** |  | |
| **Telephone** |  | |
| South West London ICS  (SWLwill be our main link with our other funding authorities). | During working hours – [swlccg.opsroom@swlondon.nhs.uk](mailto:swlccg.opsroom@swlondon.nhs.uk)  Out of hours via the Page One on-call system, notifying SWL (using 0844 8 22 2 888 and asking for SWL1).   SWL is available for advice and support during an incident and if consideration is being given to a declaration; and should also be advised when any incident is stood down.  The policy describes what needs to happen and who needs to do what in an emergency situation, with sufficient flexibility within the guidance to allow for an effective response to individual incidents.  The Major Incident Policy reflects best practice guidance published by HM Government, the London Assembly and NHS England’s framework guidance for Emergency Preparedness, Resilience and Response, (EPRR:) | |

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| **2. Major Incident details** | | | | | |
| **2a. Exact location of incident** |  | | | | |
| **2b. Description of incident**  **(max 3 lines)** |  | | | | |
| **2c. Resources deployed**  **(ambulances, fire tenders, police)** |  | | | | |
| **2d. Impact on services** |  | | | | |
| **2e. Capacity/capability issues** |  | | | | |
| **2d. Incident casualties** | **Dependent patients** | **V. dependent patients** | **Expectant patients** | **Staff** | **Dead**  **(total)** |
|  |  |  |  |  |
| **2e. Types of injuries** |  | | | | |
| **2f. Supply chain issues** |  | | | | |

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| **3. Resources** | | | | | | | | |
| **3a. Staff available** | **6 hours** | **12 hours** | **24 hours** | | **2 days** | **3 days** | | **4 days** |
| **Nurses** |  |  |  | |  |  | |  |
| **Healthcare Assistants** |  |  |  | |  |  | |  |
| **Therapists/AHP** |  |  |  | |  |  | |  |
| **Medical staff** |  |  |  | |  |  | |  |
| **Clinical Support Services** |  |  |  | |  |  | |  |
| **Administrative Support Staff** |  |  |  | |  |  | |  |
| **3b. Mutual Aid** | | | | | | | | |
| **Has been requested from** |  | | | **Number of patients evacuated** | | |  | |
| **Has been requested from** |  | | | **Number of patients evacuated** | | |  | |

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| **4. Actions being taken** |
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| **5. Record the maximum tolerable period the RHN can sustain the level of disruption** |
| **Tick 1**   |  |  | | --- | --- | | **RED** |  | | **AMBER** |  | | **GREEN** |  | |

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| **6. Return SitRep to NHS England by** | **Date** |  | **Time**  **(24 hour clock)** |  |
| **Email** |  | | | |
| **NHSE Incident Room Telephone No.** |  | | | |
| **NHSE Incident Room Fax No.** |  | | | |