

Mass-casualty and utility failure plan

Plan / template | HOS-PLN-001

Document type	Plan / template
Title	Mass-casualty and utility failure plan
Document ID	{{facility.code}}-HOS-PLN-001
Version and status	1.0 Issued for use. Pending ASF Expert Committee ratification
Prepared by	{{roles.quality_lead.name}}, Quality lead
Reviewed by	{{roles.clinical_director.name}}, Clinical director Date: _____
Approver and signature	{{roles.clinical_director.name}}, Clinical director Signature: _____ Date: _____
Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	System S1 (Hospital), criterion S1.12
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Follow this plan when there are mass casualties, or when power, water or oxygen fails.
2. The duty manager declares the incident and calls the response team.
3. Each person knows their role on the card in their area.
4. Rehearse the plan at least once a year.

Stop and get help straight away if: oxygen or power fails and no one has been told what to do.

1. Purpose

To keep patients safe and care going when many patients arrive at once, or when a key utility fails (S1.12).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of {{facility.legal_name}}
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions and abbreviations

Term	Meaning in this SOP
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background and rationale

A hospital that loses power, water or oxygen, or receives a mass casualty, needs a plan that people have practised. A plan on the shelf does not work under pressure.

5. Responsibilities

Role	Duties in this SOP	Competence needed
Duty manager	Declares the incident; leads the response	Senior manager
Clinical lead	Sets clinical priorities	Senior clinician
Estates lead	Restores power, water and oxygen supply	Estates

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Role cards for each area	Current	Displayed in each area
Back-up power and oxygen supply	Tested monthly	Estates log

7. Safety and infection prevention

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Declare.	- The duty manager declares the level of incident. - Call the response team.	Declare early.
2	Prioritise.	- Use the triage tool to sort patients. - Use the role card.	Care follows the triage, not the arrival.
3	Keep utilities running.	- Switch to back-up. - Check oxygen levels every hour and move patients to working supply.	Oxygen is the priority.
4	Stand down and review.	- Stand down when the risk ends. - Hold a debrief within 72 hours and record the actions.	The debrief is where the plan improves.

Decision points

- No decision points in this procedure.

10. Special situations

Situation	What to do
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

11. Problems and escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Rehearsal done in the last 12 months	100%	Yearly	Duty manager	Escalate to chief executive
Back-up power and	100%	Monthly	Estates lead	Escalate to chief

What is checked	Target	How often	Who	If the target is missed
oxygen tested				executive

13. Records

Record	Where it is kept	Kept for
Record named in this document	Patient record or the area file	{{facility.records_retention_years}} years

14. Training and competence

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

15. Related documents

ID	Title	Relationship
HOS-REG-004	Rehearsal and drill record	Records each drill
EMG-SOP-001	Fire safety and evacuation	Evacuation in an utility failure

16. Evidence

ID	Source and status
E-009	Plan content to be checked against the WHO Hospital Safety Index (2017).
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval