Manchester Arena Bombing and Major Incident at Salford Royal

Presented by:
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Salford Haematology Major Incident Procedure

- Major Incident planning at Salford has resulted in the use of **Action Cards** specific to all departments.
- Once the call is made staff go to their **Major Incident Folder** and follow the instructions on their **Specific Action Cards**.
- These clearly allocate roles, responsibilities and procedures to follow during a major incident.
Evolution of Major Incident planning at Salford

• In light of a series of Terror attacks in France. All emergency service departments across the UK were asked to review their Major Incident procedures.

• In Greater Manchester we held two Major Incident simulation events involving all emergency services in the region.

• The final one was Socrates held on 29.3.17
Lessons learned from Major Incident Simulations

• From the initial event we identified our call out procedure for contacting staff was difficult to follow.
• It didn’t allow for annual leave or sickness.
• It didn’t take into consideration shifts.
• It purely looked at that moment in time and didn’t allow for forward planning of staffing.

What did we change as a result:
• The organisation of the call out chart so it flowed better.
• Included reviewing staff to call in but taking into account annual leave and the current rota.
• Implemented a system for checking staff contact details.
Socrates

• Socrates was a real time simulation event involving the emergency services for the whole region.
• At Salford we were all in one room throughout the event no one contacted Blood Bank despite multiple MHP activations!
• As a result Debbie had the idea that if we were a visible presence in ED it would remove barriers to communication.

We began to explore this.........
The time for planning was over!
22nd May 2017: Manchester

- On the day of 22.5.17 thousands of school age children were preparing to attend a Pop concert
- They would have been giddy and excited to see their idol
- Some were attending the concert for the first time without their parents!
At 10.35pm just as the fans were starting to leave a loud explosion was heard.
Manchester Arena

10:35pm: Explosion reported in foyer area

Manchester Arena
Trinity Way
Stage
Box office
Victoria railway station
Hunts Bank
Entrance/Exit
How were we alerted?

• At 10.45pm Debbie received a call from her sister
• She was in a car outside the Arena waiting for her 14 year old daughter
• Lydia was at her 1\textsuperscript{st} concert without an adult.
• Sally had heard a loud bang and saw people running from the Arena
• By 10.40pm Lydia had spoken to her mum so we knew she was scared but safe!
11.00PM

- Debbie called switch “hands-free” as she was driving in and notified them we could be alerted to a Major Incident. The command team were then informed of the potential Major Incident.
- As Debbie walked into the Lab at 11.00pm, the BMS had just received the Major Incident call.
- The Haematology Major Incident procedure was then activated.
What actions followed

- **11.05** Gold command contacted Debbie to discuss the intel so far
- **11.05** the standby BMS was called in
- **11.05** MLA instructed to count all available blood product stock
- **11.10** using the new system we activated the call out procedure

**Considerations:** Who is on leave/sick, ensuring adequate staffing for the forthcoming day/night shifts.

- **11.15** NHSBT contacted and additional products ordered

**So far all actions mirrored the revised action cards!**
Changes to plan!

In response, as Haematology coordinator Debbie made some decisions based on lessons learned from Socrates.

• **11.15** Instructed the AP to defrost 3 X 4 packs of FFP plus one set suitable for those born post 1996.
• **11.15** Instructed BMS staff to prepare additional Packs of Emergency O Negs
• **11.45** Additional stock & FFP was taken to ED

*By 11.45pm we already had an additional 5 BMS’s and an AP who had all rushed in.*
11.50 Additional blood stock arrived from NHSBT

Be Aware

If you are on lockdown you will need special arrangements for the access of NHSBT drivers!
New roles developed on the night

• We identified early that controlling stock levels would be difficult for the BMS staff so an AP was given the task of coordinating stock levels with defined triggers for re-ordering.

• Debbie and myself based our selves in ED coordinating blood support for the patients.
Blood Transfusion Support role in ED

• Monitor the usage of emergency products, replenish as required
• Liaise with ED staff and communicate requirements to blood bank
• Assist ED staff in completing Traceability documentation- not record sheet.
Blood Product usage on the night of the Bomb

• 27 RED CELLS
• 2 LITRES OF FFP
• 2 LITRES OCTAPLAS
• 3 DOSES PLATELETS
• 6 ANTI-TETANUS

Save a life
Give Blood
What went well?

• ED support role has been identified as being directly responsible for saving 2 possibly 3 lives.
• ED staff maintained patient contact throughout – no need to run back and forth to blood bank
• Staff in blood bank found it easier to communicate with us rather than ED staff
• We maintained a constant supply of emergency products – no delay in provision of blood products.
• We even facilitated the provision of Anti-tetanus
• Staff in the lab were able to focus on less severely injured patients and preparing more Emergency O Negs.
• All Haematology staff were calm, focused and well prepared.
MANCHESTER ARENA
EXPLOSION: WHAT HAPPENS NEXT?
Improvements Required

• We need to establish clear guidance for minimum stock levels
• We developed 2 new action cards: Blood stock co-ordinator and ED Blood Transfusion support.
• We need to improve the system for dealing with traceability in ED- source dedicated bag for units and paperwork.
• We need to establish a minimum stock level for Anti-Tetanus.
• **Communication:** We have identified we need our own wireless phone whilst in ED
• **Visibility:** We require a tabard so Blood Bank staff are clearly identifiable whilst in ED.
• **Stand down:** As a trust this happened too soon it didn’t take into account patients going back to theatre for multiple surgeries i.e. the theatre list for Wednesday wasn’t cancelled.
Recommendations

• Practice Practice Practice
  Attend simulations and work in a real time way so you can identify weaknesses.

• Develop connections with the Major Trauma team - be part of planning, resilience and preparedness

• Ensure you have a system for checking your callout procedure and staff contact details.
A note about Manchester

We stick together!!
Whatever is thrown at us!
From The Minions of Salford!

thank you!
Any Questions?