Medical Xpress

Junior doctors clueless about what to do during major incidents

June 30 2011

Junior doctors have no idea what they should be doing when a major incident, such as a terrorist attack or transport disaster, occurs, reveals research published in the online journal *BMJ Open*.

This knowledge gap could be critical, says the author, especially as the UK's current terrorism threat level is classified as "severe," meaning that a terrorist attack is highly likely.

The Department of Health defines a major incident as "any event whose impact cannot be handled within routine service arrangements." It involves special procedures by one or more of the emergency services, the NHS, or a Local Authority.

As such, every UK hospital has a Major Incident Contingency Plan, to help it best manage the extraordinary demands likely to be imposed on it during this time. And every healthcare professional has a dedicated page in this plan, explaining their contacts, roles, and responsibilities, known as an "action card."

But a survey of 89 junior doctors in three NHS hospital trusts in Wales showed that nine out of 10 (91%) didn't know what would be expected of them in the event of a major incident.

Standard procedure in Wales is that once a major incident is confirmed, junior doctors should go to their ward, contact the senior nurse in charge, and compile a list of patients who could safely be discharged

while managing the others who can't. Should they be needed elsewhere, they will be contacted by a senior doctor or the hospital control centre.

However, the survey responses indicated that almost half (47%) would initially go the emergency care department, while more than one in four (27%) had no idea where they should go.

Almost one in three (31%) didn't know whom they should contact, while 16% said they would contact the switchboard, which would be shut during a major incident.

The junior doctors were also unsure of their primary role, with 16% believing this would be triage of injured patients, and over half (53%) expecting to clerk in patients in emergency care or the medical/surgical assessment units.

Only 3% would first go their ward, and only around one in 10 (12%) believed their primary role would involve ward patients. Only 1% would list patients for discharge.

Most (90%) of the junior doctors recognised the gaps in their knowledge and asked for some teaching on the subject. As the author points out, this is not included in medical school curricula or induction programmes for junior doctors in Wales.

"NHS trusts in Wales are not alone within the UK in regard to poor awareness during a major incident," says the author. "Studies throughout the last 10 years have shown that despite continuing catastrophes within the UK, major incident awareness throughout hospitals is poor and vital teaching is absent from most staff timetables."

And he warns: "Staff [who are] unaware of their roles and responsibilities will turn a major incident into a major disaster."