**Majax Call-In [QSI Ref: XR-601]**

**Descriptor:**

Department of Clinical Radiology call-in list for use in case of a major accident (majax).

**Background:**

All major and medium sized hospitals may expect to be involved in a major accident at some time. An up-to-date and accurate list of all staff members should be readily available within the department and should contain the correct information in order to effect the prompt call-in of staff in the event of a major accident.

## The Cycle

**The standard:**

An up-to-date and accurate list of all staff members should be readily available within the department.The list should be checked and updated at an agreed regular interval.

All staff should know where the list is posted.The list should include:

• correct home telephone numbers;

• correct mobile phone numbers;

• addresses (which may be needed in case of telephone system failure with personnel sent out to fetch individuals from their homes).

**Target:**

100%

## Assess local practice

**Indicators:**

% of staff who know the correct whereabouts of the staff call-in list.

% of correct telephone numbers on the call-in list.

% of correct addresses on the call-in list.

**Data items to be collected:**

A blitz audit (unannounced, during any part of the day) of staff members.

Using a check list of selected staff, identify for each member of staff:

• whether they know the whereabouts of the list;

• whether their correct telephone number is on the list;

• whether their correct address is on the list.

**Suggested number:**

20 members of staff, randomly selected.

**Suggestions for change if target not met:**

1.  To make the call-in list’s whereabouts easily known to staff, create a majax cupboard in the staff room.

2.  It should be bright red, with a key available in the department key cupboard.

3.  It should contain:

    • the correct list of staff telephone numbers and addresses;

    • any other majax information or policy documents belonging to the hospital.

4.  Identify one named individual to be responsible for maintaining an up-to-date call-in list. List to be reviewed regularly in larger departments this may need to be monthly / updated when there are new staff members.

**Resources:**

Ongoing data recording.

Audit officers to examine lists and carry out the blitz audit.

Radiologist: 1 hour to discuss the results of the audit and any changes required.

**References:**

1. Moran, C., Webb, C., Brohi, K., Smith, M. and Willett, K. (2017). Lessons in planning from mass casualty events in UK. BMJ, p.j4765
2. Berger, F., Körner, M., Bernstein, M., Sodickson, A., Beenen, L., McLaughlin, P., Kool, D. and Bilow, R. (2016). Emergency imaging after a mass casualty incident: role of the radiology department during training for and activation of a disaster management plan. The British Journal of Radiology, 89(1061), p.20150984.
3. NHS England (2017). NHS England Incident Response Plan (National). Available at: <https://www.england.nhs.uk/wp-content/uploads/2017/07/NHS-england-incident-response-plan-v3-0.pdf>
4. NHS England (2020) Clinical Guidelines on Major Incidents and Mass Casualty Events. Available at <https://www.england.nhs.uk/wp-content/uploads/2018/12/B0128-clinical-guidelines-for-use-in-a-major-incident-v2-2020.pdf>

**Editor's comments:**

**Submitted by:**

Taken from Clinical Audit in Radiology 100+ recipes RCR 1996, updated by CRASC 2012 and CRAC 2017. Updated by Dr H Bailey 2018 and CRAQIC 2022

**Published Date:**

Monday 7 January 2008

**Last Reviewed:**

Tuesday 26 July 2022