HSE Emergency Management Area 1 Emergency Plan

(Covering Geographical Areas of Counties Donegal, Sligo, Leitrim, Cavan and Monaghan)

December 2018

<table>
<thead>
<tr>
<th>Version</th>
<th>Version 2 December 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approval Date</td>
<td>13th December 2018</td>
</tr>
<tr>
<td>Review Date</td>
<td>December 2019</td>
</tr>
<tr>
<td>Area Crisis Management Team (CMT) Action Card</td>
<td>Please note Area 1 CMT Action Card Version 5 corresponds with this plan</td>
</tr>
</tbody>
</table>
In accordance with the Framework 2006 Guidance Document 2\(^1\) a version of these pages appear in the Major Emergency Plan of each Principal Response Agency (PRA). As a result, each PRA will make and receive two calls to and from the other PRAs in relation to any Major Emergency notification.

**TO ACTIVATE THIS PLAN**

Contact National Emergency Operations Centre (NEOC) at

999/112

Using the following Confidential, Dedicated Numbers:

<table>
<thead>
<tr>
<th>NEOC National Emergency Operations Centre</th>
<th>Emergency</th>
<th>Non-Emergency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ballyshannon/Tallaght</td>
<td>999/112</td>
<td>0818 724 112</td>
</tr>
</tbody>
</table>

Notify NEOC of the Declaration of the Major Emergency using the following message format:

This is .................. (Name, rank and service) ...............  
A ........ (Type of incident) ........ has occurred/is imminent  
at ..........(Location) .................................  
As an authorised officer I declare that a major emergency exists.  
Please activate the mobilisation arrangements in the HSE AREA West Major Emergency Plan.

After the Declaration is made, the notifying officer should then use the mnemonic METHANE to structure and deliver an information message (as follows)

Where the initial declaration of the Major Emergency is made by the HSE, the NEOC Controller on duty, as part of pre-set actions, will notify the other two PRAs of the declaration and provide information as available. Contact may be made via the following numbers:

<table>
<thead>
<tr>
<th>Fire Service/Local Authorities</th>
<th>MEM DEDICATED LINE</th>
<th>Back up Admin Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western Regional Control Centre (Donegal, Sligo &amp; Leitrim)</td>
<td>094 9034747</td>
<td>094 9034708</td>
</tr>
<tr>
<td>Eastern Regional Control Centre (Cavan/Monaghan)</td>
<td>01 671 3951</td>
<td>01 677 8221</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Garda Div. HQ at:</th>
<th>Telephone Number</th>
<th>Back up Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donegal</td>
<td>074 9167100</td>
<td>074 9167101</td>
</tr>
<tr>
<td>Sligo/Leitrim</td>
<td>071 9157000</td>
<td>071 9157011</td>
</tr>
<tr>
<td>Cavan/Monaghan</td>
<td>047 77200</td>
<td>047 77211</td>
</tr>
</tbody>
</table>

If these numbers are not answered use 999/112 as an alternative.

When NEOC receives notification of a Major Emergency from either of the other PRAs, the NEOC Controller on duty, as part of pre-set actions, will confirm to the other two PRAs that the HSE is aware of the Major Emergency. The purpose of this crosscheck is to confirm that PRAs are mutually aware that a major emergency has been declared. It also ensures that the notification/confirmation has come from an authorized officer. The appropriate Local Authority Control Centre will prepare and circulate, by group-fax and group E-mail, a written version of the METHANE message (Framework Guidance Document 2)².

² ibid
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<td>Distribution</td>
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<tr>
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<td>National Ambulance Service (NAS)</td>
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<tr>
<td>4.1.3</td>
<td>Acute &amp; General Hospitals</td>
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<td>4.1.4</td>
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<td>Emergency Management Office</td>
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<td>20</td>
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Section 1 Introduction to the Plan

1.1 Foreword

Major Emergency Management (MEM) is a priority issue for all HSE services/functions in Area 1 (covering Counties Donegal, Sligo, Leitrim, Cavan and Monaghan). MEM is fundamentally about ensuring that the necessary planning, preparedness, capacity, training and coordination are in place at all levels of the health service to enable the services to meet the challenges posed by such events. Given that it is not possible to foresee all possible adverse events, an all hazards approach is taken, which is capable of adaption in the light of prevailing circumstances.

Area 1’s Major Emergency Plan (covering Counties Donegal, Sligo, Leitrim, Cavan and Monaghan) has been developed in accordance with the requirements set out in Section 4.4.1 of the National Framework for Major Emergency Management (2006)\(^3\), and sets out mechanisms for coordination at all levels of Major Emergency Management –on site, at local level and at regional level.

This plan is supported by a series of sub-plans covering functions, sites, services and departments. It is designed to integrate with corresponding plans from the other Principal Response agencies (PRAs) of Local Authorities and An Garda Síochána as well as with the emergency plans for specific sites classified as upper tier sites under the Seveso (Control of Major Accidents Hazards) regulations\(^4\) – currently there are no such designated sites in Area 1.

Major Emergency Management arrangements build on current strengths, and make full use of the core competencies and organisational strengths of the health services as the basis for the response. The aim is to fit in with existing organisational and government structures, subject to appropriate co-ordination mechanisms being added.

This plan aims to provide the service at all levels with an appropriate framework, skill base and the tools necessary to respond to any emergency situation that may arise.

It is the responsibility of all employees to familiarise themselves with their roles and functions as described in this Area Plan and the more specific sub-plans that relate to their individual hospitals directorates and services.

Using a systems approach to Major Emergency Management that involves a continuous cycle of activity we will ensure that the HSE and our PRA partners are in a position to provide protection and care of the public at times of vulnerability, through clear leadership, an early and coordinated response, accountability and safe working, while maintaining the provision of essential services.

Signed

John Hayes, CO,
Chair of HSE Area 1
Crisis Management Team.

Dermot Monaghan,
Chair of HSE Area 1
Area Planning Group.

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\(^4\) Chemical Act (Control of Major Accident Hazards Involving Dangerous Substances) Regulations 2015 (S.I. No. 209 2015)

1.2 The Framework for Major Emergency Management 2006

The Framework for Major Emergency Management 2006 outlines the structures and processes followed by the Principal Response Agencies in managing a response to a Major Emergency. The MEM Framework arises from a decision of Government. It is available on the HSE Intranet

or http://www.mem.ie together with other supporting guidelines, protocols and templates.

1.3 Objectives of Area 1 Plan

The objectives of this plan are:

- To provide a system outlining the strategic delivery of a coordinated response when a Major Emergency has been declared as set out in Section 2.1.1 in the geographical area of CHO1 for all HSE services/functions.

- To ensure that the HSE has clear leadership in times of crisis and when responding to a Major Emergency.

- To ensure an early and appropriate response with efficient operations co-coordinated with the other PRAs when responding to a Major Emergency.

- To provide for the protection and care of the public at times of vulnerability when a Major Emergency has been declared.

- To ensure the maintenance of HSE essential services during a Major Emergency Response.

- To deliver a realistic and rational approach with transparent accountability when responding to a Major Emergency.

- To put in place a process by which the recovery phase is addressed by the Area 1 CMT as early in a major emergency as possible.

1.4 Scope of this Major Emergency Plan

This plan provides for a co-coordinated response to major emergencies beyond the normal capabilities of the principal emergency services in the Geographical Area of CHO1. These may arise from major transport accidents, fires, acts of terrorism, severe weather and outbreaks of disease, spillage or release of hazardous substances.

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The types of emergency that arise from fuel shortages, disruption of services or industrial disputes are of another nature and are not catered for in this plan.

This plan consists of two distinct parts:

- The Plan proper which uses the common standard procedures as per Framework for Major Emergency Management 2006\(^6\) throughout the Geographical Area of CHO 1.

- The Appendices which are elements of the plan proper but are easier to treat as separate items e.g. Directory of Contacts, Garda Casualty Bureau, Media Plan, Risk Assessments, Maps and/or illustrations etc…

The variations possible in the event of a Major Emergency are so numerous that no plan can provide detailed responses for all possible events, which may arise. This plan therefore is to be regarded as an all hazard approach, capable of adaptation in the light of prevailing circumstances. It is not intended, nor should it be interpreted, as a restriction on common sense or initiative when dealing with situations as they arise. It has been developed to identify the process to be taken by the HSE, led by the Area 1 CMT in responding to a Major Emergency.

1.5 Relationship to other plans

This plan has been prepared in accordance with Section 4.1\(^7\) of the Framework so that it is consistent with the plans of other HSE Regions, other Principal Response Agencies, appropriate National Emergency Plans and other Site and Event Specific Plans, which may be activated at the same time.

1.6 Language, Terminology and Definition of a Major Emergency

This plan complies with Appendix F3\(^8\) of the Framework which provides a Glossary of Terms and Acronyms for use by the Principal Response Agencies and are outlined in Appendix 15.10 of this document.

Definition of a Major Emergency:

“A Major Emergency is any event which, usually with little or no warning, causes or threatens to cause death or injury, serious disruption of essential services, or damage to property or the environment or infrastructure beyond the normal capabilities of the principal emergency services in the area in which the event occurs and requires the activation of specific additional procedures and the mobilisation of additional resources to ensure an effective, coordinated response.” (A Framework for Major Emergency Management 2006)

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\(^{6}\) ibid
A Major Emergency can only be declared by an authorised officer of one of the Principal Response Agencies (PRA’s). The designated authorised officers to activate this plan are outlined in Section 7.1.2

1.7 Distribution

This HSE Area 1 Major Emergency Plan is available for HSE Staff and PRAs on the HSE website:

https://www.hse.ie/eng/services/list/3/emergencymanagement/area-mep/

1.8 Public Access to the Plan

A copy of this HSE Area 1 Major Emergency Plan with the confidential contact telephone numbers and other personal information removed is available on the HSE Website for members of the public whom may wish to access same:

https://www.hse.ie/eng/services/list/3/emergencymanagement/area-mep/
Section 2 The Principal Response Agency and its Functional Area

2.1 The Agency – The Health Service Executive (HSE)

The HSE is the agency responsible for providing health and personal social services for everyone living in this country. It has undergone significant organizational change and Area 1 provides its services under the following:

- The Community Health Care Organisations (CHO) Area 1 (Donegal, Sligo, Leitrim, Cavan and Monaghan)
- Acute Hospital Divisions
  - Saolta University Health Care Group incorporating Letterkenny University Hospital
    Sligo University Hospital
  - RCSI Hospitals Group incorporating Cavan General Hospital
    Monaghan Hospital
- National Ambulance Services
- Public Health Departments
- Environmental Health Services

Child welfare comes under the remit of Tusla which has close links with the HSE services.

2.1.1 Functions of the HSE

In accordance with Appendix F5\(^9\) of the Framework, the HSE will undertake the following functions in the response to a Major Emergency:

- Declaration of a Major Emergency where appropriate and notification of the other two relevant Principal Response Agencies (PRAs)
- Activation of predetermined procedures/arrangements in accordance with Major Emergency Mobilisation Procedure
- Acting as lead agency for biological incidents in accordance with Appendix F7\(^10\)
- Provision of medical advice and assistance
- Provision of medical aid to casualties at the site
- Triage of casualties, and assigning them to hospitals for evacuation

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• Casualty evacuation and ambulance transport
• Provision of hospital treatment
• Provision of psycho-social support to persons affected by the emergency
• Certification of the dead
• Support for An Garda Síochána’s forensic work
• Support for the Coroner’s role
• Clinical decontamination and decontamination of contaminated persons on arrival at hospital
• Advising and assisting An Garda Síochána and Local Authorities on public health issues arising
• Exercising control of any voluntary or other service which it mobilises to the site
• Monitoring and/or reporting on the impact in its functional area of any emergency/crisis which falls within the ambit of a “National Emergency”, and coordinating/undertaking any countermeasures in its functional area which are required/recommended by an appropriate national body
• Any other function, related to its normal functions, which is necessary for the management of the emergency/crisis
• Any function which the On-Site Co-ordinating Group requests it to perform
• Maintaining essential health services during the Major Emergency

These functions will be discharged by a variety of services including (non exhaustive), the National Ambulance Service (NAS), Hospital Groups (HG), Community Healthcare Organisation (CHO) Area 1, Public Health (PH) Services, Communications (Comms) and the CMT.

The Roles and the HSE Service responsible are summarised in the following table:

<table>
<thead>
<tr>
<th>HSE Roles</th>
<th>Responsible HSE Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Declaration of a Major Emergency and notifying the other two relevant principal response agencies</td>
<td>Authorised Officers in the National Ambulance Service (NAS)</td>
</tr>
<tr>
<td></td>
<td>Hospital Groups (HGs)</td>
</tr>
<tr>
<td></td>
<td>Community Health Care Organisations (CHOs)</td>
</tr>
<tr>
<td></td>
<td>Public Health (PH)</td>
</tr>
<tr>
<td></td>
<td>Notification – Both internal and external notification to be carried out by NAS National</td>
</tr>
<tr>
<td>Activity</td>
<td>Responsible Party</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>Activation of predetermined procedures/arrangements in accordance with its Major Emergency Mobilisation Procedure</td>
<td>NAS</td>
</tr>
<tr>
<td>Acting as “lead agency”, where this is determined in accordance with Appendix F9(^\text{11}), and undertaking the specified coordination function</td>
<td>CMT &amp; relevant Public Health Department.</td>
</tr>
<tr>
<td>Provision of medical advice and assistance</td>
<td>NAS</td>
</tr>
<tr>
<td></td>
<td>Hospital Groups</td>
</tr>
<tr>
<td></td>
<td>CHO</td>
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<tr>
<td></td>
<td>Public Health</td>
</tr>
<tr>
<td>Provision of medical aid to casualties at the site</td>
<td>NAS</td>
</tr>
<tr>
<td>Triage of casualties, and assigning them to hospitals</td>
<td>NAS</td>
</tr>
<tr>
<td>Casualty evacuation and ambulance transport</td>
<td>NAS</td>
</tr>
<tr>
<td>Provision of hospital treatment</td>
<td>Hospital Groups (HGs)</td>
</tr>
<tr>
<td>Provision of psycho-social support for persons affected by the emergency</td>
<td>CHO</td>
</tr>
<tr>
<td>Certification of the dead</td>
<td>Hospital Groups / CHO</td>
</tr>
<tr>
<td>Support for An Garda Síochána’s forensic work</td>
<td>All services as appropriate</td>
</tr>
<tr>
<td>Support for the Coroner’s role</td>
<td>All Services as appropriate</td>
</tr>
<tr>
<td>Clinical decontamination and decontamination of contaminated persons on arrival at hospital</td>
<td>Hospitals and NAS</td>
</tr>
<tr>
<td>Maintaining essential health services during the major emergency</td>
<td>CMT and All Services</td>
</tr>
<tr>
<td>Advice and assistance to An Garda Síochána and Local Authorities on public health issues arising</td>
<td>CMT &amp; Public Health Department</td>
</tr>
<tr>
<td>Exercise control of any voluntary or other service which it mobilises</td>
<td>NAS</td>
</tr>
<tr>
<td>Monitoring and/ or reporting on the impact in its functional area of any emergency/ crisis which falls within the ambit of a “National Emergency”, and co-</td>
<td>All services via the CMT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Task</th>
<th>Relevant Responding Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ordinating / undertaking any countermeasures in its functional area which are required/ recommended by an appropriate national body</td>
<td></td>
</tr>
<tr>
<td>Any other function, related to its normal functions, which is necessary for the management of the emergency/crisis</td>
<td>Relevant Responding Service</td>
</tr>
<tr>
<td>Any function which the On-Site Co-ordinator requests it to perform</td>
<td>Relevant Responding Service</td>
</tr>
</tbody>
</table>

2.2 Boundaries and Characteristics of the Area

Area 1 comprises of the counties of Donegal, Sligo, Leitrim, Monaghan and Cavan, and includes inhabited off shore Islands. It borders other CHO and Hospital Group areas as well as bordering the counties of Derry, Tyrone, Fermanagh and Armagh in Northern Ireland. The five counties comprise a total area of just over 4,400 square miles.

Area 1 has an extensive coastline. Special arrangements for Marine, Island and Off-shore emergencies are included in Appendix 15.6. This also covers the role of Medico Cork in off-shore emergencies. Medico Cork is a national resource that provide a radio based support to the Marine and Off-shore sector.
Section 3 Risk Assessment for the Area

The Risk Assessment of the Area 1 is set out in Appendix 15.3 of this plan. The Inter Agency Risk Assessments are available from the Emergency Management Office if required.

Transport risks have been identified within busy seaports at Killybegs and Sligo, and within Airports at Carrickfin and Sligo. Our busy road and rail infrastructure also carries significant risk of multi-casualty incidents.

Our long and varied coastline and extensive rivers have been identified as a source of potential tidal and inland waterways flooding. There are no designated Upper-tier Seveso Sites in the Area.
Section 4 HSE Resources for Major Emergency Response

4.1 Internal Resources

In the event of a Major Emergency, the appropriate services from those listed here will be activated.

4.1.1 Area 1 Crisis Management Team

Each CHO Geographical Area has an associated ACMT; this ‘is a strategic level management group, within each principal response agency, which is assembled during a major emergency’. The ACMT consists of senior managers representing the various functions/services within the HSE. The ACMT is assembled to manage a crisis and deal with issues arising for the HSE both during the emergency and subsequent recovery phase. The ACMT is chaired by CHO CO or his/her designate.

The Area 1 CMT consists of the senior managers representing all functions and services in the HSE Geographical Area of CHO1. Each service/function is responsible for advising the West Emergency Management Office of the nominees to the CMT for their service/function. (Refer to Section 6.2 for complete membership and functions). The West Emergency Management Office manages the contact details for the Area 1 CMT and issues each member with an Action Card associated with this plan. The ACMT meets initially by Teleconference and if required at the designated HSE CMT facility at Conference Room, Primary Care Centre, Markieviez House, Barrack Street, Sligo. The CMT is chaired by the Chief Officer (CO), or his/her alternate. The CMT is alerted by a mandatory text alert system and is called into conference session about 15 - 20 minutes after the declaration of a major emergency.

The Chief Emergency Management Officer (CEMO) and the Regional Emergency Management Officer(s) (REMO) are members of the Area 1 CMT.

4.1.2 The National Ambulance Service (NAS)

The National Ambulance Service will normally provide the first HSE response to a Major Emergency. In CHO Area 1 Geographical Area, there are 14 Ambulance stations, spread across the five counties as follows:

**Donegal, Sligo and Leitrim**
- 11 ambulance bases / stations

**Cavan and Monaghan**
- 3 ambulances bases / stations

**National Emergency Operations Centre**

The National Ambulance Service (NAS) also plays a key role in the activation of CHO Area 1’s response to major emergencies, through its National Emergency Operations Centre (NEOC) in Tallaght and Ballyshannon,
The NAS is responsible for the provision of pre-hospital emergency care to persons injured as a result of the Major Emergency. Their activities during a major emergency will include the provision of immediate treatment and the provision of transport to those injured to definitive centres of care.

4.1.3 Acute Hospital Division

There are 3 Receiving Hospitals (24 Hour Emergency Department Facilities) in the area of remit of this plan,

- Letterkenny University Hospital & Sligo University Hospital – Saolta University Healthcare Group
- Cavan General Hospital – RCSI Hospital Group

The activities undertaken by these acute hospitals in response to a Major Emergency will be directed by the Area 1 CMT.

(See Appendix 15.4 for locations of acute hospitals)

4.1.4 Community Health Care Organisations (CHO’s).

During a Major Emergency, and particularly in the aftermath, the CHO’s will play a vital role in caring for, and supporting, a wide range of individuals, including the families and friends of casualties, uninjured survivors, and those who have been evacuated from their homes.

These functions are provided within the CHO through the following services:

- Primary Care.
- Mental Health.
- Health and Wellbeing.
- Social Care.

Depending on the nature of the Major Emergency the services of the CHO may be involved in providing extra services to the communities affected by the Major Emergency.

CHO 1 has its own Major Emergency Plan and Site Specific Plans for each of its residential community nursing units.

4.1.5 Public Health

The Public Health Service will play a significant role during the response to any Major Emergency which results in a real or perceived threat to public health, including emergencies involving an infectious condition, such as pandemic influenza, the release of a chemical, radioactive or biological agent or the contamination of water or food supplies. In HSE Area 1, Public Health provides services from two Public Health Departments – North West covering Donegal, Sligo and Leitrim and North East covering Cavan and Monaghan.
4.1.6 Psycho – Social Support

The HSE Mental Health Service will provide psycho-social support in accordance with the guidance document on Psychosocial and Mental Health needs following Major Emergencies. Available at: https://www.hse.ie/eng/services/publications/mentalhealth/emer.pdf

A nominated Principle Psychology Manager for each CHO geographic area will take the lead for the Psycho-social coordination in both planning and response for major emergency situations and are therefore members of each respective Area Emergency Planning Group (for planning purposes) and the respective Area Crisis Management Team (for coordination of the response).

The aims of providing psychosocial and mental health care in the aftermath of Major Emergencies of all kinds are to:

- Mitigate the psychosocial and mental health effects on people by responding proportionately, flexibly and in a timely way to the phased needs of people who are affected; and
- Ensure a continuum of care, provided in an integrated way that recognises that people’s needs may be immediate, as well as short, medium or long term.

4.1.7 Environmental Health

The HSE Environmental Health Service will play a significant role in the response to any Major Emergency which threatens or results in the contamination of water or food supplies and has significant statutory powers with respect to food safety. The Regional Chief Environmental Health Manager and the Principal Environmental Health Officers in Area 1 are members of the HSE Area 1 Crisis Management team.

It is anticipated that Environmental Health Services would be involved in the following areas / incidents:

- Major Contamination of Drinking Water Supply
- Major Contamination of food
- Major flooding
- Contamination of land and air

4.1.8 The Emergency Management Office

The principal roles of the Regional Emergency Management Offices are to assist all HSE services/functions in planning for a Major Emergency and to facilitate and support the Area 1 CMT during a Major Emergency.

The Emergency Management Function is organized as follows:
4.1.9 Communications Division

The HSE National Communications Division works with health service teams all over the country. HSE Divisions are each assigned a Client Director from the Communications Division, who works as a programme manager for the communications elements of the division’s work. They are your expert Communications Consultant; there to help you get the most from your communications programmes and the support services. The Client Director for Emergency Management contact details are listed within the Directory of Contacts in Appendix 15.9.

Each Hospital Group and CHO has designated Communications staff within their function. These staff will support the Area 1 CMT in association with the National Communications Division as appropriate. They may also fulfill the role of Media Liaison Officer as required.

4.1.10 Support Functions

Support to the HSE response will be provided by a number of other departments within the organisation. These are;

- Human Resources
- Finance
- Logistics / Procurement
- Estate Management
- Information Communications Technology (ICT)

In the event of a Major Emergency, the Area 1 CMT will activate the appropriate services.

4.2 External Resources

In the event of a Major Emergency, the HSE may request activation of appropriate external resources, as required, from the following agencies:

- Neighbouring HSE Services
- The Irish Red Cross
- The Order of Malta Ambulance Corps
- The St. John Ambulance Brigade
- Coast Guard
- Civil Defence (via and by agreement with the Local Authority)
- The Defence Forces, including Aer Corps & Naval Service (by agreement)
- RNLI
- Voluntary and Private Hospitals and other health facilities with which pre-existing arrangements have been made for specific support.
- Organisations that may provide community resilience.

4.3 Regional Interagency Level Response

A Regional Interagency Response may be required when the nature of a Major Emergency is such that:

- The resources available locally do not appear to be sufficient
- The consequences are likely to impact outside the area
- The incident is spread across more than one Local Authority area or is close to a boundary of two or more of the Principal Response Agencies.

The Plan for Regional Level Co-ordination may be activated, in accordance with Section 9 of this plan.
Section 5 Preparedness for Major Emergency Response

5.1 This Plan

The Emergency Management function has prepared this plan which sets out its arrangements to respond to events occurring in or impacting on its functional region, which require the declaration of a Major Emergency. The HSE functions are set out in Section 2.1.1

5.2 Structures

The HSE has established Planning and Preparedness Major Emergency Management groups at National, Regional, Area and Local/Service levels, which take a lead in the development, exercise, review and maintenance of an appropriate level of preparedness for Major Emergency Response.

5.2.1 National

At National level, the National Emergency Planning Group (NEPG) has responsibility for Emergency Planning. The purpose of the NEPG is to support and encourage best practice in Emergency Management throughout all HSE areas. The group's Membership includes senior management representatives from all HSE Directorates including the CHOs and the Acute Hospital Division. It is chaired by the Assistant National Director of Emergency Management. This team meets twice yearly and more frequently if required. When necessary the NEPG may create specialised sub groups to plan for specific emerging threats, this is most likely when there is (or a threat of) a public health emergency with the Department of Health leading the National response. In this instance this group may also take the lead in coordinating the overall HSE response to such an emergency. This delegation will only happen at the direction of the Director General.

5.2.2 Area 1 Emergency Planning Group

An Area Emergency Planning Group (AEPG) is coterminous with the geographical area of its Community Healthcare Organisation (CHO Area 1). The purpose of the AEPG is to support and encourage best practice in Emergency Management throughout Area 1 and across all HSE services and facilities. The membership of the AEPG consists of representatives of all key HSE functions, Hospital Groups and other key HSE frontline and ancillary services in that geographic area. This Group is chaired by a Head of Service designated by the Chief Officer. The Chair will oversee the coordination and harmonisation of all EM plans in the area. The Group will plan and prepare response and recovery measures for all emergency situations within the CHO area.

5.2.3 Local, Site and Service

5.3 Service and Business Plans

Major Emergency Management is advanced and monitored across all areas and services of the HSE by means of the annual service and business planning processes. Emergency Management is included in the overall Service Plan of the HSE as well as in the Service and Business Plans of the Hospitals CHO’s, NAS, and Public Health, at National, Regional, Area and Local/Service levels.

5.4 Preparedness

The Geographical Area of CHO 1 continues to develop a level of preparedness for Major Emergency response by:

- The nomination of individuals and alternates to key roles
- The provision of training for all those involved
- The organisation of a comprehensive programme of exercises including internal and inter-agency exercises.

5.5 Responsibility for Major Emergency Development Process

The responsibility for planning the response to major emergencies within the Geographical Area of CHO 1 lies with the Area Emergency Planning Group.

5.6 Key Roles

The Geographical Area of CHO 1 has nominated competent individuals and alternates to the key roles to enable the agency to function in accordance with the common arrangements set out in this Plan. These roles include;

<table>
<thead>
<tr>
<th>HSE Key Roles</th>
<th>Possible Appointee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair of Area 1 CMT</td>
<td>• CO of CHO Area 1 or his/her alternate</td>
</tr>
<tr>
<td>(Site) Controller of Operations</td>
<td>• Chief Ambulance Officer or designated alternative</td>
</tr>
<tr>
<td></td>
<td>• Director of Public Health or designated alternative</td>
</tr>
<tr>
<td></td>
<td>* In the case of an Acute Public Health Emergency, the NAS may act as the Controller of Operations, and will be provided with clinical support by a Public Health Doctor.</td>
</tr>
<tr>
<td>Media Liaison Officer</td>
<td>• Communications Officer or designated alternative</td>
</tr>
<tr>
<td>Information Management Officer (IMOs)</td>
<td>• IMOs for the CMT will be provided by the Office of the CO</td>
</tr>
<tr>
<td></td>
<td>• IMO’s for the Incident Site will be provided by NAS or CO – From</td>
</tr>
<tr>
<td>Action Manager (AM)</td>
<td>Trained Group</td>
</tr>
<tr>
<td>---------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>AM’s for the CMT will be provided by the office of the CO</td>
<td></td>
</tr>
<tr>
<td>AM’s for the Site will be provided by the NAS</td>
<td></td>
</tr>
<tr>
<td>Support Staff</td>
<td>Appropriate service(s)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interagency Key Roles</th>
<th>Possible Appointee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair Regional Co-Ordination Group</td>
<td>CO or his/her alternate (if HSE lead agency)</td>
</tr>
<tr>
<td>Chair of Local Co-Ordination Group</td>
<td>CO or his/her alternate (if HSE lead agency)</td>
</tr>
<tr>
<td>On Site Co-Coordinator</td>
<td>Chief Ambulance Officer or designated alternative</td>
</tr>
<tr>
<td>Information Management Officers (IMOs)</td>
<td>IMOs for the RCC will be provided by the Office of the CO</td>
</tr>
<tr>
<td>Action Managers (AMs)</td>
<td>AM’s for the RCC will be provided by the office of the CO</td>
</tr>
</tbody>
</table>

5.7 Support for Key Roles
Support teams may be formed to support and assist individuals in key roles. These teams will be drawn from existing staff in the HSE.

5.8 Linking the Major Emergency Plan with Other Emergency Plans
As well as the normal activation procedure, set out in Section 7, this plan may be activated during an emergency which involves the activation of:

- A National Emergency Plan (see Section 10),
- A Severe Weather Plan (see Section 11), or
- A Site or Event Specific Plan (see Section 12)
5.9 Staff Development, Training and Exercise Programs

As part of the preparedness process, the HSE West Emergency Management Office has an on-going programme of staff development and training, as well as organising an annual programme of exercises.

5.9.1 Training

All HSE staff, who have a role to play in a Major Emergency response, are provided with training. This training includes both internal and inter-agency seminars and training courses such as On-Site Coordination, Local Coordination and Information Management. An E Learning Module is also available at the below link.

https://information-management.ie

5.9.2 Exercises

The HSE West Emergency Management Office has an on-going programme of exercises, both internal and inter-agency, which include:

- Exercises within individual services, such as Hospitals and CHOs.
- Inter-agency exercises, organised by the relevant Interagency Regional Working Groups
- Exercises at Airports
- Exercises at Upper-tier Seveso Sites

5.10 Major Emergency Preparedness Appraisal

In accordance with the requirements in Section 4.7 of the Framework\textsuperscript{12}, the Emergency Management Office will carry out and document an annual appraisal of its preparedness for Major Emergencies each year.

Section 6 The Command, Control and Co-ordination System

6.1 HSE Crisis Management Team(s) Structures (CMTs)

During a Major Emergency Response, the HSE will exercise command and control over its own resources, primarily by means of a CMT and existing management structures.

6.1.1 Area 1 CMT

The Area 1 CMT is a strategic level management group drawn from the senior HSE managers from all HSE services/functions in this area, who will meet at the pre-determined location. The functions of the Area 1 CMT are to:

- Manage, control and co-ordinate the overall HSE response to the situation
- Provide support to the HSE’s Controller of Operations on site and mobilise resources from within the Area 1 functions/services or externally as required
- Liaise with HSE national CMT (if activated), and relevant Government Departments on strategic issues
- Ensure appropriate participation of the HSE Area 1 functions/services in the inter-agency co-ordination structures
- Maintain the HSE Area 1 functions/services normal day-to-day services
- Oversee the recovery strategies of HSE Area 1 resources
- Co-ordinate all requests for assistance both internally and externally
- Collect and collate all available information on the Major Emergency
- Oversee the management of staff resources during a protracted incident
- Co-ordinate all media briefings in relation to HSE Area 1 function’s/service’s activities
- Co-ordinate and endorse regular public information
- Arrange and conduct debriefs on the Major Emergency
- Liaise with the Local and or Regional Coordination Centre
- Co-ordinate the phased stand down of HSE Area 1 resources as required
6.2 CMT Members and their Respective Functions

6.2.1 Area 1 Crisis Management Team Membership;

1. Chief Officer of CHO1 (Chair).
2. Representative of Area EM Office.
3. Hospital Group EM representatives.
5. CHO1 representatives (Heads of Services)
6. Director of Public Health.
7. Principle Environmental Health Officer.
8. Communications Representative. (When required CO CHO or COO Saolta or RCSI will provide same).

Representatives from the following services will be requested by the Chief Officer as appropriate:

9. Human Resources.
10. Finance.
11. HBS Estates.
12. Procurement.
13. IT.

6.2.2 Chairperson – CO or his/her alternate

- Chair all Area 1 CMT meetings.
- Ensure coordination of HSE services involved.
- Establish and maintain linkages and reporting functions with National HSE involved in the response.
- In conjunction with Emergency Management staff, ensure all appropriate documentation is maintained in relation to the activation.
- Establish and maintain contact with HSE Representative on the Regional Co-Ordination Group (if activated).
- Provide Support to the HSE representative at Local Co-ordination Centre (LCC).
- Establish and maintain links with the responding services involved in the Activation.
- Manage requests and resource requirements which will affect the areas HSE response to the activation.
- Liaise with other ACMTs in relation to issues which will impact on the HSE response to the activation.
Advise the regional coordination group in relation to HSE service issues on an Inter Agency basis.

Deliver status reports on the activity of HSE services during and post incident to the Area 1 CMT.

Manage the stand down of HSE services in the area following the incident.

Ensure that service continuity is maintained during and post incident.

Establish and maintain links with the responding services involved in the Activation.

6.2.3 NAS Area Operations Manager or Alternate

The Chief Ambulance Officer and their Assistant Chiefs are members of the Area 1 CMT

Represent the National Ambulance Service at the Area 1 CMT meetings.

Establish and maintain links with the responding Ambulance service Officers involved in the management of the Activation.

Manage requests and requirements which will affect the areas ambulance services response to the activation.

Liaise with other HSE services in relation to issues which will impact on the area ambulance services response to the activation.

Through the chair of the Area 1 CMT advise the Local Co-ordination group in relation to ambulance service issues on an interagency basis.

Deliver status reports on the activity of the ambulance service during and post incident to the Area 1 CMT.

Manage the stand down of the ambulance service in the area following the incident, having cognisance of the other HSE responding services.

Ensure that service continuity is managed during and post incident.
6.2.4 Acute Hospital Divisions – Saolta University Healthcare Group & RCSI Hospital Group

The CEO & COO of Saolta and the General Managers and their Deputies of SUH & LUH & Senior Managers of Cavan & Monaghan Hospital are members of the Area 1 CMT

- Represent their Hospital Group at the Area 1 CMT meetings.
- Establish and maintain links with the responding services (NEOC & NAS as required).
- Manage all acute hospital requirements in response to the Emergency.
- Provide updates to Area 1 CMT regarding capacity and hospital status.
- Liaise with other HSE services regarding issues which impact the acute hospitals.
- Through the chair of the Area 1 CMT liaise with the Local Coordination group in relation to acute hospital services on an Inter-Agency basis.
- Deliver status reports on the activity of the acute hospital services during and post incident to the Area 1 CMT.
- Manage the stand down of the acute hospital services in the area following the incident. Having cognisance of the other HSE responding services.
- Ensure that service continuity for the hospital group is managed during and post incident.

6.2.5 CHO1

The Heads of Service are members of the Area 1 CMT.

- Represent CHO1 at the Area 1 CMT meetings.
- Establish and maintain links with the responding services as required.
- Manage all CHO1 requirements in response to the Emergency.
- Provide updates to Area 1 CMT regarding CHO1 service’s status.
- Liaise with other HSE services regarding issues which impact CHO1 services.
• Through the chair of the Area 1 CMT liaise with the Local Coordination group in relation to CHO1 services on an Inter- Agency basis.

• Deliver status reports on the activity of CHO1 services during and post incident to the Area 1 CMT.

• Manage the stand down of the CHO1 services in the area following the incident. Having cognisance of the other HSE responding Services.

• Ensure that service continuity for CHO1 services are managed during and post incident.

6.2.6 Public Health North West

This will be the Director of Public Health or a Specialist in Public Health Medicine

• Represent the Area 1’s Public Health service at the Area 1 CMT meetings.

• Establish and maintain links with the responding services of the Area 1 Public Health services involved in the activation.

• Manage requests and requirements which will affect the Area 1 Public Health services response to the activation.

• Provide Public Health advice as required at Area 1 CMT meetings.

• Liaise with other HSE services in relation to issues which will impact on the Public Health services response to the activation.

• Through the chair of the Area 1 CMT liaise with the Local Coordination group in relation to Public Health services issues on an Inter- Agency basis.

• Deliver status reports on the activity of the Public Health services during and post incident to the Area 1 CMT.

• Manage the stand down of the Public Health services in the area following the incident. Having cognisance of the other HSE responding Services.

• Ensure that service continuity is managed during and post incident.
6.2.7 Psycho – Social Support

The Director of Psychology is a member of the Area 1 CMT.

- Represent the Psycho- Social function at the Area 1 CMT meetings.
- Manage requests and requirements which will affect the Area 1 Psycho- Social function’s response to the activation.
- Provide Psycho-Social advice as required at Area 1 CMT meetings.
- Liaise with other HSE services in relation to issues which will impact on the Psycho- Social function’s response to the activation.
- Through the chair of the Area 1 CMT liaise with the Local Coordination group in relation to Psycho- Social issues on an Inter- Agency basis.
- Deliver status reports on the activity of the Psycho- Social function during and post incident to the Area 1 CMT.
- Manage the stand down of the Psycho- Social function in the area following the incident. Having cognisance of the other HSE responding Services.
- Ensure that service continuity is managed during and post incident.

6.2.8 Environmental Health

The Regional Chief Environmental Health Manager and the Principal Environmental Health Officers in Area 1 are members of the HSE Area 1 Crisis Management Team.

- Represent the Area 1’s Environmental Health service at the Area 1 CMT meetings.
- Establish and maintain links with the responding services of the area Environmental Health services involved in the activation.
- Manage requests and requirements which will affect the Area 1’s Environmental Health services response to the activation.
- Liaise with other HSE services in relation to issues which will impact on the Environmental Health service’s response to the activation.
- Through the chair of the Area 1 CMT liaise with the Local Coordination group in relation to Environmental Health services issues on an Inter- Agency basis.
• Deliver status reports on the activity of the Environmental Health services during and post incident to the Area 1 CMT.

As Appropriate to the incident, carry out the following:

• **Immediately Liaise with Irish Water and the Local Authority.**

• **Liaise with the Department of Public Health to develop a knowledgeable position on the incident and to develop information and advice for other agencies and general public.**

• **Inform Irish Water/ Local Authority of advice to be given to consumers.**

• **Contact relevant laboratories in order to prepare for the taking of necessary samples.**

• **Lead out on food contamination issues.**

• **Liaise immediately and maintain regular contact with the Food Safety Authority of Ireland (FSAI) and with the Food Industry.**

• **Maintain contact and liaise with the relevant colleagues in local and adjoining Health Safety Executive services, Local Authorities and other stakeholders (e.g. Social Protection).**

• **Enforce as appropriate Food Safety statutory measures where required in situations which threatens or results in the contamination of water or food supplies.**

• Manage the stand down of the Environmental Health services in the area following the incident. Having cognisance of the other HSE responding Services.

• Ensure that service continuity is managed during and post incident.

6.2.9 Regional Emergency Management Office

*The Chief Emergency Management Officer and the Regional Emergency Management Officers are members of the Area 1 CMT.*

• To provide advice on the HSE MEM Management of the incident to the members of the Area 1 CMT.

• To liaise with the National Office of Emergency Management in relation to the Incident.
- To liaise with the Emergency Management staff from other HSE areas in relation to the response.
- To assist in the collation all documents generated in relation to the activation
- In association with the Chair of Area 1 CMT, manage the stand down of the emergency management staff and command centre following the incident.
- To assist the completion of reports in relation to the activation post incident.

**6.2.10 HSE Communications Representative**

Depending on the nature of the Emergency and availability of appropriate staff, the Communications Officer will be nominated from either the Hospital or CHO service by the Area 1 CMT. Their duties will include the following:

- Provide Communications Expertise at the Area 1 CMT meetings as required.
- Establish and maintain links with the HSE National Communications Division and the relevant HSE functions/services involved in the Activation.
- Manage requests and requirements in relation to communications issues from the members of the Area 1 CMT.
- Through the chair of the Area 1 CMT, liaise with the communications sections of the other responding statutory agencies in relation to all media and public information issues.
- Deliver status reports on the activity of the Communications Division during and post incident to the Area 1 CMT.
- Manage the stand down of the Communications Division in the area following the incident. Having cognisance of the other HSE responding Services.
- Ensure that service continuity is managed during and post incident.

**6.2.11 Logistics/Procurement Manager**

- Represent the Logistic/Procurement management service at the Area 1 CMT meetings.
- Manage requests and requirements in relation to Logistic/Procurement management service issues from the members of the Area 1 CMT.
• Through the chair of the Area 1 CMT liaise with the other responding statutory agencies in relation to all Logistic/Procurement issues.

• Deliver status reports on the activity of the Logistic/Procurement management service services during and post incident to the Area 1 CMT.

• Manage the stand down of the Logistic/Procurement management service in the area following the incident. Having cognisance of the other HSE responding Services.

• Ensure that service continuity in all supply chains are managed during and post incident.

**6.2.12 Human Resources**

• Advise the Area 1 CMT on all Human resource issues in relation to the incident.

**6.2.13 Specialist Advisers to the Area 1 CMT**

The Area 1 CMT has at its disposal specialist advisers who can be called upon by the Area 1 CMT during activation.

They are not members of the Area 1 CMT but can be called upon to assist the Area 1 CMT in their response to an incident. Their functions are to;

• To attend Area 1 CMT meetings on request either by phone link or in person.

• To give advice on specific issues in relation to their specialist area expertise.

• To research issues in relation to their specialist area and report to the Area 1 CMT on their findings.

**6.3 Control at the Site**

At the site of a Major Emergency, the HSE will exercise control, not only over its own services, but also over any additional services (other than those of the other Principal Response Agencies) which it mobilises to the site. Control of the HSE services at the site of the Emergency shall be exercised by the Controller of Operations. The Controller of Operations is empowered to make all decisions relating to his/her agency’s functions, but must take account of decisions of the On-Site Co-ordination Group in so doing.

**6.3.1 The role of the Controller of Operations is set out below:**

• To make such decisions as are appropriate to the role of controlling the activities of HSE services at the site (Controlling in this context may mean setting priority
objectives for individual services; command of each service should remain with the officers of that service.)

- To meet with the other two Controllers, determine the lead agency and inform the Area 1 CMT of this decision.
- To undertake the role of On-Site Co-ordinator, where the service s/he represents is identified as the lead agency
- To participate fully in the site co-ordination activity, including the establishment of a Site Management Plan.
- Where another service is the Lead Agency, to ensure that HSE operations are co-ordinated with the other Principal Response Agencies, including ensuring secure communications with all agencies responding to the major emergency at the site.
- To decide and request the attendance of such services as s/he determines are needed.
- To exercise control over such services as s/he has requested to attend.
- To operate a Holding Area to which HSE personnel from his/her agency will report on arrival at the site of the major emergency and from which they will be deployed.
- To requisition any equipment s/he deems necessary to deal with the incident
- To seek such advice as s/he requires.
- To maintain a log of HSE activity at the incident site and decisions made;
- To contribute to and ensure information management systems operate effectively;
- To liaise with and brief the Area 1 CMT on the handling of the major emergency.

**Other functions of the HSE Controller of Operations**

- For most incidents the HSE Controller of Operations will be a designated Ambulance Officer or his or her designated alternative. The Regional Ambulance Plan may contain additional tasks and responsibilities for the HSE Controller of Operations
Section 7 The Common Elements of Response

The common elements of response are as follows:

7.1 Declaring a Major Emergency

7.2 Initial Mobilisation

7.3 Command, Control and Communication Centres

7.4 Co-ordination Centres

7.5 Communications Facilities

7.6 Exercising the Lead Agency's Co-ordination Roles

7.7 Public Information

7.8 The Media

7.9 Site Management Arrangements

7.10 Mobilising Additional Resources

7.11 Casualty and Survivor Arrangements

7.12 Emergencies involving Hazardous Materials

7.13 Protecting Threatened Populations

7.14 Early and Public Warning Systems

7.15 Emergencies arising on Inland Waterways

7.16 Safety, Health and Welfare Considerations

7.17 Logistical Issues/ Protracted Incidents

7.18 Investigations

7.19 Community/ VIPs/ Observers

7.20 Standing-Down the Major Emergency
7.1 Declaring a Major Emergency

7.1.1 General

A Major Emergency can be declared by an “Authorised Officer” and the relevant Major Emergency Plans activated by whichever of the Principal Response Agencies (An Garda Síochána, the Health Service Executive or the Local Authority) first becomes aware that a Major Emergency has occurred or is imminent.

A Major Emergency will be declared by an Authorised Officer of the Principal Response Agency which first considers that the criteria set out in the Framework definition of a Major Emergency have been satisfied.

Note: Only an Authorised Officer of a Principal Response Agency (PRA) can declare that a Major Emergency exists.

7.1.2 HSE Activation & Authorised Officers

The following HSE staff or their alternate acting on their behalf are authorised to declare a Major Emergency and to activate this plan.

- National Ambulance Service Chief/Assistant Chief/Area Operations Manager
- National Ambulance Service National Emergency Operations Centre Manager
- Hospital Group CEO
- Chief Officer of CHO Area
- Director of Public Health
- Chief Emergency Management Officer/Regional Emergency Management Officer

Where an Authorised Officer considers that the criteria set out in the Framework definition of a Major Emergency has been satisfied, that Officer should immediately contact NAS National Emergency Operations Centre, declare that a Major Emergency exists and request the activation of the HSE Emergency Management Area 1 Emergency Plan (Covering the Geographical Areas of Counties Donegal, Sligo, Leitrim, Cavan and Monaghan).

This request should be supported by as much information as is available, structured using the METHANE mnemonic.

National Emergency Operations Centre will then initiate the HSE Major Emergency Mobilisation Procedures, which include notifying the other Principal Response Agencies of the declaration of a Major Emergency, using the telephone numbers in the Common Pages.

Once An Garda Síochána and the Local Authority have been notified, they will call back NECO Centre using the numbers in the Common Pages, to confirm that they have activated their Major Emergency Plans.

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14 ibid
The National Emergency Management Office has adopted the process of compulsory notification to its CMTs should a Major Emergency Plan be activated in one of the HSE Services. This means that all members of the area CMT for that area are notified of the emergency and required to come together on a teleconference to discuss the response and agree further actions for the CMT. This Plan is identical to all other plans in relation to its process of activation: all Major Emergency Plans have two phases of activation.

These two phases of “Alert” are

**Declaration of Standby:**
When a Major Emergency appears likely to occur (adverse weather forecasts, terrorist threat or possibility of disease outbreak)
The declaration of a Standby is intended to alert the individual members of the Crisis Management Team that a Major Emergency may occur giving the Team time to assess the situation and time to prepare an appropriate response.

**Declaration of Major Emergency:**
When a Major Emergency has been declared
The declaration of a Major Emergency is intended to confirm to the individual members of the CMT that a Major Emergency has been declared.

### 7.1.3 Garda or Local Authority Activation

Where a Major Emergency is declared by An Garda Síochána or a Local Authority, they will notify National Emergency Operations Centre of the declaration, using the telephone numbers in the Common Pages. National Emergency Operations Centre will then initiate the HSE Major Emergency Mobilisation Procedures.

As part of that process, National Emergency Operations Centre will call An Garda Síochána and the relevant Local Authority, using the numbers on the Common Pages, to confirm that the HSE West Major Emergency Plan has been activated.

### 7.1.4 Other Activations

In addition to the declaration of a Major Emergency by one of the Principal Response Agencies, this Plan may be activated in response to a request from a member of the HSE National CMT.

### 7.1.5 Major Emergency Arising at a Hospital, CHO facility, Public Health Department or other HSE Facility

In the event that a Major Emergency arises in a HSE facility, the relevant authorised officer at that facility, having declared a Major Emergency at the facility, will contact NAS National Emergency Operations Centre and inform the Controller on Duty of the nature of the incident and that a Major Emergency has been declared at the facility.

NEOC will initiate the HSE’s Major Emergency Plan; alert the Area 1 CMT and other PRA’s.
7.1.6 Response of the HSE to a Major Emergency

The detailed response of the HSE to the declaration of a Major Emergency will depend on the information supplied (in the METHANE Message) and an assessment of the range and scale of HSE resources which are likely to be required in the response.

Activation of the Emergency Management Area 1 Major Emergency Mobilisation Procedures will include the following:

- The Ambulance Controller on Duty will follow pre-determined National Emergency Operations Centre Procedures which will normally include: - the dispatch of the nearest available ambulance(s) to the scene, notification of appropriate hospitals, and notification of the Ambulance Area Resource Manager and/or designate, as appropriate as per the control centre protocols.

- The Area 1 CMT will be activated using the text alert system and will meet initially by teleconference, to manage, control and co-ordinate the HSE’s overall response to the situation.

- Not all hospitals may be required to act as Receiving Hospitals for casualties from the Major Emergency. Some may be required to support the Receiving Hospital(s) by, for example, taking more non Major Emergency ED traffic. Such Support Hospitals will be notified accordingly.

- If necessary, other resources may be put on stand-by, such as other Hospitals, CHO services, voluntary organizations, that need extra time to mobilise, as well as services in adjoining Regions.

Note: A HSE response will always follow the declaration of a Major Emergency which is made in accordance with the MEM Framework\textsuperscript{15}. The extent and detail of that response will depend on the information supplied. As an incident progresses, the HSE response will be managed by the Area 1 CMT. Even if the incident proves to be less serious than first accessed, the HSE response will not normally be stood down until the Area 1 CMT has issued the appropriate stand down instructions. These instructions will vary depending on the service, department or hospital involved.

7.2 Initial Mobilisation

The Major Emergency Mobilisation Procedure (See Appendix 15.1 HSE Mobilisation Procedure) will be implemented immediately on notification of the declaration of a major emergency. When this Plan has been activated, each service requested shall respond, in accordance with pre-determined arrangements.

In some situations, there may be an early warning of an impending emergency. Mobilisation within the Geographical Area of CHO 1 may include moving to a standby/alert stage for some services or specific individuals, until the situation becomes clearer.

There may also be circumstances where the resources or expertise of agencies other than the Principal Response Agencies will be required. In these situations the relevant

\textsuperscript{15} ibid
arrangements outlined in Section 7.10 of this Plan will be invoked. No third party should respond to the site of a major emergency, unless mobilised by one of the Principal Response Agencies through an agreed procedure.

Depending on the nature of the emergency, mobilisation may involve the dispatch to the site of a Site Medical Officer and, possibly, a Site Medical Team. Decisions on the personnel involved (whether from a hospital or a community based service) will depend on a number of local and event specific factors.

In the event of a Major Emergency being declared initial mobilisation will be carried out by the National Emergency Operations Centre (NEOC). Once the NEOC is satisfied that initial mobilisation is underway a compulsory notification of Area 1 CMT will be initiated using the text alert system. When the Area 1 CMT is assembled on a conference call either the NAS Duty Controller or NAS Area Operations Manager will brief the Area 1 CMT on the emergency.

7.2.1 Process used to alert the Area 1 CMT

Following receipt of a METHANE message the Emergency Medical Controller (NEOC) will initiate the nationally agreed protocol for alerting the Area 1 CMT.

The initial alert is disseminated to each member of the Area 1 CMT via SMS text messaging system. Each member will be contacted by SMS text, the content of the message will be as follows:

“Major Emergency Area 1 CMT
Consult your Action Card
Teleconference in 15 mins
Check message sent time on your phone”

The Area 1 CMT members should consult their **Action Card** and ring the prescribed number contained in their Action Card to participate in the teleconference (**15 mins from message sent time**).

A full briefing will be given on the teleconference by the lead HSE directorate/division (NAS/Public Health) which is involved in the operational response.

The purpose of this text is to inform the members of the Area 1 CMT that a Major Emergency has occurred or is imminent and to allow them to prepare to respond.

7.2.2 Activation Protocol Backup

*In the event of failure of the text system the following protocol will be initiated by the National Emergency Operations Centre (NEOC).*

NEOC will phone the Emergency Management Lead for each service/function or their alternate of the Area 1 CMT from a list provided, and relay details pertaining to the Major Emergency.
When the Area 1 CMT is convened, members will cascade the activation through their own directorates as deemed appropriate and deploy resources required.

7.2.3 Notification of others
The alerting process has a built in resilience element, when the initial SMS Text message is sent to the Area 1 CMT members an identical message is simultaneously received by:

- The Assistant National Director of Emergency Management

The NEOC (National Emergency Operations Centre) which receives the declaration from an internal HSE source will then contact the relevant Principal Response Agencies within the Area where the incident has occurred and alert them of the HSE activation.

7.3 Command, Control and Communication Centers
The NEOC will be the primary means by which the HSE will mobilise its resources at the scene and maintain communications between the site(s), the receiving hospital(s) and the Area 1 CMT.

7.4 Co-ordination Centers
Co-ordination of the response to a Major Emergency will take place primarily at the site, at Area 1 CMT’s facility and at the Local Co-ordination Centre (Interagency). Each “Receiving” Hospital and each CHO area have designated facilities from which to manage its response to a Major Emergency.

7.4.1 Interagency On-Site Co-ordination Centre
This may be a dedicated vehicle, tent or an adjacent building near the location of the incident site. The three Controllers of Operation will decide on the most suitable location for the On-Site Coordination Centre.

7.4.2 Area 1 Crisis Management Team Meeting Point
The Area 1 CMT will meet at:

- Conference Room, Primary Care Centre, Markievicz House, Barrack Street, Sligo

7.4.3 Local Interagency Co-ordination Centre
The Local Co-Ordination Group will meet in whichever of the following Local Co-ordination Centre is most appropriate:

- Donegal County Council, County House, The Diamond, Lifford, Co. Donegal
- Sligo County Council, County Hall, Riverside, Sligo
- Leitrim County Council, Arás An Chontae, Carrick-on-Shannon, Co Leitrim
- Cavan County Council, Cavan Court House, Farnham St, Abbeyland, Cavan.
7.4.4 Regional Interagency Co-ordination Centres

In the event that a regional level response is required, the Plan for Regional Level Co-operation may be activated and a Regional Co-ordination Group will meet in whichever of the Local Co-ordination Centres is considered most appropriate. (See Section 9).

7.5 Communications Facilities

During a Major Emergency the HSE will use a variety of technical communications facilities for internal and external communications.

7.5.1 HSE Communications Systems

All normal communications systems, including telephone, email, mobile telephone and fax, will be used to communicate between the various HSE Centres involved in the response to a Major Emergency, as well as with relevant external agencies, such as the Local Authority, An Garda Síochána, the Department of Health and Children, etc.

The NAS use TETRA Radio System as their means of communication.

7.5.2 Inter-Agency Communications On-Site

Inter-Agency Communications On-Site will be facilitated by means of a set of hand portable radios which will be operated on a single channel shared between the three Principal Emergency Services (PES).

7.5.3 Communications between the Site and Co-ordination Centres

Communication between the On-Site Co-ordination Group and the Local Co-ordination Group will be facilitated by way of the radio and/or telephone systems available to relevant personnel at the time.

7.6 Exercising the Lead Agency’s Co-ordination Roles

7.6.1 The Lead Agency

For every Major Emergency, one of the three Principal Response Agencies will be designated as the lead agency, in accordance with Section 5.4.2 of the Framework\textsuperscript{16}, and will assume responsibility for inter-agency co-ordination at both the site(s) and at the Local Co-ordination Centre (in accordance with Section 5.4.3 of the Framework\textsuperscript{17}).


7.6.2 Review and Transfer of the Lead Agency

The lead agency role may change over time, to reflect the change in circumstances of the Major Emergency. Ownership of the lead agency should be reviewed at appropriate stages. All changes in lead agency designation, and the timing thereof, shall be by agreement of the three Controllers of Operation and shall be notified as soon as possible to the Local Coordination Group.

7.6.3 The HSE as Lead Agency

Where the HSE is assigned the role of lead agency in a Major Emergency in Area 1, it will have responsibility for the co-ordination function, at both the On-Site and the Local Coordination Centres. In accordance with Section 5.4.3\(^\text{18}\) of the Framework, the co-ordination function includes:

- Ensuring involvement of the three Principal Response Agencies and the principal emergency services in sharing information
- Ensuring involvement of the other organisations, who may be requested to Respond, in co-ordination activities and arrangements
- Ensuring that mandated co-ordination decisions are made promptly and communicated to all involved
- Ensuring that site management issues are addressed and decided
- Ensuring that Public Information messages and Media briefings are co-ordinated and implemented
- Ensuring that pre-arranged communication links are put in place and operating
- Operating the generic Information Management System
- Ensuring that the ownership of the lead agency is reviewed, and modified as appropriate
- Ensuring that all aspects of the management of the incident are dealt with before the response is stood down
- Ensuring that a report on the co-ordination function is prepared in respect of the emergency after it is stood down, and circulated (first as a draft) to the other services which attended.

\(^{18}\) ibid
With responsibility for co-ordination comes a mandate for decision making, as set out in Section 5.4.4\textsuperscript{19} of the Framework. The purpose of this mandate is to make explicit the decisions that need to be made at the appropriate level and to define how decisions are to be arrived at quickly. Associated with this empowerment is the need for individuals holding key roles to hear the views of colleagues in Principal Response Agencies and to use the Information Management System as part of the decision making process. The decision making mandate does not empower unilateral decision making until the views of the other agencies have been heard and considered.

Where the HSE is assigned the lead agency role, the responsibilities involved will be discharged:

- At the site, by the National Ambulance Service, on behalf of the HSE
- At the Local Co-ordination Centre, by the CO or designate on behalf of the HSE

### 7.7 Public Information

During a Major Emergency situation it will be crucial for the Principal Response Agencies to provide timely and accurate information to the public. This will be especially important for members of the public who may perceive themselves and their families to be at risk and who are seeking information on the actions which may be taken to protect themselves and their families.

Initial public information messages will be issued by the On-Site Co-ordination Group but, once the Local Co-ordination Group has met, it will take over the task of co-ordinating the provision of public information. Public information may be disseminated by means of local and national media outlets - help lines, web pages, Social Media and automatic text messaging. This activity should be co-ordinated on behalf of the Local Co-ordination Group by the lead agency and will be in accordance with the areas Interagency Public Communications plan.

#### 7.7.1 Role of HSE – Public Information

In emergency situations where there is a real or perceived threat to the health of individuals or the general public, the HSE, and in particular the Public Health Service, can play a crucial role in the development of appropriate advice, information and reassurance for both individuals and communities. To this end, it is important that the appropriate specialists within the HSE are notified and consulted, so that their input to public information messages can be optimised.

### 7.8 The Media

The North West Interagency Region has an Interagency Public Communications Plan – Media Liaison. Each of these plans follows a standard template outlining the Regions arrangements for communications during a Major Emergency. These are detailed under the following headings:

All Communications processes during a major emergency will follow the Interagency Public Communications Plan. Please see Appendix 15.11 for the North West Interagency Public Communications Plan.

7.9 Site Management Arrangements

These will be as per the MEM Framework and as set out in section 7.9.2. 20

7.9.1 Actions of First Officer Attending

The first National Ambulance Service Crew/Manager to arrive at the site will, de facto, have the role of HSE Controller of Operations at the scene until relieved. The immediate concerns and actions of this officer, in addition to specific National Ambulance Service issues, should include:

- Continuing to gather information on the extent of the incident;
- Providing information on the emergency to NAS National Emergency Operations Centre, for distribution to the Area 1 CMT and other relevant health service managers and facilities;
- Meeting with the other Controllers of Operations to agree on the lead agency and, therefore, the On-Site Co-ordinator; and
- Establishing inter-agency communication links.

The first ambulance vehicle that arrives at the scene will become the HSE Control Point, until the Controller of Operations declares otherwise; a dedicated incident command vehicle may take over the control function when it arrives. The Controller of Operations should ensure that, where possible, the HSE Control Point is co-located with the Control Points of the other emergency services to form the initial Site Control Point.

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The Ambulance that acts as the HSE Control Point will be the only ambulance that has a blue warning beacon illuminated. All other ambulance vehicles will turn off their blue lights to facilitate easy identification of the control vehicle.

### 7.9.2 General Site Management Arrangements

An initial important task of the HSE Controller of Operations, in association with the other two Controllers, is to match the components of the typical Site Plan, set out in Figure 7.1, with the terrain of the Major Emergency. Once agreed, the resulting Site Management Plan should be disseminated for implementation, to all responding organisations.

**Figure 7.1  Typical Site Management Arrangements**

The Body Holding Area and the Holding Areas of the responding services can be located on Figure 7.1 above. A Traffic Cordon is used to prevent congestion at and around the site and thereby ensure the free passage of emergency response vehicles into and out of the site.

HSE staff should only attend the scene when deployed by their service.

### 7.9.3 Control of Access

In order to control access to a Major Emergency site, cordons should be established as quickly as possible, to facilitate the operations of the emergency services, to protect the public and to protect evidence.

Depending on the terrain involved, An Garda Síochána, in consultation with the On-Site Co-ordination Group, will establish up to three cordons, including an Inner Cordon, an Outer Cordon and a Traffic Cordon.

In general, an Inner Cordon is used to define the area where the emergency services work to rescue casualties and survivors and deal with the substance of the emergency. An Outer
Cordon is used to define an area, between the Inner and Outer Cordons, where the Site Control Point, the On-Site Co-ordination Centre, the Casualty Clearing Station, the Ambulance Loading Area, the Body Holding Area and the Holding Areas of the responding services can be located. A Traffic Cordon is used to prevent congestion at and around the site and thereby ensure the free passage of emergency response vehicles into and out of the site.

7.9.4 Danger Area

A Danger Area may be declared where there is a definite risk to rescue personnel, over and above that which would normally pertain at emergency operations. This risk could arise because of danger posed by the release of hazardous materials, buildings in danger of further collapse, the threat of explosion, or the presence of an armed individual. In such a situation, the On-Site Co-ordination Group may decide to declare a Danger Area and may designate an officer, appropriate for the circumstances (e.g., Senior Fire Officer at the Site), to define the boundaries of, and control access to, the Danger Area.

7.9.5 Identification

All uniformed personnel, responding to the site of a Major Emergency, should wear the prescribed uniform, including high visibility and safety clothing, issued by their agency. Officers who are acting in key roles, such as the Controller of Operations, should wear the appropriate tabards, which in the case of the HSE have a green and white chequered pattern and the words "HSE Controller". The corresponding tabards for the other Principal Response Agencies are as follows: Local Authority, red and white with “Local Authority Controller” and An Garda Síochána, blue and white with “Garda Controller”.

When the lead agency has been determined, the On-Site Co-ordinator should don distinctive tabards with the words “On-Site Co-ordinator”, clearly visible, front and back. Where non uniformed HSE personnel are required to respond to the site of a Major Emergency, they should wear a high visibility jacket, appropriately colour coded for the HSE, with their job/function clearly displayed both front and back.

7.9.6 Helicopters

Helicopters may be used at the site of a Major Emergency to provide aerial reconnaissance, to ferry people or equipment to the site, to remove casualties or to transport them to distant facilities. However, the use of helicopters has to be integrated into the overall site management arrangements to avoid having a negative impact on operations on the ground.
The On-Site Co-ordinator will, in consultation with the other Controller of Operations, determine if, and for what purpose, helicopter support should be mobilised to the site and the preferred Landing Zone(s) for them. No helicopters should travel to the site of a major emergency unless mobilised through this arrangement.

7.9.7 Air Exclusion Zone

Where the Principal Response Agencies consider it appropriate and beneficial, the On-Site Co-ordinator may request, through An Garda Síochána, that an Air Exclusion Zone be declared around the emergency site by the Irish Aviation Authority. When a restricted zone above and around the site is declared, it is promulgated by means of a “Notice to Airmen – NOTAM” – from the Irish Aviation Authority.

7.10 Mobilising Additional Resources

7.10.1 General

During the response to a Major Emergency, the HSE may need to mobilise additional resources and this can be achieved either by:

- Activating resources from parts of HSE, which are not primarily involved in the Major Emergency
- Mobilising assistance from other organisations;
- Seeking national/international assistance as appropriate.
- In certain circumstances, the HSE may request assistance from private healthcare facilities in the locality

7.10.2 HSE Resources

In the event of a Major Emergency, the various services involved, including the National Ambulance Service and the Acute Hospitals Division may be in a position to activate resources from other Areas to provide appropriate support, which are not primarily involved in the emergency. This process can be facilitated and augmented by the Area 1 CMT.

7.10.3 The Defence Forces

The Defence Forces can provide a significant support role in a major emergency response. The Defence Forces capabilities can be employed across a wide spectrum of activity in a major emergency. However, these capabilities are primarily deployed in a military role at home and in peace support operations overseas and their deployment in a major emergency situation may require a lead in time to facilitate redeployment. All requests for Defence Force assistance by the HSE should be normally channelled through An Garda Síochána. The Area 1 CMT can make a request directly for Defence Force assistance using the standard “aid to the civil authority” request format. (Appendix 15.7 and 15.8)

7.10.4 Links with Voluntary Emergency Services

The following table shows the links between the PRAs and the Voluntary Emergency Services.
<table>
<thead>
<tr>
<th>Principal Response Agency</th>
<th>Linked Voluntary Emergency Service</th>
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</thead>
<tbody>
<tr>
<td>An Garda Síochána</td>
<td>Irish Mountain Rescue Association</td>
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<tr>
<td></td>
<td>Irish Cave Rescue Association</td>
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<tr>
<td></td>
<td>Search and Rescue Dogs</td>
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<tr>
<td></td>
<td>Sub-Aqua Teams</td>
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<tr>
<td></td>
<td>Coast Guard</td>
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<td></td>
<td>RNLI</td>
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<tr>
<td>Health Service Executive</td>
<td>Irish Red Cross</td>
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<tr>
<td></td>
<td>Order of Malta Ireland</td>
</tr>
<tr>
<td></td>
<td>St. John Ambulance Brigade</td>
</tr>
<tr>
<td>Local Authority</td>
<td>Civil Defence</td>
</tr>
</tbody>
</table>

Each Principal Response Agency with a linked Voluntary Emergency Services is responsible for the mobilisation of that service and their integration into the overall response. The mobilisation of the VES by the HSE will be coordinated through National Emergency Operations Centre (NEOC). The internal command of each volunteer organisation resides with that organisation.

### 7.10.5 Utilities

Utilities are frequently involved in the response to emergencies, usually to assist the Principal Response Agencies in making situations safe. They may also be directly involved in restoring their own services, for example, electricity supply in the aftermath of a storm. Utilities operate under their own legislative and regulatory frameworks but, during the response to an emergency, they need to liaise with the On-Site Co-ordinator. Utilities may be requested to provide representatives and/or experts to the On-Site Co-ordination Group, the Local Coordination Group and/or the Regional Co-ordination Group, as appropriate.

Private sector organisations may be involved in a major emergency through ownership of the site where the emergency has occurred or through ownership of some element involved in the emergency e.g. an aircraft, bus, factory, etc. They may also be called on to assist in the response to a major emergency, by providing specialist services and/or equipment. Private sector representatives and/or experts may be requested to support the work of the On-Site Co-ordination Group, the Local Co-ordination Group and/or the Regional Co-ordination Group, as appropriate.
7.10.6 National, International Assistance

Where resources that are controlled at a national level are required, as part of the management of the incident, requests for those resources should be directed by the lead agency to the Lead Government Department.

Any decision to seek assistance from outside the state should be made by the lead agency, in association with the other Principal Response Agencies, at the Local Coordination Centre. The Local Co-ordination Group should identify and dimension the level/type of assistance likely to be required and its duration.

The European Community has established a Community Mechanism to facilitate the provision of assistance between the member states in the event of major emergencies. The chair of the Local/Regional Coordination Group should make requests for such assistance to the National Liaison Officer in the Department of Housing, Planning, Community and Local Government.

7.10.7 Cross - Border engagement.

The geographical area of CHO1 shares an extensive boundary with Northern Ireland. It is acknowledged that working relationships have developed between the various emergency services including health related services over the years.

The HSE Emergency Management function is represented on the Cross - Border Emergency Management Group (CBEMG) which was established in late 2014. One of the key priorities of this group identified is to develop an agreed cross - border activation protocol for emergency services and relevant partner organisations in Northern Ireland and the Republic of Ireland should a major emergency occur in the border area. When finalised this activation protocol will be included as an appendix to this Area 1 plan. In the interim, if a Major Emergency is declared in the border area, the Area 1 CMT will give consideration to Cross - Border implications.

7.11 Casualty and Survivor Arrangements

7.11.1 General

The primary objective of any response to a Major Emergency is to provide effective arrangements for the rescue, care, treatment and rehabilitation of all of the individuals who are affected by the emergency. While the HSE is not a primary rescue service, it has responsibility for the transport and treatment of injured persons, once they have been rescued.

7.11.2 Casualties

Once casualties have been rescued or found, they will be assessed or triaged as quickly as possible. Triage is a dynamic process of assessing casualties and deciding the priority of their treatment, including a two stage process of triage sieve and triage sort. Following initial triage, casualties will normally be labeled, using Triage Cards, and moved to a Casualty Clearing Station. The purpose of this labeling is to indicate the triage category of the casualty, to facilitate the changing of that category, if required, and to record any treatment,
procedure or medication administered. A standard card with Red (Immediate), Yellow, (Urgent), Green (Minor) and White (Dead) sections is normally used for this purpose.

The National Ambulance Service, in consultation with the HSE Controller of Operations and the Site Medical Officer will establish a Casualty Clearing Station at the site, where casualties will be collected, further triaged, treated, as necessary, and prepared for transport to hospital. The HSE Controller will, in consultation with the Site Medical Officer and the relevant hospitals, decide on the hospital(s), to which casualties are to be brought, the Receiving Hospital(s), and, on the basis of their condition, the distance and the capacity of available hospitals. In the event of a protracted incident, with significant numbers of casualties, the Area 1 CMT may become involved in this process.

**7.11.3 Fatalities**

The bodies of Casualties, which have been triaged as dead, should not be moved from the incident site unless this is necessary to affect the rescue of other casualties or to prevent them being lost or damaged. The recovery of the dead and human remains is part of an evidence recovery process and, as such, is the responsibility of An Garda Síochána, acting as agents of the Coroner. [See Appendix 15.5 the role of the Coroner.]

The On-Site Co-coordinator, in association with the other Controllers, will decide if it is necessary to establish a Body Holding Area at the site. This Body Holding Area, if established, will be situated close to the Casualty Clearing Station.

An On-Site Body Holding Area is not an appropriate place for the prolonged storage of dead bodies. These will be moved as soon as possible to an appropriate mortuary. However, in any Major Emergency involving a large number of fatalities, it is likely that a Temporary Mortuary will be required. The decision to establish a Temporary Mortuary will be made by the Local Co-ordination Group in consultation with the Coroner. The provision of such a Temporary Mortuary is the responsibility of the Local Authority. The North West and North East Interagency regions have specific arrangements outlined in their “Mass Fatality Protocols” A copy of these protocols are available from the Emergency Management Office by request.

**7.11.4 Survivors**

In certain circumstances, the On-Site Co-coordinator, in conjunction with the other Controllers, may decide that a Survivor Reception Centre is required. All those who have survived the incident uninjured will be directed to this location, where their details will be documented and collated by An Garda Síochána. The Local Authority is responsible for the establishment and running of such centers.

**7.11.5 Casualty Bureau**

In the event of a major emergency involving significant numbers of casualties, An Garda Síochána will establish a Casualty Bureau to collect and collate the details (including condition and location) of all casualties and survivors. As part of this process, a Casualty Liaison Officer or team will normally be sent by An Garda Síochána to each Receiving Hospital where casualties are being treated. All potential Receiving Hospitals have
arrangements in place to facilitate An Garda Síochána in this process. (Appendix 15.5 Garda Casualty Bureau)

7.11.6 Friends’ and Relatives’ Reception Centers

Some incidents may warrant the establishment of Friends’ and Relatives’ Reception Centers at appropriate locations associated with the emergency, as well as at the hospitals where the injured are being treated. All potential Receiving Hospitals have arrangements in place to establish and staff a Friends’ and Relatives’ Reception Centre outlined in their Major Emergency Plans.

7.11.7 Non-National Casualties

It is possible that some Major Emergencies may involve significant numbers of casualties from other jurisdictions and it is important that provision is made for any resulting issues of language and culture differences. All potential Receiving Hospitals have arrangements in place to secure translators and to deal, as far as practical, with cultural sensitivities.

7.11.8 Pastoral and Psycho-Social Care

The On-Site Co-coordinator has responsibility for ensuring that, where appropriate, pastoral services are mobilised to the site and facilitated by the Principal Response Agencies in their work with casualties and survivors. Similarly, individual hospitals have arrangements for the provision of pastoral services.

It is generally recognised that being involved in abnormal, traumatic events, such as occur at major emergencies, can cause serious but normal stress reactions for the individuals involved. Those affected can include those who are injured, those who are involved with the event but not physically injured, persons who witness aspects of the emergency, individuals involved in rescue and recovery, including volunteers, as well as many other individuals involved in the response, such as those working with bodies, with severely injured casualties and with bereaved families. It is accepted that the provision of practical help and information as well as social, emotional and psychological support, frequently referred to as psycho-social support, to such individuals is an important objective of any emergency response. The HSE will provide psycho-social support, as appropriate, to all members of staff who are involved in a major emergency.

The HSE also has responsibility for the provision of psycho-social support to members of the public who may be affected by an emergency. The HSE Controller of Operations at the site and the Area 1 CMT, in consultation with colleagues from the other Principal Response Agencies, will establish the likely nature, dimensions, priorities and optimum locations for the delivery of any psycho-social support that may be required in the aftermath of a major emergency. Leadership in this area will be provided by the Mental Health Service.

7.12 Emergencies Involving Hazardous Materials

Hazardous material incidents pose specific issues for the principal emergency services and for that reason, special arrangements are required. These incidents can occur either because of deliberate or accidental events. The Local Authority is the lead agency for
response to normal hazardous material incidents, with the exception of those involving biological agents, where the HSE is the lead agency.

7.12.1 Lead Agency

The On-Site Co-ordinator, in association with the other Controllers of Operations, will establish the need for decontamination. The HSE has responsibility for providing clinical decontamination and medical treatment to casualties affected by hazardous materials. The fire services have responsibility for providing other forms of physical decontamination of persons at the site. The HSE will be responsible for decontamination where required to protect health service facilities, such as hospitals, from secondary contamination. Where emergency decontamination of the public is required, the fire service may use its fire-fighter decontamination facilities, or improvised equipment may be used prior to the arrival of dedicated equipment. Where persons have to undergo this practice it should be carried out under the guidance of medical personnel. It should be noted that emergency decontamination carries risks for vulnerable groups, such as the elderly and the injured.

The On-Site Co-ordinator will take the decision on how best to protect a threatened population, after consultation with the other Controllers of Operations. This protection is usually achieved by moving people temporarily to a safe area, by evacuation where appropriate or feasible, or by advising affected individuals to take shelter in an appropriate place. Details of procedures for warning and informing the public are contained in the North West Interagency Public Communications Plan (Appendix 15.11).

7.12.2 Suspect CBRN Incidents

Where terrorist involvement is suspected, An Garda Síochána will act as the lead agency. The Defence Forces, when requested, will assist An Garda Síochána in an Aid to the Civil Power role with Explosive Ordnance Disposal teams.

Details of specific actions to be taken in the event of a suspect CBRN incident are contained in the Protocol for Multi-Agency Response to Suspect Chemical and Biological Agents arising from terrorist activity.

7.12.3 Biological Incidents

Contaminated casualties pose a particular problem for the HSE, since, although decontamination facilities may be mobilised to the site, there is a strong possibility that contaminated individuals may present independently at local hospitals, with a consequential threat to the health and safety of staff and the capacity of the facility to continue to receive further casualties and to treat existing patients. In this situation, it is critically important that casualties are directed and health service decontamination resources are deployed in a manner which is not only the optimum for the treatment of casualties but also protects health service facilities and staff from contamination. Consultation and co-ordination between the HSE Controller of Operations, Area 1 CMT and the management of Receiving Hospitals is vital to the achievement of this aim.
7.12.4 Infectious Diseases Outbreaks

Details of specific actions to be taken in the event of an outbreak will be mandated by the Department of Public Health. The Health Protection Surveillance Centre (HPSC) will provide advice and guidance.

7.12.5 Nuclear Incidents

Details of specific actions to be taken in the event of an activation of the National Emergency Plan for Nuclear Accidents are detailed in the Protocol for Multi-Agency Response to Radiological/ Nuclear Emergencies.

7.13 Protecting Threatened Populations

The scale and nature of a Major Emergency will determine whether evacuation of the public from a particular area is necessary, or whether they should be advised to remain indoors for shelter.

It is the responsibility of the local authorities to provide Rest Centers for evacuated populations.

It is the responsibility for local authorities to provide mortuary facilities for the dead.

When decided upon, the process of evacuation will be undertaken by An Garda Síochána, with the assistance of the other services.

The Garda Controller of Operations at the scene in consultation with the HSE and Local Authority will be responsible for ordering and effecting the evacuation. The extent and duration of the evacuation will be based on the advice received. The principle that the estimated duration of the evacuation should be considered before evacuation is implemented should be adhered to as far as possible.

Emergency Accommodation is identified in the relevant local authority’s major emergency plan.

Additional guidance on evacuation is provided in A Guide to Managing an Evacuation21.

The role of the Public Health Service in protecting threatened populations in regard to infection control or adverse effects of environmental issues both acute and long-term is significant.

The Director of Public Health will exercise control in these circumstances through existing structures and via the Area 1 CMT.

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7.14 Early and Public Warning Systems

An early warning system for severe weather is currently in place for Severe Weather forecasts. This is a 24 hour service provided by Met Éireann. During a Major Emergency there may be a need for the site or Local Co-ordination Group to inform the public of a current or threatened situation or of a possible evacuation. Please refer to Section 11.1 of this document.

Other such warning systems are in place for Flooding, detailed in the Flood Response Plans, Water contamination etc...

Major Emergency Warnings - During a Major Emergency, it may be necessary to inform and warn the public of a current or threatened situation which may result in the need for some action, for example, evacuation.

Methods of Dissemination

Warnings may be disseminated to the public by use of some or all of the following methods:

- Door to Door
- Radio and T.V. broadcasting
- Local helpline / information line
- Web services and internet services
- Social Media
- Automated Text services
- Establish site specific warning systems

The detail of how this is implemented is detailed in the North West Interagency Public Communications Plan (Appendix 15.11).

7.15 Emergencies arising on Inland Waterways

The HSE National Ambulance Service may be asked by an Garda Síochána or the Coast Guard to assist in emergencies arising on inland waterways. They will normally do this by providing Ambulances and personnel to a pre-arranged location. It is important to note that HSE National Ambulance Service personnel are not equipped or trained to deal with emergencies involving search and rescue of casualties involved in emergencies on inland waterways.

7.16 Safety, Health and Welfare Considerations

The scene of a major emergency normally results from a dangerous occurrence and may, depending on the circumstances be an area of serious, imminent and unavoidable danger. HSE employees and voluntary agencies acting under their control, in this instance are engaged in activity relating to a civil emergency.
Every member of the HSE and voluntary agencies acting under their control shall ensure, so far as is reasonably practicable, the safety, health and welfare at work of his or her fellow workers.

In particular the HSE controller at the scene shall as far as is reasonably practicable ensure that in the course of the work being carried by individuals under their control are not unnecessarily exposed to risks to their safety, health or welfare.

The controller at the scene will make an initial assessment of the risks presented by the hazards observed at the scene. It is important that the controller maintains a dynamic risk assessment process and may if he or she determines it is necessary designate a specific person to act in this role and advise on health and safety considerations.

If it is advised that there is serious and imminent deterioration in the hazards at the scene the controller of operations shall take action and give instructions to enable personnel to immediately leave the danger area and to proceed to a safe place.

In as far as is reasonably practicable the HSE controller of operations at the scene will ensure that the HSE staff and voluntary agencies acting under their control have training, including, in particular, information and instructions relating to the specific task to be performed.

Each member of the HSE and voluntary agencies acting under their control must as far is reasonably possible comply with relevant safety and health instructions, wear appropriate personal protective clothing where necessary cooperate with the controller of operations, look out for one another, and not do anything which would place themselves or others at risk.

They must not be under the influence of an intoxicant at the scene to the extent that the state he or she is in is likely to endanger his or her own safety, health or welfare or that of any other person.

In a protracted incident consideration must be given to the organisation of time spent working at the scene and adequate rest periods must be taken into consideration both by the controllers at the scene and those engaged in the response to the incident.

- Command support arrangements at the scene should assign responsibility for the oversight and management of the safety of rescue personnel
- Danger Area
  On arrival at the site, the HSE Controller of Operations should establish from the On-Site Co-ordinator (or the other two Controllers, where the On-Site Co-ordinator has not yet been designated) if a Danger Area has been defined and, if so, what particular safety provisions may apply. This issue should be kept under constant review by the On-site Co-ordinator and supporting Controller of Operations.
- Where there is a definite risk to personnel, over and above that which would normally pertain at emergency operations, a Danger Area may be declared. This risk could arise because of dangers posed by the release of hazardous materials, buildings in danger of further collapse, the threat of explosion or the presence of an armed individual. Any HSE Officer/ Responder who was aware of such additional risks should bring them to the attention of the On-Site Co-coordinator via the HSE Controller of Operations.
• Where it is necessary that HSE personnel continue to operate in a Danger Area, they should apply normal incident and safety management arrangements, and relevant officers should continue to exercise command/control over HSE personnel working in the Danger Area.

• Where a situation deteriorates to a point where the officer in charge of the Danger Area decides that it is necessary to withdraw response personnel from a Danger Area, a signal, comprising repeated sounding of a siren for ten seconds on, ten seconds off, will be given. All personnel should withdraw from the Danger Area on hearing this signal.

**7.17 Logistical Issues/ Protracted Incidents**

Arrangements for Rotation of Staff etc. at the Site(s)

During protracted emergencies, it is important that front line field staff are relieved and rotated at regular intervals, particularly in situations which increase the stress on responders, for example, extreme heat or cold. The provision of relief staff, to replace those who have been on duty for some time, is a matter for discussion and agreement between the support staff of the HSE Controller at the Site, Ambulance Control and the Area 1 CMT.

- Hospital arrangements are contained in the relevant hospital plan.

- The Local Authority is responsible for the provisions of appropriate rest and refreshment facilities for all response personnel at the site(s) of a major emergency, as well as for survivors. These facilities may include the provision of food and drink, rest facilities and sanitary facilities.

**7.18 Investigations**

- An Garda Síochána is responsible for carrying out investigations when a crime has been identified in a Major Emergency.

- The scene of a suspected crime will be preserved by An Garda Síochána until a complete and thorough examination has been made. An Garda Síochána will need to obtain evidence of the highest possible standard and will require that all evidence is left in situ, unless a threat to life or health prevents this. Statements may be required from the staff of other Principal Response Agencies regarding their involvement.

- Subsequent investigations by An Garda Síochána will be carried out in accordance with best policies and the Garda Code.

- Other parties with statutory investigation roles.

- Depending on the nature of the Major Emergency, agencies other than An Garda Síochána may require access to the site for the purposes of carrying out an investigation. These agencies include the Health and Safety Authority (HSA), the Air Accident Investigation Unit (AAIU) and the Environmental Protection Agency (EPA).

- All HSE employees are requested to co-operate fully with all statutory investigations and to ensure that, unless a threat to life or health prevents this, all evidence is left undisturbed.
7.19 Community/ VIPs/ Observers
7.19.1 Community Links

Where communities are affected by a Major Emergency, the Principal Response Agencies, operating within the Local Co-ordination Group, will make every effort to establish contact/links with the relevant communities, utilising established links or developing new ones as appropriate.

7.19.2 Visiting VIPs

All requests for visits to the site, or facilities associated with it should be referred to the Local Co-ordination Group. Requests for visits to HSE locations, such as the hospitals where casualties are being treated, should be referred to the Area 1 CMT.

Visits by dignitaries usually require extra security arrangements and liaison with the media. It is important that the organisation of such visits does not distract from the response effort. As a general rule, VIPs should be advised not to visit sites where danger still exists or where on-going rescues are in progress.

7.19.3 National/International Observers

Requests may be received from national and/or international observers who may wish to observe the response operations. The presence of experts from other regions or jurisdictions, who wish to act as observers at an incident, can greatly enhance the operation of debriefings and facilitate the process of learning lessons from an emergency. The Local Co-ordination Group will normally make arrangements for any such observers. However, specific health related observers may be facilitated by the Area 1 CMT.

7.20 Standing-Down the Major Emergency

7.20.1 Stand-Down at the Site

The decision to stand-down the Major Emergency status of an incident at the site will be taken by the On-Site Co-ordinator, in consultation with the other Controllers of Operations at the site and the Local Co-ordination Group. It is important to note that a great deal of activity may continue (for example, at hospitals, the temporary mortuary, etc.) after the Major Emergency is stood down at the site.

Each HSE service, department and hospital has a stand down procedure included in the relevant mobilisation action card. The Area 1 CMT has the responsibility of issuing the appropriate stand down instructions. These instructions will vary with the service, department or hospital depending on the requirement and may not apply to all elements of the HSE simultaneously and therefore all HSE personnel are instructed to only act on a stand-down instruction issued via the same communications route through which mobilisation or activation was received.
7.20.2 Stand-Down of HSE

As the situation is brought under control and casualties leave the site, the HSE Controller of Operations should review the resources on the site and reduce/stand-down these resources, in light of the changing situation. The Controller should ensure that, where other organisations have been mobilised to the site by the HSE, these should be informed of the decision to stand them down; likewise, services operating at other locations. The On-Site Co-ordinator should be consulted before any service is stood down by the HSE. Each HSE service involved in the response must be stood down by the Senior Manager of the Service; Services may Stand Down at different times depending on the demand of their element to the response.

7.20.3 Operational debriefing and reporting activity

Each HSE Service which is involved in a response to a Major Emergency should carry out an operational debriefing of its involvement and document this debriefing in a report to the Regional Emergency Management Steering Group. The Regional Emergency Management Steering Group should review these reports and prepare a composite report to reflect the overall involvement of the HSE.

The HSE should also engage with the other Principal Response Agencies in a review of the inter-agency co-ordination aspects of the response. This review should be hosted by the lead agency and should involve all services which were part of the response. A composite report should be compiled by the Principal Response Agency which was the initial lead agency for submission, within a reasonable time scale, to the relevant Regional Interagency Steering Group and the National Interagency Steering Group.

The purpose of the above reviews should be to formulate lessons learned from the incident and the resulting reports should highlight these.
Section 8 Agency Specific Elements and Sub-Plans

This Plan has a series of supporting plans from:

- The National Ambulance Service
- The Acute Hospital Division
- CHO Areas

These plans are listed in Appendix 15.2
Section 9 Plan for Regional Level Co-ordination

9.1 Introduction

In some situations where a major emergency has been declared and the Major Emergency Plans of the Principal Response Agencies have been activated, it may be appropriate to consider scaling up from a local response to a regional level response.

This may occur when the resources available in the local area where the incident has happened do not appear to be sufficient to bring the situation under control in an expeditious and efficient manner; or the consequences of the emergency are likely to impact significantly outside of the local area; or the incident(s) is spread across more than one Local Authority or Division of An Garda Síochána; or the incident occurs at or close to a boundary of several of the Principal Response Agencies.

9.2 Regional Response

9.2.1 Decision to Scale up to a Regional Level Response

The decision to scale up from a local to a regional level response will be taken by the chair of the Local Co-ordination Group, in consultation with the chair of the On-Site Co-coordinating Group and the other members of the Local Co-ordination Group. This consultation may occur at a meeting of the Local Co-ordination Group, where such a group is in session or, alternatively, by means of a telephone conference call. This decision will, by definition, involve specifying those extra Principal Response Agencies which are to be involved in the regional response.

Note: In many Major Emergency situations, neighboring Garda Divisions, HSE Areas and Local Authorities will provide support and resources to the Garda Division, HSE Area and Local Authority, which are primarily involved in the response. Such support is not equivalent to the activation of the Plan for Regional Level Co-ordination and, in fact, will often precede the activation of the regional plan.

9.2.2 Response Region

The areas covered by the Principal Response Agencies which are activated under the Plan for Regional Level Co-ordination will constitute the response region for the emergency.

Note: The response region for a regional level major emergency need not coincide (and in many cases will not coincide) with one of the predetermined Major Emergency Management Regions set out in Appendix F422 of the Framework.

In situations where more than one Principal Response Agencies from a particular service is represented at the site, Appendix F723 makes it clear that there will be only one Controller of

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Operations from that service and the unit from which the Controller of Operations will come should be determined in accordance with the guidance provided in Appendix F7\(^\text{24}\).

### 9.2.3 Activation

Once the decision has been taken, the chair of the Local Co-ordination Group will declare that a regional level emergency exists and will activate the Plan for Regional Level Co-ordination by:

- Notifying each of the Principal Response Agencies involved that the Plan for Regional Level Co-ordination has been activated;
- Requesting that each of the Principal Response Agencies, which has not already activated its MEM Plan, should do so;
- Delivering an information message to each Principal Response Agency using the mnemonic METHANE; and
- Providing each of the Principal Response Agencies involved with a list of the agencies which are being activated to form the regional response.

### 9.3 Command Control and Co-ordination of Response

- **Command and Control Arrangements on Site**

  The command and control arrangements at the site(s) of a regional major emergency will be the same as those for a standard major emergency including:

  - Three Controllers of Operation;
  - A lead agency determined in accordance with the Framework\(^\text{25}\); and
  - An On-Site Coordinating Group
  - An On-Site Co-ordinator
  - The Regional Co-ordination Group

  The mobilisation and operation of the Regional Co-ordination Group will be as per the arrangement for Local Co-ordination Groups set out in 5.4.5.2\(^\text{26}\) in the Framework Document.

  Regional Co-ordination Group arrangements for

  - The mobilisation of other organizations /agencies
  - Requesting mutual aid from neighbours

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\(^{24}\) ibid


- Requesting national/international assistance where required
- Dealing with multi site or wide area emergencies
- Linkage to national emergency plans
- Links with Government
- Support for chairs by Information Managers, etc and communication arrangements with the site and with other groups will be as for a Local Co-ordination Group.

9.4 Wide Area Major Emergencies

Some Major Emergency events (e.g. severe storms, extensive flooding and/or blizzards) may impact over a wide area and, in such a situation; a number of Local Co-ordination Groups may be activated. Where the chair of a Local Co-ordination Group, which has been activated in response to a major emergency, becomes aware that one or more other Local Co-ordination Groups have also been activated, contact should be made with the other chair(s) with a view to considering the establishment of a Regional Co-ordination Centre.

Such a Regional Co-ordination Centre will normally be located at the Local Co-ordination Centre which, in the view of the chairs, is best positioned (in terms of resources, communications and geography) to co-ordinate the activity of the different Local Co-ordination Groups which are active. In such a situation, these Local Co-ordination Groups will continue to act as per standard arrangements and will communicate with the Regional Co-ordination Centre through their chairs.

**Note:** During a wide area Major Emergency, each Local Co-ordination Group will be in contact with the lead Government Department (in accordance with Section 5.4.5.5 of the Framework) and, in such a situation, the decision on whether the activities of a number of Local Co-ordination Groups should be co-ordinated via a Regional Co-ordination Centre or via the lead Government Department will be taken in light of the prevailing circumstances.

The envisaged role could include:

- Monitoring and/or reporting on the impact of the emergency in the HSE Area
- Undertaking pre-assigned roles in a National Emergency Plan
- Undertaking relevant tasks following an emergency/crisis or Acting as a communications and co-ordination conduit

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All communications from relevant national bodies should be directed to the Chair of the CMT or his/her designated alternate.

When a request is received from a national body in the context of a national emergency, the CMT will be activated and will co-ordinate the appropriate activities of HSE.

This Plan may also be activated in response to a request from a Minister of Government in light of an emergency/crisis situation.

This Plan may also be activated in response to a request from the Irish Coast Guard, following a threatened or actual emergency in the Irish Maritime Search and Rescue Region.
Section 10: Links with National Emergency Plans

This Plan will normally be activated in response to a local or regional Major Emergency. However, where a National Emergency Plan has been activated, the Department of Health and Children will/may request the activation of this plan.
Section 11: Severe Weather Plans

Severe weather emergencies may involve significant threats to infrastructure and business continuity for all HSE services in Area 1. Support may be required for vulnerable sections of the community and HSE services/functions.

In the Geographical Area of CHO1, HSE managers have a responsibility to increase/develop the resilience of their services/functions to mitigate against the impact Severe Weather may have on the day to day running of their services.

To assist managers in their contingency planning for Severe Weather, a Severe Weather checklist and associated guidance document has been developed for HSE managers. Each manager has a responsibility to address this Severe Weather Checklist and Guidance document and it is available at the below link:


Each Local Authority has, as a sub plan of its Major Emergency Plan, a Plan for responding to severe weather emergencies, whether a Major Emergency is declared or not, and Local Co-ordination Centres may be activated to manage response to a severe weather event, whether a Major Emergency is declared or not.

If a Local Authority activates the Local Coordination Group, the HSE will engage and the Area 1 CMT will be activated, where appropriate and assistance will be provided in whatever areas and by whichever services are appropriate to the situation.

Note: although these arrangements are initially directed towards storms, flooding and severe cold, problems can also be created for vulnerable population by periods of extreme heat and the HSE, in particular, needs to be vigilant at such times, monitoring the effect on the elderly and other vulnerable groups.
Section 12: Site and Event Specific Arrangements and Plans

There are both legislative and procedural arrangements which require that Emergency Plans be prepared for specific sites or events. These include internal and external Emergency Plans for Upper-tier Seveso Establishments, Emergency Plans for airports and ports and Emergency Plans and arrangements for major sporting and cultural events.

The Geographical Area of CHO 1 currently contains no Upper-tier Seveso Establishments however this may change in the future.
Section 13: The Recovery Phase

Once the response to a Major Emergency is underway and operating effectively, the HSE, in consultation with the other Principal Response Agencies, will begin to plan for recovery. The Framework envisages recovery as occurring in two phases – immediate recovery and long term recovery.

The HSE will engage in this process through the Area 1 CMT and via its representatives on the Local Co-ordination Group.

As soon as it is practical, the Area 1 CMT will nominate an individual (or group) to begin the process of planning for the recovery phase. The principal issues for the HSE in recovery are likely to be

- Long term care and support for casualties and survivors
- Long term support for relatives of casualties and survivors
- Managing the conflicting demands of the emergency and the maintenance of normal services
- Supporting staff who have been under great pressure
- Continuing to engage with the media
- Preparing for legal and quasi legal issues, such as enquiries, criminal investigation, inquests, etc.

The Area 1 CMT will continue to function through the recovery phase until the issues arising are more appropriately dealt with by normal management processes.
Section 14 Review of this Plan

14.1 The Area Emergency Management Group will review this Plan on an annual basis and amend it as necessary. This review will take place in parallel with the Annual Appraisal of Major Emergency Preparedness. This annual review will, where appropriate, involve consultation with the other Principal Response Agencies in the North West and North East Interagency Regions.

14.2 This Plan will also be reviewed, and amended, where necessary, in the aftermath of any Major Emergency or exercise or where any aspect of the Plan or its activation is considered a cause for concern.
Bibliography

2. ibid
6. ibid
14. ibid
15. ibid
18. ibid


24. ibid


Appendix 15.1 HSE Mobilisation Procedure

HSE Major Emergency Mobilisation Procedure

Call from internal HSE Source, e.g. NAS Officer, Acute Hospitals, CHO, Public Health,

Call from external source, e.g. Other Principal Response Agency, Coast Guard,

NAS NECO Initiate HSE Response

- Ambulance Service Response
- Ambulance resources are targeted at scene
- Notify Receiving Hospital
- Ambulance Service business continuity is maintained

Compulsory Notification of HSE CMT – Ambulance Controller sends prescribed text to CMT. Text contains Major Emergency Declaration and Teleconference number

Notify other Principle Response Agencies (METHANE) Declare a Major Emergency using Common Page Template in Regional Plans

Teleconference Call – HSE CMT On the teleconference CMT will decide the extent of HSE Response after briefing from Ambulance service and/or Public Health dept.

Designate member of CMT to Local Coordination Centre (LCC) - if required.
Appendix 15.2 List of Major Emergency Plans

HSE Plans

- National Ambulance Service West Regional Major Emergency Plan
- Letterkenny University Hospital Major Emergency Plan
- Sligo University Hospital Major Emergency Plan
- Cavan Monaghan Hospitals Major Emergency Plan
- Donegal PCCC Major Emergency Plan
- Sligo Leitrim PCCC Major Emergency Plan
- Cavan Monaghan PCCC Major Emergency Plan
HSE Emergency Management
Area 1 Emergency Plan

(Covering Geographical Areas of Counties
Donegal, Sligo, Leitrim, Cavan and
Monaghan)

RISK ASSESMENT

December 2018
**Risk Assessment**

The Framework for Major Emergency Management 2006 outlines a 5 stage systems continuous cycle approach to Major Emergency Management. The principal elements of this system are

- Hazard Analysis / Risk Assessment
- Mitigation / Risk Management
- Planning and Preparedness
- Coordinated Response and
- Recovery

Each principal response agency should carry out a risk assessment in accordance with procedures outlined in Framework. The risk assessment approach is complimentary to the principle of an “All Hazards” approach.

The risk assessment process is comprised of a number of stages.

They are as follows:

1. Establishing the Context. Describing the characteristics of the Region including the geography, populations and infrastructure of the Area.

2. Hazard Identification In this Risk Assessment document the potential hazards in the Region are categorised under four headings
   - Natural – Storms, floods etc.
   - Transport – Air, Road, rail, water accidents
   - Technological – Fire, CBRN, building collapse etc.
   - Civil – Crowd safety, communicable diseases etc.

3. Risk Assessment – consideration is given to the overall risks presented by the identified hazards.

4. Recording identified potential hazards on a Risk Matrix – The Risk is plotted on a specially designed graph that gives a visual context to lesser and greater risks at a glance.
Stage 1 Establishing the Context

The first stage of this Risk Assessment is to contextualise Risk by detailing the geography, populations and infrastructure of the Emergency Management West Region.

This Emergency Management Region remit covers the geographical area of counties Donegal, Sligo, Leitrim, Cavan and Monaghan and includes a number of “Off -Shore” inhabited Islands. (see Appendix A) It borders other HSE areas as well as bordering the counties of Derry, Tyrone and Fermanagh in Northern Ireland. The five counties comprise a total area of just over than 4,400 square miles.

The governance structure of the HSE has undergone significant change in the last year with the establishment of the new Community Health Organisations (CHO’s) structure. From an Emergency Management perspective CHO Area 1 (Donegal Sligo Leitrim Cavan and Monaghan) will be managed jointly by both the EMO West and EMO DML.

Acute Hospital services in Area 1 are provided by the following Hospital Groups:

- **Saolta University Health Care Group** comprising of Letterkenny University Hospital & Sligo University Hospital ( and Mayo University Hospital, University Hospital Galway, Portiuncula University Hospital and Roscommon County Hospital).

- **RCSI Hospitals Group** comprising of Cavan General Hospital & Monaghan Hospital ( and Beaumont Hospital, Connolly Hospital, Our Lady of Lourdes Hospital, Louth County Hospital & Rotunda Hospital)

The Community services are now organised into Community Health Organisations as depicted in the map below.
Table I Establishing the context – HSE Emergency Plan (Donegal, Leitrim, Sligo, Cavan and Monaghan)

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<td></td>
<td></td>
<td>Cavan</td>
<td>76,176</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cavan Town</td>
<td>10,914</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Disability</td>
<td>12%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Elderly (&gt;65yrs)</td>
<td>14%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Children(&lt;15yrs)</td>
<td>23%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Leitrim</td>
<td>32,044</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Carrick on Shannon</td>
<td>4,062</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Disability</td>
<td>14%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Elderly (&gt;65yrs)</td>
<td>17%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Children(&lt;15yrs)</td>
<td>22%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Monaghan</td>
<td>61,386</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Monaghan Town</td>
<td>7,678</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Disability</td>
<td>12%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Elderly (&gt;65yrs)</td>
<td>14%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Children(&lt;15yrs)</td>
<td>23%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Primary Economic Drivers (Not exhaustive)

<table>
<thead>
<tr>
<th>Area</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture</td>
<td>Primarily Agricultural Region</td>
</tr>
<tr>
<td>Tourism</td>
<td>Glenavagh, Slieve League, Malin Head, Glen Colm Cille, Mullaghmore, Strandhill, Lough Gill,</td>
</tr>
<tr>
<td></td>
<td>Rosses Point, Drumcliffe, Lough Key Forest Park, Glencar Waterfall, Slieve Rushenm Lough an</td>
</tr>
<tr>
<td></td>
<td>Leagh, Castleblayney &amp; Ballybay.</td>
</tr>
<tr>
<td>Industry excluding Seveso Sites</td>
<td>Abbott, Pramerica, ASSET, Claddagh Resources, GES Ireland, Kirchhoff, Optibelt, Phillips</td>
</tr>
<tr>
<td></td>
<td>Medisize, SITA, United Health Group, Avant Card, Elasto Metall, Mirror Controls, Valspar,</td>
</tr>
<tr>
<td></td>
<td>AbbVie, Amcor Felxible, Andrew Medical, B Braun, Elanco, Equinoxw AIS, Boxmore Plastics, CG</td>
</tr>
<tr>
<td></td>
<td>Global, Foamalite, Global Indemnity, Presonus, Saint Gobain, Wellman, Computershare, EC</td>
</tr>
<tr>
<td></td>
<td>Limited &amp; Norbrook.</td>
</tr>
<tr>
<td>Education</td>
<td>• Letterkenny Institute of Technology Donegal (Approx 4000 Students)</td>
</tr>
<tr>
<td></td>
<td>• Sligo Institute of Technology (Approx 6,500 Students)</td>
</tr>
<tr>
<td></td>
<td>• St Angela’s College Sligo (NUIG) (Approx 1,400 Students)</td>
</tr>
<tr>
<td></td>
<td>• Cavan Institute (Approx 1,400 Students)</td>
</tr>
<tr>
<td>Principal Emergency Services</td>
<td></td>
</tr>
<tr>
<td>-----------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Health Service Executive (HSE)</strong></td>
<td></td>
</tr>
</tbody>
</table>
| **Receiving Hospitals** | • Letterkenny University Hospital  
  • Sligo University Hospital  
  • Cavan General Hospital |
| **National Ambulance Service** | • Ballyshannon  
  • Tallaght |
| **National Emergency Operations Centre (NEOC)** | |
| **National Ambulance Service** | |
| **Ambulance Stations** | 1. Sligo General Hospital, Sligo  
  2. Cloneen, Manorhamilton, Co. Leitrim  
  3. 32 Oaklands, Carrick-on-Shannon, Co. Leitrim  
  4. Killybegs Co Donegal  
  5. Ballyshannon, Co. Donegal  
  6. Doonan, Donegal Town  
  7. Letterkenny General Hospital, Co. Donegal.  
  8. Carndonagh, Co Donegal.  
  9. Lifford Hospital, Lifford, Co. Donegal  
  10. Gweedore Road, Dungloe, Co. Donegal  
  11. St. Joseph's Hospital, Stranorlar, Co. Donegal  
  15. Cavan Town, Co. Cavan. |
| **HSE Community Health Organisations (CHO’s)** | **CHO Area 1**  
 Donegal, Sligo, Leitrim, Cavan and Monaghan |
| **HSE Public Health** | **North West Office**  
 (Donegal, Sligo & Leitrim) |
### An Garda Síochána:

<table>
<thead>
<tr>
<th>Division</th>
<th>Garda Districts:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donegal Division</td>
<td>Ballyshannon, Buncrana, Letterkenny, Milford</td>
</tr>
<tr>
<td>Sligo/Leitrim Division</td>
<td>Leitrim, Ballymote, Sligo</td>
</tr>
<tr>
<td>Cavan/Monaghan Division</td>
<td>Bailieboro, Carrickmacross, Cavan, Monaghan</td>
</tr>
</tbody>
</table>

### Local Authorities: Fire Service

<table>
<thead>
<tr>
<th>Authority</th>
<th>Stations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donegal County Council</td>
<td>16 Retained stations</td>
</tr>
<tr>
<td>Sligo County Council</td>
<td>1 Wholetime/Retained station, 3 Retained stations</td>
</tr>
<tr>
<td>Leitrim County Council</td>
<td>5 Retained stations</td>
</tr>
<tr>
<td>Monaghan County Council</td>
<td>5 Retained stations</td>
</tr>
<tr>
<td>Cavan County Council</td>
<td>10 Retained stations</td>
</tr>
<tr>
<td>Other Emergency Responders</td>
<td>Irish Coast Guard /RNLI</td>
</tr>
<tr>
<td><strong>Environment</strong></td>
<td><strong>HSE Area</strong></td>
</tr>
<tr>
<td>-----------------</td>
<td>--------------</td>
</tr>
<tr>
<td><strong>Adjacent Counties</strong></td>
<td><strong>Donegal, Sligo, Leitrim, Cavan and Monaghan.</strong></td>
</tr>
<tr>
<td><strong>Infrastructure</strong></td>
<td><strong>Roads See (Appendix B)</strong></td>
</tr>
<tr>
<td><strong>Railway:</strong> (See Appendix C)</td>
<td>Sligo - Dublin</td>
</tr>
<tr>
<td><strong>Ports/Shipping</strong></td>
<td>Killybegs, Sligo Harbour</td>
</tr>
<tr>
<td><strong>Airports:</strong></td>
<td>Carrickfin (Donegal) Airport, Sligo Airport</td>
</tr>
<tr>
<td><strong>Water supply</strong></td>
<td>Irish Water and Group Water Schemes</td>
</tr>
<tr>
<td><strong>Power Supply</strong></td>
<td>ESB Networks</td>
</tr>
<tr>
<td><strong>Gas Supply</strong></td>
<td>Bord Gáis natural Pipeline</td>
</tr>
</tbody>
</table>
# Stage 2 Hazard Identification

## Table 2.1 - Natural Hazards

<table>
<thead>
<tr>
<th>Category</th>
<th>Type</th>
<th>Subtype</th>
<th>Local Hazard</th>
</tr>
</thead>
</table>
| **Meteorological**     | Storm / Gale          | Both coastal and inland areas can be affected by high winds | • Poor driving conditions  
  • Loss of infrastructure  
  • Flooding  
  • Falling Trees |
|                        | Heavy Snow            | Blizzards                                    | • Poor driving conditions  
  • Loss of infrastructure |
|                        | Severe Cold / Frost extremes of Temperature | Icy Roads /Impassable Roads  
  Hypothermia  
  Freezing of Supply Network | • Poor Driving Conditions  
  • Public Health Risk  
  • Loss of Water Supply  
  • Loss of Heating Oil  
  • Lack of Road Grit |
|                        | Thunder & Lightening  |                                             | • Loss of Infrastructure |
|                        | Dense/ Persistent Fog | Road Traffic collisions                      | • Poor driving conditions |
|                        | Heat Wave /Drought    |                                             | • Public Health Risk  
  • Water Shortage |
| **Hydrological**       | Flooding              | Coastal / Inland                             | • Rivers  
  Erne, Finn, Swilly, Shannon, Garavogue, Moy  
  Lakes  
  Derg, Corrib Swilly, Eske, Gara and Gill and Lough Melvin, and Fea. |
|                        | Heavy Rain            |                                             | • May lead to flooding in Low Lying areas or areas with poor drainage |
| **Geological**         | Landslides            |                                             | Mount Errigal, Muckish, Slieve League, Mackoght, Croaghgorm, Agla More, Slieve Snaght, Loughsalt, Ardloguehnarackbaddy, Crocknalaraghag, Dartry, Slieve Anierin, Tievebaun, Truskmore, Truskmore SE Cairn, Benbulbin, Curlew, Knockalongy, Knocknarea, Knocknashee, Ox, Cuilcagh, Finn McCoils Fingers, Slieve Rushen, |
| Forest / Wilderness fire | There are numerous Forests through out the region such as Ards Forest Park, Dartrey Forest, Dún na Ri Forest Park, Rossmore Forest, Killykeen, Glenfarne Demesne, Milltown, Cairns Hill, Carrownaskeagh, Slish Wood and Union Wood. |
## 2.2 - Transportation Hazards

<table>
<thead>
<tr>
<th>Category</th>
<th>Type</th>
<th>Subtype</th>
<th>Local Hazard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aviation</td>
<td>Aircraft Collision /Loss</td>
<td>Mid Air and Land</td>
<td>• Strandhill Sligo  &lt;br&gt; • Carraigfinn Donegal</td>
</tr>
<tr>
<td>Rail</td>
<td>Mainline</td>
<td></td>
<td>• Sligo - Dublin</td>
</tr>
<tr>
<td>Bridge</td>
<td></td>
<td></td>
<td>• Bridgestrike</td>
</tr>
<tr>
<td>Road</td>
<td>Multiple Road Traffic Collision</td>
<td></td>
<td>• National Roads through Region &lt;br&gt; N15, N16, A5</td>
</tr>
<tr>
<td>Hazmat</td>
<td></td>
<td></td>
<td>• Hazmat Transport on all roads</td>
</tr>
<tr>
<td>Bridge</td>
<td></td>
<td></td>
<td>• Hyde Bridge Sligo &lt;br&gt; • Hughes Bridge Sligo  &lt;br&gt; • Ballyshannon Bridge Donegal  &lt;br&gt; • Gweebarra Bridge Donegal  &lt;br&gt; • Eske Bridge Donegal &lt;br&gt; • Carrick Bridge, Leitrim &lt;br&gt; • Gortigarrigan Bridge, Leitrim  &lt;br&gt; • O'Daly's Bridge, Cavan &lt;br&gt; • Carratrath Bridge, Cavan &lt;br&gt; • Butler's Bridge, Cavan  &lt;br&gt; • Ballyhose Bridge, Monaghan  &lt;br&gt; • Finn Bridge, Monaghan &lt;br&gt; • Knockaginny Bridge, Monaghan</td>
</tr>
<tr>
<td>Water</td>
<td>Inland Water ways</td>
<td>Pleasure Craft/Cruises</td>
<td>• Shannon River / Estuary &lt;br&gt; • Erne Estuary &lt;br&gt; • Lough Derg &lt;br&gt; • Lough Allen</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pollution</td>
<td></td>
</tr>
<tr>
<td>Costal</td>
<td>Car Ferry/ passenger Ferries</td>
<td></td>
<td>• Greencastle – Magilligan (Northern Ireland). &lt;br&gt; • Aranmore – Burtonport &lt;br&gt; • Magheraroarty to Tory &lt;br&gt; • Cruise liners at Killybegs</td>
</tr>
</tbody>
</table>
### 2.3 – Technological Hazards

<table>
<thead>
<tr>
<th>Category</th>
<th>Type</th>
<th>Subtype</th>
<th>Local Hazard</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Industrial Accidents</strong></td>
<td>Explosions</td>
<td></td>
<td>• Damage to Infrastructure</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Personal Injuries/ fatalities</td>
</tr>
<tr>
<td></td>
<td>Petrochemical Fires</td>
<td></td>
<td>• Personal Injuries, severe burns/ fatalities</td>
</tr>
<tr>
<td></td>
<td>Industrial Fires</td>
<td>LPG Tank Fire</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gas Emission</td>
<td></td>
<td>• Environmental Pollution</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Plume</td>
</tr>
<tr>
<td></td>
<td>Fluid/ Fuel Emission</td>
<td>Pipeline leak</td>
<td>• Environmental Pollution</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fire Water Run Off</td>
<td></td>
</tr>
<tr>
<td><strong>Explosions</strong></td>
<td>Domestic</td>
<td>Natural Gas explosion</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bomb</td>
<td></td>
<td>• Terrorism</td>
</tr>
<tr>
<td></td>
<td>LPG</td>
<td></td>
<td>• Restaurants</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Nursing Homes/ Residential Units</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Domestic Houses</td>
</tr>
<tr>
<td></td>
<td>Pipeline</td>
<td></td>
<td>• Bord Gais Pipeline</td>
</tr>
<tr>
<td><strong>Fires</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Building Collapse</strong></td>
<td></td>
<td></td>
<td>• Hotel / Night Club, factories, Sports Venues, Musical Venues, Apartment Blocks Nursing Homes and Hospitals</td>
</tr>
<tr>
<td><strong>Hazardous substance</strong></td>
<td>Accident at site</td>
<td></td>
<td>• Seveso Sites</td>
</tr>
<tr>
<td></td>
<td>Transportation accident</td>
<td></td>
<td>• Hazmat on roads</td>
</tr>
<tr>
<td></td>
<td>Weapons</td>
<td></td>
<td>• Terrorism</td>
</tr>
<tr>
<td></td>
<td>Biological</td>
<td>Leak/Weapons</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Radiological</td>
<td>“Dirty Bomb”</td>
<td>• Terrorism</td>
</tr>
<tr>
<td></td>
<td>Industrial Accident</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pollution/Contamination</strong></td>
<td>Air/Water Pollution</td>
<td></td>
<td>• Fire Water Run Off</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Chemical Incident</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Near Water Course</td>
</tr>
<tr>
<td>Category</td>
<td>Type</td>
<td>Sub-type</td>
<td>Local Hazard</td>
</tr>
<tr>
<td>------------------------------</td>
<td>-------------------------------------------</td>
<td>---------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Major Crowd Safety</strong></td>
<td>(Movement, crushing etc.)</td>
<td>Pop Concerts</td>
<td>• Mac Cumhail Park Ballybofey</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sports Events</td>
<td>• Finn Park Ballybofey</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fireworks displays</td>
<td>• Markievicz Park Sligo</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Air shows</td>
<td>• The Showgrounds Sligo</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Páirc Seam Mac Diarmada Carrick-on- Shannon</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Breffini Park, Cavan.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• St. Tiernach’s Park, Clones, Co. Monaghan.</td>
</tr>
<tr>
<td>Loss of Critical Infrastructure</td>
<td>Energy and Power Supply</td>
<td>Electricity</td>
<td>• Clady Hydroelectric Station</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Erne Powerstations (Cathleen’s Falls &amp; Cliff)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Communications</td>
<td>• Eircom network, mobile phone networks</td>
</tr>
<tr>
<td><strong>Food Situation Crisis</strong></td>
<td>Food</td>
<td>Contamination</td>
<td>• Multiple casualties/ fatalities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Drought</td>
<td></td>
</tr>
<tr>
<td><strong>Water Supply</strong></td>
<td>Shortage/ Contamination</td>
<td></td>
<td>• Multiple casualties/ fatalities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Freezing /Flooding</td>
<td></td>
</tr>
<tr>
<td><strong>Epidemics and pandemic</strong></td>
<td>Communicable diseases</td>
<td></td>
<td>• Influenza pandemic</td>
</tr>
<tr>
<td><strong>Animal Disease</strong></td>
<td>Foot &amp; Mouth</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Avian Influenza</td>
<td></td>
</tr>
<tr>
<td><strong>Terrorism</strong></td>
<td>Bombs</td>
<td>Car-bombs</td>
<td>• Terrorism</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bombs in buildings</td>
<td>• Terrorism</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fire-bombing</td>
<td>• Civil disorder</td>
</tr>
<tr>
<td>CBRN</td>
<td></td>
<td></td>
<td>• Terrorism</td>
</tr>
<tr>
<td>Disruption</td>
<td>Bomb scares</td>
<td></td>
<td>• Terrorism</td>
</tr>
</tbody>
</table>
Stage 3 Risk Assessment

The next stage of this process is to consider the overall risks presented by these hazards. Risk assessment starts with an examination of the impact (severity of consequences to life and health, property and infrastructure, and the environment – see Table 4.1) of the hazards identified. The likelihood (probability) also has to be considered (see Table 4.2) and the resulting judgement recorded on a risk matrix in the next stage. The basis for making this judgement is set out on the individual hazard record sheet, and includes sources which influence the judgement (e.g. national/level intelligence and advice from available centres of expertise, information from risk holder/risk regulator).

A five-point scale is used for categorising both impact and likelihood, ranging as shown in the risk matrix. In considering the potential impact of a hazard, it is relevant to take two factors into account, - the type or nature of the impact, and the scale. The type or nature of impact may be considered in three fields:

- Impact on life, health and residual welfare of a community
- Social/environmental impact. Social impact may be thought of in terms of disruption/displacement of people affected by the event, while environmental is impact on the physical area;
- Economic impact in terms of costs of property/ infrastructure damage as well as recovery costs or loss of economic production.

A simple approach to assessing the likelihood is used, expressed in Terms of Probability of an event occurring.

### IMPACT

<table>
<thead>
<tr>
<th>Ranking</th>
<th>Classification</th>
<th>Impact on life and health</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Minor</td>
<td>Single severe damage, serious injury</td>
</tr>
<tr>
<td>2</td>
<td>Limited</td>
<td>Single death, a few serious injuries</td>
</tr>
<tr>
<td>3</td>
<td>Serious</td>
<td>A few deaths (&lt;5), several serious injuries (20), up to 500 evacuated</td>
</tr>
<tr>
<td>4</td>
<td>Very serious</td>
<td>5 to 50 deaths, up to 100 serious injuries, up to 2000 evacuated</td>
</tr>
<tr>
<td>5</td>
<td>Catastrophic</td>
<td>&gt;50 deaths, injuries in hundreds, more than 200 evacuated</td>
</tr>
</tbody>
</table>
**LIKELIHOOD**

<table>
<thead>
<tr>
<th>Ranking</th>
<th>Classification</th>
<th>Likelihood</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Extremely Unlikely</td>
<td>Less than once per 1000 years</td>
</tr>
<tr>
<td>2</td>
<td>Very Unlikely</td>
<td>Once per 100-1000 years</td>
</tr>
<tr>
<td>3</td>
<td>Quite Unlikely</td>
<td>Once per 10-100 years</td>
</tr>
<tr>
<td>4</td>
<td>Likely</td>
<td>Once per 1-10 years</td>
</tr>
<tr>
<td>5</td>
<td>Very Likely</td>
<td>More than once a year</td>
</tr>
</tbody>
</table>

Hazards are measured by judging the IMPACT of an event against the LIKELIHOOD of this event taking place. The hazards are detailed in the tables below:

<table>
<thead>
<tr>
<th>Natural (Reference = NM)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ref.</strong></td>
</tr>
<tr>
<td>----------</td>
</tr>
<tr>
<td>NM1</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>NM2</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>NH3</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Life</td>
</tr>
<tr>
<td>------</td>
</tr>
</tbody>
</table>

**Transport (Reference = TR)**

<table>
<thead>
<tr>
<th>TR1</th>
<th>Aviation</th>
<th>Air/Airport Accident</th>
<th>Possible to result in large number of casualties/fatalities</th>
<th>Airports: Donegal Sligo. Derry airport is also in close proximity.</th>
<th>Unlikely</th>
<th>Very Serious</th>
<th>Planning and preparedness</th>
</tr>
</thead>
</table>

82
<table>
<thead>
<tr>
<th>TR2</th>
<th>Road</th>
<th>Major car or bus accident</th>
<th>Multiple casualties and loss of life</th>
<th>All roads</th>
<th>Likely</th>
<th>Very Serious</th>
<th>Planning and preparedness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>TR3</td>
<td>Rail</td>
<td>Train (passenger/freight) crash</td>
<td>Likely to result in a large number of casualties</td>
<td>Sligo</td>
<td>Unlikely</td>
<td>Very serious</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>TR4</td>
<td>Water</td>
<td>Ship/boat/ferry accident</td>
<td>Likely to result in a large number of casualties and/or fatalities</td>
<td>All counties</td>
<td>Unlikely</td>
<td>Very serious</td>
<td>Planning and preparedness</td>
</tr>
<tr>
<td>------</td>
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<td>------------------------------------------------------------------</td>
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<td>----------------------------</td>
</tr>
<tr>
<td>TR4</td>
<td></td>
<td></td>
<td>September 1989</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Technological (Reference = TE)

<table>
<thead>
<tr>
<th>TE1</th>
<th>Fire/Explosion</th>
<th>Residential buildings, large offices, social/entertainment centres, hospitals, residential homes</th>
<th>Likely to result in large number of casualties and/or fatalities</th>
<th>All counties</th>
<th>Unlikely</th>
<th>Very serious</th>
<th>Planning and preparedness</th>
</tr>
</thead>
<tbody>
<tr>
<td>TE2</td>
<td>Fire/Explosion</td>
<td>Gas/natural gas/fuel/ethylene pipeline</td>
<td>Potential casualties and fatalities within immediately affected area 1-3kms. Evacuation of surrounding areas.</td>
<td>All counties</td>
<td>Very unlikely</td>
<td>Catastrophic</td>
<td>Planning and preparedness</td>
</tr>
<tr>
<td>TE3</td>
<td>Structural collapse</td>
<td>Building, bridge.</td>
<td>Potential casualties, fatalities and missing people</td>
<td>All counties</td>
<td>Unlikely</td>
<td>Very serious</td>
<td>Planning and preparedness</td>
</tr>
</tbody>
</table>
### TE4: Hazmat (Chemical + Biological)

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Potential Impact</th>
<th>Likelihood</th>
<th>Severity</th>
<th>Preparedness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Release of harmful substances / Transport of Harmful Substances / Deliberate Release</td>
<td>Potentially large number of casualties. Evacuations may be required.</td>
<td>All counties</td>
<td>Unlikely</td>
<td>Very serious</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Planning and preparedness</td>
</tr>
</tbody>
</table>

### TE5: Radiological

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Potential Impact</th>
<th>Likelihood</th>
<th>Severity</th>
<th>Preparedness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident at storage site, Accident during transport, Dirty bomb</td>
<td>Large number of casualties/fatalities, Evacuations of vulnerable people</td>
<td>Radiological sites area and local effects in many parts of Ireland. Examples: University College Hospital Galway, Limerick Regional Hospital</td>
<td>Unlikely</td>
<td>Very Serious</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Planning and preparedness</td>
</tr>
</tbody>
</table>

### TE6: Nuclear

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Potential Impact</th>
<th>Likelihood</th>
<th>Severity</th>
<th>Preparedness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radioactive substance release from nuclear reactor site. Could result in a wide area of Ireland being affected.</td>
<td>Large number of people affected, but fear and worry may be main consequences.</td>
<td>All counties</td>
<td>Unlikely</td>
<td>Very Serious</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Planning and preparedness</td>
</tr>
</tbody>
</table>

### Civil (Reference = C)

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Potential Impact</th>
<th>Likelihood</th>
<th>Severity</th>
<th>Preparedness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Civil disturbance</td>
<td>Likely to involve a large number of people resulting in large scale damage, Likely to be multiple injuries resulting in hospitalisation</td>
<td>All counties: Large Crowd events, contentious situations</td>
<td>Likely</td>
<td>Very Serious</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Planning and preparedness</td>
</tr>
<tr>
<td>C2</td>
<td>Crowd safety</td>
<td>Large crowd events</td>
<td>Potential large numbers of casualties/fatalities</td>
<td>Sports, entertainment events in all counties</td>
</tr>
<tr>
<td>----</td>
<td>--------------</td>
<td>--------------------</td>
<td>-------------------------------------------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>C3</td>
<td>Loss of critical infrastructure</td>
<td>Water, Electricity, Gas, Fuel shortage, Communications</td>
<td>Potential casualties among most vulnerable people</td>
<td>All counties</td>
</tr>
<tr>
<td>C4</td>
<td>Mass Shooting</td>
<td>Involves an unknown person or persons at large in the community with the intent of indiscriminately killing /seriously injuring people.</td>
<td>Likely to be fatalities and injuries resulting in hospitalisation.</td>
<td>All counties</td>
</tr>
<tr>
<td>C5</td>
<td>Food/water contamination</td>
<td>Localized outbreak of food poisoning, E Coli, Salmonella. Domestic and industrial water supply affected.</td>
<td>Impact on health with number of casualties presenting, may be fatalities</td>
<td>All counties. Examples: Crypto Outbreak Galway 2007 Ecoli Outbreak, Galway Sept. 2007</td>
</tr>
<tr>
<td>C6</td>
<td>Communicable Disease</td>
<td>Communicable disease Legionella, Meningitis, Mumps, in hospital, school, prison</td>
<td>Localised outbreak of a disease that would cause a number of casualties with a possibility of some</td>
<td>All counties</td>
</tr>
<tr>
<td>ID</td>
<td>Event Type</td>
<td>Likelihood</td>
<td>Potential Impact</td>
<td>County Level</td>
</tr>
<tr>
<td>-----</td>
<td>---------------------</td>
<td>------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>C7</td>
<td>Water Contamination</td>
<td>Likely to affect domestic and industrial supplies of water</td>
<td>Potential impact on health with the possibility of some fatalities</td>
<td>All counties</td>
</tr>
<tr>
<td>C8</td>
<td>Flu Pandemic</td>
<td>Pandemic likely to occur in two waves, each lasting 12 weeks, overwhelming health and other services.</td>
<td>One quarter of the population could be affected. High number of cases and consultations. Clinical attack rate of 35%, mortality assumption of 0.37-2.5%. Age range vulnerability - all ages, including children, likely to be affected.</td>
<td>National</td>
</tr>
<tr>
<td>C9</td>
<td>Epidemic flu</td>
<td>Likely to be of much greater severity than the usual seasonal flu.</td>
<td>Significant increase in G.P. consultations for new episodes of flu-like illness.</td>
<td>All counties</td>
</tr>
<tr>
<td>C10</td>
<td>SARs or similar public health issue</td>
<td>Severe respiratory infections</td>
<td>Likely to cause a large number of casualties</td>
<td>All counties</td>
</tr>
</tbody>
</table>
The following scenarios were selected to provide a good basis for development of an all-hazards major emergency plan for the Emergency Management West Region:

1. Extremes of Weather
2. Flooding
3. Landslide/Tsunami/Earthquake
4. Aircraft Incident
5. Major Road Traffic Accident / Hazmat
6. Rail Incident
7. Marine Incident
8. Large Building Fire
9. Crowd Incident
10. Influenza Pandemic
HAZARD RECORD SHEET 1 EXTREMES OF WEATHER

<table>
<thead>
<tr>
<th>HAZARD CATEGORY</th>
<th>SUB-CATEGORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natural</td>
<td>Severe weather event</td>
</tr>
</tbody>
</table>

Hazard Description

An extreme weather event or prolonged instance of inclement weather

Hazard Location

Area 1

Date: December 2018

Review Date: December 2019

1. Overview of Hazard

Although Ireland’s climate is generally moderate severe weather events do occur. An extreme storm could have the consequences of flooding, landslides, structural damage to properties etc.

Storms with gale force winds are a regular occurrence in the mid-west region.

An extended cold spell is possible in Ireland during winter months, expected impacts as follows:

- Icy roads would have an impact on infrastructure.
- Water distribution system would be severely compromised resulting in a prolonged period of water shortages and repair
- Severe cold would have an impact on over ground power transmission systems
- Elderly persons would be particularly at risk
- Lack of water for fire fighting purposes

During summer months a prolonged heat wave may occur. Drought conditions could impact upon water supply reservoirs and animals.
2. Key Historical Evidence

**Storms:**

**Ireland**

- 2018 September, Storm Ali, gusts of 143km/h were recorded resulting in fallen trees, power supply interruptions and structural damage – 2 fatalities.
- 2018 February/March, Storm Emma, snow and high winds created blizzard like conditions.
- 2017 October, Storm Ophelia, sustained winds (10-minute mean) of 111km/h and gusts of up to 156km/h resulting in costal damage, fallen trees, structural damage, power supply interruption and flooding - 3 fatalities.
- 2015 December, January 2016 Storms Desmond and Frank led to High Winds Spring Tides resulting in widespread costal damage, fallen trees, structural damage power supply interruption and flooding.
- 2014 January & February 2014 High Winds Spring Tides resulted in widespread costal damage, falling trees, structural damage power supply interruption and flooding.
- Christmas Eve 1997, widespread damage caused.
- August 1996, Hurricane Charlie, East and Southeast of country affected by flooding and loss of power transmission lines.
- January 1974 - gust of 124 m.p.h. was recorded at Kilkeel in County Down.
- Sept 1961 Hurricane Debbie - winds reached hurricane force resulting in 12 Fatalities and widespread damage.

**United Kingdom**

- 1987, Hurricane and storms, 20 fatalities.
- 1990, Gales and floods, 45 fatalities.

**Belgium:**

- 1990, Severe storms, 19 fatalities.

**Severe cold:**

**Ireland:**

- 2018, Sub- zero temperatures and blizzard like conditions
- 2009 – 2010, prolonged cold spell
- 1970’s, a series of cold winters experiences, a number of elderly fatalities.
- 1947, Prolonged snow storms.

**India:**

- 2006, 1 week of prolonged cold temperatures, 200 fatalities.

**Baltic states**

- 2006, prolonged cold weather, 30+ fatalities.

**USA:**

- 2004, North & South Carolina, 50+ fatalities.
3. Assessment of Impact and Likelihood

<table>
<thead>
<tr>
<th>Hazard</th>
<th>Impact</th>
<th>Likelihood</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Human Welfare</td>
<td>Environment</td>
</tr>
<tr>
<td></td>
<td>Very Serious -</td>
<td>Minor -</td>
</tr>
<tr>
<td></td>
<td>5-50 fatalities, up to serious 100 injuries depending on number of people involved and the nature of the incident.</td>
<td>No contamination, localised effects.</td>
</tr>
</tbody>
</table>

4. Position on Risk Matrix

5. Prevention/Control/Mitigation Measures in Place

- Local Authority Severe Weather Plans
- Local Authority Salting / Gritting Plans – Ice-cast System
- Met Éireann Forecasting
- Local Authority plans for emergency accommodation centres with necessary equipment and supplies.
- Use of water tankers for water distribution.
- Road Design
6. Risk Management Approach: Prevention/Control/Mitigation Measures Required

<table>
<thead>
<tr>
<th>Measures Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ongoing development of plans for emergency accommodation centres with necessary equipment and supplies.</td>
</tr>
<tr>
<td>Community Resilience Planning</td>
</tr>
<tr>
<td>Coastguard / Air Corp Assistance</td>
</tr>
<tr>
<td>Transportation requirements of all Agencies - Vehicles</td>
</tr>
<tr>
<td>Business Continuity Planning to ensure that personnel can attend work / do not have to attend work</td>
</tr>
<tr>
<td>Review Storage of Salt / Grit Supplies – (National / Regional / Local)</td>
</tr>
</tbody>
</table>
1. Overview of Hazard

A number of rivers flow through the Area 1 region including; the Garavogue, Finn and most notably, the River Shannon. Lakes which have a history of flooding in the region are Lough Allen Leitrim, Lough Swilly Donegal

- Heavy rain
- Prolonged rainfall
- Tides (Spring)
- Low atmospheric pressure
- Winds

Significant recent floods in the region are during November 2009. August 2008, a flash flood occurred in Newcastle West, Co. Limerick following heavy rainfall in the River Arara catchment area. 9 people required rescue, evacuation of parts of the town centre were necessary, 230 properties (commercial and residential) were damaged.

November 2009, January and February 2014 Areas along the West Coast and County Limerick experienced severe flood incidents throughout the county..

- houses and several businesses were affected, in some cases the occupants had to be evacuated
- Business properties and stock damaged
- Agriculture livestock cut off from fodder supplies
- Roads became impassable, temporarily blocked and ultimately suffered severe damage from flood waters
- Bridges were subject to previously unknown water pressures and required constant supervision to ensure their structural integrity.
2. Key Historical Evidence

**Irish Examples:**

- 2018 - Galway City - Flooding
- 2017 - Galway City - Flooding
- August 2017 – Inishowen Peninsula - Flooding
- Dec 2015 Limerick, Leitrim Galway significant widespread flooding
- January 2014 Limerick City Flooding
- March 2013 – Cork City – Flooding
- Various 2012 – Cork County – Flooding
- November 2009 – Flooding
  - Cork (City & County),
  - Ballinasloe, Co. Galway,
  - Co. Clare – Flooding along River Shannon affecting parts of Co. Clare & Co. Limerick
- August 2008 – Newcastle West, Co. Limerick
- November 2004 – Clonmel – Flooding/Heavy Rain
- November 2002 – Dublin – Flooding

**International Examples:**

- Gloucestershire, England, 2007 – Flooding/Heavy Rain
- Prague, 2002 – Heavy Rain

3. Assessment of Impact and Likelihood

<table>
<thead>
<tr>
<th>Hazard</th>
<th>Impact</th>
<th>Likelihood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Flooding in Urban/Residential area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human Welfare</td>
<td>Environment</td>
<td>Social</td>
</tr>
<tr>
<td>Serious - Evacuation,</td>
<td>Serious - Contamination by sewage,</td>
<td>Serious: Community only partially functioning, some services available</td>
</tr>
<tr>
<td>disruption to access/egress to/from homes &amp;</td>
<td>risk of contamination to public water</td>
<td></td>
</tr>
<tr>
<td>businesses,</td>
<td>supply</td>
<td>Major flooding – Likely</td>
</tr>
<tr>
<td>restrictions on emergency services,</td>
<td></td>
<td>(once per 1-10 years)</td>
</tr>
<tr>
<td>disease,</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4. Position on Risk Matrix

![Risk Matrix Diagram]

5. Prevention/Control/Mitigation Measures in Place

- Local Authority development controls, e.g. County Development Plans, flood impact assessments.
- Local Authority flood Response Plans
- Local Authority maintenance works e.g. clearing of gullies, storm drains, shores, roads and bridge culverts where required prior to onset of severe rain.
- Maintenance of adequate stocks of sandbags and flood barriers.
- Ensure measure availability of stocks of appropriate signs, including flood signs, indicating roads closed etc. and notification of An Garda Síochána as to their location and means of access etc.
- Flood mapping of flood risk areas is currently performed by the OPW and is available to the public via the website [www.floodmap.ie](http://www.floodmap.ie)

6. Risk Management Approach: Prevention/Control/Mitigation Measures Required

- Ongoing development of flood response plans – guidance from National Directorate
- Work with OPW to collate data and anticipate future flood risks.
- Develop plans for emergency accommodation centres with necessary equipment and supplies.
- Community Resilience Plans: National → Regional → Local
- Investigate provision of additional equipment and training for responding to flooding emergencies. e.g. boats, survival equipment, rapid water rescue etc.
- Involvement of Coastguard in training.
HAZARD RECORD SHEET 3 Landslides/Earthquakes/Tsunami

<table>
<thead>
<tr>
<th>HAZARD CATEGORY</th>
<th>SUB-CATEGORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natural</td>
<td>Geological</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hazard Description</th>
<th>Hazard Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Landslides/Earthquakes/Tsunami</td>
<td>Area 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date:</th>
<th>Review Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 2018</td>
<td>December 2019</td>
</tr>
</tbody>
</table>

1. Overview of Hazard

Landslides/Earthquakes/Tsunami

2. Key Historical Evidence

- Flooding was reported in many parts during winter 1999/2000
- Significant flooding occurred, 1954
- Severe snow and frost in 1982 and 2010
- Poullathomas Landslide, Mayo 2003
- Derrybrien Landslide Co. Galway 2003
- Tusnami Indonesia 2004
- Arigna/Geevagh Landslide 2008
- Serious flooding throughout the Country in November 2009
- Glencolmcille, Co. Donegal, 2009
- Tusnami Japan 2011
- Clifden, Co Galway 2016

1. Assessment of Impact and Likelihood

<table>
<thead>
<tr>
<th>Hazard</th>
<th>Impact</th>
<th>Likelihood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Landslides/Earthquakes/Tsunami</td>
<td>Human Welfare: Loss of life</td>
<td>Speed of Developme nt/ Escalation: Slow</td>
</tr>
<tr>
<td></td>
<td>Environment: Pollution/health risks to Public and Rescue Personnel from sewerage</td>
<td>Major damage to property and surrounding land, Structural damage/closure</td>
</tr>
<tr>
<td></td>
<td>Physical Infrastructure: Major damage to property and surrounding land, Structural damage/closure</td>
<td>Evidence suggests that extremely</td>
</tr>
<tr>
<td>+</td>
<td>Serious</td>
<td>Serious</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>

4. Position on Risk Matrix

![Risk Matrix Diagram]

5. Prevention/Control/Mitigation Measures in Place

- Existing Major Emergency Plan
- Public announcements

6. Risk Management Approach: Prevention/Control/Mitigation Measures Required

- More community awareness needs to be focused on severe weather and its effects.
- More training required for emergency personnel on how to deal with such an event.
1. Overview of Hazard

Within Area 1 there are two regional airports: Carrickfinn (Co Donegal) and Sligo Airport (no commercial flights). IWA is the nearest international airport to Area 1.

Ireland West Airport

Ireland West Airport, with map reference latitude 53 54’ North, longitude 08 49’ West and 202.16m above sea level, is located in the east of the county and just off the national primary route, the N17, which links Galway city to Sligo town.

The annual number of passengers recorded in 2017 was 750,000 the highest in its history. This is an increase 74% increase on the 2007 passenger figures. The growth of Ireland West Airport is ongoing and remains a vital piece of infrastructure for the social and economical benefit of those living, working and holidaying in the West and North West of Ireland. The airport now serves more than 25 scheduled and chartered destinations across Ireland, the UK and Europe.

Ireland West Airport has a runway 2300 m long and a category 2 Instrument Landing System (ILS).

2. Key Historical Evidence

- 1948 Pan-American Clipper Constellation, Shannon Airport, , 30 fatalities
- 1954 KLM Constellation, , Shannon Estuary, 28 fatalities
- 1961 Alitalia DC-6, Clonloghan, Co. Clare, , 34 fatalities
- 1961 President Airlines DC-6b, Shannon Estuary, , 83 fatalities
- 1985 Air India Boeing 747, Off South Coast of Ireland, , 329 fatalities
- 1999 Aer Corp, Waterford, 4 fatalities;
- 2010 Public health alert, (all passengers required quarantine facilities) Cork
- 2011 Manx2 Commuter Flight, 11th February Cork Airport – 6 fatalities
- 2011 Aer Arann ATR 72-212, Shannon Airport 17th July, No casualties
- 2017 Rescue 116 Coastguard, Black Sod, Mayo, 4 fatalities.
## 3. Assessment of Impact and Likelihood

<table>
<thead>
<tr>
<th>Hazard</th>
<th>Impact</th>
<th>Environment</th>
<th>Physical Infrastructure</th>
<th>Social</th>
<th>Likelihood</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Catastrophic Mechanical Failure Mid-Air</strong></td>
<td>**Catastrophic - Death/Serious Injury * **</td>
<td>None</td>
<td>None</td>
<td>Limited: Normal community functioning with some inconvenience</td>
<td>Unlikely (Once per 10 to 100 years)</td>
</tr>
<tr>
<td><strong>Collision with Ground</strong></td>
<td>**Catastrophic - Death/Serious Injury * **</td>
<td>Serious - Fire damage/</td>
<td>Serious - Impact/crash</td>
<td>Limited: Normal community functioning with some inconvenience</td>
<td>Unlikely</td>
</tr>
<tr>
<td></td>
<td></td>
<td>destruction</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fire and/or Explosion</strong></td>
<td>**Catastrophic - Death/Serious Injury * **</td>
<td>Serious - Fire damage/</td>
<td>Serious - Impact/crash</td>
<td>Limited: Normal community functioning with some inconvenience</td>
<td>Unlikely</td>
</tr>
<tr>
<td></td>
<td></td>
<td>destruction</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Public Health Hazard</strong></td>
<td>**Catastrophic - Death / serious illness * **</td>
<td>None</td>
<td>None</td>
<td>Limited: Normal community functioning with some inconvenience</td>
<td>Unlikely</td>
</tr>
</tbody>
</table>

* Dependant on aircraft type and occupancy / content
4. **Position on Risk Matrix**

![Risk Matrix Diagram]

5. **Prevention/Control/Mitigation Measures in Place**

- The Irish Aviation Authority commits to maintain explicitly, safety standards which at least comply with the requirements of:
  - Legislation in the Republic of Ireland
  - The International Civil Aviation Organisation
  - Eurocontrol
  - The European Union (EU)
  - The Safety Regulation Division of the Irish Aviation Authority
  - Live exercise with principal response agencies and airport every 2 years
  - ICAO Regulations
  - Knowledge of flight paths

6. **Risk Management Approach: Prevention/Control/Mitigation Measures Required**

- Inter-PRA Cooperation and Training, Exercising.
- Measures to provide for clean-up and repair after an incident.
- HSE to update protocols re public health for isolation and containment in the case of a public health incident.
HAZARD RECORD SHEET 5 MAJOR RTA/HAZMAT

<table>
<thead>
<tr>
<th>HAZARD CATEGORY</th>
<th>SUB-CATEGORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Road</td>
<td>Multiple Vehicle RTC</td>
</tr>
<tr>
<td>Hazard Description</td>
<td>Hazard Location</td>
</tr>
<tr>
<td>Multiple Vehicle RTC</td>
<td>Area 1</td>
</tr>
</tbody>
</table>

Date: December 2018  
Review Date: December 2019

1. Overview of Hazard

The National Primary routes throughout Area 1 are:
M1, M2, M3 & M4  
N1, N2, N3, N4, N12, N13, N14, N15, N16, N17, N53 & N54

There was 157 deaths on Irish Roads in 2017.

2. Key Historical Evidence

- 2018 Hospital, Limerick, 46 secondary school students on bus:
- 2012 Castleogry, Killybegs. 52 people on the bus;
- 2010 Glasmullen Co.Donegal 8 fatalities
- 2007, Wellington Road, Cork bus crash, 40 casualties
- 2007 M7 Motorway, Kildare, Multiple vehicle collision, 1 fatality, 30 casualties
- 2004, Wellington Quay, Dublin Bus Crash, 5 fatalities, 17 casualties
- 2005 Kentstown, Navan, Co. Meath, - Bus Crash, 5 fatalities, 40 casualties

3. Assessment of Impact and Likelihood

<table>
<thead>
<tr>
<th>Hazard</th>
<th>Impact</th>
<th>Environment</th>
<th>Physical Infrastructure</th>
<th>Social</th>
<th>Likelihood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple Vehicle Collision / Bus Crash</td>
<td>Serious – Death/Serious injury, Mental health</td>
<td>Limited - Traffic Congestion</td>
<td>Limited - Damage to road surface or Boundary with Road</td>
<td>Limited: Normal community functioning with some</td>
<td>Likely (Once per 1-10 years)</td>
</tr>
<tr>
<td>Fire</td>
<td>Serious – Death/Serious injury, Burns, Toxic poisoning</td>
<td>Limited – Fire damage, Smoke damage, Ground/Surface water contamination, Traffic congestion</td>
<td>Limited – Fire destruction, Fire damage, Smoke damage</td>
<td>Limited: Normal community functioning with some inconvenience</td>
<td>Likely</td>
</tr>
</tbody>
</table>

4. Position on Risk Matrix

5. Prevention-Control/Mitigation Measures in Place

- Garda enforcement of Traffic Law – New measures in recent years – Garda Traffic Corp established, Penalty points system introduced, random breath testing in place.
- Forensic collision investigators
- Road Safety Authority established at National level.
- Road Building & Maintenance Programmes – NRA & Local Authorities.
- Road Safety Officer appointed in each Local authority.
- Inter-Agency co-operation, training & exercising
- Involvement of Gardaí & Ambulance Service in Fire Service RTA Training Course.
- Inter-agency tunnel training and exercises
- Fire service training in dealing with Hazmat incidents.
6. Risk Management Approach: Prevention/Control/Mitigation Measures Required

<table>
<thead>
<tr>
<th>Measures Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Inter-Agency agreements in response to Road Traffic Accidents</td>
</tr>
<tr>
<td>• Traffic Management Plan</td>
</tr>
<tr>
<td>• Knowledge of high accident locations</td>
</tr>
<tr>
<td>• Knowledge of level of hazardous material transported through county</td>
</tr>
<tr>
<td>• Obtain suitable equipment such as special illuminated safety signage and cutting/lifting equipment to aid response by the Fire Service to accidents on motorways.</td>
</tr>
<tr>
<td>• Protocol for response to tunnel incidents.</td>
</tr>
</tbody>
</table>
HAZARD RECORD SHEET 6 RAIL INCIDENT

<table>
<thead>
<tr>
<th>HAZARD CATEGORY</th>
<th>SUB-CATEGORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rail Incident</td>
<td>Mainline</td>
</tr>
<tr>
<td>Hazard Description</td>
<td>Hazard Location</td>
</tr>
<tr>
<td>Derailment / Collision / Fire</td>
<td>Area 1</td>
</tr>
</tbody>
</table>

Date: December 2018
Review Date: December 2019

1. Overview of Hazard

The following lines pass through the region:

Sligo - Dublin

Safety Risks include:

- Level Crossings
- Derailment/Collision
- Bridge Strike
- Bridge Collapse
- Environmental – Severe weather, storms etc.
- Equipment failure
- Human error
- Potential damage to water supply, rivers or wildlife in the vicinity of an incident.
- Restricted access to incidents on the rail line.

2. Key Historical Evidence

- 1975 Gorey, Co. Wexford– Under bridge strike, 5 fatalities
- 1983 Cherryville, Co. Kildare– Collision involving two trains, 7 fatalities
- 1989 Claremorris, Co. Mayo – Derailment
- 1997 Knockcroghery, Co. Roscommon – Derailment
- 2009 Malahide Viaduct Accident – Viaduct Collapse
### Assessment of Impact and Likelihood

<table>
<thead>
<tr>
<th>Hazard</th>
<th>Impact</th>
<th>Environment</th>
<th>Physical Infrastructure</th>
<th>Social</th>
<th>Likelihood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Derailment/Collision</td>
<td>Very Serious - Death / Serious Injury</td>
<td>Limited – Fuel Spill</td>
<td>Serious - Damage to rail line, structural collapse of bridge, closure of mainline</td>
<td>Limited: Normal community functioning with some inconvenience</td>
<td>Unlikely (Once per 10-100 years)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Soil Contamination</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ground Water or Surface Water Contamination</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fire Water Runoff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fire</td>
<td>Serious – Death/Serious Injury, burns, toxic poisoning</td>
<td>Limited – Fire Damage Smoke Damage Deposition of Toxic Materials</td>
<td>Serious – Fire destruction, fire/smoke damage, closure of mainline, traffic congestion</td>
<td>Limited: Normal community functioning with some inconvenience</td>
<td>Unlikely</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Soil Contamination</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ground/Surface Water Contamination</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fire Water Runoff</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4. Position on Risk Matrix

![Risk Matrix Diagram]

5. Prevention/Control/Mitigation Measures in Place

- Iarnród Éireann is licensed to operate by the Railway Safety Commission.
- Safety Management system in place in Iarnród Éireann.
- Railway Traffic monitored by Central Traffic Control, Connolly Station, Dublin.
- Electronic / Mechanical emergency controls in locomotives.
- Hold joint Interagency exercises with Iarnród Éireann – Table top/on site

6. Risk Management Approach: Prevention/Control/Mitigation Measures Required

- Obtain suitable equipment to help the Fire Service respond to such an incident.
- Map access points for emergency services to the rail line.
- Continue identification of higher risk areas on the tracks & map bridges and crossings.
- Increase public awareness on the dangers of railway crossings.
- Malahide Viaduct Accident Investigation Report 2010
HAZARD RECORD SHEET 7 MARINE INCIDENT

<table>
<thead>
<tr>
<th>HAZARD CATEGORY</th>
<th>SUB-CATEGORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation</td>
<td>Marine Incident</td>
</tr>
</tbody>
</table>

Hazard Description

Ship/boat incident on inland waterway or at sea

Area 1

Date: December 2018

Review Date: December 2019

1. Overview of Hazard

Area 1 has a significant coast line with ports at Killybegs and Sligo. It also has a significant number of rivers and lakes.

A number of Ferries operate on the Rivers, Lakes and Coast carrying both passengers and freight.

2. Key Historical Evidence

Ireland:
- 1979, Whiddy Island, Bantry, oil tanker explosion, 50 fatalities.
- 1986, Cork, Kowloon Bridge ran aground, major oil pollution.
- 1991, Dublin Bay collision between 2 cargo ships, 3 fatalities.
- 2003, Off Rosslare Europort, Stena Europe ferry lost all power with 155 passengers and 65 crew aboard. The ship was adrift for three hours in winds of 35-45 knots.

UK:
- 1989, River Thames, pleasure boat collided with dredger, 51 fatalities.

Belgium:
- 1987, Zeebrugge Ferry capsized, 193 fatalities

Italy
- 2012, Isola del Gigl, Italian Cruise Ship, Costa Concordia ran aground – 32 fatalities
3. Assessment of Impact and Likelihood

<table>
<thead>
<tr>
<th>Hazard</th>
<th>Impact</th>
<th>Likelihood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marine Incident</td>
<td>Very Serious</td>
<td>Heavy contamination if it involves cargo, localised effects of extended duration.</td>
</tr>
</tbody>
</table>

4. Position on Risk Matrix

5. Prevention/Control/Mitigation Measures in Place

- Marine safety procedures and protocols
- Maritime law
- Dublin Fire Brigade marine emergency response team available to region.
- Shannon Estuary Anti Pollution Team (SEAPT).
- Shannon Foynes Port Company emergency plans
- Plan exercises involving coastguard and PRAs.

6. Risk Management Approach: Prevention/Control/Mitigation Measures Required

- Further exercises involving coastguard and PRAs.
- Co-operation with and participation in any principal agency training, exercises and protocols that may be put in place in this regard.
- Ship fire fighting training required for all responding officers and fire fighters.
HAZARD RECORD SHEET 8 LARGE BUILDING FIRE

<table>
<thead>
<tr>
<th>HAZARD CATEGORY</th>
<th>SUB-CATEGORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building Fire</td>
<td></td>
</tr>
<tr>
<td>Hazard Description</td>
<td>Hazard Location</td>
</tr>
<tr>
<td>Fire in a large building housing a large number of occupants.</td>
<td>Area 1</td>
</tr>
</tbody>
</table>

Date: December 2018
Review Date: December 2019

1. Overview of Hazard

This individual hazard record sheet assesses the risks which could develop should a fire occur in a large building such as a nightclub or hotel. There are numerous hotels in the region with nightclubs and/or holding public dance licenses, with a number of other premises types holding public dance licenses. Some premises may hold over 1000 people at any one time.

2. Key Historical Evidence

Irish Examples:
- 2015 Dublin, Carrickmines Halting Site, 10 fatalities
- 1981 Dublin, Stardust nightclub fire. 48 fatalities.
- 1980 Bundoran, Central Hotel fire. 10 fatalities.

UK Examples:
- 2017 Grenfell Tower, UK, Residential Building, 72 fatalities, 70 injured

International Examples:
- 2001 Volendam, Netherlands, Cafe/nightclub fire. 10 fatalities.
- 1998 Gothenburg, Sweden, Dance hall fire. 63 fatalities.
- 2009 Perm, Russia, Nightclub fire, 113 fatalities, 140 injured
- 2008 Shenzhen, China, Nightclub fire, 43 fatalities
- 2009 Bangkok, Nightclub, 64 fatalities
- 2013 Rio Grande do Sul, Brazil, Nightclub – 242 fatalities
- 2013 Novgorod region, Russia, Nursing Home, 37 fatalities
3. Assessment of Impact and Likelihood

<table>
<thead>
<tr>
<th>Hazard</th>
<th>Impact</th>
<th>Environment</th>
<th>Physical Infrastructure</th>
<th>Social</th>
<th>Likelihood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire</td>
<td>Very Serious –</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human Welfare</td>
<td>Death/injury,</td>
<td>Limited – Fire damage/ destruction,</td>
<td>Serious – Fire/ structural</td>
<td>Limited: Normal community functioning with</td>
<td></td>
</tr>
<tr>
<td></td>
<td>burns, toxic</td>
<td>smoke damage, fire water run-off</td>
<td>damage to building</td>
<td>some inconvenience</td>
<td>Unlikely (Once per 10-100 years)</td>
</tr>
<tr>
<td></td>
<td>poisoning</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Position on Risk Matrix

4. Prevention/Control/Mitigation Measures in Place

- During performance inspections if appropriate.
- Building Control Legislation.
- Fire Services Legislation.
- Planning Legislation.
- Pre fire planning/familiarisation visits.
- Inspection & enforcement by Building Regulations and Planning sections.
- During performance inspections.
5. Risk Management Approach: Prevention/Control/Mitigation Measures Required

- Fire safety enforcement.
- Event safety plans.
- Agreed inter-agency response protocols and procedures.
- Multi-service liaison and exercising.
HAZARD RECORD SHEET 9 CROWD INCIDENT

<table>
<thead>
<tr>
<th>HAZARD CATEGORY</th>
<th>SUB-CATEGORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Civil</td>
<td>Crowd Incident</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hazard Description</th>
<th>Hazard Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crowd incident at an organised event involving large numbers of people</td>
<td>Area 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date:</th>
<th>Review Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 2018</td>
<td>December 2019</td>
</tr>
</tbody>
</table>

1. Overview of Hazard

Organised Large Crowd events are a regular occurrence in the HSE West region.

Civil disorder at unorganised events through a disturbance or rioting may occur at nightclubs, music events, sporting events, organised protests or during visits of controversial public figures.

2. Key Historical Evidence

**Belgium:**
1985, Hysel Stadium, 38 fatalities, 400 injuries.

**U.K.:**
1989, Hillsborough, 96 fatalities.
1971, Ibrox Park, Glasgow, crush of spectators, 66 fatalities.

**Ireland:**
1995 - Lansdowne Road, riots at international soccer match.
2004 – 2007, Shannon Airport anti-war protests
2006 - Co. Clare U.S. President Bush visit.
2006 - Love Ulster riots, Dublin.
2006 – 2008, Corrib Gas line disturbances
3. Assessment of Impact and Likelihood

<table>
<thead>
<tr>
<th>Hazard</th>
<th>Impact</th>
<th>Likelihood</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Human Welfare</td>
<td>Environment</td>
</tr>
<tr>
<td>Crowd incident at an event involving large numbers of people</td>
<td>Very Serious - 5-50 fatalities, up to serious 100 injuries depending on number of people involved and the nature of the incident.</td>
<td>Minor - No contamination, localised effects.</td>
</tr>
</tbody>
</table>

4. Position on Risk Matrix

5. Prevention/Control/Mitigation Measures in Place

- Event Management / Risk assessment
- Planning legislation – “Event Licence”
- Safety at Sports Grounds Guidance
- Co-operation and planning by each Principal Response Agency prior to and during an organised event.
6. Risk Management Approach: Prevention/Control/Mitigation Measures Required

- Guidance required when dealing with unlicensed events
- Continued event management and risk assessment.
- Ongoing co-operation with and participation in any principal agency training, exercises and protocols that may be put in place in this regard.
HAZARD RECORD SHEET 10 INFLUENZA PANDEMIC

<table>
<thead>
<tr>
<th>HAZARD CATEGORY</th>
<th>SUB-CATEGORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza Pandemic/Epidemic</td>
<td>Communicable Diseases</td>
</tr>
<tr>
<td>Hazard Description</td>
<td>Hazard Location</td>
</tr>
<tr>
<td>Influenza Pandemic/Epidemic in Ireland</td>
<td>Area 1</td>
</tr>
<tr>
<td>Date:</td>
<td>Review Date:</td>
</tr>
<tr>
<td>December 2018</td>
<td>December 2019</td>
</tr>
</tbody>
</table>

1. Overview of Hazard

In the Northern Hemisphere, the influenza season commences in October and continues through to May. In general influenza outbreaks last between 6 - 8 weeks and can affect all ages, in particular the extremes of age, but can last for twice as long (2017/2018).

Pandemic Influenza, however, can occur at any time of the year. The Influenza A (H1N1) Pandemic that began in Mexico in April 2009 lasted until August 2010. Studies indicated that globally 20–40% of populations in some areas had been infected by the H1N1 virus and thus had developed some level of protective immunity. Many countries also reported good vaccination coverage, especially in high-risk groups, and this coverage further increased the community-wide immunity.

The influenza A H1N1 virus that caused the pandemic has continued to circulate the world and been one of the causative agents of seasonal influenza cases since then.

The World Health Organization (WHO) makes a recommendation every year as to which strains of influenza need to be included in the seasonal flu vaccine. The Influenza A(H1N1)pdm09 (Pandemic) strain continues to be a component of the seasonal flu vaccine that has been offered each year since the pandemic to protect people in the risk groups against the flu. There is usually also an influenza A (H3) strain and an influenza B strain.

The global community needs to be continually alert to the possibility of another pandemic strain emerging at any time, as pandemics, like the viruses that cause them, are unpredictable.

Highly Pathogenic Avian Influenza (HPAIV) H5N6 infection has been detected in wild birds at a number of sites in Ireland, and across Europe. HPAI H5N8 has been detected in Italy. The probability that further events will occur in wild birds in Europe is assessed to remain as “HIGH”. The H5N1 strain is causing disease in birds in countries in Asia, Africa and Europe.

In a few cases, avian influenza virus has passed from birds to humans, causing severe illness and often death, but so far, there has been no mutation of the virus, allowing it to pass from human to human. However, if at any time an avian virus develops the capability of being passed between humans, it could lead to another more severe pandemic. This could
cause significant serious illness and major disruption to health and disruption to health and social services, and to businesses around the world, and as such, presents an ongoing risk.

Human cases of avian influenza arise following close contact with infected poultry or other birds and the majority of human cases in China were infected in this way. Human cases have occurred across mainland China and Taiwan, and small numbers from Hong Kong SAR residents who had travelled to mainland China.

If this were to occur, as experienced in the last pandemic, staff may be absent from work:

- If they are ill with influenza. Current expert advice is that people ill with influenza should be isolated (and so they will not be available for work) for at least seven days.
- Or if they need to care for others who are ill with influenza.

As a result essential functions of the Principal Response Agencies would be affected due to lack of resources. At a European level, the revised E.U. Plan 'Pandemic Influenza Preparedness and Response Planning in the European Community' has a much greater focus on intersectoral planning and business continuity, in the event of a pandemic.

Influenza surveillance can provide information that may help detect and manage of a pandemic. Influenza surveillance involves collection of both clinical and virological data. Clinical surveillance monitors the impact of the illness on the health service and the community, while virological surveillance confirms that influenza is circulating and also identifies the current strain.

The Health Protection Surveillance Centre in partnership with the Irish College of General Practitioners (ICGP) and the National Virus Reference Laboratory (NVRL) have established a network of sentinel general practices which report on a weekly basis the number of patients seen with influenza-like illness. Virological confirmation is required to identify that influenza is the causative agent. The NVRL can detect and identify if influenza A and/or B viruses are circulating. Further identification of subtypes of influenza A isolates is also carried out. Samples received at the NVRL undergo polymerase chain reaction studies, cell culture and virus isolation.

Following collection of the data a weekly influenza report is compiled throughout the influenza season, which runs from October to May. Both graphs and tables will be used to display the clinical and virological data from the sentinel practices and the NVRL. Reports of influenza activity in Europe and Worldwide are also provided as part of the overall monitoring of influenza activity.
2. Key Historical Evidence

In the past 300 years there have been at least ten influenza pandemics and four of them have occurred in the last ninety years. In the 20th century, there were three influenza pandemics: ‘Spanish flu’ (1918-1919), ‘Asian flu’ (1957-1958) and ‘Hong Kong flu’ (1968-1969). Of these pandemics, the Spanish flu, which was caused by an avian influenza virus, had the most devastating impact and resulted in about 40 million deaths worldwide. The Asian flu caused more than two million deaths worldwide, while the Hong Kong flu resulted in about one million deaths.

Pandemic Influenza can appear anywhere in the world as evidenced by the emergence of the first Influenza Pandemic of the 21st century, Pandemic A (H1N1), in Mexico in April 2009. Whilst that Pandemic was mild, globally Pandemic A (H1N1) killed more than 18,000 people and in Ireland it claimed the lives of 29 individuals. By comparison, the 2010/2011 influenza season, which was deemed to be moderate, claimed the lives of 38 individuals.

Seasonal Influenza and Pandemic Influenza are a significant cause of mortality. The annual number of deaths reported in Ireland from Influenza in recent years are shown below. This highlights the severity of the 2017/2018 Influenza season.

<table>
<thead>
<tr>
<th>Year</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010/2011</td>
<td>43</td>
</tr>
<tr>
<td>2011/2012</td>
<td>12</td>
</tr>
<tr>
<td>2012/2013</td>
<td>38</td>
</tr>
<tr>
<td>2013/2014</td>
<td>58</td>
</tr>
<tr>
<td>2014/2015</td>
<td>66</td>
</tr>
<tr>
<td>2015/2016</td>
<td>84</td>
</tr>
<tr>
<td>2016/2017</td>
<td>95</td>
</tr>
<tr>
<td>2017/2018</td>
<td>222*</td>
</tr>
</tbody>
</table>

* Number of deaths as reported up to Week 20 2018

3. Assessment of Impact and Likelihood

<table>
<thead>
<tr>
<th>Hazard</th>
<th>Impact</th>
<th>Likelihood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Welfare</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Infrastructure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza pandemic</td>
<td>Catastrophic—significant fatalities, illness, loss of essential services due to absenteeism.</td>
<td>Minor</td>
</tr>
</tbody>
</table>
4. Position on Risk Matrix

5. Prevention/Control/Mitigation Measures in Place

- Plans have been developed from the work of expert groups in the HSE on vaccines and antiviral medicines, surveillance, communications, case management, laboratory operation, personnel and supplies.
- In the event of a pandemic antiviral medicine (drugs used to treat influenza) will be given to people who are infected with the flu virus.

6. Risk Management Approach: Prevention/Control/Mitigation Measures Required

- Identify essential functions and posts whose absence would place business continuity at particular risk.
- Put in place measures to maintain core business activities for several weeks with high levels of staff absenteeism.
- Identify which services could be curtailed or closed down during all, or the most intense period, of the pandemic.
- Identify inter-dependencies between organisations and make sure they are resilient. For example, suppliers delivering services under contract should have arrangements in place to continue to provide their service.
- Ensure employees are aware of official advice on how to reduce the risk of infection during a pandemic. (This will be available as part of the HSE communications plan during a pandemic)
- Ensure that adequate hygiene (e.g. hand-washing) facilities are routinely available.
Stage 4 Emergency Management North West Region - Risk Matrix

The scores from the Risk assessment in section 3 are recorded on the Matrix below.
### Populated Islands Area 1 (Census 2016)

<table>
<thead>
<tr>
<th>Location</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Donegal</strong></td>
<td></td>
</tr>
<tr>
<td>Toraigh</td>
<td>199</td>
</tr>
<tr>
<td>Arainn Mhór</td>
<td>469</td>
</tr>
<tr>
<td>Inis Bó Finne</td>
<td>2</td>
</tr>
<tr>
<td>Gabhla</td>
<td>5</td>
</tr>
<tr>
<td>An Chruit</td>
<td>60</td>
</tr>
<tr>
<td><strong>Sligo</strong></td>
<td></td>
</tr>
<tr>
<td>Dernish</td>
<td>1</td>
</tr>
<tr>
<td>Coney</td>
<td>2</td>
</tr>
</tbody>
</table>
Appendix B Road Map of Ireland

This map shows motorways and major roads throughout the island of Ireland.
Appendix B Road Map of Ireland
Appendix D Bord Gáis Pipe Network
Appendix 15.4 National Ambulance Service Stations and Receiving Hospital Locations in Area 1

Hospitals

Ambulance Stations
Appendix 15.5 Casualty Bureau and Role of the Coroner

Protocol Between An Garda Síochána and the HSE

Introduction

In the event of a Major Emergency involving a significant number of casualties, An Garda Síochána will establish a Casualty Bureau to collect and collate the details of all casualties and survivors, in accordance with Clause 5.7.4 of A Framework for Major Emergency Management (2006).

This is a critical element of the total envelop of care, provided by the Principal Response Agencies for casualties, their relatives and friends in the aftermath of a Major Emergency.

Hospital Role

When the Garda Team arrives at a hospital, it is important that people and procedures are in place (as detailed in the Hospital Major Emergency Plan) to accommodate the arrival and work of the Team.

To achieve this, each hospital, which may receive casualties from a Major Emergency, must have (as far as possible):

- A nominated individual (with alternates), who will act as liaison officer between the hospital and the Garda Documentation Team, ie The Hospital /Garda Casualty Liaison Officer
- A location (office) where the Garda Casualty Team can work, which has
  - a telephone (or preferably 2)
  - a fax machine
  - access to a photocopier

Key Information

The Garda Casualty Form is an extensive document, but the key information fields that the Garda Documentation Team will be seeking to complete, in the case of each individual casualty, are

- Hospital Patient Reference Number
- Surname
- Forename
- Date of Birth (or Approximate Age)
- Sex
- Condition
  - Minor Injuries
- Seriously Injured
- Life threatening injuries
- Deceased

Obviously in the case of some casualties (for example unconscious casualties) some of this key information may not be available.

Other information fields, such as current address, nationality and details of next of kin, will be completed, where practical.

**Further Information:**

An Garda Síochána will provide the services of a Casualty Bureau in conjunction with the other two Principal Response Agencies.

**Casualty Information**

The accuracy of information in relation to casualties is of vital importance and the key information sought must be verified before distribution to media outlets. The following is an indication of the core information required in the aftermath of a Major Disaster:

- How many were killed or injured
- Of those injured, how serious is their condition
- How many uninjured of the total involved
- Were any of the victims prominent persons
- Where were those involved in the aftermath of the incident e.g. Hospitals, Rest Centres, Friends / Relatives Reception Centre
  - Facilities to deal with injured / deceased

**Release of Casualty Bureau number to the Press and to the Public**

The release of the dedicated Casualty Bureau number will via the media will be processed through the Garda Press Office in conjunction with the Casualty Bureau Supervisor and Senior Officer in Charge of the incident.

It is worth noting that there is a time lag between the activation of procedures to establish the Casualty Bureau and activation of the dedicated call centre at Garda Headquarters.

Advice to the public (via the media) will be given through the Garda Press Office of when the Casualty Bureau dedicated telephone lines are operational.

An Garda Síochána will request families of persons missing to **nominate one Person to contact the help lines / casualty bureau** to minimise the number of queries, duplicate records and as far as possible the burden on the recording system and personnel involved.

**Closure of Casualty Bureau**

Closure of the Casualty Bureau will take place after consultation between the Casualty Bureau Supervisor and the Senior Garda Officer in charge of the incident and Inspector in charge Garda Communications Centre, Harcourt Square.
The Role of the Coroner

The Coroner is an independent judicial officer, who has responsibility for investigating all sudden, unexplained, violent or unnatural deaths. It is the task of the Coroner to establish the ‘who, when, where and how’ of unexplained deaths. All such deaths in Ireland are investigated under the Coroners’ Act, 1962.

The Coroners’ Act, 1962

S 17.—Subject to the provisions of this Act, where a coroner is informed that the body of a deceased person is lying within his district, it shall be the duty of the coroner to hold an inquest in relation to the death of that person if he is of opinion that the death may have occurred in a violent or unnatural manner, or suddenly and from unknown causes or in a place or in circumstances which, under provisions in that behalf contained in any other enactment, require that an inquest should be held.

The Coroner has overall responsibility for the identification of bodies and remains and s/he is entitled to exclusive possession and control of a deceased person until the facts about their death have been established. A full post-mortem and forensic examination will be carried out on every body from a major emergency and each death will be the subject of an Inquest. The post-mortem is carried out by a Pathologist, who acts as the ‘Coroners Agent’ for this purpose.
List of Coroners Districts

The coroner’s districts listed in the appropriate Garda Division Major Emergency Plan. The districts are roughly equivalent to Local Authority areas, although there are some cases where a number of Coroners operate in the same Local Authority area. Each of the districts has one Coroner and a Deputy Coroner, who acts for the Coroner in the event of absence or illness. All Coroners must be either registered medical practitioners or practising solicitors or barristers for five years. All Coroners currently work part-time.

Planning for Fatalities

Multiple fatalities are a feature of many major emergencies and each Principal Response Agency should have robust arrangements in place, which set out that agency’s role in dealing with fatal casualties. Once rescue is complete, and there are no further live casualties at the site, the focus of work there turns to evidence recovery. No removal/recovery of the dead will usually take place without the Coroner’s authority, except as provided for in Section 5.7.2 of the Framework.

The following table shows sequentially the stages for dealing with fatal casualties and the agency responsible for each stage:

<table>
<thead>
<tr>
<th>Stage</th>
<th>Who</th>
<th>Action</th>
<th>Facilities Required</th>
<th>Who may assist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finding the casualty</td>
<td>Any agency</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recognising as dead</td>
<td>Doctor or Paramedic</td>
<td>Label casualty as ‘DEAD’</td>
<td>Triage Labels</td>
<td></td>
</tr>
<tr>
<td>Pronouncing dead</td>
<td>Doctor</td>
<td>Sign Triage Label with date and time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-situ Forensic examination and recording</td>
<td>Garda</td>
<td>Gather evidence and photograph</td>
<td>Forensic kits</td>
<td>Forensic Pathologist</td>
</tr>
<tr>
<td>Removal of remains to Body Holding Area</td>
<td>Garda</td>
<td>Move body and maintain chain of evidence</td>
<td>Designated Body Holding Area</td>
<td>Local Authority</td>
</tr>
<tr>
<td>Removal of body to Mortuary/Temporary Mortuary</td>
<td>Garda</td>
<td>Move body and maintain chain of evidence</td>
<td>Designated Body Holding Area</td>
<td>Undertakers</td>
</tr>
<tr>
<td>Identification</td>
<td>Garda</td>
<td>Casualty Identification Form</td>
<td></td>
<td>Specialist teams</td>
</tr>
<tr>
<td>Notification of relatives</td>
<td>Garda</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Viewing for identification purposes</td>
<td>Garda</td>
<td>Viewing facilities</td>
<td>Next of kin/ relation/ friend/ Psychosocial Support</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stage</th>
<th>Who</th>
<th>Action</th>
<th>Facilities Required</th>
<th>Who may assist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Viewing for grieving</td>
<td>Garda</td>
<td></td>
<td>Viewing facilities</td>
<td>HSE staff,</td>
</tr>
<tr>
<td>Purpose</td>
<td>Clerk/psycho-social support</td>
<td>Mortuary Pathology technicians</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-----------------------------</td>
<td>--------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post Mortem</td>
<td>Pathologist</td>
<td>Suitably equipped mortuary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certification of Death</td>
<td>Registrar of Deaths</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handover to relatives</td>
<td>Garda</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burial/Cremation</td>
<td>Family or Local Authority</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criminal Investigation (if appropriate)</td>
<td>Garda</td>
<td>Investigation of criminal responsibility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inquest (in the case of criminal investigation the inquest will be adjourned until investigation complete)</td>
<td>Coroner</td>
<td>Determination of cause of death</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 15.6 Marine and Off-shore incidents and Medico Cork

In the event of a medical emergency at sea the Principal Emergency Service responsible for the initiation, control and co-ordination of maritime emergencies in Irish territorial waters, harbours and coastline is the Irish Coast Guard.

The major emergency plans of the principal response agencies may be activated by one of those agencies in response to a request to the Irish Coast Guard following a threatened or actual emergency in the Irish Maritime Search and Rescue Region.

Emergency Medical Advice in Marine and Off-shore Islands

Medical Emergencies that arise at sea and on islands have unique issues caused by the distance from shore. These incidents may not of themselves constitute a Major Emergency as provided for in the Framework however they do present some challenges different from a land based small-scale emergency.

To provide a response to this geographic isolation EU regulations [EC Council Directive 92/29/EEC] stipulate that every country must have one receiving hospital to take calls from the Coast Guard from seagoing vessels which require medical advice.

In accordance with Section 9 (1) of S.I. No. 506 of 1997, the Department of Communications, Marine and Natural Resources* has designated Cork University Hospital as the Radio Medical Consultation Centre for Ireland. It was designated as the Radio Medical Consultation Centre for Ireland by Marine Notice 28 of 2001. (Also, called a Notice to Mariners NTM) *Note: The relevant marine emergency functions of the Department of Communications, Marine and Natural Resources were transferred to the Department of Transport on and from 1 January 2006.

The Maritime Medical Consultation Unit of CUH is MEDICO** Cork. The unit is available to provide vessels at sea with free medical advice by radio on a 24 hour basis.

***"MEDICO" is a radio nickname for medical service. There is MEDICO Madrid, MEDICO Rome and so on. So for example if a Spanish Trawler wanted medical advice in Irish waters it would most likely be put in contact with MEDICO Madrid.

The unit can be contacted through the Irish Coast Guard Radio Stations at Dublin, Valentia and Malin Head. The Coast Guard plays a pivotal role in the service facilitating three-way communication between the sea-going vessel and the emergency department CUH where there is a designated Medico Cork phone. All calls are then dealt with by a consultant or registrar.

Extension of Medico Cork advice to Off-shore Islands

Air Ambulance Operations Notice 2/08 Dated: 24th January, 2008 extends the On-line advice from Medico, Cork to assist the national ambulance service in providing similar advice.

This will apply in situations where a call for an emergency helicopter transfer is received from an off-shore Island.
In order to ensure that helicopter resources are properly used and that the appropriate patients receive this service, the EMC dealing with such calls will use the following procedure:

The EMC will patch the caller through to Medico Cork where a senior emergency care practitioner will discuss the details of the patient's condition with the caller, give appropriate medical advice and provide a direction on the category of the medical emergency.

The EMC will respond to this advice to meet the needs of the patient concerned in accordance with National Ambulance Service protocols.

**Method of Contact with Medico Cork**

All calls for assistance from Medico Cork which fall within the guidelines should be directed to the Irish Coast Guard at:

**DUBLIN (Marine Rescue Co-ordination Centre, MRCC)**

01- 6620922 / 6620923

**VALENTIA (Kerry)**

066 – 9476109

**MALIN HEAD (Donegal)**

077 - 70103

Or alternatively Dial **112/999** as ask for the Coast Guard and the Coast Guard will initiate the contact with Medico Cork.
Aide Memoire on Seeking Defence Forces Assistance in Aid to the Civil Authority

1. 1 Brigade are tasked by Defence Force Headquarters to be prepared to provide Aid to the Civil Authority\(^1\) (ACA) within the Brigade’s Area of Operations (AO). For ACA purposes only, 1 Brigade AO covers the counties of Cork, Kerry, Limerick, Clare, Tipperary, Waterford, Kilkenny, Wexford, Carlow, Galway, Mayo and Roscommon.

2. Operations Section, 1 Brigade, which is located in Collins Barracks, Cork is the point of contact for agencies seeking ACA within this AO.

3. Troops responding to requests will normally be deployed from either Collins Barracks in Cork, Sarsfield Barracks in Limerick, Stephens Barracks in Kilkenny or Dún Uí Mhaolíosa (Renmore Barracks) in Galway. In time critical situations, direct contact may be made with the Barracks.

4. As the Defence Forces are not a Principal Response Agency in terms of Emergency Management a lead in time is required before 1 Brigade are in a position to respond to requests. This lead in time will be dependent on the type and timing of the request. It is therefore recommended that agencies include the Defence Forces in contingency planning regarding potential Emergency Situations.

5. Operations Section, 1 Brigade is contactable by telephone 24 hours a day, 7 days a week.

6. The attached proforma outlines the contact details of Operations Section, Collins Barracks and of the other Barracks. It also contains the information required regarding the requested Operation. It is assumed that the agency seeking assistance will vet and prioritise all internal requests for support prior to contacting the Defence Forces.

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\(^1\) The term Civil Authority generally refers to Government Departments, Local Authorities and the Health Service Executive.
# Request for Defence Forces Assistance in Aid to Civil Authority

- To be submitted by telephone or fax to Current Operations Section, 1 Brigade, Collins Barracks, Cork.
- Between 0830 and 1630 Monday to Friday telephone 021 4514113, 021 4514266 or fax 021 4502666. At all other times telephone 021 4514115 (1 Bde Duty Officer).
- Barracks Contact details:
  - Sarsfield Barracks: PH: 061 314233  FAX: 061 416216
  - Stephens Barracks: PH: 056 7721174  FAX: 056 7722533
  - Dún Uí Mhaoldíosa: PH: 091 751156  FAX: 091 752616

<table>
<thead>
<tr>
<th>Request From: (Name, Title &amp; Agency)</th>
<th>Contact Numbers:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date &amp; Time Required:</td>
<td></td>
</tr>
<tr>
<td>Nature of Task: (Is specialist equipment required?)</td>
<td></td>
</tr>
<tr>
<td>Location of Task:</td>
<td></td>
</tr>
<tr>
<td>Rendezvous Point:</td>
<td></td>
</tr>
<tr>
<td>Point of Contact for military at RV:</td>
<td></td>
</tr>
<tr>
<td>Contact Numbers of POC:</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 15.8 Defence Forces Aide to Civil Authority (2 Brigade)

Aide Memoire on Seeking Defence Forces Assistance in Aid to the Civil Authority

1. 2 Brigade is tasked by Defence Force Headquarters to be prepared to provide Aid to the Civil Authority\(^1\) (ATCA) within the Brigade’s Area of Operations. The 2 Brigade provides ATCA cover to the following Major Emergency Management (MEM) Areas and the associated counties outlined in Table 1. Troops responding to requests will normally be deployed from the Barracks responsible for each MEM area.

<table>
<thead>
<tr>
<th>MEM Areas</th>
<th>Counties</th>
<th>Barracks Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>East</td>
<td>Dublin, Kildare, Wicklow</td>
<td>Cathal Brugha Barracks, Rathmines, Dublin</td>
</tr>
<tr>
<td>Midlands</td>
<td>Longford, Westmeath, Offaly, Laois</td>
<td>Custome Barracks, Athlone, Co Westmeath</td>
</tr>
<tr>
<td>North East</td>
<td>Cavan, Monaghan, Meath, Louth</td>
<td>Aiken Barracks, Dundalk, Co Louth</td>
</tr>
<tr>
<td>North West</td>
<td>Donegal, Sligo, Leitrim</td>
<td>Finner Camp, Co Donegal</td>
</tr>
</tbody>
</table>

Table 1

2. Agencies requesting assistance should contact Operations Section, 2 Brigade, which is contactable by telephone 24 hours a day, 7 days a week and is located in Cathal Brugha Barracks, Dublin.

<table>
<thead>
<tr>
<th>Timings</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>0830 -1630 Monday to Friday</td>
<td>Telephone: 01 8046218</td>
</tr>
<tr>
<td></td>
<td>Facsimile: 01 4974027</td>
</tr>
<tr>
<td>1630 – 0830 Monday to Friday weekends and Public Holidays</td>
<td>Telephone: 01 8046294</td>
</tr>
<tr>
<td></td>
<td>Facsimile: 01 4974027</td>
</tr>
</tbody>
</table>

Table 2

3. As the Defence Forces are not a Principal Response Agency in terms of Emergency Management a lead in time is required before 2 Brigade are in a position to respond to requests. This lead in time will be dependent on the type and timing of the request. It is therefore recommended that agencies include the Defence Forces in contingency planning regarding potential Emergency Situation.

4. The attached proforma Annex A should be completed when requesting ATCA from the Defence Forces. It is assumed that the agency seeking assistance will vet and prioritise all internal requests for support prior to contacting the Defence Forces.

5. Annex B outlines the 2 Brigade areas of responsibility for the provision of Aid to the Civil Authority to the MEM areas.

\(^1\) The term Civil Authority generally refers to Government Departments, Local Authorities and the Health Service Executive.
# Annex A

## Request for Defence Forces Assistance in Aid to Civil Authority

| Request From: |  
|----------------|---|
| (Name, Title & Agency e.g. Government Departments, Local Authorities and the Health Service Executive) |  

| Contact Names: |  
|----------------|---|

| Contact Numbers: |  
|----------------|---|

| Date & Time Required: |  
|----------------|---|

| Nature of Task: |  
|----------------|---|
| (Is specialist equipment required?) |  

| Location of Task: |  
|----------------|---|

| Rendezvous Point: |  
|----------------|---|
| (If not the same as the Location of Task) |  

| Point of Contact at Location of Task: |  
|----------------|---|
| (or Rendezvous point) |  

| Point of Contact Telephone Number: |  
|----------------|---|

Submit by telephone or fax the above information to Current Operations Section, Cathal Brugha Barracks, Rathmines.

| 0830 – 1630 Monday to Friday | Telephone: 01 8046218  
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Facsimile: 01 4974027</td>
<td></td>
</tr>
</tbody>
</table>

| 1630 – 0830 Monday to Friday, Weekends and Public Holidays | Telephone: 01 8046294  
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Facsimile: 01 4974027</td>
<td></td>
</tr>
</tbody>
</table>

### For Defence Forces Use Only

| Defence Forces Task Number: |  
|----------------|---|

| Action Taken: |  
|----------------|---|
Appendix 15.9 Directory of Contacts

(Available on request from HSE West Emergency Management Office)
Appendix 15.10 Glossary of Terms and Acronyms

**Ambulance Loading Point**
An area, close to the Casualty Clearing Station, where casualties are transferred to ambulance for transport to hospital.

**Body Holding Area**
An area, under the control of An Garda Síochána, where the dead can be held temporarily until transferred to a Mortuary or Temporary Mortuary.

**Business Continuity**
The processes and procedures an organisation puts in place to ensure that essential functions can continue during and after an adverse event.

**Casualty**
Any person killed or injured during the event. (For the purpose of the Casualty Bureau it also includes survivors, missing persons and evacuees).

**Casualty Bureau/Casualty Information Centre**
Central contact and information point, operated by An Garda Síochána, for all those seeking or providing information about individuals who may have been involved.

**Casualty Clearing Station**
The area established at the site by the ambulance service, where casualties are collected, triaged, treated and prepared for evacuation.

**Casualty Form**
A standard form completed in respect of each casualty and collated in the Casualty Bureau.

**Civil Protection**
The term used in the European Union to describe the collective approach to protecting populations from a wide range of hazards.

**Collaboration**
Working jointly on an activity.

**Command**
The process of directing the operations of all or part of the particular service (or group of services) by giving direct orders.
Control

The process of influencing the activity of a service or group of services, by setting tasks, objectives or targets, without necessarily having the authority to give direct orders.

Controller of Operations

The person given authority by a Principal Response Agency to control all elements of its activities at and about the site.

Co-operation

Working together towards the same end.

Co-ordination

Bringing the different elements of a complex activity or organisation into an efficient relationship through a negotiated process.

Cordons

The designated perimeters of an emergency site, with an Outer Cordon, an Inner Cordon, a Traffic Cordon and a Danger Area Cordon, as appropriate.

Crisis Management Team (CMT)

A strategic level management group, which consists of senior managers from within the Principal Response Agency, which is assembled to manage a crisis and deal with issues arising for the agency both during the emergency and the subsequent recovery phase.

Danger Area

An area where there is a definite risk to rescue personnel, over and above that which would normally pertain at emergency operations.

Decision Making Mandate

Establishes the envelopes of empowered activity and decision making to be expected, without references to higher authorities.

Decontamination

A procedure employed to remove hazardous materials from people and equipment.

Emergency Response

The short term measures taken to respond to situations which have occurred.
**Evacuation Assembly Point**

A building or area to which evacuees are directed for onward transportation.

**Friends and Relatives Reception Area**

A secure area, operated by An Garda Síochana, for the use of friends and relatives arriving at or near the site of the emergency.

**Garda Code Instructions**

A document containing instructions, legislation, processed and procedures in respect of the day-to-day management of An Garda Síochana.

**Hazard**

Any phenomenon with the potential to cause direct harm to members of the community, the environment or physical infrastructure, or being potentially damaging to the economic and social infrastructure.

**Hazard Identification**

A stage in the Risk Assessment process where potential hazards are identified and recorded.

**Hazard Analysis**

A process by which the hazards facing a particular community, region or country are analysed and assessed in terms of the threat/risk which they pose.

**Holding Area**

An area at the site, to which resources and personnel, which are not immediately required, are directed to await deployment.

**Hospital Casualty Officer**

The member of An Garda Síochána responsible for collecting all information on casualties arriving at a receiving hospital.

**Impact**

The consequences of a hazardous event being realised, expressed in terms of a negative impact on human welfare, damage to the environment or the physical infrastructure or other negative consequences.

**Information Management Officer (IMO)**

A designated member of the support team of a Principal Response Agency who has competency/training in the area of information management.
Information Management System
A system for the gathering, handling, use and dissemination of the information.

Investigating Agencies
Those organisations with a legal duty to investigate the causes of an event.

Lead Agency
The Principal Response Agency that is assigned the responsibility and mandate for the co-ordination function.

Likelihood
The probability or chance of an event occurring.

Local Co-ordination Centre
A pre-nominated building, typically at county or sub-county level, with support arrangements in place, and used for meetings of the Local Co-ordination Group.

Local Co-ordination Group
A group of senior representatives from the three Principal Response Agencies (An Garda Síochána, HSE and Local Authority) whose function is to facilitate strategic level co-ordination, make policy decisions, liaise with regional/national level co-ordination centres, if appropriate, and facilitate the distribution of information the media and the public.

Major Emergency Management
The range of measures taken under the five stages of emergency management paradigm.
**Major Emergency Plan**

A plan prepared by one of the Principal Response Agencies.

**Major Emergency**

Any event which usually with little or no warning, causes or threatens death or injury, serious disruption of essential services, or damage to property, the environment or infrastructure beyond the normal capabilities of the principal emergency services in the area in which the event occurs, and requiring the activation of specific additional procedures to ensure effective, co-ordinated response.

**Media Centre**

A building/area specifically designated for use by the media, and for liaison between the media and the Principal Response Agencies.

**Media Holding Statements**

Statements that contain generic information that have been assembled in advance, along with preliminary incident information that can be released in the early stages of the emergency.

**Mitigation**

A part of risk management and includes all actions taken to eliminate or reduce the risk of people, property and the environment from hazards which threaten them

**Mutual Aid**

The provision of services and assistance by one organisation to another.

**National Emergency Co-ordination Centre**

A centre designated for inter-departmental co-ordination purposes.

**On – Site Co-ordinator**

The person from the lead agency with the role of co-ordinating the activities of all agencies responding to an emergency.

**On-Site Co-ordination Centre**

Specific area/facility at the Site Control Point where the On-site Co-ordinator is located and the On-site Co-ordination group meet.

**On-Site Co-ordination Group**

Group that includes the On-Site Co-ordinator and the Controllers of Operations of the other two agencies, an Information Management Officer, a Media Liaison Officer and others as appropriate.
Operational Level
The level at which the management of hands-on work is undertaken at the incident site(s) or associated areas.

Principal Emergency Services (PES)
The services which respond to normal emergencies in Ireland, namely An Garda Síochána, the Ambulance Service and the Fire Service.

Principal Response Agencies (PRAs)
The agencies designated by the Government to respond to Major Emergencies i.e. An Garda Síochána, The HSE and the Local Authorities.

Protocol
A set of standard procedures for carrying out a task or managing a specific situation.

Receiving Hospital
A hospital designated by the HSE to be a principal location to which major emergency casualties are directed. (24 hour Emergency Department)

Recovery
The process of restoring and rebuilding communities, infrastructure, buildings and services.

Regional Co-Ordination Centre
A pre-nominated building, typically at regional level, with support arrangements in place and used by the Regional Co-ordination Group.

Regional Co-Ordination Group
A group of senior representatives of all relevant Principal Response Agencies, whose function is to facilitate strategic level co-ordination at regional level.

Rendezvous Point (RVP)
The Rendezvous Point is the location to which all resources responding to the emergency site are directed in the first instance. An Garda Síochána will organise the Rendezvous Point. Other services may have one of their officers present to direct responding vehicles into action or to that service’s Holding Area.

Response
The actions taken immediately before, during and/or directly after an emergency.
Resilience

The term used to describe the inherent capacity of communities, services and infrastructure to withstand the consequences of an incident, and to recover/restore normality.

Rest Centre

Premises where persons evacuated during an emergency are provided with appropriate welfare and shelter.

Risk

The combination of the likelihood of a hazardous event and its potential impact.

Risk Assessment

A systematic process of identifying and evaluating either qualitatively or quantitatively, the risk resulting from specific hazards.

Risk Holders

Organisations and companies, which own and/or operate facilities and/or services where relevant hazards are found, such as Airlines, Chemical Manufacturers etc..

Risk Management

Actions taken to reduce the probability of an event occurring or to mitigate its consequences.

Risk Matrix

A matrix of likelihood and impact on which the results of a risk assessment are plotted.

Risk Regulators

Bodies with statutory responsibility for the regulation of activities where there are associated risks, such as the Health and Safety Authority, the Irish Aviation Authority, etc.

Scenario

A hypothetical sequence of events usually based on real experiences or on a projection of the consequences of hazards identified during the risk assessment process.
SEVESO Sites

Industrial sites that, because of the presence of dangerous substances in sufficient quantities, are regulated under Council Directive 96/82/EC and 2003/105/EC, commonly referred to as the Seveso II Directive.

Site Casualty Officer

The Member of An Garda Síochána with responsibility for collecting all information on casualties at the site.

Site Control Point

The place at a major emergency site from which the Controllers of Operations control, direct and co-ordinate their organisation’s response to the emergency.

Site Medical Officer

The medical officer with overall medical responsibility at the site, who will liaise with the health service Controller of Operations on all issues related to the treatment of casualties.

Site Medical Team

A team drawn from a pre-arranged complement of doctors and nurses, with relevant experience and training, which will be sent to the site, if required.

Site Medical Plan

The arrangement of the elements of a typical major emergency site, matched to the terrain of the emergency, as determined by the On-Site Co-ordination Group.

Standard Operating Procedures (SOPs)

Sets of instructions, covering those features of an operation that lend themselves to a definite or standardised procedure, without loss of effectiveness.

Support Team

A pre-designated group formed to support and assist individuals operating in key roles, such as On-Site Co-ordinate, Chair of Local Co-ordination Group, etc.

Strategic Level

The level of management that is concerned with the broader and long-term implications of the emergency and which established the polices and framework within which decisions at the tactical level are taken.
**Survivor Reception Centre**

Secure location to which survivors, not requiring hospital treatment, can be taken for shelter, first aid, interview and documentation.

**Tactical Level**

The level at which the emergency is managed, including issues such as, allocation of resources, if required, and the planning and co-ordination of ongoing operations.

**Temporary Mortuary**

A building or vehicle adapted for temporary use as a mortuary in which post mortem examinations can take place.

**Triage**

A process of assessing casualties and deciding the priority of their treatment/or evacuation.

**Acronyms**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAIU</td>
<td>Air Accident Investigation Unit</td>
</tr>
<tr>
<td>CCBRN</td>
<td>Conventional Explosive, Chemical, Biological, Radiological or Nuclear</td>
</tr>
<tr>
<td>CMT</td>
<td>Crisis Management Team</td>
</tr>
<tr>
<td>EOD</td>
<td>Explosive Ordnance Disposal</td>
</tr>
<tr>
<td>ICG</td>
<td>Irish Coast Guard</td>
</tr>
</tbody>
</table>

**METHANE**

- Major Emergency Declared
- Exact Location of the emergency
- Type of Emergency (Transport, Chemical, etc...)
- Hazards present and potential
- Access/egress routes
- Number and Types of Casualties
- Emergency Services present and required
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOU</td>
<td>Memorandum of Understanding</td>
</tr>
<tr>
<td>NEPNA</td>
<td>National Emergency Plan for Nuclear Accidents</td>
</tr>
<tr>
<td>NOTAM</td>
<td>Notice to Airmen</td>
</tr>
<tr>
<td>PDF</td>
<td>Permanent Defence Forces</td>
</tr>
<tr>
<td>PES</td>
<td>Principal Emergency Services</td>
</tr>
<tr>
<td>PRA</td>
<td>Principal Response Agency</td>
</tr>
<tr>
<td>RVP</td>
<td>Rendezvous Point</td>
</tr>
<tr>
<td>SAR</td>
<td>Search and Rescue</td>
</tr>
<tr>
<td>SLA</td>
<td>Service Level Agreement</td>
</tr>
<tr>
<td>SOP</td>
<td>Standard Operating Procedure</td>
</tr>
<tr>
<td>VIP</td>
<td>Very Important Person</td>
</tr>
</tbody>
</table>
Appendix 15.11 North West Interagency Media Communications Plan

(Available on request from HSE West Emergency Management Office)