Interim

HSE South East (Area 5)

Emergency Plan

(Covering Geographical Areas of Counties Carlow, Kilkenny, South Tipperary, Waterford and Wexford)

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Revision Date	Biennial	**Responsibility for Review and Audit**	Area Emergency Management Group

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EMH EMERGENCY MANAGEMENT HEALTH

COMMON PAGE

(A version of these pages appears in the Major Emergency Plan of each 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:

NEOC **National Emergency Operations Centre**	**Emergency**	**Non-Emergency**
	999/112	0818 724 112

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 South East 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)

M	**Major Emergency Declared**
E	**Exact Location of the emergency**
T	**Type of Emergency (Transport, Chemical, etc.)**
H	**Hazards, present and potential**
A	**Access/egress routes**
N	**Number and types of Casualties**
E	**Emergency services present and required ETHANE 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:

Local Authorities/Fire Service	**MEM dedicated line**	Back up admin number
Munster Regional Control Centre	**061 319654**	061 411398
Eastern Regional Control Centre	**01 6713951**	01 6778221

Gardai	Telephone number	
Kilkenny /Carlow	056 7775000	059 9136620
Waterford	051 305300	
Wexford	051 9165200	
Tipperary (Clonmel)	052 6177640	

If these numbers are not answered use 999/112

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).***

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SECTION 1

1.1 FOREWORD

Major Emergency Management (MEM) is a priority issue for all HSE services/functions in the South East (Carlow, Kilkenny, Waterford, Wexford and South Tipperary) covering all services in South East Community Healthcare, St Luke's General Hospital, University Hospital Waterford, Wexford General Hospital and South Tipperary General Hospital, the National Ambulance Service, Public Health, Environmental Health, HSE Estates, IT and procurement functions.

MEM is fundamentally about ensuring that the necessary planning, preparedness, response capacity and recovery considerations are in place at all levels of the health service to enable the services meet the challenges posed by such events. As it is not possible to foresee all possible adverse events, an all hazards approach has been taken, which may be adapted in the light of prevailing circumstances.

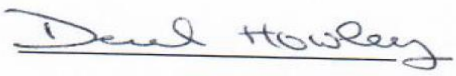
The HSE South East Emergency Plan has been developed in accordance with the requirements set out in the National Framework for Major Emergency Management (2006), and sets out mechanisms for coordination at all levels of Major Emergency Management – on site, at local level and at regional level.

This plan is supported by a series of sub-plans covering directorates, hospitals, sites, services and departments. It is designed to integrate with corresponding plans from the other Principal Response agencies (PRAs) of the Local Authorities and An Garda Síochána and also with the emergency plans for specific sites such as those classified as upper tier sites under the Seveso (Control of Major Accidents Hazards) regulations.

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

Kate Killeen White

Chief Officer SECH



Derval Howley

Chair, Area Emergency Management Group

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.

http://hsenet.hse.ie/Emergency_Management/Generic_Plans_for_Major_Emergencies/ or http://www.mem.ie

1.3 OBJECTIVES

- To provide a system of delivering the HSE functions in the South East when a Major Emergency has been declared as set out in Section 2.1.1.
- To provide for the protection and care of the public at times of vulnerability when a Major Emergency has been declared.
- 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 ensure the maintenance of 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 HSE South East CMT as early 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 HSE South East area. These may arise from major transport accidents, fires, acts of terrorism, severe weather and outbreaks of disease, spillage or release of hazardous substances. (See South East Risk assessment)

The plan consists of two distinct parts.

- The Plan proper which uses the common standard procedures as per the framework for Major Emergency Management 2006 throughout the South East Region.

- The Appendices e.g. South East Risk Assessment, Directory of Contacts, Garda Casualty Bureau, Media Plan, Maps etc.

This plan provides 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 HSE South East CMT in responding to a Major Emergency.

1.5 RELATIONSHIP TO OTHER PLANS

This plan has been prepared in accordance with Section 4.1 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 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).

A Major Emergency can only be declared by an authorised officer of one of the Principal Response Agencies (PRAs).

The designated authorised officers of the PRAs are outlined in Section 7.1.2

1.7 DISTRIBUTION

This HSE South East Major Emergency Plan is available for HSE Staff and PRAs on the HSE website:

http://www.hse.ie/eng/services/list/3/emergencymanangement/

1.8 PUBLIC ACCESS TO THE PLAN

A copy of this HSE South East Major Emergency Plan with the confidential contact telephone numbers and other personal information removed is available on the HSE Website.

http://www.hse.ie/eng/services/list/3/emergencymanangement/

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 provides its services under the following:

- South East Community Healthcare
- Acute Hospital Divisions
    - Ireland East Hospital Group
    - South/South West Hospital Group
- National Ambulance Service
- Public Health Department
- Environmental health
- Estates
- IT
- Procurement

2.2 FUNCTIONS OF THE HSE

In accordance with Appendix F5 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 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
- 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

- 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, the National Ambulance Service (NAS), Acute Hospitals Division, Community Healthcare Organisation (CHO), Public Health (PH) Services, Communications (Comms) as part of the HSE South East CMT.

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

HSE Roles	**Responsible HSE Services**
Declaration of a Major Emergency and notifying the other two relevant PRA's	**Authorised Officers in the:** • National Ambulance Service (NAS) • Public Health (PH) • Acute Hospitals Division • Community Healthcare Organisations Notification – Both internal and external notification to be carried out by NAS National Emergency Operations Centre (NEOC).

Activation of predetermined procedures/arrangements in accordance with its Major Emergency Mobilisation Procedure	NAS
Acting as "lead agency", where this is determined in accordance with Appendix F9 (of Framework), and undertaking the specified coordination function	HSE South East CMT & Public Health Department, HSE South East
Provision of medical advice and assistance	NAS Acute Hospitals Division CHO Public Health
Provision of medical aid to casualties at the site	NAS
Triage of casualties, and assigning them to hospitals	NAS
Casualty evacuation and ambulance transport	NAS
Provision of hospital treatment	Acute Hospitals Division

Provision of psycho-social support for persons affected by the emergency	South East Community Healthcare
Certification of the dead	Acute Hospitals Division/ CHO
Support for An Garda Síochána's forensic work	All services as appropriate
Support for the Coroner's role	All Services as appropriate
Clinical decontamination and decontamination of contaminated persons on arrival at hospital	Hospitals and NAS
Maintaining essential health services during the major emergency	HSE South East CMT and All Services
Advice and assistance to An Garda Síochána and Local Authorities on public health issues arising	HSE South East CMT & Public Health Department, HSE South East
Exercise control of any voluntary or other service which it mobilises	NAS

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-ordinating / undertaking any countermeasures in its functional area which are required/ recommended by an appropriate national body	All services via the HSE South East CMT
Any other function, related to its normal functions, which is necessary for the management of the emergency/ crisis	Relevant Responding Service
Any function which the On-Site Co-ordinator requests it to perform	Relevant Responding Service

2.2 BOUNDARIES AND CHARACTERISTICS OF THE AREA

HSE South East comprises of the counties of Carlow, Kilkenny, Waterford, Wexford and South Tipperary.

SECTION 3 RISK ASSESSMENT FOR THE AREA

The Risk Assessment for HSE South East is set out in Appendix 15.3 of this plan.

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 CRISIS MANAGEMENT TEAM (CMT)

The CMT consists of the senior managers representing all functions and services in the HSE South East area. (See section 6.2). It meets initially by Teleconference and if required at HSE South East CMT facilities located at St Canice's Hospital Complex, Dublin Road Kilkenny. The CMT is chaired by the Chief Officer (CO), or his/her alternate. The CMT is alerted by a text alert system and is called into conference session about 15 - 30 minutes after the declaration of a major emergency.

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

4.1.2 THE NATIONAL AMBULANCE SERVICE (NAS)

The National Ambulance Service provides the first HSE response to a Major Emergency.

NATIONAL EMERGENCY OPERATIONS CENTRE

The National Ambulance Service (NAS) also plays a key role in the activation of HSE South East'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 care.

4.1.3 ACUTE HOSPITALS DIVISION

There are 4 receiving Hospitals (24 hour Emergency Department Facilities) in the HSE South East.

- St Luke's General Hospital, Kilkenny
- Wexford General Hospital
- University Hospital Waterford
- South Tipperary General Hospital

The activities undertaken by the hospitals in the HSE South East in response to a Major Emergency will be directed by the HSE South East CMT.

4.1.4 COMMUNITY HEALTH CARE ORGANISATIONS (CHOS).

During a Major Emergency, and particularly in the aftermath, the CHO will play a vital role in caring for, and supporting, a wide range of individuals, including the families and friends of casualties, uninjured casualty, 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 & Wellbeing
- Social Care (Older person, Intellectual disability services)

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.

South East Community Healthcare 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 South East, Public Health provides services from the South East Public Health Department in Kilkenny.

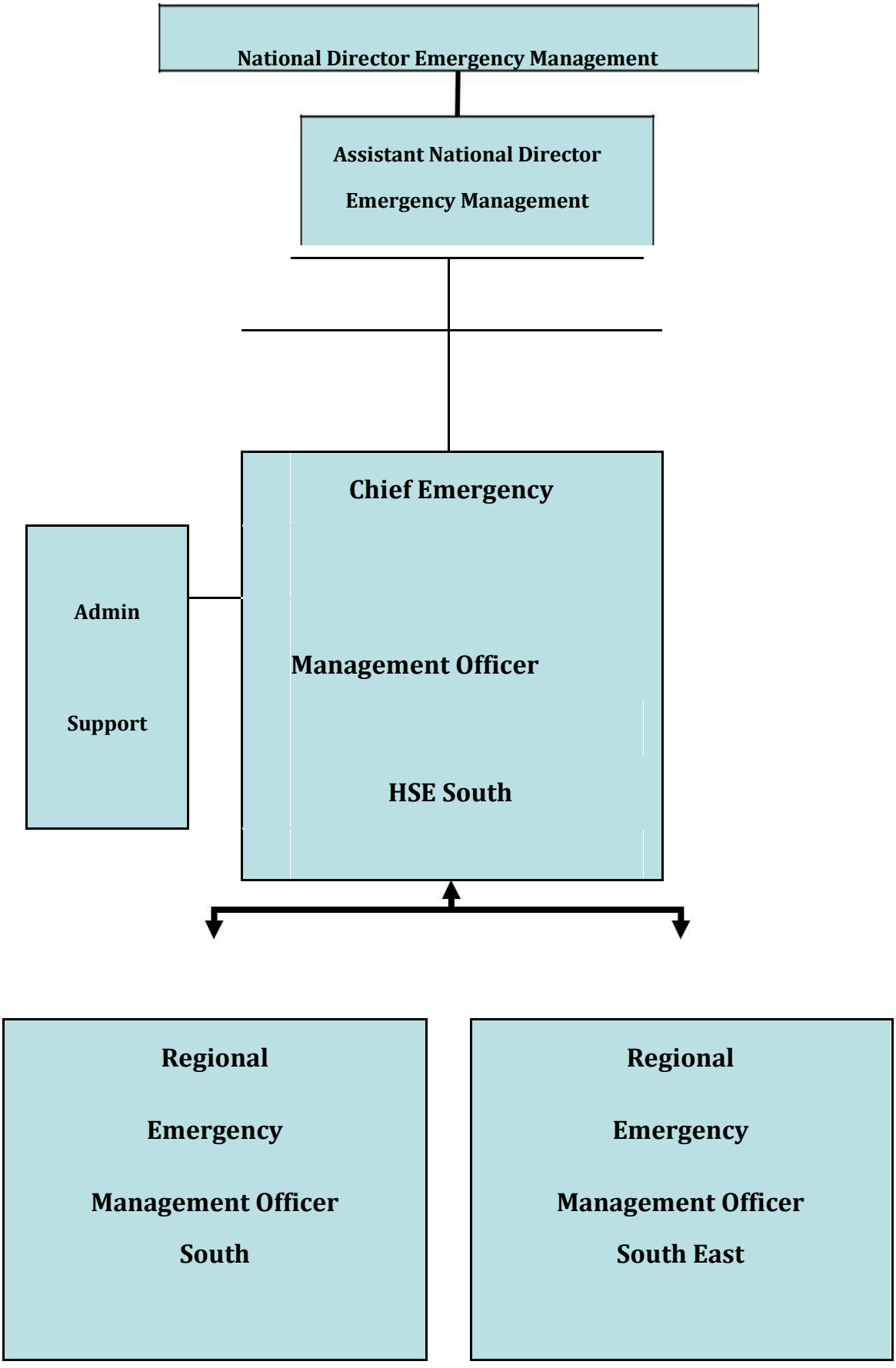
4.1.6 ENVIRONMENTAL HEALTH

The HSE Environmental Health Service will play a role in the response to any Major Emergency which threatens or results in the contamination of water or food supplies. The Regional Chief Environmental Health Manager is a member of the HSE South East Crisis Management Team.

4.1.7 EMERGENCY MANAGEMENT

The principal role of the Regional Emergency Management Office is to assist all HSE services/functions in planning for a Major Emergency and to facilitate and support the HSE South East CMT during a Major Emergency.

FIGURE 4.1 EMERGENCY MANAGEMENT STRUCTURE



4.1.8 COMMUNICATIONS

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. Currently Ms. Laura Monaghan is the communications lead for National services including emergency management her 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 HSE South East CMT in association with the National Communications Division as appropriate. They may also fulfil the role of Media Liaison Officer as required.

4.1.9 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, HSE South East 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
- Coast Guard
- Civil Defence (via and by agreement with the Local Authority)
- The Defence Forces, including Aer Corps & Naval Service (by agreement)
- RNLI (Royal National Lifeboat Institution)
- 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 Hospitals 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 EMERGENCY MANAGEMENT GROUP

The South East Area Emergency Management Group (AEMG) is coterminous with the geographical area of South East Community Healthcare. The purpose of the AEMG is to support and encourage best practice in Emergency Management throughout HSE South East and across all HSE services and facilities. The membership of the AEMG consists of representatives of all key HSE functions, Acute Hospitals Division and other key HSE frontline and ancillary services in that geographic area. This Group is chaired by the Head of Service for Health and Well Being. 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

Each Acute Hospital Division has a designated Lead for Emergency Management. Each Receiving Hospital has a designated Lead for Emergency Management and a Hospital Emergency Planning Committee. Likewise, SECH has a Lead for Emergency Management and an Emergency Planning Committee.

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 CHOs, NAS, and Public Health, at National, Regional, Area and Local/Service levels

5.4 PREPAREDNESS

The HSE South East 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 exercise

5.5 RESPONSIBILITY FOR MAJOR EMERGENCY DEVELOPMENT PROCESS

The responsibility for planning for major emergencies within the South East lies with the Area Emergency Management Group.

5.6 KEY ROLES

The HSE South East 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;

HSE Key Roles	**Possible Appointee**
Chair of HSE South East CMT	— Chief Officer SECH Area or his/her alternate
(Site) Controller of Operations	— Chief Ambulance Officer or designated Alternative — Medical Officer of Health (MOH) or designated alternative * *In the case of an **Acute Public Health Emergency,** the NAS may act as the Controller of Operations, and will be provided with Support from Medical Officer of Health*
Media Liaison Officer	• Communications Officer or designated alternative
Information Management Officer (IMOs) **Support Staff**	• MOs for the CMT • IMOs for the Site • Appropriate service(s)

Interagency Key Roles	Possible Appointee
Chair Regional Co-Ordination Group	CO or his/her alternate (if HSE lead agency)
Chair of Local Co-Ordination Group	CO or his/her alternate (if HSE lead agency)
On Site Co-Ordinator	Chief Ambulance Officer or designated alternative Medical Officer of Health or designated alternative
Information Management Officers (IMOs)	IMOs for the RCC will be provided by the Office of the CO IMO's for the LCC will be provided by CO

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:

- National Emergency Plan
- A Severe Weather Plan
- A Site or Event Specific Plan

5.9 STAFF DEVELOPMENT, TRAINING AND EXERCISE PROGRAMS

As part of the preparedness process, Emergency Management HSE South East 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 with 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.

5.9.2 EXERCISES

The South East Major Emergency Management Region (which has the remit of HSE South East) 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 Interagency Regional Working group
- 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, the Regional Steering Group 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 CMT(S) STRUCTURES

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 HSE SOUTH EAST CMT

The HSE South East 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 duties of the HSE South East CMT are to:

- Manage, control and co-ordinate the agency's overall HSE response to the situation
- Provide support to the HSE's Controller of Operations on site and mobilise resources from within the agency or externally as required
- Liaise with national headquarters, and relevant Government Departments on strategic issues
- Ensure appropriate participation of the HSE in the Inter-Agency co- ordination structures
- Maintain the HSE's normal day-to-day services
- Oversee the recovery strategies of HSE 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 activities
- Co-ordinate and endorse regular public information
- Liaise with the Local and or Regional Coordination Centre
- Co-ordinate the phased stand down of HSE resources as required
- Arrange and conduct debriefs on the Major Emergency

6.2 CMT MEMBERS AND THEIR RESPECTIVE FUNCTION

6.2.1 CHAIRPERSON – CO OR HIS/HER ALTERNATE

- Chair all HSE South East 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
- Provide support to the HSE representative at Local Co-ordination Centre (LCC)
- Establish and maintain contact with HSE Representative on the Regional Co-Ordination Group (if activated)
- 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 Area CMTs 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
- Collate status reports on the activity of HSE South East services during and post incident.
- Manage the stand down of HSE services in the area following the incident
- Ensure that service continuity is maintained where possible.

6.2.2 REGIONAL EMERGENCY MANAGEMENT OFFICE

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

6.2.3 NAS CHIEF AMBULANCE OFFICER OR ALTERNATE

- Represent the National Ambulance Service at the HSE South East 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 ambulance service delivery during the response phase.
- Through the chair of the HSE South East CMT advise the Local Coordination 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 HSE South East 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 PUBLIC HEALTH

- Medical Officer of Health or alternate
- Represent the Public Health service at the HSE South East CMT meetings.
- Provide advice to the CMT, other services and functions, other PRAs and general public as required.
- Manage requests and requirements which will affect the Public Health service response to the activation.
- Through the chair of the HSE South East 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 HSE South East 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.

6.2.5 HSE COMMUNICATIONS DIVISION 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 HSE South East CMT. Their duties will include the following:

- Provide Communications Expertise at the HSE South East 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 HSE South East CMT.
- Through the chair of the HSE South East 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 HSE South East 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.

6.2.6 LOGISTICS/PROCUREMENT MANAGER

- Represent the Logistic/Procurement management service at the HSE South East CMT meetings.

- Manage requests and requirements in relation to Logistic/Procurement management service issues from the members of the HSE South East CMT.

- Through the chair of the HSE South East 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 HSE South East 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.

6.2.7 HUMAN RESOURCES

- Advise the HSE South East CMT on all Human resource issues in relation to the incident.

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 ROLE OF THE CONTROLLER OF OPERATIONS

- 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(from designated local authority and an Garda Siochana), determine the lead agency and inform HSE South East 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 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 HSE South East CMT on the handling of the major emergency.

NOTE: For most incidents the HSE Controller of Operations will be a designated Ambulance Officer or his or her designated alternative.

SECTION 7

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 Ambulance Officer
- National Ambulance Service National Emergency Operations Centre Manager
- Hospital Group CEO
- Chief Officer of CHO Area
- Medical Officer of 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 South East Emergency Plan.

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……..(agency)…….. Major Emergency Plan.

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

M Major Emergency Declared

E Exact Location of the emergency

T Type of Emergency (Transport, Chemical, etc.)

H Hazards, present and potential

A Access/egress routes

N Number and types of Casualties

E Emergency services present and required

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 NEOC Centre, to confirm that they have activated their Major Emergency Plans.

The National Emergency Management Office has adopted the process of compulsory notification to its Crisis Management Teams (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 Crisis Management Team 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. 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, to confirm that the HSE South East 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 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 HSE South East CMT and other PRA.

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 HSE South East 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 HSE South East 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. 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 HSE South East CMT. Even if the incident proves to be less serious than first assessed, the HSE response will not normally be stood down until the HSE South East 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 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 HSE South East 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. No third party should respond to the site of a major emergency, unless mobilised by one of the Principal Response Agencies.

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 NEOC is satisfied that initial mobilisation is underway a compulsory notification of the HSE South East CMT will be initiated using the text alert system. When the HSE South East CMT is assembled on a conference call either the NAS Duty Controller or NAS Chief Ambulance Officer will brief the HSE South East CMT on the emergency.

7.2.1 PROCESS USED TO ALERT THE HSE SOUTH EAST CMT

Following receipt of a METHANE message the NEOC will initiate the nationally agreed protocol for alerting the HSE South East CMT.

The initial alert is disseminated to each member of the HSE South East 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 HSE South East CMT***

Consult your Action Card

Teleconference in 15 mins

Check message sent time on your phone"

The HSE South East 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 HSE South East 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 HSE South East CMT from a list provided, and relay details pertaining to the Major Emergency.

When the HSE South East 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 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 HSE South East CMT.

7.4 CO-ORDINATION CENTRES

Co-ordination of the response to a Major Emergency will take place primarily at the site, at the HSE South East CMT 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 Controllers of Operation from the PRAs will decide on the most suitable location for the On-Site Coordination Centre.

7.4.2 HSE SOUTH EAST CRISIS MANAGEMENT TEAM

The HSE South East CMT will meet at:

- CMT 1, St Canice's Hospital complex, Dublin Road, Kilkenny

7.4.3 LOCAL INTERAGENCY CO-ORDINATION CENTRE

The Local Co-Ordination Group will meet in the designated Local Co-ordination Centre as advised at the Council chambers of one of the following Local Authority Buildings.

- Kilkenny
- Carlow
- Wexford
- Waterford

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.

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 Tetra radios 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 tetra 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, 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).

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 Co-ordination Group.

7.6.3 THE HSE AS LEAD AGENCY

Where the HSE is assigned the role of lead agency in a Major Emergency in HSE South East, it will have responsibility for the co-ordination function, at both the On-Site and the Local Co-ordination Centres. In accordance with Section 5.4.3 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.

With responsibility for co-ordination comes a mandate for decision making, as set out in Section 5.4.4 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 South East Interagency Public Communications plan.

7.7.1 ROLE OF HSE

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 South East MEM Region has an Interagency Public Communications Plan.

All Communications processes during a major emergency will follow the 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.

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 HSE South East 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.

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 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.

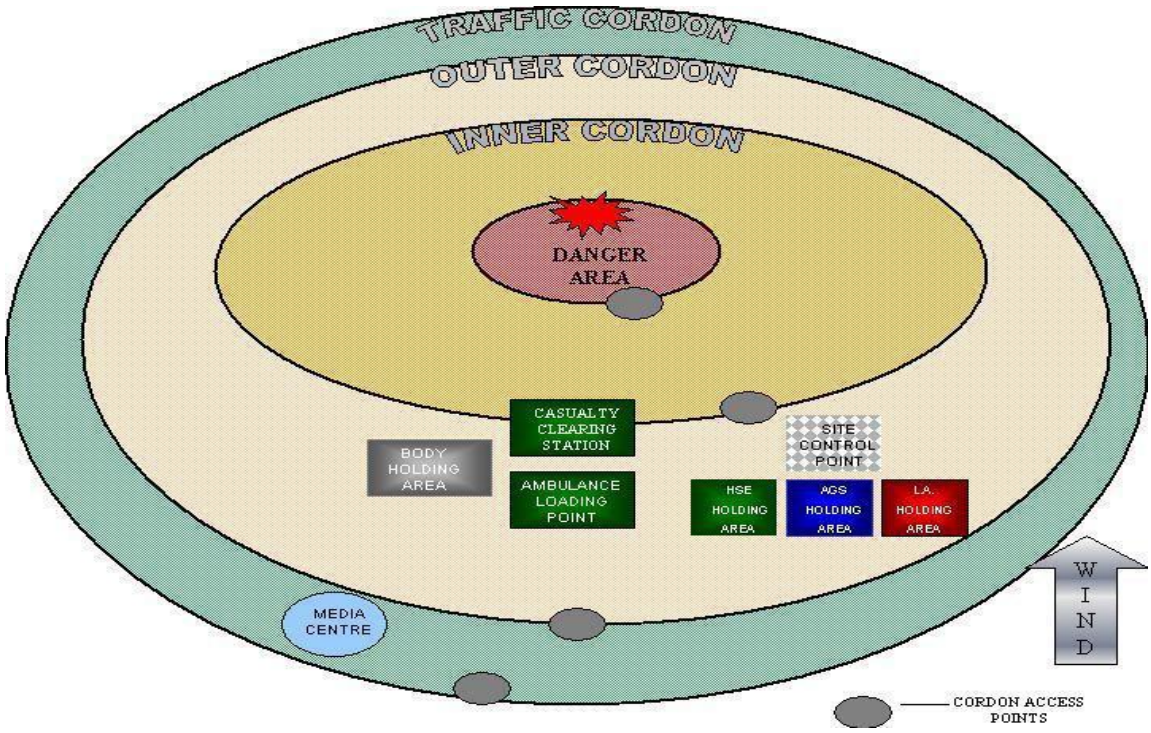
Depending on the terrain involved, An Garda Síochána, in consultation with the On-Site Co-ordination Group, will establish up to three cordons, including an Inner Cordon, an Outer Cordon and a Traffic Cordon.

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.

7.9.3 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.

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.

7.9.4 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 HSE South East 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 channelled through An Garda Síochána. The HSE South East CMT can make a request directly for Defence Force assistance using the standard "aid to the civil authority" request format.

7.10.4 LINKS WITH VOLUNTARY EMERGENCY SERVICES

The following table shows the links between the PRAs and the Voluntary Emergency Services.

PRINCIPAL RESPONSE AGENCIES WITH LINKED VES

Principal Response Agency	**Linked Voluntary Emergency Service**
An Garda Síochána	Irish Mountain Rescue Association Irish Cave Rescue Association Search and Rescue Dogs Sub-Aqua Teams Coast Guard RNLI
Health Service Executive	Irish Red Cross Order of Malta Ireland St. John Ambulance
Local Authority	Civil Defence

Each Principal Response Agency with a linked Voluntary Emergency Service 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-coordinator. 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 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.

7.11 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 labelled, using Triage Cards, and moved to a Casualty Clearing Station. The purpose of this labelling 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 HSE South East 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.

The On-Site Co-ordinator, 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 South East region has specific arrangements outlined in their "Mass Fatality Plan".

7.11.4 SURVIVORS

In certain circumstances, the On-Site Co-ordinator, 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 centres.

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.

7.11.6 FRIENDS' AND RELATIVES' RECEPTION CENTRES

Some incidents may warrant the establishment of Friends' and Relatives' Reception Centres 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 interpreters and to deal, as far as practical, with cultural sensitivities.

7.11.8 PASTORAL AND PSYCHO-SOCIAL CARE

The On-Site Co-ordinator 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 HSE South East 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.

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, the HSE South East 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 activation of the National Public Health (Infectious Diseases) Plan or the National Pandemic Influenza Plan are detailed in those plans and in the Protocol for Multi-Agency Response to Emergencies arising from Infectious Diseases Pandemic.

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 Centres 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 principal 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 Evacuation.*

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 Medical Officer of Health will exercise control in these circumstances through existing structures and via the HSE South East CMT.

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.

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

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

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.

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 colleagues.

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, cooperate with the controller of operations, 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 aware of such additional risks should bring them to the attention of the On-Site Co-ordinator 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

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 HSE South East 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 practice 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 HSE South East 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 HSE South East CMT.

7.20 STANDING-DOWN

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 HSE South East 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 their senior manager. 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 South East 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 Hospitals Division
- CHO Areas

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, neighbouring 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 F4 of the Framework.

In situations where more than one principal response agency from a particular service is represented at the site, Appendix F7 of the Framework makes it clear that there will be only one Controller of 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

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

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
- 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.

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 HSE at a national level, or another national body, may request the activation of this Plan and call upon HSE Areas to assist in responding to, or to perform its normal function/role arising from, a national level emergency

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 will/may request the activation of this plan.

SECTION 11: SEVERE WEATHER PLANS

Severe weather emergencies may involve significant threats to infrastructure and support may be required for vulnerable sections of the community. 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.

In the event that it is contacted by a Local Authority in the area, the HSE will respond, the HSE South East CMT will be activated, where appropriate, and assistance will be provided in whatever areas and by whichever services are appropriate to the situation.

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.

There are currently six Upper Tier Seveso Establishments in the South East Region .

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 HSE South East CMT and via its representatives on the Local Co-ordination Group.

As soon as it is practical, the HSE South East 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 HSE South East 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 South East Interagency Region.

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.

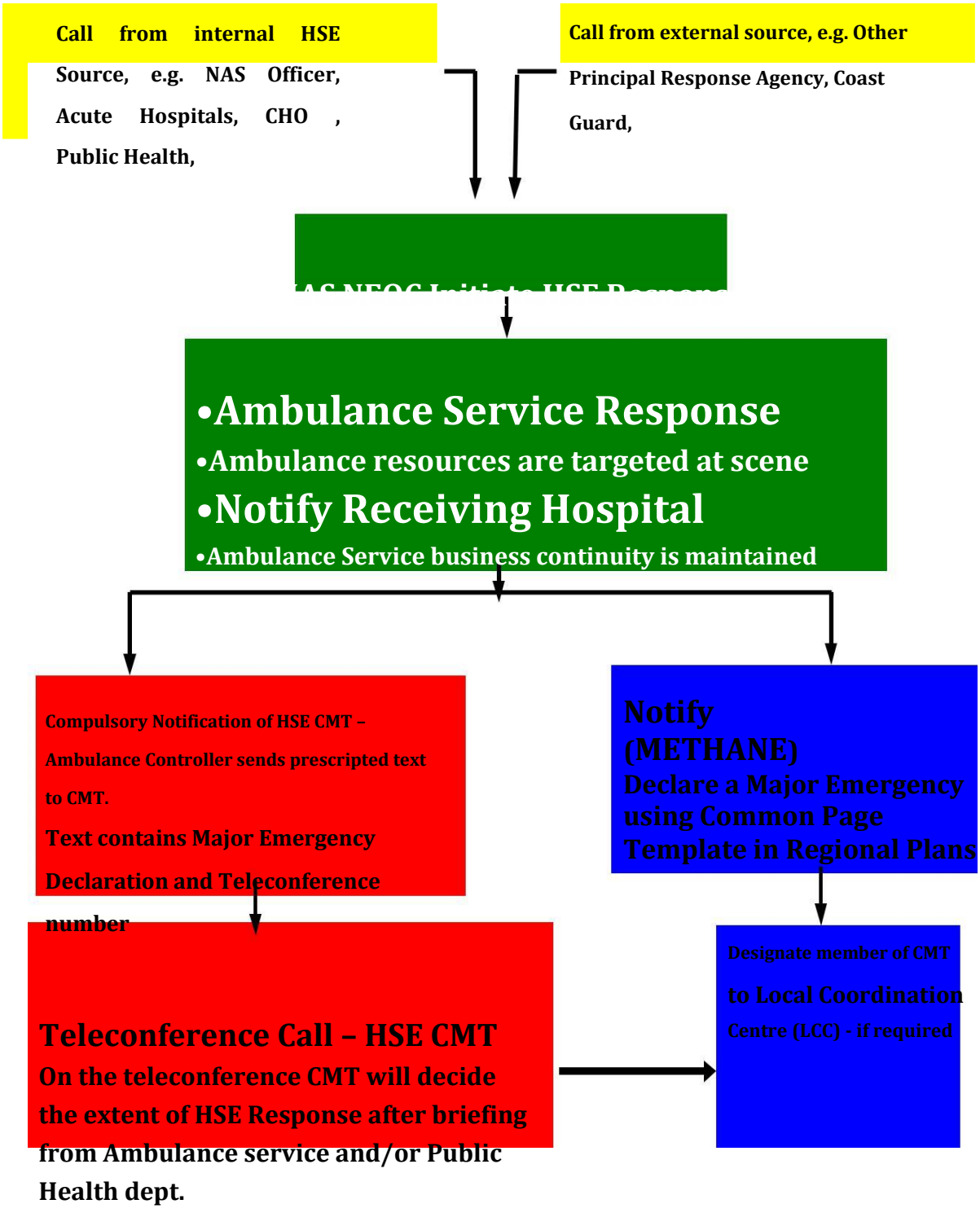
SECTION 15:

APPENDICES

APPENDIX 15.1

HSE MOBILISATION PROCEDURE

HSE Major Emergency Mobilisation Procedure



APPENDIX 15.2

EMERGENCY MANAGEMENT – SOUTH EAST COMMUNICATIONS PROTOCOL

RESOURCES:

Communications Resource for the South East Region:

- Communications Officer for South East Community Healthcare (SECH) – based in Waterford
- Communications Office for IEHG (Wexford General Hospital and St Luke's General Hospital Kilkenny) – based in Dublin
- Communications Resource for SSWHG (South Tipperary General Hospital and University Hospital Waterford) – Heneghan PR
- National Press Office – also provides out of hours support
- NEOC Communications –based in Dublin

STRUCTURES:

The communications representative/member on the South East Crisis Management team (CMT) is from SECH Communications Office; the South East CMT is chaired by the Chief Officer.

CONSIDERATIONS:

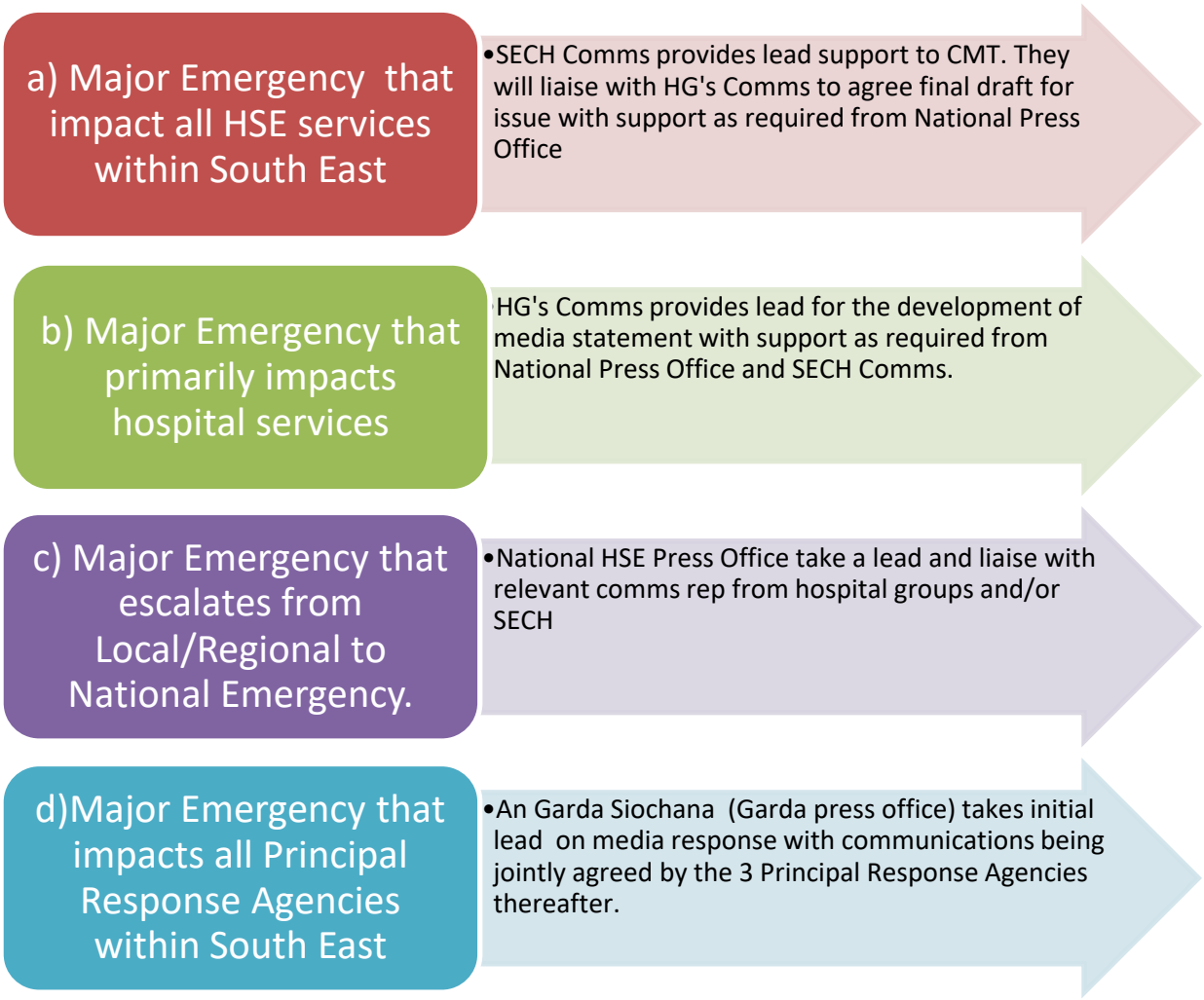
In the event of a Major Emergency the Garda Press Office provide the lead for media response on behalf of the Principal Response agencies for the first hour.

Below is the agreed communication pathway in the event of a Major Emergency in the South East This pathway will provide overview of how the communications teams will:

a) Support the Area Crisis Management Team
b) Support Hospital Groups & Chief Officer in ensuring standardisation of HSE media message

AGREED COMMUNICATION PATHWAY

In the event of a Major Emergency in the South East, a briefing teleconference, to include all communications reps as listed above , will be set up to inform and share information in order to categorise the event and identify the appropriate communications lead as per below. It should also be agreed whether a HSE statement is for issue at that time or not.



HSE SOUTH EAST COMMUNICATIONS PATHWAY CONTACTS:

SOUTH EAST COMMUNITY HEALTHCARE

Fiachra O'Ceilleachair: Fiachra.oceilleachair@hse.ie 051 848681/ 087 6182083

IRELAND EAST HOSPITAL GROUP

Caroline Kohn: ckohn@iehg.ie 01 9602408 / 087 3297518

HENEGHAN PR

Eoghan O' Neachtain: Eoghan@hpr.ie 01 660 7395 / 087 6288030

Emma Gallagher: emma@hpr.ie 01 660 7395 / 087 924 9349
SSWHG contact: annette.dennehy@hse.ie 021 4921515/ 086 7872282

NATIONAL PRESS OFFICE

Stephen McGrath, Acting Head of Press: stephen.mcgrath@hse.ie press@hse.ie
01 9213912

NATIONAL EMERGENCY OPERATIONS CENTRE (NEOC)

Carmel Cullen carmel.cullen@hse.ie 01 8131847

RISK ASSESSMENT: HSE SOUTH EAST OCTOBER 2018

INTRODUCTION

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 HSE South East Region including the geography, populations and infrastructure of the Area.

2. Hazard Identification In this Risk Assessment document the potential hazards in the HSE South East 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.

This Risk Assessment is based on the Major Emergency Management Regional Risk Assessment Region South East (Carlow, Kilkenny, Waterford & Wexford) which was produced by the Risk Assessment Sub-Group of the Regional Working Group, issued September 2018.

ESTABLISHING THE CONTEXT

The purpose of establishing the context is to describe the characteristics of the Region as this will influence the likelihood and impact of a Major Emergency in the area. The first stage of this Risk Assessment is to contextualise Risk by detailing the geography, populations and infrastructure of the South East Region.

The South East Region covers the counties of Carlow, Kilkenny, Waterford and Wexford and South Tipperary (see Appendix A).

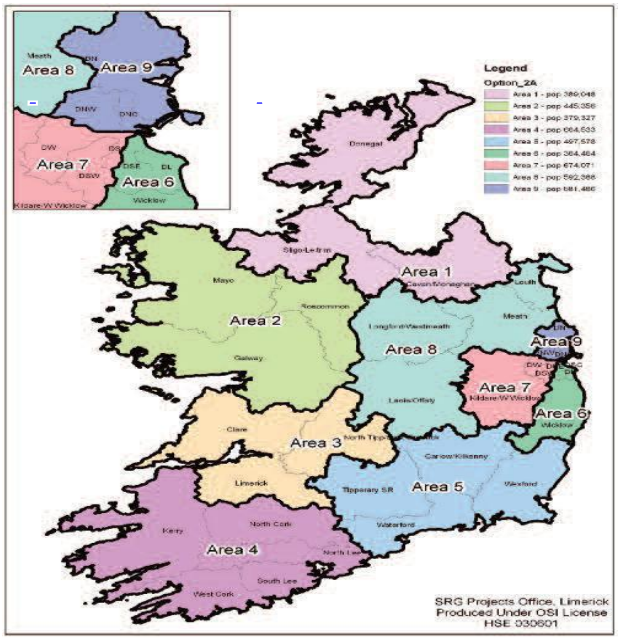
The governance structure of the HSE has undergone significant change in recent times with the establishment of the new Community Health Organisations (CHO's) structure as depicted in the map below.

SOUTH EAST COMMUNITY HEALTHCARE

CHO HQ: Lacken, Dublin Rd, Kilkenny

Carlow/Kilkenny Community services, James's Green, Kilkenny.

South Tipperary Community services, Western Road, Clonmel
Waterford Community services, Cork Road, Waterford
Wexford Community services, Grogans Road, Wexford



Hospitals

Hospital Services are now organised into "Hospital Groups", in the South East region there are two hospital groups

Ireland East Hospital Group incorporating

- St Luke's General Hospital, Kilkenny
- Wexford General Hospital, Wexford.

South /South West Hospital Group incorporating

- University Hospital Waterford
- South Tipperary General Hospital
- Kilcreene Regional Orthopaedic Hospital, Kilkenny

Table I Establishing the context

The 2016 Census of Population recorded a population for HSE South East /Area 5 of 511,070. The population of each geographical area is as follows-

County	**Population 2016**
Carlow	56,875
Kilkenny	99,118
Waterford City & County	116,401
Wexford	149,605
South Tipperary	89,071
	511070

The regional economy of the South-East is based primarily on agriculture, manufacturing and services, tourism, fishing and aquaculture.

AGRICULTURE

The agriculture and food sector has a significant impact on the economy of the region with research centres in Wexford and Carlow and production plants in Ballyragget, Belview port, Waterford and Wexford.

Forestry cover in the South east region is higher than average with the highest rates of cover occurring in Waterford. There are specialist production plants in Belview.

MARINE

Significant levels of fishing activity takes place in the ports of Rosslare, Waterford, Dunmore east, Wexford, Duncannon, and Kilmore Quay. A significant pleasure boat marina exists in Waterford city.

INTERNAL WATERWAYS

The river Barrow is navigable as far south as Saint Mullins. There are significant service areas along the banks of the Barrow Line.

TOURISM

The South East is fondly referred to as the 'Sunny South East'; the region is famous for its vibrant towns, rural getaways and coastal villages. The landscape of the South East comprises a mix of rolling hills, woodlands and farmlands, picturesque river valleys of the Blackwater, Barrow, Nore, Suir and Slaney, and a coastline adorned by quaint fishing villages and coastal resorts.

GEOGRAPHY

The region is in the South-Eastern corner of the country, with a long coastline of 434km. On the North East it is bounded by the hills of county Wicklow and on the west the River Blackwater and the Knockmealdown, Galtee and Slieve Felim Mountains. The north of the region is generally flat agricultural lands. The Rivers Slaney, the Blackwater, the Barrow, the Nore and the Suir run through the region

BORDERING COUNTIES

Wicklow, Kildare, North Tipperary, Laois, Limerick, Cork

EDUCATION

There are two third level institutions in the region:-

- Institute of Technology Carlow; Over 7,000 students and 700 staff
- Waterford Institute of Technology; Over 10,000 students and 1000 staff

INFRASTRUCTURE CONTEXT

Roads:

M8 Dublin to Cork

M9 Dublin to Waterford

N8 Cork to Portlaoise

N72 Dungarvan to Mallow

N9 Waterford to Newbridge

N10 Waterford to Kilkenny

N76 Clonmel to Kilkenny

N11 Wexford to Dublin

N77 Kilkenny to Portlaoise

N24 Waterford to Limerick

N78 Kilkenny to Newbridge

N25 Rosslare to Cork

N80 Enniscorthy to Carlow

N30 Enniscorthy to New Ross

N 81 Carlow to Dublin

PORTS: Waterford Port,

Belview Port,

Rosslare Harbour,

Wexford Harbour and New Ross Harbour.

Smaller fishing ports include Tramore, Dunmore East, Dungarvan, Kilmore Quay, Duncannon, and Arthurstown.

FERRIES: Rosslare ferry to Cherbourg, Pembroke, Roscoff & Fishguard.

Passage East passenger ferry from Ballyhack to Passage East in Waterford.

POWER STATIONS: Great Island Power Station, Wexford

AIRPORTS: Waterford Airport

Airfield- Kilkenny

RAILWAY: Intercity Services:

- Waterford to Dublin
- Waterford to Rosslare Harbour
- Waterford to Limerick
- Rosslare to Dublin

Railway stations include: Carlow, Bagnalstown, MacDonagh Station, Kilkenny, Thomastown , Wexford, Enniscorthy, Gorey, Plunkett Station, Waterford,

Clonmel, Carrick on Suir, Cahir, Tipperary

HAZARDOUS SITES CONTEXT

The Chemicals Act (Control of Major Accident Hazards Involving Dangerous Substances) Regulations 2015 (the "COMAH Regulations"), implement the Seveso III Directive (2012/18/EU).

The Regulations lay down rules for the prevention of major accidents involving dangerous substances and seek to limit, to the greatest practicable extent, the consequences for human health and the environment of such accidents. The overall objective is to provide a high level of protection in a consistent and effective manner.

There are two tiers of establishment, which are related to the quantities of dangerous substances present. Depending on quantity, an establishment may be upper-tier or lower-tier. Upper-tier establishments have greater quantities of dangerous substances present and therefore are obliged to comply with additional requirements specified in the Regulations.

There are six Upper Tier Seveso Sites in the Region. In addition there are two Lower Tier Seveso Sites in the South East Region.

UPPER TIER SEVESO SITES

	Company Name	**Address**
1	European Refreshments (t/a flavour Manufacturing Wexford)	IDA Business& technology park, Rosslare Road, Drinagh, Co. Wexford.
2	Grassland Fertilizers (Kilkenny) Ltd	Palmerstown, Kilkenny
3	MSD Ireland (Ballydine)	Ballydine, Kilsheelan, Co.Tipperary
4	Nitrofert Ltd	Raheen Port, New Ross, Co Wexford
5	Rochefreight (Ireland) Ltd	Wexford Road, Rosslare Harbour, Co. Wexford
6	Trans-stock Warehousing and cold storage Ltd	Christendom, Ferrybank, Waterford

As per the Control of Major Accident Hazards (COMAH) Regulations 2015, each of the 6 Upper Tier Seveso sites has as external emergency plan. Each External Emergency Plan is prepared with the following objectives:

a) Containing and controlling incidents so as to minimize the effects, and to limit the damage to people, the environment and property.

b) Implementing the measures necessary to protect people and the environment from the effects of major accidents

c) Communication the necessary information to the public and to the services or authorities concerned in the area

d) Providing for the restoration and clean-up of the environment following a major accident.

LOWER TIER SEVESO SITES

	Company Name	**Address**
1	Goulding Chemicals	Stokestown, New Ross, Co. Wexford
2	SSE Generation Ireland Ltd	Great Island Generating Station, Campile, New Ross, Co. Wexford

There is no legal requirement for Lower Tier Seveso sites to have an emergency plan prepared.

CATEGORIES OF IMPACT AND LIKELIHOOD REGIONAL RISK ASSESSMENT - SOUTH EAST REGION

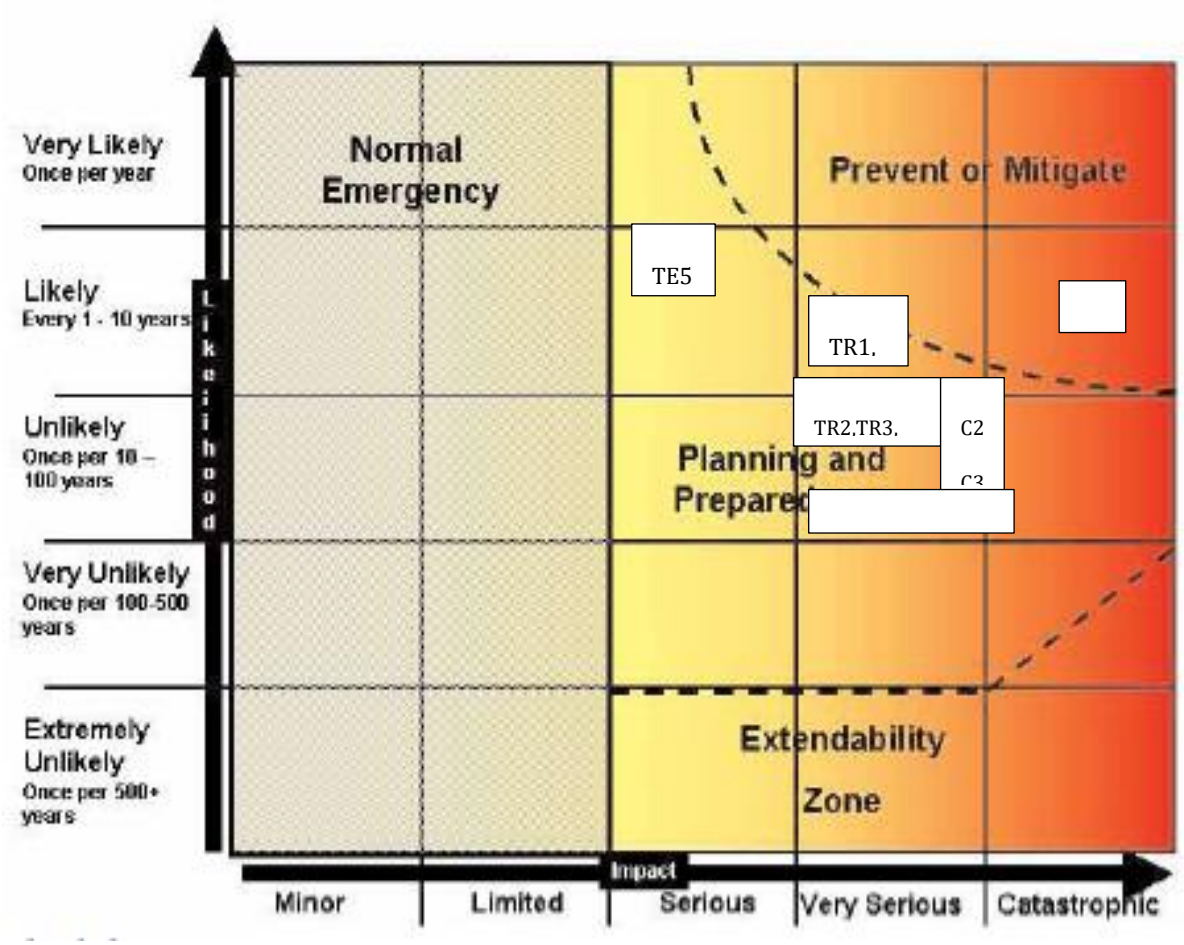
No	Ref	Category/ Sub Category	Hazard/Threat	Potential Outcome	Risk areas of South East	Likelihood	Impact	Lead Agency	Risk Rating
	Transport								
1	TR1	Road	Major Road Traffic accident	Large number of Casualties/fatalities	All road networks	Likely	Very Serious	AGS	Planning and Preparedness
2	TR2	Rail	Major Rail Accident	Large number of Casualties/fatalities	All Rail Networks	Unlikely	Very Serious	LA	Planning and Preparedness
3	TR3	Air	Air Accident/Incident	Large Number of fatalities, injuries. structural damage	Waterford Regional Airport. Kilkenny Airfield. Flight paths	Unlikely	Very Serious	LA	Planning and Preparedness
4	TR4	Marine	Incident Involving Ship/boat/ferry near shore/off shore	Large number of Casualties/fatalities	All coastal areas, Ports. Ferries, passenger craft and ships	Unlikely	Very Serious	LA/AGS	Planning and Preparedness

	Technological								
5	TE1	Technological - Fire /Explosion	Residential buildings, large offices, social /entertainment centres, hospitals, residential homes	Large number of casualties and/or fatalities	All areas	Unlikely	Very serious	LA	Planning and Preparedness
6	TE2	Technological - Hazardous Materials (transport of)	Release of harmful substances during transportation	Potentially large number of casualties. May be evacuation requirement.	All Areas	Unlikely	Very Serious	LA	Planning and Preparedness
7	TE3	Technological - Hazardous Materials (on site) TE2	Fire/Explosion Release of Toxic Gas/fluids	Large number of casualties. May be evacuation requirement	Large Industrial sites including Seveso sites. All areas .	Unlikely	Very Serious	LA	Planning and Preparedness
8	TE4	Technological - Large Building Collapse	Building Collapse	Large number of Casualties/fatalities. Infrastructural damage	Urban Centres, all areas	Unlikely	Very Serious	LA	Planning and Preparedness
9	TE5	Technological - Environmental Pollution	Pollution of water / land. Contaminated drinking water.	Number of casualties presenting, possible fatalities in vulnerable groups	All areas	Likely	Serious	LA	Planning and Preparedness

	Civil								
10	C1	Civil - Emerging viral threats	Emerging Viral Threats - likely to occur in two waves, Each wave likely to last 14/16 weeks. Fatalities and seriously ill overwhelming health and other services.	A 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.	National	Likely	Catastrophic	HSE	Prevent and Mitigate
11	C2	Civil - Terrorism	CBRN terrorism. Civil Disturbances. Threats from terrorist organisations.	Large number of casualties. May be evacuation/ Decontamination/ Isolation requirement.	All Areas	Unlikely	Very Serious	AGS	Planning and Preparedness
12	C3	Civil - Loss of Critical Infrastructure	Loss of energy supply, power supply/ water/ Communications.	Loss of critical services to communities	All areas	Unlikely	Very Serious	All Agencies	Planning and Preparedness
13	C4	Civil - Public event/crowd safety	Sporting event, music festivals fire, explosion, civil unrest	Large number of casualties. May be evacuation requirement.	Public events/ sporting events	Unlikely	Very Serious	AGS	Planning and Preparedness
14	C5	Civil –Animal disease	Outbreak of a Class A notifiable	Possible fatalities and casualties. Damage to environment, disruption of services	All areas	Likely	Serious	All Agencies	Planning and Preparedness

			disease						
	Natural								
15	N1	Meteorological	Storm, gales, Flooding, Freezing temperatures, Tsunami, land slide	Damage to property, infrastructure, possible injuries and fatalities. Displacement of communities.	All areas	Likely	Very Serious	LA	Planning and Preparedness

SOUTH EAST REGIONAL RISK MATRIX

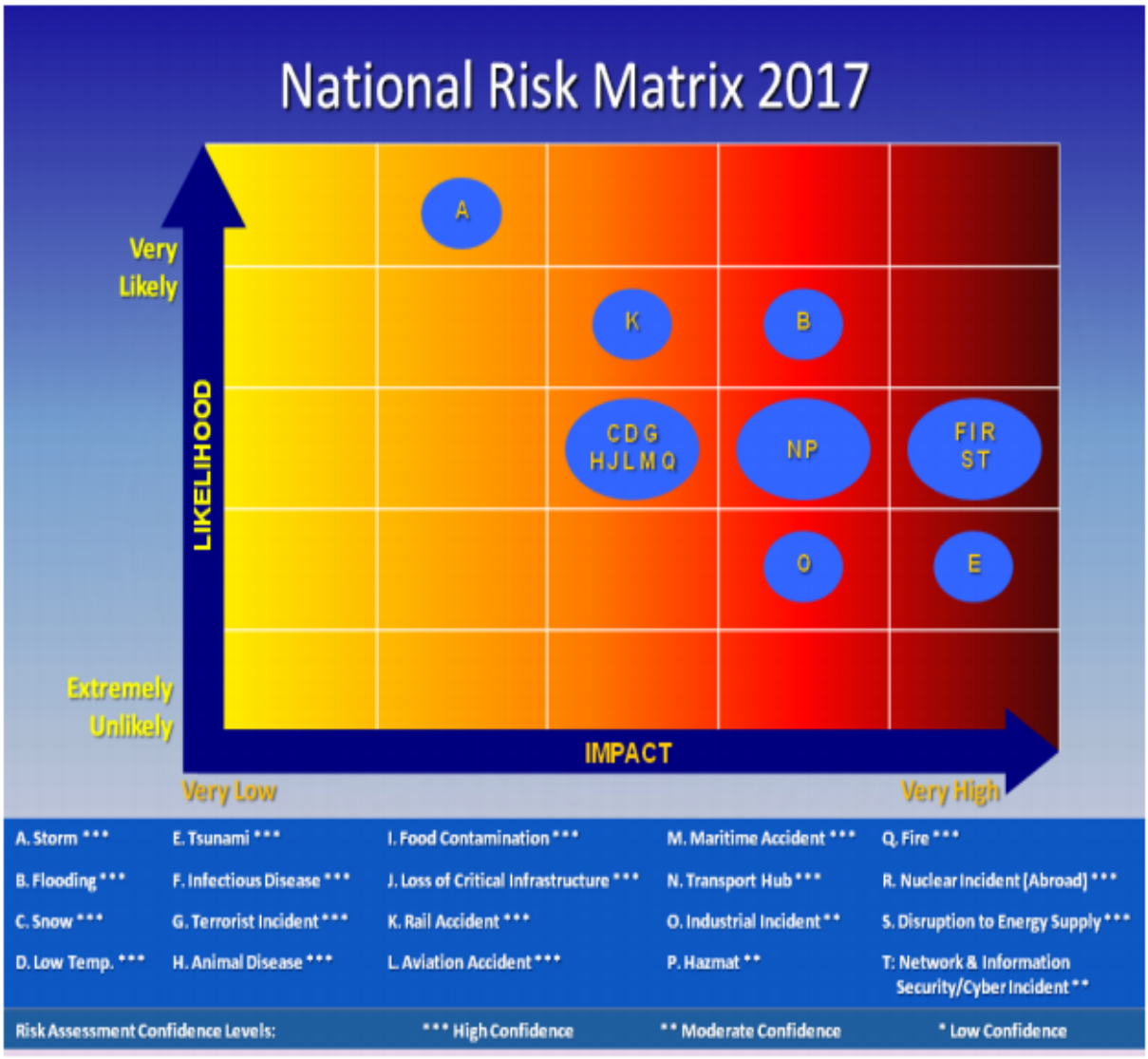


Legend	
Natural Hazards	**Transportation Hazards**
N1 – Meteorological	TR1 –Road Crash TR2 – Rail Crash TR3 – Aviation TR4 - Marine

Technological Hazards	Civil Hazards
TE1 – Fire / Explosion	C1 – Emerging Viral Threats
TE2 – Hazardous Materials Transport	C2 – Terrorism
TE3 – Hazardous Materials On Site	C3 – Loss of Critical Infrastructure
TE4 – Building Collapse	C4 – Public event/crowd safety
TE5 – Environmental Pollution	C5 – Outbreak of Animal Disease

NATIONAL RISK MATRIX 2017

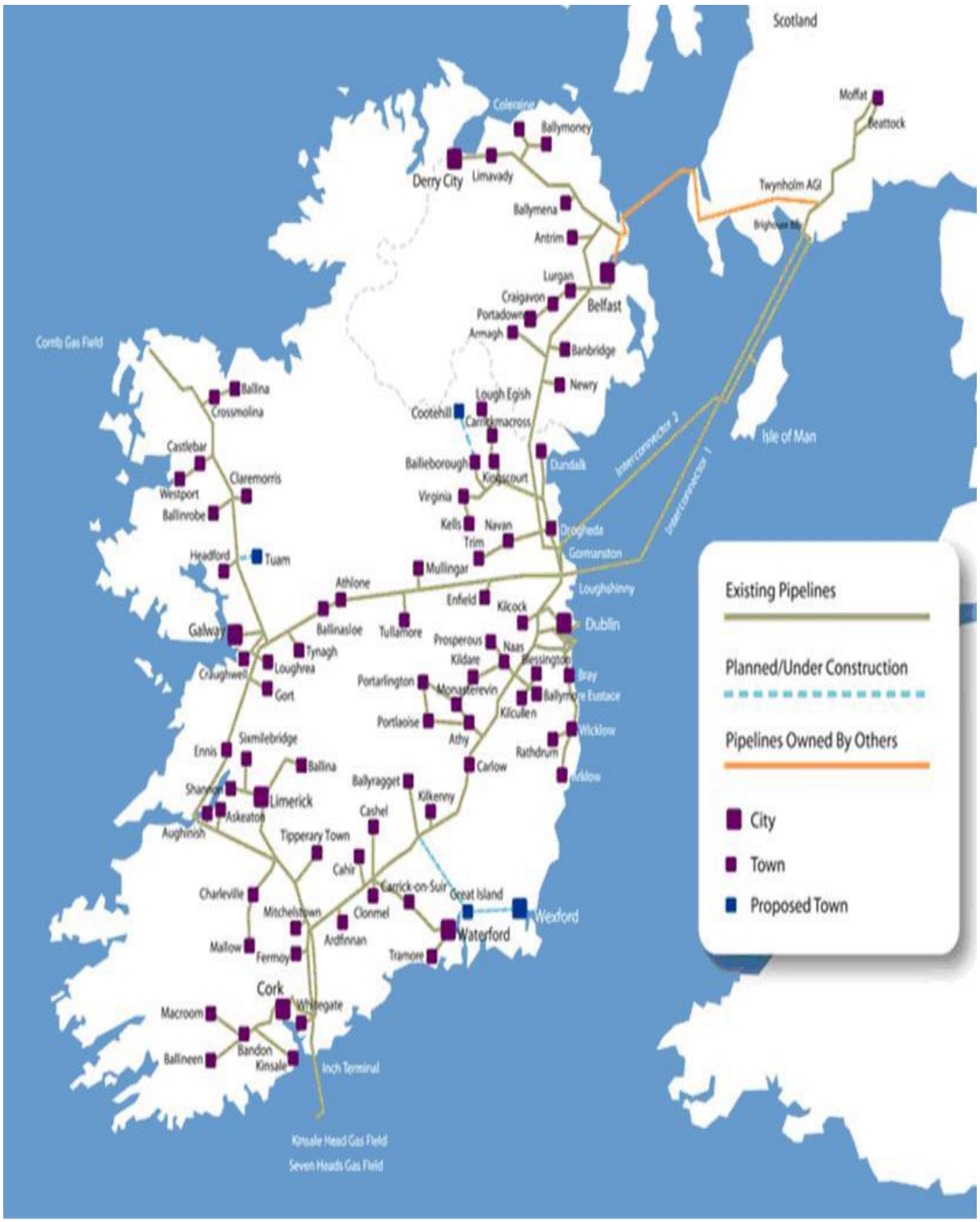
The Government Task Force on Emergency Planning (GTF) produced a National Risk Matrix in 2017 which is shown below. More information on the National Risk Assessment for Ireland can be viewed on the Office of Emergency Planning's website: https://www.emergencyplanning.ie/system/files/media/file-uploads/2017-12/A%20National%20Risk%20Assessment%20for%20Ireland%202017_1.pdf



APPENDIX A ROAD MAPS OF IRELAND

This map shows motorways and major roads throughout the island of Ireland.

APPENDIX B ROAD MAPS OF IRELAND

APPENDIX C IRISH RAIL NETWORK

APPENDIX D BORD GÁIS PIPE NETWOR