Major Emergency Management Plan

Community Healthcare East (CH EAST)

(Covering Geographical Areas of Dublin South East, Dún Laoghaire and Wicklow)

Version	01
Approval Date	February 2019
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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
Ballyshannon/Tallaght	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 AREA West Major Emergency Plan.

Following the Declaration of the Major Emergency, the notifying officer should then use the mnemonic (M)ETHANE to deliver and structure an information message (as follows)

(M)ETHANE FORMAT		
(M)	**M**ajor Emergency	Has a Major Emergency been declared? Yes/No - If Yes state who declared. If No deliver an ETHANE message
E	**E**xact Location of Incident	State the exact location of the incident
T	**T**ype of Emergency/Incident	State the type of Emergency/Incident
H	**H**azards that are Present & Potential	Identify the present threats or potential?
A	**A**ccess and Egress Routes	Identify the best access and Exit Routes
N	**N**umber and Type of casualties	How many Casualties? What is the nature and condition of their injuries?
E	**E**mergency Services Present and Required	Emergency Services Present and additional resource needed?

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:

Fire Service/Local Authorities	Telephone Number	Back-up Admin Number
Western Regional Control Centre	**094 9034747**	**094 9034708**
Eastern Control Centre	**01 671 3951**	**01 677 8221**

Garda Divisional Headquarters: (999 calls go to Harcourt Square and DMR)	Telephone Number
Divisional HQ: Bray	**01 6665392**
Divisional HQ: Dun Laoghaire	01 666 5092

See Appendix 15.3 (Community Healthcare East Risk Assessment) for full list of Garda Stations

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

When the National Emergency Operations Centre (NEOC) receives notification of a Major Emergency from either of the other Principal Response Agencies, 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.

Contents

Section 1   Introduction to the Plan

1.1   Foreword

Major Emergency Management (MEM) is a priority issue for all HSE services/functions in Community Healthcare East (covering Dublin South East, Dún Laoghaire and Wicklow). MEM is fundamentally about ensuring that the necessary planning, preparedness, capacity, training and coordination are in place at all levels of the health service to enable the services meet the challenges posed by such events. Given that it is not possible to foresee all possible adverse events, an all hazards approach has been taken, which is capable of adaptation in the light of prevailing circumstances.

Community Healthcare East's Major Emergency Plan (covering Dublin South East, Dún Laoghaire and Wicklow) has been developed in accordance with the requirements set out in Section 4.4.1 of 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, sites, services and departments. It is designed to integrate with corresponding plans from the other Principal Response agencies (PRAs) of Local Authorities and An Garda Síochána as well as with the emergency plans for specific sites such as those classified as upper tier sites under the Seveso (Control of Major Accidents Hazards) regulations.

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

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

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

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

Martina Queally   Siobhán Fitzpatrick

Chief Officer   *Chair, Emergency Management Planning 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 together with other supporting guidelines, protocols and templates.

1.3   Objectives

The objectives of this plan are:

- To provide a system of delivering the HSE functions in Community Healthcare 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 Community Healthcare East Crisis Management Team, CMT as early as possible in a major emergency.

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 Community Healthcare East. These may arise from major transport accidents, fires, acts of terrorism, severe weather and outbreaks of disease, spillage or release of hazardous substances.

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

- The Plan proper which uses the common standard procedures as per Framework for Major Emergency Management 2006 throughout the Geographical Area of CHO 6.
- The Appendices which are elements of the plan proper but are easier to treat as separate items e.g. Directory of Contacts, Garda Casualty Bureau, Media Plan, Risk Assessments, Maps and/or illustrations.

The variations possible in the event of a Major Emergency are so numerous that no plan can provide detailed responses for all possible events that may arise. This plan therefore is to be regarded as an all hazard approach, capable of adaptation in the light of prevailing circumstances. It is not intended, nor should it be interpreted, as a restriction on common sense or initiative when dealing with situations as they arise. It has been developed to identify the process to be taken by the HSE, led by Community Healthcare 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 that 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 is 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 Community Healthcare East Major Emergency Plan when ratified by the Senior Management Team will be available for HSE Staff and PRAs on the HSE website.

1.8   Public Access to the Plan

A copy of this HSE Community Healthcare East Major Emergency Plan **with the confidential contact telephone numbers and other personal information removed** will be available on the HSE Website for members of the public whom may wish to access same at:

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:

- The Community Health Care Organisations e.g.
    - Community Healthcare East (CHO 6) serving Dublin South East, Dún Laoghaire and Wicklow
- Acute Hospitals Division e.g.
    - Ireland East Hospital Group which governs acute hospitals within the Community Healthcare East geographical area
- National Ambulance Services
- Public Health Departments

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

There are two distinct, interrelated functions in Emergency Management, namely **PLANNING** and **RESPONSE**. The diagram below outlines the HSE Emergency Planning structures and how they transition on declaration of an Emergency to become the HSE Emergency Response structures. These structures outline the planning and response required where an emergency requires a response that involves both the CHO and Acute Hospitals or other HSE funded organisations.

Due to the geography of the Dublin, Kildare and Wicklow, it was decided that CHOs 6, 7 and 9 would become part of a Dublin Regional Area Emergency Management Structure. The Chief Officers for the CHO's rotate the chair of both the Dublin Management Planning and Crisis Management Groups.

HSE Emergency Management Structure

On declaration of an Emergency   Transition to the Response takes place.

- Convenes twice per annum
- Chair AND EM

- Launched on declaration of National Emergency
- Chair – Director General

National Emergency Planning Group

National Crisis Management Team

Dublin Area Emergency Planning Group

Dublin Area Crisis Management Team

- Convenes on a Quarterly Basis
- Chair – Co of either CHO 6,7,9 Chairs

- Launched on declaration of an Emergency within the any of the 3 CHO area.
- Chair – CO of either CHO 6,7,9

Figure 1 HSE Emergency Management Structure

2.1.1   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 relevant Principal Response Agencies (PRAs)
- Activation of predetermined procedures/arrangements in accordance with Major Emergency Mobilisation Procedure
- Acting as lead agency for biological incidents in accordance with Appendix F7
- 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), Hospital Groups (HG), Community Healthcare East (CH EAST), Public Health (PH) Services, Communications (Comms) and Community Healthcare East CMT.

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

HSE Roles/Functions	Responsible HSE Services
Declaration of a Major Emergency and notifying the other two relevant principal response agencies	Authorised Officers in the National Ambulance Service (NAS) Hospital Groups (HGs) Community Health Care Organisations (CHOs) Public Health (PH) 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/ (NEOC)
Acting as "lead agency", where this is determined in accordance	CMT & relevant Public Health

with Appendix F9, and undertaking the specified coordination function	Department.
Provision of medical advice and assistance	NAS Hospital Groups 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	Hospital Groups
Provision of psycho-social support for persons affected by the emergency	CHO
Certification of the dead	Hospital Groups / 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	CMT and All Services
Advice and assistance to An Garda Síochána and Local Authorities on public health issues arising	CMT & Public Health Department
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 coordinating/undertaking any countermeasures in its functional area which are required/recommended by an appropriate national body.	All services via the 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

Major Emergency Management Plan, Community Healthcare East

2.2 Boundaries and characteristics of Community Healthcare East (CHO6)

Community Healthcare East comprises of the geographic urban area of Dublin South East and Dún Laoghaire and the rural Eastern Region of County Wicklow.

The area has an extensive coastline, with mountainous terrain in Wicklow. The M11 and M50 Southbound Motorways cut through the geography.

Section 3   Risk Assessment for the Area

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

Our busy road and rail infrastructure also carries significant risk of multi-casualty incidents.

Our long and varied coastline and extensive rivers have been identified as a source of potential tidal and inland waterways flooding.

There are four designated classified Seveso sites in the region (2 upper Tier and 2 Lower Tier sites). (See details in Community Healthcare East Risk Assessment in Appendix 15.3)

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   Community Healthcare East Crisis Management Team (CMT)

The Community Healthcare East CMT consists of the senior managers representing all functions and services in the HSE Geographical Area of CHO 6. It meets initially by Teleconference and if required at one of the three designated Community Healthcare East CMT facilities and is chaired by the Chief Officer (CO), or his/her alternate. The Community Healthcare East CMT is alerted by a mandatory text alert system and is called into conference session about 15 -20 minutes after the declaration of a major emergency.

4.1.2   The National Ambulance Service (NAS)

The National Ambulance Service will normally provide the first HSE response to a Major Emergency. There are 4 Ambulance stations, spread across the Dublin South East, Dún Laoghaire and Wicklow as follows:

Dublin South East

- 1 Ambulance Station/Base

Wicklow

- 3 Ambulance Stations/Base

National Emergency Operations Centre

The National Ambulance Service (NAS) also plays a key role in the activation of CHO Community Healthcare 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 centres of care.

(See Appendix 15.4 for Map showing location of National Ambulance Service Stations in CH East)

4.1.3 Acute Hospitals Division

There is 1 Receiving Hospital with 24 hour Emergency Department Facility in the Community Healthcare East. (See Appendix 15.4 for locations of acute hospitals in CH East)

Casualties from a Major Emergency will normally be brought to one or a number of Receiving Hospitals. **The designated Receiving Hospital in the Community Healthcare East (CHO6) Geographical Area is St. Vincent's University Hospital.**

4.1.4 Community Health Care Organisations (CHOs).

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

These functions are provided within Community Healthcare East (CHO6) through the following services:

- Primary Care
- Mental Health
- Health & Wellbeing
- Social Care

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

Community Healthcare East has its own Major Emergency Plan and Site Specific plans for each of its residential community nursing units.

4.1.5 The Public Health Directorate

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 CHO Community Healthcare East, Public Health provides services from the Dublin Mid Leinster Public Health Department – covering Dublin, Kildare and Wicklow.

4.1.6 Environmental Health

The HSE Environmental Health Service may play a role in the response to any Major Emergency which threatens or results in the contamination of water or food supplies.

Dublin South City East	01 449 3255	HSE, Food Control, South City East, Adelaide Chambers, Peter St, Dublin 8
Dun Laoghaire	01 271 5000	HSE, Food Control, 12 Northumberland Avenue, Dun Laoghaire
Wicklow	0404 68400	HSE, Health Centre, Glenside Road, Wicklow
	0402 39624 or 0402 91925	HSE, Castle Park, Arklow or Health Centre Executive, Unit 7, Inbhear Mor Square, Templerainey, Arklow
	01 2744100	HSE, Health Centre, Killarney Rd, Bray

4.1.7 The Emergency Management Office

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

The Emergency Management Function is organized as follows:

Figure 4.1 Emergency Management Structure
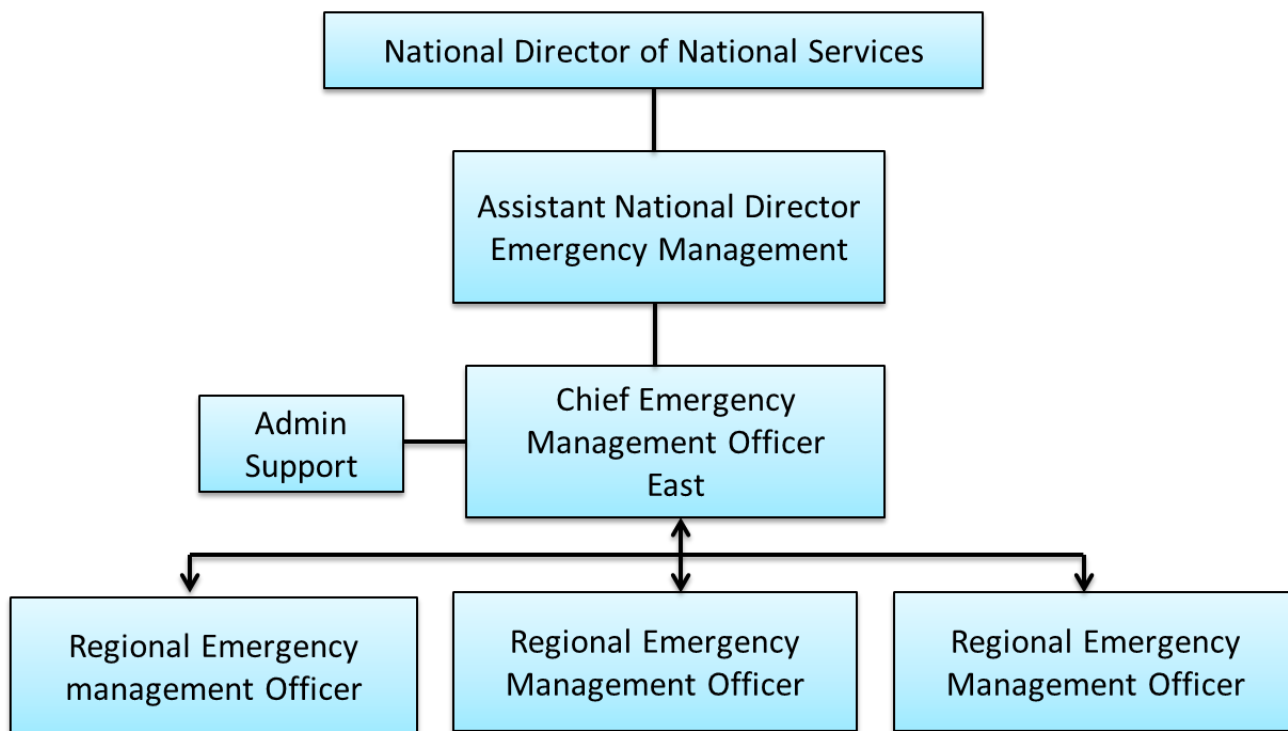
4.1.8   Communications Division

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

Each Hospital Group and CHO has designated Communications staff within their function. These staff will support the Community Healthcare 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, the Community Healthcare 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
- The St. John's Ambulance Brigade
- Coast Guard
- Civil Defence (via and by agreement with the Local Authority)
- The Defence Forces, including Aer Corps & Naval Service (by agreement)
- RNLI
- Voluntary and Private Hospitals and other health facilities with which pre-existing arrangements have been made for specific support.
- Organisations that may provide community resilience.

4.3   Regional Interagency Level Response

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

- The resources available locally do not appear to be sufficient
- The consequences are likely to impact outside the area

- The incident is spread across more than one Local Authority area or is close to a boundary of two or more of the Principal Response Agencies.

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

Section 5   Preparedness for Major Emergency Response

5.1   This Plan

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

5.2   Structures

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

5.2.1   National

At National level, the National Emergency Planning Group (NEPG) has responsibility for Emergency Planning. The purpose of the NEPG is to support and encourage best practice in Emergency Management throughout all HSE areas. The group's Membership includes senior management representatives from all HSE Directorates including the CHOs and the Acute 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   Community Healthcare East (CHO6) – Emergency Planning Group

An Area Emergency Planning Group (AEPG) is coterminous with the geographical area of its Community Healthcare Organisation (CHO6-CH East). The **purpose** of the AEPG is to support and encourage best practice in Emergency Management throughout the **Community Healthcare East** and across all HSE services and facilities. The membership of the AEPG consists of representatives of all key HSE functions, Hospital Groups and other key HSE frontline and ancillary services in that geographic area. This Group is chaired by a Head of Service Health & Wellbeing designated by the Chief Officer. The Chair will oversee the coordination and harmonisation of all EM plans in the area. The Group will plan and prepare response and recovery measures for all emergency situations within Community Healthcare East.

5.2.3   Local, Site and Service

Each Hospital Group has a designated Lead for Emergency Management. Each Receiving Hospital has a designated Lead for Emergency Management and an Emergency Management Planning Group. Likewise, each CHO has a Lead for Emergency Management and an Emergency Management Group.

5.3   Service and Business Plans

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

5.4   Preparedness

The Geographical Area of Community Healthcare East (CHO6) continues to develop a level of preparedness for Major Emergency response by:

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

5.5   Responsibility for Major Emergency Development Process

The responsibility for planning for major emergencies within the Geographical Area of Community Healthcare East (CHO6) lies with the Area Emergency Management Group.

5.6   Key Roles

The Geographical Area of Community Healthcare East (CHO6) 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 Community Healthcare East CMT	• Chief Officer of Community Healthcare East (CHO6) or his/her alternate

(Site) Controller of Operations	• Chief Ambulance Officer or designated alternative
	• Director of Public Health 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 clinical support by a Public Health Doctor.
Media Liaison Officer	• Communications Officer or designated alternative
Information Management Officer (IMOs)	• IMOs for the CMT will be provided by the Office of the Chief Officer
	• IMO's for the Site will be provided by NAS
Action Manager (AM)	• AM's for the CMT will be provided by the office of the Chief Officer
	• AM's for the Site will be provided by the NAS
Support Staff	• Appropriate service(s)

Interagency Key Roles	Possible Appointee
Chair Regional Co-Ordination Group	• Chief Officer or his/her alternate (if HSE lead agency)
Chair of Local Co-Ordination Group	• Chief Officer or his/her alternate (if HSE lead agency)
On Site Coordinator	• Chief Ambulance Officer or designated alternative
	• Director Of Public 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 - From trained Group
Action Managers (AMs)	• AM's for the RCC will be provided by the office of the CO
	• AM's for the LCC will be provided by the 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:

- A National Emergency Plan (see Section 10),

- A Severe Weather Plan (see Section 11), or

- A Site or Event Specific Plan (see Section 12)

5.9   Staff Development, Training and Exercise Programs

As part of the preparedness process, the Regional Emergency Management Office (East Region) has an on- going programme of staff development and training and will organise 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.

5.9.2   Exercises

The Emergency Management Office East Region (which has the remit of CH 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 relevant Interagency Regional Working Groups

- Exercises at Airports

- Exercises at Upper-tier Seveso Sites

5.10   Major Emergency Preparedness Appraisal

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

Section 6   The Command, Control and Co-ordination System

6.1   HSE Area Crisis Management Team(s) (ACMT) Structures

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

6.1.1 HSE Community Healthcare East Crisis Management Team

The Community Healthcare 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 Community Healthcare 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
- Arrange and conduct debriefs on the Major Emergency
- Liaise with the Local and or Regional Coordination Centre
- Co-ordinate the phased stand down of HSE resources as required

6.2 Community Healthcare East CMT Members and their Respective Functions

- Chief Officer (Chair)
- Area Emergency Management Office representative
- Community Healthcare East Heads of Services
- HBS Estates representative
- Public Health representative
- Communications representative
- Head of Human Resources

Representative from the following areas will be requested as appropriate

- Finance
- Procurement
- ICT

6.2.1 Chairperson

The Chairperson is the Chief Officer or his/her alternate. Their role is to

- Chair all Community Healthcare 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
- Establish and maintain contact with HSE Representative on the Regional Co- Ordination Group (if activated)
- Provide Support to the HSE representative at Local Co-ordination Centre (LCC)
- Establish and maintain links with the responding services involved in the Activation
- Manage requests and resource requirements which will affect the areas HSE response to the activation
- Liaise with other ACMTs in relation to issues which will impact on the HSE response to the activation
- Advise the regional coordination group in relation to HSE service issues on an Inter Agency basis
- Deliver status reports on the activity of HSE services during and post incident to the Community Healthcare East CMT
- Manage the stand down of HSE services in the area following the incident
- Ensure that service continuity is maintained during and post incident
- Establish and maintain links with the responding services involved in the Activation

6.2.2 Regional Emergency Management Office

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

6.2.3   Public Health

This will be the Director of Public Health or the Lead DPH

- Represent the areas Public Health service at the Community Healthcare East CMT meetings.

- Establish and maintain links with the responding services of the area Public Health services involved in the activation.

- Manage requests and requirements which will affect the areas Public Health services response to the activation.

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

- Through the chair of the Community Healthcare 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 Community Healthcare 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.

6.2.4   HSE Communications Representative

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

- Provide Communications Expertise at the Community Healthcare 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 Community Healthcare East CMT.

- Through the chair of the Community Healthcare 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 Community Healthcare 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.

6.2.5   Human Resources

- Advise the Community Healthcare 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   HSE Controller of Operations

The role of the Controller of Operations is set out below:
- To make such decisions as are appropriate to the role of controlling the activities of HSE services at the site (Controlling in this context may mean setting priority objectives for individual services; command of each service should remain with the officers of that service.)
- To meet with the other two Controllers, determine the lead agency and inform the Community Healthcare 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 from his/her agency will report on arrival at the site of the major emergency and from which they will be deployed

- To requisition any equipment s/he deems necessary to deal with the incident

- To seek such advice as s/he requires

- To maintain a log of HSE activity at the incident site and decisions made;

- To contribute to and ensure information management systems operate effectively;

- To liaise with and brief the Community Healthcare East CMT Team on the handling of the major emergency

Other functions of the HSE Controller of Operations

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

Section 7   The Common Elements of Response

The common elements of response are as follows:

7.1   Declaring a Major Emergency

7.2   Initial Mobilisation

7.3   Command, Control and Communication Centres

7.4   Co-ordination Centres

7.5   Communications Facilities

7.6   Exercising the Lead Agency's Co-ordination Roles

7.7   Public Information

7.8   The Media

7.9   Site Management Arrangements

7.10   Mobilising Additional Resources

7.11   Casualty and Survivor Arrangements

7.12   Emergencies involving Hazardous Materials

7.13   Protecting Threatened Populations

7.14   Early and Public Warning Systems

7.15   Emergencies arising on Inland Waterways

7.16   Safety, Health and Welfare Considerations

7.17   Logistical Issues/ Protracted Incidents

7.18   Investigations

7.1   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.

Please refer to the Common Pages inside the front cover of this Plan which gives the method of activation and a typical message to declare a Major Emergency

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

Where an **Authorised Officer** considers that the criteria set out in the Framework definition of a Major Emergency has been satisfied, that Officer should immediately contact **NAS National Emergency Operations Centre, declare that a Major Emergency exists and request the activation of the Community Healthcare East Emergency Plan.**

This request should be supported by as much information as is available, structured using the METHANE mnemonic (refer to METHANE definition)

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 using the numbers in the Common Pages, to confirm that they have activated their Major Emergency Plans.

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

These two phases of "Alert" are

Declaration of Standby:

When a Major Emergency appears likely to occur (adverse weather forecasts terrorist threat or possibility of disease outbreak)

The declaration of a Standby is intended to alert the individual members of the Crisis Management Team that a Major Emergency may occur giving the Team time to assess the situation and time to prepare an appropriate response.

Declaration of Major Emergency:

When a Major Emergency has been declared

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

7.1.3   Garda or Local Authority Activation

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

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

7.1.4   Other Activations

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

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 Community Healthcare East CMT and other PRAs.

7.1.6   Response of the HSE to a Major Emergency

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

Activation of the Emergency Management Community Healthcare 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, notification of the Ambulance Area Resource Manager and/or designate, as appropriate as per the control centre protocols.

- The Community Healthcare 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 Community Healthcare East CMT. Even if the incident proves to be less serious than first accessed, the HSE response will not normally be stood down until the Community Healthcare 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 (See Appendix 15.1 HSE Mobilisation Procedure) will be implemented immediately on notification of the declaration of a major emergency. When this Plan has been activated, each service requested shall respond, in accordance with pre-determined arrangements.

In some situations, there may be an early warning of an impending emergency. Mobilisation within the Geographical Area of CHO 6 may include moving to a standby/alert stage for some services or specific individuals, until the situation becomes clearer.

There may also be circumstances where the resources or expertise of agencies other than the Principal Response Agencies will be required. In these situations the relevant arrangements outlined in Section 7.10 of this Plan will be invoked. No third party should respond to the site of a major emergency, unless mobilised by one of the Principal Response Agencies through an agreed procedure.

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

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

7.2.1   Process used to alert Community Healthcare East CMT

Following receipt of a METHANE message the Emergency Medical Controller (NEOC) will initiate the nationally agreed protocol for alerting the Community Healthcare East CMT. The initial alert is disseminated to each member of the Community Healthcare 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 Community Healthcare East (CHO6) CMT

Consult your Action Card Teleconference in 15 mins

Check message sent time on your phone"

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

When the Community Healthcare 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 alerting process has a built in resilience element, when the initial SMS Text message is sent to the area Community Healthcare East CMT members an identical message is simultaneously received by:

- **The Emergency Management Officers in the other Emergency Management Regions.**

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 Centres

The NEOC will be the primary means by which the HSE will mobilise its resources at the scene and maintain communications between the site(s), the receiving hospital(s) and the Community Healthcare 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 Community Healthcare East CMT's facility and at the Local Co-ordination Centre (Interagency). Each "Receiving" Hospital and each CHO area have designated facilities from which to manage its response to a Major Emergency.

7.4.1 Interagency On-Site Co-ordination Centre

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

7.4.2 Community Healthcare East Crisis Management Team (CMT)

The Community Healthcare East CMT will meet at:

- **HSE Offices, Civic Centre, Bray, Co Wicklow**

or other location agreed on the teleconference

7.4.3 Local Interagency Co-ordination Centre

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

- Dublin City Council, Civic Offices, Wood Quay Dublin 2
- Dun Laoghaire Rathdown County Council, Main Street Dun Laoghaire, Dublin
- Wicklow County Council, Wicklow Town, Co. Wicklow

7.4.4 Regional Interagency Co-ordination Centres

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

7.5 Communications Facilities

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

7.5.1 HSE Communications Systems

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

7.5.2   Inter-Agency Communications On-Site

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

7.5.3   Communications between the Site and Co-ordination Centres

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

7.6   Exercising the Lead Agency's Co-ordination Roles

7.6.1   The Lead Agency

For every Major Emergency, one of the three Principal Response Agencies will be designated as the lead agency, in accordance with Section 5.4.2 of the Framework, 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 Community Healthcare 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 areas 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 Eastern Region has an Interagency Public Communications Plan – Media Liaison. Each of these plans follows a standard template outlining the Regions arrangements for communications during a Major Emergency. These are detailed under the following headings:

- Section 1: Introduction to the plan
- Section 2: Response
- Section 3: Roles and Responsibilities
- Section 4: Information Processing
- Section 5: Stand Down and Protocols
- APPENDICES including Directory of Contacts

All Communications processes during a major emergency will follow the Interagency Public Communications Plan. Please see Appendix 15.11 for Eastern Region Interagency Public Communications Plan 2013

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 Community Healthcare 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   General Site Management Arrangements

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

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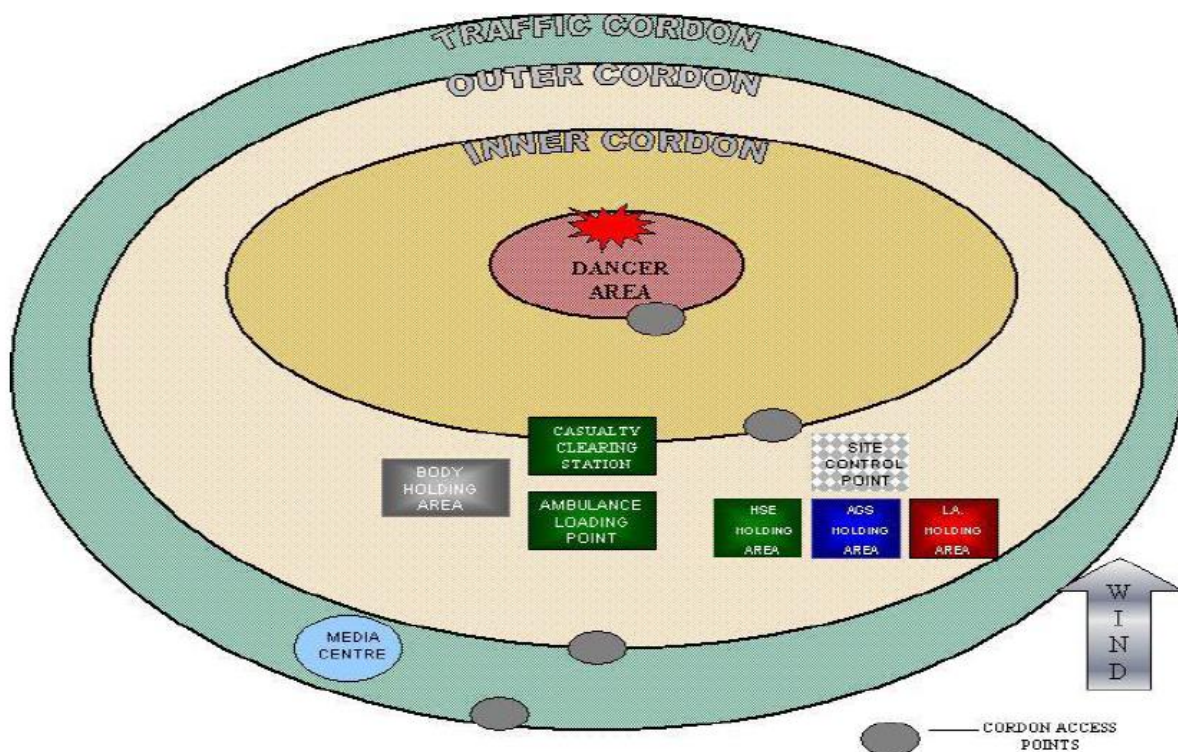
The Body Holding Area and the Holding Areas of the responding services can be located on Figure 7.1 above. A Traffic Cordon is used to prevent congestion at and around the site and thereby ensure the free passage of emergency response vehicles into and out of the site.

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

7.9.3   Control of Access

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

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

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

7.9.4   Danger Area

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

7.9.5   Identification

All uniformed personnel, responding to the site of a Major Emergency, should wear the prescribed uniform, including high visibility and safety clothing, issued by their agency. Officers who are acting in

key roles, such as the Controller of Operations, should wear the appropriate tabard, which in the case of the HSE has 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".

| AGS (An Garda Siochana) | LA (Local Authority) | HSE (Health Service Executive) |

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   Helicopter

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 Community Healthcare 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 normally be channelled through An Garda Síochána. The Community Healthcare East CMT can make a request directly for Defence Force assistance using the standard "aid to the civil authority" request format. (Appendix 15.7 and 15.8)

7.10.4 Links with Voluntary Emergency Services (VES)

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

Table 7.1. 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's Ambulance Brigade
Local Authority	Civil Defence

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

7.10.5 Utilities

Utilities are frequently involved in the response to emergencies, usually to assist the Principal Response Agencies in making situations safe. They may also be directly involved in restoring their own services, for example, electricity supply in the aftermath of a storm. Utilities operate under their own legislative and regulatory frameworks but, during the response to an emergency, they need to liaise with the On-Site Co-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 controlled at a national level are required as part of the management of the incident, requests for those resources should be directed by the lead agency to the Lead Government Department.

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

The European Community has established a Community Mechanism to facilitate the provision of assistance between the member states in the event of major emergencies. The chair of the Local/Regional Coordination Group should make requests for such assistance to the National Liaison Officer in the Department of the 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 Community Healthcare 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. [See Appendix 15.5 the role 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. Copies of "Mass Fatality Protocols" are available from the Emergency Management Office by request.

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. (Appendix 15.5 Garda Casualty Bureau)

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 translators 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 relevant Community Healthcare 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 Community Healthcare East Psychology Service.

7.12   Emergencies Involving Hazardous Materials

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

7.12.1 Lead Agency

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

The On-Site Co-ordinator will take the decision on how best to protect a threatened population, after consultation with the other Controllers of Operations. This protection is usually achieved by moving people temporarily to a safe area, by evacuation where appropriate or feasible, or by advising

affected individuals to take shelter in an appropriate place Details of procedures for warning and informing the public are contained in the Eastern Interagency Public Communications Plan.

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 Community Healthcare 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 Pandemics.

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.
- 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 Director of Public Health will exercise control in these circumstances through existing structures in the Eastern Region.

7.14   Early and Public Warning Systems

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

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

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

Methods of Dissemination

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

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

The detail of how this is implemented is detailed in the Eastern Region Interagency Regional Public Communications Plan (Appendix 15.11).

7.15   Emergencies arising on Inland Waterways

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

7.16   Safety, Health and Welfare Considerations

The scene of a major emergency normally results from a dangerous occurrence and may, depending on the circumstances be an area of serious, imminent and unavoidable danger. HSE employees and voluntary agencies acting under their control, in this instance are engaged in activity relating to a civil emergency.

Every member of the HSE and voluntary agencies acting under their control shall ensure, so far as is reasonably practicable, the safety, health and welfare at work of his or her fellow workers.

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

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

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

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

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

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

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

- Command support arrangements at the scene should assign responsibility for the oversight and management of the safety of rescue personnel
- Danger Area
- On arrival at the site, the HSE Controller of Operations should establish from the On- Site Co-ordinator (or the other two Controllers, where the On-Site Co-ordinator has not yet been designated) if a Danger Area has been defined and, if so, what particular safety provisions

may apply. This issue should be kept under constant review by the On-site Co-ordinator and supporting Controller of Operations.

- Where there is a definite risk to personnel, over and above that which would normally pertain at emergency operations, a Danger Area may be declared. This risk could arise because of dangers posed by the release of hazardous materials, buildings in danger of further collapse, the threat of explosion or the presence of an armed individual. Any HSE Officer/ Responder who was aware of such additional risks should bring them to the attention of the On-Site Co-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

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

During protracted emergencies, it is important that front line field staff is 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 Community Healthcare 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 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 Community Healthcare 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

Major Emergency Management Plan, Community Healthcare East

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 Community Healthcare East CMT.

7.20   Standing-Down the Major Emergency

7.20.1 Stand-Down at the Site

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

Each HSE service, department and hospital has a stand down procedure included in the relevant mobilisation action card. The Community Healthcare 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 the Senior Manager of the Service. Services may Stand Down at different times depending on the demand of their element to the response.

7.20.3 Operational debriefing and reporting activity

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

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

The purpose of the above reviews should be to formulate lessons learned from the incident and the resulting reports should highlight these.

Section 8   Agency Specific Elements and Sub-Plans

This Plan has a series of supporting plans which will take effect in the event that a related major emergency is declared. The respective agencies are responsible to developing and maintaining an up to date emergency plan. Some of such plans are listed in Appendix 15.2

Section 9   Plan for Regional Level Co-ordination

9.1   Introduction

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

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

Síochána; or the incident occurs at or close to a boundary of several of the Principal Response Agencies.

9.2   Regional Response

9.2.1   Decision to Scale up to a Regional Level Response

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

This decision will, by definition, involve specifying those extra Principal Response Agencies which are to be involved in the regional response.

Note: In many Major Emergency situations, 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 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

- Command and Control Arrangements on Site

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

- Three Controllers of Operation;

- A lead agency determined in accordance with the Framework; and

- An On-Site Coordinating Group

- An On-Site Co-ordinator

- The Regional Co-ordination Group

The mobilisation and operation of the Regional Co-ordination Group will be as per the arrangement for Local Co-ordination Groups set out in 5.4.5.2. Regional Co-ordination Group arrangements for

- The mobilisation of other organizations /agencies

- Requesting mutual aid from neighbours

- Requesting national/international assistance where required

- Dealing with multi-site or wide area emergencies

- Linkage to national emergency plans

- Links with Government

- Support for chairs by Information Managers, etc and communication arrangements with the site and with other groups will be as for a Local Co-ordination Group.

9.4   Wide Area Major Emergencies

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

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

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

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

All communications from relevant national bodies should be directed to the Chair of the CMT or his/her designated alternate. When a request is received from a national body in the context of a national emergency, the CMT will be activated and will co-ordinate the appropriate activities of HSE.

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

This Plan may also be activated in response to a request from the Irish Coast Guard, following a threatened or actual emergency in the Irish Maritime Search and Rescue Region.

Section 10 Links with National Emergency Plans

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

Section 11 Severe Weather Plans

Severe weather emergencies may involve significant threats to infrastructure and support may be required for vulnerable sections of the community. The HSE has issued a Severe Weather Guidance and Checklist Document for all HSE Services, please see:

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

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 Community Healthcare East CMT will be activated, where appropriate, and assistance will be provided in whatever areas and by whichever services are appropriate to the situation.

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

Section 12 Site and Event Specific Arrangements and Plans

There are both legislative and procedural arrangements which require that Emergency Plans be prepared for specific sites or events. These include internal and external Emergency Plans for Upper-

tier Seveso Establishments, Emergency Plans for airports and ports and Emergency Plans and arrangements for major sporting and cultural events. The Geographical Area of Community Healthcare East currently contains '2' Upper-tier Seveso Establishments.

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 Community Healthcare East CMT and via its representatives on the Local Co-ordination Group.

As soon as it is practical, the Community Healthcare 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 Community Healthcare 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 Eastern 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 15.1HSE Mobilisation Procedure

HSE Major Emergency Mobilisation Procedure

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

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

NAS NEOC Initiate HSE Response

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

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

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

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

Designate member of CMT to Local Coordination Centre (LCC) - if required.

Appendix 15.2 List of Related Major Emergency Plans

HSE Plans

- The National Ambulance Service
  - NAS East regional major emergency plan
- Acute Hospitals
  - St Vincent's University Hospital Emergency Management plan
  - St Michael's Hospital Emergency Management plan
  - St Columcille's Hospital Emergency Management plan
  - National Maternity Hospital Holles Street
  - Royal Victoria Eye and Ear Hospital
- Bordering CHO Areas
  - CHO 9
  - CHO 7
- Community Healthcare East Area (CHO 6) emergency management plan to include
  - Service/function area emergency management plan
  - Facility/Site specific emergency management plan
  - Severe weather plans

Seveso Plans (upper and lower)

- National Oil Reserves Agency Ltd., Dublin 4
- Dublin Bay Power (formerly UOMS t/a Synergy), Dublin 4
- Sigma Aldrich Ireland Ltd., Arklow

COMMUNITY HEALTHCARE EAST

(Covering Geographical Areas of Dublin South East, Dún Laoghaire and Wicklow)

MAJOR EMERGENCY MANAGEMENT PLAN

RISK ASSESMENT

December 2018

Regional Risk Assessment

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

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

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

The risk assessment process is comprised of a number of stages. They are as follows:

1. Establishing the Context. Describing the characteristics of CHO 6 (1) including the geography, populations and infrastructure of the Area.

2. Hazard Identification In this Risk Assessment document the potential hazards in the HSE West are categorised under four headings

   o Natural – Storms, floods etc.

   o Transport – Air, Road, rail, water accidents

   o Technological – Fire, CBRN, building collapse etc.

   o Civil – Crowd safety, communicable diseases etc.

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

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

Stage 1. Establishing the Context

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

The Emergency Management community Healthcare East Region remit covers the counties of Dublin (South East & South) and Wicklow. It borders other Emergency Management regions.

The governance structure of the HSE has undergone significant change in the last year with the establishment of the new Community Health Organisations (CHO's) structure.

The Hospital services are now organised into "Hospital Groups", in Community Healthcare East there is one hospital group

Ireland East Hospital Group – Hospitals situated in Community Healthcare East

- St Vincent's University Hospital Dublin
- St Columcille's Hospital Loughlinstown Dublin
- St Michael's Hospital, Dun Laoghaire
- Royal Victoria Eye and Ear Hospital Dublin
- National Maternity Hospital Holles Street, Dublin

The Community services are now organised into Community Health Organisations as depicted in the map below

Community Healthcare East
Showing Community Healthcare Networks (CHNs) and Primary Care Teams (PCTs)

Insert shows Dublin City

Legend
CHNs
CHN 1 - 51,830
CHN 2 - 45,939
CHN 3 - 49,843
CHN 4 - 56,048
CHN 5 - 30,183
CHN 6 - 36,005
CHN 7 - 66,561
CHN 8 - 56,830
2016 populations

Total CHO 2016 population - 393, 239

Produced by:
Mid West Community Healthcare PMO,
Health Service Executive, Plassey Technological Park, Holland Road, Limerick
Under OSI Licence HSE 030601
23 April 2018

Table I Establishing the context - HSE Community Healthcare East

Population of Region of 393,239

Community Health Networks		Population
Network 1	Baggot Street, Donnybrook, Ranelagh, Sandymount	51,830
Network 2	Balally, Ballinteer, Churchtown, Dundrum/Milltown	45,939
Network 3	Blackrock DL, Stillorgan	49,843
Network 4	Dalkey, Dun Laoghaire/Sallynoggin, Killiney/Loughlinstown	56,048
Network 5	Cabinteely/Foxrock, Shankill	30,183
Network 6	Leopardstown, Sandyford	36,005
Network 7	Bray, Greystones, Newtownmountkennedy	66,561
Network 8	Arklow Rathdrum, South Wicklow, Wicklow	56,830
Total		393,239

Population Projection for Community Healthcare East

In 2021 projected increase by 6.6% to 425,100 when National projected increase will be 4%

The projected highest level of population increase is in the age groups 65+ and 85+

Means highest level of increase in working age population

Primary Economic Drivers (Not exhaustive)	
Agriculture	Agricultural Region in Wicklow
Tourism	Wicklow, often called "The Garden of Ireland" has been a popular tourist destination for many years, due to its scenery, beaches, walking, hiking and climbing options, and attractions including the ruins of the monastic city of Glendalough, Wicklow Gaol and water-based activities on reservoirs and the coast. Dublin Mountains, Brittas Bay, Greystones, Clogga Beaches, Powerscourt, Avoca Handweavers etc Dun Laoghaire is popular for the picturesque provided by its East and West piers. The town is also notable for the National Maritime Museum of Ireland which provides a unique display of nautical art and artefacts in a 19th-century church. Other attractions include the James Joyce tower and museum in Sandycove, dlr LexIcon, Killiney Hills, CoCo Market, Dalkey Island including Dalkey Bay and Dalkey Castle & Heritage Centre, etc.
Industry excluding Seveso Sites	Microsoft, Accenture Ireland, Alpack Ltd, Baxter Healthcare, Nokia Ireland Ltd, Grafton Group Plc, ESB, Ford Motors, Prospectus, Boots Healthcare, Smurfit Kappa, Prolux Ltd, Tullow Oil, etc
Education	• University College Dublin (Approx. 32,387 Students) • Institute of Art, Design & Technology (Approx 2,500 students) • Bray Institute of Further Educationa (Approx 4,200 students) • Institute of Public Administration • Dundrum College of Further Education • Stillorgan College of Further Education • Milltown Institute of Theology and Philosophy • Wicklow Further Education & Training Centre

Principal Emergency Services	
Health Service Executive (HSE)	
Receiving Hospitals	• St Vincent's University Hospital
Private Hospitals	• Beacon Hospital, Sandyford, Dublin 18
National Ambulance Service - National Emergency Operations Centre (NEOC)	• Ballyshannon • Tallaght

Ambulance Stations	• Hse Ambulance Station, Castlepark, Arklow Co. Wicklow • HSE Ambulance Station, Shankill, Loughlinstown, Co. Dublin • Rapid Response, Newcastle Hospital, Newtown Mount Kennedy, Co. Wicklow • HSE Ambulance Station, Primary HC Unit, Knockrobin, Rathnew, Co. Wicklow.
HSE Community Health Organisations (CHO's)	Community Healthcare East (Dublin South East, Dún Laoghaire and Wicklow)
HSE Public Health	Dublin / Kildare / Wicklow Department of Public Health Health Service Executive Dr. Steevens' Hospital Dublin 8. Tel: Main Switch (01) 6352000 Direct lines for ID Notifications: 01 6352145 Fax: (01) 6352103 Email: dph.east@hse.ie Director of Public Health: Dr Deirdre Mulholland

An Garda Síochána:		
Dublin South East Division	Garda Districts:	• Dundrum Garda Station, Dundrum, Dublin 14, (01) 6665600
Dublin South Division	Garda Districts:	• Blackrock Garda Station, 15 Sweetman's Avenue, Blackrock, Co Dublin, (01) 6665200 • Dun Laoghaire Garda Station, Corrig Avenue, Dun Laoghaire, Co Dublin, (01) 6665000
Wicklow	Garda Districts:	• Bray Garda Station, Convent Ave, Bray, Co. Wicklow, (01) 666 5300 • Wicklow District Headquarters Garda Station, Bachelor's Walk, Wicklow, (0404) 67107

Environment	HSE Area	Dublin South East, Dún Laoghaire and Wicklow
	Adjacent Counties	• Wexford to the south • Carlow to the southwest • Kildare to the west • Dublin to the north.

Infrastructure	Roads (See Appendix B)	• M11, two separate parts of the Dublin – Wexford route • The Southern tip of the M50 to the west side of Bray and from Coyne's Cross to just South of Gorey
	Railway: (See Appendix C)	• Dublin (Connolly) to Wexford • DART (Dublin Area Rapid Transit) runs along the coast of the Irish Sea from Malahide or Howth in north County Dublin southwards as far as Greystones, Co Wicklow.
	Ports/Shipping	• Dun Laoghaire Port
	Ferries:	• Dun Laoghaire to Hollyhead

Water supply	Irish Water and Group Water Schemes	
Power Supply	ESB Networks	• Turlough Hill Power Station Poolbeg Power Station
Gas Supply	Bord Gáis natural Pipeline	• See Appendix D Map of Pipeline
Hazardous Sites	Upper Tier Seveso Sites (As per HSA July 2018)	• National Oil Reserves Agency Ltd., Pigeon House Road, Ringsend, Dublin 4 • National Oil Reserves Agency Ltd., Shellybanks Road, Ringsend, Dublin 4
	Lower Tier Sites (As per HSA July 2018)	• Dublin Bay Power (formerly UOMS t/a Synergy), Dublin Bay Power Plan, Pigeon House Road, Ringsend, Dublin 4 • Sigma Aldrich Ireland Ltd., Vale Road, Arklow, Co. Wicklow

Stage 2. Hazard Identifications

Table 2.1 - Natural Hazards			
Category	Type	Subtype	Local Hazard
Meteorological	Storm / Gale Both coastal and inland areas can be affected by high winds	Both coastal and inland areas can be affected by high winds	• Poor driving conditions • Loss of infrastructure • Flooding • Falling Trees
	Heavy Snow	Blizzards	• Poor driving conditions • Loss of infrastructure

	Severe Cold / Frost extremes of Temperature	Icy Roads /Impassable Roads Hypothermia Freezing of Supply Network	• Poor Driving Conditions • Public Health Risk • Loss of Water Supply • Loss of Heating Oil • Lack of Road Grit
	Thunder & Lightening		• Loss of Infrastructure
	Dense/ Persistent Fog	Road Traffic collisions	• Poor driving conditions
	Heat Wave /Drought		• Public Health Risk • Water Shortage
Hydrological	Flooding	Coastal / Inland	• Rivers Aughrim, Avoca, Avonbeg, Avonmore, Dargle, Derry, Vartry • Canals Royal Canal, Grand canal • Lakes Glendalough
	Heavy Rain		May lead to flooding in Low Lying areas or areas with poor drainage
Geological	Landslides		Wexford to Dublin rail line
	Land Cave In		Powerscourt
	Forest / Wilderness fire		There are numerous Forests throughout the region, Wicklow mountains prone to gorse fires

2.2 - Transportation Hazards			
Category	**Type**	**Subtype**	**Local Hazard**
Rail/Dart/Luas	Mainline		Wexford to Dublin
	Landslide		Wexford to Dublin
	Bridge		Bridge Strike
Road	Multiple Road Traffic Collision		National Roads through Region

	Hazmat		Hazmat Transport on all roads
	Bridge		Arklow Bridge, Bray Bridge, Avoca Bridge
Water	Inland Water ways	Pleasure Craft/Cruises	The Wicklow Way
		Pollution	Resevoirs
	Costal	Car Ferry/ passenger Ferries	Irish Ferries Cruise liners at Dun Laoghaire

2.3 – Technological Hazards			
Category	**Type**	**Subtype**	**Local Hazard**
Industrial Accidents	Explosions		• Damage to Infrastructure • Personal Injuries/ fatalities
	Petrochemical Fires		• Personal Injuries, severe burns/ fatalities
	Industrial Fires		
	Gas Emission		• Environmental Pollution • Plume
	Fluid/ Fuel Emission	Pipeline leak Fire Water Run Off	• Environmental Pollution • Plume
Explosions	Domestic	Natural Gas explosion	
	Bomb		• Terrorism
	LPG		• Restaurants • Nursing Homes/ Residential Units Domestic Houses
	Pipeline		• Bord Gáis Pipeline
Fires			
Building Collapse			• Hotel / Nigh Club, factories, Sports Venues, Musical Venues, Apartment Blocks Nursing Homes and Hospitals

Hazardous substance		Accident at site	• Seveso Sites
		Transportation accident	• Hazmat on roads
		Weapons	• Terrorism
	Biological	Leak/Weapons	
	Radiological	"Dirty Bomb"	• Terrorism
		Industrial Accident	
		Health Facilities	• HSE Acute Hospitals • Private Hospitals
Pollution/Contamination	Air/Water Pollution		• Fire Water Run Off • Chemical Incident Near Water Course

Table 2.4 Civil Hazards			
Category	**Type**	**Sub-type**	**Local Hazard**
Civil Disorder/ Disturbance	Protest Rioting		American Embassy; Other Embassies situated in Dublin South Australian; Argentina; Austria; Belgium; the British Embassy; Bulgaria; Canada; China; Cuba; Cyprus; Czech Republic; Egypt; Estonia; Ethiopia; Finland; France; Germany; Greece; Hungary; India; Iran; Israel; Italy; Japan; Kenya; Latvia; Lesotho; Lithuania; Malaysia, Malta, Mexico, Morocco, Netherlands, Nigeria, Norway, Pakistan, Poland, Portugal, Romania, Slovak Republic, Slovenia, South Africa, Spain, Sweden, Switzerland, Turkey, Ukraine Shanganagh & Shelton Open Prison Central Mental Hospital
Epidemics and pandemic		Communicable diseases	Influenza pandemic
Animal Disease		Foot & Mouth Avian Influenza	
Terrorism	Bombs	Car-bombs	Terrorism
		Bombs in buildings	Terrorism
		Fire-bombing	Civil disorder
	CBRN		Terrorism
	Disruption	Bomb scares	Terrorism

Stage 3 Risk Assessment

The next stage of this process is to consider the overall risks presented by these hazards. Risk assessment starts with an examination of the impact (severity of consequences to life and health, property and infrastructure, and the environment – see Table 3.1) of the hazards identified. The likelihood (probability) also has to be considered (see Table 3.2) and the resulting judgement recorded on a risk matrix in the next stage. The basis for making this judgement is set out on the individual hazard record sheet, and includes sources which influence the judgement (e.g. national/level intelligence and advice from available centres of expertise, information from risk holder/risk regulator).

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

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

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

Table 3.1 - IMPACT

Ranking	Classification	Impact on life and health
1	Minor	Single severe damage, serious injury
2	Limited	Single death, and a few serious injuries
3	Serious	A few deaths (<5), several serious injuries (20), up to 500 evacuated
4	Very serious	5 to 50 deaths, up to 100 serious injuries, up to 2000 evacuated
5	Catastrophic	>50 deaths, injuries in hundreds, more than 200 evacuated

Table 3.2 - LIKELIHOOD

Ranking	Classification	Likelihood
1	Extremely Unlikely	Less than once per 1000 years
2	Very Unlikely	Once per 100-1000 years
3	Quite Unlikely	Once per 10-100 years
4	Likely	Once per 1-10 years
5	Very Likely	More than once a year

Hazards are measured by judging the IMPACT of an event against LIKELIHOOD of it taking place.

The hazards are detailed in the tables below:

Natural (Reference = NM)							
Ref.	Category/Sub-category	Hazard/Threat	Potential Outcome description	Relative Risk areas of Ireland/ Historical Evidence	Likelihood	Impact	Risk Rating
NM1	Meteorological	Storm/Gale Both coastal and inland areas can be affected by high winds	Likely damage to property. Displacement and/or fatalities may occur.	All areas.	Likely	Serious	Planning and preparedness
NM2	Meteorological	Heavy Snow	Roads inaccessible Road Traffic Accidents Hypothermic patients	All areas Winter 2010/2011 Heavy snow falls in some Counties & freezing conditions	Likely	Serious	Planning and preparedness
NH3	Hydrological	Flooding (coastal/inland)	Displacement of communities Possible loss of life	26/07/2013 and 5/08/2014 Letterkenny General Hospital 2009, 2013 & 2014 All areas Severe Flooding in Eastern Coastal Areas	Likely	Serious	Planning and preparedness
NG1	Geological	Landslide/Tsunami/Earthquake		Dublin Wexford Rail Landslides 2018 Tsunami Indonesia 2004 Tsunami Japan 2011	Extremely Unlikely	Catastrophic	Extendability Zone
Transport (Reference = TR)							

TR 1	Aviation	Air/Airport Accident	Possible to result in large number of casualties/fatalities	Airports: Dublin Airport	Unlikely	Very Serious	Planning and preparedness
TR 2	Road	Major car or bus accident	Multiple casualties and loss of life	All roads M11; Coynes Cross, M50 Southbound	Likely	Very Serious	Planning and preparedness
TR 3	Rail Dart Luas	Train/Dart/Luas (passenger/freight) crash	Likely to result in a large number of casualties and/or fatalities. Possible evacuation/ displacement of local communities	**Iarnroid Eireann:** Wexford to Dublin DART - South of the River Liffey: Tara Street, Pearse, Grand Canal Dock, Lansdowne Road, Sandymount, Sydney Parade, Booterstown, Blackrock, Seapoint, Salthill & Monkstown, **DART - South of Dún Laoghaire:** Dún Laoghaire, Sandycove & Glasthule, Glenageary, Dalkey, Killiney, Shankill, Bray, Greystones **Luas Green Line:** Dawson Street, St. Stephen's Green, Harcourt, St., Charlemont, Ranelagh, Beechwood, Cowper, Windy Arbour, Dundrum, Balally, Kilmacud, Stillorgan, Sandyford, Central Park, Glencairn, The Gallops, Leopardstown Valley, Ballyogan Woods, Carrickmines, Loughlinstown, Cherrywood, Brides Glen	Unlikely	Very serious	Planning and preparedness

TR 4	Water	Ship/boat/ferry accident	Likely to result in a large number of casualties and/or fatalities	All counties Ferries/passenger crafts/ ships Irish Ferries, Dun Laoghaire Yacht club	Unlikely	Very serious	Planning and preparedness
TE1	Fire/Explosion	Residential buildings, large offices, social /entertainment centres, hospitals, residential homes	Likely to result in large number of casualties and/or fatalities	All counties	Unlikely	Very serious	Planning and preparedness
TE2	Fire/Explosion	Hazardous sites: Seveso sites	Potential casualties and fatalities within immediately affected area (1-3 km). Evacuation of surrounding areas.	2 Upper Tier SEVESO sites: 2 Lower Tier Seveso Sites	Unlikely	Very serious	Planning and preparedness
TE3	Fire/Explosion	Gas/natural gas/fuel/ethylene pipeline	Potential casualties and fatalities within immediately affected area 1- 3kms. Evacuation of surrounding areas.	All counties	Very unlikely	Catastrophic	Planning and preparedness
TE4	Structural collapse	Building, bridge.	Potential casualties, fatalities and missing people	All counties Avoca Bridge Collapse	Unlikely	Very serious	Planning and preparedness

Major Emergency Management Plan, Community Healthcare East

TE5	Hazmat (Chemical + Biological)	Release of harmful substances /Transport of Harmful Substances / Deliberate Release	Potentially large number of casualties. Evacuations may be required.	All counties	Unlikely	Very serious	Planning and preparedness
TE6	Radiological	Accident at storage site, Accident during transport, Dirty bomb	Large number of casualties/fatalities, Evacuations of vulnerable people	Radiological sites area and local effects in many parts of Ireland. Examples: University College Dublin, St. Vincent's University Hospital	Unlikely	Very Serious	Planning and preparedness
TE7	Nuclear	Radioactive substance release from nuclear reactor site. Could result in a wide area of Ireland being affected.	Large number of people affected, but fear and worry may be main consequences.	All counties	Unlikely	Very Serious	Planning and preparedness
Civil (Reference = C)							
C1	Civil disturbance	Rioting Likely to involve a large number of people resulting in large scale damage, fighting / disorder.	Likely to be multiple injuries resulting in hospitalisation	All counties: Large Crowd events, contentious situations	Likely	Very Serious	Planning and preparedness

C2	Crowd safety	Large crowd events	Potential large numbers of casualties/fatalities	Sports, entertainment events in all counties	Unlikely	Very serious	Planning and preparedness
C3	Loss of critical infrastructure	Water, Electricity, Gas, Fuel shortage, Communications	Potential casualties among most vulnerable people	All counties	Likely	Very Serious	Planning and preparedness
C4	Mass Shooting	Involves an unknown person or persons at large in the community with the intent of indiscriminately killing /seriously injuring people.	Likely to be fatalities and injuries resulting in hospitalisation.	All counties	Unlikely	Very Serious	Planning and preparedness
C5	Food/water contamination	Localized outbreak of food poisoning, E Coli, Salmonella. Domestic and industrial water supply affected.	Impact on health with number of casualties presenting, may be fatalities	All counties. Examples:	Likely	Very serious	Planning and preparedness
C6	Communicable Disease	Communicable disease Legionella, Meningitis, Mumps, in hospital, school, prison	Localised outbreak of a disease that would cause a number of casualties with a possibility of some fatalities	All counties	Likely	Serious	Planning and Preparation

Major Emergency Management Plan, Community Healthcare East

C7	Water Contamination	Likely to affect domestic and industrial supplies of water	Potential impact on health with the possibility of some fatalities	All counties Example: Boil Water notice	Likely	Serious	Planning and Preparation (Interagency would be Prevent and Mitigate- Security services)
C8	Flu Pandemic	Pandemic likely to occur in two waves, each lasting 12 weeks, overwhelming health and other services.	One quarter of the population could be affected. High number of cases and consultations. Clinical attack rate of 35%, mortality assumption of 0.37-2.5%. Age range vulnerability - all ages, including children, likely to be affected.	National	Unlikely	Catastrophic	Planning & Preparedness
C9	Epidemic flu	Likely to be of much greater severity than the usual seasonal flu.	Significant increase in G.P. Consultations for new episodes of flu-like illness.	All counties	Likely	Serious	Planning and preparedness
C10	SARs or similar public health issue	Severe respiratory infections	Likely to cause a large number of casualties and fatalities	All counties	Unlikely	Very serious	Planning and preparedness

Major Emergency Management Plan, Community Healthcare East

C11	Public Health issue at airports or ports	Infection or illness. Large number of people arriving at either airports or ports	Impact on health with number of casualties presenting	All ports and airports	Likely	Very Serious	Planning and preparedness

The following eleven scenarios were selected to provide a good basis for development of an all-hazards major emergency plan for the Emergency Management Community Healthcare East Region:

- Extremes of Weather
- Flooding
- Landslide/Tsunami/Earthquake
- Major Road Traffic Accident / Hazmat
- Rail, Luas or Dart Incident
- Marine Incident
- Large Building Fire
- Hazardous Material Incident
- Crowd Incident
- Loss of Critical Infrastructure
- Influenza Pandemic

HAZARD RECORD SHEET 1 EXTREMES OF WEATHER

HAZARD CATEGORY	SUB-CATEGORY
Natural	Severe weather event
Hazard Description	Hazard Location
An extreme weather event or prolonged instance of inclement weather	HSE Community Healthcare East Emergency Management Region
Date:	Review Date:
December 2018	December 2019

1. Overview of Hazard

Although Ireland's climate is generally moderate severe weather events do occur. An extreme storm could have the consequences of flooding, landslides, structural damage to properties etc. Storms with gale force winds are a regular occurrence in the community Healthcare East region.

An extended cold spell is possible in Ireland during winter months, expected impacts as follows:
- Icy roads would have an impact on infrastructure.
- water distribution system would be severely compromised resulting in a prolonged period of water shortages and repair
- severe cold would have an impact on over ground power transmission systems
- elderly persons would be particularly at risk
- lack of water for fire fighting purposes

During summer months a prolonged heat wave may occur. Drought conditions could impact upon water supply reservoirs and animal

2. Key Historical Evidence Storms:

Storms

Ireland

Storm Emma 2018

Storm Ophelia 2017

2014 January & February 2014 High Winds Spring Tides resulted in widespread costal damage, falling trees, structural damage power supply interruption and flooding

Christmas Eve 1997, widespread damage caused.

August 1996, Hurricane Charlie, East and Southeast of country affected by flooding and loss of power transmission lines.

January 1974 - gust of 124 m.p.h. was recorded at Kilkeel in County Down.

Sept 1961 Hurricane Debbie - winds reached hurricane force resulting in 12 Fatalities and widespread damage.

United Kingdom

1987, Hurricane and storms, 20 fatalities.

1990, Gales and floods, 45 fatalities.

Belgium

1990, Severe storms, 19 fatalities.

Severe cold

Ireland: 2009 – 2010, prolonged cold spell

Ireland: 1970's, a series of cold winters experiences, a number of elderly fatalities. Ireland:

                      1947, Prolonged snow storms.

India: 2006, 1 week of prolonged cold temperatures, 200 fatalities.

Baltic states   2006, prolonged cold weather, 30+ fatalities.

USA   2004, North & South Carolina, 50+ fatalities.

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3. Assessment of Impact and Likelihood

Hazard	Impact				Likelihood
	Human Welfare	Environment	Physical Infrastructure	Social	
Extremes of Weather	Very Serious - 5-50 fatalities, up to serious 100 injuries depending on number of people involved and the nature of the incident.	Minor - No contamination, localised effects.	Very Serious -	Serious - Community functioning poorly, minimal services available	Likely (Once per 10-100 years)

4. Position on Risk Matrix
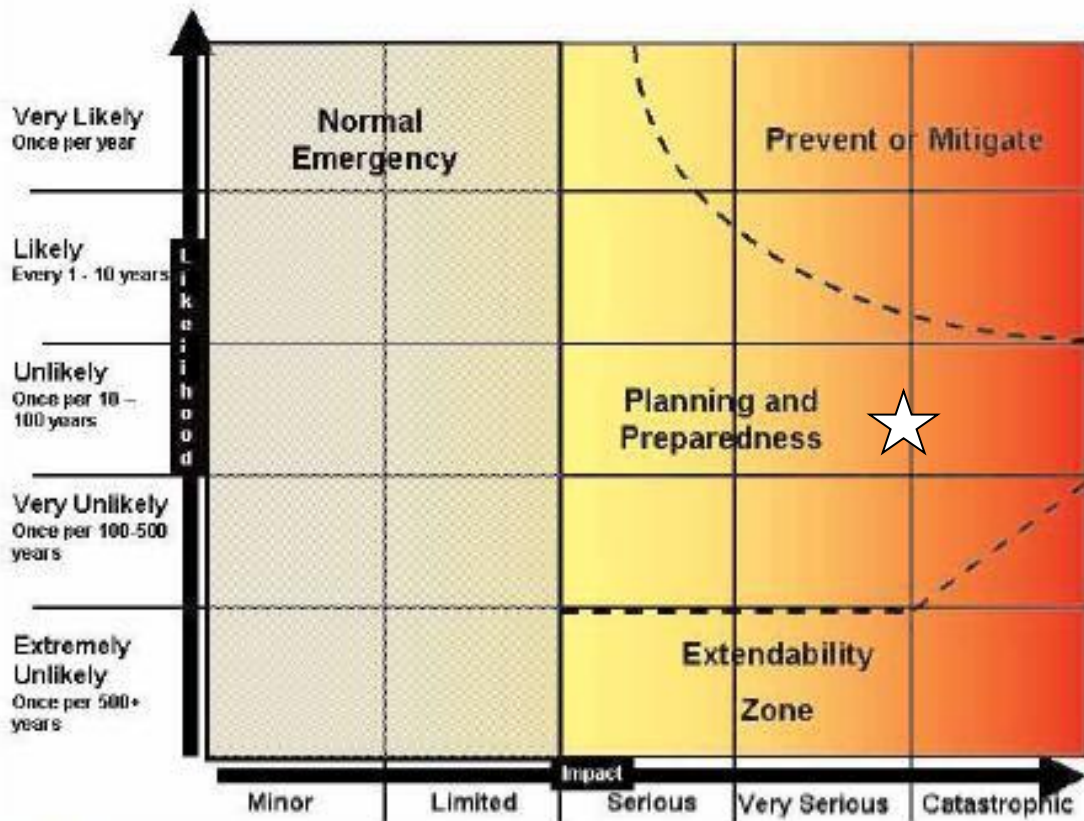
5. Prevention/Control/Mitigation Measures in Place

- Local Authority Severe Weather Plans
- Local Authority Salting / Gritting Plans – Ice-cast System
- Met Éireann Forecasting
- Local Authority plans for emergency accommodation centres with necessary equipment and supplies.
- Use of water tankers for water distribution
- Road Design

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

- Ongoing development of plans for emergency accommodation centres with necessary equipment and supplies.
- Community Resilience Planning
- Coastguard / Air Corp Assistance
- Transportation requirements of all Agencies - Vehicles
- Business Continuity Planning to ensure that personnel can attend work / do not have to attend work
- Review Storage of Salt / Grit Supplies – (National / Regional / Local)

HAZARD RECORD SHEET 2 FLOODING

HAZARD CATEGORY	SUB-CATEGORY
Hydrological	Flooding
Hazard Description	Hazard Location
Urban flooding in coastal areas susceptible to flooding	HSE Community Healthcare East Emergency Management Region
Date:	Review Date:
December 2018	December 2019

1. Overview of Hazard

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

2. Key Historical Evidence

Ireland

Dec 2015 - significant widespread flooding

3. Assessment of Impact and Likelihood

Hazard	Impact				Likelihood
	Human Welfare	Environment	Physical Infrastructure	Social	
Major Flooding in Urban/ Residential area	Serious - Evacuation, disruption to access/egress s to/from homes & businesses, restrictions on emergency services, disease, drowning risk	Serious - Contamination by sewage, risk of contamination to public water supply	Serious - Water damages to property, Traffic congestion or blockages, contamination of water and pipe networks	Serious: Community only partially functioning, some services available	Major flooding – Likely (once per 1-10 years)

4. Position on Risk Matrix
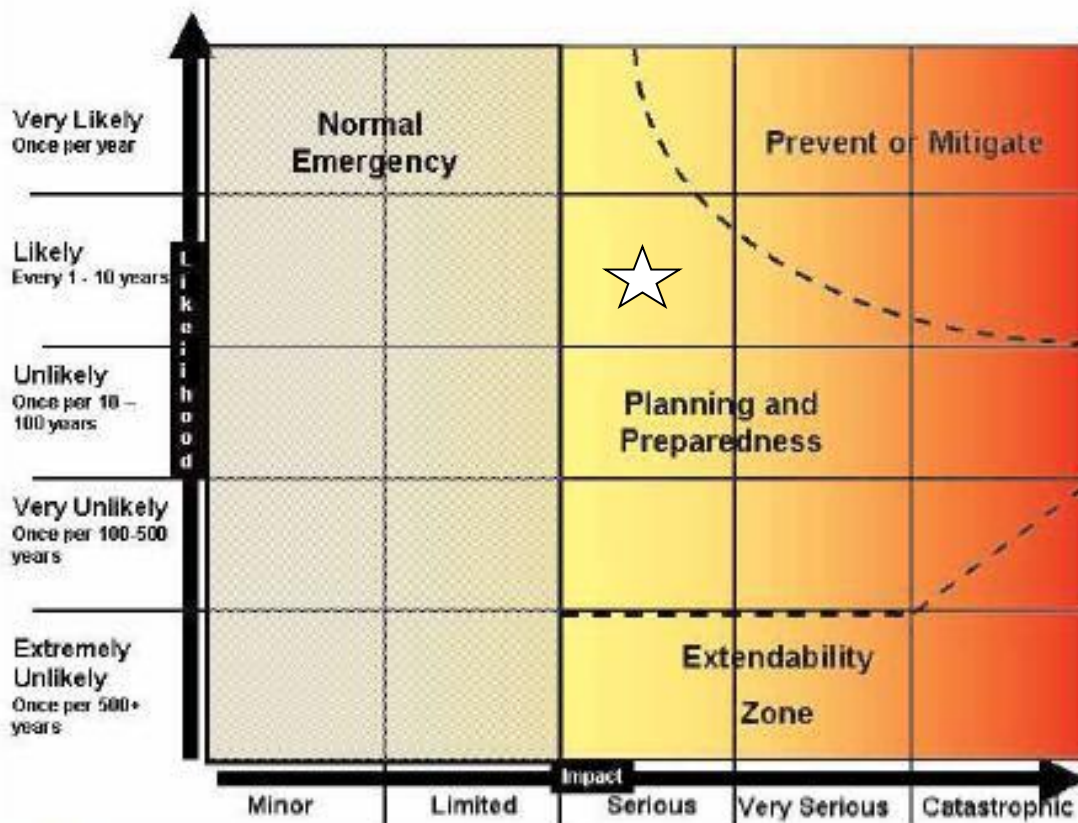
5. Prevention/Control/Mitigation Measures in Place

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

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

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

HAZARD RECORD SHEET 3 LANDSLIDE/EARTHQUAKE/TSUNAMI

HAZARD CATEGORY	SUB-CATEGORY
Natural	Geological
Hazard Description	Hazard Location
Landslides/Earthquakes/Tsunami	HSE Community Healthcare East Emergency Management Region
Date:	Review Date:
December 2018	December 2019

1. Overview of Hazard

Landslides/Earthquakes/Tsunami

2. Key Historical Evidence

- Flooding was reported in many parts during winter 1999/2000

- December 1954 significant flooding occurred.

- Serious flooding throughout the Country in November 2009

- Severe snow and frost in 1982 and 2010

- Landslides Wexford to Dublin Rail line

- Tsunami Indonesia 2004

- Tsunami Japan 2011

3. Assessment of Impact and Likelihood

Hazard	Impact				Likelihood
	Human Welfare	Environment	Physical Infrastructure	Speed of Development/ Escalation	
Landslides/ Earthquakes/ Tsunami	Loss of life	Pollution/health risks to Public and Rescue Personnel from sewerage systems, fuel storage tanks and other sources of pollution	Major damage to property and surrounding land. Structural damage/closure of bridges and roads/rail lines and other infrastructure. Landslides	Slow	Evidence suggests that extremely unlikely.
	Serious	Serious	Catastrophic		Extremely unlikely

4. Position on Risk Matrix
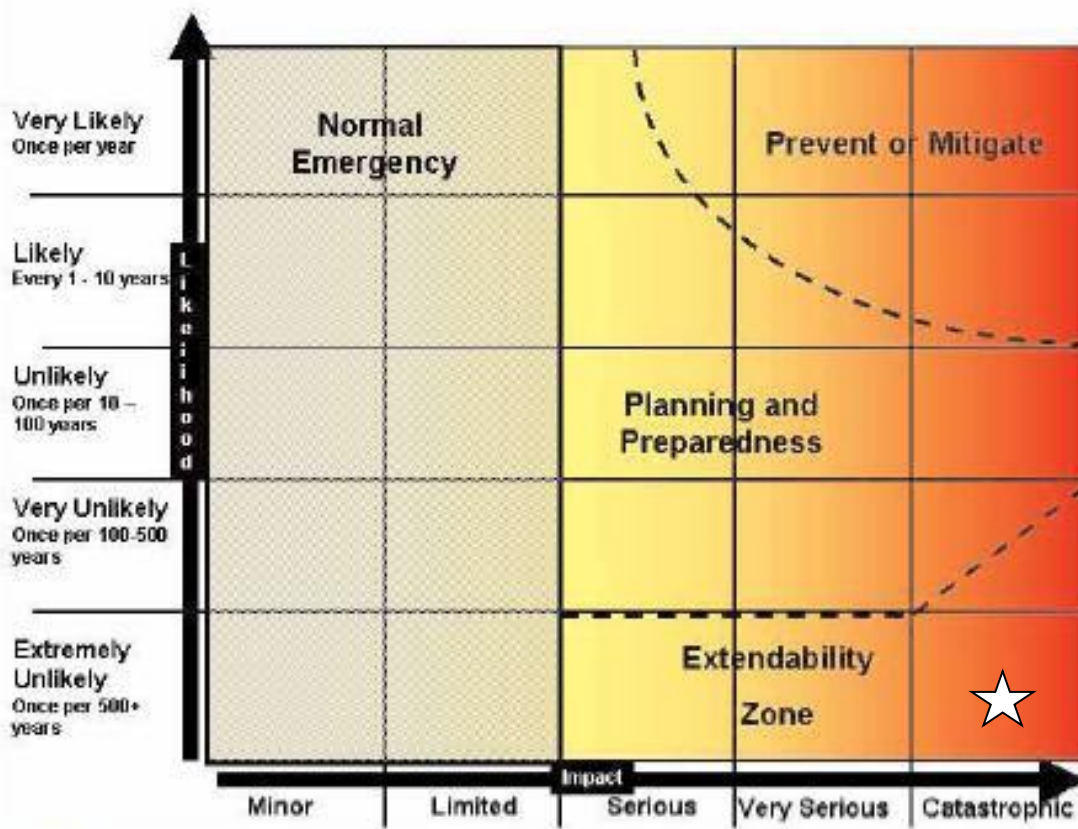
5. Prevention/Control/Mitigation Measures in Place

- Existing Major Emergency Plan

- Public announcements

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

- More community awareness needs to be focussed on severe weather and its effects

- More training required for emergency personnel on how to deal with such an event

HAZARD RECORD SHEET 4 MAJOR RTA/HAZMAT

HAZARD CATEGORY	SUB-CATEGORY
Road	Multiple Vehicle RTC
Hazard Description	Hazard Location
Multiple Vehicle RTC	HSE Community Healthcare East Emergency Management Region
Date:	Review Date:
December 2018	December 2019

1. Overview of Hazard

M50, M11

N11, N31

According to the Road Safety Authority, in the period January - December 2017 there were 142 fatal collisions resulting in 157 fatalities on Irish roads (RSA.ie, 23/05/18)

2. Key Historical Evidence

2010 Glasmullen Co.Donegal 8 fatalities

2012 Castleogry, Killybegs. 52 people on the bus all transferred to LGH for assessment.

2007, Wellington Road, Cork bus crash, 40 casualties

2007 M7 Motorway, Kildare, Multiple vehicle collision, 1 fatality, 30 casualties

2004, Wellington Quay, Dublin Bus Crash, 5 fatalities, 17 casualties

2005 Kentstown, Navan, Co. Meath, - Bus Crash, 5 fatalities, 40 casualties

3. Assessment of Impact and Likelihood

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

4. Position on Risk Matrix
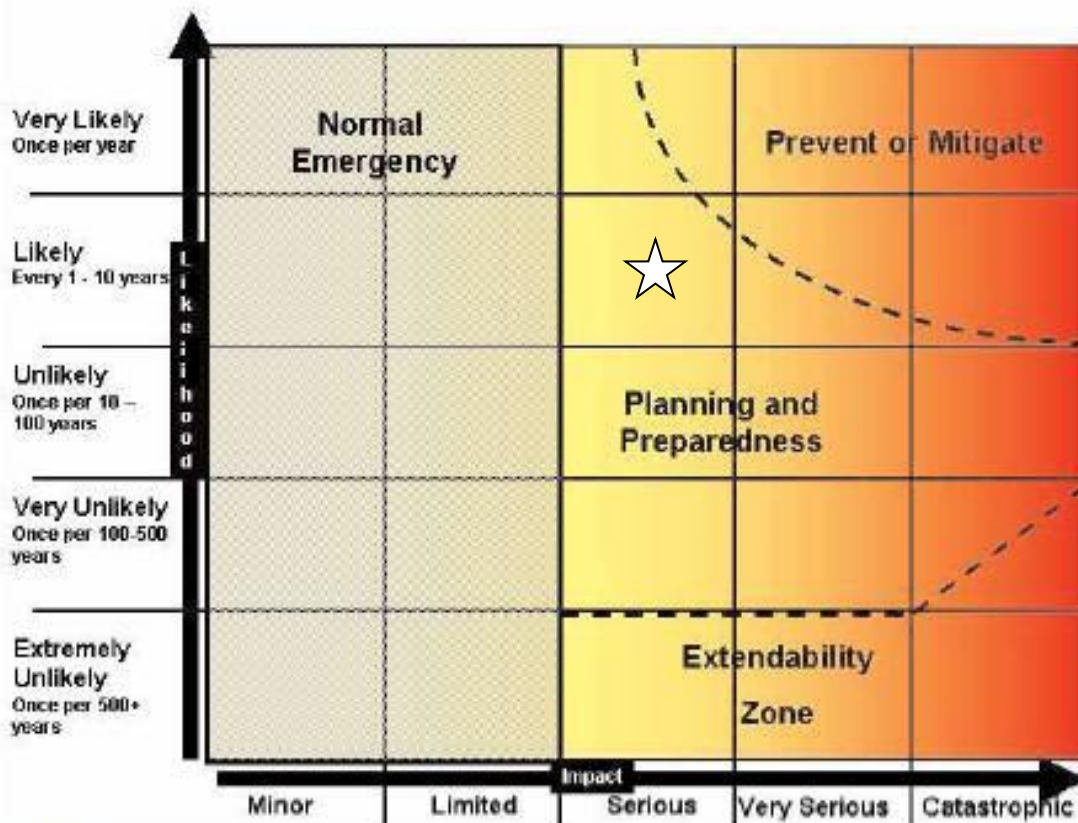
5. Prevention/Control/Mitigation Measures in Place

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

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

-
- Inter-Agency agreements in response to Road Traffic Accidents
- Traffic Management Plan
- Knowledge of high accident locations
- Knowledge of level of hazardous material transported through county
- Obtain suitable equipment such as special illuminated safety signage and cutting/lifting equipment to aid response by the Fire Service to accidents on motorways.
- Protocol for response to tunnel incidents.

HAZARD RECORD SHEET 5 RAIL/LUAS/DART INCIDENT

HAZARD CATEGORY	SUB-CATEGORY
Rail Incident	Mainline
Hazard Description	Hazard Location
Derailment / Collision / Fire	HSE Community Healthcare East Emergency Management Region
Date:	Review Date:
December 2018	December 2019

1. Overview of Hazard

Iarnroid Eireann: Wexford to Dublin

DART - South of the River Liffey:

Tara Street, Pearse, Grand Canal Dock, Lansdowne Road, Sandymount, Sydney Parade, Booterstown, Blackrock, Seapoint, Salthill & Monkstown,

DART - South of Dún Laoghaire:

Dún Laoghaire, Sandycove & Glasthule, Glenageary, Dalkey, Killiney, Shankill, Bray, Greystones

Luas Green Line

Dawson Street, St. Stephen's Green, Harcourt, St., Charlemont, Ranelagh, Beechwood, Cowper, Windy Arbour, Dundrum, Balally, Kilmacud, Stillorgan, Sandyford, Central Park, Glencairn, The Gallops, Leopardstown Valley, Ballyogan Woods, Carrickmines, Loughlinstown, Cherrywood, Brides Glen

Safety Risks include:

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

Major Emergency Management Plan, Community Healthcare East

2. Key Historical Evidence

1975 Gorey, Co. Wexford– Under bridge strike, 5 fatalities
1980 Buttevant, Co. Cork – Derailment, 18 fatalities
1983 Cherryville, Co. Kildare– Collision involving two trains, 7 fatalities
1989 Claremorris, Co. Mayo – Derailment
1997 Knockcroghery, Co. Roscommon – Derailment
2009 Malahide Viaduct Accident – Viaduct Collapse

3. Assessment of Impact and Likelihood

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

4. Position on Risk Matrix
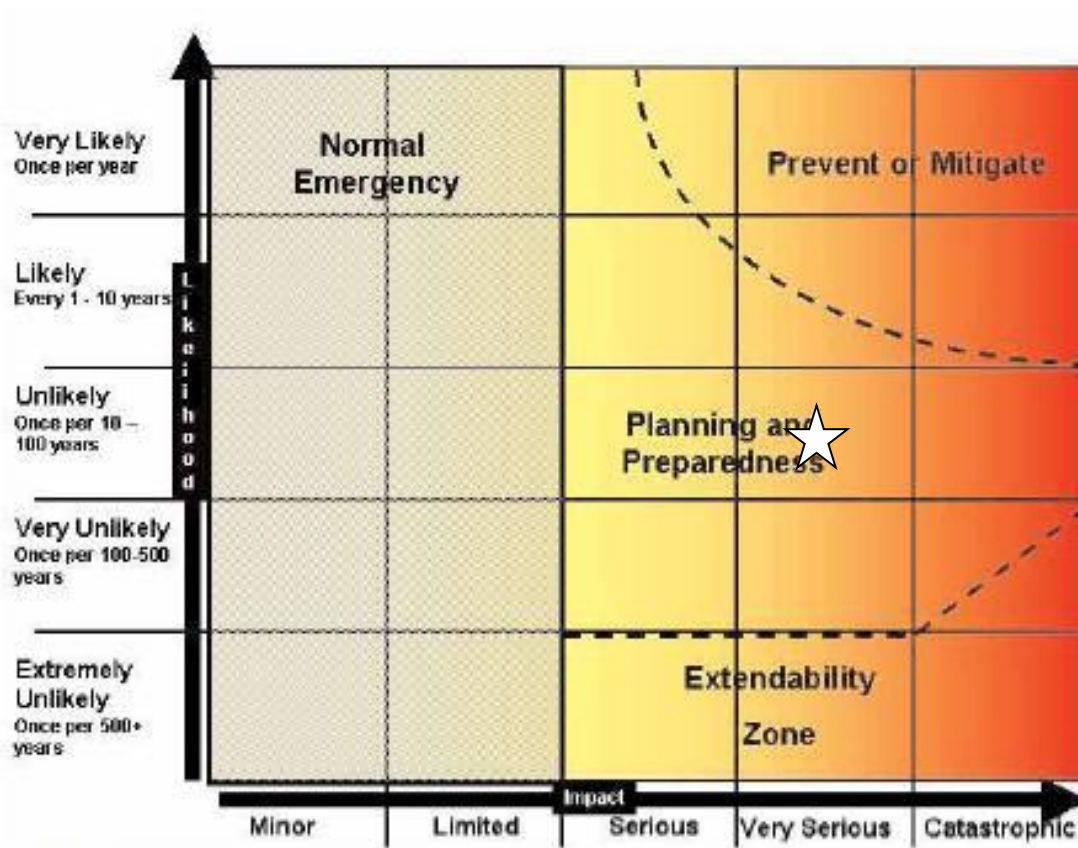
5. Prevention/Control/Mitigation Measures in Place

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

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

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

HAZARD CATEGORY	SUB-CATEGORY
Transportation	Marine Incident
Hazard Description	Hazard Location
Ship/boat incident on inland waterway or at sea	HSE Community Healthcare East Emergency
Date:	Review Date:
December 2018	December 2019

1. Overview of Hazard

The HSE Community Healthcare East Region has a significant coast line with major port at Dun Laoghaire. It also has a number of rivers and lakes.

A number of Cruise Liners have docked in the region in 2018

A number of light boats operate on the Rivers, Lakes and Coast carrying passengers.

2. Key Historical Evidence

Ireland:

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

UK:

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

Belgium:

- 1987, Zeebrugge Ferry capsized, 193 fatalities

Italy

- 2012, Isola del Gigl, Italian Cruise Ship, Costa Concordia ran aground – 32 fatalities

3. Assessment of Impact and Likelihood

Hazard	Impact				Likelihood
	Human Welfare	**Environment**	**Physical Infrastructure**	**Social**	
Marine Incident	Very Serious Dependent on type of boat and capacity.	Very Serious - Heavy contamination if it involves cargo, localised effects of extended duration.	Serious – 3- 10M Euros	Limited: Normal community functioning with some inconvenience	Unlikely (Once per 10 - 100 years)

4. Position on Risk Matrix
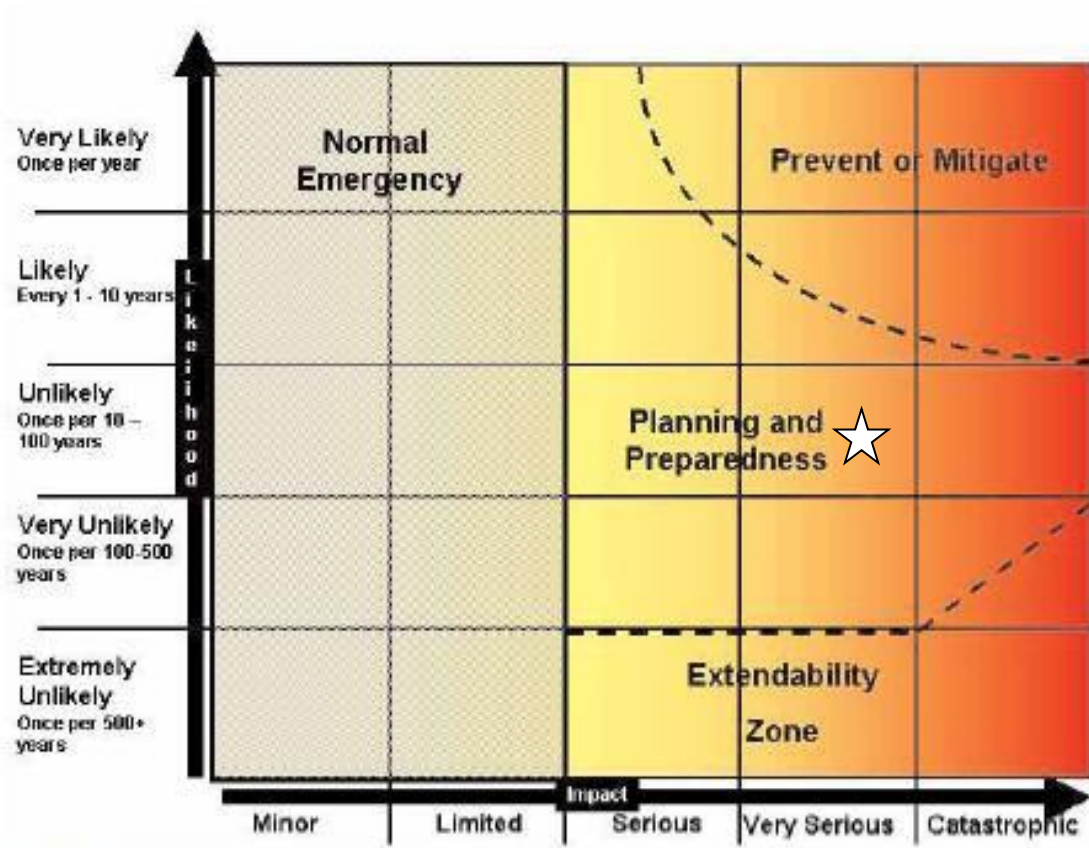
5. Prevention/Control/Mitigation Measures in Place

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

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

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

HAZARD RECORD SHEET 7 LARGE BUILDING FIRE

HAZARD CATEGORY	SUB-CATEGORY
Building Fire	
Hazard Description	Hazard Location
Fire in a large building housing a large number of occupants.	HSE Community Healthcare East Emergency Management Region
Date:	Review Date:
December 2018	December 2019

1. Overview of Hazard

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

2. Key Historical Evidence

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

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

3. Assessment of Impact and Likelihood

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

4. Position on Risk Matrix
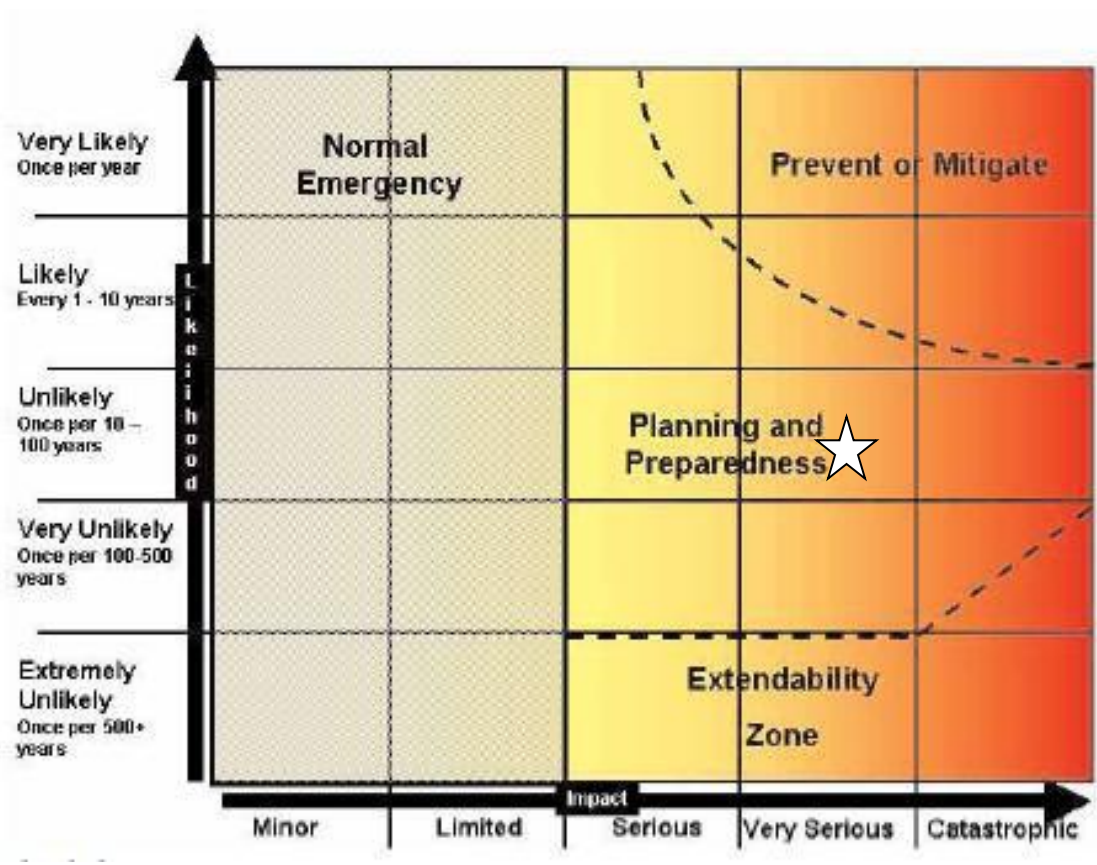
5. Prevention/Control/Mitigation Measures in Place

- During performance inspections if appropriate.

- Building Control Legislation.

- Fire Services Legislation.

- Planning Legislation.

- Pre fire planning/familiarisation visits.

- Inspection & enforcement by Building Regulations and Planning sections.

- During performance inspections.

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

- Fire safety enforcement.

- Event safety plans.

- Agreed inter-agency response protocols and procedures.

- Multi-service liaison and exercising.

HAZARD RECORD SHEET 8 HAZARDOUS MATERIAL INCIDENT

HAZARD CATEGORY	SUB-CATEGORY
Technological	Hazardous materials
Hazard Description	Hazard Location
Hazardous material incident	HSE Community Healthcare East Emergency Management Region
Date:	Review Date:
December 2018	December 2019

1. Overview of Hazard

There are a number of Seveso sites in HSE Community Healthcare East	
Upper Tier Seveso Sites (As per HSA July 2018)	- National Oil Reserves Agency Ltd., Pigeon House Road, Ringsend, Dublin 4 - National Oil Reserves Agency Ltd., Shellybanks Road, Ringsend, Dublin 4
Lower Tier Seveso Sites (As per HSA July 2018)	- Dublin Bay Power (formerly UOMS t/a Synergy), Dublin Bay Power Plan, Pigeon House Road, Ringsend, Dublin 4 - Sigma Aldrich Ireland Ltd., Vale Road, Arklow, Co. Wicklow

2. Key Historical Evidence

2008 Little Island, Corden PharaChem, Chemical Explosion, 1 fatality.

2006 Ennis, Gas line rupture, a number of people evacuated.

2005, Kilmallock, Co. Limerick, 24 hour disruption to local services.

2004 Lahinch, Co. Clare, gas leak causing explosion, severe structural damage to premises.

2003 Limerick City, Acetylene cylinder explosion, 1 fatality. 1994 Cork, Hicksons Pharmaceutical

plant, 36 injured, major environmental damage

1993 Dublin, Newport Pharmaceuticals plant, 500+ evacuated

3. Assessment of Impact and Likelihood

Hazard	Impact				Likelihood
	Human Welfare	Environment	Physical Infrastructure	Social	
Hazardous material incident occurring at an industrial site	Very serious: 5 to 50 fatalities, up to 100 serious injuries, up to 2000 evacuated.	Very serious: Heavy contamination localised effects or extended duration.	Serious	Serious: Community only partially functioning, some services available.	Very unlikely (Once per 10-100 years)

4. Position on Risk Matrix
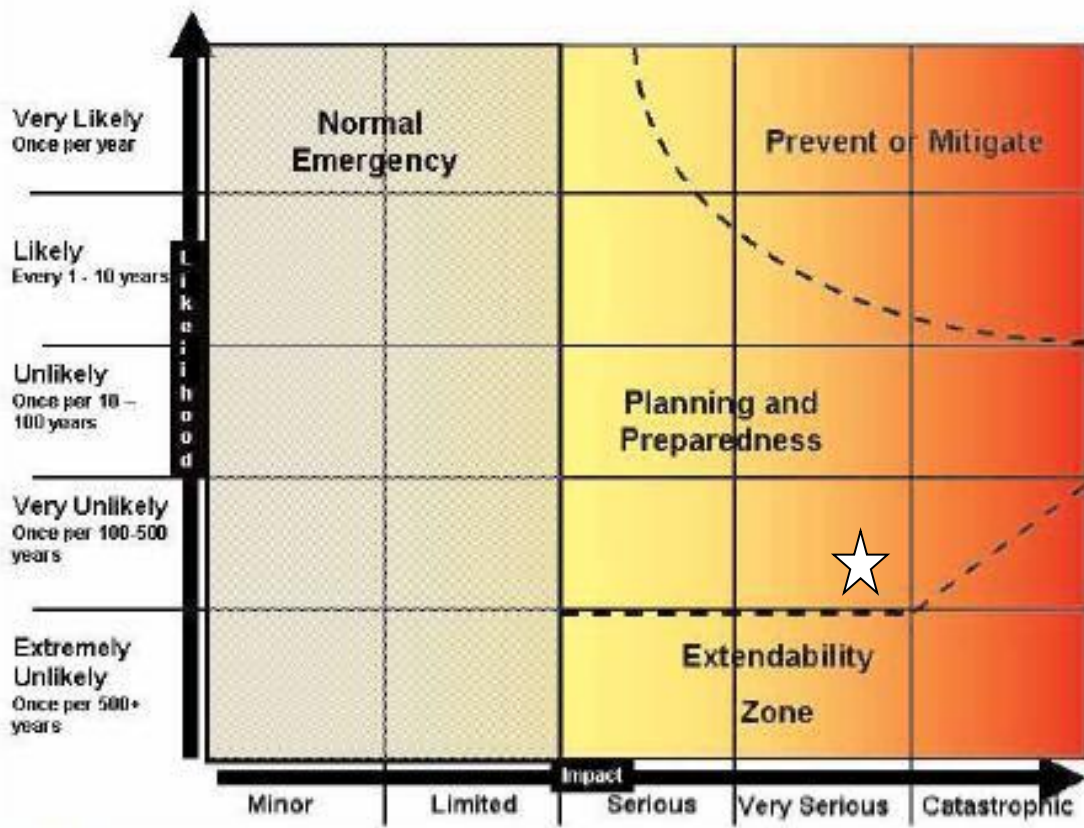
5. Prevention/Control/Mitigation Measures in Place

- Seveso II (COMAH) regulations

- Internal and External emergency plans

- Site specific protocols and safety procedures and emergency response teams.

- Fire Services Legislation & Planning Legislation

- Provision of Fire service including equipment and training.

- Fire service training with risk holders

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

- Ongoing inter-agency co-operation, training & exercises

- Develop PRA plans/procedures/protocols for dealing with HAZMAT incidents.

- Advice and expertise of private sector to be utilised in the response to chemical incidents.

HAZARD RECORD SHEET 9 CROWD INCIDENT

HAZARD CATEGORY	SUB-CATEGORY
Civil	Crowd Incident
Hazard Description	Hazard Location
Crowd incident at an organised event involving large numbers of people	HSE Community Healthcare East Emergency Management Region
Date:	Review Date:
December 2018	December 2019

1. Overview of Hazard

Organised Large Crowd events are a regular occurrence in the HSE Community Healthcare East area.

Civil disorder at unorganised events through a disturbance or rioting may occur at nightclubs, music events, sporting events, organised protests (e.g. anti-war protests at Shannon Airport), or during visits of controversial public figures.

2. Key Historical Evidence

Ireland

1995 - Lansdowne Road, riots at international soccer match.

2004 – 2007, Shannon Airport anti-war protests

2006 - Co. Clare U.S. President Bush visit.

2006 - Love Ulster riots, Dublin.

2006 – 2008, Corrib Gas line disturbances

U.K.

1989 - Hillsborough, 96 fatalities.

1971 - Ibrox Park, Glasgow, crush of spectators, 66 fatalities.

Belgium

1985 - Hysel Stadium, 38 fatalities, 400 injuries.

3. Assessment t of Impact and Likelihood

Hazard	Impact				Likelihood
	Human Welfare	Environment	Physical Infrastructure	Social	
Crowd incident at an event involving large numbers of people	Very Serious - 5-50 fatalities, up to serious 100 injuries depending on number of people involved and the nature of the incident.	Minor - No contamination, localised effects.	Limited - 0.5-3M Euros	Limited - Normal community functioning with some inconvenience.	Unlikely (Once per 10-100 years)

4. Position on Risk Matrix
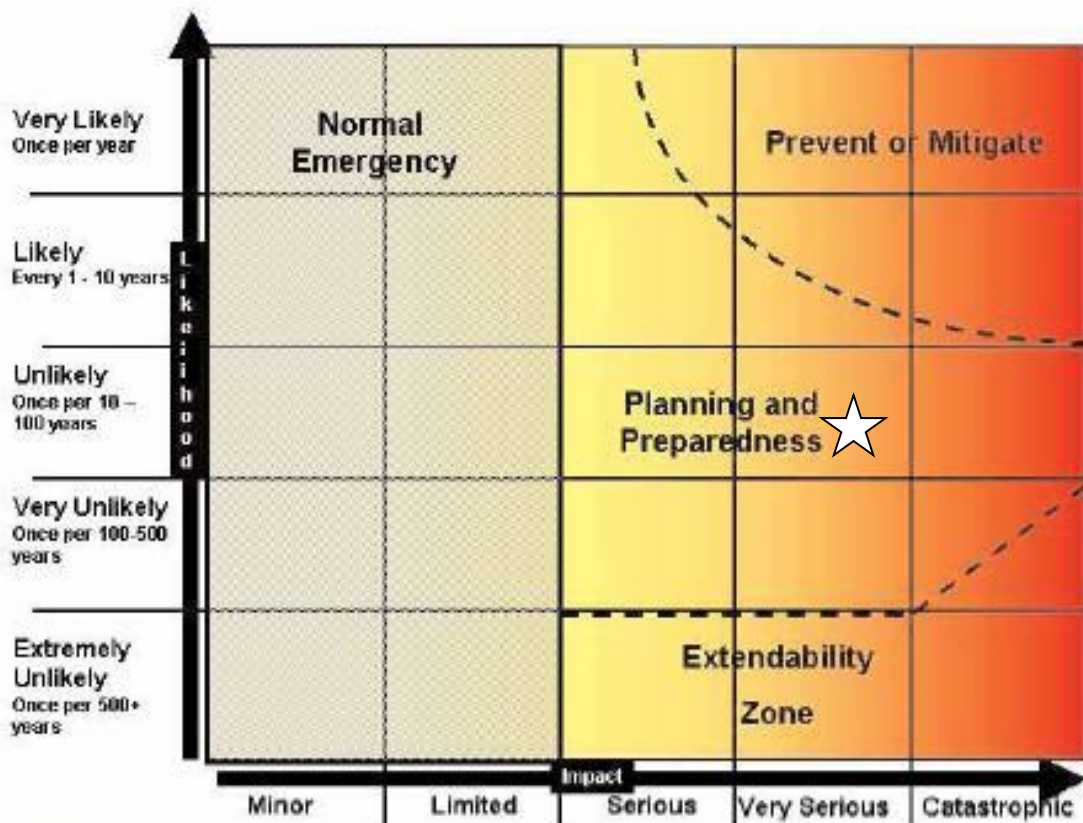
5. Prevention/Control/Mitigation Measures in Place

- Event Management / Risk assessment

- Planning legislation – "Event Licence"

- Safety at Sports Grounds Guidance

- Co-operation and planning by each Principal Response Agency prior to and during an organised event.

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

- Guidance required when dealing with unlicensed events

- Continued event management and risk assessment.

- Ongoing co-operation with and participation in any principal agency training, exercises and protocols that may be put in place in this regard.

HAZARD RECORD SHEET 10 LOSS OF CRITICAL INFRASTRUCTURE

HAZARD CATEGORY	SUB-CATEGORY
Critical Infrastructure	Energy & Power Supply
Hazard Description	Hazard Location
Consequences of the loss of ESB Power Generating Station	HSE Community Healthcare East Emergency Management Region
Date:	Review Date:
December 2018	December 2019

1. Overview of Hazard

Moneypoint is Ireland's biggest electricity generation station. The facility is located on the Shannon Estuary, near Kilrush, County Clare. It is a coal fired plant with a capacity of 915MW (Total of Ireland is 3,603MW)

2. Key Historical Evidence

Ireland

2014 Extensive Loss of Power supply due to Storm Damage

Chernobyl

1986

USA

Turkey Point Generating Station in Miami, Florida suffered severe damage from Hurricane Andrew.

Major Emergency Management Plan, Community Healthcare East

3. Assessment of Impact and Likelihood

Hazard	Impact				Likelihood
	Human Welfare	Environment	Physical Infrastructure	Social	
Consequences of the loss of ESB Power Generating Station	Dependant on incident	Serious Simple contamination, widespread effects or extended duration	Very Serious 10-25M Euros	Very serious Community functioning poorly, minimal services available	Unlikely (Once per 10-100 years

4. Position on Risk Matrix
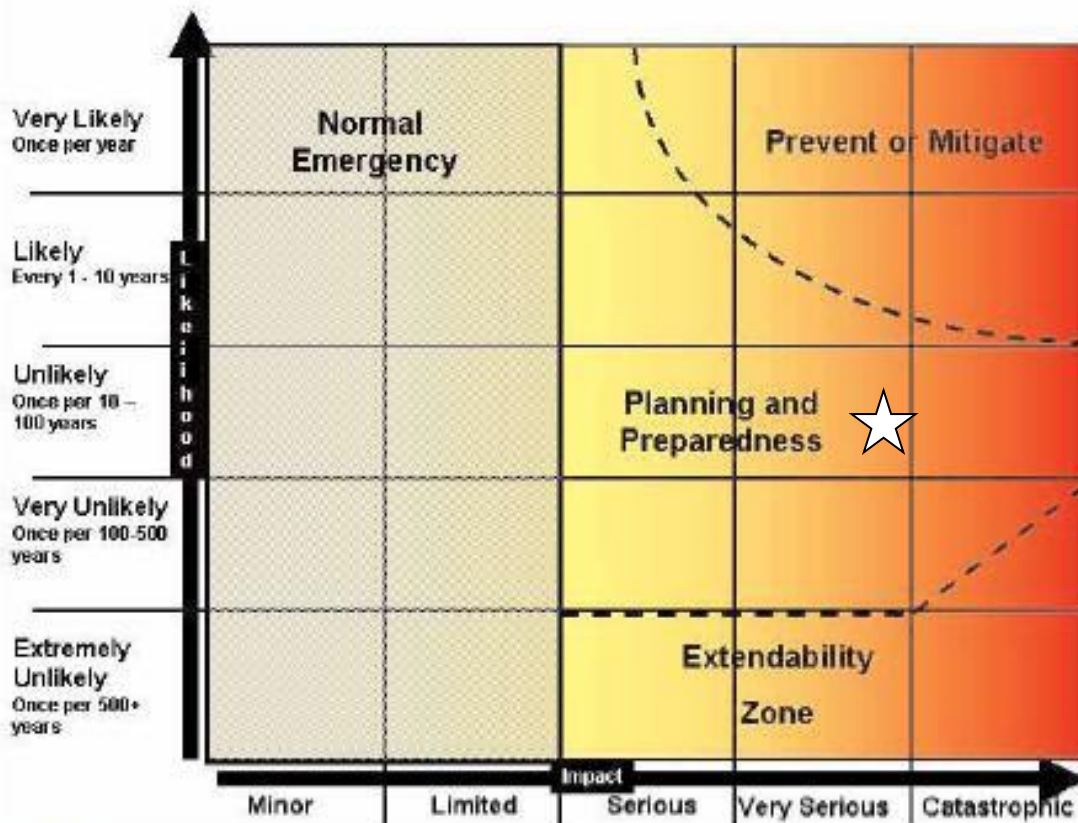
5.   Prevention/Control/Mitigation Measures in Place

- On-site emergency response team

- Co-operation with ESB.

- Regular on-site exercise with ESB.

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

- Contingency plans required by each Principal Response Agency.

HAZARD RECORD SHEET 11 INFLUENZA PANDEMIC

HAZARD CATEGORY	SUB-CATEGORY
Influenza Pandemic/Epidemic	Communicable Diseases
Hazard Description	Hazard Location
Influenza Pandemic/Epidemic in Ireland	HSE Community Healthcare East Emergency Management Region
Date:	Review Date:
December 2018	December 2019

1. Overview of Hazard

The Influenza A (H1N1) Pandemic that began in Mexico in April 2009 had run its course by August 2010, when the World Health Organization (WHO) declared that it was over and the world was in the post-pandemic phase. Studies indicated that globally 20–40% of populations in some areas had been infected by the H1N1 virus and thus had developed some level of protective immunity. Many countries also reported good vaccination coverage, especially in high-risk groups, and this coverage further increased the community-wide immunity.

The influenza A H1N1 virus that caused the pandemic continued to circulate the world and was a one of the major causative agents of the 2010/2011 seasonal flu. However, while people in the risk groups remained vulnerable to a more severe illness, its effects were generally not as severe at a population level, given the levels of resistance in the population as a result of infection or vaccination. In the 2011/2012 influenza season, the main strain of influenza causing the flu has been an Influenza A (H3). The H1N1 strain continues to be a component of the seasonal flu vaccine that has been offered each year since the pandemic to protect people in the risk groups against the flu. The World Health Organization (WHO) makes a recommendation every year as to which strains of influenza need to be included in the seasonal flu vaccine. This year's seasonal influenza vaccine protected against three common influenza virus strains, the H1N1 (swine flu) strain which is still circulating, influenza A (H3) and influenza B.

It is expected that the H1N1 virus will continue to circulate as a seasonal flu virus for some years to come. However, the global community needs to be continually alert to the possibility of another pandemic strain emerging at any time, as pandemics, like the viruses that cause them, are

unpredictable. The avian flu H5N1 strain is still causing disease in birds in countries in Asia, Africa and Europe. In a few cases, this virus has passed from birds to humans, causing severe illness and often death, but so far, there has been no mutation of the virus, allowing it to pass from human to human. However, if at any time the virus develops the capability of being passed between humans (that is, if it mutates), it could lead to another more severe pandemic. This could cause significant serious illness and major disruption to health and social services, and to businesses around the world, and as such, presents an ongoing risk.

In this post-pandemic phase it is important that the health services remain alert and in a state of preparedness. Irish planning efforts remain focused on the possibility of another pandemic strain emerging. If this were to occur, as experienced in the last pandemic, staff may be absent from work:

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

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

2. Key Historical Evidence

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

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

3. Assessment of Impact and Likelihood

Hazard	Impact				Likelihood
	Human Welfare	Environment	Physical Infrastructure	Social	
Influenza pandemic	Catastrophic Significant fatalities, illness, loss of essential services due to absenteeism.	Minor	Minor	Very Serious Community functioning poorly, minimal services available	Unlikely (Once per 10 - 100 years)

4. Position on Risk Matrix
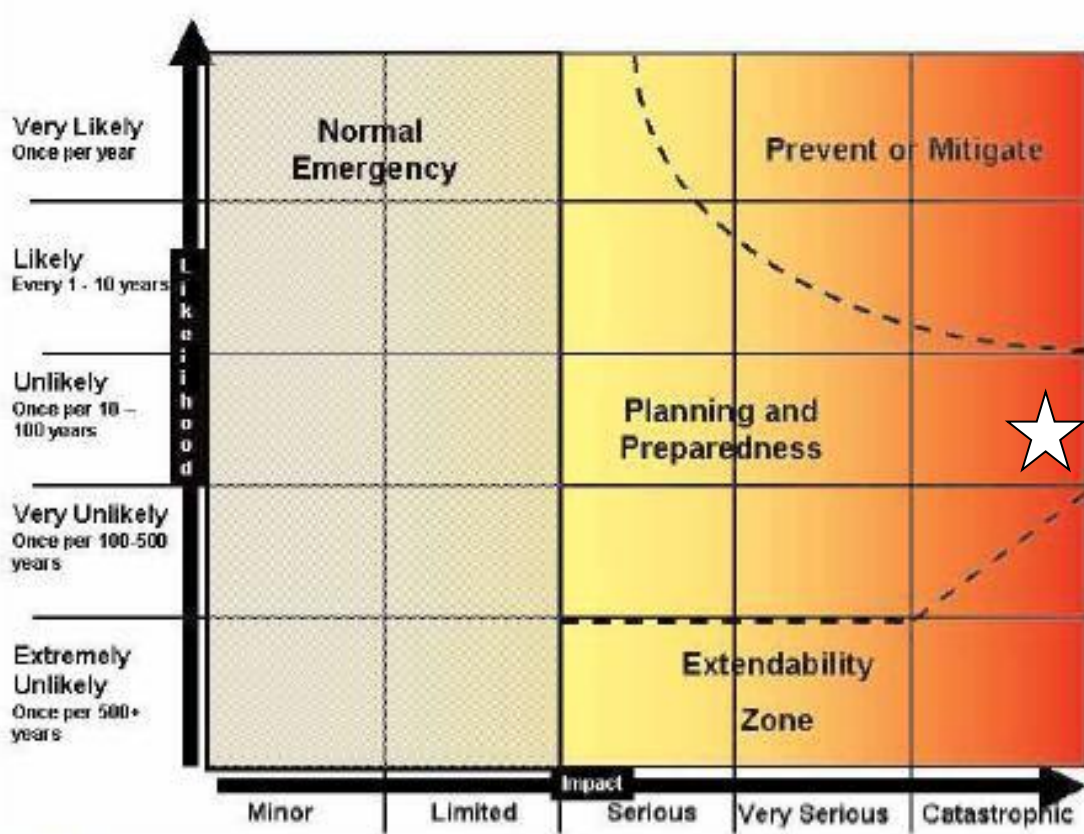
5. Prevention/Control/Mitigation Measures in Place

- Plans have been developed from the work of expert groups in the HSE on vaccines and antiviral medicines, surveillance, communications, case management, laboratory operation, personnel and supplies.

- In the event of a pandemic antiviral medicine (drugs used to treat influenza) will be given to people who are infected with the flu virus.

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

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

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Stage 4 Emergency Management Community Healthcare East Region - Risk Matrix

The scores from the Risk assessment in section 3 are recorded on the Matrix below.
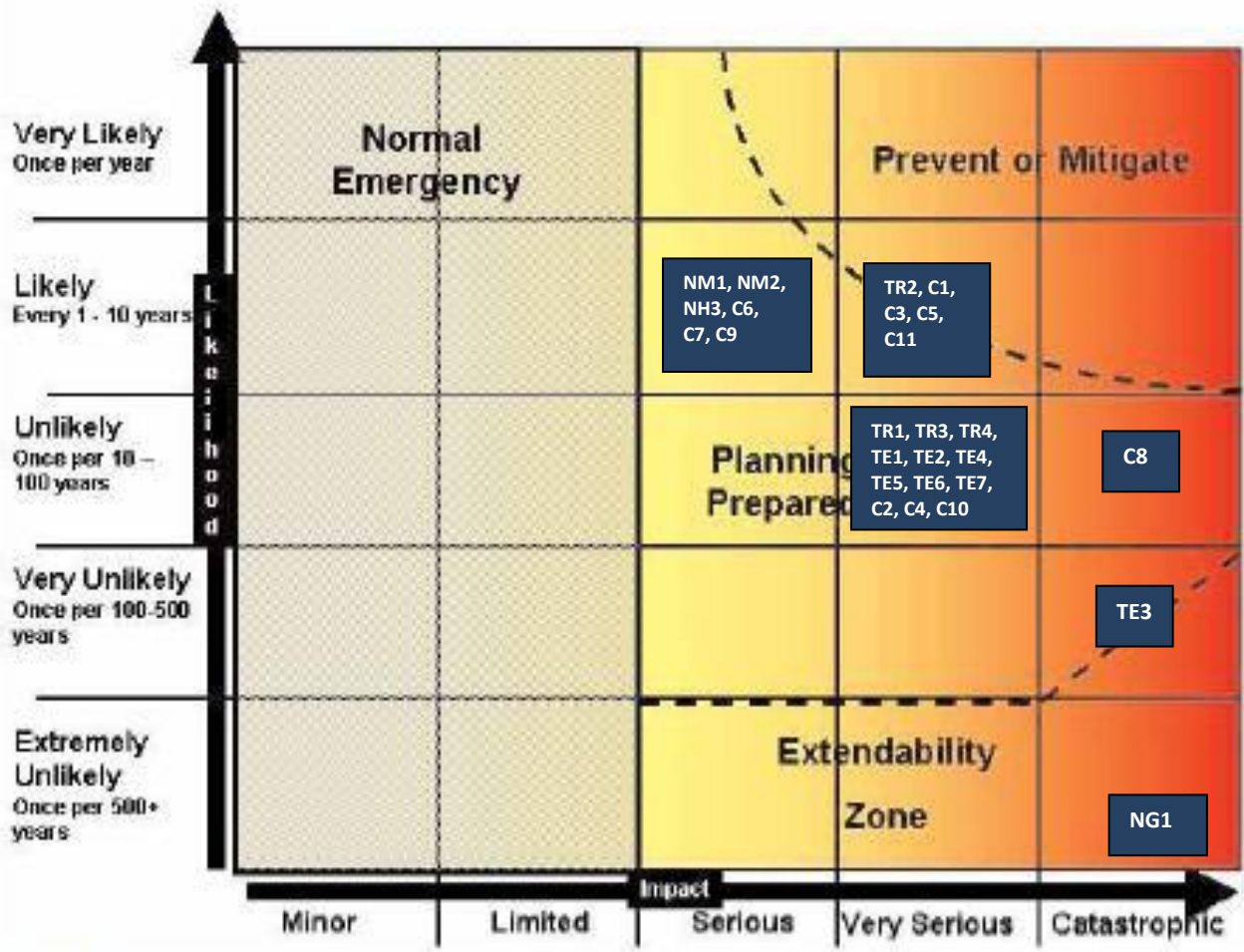
Appendix A Road Map of Ireland

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

Appendix B Road Map of Ireland

Major Emergency Management Plan, Community Healthcare East

Appendix C Irish Rail Network

Major Emergency Management Plan, Community Healthcare East
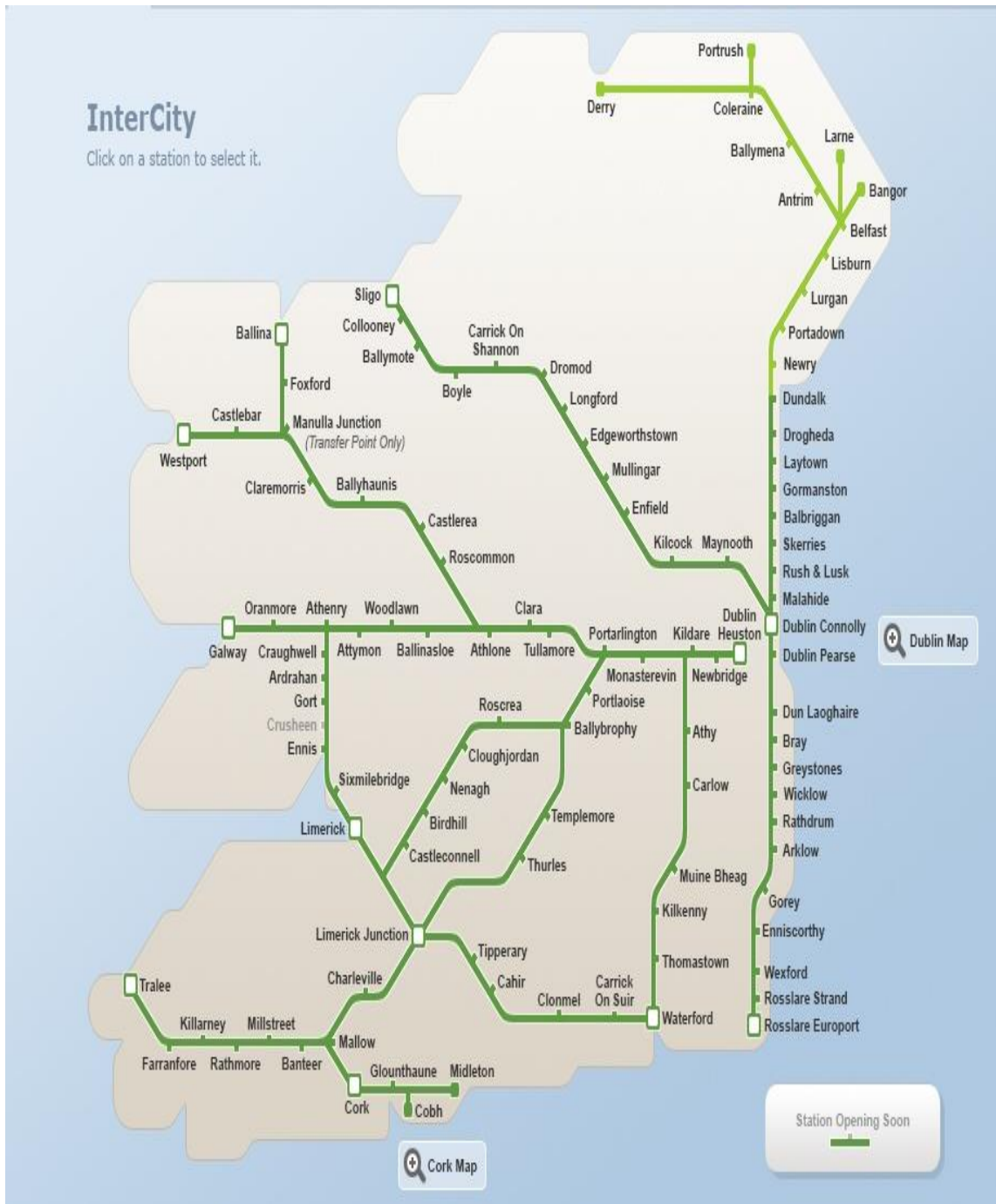
Appendix D Bord Gáis Pipe Network

Appendix E Luas and Dart Network Map
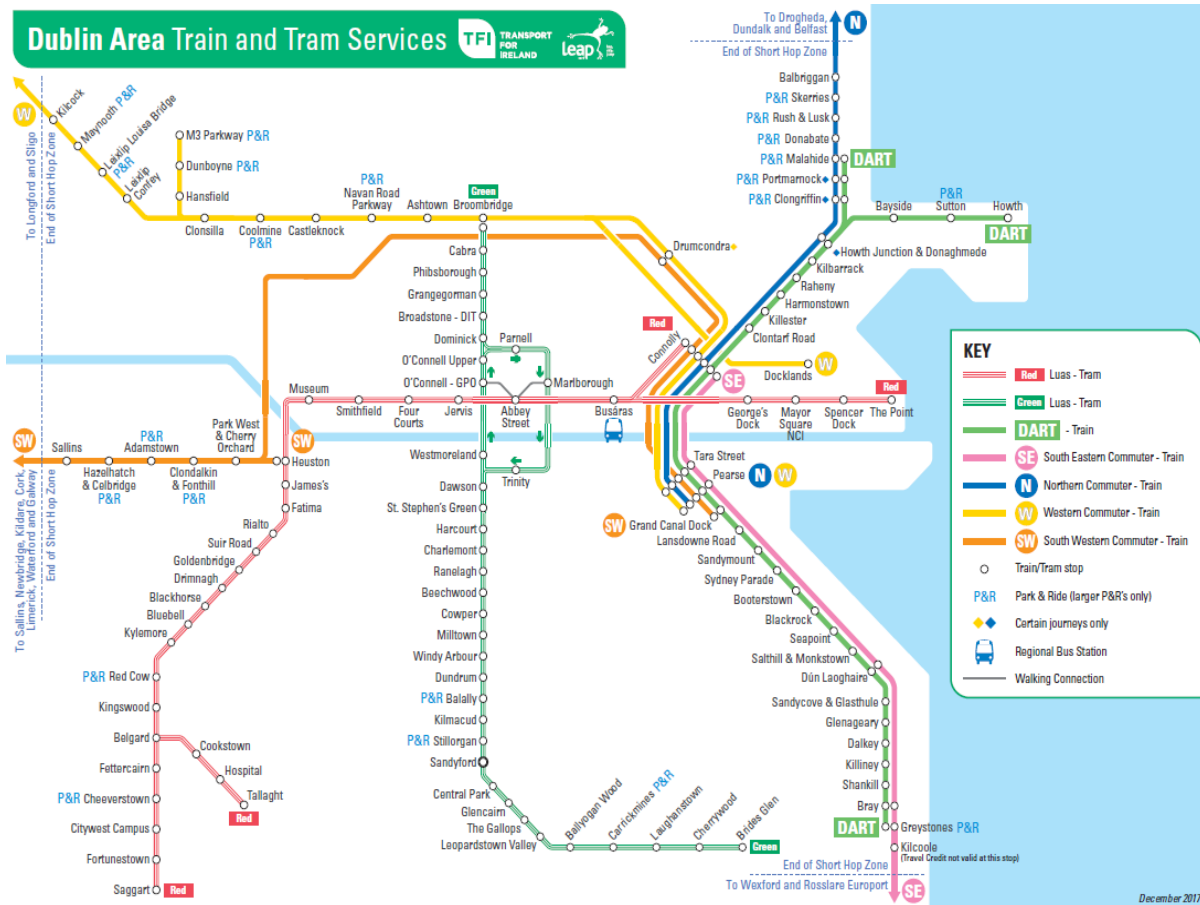
Appendix F Garda Stations in Community Healthcare East

GARDA STATION_AREA	NAME	ADDRESS
BLACKROCK	Blackrock Garda Station	15 Sweetman's Avenue, Blackrock, Co Dublin
CABINTEELY	Cabinteely Garda Station	Bray Road, Cabinteely, Dublin 18
DONNYBROOK	Donnybrook Garda Station	43 Donnybrook Road, Dublin 4
DUN LAOGHAIRE	Dun Laoghaire Garda Station	Corrig Avenue, Dun Laoghaire, Co Dublin
DUNDRUM	Dundrum Garda Station	Dundrum, Dublin 14
IRISHTOWN	Irishtown Garda Station	Irishtown Road, Irishtown, D 4
RATHFARNHAM	Rathfarnham Garda Station	Butterfield Ave, Rathfarnham, Dublin
SHANKILL	Shankill Garda Station	Dorney Ct, Shanganagh, Dublin
ARKLOW	Arklow Garda Station	Castle Park, Arcklow, Co Wicklow
ASHFORD	Ashford Garda Station	Ashford, Co. Wicklow
AUGHRIM	Aughrim Garda Station	Main Street, Augrim, Co Wicklow
AVOCA	Avoca Garda Station	Ballanagh, Avoca, Co. Wicklow
BRAY	Bray Garda Station	Convent Ave, Bray, Co. Wicklow
CARNEW	Carnew Garda Station	Main Street, Carnew, Co wicklow
ENNISKERRY	Enniskerry Garda Station	Church Hill, Enniskerry, Co. Wicklow
GREYSTONES	Greystones Garda Station	6 Marine Terrace, Rathdown Lower, Greystones, Co. Wicklow
NEWTOWNMOUNTKENNEDY	Newtownmountkennedy Garda Station	Kilmacullagh, Kilmacurragh, Co. Wicklow
RATHDRUM	Rathdrum Garda Station	Balleese Lower, Rathdrum, Co. Wicklow
ROUNDWOOD	Roundwood Garda Station	Togher Beg, Roundwood, Co. Wicklow
SHILLELAGH	Shillelagh Garda Station	Coolattin, Shillelagh, Co. Wicklow
TINAHELY	Tinahely Garda Station	Ballinacor, Tinahely, Co. Wicklow
WICKLOW	Wicklow District Garda Station	Bachelor's Walk, Wicklow

Major Emergency Management Plan, Community Healthcare East

Appendix 15.4National Ambulance Service Stations and Receiving Hospital Locations

The designated receiving hospital in Community Health East is St Vincent's University Hospital but casualties can be redirected as appropriate within the area.

Ambulance Service Stations in Community Healthcare East
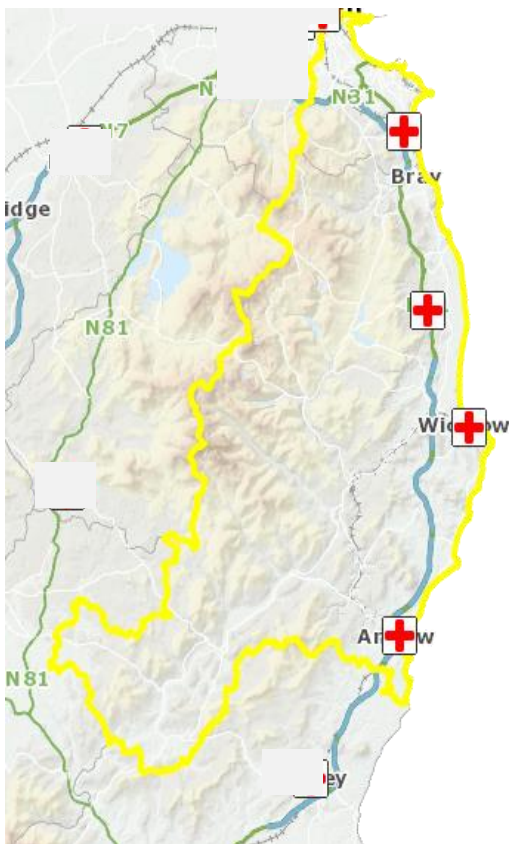
List of acute hospitals in Community Healthcare East

Appendix 15.5Casualty Bureau and Role of the Coroner

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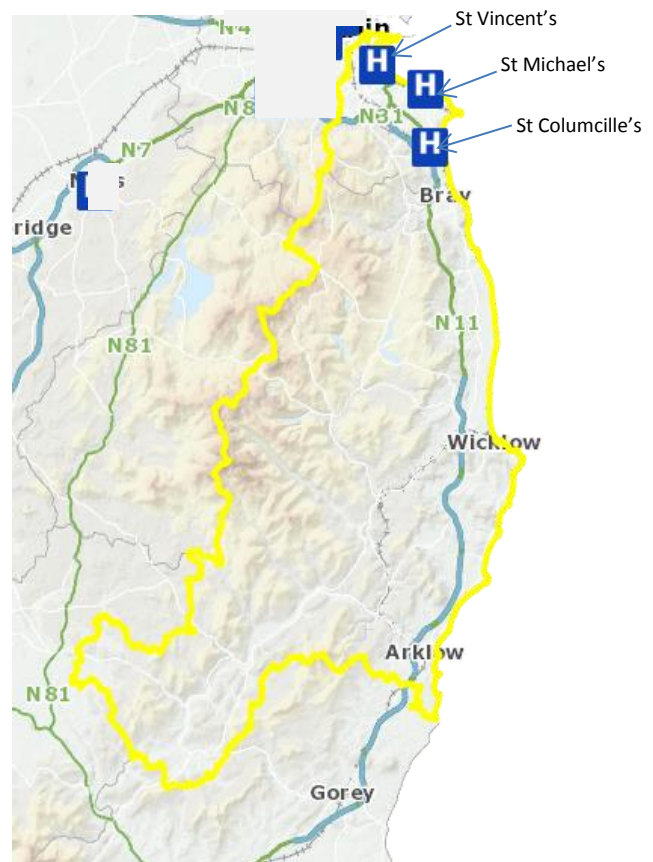
Protocol Between An Garda Síochána and the HSE

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Introduction

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

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

Hospital Role

When the Garda Team arrives at a hospital, it is important that people and procedures are in place (as detailed in the Hospital Major Emergency Plan) to accommodate the arrival and work of the Team. To achieve this, each hospital, which may receive casualties from a Major Emergency, must have (as far as possible):

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

Key Information

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

- Hospital Patient Reference Number
- Surname
- Forename
- Date of Birth (or Approximate Age)
- Sex
- Condition
    - Minor Injuries

- o Seriously Injured
  - o Life threatening injuries
  - o Deceased

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

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

Further Information:

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

Casualty Information

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

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

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

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

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

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

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

Closure of Casualty Bureau

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

The following diagram is an outline of the planned procedures.

Casualty Bureau – Typical Information Flow

Casualty Bureau	**Major Incident Room**
Garda Headquarters	**Garda Press Office** → PRESS
FRCC Friends/Relatives Reception Centre	**Casualty Bureau** Garda Headquarters Free Phone Fax no.
	Local Garda Stations Friends/Relative messages
	Relatives/Friends Telephone Enquiries

RECEIVING HOSPITALS   **BODY HOLDING AREA TEMPORARY MORTUARY**   **Survivor Reception Centre or Rest Centre**

SCENE

The Role of the Coroner

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

The Coroners' Act, 1962

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

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

List of Coroners Districts

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

Planning for Fatalities

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

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

Stage	Who	Action	Facilities Required	Who may assist
Finding the casualty	Any agency			
Recognising as dead	Doctor or Paramedic	Label casualty as 'DEAD'	Triage Labels	
Pronouncing dead	Doctor	Sign Triage Label with date and time		
In-situ Forensic examination and recording	Garda	Gather evidence and photograph	Forensic kits Cordons	Forensic Pathologist
Removal of remains to Body Holding Area	Garda	Move body and maintain chain of evidence	Designated Body Holding Area Body Bags Stretchers	Local Authority
Removal of body to Mortuary/Temporary Mortuary	Garda	Move body and maintain chain of evidence		Undertakers
Identification	Garda	Casualty Identification Form		Specialist teams
Notification of relatives	Garda			
Viewing for Identification purposes	Garda		Viewing facilities	Next of kin/ relation/ friend/ Psychosocial Support
Viewing for grieving purpose	Garda		Viewing facilities	HSE staff, Clergy/ psycho- social support
Post Mortem	Pathologist		Suitably equipped mortuary	Pathology technicians
Certification of Death	Registrar of Deaths			
Handover to relatives	Garda			

Major Emergency Management Plan, Community Healthcare East

Burial/Cremation	Family or Local Authority			
Criminal Investigation (if appropriate)	Garda	Investigation of criminal responsibility		
Inquest (in the case of criminal investigation the inquest will be adjourned until investigation complete)	Coroner	Determination of cause of death		

Appendix 15.6 Marine and Off-shore incidents

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

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

Major Emergency Management Plan, Community Healthcare East

Appendix 15.7Defence Forces Aide to Civil Authority (1 Brigade)

Óglaigh
na hÉireann
DEFENCE FORCES IRELAND

Rannóg Oibríochtaí
Operations Section

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

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

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

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

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

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

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

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[1] The term *Civil Authority* generally refers to Government Departments, Local Authorities and the Health Service Executive.

Ceannceathrú, Chéad Bhriogáid an Deiscirt, Dún Uí Choileáin, Corcaigh
Headquarters, 1 Southern Brigade, Collins Barracks, Cork.
t: +353 (0) 21 451 4113 f: +353 (0) 21 4502865 email: robert.kisly@defenceforces.ie
www.military.ie

Request for Defence Forces Assistance in Aid to Civil Authority

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

Request From: (Name, Title & Agency)		Contact Numbers:
Date & Time Required:		
Nature of Task: (Is specialist equipment required?)		
Location of Task:		
Rendezvous Point:		
Point of Contact for military at RV:		Contact Numbers of POC:

Óglaigh na hÉireann
DEFENCE FORCES IRELAND

Appendix 15.8Defence Forces Aide to Civil Authority (2 Brigade)

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

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

MEM Areas	Counties	Barracks Responsible
East	Dublin Kildare Wicklow	Cathal Brugha Barracks, Rathmines, Dublin
Midlands	Longford Westmeath Offaly Laois	Custume Barracks, Athlone, Co Westmeath
North East	Cavan Monaghan Meath Louth	Aiken Barracks, Dundalk, Co Louth
North West	Donegal Sligo Leitrim	Finner Camp, Co Donegal

Table 1

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

Timings	Contact Details
0830 -1630 Monday to Friday	Telephone: 01 8046218 Facsimile: 01 4974027
1630 – 0830 Monday to Friday weekends and Public Holidays	Telephone: 01 8046294 Facsimile: 01 4974027

Table 2

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

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

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

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[1] The term *Civil Authority* generally refers to Government Departments, Local Authorities and the Health Service Executive.

Request for Defence Forces Assistance in Aid to Civil Authority

Request From: (Name, Title & Agency e.g. Government Departments, Local Authorities and the Health Service Executive)	
Contact Names:	
Contact Numbers:	
Date & Time Required:	
Nature of Task: (Is specialist equipment required?)	
Location of Task:	
Rendezvous Point: (If not the same as the Location of Task)	
Point of Contact at Location of Task: (or Rendezvous point)	
Point of Contact Telephone Number:	

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

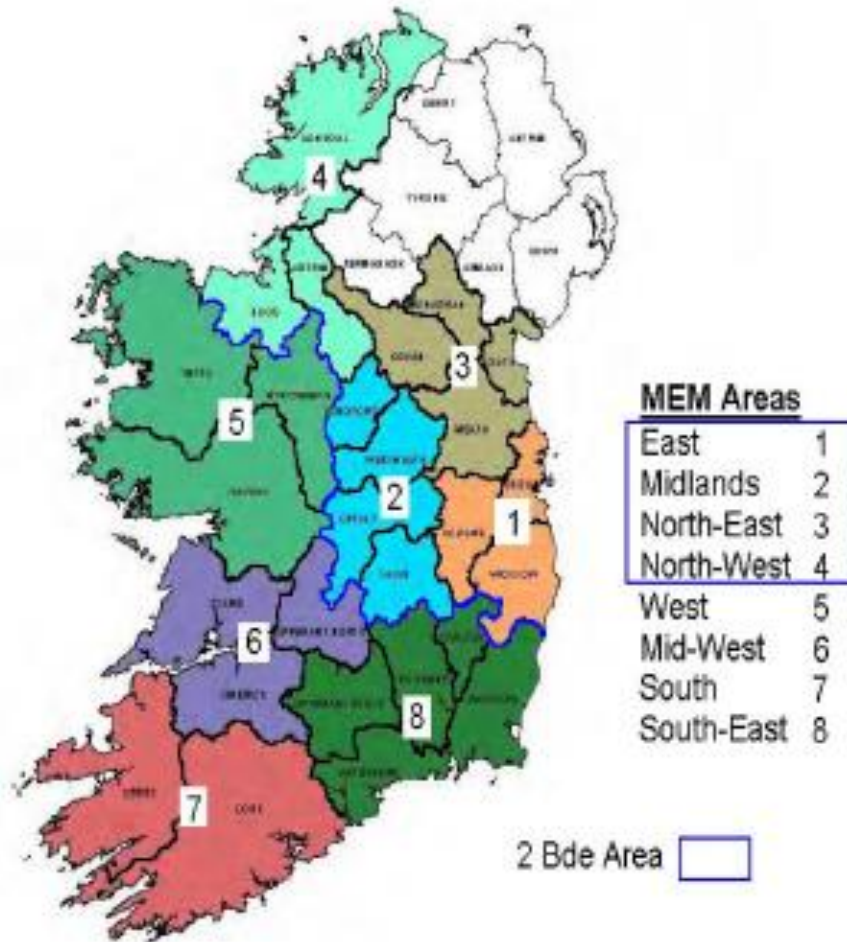|	
0830 – 1630 Monday to Friday	Telephone: 01 8046218 Facsimile: 01 4974027
1630 – 0830 Monday to Friday Weekends and Public Holidays	Telephone: 01 8046294 Facsimile: 01 4974027

For Defence Forces Use Only	
Defence Forces Task Number:	
Action Taken:	

Annex B

MEM Areas

East	1
Midlands	2
North-East	3
North-West	4
West	5
Mid-West	6
South	7
South-East	8

2 Bde Area

Appendix 15.9Facility Emergency Plan and Directory of Contact (not included in online version)

The Directory of Contacts is not included in the online version of this document. A local version of the Community Healthcare East Emergency Management Plan which includes contact details of personnel and services has been developed for use within Community Healthcare East only.

Appendix 15.10   Glossary of Terms and Acronyms

List of terms

Term	Meaning
Ambulance Loading Point	An area, close to the Casualty Clearing Station, where casualties are transferred to ambulance for transport to hospital.
Body Holding Area	An area, under the control of An Garda Síochána, where the dead can be held temporarily until transferred to a Mortuary or Temporary Mortuary.
Business Continuity	The processes and procedures an organisation puts in place to ensure that essential functions can continue during and after an adverse event.
Casualty	Any person killed or injured during the event. (For the purpose of the Casualty Bureau it also includes survivors, missing persons and evacuees).
Casualty Bureau/Casualty Information Centre	Central contact and information point, operated by An Garda Síochána, for all those seeking or providing information about individuals who may have been involved.
Casualty Clearing Station	The area established at the site by the ambulance service, where casualties are collected, triaged, treated and prepared for evacuation.
Casualty Form	A standard form completed in respect of each casualty and collated in the Casualty Bureau.
Civil Protection	The term used in the European Union to describe the collective approach to protecting populations from a wide range of hazards.
Collaboration	Working jointly on an activity
Command	The process of directing the operations of all or part of the particular service (or group of services) by giving direct orders.
Control	The process of influencing the activity of a service or group of services, by setting tasks, objectives or targets, without necessarily having the authority to give direct orders.
Controller of Operations	The person given authority by a Principal Response Agency to control all elements of its activities at and about the site.

Co-operation	Working together towards the same end.
Co-ordination	Bringing the different elements of a complex activity or organisation into an efficient relationship through a negotiated process.
Cordons	The designated perimeters of an emergency site, with an Outer Cordon, an Inner Cordon, a Traffic Cordon and a Danger Area Cordon, as appropriate.
Crisis Management Team (CMT)	A strategic level management group, which consists of senior managers from within the Principal Response Agency, which is assembled to manage a crisis and deal with issues arising for the agency both during the emergency and the subsequent recovery phase.
Danger Area	An area where there is definite risk to rescue personnel, over and above that which would normally pertain to emergency operations.
Decision Making Mandate	Establishes the envelopes of empowered activity and decision making to be expected, without references to higher authorities.
Decontamination	A procedure employed to remove hazardous materials from people and equipment.
Emergency Response	The short term measures taken to respond to situations which have occurred.
Evacuation Assembly Point	A building or area to which evacuees are directed for onward transportation.
Friends and Relatives Reception Area	A secure area, operated by An Garda Síochána, for the use of friends and relatives arriving at or near the site of the emergency.
Garda Code Instructions	A document containing instructions, legislation, processed and procedures in respect of the day-to-day management of An Garda Síochána.
Hazard	Any phenomenon with the potential to cause direct harm to members of the community, the environment or physical infrastructure, or being potentially damaging to the economic and social infrastructure.
Hazard Identification	A stage in the Risk Assessment process where potential hazards are identified and recorded.
Hazard Analysis	A process by which the hazards facing a particular community, region or country are analysed and assessed in terms of the threat/risk which they pose.

Holding Area	An area at the site, to which resources and personnel, which are not immediately required, are directed to await deployment.
Hospital Casualty Officer	The member of An Garda Síochána responsible for collecting all information on casualties arriving at a receiving hospital.
Impact	The consequences of a hazardous event being realised, expressed in terms of a negative impact on human welfare, damage to the environment or the physical infrastructure or other negative consequences.
Information Management Officer (IMO)	A designated member of the support team of a Principal Response Agency who has competency/training in the area of information management.
Information Management System	A system for the gathering, handling, use and dissemination of the information.
Investigating Agencies	Those organisations with a legal duty to investigate the causes of an event.
Lead Agency	The Principal Response Agency that is assigned the responsibility and mandate for the co-ordination function.
Likelihood	The probability or chance of an event occurring.
Local Co-ordination Centre	A pre-nominated building, typically at county or sub-county level, with support arrangements in place, and used for meetings of the Local Co-ordination Group.
Local Co-ordination Group	A group of senior representatives from the three Principal Response Agencies (An Garda Síochána, HSE and Local Authority) whose function is to facilitate strategic level co-ordination, make policy decisions, liaise with regional/national level co- ordination centres, if appropriate, and facilitate the distribution of information the media and the public.
Major Emergency Management	The range of measures taken under the five stages of emergency management paradigm.

Major Emergency Plan	A plan prepared by one of the Principal Response Agencies.
Major Emergency	Any event which usually with little or no warning, causes or threatens death or injury, serious disruption of essential services, or damage to property, the environment or infrastructure beyond the normal capabilities of the principal emergency services in the area in which the event occurs, and requiring the activation of specific additional procedures to ensure effective, co-ordinated response.
Media Centre	A building/area specifically designated for use by the media, and for liaison between the media and the Principal Response Agencies.
Media Holding Statements	Statements that contain generic information that have been assembled in advance, along with preliminary incident information that can be released in the early stages of the emergency.
Mitigation	A part of risk management and includes all actions taken to eliminate or reduce the risk o people, property and the environment from hazards which threaten them
Mutual Aid	The provision of services and assistance by one organisation to another.
National Emergency Co-ordination Centre	A centre designated for inter-departmental co-ordination purposes.
On – Site Co-ordinator	The person from the lead agency with the role of co-ordinating the activities of all agencies responding to an emergency.
On-Site Co-ordination Centre	Specific area/facility at the Site Control Point where the On-site Co-ordinator is located and the On-site Co-ordination group meet.
On-Site Co-ordination Group	Group that includes the On-Site Co-ordinator and the Controllers of Operations of the other two agencies, an Information Management Officer, a Media Liaison Officer and others as appropriate.
Operational Level	The level at which the management of hands-on work is undertaken at the incident site(s) or associated areas.
Principal Emergency Services (PES)	The services which respond to normal emergencies in Ireland, namely An Garda Síochána, the Ambulance Service and the Fire Service.
Principal Response Agencies (PRAs)	The agencies designated by the Government to respond to Major Emergencies i.e. An Garda Síochána, The HSE and the Local Authorities.
Protocol	A set of standard procedures for carrying out a task or managing a specific situation.
Receiving Hospital	A hospital designated by the HSE to be a principal location to which

	major emergency casualties are directed. (24 hour Emergency Department)
Recovery	The process of restoring and rebuilding communities, infrastructure, buildings and services.
Regional Co-Ordination Centre	A pre-nominated building, typically at regional level, with support arrangements in place and used by the Regional Co-ordination Group.
Regional Co-Ordination Group	A group of senior representatives of all relevant Principal Response Agencies, whose function is to facilitate strategic level co-ordination at regional level.
Rendezvous Point (RVP)	The Rendezvous Point is the location to which all resources responding to the emergency site are directed in the first instance. An Garda Síochána will organise the Rendezvous Point. Other services may have one of their officers present to direct responding vehicles into action or to that service's Holding Area.
Response	The actions taken immediately before, during and/or directly after an emergency.
Resilience	The term used to describe the inherent capacity of communities, services and infrastructure to withstand the consequences of an incident, and to recover/restore normality.
Rest Centre	Premises where persons evacuated during an emergency are provided with appropriate welfare and shelter.
Risk	The combination of the likelihood of a hazardous event and its potential impact.
Risk Assessment	A systematic process of identifying and evaluating either qualitatively or quantitatively, the risk resulting from specific hazards.
Risk Holders	Organisations and companies, which own and/or operate facilities and/or services where relevant hazards are found, such as Airlines, Chemical Manufacturers etc.
Risk Management	Actions taken to reduce the probability of an event occurring or to mitigate its consequences.
Risk Matrix	A matrix of likelihood and impact on which the results of a risk assessment are plotted.
Risk Regulators	Bodies with statutory responsibility for the regulation of activities where there are associated risks, such as the Health and Safety Authority, the

	Irish Aviation Authority, etc.
Scenario	A hypothetical sequence of events usually based on real experiences or on a projection of the consequences of hazards identified during the risk assessment process.
SEVESO Sites	Industrial sites that, because of the presence of dangerous substances in sufficient quantities, are regulated under Council Directive 96/82/EC and 2003/105/EC, commonly referred to as the Seveso II Directive.
Site Casualty Officer	The Member of An Garda Síochána with responsibility for collecting all information on casualties at the site.
Site Control Point	The place at a major emergency site from which the Controllers of Operations control, direct and co-ordinate their organisation's response to the emergency.
Site Medical Officer	The medical officer with overall medical responsibility at the site, who will liaise with the health service Controller of Operations on all issues related to the treatment of casualties.
Site Medical Team	A team drawn from a pre-arranged complement of doctors and nurses, with relevant experience and training, which will be sent to the site, if required.
Site Medical Plan	The arrangement of the elements of a typical major emergency site, matched to the terrain of the emergency, as determined by the On-Site Co-ordination Group.
Standard Operating Procedures (SOPs)	Sets if instructions, covering those features of an operation that lend themselves to a definite or standardised procedure, without loss of effectiveness.
Support Team	A pre-designated group formed to support and assist individuals operating in key roles, such as On-Site Co-ordinate, Chair of Local Co-ordination Group, etc.
Strategic Level	The level of management that is concerned with the broader and long-term implications of the emergency and which established the policies and framework within which decisions at the tactical level are taken.
Survivor Reception Centre	Secure location to which survivors, not requiring hospital treatment, can be taken for shelter, first aid, interview and documentation.
Tactical Level	The level at which the emergency is managed, including issues such as, allocation of resources, if required, and the planning and co-ordination of

	ongoing operations.
Temporary Mortuary	A building or vehicle adapted for temporary use as a mortuary in which post mortem examinations can take place.
Triage	A process of assessing casualties and deciding the priority of their treatment/or evacuation.

List of Acronyms

Acronyms	Meaning
AAIU	Air Accident Investigation Unit
CE-CBRN	Conventional Explosive- Chemical, Biological, Radiological or Nuclear
CH East	Community Healthcare East (also known as CHO 6)
CMT	Crisis Management Team
EOD	Explosive Ordnance Disposal
ICG	Irish Coast Guard
ICT	Information and Communication Technology
METHANE	**M**ajor Emergency Declared **E**xact Location of the emergency **T**ype of Emergency (Transport, Chemical, etc...) **H**azards present and potential **A**ccess/egress routes **N**umber and Types of Casualties **E**mergency Services present and required
MOU	Memorandum of Understanding
NEPNA	National Emergency Plan for Nuclear Accidents
NOTAM	Notice to Airmen
PDF	Permanent Defence Forces
PES	Principal Emergency Services
PRA	Principal Response Agency
RVP	Rendezvous Point
SAR	Search and Rescue
SLA	Service Level Agreement
SOP	Standard Operating Procedure
VIP	Very Important Person