



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

## **HSE SOUTH AREA MAJOR EMERGENCY PLAN**

<b>HSE SOUTH</b>	<b>Area Plan</b>	<b>Version No: 1/08</b>	<b>Issued on: 30 Sept 2008</b>	<b>Prepared by: CEMO (S)</b>
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*(A version of these pages appears in the Major Emergency Plan of each Principal Response Agency. As a result, each PRA will make and receive two calls in relation to any Major Emergency notification)*

**TO ACTIVATE THIS PLAN**

**Contact Ambulance Control at either**

**Wexford, Cork or Tralee**

Using the following Confidential Numbers:

Ambulance Control at	Telephone Number	Back up Number	Fax Number	e-mail
Wexford	053 9165119		053 9142283	racc@hse.ie
Cork	021 4921127	0214921 126	021 4545550	ambulancecontrolcuh@hse.ie
Tralee	066 7121866		066 7121867	tghambulancecontrol@hse.ie

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

Notify Ambulance Control 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 South Major Emergency Plan.**

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After the declaration is made the officer should then use the mnemonic METHANE to structure and deliver an information message.

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

Where the initial declaration of the Major Emergency is made by the HSE, the Ambulance 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: If these numbers are not answered use 112/999 as an alternative

CAMP	Telephone Number	Back up Number	Fax Number	e-mail
Munster	061-316165	061-316157	061-419186	hlahiff@limerickcity.ie
Leinster	01-6791499	01-6707053	01-6791977	ercc@dublincity.ie

Garda Div. HQ at:	Telephone Number	Back up Number	Fax Number	e-mail
Wexford	053-9165200	053-9165241	053-9165283	
Waterford	051-305300	051-305339	051-305383	
Thurles	0504-25100	0504-25142	0504-25183	
Portlaoise	057-8674100	057-8621105	057-8674104	
Tralee	0667122300	-	0667102383	
Bandon	02352200	-	02352283	
Anglesea Street (Cork)	0214522001	0214522000	0214522083	
Fermoy	02582100	-	02582183	

When HSE Ambulance Control receives notification of a Major Emergency from either of the other Principal Response Agencies, the Ambulance Controller on duty, as part of a number pre-set actions, will confirm to the other two Principal Response Agencies 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 have come from an authorised officer.

*The appropriate CAMP Centre will prepare and circulate, by group-fax and group E-mail, a written version of the METHANE message.*

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## FOREWORD

Dear Colleagues,

This is the HSE Area major emergency plan. It is my intention that HSE Areas Major emergency plans will be implemented in accordance with the Framework for Major Emergency Management, 2006.

Strong links have been created between the HSE and our partner response agencies to deliver our response to major emergencies and these must continue.

All reasonably practical measures will be taken to avoid risk to HSE employees and others in accordance with Safety, Health and Welfare at Work legislation.

Mangers and supervisors in each HSE Area have the responsibility of implementing this plan throughout the area.

All employees of the HSE are expected to co-operate in any situation where this plan is activated.

This plan will be circulated in each area under the direction of the Area Emergency Management Group.

Leadership in Emergency Management response will reside with the chairs of each Crisis Management Team.

*Professor Brendan Drumm,*  
Chief Executive Officer  
**Health Services Executive**  
**1 Introduction to the Plan**

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This is the HSE South Area major emergency plan. It has been prepared in accordance with the requirements set out in section 4.4.1 of the Framework for Major Emergency Management (2006).

The roles, terminology, major emergency management architecture, mechanisms, arrangements and definitions described and employed through this plan are in accordance with the Framework for Major Emergency Management.

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 ports and airports, including the external emergency plans of sites classified as upper tier sites under the Seveso (Control of Major Accidents Hazards) regulations.

A major emergency may require a specific response from all parts of the HSE although depending on the nature of the major emergency the burden may fall more heavily on one particular section. Likewise, the response may not be confined to a specific geographic area, and may spread across the boundaries of service areas.

The aim of this plan is to ensure that the HSE can perform its assigned functions, as set out in Appendix F5 of the Framework.

Following an initial response, it will be the function of the HSE Crisis Management Team (CMT) to mobilise additional resources from across the south area and from the other HSE areas as required. Equally HSE South has to be prepared to support other HSE areas as might be necessary.

It is the responsibility of all HSE employees who have specific roles in Major Emergency Response to familiarise themselves with their functions under this plan.

Finally, the HSE must plan for the maintenance of essential health services during a Major Emergency, as day to day requirements will continue during such an emergency.

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While this plan primarily deals with the response of the HSE to a Major Emergency it also activates the area response to essential service continuity and the process of recovery of the HSE services affected as a direct result of the major Emergency.

**Signed**

**Chairman of HSE South, Area Emergency Management Group**

*Version control, distribution and references are shown in a table on each page and recorded in Appendix 16.7 and Appendix 16.8*

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## 1.1 Interagency Common Pages

These pages are pasted inside the front cover. A version of these pages appears in the same position in the Major Emergency Plan of each Principal Response Agency. They provide the means of activation of the plans. They also provide for the cross-check and confirmation of notification of the declaration. As a result, each PRA will make and receive two calls in relation to any Major Emergency notification.

## 1.2 The Framework

The Framework for Major Emergency Management is a supporting document to this plan. The MEM Framework arises from a decision of Government. It is available on the HSE Intranet

[http://hsetnet.hse.ie/Emergency\\_Management/Generic\\_Plans\\_for\\_Major\\_Emergencies/](http://hsetnet.hse.ie/Emergency_Management/Generic_Plans_for_Major_Emergencies/)

or

<http://www.mem.ie>

Together with other supporting guides, protocols and templates.

## 1.3 Objectives

The objectives of this plan are:

1.3.1 To provide a system of delivering the HSE functions set out in Para 2 below.

1.3.2 To provide for the protection and care of the public at times of vulnerability.

1.3.3 To ensure that the HSE has clear leadership in times of crisis.

1.3.4 To ensure an early and appropriate response with efficient operations co-ordinated with the other PRAs.

1.3.5 To ensure the maintenance of essential services.

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1.3.6 To deliver a realistic and rational approach with transparent accountability.

1.3.7 To put in place a process by which the recovery phase is addressed by the Area CMT as early in the major emergency as possible, as set out in Section 2.1.20.

#### **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. These may arise from major transport accidents, fires, acts of terrorism, 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.

The plan consists of three distinct parts:

- The Plan proper which uses the common standard procedure throughout the Area
- The Appendices which are elements of the plan proper but are easier to treat as separate items e.g. Garda Casualty Bureau, Media Plan, Risk Assessments, Maps and/or illustrations.
- The Annexes which specific to HSE Services and Departments and set out in detail the response of the HSE

The variations possible in the event of a Major Emergency are so numerous that no plan can provide detailed responses for all possible events, which may arise. This plan therefore is to be regarded as an all hazard approach and 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 Area led by the Crisis Management Team in responding to a Major Emergency.

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## 1.5 Relationship to other plans

This plan has been prepared in accordance with Section 4.2 of the Framework so that it is consistent with the plans of other HSE Areas, other Principal Response Agencies, appropriate National Emergency Plans and other Site and Event Specific Plans, which may be activated at the same time.

## 1.6 Language and Terminology

This plan complies with Appendix F3 of the MEM Framework which provides a Glossary of Terms and Acronyms for use by the Principal Response Agencies.

## 1.7 Distribution

This plan will be distributed to:

### HSE

Each member Crisis Management Team(s) in HSE South  
Each LHM HSE South  
The Assistant National Director HR South  
The Assistant National Director Emergency Management  
Area EMOs  
Each HSE CEMO

And as decided to alternates, designates

### Local Authorities

- Cork City
- Cork County
- Kerry
- Kilkenny
- Wexford
- South Tipperary
- Carlow
- Waterford City
- Waterford County

### An Garda Síochána

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Carlow/Kildare Division ( Carlow) \*  
 Waterford/Kilkenny Division  
 Wexford Division  
 Tipperary Division ( S.Tipp) \*  
 Cork City  
 Cork North West Division  
 Cork West Division  
 Kerry Division  
 \*Parts of these divisions fall outside HSE South

**Defence Forces**

**Voluntary Emergency Services:**

**TBA**

**Utility Companies**

- ESB
- Eircom
- [Bord Gáis](#)
- [Iarnród Eireann](#)

**Airports**

**Ports**

The distribution is recorded in Appendix 16.8

**1.8 Status of the Plan**

The status of this plan is recorded in the information panel at the bottom of each page. The plan will be reviewed in accordance with the requirements MEM Framework. Please refer to Section 14 of this plan  
 The key dates are:

- Plan Implementation Date: 12 noon 30<sup>th</sup> September 2008
- Plan Review Date: NLT 30<sup>th</sup> September 2009

**1.9 Public Access to the Plan**

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A copy of the HSE MEM Area Plan for each of the four HSE Areas, *with the confidential contact telephone numbers and other personal information removed* is available on the HSE Website.

<http://www.hse.ie/en/>

## **2 The Principal Response Agency and its Functional Area**

### **2.1 The Agency**

The Health Service Executive is the agency responsible for providing health and personal social services for everyone living in this country. The HSE South Area is one of the four administrative areas of the HSE.

In accordance with Appendix F5 of the Framework, the HSE South will undertake the following functions in the response to a major emergency: -

2.1.1 Declaration of a Major Emergency where appropriate and notifying the other two relevant principal response agencies;

2.1.2 Activation of predetermined procedures/arrangements in accordance with Major Emergency Mobilisation Procedure

2.1.3 Acting as lead agency for biological incidents in accordance with Appendix F7.

2.1.4 Provision of medical advice and assistance;

2.1.5 Provision of medical aid to casualties at the site;

2.1.6 Triage of casualties, and assigning them to hospitals for evacuation;

2.1.7 Casualty evacuation and ambulance transport;

2.1.8 Provision of hospital treatment;

2.1.9 Provision of psycho-social support to persons affected by the emergency;

2.1.10 Certification of the dead;

2.1.11 Support for An Garda Síochána's forensic work;

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2.1.12 Support for the Coroner's role;

2.1.13 Provision of community welfare services;

2.1.14 Clinical decontamination and decontamination of contaminated persons on arrival at hospital;

2.1.15 Advising and assisting An Garda Síochána and Local Authorities on public health issues arising;

2.1.16 Exercising control of any voluntary or other service which it mobilises to the site;

2.1.17 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;

2.1.18 Any other function, related to its normal functions, which is necessary for the management of the emergency/crisis;

2.1.19 Any function which the On-Site Co-ordinating Group requests it to perform;

2.1.20 Maintaining essential health services during the Major Emergency.

These functions will be discharged by a variety of services within the HSE South Area, including the Ambulance Service, the Acute Hospital Service, the Primary Community and Continuing Care Services, the Public Health Services, the Communications Department and the Crisis Management Teams. The Roles and the HSE Service responsible are summarised in the following table:

<b>HSE Roles</b>	<b>Responsible HSE Services</b>
<ul style="list-style-type: none"><li>• declaration of a Major Emergency and notifying the other two relevant principal response agencies;</li></ul>	Declaration- Individual HSE Services Notification – Both internal and external notification to be carried out by Ambulance controls of Wexford and Cork
<ul style="list-style-type: none"><li>• activation of predetermined procedures/arrangements in accordance with its Major Emergency Mobilisation Procedure;</li></ul>	Relevant Responding Service
<ul style="list-style-type: none"><li>• acting as "lead agency", where this is determined in accordance with</li></ul>	Area Crisis management team & relevant Public Health

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Appendix F9, and undertaking the specified coordination function;	Department.
<ul style="list-style-type: none"> <li>• provision of medical advice and assistance;</li> </ul>	National Hospitals office - Hospital services. - Ambulance service. PCCC Services. Population Health Directorate.
<ul style="list-style-type: none"> <li>• provision of medical aid to casualties at the site;</li> </ul>	National hospitals office, Ambulance Service and PCCC services.
<ul style="list-style-type: none"> <li>• triage of casualties, and assigning them to hospitals for evacuation;</li> </ul>	Ambulance Service.
<ul style="list-style-type: none"> <li>• casualty evacuation and ambulance transport;</li> </ul>	Ambulance Service.
<ul style="list-style-type: none"> <li>• provision of hospital treatment;</li> </ul>	NHO - Hospitals
<ul style="list-style-type: none"> <li>• provision of psycho-social support for persons affected by the emergency;</li> </ul>	NHO and PCCC Services
<ul style="list-style-type: none"> <li>• certification of the dead;</li> </ul>	
<ul style="list-style-type: none"> <li>• support for An Garda Síochána's forensic work;</li> </ul>	All services
<ul style="list-style-type: none"> <li>• support for the Coroner's role;</li> </ul>	All Services
<ul style="list-style-type: none"> <li>• provision of community welfare services;</li> </ul>	PCCC
clinical decontamination and decontamination of contaminated persons on arrival at hospital;	National Hospitals Office/Ambulance Service
<ul style="list-style-type: none"> <li>• maintaining essential health services during the major emergency;</li> </ul>	ACMT & All Services
<ul style="list-style-type: none"> <li>• advice and assistance to An Garda Síochána and Local Authorities on public health issues arising;</li> </ul>	ACMT & Public Health Department
<ul style="list-style-type: none"> <li>• exercise control of any voluntary or other service which it mobilises to the site;</li> </ul>	Relevant Responding Service
<ul style="list-style-type: none"> <li>• monitoring and/ or reporting on the</li> </ul>	Directorates Via the Area Crisis

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impact in its functional area of any emergency/ crisis which falls within the ambit of a "National Emergency", and co-ordinating / undertaking any countermeasures in its functional area which are required/ recommended by an appropriate national body;	Management Team
• any other function, related to its normal functions, which is necessary for the management of the emergency/ crisis; and,	Relevant Responding Service
• any function which the On-Site Co-ordinator requests it to perform	Relevant Responding Service

## 2.2 Boundaries and Characteristics of the Area

The HSE South Area consists of the counties of Kerry, Cork, South Tipperary, Waterford, Kilkenny, Carlow and Wexford.

The HSE South Area covers two Interagency Major Emergency Management Regions, namely the South and the South East Regions (as per Appendix F4 of the Framework).

2.2.1 The HSE South Area includes a number of inhabited islands and has an extensive coastline. Special Arrangements for Marine, Island and Off-shore emergencies are included in Appendix 16.8. This also covers the role of Medico Cork in off-shore emergencies. Medico Cork is a national resource that provide a radio based support to the Marine and Off-shore sector.

## 3 Risk Assessments for the Area

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The risk assessment of the HSE South Area is set out in Appendix 16.2 of this plan. The Intersectoral risk assessments for the South and South East MEM Regions are also set out in Appendix 16.2.

Historically this area has witnessed a number of Major Emergencies, including the Whiddy Tanker Explosion (1979), the Buttevant Train Crash (1980) and the Air India Crash off the coast, (1982). Today, there are busy ports at Cork, Waterford and Rosslare, Airports at Farranfore, Cork and Waterford, flooding threats to Mallow, Fermoy and Clonmel as well as a significant number of Upper Tier Seveso sites.

## **4 Resources for Emergency Response**

### **4.1 Internal Resources**

In the event of a Major Emergency, the HSE South Area will activate the appropriate services from those listed here.

#### **4.1.1 Area Crisis Management Team**

The HSE CMT is alerted by a mandatory text alert system and is called into conference session about 15 -20 minutes after the declaration of a major emergency. The CMT consists of the senior managers in the MEM region in which the incident has occurred. It meets in the HSE crisis management team facility and is chaired by the Network Manager.

The Chief Emergency Management Officer (CEMO) AND EMOs are members of the CMT. When a CMT is alerted the CEMOs/EMOs in the other three HSE Areas are automatically included in the initial brief and have the responsibility of putting relevant HSE resources in a state of readiness.

#### **4.1.2 The Resources of the National Hospitals Office**

The Resources of the National Hospitals Office consist of the Acute Hospitals and the Ambulance Service

##### **4.1.2.1 The Ambulance Service**

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The Ambulance Service will normally provide the first HSE response to a Major Emergency. In the HSE South area, there are 30 Ambulance stations, spread across the seven counties as follows:

**Cork**

- 13 ambulance bases / stations
- 1 Control & Communications Centre (at Cork University Hospital)

**Kerry**

- 6 ambulance bases / stations
- 1 Control & Communications Centre (at Kerry General Hospital)

**South East**

- 11 ambulance bases / stations
- 1 Control & Communications Centre (at Wexford General Hospital)

(See Map; Appendix 16.3)

The Ambulance service 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 to those injured and the provision of transport to those injured to definitive centers of care.

The ambulance service also plays a key role in the activation of the HSE South Area response to major emergencies through its control centers in Wexford, Cork and Tralee.

**4.1.2.2 The Acute and General Hospitals.**

In the HSE South Area there are 12 hospitals within two network areas. Depending on the nature of the major emergency these hospitals may be required provide a range of functions from receiving injured to delivering the continuum of care to those injured as a result of the Major emergency.

The activities undertaken by the hospitals in the Area in response to a Major Emergency will be directed by the Crisis Management Team.

Casualties from a Major Emergency will normally be brought to one or a number of Acute and General Hospitals, known as Receiving Hospitals, and

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the potential Receiving Hospitals in the HSE South Area include Kerry General, Tralee; Bantry General; Mallow General; Cork University Hospital (CUH), the Mercy Hospital (MUH) Cork, the South Infirmarv/Victoria Hospital (SIVH), Cork; South Tipperary General Hospital, Clonmel; Waterford Regional Hospital; St Luke's Hospital, Kilkenny and Wexford General Hospital

The Mercy University Hospital and the South Infirmarv/Victoria Hospital are normally designated Supporting Hospitals to Cork University Hospital but, in certain circumstances, may act as Receiving Hospitals in their own right.

#### **4.1.3 The Primary, Community and Continuing Care Services**

In the aftermath of a Major Emergency the Primary, Community and Continuing Care Services 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 through the Local Health Offices Area:

- Primary Care.
- Mental Health.
- Disability Services.
- Child, Youth and Family Services.
- Community Hospitals.
- Continual Care Services.
- Social Inclusion.
- Welfare Services.

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

The PCCC Services in the HSE South area are divided into geographic sections as follows: Kerry, West Cork, North Cork, North Lee, South Lee, South Tipperary, Waterford, Carlow, Kilkenny and Wexford. The PCCC services which will be in a position to assist during a Major Emergency include the Mental Health Service, the Community Welfare Service, the Environmental Health Service, the Community Care Service, General Practitioners, Long Stay Hospitals and the Child Care Service. (See Map: Annex 7)

#### **4.1.4 The Population Health Directorate**

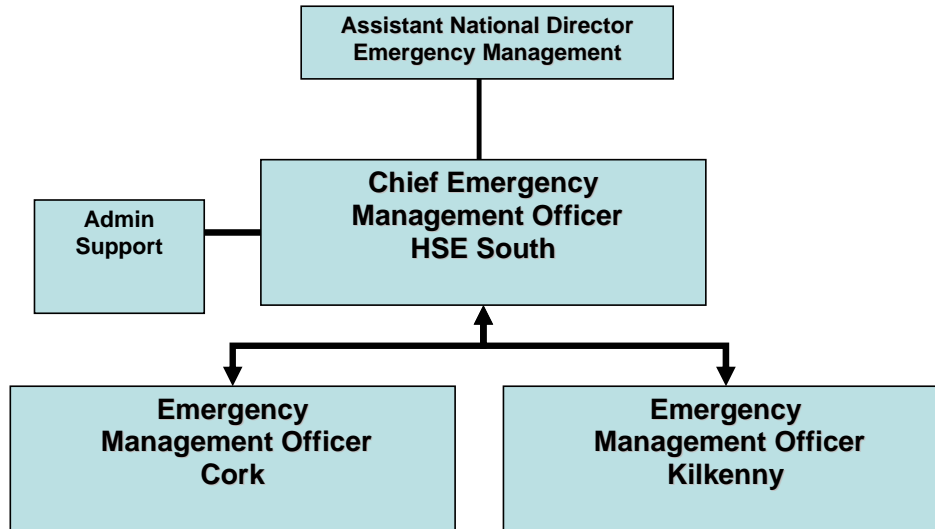
The Public Health Service will play a significant role during the response to any Major Emergency which results in a real or perceived threat to public health, including emergencies involving an infectious condition, such as pandemic influenza, the release of a chemical, radioactive or biological

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agent or the contamination of water or food supplies. The HSE South Public Health service is organised into two departments involving Kerry and Cork, in one department and the service in South Tipperary, Waterford, Kilkenny, Carlow and Wexford in the other

#### 4.1.5 The Emergency Management Office

The Area Emergency Management Office is organised as follows:



**Figure 4.1 Emergency Management Structure**

The principal role of the Area Emergency Management Office is to facilitate and support the functions of the Area Crisis Management Team.

#### 4.1.6 The Communications Department

The Communications Department is the main media liaison department within HSE South. The Communications Officer is a member of the Crisis Management Team (CMT). During a Major Emergency the Communications Officer(s) will co-ordinate their activity with the Media Liaison Officers of the other principal response agencies involved, at both the site and at the Local Co-ordination Centre, as appropriate (in accordance with Section 5.4.7.2 of the Framework) The Communications Officer is responsible for

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the co-ordination of all external communications. S/he will co-ordinate their activity with the liaison teams of the other two PRAs.

#### 4.1 7 **Support Functions:**

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

- Human Resources
- Finance
- Logistics / Procurement.
- Estate Management
- Information Communications and Technology

In the event of a Major Emergency, the HSE Area Crisis Management Team will activate the appropriate services.

#### 4.2 **External Resources**

In the event of a Major Emergency, the HSE South will be in a position to activate certain external resources, as required, from the following:

- Neighboring HSE Areas
- The Irish Red Cross
- The Order of Malta Ambulance Corps
- The St. John's Ambulance Brigade
- Civil Defence ( via and by agreement with the Local Authority)
- The Defence Forces ( by agreement)
- Voluntary and Private Hospitals and other health facilities with which pre-existing arrangements have been made for specific support.
- Organisations who may report community resilience such as Meals on wheels, Charitable Groups, Community Associations and the like.

#### 4.3 **REGIONAL INTERAGENCY LEVEL RESPONSE**

Where the nature of a Major Emergency is such that:

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- 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.

## 5 Preparedness for Major Emergency Response

### 5.1 This Plan

The HSE has prepared this plan which sets out its arrangements to respond to events occurring in or impacting on its functional area, which require the declaration of a major emergency. The HSE functions are set out in Section 2.

#### 5.1 Structures

The HSE has established Major Emergency Management groups at the National, 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

##### 5.1.1 National

The HSE Corporate Emergency Management Group is responsible for setting national strategy, policy and guidance in all areas of Emergency Management. The Corporate Group includes representatives from the National Hospital's Office, the National PCCC Office, the Ambulance Service and Population Health and it is chaired by the Assistant National Director with responsibility for Major Emergency Management. The Assistant National Director manages the National Emergency Management Office which drives the improvement, co-ordination and standardisation of the Emergency Management process at a national level and represents the HSE on a variety of national groups and initiatives, including the Task Force on Major Emergency Planning and the National Steering and Working Groups on Major Emergency Management.

##### 5.1.2 HSE South

The HSE South Area Emergency Management Group is responsible for the implementation of the Emergency Management strategies, policies and guidance across the Area including the preparation and promulgation of the

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HSE South Area Major Emergency Plan. This group includes the Area's two Acute Hospital Network Managers, a Local Health Office Manager, a Director of Public Health, the Area Communications Manager, a Chief Ambulance Officer, the Area Human Resources Manager, the Area Procurement Manager and Area Chief Emergency Management Officer. The Area Emergency Management Officer manages the Area Emergency Management Office, which supports the work of the Area Emergency Management Group.

**5.1.3 Area Directorates**

There are a number of Area Directorate Groups which are responsible for implementing Emergency Management strategies, policies and guidance within their individual directorates or functions. These include the Area Hospital Group, the Area PCCC Group and the Area Public Health Group.

**5.1.4 Local, Site and Service**

There are also local, site and service groups in individual hospitals and PCCC areas, which have responsibility for Emergency Management within their particular area, site or service.

**5.2 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 Primary Community and Continuing Care Service, the Acute Hospital Service and Population Health, at National, Area and Local/Service levels.

**5.3 Preparedness**

The HSE South area 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

**5.4 Responsibility for Major Emergency Development Process.**

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The responsibility for planning for the major emergency with HSE South lies with the Area Emergency Management Group under the Chair of the lead Network manager. The Area Emergency Management Office will co-ordinate all aspects of Emergency Management in HSE South.

## 5.5 Key Roles

HSE South 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 (*See Annex B*). These roles include;

HSE Key Roles	Possible Appointee
<b>Chair of Crisis Management Team</b>	- Hospital Network Manager
<b>(Site) Controller of Operations</b>	<ul style="list-style-type: none"> <li>• Chief Ambulance Officer or designated alternative</li> <li>• Director Of Public health or designated alternative*</li> <li>• Local Health Manager or designated alternative.</li> <li>• Hospital CEO / Manager or designated alternative</li> </ul> <p><i>* In the case of an acute Public Health Emergency the Ambulance Service will provide the Controller of Operations however s/he must be provided with clinical support by a Public Health Doctor acting as Site Medical Officer.</i></p>
<b>Media Liaison Officer</b>	<ul style="list-style-type: none"> <li>• Area Communications Manager or designated alternative</li> </ul>
<b>Information Management Officer</b>	<ul style="list-style-type: none"> <li>• CMT from trained Group</li> <li>• Site from trained Group</li> </ul>
<b>Action Manager Officer</b>	<ul style="list-style-type: none"> <li>• CMT from trained Group</li> <li>• Site from trained Group</li> </ul>
<b>Support Staff</b>	<ul style="list-style-type: none"> <li>•</li> </ul>

Interagency Key Roles	Possible Appointee
<b>Chair Regional Co-Ordination Group</b>	Designate of Hospital Network Manager.
<b>Chair of Local Co-Ordination Group</b>	Designate of Hospital Network Manager.
<b>On Site Co-Ordinator</b>	<ul style="list-style-type: none"> <li>• Chief Ambulance Officer or designated alternative</li> <li>• Director Of Public health or</li> </ul>

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	designated alternative <ul style="list-style-type: none"> <li>• Local Health Manager or designated alternative.</li> <li>• Hospital CEO / Manager or designated alternative</li> </ul>
<b>Information Manager</b>	<ul style="list-style-type: none"> <li>• RCC - From trained Group</li> <li>• LCC – From trained Group</li> </ul>
<b>Action Managers</b>	<ul style="list-style-type: none"> <li>• RCC - From trained Group</li> <li>• LCC – From trained Group</li> </ul>

## Support for Key Roles

Support teams may be formed to support and assist individuals in key roles and will prepare Operational Protocols setting out the arrangements which will enable the agency's support teams to be mobilized and function in accordance with the arrangements set out in the Major Emergency Plan.

### 5.6 Linking the Major Emergency Plan with Other Emergency Plans

As well as the normal activation procedure, set out in Section 7.1, 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)

### 5.7 Staff Development, Training and Exercise Programs

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

#### 5.7.1 Training

All HSE South staff, who have a role to play in a Major Emergency response, are provided with on-going development and training. This training includes both internal and inter-agency seminars and training courses.

#### 5.7.2 Exercises

The HSE South has an on-going programme of exercises, both internal and inter-agency, which include:

- Exercises within individual services, such as hospitals

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- Inter-agency exercises, organised by the relevant Regional Steering Groups
- Exercises at airports and
- Exercises at Upper Tier Seveso Sites

## 5.8 Major Emergency Preparedness Appraisal

In accordance with the requirements in Section 4.7 of the Framework, HSE South will carry out and document an annual appraisal of its preparedness for Major Emergencies each year. The first such appraisal will take place at the end of 2008.

## 6 The Command, Control and Co-ordination System

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

### 6.1 HSE Crisis Management Team

The Crisis Management Team is a strategic level management group drawn from the senior HSE managers of the agency, who will meet at a pre-arranged location, during a major emergency to:

- 6.1.1 Manage, control and co-ordinate the agency's overall HSE response to the situation;
- 6.1.2. Provide support to the HSE's Controller of Operations on site and mobilise resources from within the agency or externally as required;
- 6.1.3 Liaise with national head quarters, and relevant Government Departments on strategic issues;
- 6.1.4 Ensure appropriate participation of the HSE in the inter-agency co-ordination structures.
- 6.1.5 Maintain the HSE's normal day-to-day services that the community requires.

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6.1.6 Oversee the recovery strategies of HSE resources.

6.1.7 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.

6.1.8 Co ordinate the phased stand down of HSE resources as require

## **6.2 Crisis Management Team Members and their Respective Functions**

### **6.2.1 Chairperson –Hospital Network Manager**

- Chair all ACMT 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).

### **6.2.2 Area Emergency Management Office**

- To manage the administrative and logistical support to the ACMT
- To provide advice on the HSE management of the incident to the members of the ACMT.
- To liaise with the National office of Emergency Management in relation to the Incident.

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- To liaise with the Emergency management staff from other HSE areas in relation to the response.
- To collate all document generated in relation to the activation.
- To 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.

***In those areas ( e.g. Dublin) where the HSE area straddles a large centre of population these is an pre-existing arrangement where one of the two network managers acts as Chair of the Area CMT. In those areas with a wide Geographic spread there are separate CMTs corresponding to the EM region.***

### **6.2.3 Hospital Network Manager ( Alternate Network)**

- Represent the Areas acute hospitals at the ACMT meetings.
- Establish and maintain links with the responding acute hospitals involved in the Activation.
- Manage requests and resource requirements which will affect the areas acute hospital response to the activation.
- Liaise with other ACMT in relation to issues which will impact on the Acute hospitals response to the activation
- Through the chair of the ACMT advise the regional coordination group in relation to acute hospital issues on an Intersectoral basis.
- Deliver status reports on the activity of the acute hospital during and posts incident to the ACMT.
- Manage the stand down of the acute hospitals in the area following the incident. while having cognisance of the other HSE responding Services.
- Ensure that service continuity is maintained during and post incident.

### **6.2.4 Chief Ambulance S Officer**

- Represent the area Ambulance services at the CMT meetings.
- Establish and maintain links with the responding Ambulance service Officers involved in the management of the Activation.

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- Manage requests and requirements which will affect the areas ambulance services response to the activation.
- Liaise with other HSE services in relation to issues which will impact on the area ambulance services response to the activation
- Through the chair of the ACMT advise the area coordination group in relation to ambulance service issues on an Intersectoral basis.
- Deliver status reports on the activity of the ambulance service during and posts incident to the ACMT.
- Manage the stand down of the ambulance service in the area following the incident. Having cognisance of the other HSE responding Services.
- Ensure that service continuity is managed during and post incident.

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### 6.2.5 Primary, Community and Continuing Care Services Lead Manager

- Represent the Areas PCCC at the CMT meetings.
- Establish and maintain links with the responding services of the area PCCC involved in the Activation.
- Manage requests and requirements which will affect the areas PCCC's response to the activation.
- Liaise with other HSE services in relation to issues which will impact on the PCCC's response to the activation
- Through the chair of the ACMT liaise with the area coordination group in relation to PCCC issues on an intersectoral basis.
- Deliver status reports on the activity of the PCCC during and posts incident to the ACMT.
- Manage the stand down of the PCCC in the area following the incident. Having cognisance of the other HSE responding Services.
- Ensure that service continuity is managed during and post incident.
- 

### 6.2.6 Population Health

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

- Represent the Areas Population Health service at the CMT meetings.

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- Establish and maintain links with the responding services of the area Population Health services involved in the Activation.
- Manage requests and requirements which will affect the areas Population Health services response to the activation.
- Liaise with other HSE services in relation to issues which will impact on the Population Health services response to the activation
- Through the chair of the ACMT liaise with the area coordination group in relation to Population Health services issues on an intersectoral basis.
- Deliver status reports on the activity of the Population Health services during and posts incident to the ACMT.
- Manage the stand down of the Population Health services in the area following the incident. Having cognisance of the other HSE responding Services.
- Ensure that service continuity is managed during and post incident.

### 6.2.7 Area Communications Manager

- Represent the Area Communications service at the CMT meetings.
- Establish and maintain links with the Communications service of the responding Health Agencies involved in the Activation.
- Manage requests and requirements in relation to communications issues from the members of the ACMT.
- Through the chair of the ACMT 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 Area Communications service services during and posts incident to the ACMT.
- Manage the stand down of the Area Communications service in the area following the incident. Having cognisance of the other HSE responding Services.
- Ensure that service continuity is managed during and post incident.

### 6.2.8 Area Logistics Manager

- Represent the Area Logistic management service at the CMT meetings.
- Manage requests and requirements in relation to Logistic management service issues from the members of the ACMT.

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- Through the chair of the ACMT liaise with the other responding statutory agencies in relation to all Logistic issues.
- Deliver status reports on the activity of the Area Logistic management service during and posts incident to the ACMT.
- Manage the stand down of the Area Logistic management service in the area following the incident. Having cognisance of the other HSE responding Services.
- Ensure that service continuity in all supply chains are managed during and post incident.

#### **6.2.9 Area Estates Manager**

- Represent the Area Estate management service at the CMT meetings.
- Manage requests and requirements in relation to Estate management service issues from the members of the ACMT.
- Through the chair of the ACMT liaise with the the other responding statutory agencies in relation to all Estate issues.
- Deliver status reports on the activity of the Area Estate management service during and posts incident to the ACMT.
- Manage the stand down of the Area Estate management service in the area following the incident. Having cognisance of the other HSE responding Services.
- Ensure that service continuity is managed during and post incident.

#### **6.2.10 Human Resources**

- Advise the ACMT on all Human resource issues in relation to the incident.,

#### **6.2.11 Specialist Advisers to the Area Crisis Management Team**

The ACMT have at its disposal a list of specialist advisers who can be called upon by the ACMT during activation.

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

- To attend ACMT meetings on request either by phone link or in person.
- To give advice on specific issues in relation to their specialist area expertise.
- To research issues in relation to their specialist area and report to the ACMT on their findings.

#### **Area Crisis Management Team support team**

- A Support team is in place to assist the ACMT in its activities as may be required

### **6.3 Control at the Site**

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At the site of a Major Emergency, HSE South 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.

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

6.3.1 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.);

6.3.2. To meet with the other two Controllers, determine the lead agency and inform HSE CMT of this decision.

6.3.3 To undertake the role of On-Site Co-ordinator, where the service s/he represents is identified as the lead agency;

6.3.4 To participate fully in the site co-ordination activity, including the establishment of a Site Management Plan;

6.3.5 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;

6.3.6. To decide and request the attendance of such services as s/he determines are needed;

6.3.7 To exercise control over such services as s/he has requested to attend;

6.3.8 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;

6.3.9 .To requisition any equipment s/he deems necessary to deal with the incident;

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6.3.10. To seek such advice as s/he requires;

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

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

6.3.13 To liaise with and brief the HSE Crisis Management Team on the handling of the major emergency.

6.3.14 Other functions of the HSE Controller of Operations

For most incidents the HSE Controller of Operations will be the Chief Ambulance Officer or his or her designated alternative. The regional Ambulance Plan may contain additional tasks and responsibilities for the HSE Controller of Operations. In the event of a conflict between the Regional Ambulance Plan and the HSE Area Plan the HSE Area Plan will take precedence.

## 7.0 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

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- 7.9 Site Management Arrangements
- 7.10 Mobilising Additional Resources
- 7.11 Casualty and Survivor Arrangements
- 7.12 Emergencies involving Hazardous Materials

## 7.1 Declaring a Major Emergency

**(Please refer to the Common Pages inside the front cover which give the method of Activation of this Plan)**

### 7.1.1 General

A Major Emergency can be declared 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.**

A typical message to declare a Major Emergency shall follow the format set out in Section 7.1.2.

### 7.1.2 HSE Activation

Where an Authorised Officer of the HSE South considers that the criteria set out in the Framework definition of a Major Emergency have been satisfied, that Officer should immediately contact Ambulance Control at either, Wexford, Cork or Tralee, declare that a Major Emergency exists and request the activation of the Major Emergency Plan of HSE South.

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

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Ambulance Control will then initiate the HSE South 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 Ambulance Control, using the numbers in the Common Pages, to confirm that they have activated their Major Emergency Plans.

### **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 Ambulance Control of the declaration, using the telephone numbers in the Common Pages. Ambulance Control will then initiate the HSE South Major Emergency Mobilisation Procedures.

As part of that process, Ambulance Control will call An Garda Síochána and the relevant Local Authority, using the numbers on the Common Pages, to confirm that the HSE South 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 Local Health Office, 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 Ambulance Control and inform the Controller on Duty of the nature of the incident and that a Major Emergency has been declared at the facility.

If the nature of the incident is such that it does not satisfy the criteria set out in the Framework definition of a Major Emergency, the Controller on Duty will initiate a compulsory activation of the Area CMT.

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If the nature of the incident is such that it satisfies the criteria set out in the Framework definition of a Major Emergency, the Controller on Duty will declare a Major Emergency and activate the HSE South Area Major Emergency Plan.

### **7.1.6 Response of the HSE to a Major Emergency**

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

Activation of the HSE South Major Emergency Mobilisation Procedures will include the following:

- 7.1.6.1 The Ambulance Controller on Duty will follow pre-determined Control Centre Procedures which will normally include: - the dispatch of the nearest available ambulance(s) to the scene, notification of appropriate hospitals, notification of the CAO and ACAO, as appropriate as per the control centre protocols.
- 7.1.6.2 The local HSE Crisis Management Team 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.
- 7.1.6.3 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 A&E traffic. Such Support Hospitals will be notified accordingly.
- 7.1.6.4 If necessary, other resources may be put on stand-by, such as other hospitals, PCCC services, voluntary organizations, that need extra time to mobilise, as well as services in adjoining HSE Areas.

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 CMT. Even if the incident proves to be less serious than first accessed, the HSE response will not normally be stood

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down until the CMT has issued the appropriate stand down instructions. These instructions will vary depending on the service, department or hospital involved.

**7.1.1** The following HSE officers or persons acting on their behalf are authorised to declare a Major Emergency and to activate this plan. Any other HSE officer can **recommend** the declaration of a major emergency but it has to be confirmed by one of the following.

7.1.1.1 A Chief Ambulance Officer

7.1.1.2 A Network Manager

7.1.1.3 A Director of Public Health

7.1.1.4 The Chief Emergency Management Officer or EMO acting for CEMO.

7.1.1.5 The Duty Ambulance Controller in conjunction with a senior ambulance office

7.1.2 After the declaration is made the Officer should then use the mnemonic **METHANE** to structure and deliver an information message.

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

**7.1.2 DELETEDeclaring a Major Emergency from an Internal HSE Source.**

This is where a person representing a service of the HSE notifies the Area HSE alerting Service (Regional Ambulance Control) of an incident which may require the activation of the Major Emergency Plan of one or more of the HSE services

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within the area. In this instance the Regional Ambulance Control will initiate the HSE's major emergency plan, notify the partner PRAs and alert the Area CMT.

## 7.2 Initial Mobilisation

The HSE South Major Emergency Mobilisation Procedure (See Annex 1 of this Plan) 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 HSE South may include moving to a standby/alert stage for some services or specific individuals, until the situation becomes more clear.

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.

7.2.1 In the event of a Major Emergency being declared initial mobilisation will be carried out by Ambulance Control. Once Ambulance Control is satisfied that initial mobilisation is underway a compulsory notification of the HSE Region Crisis Management Team will be initiated using the text alert system. When the CMT is assembled in a conference call either the Duty Controller or the Chief Ambulance Officer will brief the CMT on the emergency.

### 7.2.3 Process used to alert the Area Crisis Management Team

Following receipt of a METHANE message the Emergency Medical Controller will initiate the nationally agreed protocol for alerting the Crisis Management Team.

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The initial alert is disseminated to each member of the Crisis Management Team via SMS text messaging system.

Each member will be contacted by SMS text, the content of the message will be as follows:

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

The CMT members for the region where the emergency has occurred 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 which is involved in an operational response.

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

#### **7.2.4 Activation Protocol backup**

***In the event of failure of the text system (and its 2 back up systems) the following protocol will be initiated by the Ambulance Control.***

Ambulance Control will phone each member of the Crisis Management Team from a list provided, and relay details pertaining to the Major Emergency.

When the Crisis Management Team is convened, members will cascade the activation through their own directorates as deemed appropriate and deploy resources required.

#### **Notification of others.**

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

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- **The National Corporate Emergency Management Team**
- **The Emergency Management Officers in the other three HSE Areas.**
- 

This information is sent on an information basis only and the recipients are required to act under their own protocols on receipt of this message.

The Regional Ambulance control Centre which receives the declaration from an internal HSE source will then contact the relevant Principal Response Agencies within the HSE Area and alert them of the HSE activation.

### **7.3 Control and Communication Centers**

The local Ambulance Control center 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 CMT.

### **7.4 Co-ordination Centers**

Co-ordination of the response to a Major Emergency will take place primarily at the site, at the local Crisis Management Teams and at the Local Co-ordination Centre.

#### **7.4.1 On-Site Control Centre**

HSE resources at the site will be controlled and co-ordinated from the HSE Control Centre. This may be a dedicated vehicle, tent or an adjacent building.

#### **7.4.2 On-Site Co-ordination Centre**

The On-Site Co-ordination Group will meet in the On-Site Co-ordination Centre. Once again, this may be a dedicated vehicle, tent or an adjacent building.

#### **7.4.3 HSE Area Crisis Management Team**

The HSE Region Crisis Management Team will meet in the pre-determined location either at:

- Áras Sláinte, Dennehy's Cross, Cork or
- St Canice's Complex, Kilkenny

#### **7.4.4 Local Interagency Co-ordination Centre**

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

- Head Office, Kerry County Co, Tralee
- Head Office County Hall Cork
- Head Office, Cork City Hall
- Head Office, South Tipperary County Co, Clonmel
- Head Office, Waterford County Co, Dungarven
- Head Office, Waterford City Co, City Hall, The Mall, Waterford
- Head Office, Kilkenny County Co, Lower John Street, Kilkenny
- Head Office Carlow County Co, Athy Road, Carlow
- Head Office, Wexford County Co, Spawell, Wexford.

### **Regional Co-ordination Centres**

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

## **7.5 Communications Facilities**

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

### **7.5.1 HSE Communications Systems**

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

The Ambulance Radio System will be the principal means of communications between the various HSE services at the site(s) as well as between the HSE Controller of Operations and both the Receiving Hospitals and the Crisis Management Team.

### **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, maintained and brought to the site for this purpose by the Fire Service.

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### 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.

7.5.4 TBA

## 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 would 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.

### 7.6.1 Lead Agency

### 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 South is assigned the role of lead agency in a Major Emergency, it will have responsibility for the co-ordination function, at both the site(s) and at

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the Local Co-ordination Centre. 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 closed 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 Ambulance Service, on behalf of the HSE
- At the Local Co-ordination Centre, by the network managers designate on behalf of the HSE

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## 7.7 Public Information

Refer to Section 7.14.1

During a Major Emergency situations may arise where 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, Aertel, and automatic text messaging. This activity should be co-ordinated on behalf of the Local Co-ordination Group by the lead agency.

### 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

7.8.1 The HSE South Media Plan media plan with contact names and numbers is contained in Annex B. The plan with out numbers and contact information is in **Appendix 16.4**

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The communications plan includes:

7.8.2 Designated staff roles and responsibilities for different emergency scenarios including emergencies where the HSE is the lead agency.

7.8.3 Identifies who is accountable for leading the response

7.8.4 Identifies who is responsible for implementing various actions

7.8.5 Identifies who needs to be consulted during the process

7.8.6 Designates who needs to be informed about what is taking place

7.8.7 Designates who will be the lead spokesperson(s) and backup in different scenarios

7.8.9 Lays down procedures for information verification, clearance and approval

7.8.10 Lays down procedures for co-ordinating with important stakeholders and partners

7.8.11 Sets out agreements on how coordinated responses are transmitted and how often

7.8.12 Includes regularly checked and updated media contact lists, for example

7.8.12.1 after-hours news desk information

7.8.12.2 Updated inter agency contacts lists (day and night)

7.8.13 Identifies target audiences

7.8.14 Identifies preferred communication channels (for example telephone hotlines, radio announcements, news conferences, web site updates and faxes) to communicate with the public, key stakeholders and partners

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7.8.15 Contains holding statements (messages prepared in advance), core messages and message templates

7.8.16 Contains fact sheets, question and answer sheets, talking points and other supplementary materials for potential scenario

7.8.17 Contains check lists for the first 2, 4, 8, 12, 24 and 48 hours

7.8.18 Contains procedures for evaluating, revisiting and updating the media communication plan on a regular basis

7.8.19 Arrangements for media at local and/or Regional Co-ord Centers

7.8.20 Contains Specific Arrangements for media at or adjacent to other locations associated with the major emergency e.g. Hospitals.

## **7.9 Site Management Arrangements**

These will be as per the MEM Framework

### **7.9 Site Management Arrangements**

#### **7.9.1 Actions of First Officer Attending**

The first Ambulance Service Officer 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 Ambulance Service issues, should include:

- Continuing to gather information on the extent of the incident;
- Providing information on the emergency to Ambulance Control, for distribution to the HSE 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 will take over the control function when it arrives. The

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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 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.

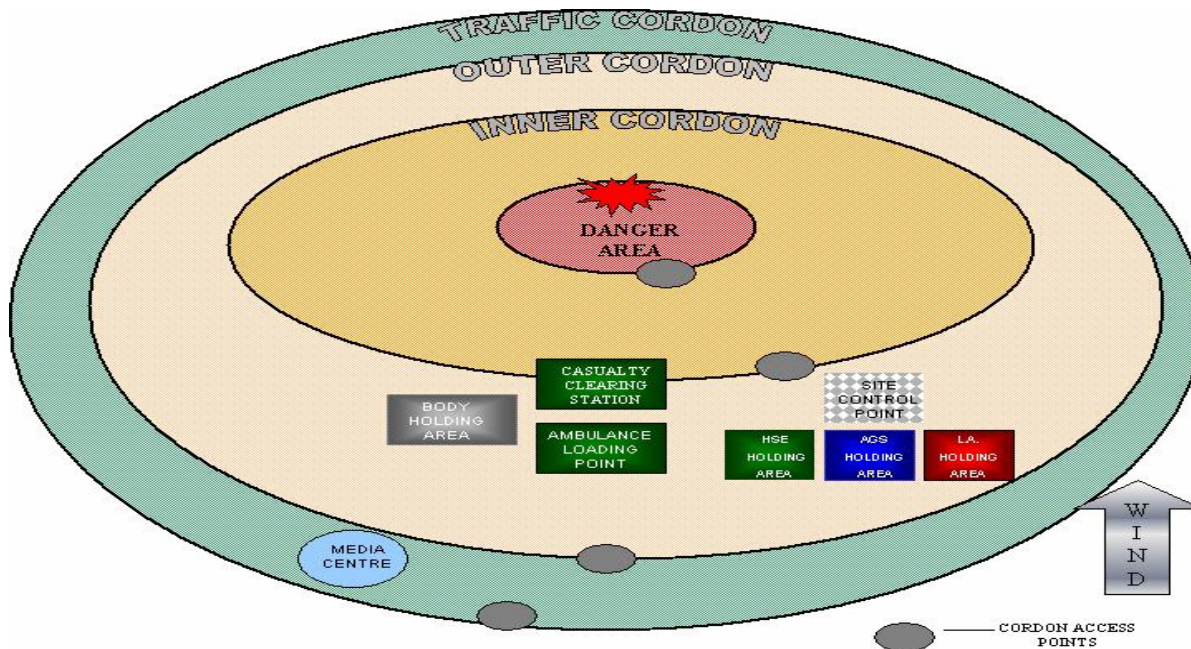


Figure 7.1 Typical Site Management Arrangement  
 Area, the Body Holding Area and the Holding Areas of the responding services can be located. A Traffic Cordon is used to prevent congestion at and around the

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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 manager

#### 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.,e 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 bib, which in the case of the HSE has a green and white chequered pattern and the words "HSE Controller". The corresponding bibs for the other principal response agencies are as follows: Local Authority, red and white with "Local Authority Controller" and An Garda Síochána, blue and white with "Garda Controller".

When the lead agency has been determined, the On-Site Co-ordinator should don a distinctive bib with the words "On-Site Co-ordinator", clearly visible, front and back.

Where non uniformed HSE personnel are required to respond to the site of a Major Emergency, they should wear a high visibility jacket, appropriately colour coded for the HSE, with their job/function clearly displayed both front and back.

#### 7.9.6 **Helicopters**

Helicopters may be used at the site of a Major Emergency to provide aerial reconnaissance, to ferry people or equipment to the site, to remove casualties or to transport them to distant facilities. However, the use of helicopters has to be integrated into the overall site management arrangements to avoid having a negative impact on operations on the ground. The On-Site Co-ordinator will, in consultation with the other Controller of Operations, determine if, and for what

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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 South may need to mobilise additional resources and this can be achieved either by:

- Activating resources from parts of HSE South, which are not primarily involved in the Major Emergency;
- Activating resources from other HSE Areas;
- Mobilising assistance from other organisations; or
- Seeking national/international assistance.

In certain circumstances, the HSE South may request assistance from private healthcare facilities and a list of these, with relevant contact telephone numbers, is included in Appendix 3, Section xy

The internal command of each volunteer organisation resides with that organisation. Voluntary Emergency Services will link to the Principal Response Agencies in accordance with Table 7.1 below.

#### 7.10.2 HSE Resources

In the event of a Major Emergency, the various services involved, including the Ambulance Service and the Acute Hospital Service, may be in a position to activate resources from other parts of HSE South, which are not primarily involved in the emergency. This process can be facilitated and augmented by the relevant Crisis Management Team

Should further HSE resources be required, these can be mobilised from other HSE Areas, either by direct contact within the service involved, for example, the Ambulance Service, or through the relevant Crisis Management Team.

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### 7.10.3 The Defence Forces

The Defence Forces can provide a significant support role in a major emergency response. The Defence Forces capabilities can be employed across a wide spectrum of activity in a major emergency. However, these capabilities are primarily deployed in a military role at home and in peace support operations overseas and their deployment in a major emergency situation may require a lead in time to facilitate redeployment. All requests for Defence Force assistance by the HSE should be normally be channelled through An Garda Síochána. Details of local Defence Force Establishments and the relevant mobilisation procedures are outlined in Annex B

The HSE CMT can make a request directly for Defence Force assistance using the standard "aid to the civil authority" request format.

### 7.10.4 Links with Voluntary Emergency Services

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

<b>Principal Response Agency</b>	<b>Linked Voluntary Emergency Service</b>
An Garda Síochána	Irish Mountain Rescue Association

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	Irish Cave Rescue Association Search and Rescue Dogs Sub-Aqua Teams
Health Service Executive	Irish Red Cross Order of Malta Ambulance Corps St. John's Ambulance Brigade
Local Authority	Civil Defence

**Table 7.1.** Principal Response Agencies with Linked VES

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.

### 7.10. 2 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. A list of utilities and their emergency/out of hours contact arrangement are listed in Appendix XX Section 2

### 7.10.3 The Private Sector

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-

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ordination Group, as appropriate. A list of relevant experts and equipment within the private sector is detailed in Annex B

#### **7.10.4 National, International Assistance**

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

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

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

#### 7.10.1 Specific HSE arrangements for mobilisation of additional resources

**See Annex A**

### **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 Injured Casualties**

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

The 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, the hospital to which individual casualties are to be brought. In the event of a protracted incident, with significant numbers of casualties, the HSE Crisis Management Team 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 effect 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 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.

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An on- Site Body Holding Area is not an appropriate place for the prolonged storage of the bodies of Casualties. These will be moved as soon as possible to an appropriate mortuary. There is a public mortuary at in Cork and, where appropriate, the bodies may be moved there. 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.

**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 centers. The HSE may deploy staff to assist at these centers, to provide health and or social support. The need for psychological support to survivors may be initiated from these centers with recording and directing survivors to the appropriate health care facility.

**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 liaison/casualty officer or team will normally be sent by An Garda Síochána to each hospital where casualties are being treated. All potential Receiving Hospitals have arrangements in place to facilitate An Garda Síochána in this process.

See Appendix 16.5 **Garda Casualty Bureau**

**7.11.6 Friends' and Relatives' Reception Centers**

Some incidents may warrant the establishment of Friends' and Relatives' Reception Centers at appropriate locations associated with the emergency, as well as at the hospitals where the injured are being treated. All

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potential Receiving Hospitals have arrangements in place to establish and staff a Friends' and Relatives' Reception Centre.

#### 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 sensibilities.

#### 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 in an important objective of any emergency response.

The HSE has a programme in place to monitor and 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 HSE Crisis Management Team, 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

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may be required in the aftermath of a major emergency. Leadership in this area will be provided by the Mental Health Service.

## 7.12 Emergencies Involving Hazardous Materials

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

7.12.1 The Local Authority is the lead agency for response to hazardous materials incidents, with the exception of those involving biological agents.

The On-Site Co-ordinator, in association with the other Controllers of Operations, will establish the need for decontamination. The Health Service Executive 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 Health Service Executive 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 contamination 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 evacuation procedures are contained in the Evacuation Sub-Plan. Details of procedures for warding and informing the public are contained in Appendix 4 Media Plan

### 7.12.2 Suspect CBRN Incidents

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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

Details of specific actions to be taken in the event of a biological incident, where the HSE will be the lead agency are detailed in Appendix 6

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 Crisis Management Team and the management of Receiving Hospitals is vital to the achievement of this aim. For further details, see Annex B Contamination.

### 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

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### 7.13 Protecting Threatened Populations

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

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

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

When decided upon the, 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 with 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 should be 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 Area Public Health Plan covers this in detail. The Director of Public Health will exercise control in these circumstances through existing structures and via the Area CMT.

### 7.14 Early and Public Warning Systems

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7.14.1 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 Plan, Water contamination etc *See Annex B*

**7.14.2 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.

**7.14.3 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
- Automated Text services
- Establish site specific warning systems.

**The detail of how this is to be carried out are covered in the Media Plan Appendix 4**

**7.15 Emergencies arising on Inland Waterways**

The HSE 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 ambulance personnel are not equipped or trained to

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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 accident has normally resulted 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 on 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 observable 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 as is reasonably possible comply with relevant safety and health instructions, wear appropriate personal protective clothing where necessary cooperate with

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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.

7.16.1 Command support arrangements at the scene should assign responsibility for the oversight and management of the safety of rescue personnel

### **7.16.2 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 Controller 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 Controller

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.

7.16.3 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

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siren for ten seconds on, ten seconds off, will be given. All personnel should withdraw from the Danger Area on hearing this signal.

7.16.4 *Local Authority Only*

7.16.5 Arrangements for psych-social support ( see Sec xx)

## **7.17 Logistical Issues/ Protracted Incidents**

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

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

7.17.2 Hospital arrangements are contained in the relevant hospital plan.

7.17.3 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**

7.18.1 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 principle response agencies on their involvement.

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

#### 7.18.2 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 Investigation Unit (AAIU) and the Environmental Protection Agency (EPA)

7.18.3 All HSE employees are requested to co-operate fully with all statutory investigations and to ensure that, unless a threat to life or health prevents this, all evidence is left undisturbed

### 7.19 Community/ VIPs/ Observers

#### 7.19.1 Community Links

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

#### 7.19.2 Visiting VIPs

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

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

#### 7.19.3 National/International Observers

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

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### 7.19.1 How links are to be established with affected communities

7.19.2 TBA

## 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 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 South 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 at the Site

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.

### 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 Area Emergency Management Group. The Area Emergency Management Group should review these reports and prepare a composite report to reflect the overall involvement of the HSE.

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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 Steering Group and the National Steering Group.

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

## 8. Agency Specific Elements and Sub-Plans

This Area plan has a series of supporting plans from;

The Ambulance Service  
 The Acute Hospitals  
 The PCCC Service  
 Public Health Departments

These plans are listed in Annex A

## 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.

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## 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;

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- 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

#### 9.3.1 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

#### 9.3.2 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 organisations/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;

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- 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. Children, the HSE at a national level, or another national body, may request the activation of this Plan and call upon HSE South 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 South 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 HSE South via either:

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- The Hospital Network Manager in Cork
- The Hospital Network Manager in Kilkenny or
- Ambulance Control in Cork or Ambulance Control in Wexford.

When a request is received from a national body in the context of a national emergency, the relevant HSE Crisis Management Team(s) will be activated and will co-ordinate the appropriate activities of HSE South.

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.

## 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

## 11 Severe Weather Plans

Severe weather emergencies may involve significant threats to infrastructure and support may be required for vulnerable sections of the community. Each Local Authority has, as a sub plan of its Major Emergency Plan, a Plan for responding to severe weather emergencies, whether a Major Emergency is declared or not, and Local Co-ordination Centres may be activated to manage response to a severe weather event, whether a Major Emergency is declared or not.

In the event that it is contacted by a Local Authority in the area, the HSE South Area will respond, the relevant Crisis Management Team(s) 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

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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.

## **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 HSE South Area contains a significant number of Upper Tier Seveso Establishments and the preparation of External Emergency Plans and the exercising and testing of these is, in conjunction with other Local Competent Authorities, an on-going process.

A list of site and event specific arrangements and plans are included in **Appendix 16.6**

## **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 South will engage in this process through the appropriate Crisis Management Team and via its representatives on the Local Co-ordination Group.

As soon as it is practical, the Crisis Management Team 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
- Responding to Community Welfare needs
- 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

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- Preparing for legal and quasi legal issues, such as enquiries, criminal investigation, inquests, etc.

The relevant HSE Crisis Management Team will continue to function through the recovery phase until the issues arising are more appropriately dealt with by normal management processes.

#### **14 Review of this Plan**

14.1 The HSE South Area Major Emergency Management Group will review this Plan on an annual basis and amend it as necessary. This review will take place in parallel with the Annual Appraisal of Major Emergency Preparedness. This annual review will, where appropriate, involve consultation with the other Principal Response Agencies in the South and South East Regional Major Emergency Steering Groups and the HSE National Emergency Management Office.

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

#### **15 ANNEXES**

##### **15.1 Annex A – Internal HSE Mobilisation Procedure**

##### **15.2 Annex B - Specific Plans, Protocols & Procedures**

#### **16. Appendices**

##### **16.1 HSE Personnel Nominated to Key Roles**

##### **16.2 HSE Area Risk Assessment and IA Risk Assessments**

##### **16.3 Map of the Ambulance Resources**

##### **16.4 Media Plan**

##### **16.5 Casualty Bureau and role of the Coroner**

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16.6 List of Sub-plans; Seveso, Ports etc.

16.7 Version control –register of changes.

16.8 Marine and Off-shore incidents and Medico

**16.9 Distribution Record**

Version No.	Date	Copy No.	Supplied to:	Acknowledged By
		1.		
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## Appendix 16.5 Casualty Bureau and the role of the Coroner

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

### **Casualty Information**

**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.**

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

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

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

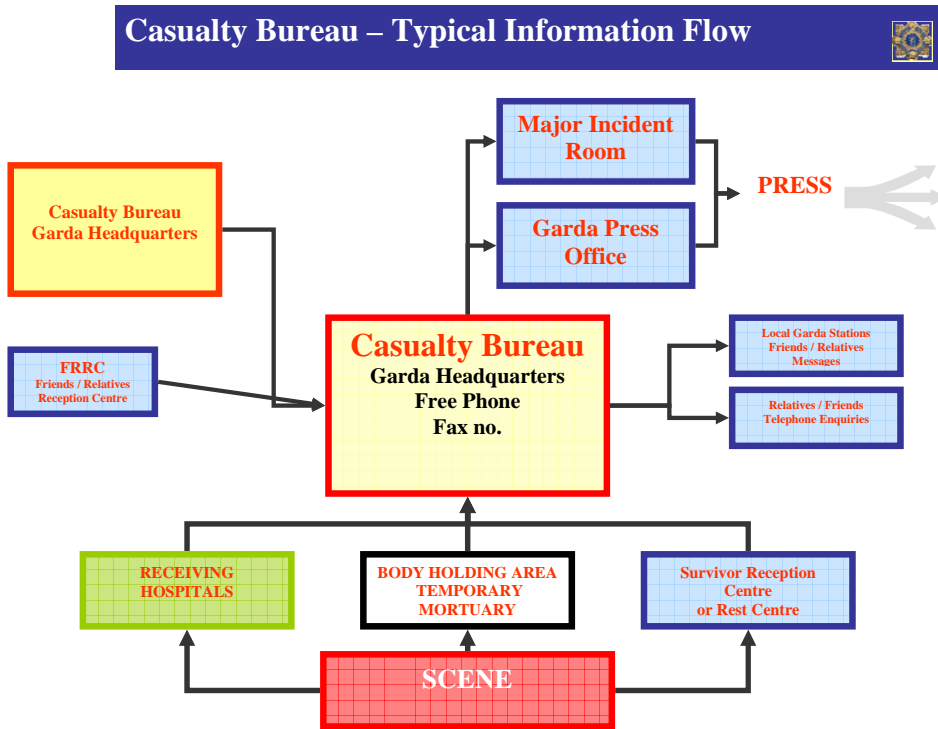
The release of the dedicated Casualty Bureau number will be done via the media through the Garda Press Office in conjunction with the Casualty Bureau Supervisor and Senior Officer in Charge of the incident.

**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 will be operational.**

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The following diagram is an outline of the planned procedures.



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

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

An Garda Síochána will request families of persons missing to **nominate one Person to contact the help lines / casualty bureau** in order to minimise the

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number of queries, duplicate records and as far as possible the burden on the recording system and personnel involved.

### **Closure of Casualty Bureau**

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

### **The Role of the Coroner**

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

### **The Coroners' Act, 1962**

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

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

### **List of Coroners Districts**

The coroner's districts 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

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Coroner, who acts for the Coroner in the event of absence or illness. All Coroners must be either registered medical practitioners or practising solicitors or barristers for five years. All Coroners currently work part-time.

## Planning for Fatalities

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

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

### Stages for Dealing with Fatal Casualties

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

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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

Stage	Who	Action	Facilities Required	Who may assist
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			
Burial/Cremation	Family or Local Authority			
Criminal Investigation (if appropriate)	Garda	Investigation of criminal responsibility		
Inquest (in the	Coroner	Determination		

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case of criminal investigation the inquest will be adjourned until investigation complete)		of cause of death		
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