

Severe Weather Plan

|  |  |  |  |
| --- | --- | --- | --- |
| **PLAN OWNER** | | **INSERT NAME** | |
| **Document Reference Number** | 3 | **Document**  **Developed by** | **Dr. Trish Markham** |
| **Revision Number** | 3 | **Document Approved by** | **National Severe Weather Planning Group** |
| **Approval Date** |  | **Responsibility for Implementation** | **Plan Owner** |
| **Revision Date** |  | **Responsibility for Review and Audit** | **Plan Owner** |

|  |  |  |
| --- | --- | --- |
| **DISTRIBUTION LIST** | | |
| **NAME** | **DEPARTMENT** | **DATE CIRCULATED** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**CONTENTS**

[Introduction](#_Toc405461513)

[1.0 Preparation](#_Toc405461514)

[1.1 Risk Assessment](#_Toc405461515)

[1.1.1 Flooding](#_Toc405461516)

[1.1.2 Wind](#_Toc405461517)

[1.1.3 Thunderstorms](#_Toc405461518)

[1.1.4 Snow](#_Toc405461519)

[1.1.5 Frost/Ice](#_Toc405461520)

[1.1.6 Fog](#_Toc405461521)

[1.1.7 Heatwave](#_Toc405461522)

[1.2 Service Priorities](#_Toc405461523)

[2.0 Response](#_Toc405461524)

[2.1 Utilities](#_Toc405461525)

[2.1.1 Electricity](#_Toc405461526)

[2.1.2 Gas](#_Toc405461527)

[2.1.3 Water](#_Toc405461528)

[2.2 Transport](#_Toc405461529)

[2.2.1 Service Users](#_Toc405461530)

[2.2.2 Staff](#_Toc405461531)

[2.3 Communication](#_Toc405461532)

[2.3.1 Met Éireanns Weather Warning System](#_Toc405461533)

[2.3.2 Triggers](#_Toc405461534)

[2.4 Dependencies](#_Toc405461535)

[2.5 Evacuation Plan](#_Toc405461536)

[3.0 Recovery](#_Toc405461537)

[3.1 Business Restoration](#_Toc405461538)

[3.1.1 Review](#_Toc405461539)

[3.2 Exercise, Training, Updates](#_Toc405461540)

[4.0 Appendices](#_Toc405461541)

[Appendix 1 - Contact Details](#_Toc405461542)

[Appendix 2 - Transport Request Form](#_Toc405461543)

[Appendix 3 - Severe Weather Vulnerability Guide](#_Toc405461544)

[Appendix 4 - Action Cards](#_Toc405461545)

[Appendix 5 - Check lists](#_Toc405461546)

# Introduction

**INSERT Background OF PLAN OWNER**

**(A plan owner refers to the responsible manager of a service/s, a residential home manager, a manager with responsibility for a HSE premises, a hospital manager etc.)**

(Please include an outline of services delivered and remit of responsibility)

This Plan is a sub plan of your HSE Major Emergency Plan and will be activated in sequence with its procedures and protocols. Please ensure that this plan is available and communicated to all staff in your area. The purpose of this plan is to support management teams and service managers put in place measures to:

* co-ordinate activities to minimise the effect of severe weather
* manage any response required to any developing situation
* ensure an effective, clear messaging system is in place
* maintain essential service delivery
* implement contingencies where necessary
* monitor and ensure adequate phased staffing levels within all clinical and non clinical areas, including the redeployment of staff to critical areas
* be aware of what other agencies are planning and how plans are connected.

It is important that services/departments are able to maintain service delivery/business continuity during periods of disruption. Resilience is the ability to respond effectively to emergencies whilst ensuring the delivery of services is not inherently vulnerable to disruption. In the HSE, disruption may result from internal factors such as failure of IT systems or from external factors such as the inability of staff to travel to work. Where several services fall within the remit of one manager, it is important to have an outline of the services and cascade the task for completion of this template to the appropriate Plan Owner (as described above).

**PLEASE LIST THE SERVICES THAT YOU HAVE RESPONSIBILITY FOR**

**Please circulate this template to the responsible person and confirm with them that this template is completed for their area of responsibility**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Service** | **Responsible Person** | **Contact No.** | | **Plan Completed** |
| **Mobile** | **Landline** |
| Primary Care |  |  |  | Date |
| Residential Home x |  |  |  | Date |
| Hospital y |  |  |  | Date |
| Health Centre z |  |  |  | Date |

# Preparation

## Risk Assessment

Risk assessment is an essential step in the identification of potential hazards and assists in promoting a shared understanding of the challenges. If improvements are identified which can eliminate or substantially reduce the impact of severe weather, for example by introducing monitoring or changing working practices, action needs to be taken.

Risk Assessment aims to:

* increase awareness of hazards
* identify mitigating actions to reduce negative impacts
* identify interdependent, interdepartmental issues
* review the key issues which arise during the response stage
  + identify problems which can prevent or interfere with the ability to deliver critical services
  + identify points of vulnerability in the infrastructure, organisation and staffing which can impact on service delivery
  + develop and implement strategies to improve the resilience of facilities, equipment, vehicles and service delivery
* develop contingency arrangements for the supply of critical items.

The Framework for Major Emergency Management (2006) involves 3 areas in risk assessment:

**Hazard:** Any phenomenon with the potential to cause direct harm to human welfare, the environment or to the physical infrastructure, or being potentially damaging to the economic and social infrastructure.

**Impact:** The consequences of a hazardous event being realised, expressed in terms of a negative impact.

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

To assist you complete a Risk Assessment, please refer to the guidance document ‘A Guide to Risk Assessment (2010)’, (available on [www.mem.ie](http://www.mem.ie)).

Risk Assessment for Flooding (Sample)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Hazard** | **Impact** | | | | **Likelihood** |
| Human Welfare | Environment | Physical Infrastructure | Speed of Escalation |
| **Flooding**  **River**  **Shannon** | Evacuations from affected areas  Isolation  Restrictions in delivery of HSE services  Inability to access HSE services  Disruption to normal living  Risk of disease | Large areas under water    Roads impassable  Contamination of drinking water supply  Wells and ground water contamination | Flooding of property  Closure of transportation networks  Power cuts  Structural and content damage  Disruption to utility services  Damage to sewage infrastructure | May be sudden  or expected if a prior forecast is given by Met Eireann  > x days | **Very Likely**  Once per year  **Likely**  Every 1 – 10 years  **Unlikely**  Once per 10 – 100 years  **Very Unlikely**  Once per 100 – 500 years  **Extremely Unlikely**  Once per 500 years |
| **Minor - Limited - Serious - Very Serious - Catastrophic** | | | |
| **Overall Assessment** | **(choose from categories above in relation to impact)**  **e.g. SERIOUS** | | | | **LIKELY** |
| **PLEASE INSERT REVIEW DATE** | | | | | |

**PLEASE INSERT YOUR COMPLETED RISK ASSESSMENTS**

### Flooding

Severe weather presents specific challenges to the activities that are routinely taken for granted in the HSE. It is important that steps are taken to prepare for and reduce the impact of such events on the health service.

Hazard x Risk = Impact. Impact – Mitigation = Resilience.

The Office of Public Works is undertaking a comprehensive assessment of flood risk throughout the country, including risk of coastal flooding and the development of flood risk management plans for the areas most at risk under the National Catchment Flood Risk Assessment and Management (CFRAM) Programme. Flood maps can inform the emergency response planning of areas prone to flooding, including progression of flood, projected flood depths etc.

To assist you in severe weather preparedness, the following preplanning actions should be undertaken for your area of responsibility.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ACTIONS** | | | | |
| **No.** | **Action** | **Prerequisite** | **Responsible**  **Person** | **Date**  **complete** |
| 1 | Regular maintenance of drainage systems | Effective drainage systems in place |  |  |
| 2 | Identify ‘at risk’ flood HSE premises | Flood maps to be obtained from Local Authority |  |  |
| 3 | Relocate computers/files etc | Identify HSE flood preventive measures |  |  |
| 4 | Implement HSE flood defense measures e.g. sandbags | Work with Local Authority to identify mitigating measures |  |  |
| 5 | Plan alternative access/egress routes | Map of geographical area to be obtained |  |  |
| 6 | Contingency Plan for staff rostering in situ | List of service priorities (Priority 1, 2, 3, 4) |  |  |
| 7 | Weather alerting system in place | Monitor weather forecasting |  |  |
| 8 | Addresses and routes to be documented | Create a list of Vulnerable service users |  |  |
| Please continue to add actions that are required for your area | | | | |

Action No. 6, please see Section 1.2, service priorities.

Action No. 8, please see Appendix 3, Severe Weather Vulnerability Register.

Information on historical flooding is available at [www.floodmaps.ie](http://www.floodmaps.ie).

Further information related to planning for flood resilience is available in the “Plan, Prepare, Protect booklet” available on the Office of Public Works website [www.opw.ie](http://www.opw.ie)

Please see Guidance Document, A Guide to Flood Emergencies (2013) (Please refer to the Flood Emergency Plan in Appendix IV).

Please also see Protocol Documents, A protocol for multi-agency response to Flood Emergencies. Both documents are available on [www.mem.ie](http://www.mem.ie)

### Wind

High winds can lead to a number of issues for health services ranging from structural damage to restricted access for staff and contractors due to fallen trees or loss of power. Increased wind speeds can cause difficulties for frail clients or those with poor mobility. Flying debris can cause injury to clients, staff, visitors and contractors including damage to buildings such as window breakage.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ACTIONS** | | | | |
| **No.** | **Action** | **Prerequisite** | **Responsible**  **Person** | **Date**  **complete** |
| 1 | HSE property/equipment correctly insured | Insurance in place for all HSE premises |  |  |
| 2 | Secure outdoor /loose objects | Potentially hazardous objects identified |  |  |
| Please continue to add actions that are required for your area | | | | |

### Thunderstorms

Storms are marked by the combination of heavy rains, strong winds, hail, thunder and lightning affecting a region for at least 5 hours. Normally, the mean wind speed is in excess of 55mph and gusts are in excess of 85mph. Several factors determine the severity of storms, including wind speed/intensity and duration.

Storms can be forecast with good accuracy 3-4 days in advance, allowing time for some mitigating actions to be taken. Damage to infrastructure (buildings, power lines) and disruption to transport (air, marine and surface) is usually unavoidable. Storms of moderate impact have a typical duration (in terms of impact on one location) of about 12 hours.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ACTIONS** | | | | |
| **No.** | **Action** | **Prerequisite** | **Responsible**  **Person** | **Date**  **complete** |
| 1 | Contingency Plan in place to access supplies | Alternative arrangements for provisions (food, fuel) |  |  |
| 2 | Maintenance and testing of generator | Generator in place if necessary |  |  |
| 3 | Contingency Plan in place for alternatives | Options to be explored for gas disruption |  |  |
| Please continue to add actions that are required for your area | | | | |

### Snow

Snow is defined as 'solid precipitation which occurs in a variety of minute ice crystals at temperatures well below 0 °C and larger snowflakes at temperatures near 0°C'.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ACTIONS** | | | | |
| **No.** | **Action** | **Prerequisite** | **Responsible**  **Person** | **Date**  **complete** |
| 1 | Plot access/egress routes | Road map of geographical area |  |  |
| 2 | Monitor impact | List road closures or impassable roads |  |  |
| 3 | Contingency Plan in place in the event of deliveries affected | Identify service essential delivery requirements |  |  |
| 4 | Routes to HSE premises cleared | Snow clearance arrangements in place |  |  |
| 5 | Contingency Plan for staff rostering in situ | List of service priorities (Priority 1, 2, 3, 4) |  |  |
| Please continue to add actions that are required for your area | | | | |

### Frost/Ice

A ground frost refers to the formation of ice on the ground, objects or trees whose surface have a temperature below the freezing point of water. During situations when the ground cools quicker than the air, a ground frost can occur without an air frost. An air frost occurs when the air temperature falls to or below the freezing point of water.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ACTIONS** | | | | |
| **No.** | **Action** | **Prerequisite** | **Responsible**  **Person** | **Date**  **complete** |
| 1 | Awareness of passable roads | List of salted routes from Local Authority |  |  |
| 2 | Measures in place for work to be completed | Identify HSE areas which require salting |  |  |
| 3 | Measures in place for work to be completed | Identify HSE areas which require gritting |  |  |
| 4 | Have access to salt and grit | Pre order salt/grit for HSE premises |  |  |
| 5 | Inspect water pipes regularly | Water pipes to be insulated for frost/ice |  |  |
| 6 | Contingency Plan for staff rostering in situ | List of service priorities (Priority 1, 2, 3, 4) |  |  |
| 7 | Monitor and manage any utility issues | Inform utility providers of HSE premises |  |  |
| Please continue to add actions that are required for your area | | | | |

### Fog

Reduced visibility can adversely impact on the day to day business of the health service. Staff may be delayed arriving at work, essential services or deliveries may be delayed and service users with a hospital appointment may have to be reviewed as to whether it is safe to travel. Helicopter transfers to specialist centres can be disrupted.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ACTIONS** | | | | |
| **No.** | **Action** | **Prerequisite** | **Responsible**  **Person** | **Date**  **complete** |
| 1 | Awareness of affected areas. Plan alternative routes | List of geographical areas affected by fog (obtain from Local Authority) |  |  |
| 2 | Contingency Plan for staff rostering in situ | Be prepared for travel disruption |  |  |
| Please continue to add actions that are required for your area | | | | |

### 

### Heatwave

The very young, the elderly, people with underlying medical conditions and the seriously ill are groups who are particularly at risk of health problems when temperatures increase.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ACTIONS** | | | | |
| **No.** | **Action** | **Prerequisite** | **Responsible**  **Person** | **Date**  **complete** |
| 1 | Support at risk groups | Identify at risk groups – very young, elderly and the seriously ill |  |  |
| 2 | Temperature control in facilities | Air conditioning to be considered |  |  |
| 3 | Public health advice to reduce risk of heatwave related casualties | Information available on heatwave health risks –control temperature, frequent fluids, avoiding sun injuries |  |  |
| Please continue to add actions that are required for your area | | | | |

**Points to Remember**

In adverse weather conditions, the emergency services may also be prioritising calls and their response times may be extended.

Not all incidents occur during working hours, so consideration should be given to incidents occurring at different times of day, location of facility, out of hours, weekends and bank holidays will all affect the impact.

**Overall Actions**

**1. INSERT MAPS (geographical and flood)**

**2. INSERT LOCAL AUTHORITY CONTACTS (name and numbers)**

**3. INSERT AN GARDA SÍOCHÁNA CONTACTS (name and numbers)**

|  |  |  |  |
| --- | --- | --- | --- |
| **AGENCY** | **Contact Person** | **Contact No.** | |
| **Mobile** | **Landline** |
| **Flooding** |  |  |  |
| **Gritting** |  |  |  |
| **Salt** |  |  |  |
| **Irish Waters** |  |  |  |

## 

## Service Priorities

Different parts of the health service may experience a higher impact on services such as orthopaedics due to slips, falls on ice and vehicle accidents. In order to assist you plan an effective response to severe weather, it is important that you outline your service priorities.

**PLEASE COMPILE A LIST of service priorities UNDER THE FOLLOWING HEADINGS**

|  |  |  |  |
| --- | --- | --- | --- |
| **SERVICE PRIORITIES** | | | |
| **Category** | **Headings** | **List** | **Responsible person** |
| **1** | Essential services that must be maintained **at all times** |  |  |
| **2** | Services that in an emergency can be postponed for a period of more than **one day** |  |  |
| **3** | Services that in an emergency can be postponed for a period greater than **one week** |  |  |
| **4** | Services that in an emergency can be postponed for a period greater than **two weeks** |  |  |

The above list should be complied in conjunction with the following taking into consideration the following :

|  |
| --- |
| Do we have a statutory function to maintain this service? |
| Do we have a legal obligation to maintain this service? |
| Does curtailing the service involve a break in the continuity of care to an individual? |
| Will cancelling the services cause undue hardship? |
| How long can the service be cancelled or curtailed for, before it becomes critical? |
| Will cancellation or curtailment require additional measures to reinstate? i.e. new out patient appointments for those cancelled? |
| Decide when each cancelled or curtailed service will be reviewed for impact. |

# Response

Ongoing risk assessment during this period will assist in identifying hazards which may not be identified previously.

## Utilities

Extensive or prolonged failure of any of the main utilities can constitute an emergency, depriving the means of heat, light, communications or threatening supplies of drinking water and safe disposal of sewage. Power cuts and loss of other utilities can happen at any time and with little warning. It is important that each Plan Owner take steps to preplan and prepare for period without electricity, gas or mains water supplies.

### Electricity

All facilities **must** ensure access to an electrician via an emergency point of contact in Estates/Maintenance (**INSERT DETAILS**).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ACTIONS** | | | | |
| **No.** | **Action** | **Prerequisite** | **Responsible**  **Person** | **Date**  **complete** |
| 1 | Services delivered based on need | List of service priorities (Priority 1, 2, 3, 4) |  |  |
| 2 | Access and egress routes maintained,  electronic gates etc. | Staff competent in the manual override of electrical systems |  |  |
| 3 | Awareness of proximity to other services | Create a list of all HSE premises in your area of responsibility |  |  |
| 4 | Required information in the event of a power outage | List of ESB Meter Point Reference Number (PRN) (unique identifier)  (As per list in No. 3) |  |  |
| 5 | Priority Customer  (5 days noticed in planned outages) | Advise service users to register with supplier as vulnerable |  |  |
| 6 | Required information in the event of a power outage | Create Floor Plans with electrical points  (As per list in No. 3) |  |  |
| 7 | 1st port of call in a power outage | Location of Fuse box and manual to be known  (As per list in No. 3) |  |  |
| 8 | Serviced and tested  Replenishment of fuel planned for | Generator in place if required |  |  |
| 9 | Back up equipment available if outage persists | Portable heater, candles, battery operated appliances etc. |  |  |
| 10 | Direct line for ESB emergencies | 1850372999 |  |  |
| 11 | Ensure 5 days notice in Planned Outage | HSE premises to register as ‘Priority customer’ |  |  |
| 12 | Identifies areas of power outages and restore timelines | Be familiar with Powercheck.ie |  |  |
| 13 | Contingency Plan for power supply to be available | Alternate sources of heating, cooking and lighting to be explored |  |  |
| Please continue to add actions that are required for your area | | | | |

|  |  |  |
| --- | --- | --- |
| **RECORD OF ACTIVITY (example)** | | |
| **Time** | **Action** | **Responsible Person** |
| Initial power cut (TIME) | Contact electricity supplier, seek information about likely duration of outage |  |
| First hour | Gather together emergency supplies |  |
|  | Consider bringing all residents into one area |  |
| 3 hours in | Standby emergency evacuation premises and transport |  |
|  | Contact assistance with potential evacuation |  |
| 6 hours in | Contact alternate premises  Contact transport providers  Evacuate premises |  |

### Gas

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ACTIONS** | | | | |
| **No.** | **Action** | **Prerequisite** | **Responsible**  **Person** | **Date**  **complete** |
| 1 | Services delivered based on need | List of service priorities (Priority 1, 2, 3, 4) |  |  |
| 2 | Priority Customer privileges | Advise service users to register with supplier as Priority Customers |  |  |
| 3 | Required by Bord Gais | Know your type of metre (card or bill pay) |  |  |
| 4 | Know how to use your shut off valve | Know the location of your Gas Metre |  |  |
| 5 | Gas Emergencies | 1850 200 694 |  |  |
| 6 | If you smell gas | 1850 205050 |  |  |
| 7 | Commercial enquires | 1850 411511 |  |  |
| 8 | Contingency Plan for gas supply to be available | Alternate sources for heating/cooking to be explored |  |  |
| Please continue to add actions that are required for your area | | | | |

### Water

The loss of water has a high impact on service delivery.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ACTIONS** | | | | |
| **No.** | **Action** | **Prerequisite** | **Responsible**  **Person** | **Date**  **complete** |
| 1 | Services delivered based on need | List of service priorities (Priority 1, 2, 3, 4) |  |  |
| 2 | Inspect water pipes regularly | Water pipes to be insulated for frost/ice |  |  |
| 3 | Know how to turn on and off your supply | Know where your stop valve is located |  |  |
| 4 | Locates your address | Know your Application & PIN No. |  |  |
| 5 | Customer Service | 1890278278 |  |  |
| 6 | Management of Planned cut-off | Advise Irish Water of HSE premises |  |  |
| 7 | Contingency Plan in place for drinking /waste water supply | Alternate sources of water to be identified. Estimate water usage |  |  |
| Please continue to add actions that are required for your area | | | | |

## Transport

All employees are expected to make every reasonable effort to attend for work, but without compromising their health and safety. Weather conditions can prevent employees from reaching their normal place of employment and in the interest of safety, there is a need for a contingency plan to be put in place for a co-ordinated structure to support transport systems during periods of severe weather.

During periods of severe weather, key priorities are to:

1. • ensure that health service priorities are maintained
2. • ensure the safety and well being of staff.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ACTIONS** | | | | |
| **No.** | **Action** | **Prerequisite** | **Responsible**  **Person** | **Date**  **complete** |
| 1 | Services delivered based on need | List of service priorities (Priority 1, 2, 3, 4) |  |  |
| 2 | Addressed and routes plotted | Create list of Vulnerable service users (on & off site) |  |  |
| 3 | Monitor impact | List likely road closures/impassable |  |  |
| 4 | Contingency Plan in place in the event of deliveries affected | Identify service essential delivery requirements |  |  |
| 6 | Clear messaging system in place | Communication systems outlined |  |  |
| 7 | Contingency Plan for staff rostering in situ | Contact list for all staff |  |  |
| 8 | Contact No. for all transport requests | 1800 429429 |  |  |
| 9 | Fax No. for all transport requests | 01 4631381 |  |  |
| 10 | Email address for all transport requests | [control.manager@hse.ie](mailto:control.manager@hse.ie) |  |  |
| Please continue to add actions that are required for your area | | | | |

**HSE Contingency Transport Plan**

No contact should be made with any external service provider except via National Ambulance Control. The National Ambulance Control Centre will receive all requests for transport and will oversee the best use of resources through a coordinated response with agencies.

The Community Healthcare Organisation, Chief Officer will be responsible for signing off on transport requests.

All transport requests are to be communicated to National Ambulance Control **on 1800 429429,** followed by acompleted Transport Request form to fax No. **01 4631381** and an email to [control.manager@hse.ie](mailto:control.manager@hse.ie) (Please see Appendix 2).

### Service Users

List of vulnerable service users in your area of responsibility

### Staff

List of staff details in your area of responsibility

## Communication

PLEASE DESCRIBE AND OUTLINE IN DIAGRAM FORMAT THE TYPICAL COMMUNICATION CASCADE TO BE UTILISED DURING SEVERE WEATHER (Please include your contingency system in the event of a power outage).

During periods of severe weather, it may not be possible to maintain a full service. For example, telemedicine links go down if phone lines are down.

Key **Service** messages

* Public Information (what do you need to tell the public)
  + Outpatients clinics - Day Care Centres - Home help
* Environmental Health Information
* Public Health Information (based on a public health risk assessment)
* Other (INSERT).

Key **STAFF** messages

* HR Severe Weather Policy
* Supporting Communication Department (INSERT DETAILS).

Key **EXTERNAL** messages to other services

* Communication with other hospital to receive patients
* Transfer of patients to other locations.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LIST OF CONTACT DETAILS YOU MAY REQUIRE** | | | | |
| **Department** | **Name** | **Contact No.** | | **Role** |
| **Mobile** | **Landline** |
| Eircom |  |  |  |  |
| Local dept of HSE Communications |  |  |  |  |
| Other |  |  |  |  |

### Met Éireanns Weather Warning System

The provision of Weather Warnings is the most important function the National Meteorological Service provides. The rationale for issuing Weather Warnings is to enable appropriate measures to be taken for the conditions to protect and mitigate against the negative impact of severe weather.

**Weather Warnings are presented in three categories**

A. STATUS YELLOW - Weather Alert - **Be Aware**

The concept behind YELLOW level weather alerts is to notify those who are at risk because of their location and/or activity, and to allow them to take preventative action. It is implicit that YELLOW level weather alerts are for weather conditions that do not pose an immediate threat to the general population, but only to those exposed to risk by nature of their location and/or activity.

B. STATUS ORANGE - Weather Warning - **Be Prepared**

The category of ORANGE level weather warnings is for weather conditions which have the capacity to impact significantly on people in the affected areas. The issue of an Orange level weather warning implies that all recipients in the affected areas should prepare themselves in an appropriate way for the anticipated conditions.

C. STATUS RED - Severe Weather Warning - **Take Action**

The issue of RED level severe weather warnings should be a comparatively rare event and implies that recipients take action to protect themselves and/or their properties. This could be by moving their families out of the danger zone temporarily, by staying indoors or by taking other specific actions aimed at mitigating the effects of the weather conditions.

### Triggers

**Be Aware PLANNING**

* Major Emergency Plan up to date
* Communication systems and channels in place
* Vulnerable service users identified
* Service priorities outlined.

**Be Prepared READINESS**

* Risk assessments complete
* Evacuation plan complete
* Roles and responsibilities agreed (action cards complete)
* Staff contact lists verified.

**Take Action RESPONSE**

* Appropriate actions to be carried out
* Appropriate plan/s to be activated.

**Local Level Response**

The response to all emergencies is locally-led in the first instance. Interagency response arrangements are detailed in ‘A Framework for Major Emergency Management (2006)’. Specific guidance for responding to severe weather events is outlined in ‘A Guide to Severe Weather Events(2010)’ (Available on [www.mem.ie](http://www.mem.ie)).

**National Level Response**

Following appraisal of each situation over the course of severe weather, if required a National Co-ordination Group for Severe Weather will be establish by the lead governmental department. If an escalation is required by the HSE, the normal Emergency Management response mechanisms can be activated as set out in the Office of Emergency Management ‘HSE National Major Emergency Plan (2014)*’.*

**Cascading Weather Alerts to activate responses**

Being alert to the risks and threats to service delivery and infrastructure stability allows staff to anticipate the form which disruption might take and the circumstances under which they may occur. They can take steps to reduce the probability of emergencies happening and minimise the effects when they occur. There is a need to have procedures in place to disseminate weather alerts to the appropriate staff to activate responses.

PLEASE DESCRIBE AND OUTLINE IN DIAGRAM FORMAT THE TYPICAL CASCADE OF WEATHER ALERTS TO ACTIVATE RESPONSES DURING SEVERE WEATHER (Please include your contingency system in the event of a power outage).

**Please see an example of a Cascade of Alerts**

**Met Éireann Weather Alert**

**EM AND**

**CEMO**

**CEMO**

**CEMO**

**CEMO**

**CRISIS**

**MANAGEMENT TEAMS**

**STAFF**

EM = Emergency Management

AND = Assistant National Director

CEMO = Chief Emergency Management Officer

## Dependencies

To improve the resilience of your service, you need to know what you are dependent on and what is dependent on you.

- Upstream – Services, providers, contractors, utilities and stakeholders which **your** services are dependent upon.

- Downstream – Staff, patients, HSE facilities, hospitals, communities, statutory agencies, any end users who are dependent upon **your** services.

PLEASE COMPLETE AND INSERT THE RELEVANT DEPENDENCY TABLES (PLEASE SEE AN EXAMPLE FOR FLOODING BELOW)

**Flooding -** upstream **DEPENDENCIES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Dependency** | **Dependent on** | **Requirement** | **Action**  **(card)** | **Responsible Person** |
| **1** | Sand bags available | Supplier | Stock available | Procedure outlined | NAME |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |

**Flooding -** downstream **DEPENDENCIES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Dependency** | **Dependent on** | **Requirement** | **Action**  **(card)** | **Responsible Person** |
| **1** | Sand bags put in place | Staff | Staff and tools available | Procedure outlined | NAME |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| AREA | **Dependency Table Complete** | **Relevant Action Cards Complete** |
| Flooding | **Yes** | **No** |
| Wind | **Yes** | **Being prepared** |
| Thunderstorms | **No** |  |
| Snow | **Being prepared** |  |
| Frost/Ice | **Yes** |  |
| Fog | **No** |  |
| Heat Wave | **No** |  |
| Electricity |  |  |
| Gas |  |  |
| Water |  |  |
| Transport |  |  |
| Communication |  |  |

## Evacuation Plan

PLEASE INSERT YOUR EVACUATION PLAN (**if you require one**)

PLEASE EXPLAIN IF YOU DO NOT REQUIRE AN EVACUATION PLAN

# 3.0 Recovery

## Business Restoration

After a severe weather response stage has passed, the recovery stage is also important. It includes consideration of many strategic issues, particularly to your service or department. These need to be addressed at local and interdepartmental level, both in relation to internal and external agencies.

The recovery phase typically includes:

* planning a smooth return to normal service delivery
* providing support and services to persons affected by the emergency
* assessment of the effectiveness of the response and capturing the lessons learned
* supporting the recovery of the service area
* review of service delivery capacity during response phase
* restoring normal functioning of supply chains and working with providers in identifying future contingency plans
* being aware of the economic consequences.

A structured transition from response to recovery is critical for both providers and service users, both collectively and individually. The recovery stage may be as demanding on resources and staff as the severe weather episode itself. As work may extend for a considerable time after the weather episode, common arrangements are required for co-ordinating the recovery stage. There will inevitably be issues around service back logs due to the prioritisation of specific services during the response phase.

### Review

This plan should be reviewed:

* after activation to incorporate lessons learned
* on the issue of new national advice
* or the circulation of new guidance
* or annually.

PLEASE INSERT REVIEW DATE

## Exercise, Training, Updates

Regular exercises of different components of this Plan should be undertaken to test its operability and effectiveness.

PLEASE INSERT DETAIL

# Appendices

## Appendix 1 - Contact Details

1. Contact details for HSE staff including out of hours arrangements being agreed in the context of an emergency situation.

**HSE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Service/**  **Department** | **Name** | **Contact No.** | | **Role** |
| **Mobile** | **Landline** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Contact details for other external personnel including out of hours arrangements being agreed in the context of an emergency situation.

**OTHER**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Service/**  **Department** | **Name** | **Contact No.** | | **Role** |
| **Mobile** | **Landline** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## Appendix 2 - Transport Request Form

This is intended to cover all requests of non emergency transport during severe weather (staff and service users). Transport will only collect staff and bring them to the designated address on this form. Transport pooling will occur when possible. The request for transport should only be made where it is deemed essential. Categories include:

* essential home visit (staff must have the necessary equipment to complete the call)
* transport service users to a specific destination
* transport staff to a work destination.

**No contact** should be made with any external service provider **except via National Ambulance Control.** Please ring your request through to 1800 429429, follow-up with a fax to 01 4631381 and an email to [control.manager@hse.ie](mailto:control.manager@hse.ie) of this completed form.

**Transport Request Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Requesting Person** | INSERT NAME | | Contact No. | Mobile No. | Email/Fax No. |
|  | | | | | |
| **Name of Person requiring Transport** |  | | | Telephone/Mobile No. | |
| **Recipient**  **of Care (patient)** | Name | Address | | Telephone/  Mobile No. | Child/Adult |
| **Destination Address** | e.g. patients address, hospital address, health centre address etc. | | | | |
| **Once off Visit**  **or recurring** | PLEASE EXPLAIN REASON FOR RECURRING VISITS | | | | |
| **Purpose of Transport** | DETAILS | | | | |
| **Weather conditions** | ESTABLISH AND OUTLINE the weather conditions in the area where the transport is being requested for | | | | |
| **Recommended by** | PLEASE SPECIFYe.g. CHO Chief Officer/Hospital manager/Other | | | | |
| **FOR NATIONAL AMBULANCE CONTROL ONLY** | | | | | |
| **Request sent to** |  | | | | |
| **Date and Time** |  | | | | |
| **Comment –** meeting point for collection and drop off point to be identified | | | | | |

## Appendix 3 - Severe Weather Vulnerability Register

This register has been designed to identify service users who potentially could become vulnerable during severe weather episodes. The identification of service users when severe weather exists can assist in developing mitigating actions that can reduce the impact of severe weather e.g. maintaining services to a service user requiring home dialysis or an elderly person living alone in an isolated area.

The register aims to capture vulnerable service users whereby social, domestic or environmental issues exist which may have an adverse effect on the service users’ health or could cause undue hardship during disruption to services caused by severe weather.

It is envisaged that this register will be used during periods of power outages, flooding, snow etc.

Until such time as the HSE is in a position to maintain the register electronically, it will be completed and retained manually by the service provider in the HSE.

|  |
| --- |
| **Severe Weather - Service User Vulnerability Register**  Primary Care Team \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PHN Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHN Phone No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Clients Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clients Phone No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Clients Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Clients DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male ⁪ Female ⁪ |
| **1st Nominated Contact Person**  Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Tel. No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **2nd Nominated Contact Person**  Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Tel. No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **G.P. Details**  Name of G.P \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Tel No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address of G.P\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Pharmacy Supplier**    Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Tel No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Living situation** Alone ⁪ Dependant Relative ⁪ With Relative ⁪ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Frequency of PHN visits to Client (please tick/specify)**  ⁪ Times per week ⁪ Times per month ⁪ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Medical Diagnosis\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Specific Nursing Care Requirements**  Bowel Care ⁪ Parenteral Feeding ⁪ Insulin ⁪ Wound Care ⁪ Terminally ill Ventilated patient ⁪  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Deficits** Hearing ⁪ Vision ⁪ Communication ⁪ Cognitive ⁪  **Mobility** Ambulant ⁪ Bed Bound ⁪ Wheelchair Dependant ⁪  **Equipment** O2 Concentrator ⁪ Suction ⁪ Home Dialysis ⁪ Feeding pump ⁪ TPN machine ⁪ Electric Hoist ⁪ Electric Pressure Relieving Mattress ⁪  **Directions to Clients residence** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Date Completed\_\_\_\_\_\_\_\_\_\_\_ Staff Name (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Clients consent obtained for information to be stored on database for management during major emergency/severe weather  Yes ⁪ No ⁪ |

## 

## Appendix 4 - Action Cards

Action Cards are an “Aide Memoir” and should not interfere with local policy/procedure.

Action Cards for Individual Post Holders have to be agreed with the relevant Manager.

Each Manager must review their respective Action Card annually or following the activation of this Plan.

Each Manager is responsible for ensuring that designates are familiar with the responsibilities associated with Action Cards.

Action Cards should be exercised.

List the Action Cards which are in place

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** |  | **Action** | **Owner** | **Contact No.** | |
| **Service** | **Mobile** | **Landline** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |

Insert copies of each Action Card

Discuss, agree and review action card.

## Appendix 5 - Check lists

Please list the systems, appliances and stocks that may be affected during severe weather in your area of responsibility.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Equipment** | **Service Details** | **Suppliers Details** | **Usage** | **Alternate Arrangements** | **Responsible Person** |
| **Name your critical systems** |  |  |  |  |  |
| Alarm Systems |  |  |  |  |  |
| IT Systems |  |  |  |  |  |
| Heating system |  |  |  |  |  |
| Air-conditioning |  |  |  |  |  |
| Internet Connection |  |  |  |  |  |
| Lighting |  |  |  |  |  |
| other |  |  |  |  |  |
| other |  |  |  |  |  |
|  |  |  |  |  |  |
| **Name your critical appliances** |  |  |  |  |  |
| Refrigerators |  |  |  |  |  |
| Freezers |  |  |  |  |  |
| Kitchen Appliances |  |  |  |  |  |
| Telephones |  |  |  |  |  |
| Fax Machines |  |  |  |  |  |
| other |  |  |  |  |  |
| other |  |  |  |  |  |
|  |  |  |  |  |  |
| **Name your critical stocks** |  |  |  |  |  |
| Blankets |  |  |  |  |  |
| Medicines |  |  |  |  |  |
| Water |  |  |  |  |  |
| Food |  |  |  |  |  |
| other |  |  |  |  |  |
| other |  |  |  |  |  |
|  |  |  |  |  |  |