HSE Mid West

Interim

Regional Major Emergency Plan

for

HSE Services

in counties

Clare, Limerick and North Tipperary
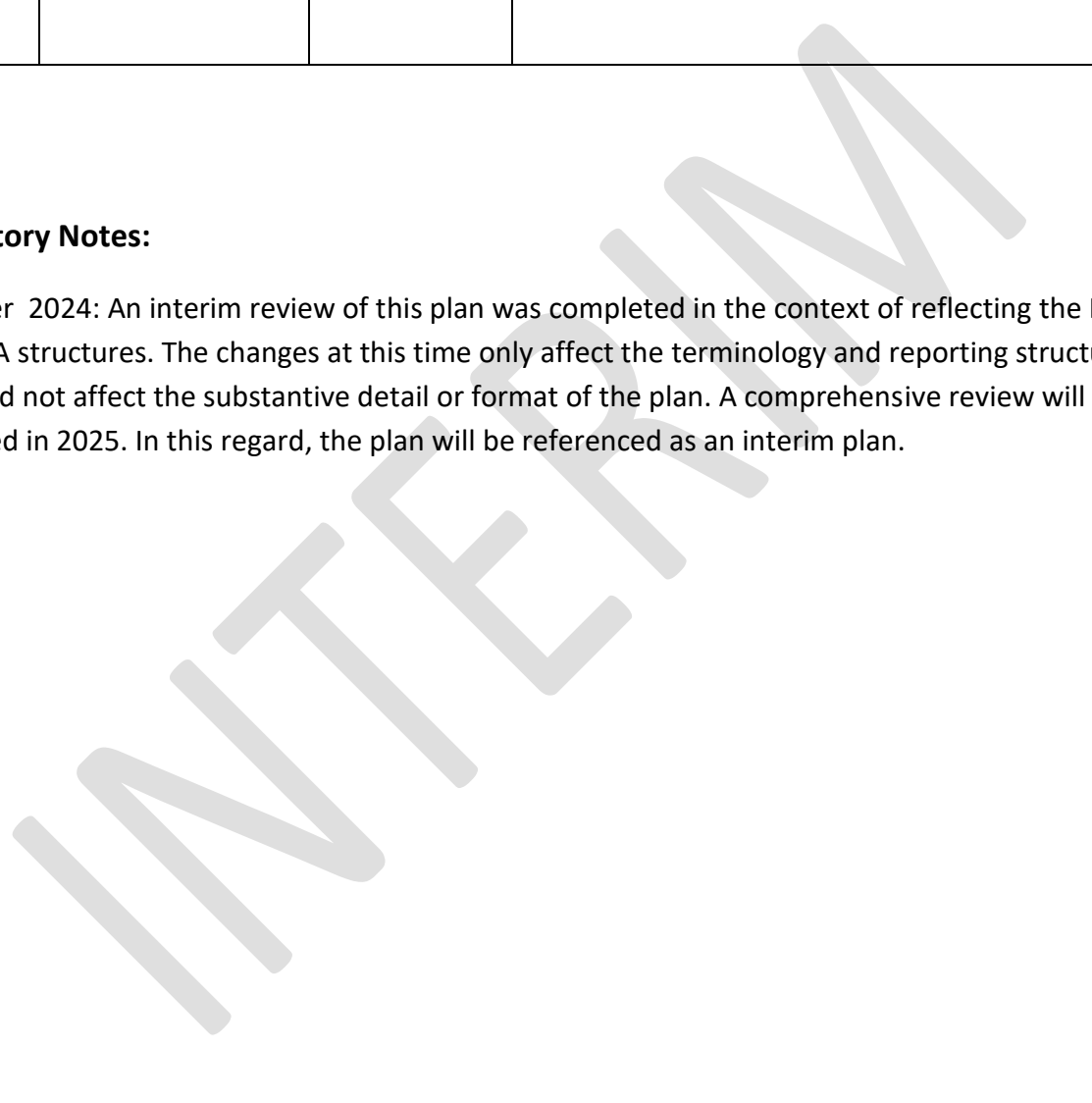
December 2024

Version	Version 1
Approval Date	December 2025
Review Date	December 2025 (or sooner if organisational change requires it)
Regional Crisis Management Team (CMT) Action Card	Version 1

Version Control:

Revision Number	Version 1 December 2024	Summary of edits	Strategic review of the plan to update terminology and reflect HSE regional structures

Explanatory Notes:

December 2024: An interim review of this plan was completed in the context of reflecting the HSE Mid West RHA structures. The changes at this time only affect the terminology and reporting structures. This review did not affect the substantive detail or format of the plan. A comprehensive review will be completed in 2025. In this regard, the plan will be referenced as an interim plan.

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COMMON PAGE

(In accordance with the Framework for Major Emergency Management (MEM) 2006 Guidance Document,[1] a version of these pages appear in the Major Emergency Plan of each Principal Response Agency (PRA)). As a result, each PRA will make and receive two calls to and from the other PRAs in relation to any Major Emergency notification)

TO ACTIVATE THIS PLAN

Contact National Emergency Operations Centre (NEOC) at

999/112

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 Mid West RCMT Major Emergency Plan.

NEOC **National Emergency Operations Centre**	**Emergency**	**Non-Emergency**
Ballyshannon / Tallaght	999/112	01 4633 410

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

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

M	**M**ajor Emergency Declared
E	**E**xact Location of the emergency
T	**T**ype of Emergency (Transport, Chemical, etc.)
H	**H**azards, present and potential
A	**A**ccess/egress routes
N	**N**umber and types of Casualties
E	**E**mergency services present and required

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[1] *A Framework for Major Emergency Management*, 2006 http://mem.ie/wp-content/uploads/2015/05/A-Framework-For-Major-Emergency-Management.pdf

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

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

Fire Service/Local Authorities	Telephone Number	Back up Number
Munster Regional Communications Centre	061 319654	061 411398

Garda Div. HQ at:	Telephone Number	Back up Number
Limerick	061 212400	061 212411
Clare Tipperary	065 6848111/ 0504 25111	

FOREWORD

As Regional Executive Officer, it is an important part of my role to ensure staff have access to an appropriate framework, skill base and the tools necessary to respond to a major emergency situation that may arise in the HSE Mid West. It is important therefore, that the HSE Mid West Regional Major Emergency Plan reflects the new governance arrangements and revised membership of the HSE Mid West Regional Crisis Management Team. It is important that Major Emergency Management arrangements build on existing structures, and make full use of the core competencies and organistional strengths of the health services as the basis for the response to a major Emergency. The aim of MEM arrangements is to fit in with existing organisational and government structures, subject to appropriate co-ordination mechanisms being added.

This Plan has a remit for HSE services across counties Clare, Limerick and North Tipperary. It has been developed in accordance with the requirements set out in Section 4.4.1 of the National Framework for Major Emergency Management (2006)[2], and sets out mechanisms for coordination at all levels of Major Emergency Management – on site, at local level and at regional level. It is supported by a series of sub-plans covering, sites, services and departments. It is designed to integrate with corresponding plans from the other Principal Response Agencies (PRAs) of Local Authority and An Garda Síochana as well as with the emergency plans for specific sites classified as upper tier sites under the Seveso (Control of Major Accidents Hazards) Regulations[3].

Major Emergency Management (MEM) is a priority issue for all HSE services/functions in counties counties Clare, Limerick and North Tipperary. MEM is fundamentally about ensuring that the necessary planning, prepardness, capacity, training and coordination are in place at all levels of the health service to enable the services to meet the challenges posed by such events. Given that it is not possible to foresee all possible adverse events, an all hazards approach is taken, which is capable of adaptation in the light of prevailing circumstances

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

It is the responsibility of all employees to familiarise themselves with their roles and responsibilitiues in the context of MEM and their role as described in the HSE Mid West Regional Major Emergency Plan and the more specific sub-plans that relate to their services as appropriate.

Signed:

Sandra Broderick
Regional Executive Officer
HSE Mid West

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[2] *A Framework for Major Emergency Management*, 2006 http://mem.ie/wp-content/uploads/2015/05/A-Framework-For-Major-Emergency-Management.pdf

[3] *Chemical Act (Control of Major Accident Hazards Involving Dangerous Substances) Regulations 2015* (S.I. No. 209 2015) https://www.hsa.ie/eng/Your_Industry/Chemicals/Legislation_Enforcement/COMAH/SI_209_of_2015.pdf

SECTION 1 INRODUCTION

1.1 The HSE Mid West Regional Major Emergency Plan

This plan, the HSE Mid West Regional Major Emergency Plan has been detailed to reflect the structures and roles that will be used by HSE Mid West services when responding to a major emergency. It also uses a format that is consistent with that used by the other two Principal Response Agencies in the region in accordance with the Framework for Major Emergency Management 2006. It outlines the process for activating the plan, and the roles specific to responding to a major emergency.

1.2 The Framework for Major Emergency Management 2006

The Framework for Major Emergency Management 2006[4] outlines the structures and processes followed by the Principal Response Agencies in managing a response to a Major Emergency. It is available on **http://www.mem.ie** together with other supporting guidelines, protocols and templates.

1.3 Objectives of HSE Mid West Major Emergency Plan

The objectives of this plan are:

- To provide a system outlining the strategic delivery of a coordinated response when a Major Emergency has been declared as set out in Section 2.1.1 in the HSE Mid West

- To ensure that the HSE services in HSE Mid West have clear leadership in times of crisis and when responding to a Major Emergency

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

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

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

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

- To put in place a process by which the HSE Mid West addresses the recovery phase as early as possible in a major emergency as possible

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[4] *A Framework for Major Emergency Management*, 2006 http://mem.ie/wp-content/uploads/2015/05/A-Framework-For-Major-Emergency-Management.pdf

1.4 Scope of this HSE Mid West Major Emergency Plan

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

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

This plan consists of two distinct parts:

- The Plan proper, which uses the common standard procedures as per framework for Major Emergency Management 2006[5] throughout the geographical area of HSE Mid West.
- The Appendices, which are elements of the plan proper but are easier to treat as separate items e.g. Directory of Contacts, Garda Casualty Bureau, Media Plan, Risk Assessments, Maps and/or illustrations etc.

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

1.5 Relationship to other plans

This plan has been prepared in accordance with Section 4.1[5] of the Framework for Major emergency Management so that it is consistent with the plans of other Principal Response Agencies.

1.6 Language, Terminology and Definition of a Major Emergency

This plan complies with Appendix F3[6] of the Framework which provides a Glossary of Terms and Acronyms for use by the Principal Response Agencies and are outlined in Appendix 1 of this document

1.6.1 Definition of a Major Emergency

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

A Major Emergency can only be declared by an authorised officer of one of the Principal Response Agencies (PRA's)

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[5] Section 4.1, *A Framework for Major Emergency Management*, 2006 http://mem.ie/wp-content/uploads/2015/05/A-Framework-For-Major-Emergency-Management.pdf
[6] Appendix F3, *A Framework for Major Emergency Management Appendices,* 2006 *http://mem.ie/wp-content/uploads/2015/05/A-Framework-For-Major-Emergency-Management-Appendices.pdf*

The designated authorised officers to declare a major emergency on behalf of the HSE Mid West are outlined in Section 7.1.2

1.7 Distribution

This HSE Mid West Major Emergency Plan is available for HSE Mid West staff and PRAs on the HSE website:

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

1.8 Public Access to the Plan

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

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

SECTION 2 THE PRINCIPAL RESPONSE AGENCY AND ITS FUNCTIONAL AREA

2.1 The Agency – The Health Service Executive (HSE)

The HSE is the agency responsible for providing public health and social care services for everyone living in this country. The services delivered by the HSE include the following:

- Prehospital Care
- Acute Hospital Care (including specialised services, Maternity Care, Paediatrics)
- Primary Care (community based services)
- Older People Services
- Mental Health
- Public Health
- Environmental Health

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

2.1.1 Functions of the HSE

In accordance with Appendix F5[7] of the Framework for Major Emergency Management 2006, the HSE as a designated Principal Response Agency, will undertake the following functions in the response to a Major Emergency:

- Declaration of a Major Emergency where appropriate and notification of the other two relevant Principal Response Agencies (PRAs)
- Activation of predetermined procedures/arrangements in accordance with Major Emergency Mobilisation Procedure
- Acting as lead agency for biological incidents in accordance with Appendix F7[8]
- Provision of medical advice and assistance
- Provision of medical aid to casualties at the site
- Triage of casualties, and assigning them to hospitals for evacuation
- Casualty evacuation and ambulance transport
- Provision of hospital treatment
- Provision of psychosocial support to persons affected by the emergency
- Certification of the dead
- Support for An Garda Síochána's forensic work
- Support for the Coroner's role
- Clinical decontamination and decontamination of contaminated persons on arrival at hospital
- Provision of chemoprophylaxis to anyone exposed to biological agents and follow up surveillance and monitoring of people exposed to hazardous substances
- Advising and assisting An Garda Síochána and Local Authorities on public health issues arising
- Exercising control of any voluntary or other service which it mobilises to the site
- Monitoring and/or reporting on the impact in its functional area of any emergency/crisis which falls within the ambit of a "National Emergency", and coordinating/undertaking any countermeasures in its functional area which are required/recommended by an appropriate national body
- Any other function, related to its normal functions, which is necessary for the management of the emergency/crisis
- Any function which the On-Site Co-ordinating Group requests it to perform
- Maintaining essential health services during the Major Emergency

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[7] Appendix F5, *A Framework for Major Emergency Management Appendices,* 2006 *http://mem.ie/wp-content/uploads/2015/05/A-Framework-For-Major-Emergency-Management-Appendices.pdf*
[8] Appendix F7, *A Framework for Major Emergency Management Appendices,* 2006 *http://mem.ie/wp-content/uploads/2015/05/A-Framework-For-Major-Emergency-Management-Appendices.pdf*

2.2 MEM Roles in the HSE West and North West

The HSE West and North West Service associated with specific MEM Roles and are summarised in the following table:

HSE Roles	Responsible HSE Services
Declaration of a Major Emergency and notifying the other two relevant principal response agencies Notification of a declaration of a Major Emergency to the RCMT	*Authorised Officers in the following services:* HSE Mid West; (REO, IHA Manager, Director of Public Health) National Ambulance Service (NAS) NAS National Emergency Operations Centre (NEOC). The Emergency Management function may assist with the notification process if required
Activation of predetermined procedures/arrangements in accordance with its Major Emergency Mobilisation Procedure	NAS
Acting as "lead agency", where this is determined in accordance with Appendix F9[9], and undertaking the specified coordination function	NAS, RCMT & Department of Public Health
Provision of medical advice and assistance	NAS HSE Mid West Acute Services HSE Mid-West IHAs Department of Public Health
Provision of medical aid to casualties at the site	NAS
Triage of casualties, and assigning them to hospitals	NAS
Casualty evacuation and ambulance transport	NAS
Provision of hospital treatment	HSE Mid West Acute Services
Provision of psychosocial support for persons affected by the emergency	HSE Mid-West IHAs
Pronouncement of death	Qualified medical practitioner
Support for An Garda Síochána's forensic work	All HSE services as appropriate
Support for the Coroner's role	All HSE Services as appropriate
Clinical decontamination and decontamination of contaminated persons on arrival at hospital	NAS, Acute Services
Maintaining essential health services during the major emergency	RCMT and all HSE Services
Advice and assistance to An Garda Síochána and Local Authorities on public health issues arising	Department of Public Health
Exercise control of any voluntary or other service which it mobilises	NAS

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[9] Appendix F9, *A Framework for Major Emergency Management Appendices,* 2006 *http://mem.ie/wp-content/uploads/2015/05/A-Framework-For-Major-Emergency-Management-Appendices.pdf*

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

2.3 Boundaries, Characteristics and associated Principal Response Agencies (PRAs) of the HSE Mid West

The geographical remit of the HSE Mid West extends across the counties of Clare, Limerick and North Tipperary. The three counties comprise a total area of just over than 10,511 km² and has an extensive river network and coastline. A more detailed description of the area is set out in HSE Mid West Risk Assessment.

In accordance with the Framework for Major Emergency Management 2006, for planning & preparedness purposes, there are eight Major Emergency Management Regions established in the country. The HSE Mid West is aligned to the Mid West MEM region, which covers the counties of Clare Limerick and Tipperary.

The associated two PRAs in the Mid West MEM region are as follows:

- An Garda Síochána
  - Clare Tipperary Division
  - Limerick Division
- Local Authorities
  - Clare County Council
  - Tipperary County Council
  - Limerick City and County Council

SECTION 3 RISK ASSESSMENT FOR THE HSE MID WEST

The HSE MEM risk assessment and the Mid West Inter Agency Risk Assessment for the Mid West MEM region are available from the Emergency Management Office if required. The Key risks identified for the HSE Mid West region are as follows:

1. Extremes of Weather
2. Flooding
3. Landslide/Tsunami/Earthquake
4. Aircraft Incident
5. Major Road Traffic Accident / Hazmat
6. Rail Incident
7. Marine Incident
8. Large Building Fire
9. Hazardous Material Incident
10. Crowd Incident
11. Respiratory Pandemic / Epidemic

SECTION 4 HSE RESOURCES FOR MAJOR EMERGENCY RESPONSE

4.1 Internal Resources

In the event of a Major Emergency, the appropriate HSE services from those listed here will be activated. Other HSE services not detailed here may also be required to support the response and will be activated by the RCMT / relevant line manager.

4.1.1 HSE Mid West Regional Crisis Management Team (RCMT)

A crisis management Team **is "a strategic level management group, within each principal response agency, which is assembled during a major emergency'.** Following the reorganisation of the HSE in 2024, the Crisis management Teams are structured by Region. Each Regional Crisis Management Team (RCMT) consists of *senior managers* representing the various functions/services within the HSE. The RCMT is assembled to *manage a crisis* and deal with issues arising for the HSE both *during* the emergency and subsequent *recovery* phase. The Regional Executive Officer or his/her designate will act as the Chair of the RCMT.

The HSE Mid West RCMT consists of the senior managers representing all functions and services in the HSE Mid West. Each service/function is responsible for advising the West Emergency Management Office of the nominees to the RCMT for their service/function (Refer to Section 6.2 for complete membership and functions.). The West Emergency Management Office manages the contact details for the HSE Mid West RCMT and issues each member with an Action Card associated with this plan. The RCMT meets initially by teleconference and if required at an RCMT designated facility. The RCMT is alerted by a text alert system and is called into conference session after the declaration of a major emergency.

The Chief Emergency Management Officer (CEMO) and the Regional Emergency Management Officers (REMO) are members of the HSE Mid West RCMT.

4.1.2 The National Ambulance Service (NAS)

The National Ambulance Service will normally provide the first HSE response to a Major Emergency involving multiple casualties. The NAS is responsible for the provision of pre-hospital emergency care to persons injured because of the Major Emergency. Their activities during a major emergency will include the provision of immediate treatment and the provision of transport to those injured to definitive centres of care.

There are 10 Ambulance stations, located across the three counties as follows:
Limerick
- 3 Ambulance Stations/Bases

Clare
- 4 Ambulance Stations/Bases

North Tipperary
- 3 Ambulance Stations/Bases

4.1.3 National Emergency Operations Centre (NEOC)

The NAS National Emergency Operations Centre (NEOC) as the designated emergency 24/7 365-call centre also plays a key role in the activation of this plan. This is "one" call centre based on two sites Tallaght and Ballyshannon. The manager in NEOC, when notified of a declaration of a major emergency, will activate the Area 3 Crisis Management Team.

4.1.4 HSE Mid West Integrated Heath Areas (IHAS)

In accordance with Sainte Care and the programme for Government, HSE Acute and Community Services will be delivered through an Integrated Health Area (IHA) structure. As of October 2024 there are three designated IHAs in the HSE Mid West.
HSE Mid West provides a broad range of services delivered through the IHA structure, these services include the following:
- Older People Services
- Acute Services (Hospitals)
- Primary Care Services
- Mental Health
- Health & Wellbeing
- Older Persons
- Disabilities

The hospitals based in the HSE Mid West are as follows:

University Hospital Limerick (receiving hospital
- University Hospital Limerick; (UHL) 455 inpatient beds, Model 4 hospital, 24/7/365 Emergency Department
- Ennis Hospital; 50 inpatient beds, Model 2, Injury Unit and Medical Assessment Unit open 08;00hrs to 20;00hrs 7/7
- Nenagh Hospital; 52 inpatient beds, Model 2, Injury Unit and Medical Assessment Unit open 08;00hrs to 20;00hrs 7/7
- St. Johns Hospital; 89 inpatient beds, Model 2, Injury Unit 08:00hrs to 19:00hrs and Medical Assessment Unit open 08;00hrs to 20;00hrs 7/7
- Croom Orthopaedic Hospital; 44 inpatient beds

- University Maternity hospital Limerick; 83 inpatient beds and 19 neonatal cots

4.1.5 Public Health HSE Mid West

The Department of Public Health in HSE Mid West 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 serious outbreaks, emerging threats and pandemics, the release of a chemical, radioactive, biological or nuclear agent or the contamination of water or food supplies. The Public Health service is provided by the Department of Public Health Mid-West, which covers Counties Clare, Limerick and North Tipperary.

The Area Director of Public Health or their nominated representative - a Consultant / Specialist in Public Health Medicine (S/CPHM) is assigned the 'Medical Officer of Health' role. The Medical Officer of Health (MOH) has responsibility and authority to investigate and control notifiable infectious diseases and outbreaks, under the Health Acts 1947 and 1953, Infectious Disease Regulations 1981 and subsequent amendments to these regulations. This legislation requires the MOH to take the necessary steps to investigate the nature and source of such infection, to prevent the spread of such infection and to removing conditions favourable to such infection. Under the General Data Protection Regulation (GDPR) 2018, Article 9 2(i), Public Health can access identifiable data relevant to all hazards for reasons of public interest in the area of public health, such as protecting against serious cross-border threats to health.

Other relevant legislation which describes the public health role during emergencies includes the International Health Regulations (2005), Decision no. 1082/2013/EU on cross border threats to health, infectious disease regulations (Aircraft and Shipping); the Health (Duties of Officers) Order, 1949, drinking water, air quality and other environmental legislation to include environmental control.

4.1.6 Psychosocial Support

The HSE will provide psychosocial support in accordance with the guidance document on Psychosocial and Mental Health needs following Major Emergencies.

Available at: https://www.hse.ie/eng/services/publications/mentalhealth/emer.pdf

The nominated Principal Psychology Manager will take the lead for the psychosocial coordination in both planning and response for major emergencies.

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

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

4.1.7 Environmental Health

The HSE Environmental Health Service will play a significant role in the response to any Major Emergency, which threatens or results in the contamination of water or food supplies and has

significant statutory powers with respect to food safety. The Regional Chief Environmental Health Officer is a member of the HSE Mid West Regional Crisis Management team.

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

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

4.1.8 HSE Emergency Management (EM) West Region

The principal roles of the Regional Emergency Management Offices are to assist all HSE services/functions in planning for a Major Emergency and to facilitate and support the RCMT during a Major Emergency. EM staff also can effect efficient communications with external agencies on behalf of the HSE. The HSE EM West Region sits within the remit of the National Director for National Services and Schemes and has a remit for HSE West and North West and HSE Mid West. Its governance is as follows:

Figure 4.1 Emergency Management Structure

National Director National Services and Schemes

Pat Healy

Assistant National Director, Emergency Management

Tom McGuinness

EM West Region (HSE West & North West and HSE Mid-West)

Chief Emergency Management Officer

Kay Kennington

EM West Region (HSE West & North West and HSE Mid-West)

Regional Emergency Management Officers

Sean Adair   Paul Brophy

Assistant Staff Officer / PA & Clerical Officer

Niamh Forde   Kathleen McCarthy

4.1.9 Communications Division

The HSE Mid West Regional Director of Communications has designated Communications staff who will manage the communications process in the event of a Major Emergency . They may also fulfil the role of Media Liaison Officer as required. They will also liaise with the HSE National Communications Division.

4.2 External Resources

In the event of a Major Emergency, the HSE Mid West may request activation of appropriate external resources through the appropriate structures from the following agencies:

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

4.3 Regional Interagency Level Response

When a Major Emergency is declared, a number of Interagency structures are convened including On-site and Local Coordination in the county the major Emergency occurs. A Regional Interagency Response may be required when the nature of a Major Emergency is such that:

- 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 resources available locally do not appear to be sufficient
- The consequences are likely to impact outside the area
- The Interagency Plan for Regional Level Co-ordination may be activated, in accordance with Section 9 of this plan

SECTION 5 PREPAREDNESS FOR MAJOR EMERGENCY RESPONSE

5.1 This Plan

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

5.2 Structures

As of OCT 2024, the delivery of services is aligned to six health regions. The process of transition to these revised regional structures from an emergency management perspective is ongoing. The "Area" Crisis Management Team structure has transitioned Regional Crisis Management team structure. Representation on the HSE and Interagency planning and preparedness groups for an interim period will remain unchanged until further notice. It should be noted that roles and responsibilities for most staff have not have changed but line management structures may have

changed and at the time of writing, structures continue to be realigned to regional structures, therefore Section 5.2.1, 5.2.2, 5.2.3 should be read with this understanding.

The HSE has established Planning and Preparedness Major Emergency Management groups at national, regional, area and local/service levels, which take a lead in the development, exercise, review and maintenance of an appropriate level of preparedness for Major Emergency Response.

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

5.2.2 Area 3 Emergency Planning Group
An Area Emergency Planning Group (AEPG) is coterminous with the geographical area of its HSE Mid West. The purpose of the AEPG is to support and encourage best practice in Emergency Management throughout Area 3 and across all HSE services and facilities. The membership of the AEPG consists of representatives of all key HSE functions, Acute Hospitals Division and other key HSE frontline and ancillary services in that geographic area. A Head of Service designated by the Chief Officer chairs this Group. The Chair will oversee the coordination and harmonisation of all EM plans in the area. The Group will plan and prepare response and recovery measures for all emergencies within Area 3.

5.2.3 Local, Site and Service
Each Receiving Hospital in HSE Mid West has a designated Lead for Emergency Management and an Emergency Management Planning Group. Likewise, Community services have a Lead for Emergency Management and an Emergency Management Group.

5.3 Planning & Preparedness

As of Nov 2024, the HSE Mid West RCMT designates continued responsibility to the Area Emergency Planning Group for the continued development of planning and preparedness for Major Emergency response through:

- 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 HSE specific and inter-agency exercises.

5.4 Responsibility for Major Emergency Development Process

As per section 5.4, the responsibility for planning the response to major emergencies lies with the Area Emergency Planning Group. The HSE Mid West RCMT will coordinate the response to all Major Emergencies.

5.5 Key Roles

The HSE Mid West has nominated competent individuals and alternates to the key roles to enable the agency to function in accordance with the common arrangements set out in this Plan. These roles include:

HSE Key Roles	Possible Appointee
Chair of HSE Mid West RCMT	• REO or her alternate
(Site) Controller of Operations	• NAS Officer • Area Director of Public Health or designated alternative • In the case of an **Acute Public Health Emergency,** the NAS may act as the Controller of Operations, and will be provided with clinical support by a Public Health Doctor
Media Liaison Officer	• Communications Officer or designated alternative
Information Management Officer (IMOs) Action Manager (AM)	• IMOs AMs for the RCMT will be provided by the Office of the REO • IMO's for the Incident Site will be provided by NAS
Support Staff	• Appropriate service(s)

Interagency Key Roles	Possible Appointee
Chair Regional Co-Ordination Group (If activated)	• REO or his/her alternate (if HSE lead agency)

Chair of Local Co-Ordination Group	• REO or his/her alternate (if HSE lead agency)
On Site Co-Coordinator	• NAS Officer • Area Director Of Public Health or designated alternative
Information Management Officers (IMOs) Action Managers (AMs)	• IMOs & AMs for the RCC will be provided by the Office of the REO • IMO's & AMs for the LCC will be provided by REO - From trained Group

5.6 Supports for Key Roles

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

5.7 Linking the HSE Mid West Major Emergency Plan with Other Emergency Plans

As well as the normal activation procedure, set out in Section 7, this plan may be activated during an emergency which may involve the activation of:

- A National Emergency Plan (see Section 10)
- A Severe Weather Plan (see Section 11)
- A Site or Event Specific Plan (see Section 12)

5.8 Staff Development, Training and Exercise Programs

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

5.8.1 Training

All HSE staff, who have a role to play in a Major Emergency response, are provided with training. A database of all trained personnel is held by the Emergency Management West team. This training includes both internal and Inter-Agency seminars and training courses such as On-Site Coordination, Local Coordination and Information Management.

5.8.2 Exercises

The HSE Emergency Management West team has an on-going programme of exercises, both internal and Inter-Agency, which include:

- Exercises within individual services, such as Hospitals, Community, Public Health and National Ambulance Servicecy
- Interagency exercises including Seveso and Airport exercises

5.9 Major Emergency Preparedness Appraisal

In accordance with the requirements in Section 4.7[10] of the Framework, the Emergency Management Office will carry out and document an annual appraisal of its preparedness for Major Emergencies each year.

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[10] Section 4.7, *A Framework for Major Emergency Management*, 2006 http://mem.ie/wp-content/uploads/2015/05/A-Framework-For-Major-Emergency-Management.pdf

SECTION 6 THE COMMAND, CONTROL AND CO-ORDINATION SYSTEM

6.1 HSE Regional Crisis Management Team (RCMT) Structure
During a Major Emergency Response, the HSE will exercise command and control over its own resources, primarily by means of an onsite coordination teams and a Regional Crisis Management Team (RCMT) along with existing management structures.

6.1.1 HSE Mid West RCMT
The HSE Mid West RCMT is a strategic level management group drawn from the senior HSE managers from all HSE services/functions in this area, who will meet at the pre-determined location. The functions of the RCMT are as follows:

1. Defining operational/tactical goals and service priorities
2. Engaging with the National Centre/NCMT. (If activated)
3. Assessing resource availability and requesting national support if necessary
4. Supporting operational responses by providing direction and coordination
5. Prioritising resource allocation within the affected geographic area
6. Planning for resource redistribution to meet response demands
7. Coordinating task and timelines
8. Identifying and assessing significant risks to inform priorities
9. Ensuring the health and safety of all staff, the public and services users
10. Collaboration with interagency colleagues and the coordination centres
11. Communicating health and social care messages to the public and service users
12. Planning for recovery
13. Overseeing after-action reviews to gather learnings from the event

6.2 KEY RCMT Operational Members and their Respective Function
Only details of key operational members of the RCMT are listed below, it is acknowledged the membership of the HSE Mid West RCMT may be augmented at the direction of the Chair (and as appropriate to the incident) to include additional members who may have a key role in managing the HSE Mid West response to an incident.

6.2.1 Chairperson – REO or her designate
- Chair all HSE M W RCMT meetings
- Ensure coordination of HSE MID West 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 of this plan
- Establish and maintain contact with HSE Representative on the Regional Co-Ordination Group (if activated)
- Provide Support to the HSE representative at Local Co-ordination Centre (LCC).
- Establish and maintain links with the responding services involved in the activation of this plan
- Manage requests and resource requirements, which will affect the HSE's response to the activation of this plan
- Liaise with other RCMTs in relation to issues, which will affect the HSE response to the activation of this plan

- Advise the regional coordination group in relation to HSE service issues on an Inter-Agency basis
- Coordinate status reports on the activity of HSE Mid west services during and post incident
- Manage the stand down of HSE Mid West services in the area following the incident
- Ensure that service continuity is maintained during and post incident
- Establish and maintain links with the responding services involved in the activation of this plan

6.2.2 HSE Communications Division Representative

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

6.2.3 CEO HSE Mid West Acute and Older People Services

- Represent the acute and older people services at the HSE Mid West RCMT meetings
- Establish and maintain links with the responding services (NEOC & NAS as required)
- Manage all acute hospital and older peoples requirements in response to the Emergency
- Provide updates to HSE Mid West RCMT regarding capacity and status of Acute and Older People services
- Liaise with other HSE services regarding issues, which affect the acute hospitals and older people services
- Through the chair of the HSE Mid West RCMT, liaise with the Local Coordination group in relation to acute hospital and older people services on an Inter- Agency basis.
- Deliver status reports on the activity of the acute hospital and older people services during and post incident to the HSE Mid West RCMT.
- Manage the stand down of the acute hospital and older people services in the area following the incident. Having cognisance of the other HSE responding services.
- Ensure that service continuity for acute and older peoples services are maintained during and post incident.

6.2.4 HSE Mid West Integrated Health Areas (IHA E1& E2) Manager

- Represent IHA services at the HSE Mid West RCMT meetings.
- Establish and maintain links with the responding services as required.
- Manage all IHA services requirements in response to the Emergency.
- Provide updates to RCMT regarding HSE Mid West IHA Services status.
- Liaise with other HSE services regarding issues, which affect HSE Mid West IHA services.
- Through the chair of the HSE Mid West RCMT, liaise with the Local Coordination group in relation to HSE Mid West IHA services on an Inter-Agency basis.

- Deliver status reports on the activity of HSE Mid West IHA services during and post incident to the RCMT.
- Manage the stand down of the Mid West IHA services in the area following the incident. Having cognisance of the other HSE responding Services.
- Ensure that service continuity for Mid West IHA services are maintained during and post incident.

6.2.5 NAS Area Operations Manager or designate

- Represent the National Ambulance Service at the HSE Mid West RCMT meetings.
- Establish and maintain links with the responding Ambulance service Officers involved in the management of the activation of this plan
- Manage requests and requirements, which will affect the area's ambulance services response to the activation of this plan
- Liaise with other HSE services in relation to issues, which will affect the area ambulance services response to the activation of this plan
- Through the chair of the at the HSE Mid West RCMT advise the Local Coordination group in relation to ambulance service issues on an interagency basis
- Coordinate status reports on the activity of the ambulance service during and post incident.
- Manage the stand down of the ambulance service in the area following the incident, having cognisance of the other HSE responding services
- Ensure that NAS service continuity is managed during and post incident.

6.2.6 Department of Public Health HSE Mid West

- Represent the Department of Public Health HSE Mid West at the at the HSE Mid West RCMT meetings.
- Take a lead role where the incident involves a biological agent.
- Establish and maintain links with the responding services of the Area 3 Department of Public Health services involved in the activation.
- Manage requests and requirements, which will affect the Department of Public Health services response to the activation.
- Provide Public Health advice as required at RCMT meetings.
- Liaise with other HSE services in relation to issues, which will affect the Department of Public Health services response to the activation.
- Through the chair of the at the HSE Mid West RCMT, liaise with the Local Coordination group in relation to Department of Public Health services issues on an Inter- Agency basis.
- Deliver status reports on the activity of the Department of Public Health services during and post incident to the HSE Mid West RCMT.
- Manage the stand down of the Department of Public Health services in the area following the incident. Having cognisance of the other HSE responding Services.
- Ensure that service continuity is managed during and post incident.
- In any emergency which involves possible exposure of members of the public to a hazard, public health will perform a public health risk assessment (PHRA) based on the information provided to them. This includes determining the exposure – receptor pathway. The PHRA is an iterative process, and the public health medical advice is updated as new information is provided.
- Based on the PHRA, public health will provide public health medical advice, including advice on decontamination measures.
- Public health is trained in communicating the risk and advice to members of the public, media as well as to the HSE Mid West RCMT.

- Where there is a credible threat of a CBRNE incident, this advice is used to feed into a Joint Threats Analysis. An Garda Siochana, supported by the Defence Force Explosive Ordnance Disposal team (EOD), Fire Service and public health carry out the joint threat analysis.
- Where a biological agent is suspected public health is responsible for the provision of post-exposure chemoprophylaxis to all those exposed in conjunction with the other services represented on the ACMT.

6.2.7 Regional Emergency Management Office
- To provide advice and assistance to the members of the HSE Mid West RCMT in the context of MEM arrangements for the HSE response to the incident.
- To act as a point of contact for An Garda Síochána, Local Authorities and Voluntary Emergency Services as appropriate.
- Provide EM updates to the RCMT.
- To assist in the collation of all documents generated in relation to the activation of this plan.
- In association with the Chair of the HSE Mid West RCMT, manage the stand down of the emergency management staff and command centre following the incident.
- To assist the completion of reports in relation to the activation post incident
- To liaise with the National Office of Emergency Management as required in relation to the Incident.
- To liaise with the Emergency Management staff from other HSE areas as required in relation to the response.

6.2.8 Environmental Health
- Represent the HSE Mid West Environmental Health service at the at the HSE Mid West RCMT meetings.
- Establish and maintain links with the responding services of the area's Environmental Health services involved in the activation.
- Manage requests and requirements, which will affect the HSE Mid West Environmental Health services response to the activation.
- Liaise with other HSE services in relation to issues which will impact on the Environmental Health service's response to the activation
- Through the chair of the HSE Mid West RCMT liaise with the Local Coordination group in relation to Environmental Health services issues on an Inter- Agency basis.
- Deliver status reports on the activity of the Environmental Health services during and post incident to the Area 3 CMT.

As Appropriate to the incident, carry out the following:

- Immediately Liaise with Uisce Éireann and the Local Authority.
- Liaise with the Department of Public Health to develop a knowledgeable position on the incident and to develop information and advice for other agencies and general public.
- Inform Uisce Éireann/ Local Authority of advice to be given to consumers.
- Contact relevant laboratories in order to prepare for the taking of necessary samples.
- Lead out on food contamination issues.
- Liaise immediately and maintain regular contact with the Food Safety Authority of Ireland (FSAI) and with the Food Industry.
- Maintain contact and liaise with the relevant colleagues in local and adjoining Health Safety Executive services, Local Authorities and other stakeholders (e.g. Social Protection).
- Enforce as appropriate Food Safety statutory measures where required in situations which threatens or results in the contamination of water or food supplies.

- Co-operate with FSAI and Communications Departments in advising the general public.
- Manage the stand down of the Environmental Health services in the area following the incident. Having cognisance of the other HSE responding Services.
- Ensure that service continuity is managed during and post incident.

6.2.9 Specialist Advisers to the HSE Mid West RCMT

The HSE Mid West RCMT have at its disposal specialist advisers who can be contacted. They are not members of the RCMT but can be contacted to assist the RCMT in their response to an incident. Their functions are to:

- To attend the HSE Mid West RCMT 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 as appropriate in relation to their specialist area and report to the HSE Mid West RCMT on their findings.

6.3 Control at the Site

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

6.3.1 The Role of the Controller of Operations is set out below:

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

6.3.2 Other functions of the HSE Controller of Operations

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

SECTION 7 THE COMMON ELEMENTS OF RESPONSE

The common elements of response are as follows:

7.1	Declaring a Major Emergency
7.2	Initial Mobilisation
7.3	Command, Control and Communication Centres
7.4	Co-ordination Centres
7.5	Communications Facilities
7.6	Exercising the Lead Agency's Co-ordination Roles
7.7	Public Information
7.8	The Media
7.9	Site Management Arrangements
7.10	Mobilising Additional Resources
7.11	Casualty and Survivor Arrangements
7.12	Emergencies involving Hazardous Materials
7.13	Protecting Threatened Populations
7.14	Early and Public Warning Systems
7.15	Emergencies arising on Inland Waterways
7.16	Safety, Health and Welfare Considerations
7.17	Logistical Issues/ Protracted Incidents
7.18	Investigations
7.19	Community/ VIPs/ Observers
7.20	Standing-Down the Major Emergency

7.1 Declaring a Major Emergency

7.1.1 General

An "Authorised Officer" can declare a Major Emergency 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[11] 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.

<div style="border:2px solid black; background-color:red; color:white; text-align:center; font-weight:bold; padding:10px;">
Please refer to the Common Pages inside the front cover of this Plan, which gives the method of Activation and a typical message to declare a Major Emergency
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[11] *A Framework for Major Emergency Management*, 2006 http://mem.ie/wp-content/uploads/2015/05/A-Framework-For-Major-Emergency-Management.pdf

7.1.2 HSE Activation & Authorised Officers

The following HSE staff or their designated alternate, acting on their behalf are authorised to declare a Major Emergency on behalf of the HSE Mid West and to activate this plan.

- REO
- National Ambulance Service General Manager/Assistant Chief Ambulance Officer
- National Ambulance Service National Emergency Operations Centre Manager
- IHA Manager
- Area Director of Public Health
- Chief Emergency Management Officer

Where an Authorised Officer considers that the criteria set out in the Framework[12] definition of a Major Emergency has been satisfied, that Officer should immediately contact NAS National Emergency Operations Centre, declare that a Major Emergency exists and request the activation of the HSE Mid West Regional Major Emergency Plan (covering the geographical areas of counties Clare, Limerick and North Tipperary).

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

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

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

These two phases of "Alert" are

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

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

7.1.3 Garda or Local Authority Activation

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

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[12] *A Framework for Major Emergency Management Appendices,* 2006 http://mem.ie/wp-content/uploads/2015/05/A-Framework-For-Major-Emergency-Management-Appendices.pdf

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

7.1.4 Other Activations

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

7.1.5 Major Emergency arising at a Hospital, or Healthcare facility, Area Department of Public Health or other HSE Facility

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

NEOC will initiate activation of the HSE Mid West Emergency Plan, alert the HSE Mid West RCMT and other PRA's as appropriate to the situation.

7.1.6 Response of the HSE to a Major Emergency

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

Activation of the Emergency Management HSE Mid West Emergency Mobilisation Procedures will include the following:

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

- The HSE Mid West RCMT will be activated using the text alert system and will meet initially by teleconference, to manage, control and co-ordinate the HSE's overall response to the situation.

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

- If necessary, other resources may be put on stand-by, such as other Hospitals, Mid West Community Services, voluntary organisations, that need extra time to mobilise, as well as services in adjoining Regions. Public health may request additional resources from neighbouring areas, or at a national level through the Director National Health Protection.

Note: A HSE response will always follow the declaration of a Major Emergency, which is made in accordance with the MEM Framework[13]. The extent and detail of that response will depend on the information supplied. As an incident progresses, the HSE response will be managed by the HSE Mid West RCMT. Even if the incident proves to be less serious than first assessed, the HSE response will not normally be stood down until the HSE Mid West RCMT has issued the appropriate stand down instructions. These instructions will vary depending on the service, department or hospital involved.

7.2 Initial Mobilisation

The Major Emergency Mobilisation Procedure (See Appendix 6 of this plan, HSE Mobilisation Procedure) will be implemented immediately on notification of the declaration of a major emergency. When this Plan has been activated, each service requested shall respond, in accordance with pre-determined arrangements.

In some situations, there may be an early warning of an impending emergency. Mobilisation within the geographical area of HSE Mid West may include moving to a standby/alert stage for some services or specific individuals, until the situation becomes clearer.

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

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

In the event of a Major Emergency, the National Emergency Operations Centre (NEOC) will carry out being declared initial mobilisation. Once the NEOC is satisfied that initial mobilisation is underway, a compulsory notification to the HSE Mid West RCMT will be initiated using the text alert system. When the HSE Mid West RCMT assembles on a conference call either the NAS Duty Controller or NAS Area Operations Manager will brief the HSE Mid West RCMT on the emergency.

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[13] *A Framework for Major Emergency Management Appendices,* 2006 http://mem.ie/wp-content/uploads/2015/05/A-Framework-For-Major-Emergency-Management-Appendices.pdf

7.2.1 Process used to alert the HSE Mid West RCMT

Following receipt of a METHANE message, the Emergency Medical Controller (NEOC) will initiate the nationally agreed protocol for alerting the HSE Mid West RCMT.

The initial alert is disseminated to each member of the HSE Mid West RCMT 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 Mid West RCMT
> ***Consult your Action Card***
> ***Teleconference in 15 minutes***
> ***Check message sent time on your phone***"

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

The purpose of this text is to inform the members of the HSE Mid West RCMT that a Major Emergency has occurred or is imminent and to allow them to prepare to respond.

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

NEOC will phone the Emergency Management Lead for each service/function or their alternate of the HSE Mid West RCMT from a list provided, and relay details pertaining to the Major Emergency.

When the HSE Mid West RCMT is convened, members will cascade the activation through their own directorates as deemed appropriate and deploy resources required.

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

- **The National Ambulance Senior Management Team**

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

7.3 Command, Control and Communication Centres
The NEOC will be the primary means by which the HSE will mobilise its resources at the scene and maintain communications between the site(s), the receiving hospital(s) and HSE Mid West RCMT.

7.4 Co-ordination Centres

Co-ordination of the response to a Major Emergency will take place primarily at the site, at the HSE Mid West RCMT facility and at the Local Co-ordination Centre (Interagency). Each "Receiving" Hospital and each IHA Manager have designated facilities from which to manage its response to a Major Emergency.

7.4.1 Interagency On-Site Co-ordination Centre

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

7.4.2 HSE Mid West Regional Crisis Management Team

The HSE Mid West RCMT will meet at a facility agreed on the initial call: If a physical meeting is required, it is highly probable that the HSE Mid West RCMT will meet in the Grand Hall St. Josephs health campus Mulgrave Street Limerick V94 C8DV. This will be confirmed on the initial teleconference.

7.4.3 Interagency Local Co-ordination Centre

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

- Limerick City & County Council, Aras an Chontae, Merchants Quay, Limerick, V94 EH90
- Clare County Council, Áras Contae an Chláir, New Road, Ennis, County Clare V95 DXP2
- Tipperary County Council, Áras Contae, Civic Offices, Limerick Road, Nenagh, Co. Tipperary E45A099 **OR**
- Tipperary County Council, Áras Contae, Civic Offices, Emmet Street, Clonmel, Co. Tipperary E91N512

7.4.4 Regional Interagency Co-ordination Centres

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

7.5 Communications Facilities

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

7.5.1 HSE Communications Systems

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

The NAS use TETRA Radio System as their means of communication. **This is** a secure national communications network used by Ireland's Emergency Services and Public Safety agencies.

7.5.2 Inter-Agency Communications On-Site

Inter-Agency Communications On-Site will be facilitated will be established and coordinated by the On-Site Coordination Group.

7.5.3 Communications between the Site and Co-ordination Centres

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

7.6 Exercising the Lead Agency's Co-ordination Roles

7.6.1 The Lead Agency

For every Major Emergency, one of the three Principal Response Agencies will be designated as the lead agency, in accordance with Section 5.4.2[14] 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[15] of the Framework).

7.6.2 Review and Transfer of the Lead Agency

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

7.6.3 The HSE as Lead Agency

Where the HSE is assigned the role of lead agency in a Major Emergency in HSE Mid West, it will have responsibility for the co-ordination function, at both the On-Site and the Local Co-ordination Centres. Public health have a significant role in the event of a biological incident. In accordance with Section 5.4.3[16] 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

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[14] Section 5.4.2, *A Framework for Major Emergency Management*, 2006 http://mem.ie/wp-content/uploads/2015/05/A-Framework-For-Major-Emergency-Management.pdf
[15] Section 5.4.3, *A Framework for Major Emergency Management*, 2006 http://mem.ie/wp-content/uploads/2015/05/A-Framework-For-Major-Emergency-Management.pdf
[16] Section 5.4.3, *A Framework for Major Emergency Management*, 2006 http://mem.ie/wp-content/uploads/2015/05/A-Framework-For-Major-Emergency-Management.pdf

- Ensuring that the ownership of the lead agency is reviewed, and modified as appropriate
- Ensuring that all aspects of the management of the incident are dealt with before the response is stood down
- Ensuring that a report on the co-ordination function is prepared in respect of the emergency after it is stood down, and circulated (first as a draft) to the other services, which attended.

With responsibility for co-ordination comes a mandate for decision making, as set out in Section 5.4.4[17] of the Framework. The purpose of this mandate is to make explicit the decisions that need to be made at the appropriate level and to define how decisions are to be arrived at quickly. Associated with this empowerment is the need for individuals holding key roles to hear the views of colleagues in Principal Response Agencies and to use the Information Management System as part of the decision making process. The decision making mandate does not empower unilateral decision-making until the views of the other agencies have been heard and considered.

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

- At the site, by the National Ambulance Service, on behalf of the HSE, supported by public health if required
- At the Local Co-ordination Centre, by the REO or designate on behalf of the HSE

7.7 Public Information

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

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

7.7.1 Role of HSE – Public Information

In emergency situations where there is a real or perceived threat to the health of individuals or the general public, the HSE, and in particular the Department of 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 Consultants / Specialists in Public Health Medicine within the HSE are notified and consulted at the earliest opportunity, so that their input to public information messages can be optimised. The quality of the public health medical advice is dependent on the accuracy of the information provided to them to feed into the risk assessment.

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[17] Section 5.4.4, *A Framework for Major Emergency Management*, 2006 http://mem.ie/wp-content/uploads/2015/05/A-Framework-For-Major-Emergency-Management.pdf

7.8 The Media

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

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

All communications processes during a major emergency will follow the Interagency Public Communications Plan.

A copy of this plan can be obtained from emergency.mangementwest@hse if required.

7.9 Site Management Arrangements

These will be as per the MEM Framework and as set out in section 7.9.2.[18]

7.9.1 Actions of First Officer Attending

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

- Continuing to gather information on the extent of the incident;
- Providing information on the emergency to NAS National Emergency Operations Centre, for distribution to the Area 3 CMT and other relevant health service managers and facilities;
- Meeting with the other Controllers of Operations to agree on the lead agency and, therefore, the On-Site Co-ordinator; and
- Establishing Inter-Agency communication links.

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

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

7.9.2 General Site Management Arrangements

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

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[18] Section 7.9.2, *A Framework for Major Emergency Management*, 2006 http://mem.ie/wp-content/uploads/2015/05/A-Framework-For-Major-Emergency-Management.pdf

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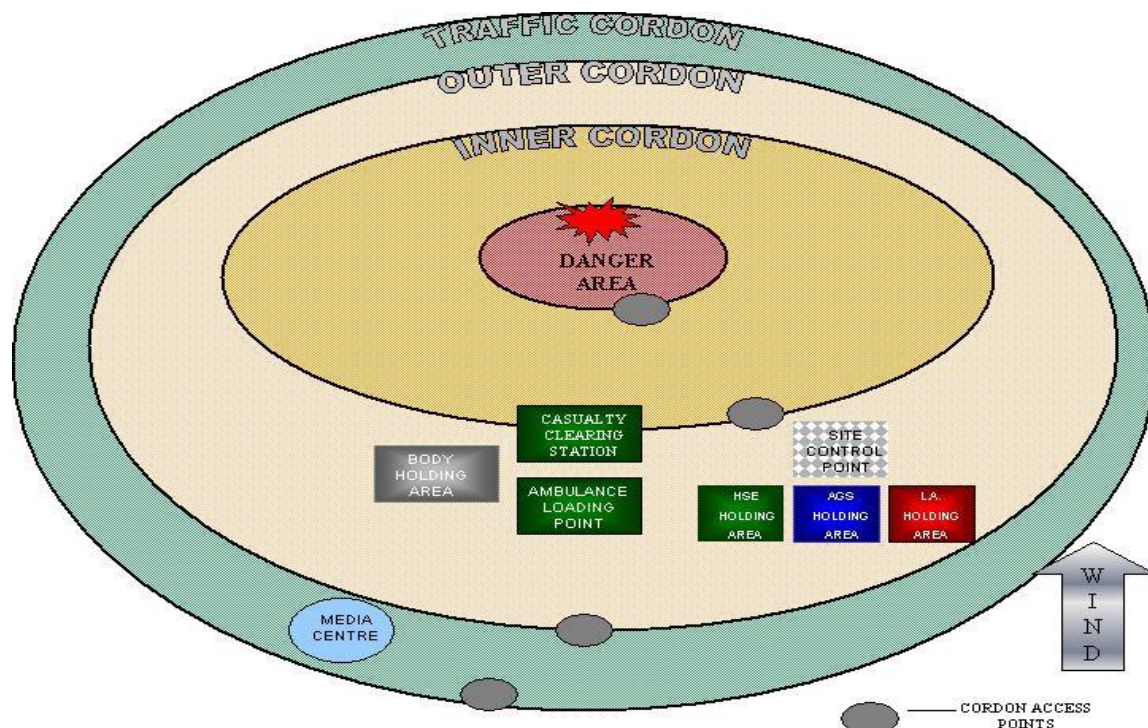
The Body Holding Area and the Holding Areas of the responding services can be located on Figure 7.1 above. A Traffic Cordon is used to prevent congestion at and around the site and thereby ensure the free passage of emergency response vehicles into and out of the site.

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

7.9.3 Control of Access

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

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

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

7.9.4 Danger Area

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

7.9.5 Identification

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

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

7.9.6 Helicopters

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

7.9.7 Air Exclusion Zone

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

7.10 Mobilising Additional Resources

7.10.1 General

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

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

7.10.2 HSE Resources

In the event of a Major Emergency, the various services involved, including the National Ambulance Service, Hospitals, Community and Public Health may be in a position to activate resources from other areas to provide appropriate support, which are not primarily involved in the emergency. This process will be initiated by the HSE Mid West RCMT, in the context of requesting appropriate support through the relevant structures.

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. The HSE Mid West RCMT can make a request directly for Defence Force assistance using the standard "aid to the civil authority" request format. (Appendix 8 and 9) via the Emergency Management Office

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

Table 7.1. Principal Response Agencies with Linked VES

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

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

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

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

7.10.6 National, International Assistance

Where resources 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.

In the event of a major public health incident, public health will notify the Director National Health Protection for any additional resources required. In addition, the public health service in Ireland has a contract with Public Health England – Centre for Radiation, Chemicals and Environmental Hazards (PHE-CRCE) to provide 24/7 advice and support. The European Community has established a Community Mechanism to facilitate the provision of assistance between the member states in the event of major emergencies. The chair of the Local/Regional Coordination Group should make requests for such assistance to the National Liaison Officer in the Department of Housing, Planning, Community and Local Government.

7.11 Casualty and Survivor Arrangements

7.11.1 General

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

7.11.2 Casualties

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

The National Ambulance Service, in consultation with the HSE Controller of Operations and the Site Medical Officer will establish a Casualty Clearing Station at the site, where casualties will be collected, further triaged, treated, as necessary, and prepared for transport to hospital. The HSE Controller will, in consultation with the Site Medical Officer and the relevant hospitals, decide on the hospital(s), to which casualties are to be brought, the Receiving Hospital(s), and, on the basis of their condition, the distance and the capacity of available hospitals. In the event of a protracted incident, with significant numbers of casualties, the Area 3 CMT may become involved in this process.

7.11.3 Fatalities

The bodies of Casualties, which have been triaged as dead, should not be moved from the incident site unless this is necessary to affect the rescue of other casualties or to prevent them being lost or damaged. The recovery of the dead and human remains is part of an evidence recovery process and, as such, is the responsibility of An Garda Síochána, acting as agents of the Coroner. [See Appendix 10 of this document the role of the Coroner.]

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

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

7.11.4 Survivors

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

7.11.5 Casualty Bureau

In the event of a major emergency involving significant numbers of casualties, An Garda Síochána will establish a Casualty Bureau to collect and collate the details (including condition and location) of all casualties and survivors. As part of this process, a Casualty Liaison Officer or team will normally be sent by An Garda Síochána to each Receiving Hospital where casualties are being treated. All potential Receiving Hospitals have arrangements in place to facilitate An Garda Síochána in this process. (Appendix 10 of this document Garda Casualty Bureau)

7.11.6 Friends' and Relatives' Reception Centres

Some emergencies may warrant the establishment of Friends' and Relatives' Reception Centre's at appropriate locations associated with the emergency, these centres will be established through the coordination groups, with local authorities responsible for identifying locations, the HSE meeting any health needs including the provision of psychosocial advice & support and the Gardai coordinating information and security related matters. All potential Receiving Hospitals have arrangements in place to establish and staff a Friends' and Relatives' Reception Centre outlined in their Major Emergency Plans.

7.11.7 Non-Irish National Casualties

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

7.11.8 Pastoral 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.

7.11.9 Psychosocial Care

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 psychosocial support, to such individuals is an important objective of any emergency response. The HSE will provide psychosocial support to all staff involved in an emergency response via local debriefing, occupational health and the Employee Assistance Programme

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

7.12 Emergencies Involving Hazardous Materials

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

7.12.1 Lead Agency

The On-Site Co-ordinator, in association with the other Controllers of Operations, will establish the need for decontamination. Public health can advise on the appropriate decontamination method. The preferred decontamination method is:

- Disrobe
- Dry decontamination is the default decontamination method
- Wet decontamination for caustic substances / or where biological or radiological exposure is identified

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

The On-Site Co-ordinator will take the decision on how best to protect a threatened population, after consultation with the other Controllers of Operations. This protection is usually achieved by moving people temporarily to a safe area, by evacuation where appropriate or feasible, or by advising affected individuals to take shelter in an appropriate place. Details of procedures for warning and informing the public are contained in the Mid-West Interagency Public Communications Plan (Appendix 7 of this document).

7.12.2 Suspect Chemical Biological Radiological Nuclear & Explosives (CBRNE) Incidents

Where terrorist involvement is suspected, An Garda Síochána will act as the lead agency. The Defence Forces, when requested, will assist An Garda Síochána in an Aid to the Civil Power role with Explosive Ordnance Disposal teams. Public health inputs into the Joint Threats Analysis where a credible CBRNE threat cannot be discounted.

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

7.12.3 Biological Incidents

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

Where it is thought that casualties may have been contaminated with a biological substance, public health is responsible for arranging chemoprophylaxis of those exposed. The details from the Casualty Information Forms should be provided to public health to facilitate this process.

7.12.4 Infectious Diseases Outbreaks

Details of specific actions to be taken in the event of an outbreak will be mandated by the Department of Public Health. The Health Protection Surveillance Centre (HPSC) will provide advice and guidance. Under Medical Officer of Health (MOH) legislation public health can take whatever steps are required to control outbreaks.

7.12.5 Nuclear Incidents

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

7.13 Protecting Threatened Populations

The scale and nature of a Major Emergency will determine whether evacuation of the public from a particular area is necessary, or whether they should be advised to remain indoors for shelter. It is the responsibility of the local authorities to provide Rest Centres for evacuated populations. It is the responsibility for local authorities to provide mortuary facilities for the dead. When decided upon, the process of evacuation will be undertaken by An Garda Síochána, with the assistance of the other services.

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

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

Additional guidance on evacuation is provided in *A Guide to Managing an Evacuation[19].*

The role of the Area Department of 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. Contact details of those potentially exposed to hazardous material should be provided to public health to allow them to complete follow up surveillance and monitoring if indicated.

The Area Director of Public Health/ Specialist in Public Health Medicine as MOH will exercise control in these circumstances through existing structures and via the HSE Mid West RCMT.

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[19] *A Framework for Emergency Management – Guidance Document 6 - A Guide to Managing Evacuation and Rest Centres,* Version 2 October 2015 http://mem.ie/wp-content/uploads/2016/01/A_Guide_to_Evacuation_20151.pdf

7.14 Early and Public Warning Systems

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

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

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

Methods of Dissemination

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

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

The detail of how this is implemented is detailed the Mid-West Interagency Public Communications Plan (Appendix 7 of this document).

7.15 Emergencies arising on Inland Waterways

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

7.16 Safety, Health and Welfare Considerations

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

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

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

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

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

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

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

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

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

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

7.17 Logistical Issues/ Protracted Incidents

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

During protracted emergencies, it is important that front line field staff 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 Mid West RCMT.

- Hospital arrangements are contained in the relevant hospital plan

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

7.18 Investigations

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

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

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

- Other parties with statutory investigation roles

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

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

7.19 Community/ VIPs / Observers

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

7.19.2 Visiting VIPs
All requests for visits to the site, or facilities associated with it should be referred to the Local Co-ordination Group. Requests for visits to HSE locations, such as the hospitals where casualties are being treated, should be referred to the Chair of the HSE Mid West RCMT.

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. 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 Mid West RCMT.

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 HSE Mid West RCMT has the responsibility of issuing the appropriate stand down instructions. These instructions will vary with the service, department or hospital depending on the requirement and may not apply to all elements of the HSE simultaneously and therefore all HSE personnel are instructed to only act on a stand-down instruction issued via the same communications route through which mobilisation or activation was received.

7.20.2 Stand-Down of the HSE
As the situation is brought under control and casualties leave the site, the HSE Controller of Operations should review the resources on the site and reduce/ stand-down these resources, in light of the changing situation. The HSE Controller of Operations should ensure that, where other organisations have been mobilised to the site by the HSE, these should be informed of the decision to stand them down; likewise, services operating at other locations. The On-Site Co-ordinator should be consulted

before any service is stood down by the HSE. Each HSE service involved in the response must be stood down by the Senior Manager of the Service, Services may Stand Down at different times depending on the demand of their element to the response. Stand Down of the RCMT is a function of the Chair.

7.20.3 Operational debriefing and reporting activity

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

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

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

SECTION 8 AGENCY SPECIFIC ELEMENTS AND SUB-PLANS

This Plan has a series of supporting plans from; Services in the HSE Mid West

- The National Ambulance Service
- Hospitals Major Emergency Plans
- HSE Residential Units
- Site Specific Plans (interagency)

SECTION 9 INTERAGENCY REGIONAL LEVEL COORDINATION

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

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

9.1 Regional Response

9.1.1 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 RHA and Local Authorities will provide support and resources to the Garda Division, HSE RHA 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[20] of the Framework.

In situations where more than one principal response agency from a particular service is represented at the site, Appendix F7[21] 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[22]

9.2.3 Activation

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

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

9.3 Command Control and Co-ordination of Response

- Command and Control Arrangements on Site.

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

- Three Controllers of Operation;
- A lead agency determined in accordance with the Framework[23]; and
- An On-Site Coordinating Group
- An On-Site Co-ordinator
- The Regional Co-ordination Group

The mobilisation and operation of the Regional Co-ordination Group will be as per the arrangement for Local Co-ordination Groups set out in 5.4.5.2[24] in the Framework Document.
Regional Co-ordination Group arrangements should be made for:

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[20] Appendix F4, *A Framework for Major Emergency Management Appendices*, 2006 *http://mem.ie/wp-content/uploads/2015/05/A-Framework-For-Major-Emergency-Management-Appendices.pdf*

[21] Appendix F7, *A Framework for Major Emergency Management Appendices*, 2006 *http://mem.ie/wp-content/uploads/2015/05/A-Framework-For-Major-Emergency-Management-Appendices.pdf*

[22] Appendix F7, *A Framework for Major Emergency Management Appendices*, 2006 *http://mem.ie/wp-content/uploads/2015/05/A-Framework-For-Major-Emergency-Management-Appendices.pdf*

[23] *A Framework for Major Emergency Management*, 2006 http://mem.ie/wp-content/uploads/2015/05/A-Framework-For-Major-Emergency-Management.pdf

[24] Section 5.4.5.2, *A Framework for Major Emergency Management*, 2006 http://mem.ie/wp-content/uploads/2015/05/A-Framework-For-Major-Emergency-Management.pdf

- The mobilisation of other organisations /agencies
- Requesting mutual aid from neighbours
- Requesting national/international assistance where required
- Dealing with multi-site or trans-boundary emergencies
- Linkage to national emergency plans
- Links with Government
- Support for chairs by Information Managers, etc. and communication arrangements with the site and with other groups will be as for a Local Co-ordination Group.

9.4 Trans-boundary Major Emergencies

Some Major Emergency events (e.g. severe storms, extensive flooding and/or blizzards) may affect a significant geographical area crossing RHA and county boundaries, 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 trans-boundary Major Emergency, each Local Co-ordination Group will be in contact with the lead Government Department (in accordance with Section 5.4.5.5[25] of the Framework) and, in such a situation, the decision on whether the activities of a number of Local Co-ordination Groups should be co-ordinated via a Regional Co-ordination Centre or via the lead Government Department will be taken in light of the prevailing circumstances. The HSE at a national level, or another national body, may request the activation of this Plan and call upon HSE Areas to assist in responding to, or to perform its normal function/role arising from, a national level emergency.

The envisaged role could include:

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

All communications from relevant national bodies should be directed to the Chair of the RCMT or his/her designated alternate. When a request is received from a national body in the context of a national emergency, the RCMT will be activated and will co-ordinate the appropriate activities of the HSE. This Plan may also be activated in response to a request from a Minister of Government in light of an emergency/crisis situation.

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

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[25] Section 5.4.5.5, *A Framework for Major Emergency Management*, 2006 http://mem.ie/wp-content/uploads/2015/05/A-Framework-For-Major-Emergency-Management.pdf

SECTION 10 LINKS WITH NATIONAL EMERGENCY PLANS

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

SECTION 11 SEVERE WEATHER PLANS

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

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

To assist managers in their contingency planning for Severe Weather, a Severe Weather checklist and associated guidance document has been developed for HSE managers. Each manager has a responsibility to address this *Severe Weather Checklist and Guidance document Version* 7 (dated October 2024), which is available at the below link:
https://www.hse.ie/eng/services/list/3/emergencymanangement/severe-weather/read-the-hse-severe-weather-checklist-and-guidance-document.pdf

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

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

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

SECTION 12 SITE AND EVENT SPECIFIC ARRANGEMENTS AND PLANS

There are both legislative and procedural arrangements, which require that Emergency Plans be prepared for specific sites or events. These include internal and external Emergency Plans for Upper-tier Seveso Establishments, Emergency Plans for airports and ports and Emergency Plans and arrangements for major sporting and cultural events. Currently there are four Upper-tier Seveso establishments in the HSE Mid West RCMT. Interagency External emergency Plan has been developed in accordance with the statutory requirements for each of these sites. Some examples of these sites with External Emergency Plans in the HSE West and North West are listed below:

- Atlantic Fuel Supply Company Ltd, Foynes, Co. Limerick
- Electricity Supply Board, Money Point Power Station Kilrush, Co. Clare

- Shannon Aviation Fuels (Shannon Airport Authority), Shannon Co. Clare
- Gouldings Fertilisers, Askeaton, Co. Limerick
- Shannon Airport
- Limerick Tunnel

SECTION 13 THE RECOVERY PHASE

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

The HSE will engage in this process through the HSE Mid West RCMT via its representatives on the Local Co-ordination Group.

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

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

The HSE Mid West RCMT will continue to function through the recovery phase until normal operational processes are restored and can manage with the issues arising.

SECTION 14 REVIEW OF THIS PLAN

This plan will be reviewed in 2025 when the transition to regional structures is finalised

The Emergency Management Office will coordinate this process.

APPENDIX 1 - GLOSSARY OF TERMS AND ACRONYMS

Ambulance Loading Point

An area, close to the Casuality Clearing Station, where casualties are transferred to ambulance for transport to hospital.

Body Holding Area

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

Business Continuity

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

Casualty

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

Casualty Bureau/Casualty Information Centre

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

Casualty Clearing Station

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

Casualty Form

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

Civil Protection

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

Collaboration

Working jointly on an activity.

Command

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

Control

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

Controller of Operations

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

Co-operation

Working together towards the same end.

Co-ordination

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

Cordons

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

Crisis Management Team (CMT)

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

Danger Area

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

Decision Making Mandate

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

Decontamination

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

Emergency Response

The short term measures taken to respond to situations which have occurred.

Evacuation Assembly Point

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

Friends and Relatives Reception Area

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

Garda Code Instructions

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

Hazard

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

Hazard Identification

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

Hazard Analysis

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

Holding Area

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

Hospital Casualty Officer

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

Impact

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

Information Management Officer (IMO)

A designated member of the support team of a Principal Response Agency who has competency/training in the area of information management

Information Management System

A system for the gathering, handling, use and dissemination of the information.

Investigating Agencies

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

Lead Agency

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

Likelihood

The probability or chance of an event occurring.

Local Co-ordination Centre

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

Local Co-ordination Group

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

Major Emergency Management

The range of measures taken under the five stages of emergency management paradigm.

Major Emergency Plan

A plan prepared by one of the Principal Response Agencies.

Major Emergency

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

Media Centre

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

Media Holding Statements

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

Mitigation

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

Mutual Aid

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

National Emergency Co-ordination Centre

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

On – Site Co-ordinator

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

On-Site Co-ordination Centre

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

On-Site Co-ordination Group

Group that includes the On-Site Co-ordinator and the Controllers of Operations of the other two agencies, an Information Management Officer, a Media Liaison Officer and others as appropriate.

Operational Level

The level at which the management of hands-on work is undertaken at the incident site(s) or associated areas.

Principal Emergency Services (PES)

The services which respond to normal emergencies in Ireland, namely An Garda Síochána, the Ambulance Service and the Fire Service.

Principal Response Agencies (PRAs)

The agencies designated by the Government to respond to Major Emergencies i.e. An Garda Síochána, The HSE and the Local Authorities.

Protocol

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

Receiving Hospital

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

Recovery

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

Regional Co-Ordination Centre

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

Regional Co-Ordination Group

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

Rendezvous Point (RVP)

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

Response

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

Resilience

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

Rest Centre

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

Risk

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

Risk Assessment

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

Risk Holders

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

Risk Management

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

Risk Matrix

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

Risk Regulators

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

Scenario

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

SEVESO Sites

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

Site Casualty Officer

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

Site Control Point

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

Site Medical Officer

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

Site Medical Team

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

Site Medical Plan

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

Standard Operating Procedures (SOPs)

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

Support Team

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

Strategic Level

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

Survivor Reception Centre

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

Tactical Level

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

Temporary Mortuary

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

Triage

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

Acronyms

AAIU	Air Accident Investigation Unit
CCBRNE	Conventional, Chemical, Biological, Radiological, Nuclear or Explosive
CMT	Crisis Management Team
EOD	Explosive Ordnance Disposal
ICG	Irish Coast Guard
METHANE	**M**ajor Emergency Declared
	Exact Location of the emergency
	Type of Emergency (Transport, Chemical, etc...)
	Hazards present and potential
	Access/egress routes
	Number and Types of Casualties
	Emergency Services present and required
MOU	Memorandum of Understanding
NEPNA	National Emergency Plan for Nuclear Accidents
NOTAM	Notice to Airmen
PDF	Permanent Defence Forces
PES	Principal Emergency Services
PRA	Principal Response Agency
RVP	Rendezvous Point
SAR	Search and Rescue
SLA	Service Level Agreement
SOP	Standard Operating Procedure
VIP	Very Important Person

APPENDIX 2 - MARINE AND OFF-SHORE INCIDENTS AND MEDICO CORK

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

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

Emergency Medical Advice in Marine and Off-shore Islands

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

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

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

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

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

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

Extension of Medico Cork advice to Off-shore Islands

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

This will apply in situations where a call for an emergency helicopter transfer is received from an off-shore Island.

In order to ensure that helicopter resources are properly used and that the appropriate patients receive this service, the EMC dealing with such calls will use the following procedure:

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

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

Method of Contact with Medico Cork

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

DUBLIN (Marine Rescue Co-ordination Centre, MRCC)

01- 6620922 / 6620923

VALENTIA (Kerry)
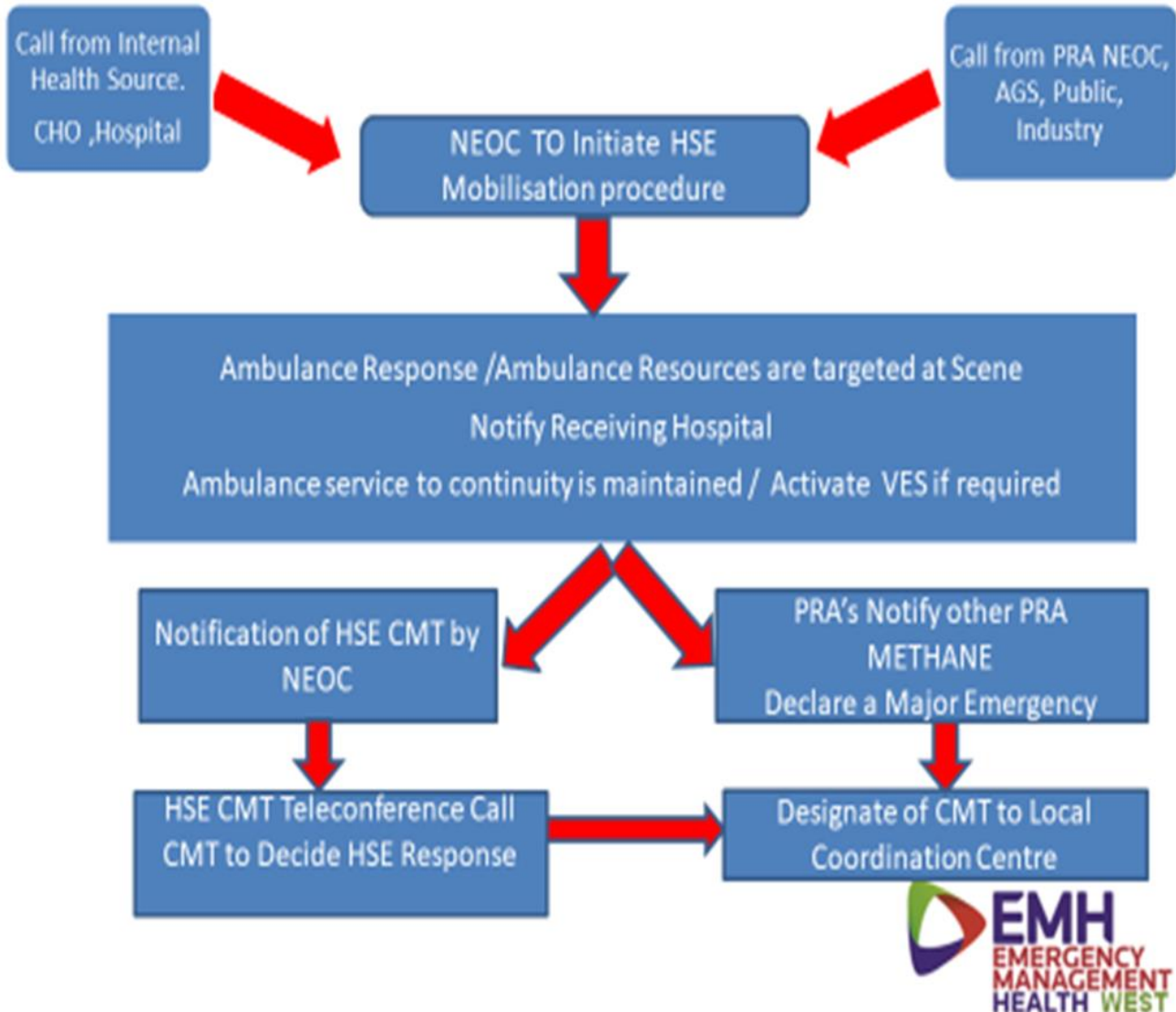
066 – 9476109

MALIN HEAD (Donegal)

Paulgill@transport.gov.ie / 074 – 9370195 / 085-8718093

michaelotoole@dttas.ie / mrcsmalin@irishcoastguard.ie / 074 – 9370103 / 085-8085961

Or alternatively Dial **112/999** as ask for the Coast Guard and the Coast Guard will initiate the contact with Medico Cork.

APPENDIX 3 - HSE MOBILISATION PROCEDURE

HSE Major Emergency Mobilisation Procedure

```
Call from Internal                              Call from PRA NEOC,
Health Source.          NEOC TO Initiate HSE    AGS, Public,
CHO ,Hospital           Mobilisation procedure  Industry
                              ↓
        Ambulance Response /Ambulance Resources are targeted at Scene
                   Notify Receiving Hospital
     Ambulance service to continuity is maintained / Activate VES if required
              ↓                                    ↓
    Notification of HSE CMT by              PRA's Notify other PRA
            NEOC                                 METHANE
              ↓                              Declare a Major Emergency
                                                   ↓
    HSE CMT Teleconference Call    →        Designate of CMT to Local
    CMT to Decide HSE Response              Coordination Centre
```

EMH
EMERGENCY
MANAGEMENT
HEALTH WEST

APPENDIX 4 - DEFENCE FORCES AIDE TO CIVIL AUTHORITY (1 BRIGADE)

Óglaigh na hÉireann
DEFENCE FORCES IRELAND

Rannóg Oibríochtaí
Operations Section

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

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

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

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

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

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

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

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[1] The term _Civil Authority_ generally refers to Government Departments, Local Authorities and the Health Service Executive.

Ceanncheathrú, Chéad Bhriogáid an Deiscirt, Dún Uí Choileáin, Corcaigh
Headquarters, 1 Southern Brigade, Collins Barracks, Cork.
t: +353 (0) 21 451 4113 f: +353 (0) 21 4502666 **email:** robert.kiely@defenceforces.ie
www.military.ie

Contact Numbers Nationally

Name	Office	Telephone No.	Fax. No.
Department of Defence		087 235 6045 087 994 7396 087 946 2724	
Collins Barricks, Cork	Operations Section, 1 Brigade 1 Brigade Duty Officer (after hours)	021 451 4113 021 451 4266 021 451 4115	021 450 2666
Army Custume Barracks, Athlone	Orderly Office Duty Officer	090 64 92631 (24hr) 090 64 21000 (day) 090 64 92631 (night) 090 64 21305	
Dun Ui Mhaoiliosa, Renmore, Galway	Operations Officer Orderly Officer (24 hour)	(091) 751156 (091) 751157 087 377 9093	091 752 616 01 5042 000
Sarsfield Barracks, Limerick	Operations Officer	061 314 233	061 416 216
Stephens Barracks, Kilkenny	Operations Officer	056 772 1174	056 772 2533
Irish Air Corp Casement Aerdorome Baldonnell Dublin 22 (Helicopter Service)	Squadron Commander & Group Duty Officer	01 403 7502 (24 hr) 01 403 7503 01 403 7591	
Irish Coastguard Leeson Lane Dublin 2		01 662 0922 (24 hr) 01 662 0923 01 678 2304	
Baldonnell	Helicopter Rescue Service	01 403 7591 01 403 7590	01 403 7502
Finner Air and Sea Search and Rescue		071 912 2992 (24 hr) 071912 2993	

Procedure for Requesting Assistance from the Defence Forces

The following is the procedure for requesting assistance from the Defence Forces:

(1) Where **time is critical**, contact should immediately be made directly with the Department of Defence. It is then advisable that contact be made to the local military post, to advise them that a formal request has been made and to provide this relevant post with the necessary information. (*This will have the effect of speeding up the practical and logistic issues at a local level, while the formal 'due process' is being carried out*). In addition, Garda Authorities should then be notified as soon as possible.

(2) Where **time is not critical,** the request should be made, (*in the case of Local Authorities*), through the Department of the Housing, Planning & Local Government. This Department will in turn formally eMail the Secretary at the Department of Defence situate at Parkgate, Dublin 8, using the form outlined in **Section (e)** of this Appendix and the eMail addresses of **1sbdeops@defenceforces.ie and bdo.south@defenceforces.ie** . As in para 1 and in the case of non-time critical events, local liaison still should be carried out with the local military post to allow them to begin planning.

The following arrangements should be made locally in relation to (1) above:

(i) The local agencies should each designate a Senior Official who would filter and pass on the request for assistance to the Garda Authorities.

(ii) Discussions between designated officials and local senior military personnel should be held on a regular basis.

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

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

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

Table 1

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

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

Table 2

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

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

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

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

Request for Defence Forces Assistance in Aid to Civil Authority

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

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

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

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

Annex B

MEM Areas

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

2 Bde Area
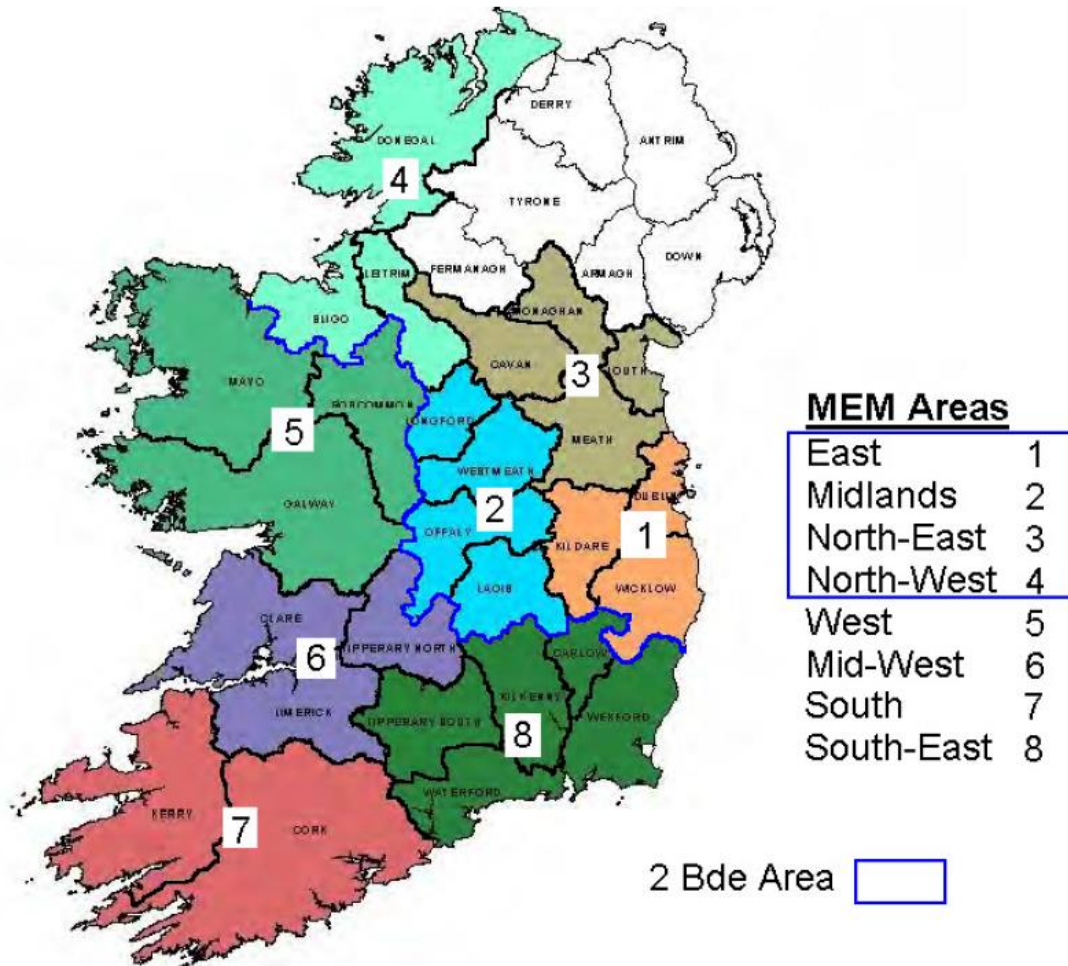
APPENDIX 6 - CASUALTY BUREAU AND ROLE OF THE CORONER

Protocol Between An Garda Síochána and the HSE

Introduction

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

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

Hospital Role

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

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

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

Key Information

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

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

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

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

Further Information:

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

Casualty Information

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

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

The Garda Casualty Form

As part of this process, An Garda Síochána have prepared a standard Casualty Form which is used to collect information on casualties. For this purpose casualties include any person, who is killed or injured, as well as survivors, missing persons and evacuees.

When casualties from a Major Emergency are brought to a hospital, a Garda Casualty Documentation Team will be sent to the hospital to complete (as much as possible) a Casualty Form in respect of each casualty.

The form is reproduced here for information only. It is a Garda task to complete this form. This form once completed is forwarded to the Casualty Bureau and/or Incident Room, collated and cross referenced with other information.

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

At the time of an incident, the Gardai will establish a dedicated Casualty Bureau phone number that will be made available to the public through the media. This process will be coordinated by the Garda Press Office in conjunction with the Casualty Bureau Supervisor and Senior Officer in Charge of the incident.

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

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

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

Closure of Casualty Bureau

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

The following diagram is an outline of the planned procedures.
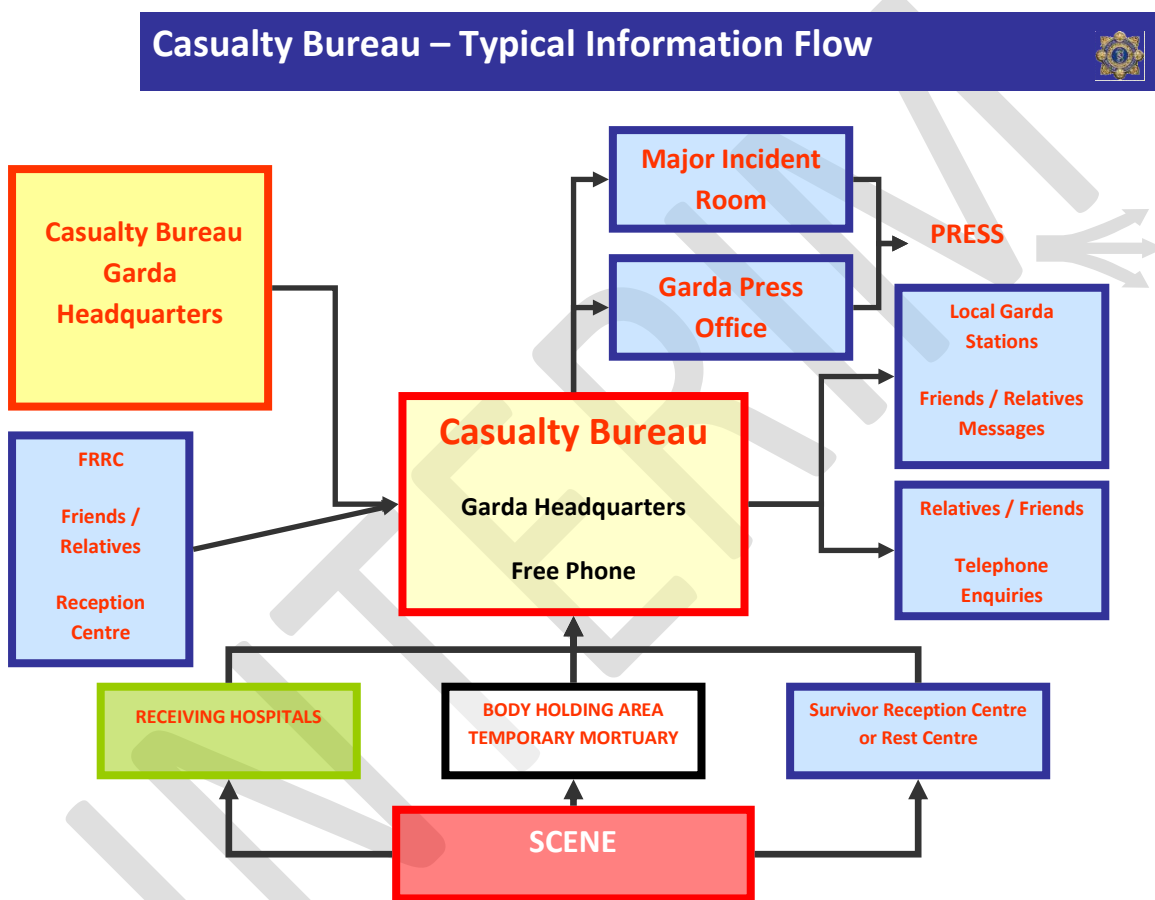
The Role of the Coroner

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

The Coroners' Act, 1962

S 17.—Subject to the provisions of this Act, where a coroner is informed that the body of a deceased person is lying within his district, it shall be the duty of the coroner to hold an inquest in relation to the death of that person if he is of opinion that the death may have occurred in a violent or unnatural

manner, or suddenly and from unknown causes or in a place or in circumstances which, under provisions in that behalf contained in any other enactment, require that an inquest should be held.

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

List of Coroners Districts

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

Planning for Fatalities

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

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

Stage	Who	Action	Facilities Required	Who may assist
Finding the casualty	Any agency			
Recognising as dead	Doctor or Paramedic	Label casualty as 'DEAD'	Triage Labels	
Pronouncing dead	Doctor	Sign Triage Label with date and time		
In-situ Forensic examination and recording	Garda	Gather evidence and photograph	Forensic kits Cordons	Forensic Pathologist
Removal of remains to Body Holding Area	Garda	Move body and maintain chain of evidence	Designated Body Holding Area Body Bags Stretchers	Local Authority
Removal of body to Mortuary/Temporary Mortuary	Garda	Move body and maintain chain of evidence		Undertakers
Identification	Garda	Casualty Identification Form		Specialist teams
Notification of relatives	Garda			
Stage	**Who**	**Action**	**Facilities Required**	**Who may assist**

Viewing for Identification purposes	Garda		Viewing facilities	Next of kin/ relation/ friend/ Psychosocial Support
Viewing for grieving purpose	Garda		Viewing facilities	HSE staff, Clergy/ psychosocial 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 case of criminal investigation the inquest will be adjourned until investigation complete)	Coroner	Determination of cause of death		

Contact Details

Incident email: CB@garda.ie (only live at the time of incident)

General email queries: major_emergency@garda.ie (only live at the time of incident)

MEM Region	Garda Representatives	Contact Details	An Garda Síochána Region
North West	Ursula Hussey Paul McGee	ursula.hussey@garda.ie paul.g.mcgee@garda.ie	North West
West	Tom Waters	tomas.z.waters@garda.ie	West
	John Conway	raymond.j.conway@garda.ie	
Mid-West	Inspector Paul Slattery	Paul.Slattery@garda.ie	Clare & Tipperary
	Inspector Padraigh Sutton	padraigh.l.sutton@garda.ie	Limerick

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