



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



Ospidéal Ollscoil Chorcaí
Cork University Hospital

Emergency Department

Major Emergency Plan Document

Cork University Hospital

July 2013

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POLICY & PROCEDURES FOR A RESPONSE TO A MAJOR EMERGENCY – EMERGENCY DEPARTMENT CORK UNIVERSITY HOSPITAL

This document is a guide only to the Emergency Department's response to a Major Emergency. It is only intended as a training/information document for staff working in the emergency department and should not be used instead of the Major Emergency Plan Document (issue 6) for Cork University Hospital.

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1.0 INTRODUCTION

1.1 Role of the Emergency Department, Cork University Hospital in a Major Emergency.

This document describes the role of the Emergency Department at Cork University Hospital within the Major Emergency Plan (Issue 6) for the hospital as a whole. It aims to provide a quick reference guide to essential information should a Major Emergency be declared. It is recommended that staff familiarise themselves with the MEP for both the Emergency Department and Cork University Hospital.

1.2 Objectives of the Plan

The three initial key objectives are:

- Prepare staff, and the department to receive casualties
- Clear the Emergency Department of non-urgent patients in a manner that ensures patient safety
- Deploy Site Medical Team(s) if requested.

1.3 Responsibility of ED Staff

1. Be familiar with the general outline of both the plan for the E.D. and the Major Emergency Plan (Issue 6) for Cork University Hospital.
2. Be familiar with the reporting & physical layout.
3. Be aware of your role and responsibility – Action Cards.
4. Take part in regular exercises, training and drills.
5. Provide details of current home addresses and current contact numbers.

1.4 Summary of Plan.

1. Declaration/Notification
2. Alert Procedure
3. Action/Preparedness
4. Triage
5. Registration
6. Treatment
7. Miscellaneous
8. Action Cards

2.0 PLAN

2.1 Declaration & Notification of a Major Emergency- (ACTION CARD 1)

The initial message to declare a major emergency comes from one source to the ED.

- Ambulance Control either via the direct line Red Phone in the ED or the Ambulance Radio, this message should be received by the nurse/doctor in charge who immediately contacts the Switchboard who then will confirm same with Ambulance Control thus completing what is referred to as the “Iron Triangle”

This message should be recorded as a **METHANE** message (see below) in the Major Emergency **LOG BOOK** that is located by the ambulance radio. Ideally, the most senior nurse or doctor available should (a) receive this message, and (b) confirm the details as outlined in the logbook.

M	Is the major emergency on standby and declared?
E	Exact location of the incident
T	Type of incident (e.g. rail crash/ explosion/ air crash)
H	Hazards (actual and potential)
A	Access and egress routes
N	Number of casualties (estimate/ adult/ Paediatrics)
E	Emergency services present and required

ED ACTION CARDS (1-9 found at the nurse’s station) outlining specific tasks should be distributed by the nurse in charge.

The ME Log Book needs to be completed as the ME progresses

2.2 Commence the Alert Procedure

ALERT LEVEL 1 – EMERGENCY DEPT. DAY/NIGHT

Once the Major Emergency has been declared and confirmed the following staff will be alerted immediately by **telephone/runner** from the Emergency Department.

Emergency Department Medical Director (Action Card 2)

Emergency Department Asst. Director of Nursing
(Action Cards 1-9)

Emergency Department CNM 3
(Action Cards 1-9)

Out Patient Department CNM2 and Business Manager
(By day – Runner) (Action Card 17)

Security Officer on duty in the Emergency Department who will in turn alert the Chief Security Officer. (Action Card 26)

Unscheduled Care Manager: (Action Card 16)

Bio-Medical Engineering Department (Action Card 24)

ED Emergency Response Team: (Action Cards 1-9)

- **Business Manager/Information Manager**
- **ED, Clinical Facilitators**
- **ED, GP Liaison Nurse**

Other ED Staff on duty - Health Care Assistant on Duty who will in turn alert ED staff in the Department-

Administration/Portering/Housekeeping/HealthCare Assistants/Paramedical Staff & CDU Staff.

Emergency Department Radiographer on duty who will in turn alert

Day: Radiography Services Manager/Deputy and the Scheduling Radiographer (Action Card 22)

Night: Radiography Services Manager/Deputy and the 2nd On-Call Radiographer (Action Card 22)

2.3 Action/Preparedness

2.3.1 Assemble Staff for briefing by Medical Co-Coordinating Officer and Nurse in Charge

2.3.2 Distribute Action Cards & Tabards

All staff involved directly in the Emergency to wear suitable identification tabards (available from the Major Incident Store).

- **Tabards identified as follows :**

- 1 only Nurse In Charge
- 1 only Medical Co-Coordinating Officer
- 3 only Triage
- 1 only Surgical Triage Officer
- 1 only Medical Triage Officer
- 20 only Nurse
- 20 only Doctor
- 1 only Business Manager
- 6 only Administration
- 1 only Network Manager
- 1 only General Manager
- 1 only Deputy General Manager
- 1 only Service Manager
- 1 only Director of Nursing
- 1 only Communications Officer
- 1 only Nurse Service Manager
- 1 only Garda Liaison Nurse
- 1 only Radiographer in Charge
- 4 only Radiographer
- 1 only Social Worker

2.3.3 Deployment of Site Medical Teams (Safety & Transport) – (ACTION CARD 3)

In the event of the activation of the Major Emergency Plan, a Site Medical Team (SMT) will be made ready in case they are requested from the Incident site. The team will be made up of either the duty ED registrar or ED consultant and a senior ED nurse. This team must be deployed to the site as quickly as possible **when requested**. Once there, they have a clearly defined role which is outlined in the **MIMMS** laminated folder (which they must bring with them) available in the Major Emergency Store in the ED.

Should further site medical teams be requested, the following personnel will make up subsequent teams:

- Surgical Doctor
- Senior ED nurse

- Anaesthetic Doctor
- Senior ED nurse

2.3.3.1 Safety

It is imperative that all personnel that are responding as part of a site medical team have donned appropriate Personal Protective Equipment (PPE) prior to departure from CUH, which is located in the Major Incident Store. This includes safety helmet and visor, high visibility jacket and pants, steel toe capped boots. Access to an incident site will be denied if responders do not have appropriate PPE.

2.3.3.2 Transport

Site Medical Teams from the hospital will be transported to the site of a ME by security personnel from CUH.

2.3.4 Emergency Department Preparedness – (Action Cards 1-9 for Medical, Nursing, Para Medical & Administrative staff)

2.3.4.1 Security Lockdown

Security staff that report to the ED will secure all entrances (Main Door to ED Reception, Back Corridor Entrance & Ambulance Entrance). There will be only one entry point to the ED during a major emergency – the ambulance entrance.

2.3.4.2 Clear the Department

- All visitors/relatives are asked to leave the department immediately.
- In liaison with bed management unit, patients that are in-patients awaiting admission in the ED are transferred to either the Bandon Suite in the OPD or designated ward. Clearly, patient safety remains a priority during this time.

- A senior emergency department doctor and nurse review patients that are waiting to be assessed in the 'majors' area and rapidly re-triage them to most appropriate clinical area.
- Patients with 'minor' injuries that are awaiting treatment are informed that a major emergency has been declared, and are asked to leave the department and attend their GP for treatment where appropriate.
- Senior emergency department medical staff will identify patients fit for discharge from the C.D.U. Those patients that cannot be discharged will be transferred in the same manner as the patients that are awaiting admission in liaison with the bed management unit. It is imperative that handover of these patients is given to the relevant staff by a nurse from CDU.
- Any patient that presents to the ED during a Major Emergency, yet not a casualty of the ME shall be assessed and treated as if they were a part of the ME.

2.3.4.3 Preparation to receive casualties

The E.D. will be divided into three primary areas:

Triage	Ambulance Entrance	Senior ED doctor Senior ED nurse Clerical Person #2
Red Area	Resuscitation Room Plaster/Procedure Room Cubicles 5, 6, 11, 12 (2 resuscitation trolleys to be used Between these cubicles)	Red treatment teams
Yellow Area	8 remaining 'major' cubicles 12 C.D.U. spaces	Yellow treatment teams

Medical and nursing staff on duty will be allocated to designated areas by the nurse in charge in conjunction with the medical co-ordinating officer (ED consultant). Clerical staff will be allocated to their appropriate areas according to the action cards.

All areas must be prepared to receive seriously ill/injured casualties as per normal protocols, i.e.:

- Ensure working O2, suction.
- Ensure adequate supplies of IV fluids, drip stands, dressings, blankets etc.

Ensure preparation of staff to receive casualties:

- Ensure standard precautions are observed (gloves/gowns/goggles)
- Ensure awareness of role within the team, fellow team members, reporting mechanism.

Equipment & Supplies

Support in setting up the treatment Areas will be provided by the **Bio-Medical Engineering Department** who will assist with equipment requirements as necessary

Liaising with Procurement and Pharmacy as regards pre arranged lists of supplies that have been agreed in advance of the Emergency. Communicate with the Hospital Emergency Control Centre as regards additional equipment/consumables requirements.

2.4 Triage Team – (Action Card 4)

- All casualties that present to the ED will be triaged there. Only casualties that are categorised as 'red' (critical) or yellow' (urgent) will be treated in the ED. Any 'green' (walking wounded) patients will be redirected to the OPD Lee Suite/Blackwater Suite for further treatment.

The only triage point in any Major Emergency is at the Ambulance Entrance to the Emergency Department. Senior Medical & Nursing staff will be tasked to this area by the Medical Co-ordinating Officer and/or the Nurse in charge.

The role of the Triage team is outlined in Action Card 4.

Normally, casualties that present to the ED will have a cruciform triage card around their neck indicating one of three colours – red, yellow or green. Casualties are rapidly re-triaged by the triage officer and directed to the corresponding area in the ED.

On occasion, there may be a significant number of casualties presenting to the ED without triage cards. Should this occur, there is a stock of 50 cruciform cards in the Major Emergency store room for use. These cards operate on the principle of 'Sieve & Sort', as advocated by the MIMMS guidelines. Briefly:

- Always triage before you treat.
- Always sieve before you sort.
- Any person that is walking is triaged green and directed to the green area in OPD.
- Once an ED chart is allocated to the casualty, documentation can continue on this chart.

2.5 Registration (Documentation) – (ACTION CARD 7)

All pre-hospital documentation must remain with the casualty throughout their ED stay. Any ED charts/documentation etc. are added to this from time of arrival.

- Pre-hospital cruciform cards
- Registration Pack (stored in Major Incident Store)
- Garda Casualty Report Forms (Gardai will provide and complete)
- Major Emergency Log – located at the Nurse's Station, E.D.

A Major Emergency REGISTRATION PACK will contain the following:

Medical Records Number (MRN), pseudonym name (denoted by a country i.e. Africa, Africa) DOB (Unknown), Blank ED Chart, 2 identification Bracelets, Radiology Request Cards, Pathology Request documents, Personal Property Envelope (small items) and Personal Property Bag (larger Items, clothes etc).

2.5.1 CASUALTY DOCUMENTATION AT EMERGENCY DEPT TRIAGE

1. Outline: 2.5.1.1

Administrative Staff must follow the procedure as outlined in Action Card 7 and take note of the following.

To cope with an influx of casualties, and with the possibility of problems in the initial acquisition of personal details, a major emergency manual system of documentation will be invoked using designated MRN's (the Patient Information Management System (iPMS) will be used to a certain extent as outlined in Action 4 of the Registration Action Card in the event of the declaration of a major emergency).

2. Procedure: 2.5.1.2

At the Emergency Department triage location (ambulance entrance) a numbered wrist bracelet bearing the hospital MRN (Medical Registration Number) will be put on each casualty, and a Registration Pack all bearing the same number will be provided for each casualty. The receptionist will attempt to ascertain additional details but this process will not be to the detriment of the clinical assessment by the Triage Officer and the onward movement of the casualty to the treatment area. The notes, property and any X-ray films must remain with the patient at all times. In order to track casualties of the Major Emergency a list will be compiled of patient details as per the tracking form provided (ED MEP Patient Tracking Document)

3. Supplementary Identification Detail: 2.1.5.3

It will be accepted as expedient that the unique casualty number and pseudonym will suffice for all identification procedures, pending the acquisition of further personal detail. At successive stages in the process of treatment, staff will check the state of completion of the personal details and attempt to fill in any gaps, reporting all information gained to the Hospital Emergency Control Centre.

The MRN and pseudonym will be used on all documentation and particularly on specimens and request forms for blood transfusion and diagnostic procedures. The MRN must be used on forms and specimens as if it were a name and entered in the appropriate space.

4. Routine Emergency Dept. Attendance: 2.1.5.4

During the time the Hospital Major Emergency Plan is in operation, all casualties received at the hospital whether from the emergency site or not will use the same documentation procedure.

If possible the triage receptionist will annotate the casualty checklist with an indication of any routine admission so that normal documentation procedures can be implemented post-emergency.

2.6. Treatment (ACTION CARDS 5 & 6)

Treatment in the ED will be to rapidly identify and treat any life threatening injuries or illness. The principle of 'do the most for the most' should be followed.

Treatment Areas:

RED AREA	RESUSCITATION ROOM, CUBICLES 5, 6, 11, 12, PLASTER, PROCEDURE ROOM TOTAL OF 10 RED AREAS
YELLOW AREA	CUBICLES 1, 2, 3, 4, 7, 8, 9, 10 CLINICAL DECISIONS UNIT (CDU) TOTAL OF 20 IN YELLOW AREA
GREEN AREA	OUT PATIENTS DEPARTMENT

2.7. Miscellaneous

2.7.1 Key Personnel

2.7.1.1 Emergency Department

Medical Co-ordinating Officer	ED consultant in charge of ED/On Call
Nurse in Charge	CNM/Shift Leader
Triage Officer	Senior ED medic
Administrative Supervisor	Senior Administrative Person on duty
Garda Liaison Officer	GP Liaison Nurse when available
ED Emergency Response Team	ED staff

2.7.1.2 At the Scene

Site Medical Incident Officer	ED registrar or ED Consultant
Nursing Incident Officer	Senior ED nurse
Casualty Clearing Station Officer	
Forward Emergency Officer	
Site Medical Team	ED staff

Ideally, all responders to a major emergency as part of a mobile medical team should have completed a MIMMS course.

2.7.1.3 In the Hospital

Switchboard Supervisor
Chief Executive Officer
Clinical Directors
Director of Nursing
Operations Manager

Services Manager
Information Manager
Emergency Response Rep (ED)
Communications/Press Officer (CUH)
Relatives Coordinator
Scheduled Care Manager
Security Manager
Medical Triage Officer
Surgical Triage Officer

Consultant Physician on call
Consultant Surgeon on call

Garda teams will be deployed to the ED during a Major Emergency to assist with identification of casualties (Casualty Bureau located in (Cardiac Renal Centre) and also for evidence gathering as part of the investigation into the incident. Every effort should be made to assist in these matters. Clearly, this must not interfere with clinical management of casualties.

2.7.1.4 Garda Liaison Officer (Action Card 8)

In the event of a major emergency being declared, the G.P. Liaison Nurse (or other designated staff member) in the E.D. will assume the role of Garda Liaison Officer. An action card (No.8) outlining the relevant actions is stored with other aide memoirs at the main nurses' station in the E.D.

The Garda Liaison Officer will assist the garda teams with the gathering of information on casualties. (S)He will also liaise with the Garda Casualty Bureau, which will be located in the Cardiac Renal Centre (Meeting/Library Room adjacent to New Switchboard)

Garda teams will also be deployed to the E.D. to collect casualty information and also to gather evidence as part of the criminal investigation.

The GP Liaison Office will operate as a base for the Garda Liaison Officer equipped with a Fax/Telephone /Photocopier and the Casualty Bureau will provide the necessary documentation that is to be used.

Should the G.P. liaison nurse be unavailable, this role will be allocated to another member of the ED staff.

- Put on a labelled tabard (Garda Liaison Nurse) that is stored in the Major Emergency store in the E.D.
- Start a written log of all actions – this log is stored in the Major Emergency Store in the E.D.
- Garda teams will require the following information on all casualties:
 - The Hospital Name
 - The Hospital Patient Reference Number
 - Surname
 - Forename
 - Date of Birth
 - Gender
 - Condition
 - Minor Injuries
 - Seriously Injured
 - Life Threatening
 - Deceased

Garda Teams are responsible for the completion of Casualty Information Cards which they will provide.
 For the purposes of timely written communication between the E.D. and the Casualty Bureau, the fax machine in the Secretariat in the E.D. will be made available.

2.7.2 Key Locations

Major Emergency Incident Store	Ambulance Entrance
Triage	Ambulance Entrance
Red Area	Resuscitation Room Plaster/Procedure Room /Eye Casualty Room. Cubicles 5, 6, 11, 12
Yellow Area	8 remaining 'Major' cubicles and 12 CDU Spaces
Green Area	Lee Suite/Dressing Area - OPD
Casualty Registration Point Red & Yellow Area	Ambulance Entrance
Green Area	Lee Suite/Dressing Area- OPD
Hospital Emergency Control Centre	Boardroom in the Cardiac Renal Centre.
Area for clinical staff to report to	Foyer outside ED
Area for relatives of casualties	Radiotherapy Reception Area, Ground Floor
Garda Casualty Bureau	Meeting /Library Room In Cardiac Renal Centre adjacent to New Switchboard
Garda Liaison Office	GP Liaison Nurse Office
Decontamination Room	Emergency Department

2.7.3 Equipment/Location

1. Ambulance Radio or Telephone (Red Phone) – Nurses Station/Ambulance Radio Control
2. Direct Phone Line to Garda Headquarters (Grey Phone) – Nurses Station
3. Direct Phone Line to Irish Coastguard (Grey Phone 4546453– Medico Cork) – Nurses Station
4. Major Emergency Log Book- Nurses Station
5. Action Cards –Nurses Station
6. MIMMS Laminated Folder for Mobile Medical Team –Major Emergency Store Room.
7. Megaphone – Major Emergency Store Room
8. Personal Protective Equipment- Major Emergency Store Room
9. Tabards for Staff – Major Emergency Store Room
10. Casualty Documentation – Major Emergency Store Room
11. Dictaphones x3 – Major Emergency Store Room
12. Cruciform Cards – For casualties presenting at ED without triage cards – Major Emergency Store Room
13. Cordless Phones- CDU, Nurses Station, Psychiatric Interview Room

2.7.4 Command & Control

- The **Site Medical Incident Officer** will assume medical command at the scene. All members of the site medical teams report directly to her/him. The Site Medical Officer will liaise regularly with Garda, Ambulance and Fire Controller of Operations. An Garda Siochana generally will assume overall control at the scene.
- The **Medical Co-ordinating Officer** assumes medical command of the ED. All ED treatment teams report directly to her/him. The medical co-ordinating officer reports to the Hospital Control Centre at regular intervals.
- The **Hospital Emergency Control Centre** is the boardroom in the Cardiac Renal Centre
- **Internal Control of Emergency**
This will enable the proper control of the Emergency from within the ED.

2.7.5. Communication

2.7.5.1. Major Emergency Site

It is recognised that face to face communication is the most accurate form, particularly in case of a major emergency. This is not always possible however.

At the scene, the ambulance service is responsible for the supply of VHF radios ('walkie-talkies') to responding medical teams. All communications are co-ordinated by the ambulance network. Communication to the ED should be via the ambulance radio located at the nurse's station.

Site medical teams will be issued with hand held VHF radios by the ambulance communications officer when they arrive at the scene. Each team will receive one radio. It is important to obtain the following information at that point:

- Where on/off switch is
- What call-sign
- What channel transmitting on
- Spare batteries

All communication should be via the radio network.

The SMO at the scene should communicate with the Medical Co-ordinating Officer at the ED via the radio network also.

2.7.5.2. Emergency Department

In the ED, there is direct line to Ambulance Headquarters (Red Phone) and a direct line to the Irish Coastguard Service at the nurses' station in the main department.

Regular communication between the Medical Co-ordinating Officer and the hospital control centre should occur.

Communication within the ED by ED staff should be directly to the doctor and nurse in charge as appropriate. (There are 3 Cordless Phones and one mobile located and in use in the department on an ongoing basis).

Mobile Phone: Shift Leaders Phone

Cordless Phones Psychiatric Interview Room:

Nurses Station:

Clinical Decision Unit:

A Communications Officer and his/her deputy will be in the ED and will liaise with the Communications Department to provide updated information on a regular basis.

There is one megaphone available in the Major Emergency Store room should it be required. Batteries are included, but they can also operate from a car battery should this be required.

2.7.6. Decontamination

Dry Room

Decontamination Room

Wet Room

Decontamination PPE

Decontamination Policy

3.0 ACTION CARDS

The Aim of action cards is to provide detailed instructions and information concerning major incident procedures in the hospital. Action Cards cover functional roles and responsibilities pertinent to a specific post holder or more generally to hospital departments.

Action Cards will be issued on an individual basis to specific post holders and to those who may be required to deputise for them in their absence. Some of these staff will wear Tabards in the event of a major incident to ensure that they are readily identified by other personnel. The labelled tabards will be held in the Emergency Department and issued from their. The posts/roles to which this applies are identified in the individual action cards.

Action Cards covering the more general departmental roles and responsibilities will be held in the designated reporting locations to be issued at the time of implementation of the hospital's Major Emergency Plan to the person delegated to perform the duties.

It shall be accepted that the person initially delegated to perform major incident duties covered by the action card may be relieved on arrival of a more senior or experienced member of staff.

ACTION CARD 1

EMERGENCY DEPT. – DECLARING A MAJOR EMERGENCY

Clinical Nurse Manager/Nurse in Charge & Registrar/Medic in Charge

Function / Role

To:

- Take the initial Declaration/Standby (Methane Message) and inform Switchboard
- Commence the Major Emergency Log Book
- Commence the ED Alert Procedure
- Prepare the ED to accept casualties

Activation Procedure:

- You will be informed by Ambulance Control

1. Notes the time of the call and is given the following Information:

- M** Is the major emergency on standby and declared?
- E** Exact location of the incident
- T** Type of incident (e.g. rail crash/ explosion/ air crash)
- H** Hazards (actual and potential)
- A** Access and egress routes
- N** Number of casualties (estimate/ adult/ paediatrics)
- E** Emergency services present and required

2. Activate the Major Emergency Plan by contacting Switch on **22111** or **22444** in preference to 9 (Switch). Switch will then confirm with Ambulance Control (iron triangle) and start their alert procedures.

3. Commence the alert procedure as follows

Alert the Emergency Department Medical Director
Dr. Gerry McCarthy & Consultant On-Call

Alert the Emergency Department Asst. Director of Nursing
Siobhan Scanlon

Alert the CNM3 in the Emergency Department
Norma O' Sullivan

Alert the CNM2 and Business Manager for the OPD
Margaret McSweeney, CNM2 (By day – Runner)
Breda Chandler, Business Manager

Alert the Security Officer on duty in the Emergency Department who will in turn alert the **Chief Security Officer Jim Griffin**

Alert the Unscheduled Care Manager:
Sonya Cotter

Alert Bio-Medical Engineering Department

Bernard Murphy
Tony O' Mahony

Alert the ED Emergency Response Team:

- **Mr. Sean Cotter (Business Manager/Information Manager)**
- **Ms. Michelle Howard (ED Clinical Facilitator)**
- **Ms. Elaine O' Farrell (ED Clinical Facilitator)**
- **Ms. Catherine O' Mahony (ED, GP Liaison Nurse)**

Alert other ED Staff on duty in the department
Administartion/Portering/Housekeeping/HealthCare Assistants/Paramedical & Clinical Decision Unit Staff

Alert Emergency Department Radiographer on duty

Who will in turn alert

Day: Radiography Services Manager Catherine O' Neill/Deputy and the Scheduling Radiographer

Night: Radiography Services Manager Catherine O' Neill/Deputy and the 2nd On-Call Radiographer.

4. Ensure there is an Emergency Medical Co-ordinating Officer to assume control in the ED. This person may be the Emergency Department Consultant on call or senior registrar.
5. Nominate and assemble site medical team for dispatch to scene (if required) **(Action Card 3)**.
6. Allocate staff to set up and prepare to receive casualties in the following Areas:
(Action Cards 5 & 6)
 - (a) Red Treatment Area – Resus, Plaster Room, Procedure Room, Cubicles 5,6,11,12
 - (b) Yellow Treatment Area – Cubicles 1,2,3,4,7,8,9,10 and C.D.U. (12 spaces)
 - (c) Green area – Out Patients Department
 - (d) Triage Area (Ambulance Entrance, ED)

7. Liaise with Unscheduled Care Management Team to transfer existing patients from ED to either AMU or In-patient Wards.
8. Delegate calling in of Off-Duty Staff to Health Care Assistant or Nurse if no Health Care Assistant is available. Use the Text Messaging Alert System if required (Activation Phone, Shift Leader in the ED)
9. Arrange for Major Emergency Store to be opened, signage erected and Tabards distributed.
10. Additional staff should be directed to the foyer outside the Emergency Department to await allocation.
11. Ensure that the Emergency Department is secured by Security

ACTION CARD 2

EMERGENCY DEPT. - CONSULTANT IN CHARGE

Emergency Dept. Medic, Director/Consultant On-
Call/Registrar/medic in Charge

Function / Role**To:**

- Provide medical direction in the ED
- Work with the Nurse in Charge in preparing the ED for Casualties
- Liaise with all the ME stakeholders within and outside the hospital

Activation Procedure:

- You will be informed by the Emergency Department Nurse/Medic in charge – Alert level 1

1. Provide medical direction in the Emergency Department.
 - a. Ensure Emergency Department preparedness.
 - b. Liaise with Nurse Service Manager for the ED.
 - c. Designate / allocate medical and nursing staff within Emergency Department to treatment teams.
 - d. Liaise with dispatched Site Medical Officer and Site Medical Teams.
 - e. Liaise with Hospital Emergency Control Centre.
 - f. Notify Emergency Department in Mercy University Hospital.
2. Confirm identity and notification of Surgical Triage Officer through switchboard.
3. Confirm identity and notification of Medical Triage Officer through switchboard.

ACTION CARD 3

SITE MEDICAL TEAM

Nominated experienced Doctor and Nurse from the ED

Function / Role**To:**

- Prepare to respond to a request from the scene of the emergency
- Ensure that you are fully equipped to undertake the task in hand

Activation Procedure:

- You will be informed by the Emergency Department Nurse/Medic in charge – Alert level 1

Be prepared to respond to a request from the HSE Crisis Management Team to provide (a) Site Medical officer and (b) Site Medical Team to go to the scene of an incident.

Another team that may be requested from CUH is the Site Surgical Team.

A Site Surgical Team consists of:

An Anesthetic doctor, a surgical doctor and ED Nurse

A Site Medical Team consists of:

One Senior ED Nurse
ED Consultant or senior ED Registrar

1. Assemble in Emergency Department.
2. Put on Personal Protective Equipment (PPE) – hard hat, eye protection, high visibility suit, and steel toed boots.
3. Take M.I.M.M.S. folder from Major Emergency Store room in ED
4. Take disaster bags and drugs.

THIS TEAM SHOULD BE READY TO DEPART WITHIN 10 MINUTES OF A CALL

AMBULANCE OR SECURITY TRANSPORT TO THE SCENE OF THE INCIDENT

(See Appendix F)

Assembly of **subsequent site medical teams** will be determined as required depending on the major incident needs at the site.

Such teams may require to be selected from the hospital network 2 and would be determined in consultation with the Emergency Department Consultant.

5. On arrival at the scene the Site Medical Team should report to the **Site Medical Officer** at the Ambulance Control Point and take direction from him.

Priority at the scene: Do the most for the most.

6. Treat casualties along **Airway, Breathing, Circulation, Disability (ABCD)** priorities.
7. Do a rapid primary survey on each patient as they arrive at the Casualty Clearing Station.
8. Decide on the priority for treatment and label appropriately with a coloured triage label. Use **TRIAGE SIEVE** to prioritise patients when casualty flow is high. Use **TRIAGE SORT** to prioritise patients when time and resources allow.
9. Ensure each patient is labelled.

Immediate – red

Urgent – yellow

Minor – green

Expectant – green (endorsed) or blue

Dead – white

10. Your label may not have the "Expectant" category: use the "Delayed" (green) Category and endorse the card expectant, but keep these casualties separate from those with minor injuries.
11. Keep a log and note the time, number and priority of each patient.
12. On completion of specific tasks personnel should report to the Site Medical Officer through the appropriate chain of command for redeployment.

ACTION CARD 4

EMERGENCY DEPT. -TRIAGE TEAM Nominated experienced Nurse/Doctor in the ED

Function / Role**To:**

- Ensure that all casualties are triaged on entering the emergency department
- Ensure appropriate Cruciform is provided for each casualty

Activation Procedure:

- You will be informed by the Emergency Department Nurse/Medic in charge– Alert level 1

TRIAGE TEAM (1 DOCTOR, 1 NURSE)

Triage patients on arrival into appropriate category

RED	Critical-need resuscitation
YELLOW	Serious
GREEN	Minor injuries
WHITE	D.O.A.

1. Apply a numbered wrist bracelet to each patient.
2. Appropriate documentation on major emergency cards.
3. Major emergency stationary to be used in all documentation, e.g. specimen labels, X-Rays, etc.
4. Send patient to appropriate area.
5. Notes, property, etc. to stay with patient.

ACTION CARD 5

EMERGENCY DEPT. - RED TREATMENT AREA

Nurse & Doctor Teams

Function / Role**To:**

- Prepare your area for the treatment of casualties

Activation Procedure:

- You will be informed by the Emergency Department Nurse/Medic in Charge – Alert level 1

**RED AREA = RESUSCITATION ROOM,
CUBICLES 5, 6, 11, 12,
PLASTER ROOM, PROCEDURE ROOM
TOTAL OF 10 TREATMENT SPACES**

1. Your patients will be critical and need resuscitation.
2. Prepare the area you are allocated in to function as resuscitation areas (critical care patients)
3. Wait for patients to arrive and attend as required.
4. Electronic ordering of diagnostics will be possible as soon as the patient alias is registered in the ED. Continue standard daily practice in relation to electronic ordering of diagnostics.
5. Continue use of allocated patient alias for entire care episode in the ED
6. If further help is required contact CNM and doctor in charge in Emergency Department.

ACTION CARD 6

EMERGENCY DEPT. - YELLOW TREATMENT AREA

Nurse & Doctor Teams

Function / Role**To:**

- Prepare your area for the treatment of casualties

Activation Procedure:

- You will be informed by the Emergency Department Nurse/Medic in Charge – Alert level 1

**YELLOW AREA = CUBICLES 1, 2, 3, 4, 7, 8, 9, 10
CLINICAL DECISION UNIT (CDU)
TOTAL OF 20 TREATMENT SPACES**

1. Ensure trolleys are in place.
2. Prepare your area as appropriate for potential patient requirements
3. Electronic ordering of diagnostics will be possible as soon as patient alias is registered in the ED. Continue standard daily practice in relation to electronic ordering of diagnostics.
4. Continue use of allocated patient alias for entire care episode in the ED
5. If further help is required contact CNM and doctor in charge of Emergency Department.

ACTION CARD 7

REGISTRATION

Administrative Staff

Function / Role

To:

- Ensure that all casualties of a ME are registered on arrival in the emergency department
- Ensure that all information on casualties is collected and proper tracking is put in place

Activation Procedure:

- You will be informed by the Emergency Department Nurse/Medic in charge – Alert level 1

Action 1:

1. Contact the Grade V Staff Officers **Carole Croke/ Margaret Twohig** and Administrative Officers **Marie Smiddy, Tracy Sorenson**
2. Call in off-duty administrative staff **if required**
 - All current contact numbers on chart in Major Emergency Folder
 - Do not call in staff due to come in on the next shift
3. Allocate the following personnel:
 - Triage Point at the Main Ambulance Entrance Red & Yellow patients (Admin # 2)
 - Triage Point Out Patient Department Green Patients (Admin #1)
 - Man the Reception Desk (Admin # 1)
 - Man the Admissions Desk (Admin # 1)

Action 2:

1. Obtain Major Emergency **Registration Packs** from the Major Incident Store – There are 6 boxes of ME Registration Packs numbered 1-6 and each containing 50 individual registration packs and a patient tracking document. Use one box per staff member allocated to each registration area (this will depend on the number of possible casualties).

2. Set up registration points at the Interview Room (ambulance entrance – Red & Yellow patients and OPD Green patients)
3. Allocate a **Registration Pack** to each casualty on entry (this pack must remain with the casualty throughout their stay in the hospital)
4. In order to track casualties of the Major Emergency compile list of Patient details as per the tracking form provided.

Action 3:

1. Continue provision of Admission Service at the Nurses Station (there will be a need to transfer/Admit patients from the ED in a very short period of time depending on the number of casualties expected)
2. Continue provision of the Reception Service at the Main Reception Desk.

Action 4:

1. When sufficient information has been collected from each patient they must be registered on the PIMS System so that the on-line ordering through ICM and PACS can be facilitated. A Major Emergency dedicated screen (similar to Minors/Majors screen) will be provided which will separate the existing ED patients from the ME patients which will be of benefit to everybody involved.
2. At some stage all patient details will be merged with existing MRN numbers on the PIMS system if applicable. This will have serious consequences if it is not agreed with all the stakeholders (ED, Theatres, ICU, Wards, Laboratories, radiology etc).in advance. The Verification Document contained in each Registration box can be used for this purpose

A Major Emergency REGISTRATION PACK will contain the following:

Medical Records Number (MRN), pseudonym name (denoted by a country i.e. Africa, Africa) DOB (Unknown), Blank ED Chart, 2 identification Bracelets, Radiology Request Cards, Pathology Request documents, Personal Property Envelope (small items) and Personal Property Bag (larger Items, clothes etc).

CASUALTY DOCUMENTATION AT EMERGENCY DEPT TRIAGE

1. Outline:

To cope with an influx of casualties, and with the possibility of problems in the initial acquisition of personal details, a major emergency manual system of documentation will be invoked using designated MRN's (the Patient Information Management System (iPMS) will be used to a certain extent as outlined in Action 4 above in the event of the declaration of a major emergency).

2. Procedure:

At the Emergency Department triage location (ambulance entrance) a numbered wrist bracelet bearing the hospital MRN (Medical Registration Number) will be put on each casualty, and a Registration Pack all bearing the same number will be provided for each casualty. The receptionist will attempt to ascertain additional details but this process will not be to the detriment of the clinical assessment by the Triage Officer and the onward movement of the casualty to the treatment area. The notes, property and any X-ray films must remain with the patient at all times. In order to track casualties of the Major Emergency a list will be compiled of Patient details as per the tracking form provided

3. Supplementary Identification Detail:

It will be accepted as expedient that the unique casualty number will suffice for all identification procedures, pending the acquisition of further personal detail. At successive stages in the process of treatment, staff will check the state of completion of the personal details and attempt to fill in any gaps, reporting all information gained to the Hospital Emergency Control Centre.

The MRN will be used on all documentation and particularly on specimens and request forms for blood transfusion and diagnostic procedures. The MRN must be used on forms and specimens as if it were a name and entered in the appropriate space.

4. Routine Emergency Dept. Attendance:

During the time the Hospital Major Emergency Plan is in operation, all casualties received at the hospital whether from the emergency site or not will use the same documentation procedure. If possible the triage receptionist will annotate the casualty checklist with an indication of any routine admission so that normal documentation procedures can be implemented post-emergency.

ACTION CARD 8

GARDA LIAISON OFFICER

GP Liaison Nurse or Deputy

Function / Role

To:

- Collect, collate and provide all the necessary information in relation to the casualties
- Liaise directly with the Garda Casualty Bureau and the assigned Guard in the ED

Activation Procedure:

- You will be informed by the Emergency Department Nurse/Medic in charge – Alert level 1

1. Collect Garda Liaison Officer tabard and forms from Major Emergency Store Room.
2. Facilitate in conjunction with the Chief Security Officer the setting up of the Garda Casualty Bureau.
3. Collect GP Liaison Nurse mobile phone from Case Managers Office in AMU. The Garda Casualty Bureau will communicate with you via this number.
4. Start information gathering and form filling as soon as casualties arrive. Red, Yellow and Green casualties need to be dealt with giving priority to the red area
5. Wait for call from the Garda Casualty Bureau to confirm their arrival. Confirm that the phone and fax numbers given to you are correct and operational.
6. Transfer information forms to the Garda Casualty Bureau via fax using the secretary's office in the ED as a base and the Fax Machine that is based there.
7. Regularly liaise with Garda Casualty Bureau- via phone/fax/in person
8. Debrief with Garda Casualty Bureau after Major Emergency is stood down
 - **Garda Casualty Bureau will be located in the Meeting & Conference Room in the Cardiac Renal Centre (adjacent to the switchboard)**

ACTION CARD 9

EMERGENCY DEPARTMENT - HEALTH CARE ASSISTANT

Function / Role**To:**

- Carry out duties as are delegated to you by the Shift Leader

Activation Procedure:

- You will be informed by the Emergency Department Nurse/Medic in charge– Alert level 1

1. Assist with transfer of patients out of the ED. Assist with the setting up of the ED in preparing to receive incoming casualties.
2. If appropriate you may be asked to inform Emergency Department Staff including Administration, Portering, Paramedical and Clinical Decision Unit of declaration of Major Emergency
3. If appropriate you may be asked to open Major Emergency Store, locate Signage & Tabards and organise at Nurses station.
4. If appropriate you may be asked to call in Off Duty Nursing and Medical Staff and report to Shift Leader when completed. Omit staff members who are rostered on duty on the next shift.
5. Report back to CNM in charge for further duties.

ACTION CARD 24

Biomedical Engineering Department

Function / Role**To:**

- Ensure the supply of equipment needed in the event of a Major Emergency is provided as efficiently and effectively as possible.

Activation Procedure:

- You will be informed by the Emergency Department – Alert level 1

1. The following equipment must be sourced for the Emergency Department
 - Ventilators – x 6
 - Syringe Drivers x 6
 - Infusion Pumps x 6

In the event of activation of the Major Emergency Plan the available number of each device listed above may vary. This will be monitored by the Biomedical Engineering Department on a regular basis.

2. The equipment will be set up in the Red Treatment Areas (10 treatment areas) as identified in the Major Emergency Plan (action Card No. 5) as follows:
 - Resuscitation Room (4)
 - Plaster Room (1)
 - Procedure Room (1)
 - Cubicle 5 (1)
 - Cubicle 6 (1)
 - Cubicle 11 (1)
 - Cubicle 12 (1)
3. Once all available equipment has been set up in the Emergency Department the Biomedical Engineering department will inform the CNM3 of the equipment that has been set up.
4. Provide assistance with the provision of equipment to other areas of the hospital during the emergency as requested

4.0 STAND-DOWN PROCEDURE

It is essential the message to 'stand down' a major emergency is also communicated to all personnel that are involved in activation of the plan. This information, once confirmed, should also be recorded in the log of events.

5.0 DEBRIEFING

An initial debrief should be arranged for all staff that are involved in responding to a Major Emergency as soon as possible after stand-down has occurred. More formal debriefings and discussions may be held in the days and weeks following the major emergency.

6.0 FURTHER INFORMATION

The following links provide further information on national guidelines on major emergency planning.

<http://www.corkcity.ie/ourservices/corporateaffairs/majoremergency/groups.html>

http://www.dohc.ie/publications/major_emergency