

1 ACTIVATION	Cork University Hospital		ACTION CARD NUMBER
	Emergency Department Shift Leader / CNM3		1.3
You Report To:	DON	You Brief:	ED Staff
Overall Responsibilities	<ul style="list-style-type: none">• Receive information about the Major Emergency and preform iron triangle (see Page)• Contact ADON/Designated person• Initiate cascade of calls		
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION			
ON ACTIVATION		ON STANDBY	
<ul style="list-style-type: none">▪ Take the initial declaration call from ambulance control (Methane Message). Preform Iron triangle. Use switch number 22111/22444▪ Commence the Major Emergency Log Book▪ Inform ADON (out of hours on 62208) and initiate cascade of calls.▪ Delegate staff member to send and monitor bulktext to organise staff to come in.▪ Follow through on standby discharge preparation. Alongside ED reg/ ED consultant.▪ Work alongside ED reg/ ED Consultant to clear current ED patients. ED patients who cannot be sent home will become part of the major emergency patient cohort (names will remain on IPMs). EM Reg/ Consultant will refer patient deemed unsafe for discharge directly to specialities. Work with bed management to clear these patients.▪ Allocate staff to set up and prepare areas to receive patients. Staff will report to the ANP/ Medical Write Up Room to await allocation to area. Open Yellow areas in stages as staffing allows.▪ Depending on methane message and number of adults/ paed's casualties;		<ul style="list-style-type: none">▪ Read and familiarise yourself with action card▪ Identify potential staff for Red/ Yellow/ Green areas and ensure team has read relevant action card▪ Take the initial Standby call from ambulance control and preform iron triangle. Use switch number 22111/22444▪ Commence the Major Emergency Log Book▪ Alongside ED reg/ ED consultant and triage nurse; Identify potential patients for discharge, return to GP with discharge plan, return to department at a later date.▪ Inform ADON/Designated person (out of hours on 62208)▪ Identify potential staff member to send and monitor bulk text for staff call in.	

<p>Consider whether to use yellow spaces in adults or whether to open in CED.</p> <ul style="list-style-type: none"> ▪ Appoint ED Nurse Leaders in the following areas: RED zone (2), Yellow zone (3), Triage 1 (1) Triage 2 (1) and GREEN zone (1). ▪ Consider your resources. RASTA Shift lead, Advanced Nurse Practitioners, Triage Nurse, Ambulance Triage Nurse, PEM CNM, GEMS CNM, CDU CNM, Clinical Facilitators. Clerical support for filling in MEP book. Delegate roles as you see fit. ▪ Brief the nurse supervisors regarding staffing, equipment supply and documentation in their areas. ▪ Delegate HCA and Porter to contact security to open Glandore MEP room (located on first floor R1.229) and transfer stock to department. ▪ If possible, appoint scribe to document decisions/times/events in MEP log book. ▪ Members of the teams/groups will be issued with stickers so they will be easily recognisable 	
<p>Consider these points</p>	
<p>i) Once activated, following confirmation by Switch, commence alert procedure. Call the following staff:</p> <ul style="list-style-type: none"> a. Emergency Department Clinical Lead (Rory O'Brien & Conor Deasy) b. Consultant on call c. CNM 3- James Mathews d. ADONS- Siobhan Scanlon and Norma O'Sullivan <p>ii) Allocate staff to set up and prepare to receive casualties in the following Areas (Action Cards 5 & 6):</p> <ul style="list-style-type: none"> (a) Red Zone 1 – Resus, Procedure Room 1, Procedure Room 2, Procedure Room 3 (7 spaces) (b) Red Zone 2- Cubicles 5/6, 7/8, 9/10, 11,12, (5 spaces) (c) Yellow Zone 1 Cubicles 1,2,3,4 2 spaces Rasta P (d) Yellow zone 2- C.D.U. (12 spaces) (e) Yellow Zone 3 –GEMS 1,2,3,4,5,6 (6 spaces) 	

(f) **Green Zone** – RASTA

(g) **Ambulance Triage Area** (Ambulance Entrance, ED)

(h) **Ambulatory Triage Area** (Main ED entrance)

(i) Childrens ED

- Yellow Zone- potential to open 9 spaces
- Green Zone- potential to seat 50+ paediatric casualties
*** (consider may need to close some adult spaces to facilitate staffing of same)*

iii) Work closely with bed management lead. Liaise with bed management to organise transport of patients to appropriate areas.

iv) A map in ambulance entrance will be used to keep track of in use/ available rooms in each area. Names of nurses in charge should be written here for ease of communication.

v) Patients that RIP in department will be held in relatives room/ quiet room/ decontamination room awaiting transport to designated mortuary.

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