



MAJOR EMERGENCY PLAN

Cork University Hospital

Preface

This is the Major Emergency Plan (MEP) for Cork University Hospital (CUH) and has been developed in line with the National Emergency Management Office, *Hospital Major Emergency Plan Template* 2015. When the MEP plan is activated, all elective activity in CUH will cease in theatres, outpatients and day services. Hospital staff will prioritise their patients for discharge to make available bed capacity immediately.

Patients suitable for the transfer will be transferred to supporting hospitals as outlined in this plan. Patients who have been triaged in the Emergency Department will be transferred to the SwiftCare Clinic, Mahon where appropriate. The Hospital will be managed under the governance of the Executive Management Team which consists of the Chief Executive Officer, Operations Manager, Director of Nursing, Site Manager and Clinical Directors.

Only the designated person or their deputy can activate the Hospital Major Emergency Plan. The duty manager (Site Manager/Night Superintendent) or equivalent is most likely to be the DESIGNATED PERSON. The following is a list of designated person(s) who can activate the plan:

Assistant Director of Nursing
CEO/Deputy CEO
Clinical Director
ED Consultant on Call

Important note for all staff

Given the large volume of calls that the CUH Switchboard are required to undertake your advance co-operation with this process is very much appreciated.

Switchboard staff are tasked with notifying a large number of individuals in the event of the Major Emergency Plan (MEP) being activated. Given their role in the event of a Major emergency, time restraints will preclude the Switchboard staff from relaying details of the Major Emergency to each individual.

Consequently when the Switchboard staff contact named individuals they will **ONLY** be seeking confirmation that the recipient has received their message.

Switchboard staff will only relay the MEP category e.g. Train Crash, Multivehicle Accident, Explosion etc. - but not the finer details of same.

In response, you are requested to say '**Message Received**' and promptly end the call

You then need to activate your own local MEP Action Card.

Details of the Major Emergency will be circulated on email which you then need to obtain directly.

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Amendment Record

Plan holders should carry out amendments correctly and note the action taken on the record below.

Review date: April 2024

Any suggestions/amendments to this document prior to April 2025 should be addressed to:

**Chief Executive Officer
Cork University Hospital Group Wilton
Cork**

Issue No. 1	July 1985
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Issue No. 3	Nov 2004
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Amendment Record

Amendment No.

Amended By

Date

N.B: A complete new edition may be published periodically at which time the previous copy must be destroyed and the new edition may be inserted into the Major Emergency Plan Folder.

DISTRIBUTION LIST

2.1 CUH MEP Document

- Chief Executive Officer/Hospital Manager
- Executive Clinical Director, South/South West Hospitals Group Operations Manager
- CUH Clinical Directors
- CUH Executive Management Board Services Manager
- Finance Manager IT Manager
- Human Resources Manager Medical Manpower Manager Bed Management Department Director of Nursing (CUH) Director of Midwifery (CUMH) Assistant Directors of Nursing Business Managers CUH Business Manager CUMH Department Heads
- Clinical Nurse Managers Garda Liaison Officer Consultant Staff
- Clinical Governance Manager Communications Officer (CUH)
- Chief Emergency Management Officer Ambulance Service
- South/South-West Hospital Group CEO & Board of Management General Practice Unit HSE – South
- Irish Blood Transfusion Service (Munster Regional Transfusion Centre) Garda Síochána
- Cork University Dental School & Hospital (UCC) Emergency Department (Hard Copy)
- Hospital Emergency Control Centre (HECC) (Hard Copy)

2.2 Action Cards

Full Set of Action Cards

- Emergency Department (ED) – Major Emergency Store
- Services Department (HECC) – Major Emergency Store
- CUH Boardroom – Major Emergency Store

2.3 Individual Action Cards

Card No	Sub. No.	Card Name	Location
1. Activation			
Action Card 1	1.1	Designated Person Authorised to Activate: A/DON/Night Superintendent on duty	Emergency Department
	1.2	Switchboard Manager/Operator	Switchboard CUH
	1.3	Emergency Department Shift Leader/CNM3	Nurse's Station (ED)
2. Control			
Action Card 2	2.1	Hospital Emergency Control Team: Clinical Director	CUH Boardroom
	2.2	Hospital Emergency Control Team: Chairperson	CUH Boardroom
	2.3	Hospital Control Team: Operations Manager	CUH Boardroom
	2.4	Hospital Emergency Control Team Nurse Manager: Director of Nursing	CUH Boardroom
3. Security			
Action Card 3	3.1	Head of Security	Security Department
	3.2	Security Staff	Security Department
4. Emergency Department			
Action Card 4	4.1	Clinical Nurse Manager 3	ED Nurse's Station
	4.2	Unscheduled Care Manager	CUH Boardroom
	4.3	Triage Nurse Area 1	ED Nurse's Station
	4.4	Triage Nurse Area 2	ED Nurse's Station
	4.5	ED Nurses – Majors Area	ED Nurse's Station
	4.6	ED Nurses – ALL OTHER AREAS	ED Nurse's Station
	4.7	ED Health Care Assistant	ED Nurse's Station
	4.8	EM Consultants	Emergency Department
	4.9	EM Registers	Emergency Department
	4.10	ED Admin Team	ED Reception and Admissions Desk
5. Nursing Administration			
Action Card 5	5.1	Head of Bed Management	Bed Management/All Wards
	5.2	Director of Nursing	CUH Boardroom
	5.3	Discharge Co-Ordinators	Bed Management/All Wards
	5.4	Assistant Director of Nursing (ADON)	DON Office/All Wards
6. PERI-OPERATIVE			
Action Card 6	6.1	Theatre Manager/Controller	CUH Boardroom
	6.2	Theatre Nurse	Theatre
	6.3	Surgical Consultants	Theatre
	6.4	HSSD Manager/CNM2	HSSD Department
	6.5	Anaesthetics	Theatre

7. Critical Care			
Action Card 7	7.1a	GICU Manager/Controller	GICU
	7.1b	CICU Manager/Controller	GICU
	7.2	Intensivist	Theatre
	7.3	CCU Manager/Controller	GICU
	7.4	Critical Care Nurses	GICU
	7.5	ICU Health Care Assistant	GICU
8. Wards			
Action Card 8	8.1	Clinical Nurse Manager	All Wards
	8.2	Medical Consultants	All Wards
	8.3	Healthcare Assistants	All Wards
	8.4	Burns Unit Deputy Nurse in Charge	Ward 2D
	8.5a	Extra Staff Nurse	All Wards
	8.5b	Healthcare Assistant	All Wards
9. Paediatrics			
Action Card 9	9.1	Paediatrics	All Paediatric Wards
	9.2	Paediatric Consultant	All Paediatric Wards
	9.3	Clinical Nurse Manager 3/Deputy	All Paediatric Wards
	9.4	Seahorse OPD Day Unit	Seahorse Ward
	9.5	Puffin Ward CNM 2	Puffin Ward
	9.6	Ladybird CNM/Deputy	Ladybird Ward
	9.7	Paediatrics Relatives/Public Evacuation	Radiotherapy Reception
	9.8	Head Medical Social Worker	All Paediatric Wards
10. Clerical Administration			
Action Card 10	10.1	Clerical Supervisor	Respective Department
	10.2	Clerical Staff	Respective Department
11. Services			
Action Card 11	11.1	Services Department Office Personnel	CUH Boardroom
	11.2	Portering Services Officer	Head Porters Office
	11.3	Housekeeping Services Officer	Housekeeping Department
	11.4	Head of Catering	Catering Department
12. Mortuary			
Action Card 12	12	Mortuary	Mortician's Office
13. Diagnostics			
Action Card 13	13.1	Laboratory	Respective Department
	13.2	Radiology	Respective Department
14. Allied Health Professionals			
Action Card 14	14.1	Physiotherapy	Respective Department
	14.2	Dietetics	Respective Department
	14.3	Speech and Language Therapy	Respective Department
	14.4	Occupational Therapy	Respective Department
	14.5	Biochemical Engineering Department	Respective Department
15. Media Communications			
Action Card 15	15.1	Communications Officer	MDM Room, CRC
	15.2	Health Records Department	Medical Records Dept.
16. GARDAI			
Action Card 16	16.1	Garda Casualty Bureau Liaison Officer	MDM Room, CRC
	16.2	Garda Casualty Bureau	MDM Room, CRC

17. Pastoral Care			
Action Card 17	17	Chaplains	All Wards
18. Relatives			
Action Card 18	18.1	Relatives Area	Glandore Centre
	18.2	Relatives Co-Ordinator	Glandore Centre
	18.3	Medical Liaison Officer for Relatives	Glandore Centre
	18.4	Social Worker Co-Ordinator Relatives Area	Glandore Centre
19. VIP Co-Ordinator			
Action Card 19	19	VIP Co-Ordinator	CEO's Office
20. Discharge			
Action Card 20	20	Discharge Planner	CEO's Office
21. Pharmacy			
Action Card 21	21.1	Pharmacists	Pharmacy Department
	21.2	Pharmacy Manager	Pharmacy Department
22. ICT			
Action Card 22	22	ICT Manager & Staff	ICT Department
23. OPD			
Action Card 23	23	OPD Manager & Staff	OPD Sites & OPD Medical Records
24. Essential Clinical Services			
Action Card 24	24.1	Maternity Services	CUMH
	24.2	Oncology Services	Glandore Centre
	24.3	Renal Services	Staff Base Dialysis Unit
25. Occupational Health			
Action Card 25	25.1	Occupational Health Department	Occ Health Dept
	25.2	Social Work Department	Social Work Department
	25.3	Human Resources Manager	CUH Boardroom

3.1 Aim

To establish the framework of response as per the document 'A Framework for Major Emergency Management' (DOH 2006) in the event of a major emergency involving Cork University Hospital.

3.2 Definition of a Major Emergency

For the purpose of this plan, a major emergency is 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 requires the activation of specific additional procedures and the mobilisation of additional resources to ensure effective, co-ordinated response.

3.3 Standby for a Major Emergency

- The Emergency Standby Procedure is designed to alert Key Personnel that something unusual has happened which lead to a major emergency.
- Only limited response from key personnel is required.
- The alerting message will be prefixed by the words:

"This is Ambulance Control a major emergency is imminent at..... the Major Emergency plan is now in Standby mode"

Emergency Department Shift Leader receiving emergency standby notification:

- Notes the time of the call and may receive some information regarding the incident
- Dial 22111 or 22444 to inform CUH Switchboard that MEP is on standby
- Switchboard will confirm this information with ambulance control (a.k.a Iron Triangle)
- Switchboard will alert the following key personnel (Priority Group) using the following message:

"This is the Switchboard at CUH – The hospital has been put on stand-by given the following details (if available)"

- ED CNM3
- ED Co-Ordinator
- ED Clinical Lead
- ED Asst. Director of Nursing
- Unscheduled Care Lead/ED Business Manager
- Head of Bed Management
- Switchboard Supervisor
- Chief Executive Officer
- Clinical Directors
- Director of Nursing
- Operations Manager
- Services Manager

- Information Manager
- Emergency Response Rep (ED)
- Communications Officer CUH
- Relatives Co-ordinator
- Security Manager
- Garda Liaison Officer
- Medical Triage Officer – Consultant Physician on Call/Medical Registrar on Call
- Surgical Triage Officer – Consultant Surgeon on Call/Surgical Registrar on Call
- The next message will be the alerting message **“Major Emergency Declared – Activate Plan”**
Or
- **“Major Emergency Cancelled”**
- **If the emergency is cancelled, Switchboard will inform the Priority Group**

3.4 Declaration of a Major Emergency

The CUH Major Emergency Plan will be initiated by a call on the RED TELEPHONE to the Emergency Department from Ambulance Control stating:

“This is Ambulance Control, A Major Emergency has occurred (or is imminent) at . The Major Emergency Plan is now in operation”

Emergency Department Shift Leader receiving emergency declaration:

Notes the time of the call and is given the following information:

M Is the Major emergency on standby or 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 (e.g. medical team)

Receives and confirms details with ambulance control – **RED TELEPHONE**

Notify Director of Nursing or Night Superintendent of declaration to determine number and category of patients which CUH can accept. Only the designated person or their deputy can activate the Hospital Major Emergency Plan. The duty manager (ADON) or equivalent is most likely to be the DESIGNATED PERSON.

Dial 22111 or 2244 to inform CUH Switchboard that MEP is either on standby or declared as appropriate giving the following details if available. The Switchboard will confirm this information with ambulance control (Iron Triangle)

- Type of Emergency
- Place of Emergency

- Estimated number of casualties

The Shift Leader will activate the ED Alert procedure as per the ED Alert Level 1

The Switchboard will activate the Switchboard Alert procedure as per the Switchboard Alert Level 1

3.5 Alert Procedure

Alert Levels in Cork University Hospital will be divided between the Emergency Department, Switchboard and then cascading of the alert through Line Managers and Departments. (See pages 21-30)

3.6 Action Preparedness (Action Cards 1-25)

Make Ready the Emergency Department

- Prepare Site Medical Team
- Set up Red & Priority 2 Treatment Areas
- Set up Triage & Registration Points
- Transfer of existing patients from ED

Set Up the Hospital Emergency Control Centre (HECC)

This room will be located in the CUH Boardroom, Main Concourse and will house the Hospital's Emergency Control Team that will direct and control the Major Emergency

Media Room:

Located in the Main Auditorium as a Press Information Centre.

Relatives Area:

Located in the Glandore Centre and it will provide an area for relatives of casualties to await news of their relatives.

Garda Casualty Bureau:

Located in the MDM Room in the Cardiac Renal Centre (CRC) (located next to the CUH switchboard and hub) and manned by the Gardaí, who will collate casualty information.

Information Room:

Located in Library Room CRC (also located near the switch board and hub) and will operate as a base for all information gathered (computer point for hospital systems)

V.I.P. Area:

Located in the Meeting Room opposite the Coffee shop on Level 1 of the Cork University Maternity Hospital.

Prepare rest of Hospital for a Major Emergency

- Bed Management
- Ward Preparation
- Intensive Care
- Theatres
- Laboratories
- X-ray
- Out Patients Department
- Support Services
- Burns Unit 2D – if required
- Paediatric Department – if required
- Mortuary (if required)
- Dialysis(if required)

3.7 Treatment of Casualties

- Incident Site
- Red and Priority 2 Treatment Areas in the Emergency Department
- Priority 3 Treatment Area in the OPD
- Theatres
- Wards
- ICU

3.8 Stand-down

The decision to stand down will be taken in consultation with HSE Crisis Management Team representing the Principal Response Agencies (PRA). The Stand Down notification will be relayed by the Hospital Emergency Control Team (HECT) via its dedicated e-mail: cuh.mep@hse.ie to all staff advising them of stand down in relation to their particular area/department. It should be noted that stand down will not occur simultaneously in every department because of the impact of the Major Emergency on service delivery.

3.9 Business Continuity/Recovery

Following the decision to Stand Down and communication of same to all staff each area should immediately implement Business Continuity Plans to ensure that their service is up and running at the earliest possible opportunity.

Business continuity encompasses a loosely defined set of planning, preparatory and related activities which are intended to ensure that an organisation's critical business functions will either continue to operate despite serious incidents or disasters that might otherwise have interrupted them, or will be recovered to an operational state within a reasonably short period. As such, business continuity includes three key elements and they are:

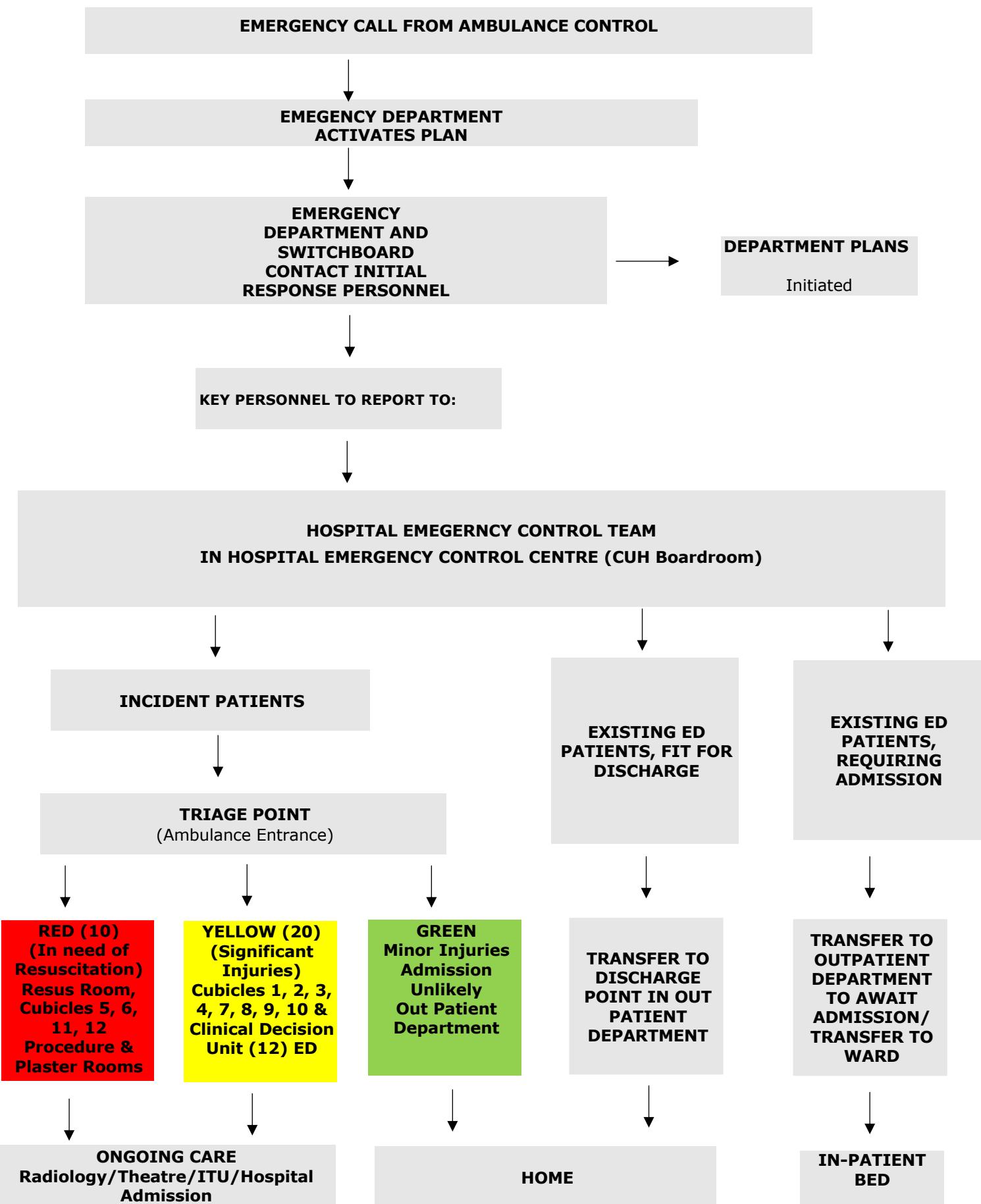
- 1) **Resilience:** critical business functions and the supporting infrastructure are designed and engineered in such a way that they are materially unaffected by most disruptions, for example through the use of redundancy and spare capacity;
- 2) **Recovery:** arrangements are made to recover or restore critical and less critical business functions that fail for some reason.
- 3) **Contingency:** the organisation establishes a generalised capability and readiness to cope effectively with whatever major incidents and disasters occur, including those that were not, and perhaps could not have been, foreseen. Contingency preparations

constitute a last-resort response if resilience and recovery arrangements should prove inadequate in practice.

3.10 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.

3.11 Major Emergency Flowchart



RESPONSIBILITIES OF MANAGERS AND STAFF

4.1 General

It is the responsibility of the **CHIEF EXECUTIVE OFFICER (CEO)** Cork University Hospital to ensure that this plan is ready to be implemented and that it is exercised and tested on a regular basis. The Executive Management Board of CUH incorporating the CEO, Director of Nursing and the Clinical Directors are responsible for managing the Hospital during a Major Emergency.

LINE MANAGERS are responsible for carrying out periodic checks, at no more than six monthly intervals that their staff are aware of individual emergency roles and that they are conversant with the responsibilities they may be required to assume.

Each ward or department must hold:

- A copy of this document (Major Emergency Plan for CUH)
- A laminated Action Card if applicable
- Details of staff contact numbers
- A copy of the ward/department sub plan which should include a section on Business Continuity and how it would relate to your service in the event of a major emergency
- Some form of Log Book to record details of how the ward/department dealt with the ME in a suitable location, readily available in the event of a Major Emergency

Line Managers should have a written department procedure (sub-plan) with action cards for individuals within each department. This should be regularly updated (every year)

On appointment and periodically thereafter it is the responsibility of **STAFF** to familiarise themselves with the general outline of this plan as set out herein and as per the MEP Staff Information Leaflet (See Appendix G, pg 211). Staff must be aware of the location to which they should report, their role and responsibilities as laid out in the relevant **Action Card** (department sub-plan if applicable) when a major emergency has been declared.

Individual members of staff are responsible for reporting any changes of their home address or telephone number to their Line Manager, (or in the case of medical staff, to medical manpower), to enable out-of-hours contact lists to be maintained.

4.2 Activation of the Plan

The Hospital Emergency Control Team (HECT) has full responsibility for the response to a Major Emergency.

In the event of the Major Emergency Plan being activated all personnel will work in conjunction with the recommendations of the Hospital Emergency Control Team.

Staff with specific responsibilities will receive instructions on individual action cards and will receive appropriate training in advance. All other staff will receive instructions from their individual department /ward sub plan. It is the responsibility of the senior staff to ensure that junior staff are aware of their responsibilities.

Designated staff (action card holders) must ensure that in their absence their deputy or some other nominated person is briefed and available to perform their duties.

4.3 Off Duty Staff/Identification/Parking

All off duty staff who are due to attend the next shift/night duty should not go to CUH until their planned start time unless explicitly requested to do so by their Line Manager.

The senior staff member on duty in each ward/ department is responsible for nominating a member of staff whose responsibility is to call in additional staff. The Manager of each ward/department is responsible for the maintenance of an up to date list of their staff home and work telephone numbers for use in a designated Major Emergency only.

All staff must wear Cork University Hospital security identification badges (Access will be denied to the hospital to those members of staff who are unable to produce the required I.D.)

Staff Parking will be provided in Highfield Rugby Football Club and Bishopstown GAA Grounds car parking facilities, additional staff parking will be made available for CUH staff in Wilton Shopping Centre if CUH carpark capacity is full. A Taxi service will be provided by Taxi Co-op when required to ferry staff directly to CUH.

4.4 Reporting to the HECT

It is the responsibility of all action card holders to make a status report of their area's activities in relation to their area of responsibility. These reports should be made on an hourly basis to the Senior Manager/Information Manager (via the MEP dedicated e-mail – cuh.mep@hse.ie) in the Emergency Control Centre. If at any time during the plan activation an incident arises which could impede the fulfilment of these functions contact should be made with the HECC to resolve the issue. A specially prepared Feedback Template Document has been developed for this purpose (please see Appendix H for copy of document)

4.5 Stand Down

The decision to stand down will be taken in consultation with HSE Crisis Management Team representing the Principal Response Agencies (PRA). The Stand Down notification will be relayed by the Hospital Emergency Control Team via its dedicated e-mail – cuh.mep@hse.ie - to all staff advising them of stand down in relation to their particular area/department. It should be noted that stand down will not occur simultaneously in every Department because of the impact of the major emergency on service delivery.

Co-ordinate Stand Down in your area of responsibility only, this should include:

- Inform all staff in your area of responsibility
- Thank Staff
- Get up to date information about staffing levels
- Give information on debrief and follow up
- Collect lists of staff on duty for the duration of the incident

It should be noted that activation of Stand Down will not always indicate that the work of the service is complete. In conjunction with your colleagues ensure that there is sufficient staff to manage the expected workload and Stand Down the remaining staff. It may be necessary to leave some staff on duty for a prolonged period. Arrange a shift cycle to ensure that members of staff are not left on duty for an excessive period.

All Action Card holders alerted must remain at their posts until 'stand down' orders are received from the HECT.

4.6 Business Continuity/Recovery

Following the decision to Stand Down and communication of same to all staff each area should immediately implement Business Continuity Plans to ensure that their service is up and running at the earliest possible opportunity.

Business continuity encompasses a loosely defined set of planning, preparatory and related activities which are intended to ensure that an organisation's critical business functions will either continue to operate despite serious incidents or disasters that might otherwise have interrupted them, or will be recovered to an operational state within a reasonably short period. As such, business continuity includes three key elements and they are:

1. **Resilience:** critical business functions and the supporting infrastructure are designed and engineered in such a way that they are materially unaffected by most disruptions, for example through the use of redundancy and spare capacity;
2. **Recovery:** arrangements are made to recover or restore critical and less critical business functions that fail for some reason.
3. **Contingency:** the organisation establishes a generalised capability and readiness to cope effectively with whatever major incidents and disasters occur, including those that were not, and perhaps could not have been, foreseen. Contingency preparations constitute a last-resort response if resilience and recovery arrangements should prove inadequate in practice.

4.7 Reporting at the Conclusion of Major Emergency

Please ensure all actions taken during a Major Emergency are documented, including dates, times, and signatures of staff.

The manager of each ward/department is responsible for keeping a log of events and decisions made during the emergency. This should be given to a member of the HECT following the emergency. The information collected will be forwarded to the chairperson of the Major Emergency Planning Group for compilation of a hospital report.

It is the responsibility of the HECT to ensure a log is kept at the HECC and that all events and decisions are recorded. The HECT is responsible for ensuring that all logs and records kept by the managers are secured after the event.

This policy will be reviewed on a biannual basis, following an incident or where there are any changes in hospital policy or buildings.

4.8 Health and Safety

All staff are responsible for ensuring compliance with the Site Specific Safety Statement Cork University Hospital PPG- CUH- CUH -238 (issue 7) Standard precautions and Health and Safety standards are to be adhered to at all times.

4.9 Employee Assistance Programme (EAP)

This service is available to staff if required during a Major Emergency and the service should be contacted immediately when required.

4.10 Picture Archive Communication System (P.A.C.S)/I Clinical Manager (I.C.M.)

Staff should be aware that all Radiology Images will be available on PACS via the Emergency MRN number and Laboratory results will be available on ICM via the Emergency MRN number

All Electronic Requesting will continue in the event of a Major Emergency, unless for some reason the systems go down and we will be forced to continue with the manual system.

4.11 Foreign Language Interpreters

A list of available interpretation services is available from Switchboard

4.12 MEP Staff Information Leaflet (Appendix G)

ALERT PROCEDURE

Day & Night

Alert Levels in Cork University Hospital will be divided between the Emergency Department, Switchboard and then cascading of the alert through Line Managers and Departments.

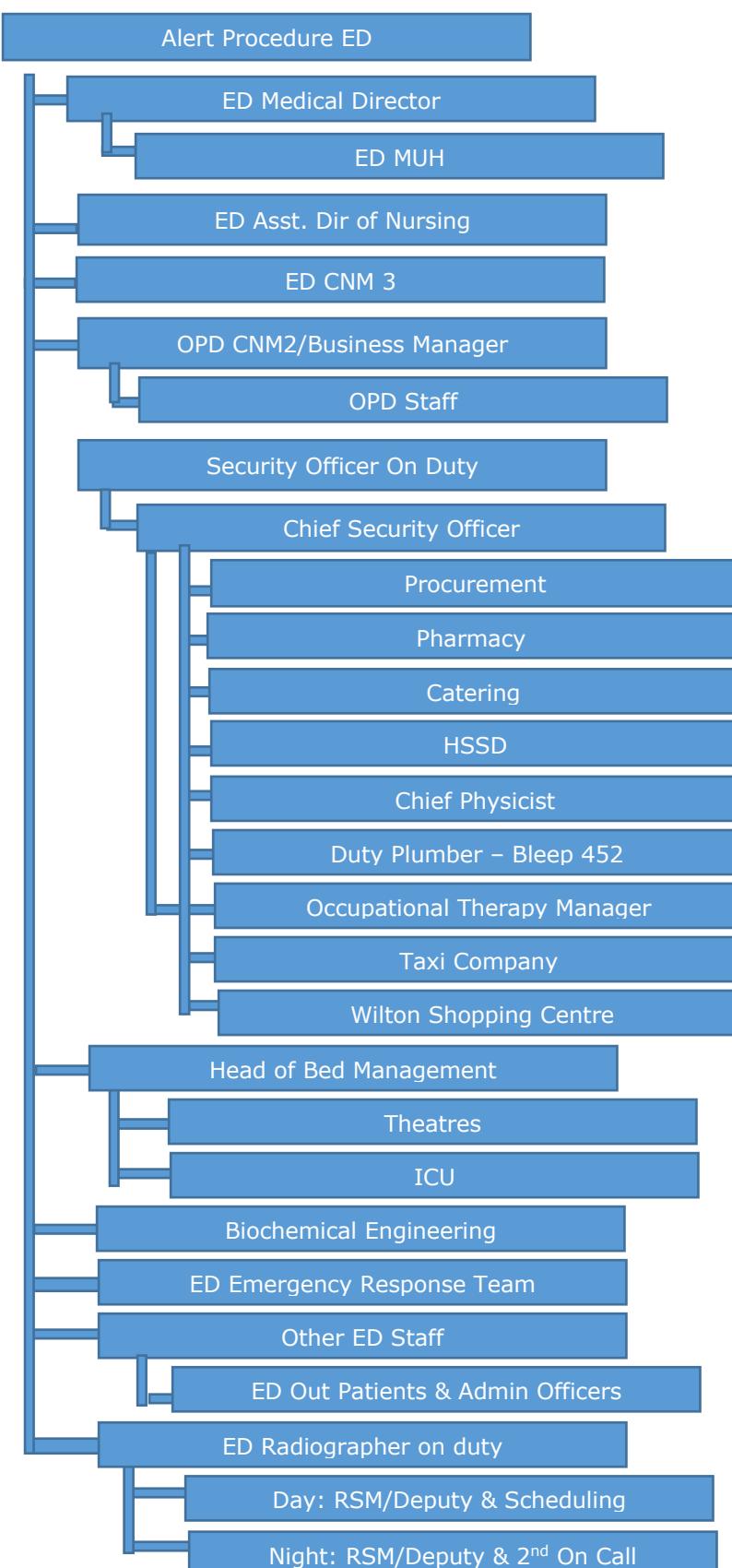
The CUH Major Emergency Plan will be initiated by a call on the RED TELEPHONE to the Emergency Department from Ambulance Control stating:

"This is Ambulance Control, A Major Emergency has occurred (or is imminent) at . The Major Emergency Plan is now in operation"

Emergency Department Shift Leader receiving emergency declaration:

1. Note the time of the call and is given the following information
M Is the Major emergency on standby or 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 (e.g. medical team)
2. Receives and confirms details with ambulance control – **RED TELEPHONE**
3. Notifies the Site Manager or Night Superintendent of the alert. Only the designated person or their deputy can activate the Hospital Major Emergency Plan. The duty manager (ADON) or equivalent is most likely to be the DESIGNATED PERSON.
4. Dial 22111 or 22444 to inform CUH Switchboard that MEP is either in standby or operational as appropriate and provide details if available. The Switchboard will confirm this information with ambulance control (Iron Triangle)
5. The ED Shift Leader will activate the ED Alert procedure as per the ED Alert Level 1
6. The Switchboard will activate the Switchboard Alert procedure as per the Switchboard Alert Level 1

5.1 Alert Organisational Charts



Alert Level 1**5.2.1 Emergency Department 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 Clinical Director& Consultant On-Call (Action Card 4.6)
Emergency Department Assistant Director of Nursing (Action Card1.1)
Emergency Department ADON Flow Co-Ordinator (Action Card4.1 – 4.8)
Emergency Department CNM 3 (Action Card4.1)
Unscheduled Care Manager (Action Card 4.2)

Out Patient Department CNM2 and Business Manager (Action Card 23)

Kaviya Varghese, CNM2 (By day – Runner)

Bryan Hendricks/Diarmuid Rohan, Catriona Hegarty, Staff Officers OPD

Security - Emergency Department (Action Cards3.1 & 3.2)

The **Security Officer** on duty in the Emergency department will alert the **Chief Security Officer**

Clinical Director Unscheduled Care/Unscheduled Care Lead

Prof Conor Deasy –Clinical Director Unscheduled Care

Aideen O’ Riordan Unscheduled Lead

Bio-Medical Engineering Department (Action Card No. 14.5)

Nelius O’Sullivan

Tony O’Mahony

ED Emergency Response Team: (Activation Card 1 - 1.3)

- **Clinical Director Unscheduled Care (Prof Conor Deasy)**
- **Unscheduled Care Lead (Aideen O’Riordan)**
- **Consultant in Emergency Medicine (Dr. Abdul Safras)**
- **Clinical Facilitator CNM2 No. 1**
- **Clinical Facilitator CNM2 No. 2**
- **GP Liaison Nurse, Emergency Department**

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/Clinical Decision Unit staff

Emergency Department Radiographer on duty who will in turn alert

Day: Radiography Services Manager (Ms Fiona O’Neill)/Deputy Radiography Services Manager and the Scheduling Radiographer (Action Card 22)

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

IMPORTANT NOTE

Switchboard staff are tasked with notifying a large number of individuals in the event of the Major Emergency Plan (MEP) being activated. Given their role in the event of a Major emergency, time restraints will preclude the Switchboard staff from relaying details of the Major Emergency to each individual

Consequently when the Switchboard staff contact named individuals they will **ONLY** be seeking confirmation that the recipient has received their message.

Switchboard staff will only relay the MEP category e.g. Train Crash, Multivehicle Accident, Explosion etc.- but not the finer details of same.

In response, you are requested to say '**Message Received**' and promptly end the call

You then need to activate your own local MEP Action Card.

Details of the Major Emergency will be circulated on email which you then need to obtain directly.

Given the large volume of calls that the CUH Switchboard are required to undertake your advance co-operation with this process is very much appreciated.

5.2.2 Switchboard Day/Night

Once the Major Emergency has been declared and confirmed the following staff will be alerted immediately by telephone from the Hospital Switchboard

Members of the HECT

- Hospital Co-Ordinator/Executive/Clinical Director (Action Card 2.1)
- Chief Executive Officer/Hospital Manager (Action Card 2.2)
- Director of Nursing/Night Superintendent (Action Card 1.1)
- Operations Manager (Action Card 2.3)
- Services Manager (Action Card 2.2)
- Human Resources Manager (Action Card 25.3)
- Communications Officer (Action Card 15.1)
- Major Emergency Information Manager (Action Card 2.1 & 16.1)
 - **Needs replacement-**
 - **Martina Hutchinson** – Information Officer to the HECT
- Information Support Team (Action Card 2.2, 2.5 & 16.1)
 - Elaine Cronin
 - Laura Cullinane
 - David Shortland
 - Conor McCarthy

Members of the Executive Management Board and Management Team

Clinical Directors

- **Clinical Director** – Directorate of Medicine
- **Clinical Director** – **Unscheduled Care**
- **Clinical Director** – Cancer Services
- **Clinical Director** – Diagnostics Directorate
- **Clinical Director** – Peri-Operative Directorate

Management Team

- Medical Manpower Manager
- Finance Manager
- Information Services Manager (ICT)

Other Key Members of Staff

- Consultant Surgeon On-Call/Surgical Registrar on Call (Action Card 6.3)
- Consultant Physician On-Call/Medical Registrar on Call (Action Card 8.2)
- In the event of a Paediatric Major Emergency
- Consultant on Take/Call Paediatric Service (Action Card 9.2)
- CNM3 Paediatrics (Action Card 9.3)
- CUH Blood Bank – Scientist On-Call/**John Sheehy** (Action Card 13.1)
- Laboratory Manager – **Sinead Creagh** (Action Card 13.1)
- Portering Services Manager – **Frank Power** (Action Card 11.2)
- All other **Consultants on Call** and then the **Surgical On-Call Registrars**
- **Chaplain** on Duty (Roman Catholic & Church of Ireland) (Action Card 17)
- Maintenance Department – **Patrick (PJ) Murphy**
- Occupational Health Physician Consultant (Action Card 25.1)
- **Liaison Psychiatrist/On Call – Clinical Director Department of Psychiatry**
- Radiotherapy Services Manager/Deputy – **Claire Keating** (Action Card 29)
- Switchboard Supervisor – **AnneMarie Barrett** (Action Card 1.2)
- Relatives Co-Ordinator – **Ms Deirdre Carey** (Action Card 18.2)
- Health Care Records Department – **Denise O'Sullivan** (Action Card 15.2)
- Social Work Department – **Maria Leahy** (Action Card 25.2)
- Medical Liaison Officer for Relatives **Dr James Kinahan** **Dr Eddie O'Sullivan (GP)** (Action Card 18.3)
- Mortician **Dan Collins** (Action Card 12)
- Cork University Maternity Hospital (CUMH) – **Switchboard** Tel 021 4920500
- **Acute Adult Mental Health Unit (AAMHU)** (Reception 24hrs Tel 021 4234350

Supporting Hospitals & Clinics

Supporting Hospitals: Contact the Main Switchboard and ask them to relay the message to the Hospital Manager or appropriate Deputy (see appendix B)

Mercy University Hospital (MUH)	Tel: 021 4271971
South Infirmary Victoria Hospital (SIVUH)	Tel: 021 4926100
University Hospital Kerry (UHK)	Tel: 066 7184000
Mallow General Hospital (MGH)	Tel: 022 21251
Bantry General Hospital (BGH)	Tel: 027 50133
Bon Secours Hospital Cork	Tel: 021 4542807

Supporting Clinics

VHI Swiftcare Clinic, City Gate, Mahon, Cork	Tel: 1890 866 966
Mercy Urgent Care Centre, (SMHC)	Tel: 021 4926900

5.3 Alert Level 2 – Action Cards

Once the Major Emergency has been declared and confirmed the following cascading telephone calls will be made by staff who will already have been alerted at Level 1 – Details of these alerts are contained in individual action cards as outlined below.

Emergency Dept. Consultant in CUH (Action Card 4.6) notifies

Emergency Department in Mercy University Hospital

Emergency Department Reception Staff (Action Card 4.8) notifies

Emergency Department Business Manager, Staff Officer and Administrative Officers

Information Manager (Action Card 22) notifies

Information Management Team

Director of Nursing, CUH (Action Card 2.4) notifies

Director of Midwifery/Night Superintendent/Deputies and Assistant Directors of Nursing CUH & CUMH

Head of Bed Management CUH (Action Card 5.1) notifies

Theatre Superintendent ITU/CITU CNM's

Out Patient Department (OPD) CNM2/OPD Business Manager (Action Card 23) notifies

Out Patient Department Staff

Radiography Services Manager/Deputy (Action Card 13.2) notifies

Day:

Director of Radiology
CNM2
Radiographers on Duty
PACS Clinical Specialist
RIS Administrator
Off Duty Radiographers

Night & On-Call:

Director of Radiology
Clinical Specialist (Trauma)
CNM2
PACS Clinical Specialist
RIS Administrator
Off Duty Radiographers
Clerical Supervisor
General Staff (via paging system)

Scheduling Radiographer (Action Card 13.2) notifies

Departmental Portering & Housekeeping Staff

Second On-Call Radiographer (Action Card 13.2) notifies

All Radiographers On-Call (Night & On-Call)

Portering Department (Action Card 11.2) notifies

Housekeeping Services Manager/Deputies
Chair Support Services Board
Portering Deputy Managers

**Portering Runner – See below template for Switchboard Porter Runner Message
– runner to**

All Wards/Senior Nurses
Main Reception
Acute Medical Assessment Unit
Cardiac Renal Centre



**FOR THE ATTENTION OF MAIN
RECEPTION
CUH Main WARD BLOCK
Cardiac Renal Centre (CRC) Emergency
Department AMAU/MSSU/Endoscopy
&
Glandore Centre**

**THIS IS A HIGH ALERT MESSAGE TO
INFORM ALL WARDS THAT THE
MAJOR EMERGENCY PLAN
IS NOW IN OPERATION FOLLOWING:**

Porter Runner message prepared by CUH Switchboard in the event of a Major Emergency being declared.

Nominated Porter to distribute this message to each ward

Security Department (Action Cards 31. And 3.2) notifies

Procurement Department- Model Farm Road Pharmacy
Catering HSSD
Chief Physicist
Duty Plumber – Bleep 452 All Taxi Companies
Manager of Wilton Shopping Centre

Relatives Co-Ordinator (Action Card 18.1) notifies

Risk Manager

5.4 Text Messaging Alert System

5.4.1 ED Text Messaging Alert System

The Text Messaging Alert System is activated from the Shift Leaders Mobile Phone in the Emergency Department. It will be used to supplement the Phone alert system as detailed above. Text messages can be sent to Emergency Department staff and a priority list of hospital staff giving them information on the Major Emergency. Local radio will also be used and staff may be asked to listen in to news bulletins on local radio in the event of a major emergency.

Text Messaging Alert Phone: Activation Phone(**ED Shift Leaders Phone**)

5.4.2 Bulk Text Messaging System (ICT E-Mobile Bulk Text)

Two groups have been set up that can be contacted if required by Text Messaging in the event of a Major Emergency Standby or Declaration as outlined below.

1. Priority Stand by Group : contacted in the event of the Major Emergency being on Standby i.e. not declared
2. MEP Group: contacted in the event of a Major Emergency having been declared

Testing of the System on-going

6. ACTION CARDS

6.1 AIM

Action Cards provide detailed instructions and information concerning major emergency procedures to be implemented in the hospital.

6.2 Types

Action cards cover functional roles and responsibilities pertinent to a specific post holder or more generally to hospital departments.

6.3 Issue to Post Holders/Departments

Action cards will be issued on an individual basis to specific post holders/deputy or a specific department and will be located in a safe and accessible place so that in the event of a major emergency the card is available immediately. A full set of action cards will be available in the Emergency Department (Major Emergency Store), and the Services Department (HECC – Major Emergency Store).

6.4 Location of Action Cards

Each area should designate a location (see pages 5-6) for holding a copy of the Major Emergency Plan for CUH, the relevant Action Card (optional sub plan) and any other information pertinent to the smooth operation of the plan in that area to be available in the event of a Major Emergency to the person delegated to perform the duties identified in the action card.

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

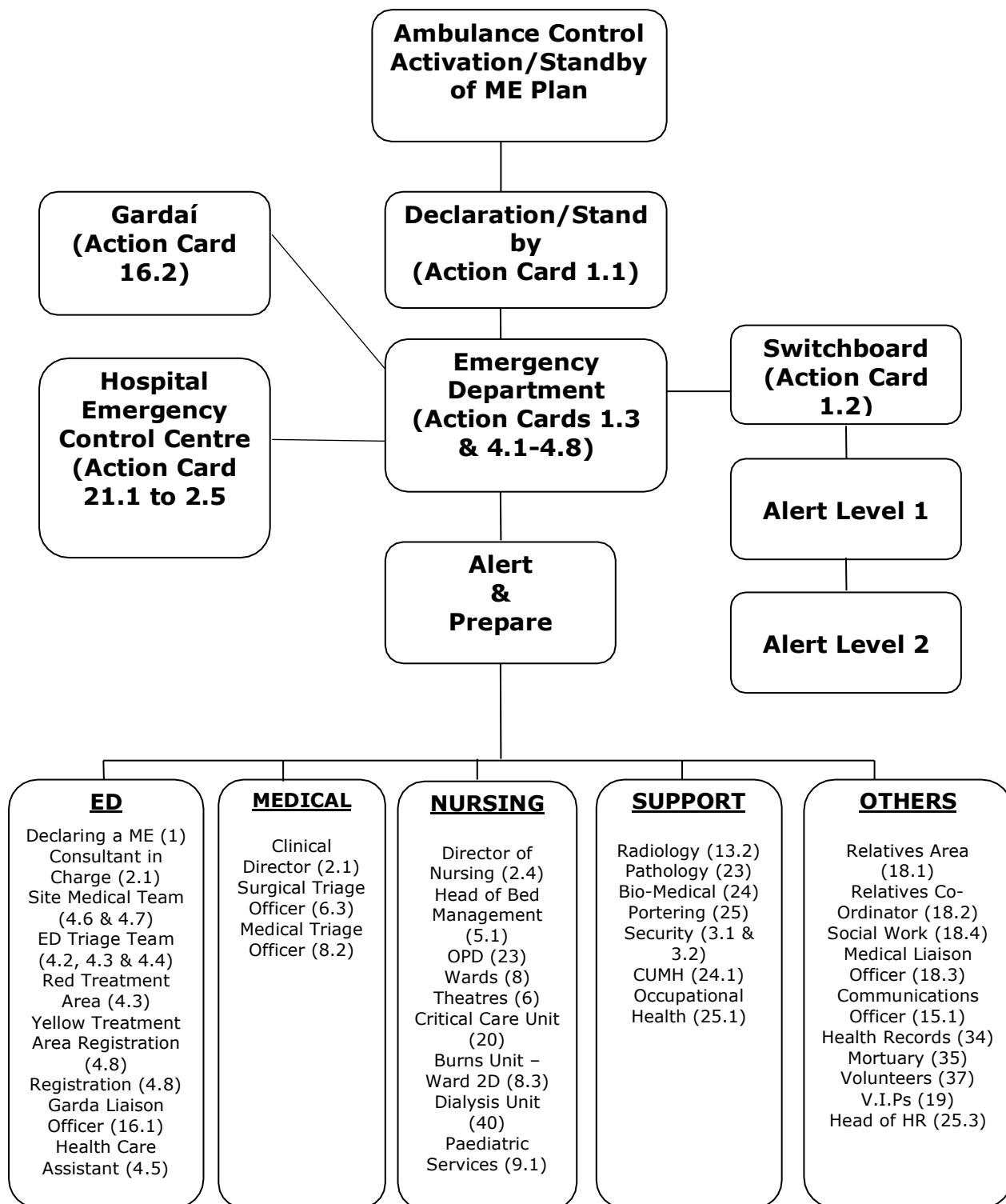
6.5 Exercises

To test communication and the implementation of this Major Emergency Plan exercises may be held without the prior notification of staff. To distinguish an exercise from actual implementation all messages will be prefixed “**EXERCISE**”.

6.6 Contact Numbers

Each Individual Action Card will contain the relevant contact number of the individual named in the card. However these contact numbers will not appear in the CUH Major Emergency Plan Document.

6.7 Action Card Chart



1 ACTIVATION	Cork University Hospital	ACTION CARD NUMBER
	Designated person Authorised to Activate: Site Manager/Night Superintendent	1.1
You Report To:	HECT	You Brief: Senior Nursing Team
Overall Responsibilities	<ul style="list-style-type: none"> Authorise the MEP Activation or Stand-by 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION		ON STANDBY
<ul style="list-style-type: none"> Authorises ED to activate Notifies switchboard Follows own action card Maintain liaison with HSE Crisis Management Team Organise set up HECT control room Cancel/defer all planned non-emergency admissions until decision to stand down taken Mobilise all wards 		<ul style="list-style-type: none"> Alert senior Nursing team Confirm standby with ED manager and theatre manager Alert all other members of HECT Alert security Confirm standby with Ambulance Control
Consider these points <ul style="list-style-type: none"> There are two ways by which the MEP may be activated; Externally: The Ambulance Service may declare a Major Emergency and activate the MEP or place the hospital on Standby, or Internally: An authorised manager can activate the MEP 		

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1 ACTIVATION	Cork University Hospital	ACTION CARD NUMBER
	Switchboard Manager/Operator	1.2
You Report To:	HECT	You Brief: Key Personnel (Priority Group)
Overall Responsibilities	<ul style="list-style-type: none"> Ensuring effective communications Notification of key staff Mobilisation of staff to key roles 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION	ON STANDBY	
<ul style="list-style-type: none"> Confirm back to ambulance control that HMEP has been activated (or that HMEP activated internally) Activates the hospital as per own action card Call in off duty switchboard staff Notify key staff as per agreed priority call in 	<ul style="list-style-type: none"> Confirm standby with ambulance control Activate the *standby alert group Call in off duty switchboard staff 	
Consider these points On being informed by the Nurse in Charge of the ED that the CUH Major Emergency Plan has been put on Standby you will alert the following key personnel (Priority Group):		
ED CNM3		
ED Patient Flow Co-Ordinator		
ED Lead Co-Ordinator		
ED Clinical Director		
ED Assistant Director of Nursing		
Switchboard Supervisor Grade V		
Chief Executive Officer		
Clinical Director, Directorate of Medicine		
Clinical Director, Peri-Operative Directorate		
Clinical Director, Diagnostics Directorate		
Clinical Director, Cancer Services		
Radiography Services Manager		
Services Manager		

Information Services Manager	
Emergency Response Representative (ED)	
MEP Communications Officer CUH	
Relatives Co-Ordinator	
Head of Bed Management CUH	
Chief Security Officer	
Garda Liaison Officer	
Medical Triage Officer – Consultant Physician On Call/Medical Registrar On Call	
Surgical Triage Officer – Consultant Surgeon On Call/Surgical Registrar On Call	
<p>Using the following message: "This is the Switchboard at Cork University Hospital – the hospital has been put on alert" – and given the following details if available:</p> <ul style="list-style-type: none"> • Type of Emergency • Place of Emergency • Estimated number of casualties. 	
<p>DECLARED On being informed by the Designated Person that the CUH Major Emergency Plan has been declared you will:</p> <ol style="list-style-type: none"> a. Confirm the declaration with NAS NEOC (Ambulance Control) (Phone No 021-4209846) b. Activate the CUH Major Emergency Alert procedure (Level 1) 	
<p>Using the following message: "This is the Switchboard at Cork University Hospital – The Major Emergency plan has been activated" – and giving the following details if available</p> <ul style="list-style-type: none"> • Type of Emergency • Place of Emergency • Estimated number of casualties 	
<p>ALERT LEVEL 1</p> <p>SWITCHBOARD</p> <p>DAY/NIGHT</p> <p>Once the Major Emergency has been declared and confirmed the following staff will be alerted immediately by telephone from the Hospital Switchboard</p>	

Members of the HECT

Hospital Co- Ordinator/Executive/Clinical Director	Telephone Number
Chief Executive Officer	
Jennifer Kearney	
Director of Nursing	
Helen Cahalane	
Operations Manager	
Brendan O'Reilly	
Services Manager	
Anne Bodley	
HR Manager	
Incumbent	
Communications Officer	
Aileen Horgan	
Communications – Heneghan PR	
Eoghan O Neachtain	
Major Emergency Business Manager	
Information Support Manager to the HECT	

Members of the Executive Management Board and Management Team

Clinical Directors	Telephone Number
Clinical Director, Directorate of Medicine	
Dr. Barry Plant	
Clinical Director, Unscheduled Care	
Prof Conor Deasy	
Clinical Director, Peri-Operative Directorate	
Mr Mark Dolan	
Clinical Director, Diagnostics Directorate	
Dr Vitaliy Mykytiv	
Clinical Director, Cancer Services	
Dr. Dearbhaile Collins	

Management Team

Finance Manager	
Avril O'Sullivan	
Information Services Manager	
Ger Moloney	

Other Key Members of Staff

Medical Triage Officer and Surgical Triage Officer

- **Consultant Surgeon On-Call/Surgical Registrar On-Call**
- **Consultant Physician On-Call/Medical Registrar On-Call**
- **Consultant On Take/ Call Paediatric Service (if applicable)**

All Other **Consultants on Call** and then the **Surgical On-Call Registrars**

CUH Blood Transfusion Lab- Scientist On-Call

John Sheehy

Laboratory Manager

Sinead Creagh

Portering Services Manager

Frank Power

Maintenance Dept

Patrick (PJ) Murphy

Occupational Health Physician

Dr.

Liaison Psychiatrist/On Call Clinical

Director Department of Psychiatry

Radiotherapy Services Manager/Deputy

Claire Keating

Switchboard Supervisor Grade V

Annemarie Barrett

Relatives Co-Ordinator

Deirdre Carey

Health Records Department

Denise O'Sullivan

Social Work Department

Maria P. Leahy

Medical Liaison Officer(s) for Relatives

Dr Eddie O'Sullivan

Dr James Kinahan

Mortician

Dan Collins

Cork University Maternity Hospital (CUMH)

Switchboard

Acute Mental Health Unit

Chaplain on Duty

Supporting Hospitals

Mercy University Hospital	021 4271971
South Infirmary Victoria University Hospital	021 4926100
University Hospital Kerry	066 7184000
Mallow General Hospital	022 21251
Bantry General Hospital	027 50133
Bon Secours Hospital Cork	021 4542807
Cork University Maternity Hospital	021 4920500

Supporting Clinics

VHI Swift Care Clinic. City Gate, Mahon	1890 866 966
Mercy Urgent Care Centre	021 4926900

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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/ paediatric 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 	
---	--

Consider these points

- i)** Once activated, following confirmation by Switch, commence alert procedure. Call the following staff:
 - 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
- ii)** Allocate staff to set up and prepare to receive casualties in the following Areas (Action Cards 5 & 6):
 - (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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2 CONTROL	Cork University Hospital	ACTION CARD NUMBER		
	Hospital Emergency Control Team: Clinical Director	2.1		
You Report To:	HECT	You Brief:		
Overall Responsibilities	<ul style="list-style-type: none"> • To coordinate the hospital response to an emergency. • To ensure clear lines of communication are maintained • To maintain accurate record of actions and decisions undertaken. <p><i>Debriefing from learning MEP</i></p>			
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION				
ON ACTIVATION	ON STANDBY			
<ul style="list-style-type: none"> • Proceeds to HECT room. • Liaise with the Emergency Department Controller (ED Reg/Consultant) • Ensure co-ordination of Medical/Surgical Services throughout hospital. • Brief HECT re: theatre capacity and critical care capacity • Maintains liaison with HSE Crisis Management Team • Maintain liaison with HSE Communications dept. • Restore hospital to normal operation after Major Emergency Plan has been stood down 	<ul style="list-style-type: none"> • Commence and maintain liaison/communication with HECT • Ensure co-ordination of Medical/Surgical Services throughout hospital. 			
Consider these points				
<ul style="list-style-type: none"> • Plan for recovery, Business continuity • Strategic guidance of HSE Crisis Management Team 				

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2 CONTROL	Cork University Hospital	ACTION CARD NUMBER
	Hospital Emergency Control Team: Chief Executive Officer	2.2

You Report To:	HECT	You Brief:	HSE CMT
Overall Responsibilities	<ul style="list-style-type: none"> • To coordinate the hospital response to an emergency. • To ensure clear lines of communication are maintained • To maintain accurate record of actions and decisions undertaken. • Control of non-nursing resource. • Liaising with local & regional Major Emergency Groups 		

IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION

ON ACTIVATION	ON STANDBY
<ul style="list-style-type: none"> • Proceed to HECT room. • Ensure presence of other members • Nominate key person to maintain log of all significant messages and requests. • Maintain liaison with HSE Crisis Management Team • Maintain liaison with HSE Communications dept. 	<ul style="list-style-type: none"> • Liaise with the S/SWHG regarding potential activation • Liaise with the DON regarding potential hospital bed capacity

Consider these points

i) Alert Information Support Team

Laura Cullinane	
David Shortland	
Elaine Cronin	
Conor McCarthy	

ii) Set-up the HECC in the CUH Boardroom (Cardiac Renal Centre) (Please follow the laminated Sub-Plan in Major Emergency Store)

The Main Functions of the HECT are:

- To make an early assessment as to the capacity of the hospital to deal with the Major Incident and the following will effect that assessment, No. of casualties, No of fatalities, burn victims, children, very seriously injured casualties needing Resus and ITU,
- To manage the response of the hospital to the emergency
- To maintain a status board of hospital activity H
- To plan for recovery
- To manage Business Continuity
- To liaise with and act under the strategic guidance of the HSE South Crisis

Management Team including sending a senior manager to attend the CMT if requested – Crisis Management Team contact Tess O'Donovan, **Chief Operations Officer, South/South West Hospital or Ms Grace Rothwell, General Manager, University Hospital Waterford (087 6456830)**.

Hospital Emergency Control Team (HECT):

• Hospital Co-Ordinator	Nominated Clinical Director
• Chief Executive Officer	Jennifer Kearney
• Director of Nursing	Helen Cahalane
• Operations Manager	Brendan O'Reilly
• Services Manager	Anne Bodley
• HR Manager	Incumbent
• Communications Officer	
• Information Services Manager (ICT)	Ger Moloney

Each department is to notify (through the dedicated ME e-mail cuh.mep@hse.ie) the HECC when their Action Card is implemented.

All requests for additional resources and supplies to be processed through the HECT.

The decision to stand down will be taken in consultation with HSE Crisis Management Team – Phone No. **021 4921614/021 49 21615/021 4921616**
Fax No. **(021 4921684)**
Email Address:cmt.south@hse.ie

TETRA ISSI 50917

Call Sign CMT. Representing the Principal Response Agencies (PRA).

The Stand Down notification will be relayed by the HECT via its dedicated e-mail – cuh.mep@hse.ie – to all staff advising them of stand down in relation to their particular area/department.

It should be noted that stand down will not occur simultaneously in every department because of the impact of the major emergency on service delivery.

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2 CONTROL	Cork University Hospital	ACTION CARD NUMBER
	Hospital Emergency Control Team: Operations Manager	2.3
You Report To:	HECT	You Brief: HSE CMT
Overall Responsibilities	<ul style="list-style-type: none"> • To coordinate the hospital response to an emergency. • To ensure clear lines of communication are maintained • To maintain accurate record of actions and decisions undertaken. • Coordinate clinical support services. 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION	ON STANDBY	
<ul style="list-style-type: none"> ▪ Proceeds to HECT room. ▪ Liaise with the service managers ▪ Ensure co-ordination of catering/cleaning/support Services throughout hospital ▪ Maintains liaison with HSE Crisis Management Team ▪ Maintain liaison with HSE Communications dept. ▪ Restore hospital to normal operation after Major Emergency Plan has been stood down 	<ul style="list-style-type: none"> ▪ Commence and maintain liaison/communication with HECT ▪ Ensure co-ordination of catering/cleaning/support Services throughout hospital 	
Consider these points <ul style="list-style-type: none"> • Plan for recovery • Business continuity • Strategic guidance of HSE Crisis Management Team 		

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2 CONTROL	Cork University Hospital	ACTION CARD NUMBER
	Hospital Emergency Control Team Nurse Manager/ Director of Nursing	2.4
You Report To: Overall Responsibilities	HECT <ul style="list-style-type: none">• To co-ordinate the hospital response to an emergency.• To ensure clear lines of communication are maintained• To maintain accurate record of actions and decisions undertaken	You Brief: HSE CMT
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION		ON STANDBY
<ul style="list-style-type: none"> • Instruct switch to activate HMEP • Allocate staff to set up HECT control room and establish staff sign in area • Liaise with ED, OPD, Head of Bed Management to establish bed compliment, theatre activity and capacity patients ready for discharge/transportation out. • Mobilise all wards • Advise all HECT team members to sign in on arrival and out on stand down 		<ul style="list-style-type: none"> • Alert senior Nursing team • Confirm standby with ED Manager and theatre manager • Alert all other members of HECT • Alert security • Establish hospital capacity with Bed Management.
Consider these points <ul style="list-style-type: none"> • Plan for recovery, Business continuity • Strategic guidance of HSE Crisis Management Team 		

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2 CONTROL	Cork University Hospital	ACTION CARD NUMBER						
	Hospital Emergency Control Information Support	2.5						
You Report To:	HECT	You Brief: HSE CMT						
Overall Responsibilities	<ul style="list-style-type: none"> • To co-ordinate the hospital response to an emergency. • To ensure clear lines of communication are maintained • To maintain accurate record of actions and decisions undertaken 							
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION								
ON ACTIVATION	ON STANDBY							
<ul style="list-style-type: none"> • Proceeds to HECT room. • Maintain accurate record of actions and decisions undertaken. • Maintains liaison with HSE Crisis Management Team • Maintain liaison with HSE Communications dept 	<ul style="list-style-type: none"> • Make way to the Boardroom and set up boards from MEP store. 							
<p>Consider these points</p> <p>Telephones: CUH Boardroom has three phones for use in a major emergency. One phone is permanently located on the table, the next one in the MEP store in the Boardroom 021 4234195 to be located near the window of the room next to the computer podium, the additional phone 021 4234180 is located in the MEP cupboard in the CUH Boardroom and there is a requirement to plug this in to the socket located under the main table in the boardroom Clinical Director, Peri-Operative Directorate Tel. No.086 - 8208881</p> <p>FAX Machine: A Fax Machine 021 4234194 can be found labelled in the major emergency store that needs to be plugged into the designated socket (specific instructions on the Fax Machine Box).</p> <p>Emergency Mobile Phones: Obtain from the Switchboard (located in the cardiac renal centre) 086 7872183(PIN 7111), 086 7872184(PIN 1849) should be fully charged and ready for use (kept in filling cabinet in Switchboard).</p> <p>Information Manager Boards: Boards and Easels located in the Major emergency store to be set up to assist the HECT in controlling the incident.</p> <p>This room will house the HECT that will direct and control the Major Emergency. The team should report to the HECC in the CUH Boardroom in the Cardiac Renal Centre to take control of the emergency.</p> <p>The Information Support Team are:</p> <table border="1" style="margin-left: 200px;"> <tr><td>Laura Cullinane</td><td></td></tr> <tr><td>David Shortland</td><td></td></tr> <tr><td>Elaine Cronin</td><td></td></tr> </table>			Laura Cullinane		David Shortland		Elaine Cronin	
Laura Cullinane								
David Shortland								
Elaine Cronin								

	Conor McCarthy		
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3 SECURITY	Cork University Hospital	ACTION CARD NUMBER		
	Head of Security	3.1		
You Report To:	Hospital Manager	You Brief: Security Team		
Overall Responsibilities	<ul style="list-style-type: none"> • Site Access, Entry Control & Traffic • Liaison with An Garda Síochána • Support the Cascade Alert 			
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION				
ON ACTIVATION	ON STANDBY			
<ul style="list-style-type: none"> • Initiate Call in; • Establish traffic and personnel access/exit points • set up cordons as planned • Check security ID of all non-patients entering • Preserve patient areas for clinical activity • Ensure efficient traffic flow 	<ul style="list-style-type: none"> • Obtain signage, action card, Barrier tape, documentation. • Prepare to initiate call in 			
Consider these points <ul style="list-style-type: none"> • In conjunction with the Hospital Garda liaison person facilitate Casualty Bureau Arrangements • The hospital Traffic Plan is developed in cooperation with An Garda Síochána and covers both hospital site and the immediate surroundings of the facility. 				
<u>08.00 hours – 17.00 hours</u>				
On being informed that the CUH Major Emergency Plan has been put into operation the Chief Security Officer/Deputy will: <ol style="list-style-type: none"> 1. Position and direct Security Officers on-duty to: <ol style="list-style-type: none"> a. Officer on inside duties to continue on bleep b. 1 Officer to Main Gate (Traffic Control) c. 1 Officer to Main Door/Entrance – direct press, relatives, visitors etc. d. 3 Officers to the ED for crowd/traffic control e. 1 Officer to the Radiotherapy Reception for relative's control f. 1 Officer on mobile patrols to assist where required g. Other Officers to assist where required 2. Facilitate in conjunction with the Garda Liaison Nurse and the Gardaí the setting up of the Garda Casualty Bureau. 3. Alert Procurement Department: Manager/Deputies <p>Stephen Lynch Michael Coleman</p>				

Cliff Peyton

4. Alert Pharmacy Department: **Deirdre Lynch Principal Pharmacist**
5. Alert Catering Department: **Anne Bodley, Head of Catering**
6. Alert HSSD **Andrea Kennedy, CNM2, HSSD**
7. Alert Chief Physicist **Eamonn Hayes TBC**
8. Contact and inform the Duty Plumber on **Bleep 452**
9. Direct Security
10. Ensure staff are transported from Highfield and Bishopstown GAA Car Parks in conjunction with Cork Taxi Co-Op if required.
Colin O'Mara Taxi Co-Op, Mobile 021-4272222
11. Alert Manager Wilton Shopping Centre – **Susanne Irwin**
12. Liaise with local Gardaí on traffic arrangements
13. Arrange transport of Site Medical Incident Officer and Mobile Medical Team to incident site by Security Transport if Ambulance unavailable

Chief Security Officer**17.00 hours – 08.00 hours**

15. Instruct that all available officers be contacted and requested to report for duty.
16. One Security Officer to go to help Switchboard in calling in staff, especially Consultants/Registrars. Open Deputy Radiography Service Manager's office.

Contact Supplies Officer:

Stephen Lynch
Michael Coleman
Cliff Peyton

1. Alert Pharmacy Department: **Deirdre Lynch, Principal Pharmacist**
2. Alert Catering Department: **Anne Bodley, Head of Catering**
3. Alert HSSD Manager **Andrea Kennedy CNM2, HSSD**
4. Alert Chief Physicist **Eamonn Hayes TBC**
5. Contact and inform the Duty Plumber on **Bleep 452**
6. Ensure staff are transported from Highfield Car Park in conjunction with Cork Taxi Co-Op if required.
7. Alert **Cork Taxi Co-Op** – Colin O'Mara –021-4272222
8. Alert Manager Wilton Shopping Centre – **Susanne Irwin**
9. Liaise with Gardaí on traffic and crowd control.

Traffic Control Plan:

1. Only Emergency vehicles will be allowed to turn right towards ED on entering the main gate. Roadway to the ED to be kept clear at all times.
2. Deliveries of Urgent supplies will be allowed turn right at main entrance but will exit from the west.
3. All other vehicles will be directed towards the Main Western car park.
4. All vehicles leaving the complex will do via western side.
5. Cars leaving the North East car park from the (cancelled) OPD Clinics will be directed left on exit towards the Ring Road emerging at the main gate from the west. The Back exit gate may also be used to accommodate and alleviate traffic.

Crowd Control Plan:

1. Only patients will be allowed enter the Emergency Department, all visitors will be directed away from the area.
2. Patients' relatives will be accommodated in the Radiotherapy Reception Area (Relatives Area).
3. The Garda Team will set up a control room located in the Meeting & Conference Room in the Cardiac Renal Centre (adjacent to the switchboard)
4. The CUH Boardroom in the Cardiac Renal Centre will be reserved for the HECT and an 'Information Room' will be accommodated in the small MDM Room, Cardiac Renal Centre.
5. Press/Media will be located in the Main Auditorium
6. Security Department to provide a manned desk at the Main Hospital Entrance an appropriate signage relating to the Major Emergency

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3 SECURITY	Cork University Hospital	ACTION CARD NUMBER
	Security Staff	3.2
You Report To:	Operations Manager	You Brief: Security Officer & Team
Overall Responsibilities	<ul style="list-style-type: none"> • Site Access, Entry Control & Traffic • Liaison with An Garda Síochána • Support the Cascade Alert 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION		ON STANDBY
<ul style="list-style-type: none"> • Obtain signage, action card, Barrier tape, documentation. • Establish traffic and personnel access/exit points • set up cordons as planned • Check security ID of all non-patients entering • Preserve patient areas for clinical activity • Ensure efficient traffic flow 		<ul style="list-style-type: none"> • Prepare to set up cordons as directed • Obtain signage, action card, Barrier tape, documentation. • Await direction from Head Security
Consider these points <ul style="list-style-type: none"> • In conjunction with the Hospital Garda liaison person facilitate Casualty Bureau Arrangements 		
<u>Security Officers on Duty</u>		
<u>17.00 hours – 08.00 hours and at weekends</u>		
<ol style="list-style-type: none"> 1. Contact Deputy Chief Security Officer 2. Direct outside Security Officer to Main Gate for traffic control duties. 3. Direct 1 Officer to Emergency Department straight away 4. Alert HSSD staff on duty <ul style="list-style-type: none"> • HSSD 24 hour service Monday – Friday • Saturday 8am – 8pm • Sunday 8am – 8pm 5. Contact and inform the Duty Plumber on Bleep 452 		

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4 EMERGENCY DEPARTMENT	Cork University Hospital Unscheduled Care Manager	ACTION CARD NUMBER 4.1		
You Report To:	Unscheduled Care Clinical Director & COO	You Brief: Acute Floor Staff Officer, Unscheduled Care Data Manager & Acute Floor Admin Team		
Overall Responsibilities	<ul style="list-style-type: none"> Preparation of department and staff to receive casualties Communication with HECT 			
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION				
ON ACTIVATION	ON STANDBY			
<ul style="list-style-type: none"> Ensure that the reception areas are being prepared Ensure that ED staff call-in has been instituted Support Senior Clinical Teams in patient flow Appoint Admin supervisors to support Red Zone, Yellow Zone and Triage and Green area. Ensure all supervisors have staffing, equipment supply and documentation in their areas. Keep Contact the Support services managers to ensure adequate support Liaise with Triage Officer 	<ul style="list-style-type: none"> Members of the teams/groups will be issued with stickers so they will be easily recognisable 			
Consider these points				

4 EMERGENCY DEPARTMENT	Cork University Hospital	ACTION CARD NUMBER 4.2	
	Ambulance Triage Nurse		
You Report To:	ED CNM3	You Brief:	Triage Team
Overall Responsibilities	<ul style="list-style-type: none"> Ensure that all casualties are triaged on entering the emergency department. The appropriate Triage using Major Incident Triage Tool (MITT) of casualties at ambulance entrance. After ED Triage you may need to change the priority on ambulance cruciform (Triage Sieve). Ensure Clerical support available to compile Patient Tracking Document. Visibly walking wounded casualties to be streamed to Ambulatory Triage Area via external pathway to main ED entrance/surveillance desk for further Triage Sort of casualties. Liaison with ED medical staff allocated to triage. Liaison with CNM 2 Shift leader/CNM3. Liaise with Red/ Yellow/ Green Area Leaders as needed. 		
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION			
ON ACTIVATION	ON STANDBY		
<ul style="list-style-type: none"> Prepare Area for triaging patients. You will need MEP charts, vitals monitor, PPE, extra cruciforms, Major Incident Triage Tool (MITT) Stickers. Bring the Major Emergency Plan CUH charts to the Ambulance Triage Area at ambulance entrance. Start with Box 1. Commence triaging casualties using MITT and assign each casualty a Major Emergency Plan (MEP) CUH Chart, including those who are deceased on arrival. Complete the MITT sticker on front of chart. Exercise clinical judgement. Clinical Judgement can override triage as appropriate Apply pseudonym wristband provided in MEP chart to casualty's wrist. Apply MEP chart alias sticker to front of ED Cruciform and place on patient. (Colour on cruciform directs porter where patient should go). Highlight on MEP MAP that space is occupied. ED HCA to be allocated to assist with patient movement. 	<ul style="list-style-type: none"> Read and familiarise yourself with action card Revise the ED Triage MITT system. Liaise with the senior ED nurse and Senior ED Medical Staff and await further developments. 		

Consider these points

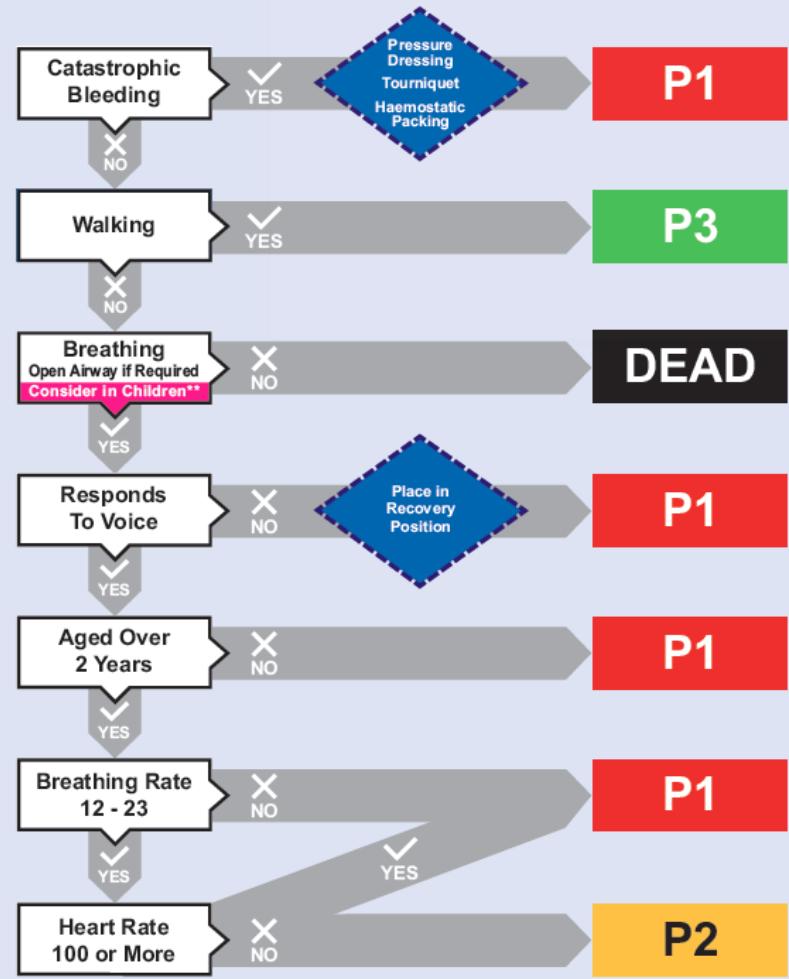
TRIAGE TEAM (1 DOCTOR, 1 NURSE)

Triage patients on arrival into appropriate category

Red (Priority 1)	Critical – Needs resuscitation
Yellow (Priority 2)	Serious
Green (Priority 3)	Minor Injuries
White	D.O.A

1. Apply MEP CUH chart casualty pseudonym wristband to each casualty. Patients who present who are not part of MEP are still given an MEP chart and pseudonym.
2. Appropriate documentation on MEP cruciform
3. Major Emergency Plan CUH chart stationary to be used in all documentation, e.g. specimen labels, X-Rays, etc.
4. Send casualty to appropriate area, liaise with portering and allocated HCA
5. Notes, property, etc. to stay with casualty.

NHS Major Incident Triage Tool (MITT)



4 EMERGENCY DEPARTMENT	Cork University Hospital	ACTION CARD NUMBER
	Ambulatory Triage Nurse	4.3

You Report To:	ED CNM3	You Brief:	Triage Team
Overall Responsibilities	<ul style="list-style-type: none"> The appropriate Triage of walking wounded patients using Major Incident Triage Tool (MITT) of casualties at ED main entrance After Triage you may need to change the priority on ambulance cruciform. Please exercise clinical judgement. After triage you may need up triage depending on patient presentation Ensure Clerical support available to compile Patient Tracking Document Liaison with ED Medical staff allocated to triage. Liaison with ED Shift leader CNM2/CNM3 Ensure that all casualties are triaged on entering the Eye Casualty. 		

IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION

ON ACTIVATION	ON STANDBY
<ul style="list-style-type: none"> Prepare Area for triaging patients. You will need MEP charts, vitals monitor, PPE, extra cruciform, Major Incident Triage Tool (MITT) Stickers/ form. Bring the Major Emergency Plan CUH Charts to the ambulatory Triage Area at main ED entrance. Start with Box 6. Commence triaging casualties. Assign each casualty a Major Emergency Plan (MEP) CUH Chart, including those who are not part of the MEP. Document the ED Triage category on the front of the MEP CUH Chart , sign & time it Ensure appropriate Cruciform post ED Triage is displayed on patient. (This indicates where patient will go). Exercise clinical judgement. Apply pseudonym wristband provided in MEP Chart to casualty's wrist. Liaise with red/ yellow/ green area nurse leaders as required. ED HCA to be allocated to assist with patient movement. 	<ul style="list-style-type: none"> Read and familiarise yourself with action card. Revise the ED Triage Sort scoring system. Liaise with the senior ED nurse and Senior ED Medical Staff and await further developments

Consider these points

TRIAGE TEAM (1 DOCTOR, 1 NURSE)
Triage patients on arrival into appropriate category

Red (Priority 1)	Critical – Needs resuscitation
Yellow (Priority 2)	Serious
Green (Priority 3)	Minor Injuries

White	D.O.A
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1. Apply MEP CUH chart casualty pseudonym wristband to each casualty.
2. Appropriate documentation on MEP cruciform
3. Major Emergency Plan CUH chart stationary to be used in all documentation, e.g. specimen labels, X-Rays, etc.
4. Electronic ordering of diagnostics will be possible as soon as the casualty alias is registered in the ED. Continue standard daily practice in relation to electronic ordering of diagnostics.

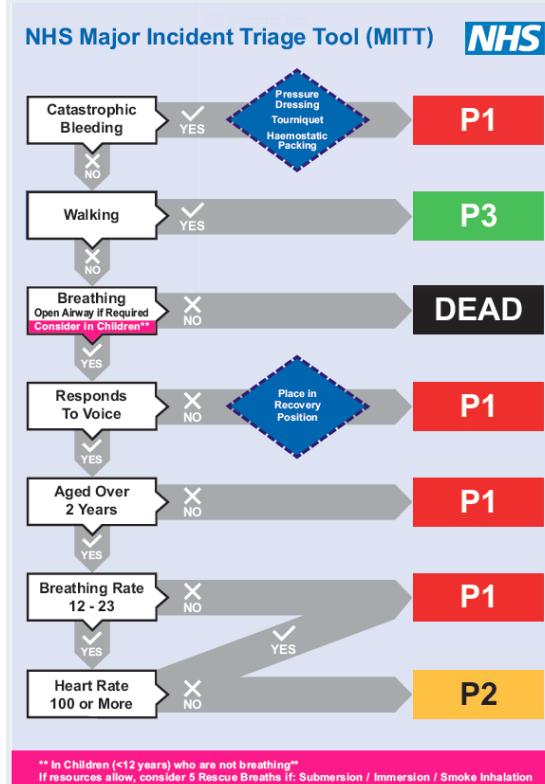
Once a Major Emergency has been declared all ED clinicians should logout of iCM and log back into iCM using the MEP Username and Password.

Username: MEPMEP

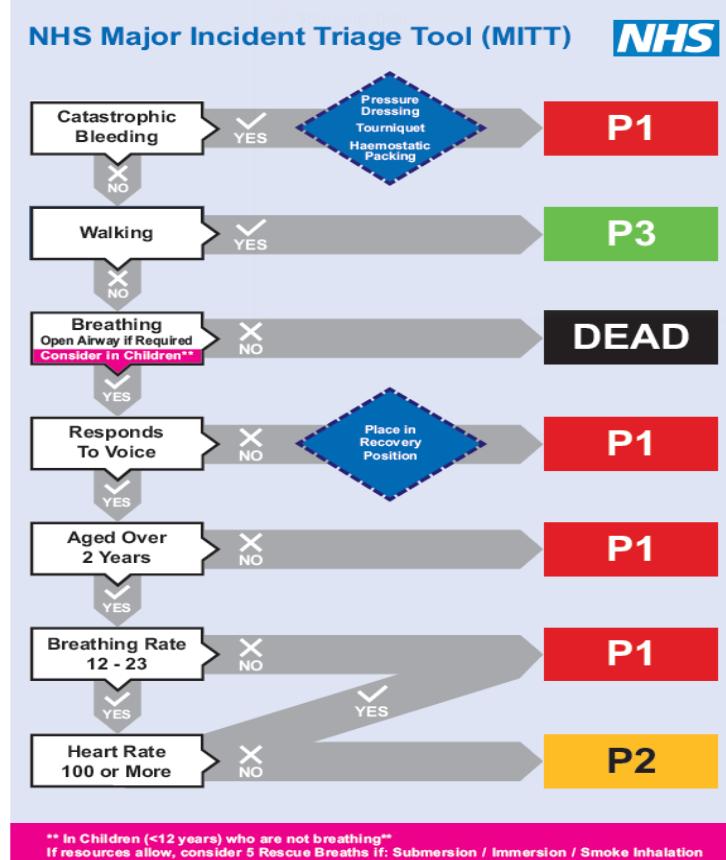
Password: MEPMEP

This Profile will display all 300 MEP Patients on the one list negating the need for these patients to be registered on iPMS.

5. Send casualty to appropriate area.
6. Notes, property, etc. to stay with casualty.



4. EMERGENCY DEPARTMENT	Cork University Hospital	ACTION CARD NUMBER
	EM Consultant AMBULANCE TRIGE	4.3a
You Report To:	ED Consultant lead	You Brief: ED Teams at RED & YELLOW zones
Overall Responsibilities	<ul style="list-style-type: none"> You work closely with ambulance triage nurse and triage patients to RED and YELLOW zones using MITT(Major incident Triage Tool as below) 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION	ON STANDBY	
<ul style="list-style-type: none"> You work closely with ambulance triage nurse and triage patients to RED and YELLOW zones using MITT(Major incident Triage Tool) 	<ul style="list-style-type: none"> Familiarise yourself with MITT 	



4 EMGERENCY DEPARTMENT		Cork University Hospital	ACTION CARD NUMBER
		ED Red Area Nurse	4.4
You Report To:	Red Area Leader	You Brief:	Nursing and ED Medical staff – Red Area
Overall Responsibilities	<ul style="list-style-type: none"> • Prepare the area you are allocated in to function as resuscitation areas (critical care patients). • Provide nursing care for critical patients • Coordinate with the treating medics the safe transfer of patients for indicated diagnostic and treatment procedures • Communicate with ED Red Area Leader 		
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION			
ON ACTIVATION		ON STANDBY	
<ul style="list-style-type: none"> • You have been allocated to a red zone. • There are two red zones: <ul style="list-style-type: none"> ◦ Red Zone 1: Resus, Proc room 1/ Proc Room 2/ Proc Room 3 (7 spaces) ◦ Red Zone 2: Cubicle 5/6, cubicle 7/8, cubicle 9/10, cubicle 11, cubicle 12 (5 spaces) • Prepare your area for the reception of Resuscitation level patients. Ensure working 02, suction and monitoring equipment. Prepare stock as follows <ul style="list-style-type: none"> ◦ Airway Grab Box ◦ Thoracostomy Grab Bag ◦ IV Cannulation Grab Bag ◦ Major Haemorrhage Grab Bag • Paeds airway grabbox <22kg (x6) and >22kg(x 12), paeds thoracostomy boxes (x 12) and burns equipment containers available on the main ED corridor. • Assess patients on arrival to your area, document care and liaise with Red Area Leader if patient deteriorates • Provide nursing care for critical patients while working closely with the treatment team. • Assist treatment teams to prioritise the use of diagnostic and treatment resources for the most critical cases • Escalate to Red Area Leader if additional stock or human resources are required for Majors. 		<ul style="list-style-type: none"> • Read and familiarise yourself with action card • In collaboration and discussion with the team identify patients within Majors suitable for transfer to an appropriate alternative location • Liaise with the Red Area Leader and Senior ED Medical Staff and await further developments 	

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Consider these points

Red Zone 1

RESUSCITATION ROOM (4 spaces), PROCEDURE ROOM
1, 2, AND 3 (3 SPACES)

Red Zone 2

CUBICLE 5/6, CUBICLES 7/8, 9/10, 11, 12 (5 spaces)

TOTAL OF 12 TREATMENT SPACES

1. Electronic ordering of diagnostics will be possible as soon as the casualty alias is registered in the ED. Continue standard daily practice in relation to electronic ordering of diagnostics.

Once a Major Emergency has been declared all ED clinicians should logout of iCM and log back into iCM using the MEP Username and Password.

Username: MEPMEP

Password: MEPMEP

This Profile will display all 300 MEP Patients on the one list negating the need for these patients to be registered on iPMS.

2. Continue use of allocated casualty alias for entire care episode in the ED.
3. If further staffing/resources are required contact ED Red Area Leader

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4. EMERGENCY DEPARTMENT	Cork University Hospital	ACTION CARD NUMBER
	EM Consultant Lead (Senior EM Registrar will lead until Consultant arrives in out of hours)	4.5
You Report To:	HECT	You Brief: ED Team
Overall Responsibilities	<ul style="list-style-type: none"> • To provide medical direction in the ED • To prepare the ED for casualties, in consultation with shift leader/CNM3 • To work closely and ensure open communication with the shift leader • To liaise with and update the clinical director (HECT) on the ED • To enact referral of patients identified as unsafe for discharge directly to appropriate specialities 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION	ON STANDBY	
<ul style="list-style-type: none"> • Designate consultant lead to Ambulance Triage, Red, yellow and green areas. • Ensure preparedness in the ED • Liaise with the shift leader/CNM 3 of the ED in designating treatment teams for casualty areas. • Undifferentiated ED patients who are unsafe for discharge should be directly referred to the relevant speciality. • On activation Allocate, or delegate another Doctor to allocate, EM Doctors, on-call DIT staff, and Doctors who attend MEP at the ANP write up room to appropriate red, yellow and green areas • Confirm identity of and advise surgical and medical doctors. • liaise with and update the clinical director (HECT) on the ED • Institute EM consultant cascade. • On arrival of more EM Consultants their allocation should be prioritised to ED RED ZOON. 	<ul style="list-style-type: none"> • Read and familiarise yourself with action card • Brief ED team and ensure team has read action cards • Ensure preparedness in the ED • Liaise with the Nurse manager of the ED in designating potential treatment teams. • Alert or designate a person to alert, on-call consultants of Medical, General Surgery and Orthopaedic(this depends on current acuity in the ED) 	
Consider these points		
<ul style="list-style-type: none"> • Consider EM consultant and staff cascade depending on the continuing and future staffing requirements 		

- May need to liaise with the Mercy University Hospital Emergency Department

Immediate DIT allocation MEP

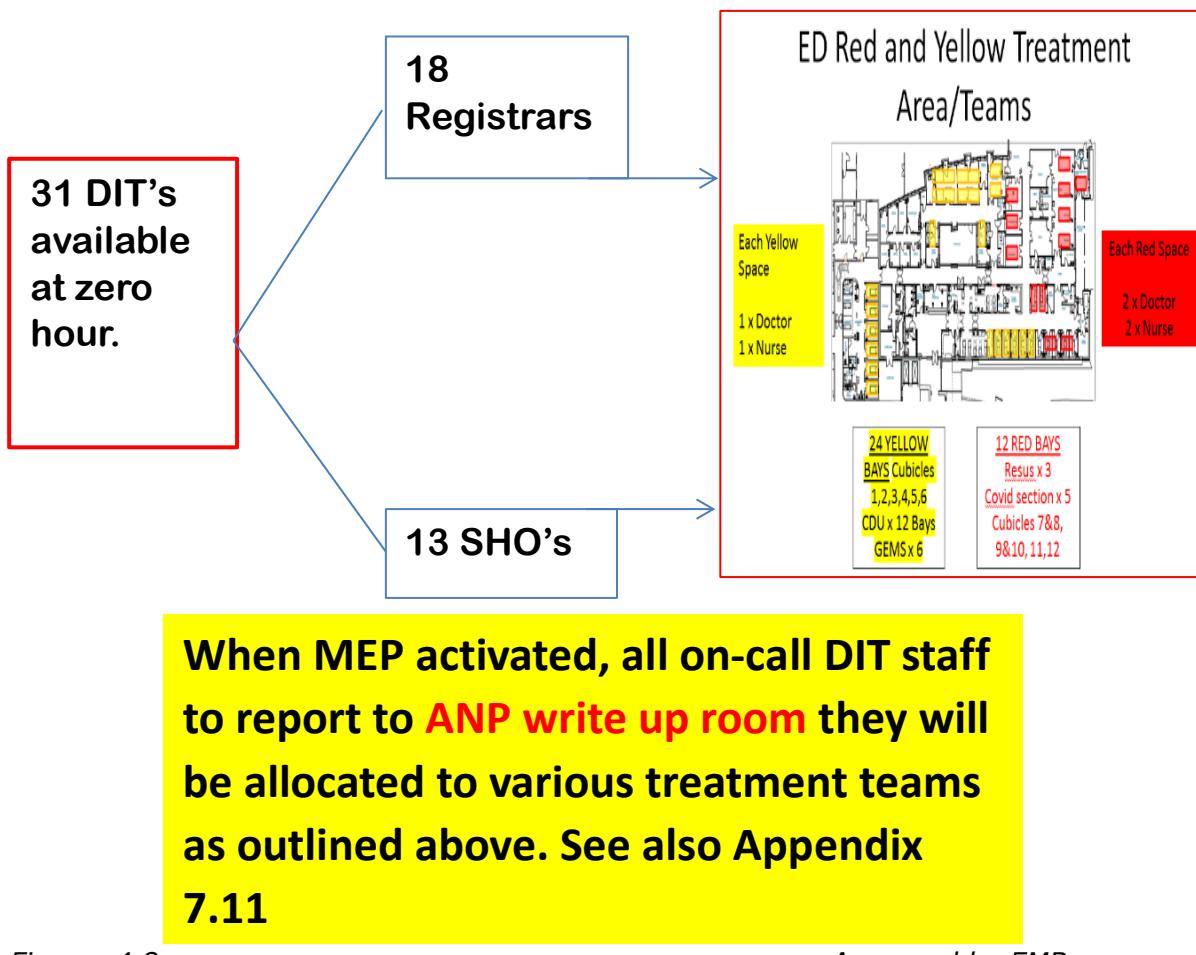


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Approved by EMB

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4. EMERGENCY DEPARTMENT	Cork University Hospital	ACTION CARD NUMBER
	ED Yellow Area Nurse	4.6
You Report To:	Yellow Area Leader	You Brief: Nursing and ED Medical staff – Red Area
Overall Responsibilities	<ul style="list-style-type: none"> Prepare the Yellow area to function for casualties with significant injuries. Provide nursing care for patients Coordinate with the treating medics the safe transfer of patients for indicated diagnostic and treatment procedures Yellow spaces will open in a staged fashion as staffing allows. Communicate with ED Yellow Area Leader 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION	ON STANDBY	
<ul style="list-style-type: none"> You have been allocated as yellow area Nurse in one of the following yellow areas: <ul style="list-style-type: none"> Yellow Zone 1- Cubicles 1,2,3,4 & Rasta P x 2 spaces Yellow Zone 2- CDU Yellow Zone 3- GEMS Ensure 02, suction and monitoring equipment are in working area. Liaise with Portering staff to collect MEP stock and equipment from Glandore MEP storeroom. Prepare Yellow Area for the reception of seriously injured casualties with following stock: <ul style="list-style-type: none"> Airway Grab Box (24) IV Cannulation Grab Bag (24) Thoracotomy Grab Bag* (12) Major Haemorrhage Grab Bag* (12) <i>*one between each bay</i> Ensure Yellow Area cages are brought from Glandore MEP storeroom containing: <ul style="list-style-type: none"> Burns Paeds airway grabbox <22kg (x6) and >22kg(x 12), paeds thoracostomy boxes (x 12) and burns equipment containers available on the main ED corridor. 	<ul style="list-style-type: none"> Read and familiarise yourself with action card In collaboration and discussion with the team identify patients within Majors suitable for transfer to an appropriate alternative location Liaise with the Yellow Area Leader Senior ED Medical Staff and await further developments 	

- Assess patients on arrival to your area, document care and liaise with Yellow Area Leader if patient deteriorates
- Provide nursing care for yellow area patients while working closely with the treatment team.
- Liaise with the treatment teams to prioritise the use of diagnostic and treatment resources for the most critical cases
- Escalate to Yellow Area Leader if additional stock or human resources are required for Majors

Consider these points

PRIORITY 2 AREA
 CUBICLES 1, 2, 3, 4, Rasta P x 2 spaces (6 spaces)
 CLINICAL DECISION UNIT (CDU, 12 spaces)
 GERIATRIC EMERGENCY MEDICINE (6 SPACES)
TOTAL OF 24 TREATMENT SPACES

4. Electronic ordering of diagnostics will be possible as soon as the casualty alias is registered in the ED. Continue standard daily practice in relation to electronic ordering of diagnostics.

Once a Major Emergency has been declared all ED clinicians should logout of iCM and log back into iCM using the MEP Username and Password.

Username: MEPMEP

Password: MEPMEP

This Profile will display all 300 MEP Patients on the one list negating the need for these patients to be registered on iPMS.

5. Continue use of allocated casualty alias for entire care episode in the ED.
6. If further staffing/resources are required contact designated ED Yellow Area Leader

Version Control	Date Approved	DD/MM/YYYY	Valid Until	DD/MM/YYYY

4. EMERGENCY DEPARTMENT	Cork University Hospital	ACTION CARD NUMBER
	EM Consultant YELLOW ZONE	4.6a
You Report To:	ED Consultant lead	You Brief: ED Team- YELLOW ZONE
Overall Responsibilities	<ul style="list-style-type: none"> • To prepare the YELLOW ZONE in the ED for casualties in consultation with shift leader/CNM3. • To liaise with and update the lead EM Consultant. 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
	ON ACTIVATION	ON STANDBY
	<ul style="list-style-type: none"> • Ensure preparedness in the ED YELLOW ZONE. • Assist with/organise the admission/discharge/referral of current ED casualties • Designate doctors to each YELLOW ZONE cubicle and ensure availability of supplies depending on nature of the incident. • Prepare to receive injured/ill category P2 patients. • Oversee patient management at the YELLOW ZONE and provide medical support to triage at the ambulance entrance until ambulance triage Consultant arrives. 	<ul style="list-style-type: none"> • Ensure preparedness in the ED • Assist with/organise the admission/discharge/referral of current ED casualties.
Consider these points		
	<ul style="list-style-type: none"> • Patient should be transferred to theatre, ICU or wards without delay to facilitate patient flow 	

Version Control	Date Approved	DD/MM/YYYY	Valid Until	DD/MM/YYYY

4. EMERGENCY DEPARTMENT	Cork University Hospital	ACTION CARD NUMBER
	ED Red Area Leader	4.7
You Report To:	CNM2/ Shift Leader	You Brief: Nursing and ED Medical staff – Designated Red Area
Overall Responsibilities	<ul style="list-style-type: none"> Organisation and management of the Majors area prior to, during and after a Major Incident Delegate and assist staff to prepare the red area you to function as resuscitation areas (critical care patients). Coordinate with the treating medics the safe transfer of patients for indicated diagnostic and treatment procedures Communicate with department shift lead. 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION	ON STANDBY	
<ul style="list-style-type: none"> There are two red areas and 2 Red Area Leaders <ul style="list-style-type: none"> Red Zone 1: Resus, Proc room 1/ Proc Room 2/ Proc Room 3 (7 spaces) Red Zone 2: Cubicle 5/6, cubicle 7/8, cubicle 9/10, cubicle 11, cubicle 12 (5 spaces) Ensure 02, suction and monitoring equipment are in working order. Red areas should ideally be staffed with 2 nurses, 2 doctors but this may not be achievable in early stages of MEP Ensure RED ZONE areas are equipped to resuscitate casualties <ul style="list-style-type: none"> Airway Grab Box Thoracostomy Grab Bag IV Cannulation Grab Bag Major Haemorrhage Grab Bag Paeds airway grabbox <22kg (x6) and >22kg(x 12), paeds thoracostomy boxes (x 12) and burns equipment containers available on the main ED corridor. Oversee the coordination of staff and casualties who are triaged to the red area and liaise with staff if patient needs to be escalated or de-escalated. Nurse Leader should oversee and delegate nursing roles and oversee clinical care. 	<ul style="list-style-type: none"> Read and familiarise yourself with action card Brief Red Area Nurses and Ensure team has red action card In collaboration and discussion with the team identify patients within Majors suitable for transfer to an appropriate alternative location Liaise with CNM2/ Shift leader and Senior ED Medical Staff and await further developments 	

- Inform CNM2/shift leader if additional stock or human resources are required for Majors
- Link with second Red Area Leader (Resus and Majors) as needed to coordinate care. Assist treatment teams to prioritise and coordinate care needed based on resources (i.e. equipment/ diagnostics/ medication/ blood products). Escalate as necessary.

Consider these points

Red Zone 1
 RESUSCITATION ROOM (4 spaces), PROCEDURE ROOM
 1, 2, AND 3 (3 SPACES)

Red Zone 2
 CUBICLE 5/6, 7/8, 9/10, 11, 12 (5 spaces)

TOTAL OF 12 TREATMENT SPACES

7. Electronic ordering of diagnostics will be possible as soon as the casualty alias is registered in the ED. Continue standard daily practice in relation to electronic ordering of diagnostics.

Once a Major Emergency has been declared all ED clinicians should logout of iCM and log back into iCM using the MEP Username and Password.

Username: MEPMEP

Password: MEPMEP

This Profile will display all 300 MEP Patients on the one list negating the need for these patients to be registered on iPMS.

8. Continue use of allocated casualty alias for entire care episode in the ED.
9. If further staffing/resources are required contact ED shift leader.

Version Control	Date Approved	DD/MM/YYYY	Valid Until	DD/MM/YYYY

4. EMERGENCY DEPARTMENT	Cork University Hospital	ACTION CARD NUMBER
	EM Consultant RED ZONE	4.7a
You Report To:	ED Consultant lead	You Brief: ED Team- RED ZONE
Overall Responsibilities	<ul style="list-style-type: none"> To prepare the RED ZONE in the ED for casualties in consultation with shift leader/CNM3. To liaise with and update the lead EM Consultant. 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION		ON STANDBY
<ul style="list-style-type: none"> Ensure preparedness in the ED RED ZONE. As more EM consultants arrives their allocation should be prioritised to the ED RED ZONE. Assist with/organise the admission/discharge/referral of current ED casualties Designate doctors to each RED ZONE cubicle and ensure availability of supplies depending on nature of the incident. Prepare to receive severely injured/ill category P1 patients. 		<ul style="list-style-type: none"> Ensure preparedness in the ED Assist with/organise the admission/discharge/referral of current ED casualties.
Consider these points		
<ul style="list-style-type: none"> Patient should be transferred to theatre, ICU or wards without delay to facilitate patient flow 		

Version Control	Date Approved	DD/MM/YYYY	Valid Until	DD/MM/YYYY

4. EMERGENCY DEPARTMENT	Cork University Hospital	ACTION CARD NUMBER
	ED Yellow Area Leader	4.8
You Report To:	CNM2/ Shift Leader	You Brief: Nursing and ED Medical staff – Designated yellow area
Overall Responsibilities	<ul style="list-style-type: none"> • Organisation and management of the Yellow Area (Majors/ CDU/GEMS) area prior to, during and after a Major Incident • Delegate and assist staff to prepare the yellow area to function for casualties with significant injuries. • Coordinate, with staff, the safe transfer of patients for indicated diagnostic and treatment procedures • Yellow spaces will open in a staged fashion as staffing allows. • Communicate with department shift lead 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
	ON ACTIVATION	ON STANDBY
<ul style="list-style-type: none"> • You have been allocated as yellow area Nurse Leader for one of the following areas: <ul style="list-style-type: none"> ◦ Yellow Zone 1- Cubicles 1,2,3,4, Rasta P x 2 spaces ◦ Yellow Zone 2- CDU ◦ Yellow Zone 3- GEMS • Ensure 02, suction and monitoring equipment are in working area. • Liaise with Portering staff to collect MEP stock and equipment from Glandore MEP storeroom. • Ensure YELLOW ZONE areas are equipped for reception of seriously injured casualties with the following: <ul style="list-style-type: none"> ◦ Airway Grab Box (24) ◦ IV Cannulation Grab Bag (24) ◦ Thoracostomy Grab Bag* (12) ◦ Major Haemorrhage Grab Bag* (12) <p style="text-align: center;"><i>*one between each bay</i></p> • Paeds airway grabbox <22kg (x6) and >22kg(x 12), paeds thoracostomy boxes (x 12) and burns equipment containers available on the main ED corridor. • Yellow areas should ideally be staffed with 1 nurse, 1 doctor but this may not be achievable in early stages of MEP • Yellow spaces will open in a staged fashion as staffing allows. Extra spaces may be available in RASTA P and old paeds but will depend on staffing. 	<ul style="list-style-type: none"> • Read and familiarise yourself with action card • Brief Yellow Area Nurses and ensure team has read action card • In collaboration and discussion with the team identify patients within areas suitable for transfer to an appropriate alternative location • Liaise with CNM2/ Shift leader and Senior ED Medical Staff and await further developments 	

- Oversee the coordination of staff and casualties who are triaged to the yellow area and liaise with staff if they feel patient needs to be escalated or de-escalated
- Nurse Leader should oversee and delegate nursing roles rather than direct clinical care.
- Inform CNM2/shift leader if additional stock or human resources are required for Majors.
- Assist treatment teams to prioritise and coordinate care needed based on limited resources (i.e. equipment/ diagnostics/ medication/ blood products).
- Link with other Yellow Area Leaders to coordinate care and spaces

Consider these points

Yellow Zones
Yellow Zone 1
 CUBICLES 1, 2, 3, 4, & RASTA P (2 spaces) (6 spaces)
Yellow Zone 2
 CLINICAL DECISION UNIT (CDU, 12 spaces)
Yellow Zone 3
 GERIATRIC EMERGENCY MEDICINE (6 SPACES)

TOTAL OF 24 TREATMENT SPACES

10. Electronic ordering of diagnostics will be possible as soon as the casualty alias is registered in the ED. Continue standard daily practice in relation to electronic ordering of diagnostics.

Once a Major Emergency has been declared all ED clinicians should logout of iCM and log back into iCM using the MEP Username and Password.

Username: MEPMEP

Password: MEPMEP

This Profile will display all 300 MEP Patients on the one list negating the need for these patients to be registered on iPMS.

11. Continue use of allocated casualty alias for entire care episode in the ED.

12. If further staffing/resources are required contact shift leader.

Version Control	Date Approved	DD/MM/YYYY	Valid Until	DD/MM/YYYY

4. EMERGENCY DEPARTMENT	Cork University Hospital	ACTION CARD NUMBER
	ED Green Area Leader	4.9
You Report To:	CNM2/ Shift Leader	You Brief: Nursing and ED Medical staff – Green Area
Overall Responsibilities	<ul style="list-style-type: none"> • Organisation and management of the Green Area (RASTA) prior to, during and after a Major Incident • Delegate and assist staff to Prepare the Green area to function for walking wounded casualties • Coordinate with the treating medics the safe transfer of patients for indicated diagnostic and treatment procedures • Communicate with the department shift lead 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
	ON ACTIVATION	ON STANDBY
	<ul style="list-style-type: none"> • You have been allocated as leader of green area in RASTA for walking wounded patients. • Ensure stock of portable 02. Ensure portable suction and 4 dinamaps are brought from MEP storeroom in Glandore. • Ensure Green Area Stock brought from MEP Storeroom Glandore. Green area stock contains 5 cages of stock divided as follows <ul style="list-style-type: none"> ◦ Wounds (dressings/ closure/ minor burns) ◦ POP ◦ Splints/slings/C&C/ boots ◦ Bulk (gloves/ dressing packs/ procedure packs) ◦ Crutches • Consider other areas in hospital if stock requirements exceed MEP stores. E.g. plaster room, dressing clinic, ward stock, physio department, MUH. • Oversee the coordination of staff and casualties who are triaged to the green area. • Liaise with staff if they feel patient is deteriorating and escalate as required to CNM2/shift leader • Nurse Leader should oversee and delegate nursing roles rather than direct clinical care. • Assist treatment teams to prioritise and coordinate care needed based on limited 	<ul style="list-style-type: none"> • Read and familiarise yourself with action card • Brief Green Area Nurses and ensure team has read action card • In collaboration and discussion with the team identify patients within RASTA area suitable for transfer to an appropriate alternative location • Liaise with CNM2/ Shift leader and Senior ED Medical Staff and await further developments

<p>resources (i.e. equipment/ diagnostics/ medication/ blood products).</p> <ul style="list-style-type: none"> Inform ED shift leader if additional stock or human resources are required for Majors 	
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Consider these points

PRIORITY 3 AREA RASTA AREA

- 13.**EM Reg/ Consultant will refer patient deemed unsafe for discharge directly to specialities.
- 14.**Patients who attend department unrelated to MEP will become part of MEP and may be sorted to your area.
- 15.**Electronic ordering of diagnostics will be possible as soon as the casualty alias is registered in the ED. Continue standard daily practice in relation to electronic ordering of diagnostics.

Once a Major Emergency has been declared all ED clinicians should logout of iCM and log back into iCM using the MEP Username and Password.

Username: MEPMEP

Password: MEPMEP

This Profile will display all 300 MEP Patients on the one list negating the need for these patients to be registered on iPMS.

- 16.**Continue use of allocated casualty alias for entire care episode in the ED.
- 17.**If further staffing/resources are required contact ED shift leader

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4. EMERGENCY DEPARTMENT	Cork University Hospital	ACTION CARD NUMBER		
	EM Consultant GREEN ZONE	4.9a		
You Report To:	ED Consultant lead	You Brief: ED Team- GREEN ZONE		
Overall Responsibilities	<ul style="list-style-type: none"> To prepare the GREEN ZONE in the ED for casualties in consultation with shift leader/CNM3. To liaise with and update the lead EM Consultant. 			
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION				
ON ACTIVATION	ON STANDBY			
<ul style="list-style-type: none"> Ensure preparedness in the ED GREEN ZONE/RASTTA Assist with/organise the admission/discharge/referral of current ED casualties Designate doctors to GREEN ZONE and ensure availability of supplies depending on nature of the incident. Prepare to receive injured/ill category P3 walking patients. Oversee patient management at the GREEN ZONE and provide medical support to triage at the RASTTA 	<ul style="list-style-type: none"> Ensure preparedness in the ED Assist with/organise the admission/discharge/referral of current ED casualties. 			
Consider these points				
<ul style="list-style-type: none"> Re-triage patients and escalate to red or yellow areas as indicated Patient should be transferred to theatre, wards or discharge lounge without delay to facilitate patient flow 				

Version Control	Date Approved	DD/MM/YYYY	Valid Until	DD/MM/YYYY

4. EMERGENCY DEPARTMENT	Cork University Hospital	ACTION CARD NUMBER
	ED Green Area Nurse	4.10
You Report To:	Green Area Leader	You Brief: Nursing and ED Medical staff – Green Area
Overall Responsibilities	<ul style="list-style-type: none"> • Prepare the area you are allocated in to function as area for walking wounded patients • Provide nursing care for walking wounded patients • Coordinate with the treating medics the safe transfer of patients for indicated diagnostic and treatment procedures • Communicate with ED Green Area Leader 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION	ON STANDBY	
<ul style="list-style-type: none"> • Prepare RASTA Area for the reception of walking wounded. • Ensure stock of portable 02. Ensure portable suction and 4 dinamaps are brought from MEP storeroom in glandore. • Ensure Green Area Stock brought from MEP Storeroom glandore. Green area stock contains 5 silos of stock divided as follows <ul style="list-style-type: none"> ◦ Wounds (dressings/ closure/ minor burns) ◦ POP ◦ Splints/slings/C&C/ boots ◦ Bulk (gloves/ dressing packs/ procedure packs) ◦ Crutches • Assess patients on arrival to your area, document care and liaise with Green Area Leader if patient deteriorates • Provide Nursing Care while working closely with treatment teams • Liaise with the treatment teams to prioritise the use of diagnostic and treatment resources for the most critical cases • Inform Green Area Leader if additional stock or human resources are required for Majors 	<ul style="list-style-type: none"> • Read and familiarise yourself with action card • In collaboration and discussion with the team identify patients within Paeds area suitable for transfer to an appropriate alternative location • Liaise with the Green Area Leader, Senior ED Medical Staff and await further developments 	
Consider these points		

**PRIORITY 3 AREA
RASTA AREA**

- 18.** EM Reg/ Consultant will refer patient deemed unsafe for discharge directly to specialities.
- 19.** Patients who attend department unrelated to MEP will become part of MEP and may be sorted to your area.
- 20.** Electronic ordering of diagnostics will be possible as soon as the casualty alias is registered in the ED. Continue standard daily practice in relation to electronic ordering of diagnostics.

Once a Major Emergency has been declared all ED clinicians should logout of iCM and log back into iCM using the MEP Username and Password.

Username: MEPMEP

Password: MEPMEP

This Profile will display all 300 MEP Patients on the one list negating the need for these patients to be registered on iPMS.

- 21.** Continue use of allocated casualty alias for entire care episode in the ED.
- 22.** If further staffing/resources are required report to green area leader.

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4. EMERGENCY DEPARTMENT	Cork University Hospital	ACTION CARD NUMBER
	EM Registrar/SHO RED ZONE	4.11
You Report To:	RED ZONE EM Consultant	You Brief: ED Team
Overall Responsibilities	<ul style="list-style-type: none"> • To prepare the RED ZONE for casualties in consultation with shift leader/CNM3. • To liaise with and update the RED ZONE EM Consultant. 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
	ON ACTIVATION	ON STANDBY
	<ul style="list-style-type: none"> • Ensure preparedness in the ED • Assist with/organise the admission/discharge/referral of current ED casualties • Continue work as part of ED team. • Ensure availability of supplies depending on nature of the incident. • Prepare to receive severely injured/ill category P1 patients. 	<ul style="list-style-type: none"> • Ensure preparedness in the ED • Assist with/organise the admission/discharge/referral of current ED casualties.
Consider these points		
	<ul style="list-style-type: none"> • Patient should be transferred to theatre, ICU or wards without delay to facilitate patient flow 	

Version Control	Date Approved	DD/MM/YYYY	Valid Until	DD/MM/YYYY

4. EMERGENCY DEPARTMENT	Cork University Hospital	ACTION CARD NUMBER		
	EM Registrar/SHO GREEN ZONE	4.11a		
You Report To:	GREEN ZONE EM Consultant	You Brief: ED Team		
Overall Responsibilities	<ul style="list-style-type: none"> • To prepare the GREEN ZONE for casualties in consultation with shift leader/CNM3. • To liaise with and update the GREEN ZONE EM Consultant. 			
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION				
ON ACTIVATION	ON STANDBY			
<ul style="list-style-type: none"> • Ensure preparedness in the ED • Assist with/organise the admission/discharge/referral of current ED casualties • Continue work as part of ED team. • Ensure availability of supplies depending on nature of the incident. • Prepare to receive injured/ill category P3 patients. 	<ul style="list-style-type: none"> • Ensure preparedness in the ED • Assist with/organise the admission/discharge/referral of current ED casualties. 			
Consider these points				
<ul style="list-style-type: none"> • Re-triage patients and escalate to red or yellow areas as indicated • Patient should be transferred to theatre, wards or discharge lounge without delay to facilitate patient flow 				

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4. EMERGENCY DEPARTMENT	Cork University Hospital	ACTION CARD NUMBER		
	EM Registrar/SHO YELLOW ZONE	4.11b		
You Report To:	YELLOW ZONE EM Consultant	You Brief: ED Team		
Overall Responsibilities	<ul style="list-style-type: none"> • To prepare the YELLOW ZONE for casualties in consultation with shift leader/CNM3. • To liaise with and update the YELLOW ZONE EM Consultant. 			
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION				
ON ACTIVATION	ON STANDBY			
<ul style="list-style-type: none"> • Ensure preparedness in the ED • Assist with/organise the admission/discharge/referral of current ED casualties • Continue work as part of ED team. • Ensure availability of supplies depending on nature of the incident. • Prepare to receive severely injured/ill category P2 patients. 	<ul style="list-style-type: none"> • Ensure preparedness in the ED • Assist with/organise the admission/discharge/referral of current ED casualties. 			
Consider these points				
<ul style="list-style-type: none"> • Patient should be transferred to theatre, ICU or wards without delay to facilitate patient flow 				

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4. EMERGENCY DEPARTMENT	Cork University Hospital	ACTION CARD NUMBER
	Paediatric EM Consultant Lead	4.12
You Report To:	ED Consultant lead	You Brief: Children's ED
Overall Responsibilities	<ul style="list-style-type: none"> • To prepare the children's ED for casualties in consultation with shift leader/CNM3. • To liaise with and update the lead EM Consultant. 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
	ON ACTIVATION	ON STANDBY
	<ul style="list-style-type: none"> • Ensure preparedness in the CED • Assist with/organise the admission/discharge/referral of current ED casualties • Prepare to receive injured/ill patients 	<ul style="list-style-type: none"> • Ensure preparedness in the CED • Assist with/organise the admission/discharge/referral of current ED casualties. • Inform Paediatric consultant on call
Consider these points		
	<ul style="list-style-type: none"> • Consider staff cascade depending on the continuing and future staffing requirements 	

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4. EMERGENCY DEPARTMENT	Cork University Hospital		ACTION CARD NUMBER
	Senior EM Registrar		4.13
You Report To:	HECT/EM Consultant	You Brief:	ED Team
Overall Responsibilities	<ul style="list-style-type: none"> • Most senior EM Registrar may need to act up as EM Consultant Lead (Action Card 4.8) until arrival of EM Consultant Lead. • To prepare the ED for casualties in consultation with shift leader/CNM3. • To liaise with and update the EM Consultant. 		
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION			
	ON ACTIVATION	ON STANDBY	
	<ul style="list-style-type: none"> • Ensure preparedness in the ED • Assist with/organise the admission/discharge/referral of current ED casualties • When EM Consultant lead arrives, you will hand over the leadership and continue to work as part of the ED team. 	<ul style="list-style-type: none"> • Ensure preparedness in the ED • Assist with/organise the admission/discharge/referral of current ED casualties. 	
Consider these points <ul style="list-style-type: none"> • Will join one of the treatment teams once MEP activated. 			

Version Control	Date Approved	DD/MM/YYYY	Valid Until	DD/MM/YYYY

4. EMERGENCY DEPARTMENT	Cork University Hospital		ACTION CARD NUMBER
	Paediatric EM Registrar		4.14
You Report To:	PEM Consultant	You Brief:	Treatment team
Overall Responsibilities	<ul style="list-style-type: none"> • Most senior PEM Registrar may need to act up as PEM Consultant Lead (Action Card 4.8e) until arrival of PEM Consultant Lead. • To prepare the CED for casualties in consultation with shift leader/CNM3. • To liaise with and update the PEM Consultant. 		
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION			
	ON ACTIVATION	ON STANDBY	
	<ul style="list-style-type: none"> • Ensure preparedness in the ED • Assist with/organise the admission/discharge/referral of current ED casualties • Continue work as part of ED team. 	<ul style="list-style-type: none"> • Ensure preparedness in the CED • Assist with/organise the admission/discharge/referral of current ED casualties. 	
Consider these points			
	<ul style="list-style-type: none"> • Will join one of the treatment teams once MEP activated. 		

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4. EMERGENCY DEPARTMENT	Cork University Hospital	ACTION CARD NUMBER
	ED Paeds Shift Lead	4.15
You Report To:	CNM2/ Shift Lead	You Brief: Nursing and ED Medical staff – Paeds Area
Overall Responsibilities	<ul style="list-style-type: none"> • Organisation and management of the Paeds area prior to, during and after a Major Incident • Prepare the area you are allocated in to function as area for paediatric patients with significant injuries (cubicles) or paediatric walking wounded patients (waiting room) • Provide nursing care for patients with significant injuries • Coordinate with the treating medics the safe transfer of patients for indicated diagnostic and treatment procedures • In collaboration and discussion with the team identify patients within Paeds area suitable for transfer to an appropriate alternative location (Seahorse ward) 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION	ON STANDBY	
<ul style="list-style-type: none"> • Depending on Methane Message and if paediatric casualties are expected, you may be allocated to alternative area in ED. • You may be designated to institute staff call in by CNM2/shift leader • In collaboration and discussion with the team identify patients within Paeds area suitable for transfer to an appropriate alternative location (Seahorse ward). • Ensure Paeds areas is equipped to manage paediatric patients with significant injuries. • Ensure 02, suction and monitoring equipment are in working area. • Ensure Paeds ED Area Stock brought from MEP Storeroom glandore. Paeds ED area stock contains: <ul style="list-style-type: none"> ○ Limb Injury Trolley ○ Wounds and burns Trolley ○ Bulk Trolley ○ Paeds airway grabbox <22kg (x6) and >22kg(x 12), paed thoracostomy boxes (x 12) are available on the main ED corridor. Please take two of each for CED. • Consider other areas in hospital which if stock requirements exceed MEP stores. 	<ul style="list-style-type: none"> • Read and familiarise yourself with action card • Brief Paeds Nurses and ensure team has read action card • Depending on Methane Message and if paediatric casualties are expected, you may be allocated to alternative area in ED. • Liaise with the ED Shift Lead, Senior ED Medical Staff and await further developments 	

<p>E.g. plaster room, dressing clinic, ward stock, physio department, MUH.</p> <ul style="list-style-type: none"> • Oversee the management of casualties who are triaged to the Paeds area • Assess patients on arrival to your area, document care and liaise with Red Area Leader if patient deteriorates • Oversee and coordinate nursing care. • Liaise with the treatment teams to prioritise the use of diagnostic and treatment resources for the most critical cases • Inform ED Shift Leader if additional stock or human resources are required for Majors 	
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Consider these points

PRIORITY 2 Area for Paediatric Patients
Potentially 9 yellow spaces

Priority 3 Area for Paeds Patients
Potential for 50+ seated patients
Waiting Room

23.Patients who attend department unrelated to MEP will become part of MEP and may be sorted to your area.

24.If Paediatric patients are unaccompanied, liaise with (TBC) to act as advocate for patient in the interim.

25.Electronic ordering of diagnostics will be possible as soon as the casualty alias is registered in the ED. Continue standard daily practice in relation to electronic ordering of diagnostics.

Once a Major Emergency has been declared all ED clinicians should logout of iCM and log back into iCM using the MEP Username and Password.

Username: MEPMEP

Password: MEPMEP

This Profile will display all 300 MEP Patients on the one list negating the need for these patients to be registered on iPMS.

26.Continue use of allocated casualty alias for entire care episode in the ED.

27.If further staffing/resources are required report to ED Shift leader

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4 EMERGENCY DEPARTMENT	Cork University Hospital		ACTION CARD NUMBER
ED Nurses – Paeds Areas		4.16	
You Report To:	Paeds Shift Lead	You Brief:	Nursing and Medical staff – Paeds Area
Overall Responsibilities	<ul style="list-style-type: none"> • Prepare the area you are allocated in to function as area for paediatric patients with significant injuries or paediatric walking wounded patients • Provide nursing care for patients with significant injuries • Coordinate with the treating medics the safe transfer of patients for indicated diagnostic and treatment procedures • Communicate with Paeds shift Leader 		
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION			
ON ACTIVATION	ON STANDBY		
<ul style="list-style-type: none"> • Depending on Methane Message and if paediatric casualties are expected, you may be allocated to alternative area in ED • In collaboration with Paeds Shift Lead, assist with the transfer of existing ED paediatric patients to appropriate alternative location (Seahorse ward) • Ensure 02, suction and monitoring equipment are in working area. • Ensure paediatric areas is equipped to manage paediatric patients with significant injuries. • Ensure Paeds ED Area Stock brought from MEP Storeroom glandore. Green area stock contains: <ul style="list-style-type: none"> ○ Limb Injury Trolley ○ Wounds and burns Trolley ○ Bulk Trolley ○ Paeds airway grabbox <22kg (x6) and >22kg(x 12), paediatric thoracostomy boxes (x 12) are available on the main ED corridor. Please take two of each for CED. • Assess patients on arrival to your area, document care and liaise with Paeds Shift Lead if patient deteriorates. • Provide Nursing care for patients while working closely with treatment teams. • Liaise with the treatment teams to prioritise the use of diagnostic and treatment resources for the most critical cases 	<ul style="list-style-type: none"> • Read and familiarise yourself with action card • Liaise with the Paeds Shift Lead, Senior ED Medical Staff and await further developments 		

- Inform Paeds Shift Leader if additional stock or human resources are required for Majors

Consider these points

**PRIORITY 2 Area for Paediatric Patients
Potential for 9 spaces**

**Priority 3 Area for Paediatric Patients
Potential for 50+ seated patients
Waiting Room**

28.Patients who attend department unrelated to MEP will become part of MEP and may be sorted to your area.

29.If Paediatric patients are unaccompanied, liaise with (TBC) to act as advocate for patient in the interim.

30.Electronic ordering of diagnostics will be possible as soon as the casualty alias is registered in the ED. Continue standard daily practice in relation to electronic ordering of diagnostics.

Once a Major Emergency has been declared all ED clinicians should logout of iCM and log back into iCM using the MEP Username and Password.

Username: MEPMEP

Password: MEPMEP

This Profile will display all 300 MEP Patients on the one list negating the need for these patients to be registered on iPMS.

31.Continue use of allocated casualty alias for entire care episode in the ED.

32.If further staffing/resources are required report to Paeds Shift leader

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4 EMERGENCY DEPARTMENT	Cork University Hospital ED Health Care Assistant	ACTION CARD NUMBER
		4.17

You Report To:	ED CNM2/Shift Leader/ Nurse in designated area	You Brief:	Additional HCAs allocated to ED
Overall Responsibilities	<ul style="list-style-type: none"> Assist with moving of patients to await MEP patients Carry out duties as delegated by ED Shift leader/CNM2 Ensure extra stock has been divided out to the relevant areas. 		

IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION

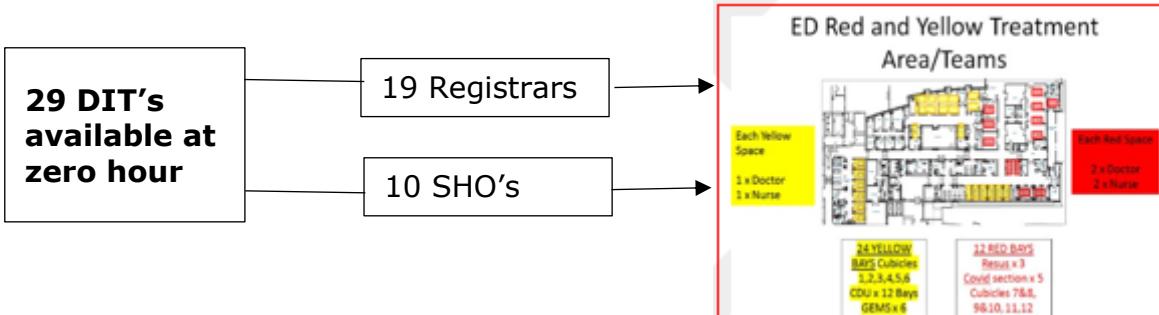
ON ACTIVATION	ON STANDBY
<ul style="list-style-type: none"> Assist with current patients' discharge or admission in preparation for incoming casualties. Follow instruction of ED shift leader/CNM3 and report back as appropriate Liaise with Portering staff to collect MEP stock and equipment from Glandore MEP storeroom. Liaise with clerical staff to ensure they have MEP documentation. RED ZONE areas are equipped to resuscitate casualties <ul style="list-style-type: none"> Airway Grab Box Thoracotomy Grab Bag IV Cannulation Grab Bag Major Haemorrhage Grab Bag Ensure YELLOW ZONE areas are equipped to resuscitate casualties with significant injuries <ul style="list-style-type: none"> Airway Grab Box (24) IV Cannulation Grab Bag (24) Thoracotomy Grab Bag* (12) Major Haemorrhage Grab Bag* (12) <p><i>*one between each bay</i></p> Ensure Yellow Area Silos containing the following on main corridor: <ul style="list-style-type: none"> Burns Ensure Green Area Stock brought from MEP Storeroom glandore. Green area stock contains 5 silos of stock divided as follows <ul style="list-style-type: none"> Wounds (dressings/ closure/ minor burns) POP Splints/slings/C&C/ boots 	<ul style="list-style-type: none"> Read and familiarise yourself with action card Follow instruction of shift leader/CNM3 and report back as appropriate

<ul style="list-style-type: none"> ○ Bulk (gloves/ dressing packs/ procedure packs) ○ Crutches <ul style="list-style-type: none"> • Ensure Paeds ED Area Stock brought from MEP Storeroom glandore. Paeds ED area stock contains: • You may be allocated to work with Triage nurses in Ambulance Triage or Ambulatory triage to aid in streaming of patients to correct areas. • Provide care for patients in areas as allocated. Liaise with nursing staff. • Ensure patient belongings are kept with the patient at all times. 	
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Consider these points

1. If appropriate you may be asked to inform Emergency Department Staff including Administration, Portering, Paramedical and Clinical Decision Unit of declaration of Major Emergency.
2. If appropriate you may be asked to distribute Signage & role allocation stickers and organise at Reg Room.
3. If appropriate you may be asked to send and monitor bulk text. **Do not** call in staff due to come in on the next shift as cover will be required for proceeding day(s).
4. Report back to CNM in charge for further duties.
5. If appropriate you may be asked to liaise with Portering staff regarding extra equipment in the main store room ground floor CRC.

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4 EMERGENCY DEPARTMENT	Cork University Hospital		ACTION CARD NUMBER			
	EM Consultants		4.18			
You Report To:	HECT	You Brief:	ED Team			
Overall Responsibilities	<ul style="list-style-type: none"> • To provide medical direction in the ED • To prepare the ED for casualties, in consultation with shift leader / CNM3 • To liaise with and update the clinical director (HECT) on the ED 					
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION						
ON ACTIVATION	ON STANDBY					
<ul style="list-style-type: none"> • Ensure preparedness in the ED • Liaise with the shift leader / CNM 3 of the ED in designating treatment teams for casualty areas, see overleaf. • Confirm identity of and advise surgical and medical officers • liaise with and update the Clinical Director (HECT) on the ED • Consider EM consultant/DIT cascade. 	<ul style="list-style-type: none"> • Ensure preparedness in the ED • Liaise with the Nurse manager of the ED in designating treatment teams for potential emergency 					
Consider these points <ul style="list-style-type: none"> • Consider EM consultant and staff cascade depending on the continuing and future staffing requirements • May need to liaise with the Mercy University Hospital Emergency Department 						
<h2 style="text-align: center;">Immediate DIT</h2>  <p>When MEP activated, all on-call DIT staff to report to ED Nurse Manager/CNM-in-charge at the Main ED Nurses Station, to be allocated to various treatment teams as outlined above. See also Appendix 7.11</p>						
Approved by EMB May2022						
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4 EMERGENCY DEPARTMENT	Cork University Hospital	ACTION CARD NUMBER
	EM Registrar	4.15
You Report To:	HECT/ED Consultant	You Brief: ED Team
Overall Responsibilities	<ul style="list-style-type: none"> To prepare the ED for casualties in consultation with shift leader / CNM3 To liaise with and update the ED Consultant 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION		ON STANDBY
<ul style="list-style-type: none"> Ensure preparedness in the ED Assist with /organise the admission/discharge/ referral of current ED casualties Continue work as part of ED team. 		<ul style="list-style-type: none"> Ensure preparedness in the ED Assist with /organise the admission/discharge/ referral of current ED casualties
Consider these points <ul style="list-style-type: none"> Most senior EM Registrar may need to act up as EM Consultant (Action Card 4.6) until arrival of EM Consultant Will join one of the treatment teams once MEP activated 		

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4 EMERGENCY DEPARTMENT	Cork University Hospital	ACTION CARD NUMBER
	ED Clerical Staff	4.16
You Report To:	Acute Floor Staff Officer	You Brief: Acute Floor Admin Team
Overall Responsibilities	<ul style="list-style-type: none"> Call in off-duty administrative staff if required. Allocate a Registration Pack to each casualty. Compile list of patients' details on excel tracking form provided. Provide admissions service and reception service at Main Reception desk and Ambulance Bay Entry Point. 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION	ON STANDBY	
<ul style="list-style-type: none"> Call in off duty staff if required Allocate personnel to triage point 1, triage point 2, main reception, admissions, and green area. Allocate computer to each area to track all patients via excel Obtain major emergency documentation, including pre allocated patient record numbers and allocate accordingly, to be collated/merged with patient notes at later stage. 	<p>Prepare to:</p> <ul style="list-style-type: none"> Call in off duty staff if required Allocate personnel to triage point 1, triage point 2, main reception, admissions, and green area. Obtain major emergency documentation, including pre allocated patient record numbers and allocate accordingly, may be collated/merged with patient notes at later stage. 	
Consider these points <p>Action 1:</p> <p>Contact the Grade V Staff Officer Tracey Murphy and Administrative Officers;</p> <ul style="list-style-type: none"> Catriona O'Leary Roisin Ronayne Lesley Anne Condron Avril Corcoran <ol style="list-style-type: none"> Call in off-duty administrative staff if required <ul style="list-style-type: none"> All current contact numbers on chart in Major Emergency Folder and in ED Admin Roster Book both located in ED Reception Do not call in staff due to come in on the next shift as cover will be required for proceeding day(s) Allocate the following personnel: <ul style="list-style-type: none"> Triage Point at the Main Ambulance Entrance Priority 1&Priority 2 patients (Admin # 2) Secondary Triage Sort point, ED Main Entrance Priority 3 Patients (Admin #1) Man the Reception Desk (Admin # 1) 		

- Man the Admissions Desk (Admin # 1)

Action 2:

1. Obtain Major Emergency Registration Packs (see pack contents below) 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 (ED MEP 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 & Priority 2 patients) and main reception (Priority 3 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 tracking form provided (ED MEP Patient Tracking Document)
5. A Clinic has been set up in IPMS to facilitate the smooth Processing of the Casualties through the hospital system (details are provided below) 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 will be of benefit to everybody involved.

Clinic Type	Clinic Code	Access Date
MAJOR EMERGENCY	MEPCUH15	31/03/2015

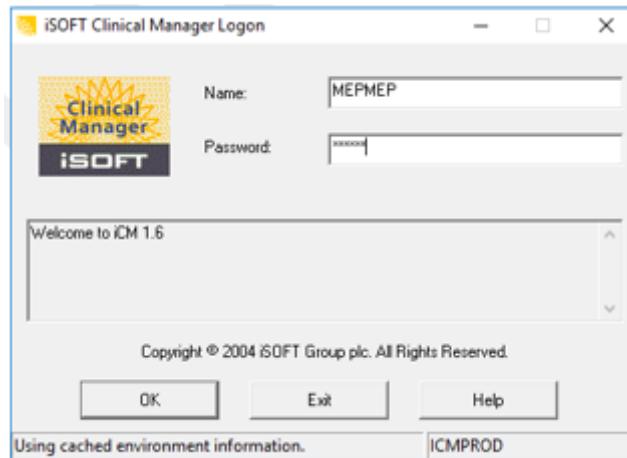
Note: Clinic can only be accessed by entering "Access date" into the clinic view on iPMS

Once a Major Emergency has been declared all ED clinicians should logout of iCM and log back into ICM using the MEP Username and Password.

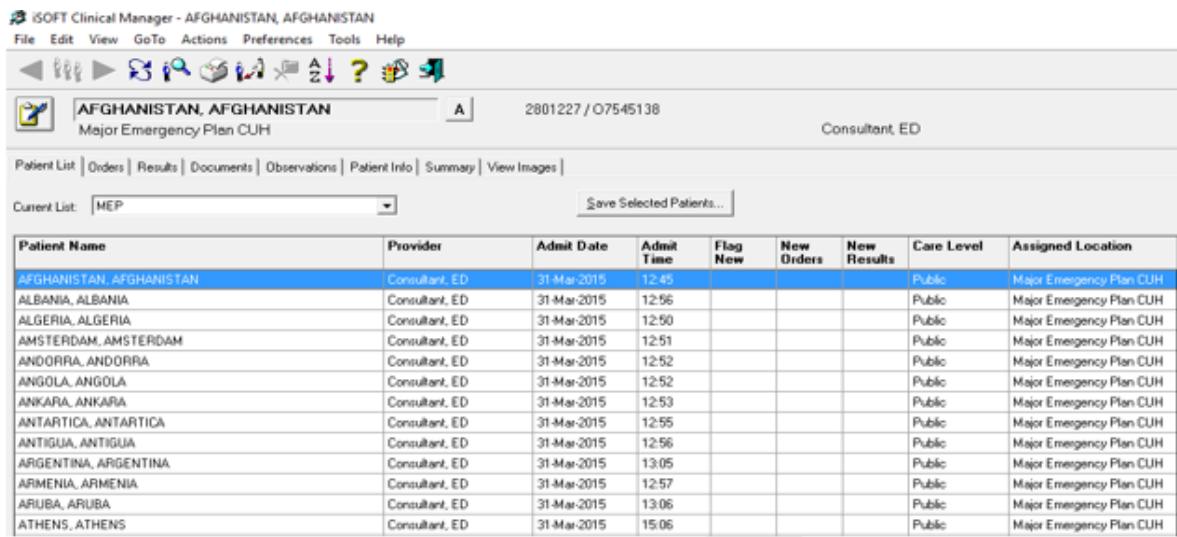
Username: MEPMEP

Password: MEPMEP

This Profile will display all 300 MEP Patients on the one list negating the need for these patients to be registered on iPM. Once a patient has been issued with an MEP pack they can be moved directly through to treatment area preventing bottle neck at reception.



Electronic Ordering\Result Viewing will be available for these patients



The screenshot shows a software interface for 'iSOFT Clinical Manager - AFGHANISTAN, AFGHANISTAN'. The window title is 'AFGHANISTAN, AFGHANISTAN' and the sub-title is 'Major Emergency Plan CUH'. The top menu bar includes File, Edit, View, GoTo, Actions, Preferences, Tools, and Help. Below the menu is a toolbar with various icons. The main area displays a patient list with the following columns: Patient Name, Provider, Admit Date, Admit Time, Flag New, New Orders, New Results, Care Level, and Assigned Location. The list includes entries for 'AFGHANISTAN, AFGHANISTAN', 'ALBANIA, ALBANIA', 'ALGERIA, ALGERIA', 'AMSTERDAM, AMSTERDAM', 'ANDORRA, ANDORRA', 'ANGOLA, ANGOLA', 'ANKARA, ANKARA', 'ANTARTICA, ANTARTICA', 'ANTIGUA, ANTIGUA', 'ARGENTINA, ARGENTINA', 'ARMENIA, ARMENIA', 'ARUBA, ARUBA', and 'ATHENS, ATHENS'. All patients are listed as 'Consultant, ED' with an admit date of '31-Mar-2015' and admit time ranging from 12:45 to 15:06. The 'Care Level' and 'Assigned Location' are both 'Public' and 'Major Emergency Plan CUH' respectively. A 'Patient List' menu bar is visible at the top, and a 'Save Selected Patients...' button is at the bottom right of the list area.

Action 3:

1. Continue provision of Admission Service at the Nurse's 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. 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 (ED MEP Patient 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) D.O.B. (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

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 outline in Action 4 above in the vent of the declaration of a major emergency)

Procedure:

At the Emergency Department triage location (ambulance entrance) a numbered wrist bracelet bearing the hospital MRN (Medical Registration Number and pseudonym name) 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)

Supplementary Identification Detail:

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 HECC.

The MRN and pseudonym will be used on all documentation and particularly on specimens and request form 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.

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.

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5 NURSING ADMINISTRATION	Cork University Hospital Head of Bed Management	ACTION CARD NUMBER 5.1
You Report To:	ADON/DON	You Brief: Bed Management Team
Overall Responsibilities	<ul style="list-style-type: none"> • In consultation with the DON, determine the number and category of patients CUH can accept when the plan is activated. • Liaison with the emergency department coordinator. • Coordination with the medical teams, the transport manager and the ward CNM2s the management and organisation of patient admission discharge and transfer. • Liaison with the senior nurse managers coordinating the emergency department, theatre, wards and ITU. 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION		ON STANDBY
<ul style="list-style-type: none"> • Assess bed status • cancel elective admissions • check with on call consultants who can be discharged • check ICU/CCU bed state including number of ventilators in use • arrange discharges as appropriate with discharge planner 		<ul style="list-style-type: none"> • Assess bed status • check with on call consultants who can be discharged • check ICU/CCU bed state including number of ventilators in use
<p>Consider these points</p> <p>At night the Nursing Administration/Night Superintendent will carry out the functions of the Head of Bed Management:</p> <ol style="list-style-type: none"> 1. When alerted by the Emergency Department that the Hospital Major Emergency Plan has been activated, the Head of Bed Management will alert: <ul style="list-style-type: none"> • Marie Hogan A/CNM3Theatre • Incumbent CNM3General ITU 2. If there is less than two staff in the Admissions Office, the assistance of a further staff member will be required. 3. The Head of Bed Management will be kept informed by the Emergency Department Asst. Director of Nursing in so far as possible, as to the number and nature of expected casualties, and thereafter hourly updates on the situation. 4. The Head of Bed Management will establish the following information: <ol style="list-style-type: none"> (a) Number of empty beds 		

- (b) Number of closed beds
- (c) Number of anticipated discharges
- (d) Numbers of prearranged admissions for that day
- (e) Liaison with other outside hospitals

5. CNM2s will establish from medical staff which elective admissions may be deferred and convey the information to the Bed Management Unit. No elective admission may be allocated a bed without specific permission of the **Head of Bed Management, who will have the authority to cancel non-urgent electives**, including those that may have already arrived in the Hospital or due to admission in the days immediately following the operation of the Major Emergency Plan.

6. The Head of Bed Management will establish from each supporting Network Hospital –
(see *appendix B*):

- Number of beds available
- Number of beds to become available that day

7. All information will be shared with the Director of Nursing, ED Nurse Service Manager and the HECC.

8. The Head of Bed Management will arrange, if necessary, the transfer of suitable patients to the designated supporting hospitals and maintain frequent contact with these hospitals as the situation unfolds.

9. When advised by the HECC that the Major Emergency is being stood down the Head of Bed Management will advise Theatre CNM3, ITU CNM2's and the Health Records Manager

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5 NURSING ADMINISTRATION	Cork University Hospital Director of Nursing	ACTION CARD NUMBER 5.2
You Report To:	General Manager/HECT	You Brief: Nurse Management and all staff
Overall Responsibilities	<ul style="list-style-type: none"> Activate Major Emergency Plan¹ Management of Nursing services Nursing representative on HECT 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION		ON STANDBY
<ul style="list-style-type: none"> Advise security to establish traffic control plan and open media centre Allocate staff to establish staff sign in area and recall staff going off duty Activate decant of ED, OPD and Front hall Liaise with Bed Management to establish bed compliment, theatre activity and capacity patients ready for discharge/transportation out. Cancel/defer all planned non-emergency admissions until decision to stand down taken Mobilise all wards Advise all HECT team members to sign in on arrival and out on stand down 		<ul style="list-style-type: none"> Confirm standby with Ambulance Control Alert senior Nursing team Confirm standby with ED manager and theatre manager Alert all other members of HECT Alert security
Consider these points <ul style="list-style-type: none"> The Director of Nursing/Night Superintendent is alerted by the Main Switchboard. <ul style="list-style-type: none"> Alert the Senior Nursing & Midwifery Team for CUMH and CUH Campus 		
Katie Bourke Director of Midwifery		Siobhan Scanlon
Ciaran Sweeney		Helen Cahalane
Audrey Moran		Nora Twomey
Noreen O'Leary		Emer Neau
Diarmuid Nolan		
1In your role as a Designated Person you are authorised to activate the hospital response to a major emergency plan having taken advanced consideration to on site capacity		

- Mobilise all Wards

- In respect of all wards other than surgical, CNM2's to allocate as many Nurses as possible to the Emergency Department when requested.

1. Liaise with the Head of Bed Management regarding all aspects of the bed situation within the hospital and any plans for transfer of suitable patients to designated supporting hospitals. (At night the Night Superintendent/Nursing Administration will carry out the functions of the Unscheduled Care Managers).
2. The Night Superintendent/Admissions Office will have the authority to arrange the immediate transfer of suitable patients to supporting hospitals
3. Each supporting hospital will facilitate the transfer by making 10 beds available.
4. All non-emergency admissions should be cancelled until the decision to stand down is taken
5. Direct Porters/Attendants to report to Supplies Department and H.S.S.D. to distribute supplies requirements to Emergency Department Area.
6. Facilitate the organisation of the Relatives Room in the Glandore Centre in conjunction with the Radiotherapy Services Manager/Deputy.

*** Wards will have been notified by Porter (runner) as per action card**

11.2 Alert Level 1

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5 NURSING ADMINISTRATION	Cork University Hospital	ACTION CARD NUMBER
	Discharge Co-Ordinators	5.3
You Report To:	ADON/DON	You Brief: Bed Management Team
Overall Responsibilities	<ul style="list-style-type: none"> Coordination with the Head of Bed Management, medical teams, the transport manager and the ward CNM2s the management and organisation of patient admission discharge and transfer. Liaison with the senior nurse managers coordinating the emergency department, theatre, wards and ITU. 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION		ON STANDBY
<ul style="list-style-type: none"> Identify patients suitable for transfer and discharge and make arrangements to efficiently and safely discharge Prepare to contact potential receiving centre, GP's , PHN's Liaise with ADON/HECT for further tasks/instructions 		<ul style="list-style-type: none"> Identify patients suitable for transfer and discharge Prepare to contact potential receiving centre, GP's , PHN's etc.
Consider these points		

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5 NURSING ADMINISTRATION	Cork University Hospital	ACTION CARD NUMBER
	Assistant Director of Nursing (ADON)	5.4
You Report To:	Director of Nursing	You Brief: RGNs, HCAs
Overall Responsibilities	<ul style="list-style-type: none"> • You are required to activate the plan • Hospital Discharges • Cancel all routine activities. • Liaise with Bed Management regarding discharges 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION		ON STANDBY
<ul style="list-style-type: none"> • Inform all wards, critical care areas, theatre, maternity • Cease all elective activity. • Arrange for hospital transfers and discharges. • Arrange for redeployment of HCAs and RGNs. • Keep informed of staffing requirements, bed capacity, and discharges. • Liaise with DON and HECT and CMT where appropriate • Inform all staff on duty of the current situation and keep them updated of any changes 		<ul style="list-style-type: none"> • Keep informed of staffing requirements, bed capacity, admissions, and discharges. • Quantify numbers of patients to be admitted. • Notify theatres.
Consider these points <ul style="list-style-type: none"> • WTE RGNs: Maintain accurate time sheet of all actions during activation. Maintain accurate records of staff roster changes. Liaise with all agencies/embassies as required. • Brief HECT as required 		

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6 SURGERY	Cork University Hospital	ACTION CARD NUMBER
	Theatre Manager/Controller	6.1
You Report To:	DON, Operations Manager	You Brief: ED, Surgical Teams
Overall Responsibilities	<ul style="list-style-type: none"> • Ensure surgery in progress completed successfully and department managed appropriately during emergency • Quantify capacity when planned surgery is cancelled. 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION		ON STANDBY
<ul style="list-style-type: none"> • Suspend all surgeries except life threatening emergencies • Contact and call in appropriate number of staff • Deploy staff to required areas • Ensure theatres, anaesthetic rooms and recovery are set up • Check stocks • Liaise with anaesthetist and surgeon on co-ordination of theatre scheduling 		<ul style="list-style-type: none"> • Ensure theatres, anaesthetic rooms and recovery are set up • Quantify capacity when planned surgery will be cancelled. • Check stocks • Liaise with anaesthetist and surgeon on co-ordination of theatre scheduling
Consider these points <ul style="list-style-type: none"> • Theatre/Surgical co-ordinator will liaise with ED and surgical teams (and HECT) in relation to priority cases and availability of theatre space and staff. • The Consultant Surgeon On-Call or Consultant/Medic in charge in the Emergency Department must keep the Theatre Superintendent/ Nurse Service Manager informed of the possible and likely Theatre requirements. • Assess Theatre capacity • Calling in of Off Duty Staff • Prepare Theatres for Emergency work • Routine operating lists should cease as soon as possible to accommodate emergencies. • Surgeons to be kept informed by the Theatre Superintendent/Nurse Service Manager 		

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6 SURGERY	Cork University Hospital	ACTION CARD NUMBER
	Theatre Nurse	6.2
You Report To:	Theatre CNM3	You Brief: Theatre Staff
Overall Responsibilities	<ul style="list-style-type: none"> Maintenance of safe surgical environment for all patients and staff 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION		ON STANDBY
<ul style="list-style-type: none"> Ensure theatres, anaesthetic rooms and recovery are set up Check stocks Liaise with theatre controller and surgical teams 		<ul style="list-style-type: none"> Ensure theatres, anaesthetic rooms and recovery are set up Check stocks Liaise with theatre controller and surgical teams
Consider these points <ul style="list-style-type: none"> Establish casualty type and potential number of patients requiring surgery 		

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6 SURGERY	Cork University Hospital	ACTION CARD NUMBER	
	Surgical Consultants	6.3	
You Report To:	Clinical Director	You Brief: Surgical Team	
Overall Responsibilities	<ul style="list-style-type: none"> • Ensure that surgical services in the hospital are managed appropriately during a major emergency • Ensure that surgical in-patients in the hospital are managed appropriately during a major emergency. 		
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION			
	ON ACTIVATION	ON STANDBY	
	<ul style="list-style-type: none"> • All non-emergency surgery cancelled • All outpatients cancelled • Prioritise patients for theatre. • Appoint a Deputy to oversee activity in theatres and pre-op area. This deputy to keep Surgical Triage Officer informed on all progress. • Designate a treatment team(s) if needed to the Emergency Department pre-op areas. 	<ul style="list-style-type: none"> • Arrange to prioritise ward patients for potential discharge on all surgical wards. • Liaise with the Theatre CNM3. • Designate operating teams. • Liaise closely with the Medical Director of the ED, the Medical Triage Officer, the Anaesthetic and ITU Consultants and the Hospital Co-ordinator. • Prepare to cancel all elective and outpatient activity 	
Consider these points			
<ul style="list-style-type: none"> ➤ Consider transfer of all stable patients to other support hospitals in the region ➤ Emergency operating teams may need to consist of a variety of surgical specialties ➤ Calling in additional Surgical staff as the requirements dictate, but anticipating future staffing requirements as well 			

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6 SURGERY	Cork University Hospital HSSD Manager/CNM2	ACTION CARD NUMBER 6.4
You Report To:	CNM3 Theatre Theatre Operations Manager	You Brief: HSSD Staff
Overall Responsibilities	<ul style="list-style-type: none"> • To ensure supply of RIMD's for trauma operating theatres in CUH • To maintain provision of decontamination services for Obstetric services in CUMH 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION		ON STANDBY
<ul style="list-style-type: none"> • Inform HSSD staff on duty of the current situation and keep them updated of any changes • Contact HSSD staff not on duty to alert to possible need for extra staff (Department Group Text) • Provide Staff Address, Eircode, Telephone Numbers if needed to Emergency Planner (folder in office) • Prioritise trauma sets for sterilisation Orthopaedics/Plastics/Vascular/Laparotomy/ • Cancel processing of routine RIMD's for CUH, CUMH, Bantry, St. Finbarr's Hospital • Cancel processing of Endoscopy equipment for Out Patient Services • Contact CUMH to inform them that the Major Emergency plan has been activated and all routine decontamination services for Gynae Theatre has stopped: 20537 Obstetric Theatre 20535 Gynae Theatre 20500 Ask for Head of Bed Management • Cancel processing of routine sets for CUMH Gynae services • Maintain processing of sets for Obstetric services • Review staff levels to provide consistent level of service during emergency plan • Liaise with theatres to assess number of trauma sets immediately available and Fast Track all other trauma sets • Liaise with Portering Services, to arrange transport for sets/supplies from other hospitals if necessary 		<ul style="list-style-type: none"> • Maintain communication with Theatre Manager to assess theatre requirement of RIMD's • Staff may be required to modify their shift pattern to facilitate a consistent workflow through the department • Maintain communication with outside hospitals regarding the need for additional RIMD's/supplies

Contact SIVUH in the event of additional supplies/sets being required for Orthopaedic or Plastics trauma cases (see numbers below)

Nursing Administration:

Operations Manager: 021 4926100

Paula Fleming HSSD Manager SIVUH: 021-4926665

Contact Tony Mc Loughlin (HSSD Manager Mater Hospital) in the event of additional supplies/RIMD's being required for Orthopaedic or Plastics trauma cases.

Consider these points

- Staff levels at night time- consider increasing night shift numbers to maintain continuous service.
- Staff levels at weekends- consider **increasing working hours from 16.30 to provide cover until 20.00**/ provision of night shift at weekends
- Provide for staff levels to process routine sets once emergency phase has passed.

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6 SURGERY	Cork University Hospital	ACTION CARD NUMBER		
	Anaesthetists	6.5		
You Report To:	Clinical Director	You Brief: Anaesthetic Team		
Overall Responsibilities	<ul style="list-style-type: none"> Ensure that Anaesthetic services in the hospital are managed appropriately during a major emergency Co-ordinate Anaesthetic activity with Intensive Care Consultant 			
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION				
ON ACTIVATION	ON STANDBY			
<ul style="list-style-type: none"> Prepare to brief HECT/Clinical Director of immediate theatre capacity Liaise with Theatre Manager and Surgical Triage Officer on co-ordination of theatre scheduling Also liaise closely with the Medical Director of the ED, the ITU Consultant and the Hospital Co-ordinator 	<ul style="list-style-type: none"> Overview of current anaesthetic activity in whole campus Arrange to postpone all non-emergency surgical activity 			
Consider these points				
<ul style="list-style-type: none"> Be aware of Anaesthetic activity in all clinical areas across whole CUH/CUMH /Dental areas Communicate to Anaesthetic teams to not commence any new activity Calling in additional Anaesthetic staff as the requirements dictate, but anticipating future staffing requirements as well 				

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7 CRITICAL CARE	Cork University Hospital ITU Manager/Controller	ACTION CARD NUMBER 7.1
You Report To:	DON/ADON	You Brief: ITU Staff
Overall Responsibilities	<ul style="list-style-type: none"> • Ensure all information is communicated to relevant staff and that patient safety is adhered to by all staff • Communicate bed situation to bed management 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION		ON STANDBY
<ul style="list-style-type: none"> • Transfer suitable patients in a safe and speedy manner, • Contact their family, • Ensure unit is fully equipped and staffed to receive patients 		<ul style="list-style-type: none"> • Identify patients for transfer • check consumables and pharmacy • Potential transfers from Cardiac ICU.
<p>Consider these points</p> <p>Each ITU/CITU will hold their own specific Action Card to meet the specific requirements of each area in the event of a major emergency.</p>		
<u>Intensive Therapy Unit</u>		
<u>Action Card – Nurse in Charge (Operational Focus)</u>		
<ul style="list-style-type: none"> ▪ Receives calls from Unscheduled Care Manager/Night Superintendent. ▪ Allocate and delegate appropriate action card as an Aide de Memoir. ▪ Maintain as safe an environment as possible. ▪ Liaise with Consultant Anaesthetist on-call regarding the number of patients suitable for discharge. ▪ Inform Bed Management of the potential number of available beds. ▪ Continue the necessary communication with Bed Management Unit regarding admissions and discharge. ▪ Inform all staff on duty of the current situation and keep them updated of any changes. ▪ Delegate nursing staff appropriately, following detailed assessment of patient's needs. ▪ Allocate 1 extra staff nurse to every 2 patients and direct them to Action Card 8.5a ▪ Organise staff to transfer all discharged patients promptly (Deputy Nurse will communicate with relatives/carers/next of kin, ensuring that the patient is aware of the current situation, and communicate with relatives/next of kin). 		

- Liaise with Nurse in Charge of respective wards receiving patients, and coordinate transfers.
- Direct Health Care Assistant to HCA Action Card

Intensive Therapy Unit

Action Card - Deputy Nurse in Charge (Clinical Focus)

- Maintain a safe environment.
- Liaise and cooperate with CNM/Nurse in charge.
- Liaise with relatives/next of kin through telephone or direct contact.
- Ask all visitors, and personnel not attached to General ITU to vacate the Unit
- Contact Security Staff to open CNM 3 Office to access direct dial facility.
- Contact Off-Duty Nursing Staff to establish availability for duty. Exclude staff on next shift. Inform them that the Emergency Plan has been activated.
- Contact all staff on the Daily on-call board. Inform them that the Emergency Plan has been activated.
- Inform Housekeeping staff and Supervisor of the potential number of bed spaces that require cleaning.
- Inform Portering and Catering Departments.
- Check with Pharmacy and Controlled Drugs Supplies, and restock as appropriate.

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7 CRITICAL CARE	Cork University Hospital GIGU Manager/Controller	ACTION CARD NUMBER 7.1a
You Report To: Overall Responsibilities	DON/ADON You Brief: • Ensure all information is communicated to relevant staff and that patient safety is adhered to by all staff • Communicate bed situation to bed management	GIGU Staff
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION		ON STANDBY
<ul style="list-style-type: none"> Transfer suitable patients in a safe and speedy manner, Contact their family, Ensure unit is fully equipped and staffed to receive patients 	<ul style="list-style-type: none"> Identify patients for transfer Check consumables and pharmacy Potential transfers from Cardiac ICU. Check availability of Recovery spaces and staff. 	
<p>Consider these points</p> <p>Each ICU/CICU will hold their own specific Action Card to meet the specific requirements of each area in the event of a major emergency.</p> <ul style="list-style-type: none"> Receives calls from Unscheduled Care Manager/Night Superintendent. Allocate and delegate appropriate action card as an Aide de Memoir. Maintain as safe an environment as possible. Liaise with Consultant Anaesthetist on-call regarding the number of patients suitable for discharge. Inform Bed Management of the potential number of available beds. Continue the necessary communication with Bed Management Unit regarding admissions and discharge. Inform all staff on duty of the current situation and keep them updated of any changes. Delegate nursing staff appropriately, following detailed assessment of patients' needs. Allocate 1 extra staff nurse to every 2 patients, and direct them to follow Action Card 8.5a Organise staff to transfer all discharged patients promptly (Deputy Nurse will communicate with relatives/carers/next of kin, ensuring that the patient is aware of the current situation, and communicate with relatives/next of kin). Liaise with Nurse in Charge of respective wards receiving patients, and coordinate transfers. 		

- Direct Health Care Assistant to HCA Action Card

Consider these points

- ❖ Infection Control Status of patients
- ❖ Staffing on subsequent shifts
- ❖ Staff wellbeing

General Intensive Care Unit

Action Card - Deputy Nurse in Charge (Clinical Focus)

- Maintain a safe environment.
- Liaise and cooperate with CNM/Nurse in charge.
- Liaise with relatives/next of kin through telephone or direct contact.
- Ask all visitors, and personnel not attached to General ICU to vacate the Unit
- Contact off duty staff and inform MEP activated. Ensure that staff rostered on next 2 shifts do not come in to assist as they will be required for their shifts. Confirm number of available to come in and number required. Extra staff may be required for following shift as well. Group text.
- Contact all staff on the Daily on-call board. Inform them that the Emergency Plan has been activated.
- Inform Housekeeping staff and Supervisor of the potential number of bed spaces that require cleaning.
- Inform Portering and Catering Departments.
- Check with Pharmacy and Controlled Drugs Supplies, and restock as appropriate.

Consider these points

- ❖ Prioritise bed spaces and equipment to Housekeeping staff
- ❖ Infection control status of patients
- ❖ Staff wellbeing
- ❖ Access and egress to and from Unit – e.g. ensure no equipment etc. blocking corridors
- ❖ Information for Visitors of patients

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7 CRITICAL CARE	Cork University Hospital	ACTION CARD NUMBER
	CICU Manager/Controller	7.1b
You Report To:	DON/ADON	You Brief: CICU Staff
Overall Responsibilities	<ul style="list-style-type: none"> • Ensure all information is communicated to relevant staff and that patient safety is adhered to by all staff • Communicate bed situation to bed management 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION		ON STANDBY
<ul style="list-style-type: none"> • Transfer suitable patients in a safe and speedy manner, • Contact their family, • Ensure unit is fully equipped and staffed to receive patients 		<ul style="list-style-type: none"> • Identify patients for transfer • Check consumables and pharmacy • Potential transfers from Cardiac ICU. • Inform Cardiac Theatre and 4D to cancel surgery
<u>Operational Focus</u>		
<p>Each ICU/CICU will hold their own specific Action Card to meet the specific requirements of each area in the event of a major emergency.</p> <ul style="list-style-type: none"> ▪ Receives calls from Unscheduled Care Manager/Night Superintendent. ▪ Allocate and delegate appropriate action card as an Aide de Memoir. ▪ Maintain as safe an environment as possible. ▪ Liaise with Consultant Anaesthetist/Cardiothoracic Consultant on-call regarding the number of patients suitable for discharge. ▪ Inform Bed Management of the potential number of available beds ▪ Continue the necessary communication with Bed Management Unit regarding admissions and discharge. ▪ Inform all staff on duty of the current situation and keep them updated of any changes. ▪ Delegate nursing staff appropriately, following detailed assessment of patients' needs. ▪ Allocate 1 extra staff nurse to every 2 patients, and direct them to follow Action Card 8.4a ▪ Organise staff to transfer all discharged patients promptly (Deputy Nurse will communicate with relatives/carers/next of kin, ensuring that the patient is aware of the current situation, and communicate with relatives/next of kin). 		

- Liaise with Nurse in Charge of respective wards receiving patients, and coordinate transfers.
- Direct Health Care Assistant to HCA Action Card

Consider these points

- ❖ Infection Control Status of patients
- ❖ Staffing on subsequent shifts
- ❖ Staff wellbeing

Cardiac Intensive Care Unit

Action Card - Deputy Nurse in Charge (Clinical Focus)

- Maintain a safe environment.
- Liaise and cooperate with CNM/Nurse in charge.
- Liaise with relatives/next of kin through telephone or direct contact.
- Ask all visitors, and personnel not attached to Cardiac ICU to vacate the Unit
- Contact off duty staff and inform MEP activated. Ensure that staff rostered on next 2 shifts do not come in to assist as they will be required for their shifts. Confirm number of staff available to come in and number required. Extra staff will be required for following shift as well. Group text.
- Contact all staff on the Daily on-call board. Inform them that the Emergency Plan has been activated.
- Inform Housekeeping staff and Supervisor of the potential number of bed spaces that require cleaning.
- Inform Portering and Catering Departments.
- Check with Pharmacy and Controlled Drugs Supplies, and restock as appropriate.

Consider these points

- ❖ Prioritise bed spaces and equipment to Housekeeping staff
- ❖ Infection control status of patients
- ❖ Staff wellbeing
- ❖ Access and egress to and from Unit – e.g. ensure no equipment etc. blocking corridors
- ❖ Information for Visitors of patients

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7 CRITICAL CARE	Cork University Hospital	ACTION CARD NUMBER 7.2			
	Intensivist				
You Report To:	Clinical Director	You Brief:	ITU Team		
Overall Responsibilities	<ul style="list-style-type: none"> Ensure that Intensive Care services in the hospital are managed appropriately during a major emergency Co-ordinate Intensive Care activity with Anaesthetic Consultant 				
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION					
ON ACTIVATION		ON STANDBY			
<ul style="list-style-type: none"> Prepare to brief HECT/Clinical Director of immediate Critical Care capacity Liaise closely with the Medical Director of the ED, the Medical Triage Officer, the Surgical Triage officer and the Hospital Co-ordinator. Identify those patients ready for ICU discharge Coordinate the on-going provision of critical care to new and existing patients Liaise with theatre anaesthetist coordinator to identify ability to free additional consultant and NCHD staff for critical care, through curtailment of elective surgery Coordinate the deployment of additional consultant and NCHD staff available to assist with critical care roles as required Liaise with the consultant cardiothoracic anaesthetists to hold further activity until ICU bed requirements clearly determined 		<ul style="list-style-type: none"> Liaise with ITU Manager patients suitable for transfer/step-down Consider expansion of critical care capacity 			
Consider these points					
<ul style="list-style-type: none"> Liaise early with Biomedical team regarding critical care equipment requirements Calling in additional Intensive care staff as the requirements dictate, but anticipating future staffing requirements as well Liaise with MICAS team if available Consider transfer to/utilisation of support hospital ITU Capacity One significant risk is that the ability of ICU to flex up in the event of a MAP is extremely limited. Capacity/occupancy levels are inadequate for any surge management 					

- Immediate prioritisation of ICU discharges is an essential part of MEM response. Additionally a modest increase in ICU capacity can be generated by interrupting elective cardiothoracic activity
- In order to build in any surge capacity to CUH from a critical care point of view, further equipment (ventilators, infusion pumps, monitors etc.) will need to be procured

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7 CRITICAL CARE	Cork University Hospital	ACTION CARD NUMBER
	CCU Manager/Controller	7.3
You Report To:	ADON	You Brief: CCU Staff
Overall Responsibilities	<ul style="list-style-type: none"> • Maintain safe environment for patients and staff. • Identify potential patients for transfer/discharge • Prepare to receive patients from the Emergency Department and other units. • Arrange transfer of patients to other wards 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION	ON STANDBY	
<ul style="list-style-type: none"> • Liaison with cardiology consultant on call to identify potential patients for transfer/ discharge. • Co-ordinate and arrange transfer of patients to other wards. Liaise with next of kin. • Prepare to receive patients from Emergency Department/other departments 	<ul style="list-style-type: none"> • Advise all staff of alert • Advise bed management of beds available • Check consumables & pharmacy <p>8 Beds and beds in Cathlab</p>	
<p>Consider these points</p> <p>The Nurse in charge on duty will be informed of the Major Emergency Plan by a Portering Runner.</p> <ul style="list-style-type: none"> • Receives calls from switchboard/ Nurse Service Manager/ Evening Superintendent. • Allocate and delegate appropriate action card as an Aide de Memoir. • Inform all staff on duty of the current situation and keep them updated of any changes. • Delegate nursing staff appropriately following detailed assessment of patients' needs. • Direct staff to follow Action Card 7.5 • Organise staff to transfer all discharged patients promptly (Deputy Nurse will communicate with relatives/next of kin, ensuring that the patient is aware of current situation, and communicate this with relatives/next of kin.) • Liaise with Nurse in charge of respective wards receiving patients and coordinate transfers. • Direct Health Care Assistant to Action Card 7.5 		

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7 CRITICAL CARE	Cork University Hospital	ACTION CARD NUMBER
	CCU Manager/Controller	7.4
You Report To: Overall Responsibilities	ITU CNM3 <ul style="list-style-type: none">Maintain a safe environment for patients	You Brief: HCA
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION	ON STANDBY	
<ul style="list-style-type: none"> Maintain a safe environment. Assist the allocated staff nurse in preparing the transfer and admission of patients. Ensure patient has an identity band secure on wrist/hand. Prepare the required drug infusions, manometer sets, drainage sets, ventilators etc. Prepare dressing trays for insertion of CVP, Arterial lines, +/- PICCO, Vascath, Urinary Catheter, +/- Chest Drains, and other lines as advised by Anaesthetists/Medical Staff. 	<ul style="list-style-type: none"> Prepare Emergency Intubation Tray, and recheck stock. Liaise with CNM/Nurse in Charge or Deputy re stock shortages. Liaise and cooperate with CNM/Nurse in charge and Deputy Nurse for assistance and instruction on current situation. 	
Consider these points <ul style="list-style-type: none"> Maintain a safe environment. Assist the allocated staff nurse in preparing the transfer and admission of patients. Ensure the patient has an identity band secure on wrist/hand/foot. Prepare the required drug and fluid infusions, IV sets, catheters, chest drainage sets etc. Prepare dressing trays for insertion of CVP, urinary catheter, chest drains and other lines as advised by Anaesthetist/medical staff. 		

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7 CRITICAL CARE	Cork University Hospital	ACTION CARD NUMBER	
	Health Care Assistant	7.5	
You Report To:	ITU CNM3	You Brief: Nursing	
Overall Responsibilities	<ul style="list-style-type: none"> • Maintain a safe environment. • Update PIMS and print addressographs as patients are admitted and discharged • Update admission book 		
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION			
ON ACTIVATION		ON STANDBY	
<ul style="list-style-type: none"> • Maintain a safe environment. • Check familiarity of unit and assistance required with CNM/Nurse in Charge. • Liaise with CNM/Nurse in Charge regarding the number of transfers in and out of the Unit. • Set up bed spaces for admission as appropriate. 		<ul style="list-style-type: none"> • Check Linen store supplies and restock. • Check all supplies and restock. Liaise with CNM/Nurse in Charge. • Source equipment/supplies as required. 	
Consider these points <ul style="list-style-type: none"> • Maintain a safe environment. • Liaise with the CNM3/Nurse in charge regarding the number of transfers in and out of the unit. • Check linen stores and supplies and restock. • Check all supplies and restock and liaise with CNM/Nurse in charge. • Source equipment/supplies as required. 			

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8 WARDS	Cork University Hospital	ACTION CARD NUMBER
	Clinical Nurse Manager	8.1
You Report To:	DON/ADON	You Brief: Ward Staff
Overall Responsibilities	<ul style="list-style-type: none"> Identify potential patients for transfer/discharge Prepare to receive patients from the Emergency Department Arrange transfer of patients to other wards Management of the ward during the Major emergency Provide assistance as required, identify discharges and transfers 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION	ON STANDBY	
<ul style="list-style-type: none"> If requested deploy staff nurse to the ED Advise all visitors to leave the hospital Identify potential discharges for Head of Bed Management Do not allow staff to leave shift unless instructed to do so 	<ul style="list-style-type: none"> Advise all staff of alert Identify nurse to attend ED 	
<p>Consider these points</p> <p>The Nurse in charge on duty will be informed of the Major Emergency Plan by a Portering Runner.</p> <ul style="list-style-type: none"> Liaise with the Consultant/Registrar on-call regarding the number of patients suitable for discharge. Inform the Head of Bed Management of the potential number of available beds, ensuring that the patient in Theatre/Endoscopy/Angio/X-Ray/Radiotherapy/undergoing elective surgery is accommodated. Continue the necessary communication with the Bed Management Unit regarding admissions and discharges. Inform all staff on-duty of the current situation and keep them updated. Organise staff to transfer all discharged patients promptly, ensuring that the patient is aware of the current situation. Direct the Healthcare Assistant to follow Action Card 8.4b Review all roles as events occur and make the necessary changes. Advise the Nurse Service Manager of the number of nurses available to be relocated to other departments in the hospital. <p style="text-align: center;"><u>Deputy Nurse in Charge</u></p> <ul style="list-style-type: none"> Liaise and cooperate fully with the Nurse in Charge. 		

- Contact CNM2 and Nurse Service Manager.
- Contact off duty Nursing Staff and establish availability for duty. Exclude staff on the next shift.
- Inform Housekeeping staff and Supervisor of the potential number of bed spaces that require cleaning.
- Check with Pharmacy and Controlled Drugs Supplies, and restock as appropriate.

Inform 1B Reception Staff to transfer/discharge patients on the computer

Relatives/Public Evacuation

- Visitors & Relatives notified by the CNM in charge about the Major Emergency Plan.
- Ask Visitors/Relatives to leave via front door (main entrance) using the stairwell where feasible and exiting same at level 1 on the Main Concourse.
- Proceed as normal to Car Park and exit via the Main Entrance (avoiding the Emergency Department).
- Inform Visitors/Relatives that Lifts are prioritised for Patient Transfer.
- In the event of patients being discharged immediately it may be prudent to ask relatives to wait in order to accompany the patient home.

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8 WARDS	Cork University Hospital	ACTION CARD NUMBER
	Medical Consultants	8.2
 		
You Report To:	Clinical Director	You Brief: Medical Team
Overall Responsibilities	<ul style="list-style-type: none"> • Ensure that medical services in the hospital are managed appropriately during a major emergency. • Ensure that medical inpatients are managed appropriately during a major emergency. • Ascertain patients for priority discharge • Liaise with Doctors in Training regarding service responsiveness and continuity 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION	ON STANDBY	
<ul style="list-style-type: none"> • Immediately cancel all outpatient activity • Appoint a Deputy to oversee activity in medical wards and ITU. This deputy to keep Surgical Triage Officer informed on all progress. • Liaise closely with the Medical Director of the ED, Surgical Triage Officer and Hospital Co-ordinator. • Prioritise appropriate patients to medical wards. • Designate medical teams to see appropriate "medical" patients. 	<ul style="list-style-type: none"> • Arrange to prioritise AMAU patients for potential discharge or transfer in liaison with the lead physician of the AMAU. • Arrange to prioritise other ward patients also for potential discharge. • Liaise with Head of Bed Management, Wards and ITU. • Liaise with outpatient services, in anticipation of cancellations 	
Consider these points <ul style="list-style-type: none"> • Consider transfer of all stable patients to other support hospitals in the region • Calling in additional Medical staff as the requirements dictate, but anticipating future staffing requirements as well • Outpatient services may need to be cancelled for several days 		

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8 WARDS	Cork University Hospital	ACTION CARD NUMBER	
	Burns Unit Deputy Nurse in Charge (Clinical Focus)	8.3	
You Report To:	Ward CNM	You Brief:	Ward 2D Staff
Overall Responsibilities	<ul style="list-style-type: none"> Liaise with medical colleagues and bed management to free up beds within the unit, and safely transfer existing patients to another ward or home. 		
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION			
ON ACTIVATION	ON STANDBY		
<ul style="list-style-type: none"> Ask all visitors and personnel staff not attached to 2D to vacate the unit. Contact 'off-duty' nursing staff to establish availability for duty. Exclude staff on the next shift. Inform them that the 'Major Emergency Plan' has been activated 	<ul style="list-style-type: none"> Cancel any elective patients. Alert standby staff of responsibilities and designate jobs. Alert stores and pharmacy to deliver emergency stock supplies. 		
Consider these points <ul style="list-style-type: none"> Maintain a safe environment. Liaise and co-operate with bed management and nursing staff Liaise with relatives/next of kin through telephone or direct contact. Inform housekeeping staff and supervisor of the potential number of bed spaces requiring cleaning. Inform Portering and Caterings Departments. Check with Pharmacy and Controlled Drugs supplies and restock appropriately. Check dressing supplies and contact the H.S.S.D and relevant stores for extra supplies. 			

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8 WARDS	Cork University Hospital	ACTION CARD NUMBER
	Extra Staff Nurse	8.4
You Report To:	Ward CNM	You Brief: HCA
Overall Responsibilities	<ul style="list-style-type: none"> • To co-ordinate the safe movement of patients within the unit. • To prepare bed spaces for potential admissions. 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION		ON STANDBY
<ul style="list-style-type: none"> • Liaise closely with CNM/Nurse in charge and Deputy Nurse for assistance and instruction on current situation. • Prepare Emergency Trolley and recheck stock. Liaise with CNM/Nurse in charge or Deputy Nurse re shortages. 		<ul style="list-style-type: none"> • Have all emergency stock in order and be ready for admissions to the unit.
Consider these points <ul style="list-style-type: none"> • Maintain a safe environment. • Assist the allocated staff nurse in preparing the transfer and admission of patients. • Ensure the patient has an identity band secure on wrist/hand/foot. • Prepare the required drug and fluid infusions, IV sets, Drainage Sets etc. • Prepare dressing trays for insertion of CVP, urinary catheter, chest drains and other lines as advised by Anaesthetist/medical staff. 		

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8 WARDS	Cork University Hospital	ACTION CARD NUMBER		
	Extra Staff Nurse	8.5		
You Report To:	Ward CNM2/Deputy	You Brief: Nursing		
Overall Responsibilities	<ul style="list-style-type: none"> Assist in the movement of patients from the unit to other floors and help to prepare for the arrival of new admissions. Set up the required number of admission trolleys. Assist with the dismantling and setting up of beds. Maintain a safe and tidy environment 			
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION				
ON ACTIVATION	ON STANDBY			
<ul style="list-style-type: none"> Check familiarity of the unit and assistance required with the CNM/Nurse in charge Set up bed space for admission as appropriate. Set up the required number of admission trolleys. Assist with the dismantling and setting up of beds. Maintain a safe and tidy environment 	<ul style="list-style-type: none"> Advise all staff of alert Check the linen and stores supplies and restock as necessary. Restock generally. Source equipment/supplies as required. 			
Consider these points				
<ul style="list-style-type: none"> Maintain a safe environment. Liaise with the CNM/Nurse in charge regarding the number of transfers in and out of the unit. Check linen stores and supplies and restock. Check all supplies and restock and liaise with CNM/Nurse in charge. Ward safety checks and maintenance reporting on equipment. Source equipment/supplies as required. 				

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9 PAEDIATRICS	Cork University Hospital		ACTION CARD NUMBER
	Paediatrics		9.1
You Report To:	DON/ADON	You Brief:	Ward Staff
Overall Responsibilities	<ul style="list-style-type: none"> Management of the ward during the major emergency Provide assistance as required, identify discharges and transfers 		
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION			
ON ACTIVATION		ON STANDBY	
<ul style="list-style-type: none"> If requested deploy staff nurse to the ED Advise all visitors to leave the hospital Identify potential discharges for Head of Bed Management Do not allow staff to leave shift unless instructed to do so 		<ul style="list-style-type: none"> Advise all staff of alert Identify nurse to attend ED 	
Consider these points <p><u>Deputy Nurse in Charge</u></p> <ul style="list-style-type: none"> Liaise and cooperate fully with the Nurse in Charge. Contact CNM2 and Nurse Service Manager. Contact off duty Nursing Staff and establish availability for duty. Exclude staff on the next shift. Inform Housekeeping staff and Supervisor of the potential number of bed spaces that require cleaning. Check with Pharmacy and Controlled Drugs Supplies, and restock as appropriate. Inform 1B Reception Staff to transfer/discharge patients on the computer. <p><u>Relatives/Public Evacuation</u></p> <ul style="list-style-type: none"> Visitors & Relatives notified by the CNM in charge about the Major Emergency Plan. Ask Visitors/Relatives to leave via front door (main entrance) using the stairwell where feasible and exiting same at level 1 on the main concourse. Proceed as normal to car park and exit via the main entrance (avoiding the Emergency Department). Inform Visitors/Relatives that Lifts are prioritised for Patient Transfer. In the event of patients being discharged immediately it may be prudent to ask relatives to wait in order to accompany the patient home. 			

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9 PAEDIATRICS	Cork University Hospital		ACTION CARD NUMBER		
	Paediatric Consultant		9.2		
You Report To:	CEO/Clinical Lead	You Brief:	Clinical Director and Medical Liaison for Relatives		
Overall Responsibilities	<ul style="list-style-type: none"> • To prepare the wards for admissions in consultation with CNM3 • To liaise with and update the Clinical Director (HECT) on the wards 				
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION					
ON ACTIVATION		ON STANDBY			
<ul style="list-style-type: none"> • Arrange to prioritise paediatric in patients and day patients for potential discharge. • Delegate Paediatric Consultant/Registrar to go to ED to lend support. • Liaise with Head of Bed Management, Senior Nursing staff from Children's Unit and ITU. • Appoint a Deputy to oversee activity in children's wards and ITU. This deputy to keep Surgical Triage Officer informed on all progress. • Liaise closely with the Medical Director of the ED, Surgical Triage Officer and Hospital Co-ordinator. • Identify children who may require tertiary care in Dublin in conjunction with anaesthetic/surgical/ED teams 		<ul style="list-style-type: none"> • Liaise with the Nurse manager of the ED in designating treatment teams for potential emergency staff are aware of potential emergency admissions • Preparatory work commenced for discharges 			
Consider these points					
<ul style="list-style-type: none"> • Wards must remain functioning • ICU may require supportive care • Transfers may be necessary even in standby 					
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9 PAEDIATRICS	Cork University Hospital	ACTION CARD NUMBER		
	Clinical Nurse Manager 3/Deputy	9.3		
You Report To:	ADON	You Brief: Paediatric Staff Nurses		
Overall Responsibilities	<ul style="list-style-type: none"> • Prepare Emergency Department for arrival of paediatric casualties from the Major Emergency • Ensure that Children's services in the hospital are managed appropriately • Ensure that Paediatric in-patients in the hospital are managed appropriately • Ensure that the welfare of children involved in the Major Emergency is paramount. 			
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION				
ON ACTIVATION	ON STANDBY			
<ul style="list-style-type: none"> • Point of contact for the unit • Ensure wards are informed regarding emergency admission • Begin and coordinate preparation of wards for admissions • Ensure staff called in if required • Deploy Paeds staff to ED if required • Contact security and Emergency Control to ensure staff available for unaccompanied children 	<ul style="list-style-type: none"> • Staff are aware of potential emergency admissions • Preparatory work commenced for discharges 			
Consider these points				
<ol style="list-style-type: none"> 1. H/she will be the point of contact for communication for the unit. 2. H/She will delegate children's nurse to the E.D. to lend support. 3. H/she will assist in the preparation of Seahorse Ward for patients who have been assessed and triaged in ED and required further treatment. 4. H/She will liaise with the managers on each of the children's wards and with the ED 5. Contact security and the Emergency Control Centre to ensure staff available for protection of unaccompanied children. 6. The number of staff required within a Ward, during a Major Emergency is, as follows: <ul style="list-style-type: none"> • Nurse in Charge • Deputy Nurse in Charge • Ward/Care Assistant • Staff Nurses on Puffin Ward • 8-10 Nurses on Ladybird Ward • 8-10 Nurses on Seahorse. 7. A deputy will be identified to contact nurses at home to achieve adequate staffing levels. List of numbers in Marie Watson's Office. 				

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9 Paediatric Wards	Cork University Hospital	ACTION CARD NUMBER		
	Seahorse OPD Day Unit	9.4		
You Report To:	CNM3/ADON	You Brief: Department/Ward Staff		
Overall Responsibilities	<ul style="list-style-type: none"> Swift discharge of children in OPD and Seahorse Ensure new appointments sent out Co-ordination of transfers for discharge from wards Delegate staff to go to ED if required 			
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION				
ON ACTIVATION		ON STANDBY		
<ul style="list-style-type: none"> Liaise with CNM's from the children's unit Delegate staff to go to ED Delegate staff to manage discharge area Discharge as many patients as possible, i.e. those for blood tests, reviews ensure that they have appointments for return review. Ensure patients in theatre have a bed to return to. Staffing will be from the unit wide compliment. Security must be available for the unit as there is the possibility that the children will not have parents or guardians in city, county or country Only parents can be accommodated on the unit and Ward clerk must be available to the unit to ensure bed records are up to date, especially if children are transferred to or admitted to Seahorse with no parents. 		<ul style="list-style-type: none"> Advise all staff of alert Identify nurse to attend ED 		
Consider these points				
<ul style="list-style-type: none"> Many children could be on the ward without parents or guardian awaiting discharge 				
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9 Paediatric Wards	Cork University Hospital	ACTION CARD NUMBER
	Puffin Ward - CNM2	9.5
You Report To:	CNM3/ADON	You Brief: Department/Ward Staff
Overall Responsibilities	<ul style="list-style-type: none"> Identify potential children for transfer/discharge Prepare to receive children from the Emergency Department Management of the ward during the Major emergency Provide assistance as required Return ward to normal routine 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION	ON STANDBY	
<ul style="list-style-type: none"> Liaise with the Consultant/Registrar on-call regarding the number of patients suitable for discharge. Inform the Head of Bed Management of the potential number of available cots, ensuring that the patient in Theatre, X-Ray and/or undergoing elective surgery is accommodated. Continue the necessary communication with the Bed Management Unit regarding admissions and discharges. Inform all staff on-duty of the current situation and keep them updated. Organise staff to transfer all discharged patients promptly, ensuring the parent/guardian is aware of the current situation. If requested deploy staff nurse to the ED Advise all visitors not Parents to leave the hospital Do not allow staff to leave shift unless instructed to do so Review all roles as events occur and make the necessary changes. <p>Advise the CNM3 of the number of nurses available to be relocated to other departments in the hospital if no children involved in major incident.</p>	<ul style="list-style-type: none"> Advise all staff of alert Identify nurse to attend ED 	

- Liaise with nurse in charge on Ladybird and accept any transfers to the ward to facilitate freeing of beds, transfer Children to Seahorse if they are pre- discharge to free up single rooms on Puffin for any age group child.
- Contact off duty Nursing Staff and establish availability for duty. Exclude staff on the next shift.
- Inform Housekeeping staff and Supervisor of the potential number of cot spaces that require cleaning.
- Check with Pharmacy and Controlled Drugs Supplies, and restock as appropriate.
- Accompany children awaiting discharge to Seahorse Ward
- Direct HCA to ensure satisfactory stock and beds ready

Consider these points

- Wards must continue to function and preparation must begin to return to normal

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9 PAEDIATRIC WARDS	Cork University Hospital	ACTION CARD NUMBER
	Ladybird CNM/Deputy	9.6
You Report To:	CNM3/ADON	You Brief: Ward Staff
Overall Responsibilities	<ul style="list-style-type: none"> Identify potential children for transfer/discharge Prepare to receive children from the Emergency Department Management of the ward during the Major emergency Provide assistance as required 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION	ON STANDBY	
<ul style="list-style-type: none"> Liaise with the Consultant/Registrar on-call regarding the number of patients suitable for discharge. Inform the Head of Bed Management of the potential number of available cots, ensuring that the patient in Theatre/X-Ray/undergoing elective surgery is accommodated. Continue the necessary communication with the Bed Management Unit regarding admissions and discharges. Inform all staff on-duty of the current situation and keep them updated. Organise staff to transfer all discharged patients promptly, ensuring the parent/guardian is aware of the current situation. If requested deploy staff nurse to the ED Advise all visitors not Parents to leave the hospital Do not allow staff to leave shift unless instructed to do so Review all roles as events occur and make the necessary changes. Advise the CNM3 of the number of nurses available to be relocated to other departments in the hospital if no children involved in major incident. Liaise with nurse in charge on Puffin and accept any transfers to the ward to facilitate freeing of beds, transfer babies to Seahorse if they are pre-discharge to free up single rooms on Ladybird for any age group child. The HDU unit MUST be prepared for admissions, age to be 	<ul style="list-style-type: none"> Advise all staff of alert Identify nurse to attend ED 	

<p>negotiated with consultant and ADON</p> <ul style="list-style-type: none"> • Contact off duty Nursing Staff and establish availability for duty. Exclude staff on the next shift. • Inform Housekeeping staff and Supervisor of the potential number of cot spaces that require cleaning. • Check with Pharmacy and Controlled Drugs Supplies, and restock as appropriate. • Accompany children awaiting discharge to Seahorse Ward 	
Consider these points	
<ul style="list-style-type: none"> • Wards must continue to function and preparation must begin to return to normal 	

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9 PAEDIATRIC WARDS	Cork University Hospital	ACTION CARD NUMBER		
	Paediatric Relatives & Public Evacuation	9.7		
You Report To:	CNM3/ADON	You Brief: Ward staff/Security		
Overall Responsibilities	<ul style="list-style-type: none"> Identify potential numbers of relatives and visitors in the department Provide information to relatives/visitors Ensure all relatives/visitors are brought to safety 			
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION				
ON ACTIVATION		ON STANDBY		
<ul style="list-style-type: none"> Visitors & Relatives notified by the CNM in-charge about the Major Emergency Ask Visitors/Relatives to leave via front door (main entrance) using the stairwell where feasible and exiting same at level 1 on the Main Concourse. One parent can stay with their child if their child is not being discharged. Proceed as normal to Car Park and exit via the Main Entrance (avoiding the Emergency Department). Inform Visitors/Relatives that lifts are prioritised for Patient Transfer. In the event of patients being discharged immediately it may be prudent to ask relatives to wait in order to accompany the patient home. Children who have been identified as for discharge by senior doctors but are awaiting transport can be facilitated in the playroom on Puffin Ward. 		<ul style="list-style-type: none"> Liaise with the Reception desk staff regarding the number of relatives and visitors within the department Advise all relatives and visitors of alert 		
Consider these points				
<ul style="list-style-type: none"> All appointments must be at least given to the parent or guardian, letters can follow. 				
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9 PAEDIATRIC	Cork University Hospital	ACTION CARD NUMBER
	Head Medical Social Worker	9.8
You Report To:	ADON	You Brief:
Overall Responsibilities		
		<ul style="list-style-type: none"> Co-ordinate the provision of psychological first-aid to casualties (adults and paediatric) admitted to CUH as part of a Major Emergency. Facilitate the provision of Social Work support to relatives, in conjunction with the Relatives Co-Ordinator and Medical Liaison Officer for Relatives. Assist with supervision and discharge planning of paediatric casualties (under 18 years)
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION	ON STANDBY	
<ol style="list-style-type: none"> Report to HECC upon activation of the Major Emergency Plan If out of hours, call in staff as per in-house sub plan Assess immediate and medium term needs and assign available resources accordingly Assign the role of Co-Ordinator of Social Work Services in the Relatives Area (adult casualties) and/or role of Co-Ordinator of Social Work Services to the Children's Waiting Area (paediatric casualties) Allocate Social Workers to key areas and functions including the: <ul style="list-style-type: none"> Children's Waiting Area to assess and respond to needs of children who present as part of the Major Emergency. The Emergency Department and/or discharge lounge to assess and respond to the needs of adults or paediatric casualties Relatives Area to support relatives of casualties or the deceased 	<ul style="list-style-type: none"> Advise all staff of alert and identify Social Workers for various roles in CWA, ED and Relatives Area. Liaise with Paediatric Clinical Nurse Manager/Deputy in relation to requirements for setting up the Children's Waiting Area. 	
<p>Consider these points</p> <p>In the event of a Major Emergency involving children the following categories of children and/or their parents/guardians will require support from the Medical Social Work Department:</p> <ol style="list-style-type: none"> Children admitted to Paediatric Wards, Ladybird, Puffin and Seahorse (OPD) will require a brief intervention of Psychological First Aid to assist them in processing trauma experienced during the major emergency. Children who have sustained minor injuries as a result of the Major 		

Emergency, who have been treated in the Emergency Department and are now discharged and awaiting collection from the hospital by a parent/guardian.

- c) Children who have not sustained injuries but were involved in the Major Emergency who require a place of safety and/or safe discharge planning.

The Co-Ordinator of Social Work Services will liaise with Paediatric Clinical Nurse Manager/Deputy in relation to the setting up of **Children's Waiting Area (CWA)** which will be set up on Seahorse Ward for the purpose of facilitating the following:

1. Children who have sustained minor injuries, which have been treated, and these children are now awaiting discharge
2. Uninjured children who are unaccompanied and awaiting discharge

The Co-ordinator of Social Work Services will liaise with Paediatric Clinical Nurse Manager and consideration to be given to alerting security if required, presence of nursing staff and volunteers.

Social Work staff and volunteers will be recruited as necessary by the Social Work Co- Coordinator

The role of the Social Work Co-ordinator in consultation with the Head Medical Social Worker is:

1. Safe discharge is planned for each child
2. To facilitate children receiving Psychological First Aid and support (age appropriate) if required while in the CWA and on the Paediatric wards as appropriate.
3. Follow supports if appropriate
4. Accurate recording of child's details and discharge from CWA.

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10. CLERICAL ADMINISTRATION	Cork University Hospital	ACTION CARD NUMBER
	Clerical Supervisor	10.1
You Report To:	Line Manager	You Brief: Clerical Staff
Overall Responsibilities	<ul style="list-style-type: none"> • Ensure preparedness for MEP • Be aware of any identified services within the directorate which must continue. • Manage Clerical and Admin Staff • Call in off-duty staff if required 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION		ON STANDBY
<ul style="list-style-type: none"> • You will be informed by your Line Manager • Follow direction from your Line Manager 		<ul style="list-style-type: none"> • Gauge response requirement for directorate clerical staff. • Agree staffing available for redeployment internally/externally across campus.
Consider these points <ul style="list-style-type: none"> • Availability of phone contact numbers for all staff, prepare group contact list. • It may be necessary to recall staff from annual leave • Depending on type of Major Emergency what services will continue or cease • What staff are available for redeployment 		

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10. CLERICAL ADMINISTRATION	Cork University Hospital	ACTION CARD NUMBER
	Clerical Staff	10.2
You Report To:	Staff Officer/Business Manager	You Brief: Staff Officer
Overall Responsibilities	<ul style="list-style-type: none"> • Be familiar with the CUH MEP Staff Information Leaflet • Follow instruction from your Line Manager • Arrange for the reschedule of patient appointments if necessary or as required. • Assist other departments within the hospital who may require additional support during a Major Emergency. 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION		ON STANDBY
<ul style="list-style-type: none"> • You will be informed of your role by your Staff Officer 		<ul style="list-style-type: none"> • You will be guided on the actions necessary by your Staff Officer
Consider these points <ul style="list-style-type: none"> • Review current workload and anything urgent outstanding from previous day. • Be aware routine hospitals services will cease. • Be aware that the routine function of your department may cease and redeployment may be necessary. One member will need to remain in the departmental office to ensure a level of service responsiveness. 		

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11 SERVICES	Cork University Hospital	ACTION CARD NUMBER
	Services Department Personnel	11.1
You Report To:	Operations Manager and Services Manager	You Brief: HECT
Overall Responsibilities	<ul style="list-style-type: none"> Arrange email alert to all users re: MEP To co-ordinate the hospital response to an emergency To ensure clear lines of communication are maintained To maintain accurate record of actions and decisions undertaken Liaise with Line Managers via CUH.MEP@hse.ie from the boardroom Arrange circulation of email once MEP is on stand-down 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION		ON STANDBY
<ul style="list-style-type: none"> Proceeds to HECT room. Liaise with the service managers Ensure co-ordination of catering/cleaning/support Services throughout hospital Maintains liaison with HSE Crisis Management Team Maintain liaison with HSE Communications dept. Restore hospital to normal operation after Major Emergency Plan has been stood down 		<ul style="list-style-type: none"> Arrange for distribution a standby MEP notification to be sent to all CUH and CUMH users Circulate MEP Porter runner message to all users (See Pg31)
Consider these points <ul style="list-style-type: none"> Be aware routine hospital services will cease. Ensure Information Support Team Members are available to attend boardroom when necessary Ensure feedback templates are completed once received. Ensure feedback from all line managers within templates has been implemented Review all issues arising from feedback templates and address to HECT if required Prepare internal email communication for line managers and circulate hourly during MEP 		

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11 SERVICES	Cork University Hospital	ACTION CARD NUMBER		
	Portering Services Manager	11.2		
You Report To:	Operations Manager and Services Manager	You Brief: Porter Staff		
Overall Responsibilities	<ul style="list-style-type: none"> • Ensure porters available to support priority areas • Provide assistance as required as instructed by HECT 			
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION				
ON ACTIVATION	ON STANDBY			
<ul style="list-style-type: none"> • Redeploy porters to ED and priority areas • Call in additional staff as required Support Security/Garda as required 	<ul style="list-style-type: none"> • Review current levels of staffing, establish how many staff may be required and who is available 			
Consider these points <p style="text-align: center;"><u>08.00 hours – 20.00 hours</u></p> <ol style="list-style-type: none"> 1. Arrange additional Portering Services for: <ul style="list-style-type: none"> (1) Emergency Department (2) X-Ray Department (3) Theatre (4) Wards 2. Runner to alert Senior Nurses on Ward Block, AAMHU, Acute Medical Unit, CRC and Main Reception (Provide Porter Runner with a written message prepared by Switchboard which can be photocopied in the CRC ground floor secretarial area) 3. Alert Housekeeping Services Manager: Ms. Edyta Chamczyk 4. Alert Chair of Support Services Board Ms. Megan Goodale 				
<p style="text-align: center;"><u>20.00 hours – 08.00 hours</u></p> <p style="text-align: center;">Night Porter at Main Reception</p> <ol style="list-style-type: none"> 1. Contact Deputy Portering Service Manager and officers: <p style="text-align: center;">Frank Power</p> <p style="text-align: center;">Michael O'Sullivan</p> <p style="text-align: center;">Brian Hogan</p> <p>Runner to alert Senior Nurses on Ward Block, AAMHU, Acute Medical Unit, CRC and Main Reception (provide Porter Runner with a written message prepared by Switchboard which can be photocopied in the CRC ground floor secretarial area)</p> 				

2. Allocate Portering Services staff as follows:

- a. Porter on AMAU/ GITU duties as runner to Ward Block, AAMHU, Acute Medical Unit, CRC, Main Reception
- b. Porters on ward duties on 5th and 4th floors to Emergency Department.
- c. Porter on ward duties on 3rd floor to theatre.
- d. Porter on second and first floor to cover main block and CRC.

3. Contact Housekeeping Services Manager:

Ms. Edyta Chamczyk
Ms. Eimear Crean

4. Alert Chair of the Support Services Board:

Ms. Megan Goodale

Portering Service Bleep/Phone Numbers **DAY DUTY** List.

Ward/Area CUH	Number/Bleep
5A/5B, 1C, GI.T.U.	086 0214325
4A & 4B	086 0213630
4C + 4D	086 0214317
3D/C.C.U./Stepdown	086 0213668
2A/2B/2D	087 7510666
3A & 3B	086 0237602
2C	086 4126137
1A & 1B	086 0213470
GB & GA	086 0213252
Emergency Department	086 1727022 or 086 1726873
A&E Rasta	087 1081867
A&E 10.00a.m-20.00a.m	087 0543940
ED X/RAY	086 0273525
CRC Blood Phone/C ITU	086 7871242
Dialysis	087 3527931 592
Biomedical Engineering	087 3523112
MRI +PET Scan	087 4575605
MRI 2	0874787475
M.S.S.U	087 1632596
Meal Porter	087 9780898
Mental Health Unit	086 4126399
Seahorse/ Discharge Lounge	087 7031450
X-Ray	No Bleep contact Portering office 22103
Cath Lab CRC	087 0996642
C.S.S.D.	087 1137676
G.I. Unit	087 3990573
3C + Cardiology Day Unit	087 7871242
Physiotherapy 1	087 6004035
Physiotherapy 2	087 3668634
Glandore 1	087 4072606
Glandore 2	087 1406255
Acute Med Unit.	087 1632596
Oncology/Chemo Day Unit Dunmanway day unit	087 1179624
Medical Records.	087 4382995

Out Patients + EEG.	087 1601964
THEATRE DAY	
Neurology	087 6677304
Orthopaedics	087 3814640
Theatres 3 & 4	087 3843870
Theatres 5 & 6	087 3324204
Theatres 7 & 8	087 1170844
THEATRE OTHER	
Pre-Op Assessment	087 1601964
Theatre 9	616
WARD/Area CUMH	
3 rd & 4 th Floors	087 2690393
2 nd & 1 st Floors	087 1704845
N.N.U & Delivery Suites	087 6900864
Night Duty 8pm to 8am	087 2690393
Theatre & Recovery	087 1659764
Emergency Blood Phone	086 7872149
Portering Service Team	
Frank Power (Manager)	087 7970901
Brian Hogan (Supervisor)	087 0617765
Micheal O Sullivan (Supervisor)	086 8223268
Joe Crowley (Training Officer)	087 0974282

Portering Service Bleep/Phone Numbers **NIGHT DUTY** List.

Ward/Area CUH	Number/Bleep
5a/5b 1c Ga/Gb	086 0213252
4a/4b/4c/4d	086 0214317
3b/3c/3d/+ STEPDOWN	086 0213630
2 nd FLOOR, 3A	087 7510666
Medical equipment library	087 3523112
1a/1b	086 0213470
Emergency Department	087 4065008 086 1727022
ED/AMAU/GITU	086 021 4325
ED X-RAY/MAIN X-RAY	086 0273525
Dialysis + CITU	087 3527931
C.R.C. Blood Phone	086 7871242
Floors and Waste Collection	086 0213668
Main Reception Desk	22424/ 21000
Ward/Area CUMH	Number/Bleep
Ward Block 8pm- 8am	087 2690393
Ward Block 8pm-12am <u>MON-FRI ONLY</u>	087 1659764
THEATRE	
17:00HRS - 01:00HRS	087 6677304
08:00HRS - 20:00HRS	087 3843870
	20537/20631

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11 SERVICES	Cork University Hospital		ACTION CARD NUMBER	
	Housekeeping Services Manager		11.3	
You Report To:	Operations Manager		You Brief:	Housekeeping Services Supervisors, Linen Services, Housekeeping Staff
Overall Responsibilities	<ul style="list-style-type: none"> Management of Housekeeping Services, and Linen Services Maintain a clean and safe environment. 			
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION				
ON ACTIVATION			ON STANDBY	
<ul style="list-style-type: none"> Liaise with the Services Manager to determine: <ul style="list-style-type: none"> Number of people involved How long the situation is likely to continue What services will be required Liaise with the Bed Management Allocate additional Housekeeping Staff on Night duty roster as required Request that all staff on duty remain on duty to assist if required. Designate Housekeeping Supervisor to call in extra staff as required to clean additional rooms/areas. Redeploy staff to meet urgent needs Mobile Cleaning teams in place Inform all staff on-duty of the current situation and keep them updated Review all roles as events occur and make the necessary changes. Liaise with the Nurse in Charge on wards regarding the number of potential admissions/ discharges. Cease all non-urgent activities in non-clinical areas and re deploy staff to as required to clinical areas Depending on Emergency, some members of Housekeeping staff will be dispatched to following Departments: <ul style="list-style-type: none"> ✓ Emergency Department ✓ Theatre 			<ul style="list-style-type: none"> Check staffing, establish how many staff may be required Allocate staff to ED, Radiotherapy Alert Linen room supervisor Contact Linen Provider to supply additional linen requirements Ensure adequate linen and stores supplies are available Ensure that all equipment is available in all priority areas Mobilise Cleaning teams to facilitate ward discharges as required 	

<ul style="list-style-type: none"> ✓ Radiotherapy ✓ Other departments as required 	
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Consider these points

Alert Housekeeping Services Manager:

Edyta Chamczyk

Eimear Crean
Julie Carey

Contact Housekeeping Supervisors:

Ingrida Felsner/ Tiffany Hunt
Melissa Connolly/ Aleksandra Brzykcy:
AnneMarie Tobin/Catherine O'Flynn:

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11 SERVICES	Cork University Hospital	ACTION CARD NUMBER	
	Head of Catering	11.4	
You Report To:	Operations Manager/Services Manager	You Brief: Catering Staff	
Overall Responsibilities	<ul style="list-style-type: none"> • To provide the required Catering Service for all staff • Provide hot meals on a continuous basis for staff, free of charge • Provide catering services for relatives • Provide catering services for E.D 		
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION			
ON ACTIVATION	ON STANDBY		
<ul style="list-style-type: none"> • If/when a decision is made to activate the CUH MEP the Head of Catering will be contacted by the Hospital Security Manager • Inform Administrative Co-ordinator on arrival • Liaise with the Services Manager to determine: <ul style="list-style-type: none"> - Number of people involved - How long the situation is likely to continue - What services will be required • Request that all staff on duty remain on duty to assist if required. Designate staff member to call in extra staff as required. • Order and arrange delivery of supplies that are required. • Allocate a staff meal area and process for distribution of patient meals • Allocate staff to designated areas to liaise with the areas and provide refreshments as required. • Provide support to other areas as required • Maintain patient services • Ensure appropriate systems in place to maintain appropriate hygiene and food handlings standards • Keep staff alert to identify and report all hazards/unsafe conditions. • Arrange to have tea/coffee and refreshments provided to Relatives Area. • Liaise with Control Team regarding step down arrangements Location Reporting • Status report of departments activities in relation to the functions identified should be made to the Services manager 	<ul style="list-style-type: none"> • Estimate Staffing requirements. • Assess current food supplies and prepare list of goods that may be required. • Estimate the number of meals that can be served utilising existing food stores and order additional supplies as required. • Contact depending on the nature of the emergency extra freezer and fridge space by contacting cross refrigeration. • Develop appropriate menu 		

<ul style="list-style-type: none"> • Ensure that there are sufficient staffs to handle the expected workload and Stand Down the remaining staff. • It may be necessary to leave some staff on duty for a prolonged period. • Arrange a shift cycle to ensure that members of staff are not left on duty for an excessive period. 	
<p>Stand Down</p> <ul style="list-style-type: none"> • Ensure that all staff are informed of stand down • Facilitate smooth transition into normal business activities • Attend final team meetings & conduct debriefs • Debrief staff and note any issues that have arisen from the incident • Complete and collect all documentation • Return all emergency management equipment to correct storage area • Ensure all equipment, assets and personnel in place to maintain normal activities 	
<p>Consider these points</p> <p>The nature of the emergency and the length of the emergency will determine the above. Maintain a current list of all catering contact telephone numbers</p>	

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12 MORTUARY	Cork University Hospital	ACTION CARD NUMBER
	Mortuary & Bereavement Support Services Manager	12.1

You Report To:	HECT	You Brief:	Mortuary Staff
Overall Responsibilities	<ul style="list-style-type: none"> • Care of the deceased • Maintenance of forensic evidence as required 		

IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION

ON ACTIVATION	ON STANDBY
<ul style="list-style-type: none"> • Provide HECT with information regarding current and available capacity of hospital mortuary. • Hospital mortuary will only receive and manage remains of those that die in hospital. • Liaise with pathologist, chaplains as required. • Liaise HECT, Gardaí Casualty Bureau as appropriate 	<ul style="list-style-type: none"> • Provide HECT with information regarding current and available capacity of hospital mortuary.

Consider these points

1. Report to the HECC when you have arrived at the Mortuary. Action Card 12 will be available in the mortuary.
2. Before agreeing to take any deceased casualties from the Major Emergency, approval must be sought in advance from the HECT
3. Make contact with the HECT/Gardaí to identify how many deceased patients are likely to arrive at the Mortuary
4. With the information provided in 3 above make the necessary arrangement to receive the dead casualties in the Mortuary.
5. Liaise with the Radiology & Pathology Departments as regards the requirements for Forensics work that May be required for each casualty.
6. Establish links with the Coroner's Office to inform them of the situation
7. Communicate with the Chaplaincy service in the hospital regarding their requirements in relation to the dead casualties
8. Liaise with the Gardaí as regards identification of the Dead casualties
9. Liaise with the Communications/Press Officer in the hospital as regards media queries relating to the dead casualties

In the event of a Major Emergency involving Multiple Fatalities – See Appendix D

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13 DIAGNOSTICS	Cork University Hospital		ACTION CARD NUMBER		
	Laboratory		13.1		
You Report To:	Laboratory Manager	You Brief:	Laboratory Staff		
Overall Responsibilities	<ul style="list-style-type: none"> To ensure lab requests are actioned as efficiently and effectively as possible 				
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION					
ON ACTIVATION		ON STANDBY			
<ul style="list-style-type: none"> Inform blood transfusion laboratory Staff to proceed to their own lab area Laboratory manager should provide updates to HECT 		<ul style="list-style-type: none"> Inform blood transfusion laboratory Staff to proceed to their own lab area and prepare as per emergency procedures 			
Consider these points					
Day & Night					
<ol style="list-style-type: none"> On being advised that the CUH Major Emergency Plan is in operation, it is essential that staff in the Blood Transfusion Laboratory be informed immediately. The Laboratory Manager or appropriate deputy in each laboratory (e.g. Chief Medical Scientist, Senior Scientist) should be notified who should oversee that information is cascaded to relevant staff within each laboratory. Staff within each laboratory should proceed to prepare their department as outlined in the Major Emergency Plan for Laboratory Medicine at Cork University Hospital which is available on Q-Pulse referenced as: PPG-CUH-PAT-46. The Laboratory Manager (or appropriate deputy) is to oversee that all departments in Laboratory Medicine have activated their respective Major Emergency procedures and provide relevant assistance. In the event of a complete telecommunications failure, the Laboratory Manager (or appropriate deputy) should organise back-up Radio support (walkie-talkie) available from Security Department and/or Porters (as "Runners") to relay messages etc. The Laboratory Manager (or appropriate deputy within each laboratory) should periodically provide brief updates to CUH Emergency Control Centre using designated template via the dedicated CUH MEP e-mail address cuh.mep@hse.ie Guidance on requesting Blood and Blood Components from the Blood Transfusion Laboratory, CUH in a Major Emergency is provided in Appendix F of this document. 					

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13 DIAGNOSTICS	Cork University Hospital	ACTION CARD NUMBER		
	Radiology	13.2		
You Report To:	Radiology Services Manager	You Brief: Radiologists, Radiographers		
Overall Responsibilities	<ul style="list-style-type: none"> • To ensure that Major emergency procedures are implemented and all staff are aware • Ensure imaging requests are actioned as efficiently and effectively as possible 			
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION				
ON ACTIVATION	ON STANDBY			
<ul style="list-style-type: none"> • Identify lead Radiographer on the day • co-ordinate the evacuation of patients and deployment of radiographers • rearrange GP referrals • maintain liaison with HECT and all staff • call in additional staff • make contact with ED consultant and CNM2, agree method of communication 	<ul style="list-style-type: none"> • Return inpatients to wards • Consider rearranging of GP referrals • Ensure staffing levels adequate, prepare call in 			
Consider these points				
09.00 hours – 17.00 hours (Monday- Friday)				
ED Clinical Specialist Radiographer alerts: <ul style="list-style-type: none"> • Radiography Service Manager (RSM 3) • Deputy Radiography Service Manager (RSM 1) • Scheduling Radiographer 				
Radiographer Service Manager/Deputy Radiography Service Manager alerts: <ul style="list-style-type: none"> • Director of Radiology • CNM2 • Off Duty Radiographers • PACS Clinical Specialist • RIS Administrator • Clerical Supervisor • Business Manager • Digitising Administration 				
Scheduling Radiographer on being alerted alerts <ul style="list-style-type: none"> • Radiographers on duty • Departmental Portering/Housekeeping staff 				
Clinical Lead in Radiology on being alerted will alert <ul style="list-style-type: none"> • Consultant Radiologists and Radiology Registrars. 				
Radiography Service Manager/Deputy				

- To co-ordinate the evacuation of patients and the deployment of Radiographers.
- Examinations in progress will be completed.
- In-patients will be returned to wards.
- GP referrals to re-arrange appointments, telephoning the department the following day.
- Outpatients to contact the department next day.

Scheduling Radiographer -

- Assemble X-Ray porters for the evacuation of patients

Clinical Lead in Radiology -

- Will act as Radiology Staff co-ordinator
- Assign a radiology registrar to ED to triage imaging requests and advise on the most suitable modality for each patient.

Receptionists -

- All patients to be identified by the number designated by Emergency department.
- Any remaining specialist list to be cancelled and re-arranged.

Clerical Supervisor -

- Contact Health Records Manager for back up staff if required.

Housekeeping Attendant -

- To ensure adequate stocks of disposable supplies in each x-ray room.
- To top up supplies when necessary.
- To remain in the department and clean floors/x-ray rooms when necessary

Porters -

- To assemble at reception desk.
- To return patients to wards on the instructions of Scheduling Radiographer.
- To remain in the Department and assist with patient transport and lifting, when inpatient evacuation is complete.

Digitising Administration -

- To arrange top up requirements with stores when necessary.
- Assist Radiographers with import or export requests

On-Call Service

17:00 hours – 8:00 hours Weekdays + Saturday/Sunday/Bank Holidays 24hrs

Radiographer on call for the Emergency Department will contact

- Radiographer Service Manager/Deputy Radiography Service Managers
- Clinical Specialist Radiographer for the Emergency Department
- All other on-call radiographers

Radiography Service Manager will contact:

- Clinical Lead in Radiology
- CNM2 for the Dept of Radiology
- Clinical Specialist PACS
- RIS administrator
- Clerical Supervisor and Business Manager
- Digitising team

Deputy Radiography Service Managers will contact

- Superintendent Radiographer
- Clinical Specialist Radiographers including Radiation Safety Officer

- Off-duty radiographers as appropriate

Clinical Lead in Radiology will contact
Consultant Radiologists and Radiology Registrars

Radiography Service Manager/Deputy will

- Co-ordinate the evacuation of patients and the deployment of radiographers
- Examinations in progress will be completed
- In-patients will be returned to the wards

CT & ED Clinical Specialist Radiographers will

- Liaise with the ED CNM or Consultant to get current information
- Allocate staff to areas within ED x-ray
- Ensure adequate stocks of equipment and accessories
- Continue liaison with ED CNM and Consultants

Clinical Lead in Radiology will

- Co-ordinate the deployment of radiologists
- Assign a radiology registrar to ED to triage imaging requests and advise on the most suitable modality for each patient.

PACS Clinical Specialist Radiographer will

- Allocate the PACS team to specific roles as appropriate

Clerical Staff will

- Identify all patients by the name and number designated by the Emergency Department and support the digitising office as required

Clerical Supervisor will

- Contact the Health Records Manager for extra staff if required

Housekeeping Attendant will ensure adequate stocks of disposable supplies in each x-ray room

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14. ALLIED HEALTH PROFESSIONALS	Cork University Hospital	ACTION CARD NUMBER
	Physiotherapy	14.1
You Report To:	Operations Manager	You Brief: Physiotherapy Staff
Overall Responsibilities	<ul style="list-style-type: none"> Ensuring patient and physiotherapy staff safety by accounting for all staff and patients. Ensure that mobility aids etc. which may be required are ready for use. Link with PCCC areas regarding same as appropriate. 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION		ON STANDBY
<ul style="list-style-type: none"> Cancel further outpatient/inpatient clients as appropriate. Evacuate all patients from the Physiotherapy Department. All in-patients should be returned to the appropriate ward. The Physiotherapy Manager should report to the Staff Assembly Area in the front hall, and await further instruction 		<ul style="list-style-type: none"> Prepare to cancel further outpatient/inpatient clients as appropriate. Prepare to evacuate all patients from the Physiotherapy Department. All in-patients should be returned to the appropriate ward.
Consider these points <ul style="list-style-type: none"> Does the gym/OPD area need to be available for any staff remaining in CUH overnight 		

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14 ALLIED HEALTH PROFESSIONALS	Cork University Hospital	ACTION CARD NUMBER
	Dietetics	14.2
You Report To:	HECT	You Brief: Department of Nutrition & Dietetics Team
Overall Responsibilities	<ul style="list-style-type: none"> To ensure the team is aware of MEP activation 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION		ON STANDBY
<p>Inform team(via WhatsApp group text to personal phones; group text to work mobiles and email) & organise team briefing</p> <p>Team Meeting</p> <ul style="list-style-type: none"> Secretary to cancel any outpatient clinics Establish patients to be prioritised using stats sheets Prioritise patients who need assessment to facilitate earlier discharge from wards to home and from ITU to wards Advise MDT of patients suitable for early discharge <p>Report to HECT when action card complete</p>		<ul style="list-style-type: none"> Advise all staff of MEP alert Establish patients to be prioritised using stats sheets
<p>Consider these points</p> <ul style="list-style-type: none"> May require staffing resources to support OPD reception rota (being organised by Megan Goodale) 		

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14 ALLIED HEALTH PROFESSIONALS	Cork University Hospital	ACTION CARD NUMBER
	Speech and Language Therapy	14.3
You Report To:	HECT	You Brief: Speech & Language Therapy Dept
Overall Responsibilities	<ul style="list-style-type: none"> • Ensure the team is aware of MEP activation • As per agreement with Medical Social Work, SLT volunteers identified to assist in the care of medically "well" children who may have been involved in the Major Emergency until they can be reunited with a parent or guardian. 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION	ON STANDBY	
<p>Inform team group text to work mobiles to alert & arrange team briefing</p> <p>Team Meeting</p> <ul style="list-style-type: none"> • Secretary to cancel any outpatient clinics • Establish patients to be prioritised using SLT prioritisation system for inpatient management • Prioritise patients who need assessment to facilitate earlier discharge from wards to home and from ITU to wards • Advise MDT of patients suitable for early discharge <p>Report to HECT when action card complete</p>	<ul style="list-style-type: none"> • Advise all staff of MEP alert • Establish patients to be prioritised 	
<p>Consider these points</p> <ul style="list-style-type: none"> • May require staff to support hospital activity • Staff may be required to volunteer to assist in the care of medically well children 		

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14 ALLIED HEALTH PROFESSIONALS	Cork University Hospital		ACTION CARD NUMBER					
	Occupational Therapy		14.4					
You Report To:	Operations Manager.	You Brief:	Occupational Therapy Staff HSCP managers					
Overall Responsibilities	<ul style="list-style-type: none"> • To ensure the team is aware of MEP activation • Prioritise clinics cancellations • Prioritise inpatients that need assessment • Assessment to facilitate discharge of inpatients. 							
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION								
ON ACTIVATION		ON STANDBY						
Team Meeting	<ol style="list-style-type: none"> 1. Secretary to cancel any outpatient clinics 2. Establish patients to be prioritised 3. Prioritise patients who need assessment to facilitate earlier discharge from wards to home and from ITU to wards 4. Advise MDT of patients suitable for early discharge 							
Consider these points								
<ul style="list-style-type: none"> • OT Staff may be required to volunteer to assist in the care of medically well children 								

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14 ALLIED HEALTH PROFESSIONALS	Cork University Hospital	ACTION CARD NUMBER
	Biomedical Engineering Department	14.5
You Report To:	CNM3 Emergency Department	You Brief: Biomedical Engineering staff
Overall Responsibilities	<ul style="list-style-type: none"> To ensure the supply of medical equipment listed in the event of a Major Emergency is provided as efficiently and effectively as possible to the areas listed. 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION	ON STANDBY	
<p>1. The following medical equipment must be sourced for the Emergency Department</p> <ul style="list-style-type: none"> Hamilton T1 Ventilators – x 4 (Note a quantity of 8 Hamilton T1 ventilators already exist in ED) 4 in department 4 in MEP store room) Braun Syringe Drivers x 6 Baxter Infusion Pumps x 6 <p>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.</p> <p>2. The equipment will be set up in the Red Treatment Areas (12 treatment areas) as identified in the Major Emergency Plan (action Card No. 5) as follows:</p> <ul style="list-style-type: none"> Resuscitation Rooms (qty 3) Isolation Rooms (qty 5) Cubicles (qty 4) The four cubicles are Cubicle 11 Cubicle 12 Cubicle 8/9 	<p>Ensure that is far as reasonably possible that the medical equipment listed is readily available and readily operational and that its location is known.</p> <p>Ventilators – Model/Type Hamilton T1. The first areas to check for spare ventilators:</p> <ul style="list-style-type: none"> GITU (quantity 2 x Hamilton T1), one of which is located on the emergency transfer trolley) CITU (quantity 3 x Hamilton T1), one of which is located on the emergency transfer trolley). L5HDU (quantity 1 x Hamilton T1) Please note there is also a Hamilton MR1 in GITU this is to be only used for MRIs. 	
		

- Cubicle 7/8
- (note some cubicles were re-aligned during COVID)

3. Once the available listed medical equipment has been set up in the Emergency Department the Biomedical Engineering Department will inform the CNM3 Emergency Department that the medical equipment that has been set up.

4. Provide assistance with the provision of medical equipment to other areas of the hospital during the emergency as requested.

Braun Syringe Drivers – available from the Medical Equipment Library during normal office hours. Outside of normal office hours located in the 'Medical Equipment Library after Hours Loan Unit' just off ward1B.



Baxter Infusion Pumps – available from the Medical Equipment Library during normal office hours. Outside of normal office hours located in the 'Medical Equipment Library after Hours Loan Unit' just off ward1B.



If further Syringe Drivers and or Infusion Pumps are required they can be located in the Medical Equipment Library (MEL) which can be opened by Security.

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15 MEDIA COMMUNICATIONS	Cork University Hospital	ACTION CARD NUMBER
	Communications Officer	15.1
You Report To:	HECT	You Brief: Media, Public Relations
Overall Responsibilities	<ul style="list-style-type: none"> • Ensure all hospital communication tools are in place and functioning • Ensure in collaboration with the HSE area communications department and HSE CMT so that all media issues are managed during and after the emergency 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION	ON STANDBY	
<ul style="list-style-type: none"> • Report to HECT • Prepare press statement for sign off by HECT /Communications department. • Ensure information , media rooms are set up as required • Maintain contact with HSE are communications office media broadcast message will be sent out. 	<ul style="list-style-type: none"> • Report to HECT, • Ensure information , media rooms are available to be set up if required • Establish contact with HSE are communications office 	
Consider these points <ol style="list-style-type: none"> 1. Report to the HECC and collect action card no. 15.1 and appropriate tabard. 2. Prepare Press statement as appropriate in conjunction with HECT 3. Ensure that the Information Room (Library Room, CRC next door to MDM) is set up and ready for functioning if required. 4. Ensure that the Media Room (Main Auditorium) is set up and ready for functioning and that the media are met and briefed as regards the process in place for dealing with the media 5. Brief the Switchboard/Information Room and Medical Records on response to the major emergency 6. Make sure contact is established with the HSE Communications Department 7. Commence collating as much information as possible regarding the situation/emergency 8. Arrange in conjunction with the HSE Communications department any press conferences or media briefings 9. Responsibility for all VIP's that may request to visit the hospital 10. Cancel all bookings for rooms used for the HECC for the next 48 hours. 		

MEDIA MESSAGE
Press Release for Major Emergency

Public

- A major incident has been declared (IN LOCATION)
- Casualties are being admitted to the Cork University Hospital (CUH)
- This requires CUH to activate their Major Emergency Plan protocol.
- All non-essential visiting to CUH has ceased.
- All non-urgent patients in the CUH Emergency Department (ED) will be referred to the Mercy University Hospital, the Urgent Care Centre, St Mary's Health Campus or VHI Swiftcare Clinic, Mahon.
- All Outpatient clinics have been postponed until further notice.
- Do not attend CUH for any planned admission unless we contact you directly to attend.
- All outpatient clinics will cease with the exception of those attending for Radiotherapy, CUH will contact Radiotherapy patients directly.
- All planned elective surgery will be postponed until further notice.
- Please follow the directions given on site by Security personnel.
- The public are asked to vacate the hospital via the back entrance on to the Model Farm Road if they have a car parked on site.
- If you are collecting a patient from CUH you will be requested to park in the Main Hospital car park for set down and/or collection only. You will not be permitted to remain in this area.
- Vehicular access will be severely restricted into the CUH site except for ambulance and emergency vehicles
- Immediate family members/next of kin of casualties are asked to go to the Glandore Centre to obtain further information regarding their relatives.
- Glandore Centre Reception is located via main hospital gate, first right, past the Emergency Dept and the next left. Cars will NOT be permitted in this area and relatives are asked to park in Wilton Shopping Centre.
- Information lines have been set up on **021 4922420** or **021 4922538**
- **CUH would like to ask members of the public and media personnel not to hinder or disrupt the work of hospital staff and to respect the privacy of relatives and casualties at this time. Please do not come to CUH unless required to do so. Thank you**

Staff

- Please do not phone the hospital.
- If you have not been expressly contacted by the hospital, please remain at home until your next scheduled shift on day duty or night duty.
- In the event of a Major Emergency, vehicular access to the CUH campus will be severely restricted, only staff with a valid corporate **ID badge** or staff parking permit displayed on their vehicle will be allowed access to any on site or off site car park.

Media Room

Main Auditorium (inside the main entrance to the hospital) will operate as a location for the **Media** throughout the Major Emergency

Facilitated by, **Communications Officer** and Information Management Team

Telephones **021 4920334** (handset in major emergency store specific instructions on box where to plug in phone)

Fax **021 4920335** (fax machine in major emergency store, specific instructions on box

where to plug in fax)

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15 MEDIA COMMUNICATIONS	Cork University Hospital		ACTION CARD NUMBER												
	Health Records Department		15.2												
You Report To:	HECT	You Brief:	Health Records Staff												
Overall Responsibilities	<ul style="list-style-type: none"> Manage all incoming calls in relation to the Major Emergency Manage all internal calls in relation to patient activity within the hospital 														
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION															
ON ACTIVATION		ON STANDBY													
<ul style="list-style-type: none"> Allocate personnel to reception, admissions & to designated telephone lines to deal with queries. Call in off duty staff if required. Obtain major emergency documentation located in office No 2, Health Records Dept. Keep staff informed of on-going developments. 		<ul style="list-style-type: none"> Allocate personnel to reception, admissions & to designated telephone lines to deal with queries. Obtain major emergency documentation located in office No 2, Health Records Dept. Prepare to call in off duty staff if required. 													
Consider these points															
<p>Health Records and Admissions Staff will deal with all telephone queries from the general public in relation to the casualties and will also undertake internal communications by receiving details of admissions from the Admissions Officer and the Emergency Department.</p>															
<p>The following designated phone numbers will be used in the event of a Major Emergency</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Incoming calls in relation to the ME</td> <td style="padding: 2px; text-align: right;">021 4922420</td> </tr> <tr> <td style="padding: 2px;">Incoming calls in relation to the ME</td> <td style="padding: 2px; text-align: right;">021 4922538</td> </tr> <tr> <td style="padding: 2px;">Internal Calls in relation to patient activity in the hospital</td> <td style="padding: 2px; text-align: right;">021 4922871</td> </tr> <tr> <td style="padding: 2px;">Internal Calls in relation to patient activity in the hospital</td> <td style="padding: 2px; text-align: right;">021 4920248</td> </tr> <tr> <td style="padding: 2px;">Spare Phone Line</td> <td style="padding: 2px; text-align: right;">021 4922863</td> </tr> <tr> <td style="padding: 2px;">Spare Phone Line</td> <td style="padding: 2px; text-align: right;">021 4920257</td> </tr> </table>				Incoming calls in relation to the ME	021 4922420	Incoming calls in relation to the ME	021 4922538	Internal Calls in relation to patient activity in the hospital	021 4922871	Internal Calls in relation to patient activity in the hospital	021 4920248	Spare Phone Line	021 4922863	Spare Phone Line	021 4920257
Incoming calls in relation to the ME	021 4922420														
Incoming calls in relation to the ME	021 4922538														
Internal Calls in relation to patient activity in the hospital	021 4922871														
Internal Calls in relation to patient activity in the hospital	021 4920248														
Spare Phone Line	021 4922863														
Spare Phone Line	021 4920257														
<p>All press enquiries will be dealt with by the Communications Officer, or other designated person.</p>															

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16 GARDAÍ	Cork University Hospital	ACTION CARD NUMBER
	Garda Casualty Bureau Liaison Officer	16.1
You Report To:	HECT	You Brief: Relatives Co-Ordinator
Overall Responsibilities	<ul style="list-style-type: none"> • To facilitate the presence of an Garda Síochána Casualty bureau documentation team • 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 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION	ON STANDBY	
<ul style="list-style-type: none"> • Collect Garda Liaison Officer tabard and forms from Major Emergency Store Room. • Collect GP Liaison Nurse mobile phone from Case Managers Office in AMAU. The Garda Casualty Bureau will communicate with you via this number 087 1235061 • Facilitate, in conjunction with the Chief Security Officer, the setting up of the Garda Casualty Bureau. 	<ul style="list-style-type: none"> • Information Managers & Information Support Team to set up fax in large MDM for Garda use 	
<p>Consider these points</p> <ol style="list-style-type: none"> 1. Start information gathering and form filling as soon as casualties arrive. Red, Priority 2 and Priority 3 casualties need to be dealt with giving priority to the red area 2. 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. 3. 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 021 4346130 4. Regularly liaise with Garda Casualty Bureau- via phone/fax/in person 021 4234199, 021 4234192, Fax 021 4234198 5. Debrief with Garda Casualty Bureau after Major Emergency is stood down <p>Garda Casualty Bureau will be located in the MDM Room in the Cardiac Renal Centre (adjacent to the switchboard)</p>		

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16 GARDAÍ	Cork University Hospital	ACTION CARD NUMBER
	Garda Casualty Bureau	16.2
You Report To:	HECT	You Brief: Relatives Co-Ordinator
Overall Responsibilities	<ul style="list-style-type: none"> • Liaise between the Gardaí and the HECC • Collate details of all patients arriving as a result of the Major Emergency • Assist hospital security to monitor access to the site • Identification of casualties and preservation of forensic Evidence 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION		ON STANDBY
Under Garda Management		
Consider these points		
<ul style="list-style-type: none"> • Report to HECC (Main Boardroom) and collect action card No 16.1 • Proceed to the Gardaí Casualty Bureau (located in the Meeting & Conference Room A.K.A MDM Room in the Cardiac Renal Centre) The ED tutorial room will also be made available to the Gardaí if required. • Ensure that the Bureau is adequately supplied with Phones 021 4234192, 021 4234199 (x2), Fax 021 4234198 & Copying machine and administrative facilities (phones stored in the MEP store in the CUH Boardroom) • The room adjoining to the Garda Casualty Bureau will also be used if required • Ensure the appropriate Garda Documentation is available – This will be provided by the Gardaí • Nominate Lead Contact person to liaise with the HECT as regards information received from the Incident site, the Emergency Department, and any other medium on the casualties and relatives. A contact number should also be provided to the H.E.C.T. • Allocate a Garda to the Emergency Department to assist with security and to ensure only casualties are admitted through the Ambulance/Triage entrance (the Psychiatric • Waiting Room in the ED at the ambulance entrance will be used as a base for the Gardaí while stationed in the ED) • Work closely with the Garda Liaison Officer in the ED on all matters relating to the identification of casualties and information gathered on the casualties • Assist security with the control of persons seeking admission to the Hospital • Work closely with the Mortuary in the identification of bodies and the preservation of evidence • Complete documentation as per Gardaí requirements. 		
<p>Garda Casualty Bureau</p> <p>Large MDM Meeting Room, Cardiac Renal Centre (adjacent to switchboard) will operate as the location for the Gardaí throughout the Major Emergency</p> <p>Facilitated by Chief Security Officer/Garda Liaison Nurse in the Emergency Dept.</p> <p>Telephones 021 4234199/021 4234192 (handsets in major emergency store, specific instructions on the box where to plug in phone)</p> <p>Fax 021 4234198 (Fax Machine in major emergency store specific instructions on the box where to plug in phone)</p>		

Information Room

Library Room, CRC will operate as a base for all information gathered (computed point for hospital systems)

Facilitated by Chief Security Officer/Garda Liaison Nurse in the Emergency Dept.

Telephones *021 4234197 (handsets in major emergency store, specific instructions on the box where to plug in phone)

Fax *021 4234196 (Fax Machine in major emergency store specific instructions on the box where to plug in phone)

*Available in ME Store in the CUH Boardroom in Cardiac Renal Centre, CUH

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17 PASTORAL CARE	Cork University Hospital	ACTION CARD NUMBER
	Chaplains	17.1
You Report To:	Operations Manager.	You Brief: PASTORAL CARE STAFF
Overall Responsibilities	<ul style="list-style-type: none"> Offer support/pastoral care to patients, staff and relatives within the hospital. Provide bereavement support when and where necessary. Provide sacramental care when requested. 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
	ON ACTIVATION	ON STANDBY
	<ul style="list-style-type: none"> Chaplain on duty to immediately notify the Co-ordinator of Pastoral Care/Head Chaplain. COPC to notify all members of the pastoral care team. COPC to report to the HECT 	<ul style="list-style-type: none"> Immediate meeting of the pastoral care team to prepare for any eventuality and where necessary to cancel daily services. Direction to be taken from the HECT. Linking with the multidisciplinary teams across the hospital.
Consider these points		
	<ul style="list-style-type: none"> Phone contact for Director of Pastoral Care: 086 7872185 Additional help to be requested when deemed appropriate (such personnel have to be Certified Healthcare Chaplains) 	

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18 RELATIVES	Cork University Hospital	ACTION CARD NUMBER 18.1
	Relatives Area	
You Report To:	Deirdre Carey, Relatives Co- Ordinator	You Brief: Relatives Co- Ordinator
Overall Responsibilities	<ul style="list-style-type: none"> Provide appropriate accommodation for relatives of the casualties. Ensure that the relatives of casualties are supported. Gather information about potential individuals involved in the incident. 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION	ON STANDBY	
<ul style="list-style-type: none"> RTSM/DRTSM to contact Chief Physicist, CNM2 and Business Manager and Clinical Specialist Radiation Therapist. RTSM/DRTSM to contact security to lock down the Radiotherapy Department. RTs to evacuate all patients from radiotherapy department. Medical Secretaries to cancel clinic appointments +/- radiotherapy appointment. CSRTs to set up clinic rooms as interview rooms. 	<ul style="list-style-type: none"> Prepare to cancel all out patient appointments. Prepare to cancel all radiotherapy appointments. Prepare to evacuate patients from radiotherapy department. 	
Consider these points <p style="text-align: center;">Radiotherapy Services Manager/Business Manager</p> <p>Use of the Bluebell Suite as the Relatives Area in the event of a Major Incident</p> <p>Day Time Plan (i.e. during core working hours)</p> <ol style="list-style-type: none"> Switchboard will make contact with the Radiotherapy Service Manager (RTSM) (or Deputy Radiotherapy Service Manager (DRTSM) ()). RTSM/DRTSM to contact Business Manager Michelle Coleman (0871880526), CNM 2 Shirley Loughnane), Chief Physicist/Acting Chief Physicist (34781/34768), Bryan Hendrick. <ul style="list-style-type: none"> If the RTSM or DRTSM are offsite/unavailable the RTSM or DRTSM will contact the Clinical Specialist Radiation Therapist (CSRT) who is covering. Lock down the Department. <ul style="list-style-type: none"> RTSM/DRTSM to Contact Duty Security Officer (62182) to provide Security Officers for internal & external doors. CSRTs to open fire exit at the end of linac corridor and direct radiotherapy patients in and out of the building via this door. CNM2 to close All OPD Clinics and direct patients out of the hospital. 		

- Medical Secretaries to phone patients to cancel OPD appointments.

4. Decision to continue with radiotherapy treatment will be made at time of incident.
 - If continuing with treatment patients will be directed to the sub waiting areas in the linac corridor and will exit the department through the fire door at the end of the linac.
 - If treatment is cancelled patients will be directed out of the building via the fire exit at the end of the linac corridor.
5. RTSM/DRTSM will retrieve Major Emergency Box 1 and Major Emergency Box 2 from admin room behind reception.
6. The RTSM/DRTSM will set up Clinic Room as interview rooms and for Medical Liaison Officer.
 - RTSM/DRTSM will take signage from the Major Emergency Box 2 and stick them to the doors of the Clinic Rooms numbering them from 1-12.

Major Emergency Relatives Registration Form to be retrieve from Major Emergency Box 1.

- Form for registering relatives of adults over 18 is on green paper.
- Paediatric form for registering relatives of under 18s is printed on white paper.
- Each form to be numbered and forms to be left at radiotherapy reception.

7. The RTSM/DRTSM will distribute Bibs to the staff involved
 - Blue to staff from Radiotherapy Department
 - Purple to Social Work
8. CSRTs will source additional chairs for the relative's area from the Seminar Rooms, the Staff Room and CUH Canteen.
9. A CSRT will ensure that Seminar Room 1 can be used by relatives of the deceased.
10. A CSRT will ensure that the photocopier behind reception is fully stocked with paper/ink toner.
11. Radiotherapy reception staff will man the radiotherapy reception desk and take the names of the relatives and the name of the person they are connected as they arrive and create a log if same.
 - Radiotherapy reception staff will give the appropriate relatives registration form (adult or paediatric) to the lead relative and direct them to the radiotherapy reception waiting area to complete.
 - Radiotherapy reception staff will log the number of the relatives registration form given to the lead relative.
 - Relatives to be told by reception staff to return the relative's registration form to them when complete.

**please note if any member of the press presents to the relatives area they should be directed immediately to the main hospital auditorium.
12. The Social Work Lead will designate Social Workers to assist relatives to fill out the relatives registration form where necessary.
13. When the relative's registration form is returned to reception staff they will inform social worker. Social Worker will meet the relatives and use the Relatives Registration Form to validate information (relatives name, patient name, mobile name etc).
14. When the information has been validated by a Social Worker, reception staff will:

- Photocopy the Relatives Registration Form x2 and scan a copy.
- Photocopies will be handed to the Relatives Co-ordinator and the other to the Medical Officer.
- The scanned copy is to be emailed to the Relatives Co-ordinator Deirdre.carey2@hse.ie who will disseminate to the relevant departments and authorities as required.
- The original Relatives registration form is to be kept at Radiotherapy Reception Desk.

15. Relatives co-ordinator will establish a direct link with the HECC on 4234195, 4234180. Medical Liaison Officer to establish a direct link with the Emergency Dept.

16. CSRT to contact the House Keeping Supervisor (bleep 427) to provide Tea & Coffee from the Coffee Bar in the Radiotherapy Outpatient Area and the Seminar Room.

17. Medical Liaison Officer will attend the Relatives Area to update the relatives on the condition of the person involved.

18. In the event of the Major Emergency being prolonged there may be a requirement on the RTSM/DRTSM to the decant the Relatives Area to another suitable location within the Radiotherapy Department (1st floor waiting room) or elsewhere on the campus in order for the Radiotherapy Service to continue uninterrupted due to the nature of the service that is provided.

Night Time Plan (i.e. Outside Core working hours)

19. Switchboard will make contact with the Radiotherapy Services Manager (RTSM) (or Deputy Radiotherapy Service Manager (DRTSM) (, RTSM/DRTSM to contact Business Manager Michelle Coleman (, CNM2 Shirley Loughnane (,), Bryan Hendrick (,). If RTSM or DRTSM are offsite/unavailable the RTSM or DRTSM will contact the Clinical Specialist Radiation Therapist (CSRT) who is covering.

20. Each Manager to inform members of their respective teams.

- RTSM/DRTSM to contact CSRT on their personal mobile (group set up on RTSM/DRTSM personal mobile for this specified purpose) and ask CSRTs to come into Radiotherapy Department.
- Inform staff to park in Highfield Rugby Club and that a taxi service will be in operation to transfer them to the hospital.

21. Lock down the department.

- RTSM/DRTSM to contact duty security officer (62182) to provide Security Officers for internal & external doors.

22. RTSM/DRTSM will retrieve Major Emergency Box 1 and Major Emergency Box 2 from admin room behind reception.

23. The RTSM/DRTSM will set up Clinic Rooms as interview rooms and for Medical Liaison Officer. RTSM/DRTSM will take the signage from the Major Emergency Box 2 and stick them to the doors of the Clinic Rooms numbering 1-12.

Major Emergency Relatives Registration Forms to be retrieve from Major Emergency Box 1.

Form for registering relatives of adults over 18 is on green paper.
Paediatric form for registering relatives of under 18s is printed on white paper.
Each form to be numbered and forms to be left at radiotherapy reception.

24. The RTSM/DRTSM will distribute Bibs to the staff involved
 - Blue to staff from Radiotherapy Department
 - Purple to Social Work
25. CSRTs will source additional chairs for the relative's area from the Seminar Rooms, the Staff Rooms and CUH Canteen.
26. A CSRT will ensure that Seminar Room 1 can be used by the relatives of the deceased.
27. A CSRT will ensure that the photocopier behind reception is fully stocked with paper/ink toner.
28. OPD Staff will man the radiotherapy reception desk and take the names of the relatives and the name of the person they are connected as they arrive and create a log if same.
 - Radiotherapy reception staff will give the appropriate relatives registration form (adult or paediatric) to the lead relative and direct them to the radiotherapy reception waiting area to complete.
 - Radiotherapy reception staff will log the number of the relatives registration form given to the lead relative.
 - Relatives to be told by reception staff to return the relative's registration form to them when complete.

**please note if any member of the press presents to the relatives area they should be directed immediately to the main hospital auditorium.
29. The Social Work Lead will designate Social Workers to assist relatives to fill out the relatives registration form where necessary.
30. When the relative's registration form is returned to reception staff they will inform social worker. Social Worker will meet the relatives and use the Relatives Registration Form to validate information (relatives name, patient name, mobile name etc.).
31. When the information has been validated by a Social Worker, reception staff will:
 - Photocopy the Relatives Registration Form x2 and scan a copy.
 - Photocopies will be handed to the Relatives Co-ordinator and the other to the Medical Officer.
 - The scanned copy is to be emailed to the Relatives Co-ordinator Deirdre.carey2@hse.ie who will disseminate to the relevant departments and authorities as required.
 - The original Relatives registration form is to be kept at Radiotherapy Reception Desk.
32. Relatives co-ordinator will establish a direct link with the HECC on 4234195, 4234180. Medical Liaison Officer to establish a direct link with the Emergency Dept.
33. CSRT to contact the House Keeping Supervisor (bleep 427) to provide Tea & Coffee from the Coffee Bar in the Radiotherapy Outpatient Area and the Seminar Room.
34. Medical Liaison Officer will attend the Relatives Area to update the relatives on the

condition of the person involved.

35. In the event of the Major Emergency being prolonged there may be a requirement on the RTSM/DRTSM to the decant the Relatives Area to another suitable location within the Radiotherapy Department (1st floor waiting room) or elsewhere on the campus in order for the Radiotherapy Service to continue uninterrupted due to the nature of the service that is provided.

18 RELATIVES	Cork University Hospital		ACTION CARD NUMBER
	Relatives Co-Ordinator		18.2
You Report To:	HECT	You Brief:	Quality Unit Team
Overall Responsibilities	<ul style="list-style-type: none"> • Ensure that family members are received within the Glandore Centre Reception Area. Ensure that family members are supported • Ensure that communication lines between the hospital the Emergency Department and family members are maintained • Liaise with Staff in the Emergency Department particularly to determine when relatives would be allowed to visit patients in the department • Ensure relatives are accompanied to the Emergency Department when allowed visit • Ensure that any queries from family members are addressed in a timely fashion 		
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION			
ON ACTIVATION		ON STANDBY	
<ul style="list-style-type: none"> • Proceed to the Glandore Centre Reception Area and liaise with the Radiotherapy Services Manager and the Business Manager to ensure all preparations are underway for the reception of relatives. 		<ul style="list-style-type: none"> • Ensure that relatives documentation and forms are available for use in the Radiotherapy Reception 	
Consider these points <p>Alert the following:</p> <p style="margin-left: 40px;">Risk Manager</p> <ul style="list-style-type: none"> • Depending on the magnitude of the emergency and number of relatives, support nursing staff through the allocation of Chaplin/Social Worker to individual relatives • Ensure that names and enquiries from relatives are completed and collated (see appendices 7.9 & 7.10). Cross reference these with the Garda Liaison Officer and the emergency department tracking lists. • Monitor all issues relating to relatives and bring them to the attention of appropriate team personnel 			

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18 RELATIVES	Cork University Hospital	ACTION CARD NUMBER		
	Medical Liaison Officer for Relatives	18.3		
You Report To:	Relatives Co-ordinator	You Brief: Relatives of Inpatients		
Overall Responsibilities	<ul style="list-style-type: none"> Provide medical information and advice to relatives of casualties and Garda Casualty Bureau Liaison Officer, ED 			
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION				
ON ACTIVATION	ON STANDBY			
<ul style="list-style-type: none"> Dr James Kinahan and with Dr Eddie O'Sullivan to liaise with ED Consultants on the status of number of patients admitted to CUH Attend the RT Reception and brief relatives on patients admitted in liaison with the relatives co-ordinator and Risk Manager 	<ul style="list-style-type: none"> Make way to Radiotherapy Reception 			
Consider these points				
<ul style="list-style-type: none"> To form part of the team that is designated for looking after the relatives of casualties. Your role will involve talking to the relatives of casualties and providing them with information of a clinical nature in relation to their family members who have been involved in the major emergency Liaise with the Garda Liaison Nurse and Gardaí stationed in the ED Liaise closely with the Relatives Co-ordinator, the Social Work Team and the Radiotherapy Reception Area team to ensure all relatives are supported in a proper and dignified manner. 				

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18 RELATIVES	Cork University Hospital	ACTION CARD NUMBER
	Social Worker Co-Ordinator Relatives Area	18.4
You Report To:	Relatives Co-ordinator/Social Work Manager or designate	You Brief: Social Work Team
Overall Responsibilities		
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION		ON STANDBY
Consider these points		

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19 VIP CO-ORDINATOR	Cork University Hospital	ACTION CARD NUMBER
	VIP Co-Ordinator	19.1
You Report To: Overall Responsibilities	HECT	You Brief: HECT
Ensure that V.I.Ps including dignitaries, politicians, high profile relatives are accorded proper access and privacy as would befit their position.		
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION	ON STANDBY	
<ul style="list-style-type: none"> ➤ The Communications/Press Officer for Cork University Hospital will take the lead responsibility for liaising with V.I.Ps while they are in CUH. ➤ V.I.Ps will enter the Hospital via the entrance to the Cork University Maternity Hospital and will be met by the Communications/Press Officer who will facilitate any requests they may have in relation to casualties or staff. ➤ A dedicated area for VIPs will be located in the Meeting Room on Level 1 (opposite the Coffee Doc) in the Cork University Maternity Hospital. 	<ul style="list-style-type: none"> ➤ Advise Hospital Manager/Business Manager, Cork University Maternity Hospital (CUMH) of the possible requirement to use the meeting room in CUMH (Level 1) 	
Consider these points <ul style="list-style-type: none"> • VIP AREA: Meeting Room, Level 1, CUHM (opposite Coffee Doc) • Facilitated by Communication Officer 021 4922112 • Set-up the HECC in the CUH Boardroom (Cardiac Renal Centre) (Please follow the laminated Sub-Plan in Major Emergency Store) 		

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20 DISCHARGE	Cork University Hospital		ACTION CARD NUMBER
	Discharge Planner		20.1
You Report To:	ADON/DON	You Brief:	Bed Management Team
Overall Responsibilities	<ul style="list-style-type: none"> Co-ordination with the Head of Bed Management, medical teams and the ward CNM2s the management and organisation of patient admission discharge and transfer. Liaison with the senior nurse managers coordinating the emergency department, theatre, wards and ITU 		
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION			
ON ACTIVATION		ON STANDBY	
<ul style="list-style-type: none"> Identify patients suitable for transfer and discharge and make arrangements to efficiently and safely discharge Prepare to contact potential receiving centre, GPs, PHNs Liaise with ADON/HECT for further tasks/instructions. 		<ul style="list-style-type: none"> Identify patients suitable for transfer and discharge Prepare to contact potential receiving centre, GPs, PHs etc. 	
Consider these points <ul style="list-style-type: none"> VIP AREA: Meeting Room, Level 1, CUHM (opposite Coffee Doc) Facilitated by Communication Officer 021 4922112 Set-up the HECC in the CUH Boardroom (Cardiac Renal Centre) (Please follow the laminated Sub-Plan in Major Emergency Store) 			

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21 PHARMACY	Cork University Hospital			ACTION CARD NUMBER			
	Pharmacists			21.1			
You Report To:	Chief Pharmacist		You Brief:	Other Pharmacy staff			
Overall Responsibilities	<ul style="list-style-type: none"> Supply of medicines as requested Sourcing of medicines as required Drug information research as requested 						
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION							
ON ACTIVATION		ON STANDBY					
<ul style="list-style-type: none"> The below are the ED pharmacist responsibility Monday-Friday 9am-5pm. Refer to the Pharmacy Manager Action Card out of hours. ED pharmacist to inform Chief Pharmacist and dispensary. Dispense extra medication/fluids as required. Extra stock available in dispensary. If requirements exceed current hospital stock, a borrow system can be used from other hospitals and/or local pharmacies. 		<ul style="list-style-type: none"> ED pharmacist to inform Chief Pharmacist Monday to Friday 9-5pm ED pharmacist to Inform Dispensary Monday to Friday 9-5pm 					
Consider these points							
<ul style="list-style-type: none"> MEP medications are stored in four MEP bags which are located in the MEP store room. These bags are to be kept in stock and in date. ED pharmacist and technician have stock list and are responsible for checking of drugs Medications usually stored in fridge are stored in fridge in MEP room ED pharmacist and technician would be responsible for extra stock Monday-Friday, 9am-5pm. Pharmacist will liaise with shift leader or delegate nurse to organise ordering of extra Controlled Drugs if required. Arrangements will be made with ED staff regarding the collection of same from the pharmacy department Drug information e.g. IV administration Guidelines & Out of Hours drug stock location file are available on the Staff Directory at the following link: http://100.24.9.212/Menu_PolicyProcedure/Medicines_management.asp Out of hours please revert to pharmacy manager action card 							
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21 PHARMACY	Cork University Hospital	ACTION CARD NUMBER
	Chief Pharmacist	21.2
You Report To:	Operations Manager	You Brief: Pharmacy Staff
Overall Responsibilities	<ul style="list-style-type: none"> Supply of medicines as requested Sourcing of medicines as required 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION	ON STANDBY	
<ul style="list-style-type: none"> Chief pharmacist to be informed by Switchboard Chief Pharmacist to liaise with ED pharmacist and technician during working hours. Out of hours ADON is responsible for accessing extra medication/fluids as required. Extra stock available in the pharmacy dispensary. The location of medicines within the pharmacy is in the "Pharmacy Drug Location List" (on the main dispensary bench when the pharmacy is closed). Chief pharmacist or Director of Nursing are responsible for access to Controlled Drugs out of hours If requirements exceed current stock, Emergency Delivery may be arranged if possible, and a borrow system could be used from other hospitals and/or local pharmacies. 	<ul style="list-style-type: none"> Chief pharmacist to be informed by Switchboard Ensure preparedness to supply extra stock from outside hospital and DDA's as required. 	
<p>Consider these points</p> <ul style="list-style-type: none"> MEP medications are stored in four MEP bags which are located in the MEP store room. These bags are to be kept in stock and in date. ED pharmacist and technician have stock list and are responsible for checking of drugs Medications usually stored in fridge are stored in fridge in MEP room ED pharmacist and technician would be responsible for extra stock Monday-Friday, 9am-5pm Pharmacist will liaise with shift leader or delegate nurse to organise ordering of extra Controlled Drugs if required. Arrangements will be made with ED staff regarding the collection of same from the pharmacy department Drug information e.g. IV administration Guidelines & Out of Hours drug stock location file are available on the Staff Directory at the following link: http://100.24.9.212/Menu_PolicyProcedure/Medicines_management.asp 		

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22 ICT	Cork University Hospital		ACTION CARD NUMBER
	ICT Manager/Staff		22.1
You Report To:	HECT	You Brief:	ICT Support Staff
Overall Responsibilities	<ul style="list-style-type: none"> • Ensure continued operation & security of IT 		
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION			
ON ACTIVATION		ON STANDBY	
<ul style="list-style-type: none"> • Liaise with the HECT to ensure the continued operation of the hospital IT system and its security. • Contact senior ICT department personnel and activate • Issue MEP SMS message • Issue MEP All Staff email • Provide any additional IT systems/networks that April be required as per requests from the Emergency Control Centre. • Keep a list of all IT staff involved and forward to Hospital Control Team. • Provide selected staff "MEP" iPM rights on request. Record for subsequent removal. • Await further instructions from the Hospital Control Team. The signal to stand-down will be issued by the Hospital Control Team with the following phrase: "This is the Cork University Hospital – Major Internal incident –Stand-down" 		<ul style="list-style-type: none"> • Prep MEP SMS message, ready for deployment on activation. • Prep MEP All Staff email, ready for deployment on activation. • Contact senior ICT department personnel and place on standby • Check existing calls logged to high priority areas such as ED reception 	
Consider these points <ul style="list-style-type: none"> • ICT out of hours personnel to have access to senior ICT department personnel and have access and instructions for issuing of MEP SMS message and MEP All Staff email. 			

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23 OPD	Cork University Hospital	ACTION CARD NUMBER
	OPD Manager/Staff	23
You Report To:	DON	You Brief: OPD Staff
Overall Responsibilities	<ul style="list-style-type: none"> Evacuate OPD if in operation to create calm capacity in the OPD to facilitate Major Emergency arrangement i.e. relatives, VIP, Media etc Prepare the department for Priority 3 casualties (walking wounded) from the Major Emergency Prepare the department to house patients transferred out of ED and awaiting a bed up the hospital 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION		ON STANDBY
<ul style="list-style-type: none"> Evacuate all patients attending OPD and stand down clinics. In conjunction with Medical Records distribute information sheet to arrange further appointments. 		<ul style="list-style-type: none"> Inform all staff in OPD that OPD may be stood down and prepare information sheets for patients
Consider these points <ol style="list-style-type: none"> Alert all Consultants, Medical and Nursing Staff in the Outpatient Department (if during scheduled clinics). Cancel all Clinics. Liaise with Staff Officer and Clerical Supervisor in relation to the registration in the of incoming patients. Log patients that are transferred from ED <p>Preparation of the Department:</p> <ol style="list-style-type: none"> Inform patients of the Emergency Inform patients that still have to attend of the Emergency Evacuate patients via the Phlebotomy exit door Prepare the Lee Suite and Dressing Clinic to receive minor injuries (4 rooms, 4 trolleys) Prepare the Bandon Suite (8 rooms) Prepare the Blackwater Suite (8 rooms) Prepare the Awbeg Suite (6 rooms) <p>These three areas will receive patients from the ED Clinical Decision Unit and patients awaiting beds in ED.</p> <p>Continuous Evaluation to ensure Business Continuity re clinics.</p>		

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24 ESSENTIAL CLINICAL SERVICES	Cork University Hospital	ACTION CARD NUMBER
	Maternity Services	24.1
You Report To:	HECT	You Brief: CUMH Team
Overall Responsibilities	<ul style="list-style-type: none"> • Ensure that the agreed bed capacity is made available in the event of a major emergency • You will be informed by the Director of Nursing – Alert level 2, Additionally CUMH Switchboard will be alerted by CUH Switchboard • Alert level 1 and will in turn alert Hospital Manager, Director of Midwifery and the Clinical Director 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION		ON STANDBY
<ul style="list-style-type: none"> • Clinical Midwifery Manager on duty to contact the Chair of Division/Directorate 		<ul style="list-style-type: none"> • Identify potential patients for discharge
Consider these points <ul style="list-style-type: none"> ➤ Contact made from CUH to Clinical Midwifery Manager on duty ➤ Elective work on 2 South to be cancelled ➤ 20 bed capacity in 2 South to be freed up in the event of the major emergency plan being activated (10 beds in SFH & 10 beds EH previously) ➤ Midwifery Manager on duty to contact necessary heads of department i.e. Portering, housekeeping, Noonan's to assist in the freeing up of beds. ➤ All maternity work will continue as normal ➤ Liaise with bed management or Director of Nursing to transfer existing patients from ED to 2 South. ➤ Additional staff if required to be called in by Clinical Midwifery Manager or team ➤ Should women and babies need to be discharged home they will be accommodated in the lounge areas until fathers come to collect them 		

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24 ESSENTIAL CLINICAL SERVICES	Cork University Hospital	ACTION CARD NUMBER
	Oncology Services	24.2
You Report To:	ADON	You Brief: Radiation Oncology and Medical Oncology
Overall Responsibilities	<ul style="list-style-type: none"> Establish Relatives Area in the Radiotherapy Department. 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION	ON STANDBY	
<ul style="list-style-type: none"> CNM2 in Dunmanway Day Unit to decide if patients currently having chemotherapy can continue or if chemotherapy can be stopped and patient sent away. RTSM/DRTSM to decide if radiotherapy appointments are to be continued or cancelled and patients sent away. CNM2 in Radiotherapy to evacuate patients attending out-patient appointments from the reception area of the department. CNM2 in Dunmanway Day Unit and Radiotherapy to contact ADON for further direction and deployment of staff. Medical Secretaries to cancel clinic appointment, chemotherapy appointments and radiotherapy appointments as directed. 	<ul style="list-style-type: none"> Prepare to cancel chemotherapy appointments. Prepare to cancel radiotherapy appointments. Prepare to cancel all oncology outpatient appointments. Prepare to evacuate patients from the Dunmanway day unit and the Radiotherapy Department. Consider not commencing any further chemotherapy for Patients who are already present in the department. 	
Consider these points <ul style="list-style-type: none"> A separate Action Card is in existence that covers the remit of the Glandore Centre as a Relatives Area (Action Card 18.1 & 18.2). The main entrance to the Glandore Centre will be locked down by security and used as a relative's area. Nursing Staff in the Dunmanway Day Unit will direct chemotherapy patients down the staff stairs into the treatment area of the radiotherapy department and they will exit the department through the fire exit in the LA3/4 waiting area. 		

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24. ESSENTIAL CLINICAL SERVICES	Cork University Hospital	ACTION CARD NUMBER
	Renal Services	24.3
You Report To:	ADON	You Brief: ADON/Dialysis Staff
Overall Responsibilities	<ul style="list-style-type: none"> Assisting the ED in event of emergency situation Maintaining essential dialysis service 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION		ON STANDBY
<ul style="list-style-type: none"> Inform co-ordinator of any available staff Contact home patients with any relevant advice regarding treatment 		<ul style="list-style-type: none"> Identify potential patients for discharge/transfer Prepare to receive patients from ED Call in off duty staff
Consider these points		
<p>This Action Plan is devised to establish the framework of response within Dialysis Unit, to a major emergency involving CUH. It is a local extension of the 'Cork University Hospital Major Accident Plan'. It is the responsibility of staff to familiarise themselves with the general outline of the main plan and Haemodialysis Unit's framework.</p> <p>The Nurse in charge on duty will be informed of the Major Emergency Plan by a Portering Runner.</p> <p>The number of staff required within Dialysis, during a Major Emergency is, as follows:</p> <ul style="list-style-type: none"> Nurse in Charge x 1 Healthcare Assistant x 2 Staff Nurses x 10 Extra Staff nurses x 2 Porter x1 Clerical Administration x 1 <p>Three Action Cards are available to provide detailed instructions, covering functional roles and responsibilities pertinent to a specific person within the Dialysis Unit. The Action Cards apply to:</p> <ol style="list-style-type: none"> 1. Nurse in Charge 2. Extra Staff Nurses x2 3. Healthcare Assistants 		

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25 WELFARE SERVICES	Cork University Hospital	ACTION CARD NUMBER
	Occupational Health Department & EAP Department	25.1
You Report To:	HECT	You Brief: Occupational Health Team
Overall Responsibilities	<ul style="list-style-type: none"> • Ensure that the appropriate occupational health and advice is available for staff • Ensure that staff welfare is paramount 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION	ON STANDBY	
<ul style="list-style-type: none"> • Inform key Occupational Health and Employee Assistance Programme (EAP) personnel by Switchboard-Alert level 1 	<ul style="list-style-type: none"> • Inform key Occupational Health and EAP personnel by Switchboard -Standby 	
<p>Consider these points</p> <p>This EAP department has established procedures in relation to critical incident stress management for staff, both at the incident site and subsequent debriefing sessions, if indicated.</p> <p>In the event of a major emergency occurring in the HSE – Southern Area, the following outlines the role of the EAP Service:</p> <ol style="list-style-type: none"> 1. The EAP Counsellor Therapist on duty is informed in the event of a major emergency. In turn, the EAP Counsellor Therapist will contact and inform the other EAP Counsellor Therapists. 2. The EAP Counsellor Therapist will liaise with the HECC 3. EAP Counsellor Therapist will take responsibility for contacting their Critical Incident Stress Management Team (CISM) 4. Depending on the situation, the EAP Counsellor Therapist will dispatch team members to designated sites, e.g. – Neutral area near the emergency site if necessary and areas directed by the site officers, i.e. changing rooms, rest rooms or canteen. 6. Depending on the emergency, other teams members will be dispatched to: <ul style="list-style-type: none"> ▪ Emergency Department ▪ Ambulance Bay ▪ X-Ray Department ▪ Operating Theatre ▪ ITU ▪ Canteen <p>Defusing: Defusing is a small group discussion about traumatic event</p>		

- A fairly immediate intervention designed to offer support and stabilization, so those individual trauma workers can cope in the short term
- Defusing can take place on change of shifts or when indicated. If necessary, defusing teams can rotate to the same site at alternative shifts (team's familiar to staff)

Debriefing:

Debriefing is a group meeting/discussion about the traumatic event

- A managed venting of feelings and reactions to a critical incident by those involved. Best practice advises that debriefing is best conducted after a period of 'watchful waiting' (typically 3-4 weeks) if deemed necessary by the Employee Assistance Professionals.
- Typically a specifically trained professional in Critical Incident Stress Management will lead these in a secure and confidential setting.

The EAP Counsellor Therapist will require the following in order to facilitate Debriefing -

- Location (quiet)
- Time (duration approx. 2 – 2 ½ hours)
- Group (max 10 per group)
- Communicate to managers

Critical Incident:

Any incident / accident which lies outside the normal pattern of human experience, and which would cause a powerful raw emotional response in anyone.

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25 WELFARE SERVICES	Cork University Hospital	ACTION CARD NUMBER
	Occupational Health Department & EAP Department	25.2

You Report To:	HECT	You Brief:	SW Team
Overall Responsibilities	<ul style="list-style-type: none"> Co-ordinate the provision of psychological first-aid to casualties (adults and paediatric) admitted to CUH as part of a Major Emergency. Facilitate the provision of social work support to relatives, in conjunction with the Relatives Co-Ordinator and the Medical Liaison Officer for Relatives. Assist with supervision and discharge planning of paediatric casualties (under 18 years) 		

IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION

ON ACTIVATION	ON STANDBY
<ul style="list-style-type: none"> Report to HECC upon activation of the Major Emergency Plan If out of hours, call in staff as per in-house sub plan. Assess immediate and medium term needs and assign available resources accordingly Assign the role of Co-Ordinator of Social Work Services in the Relatives Area (adult casualties) and/or role of Co-Ordinator of Social Work Services to the Children's Waiting Area (paediatric casualties) Allocate Social Workers to key areas and functions including the: <ul style="list-style-type: none"> Paediatrics (Children's Waiting Area –SeaHorse Ward) to assess and respond to needs of children who present as part of the Major Emergency. The Emergency Department and/or discharge lounge to assess and respond to the needs of adults or paediatric casualties Relatives Area (Glandore Centre) to support relatives of casualties or the deceased 	<ul style="list-style-type: none"> Advise all staff of alert and place on standby. Assess number of Social Work staff available and identify Social Workers for various roles in CWA, ED and Relatives Area.

Consider these points

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25 WELFARE SERVICES	Cork University Hospital	ACTION CARD NUMBER
	Human Resources Manager	25.3
You Report To:	HECT	You Brief: HR Team and Line Managers
Overall Responsibilities	<ul style="list-style-type: none"> • Keep the HECT informed on all human resources issues. • Ensure that the most appropriate allocation of staff is made when deployment is requested. • Ensure that staff welfare is paramount. • Ensure that debrief, follow up and counselling services information is available for staff. 	
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION		
ON ACTIVATION	ON STANDBY	
<ul style="list-style-type: none"> • Report to HECC as a member of the HECT • Approve additional Human Resource requirements where needed. • Support Line Managers in the replacement of additional staff and where necessary redeployment/reassignment of existing staff. • Maintain record of any decisions you have to make. • Maintain links with the HECC and the Line Managers re: staffing issues for the duration of the incident. • Ensure provision of EAP, Occupational Health and Critical Incident Stress Management Services post the incident. • Maintain accurate times, locations, staffing logs and all staff hours worked. • Maintain time and action log of all action undertaken during the MEP • Implement standby actions now 	<ul style="list-style-type: none"> • Know the number of staff in the hospital on duty • Anticipate required numbers to undertake additional hours if required/requested • Anticipate numbers required for night cover/duty if required • Anticipate there-deployment of staff • Ensure that redeployed staff are working within their skill set and competencies at all times and ensure work is carried out in line the <i>HSE Redeployment of Staff in the event of a National Pandemic or other Major Emergency HR Policy & Procedure plan 2010</i> (https://www.hse.ie/eng/staff/resources/pandemicredemption.pdf) and all other organisational policies as applicable 	
Consider these points <p>Staff Welfare HR has an important role of looking after the well-being of staff during a Major Emergency. The hospital's role is looking after the casualties of a Major Emergency and staff need to be supported in this role.</p> <ul style="list-style-type: none"> ▪ Additional Staffing ▪ Catering 		

- Occupational Health/Employee Assistance Programme
- Psychiatric (Psychological Medicine) Services via Occupational Health Dept.
- De-briefing based on time and action log if required.

Version Control	Date Approved	DD/MM/YYYY	Valid Until	DD/MM/YYYY

7. APPENDICES

7. 1 Appendix A: Designated and Supporting Hospitals and Clinics

Hospitals are classified into two groups: i.e. Designated and Supporting Hospitals

Designated Hospitals: Hospitals listed by the Health Services Executive – Southern Area as adequately equipped to receive casualties on a 24-hour basis, able to provide when required, a Site Incident Medical Officer and a Mobile Medical Team, namely:

Cork University Hospital Tel: 021 4546400 or 4922000 Fax: 021 4920345

Supporting Hospitals: The listed hospitals nominated to support the designated hospitals in dealing with casualties from a major accident. Each hospital will make 10 beds available:

Mercy University Hospital	Tel: 021 4271971	Fax: 021 4276341
South Infirmary - Victoria Hospital	Tel: 021 4926100	Fax: 021 4310153
Bantry General Hospital	Tel: 027 50133	Fax: 027 51209 (daytime)
Mallow General Hospital	Tel: 022 21251	Fax: 022 43110
Cork University Maternity Hospital	Tel: 021 4920500	Fax: 021 4920746
Bon Secours Hospital Cork	Tel: 021 4542807	Fax: 021 4801668
University Hospital Kerry	Tel: 066 7184000	Fax: 066 7126241

Supporting Clinics: The listed clinics nominated to support the designated hospitals in dealing with casualties from a major accident. Each clinic may take between (20-30) with Minor Injuries that will be in the waiting room of the emergency department at CUH when a major emergency occurs.

VHI Swiftcare Clinic, City Gate, Mahon, Cork: **1890 866 966**
VHI SwiftCare Clinic have agreed to take patients (20-30) with Minor injuries that will be in the waiting room of the Emergency Department, CUH when a major emergency occurs.

Please note that VHI SwiftCare Clinic opening hours are from 08:00hrs – 22:00hrs Monday to Sunday.

Mercy Urgent Care Centre St. Mary's Orthopaedic Hospital **021 4926900**
It is important to note that the HSE Crisis Management Team (CMT) will organise if required supporting arrangements with other local hospitals and clinics including paediatric support from Temple Street and Crumlin and supporting the management of the deceased. This process will work in association with the relevant stakeholders, e.g. clinicians, management etc., across the sites of CUH, other receiving hospital/clinics, National Ambulance Service (NAS) HSE in order to facilitate such arrangements.

7. 2 Appendix B: Major Emergency Telephone Numbers

Hospital Emergency Control Centre (HECC) – CUH Boardroom

HECT (Main Boardroom Land Line)

Hospital Emergency Control **Team** (Dedicated Mobile Phone)

Hospital Emergency Control **Desk** (Dedicated Land Line)

Hospital Emergency Control **Desk** (Dedicated Fax Number)

Hospital Emergency Control **Desk** (Dedicated Mobile Phone)

Crisis Management Team

Phone Numbers:

Fax Number:

TETRA Number: **ISSI 50917**

TETRA Call Sign: CMT

Ambulance Control – Iron Triangle 021 4209846

Supporting Hospitals & Clinics

Supporting Hospitals: Contact the Main Switchboard and ask them to relay the message to the Hospital Manager or appropriate Deputy (see appendix B)

Mercy University Hospital (MUH)	021 4271971
South Infirmary Victoria University Hospital (SIVUH)	021 4926100
University Hospital Kerry (UHK)	066 7184000
Mallow General Hospital (MGH)	022 21251
Bantry General Hospital (BGH)	027 50133
Bon Secours Hospital, Cork	021 4542807
Cork University Maternity Hospital (CUMH)	021 4920500

Supporting Clinics:

VHI Swiftcare Clinic, City Gate, Mahon, Cork **1890 866 966**
Mercy Urgent Care Centre, (SMHC) **021 4926900**

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

Communication within the 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 on-going basis).

Mobile Phone:	Shift Leaders Phone	
Cordless Phones:	Nurse's Station	021 4920200
	Clinical Decision Unit	021 4920231

Health Records Department

Incoming calls in relation to the ME	021 4922420
Incoming calls in relation to the ME	021 4922538
Internal Calls in relation to patient activity in the hospital	021 4922871
Internal Calls in relation to patient activity in the hospital	021 4922486
Spare Phone Line	021 4922865
Spare Phone Line	021 4920257

Declaration of a Major Emergency

The CUH Major Emergency Plan will be initiated by a call on the **RED TELEPHONE** to the Emergency Department from Ambulance Control on receiving this call the Nurse in charge/Shift Leader will contact the Director of Nursing and the main hospital switchboard on **22111** or **22444** to inform CUH Switchboard that the MEP is either on standby or operational as appropriate. The Switchboard will confirm this information with ambulance control.

Key Personnel (Priority Group)

Activation Phone (ED Shift Leaders Phone)

Nurse in Charge (Shift Leader) ED
 Clinical Nurse Manager 3 ED
 ED Clinical Lead
 ED Lead Co-Ordinator
 ED Assistant Director of Nursing
 Switchboard Supervisor
 Chief Executive Officer
 Clinical Directors – Directorate of Medicine
 Peri-Operative Directorate
 Cancer Services
 Diagnostics Directorate

Director of Nursing
 Operations Manager
 Services Manager
 Information Manager
 MEP Communications Officer
 Relatives Co-Ordinator
 Unscheduled Care Leader
 Head of Bed Management
 Chief Security Officer
 Garda Liaison Officer

TBC

Consultant Physician On-Call/Medical Registrar On-Call *Consult switchboard* or CUH
 Consultant Surgeon On-Call/Surgical Registrar On-Call *staff directory* on the day.

Major Emergency E-Mail Address

cuh.mep@hse.ie

(Account Password User2022! can be accessed from any PC using webmail)

Text Messaging Alert System

The Text Messaging Alert System is activated from the Shift Leaders Mobile Phone in the Emergency Department. It will be used to supplement the Phone alert system as detailed above. Text messages can be sent to Emergency Department staff and a priority list of hospital staff giving them information on the Major Emergency. Local radio will also be used and staff may be asked to listen in to news bulletins on local radio in the event of a major emergency.

Text Messaging Alert Phone

Activation Phone (ED Shift Leaders Phone)

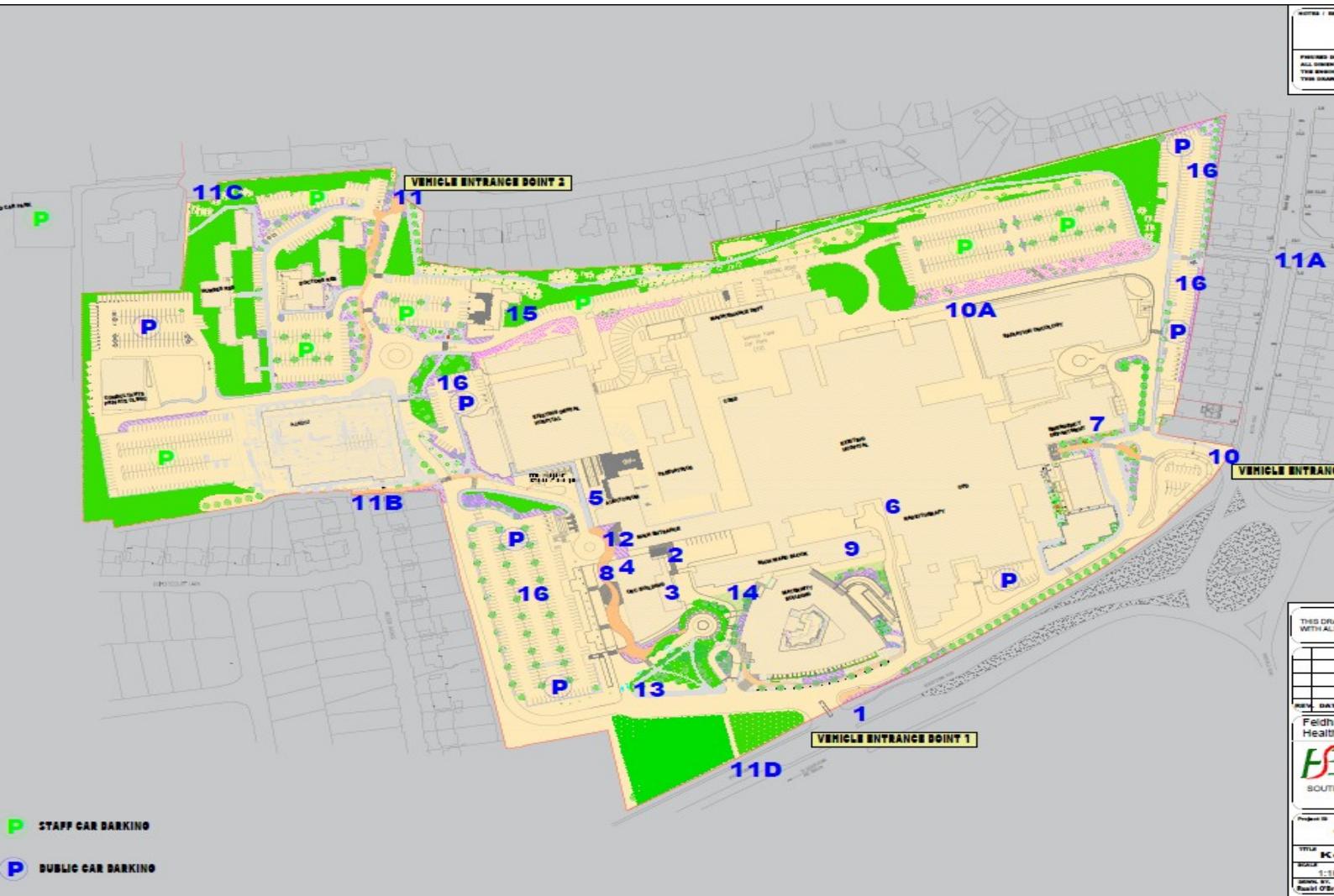
Bulk Text Messaging System (ICT E Mobile Bulk Text)

Two groups have been set up by IT that can be contacted if required by Text Messaging in the event of a Major Emergency Standby or Declaration as outlined below.

Priority Stand by Group: contacted in the event of the Major Emergency being on Standby i.e. not declared

MEP Group: contacted in the event of a Major Emergency having been declared

Testing of the System on-going

7.3 Appendix C: Major Emergency Locations

Numbers listed on previous page represent the key locations in a Major Emergency. See corresponding locations below.

Key Locations CUH Major Emergency Plan

No	Name	Location
1	Main Entrance	Front Gate (Vehicle Entrance Point 1)
2	Hospital Emergency Control Room	CUH Boardroom (Main Concourse)
3	Hospital Emergency Information Room	Small Library Room Cardiac Renal Centre
4	Garda Casualty Bureau	MDM Room – Cardiac Renal Centre
5	Media Centre	Main Auditorium
6	Relatives Area	Glandore Centre
7	Emergency Department	<ul style="list-style-type: none"> - ED Reception - Ambulance Entrance - Back Corridor Entrance
8	Switchboard	Cardiac Renal Centre
9	Main Ward Block	Ground Floor – 5 th Floor
10	Ambulance Entrance	Emergency Vehicle Entrance (Vehicle Entrance Point 3)
10a	Ambulance Entrance	Patient Transfer Entrance (GF Unit)
11	Other Entrance Point	Back Gate (Vehicle Entrance Point 2)
11a	Other Entrance Point	Pedestrian Access from Wilton Road
11b	Other Entrance Point	Pedestrian Access from Bishopstown
11c	Other Entrance Point	Pedestrian Access from Highfield
11d	Other Entrance Point	Pedestrian Access from Main Entrance
12	Main Reception	Front Desk
13	Cork University Maternity Hospital	<ul style="list-style-type: none"> - Ambulance Entrance (Ground Level) - POD (Main Entrance)
14	Cardiac Renal Centre (Ambulance Entrance)	Ground Level
15	City Morgue	City Morgue Car Park
16	Car Parks	<ul style="list-style-type: none"> - Public - Staff - Highfield and Bishopstown GAA
17	V.I.P. Area	Meeting room first floor (Opposite Coffee Bar) Cork University Maternity Hospital
18	Temporary Creche	Physiotherapy Treatment Area.

7.4 Appendix D: Other Emergency Plans

Multiple Fatalities Plan 'Internal Procedure' CUH

Current Local Arrangement to deal with Fatalities in a Major Emergency

Temporary mortuary accommodation for those who die in hospital will be available in the Emergency Department Eye Casualty Room. Before agreeing to take any deceased casualties from the Major Emergency, approval must be sought in advance from the HECT. However, depending on the numbers involved external mortuary accommodation may be required. The Gardaí will arrange this with the Coroner and Cork University Management and the Local Authorities. The Consultant Histopathologists at Cork University Hospital will co-operate with the Coroner and the Gardaí in arranging and co-ordinating the appropriate forensic and other expert medical assistance required.

Due to the location of the Morgue and Pathology/Radiology facilities, Cork University would have an extensive role to play in the event of a Multiple Fatalities Incident.

It would be envisaged that in the event of an incident with 10 fatalities or less as was the case with Manx Plane Crash (6 fatalities) at Cork Airport in February 2011 Cork University Hospital would have the capacity to cope with an incident of this size exclusively on the hospital campus.

Fatality numbers above 10 would trigger a Regional or National Response which would involve Cork University Hospital but would also mobilise all other Principal Response Agencies in a combined response.

Policy Statement

Any incident involving multiple fatalities by its nature is not confined to fatalities alone but generally produces victims suffering various degrees of injury: physical, emotional or psychological. As the first priority of the responding emergency services is to protect life and in certain circumstances property, as well as considering environmental issues, the issue of dealing with multiple fatalities while not the first priority must be dealt with professionally and humanely as soon as possible after the incident. The objectives of any multiple fatality plans must include maintaining respect in dealing with human remains in a safe and appropriate manner, whilst linking with and caring for the interests of the bereaved families in the quasi-judicial processes associated with the aftermath of such disasters. It should be noted that this document only deals specifically with Fatalities and does not include any procedures or protocols to deal with injured persons. This does not conclude that both injured and fatalities are not intrinsically interconnected but for the purposes of this document was to focus exclusively on fatalities. In essence the Emergency Responders will be dealing with both groups injured and fatalities simultaneously.

Purpose

An Internal Procedure for Cork University Hospital has been developed to ensure that it has the capability to respond rapidly, effectively and flexibly with the consequences of an incident involving Multiple Fatalities.

The Regional Working Group (RWG) established a Multiple Fatalities Sub-Group in June 2011. The group included membership from each of the Principal Response Agencies (PRA's) in Region South. The mandate of the group was to establish a practical guidance document to deal with a multiple fatality incident in the region.

The purpose of forming this particular sub-group was to extrapolate from the positive and negative experiences and lessons which emanated from a comprehensive examination of the Manx Plane Crash at Cork Airport in February 2011. Furthermore, to examine and catalogue the local resources at our disposal amongst the PRA's and associated agencies. The National Draft Mass Fatality Plan (dated 16/11/09) has not been finalised and it is imperative that if any incident of such magnitude occurs in Region South that a practical working plan is available to meet our respective responsibilities individually and to ensure its interoperability.

Scope

A Multiple Fatalities incident is likely to affect Cork University Hospital in different ways as outlined below

1. The situation where the hospital receives a request to manage an agreed number of fatalities exclusively at Cork University Hospital
2. The situation where the incident is so severe that Cork University Hospital does not have the capacity to manage the incident exclusively but is in a position to provide vital services and facilities where the fatalities are located in another location

Roles and Responsibilities

Responsibility for complying with the policy

The users within CUH that are tasked with responsibility for implementation of this plan in the event of a multiple fatalities incident occurring

Responsibility for ensuring compliance with the policy

Hospital Emergency Planning Group

The CUH Mass Fatalities Plan is available on QPulse

This document sets out how Cork University Hospital will deal with a Multiple Fatalities

Paediatric Major Emergency Plan

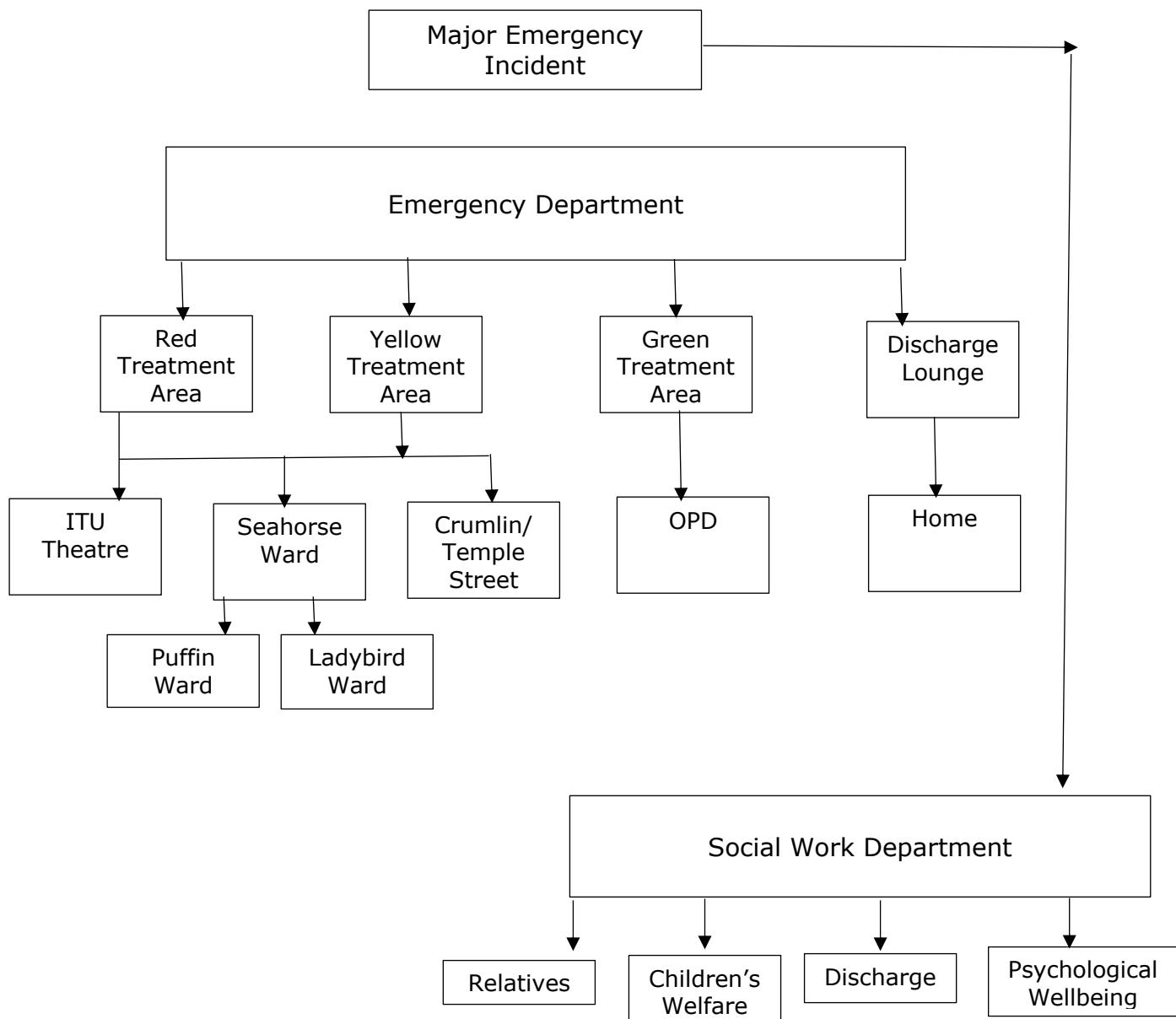
General

- All procedures from the Major Emergency Plan CUH (MEP CUH) are to be upheld and existing action cards used as per procedure. The intention of this document is to prepare the Paediatric service for a major emergency occurring involving a large number of children that will need to be admitted to CUH or treated in the E.D. of CUH.
- All children who have been involved in a major emergency will receive initial treatment in the ED (OPD for Minor Injuries) as per MEP CUH.
- All children requiring admission and on-going care after ED triage assessment and treatment will be admitted to Seahorse Ward in the Children's Unit.
- If intensive care is required that cannot be delivered in CUH, transfer must be arranged to either Crumlin Hospital or Temple Street Hospital. Until these beds are secured the children will continue to receive care in the ED or the ITU at CUH.
- Puffin Ward to be used as a back-up for admission if the Seahorse Ward becomes full
- Ladybird Ward to be used as a back-up for admission if the Seahorse Ward becomes full
- Responsibility for the safety and on-going wellbeing of children involved in a major emergency that have been medically discharged but require on-going supervision is the responsibility of the social work service and the staff assigned to the temporary Crèche (see action card 4) Children who are being discharged from the Paediatric wards are to be facilitated in the Playroom on Puffin Ward.
- Walking wounded will be directed to OPD as per MEP CUH. Following treatment they will be facilitated in the Temporary Crèche as per action card 4.
- Children who are deemed fit for discharge after ED triage and assessment may be discharged directly home if accompanied by a guardian/parent.
- Unaccompanied children will also be directed to the Temporary Crèche awaiting collection or where an alternative discharge plan can be put in place for them.

Social Work Role in Paediatric Major Emergency:

In the event of a Major Emergency involving children the Medical Social Work Department will envisage to have social work staff available to:

- a) Support relatives in the Relatives area
- b) Supervise and support children who have been involved in the Major Emergency in the Temporary Crèche facility
- c) Work with parents/guardians/community services if required ensuring a safe discharge for each child involved in the ME
- d) Support relatives of the deceased including accompanying parents/guardians to the Mortuary
- e) Deal with distressed telephone calls via switchboard
- f) Assess the need for additional social work resources and recruit accordingly.

PLAN Paediatric MEP Chart:

EBOLA Virus Disease Plan CUH

Policy Statement

Cork University Hospital recognises the potential threats to its patients and staff from Ebola Virus Disease. (EVD). To this end and in conjunction with national guidelines an Ebola Virus Plan 2015 has been developed to ensure that the hospital is protected and in a state of readiness should a suspected case present at Cork University Hospital

Purpose

The purpose of the Ebola Virus Plan is to ensure that all staff are aware of the consequences of a suspected Ebola patient presenting at Cork University Hospital, are aware of their role if such a case presents and that they have the capability to respond rapidly, effectively and flexibly in treating a patient with suspected Ebola. This document sets out how Cork University Hospital will deal with a suspected case of Ebola Virus Disease (EVD).

Scope

The scope of this document applies to the presentation of a suspected Ebola case in a number of different ways to Cork University Hospital.

1. The situation where a suspected Ebola case presents at the Emergency Department/AMAU.
2. The situation where a suspected Ebola case presents at the Cork University Maternity Hospital.
3. The situation where a suspected Ebola case presents at a location in the hospital other than in 1 and 2 above.
4. The situation where a suspected Ebola case presents via a General Practitioners Surgery to the Emergency Dept/AMAU/CUMH.
5. The situation where a suspected Ebola case presents via Ambulance to the Emergency Dept/AMAU/CUMH.
6. The situation where a suspected Ebola case is isolated in the coagulation unit awaiting transfer.

Roles and Responsibilities

Responsibility for complying with the policy

All staff within CUH that are tasked with responsibility for implementation of this plan in the event of a suspected case of Ebola presenting at CUH.

Responsibility for ensuring compliance with the policy

Hospital Ebola Response Team is responsible for ensuring that the policy is updated in accordance with updates from the HPSC and the office of Dr. Ciaran Browne

Line Managers maintain overall responsibility for ensuring that all staff are aware of this policy and procedure and that it is implemented appropriately

All Staff are responsible for adhering to the policy and procedure and maintaining awareness of the procedures outlined

BACKGROUND/INTRODUCTION

What is Ebola virus disease (EVD)? – (EVD frequently asked questions for healthcare professionals HSPC Version 2.1 24th September 2014).

Ebola virus disease is a severe, often-fatal infectious disease in humans and non-human primates (monkeys, gorillas, and chimpanzees) and bats caused by infection with Ebola virus. Ebola virus belongs to the family called *Filoviridae*. The virus is spread through direct contact with the blood and body fluids (urine, faeces, saliva, vomit and semen) of a person, suffering from or having died with, Ebola. Ebola virus can be transmitted through direct contact with items that have been contaminated with the virus, such as soiled clothing, bed linen or used needles.

It can also be contracted through unprotected sexual contact with patients who have recently recovered from the disease (up to three months). It is not spread through the air as happens with influenza. There are five subtypes of which four (Zaire Ebola variant, associated with Congolese outbreaks and the current outbreak; Bundibugyo and Sudan variants associated with East African outbreaks and the very uncommon Tai Forest variant) are found in Africa. The mortality rate among cases from the Zaire variant has generally been over 75% with that of the Bundibugyo and Sudan variants somewhat lower. On average the case-fatality ratio is estimated to be between 50% and 90%; in the current West African outbreak WHO has reported that the mortality rate is 53%. A fifth milder Ebola variant known as the Ebola- Reston subtype is carried by cynomolgous monkeys native to the Philippines.

Between two days and up to 21 days following exposure to the virus the disease may start suddenly with fever, muscle aches, weakness, headache and sore throat. The next stage of the disease is characterised by vomiting, diarrhoea, rash and failure of the liver and kidneys. Some patients also have heavy internal and external bleeding and multi-organ failure.

The CUH Ebola Plan is available on QPulse

Influenza Pandemic Preparedness Plan (PPG-CUH-CUH-191)

Unlike influenza epidemics, pandemics are very severe outbreaks that rapidly spread to involve all parts of the world.

Most experts agree that another pandemic is likely to occur, although the exact timing or severity cannot be predicted. Increases in global travel and in the world population during the 1900s will probably accelerate the rapid spread of the virus. The average time between each of the last four pandemics was 25 years; the last pandemic was over 36 years ago in 1968 (source: World Health Organisation).

During a pandemic, disease often occurs outside of the usual influenza season, including summer months, and multiple waves of disease occur before and after the main outbreak. Mortality during a pandemic is very high and is not confined to the usual risk groups outlined below,

- All those aged 65 years and older
- Adults and children over 6 months of age with any of the following:
 - Chronic illness requiring regular follow up (e.g. chronic respiratory disease including cystic fibrosis, moderate or severe asthma, chronic heart disease, diabetes mellitus, chronic liver disease, chronic neurological disease including multiple sclerosis hereditary and degenerative disorders of the central nervous system etc.)
 - Those who are immunosuppressed due to disease or treatment including those with missing or non-functioning spleens.
- Children with any condition (e.g. cognitive dysfunction, spinal cord injury, seizure disorder, or other neuromuscular disorder) that can compromise respiratory function especially those attending special schools/ day centres
- Children and teenagers on long-term aspirin therapy (because of the risk of Reyes syndrome)
- Those with morbid obesity i.e. Body Mass Index ≥ 40
- All pregnant women. The vaccine can be given at any stage of pregnancy. This year influenza vaccine is not recommended for those women up to six weeks post-partum
- Healthcare workers
- Residents of nursing homes, and other long stay institutions Carers
- People who have close, regular contact with pigs, poultry or water fowl

This plan is based on the Department of Health & Children document A Model Plan for Influenza Pandemic Preparedness (2002), which in turn is based on the World Health Organisation influenza preparedness plan. The plan provides and outlines CUH's state of preparedness and outlines details of actions to be followed for the management of an influenza pandemic.

This plan will be revised if required as health structures change and/or in the event of further recommendations of the National Influenza Pandemic Committee.

This plan will be revised if required as health structures change and/or in the event of further recommendations of the National Influenza Pandemic Committee.

It is the responsibility of the line manager to prepare a local influenza folder containing information sheets. Please communicate this to your staff and inform them of their individual responsibility to keep up to date on influenza information.

The unpredictability of influenza and the serious consequences that can occur when a pandemic strain appears provides ample justification for constant vigilance and good planning.

This plan outlines the response of CUH in the event of an influenza pandemic being declared.

Influenza pandemic causing illness to 25% of the population. In the worst-case scenario, there will be insufficient time to develop, acquire, distribute and administer the pandemic strain vaccine to the population. This could therefore lead to an attack rate that may reach 100%.

Even if the vaccine against the new strain is available, two doses may be required in order to provide an effective response, which may not be achieved until 6 weeks after the first dose.

The optimal use of beds through reduced delayed discharge of patients, combined with an increased use of day surgery, may not be enough to alleviate the demand for beds in the event of an influenza pandemic.

To enable CUH to respond appropriately and effectively, this plan addresses a range of issues, in a number of chapters, such as

- General preparedness including stages of preparedness
- Role(s) of staff during a pandemic
- Special requirements such as equipment needs
- Activation of the plan when a pandemic is declared
- Operation of CUH during a pandemic

The efficient and effective use of resources that must be employed to address the impact- and to reduce the extent of the disease is essential to the operation of the plan.

Useful web sites for updates of national and international information are:

www.hpsc.ie
www.doh.ie
www.who.int
www.ndsc.ie

The CUH Influenza Pandemic Plan is available on QPulse

The World Health Organisation (WHO) suggests that plans should be in place to deal with an

Emergency Plan for Radiation Incidents

The CUH Emergency Plan for Radiation Emergencies is primarily designed to enable the hospital response to casualties arising from a radiological incident involving sources of radiation held by industry in the Cork – Kerry region. The hospital should also be able to respond to most incidents involving the misappropriation or criminal use of a radioactive source that falls within the scale of those sources held by industry.

Whilst full details of sources held in the region are not available to CUH, some insight into the Radiological Protection Institute of Ireland. Simple assessments of the scale of incidents arising from accidents involving the most potent of these sources have been possible using the insight gained and published guidance from the International Atomic Energy Agency (IAEA). The assessments did not constitute formal risk assessments for individual sources – these remain the responsibility of the holder.

The assessments indicated that it would be very unlikely that incidents involving sources held in Cork-Kerry would constitute a 'major emergency' on the basis of casualties (as defined in the Department of the Environment, Heritage and Local Government's publication "A Guide to Risk Assessment in Major Emergency Management"). It would be more likely the incident would fall within the scope of a 'normal emergency'. If a major emergency was declared, it would probably be on the basis of disruption caused and public response to such an incident.

This plan has been written to provide some guidance to staff in the event of a radiological emergency. Radiological emergencies can take many forms and range in magnitude from minor local incidents to serious national incidents.

Policy Statement

The preparedness of the hospital to respond to incidents would be aided through knowledge of the location and items held by local and regional licensees. Access to licensees' risk assessments and interventional plans would assist the hospital in providing the appropriate level of response to some of the more foreseeable incidents that could occur. This plan has been updated in 2022

Purpose

The purpose of the policy is to provide guidance to staff on the management and treatment of patients following exposure to radioactive sources. The Policy will apply to all patients admitted to CUH following exposure to a radioactive source. Nature of the radioactive sources held has been captured in co-operation with the

Severe Weather Plan

***(Developed in conjunction with the Severe Weather Guidance Document
Version 2 December 2021 issued by the National Emergency Management
Office of the HSE)***

In the aftermath of recent Red Weather events, all elements of the HSE need to plan and prepare for future periods of severe weather. In particular, the HSE needs to

improve the resilience of all key services so that they can, as far as possible, continue to operate to acceptable levels, even during periods of severe weather. In light of the above, CUH has prepared a Severe Weather Plan in response to future Red Weather events 50 are available for use on campus in the event of severe weather. Can be allocated to the 150 camp beds offices in the former nurse's residence if required.

The CUH Severe Weather Plan is available from Q-pulse

Types of Severe Weather Events

Experience shows that Ireland is threatened by different types of severe weather including:

- Flooding
- Frost/Ice
- Heavy Snow
- Severe Wind
- Thunderstorms

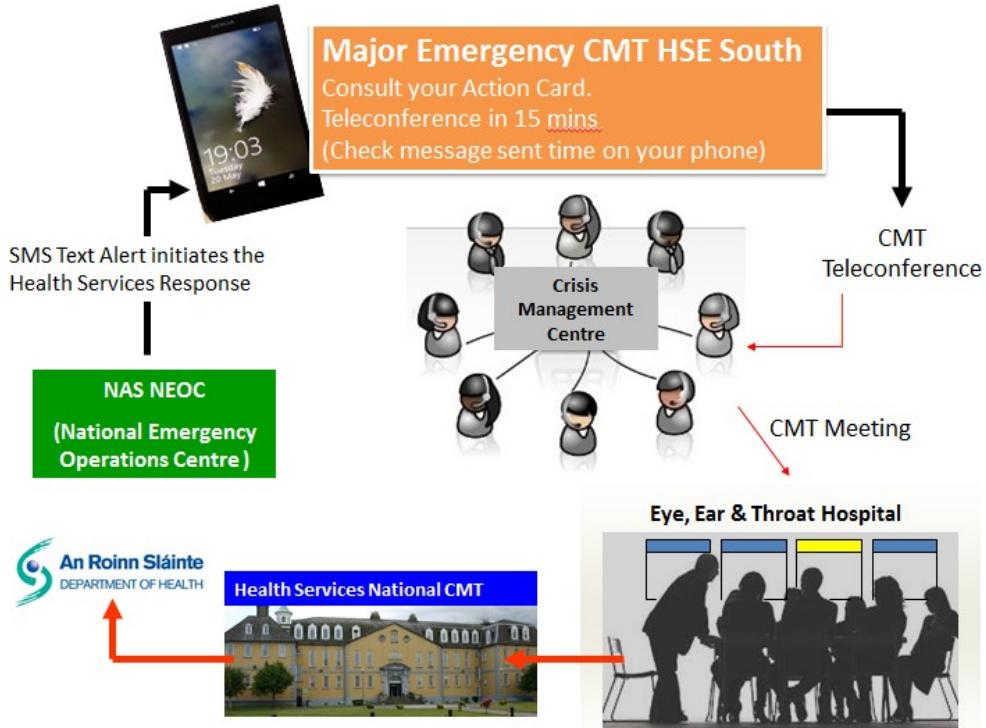
Heat waves have affected other countries in Europe in recent years and, with on-going climate change, cannot be entirely discounted here. They are not, however, covered in the body of this document.

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

- co-ordinate activities to minimise the effect of severe weather
- manage any response required to any developing situation
- ensure an effective, clear messaging system exists
- maintain essential service delivery
- implement contingencies where necessary
- Monitor and ensure adequate phased staffing levels within all clinical and non-clinical areas, including the redeployment of staff to critical areas.

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

7.5 Appendix E: Overall Management of the MEP



HSE CRISIS MANAGEMENT TEAM

The HSE Crisis Management Team (CMT) is a strategic level management group within the HSE, which is assembled during a major emergency to:

- Manage, control and co-ordinate the HSE's overall response to a major emergency.
- Provide support to the HSE's Controller of Operations on site and mobilise resources from within the HSE or externally as required.
- Ensure appropriate participation of the HSE in the inter-agency structures.

MEMBERSHIP OF THE HSE CRISIS MANAGEMENT TEAM

Chief Executive Officer(s) – Hospital Group(s) **▲**

Chief Officer(s) – Community Healthcare Organisation(s)

Area Operations Manager – National Ambulance Service **▲**

Director(s) of Public/Population Health **▲**

Chief Emergency Management Officer **▲**

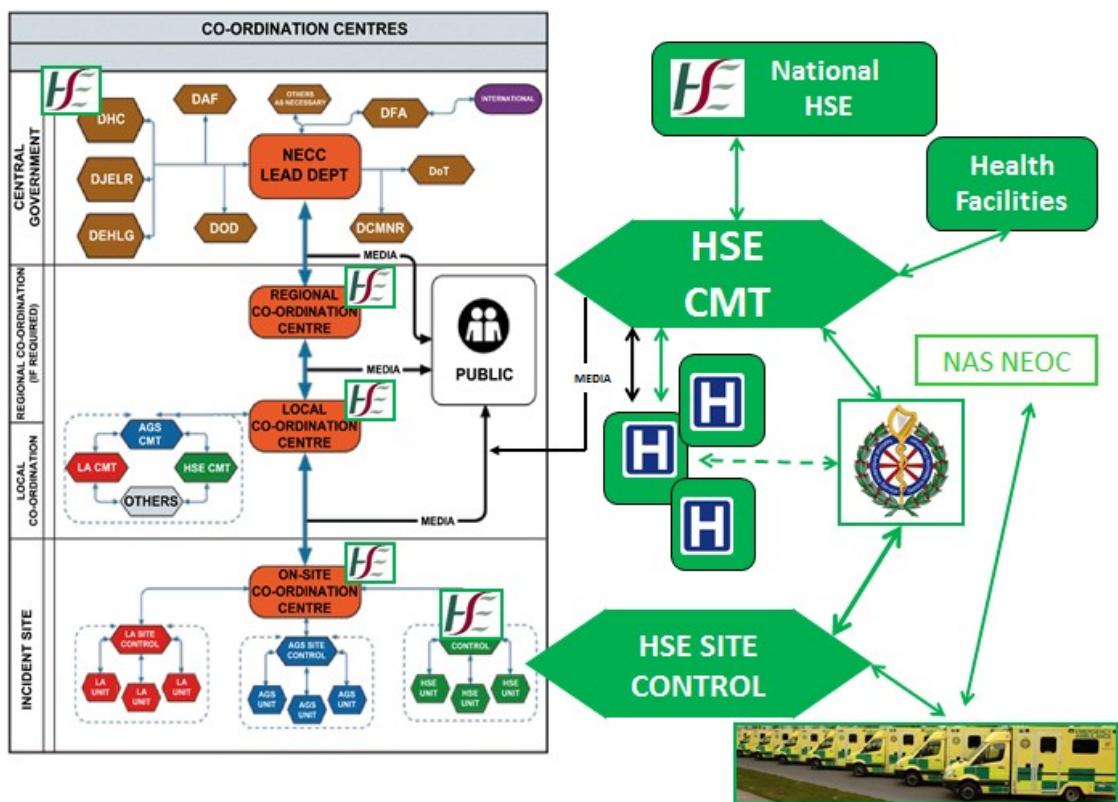
Emergency Management Officer

Human Resources/Finance

Estates Management

Logistics/Procurement

* Two alternates – 1st and 2nd for each CMT member



COMMAND AND CONTROL OF OPERATIONS AT EMERGENCY SITE

A Controller of operations shall represent each of the agencies at the emergency site. The overall command and control of the activities of an organisation shall be vested in that organisation's Controller of Operations.

Normally the controllers of operations at a particular site will be the following individuals:

Garda Siochána:

The Senior Garda at the site

Health Service Executive:

The Senior Ambulance Officer at the Site

The Site Medical Incident Officer

Local Authority:

The Senior Fire Brigade Officer at the Site

The Controllers of Operations at the emergency site may agree among themselves on the nominations of one of them to act as a Convener for co-ordination purposes having regard to the nature and stage of the emergency.

Identification of key personnel at the scene

It is essential at the scene of any accident that key personnel and organisations will be easily identifiable to each other. Specific identification should be provided.

Controller of Operations, **An Garda Siochana**: Chequered blue & white over garment labelled: **SITE GARDA CONTROLLER**

Controller of Operations, **HSE South**: Chequered green & white over garment labelled: **SITE AMBULANCE CONTROLLER**

Controller of Operations, **Local Authority**: Chequered Red & White over garment labelled: **SITE FIRE CONTROLLER**

COMMUNICATIONS

The following communications systems are available for priority use during a major emergency:

- Ambulance Service Radio System linking accident site, ambulances and hospitals.
- Garda Radio System
- Fire Brigade Radio System
- Amateur Radio Emergency Network (AREN)
- Private telephone lines giving direct links between:

A) Garda Headquarters, Anglesea Street, Cork and:

Cork Auto Manual Exchange

Ambulance Control Centre, Cork

Emergency Department, Cork University Hospital

Fire Brigade Headquarters, Cork City

Army, Southern Command

B) Ambulance Control Centre

Casualty Labelling System

Labelling at Incident Site:

At the incident site, all casualties will be issued with a Cruciform Casualty Form (number 1 to number xxx). All available relevant data is recorded on this form, which accompanies the patient to the designated hospital.

The purpose of labelling is:

- To avoid casualties being re-examined at the scene.
- To indicate to the Ambulance Service priorities for conveyance to hospital.
- To record any treatment or drugs given to casualties at the site.
- To record details of fatalities.

The following labels are carried in the Mobile Control Vehicle:

RED LABEL

- IMMEDIATE

PRIORITY 1

YELLOW LABEL

- URGENT

PRIORITY 2

GREEN LABEL

- DELAYED

PRIORITY 3

WHITE LABEL

- DECEASED

DEAD

CASUALTY LABELS

**IMMEDIATE
FIRST PRIORITY**

Destination:

Label No. 1 Front

**URGENT
SECOND PRIORITY**

Destination:

Label No. 2 Front

**DELAYED
THIRD PRIORITY**

Destination:

Label No. 3 Front

CASUALTY ASSESSMENT		
Name		Age
		M/F
AIRWAY	OBSERVATIONS	
Chest Aspirated Intubated Ventilated	Pulse BP	
OTHER INJURIES		CONSCIOUSNESS
TREATMENT		
Sign		

Label No. 1,2,3 Back

DEAD

Date Death Confirmed
Time Confirmed
Location Of Body
Garda Ref
Name Of Doctor
Confirming
Photo Taken Y/N

FUNCTIONS OF THE HEALTH SERVICES EXECUTIVE SOUTH

Established voluntary emergency services such as St. John's Ambulance, Red Cross, Order of Malta, and the casualty elements of the Civil Defence will be under the control of the HSE Controller of Operations or HSE CMT. If they are required at the hospital they should be requested by HECT from CMT.

All Health Service Executive – Southern Area services shall carry out their services in accordance with the provisions of the plan. In addition, they shall operate in accordance with their own operations instructions.

The following functions specifically apply:

- 1.** Activation of the Plan.
- 2.** Provision of all health services.
- 3.** Provision of medical advice and assistance.
- 4.** Assessment of casualties and determination of priorities for their evacuation.
- 5.** Casualty evacuation and ambulance transport.
- 6.** Certification of the dead and provision of forensic support for the Gardaí.
- 7.** Provision of first aid, together with basic life support and treatment at the scene, if required.
- 8.** Provision of hospital treatment.
- 9.** Provision of community, medical and welfare services.
- 10.** Participation in the Co-ordination Group.
- 11.** Provision of Psychiatric services. In addition to physical injury, many major emergencies can give rise to severe mental health problems among the groups involved, i.e. the casualties, rescue workers and relatives.
- 12.** Major Emergencies and their aftermath may involve many aspects of the Community Welfare and Public Health services. Many people, especially the elderly and disabled, who have never required public assistance, may need help in such circumstances. Directors of Community Care should prepare procedures for their areas to cater for such situations including mobilisation of key public health and community welfare staff and organisations.

TRANSPORTATION IN THE EVENT OF A MAJOR EMERGENCY

In the event of a major emergency a HSE Ambulance or CUH Security will provide transport for the Acting Site Medical Incident Officer and 1 ED Nurse to transport these staff to the scene of the accident. The Hospital Site Medical Team will also be transferred from the ED to the site of the accident via HSE Ambulance or CUH Security.

The decision to avail of either Security transport or HSE Ambulance transport for any of the above teams rests with the Ambulance Control at the time of an incident. It will be contingent on the availability of Ambulances and/or Security Jeeps at the time of the major incident.

The above is agreed with Ambulance Control HSE and CUH Security – March 2007

GENERAL PRACTITIONERS

- The GP may be the first professional response at the scene, prior to the arrival of ambulance and acute hospital response.
- Doctors living in the immediate vicinity of the incident or within a reasonable distance thereof, may go to the scene, either on their own initiative, or at the request of the emergency services. At the site, the doctor may assume the role of the Site Medical Officer. This role will be handed over to the designated Site Medical Officer on his/her arrival at the scene.
- At the scene, doctors should make themselves known to the Site Medical Officer, and the Site Ambulance Officer, and act in co-operation with these officers.
- Doctors not living in the immediate vicinity of the incident or within a reasonable distance thereof should not go to the site, except when requested to do so by the HSE Controller of Operations.
- In certain situations, where the incident is remote from the designated hospital, doctors may be requested to staff field hospitals or casualty clearing stations. The HSE Controller of Operations will make such decisions.

PSYCHIATRIC (PSYCHOLOGICAL MEDICINE) SERVICES

It is essential that psychiatric effects of major incidents are recognised and dealt with promptly. The Health Service Executive catchment area Mental Health Teams, consisting of doctors, nurses, and psychologists, with well established relationships with hospital colleagues, will provide a properly integrated service in the immediate aftermath of a major incident, to victims, relatives, and other affected persons.

Provision will be made to allow for debriefing of the emergency service workers, during the incident, to help prevent their becoming traumatised.

7.6 Appendix F: Blood Transfusion Requests

Important Information For:

Doctors/Nurses/Midwives/Haemovigilance/Blood Transfusion Laboratory Scientists

This appendix outlines Blood Transfusion Requests and how the Blood Transfusion Laboratory will issue and label Blood and Blood Components in the event of the Major Emergency plan being declared in CUH.

- On being advised that the CUH Major Emergency Plan is in operation, patients will initially be assigned MRNs and Pseudonyms on admission into the Emergency Department (As per action card 4.8).
- All requests for Blood Transfusion Laboratory should be completed using Blood Transfusion Request Forms.
- Patient gender and an approximate D.O.B. (if unknown) should be included on all Blood Transfusion Laboratory requests (this helps the Blood Transfusion Laboratory manage O Rh D Neg stock blood)
- Include MCRN, and signature, bleep and/or, telephone number of person making request on the request form (signature is mandatory).
- The Blood Transfusion laboratory will endeavour to complete requests as quickly as possible (subject to availability of suitable blood and staff resources).
- The Blood Transfusion Laboratory will apply a “zero-tolerance” policy in relation to sample/request labelling and any discrepancies will be rejected and repeat samples requested.
- Blood and blood components issued by the Blood Transfusion Laboratory will be labelled with the patient details as provided on requests.
- The Blood Transfusion Laboratory will include a fictitious DOB of 01/01/1891 on labels with issued blood and blood components. As the MRN and Pseudonyms are the unique identifiers in a Major Emergency, this should not prevent transfusing in this instance. (A DOB is mandatory for the Blood Track system in the laboratory).
- Group O Rh D Negative blood may be reserved for Rh D Negative females of childbearing potential (<60 yrs. old). Therefore, in efforts to conserve and manage blood stocks, the laboratory may need to issue Rh D positive blood to Rh D negative patients. Clinical areas will be advised.
- When a patient's full name, DOB and address become known, the laboratory should be informed and a new request (form & sample) should be sent to the laboratory with the patient's actual demographic identifiers (As per action card 4.8). Please note that Demographic data on previously issued products cannot be amended unless a new fully completed request (form & sample) has been received.
- When a new, fully completed request has been received in the Blood Bank, blood and blood components will be issued with updated patient details and records will be merged in the laboratory system.
- It is IMPERATIVE that when the patient becomes identified and their **new ID band** is placed on the patient with their actual demographic identifiers, the **original ID band** with contained the patient's pseudo identifiers should remain on the patient for such time as to allow the blood transfusion laboratory to process and label more blood components with the patient's actual demographic identifiers. Having both ID bands on the patient will allow the clinical area staff to perform the pre-administrating check of blood components labelled with both the pseudo identifiers and actual patient identifiers during the emergency period.

7.7 Appendix G: Staff Information Leaflet

What is a Major Emergency?

A Major Emergency is 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 requires the activation of specific additional procedures and the mobilisation of additional resources to ensure effective, co-ordinated response.

Cork University Hospital (CUH) has its own Major Emergency Plan (MEP), which identifies key people who, in a major emergency, make sure an effective response is undertaken. Each member of staff plays a vital role in ensuring a professional response by the hospital to a major emergency. It is essential that you are familiar with how the plan will operate during such an event and what role you may play.

Activation of a Major Emergency Plan

A Major Emergency Plan is activated by a call from Ambulance control to the Emergency Department (ED) informing CUH that either a major emergency is being put on standby or is being declared.

Stand-by

When information in relation to a declaration of a major emergency is not yet clear then the MEP may be placed on Stand-by. Certain staff members receive notice that MEP may or may not have to be activated at a later time.

Alert Procedure

Action cards have been prepared to identify the response necessary for designated departments to a Major Emergency. Each of these departments in turn will have its own sub plan together with a copy of the MEP (**Issue 10, 2022**). Once Action Cards are implemented, each department notifies the HECC via email; cuh.mep@hse.ie (by completing the template in the appendix).

The calling in of Off Duty staff will be initiated if necessary by each Action Card holder, depending on the scale of the emergency. Staff who are scheduled to work the next shift in the hospital, are requested NOT to come on duty in advance of their shift time. A notification of the Alert Procedure will also be provided to CUH Users via internal email. All staff are advised to listen to regular media updates on local radio and on TV, where feasible.

Action/Preparedness

The ED will also activate department Action Cards and prepare to accept casualties by preparing a Site Medical Team, a Triage Area, Red &Priority 2 Treatment Areas for those seriously injured and a Priority 3 Area in Eye Casualty for all walking wounded. Bed Management will commence the process of facilitating discharges and transfer of patients already in the ED to maximise available capacity of the ED. The remainder of the hospital will be prepared in line with each departments Action Cards e.g. GITU, Theatres, Wards, Relatives, Fatalities, Media etc.

Hospital Emergency Control Centre

The HECC will be set up in the Main Boardroom and adjacent locations and it will consist of the following areas

- HECT – Main Boardroom
- Garda Casualty Bureau – Main MDM room in the Cardiac Renal Centre (CRC)
- Information Room – Small MDM Room in the Cardiac Renal Centre (CRC)
- Media Room – Auditorium
- Relatives Area – Glandore Centre
- VIP area – Meeting room, level 1, CUMH

Managers & Staff Responsibilities

All Line Managers should ensure that staff in their department are aware of the implications of the activation of a MEP for the hospital and for their department. It is the responsibility of all staff to wear correct forms of hospital identification to allow access to the campus in the event of activation of the plan. Staff are also reminded to provide their line manager with their current telephone contact numbers.

Training, Exercises and Testing

The Hospital Emergency Planning Group will organise training and exercises and testing throughout the year. It is the responsibility of Department Heads to arrange training for the department's sub plan. All staff when requested are expected to attend these events. The MEP will be formally reviewed biannually.

Relatives of Casualties of a Major Emergency

The Glandore Centre Reception Area has been identified as the designated area of the hospital to which all relatives will be directed. A dedicated team of CUH staff will be deployed to meet and support relatives in this area.

Garda Casualty Bureau

A Garda Casualty Bureau will be located in the large MDM room in the Cardiac Renal Centre for the duration of the incident. The Gardaí play a very important role in a Major Emergency and are key to identifying casualties, dealing with fatalities and forensics.

Media

Representatives of the Media will be located in the Main Auditorium of CUH and regular press releases and media briefings will be enabled by the Communications Department in liaison with the Office of the CEO.

Stand Down

CUH stand down will be initiated by the HECT and will be notified to all areas of the hospital as each individual areas role is completed. Stand Down will not happen simultaneously in all areas. Notification of Stand Down will be communicated via email from cuh.mep@hse.ie email address to [CUH Action Card Holders](#).

Debriefing

Debriefing will be held as soon as possible following the emergency in consultation with all Action Card holders. External debriefings will be organised in consultation with the Principal Response Agencies (local Authority/Fire Services, HSE/Ambulance Service and the Gardaí) involved in the incident.

Parking

Parking for CUH staff is permitted on the grounds of CUH for those holding a valid car park ID. If CUH car parking capacity is full, the Highfield Rugby Club & Bishopstown GAA, which is located to the left of the back entrance to the hospital has available parking arrangements agreed with CUH. Vehicular access to the CUH campus will be strictly limited by CUH Security to those with authorised access only.

For staff who are required to park in either Bishopstown GAA or Highfield car parks on declaration of the MEP, the CUH taxi company has been engaged to provide taxi transport for CUH staff from these locations for the first two hours following activation of the plan.

Staff will be transported by taxi to the nearest CUH drop off point possible - either to the pedestrian access entrance by the Mental Health Unit or the rear entrance near the Occupational Health Building, as vehicular access to the campus may not be feasible during the MEP.

Alternative Suburban Car Parking

In the event of vehicular access being seriously restricted or obstructed into the city, for staff who wish to travel to CUH in the event of a major emergency, a number of alternative suburban car parks have been identified for staff to congregate to facilitate group pick-up by designated vehicles. These locations have been identified as East Gate Car Park in Little Island, Ballincollig Shopping Centre, Blackpool Shopping Centre, Kinsale Road Business Park Car Park. Have your staff ID.

Staff Redeployment

In the event of a major emergency being declared, staff may be redeployed from one department to another depending on service need. Staff are requested not to automatically go to the Emergency Department unless specifically requested to do so.

MEP

The latest version of the CUH MEP is available on QPulse. Your line manager will brief you on your role and responsibility to implement the department's Action Card in the event of a MEP being declared.