

**A National  
Health Services  
Approach  
To  
Major Emergency  
Planning**

**Report of Project Group**

**March 2002**

## **Introduction**

At their meeting in September 2001, the Health Board CEOs nominated a project group to advise on a National Health Services Approach to Major Emergency Planning.

The group included Mr. M. Ward (Chairman), Mr. P. O’Riordan, MWHB, Mr. S. Conroy, WHB, Mr. P. Lane, MHB, Mr. J. Byrne, ECAHB, and Mr. P. Grant, NEHB.

The group met on a number of occasions and produced four Main Recommendations. Pending the implementation of these recommendations, the group also recommended three Interim Actions, with a view to effecting an immediate improvement in the process of emergency planning.

All recommendations are based on the assumption that primary responsibility for emergency planning and preparedness for major emergencies in each health board, hospital and other health service unit, remains with the management of that entity. The project group noted the position in the Eastern Region where the East Coast Area Health Board has regional responsibility for major emergency planning on behalf of the ERHA and the three area boards. In this context, references to each health board in this report recognises that the East Coast Area Health Board acts on behalf of the ERHA and the area boards on major emergency planning matters.

## **Main Recommendations**

1. Each health board, which has not already done so, should establish a Major Emergency Planning Group, supported by a nominated Emergency Planning Officer, to ensure that existing guidance is being implemented and that existing planning efforts are co-ordinated.
2. An Emergency Planning Unit should be established within HeBE to prepare, issue and maintain guidance on emergency planning, to co-ordinate emergency planning within the health services and to support the emergency planning activities of the Department of Health and Children.
3. Responsibility for liaison at inter-departmental level, the development and issue of policy and the co-ordination of the response to national level emergencies should be exercised by a specified division of the Department of Health & Children, with support from the Emergency Planning Unit of HeBE.
4. The recently established National Emergency Planning Office should be tasked with the co-ordination of all efforts on emergency planning and the development, maintenance and issue of guidance on emergency planning matters, particularly inter-service issues.

**These recommendations are expanded and explained in the following paragraphs.**

**Recommendation No. 1**

Each Health Board, which has not already done so, should establish a Major Emergency Planning Group (MEPG), with a view to ensuring that existing guidance is being implemented and that there is clear accountability for emergency planning.

Each board should also appoint an Emergency Planning Officer (EPO), who will have responsibility, in conjunction with the MEPG, for Emergency Planning. Where the EPO post is not full time, the post holder should have sufficient time specifically allocated to emergency planning.

The MEPG should typically include an Assistant CEO and the EPO as well as representation from the Ambulance Service, the Emergency Service of the Acute Hospitals, the Department of Public Health and the Communications Office.

The role of the EPO/MEPG should be to

- Develop and maintain effective emergency management arrangements within the Board
- Prepare, review and update the Board's Major Emergency Plan
- Ensure that appropriate sub-plans are prepared, reviewed and updated by all relevant hospitals and service units within the Board's area
- Organise training, workshops, seminars and exercises
- Ensure that all staff who may be involved in a Major Emergency response are adequately trained, prepared and resourced
- Ensure that emergency arrangements are reviewed and tested at appropriate levels

The EPO/MEPG should arrange meetings with representatives of local Garda Divisions and Local Authorities, with a view to ensuring that there is effective co-ordination of inter-service planning by means of regular meetings, exercises and seminars.

This inter-service co-ordination should include the assessment of special risks (such as Airports, major crowd venues, hazardous substance installations and transport, severe weather incidents, etc.), the co-ordination of planning, the organising of joint exercises, the resolution of inter-service communication issues and the preparation of off-site emergency plans for designated Seveso sites.

## **Recommendation No. 2**

On October 25<sup>th</sup>, 2001, the Minister for Health & Children told the Dail, in reply to a Parliamentary Question, that “Future responsibility for overseeing the major emergency planning function will be assumed by the new Health Boards Executive (HeBE).”

In line with this statement, an Emergency Planning Section (EPS) should be established within HeBE to provide an overseeing role on emergency planning, on behalf of all Health Boards, so as to ensure effective planning, the best possible use of resources and compatibility between different plans.

In that role the EPS should

- a) prepare, issue and maintain guidance on major emergency planning for the Health Services. This guidance should take the form of a manual (which could be available on the Internet) similar to that prepared by the Department of Health in the United Kingdom. The manual should cover a wide range of issues including
  - An Introduction to Major Emergency Planning
  - Inter-service issues
  - Key Health Service Issues
  - The Role of the Department,
  - The Role of Health Boards,
  - The Role of the Ambulance Service
  - The Role of Acute Hospitals
  - The Roles of Other Health Services
  - Standard Titles, Definitions and Procedures
  - Training
  - Exercises
  - Children in Major Emergencies
  - Chemical Incidents
  - Incidents involving Biological materials
  - Incidents involving Radioactive materials
  - The Media
  - Critical Incident Stress.
  - Equipment

The development of this manual will require research on existing plans and procedures in Ireland and abroad as well as liaison with the main stakeholders.

- b) promote the manual (once it is completed) to key stakeholders and provide guidance and training throughout the health services, so as to ensure that the manual is properly understood and implemented.
- c) monitor the implementation of the guidance and keep it updated.

The EPS will need an appropriate structure and adequate resources if it is to effectively carry out its mandate.

Initially an Emergency Planning Co-ordinator should be appointed to HeBE with sufficient resources provided to fund the contracting in of external expertise and the secondment of staff from within the health service, so that the work programme of the EPS can be established and developed. The required resources are difficult to estimate at this stage, however, they will tend to be greater in the early years as the initial infrastructure, guidance and delivery mechanisms are put in place.

An advisory group should be established, with representation from a broad range of health service disciplines, to provide guidance, direction and support to the EPS. A number of temporary working groups will also be required, similar to the group working on an operational plan for biological incidents, to assist in the development of the various aspects of the guidance.

### **Recommendation No. 3**

Although much responsibility in the area of emergency planning can be assumed by HeBE, there are certain core areas, including liaison with national and international bodies, promotion of policy and co-ordination at a national level, which should remain with a designated division within the Department of Health & Children.

This division should (with the support, as appropriate, of the EPS)

- a) oversee the completion and issue of the guidelines on Biological Incidents
- b) liaise at a national level with key stakeholders including
  - the office of emergency planning
  - the Departments of Environment, Justice and Defence
  - the Department of Enterprise, Trade and Employment and the Health & Safety Authority on the Seveso Directive
  - the Department of Public Enterprise and the RPII on the National Emergency Plan for Nuclear Accidents
  - the Department of Public Enterprise and Iarnrod Eireann on the transport of dangerous goods by rail
  - the relevant authorities in Northern Ireland on cross-border issues
  - The EU on the medical aspects of civil emergencies
- c) develop and issue policy on emergency planning for the Health Services
- d) co-ordinate the health service response to any major incident which has national dimensions. Preparation for this function will require the identification of key players, the development of standard procedures and protocols and the exercising of these.

#### **Recommendation No. 4**

In a press release dated October 3<sup>rd</sup>, 2001, the Government announced its decision to establish an Office of Emergency Planning (OEP) in the Department of Defence. This new office will take a lead role in Emergency Planning to meet threats from international terrorism and will also exercise an oversight role in relation to peacetime emergency planning.

The Government also decided that the High Level Contact Group, established in the wake of the events of September 11<sup>th</sup>, should in future be convened by the Department of Defence to support the OEP and all Government Departments and agencies were asked to give their full cooperation to the new Office.

Despite this, the exact role of the OEP, and its relationship to existing structures, is not yet clear. However, whatever form it takes, the OEP will require expertise in Emergency Planning as well as expertise from the principal emergency service areas, ie the Health Services, the Local Authorities and the Gardai

The OEP should be tasked with the development and maintenance of national guidance on all emergency planning issues; the issue and promotion of such guidance to all relevant services (including the Health Services, the Local Authorities and the Gardai), via the appropriate Departments and the organisation of such events and audits as are necessary to ensure that there is appropriate implementation of the guidelines and that the efforts of the various agencies are properly co-ordinated.

To facilitate the discharge of that role, the OEP should liaise with all relevant Government Departments, other national agencies as appropriate, the Northern Ireland Authorities, the EU, etc. The OEP should also play a co-ordinating role and provide advice to the Government in the event of a national scale emergency. (Legislation may be necessary to support some of these activities.)

One of the first tasks for the OEP should be to conduct a review of the existing Major Emergency Planning Framework, which is now seventeen years old.

#### **Interim Actions**

1. Each Board should conduct an audit of its major emergency planning process.
2. At a national level, the health board CEOs should assemble an interim advisory group to review existing plans and procedures, with a view to raising the standard of Emergency Planning by the sharing of best practice.
3. The health boards CEOs should also seek clarification, through the Department of Health and Children, of the roles, responsibilities and relationships of the various bodies and groups now dealing with emergency planning at a national level.

### **Interim Action No. 1**

In the short term all boards should conduct an audit of their major emergency planning processes. This audit should consider, inter alia, the following questions

- Is responsibility for major emergency planning clearly defined and understood
- Are there Major Emergency Plans for the Board, the Ambulance Service and the key Hospitals and are all of these plans compatible with one another and with national guidelines.
- Has the Health Board plan been co-ordinated with the plans of the local Garda Divisions and Local Authorities
- Are all relevant staff aware of the roles they will be expected to play
- Is Major Emergency Planning included in the induction arrangements for new staff
- Are plans at all levels tested and exercised at appropriate intervals
- Are plans at all levels reviewed and revised at regular intervals
- Have all staff received Major Emergency training that is commensurate with their role in the plans
- Are there robust internal and external communication arrangements in place and are these tested regularly

### **Interim Action No. 2**

Pending the implementation of the main recommendations, the health board CEOs should assemble a group, with broader representation than the group making these recommendations, to consider existing plans and procedures, with a view to the sharing of best practice in key areas.

This new Group should include:

- A Programme Manager/Assistant CEO
- A Director of Public Health
- An A&E Consultant
- A Chief Ambulance Officer
- An Emergency Planning Officer

This group could later provide members for the advisory group and/or the working groups referred to in Recommendation No 2

### **Interim Action No. 3**

At this stage there appear to be a number of different entities dealing with various aspects of emergency planning at a national level, including the Emergency Planning Office, the High Level Contact Group, the Inter Departmental Committee on Peacetime Emergency Planning, the Department of Public Enterprise led group, dealing with the National Emergency Plan for Nuclear Accidents and the committee established to prepare an

operational plan for Biological Incidents. The exact role of each of these entities and, in particular, their relationship to one another is less than clear.

The Health Board CEOs should seek clarification, through the Department of Health and Children, on the roles, responsibilities and relationships of these various bodies.