Waiora Waikato Campus

# Emergency Incident Response Plan

Background

Waikato District Health Board (WDHB) has a legislated obligation to the public, The Ministries of Health and Civil Defence Emergency Management to identify, prepare for, respond to and recover from civil defence and other emergencies.

This obligation extends to all WDHB sites and staff, external personnel, board members and contractors, and includes all services funded by the District Health Board or directly funded by the Ministry of Health.

The Waiora Waikato Campus Health Emergency Incident Response Plan provides critical information and response templates to meet the above obligations and to support effective responses to emergency incidents.

Planning structure

National Civil Defence Emergency Management Plan	←→	National Health Emergency Plan
↕		↕
Regional Civil Defence Emergency Management Plan	←→	WDHB Health Emergency Plan

Others	Rest Homes	Private Labs	GP's	DHB Svs	Pharmacies	Primary Care	Health Waikato Services

Waiora Waikato Campus Health Emergency Plan

Waiora Waikato Campus Ward, Service, Department Emergency Response Plans (DERPS)

ABBREVIATIONS USED IN THIS DOCUMENT

A&E	Accident & Emergency Centre	IAP	Incident Action Plan
AGM	Assistant Group Manager	IC	Incident Controller
AWOL	Absent without Leave (Missing Patient)	ICU	Intensive Care Unit
BAU	Business as usual	IL4	Importance Level 4 (earthquake protection)
BCP	Business Continuity Plan	IM	Incident Management
BEC	Bryant Education Centre	IMT	Incident Management Team
CA	Clinical Advisor	IOC	Integrated Operations Centre
CBR	Chemical Biological Radiological (Hazard)	IT/IS	Information Technology/Information Services
CD	Civil Defence	MOoH	Medical Officer of Health
CDEM	Civil Defence Emergency Management	MOH	Ministry of Health
CEO	Chief Executive Officer	MH	Mental Health
CIMS	Co-ordinated Incident Management System	MSDS	Material Safety Data Sheet
CISD	Critical Incident Stress Debriefing	Mtg	Meeting
CNM	Clinical Nurse Manager	MDCU	Medical Day Care Unit
COO	Chief Operating Officer	MCC	Meade Clincial Centre
COP	Clinical Operations Plan	METHANE	Acronym used by St John to assess major incident response
CSU	Central Sterilising Unit	MIP	Major Incident Plan
CYFS	Child, Youth & Family Services	MCI's	Mass Casualty Incidents
DERP	Department Emergency Response Plan	NGO's	Non Government Organisations
DHB Svcs	District Health Board Services	NICU/NBU	Neonatal New Born Unit
DHB	District Health Board	NM	Nurse Manager
DNM	Duty Nurse Manager (Interchangeable with FC)	NZFS	New Zealand Fire Service
DON	Director of Nursing	OPR	Older Persons & Rehabilitation
DOSA	Day of Surgery Admission Unit	OR/OT	Operating Theatre
EAP	Employee Assistance Program	PACU	Past Anaesthetic Recovery Unit
ED	Emergency Department	PHU	Public Health Unit
EM Manager	Emergency Management Manager	P&I	Property and Infrastructure
EM Plan	Emergency Management Plan	P&I	Planning & Intelligence
EOC	Emergency Operations Centre	PPE	Personal Protective Equipment
EWIS	Building Fire Control Monitoring & Mgmt System	RACE	**R**emove, **A**ctivate, **C**ontain, **E**vacuate
EWIS PA SYSTEM	Public announcement system attached to EWIS	RC	Responsibility Centre
FC	Facilities Coordinator (interchangeable with DNM)	RRC	Regional Referral Centre
FRT	First Response Team	R/T's	Radio - Telephones
GM	Group Manager	SABC	Safety/Assess/Broadcast, Back up/ Campaign plan
GP's	General Practitioners	SDAU	Same Day Admission Unit
HDU	High Dependency Unit	SPOC	Single Point of Contact
HM	Hospital Manager	SR/Sit Rep	Situation Report
HPO	Health Protection Officer	TXT	Text message
HR	Human Resources	UPS	Uninterrupted Power System/Supply
HRBC	Henry Rongomau Bennett Centre	VC	Voice Communications (switchboard)
HRH	Hilda Ross House	WDHB	Waikato District Health Board
H&S	Health & Safety	WH	Waikato Hospital
HW	Health Waikato	WH/HRBC	Waikato Hospital/ Henry Rongomau Bennett Centre

HEALTH EMERGENCY PLANNING INTRODUCTION & OVERVIEW

This plan is intended to be used as a guide for staff managing an unexpected and/or potentially dangerous incident. The Incident may affect either the site as a whole, one of the buildings, a single unit or department, or as part of a city-wide, national or international response.

The aim of the plan is to provide the staff member or members leading the response with a tool kit to manage the situation, some key information and a list of key response functions.

The person most likely to initiate an emergency response is the Duty Nurse Manager as the Single Point of Contact (SPOC) for DHB emergency events. However, at times other staff may find themselves in the position of having to initiate the response. The aim when developing this plan has been to provide clear guidelines that enable people in a stressful situation to establish a co-ordinated response as quickly as possible.

There are two aspects to emergency management:

1. Firstly, to protect life / staff, and then facilities and possessions if possible, and then to plan for recovery and a return to our core business as quickly as possible.

2. Second, to use effective risk identification, reduction, mitigation and management to ensure those planned and unplanned events are managed effectively and safely.

The Waikato District Health Board utilises the Co-ordinated Incident Management Structure (CIMS) in line with the other NZ Emergency Services. In many of the incidents which occur on campus a collaborative partnership with other emergency services will be established.

FIRST RESPONSE TEAM

The Waiora Waikato Campus First Response Team & the Henry Rongomau Bennett Emergency teams are defined staff groups who are the first responders to any campus incident. The incident response may be completed & stood down by this team; however an escalation to a major incident response may be required. In these situations the escalation/response will result in the establishment of a part or full CIMS structure which may include the original responders. In some instances the first responders/emergency team will provide the initial CIMS structure with roles being taken over by other staff as call back/escalation proceeds.

Refer the FRT Response Guidelines for detailed information

Waikato Hospital First Response Team

Waikato Hospital First Response Team			
Staff are on site unless identified as on call			
AM Shift Mon- Fri	AM Shift Sat, Sun, PH	PM Shift (all)	N Shift (all)
Facility Coordinator	Duty Nurse Manager	Duty Nurse Manager	Duty Nurse Manager/Bed Manager
Nurse Manager	Clinical Resource Nurse	Clinical Resource Nurse	Clinical Resource Nurse
	Nurse Manager (on call)	Nurse Manager (on call)	Nurse Manager (on call)
Attendant	Attendant	Attendant	Attendant
Security	Security	Security	Security
Ops Engineer	Ops Engineer (on call)	Ops Engineer (on call)	Ops Engineer (on call)
Asst GM-Hospital Operations	Hospital Manager (on call)	Hospital Manager (on call)	Hospital Manager (on call)

Henry Rongomau Bennett Centre First Response Team

Where an escalation is required this will be initiated via the HRBC Shift Coordinator. The Waikato Hospital First Response Team may be mobilised to support the HRBC (CIMS) response team.

INITIATING & MANAGING AN EMERGENCY RESPONSE

SABC

Incident Response Team SABC		
All staff coming upon or responding to an emergency incident can use a simple acronym to support their response activity		
S	**SAFETY**	identify hazards, remove uninvolved people, establish perimeter
A	**ASSESS**	review situation, assess scope of response & assistance required
B	**BROADCAST & BACKUP**	establish response, escalate as required, maintain documentation
C	**CAMPAIGN**	escalate initial response as required, request additional resources

Escalation Process

Emergency Response Escalation Process	
All emergency incident responses follow a prescribed process	
Notification #1	is the initial observation or event which initiates a notification
Notification #2	is the mobilisation of the response team (call tree)
Activation	is the response teams attendance at the incident
Operation	is the activity undertaken to manage and resolve the incident
All Clear	is the process of identifying an end point to the incident response and applying recovery processes including debrief and event review where indicated

Responding to an Emergency - Overview

WAIKATO HOSPITAL/HENRY RONGOMAU BENNETT CENTRE
EMERGENCY INCIDENT RESPONSE PLAN

	Responding to an Emergency Incident					
	Internal			**External**		
Notification # 1	99777 as per HW Emergency Flip Chart	Direct Observation or reported	Planned Event requiring Emergency Response framework	Mass Casualty notification via ED & St John. St John Emergency Services Coordination Centre (ESCC) will issue a Txt message with contact details for the initial response teleconference	Public Health Incident notified via Medical Officer of Health/Health Protection Officer	Regional or National event via SPOC to DNM (email/txt)
Notification # 2	First Response Team notified		CIMS team established	DNM initiates Mass Casualty Call Tree	ED notifies DNM & appropriate call tree initiated	DNM initiates notification of on call Asstistant Group & Nurse Manager
Activation	**Clinical Incident** Clinical Response team attend	**Non Clinical Incident** First Response & affected Infrastructural teams attend	Planning and back out processes established	Incident management (CIMS) Structure and clinical response teams established		CIMS & Clinical response teams established including regional & national liaison teams
Operation	Clinical management & SABC protocol applied	Incident managed, SABC applied & recovery plan established	Planned event proceeds	Clinical and support response requirements assessed and initiated, SABC applied		Clinical & support response requirements assessed & initiated, SABC applied
All Clear	Senior clinical responder terminates response	Incident Controller announces all clear and response closed down	Planned event completed or back out declared	Incident Controller announces all clear and response closed down	Incident Controller in conjunction with Medical Officer of Health announce all clear & response closed down	Incident Controller announces stand down/all clear in conjunction with regional or national Incident Control

WAIKATO HOSPITAL/HENRY RONGOMAU BENNETT CENTRE
EMERGENCY INCIDENT RESPONSE PLAN

	ACTIVATION/ESCALATION OF THE EMERGENCY RESPONSE PLAN	
Level		Who may be involved
Level 1 Preparedness /Readiness ⬇	There is an internal or external incident or anticipated conditions that may: • affect services and the public in or adjacent to the hospital or • Result in pressure on the hospital or health service. • Require the participation of the hospital or utilisation of resources and/or equipment in the response to the alert. **Examples:** Fire alarm, Airport alert, a number of patients beginning to present with similar symptoms, threat of industrial action, etc.	**24hrs:** • Duty Nurse Manager • Senior clinical staff • Senior non-clinical support staff • Emergency Department • Public Health (HPO or MOoH) • Group Managers **Response:** A Situation report and Action plan is developed to ensure preparedness to meet possible incoming demands.
Level 2 ⬇	A major incident has been notified, occurred or is imminent and co-ordination of the hospital or health service emergency response is immediately required. Affected services activate appropriate response plans. **Examples:** major transport crash, fire, public health emergency, industrial action, utility or building failure, supply failure, etc.	**24hrs:** • Duty Nurse Manager • Senior clinical staff • Senior non-clinical support staff • Group Managers • Emergency Department • Public Health (HPO or MOOH) • WH on call team mobilised • Manager-Emergency Management Planning • Media – Communications on call • Fire • Police • Civil Defence **Response:** An EOC is established. Coordinated Incident Management System (CIMS) structure established. Initial situation report and incident action plan drafted. Recovery role allocated (IC or other)
Level 3 **Critical**	The situation is escalating and the capability of the hospital or health service to cope is becoming overwhelmed. More resources and/or equipment or support are required. **Examples:** Civil Defence declaration, national pandemic/regional public health emergency, major mass casualty incident, building failure,	**As above, plus:** • Ministry of Health • Group Manager(s) • Fire, Police, St John • Hamilton City / Regional Civil Defence / National Civil Defence • Other agencies/utilities, e.g.

	etc.	Telecom, Meridian Energy, etc. • Neighbouring Hospital/Health Services (DHB and non-DHB) • Ministry of Health **Response:** • The CIMS Incident management Team identifies resources and equipment required • Defined assistance and advice is requested from other healthcare providers • Assistance and advice is requested from external agencies • The Ministry of Health is updated
Level 4 Recovery	Response surveillance indicates the situation is resolving and activities to return to business as usual are initiated	**Response** • Incident Controller & Recovery Manager draft initial Recovery Plan • Recovery plan facilitated • BAU achieved
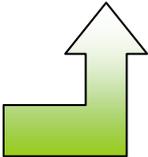
Co-ordinated Incident Management (CIM's) Structure

Clinical Advisor

Safety

Incident Controller

Internal Liaison

External Liaison

Media & Communications

Planning & Intelligence

Operations	
Clinical Coord	Staffing Coord

Logistics		
Reconciliation Coordinator	Supply	Hotel Services
	Facilities	Information Services
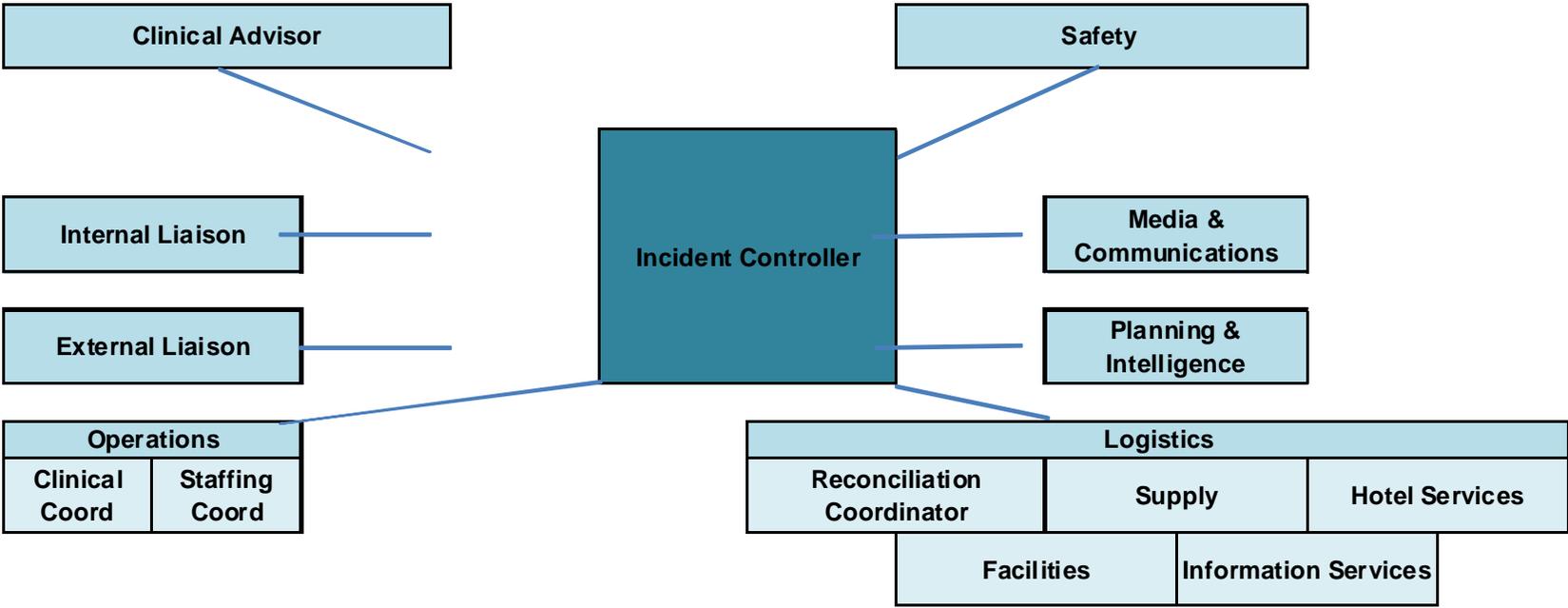
CIMS TEAM CONFIGURATION

Safety	Clinical Advisor	Internal Liaison
Health & Safety	Chief Medical Advisor	Out Patient Services
Infection Control	Medical Officer of Health	General or Mental Health Services
Human Resource Consultant	GP Liaison	Theatre Services
Occupational Health & Safety	Other as indicated by incident	Radiology
Other as indicated by incident	**External Liaison**	Laboratory
Planning & Intelligence	St John Ambulance	NZ Blood Services
Response Administration	St John National Response Team	Pharmacy
Media & Communications	Civil Defence	Emergency Department
	A&E & GP Services	Procedure Rooms
	Private Hospitals	Other as indicated by incident
	Birthing Centres	
	Other as indicated by incident	

Operations		
Clinical Coordinator	Staffing Co-ordinators	
Rapid Discharge Coordinator	Nursing Staff	Radiology
Ward/Unit Liaison	Medical Staff	Laboratory
Decant Coordinator	Administrative Staff	Pharmacy
Allied Health Coordinator	Allied Health	Attendant
Block Coordinators	Other as defined by incident	
Other as indicated by incident		

Logistics				
Reconciliation	**Supply**	**Hotel Services**	**Facilities**	**Information**
Social Work	CSU	Nurtrition & Food	Mortuary	Clinical Records
Chaplaincy	Purchasing & Distributn	Cleaning	Property & Infrastructure	Patient Labels
Maori Health	Emergency Stores/CEP	Laundry	Security	Voice Comms
Hilda Ross House	External Supply	Accommodation	Parking	Information Svc [IT]
Other as required	Burns Packs		Fleet	Clinical Coding
	Pandemic Supplies			
Other as defined by incident				

Waikato Hospital IOC Emergency Response Equipment
Main Office
White Emergency Trolley
Co-ordinated Incident Management Team packs
CIMS Templates
Clip boards
Stationery
Mobile Phones
Radio Telephones
Electronic Whiteboard
[2] Evacuation chairs
Hard hats
Protective high viz Jackets (First Response team)
Corridor Cupboards
Electrical extension cords
Light sticks
Torches
Batteries
Protective Gloves
Hazardous Drug Spill Kit
Parkas
Fluid shield masks
Evacuation sheets
Buckets (household)
Buckets (Cytotoxic waste)
Sign bases
Signage
Spill Kit Large
Spill Kit Small
Manual Call Bells

ESTABLISHING AN EMERGENCY OPERATIONS CENTRE

ESTABLISHING/DISESTABLISHING THE EMERGENCY OPERATIONS CENTRE	
Notification may be via	
	➢ Emergency Department
	➢ Switchboard
	➢ First Response Team escalation
	➢ Security team escalation
	➢ Other
Activation	
	Incident Activity Log commenced immediately by DNM/HRBC Shift Coordinator or IC (available on DNM/HRBC Shift Coordinator desk folder)
	Initiate/ensure appropriate Call Tree activation via Voice Communications
	Incident Controller allocates CIMS roles as per on call roster
	Incident Controller requests additional senior staff to fill CIMS roles
	CIMS packs accessed (IOC/HRBC emergency response trolley/cupboard)
	CIMS team contact details recorded on response whiteboard
	Signage put in place
	Electronic Whiteboard prepared
	Mobilise other equipment as required (stored in WH Integrated Operations Centre) ➢ Radio telephones ➢ Mobile Phones Torches ➢ Light Sticks ➢ Extension Cords ➢ Evacuation Sheets ➢ Evacuation Chair ➢ Scene Protection Tape
	Major incident response RC # is 1199 (only to be activated by the Incident Controller)
Operation	
	Incident Activity Log handed over to & maintained by Planning & Intelligence
	Initial Situation Report drafted from Activity Log
	Initial Incident Action Plan published
	Initial CIMS meeting conducted and meeting schedule established
	Duty Nurse Manager/Facilities Coordinator/HRBC Shift Coordinator undertakes business as usual activity unless instructed otherwise and reports to Operations
	WH Bed Manager undertakes business as usual activity unless instructed otherwise and reports to Operations
	WH Inter-hospital Transfer Coordinator undertakes business as usual activity unless instructed otherwise and reports to Operations
All Clear/Stand Down	
	Incident Controller or designate will issue the all clear/stand down instruction based on assessment of all service/s capability to return to normal activity
	All Clear/stand down message will be broadcast to all areas, services (internal and external) via all available communication modalities
	Incident management team repack CIMS packs & associated response equipment returning EOC to IOC status.
	All documentation related to the response to be kept and handed to Planning & Intelligence or delegate
Recovery & Reconciliation	
	EOC or EOC activity may be required to remain in place for some time following stand-down in order to provide ongoing support. This decision will be made by the Recovery Manager or Incident Controller where a Recovery Manager is not appointed
	All incident response documentation to be collated and stored for use in event documentation and review processes

	Immediate (hot) debrief scheduled for involved staff
	Event Review process initiated including initial draft report to COO within three weeks
	Staff monitoring & reminder of EAP self-referral if required
	All equipment activated or utilised in the response will be checked in as per instruction, recharged, replacements ordered, cleaned and stored.

APPENDIX 1 CO-ORDINATED INCIDENT RESPONSE (CIMS) WORKSHEETS

1.1 Incident Notification Event Log (sample only)

INCIDENT NOTIFICATION EVENT LOG		

Completed By		

Incident	

Date		**Time**		**Sheet #**	

INCIDENT ACTIVITY LOG			
St John ESCC Initial Teleconference Number			
Incident Overview			

Item #	Time	Action/Event	Assigned To
1			
2			
3			
4			
5			

EVENT LOG RISK REGISTER/ASSESSMENT	
RISK	**RISK MITIGATION STRATEGY**

1.2 Incident Controller

INCIDENT CONTROLLER		
Reports To	**Chief Operating Officer**	
Incident Controller Name		
Date		**Start Time**	**IC Mtg Time**

INCIDENT CONTROLLER IS RESPONSIBLE FOR:
Activation, management, priority setting, risk mangement & direction of the response
Management of the Emergency Operations Centre (unless this role is appointed)
Overview and co-ordination of all personnel, plant & equipment
Ensuring safety of all staff, patients and members of the public on campus throughout the incident and response
Incident/site spokesperson for media communications
Liaision with and/or requesting assistance from other agencies
Ensuring the CEO/COO & MOH are informed of ongoing incident response progress
Ensuring the Insurers are notified where relevant
Authorising activation of the Emergency Response RC 1199 & defining parameters for use

	Receive incident overview & response to date handover
	Activate EOC & CIMS roles & ensure CIMS cards identification vests are used
	Assess incident, incident activation event log, call tree activation and event response to date.
	Assess and prioritse response to high risk items
	Undertake CEO/COO and Ministry of Health notifications & updates as required
	Faciliate ongoing response and escalation including additional call tree (call back) to stand by or full response
	Define schedule for, & facilitate Incident Management meetings
	Review Situation Reports & ensure Action Plans provide response to all issues
	Monitor and prioritise issues log and escalate priorities as requried
	Determine scope of escalation including;
	? Services reduction and/or cancellation
	? Evacuation - full or partial on/off site
	?Other
	Attend DHB Incident Managment meetings where a dual response is initiated
	Request Liaison role to contact & assess other private & public healthcare facilities
	Maintain own event log, risk assessment
	Assign liaison role to attend Civil Defence Incident Management Mtgs as site representative
	Draft & implement incident management team roster & defined change over schedule
	Initiate recovery planning or appoint Recovery Manager if required
	In conjunction with Incident Management team make decision to end/wind down response & facilitate smooth transition to recovery or return to business as usual
	Request & participate in hot debrief & initiate event review processes
	Review & sign off Incident event report prior to forwarding to CEO/COO

1.3 Planning & Intelligence

PLANNING & INTELLIGENCE								
Reports To				**INCIDENT CONTROLLER**				
Name								
Date			**Start Time**			**IC Mtg Time**		

PLANNING & INTELLIGENCE IS RESPONSIBLE FOR:
Gathering, analysing, and disseminating incident related information
Analysing resource status & escalating associated risks
Creation of the Situation Reports & Incident Action Plans, defining response activities & resource requirements for a defined period
Assisting the Incident Controller in planning & initiating recovery planning
Incident response meeting documentation
Collection & collation of incident documentation

	Receive briefing from Incident Controller or outgoing P&I Manager
	Attend Incident Management meetings to define the appropriate incident response
	Document incident management meeting & develop/publish Incident Action Plans
	Maintain Planning & Intelligence activity log & incidnet event log (may be the same)
	Maintain incident Risk Register
	Access additional information which may affect the incident response
	*weather reports including long range forecasts
	*expected casualty numbers
	*long term predictions
	*estimated revenue loss
	*estimated insurance claims
	*facility damage
	*resource availability
	Assist IC in developing incident management team roster
	Evaluate & collate incoming information
	Work with IC to establish meeting schedule
	*IM team
	*Executive team
	*DHB team
	Liaise with Media & Communications Manager to ensure all internal & external communication requirements are accessed including regular internal staff updates
	Maintain any status or incident boards in the EOC
	Work with IC, Recovery Mgr and Operations to develop recovery plan and initiate recovery planning at the optimum time
	Collate & store all IM team worksheets for use in event review process
	Ensure attendance at hot debrief
	Provide P&I response feed back for event review
	Work with EM Manager to prepare incident report

1.4 Media & Communications

MEDIA & COMMUNICATIONS								
Reports To			**Incident Controller**					
Name								
Date				**Start Time**			**IC Mtg Time**	
MEDIA & COMMUNICATIONS IS RESPONSIBLE FOR:								
Preparation of media releases for IC sign off								
Preparation/distribution of internal communications for staff								
Establishing public enquiry medium/s								
Establishing liasion with reconciliation team processes								
	Receive briefing from Incident controller or outgoing Media & Communications Mgr							
	Initiate Media & Communications activity log							
	Establish contact with media							
	Identify IC media conference requirements and schedule these							
	Book media location considering hospital impact, privacy issues and reconciliation response							
	Prepare news releases for IC review & sign off							
	Monitor news media for accuracy							
	Monitor other medium to identify issues/accuracy							
	Prepare media and communications plan for IC							
	Prepare Public Advice Statements							
	Review public advice statements with Population Health or MOoH as required							
	Task appropriate staff with establishing a Public Enquiry Section (Public Information Desk) to provide information to family/Whanau							
	Collate activity via Media & Communications Situation Report and provide to IM Mtg							
	Work with Reconciliation team to ensure family/Whanau communication is maintained							
	Provide additional internal/campus signage as required							
	Provide internal news bulletins as required following each IM mtg							
	Identify & collate media & communications risks & escalate these with mitigation strategies							
	Provide all Media & Communications worksheets to Planning & Intelligence for collation and storage & use in event review process							
	Ensure team attendance at hot debrief							
	Provide media & communications response feed back for event review							
	Ensure team members access EAP or other support as required							

1.5 Clinical Advisor

CLINICAL ADVISOR		
Reports To	**Incident Controller**	
Name		
Date	**Start Time**	**IC Mtg Time**

CLINICAL ADVISOR IS RESPONSIBLE FOR:	
Provision of expert clinical advice	
Advisory comment re aspects of patient flow	
Advisory comment re medical staff allocation and rostering	
Media comment	
	Receive briefing from Incident Controller or outgoing Clinical Advisor
	Maintain Clinical Adviser activity log
	Attend Incident management meetings to advise on clinical response
	Respond to clincial queries as they occur
	Establish/maintain contact with external providers/Population Health etc
	Assess requirement for rapid discharge rounds, initiate these or appoint a senior consultant to complete, in partnership with the Rapid Discharge Coordinator
	Liaise with rural & other DHB managers & medical seniors to negotiate patient movement as part of rapid discharge requirements
	Establish link with Medical Officer of Health where appropriate
	Provide clinical comment at media conferences
	Maintain clinical overview of response
	Complete/update Clinical Advisor Situation Reports & provide concise updates to IM Mtg
	Maintain overview of hospital ability to return to business as usual & advise IC of potential clinical risks
	Liaise with Staffing Coordinator re medical rostering requirements & constraints
	Provide all worksheets to Planning & Intelligence for collation and storage & use in event review process
	Ensure attendance at hot debrief
	Provide clinical response feed back for event review
	Access EAP or other support as required

1.6 Recovery Manager

RECOVERY MANAGER		
Reports To	**Incident Controller**	
Name		
Date	**Start Time**	**IC Mtg Time**

RECOVERY MANAGER IS RESPONSIBLE FOR:	
Establishing & facilitating the processes to return the affected area/s to normal business	
Identifying barriers & working with the Incident Controller to manage and mitigate these	
Provision of a recovery plan aligned to incident progress	
Ensuring key contractual elements are addressed in establishing the recovery plan	
	Liaise with Incident Controller to assess extent of impact on current & future business processes
	Identify extent of recovery requirement and establish appropriate team to achieve return to business as usual
	Review operational contract and other business issues which may influence recovery plan
	Assess priorities and identify where these may compromise other areas & escalate to IC as required
	Provide documented recovery plan to IC and assist with facilitation via IM meetings and individual cluster/workstream activity
	Monitor recovery plan, recalculating time lines etc over time
	Provide final report once normal business is resumed
	Provide all Recovery worksheets to Planning & Intelligence for collation and storage & use in event review process
	Attend/participate in debrief sessions
	Provide recovery response feed back for event review
	Ensure team members access EAP or other support as required
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1.7 Health & Safety

HEALTH & SAFETY				
Reports To		**Incident Controller**		
Name				
Date		**Start Time**	**IC Mtg Time**	

HEALTH & SAFETY IS RESPONSIBLE FOR:	
Maintaining overview of the Health & safety response to the incident	
Identification & ecscalation of risks associated with the incident	
Establish liaison with Human Resources & Staffing Coordinator	
	Receive briefing & Duty Card from Incident Controller or outgoing H&S officer
	Review staffing allocations and future rosters and advise on any potential issues
	Establish or continue Human Resource Activity Log
	Establish link with Human Resource responder re rosters, unions etc
	Maintain risk assessment, mitigation strategies & escalation processes
	Provide all Health & Safety worksheets to Planning & Intelligence for collation and storage & use in event review process
	Ensure team attendance at hot debrief
	Provide Health & Safety response feed back for event review
	Ensure team members access EAP or other support as required

1.8 Human Resources

HUMAN RESOURCES					
Reports To			**Incident Controller**		
Name					
Date			**Start Time**		**IC Mtg Time**

HUMAN RESOURCE IS RESPONSIBLE FOR:	
Maintaining overview of the human resource response to the incident	
Identification & ecscalation of risks associated with the incident	
Establish liaison with Health & Safety, Infection Control & Staffing Coordinators	
Ensure affected unions are aware of the incident response where applicable	
	Receive briefing & Duty Card from Incident Controller or outgoing HR officer
	Review staffing allocations and future rosters and advise on any identified/potential issues
	Notify/update relevant unions as required
	Establish or continue Human Resource Activity Log
	Establish link with Human Resource responder re rosters, unions etc
	Maintain risk assessment, establishing mitigation strategies & escalate as required
	Provide all Human Resource worksheets to Planning & Intelligence for collation and storage & use in event review process
	Ensure team attendance at hot debrief
	Provide Human Resource response feed back for event review
	Ensure team members access EAP or other support as required

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1.9 Property & Infrastructure Manager

PROPERTY & INFRASTRUCTURE MANAGER		
Worksheet for use during a Property & Infrastructure Incident only		
Reports To	Incident Controller	
Name		
Date	**Start Time**	**IC Mtg Time**
PROPERTY & INFRASTRUCTURE MANAGER IS RESPONSIBLE FOR:		
Providing/managing information between P&I response and the incident management team		
	Receive briefing from Incident Controller or outgoing P&I liasion	
	Provide infrastructural overview	
	>incident impact	
	>Service response & escalation capacity	
	>Duration of and stage of response	
	>external providers update	
	>potential incident progression	
	Commence/maintain activity log	
	Identify/log service risks & mitigation strategies to be implemented	
	Represent service/s at incident management meetings	
	Provide situation reports back to service highlightling critical issues & working with the service to manage these	
	Provide all worksheets to Planning & Intelligence for collation, storage & use in event review process	
	Ensure attendance at hot debrief	
	Provide response feed back for event review	
	Access EAP or other support as required	
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1.10 Internal Service - Liaison

INTERNAL SERVICE LIAISON									
Rad	ED	Phar	Critical	Lab	Blood	Allied	OT		
Reports To				**Incident Controller**					
Name									
Date			**Start Time**			**IC Mtg Time**			

INTERNAL SERVICE LIAISON IS RESPONSIBLE FOR:	
Managing information flows between clinical & clinical support area/s and the incident management team	
	Receive briefing from Incident Controller or outgoing liasion
	Assess information relevant to your areas response
	?Nature of the incident
	?Service response & escalation capacity
	?Duration of and stage of response
	?Numbers - casulaties/affected persons
	Commence/maintain activity log
	Identify/log service risks & mitigation strategies to be implemented
	Represent service/s at incident management meetings
	Provide situation reports back to service highlightling critical issues & working with the service to manage these
	Provide all worksheets to Planning & Intelligence for collation, storage & use in event review process
	Ensure attendance at hot debrief
	Provide response feed back for event review
	Access EAP or other support as required
	Page 1

1.11 St John Liaison

ST JOHN LIAISON					
Reports To			**Incident Controller**		
Name					
Date			**Start Time**	**IC Mtg Time**	
St JOHN LIAISON IS RESPONSIBLE FOR:					
Establishing & facilitating communication / coordination between the St John and Waikato Hospital responses					
	Receive briefing from Incident Controller or outgoing St John Liasion				
	Assess/obtain relevant information				
	?Nature of the incident				
	?Service response & escalation capacity				
	?Duration of and stage of response				
	?Numbers - casulaties/affected persons				
	Commence/maintain activity log				
	Identify/log service risks & mitigation strategies to be implemented				
	Represent service at incident management meetings				
	Provide situation reports back to service highlightling critical issues & working with the service to manage these				
	Establish liaison with Operations team to identify patients likely to be moved to external facilities				
	Identify agencies/other facilities likely to be involved & work with Logistics Manager to establish communication & information flows				
	Establish external communication schedule in line with Incident Response Mtgs				
	Act as information conduit between St John and hospital responses				
	Provide St John input into Situation Report (METHANE) and plan activity in line with the Incident Action Plan				
	Provide worksheets to Planning & Intelligence for collation and storage & use in event review process				
	Ensure attendance at hot debrief				
	Provide response feed back for event review				
	Access EAP or other support as required				
				Page 1	

1.12 Civil Defence Liaison

CIVIL DEFENCE LIAISON		
Reports To	Incident Controller	
Name		
Date	**Start Time**	**IC Mtg Time**

CIVIL DEFENCE LIAISON IS RESPONSIBLE FOR:	
Establishing & facilitating communication between the hospital/WDHB response & the Civil Defence response	
	Receive briefing from Incident Controller or outgoing CD liasion
	Assess/obtain/update relevant information
	?Nature & development of the incident
	?Service response & escalation capacity
	?Duration of and stage of response
	?Numbers - casualties/affected persons
	Commence/maintain activity log
	Identify/log CD support / risks & mitigation strategies to be implemented
	Represent CD at incident management meetings
	Provide situation reports back to CD highlightling critical issues & working with the service to manage these
	Establish liaison with Operations team to identify CD Operational support
	Identify agencies/other facilities likely to be involved & work with Logistics Manager to establish communication & information flows
	Establish external communication schedule in line with Incident Response meetings
	Maintain information flows between CD & hospital response groups
	Provide CD information to Planning & Intelligence for inclusion in the Situation
	Plan activity in line with the Incident Action Plan
	Provide worksheets to Planning & Intelligence for collation and storage & use in event review process
	Ensure attendance at hot debrief
	Provide response feed back for event review
	Access EAP or other support as required or mandated by CD protocol
	Page 1

1.13 External Service Liaison

EXTERNAL AGENCY LIAISON	
Agency	
Reports To	**Incident Controller**
Name	

Date		**Start Time**		**IC Mtg Time**	

EXTERNAL LIAISON IS RESPONSIBLE FOR:	
Establishing & facilitating communication with external agencies	
	Receive briefing from Incident Controller or outgoing liasion
	Assess/obtain relevant information
	?Nature /status of the incident
	?External service response & escalation capacity
	?Duration of and stage of response
	?Numbers - casulaties/affected persons
	Commence activity log
	Identify/log agency/service risks & mitigation strategies to be implemented
	Represent agency/service at incident management meetings
	Provide situation reports back to service highlightling critical issues & working with the service to manage these
	Establish liaison with Operations team to identify patients potentially requiring external repatriation/transport
	Identify agencies/other facilities likely to be involved & work with Logistics Manager to establish communication & information flows
	Establish external communication schedule in line with Incident Response meetings
	Other activity as related to the external service being represented
	Provide worksheets to Planning & Intelligence for collation and storage & use in event review process
	Ensure attendance at hot debrief
	Provide response feed back for event review
	Access EAP or other support as required
	Page 1

1.14 Operations Manager

OPERATIONS MANAGER		
Reports To	Incident Controller	
Name		
Date	**Start Time**	**IC Mtg Time**

OPERATIONS MANAGER IS RESPONSIBLE FOR:
Direction and coordination of operational response
Establish clinical response teams dependant on scope of response
Collate Operations team Situation Reports into Operations feed back to IM Meetings
Maintain overview of operations risks, identify mitigation strategies and escalate as required
Maintain clinical & staff overview & escalate issues as they arise

	Receive briefing & Duty Card from Incident Operations Manager
	Determine need for additional operations roles & contact appropriate staff to facilitate these
	?Clinical Coordinator
	?Rapid Discharge Coordinator
	?Staff Coordinator
	?Other
	Establish Operations team meeting schedule in line with IM mtg schedule
	Identify/establish Operations work area & assess any resource requirements to support operations response
	Establish/maintain Operations activity log/worksheet
	Maintain overview of operations response including risk assessment, escalation & mitigation planning
	Complete/update Operations Situation Reports & provide concise updates to IM Mtg
	Maintain ongoing assessment of hospital/areas ability to return to business as usual & advise IC of potential timelines
	Forward support requests to Logistics
	Provide all Operations worksheets to Planning & Intelligence for collation, storage & use in event review process
	Ensure team attendance at hot debrief
	Provide operations response feed back for event review
	Ensure team members access EAP or other support as required
	Page 1

1.15 Clinical Coordinator

CLINICAL CO-ORDINATOR		
Reports To	**Incident Operations Manager**	
Name		
Date	**Start Time**	**IC Mtg Time**

CLINICAL CO-ORDINATOR IS RESPONSIBLE FOR:
Co-ordination of the inpatient response related to the incident
Collate/maintain patient census & potential capacity options
Provide leadership in areas where
1] an experienced senior nurse is not available
2] an area is opened to accommodate additional or displaced inpatients
Provide clinical liasion between clinical areas & Incident Management team

	Receive incident overview & response to date handover
	Confirm ward/unit co-ordinators & gain/maintain census & associated staffing required
	Establish staff briefing schedule & ongoing information required for these
	Establish link with Clinical Advisor and define interlinked work/assessment processes
	Review inpatient status & identify areas for immediate assistance
	Assess staffing requirements in relation to projected ward/unit occupancy & liaise with Staff Coordinator to achieve appropriate roster cover
	Undertake ongoing risk assessmnent, define initial mitigation strategies & escalate as required
	Liaise with Bed Manager for patient placement decisions where required
	Assess ability/need to maintain additional open areas over next 12-24hrs
	Collate & forward supplies and equipment requests to Logistics
	Assist with clinical decisions re rapid decant to another area or discharge
	Provide updated information to Rapid Discharge Co-ordinator
	Assist to achieve rapid decant/discharge with decision making/paperwork etc
	Assist with organising the transfer of patients to other hospitals
	Work with Incident Operations Manager to define repatriation plan and return to business as usual
	Maintain activity log including risk assessment and handover priorities
	Provide all worksheets to Operations Manager for collation into Operations response for storage & use in event review process
	Encourage clinical & admisistrative team attendance at hot debrief
	Provide clinical coordinator response feed back for event review
	Encourage clinical team members access EAP or other support as required

1.16 Rapid Discharge Co-ordinator

RAPID DISCHARGE COORDINATOR		
Reports To	**Incident Operations Manager**	
Name		
Date	**Start Time**	**IC Mtg Time**

RAPID DISCHARGE COORDINATOR IS RESPONSIBLE FOR:
Access and collate predicted discharge numbers by ward/unit
Identification of transfer/decant and/or waiting areas
Initiate/co-ordinate opening of staging areas where these are closed
Assess/identify transport requirements
Co-ordination of placement of discharged patients
Facilitate care transfers of patient for further medical treatment.

	Receive initial briefing and Duty Card from Incident Operations Manager or outgoing Rapid Discharge Coordinator
	Access & review discharge projection data to determine priority target areas
	Access further information to target any fast turn around options
	Assess requirement for Clinical Advisor rapid discharge round & request this as a priority, assisting as required
	Assess internal /external transport requirements & request Logistics manager to negotiate these
	Identify/assess community support requirements & request Operations or Logistics Manager to undertake initial stakeholder notification
	Identify requirement to establish decant/staging area & request Operations or Logistics Manager initiate processes for establishing these -consider
	>Location - ? DOSA/Medihotel/Bed/HRH
	>Staffing [nursing/external agency/volunteer]
	>Arrange external stakeholders to be notified of additional collection points
	>Request logistics/operations to arrange internal notifications/supplies etc
	Establish tracking templates & ensure electronic movements are completed
	Provide updated information at times required by Operations to feed to IM Mtgs
	Request assistance as required
	Monitor impact on areas providing capacity & identify/escalate constraints for consideration at IM Meetings
	Monitor rapid discharge/decant effectiveness
	Establish initial repatriation plan
	Liaise with Clinical Coordinator, Clinical Advisor & Staffing Co-ordinator
	Review processes/outcomes and recommend updates for templates, escalation plans & rapid discharge plan in line with event review
	Identify/record/escalate risks or issues related to rapid discharge processes
	Provide handover with associated management plan, risk assessment and handover sheet

1.17 Staff Coordinator

STAFFING CO-ORDINATOR		
Reports To	**Incident Operations Manager**	
Name		
Date	**Start Time**	**IC Mtg Time**

	STAFFING CO-ORDINATOR IS RESPONSIBLE FOR:	
	Assessing additional staff requirements over the duration of the incident	
	Monitoring the health & welfare of involved staff	
	Providing additional rosters where staff cover is required or inadequate	
	Liaising with clinical teams to assess additional roster requirements	
	Liaision with Human Resources, Health & Safety and Infection Control re staff & roster	
	Receive incident overview & response to date handover	
	Confirm Operations response meeting schedule	
	Identify staff groups being covered & access roster and call sheets	
	Identify and reserve area for staff to report to	
	Request administration assistance as required	
	Assess staffing requirements in relation to projected ward/unit occupancy & liaise with ward/unit coordinators to achieve adequate roster cover	
	Undertake ongoing risk assessment, define initial mitigation strategies & escalate as required	
	Liaise with Bed Manager to identify staff & specific staff critical areas	
	Assess ability/need to staff additional open areas over next 24hrs	
	Maintain Activity Log including risk assessment & handover priorities	
	Assist with clinical decisions re staffing availablity/type	
	Assign staff escorts for patients on transfer to other hospitals as required	
	Work with Incident Operations Manager to define staffing plan and return to business as usual	
	Liaise with external providers to gain additional staffing resource	
	Provide all worksheets to Operations Manager for collation into Operations response for storage & use in event review process	
	Attendance at hot debrief	
	Provide staffing coordinator response feed back for event review	
	Encourage affected staff to access EAP or other support as required	

1.18 Logistics

LOGISTICS		
Reports To	Incident Controller	
Name		
Date	**Start Time**	**IC Mtg Time**

LOGISTICS IS RESPONSIBLE FOR:		
Provision and coordination of the resources required to support the incident response		
Establish & support the non clinical service response		
Liaise with external providers and facilitate their interaction with the incident response		
Collate the Logistics teams Situation Reports into the Logistics feedback at IM meetings		
Maintain overview of the logistics response and identify any associated risks		
Maintain survellience of the logistics response team and escalate issues as they arise		
	Receive briefing & Duty Card from Incident Controller or outgoing Logistics	
	Review need for additional Logistics roles within the team	
	*Reconciliation Team Leader	
	*Supplies Team Leader	
	*Hotel Services Team Leader	
	*Facilities Team Leader	
	*Information Services Team Leader	
	Establish Logistics team leader meeting schedule in line with IM meeting schedule	
	On receipt of the Incident Action Plan, develop plans with each Logistics Team leader drafting requirements and ability to meet these.	
	Identify/establish Logistics work area and assess any resource requirements to support Logistics response	
	Maintain Logistics Activity Log	
	Maintain overview of Logistics response including risk assessment, escalation & mitigation planning	
	Complete/maintain up to date Logistics Situation Reports & provide concise updates to IM meetings	
	Maintain ongoing assessment of resource requirements & impact and ability to return to business as usual	
	Provide all Logisticcs worksheets to Planning & Intelligence for collation, storage and use in the event review process.	
	Ensure team attendance at Hot Debrief	
	Provide Logistics feed back for event review	
	Ensure team members access EAP or other support as required.	
	Page 1	

1.19 Reconciliation

RECONCILIATION TEAM LEADER		
Reports To	**Logistics Team Leader**	
Name		
Date	**Start Time**	**IC Mtg Time**

RECONCILIATION TEAM LEADER IS RESPONSIBLE FOR:
Establishing reconciliation team & processes
*identifying & tracking victims not requiring admission to hospital
*maintaining a secure environment to protect, support & reunite family/Whanau of victims
*survellience of clinical & emotional condition of attendees & refer for clinical intervention if required
*provide tracking & secure storage of attendees & victims belongings
*accessing & providing updated information to family/Whanau
*escalating requirements for transport and/or lodgings
*liaison with other responders via internal and external IM team portfolios
>Civil Defence
>Red Cross incl international for national or international events
>HW EOC

	Receive briefing from Logistics Manager or outgoing Reconciliation Team Leader
	Confirm Logistics team meeting schedule in line with IM meeting schedule
	Review current Incident Action Plan & develop reconciliation plan, drafting requirements and ability to meet these.
	Establish Reconciliation work area and assess resource requirements to support response
	>establish reconciliation area in BEC accessing sufficient rooms for size/type of response
	>provide secure room for police interviews
	>provide lockable room for secure storage of luggage etc. Establish luggage etc tracking log
	>establish reception area & process for logging and tracking attendees
	>establish self service tea & coffee facility
	>liaise with Nutrition & Food services for supplies
	> request security personnel to monitor all entry/egress to reconciliation areas
	> ensure signage is in place
	>access hospital interpreting process & request appropriate interpreters or alternatively establish contact with Language Line
	>Identify secure victim/attendee collection location
	Maintain Reconciliation Activity Log
	Maintain response overview incl risk assessment, escalation & mitigation planning
	Maintain up to date Recon Situation Reports & provide concise updates to Log Mgr for IM meetings
	Assess resource requirements incl ability to reduce/close down reconciliation response
	Provide all worksheets to P&I for collation, storage and use in the event review process.
	Ensure team attendance at Hot Debrief
	Provide Reconciliation feed back for event review
	Ensure team members access EAP or other support as required.

1.20 Supply Team Liaison

SUPPLY LIAISON			
Reports To		**Logistics**	
Name			
Date		**Start Time**	**IC Mtg Time**
SUPPLY LIAISON IS RESPONSIBLE FOR:			
Responding to supply requests, maintaining and adjusting imprest, mobilising special supplies and keeping suppliers informed of supply demand			
Areas to consider include			
Central Sterilising Unit (CSU)		Purchasing & Distribution	
Emergency Stores		Clinical Equipment Pool (CEP)	
External Suppliers		Burns Packs	
Pandemic Supplies		Other as defined by the incident	
	Receive briefing from Logistics or outgoing Supply Liasion		
	Commence/maintain activity log		
	Identify/log service risks & mitigation strategies to be implemented		
	Provide updates to Logistics for incident management meetings		
	Provide situation reports back to supply services highlightling critical issues & working with the service to manage these		
	Provide all worksheets to Planning & Intelligence for collation, storage & use in event review process		
	Ensure attendance at hot debrief		
	Provide response feed back for event review		
	Access EAP or other support as required		
			Page 1

1.21 Hotel Services Liaison

HOTEL SERVICES LIAISON		
Reports To		**Logistics**
Name		
Date		**Start Time**		**IC Mtg Time**	
HOTEL SERVICES LIAISON IS RESPONSIBLE FOR:		
Responding to accommodation & supply requests, maintaining and adjusting capacity & supply based on incident response		
Areas to consider include;		
Nutrition & Food Services		Laundry
Cleaning		Accommodation
Other as defined by the incident		
	Receive briefing from Logistics or outgoing Hotel Services Liasion	
	Commence/maintain activity log	
	Identify/log service risks & mitigation strategies to be implemented	
	Provide updates to Logistics for incident management meetings	
	Provide situation reports back to supply services highlightling critical issues & working with the service to manage these	
	Provide all worksheets to Planning & Intelligence for collation, storage & use in event review process	
	Ensure attendance at hot debrief	
	Provide response feed back for event review	
	Access EAP or other support as required	
		Page 1

1.22 Facilities Liaison

FACILITIES LIAISON		
Reports To		**Logistics**
Name		
Date		**Start Time**	**IC Mtg Time**	

FACILITIES LIAISON IS RESPONSIBLE FOR:		
Responding to facility requests, to support response, maintaining and adjusting capacity & supply based on incident response		
Areas to consider include;		
Mortuary	Property & Infrastructure	
Security	Parking	
Fleet	Other depending on type of incident	
	Receive briefing from Logistics or outgoing Facilities Liasion	
	Commence/maintain activity log	
	Identify/log service risks & mitigation strategies to be implemented	
	Provide updates to Logistics for incident management meetings	
	Provide situation reports back to supply services highlightling critical issues & working with the service to manage these	
	Provide all worksheets to Planning & Intelligence for collation, storage & use in event review process	
	Ensure attendance at hot debrief	
	Provide response feed back for event review	
	Access EAP or other support as required	

1.23 Information Liaison

INFORMATION LIAISON	
Reports To	**Logistics**
Name	

Date		**Start Time**		**IC Mtg Time**	

INFORMATION LIAISON IS RESPONSIBLE FOR:	
Responding to facility requests, to support response, maintaining and adjusting capacity & supply based on incident response	
Areas to consider include;	
Clinical Records	Patient Labels
Voice Communications	Information Services
Clinical Coding	Clinical Typists
Other as defined by the incident	
	Receive briefing from Logistics or outgoing Information Liasion
	Commence/maintain activity log
	Identify/log service risks & mitigation strategies to be implemented
	Provide updates to Logistics for incident management meetings
	Provide situation reports back to supply services highlightling critical issues & working with the service to manage these
	Provide all worksheets to Planning & Intelligence for collation, storage & use in event review process
	Ensure attendance at hot debrief
	Provide response feed back for event review
	Access EAP or other support as required
	Page 1

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2.1 Incident Activity Log

WDHB Event Log/Message Summary				
Incident Management Meeting Agenda				
	Situation Report			
	People			
	Facility			
	Event Prediction			
	Safety (patients, public, staff)			
	Potential/actual level of disruption predicted			
	Media Management-staff/public messages			
	IMT Assembled			
	Incident Action Plan			
Incident Management Meeting -update report				
	Notes	**Assigned To**	**Review**	**% Complete**
	Incident Controller			
	Clinical Advisor			
	Health & Safety			
	Media & Communications			
	Operations			
	Clinical Coordination			
	Staff Coordination			
	Logistics			
	Supplies			
	Equipment			
	Security			
	Transport			
	Utilities			
	Finance			
	Reconciliation			
	Planning & Intelligence			
	Recovery Plan			
	Internal Contacts (list)			
	External Contacts (list)			
Next Incident Management Meeting [date/time]				

2.2 Situation Report

<table>
<tr><td colspan="5" align="center">Situation Report</td></tr>
<tr><td colspan="5">Incident Name:</td></tr>
<tr><td colspan="2">Date:</td><td>Time:</td><td colspan="2">Sitrep No:</td></tr>
<tr><td colspan="2">Prepared By:</td><td>Contact telephone:</td><td colspan="2">Contact email:</td></tr>
<tr><td colspan="2">Next Sitrep to be issued at:</td><td>Time:</td><td colspan="2">Date:</td></tr>
<tr><td colspan="2">Organisation or Team Name:</td><td colspan="3">Incident Controller:</td></tr>
<tr><td colspan="2">EOC Location:</td><td>EOC Telephone:</td><td colspan="2">EOC email:</td></tr>
<tr><td colspan="5">Situation Report Released to:</td></tr>
<tr><td colspan="5"></td></tr>
</table>

Event details:

Situation Summary:

Overall Goal:

Assessment:

Critical issues

Checklist:
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- .
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Actions Taken
Planning and Intelligence:

Checklist:
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Actions Taken
Operations:

Summary

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Actions Taken
Logistics:

summary

Checklist:

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Actions Taken
Liaison:

summary

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Actions Taken
Communications:

Internal:

- .
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External:

- .
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- .
-

Resources:
Resources In place:
Resources that may be required:

Actions Taken:
Factors:
Predicted Incident Development:

Proposed Activities:
Proposed activity general:
Proposed activity and strategy:

Information Flow:

Communications Plan:
• Available
• unavailable

Public Information (Includes information for staff):

Other relevant information:

Situation Report Approved by:		
Name & Position:	**Time:**	**Date:**

INFRASTRUCTURE ASSESSMENT
(tick only where appropriate)

No damage; all utilities fully functional:

	True	False
		☐

If false:

		None	Severe	Moderate	Isolated
1.	Structural Damage		☐	☐	☐
2.	Fire		☐	☐	☐
3.	Flooding		☐	☐	☐

		Not Fully Functional	Partially Functional
4.	Power	☐	☐
5.	Generators	☐	☐
6.	Water Supply	☐	☐
7.	Sewage	☐	☐
8.	Communications	☐	☐
9.	Gas Supply	☐	☐
10.	Other Utility (please identify):		

		Not Fully Functional	Partially Functional
11.	Overall Operational Status is:	☐	☐

SERVICE AVAILABILITY
(tick only where appropriate)

All services fully functional:

	True	False
		☐

If false:

		Not Fully Functional	Partially Functional
12.	Emergency Department	☐	☐
13.	Satellite ED	☐	☐
14.	Operating Theatres	☐	☐
15.	Recovery	☐	☐
16.	Radiology	☐	☐
17.	Laboratory	☐	☐
18.	Pharmacy	☐	☐
19.	Decontamination	☐	☐
20.	Vehicles / Transport	☐	☐
21.	Mortuary	☐	☐
22.	Pathology	☐	☐
23.	Catering	☐	☐
24.	Laundry	☐	☐
25.	Sterilisation	☐	☐
26.	Blood Products	☐	☐
27.	*Other Services*		
	Service Name	☐ ☐	☐
	Service Name	☐ ☐	☐
	Service Name	☐ ☐	☐

PERSONNEL ASSESSMENT
(tick only where appropriate)

		Critical Shortage
28.	ED Doctors	☐
29.	Intensivists	☐
30.	General Surgeons	☐
31.	Orthopaedic Surgeons	☐
32.	Specialist Surgeons	☐
33.	Operating Theatre Staff	☐
34.	Physicians	☐
35.	Registered Nurses *(specify type)*	☐
		☐
		☐
		☐
36	Health Care Assistants	☐
37.	X-ray Staff	☐
38.	Lab Staff	☐
39.	Clerical Staff	☐
40.	Other:	
		☐
		☐
		☐

BED AVAILABILITY

		Available (Can Admit)	Critical Shortage
41.	ICU	_____	☐
42.	Medical	_____	☐
43.	Surgical	_____	☐
44.	Maternity	_____	☐
45.	Burns	_____	☐
46.	Paediatric	_____	☐
47.	Other:	_____	☐

CASUALTY INFORMATION
(in last 24 hours)

48.	Patients Treated as Outpatients	_____
49.	Patients Admitted	_____
50.	Patients Awaiting Treatment	_____
51.	Patients Discharged	_____
52.	Deaths	_____

CAN THIS HOSPITAL RECEIVE AND TREAT PATIENTS WITH?

		Yes	No
53.	Injuries	☐	☐
54.	Infectious Diseases	☐	☐

If Yes please Specify Below

Additional Information (elaborate or comment on any of the above)

2.3 Incident Action Plan Template
Example only

Incident name:		Incident Action Plan (*add plan number*)		
Location: Date: Time:		**Situation summary:**		
Priority (high/med/low)**:** ICP Location: Contact details:		**Incident Objective:**		
Plan of action/strategy:	**Critical elements** (Note what must happen, when it is required and who is responsible)**:**	**Resource needs** (Note who will provide what and when they will do it)**:**	**% completed**	
Information Flow (Who needs to know and who has the information we need)**:**	**Communications plan (**Technical i.e. frequencies, cell phone numbers, etc.)**:**	**Plan to be updated:** **Time:** **Plan prepared by:** **Plan approved by:** **Incident Controller:**		

2.4 Incident Meeting Guidelines

Guideline for Incident Controller Managing an Incident Management Meeting

The incident management meeting should only be attended by the key CIMS roles. Each CIMS role will provide a report including issues and risks collated from their operational team

Attendance	Function
Incident Controller	Facilitate Incident Managment meetings, provide ongoing risk assessment, priority setting, decision making & escalation, senior notifications, direction & overview of the response. Provide media statements and attend media conferences. Maintain health & safety survellience of response team.
Planning & Intelligence	Documentation, collation, trending & assessing event & response information. Disseminate meeting notes, situation reports, actions plans, tasks assigned, action required by whom. Assist with collation, filing and storing CIMS activity logs. Initiate event review process in conjunction with EOC Administrator. Work with Incident Controller in completing interim & final incident reports
Operations	Provide Operations report collated from operations team including clinical staffing, rapid discharge, clinical coordinator, cluster updates, issues, risks etc. In major clinical responses there may be a clinical delegation within Operations who will also attend the mtg
Logistics	Provide logistics report collated from facility/hotel services, security, mortuary etc teams. Provide Reconciliation response report. Collate & report potential impact on services eg blood supply, emergency stores, purchase and supplies, mortuary capacity etc.
Media & Communications	Report on internal and external communication strategy. Identify any response risks. Liaise with media, issue media statements and schedule media conferences. Maintain communications contacts/issues list (Internal & external)
Clinical Advisor	Assessement of clincial issues and response actions required by CIMS team.
Internal Liaison	Update the IMT with interrnal response services / departments situation / information. Requests for assistance / information, offers of assistance
External Liaison	Update the IMT with external response agencies situation / information. Requests for assistance / information, offers of assistance, incoming patients. St John, Police, Fire, Civil Defence
Health & Safety	Provide assessment of portental health & safety issues and mitigation stragegies to date or to be put in place. Review of potential staff support requirements/impacts & draft plans to address these.
EOC Administration	Work with Planning and Intelligence documenting meetings and informal discussions. Set up appointments, clear and copllate emails & other communications. Collect, collate, file CIMS activity logs following meetings and/or handover. Initiate Event Review schedule, send out feed back forms, collate and prepare for event review and final report.

2.5 Incident Meeting Standard Agenda

Incident Meeting Standard Agenda

<table>
<tr><td></td><td>Incident Management Team Meeting</td><td>Date: 0 Month Year
0000 – 0000 hours
EOC
Waikato DHB</td></tr>
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Incident Controller: **Documentation By:**

Attendees:

Apologies :

Please bring: Situation Report, CIMS documentation

Agenda items	
Topic	**Led by:**
1. Matters arising from last meeting (see minutes discuss in your update)	IC
2. Response Overview/Situation Report including updated activity and incident response. Include any National or local community response feedback/impact	Planning and Intelligence
3. Operations • Clinical Overview & Issues requiring action • Staffing – all groups • Predicted Incident actions / Risk Factors / Management options • Predicted resource requirements –staff/beds/external etc.	Operations
4. Logistics update • Logistics issues requiring action • Facilities/Equipment • Supply • Hotel Services	Logistics

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• Information Services • Reconciliation • Predicted Incident actions / Risk Factors / Management options	
5. Safety • Predicted Incident actions / Risk Factors / Management options	Safety
6. Liaison (Internal & External) • Update from external agencies • Predicted Incident actions / Risk Factors / Management options	Liaison
7. Clinical Advisor • Update incl external Clinical resource (GP's etc.) • Predicted Incident actions / Risk Factors / Management options	Clinical Advisor
8. Communications • Internal • External • Media	Comms

	Incident Controller

9.   Incident Controller
 	
    ●   Recap Incident status & management plan
 	
    ●   Highlight Risk Factors & probable management options
 	
Actions to be followed up:	

10. **Other Business** General business **INCIDENT DOCUMENTATION TO BE HANDED TO PLANNING & INTELLIGENCE AT END OF MEETING FOR COLLATION**	

Meeting schedule: Next meeting Time Date		**IC**
Date	**Place**	**Minutes:** Sent at

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APPENDIX 3 INCIDENT DEBRIEF & REVIEW PROCESSES

3.1 Incident Response Debriefing

Incident debriefing is a vital component of incident response and recovery. This will provide a forum for staff to communicate their experiences and for the incident management team to capture learning's and identify potential impacts on the incident responders.

The Incident Controller will schedule 'hot' debrief sessions during extended incident responses, e.g. greater than 5 -7 hours. These sessions should occur wherever possible prior to staff going off duty.

At all debrief sessions the Incident Controller will ensure documentation is captured

At Stand Down or as soon as possible after the incident, debriefing sessions are to be organised for all staff involved in the emergency response.

Attendees at debriefing sessions may include:
- ❑ Incident Management Team
- ❑ Emergency Operations Centre staff
- ❑ Emergency Department Staff
- ❑ Radiology
- ❑ Laboratory
- ❑ NZ Blood Services/blood bank
- ❑ Wards
- ❑ ICU/HDU
- ❑ Theatre
- ❑ Security
- ❑ Orderlies
- ❑ Reconciliation Team
- ❑ Any other staff involved in the response
- ❑ Other external agency staff as agreed / appropriate (e.g. Emergency Service staff)

The Incident Controller in conjunction with the Incident Management Team / External Agencies Liaison in the Emergency Operation Centre and representatives of Emergency Services will make the decision as to who may need to attend the Event Debriefing

EAP is available to all staff.

1. Event Review

An Event Review should also take place as soon after the incident as possible. The aim is to review the way the incident was managed, to review and update the EM Plan, and to complete a report for the CEO and Board.

3.2 Facilitator Event Review Template

FACILITATOR DEBRIEF FORM FOR CRITICAL EVENTS

Date: **Site and/or Service:**

Name of facilitator:

Brief description of event:

Names of staff involved:

Checklist for facilitator:

☐   Provision of a quiet room, with undisturbed time for debriefing;

☐   Clarify the purpose of the meeting, i.e. not to find blame but to gain an understanding of the event and provide an opportunity for off-loading thoughts and feelings;

☐   Prepare and provide a brief overview of the incident;

☐   Encourage attendees to describe their involvement, especially their thoughts and feelings about what happened and how it was managed;

☐   If the situation warrants it, encourage staff to acknowledge the symptoms of their own stress and normalise it. It was the event that was abnormal.

☐   Gain facts about the event and possible learning opportunities or service improvements that could be made.

☐   Ensure that staff member acknowledge what support is available for them, i.e. spouse, co-workers, EAP, etc.

☐   Note which staff may require further support and follow up.

☐   Thank staff for their response to the event and participation in the debriefing process.

☐   Discuss the four aspects on the form attached, and ask the participants to complete each section.

☐   Collate a final report using the information provided.   Identify what went well and any areas for improvement.

3.3 Participant Event Review Template

Organisational Debrief

Name of Incident:	Date of Incident:

Aims:
- i) To provide a mechanism for staff to communicate their experiences of the emergency so that lessons can be identified.
- ii) To identify strengths and weaknesses of current systems and plans.
- iii) To identify areas for future learning.
- iv) To capture ideas for future responses

1. What were the worst aspects of the response and how do you think these could be managed differently?

a)
b)
c)

2. What were the best/most successful aspects of the response and why?

a)
b)
c)

3. the most significant things I have learnt from this event have been:

4. If I was involved in another incident response I would:

The Clinical Operations Plan (COP) is the Waikato Hospital response process when a Mass Admission Incident occurs. The Waikato Hospital Emergency Department Mass Casualty plan provides the front door response to a mass admission incident. The clinical operations plan dovetails with the Emergency Department clinical response and provides the ongoing clinical management processes.

Overview

Mass Casualty Incident's (MCI's) are defined by the presentation of patients in sufficient numbers, within a sufficient time period, and of sufficient acuity to exceed the resources both physical and human to provide an acceptable level of care at that time. Incidents generating such situations are often as a result of natural disasters, or large motor vehicle crashes generating multiple patients with traumatic injuries, however public health incidents such as infectious disease outbreaks are equally capable of generating an MCI.

Dealing with mass casualty incidents requires a reorientation of care provision to ensure that appropriate care can be provided to the maximum number of patients over the period of the incident. The Emergency Department work in conjunction with the pre hospital team/s providing assessment and care based on agreed criteria. The emergency team assessment process effectively streams patients into three treatment priority categories,

Immediate Triage 1   **Urgent Triage 2**   **Delayed Triage 3**

With each category relating to a defined physical location within the department with its own allocated response team. The detail of the Emergency Department response is detailed in the WH Emergency Department Mass Casualty Incident Response Plan.

Within Waikato Hospital a number of activities are initiated based on the Mass Casualty response decision. Whilst these define the hospital response there is a clinical management process which sits between but integrates the Emergency Department and Hospital responses. This is termed the Clinical Operations Response portion of the Mass Casualty Response Plan and provides a one way flow from the Emergency Department to patient end point via a number of possible locations, e.g. Radiology, CT Scanning, Theatre. Each casualty following their defined route will be escorted by a clinical needs defined team and will not return to the emergency department but will proceed to 1] Theatre, 2] Critical Care or 3] Inpatient wards bed 4] Mortuary 5] other

Once the decision to initiate a Mass Casualty Response, Voice Communications is instructed to activate notification/call back utilising the Mass Casualty Call Tree. Staff will be advised of the incident and requested to attend, either a] the emergency department b] their normal area of work, c] an identified assembly point, or d] to remain on standby.

The Waikato Hospital Mass Casualty Response process interfaces with the Waikato Hospital Emergency Department Mass Casualty Response Plan and each department emergency response plan (DERP) and Occupancy Escalation activities. The Coordinated Incident Management Structure (CIMS) established to manage the incident will coordinate these responses to maintain a global overview to support clinical areas to prepare for and manage each patient centric team to achieve optimum patient flow through diagnostic, intervention and ongoing treatment locations.

In order to achieve this, an On Call structure and escalation process exists within WH and is utilised as a day to day process providing the first step of escalation for any event.

Waikato Hospital CIMS Structure in a Mass Admission Incident

➢ Duty Nurse Manager (DNM) is notified of incident either by phone call or text message from St John (North Comms) Ambulance Control Centre, or internal notification by ED Coordinator/senior. At this point a decision is made to escalate to either a full or standby response. Call trees are immediately initiated via Voice Communications. DNM completes the Incident Notification Log, outlining the event and initial resource activity. They will also include the contact details of the initial ESCC Teleconference.

➢ Voice Communications initiate call tree, including call back within own team where minimal staff are on site.

➢ Duty Nurse Manager initiates the hospital response acting in the role of Incident Controller until the Hospital Manager is on site. At this time the DNM/HRBC Shift Coordinator will hand over to the Hospital Manager/Incident Controller including initial Incident Activity log & other information outlining completed work to date.

➢ The Nurse Manager on call will take handover from the DNM/HRBC Shift Coordinator or Hospital Manager and will initially undertake the Operations role – in the event the NM is on site prior to the hospital manager the NM will undertake the IC role.

➢ The Incident Controller will establish the CIMS structure to manage the response allocating roles to the most appropriate person available. Over time role leaders may changes, however the activity undertaken by a role does not vary.

➢ The Hospital Manager on call will take over the Incident Controller function

The WH Mass Casualty clinical response is led by the senior trauma surgeon who works in partnership with the ED senior on shift. These two roles provide a clinical oversight and patient management process. In the event a patient leaves the Emergency department for investigation or treatment they do not return. The patient will have a team assigned who will manage them through to the end point of the journey – ICU/Theatre/Ward etc. At the point the patient is taken over at the end point the team returns to the Emergency Department to be assigned to another patient.

Emergency Services Coordination Centre (ESCC) Teleconference
This is held soon after incident declaration occurs and is initiated and chaired by the St John Incident Controller and attended by the HW senior responder team. This will provide an overview of the national, community or local response and take cognisance of the health response for this site.

Within WH each department have a response plan which supports the escalation required to provide that services response. Each major department involved will provide a liaison role to the Incident Management Team. These departments include ED, Radiology, Theatre, Laboratory, Blood services, Critical Care, Mortuary. The information provided to the IM team prompts the hospital response via the CIMS structure /activity defined in Appendix 2 above. The ultimate goal being to maximise capacity within the identified clinical priority areas and ensure staffing and equipment is available. The response is led by the Incident Controller who oversees/supports the team facilitating the processes to maximise the capacity required to respond to both the business as usual activity and the incident victims.

As in any event where normal service delivery is interrupted/impacted a recovery process will be initiated to assess impact and establish the process for the services and/or hospital to return to business as usual. In major events a Recovery Manager will be appointed, however in smaller events this role may be delegated to one of the primary CIMS roles already in place or undertaken by the Incident Controller.

It is recognised that rapid capacity maximisation is a primary requirement in a mass admission response and to that end defined clinical roles are allocated to initiate/oversee patient movement to internal decant areas through to rapid discharge and movement to external facilities. In conjunction with this staff coordination may be moved to a more centralised model to review resource requirements to meet the incident surge in conjunction with decant and residual patient management. Allocation of a senior clinical role is seen as vital in order to support clinical prioritisation, decision making and clinical conflict resolution.

Once it is identified that services are able to return to normal activity the All Clear or Stand Down will be initiated. It may be evident that the Emergency Department is able to return to business as usual before other services are able to and these variances to the ongoing level of response will be considered by the Incident Controller in announcing the All Clear or Stand Down.

As in any incident response debriefing and event reviews will be undertaken. Following the event review the incident action plan and activity handbooks will be reviewed and updated in line with newly defined processes/requirements.