

# AMPLANZ Part 3:

## Ambulance Service Approach

For Ambulance Service Managers working in all areas of the emergency management cycle  
September 2016

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## 1.0 Introduction

AMPLANZ is divided into four parts plus an overview document. This is Part 3 and focuses on the activities to be undertaken by Ambulance Service Management in all areas of the emergency management cycle.

This document should be read in conjunction with Part 1: Introduction to AMPLANZ and Emergency Management for the Ambulance Sector and Part 2: Consistent Operations at the Scene.

## 2.0 Readiness and Reduction

### 2.1 Risk Management and Planning

All Ambulance Services are required to identify, analyse, treat and monitor all risks facing their organisations. An Ambulance Service's risk management policies and frameworks should be based on AS/NZS ISO 31000 Risk Management Principles and Guidelines<sup>1</sup>.

The major incidents covered by the AMPLANZ are normally considered as having risk of:

- low likelihood of occurrence
- high impact on normal business.

AMPLANZ certainly does not cover all aspects of risk management in an Ambulance Service. It focuses on the requirement to ensure that 'normal' services can be maintained and Ambulance Services are able to respond safely and appropriately to known hazards in the community. Therefore the focus here is on business continuity, tactical plans and their prioritisation, and coordination of plans.

For example: There are complex hazards that may require a health and therefore ambulance response. A number of these hazards, such as earthquakes, tsunami or floods, require significant national multi-agency coordination and response and need Civil Defence and Emergency Management lead planning. The nature and scale of the ambulance response would depend on the impact of the 'event' on the community. The Ambulance Services tactical response would be based on ensuring the ambulance management and communications are in place to support the community response as the incident unfolds. The welfare of staff and patients are central. The key preparedness activity by Ambulance Services would be based on appropriate and tested business continuity plans.

There are known hazards in the local area which may require a specific ambulance response. These may include, for example, bus accidents, viral outbreaks, incidents at large factory or business premises, airports, tunnels, health and age-care facilities, petro-chemical plants, and stadia etc. All plant, facility or infrastructure owners are required to manage their risks appropriately,

and agencies such as New Zealand Fire Service (NZFS) are required to develop tactical or operational response plans by law. The key preparedness activity by Ambulance Services will be to ensure appropriate tactical response plans are developed, exercised and communicated in coordination with other response agencies and the owners of the facilities.

#### 2.1.1 Business Continuity Planning

Ambulance Services are required to have comprehensive business continuity policies management (BCM) and processes in place that include the development and management, as well as testing, of plans. AS/NZS 5050:2010 and ISO/TS 22317:2015 are appropriate references for BCM Plans shall be developed for all stations, service departments (operations and support or core department) ensuring they are integrated across the service. Where risks are identified, the Ambulance Service will develop a strategy to treat these risks.

Business Continuity Plans (BCPs) shall be fully accessible to and understood by the appropriate staff across the Ambulance Service.

Appendix 11 provides examples of templates for station and department level BCPs.

#### 2.1.2 Ambulance Tactical Planning

Noting the risk context of AMPLANZ, there is a need to prioritise the mitigation of hazards according to the possible risk to the community, Ambulance Services and the health sector. To assist with prioritisation, the Ambulance Service will need to consider the following:

- Complexity, and therefore coordination requirements, of the incident. Issues that may further complicate the response include:
  - Communications issues
  - Requirements for specialist trained ambulance staff or services (e.g. SERT, CBR, mines rescue)
  - Risk to responding staff if not informed or trained in preparation for the incident
  - The need for a multi Ambulance Service or emergency service response
- Possible duration of the incident
- Number of patients and their acuity
- Impact on local health services
- Local Ambulance Service capacity and capability.

It is necessary for an Ambulance Service to develop, maintain and test ambulance tactical response plans for known hazards. Tactical plans shall complement

<sup>1</sup>This Standard supersedes NZS 4360:2004 Risk Management. NZS 4360 noted in NZS 8156 Section 3.5 page 19.

the Activation and Escalation Processes outlined in Part 2 Section 3.1 and cover:

- Location details for the site or hazard area
- Maps or plans
- Initial response actions by CCCS and Ambulance Managers
- Critical Information for the safety of crews and others
- Key Personnel details for the site authority or hazard area
- Details of hazards
- Review dates and responsibilities.
- Evidence of agreement with the site authority.

Tactical plans will be easily accessible to the CCCS dispatchers and responding ambulance management and crews at the time of the response. This shall include appropriate electronic access as well as hard copies.

Appendix 12 provides a template for local tactical plans.

### 2.1.3 Inter-agency Planning Inter-Ambulance Service Cooperation

There are a number of hazards and therefore risks shared between Ambulance Services that require a combined response from all.

For example: the northern Rimutaka Tunnel Train Incident (Wairarapa) may require a tactical response combining the resources of the Wellington Free Ambulance, St John, a number of air ambulance providers and possibly NZDF. There may be a requirement to activate national coordination mechanisms within the ambulance sector. A number of DHBs are also likely to be involved.

Therefore Ambulance Services are required to identify hazards, plan responses (management, clinical, communications, coordination), and test plans for such hazards. The aim will be to build an appropriate response, build inter-service operational relationships and develop coordination mechanisms.

#### Health Emergency Planning

Ambulance Services are required to integrate their emergency management planning with that of the DHBs. Likewise, the DHB Operational Planning Frameworks (OPF) notes that a DHB will ensure that all ambulance providers have plans and resources in place to ensure that their emergency responses are integrated, coordinated and exercised with the DHB's Health Emergency Plan (HEP).

As part of this, Ambulance Services will need to ensure the:

- Notifications systems in place are clearly specified including Ambulance to DHB but also DHB to Ambulance
- Role of medical staff in the pre-hospital setting is clearly specified
- Integration of all DHB provider arms with the Ambulance response, including specifically Public Health and Primary Care.

There is a requirement also for an alignment of the Ambulance Service plans with the National plans such as the National Mass Casualty Transport Plan.

#### Emergency Service, CDEM and private sector emergency planning

CDEM Groups have completed risk analysis of their regions and are developing contingency plans for the management of those risks and coordination in a response. These include, for example, initial and ongoing response, welfare and lifelines.

Police and Fire also have responsibilities to lead the response planning for significant hazards where they are the lead agencies.

There are also private sector agencies that are required to plan for major incidents in their operational areas.

Ambulance Services are required to coordinate their tactical plans with the lead agencies as part of the overall health response. This shall include clear agreements for cost recovery with the incident controller.

## 2.2 Exercising

A complete Ambulance Service Response, including the set up and activation of an ASEOC, shall be exercised in at least one major CDEM (Tier 3–4<sup>2</sup>) exercise as well as at least one major emergency services or health exercise each year.

Communication and activations systems shall be tested as appropriate for all exercises where there is a likelihood of a significant ambulance and health response.

All exercises shall be evaluated and results reported internally within the Ambulance Service. Lessons will be identified and shared. Processes will be developed to incorporate changes into the appropriate level of planning within the sector. This shall include the annual AMPLANZ review by Ambulance New Zealand.

<sup>2</sup>Ministry of Civil Defence Emergency Management (MCDEM) Tier 3 exercises test territorial local authority (TLA) and CDEM group (CDEMG) operations. MCDEM Tier 4 exercises test National Crisis Management Centre (NCMC), CDEMG and TLA operations. Both of these will require a service and national response from Ambulance.

## 2.3 Training and education

To enable a complete and effective Ambulance Service emergency response, appropriate members of the ambulance management team shall be trained in their initial response roles, the functioning and role of the ASEOC (Ambulance Service Emergency Operations Centre). Such training shall include, but is not limited to:

- CIMS 2 (minimum)
- Emergency Coordination Centre or Operations Centre management
- Leadership and On-call management roles for middle and senior management required as part of or in support of an ambulance response
- Specific training as developed / run by key partners, such as the Regional CDEM Groups, DHBs, MoH or MCDEM on specific roles E.g. Controllers' course, Liaison Managers' inductions
- Emergency Management Information System (EMIS) log in and basic use
- Specific in-house training on the set up and procedures of the local ASEOC.

Potential staff of an ASEOC shall include key managers and also support staff to undertake data entry and administration support functions.

Training needs analysis is required to further enhance the appropriateness of emergency management training and education within an Ambulance Service.

Training and education in emergency management for Ambulance Services shall align appropriately with competency frameworks and guidelines of other emergency service partners, as well as with Civil Defence and Emergency Management Agencies.

## 2.4 Review and Audit

The Ambulance Service Major Incident and Emergency plans, and the related operational procedures, shall be audited and reviewed as part of the Ambulance Service's quality management systems to ensure the notification, activation and management of a full and coordinated ambulance service response.

AMPLANZ will be reviewed annually to take into account local and internationally significant development and lessons identified or learnt. There will be a formal review of AMPLANZ no later than every three years. The Ambulance New Zealand Standards and Accreditation Committee has national responsibility for review of AMPLANZ on behalf of the Ambulance New Zealand trustees.

## 3.0 Response

### 3.1 Activations, Level of Response, and Notifications

The activation, levels of response and notifications for an Ambulance Service are detailed in AMPLANZ Part 2 Section 3.1.

### 3.2 Activation based on national and regional warnings

The Ministry of Health and the Ministry of Civil Defence and Emergency Management will send out notifications to all emergency management stakeholders in the health sector and the wider CDEM sector.

The CCCS are the single points of contact for the Ambulance Services.

The types of national notifications are noted in Appendix 13. The CCCS will receive these notifications and is responsible for cascading them to the Ambulance Sector.

The CCCS will inform all Ambulance Services and the appropriate level of response, service management and/or national coordination will be determined.

There are also Regional CDEM group or local authority notifications. The CCCS will receive these notifications and cascade appropriately to the Ambulance Services. Local Ambulance Service Management may also receive notification directly from local authorities and will ensure that the CCCS is informed.

**Note:** If there is an ambulance major incident response required, this will be activated and escalated using the process noted in Part 2 Section 3.1 and usually before MoH or MCDEM alerts have been received.

## 3.3 Communications

### 3.3.1 From an Ambulance Commander

The Ambulance Service Management will receive METHANE reports from the scene as soon as possible via the CCCS. For complex and / or long duration incidents, the Ambulance Commander will also develop Ambulance Action Plans to be part of the overall Incident Action Plan approved by the Incident Controller. See Part 2 Section 3.4.1.

### 3.3.2 From a health or CDEM EOC

In a health or CDEM emergency (e.g. pandemic or natural disaster etc), the Ambulance Service Management will receive sitreps, resource and information requests, and action plans. The Ambulance Service will be required to maintain communications remotely, or via a Liaison Manager, with the lead

agency and to contribute to briefings, provision of intelligence and action plans as appropriate.

### 3.3.3 Ambulance Operations Management briefing

All Ambulance Services shall maintain a procedure to ensure that all local senior operations managers and appropriate non-operations managers receive a briefing on the incident, be allocated roles/tasks, as appropriate, and develop the initial ambulance response.

This briefing should be separate to and before the CCCS briefing teleconference noted in Part 3 Section 3.3.4. This briefing is likely to be completed by teleconference.

### 3.3.4 Major Incident Notifications within Ambulance Services and to partner agencies

See Appendix 14 for a guideline on the Ambulance Service staff and health partner agencies who should receive notifications of Level 1, 2 or 3 major incidents.

The CCCS will maintain a Standard Operating Procedure to notify (via page/text) and then brief (via short teleconference):

- DHB operational points of contact
- Ambulance Service management who were not required to be part of the briefing noted in Section 3.3.3 above.
- Other appropriate response agencies (e.g. CDEM)

It is the responsibility of the Ambulance Services and the CCCS to maintain contact lists and test this notification system according to the Standard Operating Procedures.

### 3.3.5 Call back

All Ambulance Services shall maintain a procedure to ensure that all required operations and non-operations staff are able to be called back to assist in the operational response as appropriate.

## 3.4 Information management

### 3.4.1 Tools

To assist with the management of information during an incident, an Ambulance Service shall have appropriate tools to be used by duty management initially and then staff required to support a complex or prolonged response. These tools may include:

- Communication and Decision Logs
- Sitrep / METHANE reports
- Ambulance Action Plan (AAP)
- Resource tracking reports
- Mapping.
- ePRF

### 3.4.2 Emergency Management Information Systems (EMIS)

The Ministry of Health and the Ministry of Civil Defence Emergency Management both have EMIS. At the Ambulance Service level, the current EMIS is able to be accessed and utilised.

Ambulance Services shall develop and use the EMIS, in coordination with the MoH, DHBs and other response and emergency management agencies. The Ambulance Service will use the EMIS to ensure appropriate intelligence, planning and operational information, relating to the incident, is integrated and transparent across local and national responding agencies.

The CCCS shall ensure that the key information captured in the CAD is linked to the EMIS. Information available in the EMIS should also be easily accessible to key staff to inform decision-making with in the CCCS and ASEOC.

Ambulance Services shall also work towards ensuring that EMIS access is integrated into scene management.

### 3.4.3 Integration with the Incident Management Team

It is a requirement of CIMS that the information systems of all responding agencies be integrated to provide a single set of information. This will enable the Local or Regional Controller to maintain a comprehensive overview of the situation and therefore enable the development of appropriate incident action plans. To facilitate this, the Ambulance Service will:

- Provide the Controller with regular and comprehensive Ambulance sitreps
- Action specific orders from the Controller relating to the overall management of the incident while ensuring that appropriate patient care and ambulance staff safety is maintained
- Provide the Controller with the Ambulance Action Plan (AAP) and modify the AAP if necessary for the improved management of the overall incident while ensuring that appropriate patient care and ambulance staff safety is maintained
- Inform the Controller of changes to Ambulance resourcing
- Request, through the Controller, any non-ambulance resources required by Ambulance
- For complex and multi-Ambulance Service responses, where there is national coordination (see part 4), ensure the Ambulance sitreps, AAPs, and ambulance resource status/requirements are communicated to the Controller, the health EOC within the responding DHBs and National Health Coordination Centre (NHCC).

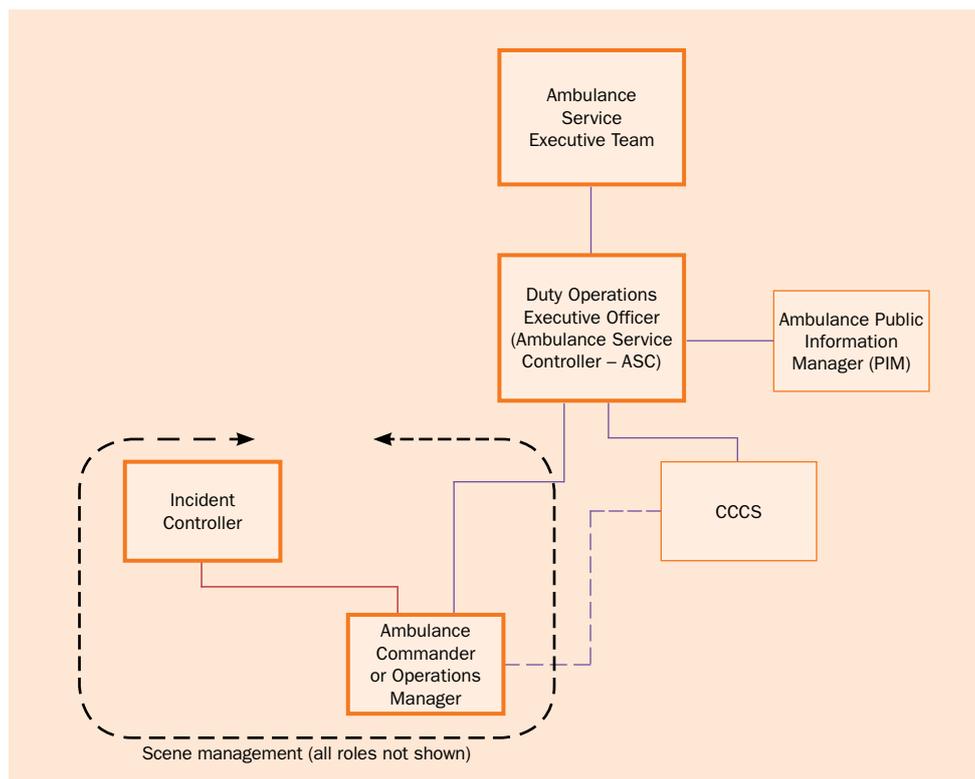
### 3.5 Ambulance Service Emergency Response Management Structure

This section provides Ambulance Service Managers with a guideline on the roles required and scale of the management structure that may need to be set up to manage two types of incident. These examples note the modular and expandable nature of CIMS.

#### 3.5.1 Simple Ambulance Service Emergency Response Management Structure

Simple command structure for Level 1 incidents or Open, Simple, Restricted or Controlled incident of short duration (< 4hrs) and a small number of patients (< 10 patients). See Figure 1.

**Figure 1: Simple Ambulance Service Emergency Response Management Structure**



- Control: provides coordination across agencies
- Command / Control: directs the operational response within an Ambulance Service at the scene
- - - Communications

This follows ‘business as usual’ management. In this case the majority of incidents will require minimal communications with, or coordination by, the Ambulance Service Controller (ASC). The ASC will be undertaken by the Duty Operations Executive Officer<sup>3</sup> on the declaration of a major incident of the Ambulance Service. Where there is an impact on normal operations, direction will be provided by the ASC.

The CIMS roles of Control, Logistics and Planning / Intelligence are undertaken by the ASC according to the requirements of the Ambulance Commander or Operations Manager at the scene. The ASC will decide if he/she requires extra support to undertake these roles.

The CCCS will follow business as usual management procedures across its national virtual structure to ensure management of the incident and normal service delivery.

Media inquiries will be managed by the Ambulance Public Information Manager (PIM) in coordination with incident lead agency media officer (e.g. Police or Fire). Release of Ambulance Information will also be approved by the ASC.

Ambulance Service Executive Team shall receive timely updates of the incident from the ASC and may be requested to undertake specific tasks depending on the impact of the incident on the whole organisation.

<sup>3</sup>Business As Usual titles vary across the services at this level and include: Duty Operations Executive On-Call, Duty National Executive, District Duty Manager, On Call Manager or Executive etc.



### 3.5.2 Comprehensive Ambulance Service Emergency Response Management Structure

A clear Ambulance Service command and control structure will be required for long duration Controlled and / or Complex Incidents (Level 2 or 3) or for a single or multiple simple / restricted incidents equivalent to Level 1 or 2 (short duration but with large numbers of casualties). There will be similar management requirements for complex business continuity incidents.

The Ambulance Service Controller (ASC) role is to lead the Ambulance response management structure that provides strategic direction, support and coordination for Ambulance Commanders in complex or multiple incidents / emergencies. The ASC is responsible to the Ambulance Service Executive Team.

The Ambulance Service Executive Team delegates authority to the ASC to manage the operational response of the Ambulance Service in a major incident. The Executive Team will maintain strategic oversight of the response and will provide guidance as required. The ASC will ensure that the Executive Team is informed of the incident developments.

For a large, complex incident, where local ambulance resources are insufficient, there may be a requirement for a national coordination mechanism (see part 4) that enables access to resources and expertise from across New Zealand. All Ambulance Services shall have in place a clearly defined mechanism to assist with the coordination of ambulance resources from outside the area affected by the incident. Should national coordination be required, operational control of the response remains with the local Ambulance

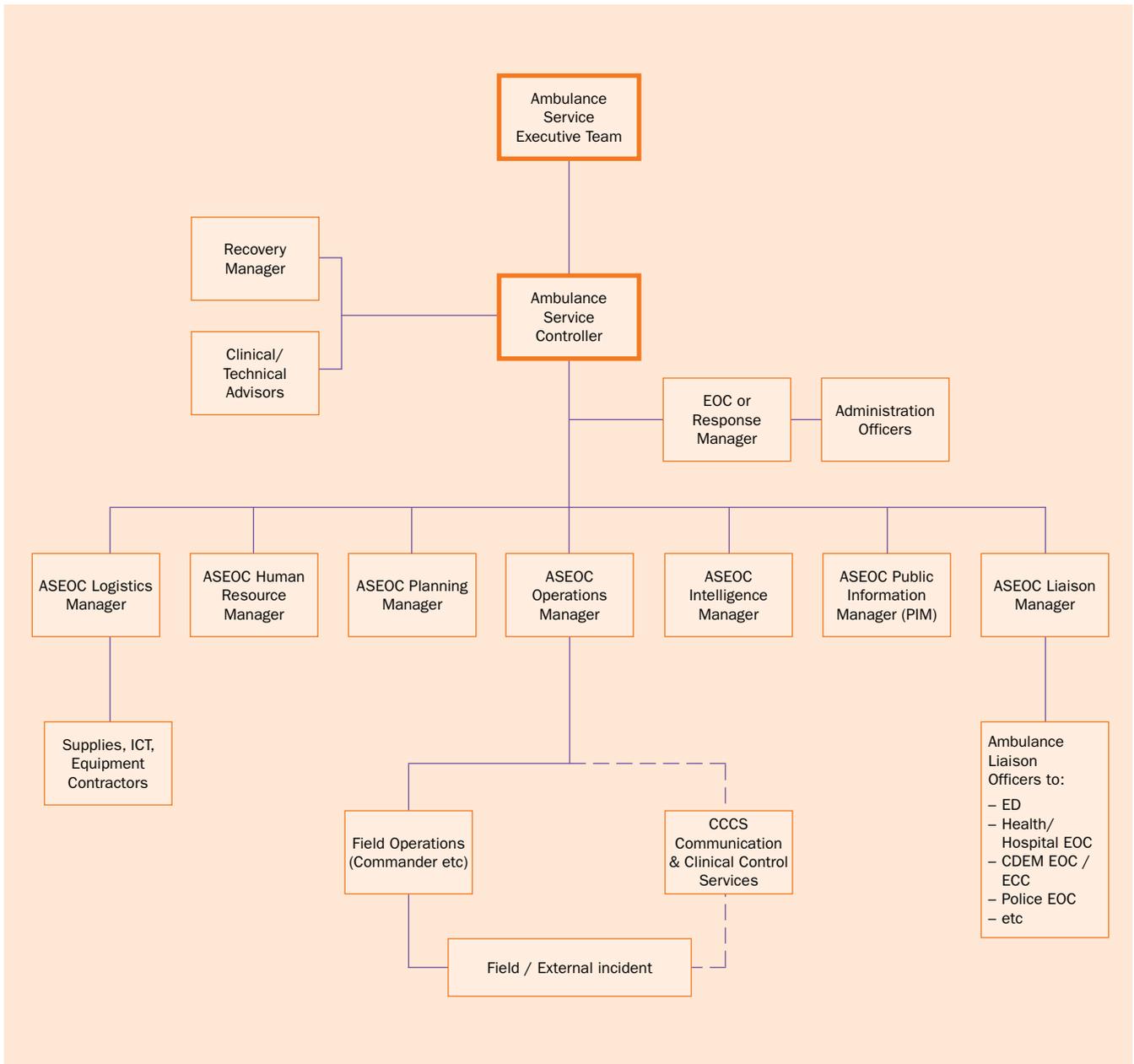
Service Controller, unless formally agreed otherwise.

The response shall be managed from an Ambulance Service Emergency Operations Centre (ASEOC), a CCCS Major Incident Room or virtually, depending on the scale, duration and complexity of the incident(s).

CIMS roles or functions will be implemented within the ASEOC and therefore increased staffing will be required. This will need constant reassessment as part of the ambulance action planning processes. See Figures 2 & 3 and Part 3 Section 3.6 for summaries of the ASEOC roles and responsibilities.

It is recognised that the ability of a local part of an Ambulance Service to fill all roles within the full CIMS structure in an ASEOC with individual managers is limited, particularly for long duration, complex incidents. That said, all CIMS roles will need to be undertaken. To do this, CIMS roles may have to be shared between managers. How this issue is managed by the Ambulance Service is the responsibility of the ASC. It may be necessary to request support from neighbouring Ambulance Services or other services to ensure the appropriate roles are undertaken effectively for the duration of an incident. A request may be made via national coordination mechanisms.

Figure 2: Comprehensive Ambulance Service Emergency Response Management Structure



————— Control: provides coordination across agencies

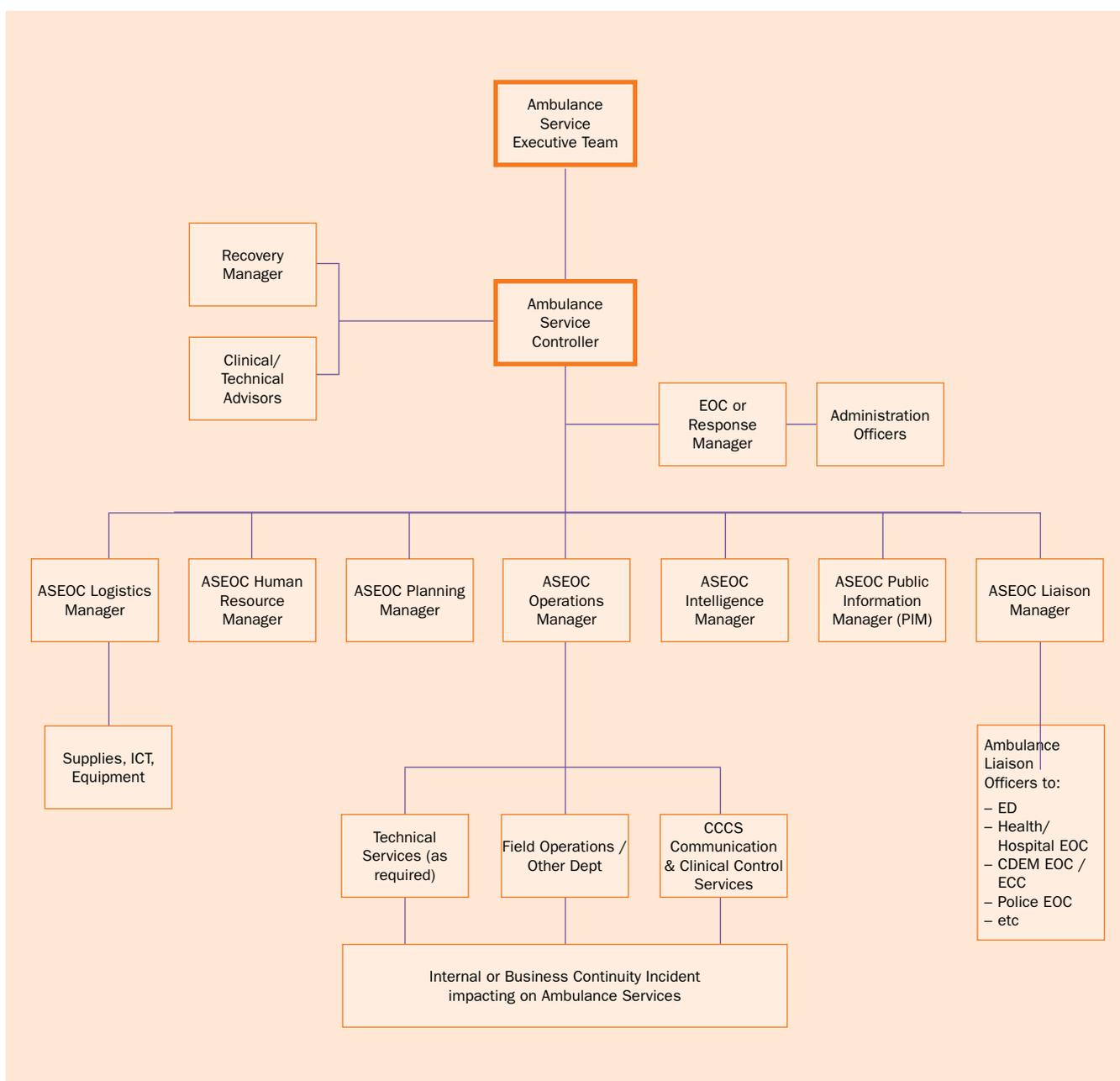
————— Command / Control: leads and supports the operational response within an Ambulance Service

- - - - - Communications

A similar structure may be used to manage complex internal or business continuity incidents that impact on patients and services. For example extensive communications failure. The type of incident will dictate which managers undertake the key roles in the structure such as Ambulance Service Controller and ASEOC Operations Manager. See Figure 3 for an example structure. Note that the structure may be modified depending on the incident type.



**Figure 3: Comprehensive Ambulance Service Emergency Response Management Structure for Internal or Business Continuity Incident**



## 3.6 Ambulance Operations and CCCS roles and responsibilities

There are key responsibilities for all roles required in the ASEOC structure during an emergency response. The more complex the response and the longer the duration of the incident, the greater the demand on the management structure.

Again it is noted that roles may be combined depending on staff availability and the workload to manage the response. In a short duration incident, the Ambulance Service Controller may be able to undertake the majority of the ASEOC roles, including operations, planning and logistics while Public Information Management and Liaison may be delegated.

See Appendix 15 for Task Cards for ASEOC roles.

### Ambulance Service Controller (ASC)

- Responsible for the Ambulance Service emergency operational response
- Sets the objectives for the Ambulance Service Response
- Reports to the Ambulance Service Executive Team
- Coordinates with the National Crisis Coordination Centre (if activated)
- Responsible for the activation for the ASEOC and the appropriate ongoing resourcing
- Contributes to and approves Ambulance Action Plan (AAP)
- Responsible for the management of the 'Business as Usual Activities' alongside the emergency response (but may be delegated to another executive)
- Responsible for the quick operational recovery of normal service delivery following the incident (may be delegated to a Recovery Manager).

### Ambulance Service Executive Team

- Delegates the operational Ambulance response to the ASC
- Maintain executive oversight of the response
- Provide strategic guidance and support to the ASC
- Will decide to activate or request activation of the Ambulance National Crisis Coordination Centre (NCCC). See Part 4
- Assist the ASC, where appropriate and when requested, with Public and Internal information management and Business Continuity of the Service.

### ASEOC Operations Manager

- Reports to the ASC
- Manages and supports the responding managers (e.g. Ambulance Commander/s)
- Assesses and evaluates the incident operations, including progress, resource requirements and priority
- Provides information to the ASC and other sections of the ASEOC
- Contributes to the development of the Ambulance Action Plan
- Implements the Ambulance Action Plan in coordination with the responding managers and their teams.

### ASEOC Intelligence Manager

- Reports to the ASC
- Maintain a log to record activities
- Liaises and / or integrates with the Intelligence Sections of the Lead Agency, other responding agencies, other internal ambulance sources and nationally as required
- Gathers, collates and analyses response information
- Develops and distributes intelligence products such as situation reports, situation maps etc. to ensure a common operating picture
- Maintain information communication sources in the EOC – e.g. whiteboards, maps, etc.
- Contribute to response and contingency plans through the provision of accurate current situational awareness and possible future scenarios
- Contributes to the development of the Ambulance Action Plan

### ASEOC Planning Manager

- Reports to the ASC
- Maintain a log to record activities
- Develop the Ambulance Action Plan based on the Ambulance Controller's objectives, current situational awareness and resource availability
- Develop an action planning process (meetings, teams, timelines etc.) appropriate for the incident
- Develop contingency plans based possible incident developments as required
- Develop long term plans as appropriate including the planning for and transition to recovery
- Forecast the immediate, medium and long term resource requirements as appropriate for the

incident, and include these requirements in the Ambulance Plans for approval by the ASC

- Integrate the Ambulance Plans with those of the Lead Agency and Support Agencies as appropriate

#### **ASEOC Logistics Manager**

- Reports to the ASC
- Liaises with Logistics Sections in the lead agency, other responding agencies, and nationally as required
- Responds to the priority logistical needs identified by Operations and noted in the AAP
- Work with and delegates to the appropriate departments of the Ambulance Service to meet the priority response needs of the incident; for example: Human Resources, IT, medical and non-medical supply, catering, fleet, refuelling, mechanical, and traffic support
- Develops a communications plan for the management of the incident. This should be done in liaison with the CCCS and the Ambulance Service IT department
- Contributes to the development of the Ambulance Action Plan.

#### **ASEOC Public Information Manager (PIM)**

- Reports to the ASC
- Liaises with Public Information sections in the lead agency, other responding agencies and nationally as required
- Maintains an Ambulance Service media contact point for the incident
- Coordinates all media and information releases with the Lead Agency Public Information management
- Advises the ASC on Public Information Management strategies
- Develops and maintains up-to-date internal information for Ambulance staff as required.

#### **ASEOC Liaison Manager & Officers**

- Report to the ASC
- Responsible for maintaining information flow and contact with key partner agencies. For example: CDEM EOC, DHB or receiving hospital/s
- Manage key Liaison Officers roles, such as Ambulance Liaison – ED, Ambulance Liaison – Health, Ambulance Liaison – Non-health (if required)
- May be based in the ASEOC or at the EOC of a partner agency.

#### **ASEOC EOC or Response Manager**

- Reports to the ASC
- Ensures efficient flow of information in the ASEOC
- Supports the ASEOC functional Managers to perform their role
- Coordinates the internal function of the ASEOC
- Ensures the staffing needs of the ASEOC are met
- Monitors the health and welfare of ASEOC staff
- Ensures appropriate administrative support is in place for the ASEOC

#### **ASEOC Clinical / Technical Advisors**

- Reports to the ASC
- Provides advice to the ASC on clinical, technical or management issues relating to the response and subsequent recovery
- May be required to coordinate with DHBs to obtain hospital bed status information etc and communicate this information to the ASEOC Operations Manager and ASEOC Liaison Manager
- Role may be filled by Service Clinical Advisors and / or Emergency Planning Advisors, depending on the requirement.

#### **ASEOC Administration Officer/s**

Staff allocated to support the ASC or other managers as required. Tasks will include:

- Maintaining a communications and decisions log for their manager
- Maintaining currency of information in the ASEOC on whiteboards or by other means
- Monitoring and disseminating information received via the MoH EMIS.

#### **Ambulance Service Recovery Manager**

- Appointed early in the response (shared with P&I or Logistics Manager during the response)
- Engage with Roster Administrators, HR, peer support agencies, Fleet Managers/Service agents, Suppliers and Finance Officers to plan for the quick return to normal service and readiness
- Report to the ASC during the response and the Ambulance Service Operations Manager during the recovery.



### 3.7 Ambulance Non-operational staff: roles and responsibilities

All Ambulance Services have human resources working in support of front line ambulance staff and also undertaking other business activities. The scale and focus of these departments varies from service to service.

The management of a complex or long duration incident will require tasks to be undertaken by non-operations staff.

To make the best use of the capability and capacity of these staff, managers will need clarity of the tasks that may be required. Managers will also prepare their teams appropriately.

All support services shall have business continuity plans in place and these shall include their response during a complex and long duration major incident that impacts on the ambulance service and therefore will also impact on the work of the support service. The type of response may include (but not limited to):

- realignment of normal business
- provision of staff to an ASEOC
- actioning on specific tasks as required by the Ambulance Service Controller.

### 3.8 Coordination with health, emergency services and other agencies

In a complex mass casualty incident or major emergency, it is unlikely that any single agency will have the required resources to meet the needs of a response. The CIMS approach provides for coordination across all responding agencies.

It will be the ASEOC Liaison Manager who will have the responsibility for maintaining the relationship with coordination mechanisms within partner agencies during a response. This will include: sharing information, requesting resources if required, inputting into a multi-agency action plan. There may be a number of Liaison Officers working with this Manager, depending on the incident. See Appendix 16 for task cards.

It is recognised that Ambulance Services have limited resources to provide liaison across a number of different agencies. Therefore the Ambulance Service Controller will have to prioritise the placement of direct ambulance liaison according to the incident's complexity, duration and impact on ambulance operations, health services and the wider community. In an MCI the key roles to be filled will be the Liaison Officer – ED and the Liaison Officer – Health.

#### 3.8.1 Health coordination

A mass casualty incident or health emergency may impact severely on the local, regional and national health system. The coordination of patient transport, according to priority, to the most appropriate health facility is therefore critical. All senior ambulance officers who may fulfil the key roles in the ASEOC shall be fully briefed on:

- Capacity and capability of the local and regional receiving health facilities
- Capacity and capability of the local and regional Ambulance Services including air ambulance (rotary and fixed wing) with the support of the Air Desk (see section 3.10.2)
- Emergency plans of the local DHBs as they impact the Ambulance Services

- The communication channels with receiving health facilities or DHBs to coordinate patient transport
- The communication channels with Regional Health Coordination structures.

An Ambulance Service is responsible to ensure that ASEOC have access to appropriate contact points for the local and regional health facilities and services.

For all Level 2 and 3 incidents, DHBs will be informed via the notifications system as part of the activation of the ambulance response. DHBs will receive Level 1 notifications. The MoH Regional Emergency Management Advisors and 0800 GET MOH will be informed for Level 2 and 3 incidents. See Part 3 Section 3.3 and Appendix 14. Procedures are in place to hold an initial briefing teleconference with partner agencies and neighbouring Ambulance Services, based on the scale of the incident. This will be facilitated by the CCCS Manager and managed by the Ambulance Commander, Ambulance Service Controller or their delegate.

Ambulance Services will also coordinate their actions in line with the National Mass Casualty Transport Plan.

### 3.8.2 Emergency Services and Other Agencies

Ambulance Managers working in an ASEOC will need to have access to information on tactical ambulance responses for specific hazards in their areas. These will be in the form of ambulance tactical plans and developed in coordination with other responding agencies and the 'owners' of the plan (for example, an airport company, stadium event management etc). These plans will be developed by the Ambulance Service and be accessible from the CCCS CAD system, with appropriate accessible backup copies.

It will also be necessary to coordinate with non-health organisations and perhaps access their resources and expertise. In CIMS approach, the Ambulance Liaison or Logistics Manager will have the responsibility for requesting such resources if required. That said, it is necessary for senior ambulance officers to be fully briefed on:

- The role, capacity and capability of the emergency services, NZ Defence Force, NGOs such as Salvation Army and NZ Red Cross, private sector organisations and Civil Defence Emergency Management Organisations
- The communication channels with the above organisations to enable access to appropriate resources.

**Note:** An Ambulance Service does not need to maintain extensive lists of agencies etc. Other agencies maintain contracts and contacts lists for support services: for example, many CDEM organisations have agreements with NGOs and contacts with private sector service providers.

Ambulance managers need to maintain relationships with such organisations.

An Ambulance Service is responsible to ensure that its Ambulance Service Controller has access to contact points for appropriate agencies.

## 3.9 Media

Media representatives will arrive at the scene following a major incident. Media will also go to hospitals and any other site where there is a possibility of acquiring information on the incident including the numbers of injured and deceased etc.

Ambulance officers will be aware of and follow their organisation's media policies. For all incidents, an Ambulance Service Public Information Manager (PIM) will be available to coordinate inquiries from the media with appropriate other agencies. This person will be based initially at the Ambulance Service EOC.

For large scale incidents, where there is a clear CIMS incident management team in place, all media inquiries, and the release of information to the media, will be managed by the Incident Public Information Manager responsible to the Incident Controller. Public Information Management will also be part of the CIMS Incident Action Plan.

For smaller incidents, the lead agency (for example, Police or Fire) may request all news releases be directed to their Public Information Managers or Senior Officers.

It is a priority for the Ambulance Service Controller to ensure consistent management of public and internal information is in place as quickly as possible.

## 3.10 Ambulance Service Resources and Emergency Operations Centre

### 3.10.1 Ambulance Service Resources

Ambulance Service Managers who may be required to undertake the ASC role or other key roles in the ASEOC, such as Logistics or Operations Managers, shall make themselves aware of the resources and equipment that may be used in their immediate service areas during a major incident. These may include:

- Ambulance Major Incident cache of medical materials and equipment
- DHB medical materials that may be accessible to a pre-hospital response
- Specialist materials, equipment, services and personnel from a partner emergency service or support agency that may be required by a pre-hospital response. For example, USAR equipment, CDEM logistics.

All Ambulance Services are required to maintain major incident equipment and materials, with efficient means of deployment, to ensure a major incident in their service area could be appropriately resourced. These materials and equipment will be nationally consistent kits or caches to ensure interoperability between Ambulance Services.

The CCCS CAD will maintain current information on the majority of ambulance resources available for deployment. The status of ambulance resources shall be in a form that is immediately accessible to national coordination mechanisms, if required. For example, this may be via the health EMIS. This will include the location and detail of Major Incident Caches in urban centres and Station Kits in strategic rural stations.

The ambulance or event services, including NZ Defence Force (NZDF) or NZ Red Cross, not normally deployed by the CCCS, will maintain their resource status, capacity and capability in a form that is immediately accessible to the CCCS or to national coordination structures if required. For example, this may be via the health EMIS or Liaison Officers, in the case of the NZDF.

### 3.10.2 Air Desk

The National Air Desk will aim to:

Resource appropriate rotary & fixed wing aircraft

- Dispatch & coordinate both rotary & fixed wing aircraft
- Recommend appropriate airport to use for staging point between rotary & fixed wing aircraft
- Coordinate with road dispatchers transfer of patients to hospitals from air
- Ensure that air coverage is still maintained in the other regions and
- If required provide an on the ground air coordinator

### 3.10.3 Ambulance Service Emergency Operations Centre

For smaller incidents, an ASEOC may be able to operate 'virtually' from the CCCS Incident Room or from a partner agency EOC. However, ASEOC will be physically required for complex or long duration incidents.

The role of the ASEOC is to:

- Coordinate the ambulance response to a major incident with the Ambulance Commander(s) and the CCCS
- Plan for future resource requirements of a major incident
- Manage the impact of the incident/s on normal service delivery
- Ensure that all key stakeholders, both internal and external, are informed of the current incident

situation, plans and resource requirements.

The Ambulance Service shall have a space appropriately set up or able to be set up as an ASEOC within 30 minutes of a major incident being declared.

See Appendix 16 for the specification guideline on the set up of the ASEOC.

The CCCS is required to maintain an 'Incident Room' in each Centre to enable the communications management of a major incident to be separated from normal service delivery, when appropriate. The CCCS Incident Rooms will require similar specifications as the ASEOC.

## 4.0 Recovery

### 4.1 Ongoing Impact of the Incident

The process of recovery for an Ambulance Service is defined as the re-establishment of normal service delivery after a major incident. This process should start as soon as possible in the response phase and be aligned with Ambulance Service business continuity plans. Ambulance Services will be required to contribute to the overall recovery of the health services and community. It may also be that, depending on the incident, there may be a new 'normality' for the community. Ambulance Services may have to realign themselves appropriately as part of the recovery process.

All logs and notes made during the incident at the Ambulance Service level will need to be correlated and stored in case of possible inquiries into the management of an incident.

It is envisaged that even in a moderately sized major incident there will be an effect on the Ambulance Service. Areas requiring consideration for recovery will include, but should not be limited to:

- Staff welfare/debriefs
- Rosters and leave
- Operational review and learning
- Consumables (medical/fuel)
- Equipment (repair, servicing, review and replacement)
- Vehicles (servicing, repairs etc)
- Finance and cost recovery.

Recovery roles have been built into the role descriptions for response managers at the service level as well as for key non-operational staff.

For complex incidents that have impacted significantly on the ongoing functioning of the Ambulance Service, a Recovery Manager may be required to concentrate on rebuilding or modification of the service in the post-incident environment. Note: the Recovery Manager is a role not necessarily a position.

## 4.2 Operations and CCCS: Roles and Responsibilities in Recovery

All role descriptions in Appendix 15 have recovery actions included. A role description of the Recovery Manager is included.

## 4.3 Non Operational Staff: Roles and Responsibilities in Recovery

Each Ambulance Service shall ensure Business Continuity Plans for non-operational departments' BCPs or support services include both response actions as well as recovery actions. An example of a recovery action may be: The Ambulance Service Financial Officer will be required to correlate and report on all direct incident costs to enable cost recovery. This should be completed in a specific timeframe.

## 4.4 Ambulance Debrief and Reporting Processes<sup>4</sup>

### 4.4.1 Debrief aims and requirements

The aim of the debrief process is two-fold:

- To identify and acknowledge where the response went well and ensure that these experiences are shared
- To identify where improvements in the response is required and develop a plan of action to ensure that learning occurs.

An incident debrief and / or reporting is required:

- Following all Level 2 and 3 incidents
- A level 1 incident (or where a level 1 incident should have been declared) where there has been one or more of the following:
  - Injury to or safety issues for Ambulance Officers
  - Poor clinical outcomes of patients possibly attributable to the Ambulance scene management
  - Communications failures or issues
  - Failure of SOPs or Tactical Plans that have impacted on response
  - Ineffective coordination between responding agencies
  - Crews lacking expertise or skills
  - Equipment failures
  - Significant impact on the non-operational departments of the Ambulance Service

- External criticism or triggers impacting the perceptions of the ambulance response
- Or other issue that may trigger a response from the Ambulance Service's Reportable Events Management System.<sup>5</sup>

### 4.4.2 Hot or scene debrief

This is the lowest level of debrief but may be the most important. All responding ambulance officers and communications staff should take part in this debrief. This is a relatively informal process and should follow the debrief template as noted in the Ambulance Incident Command Notebook and in Appendix 17. This should occur as soon as possible following the incident. It will be managed by the Ambulance Commander, the ASC or the Recovery Manager.

### 4.4.3 Ambulance Service Debrief

This process will be managed by the Ambulance Service Controller and may be delegated to a Recovery Manager. This process will be more formal and will draw in all relevant staff; operations, communications (CCCS), non-operations/support and Ambulance Service Executive as appropriate. This should be completed within two months of the incident. The guidelines and documentation for this level of debrief are in Appendix 17.

The outcome of this debrief will inform an inter-agency debrief if required.

### 4.4.4 Ambulance Service Major Incident Report

The aim of this report is to communicate the findings relating to the 'whole-of-service' response. It will include learning and acknowledgement of excellence. This should be completed within six months of the incident. The Ambulance Service Major Incident Report will include:

- The Ambulance Commander's After Action Report (See Part 2).
- The Ambulance Service Debrief
- The Inter-agency Debrief
- Specific information, experience, lessons identified and recommendations from operations, communications, non-operations/support departments (including financial costs to the service) or other source not covered in the above debriefs.

An Ambulance Service Major Incident Report Template is in Appendix 17.

The reporting process will be coordinated by the Ambulance Service Recovery Manager (if appointed).

<sup>4</sup>This section draws on the NZFS Incident Management – Command and Control Technical Manual Aug 2009. Section 6 pages 1–19. The NZFS Special Operations support is gratefully acknowledged.

<sup>5</sup>See NZS8156 Section 3.7 page 20.

