

AMPLANZ Part 4:

National Crisis Coordination Centre

For Ambulance Service Managers to use as the framework for the development and use of the National Crisis Coordination Centre

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1.0 Introduction

This is Part 4 of AMPLANZ and provides a framework for the development and management of the National Crisis Coordination Centre (NCCC) and its associated procedures, for use in a major emergency where national ambulance sector coordination may be required.

This document should be read in conjunction with Part 3: Ambulance Service Approach

1.1 Requirement for National Coordination

It is a clear requirement of the National Health Emergency Plan that the ambulance sector shall “... coordinate... via the National Crisis Coordination Centre...”¹

There are two broad scenarios where a degree of national coordination may be required, these are:

1. When there is an event affecting the nation (i.e. pandemic, major environmental disaster) and the National Health Coordination Centre (NHCC) or National Crisis Management Centre (NCMC) has been placed on standby, opened or activated
2. When one or more of Ambulance Services are overwhelmed and require support from other ambulance services, or perhaps national health or national Civil Defence resources. Such an emergency is likely, but not exclusively, to be a protracted event and require an ongoing response lasting a number of days and where recovery lasts a number of weeks before normal services can be resumed.

The level of the national coordination will be dependent on the incident complexity, duration, scale and location.

It is also noted, that an Ambulance Service will be required to focus on the immediate Operational and Tactical response to a local or regional incident. The provision and coordination of external Ambulance resources is best managed through a separate coordination mechanism. Therefore It has been agreed that St John will maintain the National Crisis Coordination Centre (NCCC) for its own national coordination and all ambulance service coordination. This is broadly defined as a mechanism that, with supporting procedures, is able to:

- Receive requests from the responding Service or part Service that has been overwhelmed
- Coordinate the provision of requested ambulance resources from other Ambulance Services or nationally
- Liaise and coordinate with key National Emergency Management Agencies on behalf of the responding

Ambulance Service in the response and recovery phases of the emergency

- Provide a sustainable support structure, with trained personnel and appropriate infrastructure, to be able to operate 24/7 if required.

The operational control of the ambulance response shall always remain with the local Ambulance Service unless the local service requests control be formally handed to another Ambulance Service.

2.0 Readiness and Reduction

2.1 Response Planning

The majority of operational and tactical response planning is undertaken by individual Ambulance Services, the CCCS and their local emergency management agencies and neighbouring Ambulance Services. This is outlined in Part 3 Section 2.

The NCCC shall be written into specific ambulance operational and tactical plans as appropriate.

The ambulance sector contribution to national health emergency planning may be undertaken in a number of ways, including:

- Meeting the obligations set out in legislation (e.g. CDEM Act) for Ambulance Services, DHB, MoH or other national agencies. Individual Ambulance Services may be contracted and funded to coordinate the emergency planning and capability development of the ambulance sector. For example, (chemical, biological and radiological) CBR capability development
- Aligning of Ambulance Service plans with national plans, such as the National Mass Casualty Transport Plan
- Cooperation between services for specific known pre-planned events or known threat (e.g. Rugby World Cup 2011, VIP tours / meetings etc)
- Using the NCCC in planning for exercises, pre-planned events or known threats, where it is necessary that national coordination will be required
- Individual Ambulance Services contributing to specific issues relating to emergency response planning. For example; revision of the New Zealand Influenza Pandemic Action Plan.

The choice of the approach used will depend on the planning issue, priority for individual services, capability in the sector and the resources available to assist the sector.

2.2 Exercising

The NCCC shall be involved in at least one major (Tier 3–4²) exercise each year. The communication and activation procedures shall be tested as appropriate for all regional (Tier 3) exercises.

¹NHEP 2015 page 12.

²MCDEM Tier 3 exercises test TLA and CDEMG operations. MCDEM Tier 4 exercises test NCMC, CDEMG and TLA operations. Both of these will require a National response from St John.



All activations of the NCCC for an exercise or a real event shall be evaluated and lessons will be identified and shared with the Ambulance Services. The key learnings shall then form part of the annual AMPLANZ review and the reviews of an Ambulance Service's own Major Incident and Emergency Plan.

2.3 Training and education

To enable the NCCC to undertake its role, all potential personnel who may be required to work at this level shall be trained appropriately. It is noted that the training requirements to assist in national coordination are similar to those required for an Ambulance Service Emergency Operations Centre (ASEOC). Such training should 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 MoH or MCDEM. e.g. MCDEM Controllers course, NHCC and NCMC Liaison Officer Inductions
- EMIS login and basic use
- Specific in house training on the set up and procedures of the facility from where the national coordination mechanism may operate.

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, including national coordination mechanisms, to ensure the notification, activation and management of a full and coordinated Ambulance Service response, shall be audited and reviewed as part of the Ambulance Service's quality management systems.

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 the national responsibility for the review of AMPLANZ on behalf of Ambulance New Zealand trustees.

3.0 Response

3.1 Notification

3.1.1. Escalation of a local incident

The notification and escalation processes to be used are outlined in Part 2 Section 3.0. This notes when an Ambulance Service's national coordination mechanisms should be informed, placed on standby or activated depending on the incident.

3.1.2. National warnings

MoH and the MCDEM will send out National Warning notifications to all emergency management stakeholders in the health sector and the wider CDEM sector.

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

It is the responsibility of each Ambulance Service to respond appropriately to these notifications and develop their responses, including the degree to which inter-service or national coordination is required.

3.2 Activation

There will be a clear procedure as to how to activate the NCCC and this shall be communicated to the Ambulance sector and key partner agencies.

3.3 Communications

The CCCS shall be the Ambulance sector 'single point of contact' for partner agencies (for example: the MOH and MCDEM) to notify Ambulance Services of potential or actual events or to access Ambulance resources.

An Ambulance Service shall ensure it has the ability access or provide resources, support or coordination at any time as part of its national coordination mechanism. An Ambulance Service's key points of contact shall be communicated across the sector.

3.4 Information Management

3.4.1 Tools

The NCCC will have access to and use similar tools in a service's ASEOC. It will be required to produce information for national partner agencies and to appropriately action requests from the NHCC or NCMC. These tools shall include but are not limited to:

- Communication and Decision Logs
- Sitreps
- Ambulance Coordination Plan template
- Resource tracking reports
- Access to Mapping.

3.4.2 Emergency Management Information Systems (EMIS)

MoH and MCDEM both have EMIS. At the Ambulance Service level, the EMIS is currently accessed and utilised appropriately.

The EMIS shall be utilised to provide the NHCC and NCMC with the overall status of the ambulance sector. The NCCC will need to access the EMIS to ensure

appropriate intelligence, planning and operational information relating to the incident is integrated and transparent locally, regionally and nationally.

3.5 Structure and roles and responsibilities

In developing a mechanism to access ambulance resources from other services or nationally, or from national partner agencies, St John will ensure that a clear coordination structure is in place and the roles within that structure have defined responsibilities.

The coordination structure shall be based on CIMS and therefore shall include the following functions or roles:

- National Ambulance Controller
- Operations
- Planning
- Intelligence
- Logistics
- Public Information Management
- Liaison
- Technical advice
- Human Resources

Note the modular and expandable nature of CIMS. That is, all roles will need to be carried out to meet the requirements of the incident and the requests of the responding Ambulance Service.

Each function shall have clear role descriptions in the form of task cards or similar.

The facility or location where the coordination functions occur will normally be outside of the immediate geographic area where the incident has occurred.

Coordination functions may be managed 'virtually' or from an ASEOC depending on the scale, duration and complexity of the emergency.

The detailed structure of the NCCC will be noted in the St John Major Incident & Emergency Plan. It will be communicated nationally to all ambulance services and partner agencies.

3.6 Coordination with health, emergency services and other agencies

The NCCC will liaise with national agencies. These include:

- National Health Coordination Centre NHCC (MoH)
- National Crisis Management Centre NCMC (MCDEM)
- National Welfare Coordination Group

- National Fire Service Headquarters
- National Police Headquarters.

To facilitate this coordination, ambulance managers undertaking coordination roles shall maintain current operational relationships with key staff in these national agencies. This will require appropriate security clearance for key ambulance managers.

As noted in Part 4 Section 3.5 above, the liaison functions may be required to one or more of the above organisations. It is recognised that there are limited human resources to provide liaison across a number of different agencies and therefore a process of prioritisation will be required according to the incident's complexity, duration and the impact on ambulance operations, health services and the wider community.

To perform the liaison function appropriately will require timely access to Ambulance Service Sitreps, intelligence as well as action plans. There will also need to have an understanding of the ambulance sector's current resource status and immediate and future resource requirements. This may be done most effectively by an Emergency Management Information System (EMIS).

The NCCC shall assist with the implementation of key health sector emergency plans such as the National Mass Casualty Transport Plan.

3.7 Media

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

All staff shall be aware of and follow their organisation's media policies.

For all incidents, an Ambulance Service Public Information Manager will be available to manage local inquiries from the media with appropriate other agencies.

At a national level, the NCCC will be required to contribute with media releases by the NHCC and other similar national agencies. It is the NHCC that will coordinate all Public Information for the Health Sector as a whole.

3.8 Resources

The NCCC shall specify what resources will be required to support a local operational Ambulance response for a sustained period. These will include, but are not limited to, appropriate and trained Human Resources to fulfil key functions specified above, appropriate facilities (for example, an ASEOC) and tools.

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 the case 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.

At the national level ambulance recovery coordination following a complex and nationally significant emergency shall be based on the requirements of the local Ambulance Services and / or the needs of the health sector locally, regionally and nationally.

The Ambulance Services shall consider recovery functions as part of the NCCC.

Part 3 has outlined the range of recovery issues for an Ambulance Service.

4.2 Recovery Roles and Responsibilities

All key functions to be carried out as part of the NCCC (see Part 4 Section 3.5 above) shall have recovery actions noted as part of role descriptions. A role description of the Recovery Coordinator shall be considered.

4.3 Debrief and Reporting Processes

4.3.1 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 Ambulance Service shall have debrief processes as specified in Part 3 Section 4.4. The NCCC shall have similar processes in place.

4.3.2 Major Incident Reporting

An Ambulance Service shall have reporting processes as specified in Part 3 Section 4.4. The NCCC shall have similar processes in place to capture lessons to assist future planning and service improvement.

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

Appendices

- Appendix 1:** Glossary of Terms and Abbreviations
- Appendix 2:** References
- Appendix 3:** STEP 1-2-3 scene approach rule
- Appendix 4:** Task Cards for First Responding Ambulance to a possible major incident
- Appendix 5:** Triage Tools and Tags (Review continuing)
- Appendix 6:** Information Management Tools
- Appendix 7:** Ambulance Scene Task Cards
- Appendix 8:** Sector numbering – examples
- Appendix 9:** Vest and role labels
- Appendix 10:** Ambulance Commander After Action Report Template
- Appendix 11:** Business Continuity Plan example template
- Appendix 12:** Tactical Plan Template
- Appendix 13:** MCDEM and MoH alerts
- Appendix 14:** Ambulance MI Notifications List (Guideline)
- Appendix 15:** Major Incident Task Cards for an Ambulance Service EOC (ASEOC)
- Appendix 16:** Guideline for ASEOC set up
- Appendix 17:** ASEOC & NCCC Debrief and Reporting Tools

