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An Initiative by the Outdoor Adventure Education (OAE) Council

BEST PRACTICES ON EMERGENCY ACTION PLAN (EAP) FOR OUTDOOR ADVENTURE EDUCATION (OAE) PROGRAMMES & OPERATIONS

- The material in this document has been prepared with care and in good faith for information purposes to help increase the safety awareness of organisations providing OAE programmes (“providers”).
- It is not intended to provide any kind of legal, medical or other expert advice or services. The material and practices should not be considered as exhaustive and should not be used in lieu of consultation with the appropriate professionals. The material and practices should also not be taken to encapsulate any or all of the legal responsibilities and obligations of the organisations providing OAE programmes. The members of the Outdoor Adventure Education Council do not accept any liability or responsibility to any party for losses or damage arising from following this document.
- No guarantee is given that the information in this document is complete, accurate or up to date. The members of the Outdoor Adventure Education Council do not accept any responsibility or liability for inaccuracies or omissions in relation to this document. As a matter of due diligence, each organisation providing OAE programmes requires an emergency action plan/s appropriate to their site and scope of operations.
- Providers are advised to keep themselves updated on and comply with all applicable laws and guidelines in relation to outdoor adventure education programmes.

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1. INTRODUCTION

1.1 A robust and comprehensive emergency response plan is indispensable to Outdoor Adventure Education (OAE) programme providers as it helps you prepare for and mitigate the impact of an emergency that may occur during your operations on participants and other involved parties. The well-being of programme participants must be prioritised.

1.2 This document guides OAE programme providers in developing your Emergency Action Plan (EAP). It serves as a reference of good practice that you may use to enhance your existing EAPs or to develop new ones. OAE programme providers, herein referred to as 'the provider', are any individuals or entities offering paid OAE experiences.

1.3 Providers may work collaboratively with site owners and client organisers to develop a mutually-agreed EAP, with each party contributing to parts of the plan (e.g., a facility operator may stipulate the patient evacuation plan as it is more familiar with its site requirements than a visiting provider conducting a programme there).

2. DEFINING THE EMERGENCY ACTION PLAN (EAP)

2.1 An EAP is used by organisations to manage emergency scenarios that may occur during their operations. Within the context of outdoor adventure programmes, the EAP should encompass a structured framework of processes and actionable steps in response to an emergency. The key priorities of the EAP shall be to:

- 2.1.1 Offer immediate response to prevent further harm or loss of life, limb, the environment and/or property;
- 2.1.2 Prevent the situation from deteriorating and mitigate its impact; and
- 2.1.3 Conduct post-incident recovery and subsequent resumption of affected activities.

2.2 As an integral component of the provider's Crisis Management Plan (CMP), the EAP should align with the broader objectives of the CMP. Typical components of the EAP should include, but are not limited to, the following:

- 2.2.1 The assignment of roles and responsibilities to individuals;
- 2.2.2 Pre-, during- and post-emergency processes to be implemented; and
- 2.2.3 Identification of resources needed to execute the procedures above.

2.3 Ultimately, the scope of the EAP should guide how the provider responds when it comes to managing and mitigating the impact of an emergency.

3. PRE-EMERGENCY PROCESSES

EAP Component

3.1 Identifying Emergency Types

While all emergencies are incidents, not all incidents are emergencies.

An incident is defined as an occurrence or a change in circumstances that can be, or could lead to, a disruption, loss, emergency or crisis¹. This occurrence could threaten or cause personal or organisational loss, including but not limited to physical, emotional or property damage.

Incidents may be minor e.g., a sprained ankle caused by tripping over a branch which, though requiring timely first aid, is not life-threatening and would not be considered an emergency. On the other hand, incidents may be serious e.g., a third-degree burn to hands and arms due to an exploded cooking stove is considered an emergency due to an imminent threat to life and limb.

Emergencies are unexpected, urgent events that require immediate action². These are time-sensitive situations that pose a threat to life, health, property or the environment.

Emergencies include incidents that escalate under specific circumstances. The factors that determine when this threshold is crossed include the severity of the situation, the level of risk involved, and the potential impact on the participants, programme, reputation, financials and the OAE sector. Understanding this distinction is critical in formulating effective EAPs that can address a variety of scenarios.

The provider should identify the types of emergencies and serious incidents commonly associated with the nature of its programme as well as its inherent risks. Some examples* are:

- i. Deadly bleeders
- ii. Exposure to weather elements e.g., lightning
- iii. Bone injury e.g., fractures, dislocations
- iv. High impact injury e.g., fall from height
- v. Drowning
- vi. Missing person
- vii. Mass patient incident e.g., food poisoning, building collapse
- viii. Behavioural incidents
- ix. Disciplinary-related incidents
- x. Large scale evacuation e.g., fire
- xi. Vehicular incidents

**This list is not exhaustive and should be tailored to the specific circumstances and risks of the respective programme.*

¹ As defined by [ISO22300:2021](#)

² As defined by [ISO22300:2021](#)

3.2 Classification of Emergencies

The provider should have the means of classifying the different types and levels of emergencies. This aids in identifying and activating the appropriate responses and resources to the emergency.

To begin classifying emergencies, providers may start by classifying incidents into two categories: Medical and non-medical.

Medical Incidents	Non-Medical Incidents
i. Fever/flu	i. Behavioural issues
ii. Acute respiratory infection (ARI) symptoms	ii. Motivational issues
iii. Sprains/strains	iii. Disciplinary issues
iv. Minor cuts/scrapes	iv. Personal/group conflicts
v. Heat-/cold-related injuries	v. Gender-related incidents
vi. Dislocations	vi. Vehicular incidents
vii. Fractures	
viii. Bleeding	

For a more contextualised response, the provider should further group incidents into Programme Activity Incidents and non-Programme Activity Incidents.

Programme Activity Incidents refer to incidents that arise from the planned and supervised activities that are organised and led by the provider and its activity leaders. These are injuries and risky events that are a direct result of activities conducted and governed by the provider's established Standard Operating Procedures (SOP).

Non-Programme Activity Incidents refer to incidents that occur outside of the planned and supervised activities. These incidents may be participant-related, such as behavioural or motivational issues, disciplinary matters, or illnesses that are not a direct result of the planned activities. An example is a participant experiencing a cardiac arrest while showering.

Ensuing incident classification, there are two possible approaches of emergency classification:

3.2.1 Binary-based Classification: Minor vs Major

Minor emergencies are classified as having a moderate impact on life, property and the organisation. Response and mitigation measures may be activated partially or in full, depending on the organisation's CMP and the severity of the incident.

Major emergencies are classified as having a high to severe impact on life, property organisation and the sector. These are typically larger-scale incidents that have the potential to cause major damage to the provider's reputation, financials and/or public confidence in OAE programmes.

3.2.2 Level-based Classification: 3 Levels

Classifying emergencies into 3 levels can guide the organisation to respond and implement mitigation measures appropriate to the impact and severity of the incident. An example is as follows*:

Major Emergency		
Level 1 (Crisis)	Level 2 (Emergency)	Level 3 (Minor)
<p>Incidents that gravely impact persons, property, operations and public confidence. Major negative media coverage, reputational and/or financial risk to the provider and sector.</p> <p>Examples include:</p> <ul style="list-style-type: none"> • Fatality (>1) • Serious criminal activity e.g., hostage situation or terrorism • Vehicular incident resulting in multiple serious injuries and at least one fatality 	<p>Incidents that severely impact persons, property, operations and public confidence. Characterised by an imminent threat of escalation. Moderate negative media coverage, reputational and/or financial risk to the provider and sector.</p> <p>Examples include:</p> <ul style="list-style-type: none"> • Fatality (max 1) • Mass (>10 individuals) food poisoning • Life-threatening conditions or potential permanent disability • Search and rescue involving external agencies • Sexual assault • Vehicular incident resulting in serious injuries 	<p>Incidents that moderately impact the persons, property and operations. Sufficiently handled solely with standard emergency procedures. Low negative media coverage, reputational and financial risk to the provider.</p> <p>Examples include:</p> <ul style="list-style-type: none"> • Hospital evacuation cases e.g., broken bones • Physical harassment • Vehicular incident resulting in minor injuries

**The examples shared are non-exhaustive and should be contextualised within the larger Risk Management framework for the provider. It is important to recognise that the emergency levels may be escalated or de-escalated while responding to the incident.*

3.3 Incident Reporting and Escalation Process

To facilitate a more effective response and mitigation process, the provider should establish a structured incident reporting and escalation procedure targeted at the following groups:

3.3.1 Internal Stakeholders

Internal stakeholders are individuals or groups within the organisation who have a direct interest in the organisation's operations and success. Examples include employees,

managers, operators, trainers, facilitators, safety managers, programme designers and operation supervisors. They are typically involved in day-to-day operations and decision-making processes, and may have specific responsibilities related to incident reporting.

3.3.2 External Stakeholders

External stakeholders are individuals or groups outside of the organisation who may have an interest in its activities or operations. Examples may include clients, customers, suppliers, regulators, government agencies and members of the public. They may be required to report incidents in accordance with the organisation's risk management framework or other policies and procedures.

3.4 Roles, Responsibilities and Important Contacts

When managing emergencies, the provider should have dedicated response members or teams with clear roles stipulated to enable a smooth and effective response. Depending on the scale of operations and programme site, and the number of participants and personnel involved, emergency response members and teams should include:

Group	Role	Responsibilities
First Responders	Activity Leader	<ul style="list-style-type: none"> • Provide immediate response to mitigate further harm and prevent loss of life or property • Assess severity of incident and need to escalate response
	Certified First Aider	<ul style="list-style-type: none"> • Perform immediate first aid to stabilise those injured
Incident Response Team (IRT)/Crisis Response Team	Incident Manager (IM)	<ul style="list-style-type: none"> • Coordinate overall internal response and recovery operations • Activate external response agencies e.g., Singapore Civil Defence Force (SCDF) and Singapore Police Force (SPF) • Provide regular updates to the Incident Commander/Director
	Assistant Incident Manager	<ul style="list-style-type: none"> • Assist the IM on the above
	First Aid IC	<ul style="list-style-type: none"> • Coordinate overall first aid treatment • Setting up of triage (where applicable) • Coordinate and facilitate handover of casualties to SCDF
	Incident Commander/Director	<ul style="list-style-type: none"> • Oversee management of entire response and recovery operations

Incident Management Team (IMT)*		<ul style="list-style-type: none"> • Coordinate response with other internal units as per existing CMP • Coordinate with external agencies e.g., SPF and SCDF • Update senior management regularly • Manage stakeholders • Report to relevant government agencies
	Programme/ Ops IC	<ul style="list-style-type: none"> • Coordinate all programme- and operations-related responses e.g., suspend/cease larger activities, modify programmes by activating contingencies • Document and track incident progress • Cascade information to relevant stakeholders • Keep incident records
	Logistics/ Infrastructure IC	<ul style="list-style-type: none"> • Coordinate all facilities- and infrastructure-related responses e.g., setting up of Incident Ops Centre (EP), activate contingency rooms
	Media and Communications IC	<ul style="list-style-type: none"> • Coordinate and oversee all internal and external communications
	Pastoral Care IC	<ul style="list-style-type: none"> • Coordinate activation of psychological and emotional support groups for affected parties e.g., Caring Actions in Support of an Emergency (CARE) team or Employee Assistance Programme providers

To ensure the safety of all persons on-site, the provider should pre-determine and pre-assess how emergency situations will impact all parties within the immediate vicinity, as well as those involved in the emergency response.

In addition, the provider should maintain and have readily available a contact list of all parties involved, including critical essential services such as the SPF, SCDF and relevant partner agencies. This contact list should be periodically updated and reviewed.

*The activation of the IMT may depend on the emergency level and escalation process as adopted by the provider.

3.5 Incident Response Equipment

The provider should have the appropriate equipment and physical resources to support and facilitate effective incident response and management.

Examples may include:

- i. Communication devices e.g., radio sets and mobile phones for immediate reporting and communication;
- ii. First aid kits that are on-site or easily accessible. This would be dependent on the nature of activities and/or the provider's larger risk management framework;
- iii. Portable Automated External Defibrillators (AED) that are on-site or easily accessible;
- iv. Appropriate rescue equipment (based on activity requirements);
- v. Standby vehicles/vessels with licensed operators (where relevant); and
- vi. IOC equipment and infrastructure e.g., monitors, laptops, telephones, staff-aids.

3.6 Identification of Evacuation Points and Routes to Advanced Medical Care

Before beginning a programme, the provider should identify evacuation points and routes to advanced medical care facilities at each activity location, and ensure that all staff are familiarised with this information.

Where applicable, the provider should consider identifying persons with special needs and individuals who require specialised care. In addition, the provider should establish the support these individuals need so as to render the necessary support during an evacuation.

These precautions are crucial for programmes located far from medical facilities, such as those in overseas or remote settings, but are also beneficial for programmes in other settings.

In Singapore, when an ambulance is involved in transferring a patient to advanced medical care, the SCDF will decide on the hospital destination. However, providers may still identify the following as part of their overall EAP:

- i. Evacuation route to the nearest hospital for serious injuries; and
- ii. Evacuation route to the nearest advanced medical care facility, e.g., 24-hour clinics, for non-serious injuries.

3.7 Testing and Validation of the EAP

The providers should validate their procedures annually through a comprehensive ground deployment exercise (GDx), tabletop exercises (TTX), simulations or component exercises. This may also function as a periodic review of the provider's EAP to facilitate re-training and communication updates to relevant personnel when modifications to the EAP are made.

4. DURING-EMERGENCY PROCESSES

EAP Component

4.1 'First Response' Actions

The provider's EAP should outline the immediate response actions by assigned individuals upon the occurrence of an incident. These include:

4.1.1 Activity Leader to

- i. Assume ground leadership;
- ii. Cease the activity;
- iii. Report the incident;
- iv. Activate support;
- v. Render first aid (if applicable);
- vi. Manage other participants;
- vii. Execute rescue and recovery (if applicable); and
- viii. Prepare for evacuation from incident site to first-aid post/sick bay (where applicable)

4.1.2 First Aiders to

- i. Commence initial patient assessment e.g., **A**irway, **B**reathing, **C**irculation, **D**isability, **E**xposure³;
- ii. Apply first aid;
- iii. Triage, if necessary; and
- iv. Facilitate transfer or evacuation to first-aid post/sick bay (where applicable)

4.1.3 Incident Response Team or Incident Management Team to

- i. Gather facts;
- ii. Decide incident type and emergency level;
- iii. Apply relevant escalation processes;
- iv. Activate relevant support processes e.g., facilities, security, crisis communications; and
- v. Activate relevant legal support process to provide assessments and guidance on potential legal issues

4.2 Patient Management

Patient Management Plans (PMP) are documents that help the provider effectively prevent further deterioration of the health of both the individual and affected group members.

When implementing the PMP, the following should be considered:

- i. DRSABC⁴ checks and immediate management for the injured (i.e. **D**anger, **R**esponse, **S**hout for help, **A**ED, **B**reathing, and **C**hest Compressions);
- ii. Stabilisation for cases of suspected head/spinal injury, fractures or dislocations;
- iii. Rapid cooling for suspected cases of heat exhaustion;

³ Adopted from National Outdoor Leadership School's [ABCs Of Wilderness Medicine: The Initial Assessment](#)

⁴ Adopted from Ministry of Manpower's [First Aid Guide](#)

- iv. Monitoring for signs and symptoms of shock; and
- v. Acute stress reaction management

4.3 Management of Affected Group

In addition to providing immediate response and management for the injured, participants present should also be checked for the following, even if they are not physically injured:

- i. Signs and symptoms of shock; and
- ii. Acute stress reaction

Staff, standby staff, or CARE-trained staff may be deployed to manage the remaining group members, and to provide psycho-emotional support and on-site counselling.

4.4 Activation of Incident Reporting and the Escalation Plan

The provider's EAP should provide guidance on incident reporting requirements and the escalation plan and procedures. These include:

- i. Establishing the criteria for Incident Reporting e.g., **Who** to report to, **When** to Report, **What** to Report;
- ii. Establishing the reporting medium and channel; and
- iii. Setting timelines for systemic and regular incident reporting to the various stakeholders e.g., by XX minutes upon onset of incident, by XX minutes to the IMT, by XX hours to senior management.

4.5 Activation of the Crisis Management Plan (CMP)

Given that the EAP is referenced from the larger organisational CMP, the provider may need to activate the following, depending on the emergency level.

4.5.1 Partial Activation

Partial activation of the CMP may occur in a situation where the impact of the emergency is less severe, only affects part of the organisation without stalling operations, and can be effectively mitigated with the activation of certain functions of the CMP. For example, if a structure collapses without resulting in any injuries, only a part of the CMP team (e.g., the communications or facilities team) may need to be activated.

4.5.2 Full Activation

Full activation of the CMP normally happens when the emergency has been classified as a crisis and any delay in response may have a significant influence on or result in further harm or loss to life, property, the organisation and the sector.

4.6 Management of External Stakeholders

The provider should consider their approach to managing the following external stakeholders in the event of an emergency:

4.6.1 Client or Sponsoring Organisations

Prior agreement and coordination with regard to incident reporting and management between the provider and the client should typically take place at the contracting phase.

4.6.2 Next-of-Kin (NOK)

Management and engagement of NOKs may be jointly executed by both the provider and the client. This should be done expeditiously and sensitively.

4.6.3 External Agencies

In the event where close liaison and engagement with external agencies (e.g., International SOS, NParks, Police Coast Guard, etc.) are required during the emergency, the provider should assign dedicated roles to ensure that appropriate and timely decisions are made.

To protect sensitive information and prevent unauthorised disclosure, it is important to ensure that only authorised personnel are allowed to communicate with these external agencies. The provider should establish clear communication guidelines, provide staff training and maintain confidentiality to ensure professional and appropriate handling of communications with external agencies. More importantly, this minimises the likelihood of misinformation being circulated.

4.7 Media Management and Crisis Communications

Media management and engagement (where needed) may come under the purview of the provider's Communications Team and/or Senior Management Team. To ensure that media and public interactions are successfully navigated, clear protocols for internal stakeholders should be established and communicated during any incident that attracts media attention.

The provider should establish clear roles and expectations for crisis communications among staff as it helps maintain control and accuracy over the conveyed information, maintain transparency and avoid misunderstandings. Ultimately, this protects the provider's reputation from unintended damage.

4.8 Preliminary Incident Investigation

After completing the 'First Response' actions and consolidating necessary information, the provider should conduct a preliminary incident investigation to facilitate a comprehensive investigation thereafter.

5. POST-EMERGENCY PROCESSES

EAP Component

5.1 Incident Investigation Report

At the conclusion of an incident, the provider should document all incident reports, preliminary incident investigation and findings from the final incident investigation timely.

The provider should establish an incident sharing plan among staff, senior management and IMT personnel. The plan, which may include causal analysis, findings and recommendations, intends to encourage a learning and growth culture.

Such a deliberate approach allows the provider to recognise emerging trends, identify best practices and foster collaborative opportunities. Consequently, it will contribute to an overall increase in safety, operational efficiency and effectiveness.

5.2 Psychological First Aid (PFA) for the Affected

Depending on the nature and severity of the incident, there may be individuals who are suffering from Post-Traumatic Stress Disorder (PTSD) and are in need of immediate intervention. The provider may assist affected participants, employees, and their family members by offering access to counselling services and any other appropriate assistance.

5.3 Post-Incident After-Action Review (AAR)

To prevent future incidents, the provider should perform an AAR to gain valuable insights into areas where existing processes can be enhanced. For example, emergency responses can be analysed; strengths and weaknesses of the policies and procedures can be identified; and modifications can be made to improve overall efficacy.

Sharing the lessons learned and proposed process improvements with all staff and appointed IMT members can help foster a culture of transparency, innovation and collaboration that benefits all stakeholders. By encouraging open communication and feedback, the providers can continuously improve their operations while building trust and credibility with their stakeholders.

The provider should also actively monitor incident rates and performance trends to identify and make any necessary adjustments or enhancements to its SOPs. Regular monitoring can be used to provide feedback to staff on their performance, recognise areas of strength and highlight areas that require improvement.

For any assistance or enquiries on the development of Emergency Action Plans, please write to oea_council@mccy.qov.sg

References / Resources:

1. Australian Adventure Activity Standards (2023). *Core Good Practice Guide*. <https://australianaas.org.au/read/core-gpg/>
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Organisation Review of Emergency Action Plan for OAE Programmes and Operations on _____

ANNEX- EAP REVIEW WORKSHEET

1. Read the descriptions of the scoring range and review recommended practices vis-à-vis your organisation’s current practices.
2. Consideration when doing your scoring – Approach & Deployment
 - a. **Approach:** The extent to which the organisation has adopted the criteria
 - b. **Deployment:** The extent to which the criteria has been executed on the ground.
3. Determine the scoring range most descriptive of the organisation’s achievement level (e.g., The organisation demonstrates a proactive approach to emergency preparedness and response.)
4. Please note that perceptions of excellence may differ among team members, as their understanding of the statements presented may vary.
- 5. Scoring is not an exact science and variation is to be expected.**

Breakdown of each scale in your self-assessment checklist for an Emergency Action Plan (EAP) for outdoor education:

Not Evident (0 points)	Defined & Developing (1 point)	Developed (2 points)	Integrated, Implemented & Tested (3 points)	Refined (4 points)
The process, approach, deployment, or any aspect of the EAP is not apparent or non-existent. No guidelines, procedures, or protocols are in place for emergency situations. The organisation has not acknowledged the need for an EAP.	Some elements of the EAP are defined, but they are in the early stages of development. Basic guidelines or procedures exist, but they may be incomplete or untested. The organisation recognises the need for an EAP but has not fully implemented or integrated it.	The EAP has been developed with more detailed guidelines, procedures, and protocols. The organisation has taken steps to implement and integrate the EAP into its operations. However, the EAP may not have been fully tested or evaluated in real-world scenarios.	The EAP is fully integrated into the organisation's operations and procedures. Guidelines, protocols, and procedures are implemented consistently across the organisation. The EAP has been tested and evaluated in simulated or real emergency situations.	The EAP has undergone continuous improvement and refinement based on past experiences, feedback, and best practices. It is a comprehensive, well-documented, and effective plan.

Name of Organisation: _____

Reviewed by: _____

Organisation Review of Emergency Action Plan for OAE Programmes and Operations on _____

No.	Pre-emergency Process	Indicative Examples of Possible Evidence or Documentation	Refined (4)	Implemented, Integrated & Tested (3)	Developed (2)	Defined / Developing (1)	Not Evident (0)
3.1	A systematic process to identify type of incidents or emergencies associated with the nature of programmes and inherent risk	EAP/RAM/CMP					
3.2	A systematic process to classify emergencies and incidents	EAP/RAM/CMP/Triage					
3.3 & 3.4	A systematic structure and process for incident reporting & escalation	EAP org chart, roles and responsibilities, deployment plans, contact details					
3.5	A set or range of appropriate equipment or physical resources to support or facilitate effective incident response and management	Communication assets, first aid kits and AED, rescue equipment, IOC infrastructure					
3.6	A process to identify, decide and record evacuation points and/or routes to advanced medical care facilities	Maps, locations, list of EPs					
3.7	A process/plan to test and/or validate the effectiveness and feasibility of EAP through practice(s) appropriate to the nature of activity and contextualised to organisational needs.	Simulation, TTX, drills, testing or validation					

Name of Organisation: _____

Reviewed by: _____

Organisation Review of Emergency Action Plan for OAE Programmes and Operations on _____

No.	During-Emergency Process	Indicative Examples of Possible Evidence or Documentation	Refined (4)	Implemented, Integrated & Tested (3)	Developed (2)	Defined / Developing (1)	Not Evident (0)
4.1	A systemic structure, process or flow to articulate or outline immediate response actions upon occurrence of an incident	SOP, roles and responsibility, EAP					
4.2 & 4.3	A systematic approach with clear deployment plan to manage patient and casualty to prevent deterioration of subject's health and affected wider group members	Patient Management Plans					
4.4	A structure/form to activate incident reporting and escalation plan, establishing clear criteria for incident reporting, medium and channels and timeline	Incident reporting & escalation plan					
4.5	A process to determine the type of Crisis Management Plan activation and a structure to cascade or communicate activation plan	CMP					
4.6	A systemic approach to consider and manage different stakeholders when communicating EAP which includes aligning expectations, communication plans, roles and responsibility, and decision making	EAP communication plans to stakeholders					
4.7	Protocols for media & crisis management	Media SOP					
4.8	A process to support and facilitate the collection of relevant additional information by the appointed personnel/team in the event of an incident	CMP					

Name of Organisation: _____

Reviewed by: _____

Organisation Review of Emergency Action Plan for OAE Programmes and Operations on _____

No.	Post-Emergency Process	Indicative Examples of Possible Evidence or Documentation	Refined (4)	Implemented, Integrated & Tested (3)	Developed (2)	Defined / Developing (1)	Not Evident (0)
5.1	A process or system to report incident, document, record and/or archive information relating to incidents including any investigations and findings	Templates or completed incident reports, investigation reports, preliminary or final findings					
5.1	A deliberate approach or platform to share information and insights for continuous improvement and learning	Meeting minutes/Safe briefing to external or internal stakeholders					
5.1 & 5.3	A system to identify trends, best practices for the purpose of increasing safety, efficiency and effectiveness	AAR records					
5.2	A list or provision of avenues, assistance or resources to help affected or identified stakeholders with post-traumatic related impact as a result of any critical crisis or incident	Debriefing records/AAR					
5.3	A process to perform After-Action Reviews (AAR) and determine the appropriateness of response or action following an incident	AAR policy					
5.3	A process or system to report incident, document, record and/or archive review findings, decisions, modifications for future efficacy and making it accessible to identified stakeholders for the purpose of learning/planning of future programmes	Archived & stored information					
5.3	A monitoring process and implementation plan for improvement for future programmes.	Meeting minutes/Future programme plans					

Total Score: / 80

Name of Organisation: _____

Reviewed by: _____

Organisation Review of Emergency Action Plan for OAE Programmes and Operations on _____

Comprehensive	Integrated	Baseline Minimum	Needs Improvement & Immediate Review
>65 with No "0" in any criteria	50-64 with No "0" in any criteria	40 with No "0" in any criteria	Below 40

List of Abbreviations and Acronyms

Term	Full form
AED	Automated External Defibrillator
AAR	After Action Review
CMP	Crisis Management Plan
EAP	Emergency Action Plan
IOC	Incident Operations Centre. Refer to page 7 of checklist.
List of EPs	List of Evacuation Points. Refer to page 8 of checklist.
RAM	Risk Assessment Management
SOP	Standard Operating Procedure
TTX	Tabletop exercises. A type of simulation exercise that involves key personnel discussing simulated scenarios in an informal setting. The exercise is designed to test an organisation's emergency response plans and procedures without the pressure of a full-scale drill. Refer to page 8 of checklist.

Name of Organisation: _____

Reviewed by: _____