



Critical Incident Action Plan.

Incident name:		Date of incident:	
Description of incident:			
Location of incident:			
Critical incident team leader:			
Operational period	From:		To:

General control objectives for the incident

Attachments	No. of Pages	Date	Initial	Comments
Injury/ Incident Report	<input type="checkbox"/>			
Fact Sheet / Media Release	<input type="checkbox"/>			
Others (please list)				
1.				
2.				
3.				
4.				
5.				



Critical Incident Action Plan

Initial Response Checklist

This checklist can be used to highlight required actions. You may need to add other actions to the checklist pertaining to the particular incident.

	N/A	Complete	Date	Initial	Comments
People management					
Account for all personnel	<input type="checkbox"/>	<input type="checkbox"/>			
Contact and liaise with next of kin	<input type="checkbox"/>	<input type="checkbox"/>			
Counselling service requirements considered	<input type="checkbox"/>	<input type="checkbox"/>			
Maintain an awareness of locations of injured personnel and conditions	<input type="checkbox"/>	<input type="checkbox"/>			
Coordinate additional or temporary staffing as required	<input type="checkbox"/>	<input type="checkbox"/>			
File appropriate Workers Compensation claims	<input type="checkbox"/>	<input type="checkbox"/>			
Assist with employees' incident related benefit payments and reimbursements	<input type="checkbox"/>	<input type="checkbox"/>			
Ensure OH&S requirements are maintained	<input type="checkbox"/>	<input type="checkbox"/>			
Notify Work Cover as required	<input type="checkbox"/>	<input type="checkbox"/>			
Liaising with emergency services	<input type="checkbox"/>	<input type="checkbox"/>			
Liaising with building management	<input type="checkbox"/>	<input type="checkbox"/>			



Critical Incident Action Plan

	N/A	Complete	Date	Initial	Comments
Coordinating onsite security and control of access	<input type="checkbox"/>	<input type="checkbox"/>			
Formal handover of site from Emergency Services back to Xpert Solutions	<input type="checkbox"/>	<input type="checkbox"/>			
Damage assessment	<input type="checkbox"/>	<input type="checkbox"/>			
Facilities recovery/ replacement	<input type="checkbox"/>	<input type="checkbox"/>			
Assisting with power requirements	<input type="checkbox"/>	<input type="checkbox"/>			
Media & public relations					
Gain an accurate picture of the incident	<input type="checkbox"/>	<input type="checkbox"/>			
Draft and issue media release documents	<input type="checkbox"/>	<input type="checkbox"/>			
Web Display					
Update the Xpert Solutions web site with current, accurate information	<input type="checkbox"/>	<input type="checkbox"/>			
IT Services					
Restoration of computer requirements	<input type="checkbox"/>	<input type="checkbox"/>			
Recovery of backed up data	<input type="checkbox"/>	<input type="checkbox"/>			
Legal Services					
Determine if any legal advice is required	<input type="checkbox"/>	<input type="checkbox"/>			



Critical Incident Action Plan

	N/A	Complete	Date	Initial	Comments
Financial Services					
Ensure accesses to emergency funds are available if required	<input type="checkbox"/>	<input type="checkbox"/>			
Implement emergency financial delegations	<input type="checkbox"/>	<input type="checkbox"/>			
Ensure adequate financial control	<input type="checkbox"/>	<input type="checkbox"/>			
Risk Management					
Liaise with insurers	<input type="checkbox"/>	<input type="checkbox"/>			



Critical Incident Action Plan

Critical incident coordination and critical incident recovery team involved

Other critical information for operational period

Items for follow up

1.
2.
3.
4.
5.
6.

Prepared by

Name & Title:			
Signature:		Date:	/ /

Approved by

Name & Title:			
Signature:		Date:	/ /