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

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).

	N/A	Complete	Date	Initial	Comments
People management					
Account for all personnel	☐	☐			
Contact and liaise with next of kin	☐	☐			
Counselling service requirements considered	☐	☐			
Maintain an awareness of locations of injured personnel and conditions	☐	☐			
Coordinate additional or temporary staffing as required	☐	☐			
File appropriate Workers Compensation claims	☐	☐			
Assist with employees' incident related benefit payments and reimbursements	☐	☐			
Ensure OH&S requirements are maintained	☐	☐			
Notify WorkCover as required	☐	☐			
Liaising with emergency services	☐	☐			
Liaising with building management	☐	☐			
Coordinating onsite security and control of access	☐	☐			
Formal handover of site from Emergency Services back to <Organisation>	☐	☐			
Damage assessment	☐	☐			

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	N/A	Complete	Date	Initial	Comments
Facilities recovery/ replacement	☐	☐			
Assisting with power requirements	☐	☐			
Media & public relations					
Gain an accurate picture of the incident	☐	☐			
Draft and issue media release documents	☐	☐			
Web Display					
Update the <Organisation> web site with current, accurate information	☐	☐			
IT Services					
Restoration of computer requirements	☐	☐			
Recovery of backed up data	☐	☐			
Legal Services					
Determine if any legal advice is required	☐	☐			
Financial Services					
Ensure accesses to emergency funds are available if required	☐	☐			
Implement emergency financial delegations	☐	☐			
Ensure adequate financial control	☐	☐			
Risk Management					
Liaise with insurers	☐	☐			

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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.

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Attachments	No. of Pages	Date	Initial	Comments
Injury/ Incident Report	☐			
Fact Sheet / Media Release	☐			
Others (please list)				
1.				
2.				
3.				
4.				
5.				

Prepared by			
Name & Title:			
Signature:		Date:	/ /
Approved by			
Name & Title:			
Signature:		Date:	/ /