Emergency Management - Situation Report Procedure

1. Introduction

Communicating with key stakeholders is critical to successfully managing an incident or emergency. As an incident evolves, stakeholders who are or maybe impacted by the incident are to be regularly apprised of the situation and actions that need to be undertaken.

A situation report (sitrep) is an iterative communique used to advise stakeholders:
- Of the occurrence of an incident.
- Information about the incident.
- What is being done in response to the incident.
- The associated requirements of stakeholders.

Sitrep are prepared and distributed by organisations with whole or part responsibility for responding to the incident, and distributed as needed until the incident is resolved or the coordinating centre’s responsibilities have ended.

The publishing and distribution of a sitrep is not contingent on there being new information; on occasions, a sitrep may advise that the situation has not changed.

2. When to write a sitrep

Sitrep are to be prepared and distributed whenever:
- there is any incident that may conceivably affect the operations or interests of a hospital, health service or stakeholder
- there is need to clarify details for stakeholders who may have heard inaccurate reports on an incident
- or when requested by the delegated authority.

Example incidents warranting a sitrep include:
- an incident with multiple casualties
- an incident affecting hospital service continuity
- responding to a public health emergency e.g. disease outbreak.

A sitrep is not necessarily a substitute for other forms of communication including notification cascades and phone calls. If an incident occurs afterhours, responsible officers are to consider notifying key stakeholders by other means such as SMS or mobile telephone.

In short-term incidents and disruptions where a resolution is expected imminently, using alternative communication methods, including targeted phone calls and SMS may be more preferable than issuing a sitrep.
3. Writing a sitrep

A good sitrep is ‘A B C’ – Accurate, Brief, and Clear.

**Accurate** Information is to be current and cross-checked. Sitreps are to avoid speculation and stipulate when information is unconfirmed or unknown.

**Brief** Information is to be brief and concise.

**Clear** Information is to be conveyed in short, direct and clear sentences, and in plain English. It is not to contain jargon or misleading words, and is to avoid acronyms, emotion and hyperbole.

4. Sitrep Format

It is preferable for sitreps to be drafted in Word documents and saved as PDFs before being distributed. This allows sitreps to be easily saved onto WebEOC. Sitreps can also be sent using an Outlook message if Word is unavailable. A series of Word and Outlook sitrep templates are attached in appendix A.

Sitreps are to be formatted as per the [WA Health Style Guide for Corporate Visual Identity](#). This is to include:

- font Arial size 12
- justified to the left
- bullet points used to separate sentences and paragraphs.

Use the styles toolbar on the menu ribbon to assist with formatting.

5. Sitrep structure

A sitrep is to contain a heading, body and close segment. A sample sitrep is listed in appendix B.

a. Heading

The heading is to contain the following items:

- The region disseminating the sitrep. A WACHS logo is preferred.
- Sitrep number - sitreps are to be issued in chronological order starting with one. The final sitrep is to contain the number with final in brackets.
• Name of the incident. Do not change the name of the incident once it has been identified in the initial sitrep. All subsequent sitreps are to continue using the same incident name, regardless if it doesn’t reflect the current situation.
• Date and time sitrep was issued (in 24 hour Western Standard Time).
• Authorisation - all sitreps are to be approved by the authorising delegate.
• Security, distribution and target audience. Sitreps may contain in-confidence or sensitive information. If so, the sitrep is to be:
  – marked ‘Security – In – Confidence’ or simply ‘In Confidence’
  – marked ‘Distribution with WA Health permission only’
  – distributed only to stakeholders as authorised by the authorising delegate.
• New information in bold blue. This is to be omitted for the initial sitrep.

b. Body

The sitrep body is to be structured under the following headings.

Background
• Provide a brief, clear and pertinent synopsis of the incident, including contributing factors or direct causes. This is to include current known and unknown information
• The background is to be objective, avoid speculation and be politically neutral.

Current situation
• This section is to convey the current situation, including any issues of note or concern, the impact of the incident on the health service and other relevant stakeholders, actions undertaken, plan activation status and workarounds in situ.
• Information on the current situation can be sourced from WebEOC or through other information sources.
• Maps, images and other supporting documents are to be added into the current situation or sent as an accompanying document with the sitrep.
• For ICT disruptions, authors are to ensure the content of the sitrep is drafted in non-technical language, and is verified by the respective Regional ICT Manager, or ICT On Call Officer, to ensure accuracy.

Actions required
• This section lists general requests or actions required of stakeholders, e.g. “staff are asked to monitor the situation and report any issues or clinical impact.”
• This is not a formal tasking process and does not usurp other communication requirements.
• Any other relevant directions or information.

Further situation reports
• Detail the timeframe for when the next sitrep will be issued.
• This can be a specific or flexible timeframe, e.g. “the next sitrep will be issued as the incident evolves and as further information comes to hand”.
• If the final sitrep, this section is to state “This incident has been stood down, no further sitreps will be issued.”
c. Close

This section is to contain the following information:

- WebEOC incident name, if relevant.
- Name of author.
- Position of author (eg: Regional Health Disaster Coordinator).
- Contact details.
- Signature block.

6. Iterative sitreps

As an incident evolves, there may be a requirement to issue a revised sitrep to brief stakeholders on the evolving situation and new information.

The new sitrep is to continue to be called by same incident name, and numbered according to the next chronological sequence. Irrelevant or obsolete information is to be removed; however, the sitrep is to retain relevant background information pertaining to the cause or evolvement of the incident. For protracted incidents, it may be appropriate to move older information from the current situation and summarise this into the background section. New or amended information is to be highlighted in bold blue.

7. Final sitreps

A final sitrep is used to advise stakeholders the incident has been resolved or no longer requires actions from stakeholders. A final sitrep is to be issued for any incident where previous sitreps have been disseminated.

Final sitreps are to have final contain within brackets in the email subject line next to the sitrep number, and included as part of the sitrep heading.

For example: Sitrep 2 (final) Nickol Bay Hospital Water Supply Disruption.

8. Local, regional and state-wide sitreps

Sitreps can be issued at the local, regional and state level, depending on the nature, magnitude and impact of an incident.

Local sitreps

A Local Health Disaster Coordinator (LHDC) (however titled) may issue a sitrep on behalf of their respective health service or district to advise the Regional executive of an incident.

Regional sitreps

A Regional Health Disaster Coordinator (RHDC) may issue a regional sitrep to advise WACHS Executive and the State Health Incident Coordination Centre (SHICCC) of an incident or emergency affecting their region.
**State-wide sitreps**
The SHICC may issue a state-wide sitrep to advise all health stakeholders throughout WA of an incident affecting WACHS that will (actually or potentially) impact on other Health Service Providers and agencies.

9. **Information security**

When drafting a sitrep, the author and authorising delegate are to consider the nature and sensitivity of the content. There is to be no identifiable or confidential information, including patient information, contained within the sitrep. Once a sitrep is issued, the author loses control over information security as recipients can forward the sitrep at their own discretion. Historically, information contained within a sitrep has been published by media outlets, and authors should assume that content within the sitrep could be made public.

Sitrep s are also subject to Freedom of Information requests under the [Freedom of Information Act 1992](#) (WA).

10. **Distribution**

Sitrep s are generally issued using a top down approach. This means it is sent to key executive, operational, clinical and support staff who will receive and send the sitrep onto relevant subordinates. If there is contentious or sensitive information contained within a sitrep, the author may choose to target a select group of stakeholders.

Regions are responsible for ensuring they establish and maintain appropriate distribution lists for dissemination of sitreps.

All WACHS sitrep s are to include WACHSSitrep.BaseRecipients@health.wa.gov.au as base recipients.

11. **Incident coordination**

**Multiple sitreps from multiple sites/regions**
When an incident affects multiple districts or regions, the issuing of multiple sitreps may cause confusion and disorder among recipients due to the potential for conflicting intelligence sources, different naming conventions, sitrep numbers and requests for action.

In these circumstances, only the peak coordinating body should issue the sitrep. All other information pertaining to site specific issues and actions is to be entered onto WebEOC and shared appropriately. For example: if an incident is affecting multiple hospitals across one region, the RHDC is to issue a regional sitrep. Hospitals are to update their own situation on WebEOC.
WebEOC
WebEOC is WA Health’s crisis information management system. It allows for real time sharing of information and intelligence to aid decision making for key stakeholders. All staff undertaking a incident coordination role are to be provisioned and trained in WebEOC.

WebEOC is utilised for incidents where there is a need for coordinating the collection and dissemination of information and intelligence. Not all incidents will require a WebEOC incident to be created.

If WebEOC is used, situation reports can be uploaded into the Situation Report board. Site specific intelligence and information can be entered and shared using the Activity Communication Log.

The Department of Health On Call Duty Officer must be contacted on (08) 9328 0553 (24 hrs) to create a WebEOC incident.

12. Definitions

| **Local Health Disaster Coordinator (LHDC)** (however titled) | A designated senior staff member within a WACHS hospital or district who has the authority to command and coordinate the use of all locally available Health resources during an incident. |
| **Incident / emergency** | An event, actual or imminent, which endangers or threatens to endanger life, property or the environment and which requires a significant and coordinated response. |
| **Regional Health Disaster Coordinator (RHDC)** | A designated senior staff member who has the authority to command and coordinate the use of all resources across a WACHS region during an incident. |
| **Situation Report (sitrep)** | A brief report that is published and updated periodically during an emergency which outlines the details of the emergency, its known impact on the health service, and the responses undertaken. |
| **State Health Incident Coordination Centre (SHICC)** | The state-level facility that is established to provide coordination across the entire WA health system during a large and complex incidents and emergencies. |
| **WebEOC** | WA Health’s crisis information management system which is used to capture, store and appropriately share real time information about an incident. |
13. Roles and Responsibilities

Regional Directors, Regional Nurse Directors, Regional Medical Directors, Operations Managers, Population Health Directors, Regional Mental Health Managers, and Regional Emergency Management Sub Committee are responsible for ensuring all rostered LHDC and RHDC personnel are confident and trained in situation report writing, and ensuring appropriate distribution lists are maintained.

14. Standards

**EQuIP National Standards**: 15.18.1  
**National Safety and Quality Healthcare Standards** (Second edition): 1.10 (f)

15. References

**WA Health Emergency Management Arrangements (2017)**

16. Related Policy Documents

WACHS **Emergency (Disaster) Management Policy**

17. Related WA Health System Policies

MP 0073/17 **Emergency Management Policy**

18. Policy Framework

**Public Health Policy Framework**

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<th>Program Manager Disaster and Emergency Management (T. Spicer)</th>
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Appendix A – sitrep templates

Word document

A whole-of-WACHS Word sitrep template has been developed that contains a number of text boxes, drop down menus and pre-populated fields.

This is the preferred format for drafting and distributing sitreps.

This template is available at http://TRIM/hptrimwebclient/download/?uri=2122953

Outlook templates

Outlook is a back-up option if the sitrep cannot be drafted in a Word document.

A series of Outlook templates have been drafted for each WACHS region.

- WACHS Central Office
- WACHS Goldfields
- WACHS Great Southern
- WACHS Kimberley
- WACHS Midwest
- WACHS Pilbara
- WACHS South West
- WACHS Wheatbelt
- Local WACHS hospital / district sitrep template
Appendix B – Sample Word sitrep

Please note: The below sample sitrep is based on a simulated incident for the purposes of populating the sitrep template.

Sitrep 2 Nickel Bay Hospital water supply disruption (new information in bold blue)

Wednesday, 17 January 2018 14:29 hours

This sitrep has been authorised by the Regional Health Disaster Coordinator Mr Joe Bloggs

Background
- Nickel Bay Hospital (NBH) has been experiencing a water supply disruption since 08:00am this morning, 17 January 2018.
- The cause of the disruption was a nearby burst water main.

Current situation
- NBH is currently without mains water supply.
- NBH’s BCP has been activated. Current critical business activities affected by the disruption include the operating theatre, CSSD, cleaning, wards, kitchens, laundry and ICT systems.
- The disruption is affecting chilled water supply and air-conditioning systems.
- The Water Corporation has delivered two pallets of bottled water and a bulk supply of potable water to NBH.
- Bottled water has been distributed to all patients, staff and visitors.
- Buckets are being used to flush toilets
- All elective theatre cases have been cancelled. Urgent life and limb surgery can be performed in the procedures room of the emergency department.
- Patients are being washed using bowls and bottled water.
- Laundry services have been temporarily suspended, and the kitchen is supplying cold menu options (sandwiches).
- The Water Corporation are on site repairing the fault. Water Corporation anticipates water supply to be restored to NBH by 16:00 hrs today.
- Should services not be restored by 16:00, relocation strategies for critical business activities be enacted.

Actions required
- Note the current situation
- Staff are asked to remain vigilant and apprise themselves with the hospital’s BCP.

Use drop down / free text to populate security, distribution and target audience information complete.

The name of incident is to be consistent with first sitrep. Add new information in bold blue for subsequent sitrepes. Final sitreps are to have “(final)” after sitrep number.

Authorising delegate and name

The background contains quick synopsis of incident and likely cause

The current situation, including any issues of note or concern, the impact of the incident on the health service and other relevant stakeholders, actions undertaken, plan activation status plans and workarounds in situ.

Use bold blue to highlight new information. Delete irrelevant or obsolete information and retain pertinent existing information as unbolded.

The actions required are to be clear and unambiguous.
Further situation reports

- The next sitrep will be issued at 16:30 today.

WebEOC Incident Name: 20180117 Nickol Bay Hospital water supply disruption

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