



[DHB Logo]

**[DHB]
[Exercise Name]
Emergo Train System Exercise**

[Picture]

Title: Emergo Exercise Template – ? DHB [Exercise Name]	Issue Date: January 2016
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Emergo (2016) Template Booklet Revision History


Version	Date	Author (s)	Revision Notes
V.1			Initial Draft
V.2			Amendments
V.3			Amendments
V.4			Amendments
V.5			Amendments
V.6			Amendments
V.7			Amendments
V.8			Amendments
V.9			Amendments
V.10			Amendments
V.11			Amendments
V.12			Amendments
V.13			Amendments

Section 1: Exercise Planner

Use these headings and prompts to create your Exercise Plan.

Exercise Plan	
Hospital/DHB	
Exercise name	
Venue	
Date of exercise	
Duration of exercise	
Date and time of data replication	

Analyse	
	This is the phase whereby you determine the need for an exercise as well as identifying which plan/s need to be tested or validated. Take into consideration all process and procedures supporting the plan you are testing e.g. Rapid Discharge
Identify the plan/s to be tested/validated:	
Identify the components that need to be tested or validated:	
	Key Performance Indicators (KPIs) need to be aligned with the components of your plan
KPIs to be measured: Refer to Section 4 to complete KPI templates	

Steering Group Members	
	Ensure you have a representative on the Steering Group from each service to coordinate the number of participants and provide actual service data along with any KPIs that need to be measured.
Name	Title/Department

Steering Group Meetings

Date of meeting	Agenda Items
[Insert meeting dates]	

Exercise Design

Introduction



Provide a brief background to the exercise, including the origin or purpose of the wider exercise and what organisation is leading it.

Aim



This is a desired state – a demonstrable outcome. Explain why we are participating and what we want to achieve?

Scenario



A short description of the exercise scenario to set the scene and indicate to participants what type of event or incident the exercise will be about and what environment or conditions can be expected. This scenario can be complemented with a Powerpoint that sets the scene.

Concept



Notes on the how, who, where and when the exercise will be conducted.

Exercise Team Roles and Responsibilities



Medical Umpire: This person can be provided from the hospital and be a part of the Steering Group. Otherwise this role can be filled externally by the ETS Facilitator or other appropriate person.

Senior ETS Instructors: These instructors will be invited to participate in the exercise by the ETS facilitator. The number of senior instructors will depend on the size of the exercise.

Assistant ETS Instructors: These people can be externally or internally selected.

Participants for the exercise: If you can identify these people early in the planning, the exercise time can be factored into their rosters.

[Insert more functions as required]

Exercise Role	Name	Department/Location
Exercise Director		
Exercise Facilitator		
Exercise Facilitator Assistant		
Medical Umpire		
Evaluator – [area]		
Evaluator – [area]		
Evaluator – [area]		
Senior ETS Instructor [BOARD]		
Senior ETS Instructor [BOARD]		
Senior ETS Instructor [BOARD]		
Senior ETS Instructor [BOARD]		
Assistant ETS Instructor [BOARD]		
Assistant ETS Instructor [BOARD]		
Assistant ETS Instructor [BOARD]		
Observer		
Observer		
Observer		

Exercise Logistics Checklist and Timeline



This is a checklist and timeline to be used when planning the exercise.
 [Timeline can be amended to reflect planning arrangements]

Task	Notes	<input checked="" type="checkbox"/>
18 months prior to Exercise		
Schedule exercise date with ETS facilitator		<input type="checkbox"/>
Notify MoH REMA		<input type="checkbox"/>
12-18 months prior to Exercise		
Book venue	Ensure you book the venue for the day of the exercise AS WELL as the day prior for set up	<input type="checkbox"/>
10-12 months prior to Exercise		
Meet with ETS Facilitator	Initial meeting with ETS Facilitator to discuss template document, timeline and other requirements	<input type="checkbox"/>
8-10 months prior to Exercise		
Select Steering Group Members		<input type="checkbox"/>
Schedule steering group meetings	Send out calendar invites	<input type="checkbox"/>
Host first Steering Group Meeting	This meeting should be focused around completing Section 1 and 2 of this document	<input type="checkbox"/>
Notify Management of Service Departments	Give Service Departments enough time to factor staff attendance into rosters	<input type="checkbox"/>
Distribute Medical Umpire Briefing Pack and Injury List	Provide your Medical Umpire with the patient injury list to select injury list (if applicable) as well as the Medical Umpire Briefing Pack	<input type="checkbox"/>
Select and contact Senior Instructors	Your ETS Facilitator will be able to assist with arranging Senior Instructors	<input type="checkbox"/>
Complete Section 1	Complete Section 1 of Emergo Exercise Template and forward to ETS Facilitator	<input type="checkbox"/>
Complete Section 2	Complete Section 2 of Emergo Exercise Template and forward to ETS Facilitator	<input type="checkbox"/>
6-8 months prior to Exercise		
Consider a Steering Group Meeting	Agenda items pertaining to Section 3 and 4 should be addressed	<input type="checkbox"/>
Complete Section 3	Complete Section 3 of Emergo Exercise Template and forward to ETS Facilitator	<input type="checkbox"/>
Complete Section 4	Complete Section 4 of Emergo Exercise Template and forward to ETS Facilitator	<input type="checkbox"/>

4-6 months prior to Exercise		
Arrange magnetic whiteboards	No. of whiteboard is determined by the size of the exercise and need to be provided by the agency hosting the exercise	<input type="checkbox"/>
Consider a Steering Group Meeting	Agenda items pertaining to Section 4 should be addressed	<input type="checkbox"/>
2-4 months prior to Exercise		
Consider a Steering Group Meeting	Use this meeting to discuss exercise as a whole and follow up on outstanding actions/lack of information	<input type="checkbox"/>
Arrange refreshments	Tea, Coffee, Water for the day of the exercise	<input type="checkbox"/>
Arrange catering	If required, will be supplied by the agency hosting the exercise	<input type="checkbox"/>
Patient Tracking Forms	Provide the ETS Facilitator with a copy of your manual patient tracking forms so that these can be prepared for the day of the exercise. If you are going to use your electronic systems, ensure ICT have this set up and ready prior to the exercise.	<input type="checkbox"/>
Complete Section 5	Complete Section 5 of Emergo Exercise Template and forward to ETS Facilitator	<input type="checkbox"/>
Complete Section 6	Complete Section 6 of Emergo Exercise Template and forward to ETS Facilitator	<input type="checkbox"/>
Complete Section 7	Complete Section 7 of Emergo Exercise Template and forward to ETS Facilitator	<input type="checkbox"/>
2 months prior to Exercise		
Consider a Steering Group Meeting	This meeting should be used for final sign off	<input type="checkbox"/>
Meeting with ETS Facilitator	This will give you an opportunity to run through what has been completed and authorised to date as well as identify what is outstanding	<input type="checkbox"/>
HERP	Forward a copy to the ETS Facilitator	<input type="checkbox"/>
Plan/s being tested	Forward a copy to the ETS Facilitator	<input type="checkbox"/>
Arrange communications	Actual process may need to be replicated via cell phones/RTs etc.	<input type="checkbox"/>
Powerpoint presentation and access	Prepare a powerpoint presentation which will be used to 'set the scene' of the exercise and will form part of your Exercise Briefing	<input type="checkbox"/>
Hot debrief	Organise a scribe to capture all notes from the hot debrief	<input type="checkbox"/>
Complete Section 8	Complete Section 8 of Emergo Exercise Template and forward to ETS Facilitator	<input type="checkbox"/>
Complete Section 9	Complete Section 9 of Emergo Exercise Template and forward to ETS Facilitator	<input type="checkbox"/>
Complete Section 10	Complete Section 10 of Emergo Exercise Template and forward to ETS Facilitator	<input type="checkbox"/>
1 month prior to Exercise		
Teleconference with ETS Facilitator	Arrange teleconference time and date with ETS facilitator leading up to exercise – suggest a teleconference 4 weeks prior to exercise	<input type="checkbox"/>

Arrange clipboards	Each Service Department set up area will require a clipboard for Activity Logs	<input type="checkbox"/>
Copy of radiology forms	Forward to ETS facilitator	<input type="checkbox"/>
Copy of laboratory forms	Forward to ETS facilitator	<input type="checkbox"/>
Task cards	Actual task cards and or jenkins should be used during the exercise	<input type="checkbox"/>
Complete Section 11	Complete Section 11 of Emergo Exercise Template and forward to ETS Facilitator	<input type="checkbox"/>
2 weeks prior to Exercise		
Teleconference with ETS Facilitator	Arrange teleconference time and date with ETS facilitator leading up to exercise – suggest a teleconference 2 weeks prior to exercise AS WELL as 1 week before exercise play	<input type="checkbox"/>
Distribute exercise information	You may choose to extract some this information from Section 1 of the Emergo Exercise Template document and forward to participants as an introduction to the exercise	<input type="checkbox"/>
Exercise Set Up Day		
ETS tools	Provided by ETS facilitator	<input checked="" type="checkbox"/>
ETS overview	Provided by ETS facilitator	<input checked="" type="checkbox"/>
Powerpoint Presentation	Ensure you have your presentation with you. Set up laptop and PP and ensure all is functioning properly for Exercise Day	<input type="checkbox"/>
Complete Section 12	Complete Section 12 of Emergo Exercise Template and forward to ETS Facilitator	<input type="checkbox"/>
Complete Section 13	Complete Section 13 of Emergo Exercise Template and forward to ETS Facilitator	<input type="checkbox"/>
Post Exercise Day		
Reports	ETS Facilitator will follow up RE reporting	<input type="checkbox"/>

Section 2: Previous Exercise

Previous Exercise Learning Outcomes



Reference the learning outcomes documented in previous exercise report. List these outcomes with the associated action plans and any relevant notes attached to these outcomes – basically a tracking of all learning outcomes as a result of previous exercises. This should be discussed in the Steering Group Meeting as it gives you a good opportunity to take these outcomes and test them in your next exercise.


[NAME] DHB

Exercise [PREVIOUS EXERCISE NAME] – [PREVIOUS DATE OF EXERCISE]

Learning Outcome	Action Plan	Notes

Section 3: Exercise Master Schedule of Events

Exercise [NAME]	
Exercise Date	
Exercise Venue	


Exercise schedule of events				
 Consider listing all service injects on this template (colour code it so it is easier for the Evaluator for that service to place the injects into the exercise). Examples below:				
Time	Agency	No.	Inject content	Expectations/prompts
e.g. 0835	Fire	1	A car has been parked in front of the fire control panel at the rear of the Rodney Green Stand	Vehicle to be removed immediately
e.g. 0840	ICP	2	Several medical and nursing staff members from the hospital report to the ICP offering to assist	ID verified, skills used appropriately
e.g. 0840	Ambulance	3	Diabetic, semi conscious, deep sighing breathing	

EXERCISE INJECT FORM – INJECT # [insert]

Exercise Name	
Exercise Date	
Injected by:	
Scheduled inject time:	
Target / Agency:	
Inject	
Response Instructions / Additional Information	
Expectations	
Plan reference	

Section 4: Key Performance Indicators

Exercise [NAME]	
Exercise Date	
Exercise Venue	

Key Performance Indicators						
 All Key Performance Indicators (KPI) need to be aligned with the components of the plan/s being tested/validated. Use the templates below to formulate your KPIs.						
Joint Agency Objectives						
Evaluator: [NAME]						
No.	Indicator ALL RED sections need to be completed	Measurement met by: <ul style="list-style-type: none"> • Observation • Verbalised • Written 	Comments (Additional information the evaluator needs to hear)	Achieved	Partially Achieved	Not Achieved
1.1	Command structure in place	Incident control point designated				
		Areas of staging, triage, ambulance loading and deceased designated				
		Safety of responders maintained				
		Roles and responsibilities assigned				
		Clear lines of command				
1.2	Interagency communication processes	Accurate information passed between services				
1.3	Management of the media	Single point of contact identified for media enquiries and releases				
1.4	Public enquiry processes	Single point of contact identified for all public enquiries				
1.5	Logistics (Staff; vehicles, medical supplies) Also supplies for responders if the incident is for a prolonged period	Resource limitations identified and requests placed through the appropriate channels				

Key Performance Indicators

NZ police Objectives

POLICE Evaluator: **[NAME]**

No.	Indicator ALL RED sections need to be completed	Measurement met by:	Comments (Additional information the evaluator needs to hear)	Achieved	Partially Achieved	Not Achieved
2.1	EOC manned ICP manned OC Police appointed Forward commander appointed Assembly area operational	EOC and ICP reps go directly to location, all other staff to Assembly Area for allocation of duties	MAP used Observation Communicated through Situational reports			
		Roles, tasks and resources allocated				
		Access for vehicles gained				
		CIB investigation initiated				
2.2	Management of the public	Area cordoned off and contained	Observed			
		Area of helicopter landing identified and cordoned				
		Point of entry for emergency services personnel achieved				
		Registration point for displaced people identified				
		Coordination with park management re public communication initiated				
2.3	Management of DVI and mortuary	Capacity assessed with contingency to meet demand activated	Where? Transport? Notification process?			
		DVI processes initiated				

Key Performance Indicators

NZ FIRE Objectives

FIRE Evaluator: **[NAME]**

No.	Indicator ALL RED sections need to be completed	Measurement met by: <ul style="list-style-type: none"> • Observation • Verbalised • Written 	Comments (Additional information the evaluator needs to hear)	Achieved	Partially Achieved	Not Achieved
3.1	EOC manned ICP manned	EOC and ICP reps go directly to locations				
		Roles & responsibilities defined				
3.2	Fire trucks deployed	Access for appliances gained				
		Identify what water mains could be used				

Key Performance Indicators

AMBULANCE Objectives

AMBULANCE Evaluator: **[NAME]**

No.	Indicator ALL RED sections need to be completed	Measurement met by:	Comments (Additional information the evaluator needs to hear)	Achieved	Partially Achieved	Not Achieved
4.1	ICP manned	METHANE report within 5 mins				
		Roles and responsibilities are assigned				
		Set up mode of communication with receiving medical facilities				
		EOC and ICP reps go directly to locations				
		Define actual location for CCP and Transport				
		EOC Activated within: _____				
4.2	All units to Staging Area	Access for vehicles gained	Where?			
		Call back of staff and other resources is activated - assessment should be completed within 5 mins of the first responder attending the scene	What are these?			
		Regular situational reports are provided	Track the timeframes			
4.3	Appropriate roles of parking and communications assumed by first response crew	Parking Officer in place				
		Communication Officer in place				
		Consider other logistics				

Key Performance Indicators

Health Emergency Control Plan – EOC Activation

EOC Evaluator: **[NAME]**

No.	Indicator ALL RED sections need to be completed	Measurement met by: <ul style="list-style-type: none"> • Observation • Verbalised • Written 	Comments (Additional information the evaluator needs to hear)	Achieved	Partially Achieved	Not Achieved
5.1	Emergency Control Plan activated in timely manner	Time plan was activated: _____				
		Roles & Responsibilities assigned				
5.2	Communication cascade activated	Time the External/internal notification was sent out: _____				
5.3	EOC manned	A staff briefing held				
5.4	Wider key stakeholders notified	Public Health				
		CDEM				
		MOH				
		Other				
5.5	Identification of resources requirements	Request for additional resources as necessary				
		Assigned a person manage staffing and resource allocation				

Key Performance Indicators

Emergency Department

ED Evaluator: **[NAME]**

No.	Indicator ALL RED sections need to be completed	Measurement met by:	Comments (Additional information the evaluator needs to hear)	Achieved	Partially Achieved	Not Achieved
6.1	Time from pre-hospital METHANE report to calling of ED briefing	<ul style="list-style-type: none"> • Observation • Verbalised • Written Timeframe for receiving these updates _____	Track times, numbers of incoming			
6.2	Decision to activate the Emergency Control Plan	Time frame: _____	Who made the decision: _____			
6.3	ED call back	Contact made with _____% of staff within _____ minutes				
6.4	Establishment of roles and responsibilities within ED	_____ minutes from receipt of pre-hospital notification				
		Allocation of roles & responsibilities: assign jerkins & task cards	Time _____			
6.5	Decanting of the Emergency Department	Consultation with duty manager Hospital discharge plan is activated				
		_____ % of patients cleared before first patients arrived by ambulance				
6.7	Acceptable levels of preventable death within ED	<15% deaths within the department				
6.8	Triage and treatment to meet ED standard times	T1 = immediately				
		T2 = 10 minutes				
		T3 = 30 minutes				
		T4 = 60 minutes				
		T5 = 120 minutes				
6.9	MCI Patient tracking system is activated and resources assigned	All patients are to be provided with a reassigned number;				
		At the end of the exercise all patients will be accounted for				

Key Performance Indicators

Hospital

HOSPITAL Evaluator: **[NAME]**

No.	Indicator ALL RED sections need to be completed	Measurement met by: <ul style="list-style-type: none"> • Observation • Verbalised • Written 	Comments (Additional information the evaluator needs to hear)	Achieved	Partially Achieved	Not Achieved
7.1	Duty Manager/Bed Co-coordinator	Provide a bed status report with _____				
7.2	ICU response according to plan	Provide a bed status report & identify which patients could be moved out of ICU				
7.3	Theatre; Recovery and Radiology	Contact made with _____% of required staff within 20 minutes				
		Theatre lists reprioritized within 10 minutes				
		Resource stock-take within 30 minutes				
7.4	Preventable Deaths & Complications	Total number of patients received in exercise				
		Number of preventable deaths & area that death occurred				
		Number of preventable complications				
		Number of patients that ended up in: <ul style="list-style-type: none"> • ED • Discharge • Transfer • Unsure 				

Key Performance Indicators



Create KPIs for each Service Area involved in exercise play. It is usually a good idea to get the Service Managers and/or Head of Department to be the evaluators for their respective areas as they are more familiar with the processes and procedures pertaining to that area.

[Service area]

[Service area] Evaluator: [NAME]


No.	Indicator ALL RED sections need to be completed	Measurement met by: <ul style="list-style-type: none"> • Observation • Verbalised • Written 	Comments (Additional information the evaluator needs to hear)	Achieved	Partially Achieved	Not Achieved

Section 5: Injured Guber Lists

Exercise [NAME]


Exercise Date	
Exercise Venue	

Injured Guber List – Mass Casualty Incident

 The ETS facilitator will supply you with a master list of all of the injured gubers. Selecting your patients from the master injury list should form part of your steering group agenda. The Guber patients you select from this list will be the patients arriving from the scene.


Total number of patients	
Deceased (pre-hospital use only)	
No. of Red	
No. of Yellow	
No. of Green	

Exercise Patient Injects - ED

 Exercise inject patients are patients who will present at ED but who have not been involved in the MCI. You may or may not choose to inject these patients however details are needed so that gubers can be made up in preparation for the exercise.


Refer to Excel spreadsheet provided by ETS Facilitator and populate all information

ED In-Patients or BAU

 These are patients already admitted. The gubers will need to be made up with appropriate details, conditions and treatment plans so that participants can follow processes when/if discharging, decanting or moving patients. This information can be extracted from PIMS (Patient Information Management Systems) when extracting your census data. The ETS facilitator will remove patient names (and other personal information) and participants will use the NHI to track the patient.

Refer to Excel spreadsheet provided by ETS Facilitator and populate all information

[Service Department] In-Patients or BAU

 These are patients already admitted. The gubers will need to be made up with appropriate details, conditions and treatment plans so that participants can follow processes when/if discharging, decanting or moving patients. This information can be extracted from PIMS (Patient Information Management Systems) when extracting your census data. The ETS facilitator will remove patient names (and other personal information) and participants will use the NHI to track the patient. Data for each Service Department will need to be provided – copy and paste this info into the excel spreadsheet provided.

Refer to Excel spreadsheet provided by ETS Facilitator and populate all information

Exercise **[NAME]**

Guber relatives



Usually this forms an inject e.g. a whole lot of family arriving at the site/hospital looking for their family members – something that needs to be management by the Incident Controller/IMT.

Relative to: [Pt NHI Number]	Location	Details
TOTAL		

Section 6: Service Department Master List

Exercise [NAME]

Exercise Date	
Exercise Venue	

Service Departments



Using the lists below, select the appropriate service departments participating within the Exercise. Indicate whether the service department will be playing in-scope (in which case this department will need to run a whiteboard) or out-of-scope (which means that there will be a representative from this department participating in the exercise however they will not necessarily be running a whiteboard). This information will provide staff with a feel of the size of the exercise as well as inform them of who they can be expected to interact with during the exercise.

Pre-Hospital

Service Department	In Scope	Out of Scope	Whiteboard	Other
Ambulance Communications				
Police Communications				
Fire Communications				
Ambulance Command				
Police Command				
Fire Command				
Scene board				
Staging Area				
Safe Forward Point				
Awaiting Transport				
Casualty Clearing Point				
Loading Zone				

Hospital

Service Department	In Scope	Out of Scope	White board	Other
EOC				
Ambulance Bay				
Administration/Ward Clerk				Name tag
Emergency Department				
ED Triage				
ED Monitoring				
ED Resus				
Admission Planning Unit				
Delay board				
Intensive Care Unit				
Operating Theatre				
Recovery				
Critical Care Unit				
Surgical Ward				
Medical Ward				
Nurses Station				
Plasters Room				
Fracture Clinic				
Radiology				
Laboratory				
Burns Unit				
Out patients				
Transit Lounge				
Waiting Room				
Mortuary				
Temporary Mortuary				
NZ Blood Service				
Pharmacy				
Social Workers				
Assembly Area				
Orderlies				
Security				
Family Area				
Cafeteria/Cafe				
Chapel				
Staff Resources Board				

EOC



Should your EOC be activated consider using WebEOC or ESponder. Remember to put this request through to the MoH (via REMA). You will need your exercise name and date of exercise when you put this request through.

EOC Role	In Scope	Out of Scope	Name tag
Incident Controller			
Operations			
Planning and Intelligence			
Logistics			
Communications			
Liaison			
Safety			
ICT			
Administration			

Exercise Whiteboard Allocation and Signage

Board number and size	Department – Signage required

Section 7: Service Department Floor Plans

[DEPARTMENT] Floor Plan



The ETS Facilitator will require floor plans of all service groups involved in the exercise. These diagrams can be a basic sketched floor plan indicating vital areas which need to be replicated on the whiteboards for exercise play. These sketches need to be scanned and forwarded to the ETS facilitator. Please submit a floor plan for each whiteboard (representing the service area) in play.

Section 8: Data Collection Sheets

Exercise [NAME]

Exercise Date	
Exercise Venue	

Pre- Hospital: Data Collection Sheets

AMBULANCE – Snapshot Data



Use this template to document staff and unit capacity as per roster data at the time and date selected for the exercise. Use this data to complete a Resource Status report for the Duty Manager to refer to at start of play.

Status as at [TIME] on [DATE]

Resource Type	No. of resources committed	No. of resources available	Call Sign	Skill level	No. of staff call back	Call back / availability timeframes
<i>See examples in blue below</i>						
RRU	1	1	OSC9AK	ALS	5ALS	20mins
			SER1AK	ILS	6ILS	30mins
					4BLS	20mins
Ambulance	2	2	CITY1	ALS	N/A	10mins
			MTWN1	ILS	N/A	15mins
			STHL1	BLS	N/A	8mins
			MTRS1	BLS	N/A	11mins
Spare vehicles				N/A	N/A	
				N/A	N/A	
				N/A	N/A	
MCI cache				N/A	N/A	
				N/A	N/A	
Heli					N/A	
					N/A	
Staff call back			N/A	ALS	1	10mins
			N/A			

AMBULANCE Equipment Data



Use this template to document the equipment required at the scene for the time and date selected. This information will be used to create whiteboard signage so that it is available to the participants for play.

Equipment Description	No. required	Area Stored/Required
Ambulances		
Stretchers		
MCI cache		
Command Unit		

FIRE Service – Snapshot Data



Use this template to document staff and resource capacity as per roster data at the time and date selected for the exercise. Use this data to complete a Resource Status report for the Duty Manager to refer to at start of play.

Status as at [TIME] on [DATE]

Resource Type	No. of resources committed	No. of resources available	Call Sign	No. of crew	No. of staff call back	Call back timeframes
<i>See examples in blue below</i>						
Pump	1	1	City	4	3	30mins

FIRE Equipment Data



Use this template to document the equipment required at the scene for the time and date selected. This information will be used to create whiteboard signage so that it is available to the participants for play.

Equipment Description	No. required	Area Stored/Required
Generator		
Extrication equipment		
Pumps		
Command Unit		
Engines		

POLICE Service – Snapshot Data



Use this template to document staff and resource capacity as per roster data at the time and date selected for the exercise. Use this data to complete a Resource Status report for the Incident Controller to refer to at start of play.

Status as at **[TIME]** on **[DATE]**

Resource Type	No. of resources committed	No. of resources available	Call Sign	No. of crew	No. of staff call back	Call back timeframes
<i>See examples in blue below</i>						
Vehicle	1	1	AK12	2	3	30mins

POLICE Equipment Data



Use this template to document the equipment required at the scene for the time and date selected. This information will be used to create whiteboard signage so that it is available to the participants for play.

Equipment Description	No. required	Area Stored/Required
Road cones		
Tape		
Response vehicles		
Command Unit		

Hospital: Data Collection Sheets

Exercise **[NAME]**

Exercise Date

Exercise Venue

[NAME] HOSPITAL CENSUS – SNAPSHOT DATA **Status as at **[Snapshot data date and time]****



Use this template to document bed occupancy numbers as per hospital data at the time and date selected for the exercise. Use this data to complete a Bed Status report for the Duty Manager to refer to at start of play.

Ward/Unit	Service Description	Occupancy	Open Beds

[NAME] HOSPITAL ON DUTY STAFF RESOURCES

Status as at [Snapshot data date and time]



Use this template to document on-duty staff resources as per hospital data at the time and date selected for the exercise. Use this data to complete a Bed Status report for the Duty Manager to refer to at start of play.

Skill set / Staff positions	Number of staff
[SERVICE/WARD]	
<i>Registered Nurse</i>	
<i>Enrolled Nurse</i>	
<i>Health Care Assistant</i>	
<i>Clinical Nurse Manager</i>	
<i>Clinical Nurse Educator</i>	
<i>Charge Nurse</i>	
<i>Consultant</i>	
<i>Registrar</i>	
[SERVICE/WARD]	
[SERVICE/WARD]	
[SERVICE/WARD]	
Medical Staff / Doctors available on site	

[NAME] HOSPITAL CALL BACK STAFF RESOURCES

Status as at **[Snapshot data date and time]**

Skill Set	Number	Call back timeframes
[SERVICE/WARD]		
Registered Nurse	3	30 mins
Enrolled Nurse		
Health Care Assistant		
Clinical Nurse Manager		
Clinical Nurse Educator		
Charge Nurse		
Consultant		
Registrar		
[SERVICE/WARD]		
[SERVICE/WARD]		
[SERVICE/WARD]		

Hospital: Data Collection Sheets ...cont...

[NAME] DHB ON DUTY STAFF RESOURCES RADIOLOGY – [data replication date]

Skill set	Number
	[Area]
Radiographer	
Radiologist	
	[Area]
Radiographer	
Radiologist	
	[Area]
Radiographer	
Radiologist	

[NAME] DHB CALL BACK STAFF RESOURCES RADIOLOGY – [data replication date]

Skill Set	Number	Call back timeframes
Radiographer		
Radiologist		

[NAME] HOSPITAL ON DUTY STAFF RESOURCES ORDERLY AND SECURITY – [snapshot data date & time]

Location	Number
<i>Orderly – ED</i>	4
<i>Orderly – Radiology</i>	2
<i>Security – Hospital campus</i>	6

[NAME] DHB CALL BACK STAFF RESOURCES ORDERLY AND SECURITY – [data replication date]

Skill Set	Number	Call back timeframes
Orderly		
Security		

Hospital: Data Collection Sheets ...cont...

[NAME] Hospital Equipment Data - Hospital



Use this template to document the equipment required throughout the hospital at the time and date selected for the exercise. This information will be used to create whiteboard signage so that it is available to the participants for play.

Equipment Description	No. required	Area Stored/Required
Defibrillator		
ECG Machine		
Oxylog Ventilator		
Portable ventilator		
Monitors		
Rover BP machines		
Portable Monitors		
Portable Oxygen Cylinders		
CPAP		
Chest Drain Trays		
Chairs in the waiting room		
Trolleys (additional)		
Trauma Beds (ability to do trauma series x-rays)		

Hospital: Data Collection Sheets ...cont...

[NAME] Hospital Equipment Data - Radiology



Use this template to document the equipment required within the Radiology Department at the time and date selected for the exercise. This information will be used to create whiteboard signage so that it is available to the participants for play.

Equipment Description	No. required	Room or Area Stored/Required
CT Scanner		
Ultrasound		
Ultrasound FAST scanner		
X-Ray mobile unit		
X-Ray mobile image intensifier		

Section 9: Hospital Forms

Bed/Duty Manager Report

[NAME] Hospital – Bed/Duty Manager Report



Use your own forms to complete a census report for the Bed/Duty Manager. This snapshot will be used by the Bed/Duty Manager when the exercise commences and should include:

- Date
- Ward Name
- No. of patients in ward
- No. of empty beds
- Predicted discharges
- Booked admissions
- Comments/Notes

Example of a template provided below.

128404 X7683 08/08

TAURANGA HOSPITAL... BED MANAGEMENT HANDOVER REPORT



Date / /	No. of Patients	Empty Beds	Predicted Discharges	Booked Admissions	General Comments / Transfers / Specials etc.
Ward 1d	30	Male Female Side Rooms			
Ward 2a	22	Male Female Side Rooms			
Ward 2b	22	Male Female Side Rooms			
Ward 2c	24	Male Female Side Rooms			
Ward 3a	22	Male Female Side Rooms			
Ward 3b	22	Male Female Side Rooms			
Ward 3c - PAEDS	19				
CAU	3	CAU Side Rooms			
Ward 4b - ORTHO	40/36	Male Female Side Rooms			
APU	28	Male Female			
ICU/HDU	5				
CCU	5				
Mental Health	24				
SHSOP	38				
SCBU	12				
Postnatal	21				
Antenatal	4				
Delivery	7				
ED Obs Unit	5				
Medical Day Stay	18				
SAU	18				

Lab Forms

[NAME] Hospital – Lab Forms



Provide a copy of the lab forms used within your hospitals to the ETS facilitator. These forms can then be used during exercise play – staff will be familiar with the forms and therefore be more realistic to the scenario.

Example of a template provided below.

J.A. Ingram, R. Wickham, M.C. Thompson, E.D. Barton, S. Paul, H. Patton, S.J. May, S. Paine, R. Hanson, R.J. Massey, G.M. Corbett, N. Hanson, M. Addable, I.D. Beer		ENQUIRIES: Phone: 07-858 0799 RESULTS HOTLINE 07-858 0795				BLOOD EDIA PLAIN URINE SWAB C V H SMEAR FAECES SPUTUM SEMEN MYCO COLLECTED BY I.D. ON AM PM						
SURNAME		FIRST NAMES		DOB / / SEX AGE OTHER I.D.		DOCTOR CODE Emergency Health 838 2569 Hamilton 3240 M0036252						
Ethnic Origin:		PATIENT ADDRESS: / NHF No.		PATIENT TO PAY								
FASTING	RANDOM	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Other		UNDERLINE TESTS TO		COPY TO						
				<input type="checkbox"/> PHONE <input type="checkbox"/> FAX		COPY						
BIOCHEMISTRY		MICROBIOLOGY		HAEMATOLOGY		IMMUNOLOGY						
<input type="checkbox"/> LIVER FUNCT. <input type="checkbox"/> Glucose. <input type="checkbox"/> HBA1C <input type="checkbox"/> STD GTT * <input type="checkbox"/> Gest. Tolerance * Requires Appt. <input type="checkbox"/> IHR Polycose Screen RENAL <input type="checkbox"/> Urea <input type="checkbox"/> Creatinine <input type="checkbox"/> Electrolytes Magnesium Uric Acid <input type="checkbox"/> Ca ⁺⁺ /Phos PROTEINS <input type="checkbox"/> Total Protein <input type="checkbox"/> Albumin <input type="checkbox"/> Immunoglobulins <input type="checkbox"/> Electrophoresis <input type="checkbox"/> Immuno Electrophoresis HORMONES <input type="checkbox"/> FSH <input type="checkbox"/> LH <input type="checkbox"/> Prolactin <input type="checkbox"/> Testosterone <input type="checkbox"/> Progesterone <input type="checkbox"/> E2 <input type="checkbox"/> HCG		THYROID <input type="checkbox"/> FT4 <input type="checkbox"/> TSH <input type="checkbox"/> FT3 LIPIDS <input type="checkbox"/> TOT.cholest. <input type="checkbox"/> Fasting Lipids: <input type="checkbox"/> Cardiac Enz CK Troponin I S.Amylase DRUGS Last dose am/pm Digoxin Lithium Carbamazepine Phenytoin Valproate RANDOM URINE <input type="checkbox"/> BJ Protein <input type="checkbox"/> Micro Alb./Creat.Ratio 24 HOUR URINE <input type="checkbox"/> Creatinine <input type="checkbox"/> Cr.Clearance(+blood) <input type="checkbox"/> Na / K <input type="checkbox"/> Protein <input type="checkbox"/> Ca		URINE <input type="checkbox"/> MSU <input type="checkbox"/> Catheter <input type="checkbox"/> Other <input type="checkbox"/> TB early am Urine x3 UROGENITAL <input type="checkbox"/> Vaginal <input type="checkbox"/> Cervical <input type="checkbox"/> Urethral <input type="checkbox"/> Vulval <input type="checkbox"/> Other CHLAMYDIA <input type="checkbox"/> Ist Catch Urine <input type="checkbox"/> Swab Site GENERAL <input type="checkbox"/> Blood Culture <input type="checkbox"/> Sputum Routine <input type="checkbox"/> Sputum TB x 3 <input type="checkbox"/> Aspirate Site <input type="checkbox"/> Mycology Site <input type="checkbox"/> Herpes Site <input type="checkbox"/> Virology Culture <input type="checkbox"/> Other SEMEN <input type="checkbox"/> Fertility <input type="checkbox"/> Post Vasectomy		SWABS <input type="checkbox"/> Wound <input type="checkbox"/> Skin Site 1 Site 2 <input type="checkbox"/> Ear L R <input type="checkbox"/> Eye L R <input type="checkbox"/> Nasal L R <input type="checkbox"/> Mouth <input type="checkbox"/> Throat FAECES <input type="checkbox"/> Culture <input type="checkbox"/> Parasites x 3 <input type="checkbox"/> Rotavirus <input type="checkbox"/> Giardia/Crypto EIA <input type="checkbox"/> Rectal Swab <input type="checkbox"/> Occult Blood x 3		<input type="checkbox"/> CBC <input type="checkbox"/> ESR <input type="checkbox"/> Retic <input type="checkbox"/> Fe/BC/Trans <input type="checkbox"/> Ferritin <input type="checkbox"/> B12/Folate <input type="checkbox"/> Red Cell Folate <input type="checkbox"/> Ist Antenatal Screen (Group, Antibody Screen, VDRL, (RPR), Rubella, HBsAg, CBC, HIV) <input type="checkbox"/> Subsequent Antenatal Screen (Antibody Screen, CBC) <input type="checkbox"/> HCG <input type="checkbox"/> Cervical Smear <input type="checkbox"/> OTHER Please Specify		COAGULATION <input type="checkbox"/> INR (Prothrombin) <input type="checkbox"/> Coag Screen <input type="checkbox"/> D.dimer <input type="checkbox"/> Thrombotic Screen <input type="checkbox"/> Von Willebrand Scr <input type="checkbox"/> Lupus Anticoagulant Requires Appt. <input type="checkbox"/> Direct Coombs <input type="checkbox"/> ABO Rh, Blood Group CYTOTOLOGY <input type="checkbox"/> Cervical Smear <input type="checkbox"/> OTHER Please Specify		<input type="checkbox"/> Infect. Mono <input type="checkbox"/> EBV IgG/IgM <input type="checkbox"/> CMV IgG/IgM <input type="checkbox"/> Toxo IgG/IgM <input type="checkbox"/> Brucella <input type="checkbox"/> Leptospira <input type="checkbox"/> Strept.Titres <input type="checkbox"/> CRP <input type="checkbox"/> Rheumatoid <input type="checkbox"/> Thyroid Abs. <input type="checkbox"/> ANF <input type="checkbox"/> Tissue Abs. <input type="checkbox"/> Coeliac Screen <input type="checkbox"/> Hep.A IgG/IgM <input type="checkbox"/> HBs Ag/Ab <input type="checkbox"/> anti HB core <input type="checkbox"/> HBe Ag <input type="checkbox"/> Hep. C Virus Ab <input type="checkbox"/> HIV <input type="checkbox"/> Syphilis Serology <input type="checkbox"/> Rubella Status <input type="checkbox"/> Rubella Infection (paired sera) <input type="checkbox"/> Mantoux <input type="checkbox"/> Skin Sensitivities * Requires Appt. Tumor Markers <input type="checkbox"/> AFP <input type="checkbox"/> CEA <input type="checkbox"/> CA19-9 <input type="checkbox"/> CA125
				OTHER TESTS / HISTOLOGY								
				SPECIFY		SPECIMEN / SITE						
				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		● See Reverse for List of Reception Rooms						
				CLINICAL PARTICULARS								
				DATE:								
				DOCTOR'S SIGNATURE:								
I certify that the tests requested are for an eligible person and meet the criteria for a subsidised service.												


Radiology Forms

[NAME] Hospital – Radiology Forms



Provide a copy of the radiology forms used within your hospitals to the ETS facilitator. These forms can then be used during exercise play – staff will be familiar with the forms and therefore be more realistic to the scenario.

Example of a template provided below.



14F457

Radiology Imaging Referral Form

Diagnostic X-rays are delivering the largest single contribution to the cumulative exposure to radiation. Examination is not done if released patient's health will be improved by the information gained. Guidance must be exercised in children and women of reproductive age.

Referring doctor to complete (Please print clearly) Radiology to complete (Please print clearly)

Surname: _____		Patient Location / ward: _____	
First name: _____		Referral: _____	
Address: _____		If Primary, Exam date by: _____	
Address/post code: _____		Prioritised by: _____	
Ph: _____ Mobile: _____		Proposed: _____	
DOB: _____	Gender: M / F	Ethnicity: _____	Ref location: _____
Referring doctor: _____		Referral signature: _____	
Department/location: _____		Referral date: _____	
Consultant name (if applicable): _____		Referral date: _____	
Mobile: _____		Location of practice (please print clearly): _____	
Copy to details (Please print clearly): _____		Location of practice (please print clearly): _____	
List Name: _____		Location of practice (please print clearly): _____	
Part Name: _____		Location of practice (please print clearly): _____	

Exam type (Please tick)

X-RAY	PORTABLE	US	CT	INTERVENTIONAL	FLUORO	RUC	IMED	MAMMO	BONE DENS	MR
									(BONEDEN)	(MR)

Any previous reactions (Please describe): _____

Relevant clinical history

What is the clinical question?

(Place Radiology Barcode Label Here)

As a result of your interest in this suggestion your health care information will be collected and stored in order for us to work to you with safe and effective medical care of the highest possible level. Your information may be used for database or entered in a data storage system and should not allow health care professionals access. Your information may also be used for training or other purposes in these facilities. All personal identifiers will be removed.

Patient Tracking Forms

[NAME] Hospital – Patient Tracking Forms



Provide a copy of the radiology forms used within your hospitals to the ETS facilitator. These forms can then be used during exercise play – staff will be familiar with the forms and therefore be more realistic to the scenario. Patient tracking forms will be required for all service departments as per your normal 'manual' documenting processes.


Example of a template provided below.

GUBER NO	MCI NO.	Patient Label or NHI, SURNAME, first name, DOB	Unit/Ward Name					Date
			CBU / Team Presentation / Consultant / Diagnosis	Arrival Time	Triage code	Location	Departure Time	To Destination.

Section 10: Time Management Data

Exercise [NAME]	
Exercise Date	
Exercise Venue	

Pre-Hospital Time Management Data

AMBULANCE Time Management Data		
	Each task needs to be accompanied with the time in which it would take for that particular task to be completed as well as the number of staff committed to completing this task. This timeframe is referred to as 'ETS time out' and is managed on the delay board. This allows for real time management.	
Task/Activity	No. of staff committed to task	Time to complete task
<i>Loading patient</i>	<i>2</i>	<i>2 minutes</i>
<i>Walking to CCP</i>	<i>1</i>	<i>2 minutes</i>
<i>Transporting a patient in an ambulance</i>	<i>2</i>	
From (department)	To (department)	Time to complete task
<i>Scene</i>	<i>Hospital</i>	<i>12 minutes</i>

FIRE Time Management Data



Each task needs to be accompanied with the time in which it would take for that particular task to be completed as well as the number of staff committed to completing this task. This timeframe is referred to as 'ETS time out' and is managed on the delay board. This allows for real time management.

Task/Activity	No. of staff committed to task	Time to complete task	Notes
<i>See examples in blue below</i>			
Extricating a patient	3	11mins	
Retrieving equipment from work area	1	2mins	
Time to stabilise	2	22mins	

POLICE Time Management Data



Each task needs to be accompanied with the time in which it would take for that particular task to be completed as well as the number of staff committed to completing this task. This timeframe is referred to as 'ETS time out' and is managed on the delay board. This allows for real time management.

Task/Activity	No. of staff committed to task	Time to complete task	Notes
<i>See examples in blue below</i>			
Setting cordons	3	20mins	
Clearing crowd	1	10mins	

Hospital Time Management Data

Exercise [NAME]

Exercise Date	
Exercise Venue	

ORDERLY Time Management Data



Each task needs to be accompanied with the time in which it would take for that particular task to be completed as well as the number of staff committed to completing this task. This timeframe is referred to as 'ETS time out' and is managed on the delay board. This allows for real time management.

From (department)	To (department)	Time to complete task	No. of staff committed to task
<i>See examples in blue below</i>			
ED	ED X-Ray Room	11mins	1
ED	CT	10mins	1
CT	ED		
ED	ICU		
ED	Radiology		
Radiology	ED		
Helipad	ED		
ED	Mortuary		



The time allocated for taking patient to departments should include assisting with bed transfer and the orderly returning the bed to its place of origin. Ensure that normal processes are replicated (using defined processes) when activating and assigning orderlies in the event of an emergency.

RADIOLOGY Time Management Data



The X-Ray times above need to reflect the actual times as per your radiology department.

X-Ray type	Time to complete with complex patient	Time to complete with uncomplicated patient	No. of staff committed to task
X-Ray Times – Mobile Films			
<i>See examples in blue below</i>			
Trauma Series – C-Spine, CXR, Pelvis	25mins	15mins	1
CXR	10mins	10mins	1
In ED X-Ray Room			
CXR	7mins	7mins	
Pelvis/Hip	17mins	12mins	
C-Spine	17mins	12mins	
Thoracic Spine or Lumbar Spine	17min	12min	
Abdominal	10mins	8mins	
Distal Limbs (per limb)	12mins	10mins	
CT Times			
CT Head	25mins	15mins	
CT Head & Spine	25mins	15mins	
CT Head, Face, C-Spine, Abdomen & other spinal views	30mins	20mins	
CT Chest & Abdomen	20mins	10mins	
C-Spine, Thoracic or Lumbar spine	20mins	10mins	
Circle of Willis / Carotids / Vertebral	20mins	15mins	

Additional Time Management Data



This is additional signage which will be placed on the whiteboards of various service areas to help participants manage time-outs for other tasks or task specific to their area.

Additional Time Delay Data

Cleaning	mins
Restock	mins
Discharge	mins
	mins
	mins

Section 11: Conduct Phase

Exercise [NAME]	
Exercise Date	
Exercise Venue	

Conduct Details	
Preparation	
Set up	Set up facility the day prior to the exercise
Instructor briefing	Instructors to be briefed on roles and exercise play etc PRIOR to the exercise
Introduction	
Exercise Director/Host	Welcome
	Why you are testing your plans?
	Objective/s for the day?
	Aim/s for the day?
	Outline of the day's schedule
	Introduce the instructors and evaluators
ETS Overview	Powerpoint Presentation
	ETS facilitator to recap fundamentals of ETS
Exercise Director	Present the scenario – consider use of PP
Participants enter the exercise room in their groups	
ETS instructors	Go through ETS again and answer any questions
	Explain rules of play
	Explain treatment cards, activity logs, delays etc
Exercise commences	
Exercise Director calls 'stand down' at the end of exercise	
Conclusion	
Hot debrief	Conducted by Exercise Director
	Scribe to capture notes from the hot debrief
Refreshments	

Briefing Grid

Senior and Assistant Instructors Briefing

Senior Instructors Briefing Pack

Roles and responsibilities

Exercise outline

Exercise Documents

Methods to be used

Exercise Master Schedule of Events (Activity Log)

Senior Instructors Evaluation Template

Medical Umpire Briefing

Medical Umpire Briefing Pack

Adverse Outcomes Sheet

Stickers

Roles and Responsibilities

Exercise Outline

Exercise Documents

Methods to be used

Exercise Master Schedule of Events (Activity Log)

Medical Umpire Evaluation Template

Evaluator Briefing

Evaluator Briefing Pack

Populated KPI sheets

Which KPIs are to be evaluated

Where the Evaluator is positioned

Roles and Responsibilities

Exercise Outline

Exercise Documents

Methods to be used

Exercise Master Schedule of Events (Activity Log)

Evaluator Evaluation Template

Exercise Briefing – ETS Director

Welcome

Safety briefing

Exercise schedule and timings

Plan/s being tested

Aim and Objective

Service Department Locations

Exercise boundaries

Scenario Outline

Introduce Instructors and Evaluators

Hot Debrief

Initiation and unfolding of scenario

Deviations from plans or procedures

Timeliness and other key performance indicator outcomes

Effectiveness of or shortcoming in, command and control

Problem solving activities and decision making

Common themes arising during the exercise

Exercise Schedule – change the details to suit your exercise requirements

Exercise Name	
Exercise Date	
Exercise Venue	
Time	Description
08:45	Meet and Greet,
08:45	Enter Exercise Room – Instructors to provide overview
09:15	Introduction – Exercise Director
09:20	ETS Instruction DVD & Overview – ETS Facilitator
09:40	Scenario Presentation – Exercise Director
09:45	Questions – participants move to respective areas
10:00	Exercise commences
12:00	Exercise stand down
12:15	Hot Debrief
12:45	Refreshments
13:00	Exercise day concludes

Participant – Hot Debrief Notes

[NAME] DHB – Exercise [NAME]

Exercise Date:

Name:

Title and Organisation:

Service Board:

What went/worked well?

What did not go/work well?

What could have been done differently?

Recommendations & what can be improved?

General comments

Emergo Train System Exercise HOT DEBRIEF NOTES

[NAME] DHB

Exercise: [NAME]

Exercise Date	
Exercise Venue	
Debrief facilitator	
Notes taken:	
[Service Area]	
•	
[Service Area]	
•	
[Service Area]	
•	
[Service Area]	
•	
[Service Area]	
•	
[Service Area]	
•	
[Service Area]	
•	

Section 12: Evaluations

Exercise [NAME]	
Exercise Date	
Exercise Venue	

Evaluations		
Type	Description/Notes	Timeframe
Participant List	Completed list (reflecting names of all participants) to be handed back to ETS Facilitator	On the day of exercise
Measure KPIs	Completed templates to be returned to the ETS Facilitator	On the day of exercise
Activity Logs – Service Areas	Each service area logs to be returned to ETS Facilitator	On the day of the exercise
Event Logs – Instructors	Event log to be returned to ETS Facilitator	On the day of the exercise
Exercise summaries	Completed by service department representatives returned to ETS Facilitator	Within one week following the exercise
Exercise findings	Senior Instructors/Assistants to provide reports to ETS Facilitator	Within one week following the exercise
Observer reports	Reports from Observers forwarded to ETS Facilitator	Within one week following the exercise
Hot Debrief Notes	Notes taken by scribe on day to be forwarded to ETS Facilitator	Within one week following the exercise
Final Report	ETS Facilitator to work with Exercise Director	Within one month of exercise
Cold debrief and Action Planning	Emergency Planners to reference and follow up on findings	BAU

Participant Evaluation

On online survey will be developed. The link to this survey will be sent to the DHB following the exercise. All feedback will be recorded and added to the supporting document submitted along with the final report.

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Section 13: Final Report

Exercise [NAME]		
Exercise Date		
Exercise Venue		
Final report recipients:		
Name	Title & Organisation	Email address
David Nankivell	Health Emergency Planning Manager – St John	david.nankivell@stjohn.org.nz
Richard Swears	Emergency Planning and Specialist Response Manager – St John	richard.swears@stjohn.org.nz
Murray Mills	Regional Emergency Management Advisor - Ministry of Health	Murray_mills@moh.gov.nz
DHB Planner		

The final report will be used by the DHB during the cold debrief to formulate operational action plans based on the outcomes of the exercise. Cold debrief findings need to be forwarded to the ETS Facilitator. These notes will be kept on record and referenced prior to the next exercise.

Participant Attendance Register

EXERCISE PARTICIPANT LIST

[NAME] DHB – Exercise [NAME] [DATE]

Name	Company/Department	Position	Exercise Role
<i>EXAMPLE</i>	<i>XXDHB - ED</i>	<i>Clinical Nurse Manager</i>	<i>ED CNM</i>

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