

C.2. EMT Agenda Example

| AGENDA & BRIEFING GUIDE | | |
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| 1. | Welcome & Introductions | Try and get as much of the information below before the briefing. It will be a quicker, clearer briefing if is mainly confirmatory. Try and not get into a situation where you are trying to solve each problem on the call - it's a briefing not a meeting! Identify what the "Operational Period" will be, i.e. when is the next briefing. |
| 2. | Situation Update | WHO (Always do the PEOPLE bit first, patient & staff issues) then, WHAT, WHEN, WHERE. Try and do this summary yourself it helps impose control over the briefing. |
| 3. | Concerns | If you have not had the chance to get this information before the briefing, try and use a checklist from the relevant plans to identify your own concerns then get each person/sector CONCERNS broken down into a pre-agreed order. A simple order would be Service Delivery (under sub-headings), Facilities and Comms & Staff Sentiment |
| 4. | Objectives | The CONCERNS update can turn into a bit of an open discussion. The OBJECTIVES bit gives you the opportunity to get control again with a statement of what you see as the most critical issues to deal with / decisions to make in the next "Operational Period". This is the "strategy" if you used to UK emergency services procedures. |
| 5. | Actions | Allocate actions to a person / dept, by a set time (or confirm ACTIONS them if they have arisen in discussion in the CONCERNS section). |
| 6. | Review Existing Actions | (Not on Initial Meeting) then Close - aim for 30 mins max. |