

# SESLHD POLICY COVER SHEET



**Health**  
South Eastern Sydney  
Local Health District

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<b>EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR</b>	Director Clinical Governance and Medical Services SESLHD HSFAC
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<b>FUNCTIONAL GROUP(S)</b>	Disaster Management Work Health and Safety
<b>KEY TERMS</b>	Emergency management planning; Emergency Planning Committee; emergency management plan structure and content
<b>SUMMARY</b>	This document describes the Local Health District and individual Healthcare Facility responsibilities for the prevention, preparation, response and recovery of external and internal incidents or emergencies.

## **COMPLIANCE WITH THIS DOCUMENT IS MANDATORY**

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## 1. POLICY STATEMENT

All emergency management plans are documented, current and available to all workers responsible for the co-ordination and response to emergencies that arise either internally within the organisation or from an external source. In compliance with NSW Healthplan, all emergency plans are to be structured under the Incident Command System (ICS) at a Executive / Senior level, and only the colour codes detailed within the Australian Standard AS4083:2010 are used within SESLHD facilities.

Internal emergencies affecting essential utilities and/or services should be supported by Business Continuity Plans (BCP) in addition to the site / service plan. Within SESLHD, the (SCCHU) data base identifies needs, normal supply options, alternate supply options and emergency contact information about the 3rd Party external providers. The SCCHU can be accessed by the following link: [Welcome to the Facilities Services web site](#).

## 2. AIMS

To provide a framework for facilities to plan for both internal and external emergencies.

## 3. TARGET AUDIENCE

SESLHD Health Service Functional Area Coordinator (HSFAC) and Disaster Management team, SESLHD Service Controllers (Medical, Public Health, Mental Health, Pathology, Medical Imaging, Communications, Information & Technology), Hospital Controllers and Directors of Operations, workers employed within SESLHD.

## 4. RESPONSIBILITIES

### 4.1 SESLHD HSFAC and Disaster Management team will:

- Ensure the LHD Healthplan and sub-plans are maintained and meet the emergency prevention, preparedness, response and recovery requirements of NSW Healthplan.
- Chair the SESLHD Emergency Management Committee.
- Coordinate and facilitate training courses and exercises.
- Liaise with Ministry of Health State Health Services Functional Area Coordinator (State HSFAC), Ministry of Health State Preparedness and Response Unit (SPRU), external emergency services, external agencies and government and non-government emergency management specialists as required.

### 4.2 SESLHD Service Controllers - (Medical, Public Health, Mental Health, Pathology, Medical Imaging, Communications, Information & Technology) will:

- Ensure the development and maintenance of facility and services emergency management plans and ensure these plans support / align with SESLHD Healthplan and Australian Standards.
- Have a representative on the SESLHD Emergency Management Committee.
- Chair, and / or Executive Sponsor for the hospital's Emergency Management Committee.

- Coordinate development, implementation and maintenance of emergency plans, emergency response procedures, exercises, and related training.
- Ensure that workers are appropriately trained to respond to both internal and external emergencies.

**4.3 Hospital Incident Controllers will:**

- Ensure the development and maintenance of facility and service emergency management plans and ensure these plans support and align with SESLHD Healthplan.
- Have a representative on the SESLHD Disaster Management Committee.
- Have a service representative on the hospital’s Emergency Management Committee, where applicable.
- Ensure that workers are appropriately trained to respond to both internal and external emergencies.

**5. Workers employed within SESLHD will:**

- Follow the emergency procedures for the site or service and the directions of authorised Emergency Management positions in the execution of their duties.

**6. DEFINITIONS AND ABBREVIATIONS**

<b>Assembly area</b>	A number of designated places where patients, visitors and workers may be taken/assembled in the event of an evacuation, also called an Evacuation Meeting Point.
<b>BCPs</b>	Business Continuity Plans
<b>COSOPs</b>	Critical Operations – Standard Operating Procedures also called Business Continuity Plans (BCPs).
<b>Emergency</b>	An event, actual or imminent that arises internally or from external sources, which endangers or threatens to endanger life, property or the environment and which requires an immediate coordinated response.
<b>Emergency mitigation</b>	Measures taken to decrease the likelihood of emergencies occurring and the associated impacts on people, the facility and the environment.
<b>Emergency Officer</b>	A person on-site with clearly defined responsibilities and appropriate authority in relation to the facility’s emergency plans. Depending on the situation this could be the incident controller, Warden, Fire Officer, Security Officer, Engineer etc
<b>Emergency Operations Centre. (EOC)</b>	The location where the Incident Management Team (IMT) will meet to coordinate and manage the incident.

<b>Emergency plan</b>	A documented scheme of assigned responsibilities, actions, equipment and procedures, required in the event of an emergency. It consists of the preparedness, prevention and response activities and includes the agreed emergency roles, responsibilities, strategies, systems and arrangements.
<b>Emergency preparedness</b>	The arrangements made to ensure that, should an emergency occur, all those resources and services that are needed to cope with the effects can be efficiently mobilised and deployed. Examples include membership, structure and duties of Emergency Management Committee; emergency identification; development and maintenance of emergency procedures; training.
<b>Emergency prevention</b>	The measures taken to eliminate the incidence of emergencies. These include the regulatory and physical measures to ensure that emergencies are prevented. Examples include policies and procedures, regular maintenance and servicing of appliances, alarm systems, plant and equipment; correct storage practices; good housekeeping measures such as the reduction or removal of excessive fuel loads.
<b>Emergency response exercise</b>	An exercise implemented to determine the effectiveness of the emergency response plan and procedures.
<b>External emergency</b>	An event that arises external to the facility and may necessitate allocation of resources to an external site or preparation for reception of a significant number of victims (or both).
<b>HSFAC</b>	Health Service Functional Area Coordinator appointed by the Local Health District Chief Executive (PD2012_067).
<b>Hospital Incident Controller</b>	Nominated manager in charge of emergency management, planning and operations, also called Emergency Coordinator in AS 4083-2010.
<b>Incident Control System (ICS)</b>	Provides a management system that facilitates the coordination of all activities, by a single organisation, or by two or more organisations involved in the resolution of any emergency (AIIMS A Management System for any Emergency).
<b>Incident Management Team (IMT)</b>	Designated personnel responsible for conducting an assessment when a 'Code' is called and managing the incident. The Initial Response team shall respond to an initial alarm and identify risk factors associated with the alarm activation. They may elect to activate any component of the entire Emergency Plan depending upon the type of incident and actual or impending impact on patients, staff or relatives.
<b>LHD</b>	Local Health District

<b>SESLHD</b>	South Eastern Sydney Local Health District
<b>Warden intercommunication point (WIP)</b>	The location on a floor or evacuation zone, that includes a handset through which instructions can be received from the intercommunication panel via the emergency intercom system.
<b>Worker</b>	A person who carries out work in any capacity for a person conducting a business or undertaking, including work as an employee, a contractor or subcontractor, an employee of a contractor or subcontractor, an employee of a labour hire company who has been assigned to work in the person’s business or undertaking, an outworker, an apprentice or trainee, a student gaining work experience, a volunteer or a person of a prescribed class (Work Health and Safety Act 2011 No 10).

**7. PROCEDURE**

The following sections describe the emergency management framework.

**7.1 EMERGENCY PLANNING COMMITTEE**

An emergency planning committee (EPC) is formed for each facility by the Hospital Incident Controllers and can be formed for an individual facility or group of facilities. The EPC has representative on and reports to the SESLHD Disaster Management Committee.

**7.1.1 EPC Duties**

- a) Identify events that could reasonably produce emergency situations.
- b) Develop, endorse, and maintain an emergency plan (refer to 6.2).
- c) Ensure resources provided to enable development and implementation of the emergency plan.
- d) Nominate the validity period for the emergency plan, maintain and update evacuation diagrams.
- e) Ensure the emergency plan readily identifiable and available to all workers.
- f) Establish an emergency control structure (for example Incident Control System) to operate in accordance with the emergency plan, with respective Job Action Sheets / Task Cards for each position.
- g) If deemed necessary, establish a specialist Incident Response Team (IRT).
- h) To promote awareness of the emergency response procedures to have a training schedule for the workers identified in the emergency control structure, including testing and review of the emergency procedures.
- i) Ensure that a permanent record of events for each emergency is compiled and retained.
- j) Review all incidents including exercise drills to identifying and rectifying deficiencies and opportunities for improvement in the emergency plan and emergency response procedures.
- k) Develop action plans to monitor progress to rectify identified deficiencies and opportunities to improve the emergency plan and emergency response procedures.

- l) Escalate risks to the SESLHD Disaster Management Committee and Facility Executive.
- m) Terms of reference to include EPC duties.

### **7.1.2 EPC Membership**

The EPC shall consist of not less than two people who are representative of the stakeholders (including local Health district Services such as pathology, Mental Health, Public Health, Information, Communication and Technology) and in most facilities would comprise senior management, chief warden and specialist facility personnel such as the maintenance engineer.

### **7.1.3 EPC Meetings**

The EPC to meet a least bi-annually and a record of the meetings made and retained by the EPC Chairperson.

## **7.2 EMERGENCY PLAN STRUCTURE AND CONTENT**

An emergency plan to be developed and maintained for each facility, and document the organisational arrangements, systems, strategies and procedures relating to response and management of emergencies.

**7.2.1** A statement of authority.

**7.2.2** Aims and objectives including scope.

**7.2.3** Identify facilities to which the emergency plan applies to, including descriptions of the fire safety and emergency features of the facility.

**7.2.4** Clearly detail activation, notification, escalation process and stand down procedures.

The emergency plan to include but not limited to the following:

- a) Structure and purpose of the Emergency Planning Committee
- b) Control and coordination functions (ICS), with roles and responsibilities (i.e. task cards), and contact methods including after hours
- c) Emergency organisational arrangements for the facility.

**7.2.5** Activities for preparing for, and prevention of emergencies, such as training, exercises and maintenance.

**7.2.6** Control and coordination arrangements for emergency response  
Emergency response procedures – key elements and considerations:

Emergency Colour Codes:

<b>Code Red</b>	Fire / Smoke
<b>Code Blue</b>	Medical emergencies
<b>Code Purple</b>	Bomb threat, including management of suspicious mail or packages
<b>Code Black</b>	Personal threat (armed or unarmed persons threatening injury to themselves or others, illegal occupancy)
<b>Code Yellow</b>	Internal emergencies (failure or threat to essential services or hazardous substances)
<b>Code Orange</b>	Emergencies that would require evacuation
<b>Code Brown</b>	External emergencies, mass casualty event.

- After-hours procedures.
- Role and function of the Incident Management Team (IMT)
- Communication during the emergency- with neighbouring facilities, relevant stakeholders, escalation process, and communication equipment required.
- Control and coordination, including the identification of an Emergency Operations Centre (EOC)
- Emergency response equipment, e.g. fire extinguishers, fire hose reels, first aid kits, breathing apparatus.
- Evacuation options such as full evacuation, partial evacuation and shelter in place (no evacuation), evacuation routes and assembly areas.
- External emergency services and resources
- First aid officers and their duties during an emergency.
- Media response.

**7.2.7** Recovery and debrief.

**7.2.8** A statement of distribution of the emergency plan or excerpts from the emergency plan.

**7.2.9** The date of issue or amendment date on each page of the emergency.

**8. DOCUMENTATION:** [SESLHD Forms \(nsw.gov.au\)](https://www.nsw.gov.au)

Incident logs

Incident Action Plan

Situation reports (SitREP)



After Action Review  
Risk assessment  
Critical incident reports in IIMS  
Incident summary briefings

**9. REFERENCES**

- AS 3745-2010 Planning for emergencies in facilities
- AS 4083-2010 Planning for emergencies – Health Care Facilities
- [State Emergency Management Plan \(EMPLAN\) | NSW Government](#)
- [NSW Health Policy Directive PD2010\\_024 - Fire Safety in Health Care Facilities](#)
- [NSW Health Policy Directive PD2014\\_012 - New South Wales Health Services Functional Area Supporting Plan](#)
- [NSW Health Policy Directive PD2019\\_023 - NSW Health Incident Coordination Framework](#)
- [NSW Health Protecting People and Property - Policy and procedure manuals](#)
- [NSW Health Employment industrial relations, work health and safety, anti-discrimination and workers compensation](#)
- [The Australian Council on Healthcare Standards EQulP 5, Standard 1. Patient Safety and Quality Systems, Action 1.10 Risk Management](#)
- [SESLHD-HealthPlan.pdf \(nsw.gov.au\)](#)

**10. Revision and Approval History:**

Date	Revision No.	Author and Approval
November 2005	Draft	Rose Gavin, Manager Systems Integration-Area Policy in consultation with Dr Michael Hills Area HSFAC Co-ordinator. Slides adopted from Dr Michael Hills Disaster Response presentation.
March 2006	0	Approved by Area Healthplan Committee. Approved for release by the Executive Management Committee 14 March 2006
August 2013	1	Approved by SESLHD Disaster Management Committee
August 2015	2	Updated by SESLHD Disaster Manager
July 2018	3	Minor update by SESLHD Disaster Manager and Disaster Management Unit A/CNC
July 2018	3	Endorsed by Executive Sponsor
August 2020	4	Executive Sponsor updated from District Director Medical Services to Director Clinical Governance and Medical Services. Approved by Executive Sponsor and published by Executive Services.
April 2023	5	Minor update by SESLHD Disaster Manager and Disaster Unit CNC. Approved by Executive Sponsor.