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| KEY TERMS            | HEALTHPLAN , emergency prevention, preparation, response and recovery |
| SUMMARY              | This document sets out the arrangements to coordinate all of the health services within South Eastern Sydney Local Health District for prevention, preparation, response and recovery from the impact and effects of an emergency or significant event. |
AUTHORISATION

South Eastern Sydney Local Health District HEALTHPLAN – Health Functional Area Supporting Plan has been prepared as a supporting plan to the New South Wales HEALTHPLAN, and to coordinate the management of the health resources of the South Eastern Sydney Local Health District in the event of emergencies (internal or external).

This Plan is authorised in accordance with the provisions of the State Emergency and Rescue Management Act 1989 (as amended).

RECOMMENDED

………

Health Services Functional Area Coordinator
South Eastern Sydney Local Health District
Dated:

APPROVED

………

Chief Executive
South Eastern Sydney Local Health District
Dated:

………

Regional Emergency Management Controller
Sydney Metropolitan
Dated:

ENDORSED

………

State Health Services Functional Area Coordinator
Dated
# Contents

**AUTHORISATION** ........................................................................................................................................... 1  
**PART 1 - INTRODUCTION** ................................................................................................................................. 4  
  General ................................................................................................................................................................. 4  
  Aims ......................................................................................................................................................................... 4  
  Purpose ................................................................................................................................................................. 4  
  Principles ............................................................................................................................................................... 4  
  Scope ...................................................................................................................................................................... 5  
  Target audience....................................................................................................................................................... 6  
**PART 2 - ROLES AND RESPONSIBILITIES** .......................................................................................................... 6  
  State Health Services ........................................................................................................................................... 6  
  South Eastern Sydney Local Health District .......................................................................................................... 6  
  SESLHD Chief Executive ...................................................................................................................................... 6  
  SESLHD Health Services Functional Area Coordinator (SESLHD HSFAC) ......................................................... 7  
  Duty SESLHD Health Services Functional Area Coordinator ............................................................................ 7  
  SESLHD Medical Services Controller ................................................................................................................ 8  
  SESLHD Mental Health Controller ...................................................................................................................... 8  
  SESLHD Public Health Controller ....................................................................................................................... 9  
  SESLHD Health Communications Controller .................................................................................................... 10  
  SESLHD Logistics Officer .................................................................................................................................. 11  
  SESLHD Planning Officer .................................................................................................................................. 11  
  SESLHD Disaster Manager .................................................................................................................................. 11  
  SESLHD Health Service Liaison Officer ............................................................................................................. 12  
  Health Response Teams ....................................................................................................................................... 12  
**PART 3 - PREVENTION AND PREPARATION** .................................................................................................... 14  
  SESLHD Governance Structure .......................................................................................................................... 14  
  SESLHD Emergency Management Committee .................................................................................................. 15  
  SESLHD Emergency Risk Management and Service Continuity ....................................................................... 16  
  SESLHD Education and Training ....................................................................................................................... 16  
**PART 4 - RESPONSE** ........................................................................................................................................... 17  
  Notification Cascade ............................................................................................................................................... 17  
  Concept of Operations ......................................................................................................................................... 17  
  Alert Phase ............................................................................................................................................................ 17
Standby Phase ........................................................................................................18
Response Phase ....................................................................................................18
Stand Down Phase ................................................................................................19
Command and Control ..........................................................................................19
SESLHD Incident Control System structure .......................................................20
Coordination and Communication ........................................................................20
Health Emergency Operation Centres ..................................................................21

PART 5 - RECOVERY ..............................................................................................22

PART 6 - ADMINISTRATION ..................................................................................22
 Acquisition of Health Service Goods and Services .............................................22
 Expenditure and Recovery of Funds ......................................................................23
 Review, Testing and Evaluating ............................................................................23

PART 7 - DEFINITIONS & ACRONYMS ..............................................................24

PART 8 - DOCUMENTATION ...............................................................................29

PART 9 - REFERENCES ..........................................................................................30

PART 10 - REVISION & APPROVAL HISTORY ..................................................31
PART 1 - INTRODUCTION

General
This plan is the South Eastern Sydney Local Health District Health Services Functional Area Supporting Plan (hereafter referred to as the SESLHD HEALTHPLAN) is a supporting plan to the NSW Health Services Functional Area Supporting Plan (NSW HEALTHPLAN).

NSW State health emergency response arrangements are coordinated and promoted by the NSW Health Emergency Management Committee (HEMC). The SESLHD Health Services Functional Area Coordinator (SESLHD HSFAC) represents the LHD on the HEMC.

NSW Health is identified in NSW State EMPLAN as the combat agency for all human health emergencies within NSW; in particular, for human infectious disease emergencies from whatever cause.

Under NSW emergency management arrangements, all functional areas are required to have a Functional Area Coordinator. The Functional Area Coordinator in health is known as the State Health Services Functional Area Coordinator (HSFAC) and in SESLHD is the known as the SESLHD HSFAC.

Aims
SESLHD HEALTHPLAN details the arrangements to be adopted by SESLHD in order to coordinate all of the health service resources available to the SESLHD HSFAC for the prevention, preparation, response and recovery from the impact and effects of a health emergency, or an emergency where a emergency response is coordinated.

Purpose
The purpose of SESLHD HEALTHPLAN is to ensure health resources are effectively and efficiently coordinated in the event of an emergency.

Principles
The following principles underpin SESLHD HEALTHPLAN:

1) The provisions of SESLHD HEALTHPLAN apply without the need for any activation of this plan or the declaration of a health emergency. When the SESLHD HEALTHPLAN is in Standby or Response phase, all SESLHD health services resources, including personnel, are available to the SESLHD HSFAC for the purpose of executing this plan.

2) The health services to be provided in the event of a health emergency are to ensure the greatest good for the greatest number. This may involve a reversal of normal priorities, with assessment and mobilisation of health resources preceding the treatment of casualties.

3) Control and coordination of a health emergency/emergency response and initial recovery will be conducted at the lowest effective level.

4) Public health incidents (e.g. outbreaks) are managed within resources by the SESLHD Public Health Controller; those public health incidents which cross LHD boundaries are coordinated by the NSW Public Health Controller or delegate.
Scope

SESLHD HEALTHPLAN covers all public health services provided by the Local Health District, as identified in the following map.


SESLHD HEALTHPLAN covers Sydney Children’s Hospital (located on the Randwick Campus) and St Vincent’s Hospital (located within SESLHD boundaries) considered for a coordinated LHD response.

SESLHD is the lead agency for all human health emergencies within SESLHD. The eight major contributing health service components constituting the whole-of-health response incorporating an all-hazards approach, are:

1. Medical Services
2. Ambulance Services
3. Mental Health Services
4. Public Health Services
5. Health Communications
6. HealthShare NSW
7. NSW Health Pathology
8. The Sydney Children’s Hospitals Network

SESLHD HEALTHPLAN covers the governance structure for health emergency management (see Part 3 — Prevention and Preparation).
SESLHD HEALTHPLAN provides direction for the preparation of the standard operating policies and procedures for health services (Medical, Mental Health, Public Health, Pathology).

**Target audience**
All SESLHD workers

**PART 2 - ROLES AND RESPONSIBILITIES**

**State Health Services**
Refer to NSW HEALTHPLAN for the following roles and responsibilities information:
- State HSFAC
- Health Emergency Management Unit, Office of the State HSFAC
- Chief Health Officer
- State Medical Services Controller
- State Ambulance Services Controller
- State Mental Health Controller
- State Public Health Controller
- State Health Communications Controller
- State HealthShare NSW Controller
- State Pathology Controller
- State Paediatric Controller
- Health related Services
- Participating Organisations
- Supporting Organisations
- Emergency Service Organisations and Other Functional Areas.

**South Eastern Sydney Local Health District**
Most incidents should be able to be managed at facility level; however some incidents may escalate rapidly to LHD and State level.

SESLHD HEALTHPLAN identifies the control and coordination management arrangements for emergencies. When SESLHD resources are mobilised for an SESLHD response they will be coordinated by the SESLHD HSFAC.

**SESLHD Chief Executive**
SESLHD Chief Executive is responsible for the day-to-day running of the LHD through leadership and strategic management. In the context of emergency management the responsibilities of the Chief Executive include:

1. Appointing the SESLHD HSFAC and two Deputy HSFAC’s
2. Maintaining core LHD health services during an emergency
3. Liaising with the SESLHD HSFAC to ensure business continuity
4. Working with the SESLHD HSFAC to account for costs associated with the event/incident
5. Provide reports to the SESLHD Board and the Ministry of Health.

**SESLHD Health Services Functional Area Coordinator (SESLHD HSFAC)**

SESLHD HSFAC is appointed by SESLHD Chief Executive to coordinate the whole of health resources within SESLHD for the management of an emergency.

SESLHD HSFAC is responsible to the SESLHD Chief Executive for ensuring that appropriate health arrangements are in place for health emergency management, including arrangements for prevention, preparation, response and recovery.

SESLHD HSFAC is contactable 24 hours every day through a designated HSFAC number.

SESLHD HSFAC is accountable to the State HSFAC under the NSW HEALTHPLAN, and is responsible for:

1. Chairing the SESLHD Health Emergency Management Committee (SESLHD HEMC)
2. Representing a whole of health services view on the Sydney Metropolitan Regional Emergency Management Committee (Sydney Metropolitan REMC)
3. Preparing, maintaining and reviewing SESLHD HEALTHPLAN
4. Maintaining SESLHD HEALTHPLAN in a state of readiness to respond to emergencies
5. Providing a Health Liaison officer to an Emergency Operations Centre when requested
6. Providing initial notification or escalation, if required, to the State HSFAC that SESLHD is, or may be, involved in a major incident or an emergency
7. Being the single point of contact for the State HSFAC at the LHD level
8. Commencing/completing a notification cascade to key SESLHD HEALTHPLAN position holders
9. Activating the SESLHD Health Emergency Operations Centre (HEOC)
10. Controlling all local health emergency operations within SESLHD boundaries/service
11. Deploying health resources in response to an emergency within SESLHD
12. Deploying health resources in response to a SESLHD, State, national or international emergency, under the direction of the State HSFAC
13. Providing regular incident/emergency situation reports to the State HSFAC
14. Escalating incident control to the State HSFAC when the incident situation exceeds local capacity for a response
15. Coordinating the response of health services under SESLHD HEALTHPLAN for recovery from the health impacts of an emergency
16. Conducting a SESLHD operational debrief after a health emergency, and submitting a written report to the State HSFAC within an agreed timeframe.

**Duty SESLHD Health Services Functional Area Coordinator**

When unavailable, SESLHD HSFAC appoints a duty SESLHD HSFAC. This position holder will normally be a Deputy SESLHD HSFAC.
The position holder assumes all of the roles and responsibilities afforded the SESLHD HSFAC including the escalation to response phase of SESLHD HEALTHPLAN.

**SESLHD Medical Services Controller**

The position holder is responsible, during the time this plan is escalated to response phase, to the SESLHD HSFAC. An appointment will be made where a complex or prolonged response is required.

The SESLHD Medical Services Controller is responsible for:

1. A coordinated medical services response for prevention, preparation, emergency response and subsequent recovery from the impacts of an emergency under SESLHD HEALTHPLAN
2. Coordinating distribution of casualties to receiving hospitals within SESLHD and determining the hospital bed availability for admission of critically injured casualties
3. Coordination of the provision of definitive care for multiple casualties as rapidly as possible
4. Maintaining core medical services throughout SESLHD during an emergency
5. Provision of technical and clinical management advice on the medical issues during the emergency
6. Coordinating pharmaceutical support
7. Coordinating clinical diagnostic services provision with the LHD Pathology (SEALS) and Medical Imaging Controllers
8. Possible re-allocation of health and medical resources as required to provide the best management for multiple casualties
9. Deployment of key position holders or mobile SESLHD Health Response Teams;
10. In consultation with SEALS Controller, coordinate the provision of blood supplies
11. Nominate and ‘hand over’ the position during an emergency of a protracted nature.

**SESLHD Mental Health Controller**

The position holder is responsible, during the time this plan is activated, to the SESLHD HSFAC.

SESLHD Mental Health Controller is responsible for:

1. Planning, activating, directing and controlling the mental health response, as part of the overall health response, during an emergency and in its recovery phase
2. Planning for mental health services emergency preparedness, response and recovery in support of the SESLHD HEALTHPLAN
3. Identifying and training mental health personnel in emergency management and mental health interventions, including psychological first aid
4. Identifying appropriate spokespersons for media training, in conjunction with the Health Communications Controller

5. Maintaining core mental health services in SESLHD during and after an emergency

6. Direct consultation with the State Mental Health Controller as necessary

7. Providing technical and clinical management advice on the mental health issues during an emergency

8. Supporting key welfare response agencies in consultation with Welfare Services, as part of the welfare response

9. Determining the requirements for recovery operations

10. Ensuring continuing access to care and to a range of treatment options for those people affected by an emergency who may present beyond the scope of the planned response and recovery phases.

SESLHD Mental Health Services

Refer to SESLHD Mental Health Services Standard Operating Procedures. This document is a supporting plan for SESLHD HEALTHPLAN and outlines the roles and functions of SESLHD Mental Health Service and the recommended actions under the emergency management phases of prevention, preparation, response and recovery.

SESLHD Public Health Controller

The position holder is responsible, during the time this plan is escalated to response phase, to the SESLHD HSFAC.

SESLHD Public Health Controller is responsible for:

1. Planning, activating and maintaining operational control — with command and coordination of all public health resources within SESLHD — in response to, and recovery from, the impact and effects of an emergency

2. Liaising with support services including local government environmental health services, clinical and environmental laboratories, general practitioners and hospital physicians to prepare and respond to public health emergencies

3. Identifying and training public health personnel in emergency management

4. Identifying appropriate spokespersons for media training, in conjunction with the Health Communications Controller

5. Maintaining core public health services in SESLHD during an emergency

6. Direct consultation with the State Public Health Controller as necessary

7. Coordinating the provision of technical and clinical management advice on public health services issues during an emergency
8. Determining the requirements for recovery operations

9. Coordinating risk identification and assessment of hazards to the health of a community during an emergency.

SESLHD Public Health Services

Refer to SESLHD Public Health Services Supporting Plan. This document is a supporting plan for SESLHD HEALTHPLAN and outlines the roles and functions of SESLHD Public Health Service and the recommended actions under the emergency management phases of prevention, preparation, response and recovery.

SESLHD Health Communications Controller

The position holder is responsible, during the time this plan is escalated to response phase, to the SESLHD HSFAC.

SESLHD Health Communications Controller is responsible for:

1. Control of all health communication responses to emergencies when SESLHD HEALTHPLAN escalation to response phase including medical, mental health and public health services

2. Identification and training of appropriate spokespeople and Health Service Media Liaison Officers

3. Formalising arrangements with participating and supporting organisations

4. Being prepared to provide a Departmental Liaison Officer to operation centres

5. Provision of technical advice on health communications issues during the emergency.

Health Communications are responsible for:

1. A coordinated health communications response for prevention, preparation, emergency response and subsequent recovery from the impacts of an emergency under SESLHD HEALTHPLAN

2. Maintenance of close links with the SESLHD HSFAC, appropriate spokespeople and the Health Service Media Liaison Officers including the facilitation of media training for nominated spokespeople

3. Coordination and control of all health communication responses to emergencies when SESLHD HEALTHPLAN is activated including medical, mental health and public health services

4. Formalising arrangements with participating and supporting organisations;

5. Providing a Departmental Liaison Officer to operation centres

6. Nominating and ‘handing over’ the position during an emergency of a protracted nature. That individual must be able to perform the above responsibilities, and have adequate emergency management training that enables them to fulfil the role.
SESLHD Logistics Officer

Within SESLHD this is initially a Sector position responsible to the Hospital controller, and when SESLHD HEALTHPLAN is escalation to response phase, to the SESLHD HSFAC.

SESLHD Logistics Officer is responsible for:

1. Control of all Sector health corporate services’, (including workforce), responses to emergencies
2. Coordination with HealthShare NSW for the provision of food and hotel services, linen services, and supplies
3. Formalising arrangements with participating and supporting organisations;
4. Being prepared to provide a Corporate Service’s Liaison Officer to SESLHD Health Emergency Operations Centre
5. Provision of technical advice on health corporate services issues during the emergency including information management
6. Nominating and ‘handing over’ the position during an emergency of a protracted nature. That individual must be able to perform the above responsibilities, and have adequate emergency management training that enables them to fulfil the role.

SESLHD Planning Officer

Within SESLHD this is initially a Sector position responsible to the Hospital controller, and when SESLHD HEALTHPLAN is escalation to response phase, to the SESLHD HSFAC.

The planning section will be led by the appointment of the Planning Section Officer with the composition of the planning team appropriate to the emergency.

SESLHD Planning Officer is responsible for:

1. Organising and directing all aspects of Planning Section operations including the Situational Status and Workforce Pool
2. Ensuring the distribution of critical information/data
3. Compilation of situational analysis and long range planning
4. The formulation and documentation of an incident-specific, SESLHD Action Plan
5. Updating the Action Plan as required

SESLHD Disaster Manager

SESLHD Disaster Manager supports SESLHD HSFAC in

1. Developing and maintaining prevention and preparation strategies
2. Ensuring that all health facilities have appropriate plans and arrangements in place and that staff are trained in prevention, preparation, response to and recovery from a health emergency/emergency
3. Coordinating emergency training and exercises
4. Maintaining collaboration with external agencies about the management of emergencies

5. Coordinating the health response phase of an emergency

6. Coordinating the health recovery phase of an emergency.

**SESLHD Health Service Liaison Officer**

Health Liaison Officers (HLOs) are appointed by SESLHD HSFAC, and State Controllers to be deployed to an emergency operations centre at Local, Regional and/or State levels.

This position will be either a senior health executive or senior medical/nursing officer with comprehensive knowledge of SESLHD, and must have the authority to represent SESLHD and negotiate the response of SESLHD in relation to requests of the Combat Agencies and other Functional Areas during escalation to response phase of the plan.

The HLO acts as a single point of contact for the HSFAC/State Controller at the emergency operations centre.

The HLO will:

1. Maintain communication with the HSFAC/State Controller
2. Convey directions or requests to the HSFAC/State Controller
3. Provide advice on the status, capabilities, actions and requirements of the health service
4. Provide information to contribute to the Health Situation Report (SitRep) and provide this to the HSFAC/State Controller.

**Health Response Teams**

SESLHD will provide personnel for Health Response Teams when requested by the State Medical Controller in consultation with the SESLHD HSFAC.

The composition will be dependent upon the circumstances of the emergency including (but not limited to):

1. Casualty Clearing Station (External Emergency Response) established at an emergency site for the purpose of the immediate clinical management of mass casualties when physical conditions or overwhelming numbers preclude their rapid transport to hospitals for definitive care
2. Displaced Communities/Evacuation Centres (External Emergency Response), to provide emergency medical treatment and professional debriefing and counselling services for evacuees
3. Mass Gatherings (External Emergency Response) events such as the City to Surf have the potential to generate mass casualties which justifies a significant pre-emptive presence by NSW Health. The establishment of Medical Centres manned by Health Response Team personnel and the strategic assembly of Ambulance Service of NSW resources ensures rapid assessment and timely management of injury and illness in which delayed treatment may lead to complex morbidity and occasionally mortality
4. Major Trauma Incidents covered by the Ambulance Service of NSW “Protocol 4”, which states that all metropolitan trauma patients who fit the designated criteria are transported directly to a Major Trauma (Metropolitan) Hospital. The Operations Default Strategy is a mass casualty management system based on this Protocol (Refer to annex three of AMPLAN). The State Medical Controller may deploy Health Response Teams in response to major trauma incidents to support another hospital / institution receiving large numbers of casualties.

Health Response Teams provide the medical component of a multi-agency task force in the form of specialised trained medical and health personnel.

Health Response Teams must meet NSW Health education, equipment and uniform standards to be safely deployed outside a hospital setting.

In public health emergencies, some health response teams (e.g. vaccination teams) may form operational units under the control of the SESLHD Public Health Controller.
PART 3 - PREVENTION AND PREPARATION

SESLHD Governance Structure
SES LHD Emergency Management Committee

Membership

- SESLHD HSFAC
- SESLHD Deputy HSFAC
- SESLHD Deputy HSFAC and Medical Controller
- SESLHD Disaster Response Development Coordinator
- SESLHD Disaster Response Development CNC
- SESLHD Mental Health Controller
- SESLHD Public Health Controller
- SESLHD Director Communication & Stakeholder Engagement
- SEALS Controller
- SESIAHS Information & Technology Controller
- Engineer St George & Sutherland
- Engineer Randwick & Sydney/Sydney Eye Hospital
- Prince of Wales Controller
- Royal Hospital for Women Controller
- War Memorial Hospital Controller
- Sutherland Hospital Controller
- St George Hospital Controller
- Calvary Hospital Controller
- Garrawarra Centre Controller
- Sydney and Sydney Eye Hospitals Controller
- Sydney Children’s Hospital Controller
- St Vincent’s Health Network HSFAC
- Ambulance Services NSW Zone Manager
- Sydney Metropolitan District Emergency Management Officer.

Role

1. To provide strategic advice to the Chief Executive regarding planning and preparedness for SESLHD Health response to disasters and emergencies

2. To provide leadership and coordination in planning and preparedness for emergencies/disasters occurring within the boundaries of SESLHD.

Responsibilities

1. Responsible for the review, update, implementation, and maintenance of SESLHD HEALTHPLAN
2. Provide advice and recommendations
3. Identify health service resources within SESLHD
4. Review emergency health resources and within SESLHD
5. Approve LHD and facility emergency standard operating procedures and plans that supporting SESLHD HEALTHPLAN. Approve education and training strategies in health emergency management
6. Monitor and evaluate health incident management and exercises in health emergencies
7. Identify the need for, and the preparation and maintenance of, plans that support SESLHD HEALTHPLAN
8. Provide advice to SESLHD Executive Management team on the state of preparedness of SESLHD to manage an intern / external disaster and the resource implications of such
9. Liaise with external key stakeholders (Emergency Services, Local Councils, Private Hospitals, Aged Care Facilities, etc) with regard to overall coordination of care / resources of SESLHD.

Reports to
1. District Executive Team via SESLHD HSFAC (Tier2)
2. State HSFAC via HSFAC Committee

**SESLHD Emergency Risk Management and Service Continuity**

Based on health emergency risk assessments conducted, the following plans have been developed and located on SESLHD intranet web link 
http://seslhnweb/Disaster_Management/plans.asp:

1. SESLHD Disaster Management Service Continuity Standard Operating Procedures
2. LHD Health Border Control Guidelines and Operating Procedures
3. Garrawarra Centre Bushfire Relocation Plan.

Each healthcare Facility and Service must undertake health emergency risk assessments and develop appropriate health treatment or control plans; health response and surge plans; health services business continuity; and recovery plans for predictable events such a bushfires, storms, floods, facility evacuations and utility failures. These predictable incidents need to be managed, in the first instance, within the resources of the facility.

**SESLHD Education and Training**

The Health Emergency Management Education Advisory Group training matrix has been adopted for SESLHD emergency positions and available on SESLHD intranet at 

Whilst SESLHD HSFAC is responsible for ensuring health service workers, who will be expected to perform duties in relation to an emergency have evidence of training to fulfil those
duties, the individual position holder is also responsible for completing the require training for their position.

A central register of trained personnel is maintained by SESLHD Disaster Management Unit for key position holders.

All SESLHD workers are expected to complete the Mandatory Emergency Procedures Training annually.

PART 4 – RESPONSE

Notification Cascade

The provisions of SESLHD HEALTHPLAN apply without the need for any activation of this plan or the declaration of a state of emergency. While the entire LHD may not be affected by an incident, the State and / or LHD level involvement may be required to support an affected area to varying degrees.

Concept of Operations

This section explains the sequence of actions. While the entire SESLHD may not be affected by an incident, District-level involvement will support an affected area to varying degrees of service delivery.

The sequence of actions is

1. Alert Phase; Emergency possible – increase level of preparedness
2. Standby Phase; Emergency imminent – prepare for implementation of response
3. Response Phase; Emergency situation exists – implement plans in collaboration with other functional areas and combat agencies
4. Stand Down Phase; Emergency abated – return to usual business.

Alert Phase

The ‘Alert phase’ can be activated by the SESLHD HSFAC when notified of a possible incident/emergency, or of a situation that may require the coordination of State and/or LHD health services resources and support.

Action for this phase focuses on:

1. Notifying and communicating with State HSFAC and LHD Controllers
2. Monitoring the situation for escalation/improvement
3. Identifying potential impacts on health resources
4. Identifying possible health resource deployment requirements.
Standby Phase

The ‘Standby Phase’ is activated by the SESLHD HSFAC when information is received that an incident/emergency is imminent and that the situation may require the deployment of personnel and resources.

Action for this phase focuses on:

1. Notifying and communicating with State HSFAC and LHD Controllers
2. Monitoring the situation for escalation
3. Identifying the potential impact on health resources and deployment requirements
4. Activating the SESLHD HEOC to a state of standby
5. Directing relevant key stakeholders to escalate local plans to a state of ‘Standby’
6. Liaising with the REOCON/LEOCON, appropriate participating and supporting organisations and adjoining LHDs
7. Providing Liaison Officers on the request of the State HSFAC and / or REOCON/LEOCON at the REOC/LEOC.

Response Phase

The ‘Response Phase’ is activated by the SESLHD HSFAC when information is received that an incident/emergency exists and that the situation requires the deployment of health resources and personnel, or the state-wide coordination of health resources.

Action for this phase focuses on:

1. Notifying and communicating with State HSFAC and LHD Controllers
2. Monitoring the situation and its health resources requirements
3. Activating operational status of the SESLHD HEOC, if central command, control, coordination and communication are required
4. Providing regular health situation reports
5. Deploying health resources and health personnel, as required
6. Appointing (with situation brief) a Health Liaison Officer at the relevant emergency operations centres
7. Placing on ‘Standby’ resources and personnel not directly affected by, but adjoining an area of emergency, at the request of State HSFAC
8. Liaising with the State HSFAC, LEOCON, appropriate participating and supporting organisations
9. Requesting (the possible) attendance of participating and supporting organisations Liaison Officers at the SESLHD HEOC
10. Planning concurrently, where appropriate, for recovery operations.
Stand Down Phase

The ‘Stand Down Phase’ is announced by the State HSFAC, once an incident/emergency is abated and after consultation with appropriate services.

Action for this phase focuses on:

1. Notifying the health operations ‘Stand Down’ time to the State Controllers and LHD/Network HSFACs
2. Notifying the health operations ‘Stand Down’ time to the SEOC
3. Advising affected LHDs/Networks to maintain resources in readiness for recovery operations
4. Closing the NSW SHEOC
5. Debriefing staff in the NSW SHEOC prior to the closing of the centre
6. Arranging a separate operational debrief within an agreed timeframe.

Command and Control

The Australasian Interservice Incident Management System (AIIMS) has been adopted in SESLHD as this system is used in Australia and provides a robust emergency management structure that enables the seamless integration of activities and resources of intra- and inter-agencies when applied to the resolution of any emergency situation.
SESLHD Incident Control System structure

The scale of the escalation to response phase will depend on the needs of an incident, managing the span of control and delegation of functions by the Incident Controller. In addition, the type of health emergency will dictate the distribution of LHD units and services between operations, planning and logistics roles.

Coordination and Communication

SESLHD HEALTHPLAN provides LHD-level coordination of health resources for emergency management. However, response and incident coordination arrangements need to occur at the lowest effective level and complement the response arrangements of other agencies. Hospitals/Services are responsible for managing incidents within their area.

To ensure effective and efficient health emergency responses at the lowest effective level, each facility must establish an Emergency Operations Centre (EOC) to manage emergencies within the area. Each facility must provide a point of contact for the SESLHD HSFAC and other emergency services during significant events requiring ongoing coordination.
Communication is paramount throughout the various stages of health emergency management. The SESLHD HSFAC must be contactable 24 hours through a designated SESLHD point of contact.

SESLHD Service Controllers (Medical Services, Mental Health Services, Public Health Services, Health Communications, SEALS, Information Management) communicate directly with the State Controllers (Medical Services, Ambulance Services, Mental Health Services, Public Health Services, Health Communications, Pathology and Health Share). Contemporaneous communication with the respective State/LHD HSFAC must be maintained even if this entails dual lines of reporting at SESLHD and State level.

Prevention and preparation phase

1. All emergency management arrangements to be developed through relevant emergency management committees and agreements

2. SESLHD HSFAC is contactable 24 hours through the Prince of Wales Hospital Switchboard on 9398 7053 and a SESLHD HSFAC roster maintained and circulated to Prince of Wales Hospital Switchboard and Health Emergency Management Unit, Office of the State HSFAC

3. SESLHD Controller contact list maintained by the SESLHD Disaster Manager and tabled at the SESLHD Emergency Management Committee to ensure contact details correct

4. State Controllers will communicate directly with their health services (Medical Services, Ambulance Services, Mental Health Services, Public Health Services, Health Communications, HealthShare NSW, NSW Health Pathology and the Sydney Children’s Hospitals Network) and SESLHD HSFAC

5. Communication with the respective State/LHD HSFAC must be maintained even if this entails dual lines of reporting at LHD and State level.

Response and recovery phase

1. All health service media statements will be released through the SESLHD Health Communications Controller under the authority of the SESLHD HSFAC. The SESLHD HSFAC in consultation with the SESLHD Health Communications Controller will nominate a media spokesperson

2. Continued communication must be maintained with all involved services and agencies. This can be achieved through notification, situation briefing, situation reporting and post-operations reporting

3. Landline telephone systems will be the primary mode of communication during operations (when the Health Services Emergency Operations Centre is activated). Dependant on the situation email, facsimile, SMS, and mobiles may also be used.

Health Emergency Operation Centres

To ensure effective and efficient health emergency responses at the lowest effective level, Health Services Emergency Operations Centre are to be established at each Hospital within SESLHD and SESLHD Public Health Unit to facilitate ongoing coordination.
SESLHD Health Services Emergency Operations Centre (SESLHD HEOC) is located at:

Sutherland Hospital
Level 4 Executive Level
Multi-purpose Meeting Room

Recommended that each healthcare facility to have a Health Services Emergency Operations Centre.

PART 5 - RECOVERY
Where possible, all recovery operations are managed at the lowest effective level and starts after the immediate threat to human life has subsided.

The immediate goal of recovery phase is to bring the affected area back to normalcy as quickly as possible.

Consideration for recovery includes

1. Development of a recovery action for monitoring and recording of actions and outcomes
2. Deactivation of plans
3. Scaling down staff and response
4. Debriefing staff
5. Informing the community

If facilities and/or services exceed local response capacity, the issues are escalated to the SESLHD HSFAC for coordination and provision of additional health resources to supplement recovery operations.

PART 6 - ADMINISTRATION
SESLHD HSFAC to ensure the LHD Health Emergency Operations Centre (SESLHD HEOC) is established, resourced and ready for immediate activation.

Acquisition of Health Service Goods and Services
Whenever possible, normal procedures are to be utilised in facilities and services for the acquisition of health services goods and services. Should assistance be required, it should be requested through SESLHD HSFAC.
Expenditure and Recovery of Funds
Facilities and services are expected to commit resources to plan for disaster services and to test their plans and supporting arrangements at least on an annual basis, and resulting expenditure will be met from within the facility’s and /or services normal budgetary allocation.

SESLHD expenditure of funds during an emergency response, or initial recovery operations, is to be met in the first instance by the LHD from within the normal operating budgets.

Certain expenditures incurred during response or initial recovery operations following natural disasters may be included under Commonwealth / State funding arrangements. It is essential that all SESLHD resource expenditures are documented to facilitate this process.

Liaison between HSFACs and other agencies at Local, Regional and State levels are maintained to ensure the effective and efficient prioritisation and allocation of resources.

Review, Testing and Evaluating
SESLHD HSFAC is responsible for ensuring SESLHD HEALTHPLAN and its supporting plans and Standard Operating Procedures are reviewed, tested, evaluated and maintained.

SESLHD HEALTHPLAN will be reviewed and / or updated
1. Every 3 years or
2. At the conclusion of an emergency in which the emergency arrangements in this plan were, or could have been activated or
3. With the introduction of any major structural, organisational or legislative changes which affect NSW Health, SESLHD, or key stakeholders or
4. Under direction of the State HSAFC.

Facility and services emergency management plans and SESLHD HEALTHPLAN are to be compatible with the Health Emergency Management Governance arrangements in the NSW HEALTHPLAN. These include the provisions for command, control, coordination and communications, as well as the concepts of reviewing and maintaining the plans, and the requirements for training and exercises.

Following an exercise, a report is to be submitted within three months to the State HSFAC.
### Part 7 - DEFINITIONS AND ACRONYMS

#### All-Hazards
The application of one set of control, coordination and communication policies and procedures in a universal manner to emergency situations of varying type thereby promoting consistency of emergency management at all levels.

#### Business Continuity
Business continuity is ‘the uninterrupted availability of all key resources supporting essential business function’. Business continuity management is an ongoing process to ensure that the necessary steps are taken to identify the impact of potential losses, maintain viable recovery strategies and recovery plans, and ensure continuity services through personnel training, plan testing and maintenance.

In SESLHD this is called Service Continuity.

#### Casualty
A person, who is sick, injured or killed in an emergency.

#### Chief Executive
The appointed position leading the governance and management of the Local Health District/Network and responsible for the effective exercise of the LHD/Network statutory powers, authorities, duties and functions consistent with NSW government policy.

#### Combat Agency
The agency identified in EMPLAN with primary responsibility for responding to a particular emergency. [source: SERM Act 1989 (NSW) (as amended)].

#### Command
Authority to take command. Command is established in legislation or by agreement with the agency / organisation. Command relates to agencies / organisations, and operates vertically within the agency / organisation.

#### Control
The overall direction of the activities, agencies or individuals.[source: SERM Act 1989 (NSW) (as amended)]. Control operates horizontally across all agencies / organisations, functions and individuals. Situations are controlled.

#### Coordination
The bringing together of agencies and individuals to ensure effective management of emergencies and rescues, but does not include the control or direction of agencies, organisations and individuals.[source: SERM Act 1989 (NSW) (as amended)].

#### Debrief
A meeting held during, or at the end of, an operation with the purpose of assessing the conduct or results of an operation.

#### EMPLAN
New South Wales State Emergency Management Plan, also known as EMPLAN. The purpose of EMPLAN is to ensure the coordinated response to emergencies by all agencies having
responsibilities and functions related to emergencies (source: EMPLAN).

Emergency

Defined in the SERM Act 1989 (NSW) as an emergency due to actual or imminent occurrence (such as fire, flood, storm, earthquake, explosion, terrorist act, accident, epidemic or warlike action) which

1. Endangers, or threatens to endanger, the safety or health of persons or animals in the State, or
2. Destroys or damages, or threatens to destroy or damage, any property in the State, and requires a significant and coordinated response.

'Property in the State' includes any part of the environment of the State. Accordingly, a reference in the Act to

1. Threats or danger to property includes a reference to threats or danger to the environment, and
2. The protection of property includes a reference to the protection of the environment.

Emergency Risk Management

The concept of emergency risk management has been adopted and used in Australia since 1995 when Standards Australia and Standards New Zealand published AS/NZS 4360 Risk Management and its subsequent revision (AS/NZS 4360:2004). This standard was developed 'with the objectives of providing a generic framework for identification, analysis, assessment, treatment and monitoring of risk'. This standard provides a generic guide to assist emergency management committees develop and review emergency management arrangements by focusing on the causes of risk, rather than on emergencies that may result from risk.

Emergency Services Organisation

Refers to the NSW Ministry for Police and Emergency Services, Fire and Rescue NSW, NSW Rural Fire Service, Ambulance Service of NSW, NSW State Emergency Service, NSW Volunteer Rescue Association or any other agency which manages or controls an accredited rescue unit [source: SERM Act 1989 (NSW) (as amended)].

Functional Area Coordinator

Refers to the nominated coordinator of a functional area whose role is to coordinate the provision of support and resources for an emergency response and initial recovery operations. This person has the authority to commit the resources of participating and supporting organisations within a functional area, if agreed to by those organisations.

Health Commander

The Health Commander appointed by the State HSFAC to
coordinate and control all health responses (medical, ambulance, public health and mental health) at the incident site. The Ambulance Commander operates as Health Commander unless the State HSFAC determines otherwise.

Health Emergency

An emergency, due to actual or imminent occurrence, which endangers or threatens to endanger the safety and health of persons in the state of NSW, and requires a significant and coordinated whole of health response. This particularly applies to human infectious disease emergencies from whatever cause.

HEOC

Health Emergency Operation Centre
Refer to SESLHD HEOC.

HSFAC

Health Services Functional Area Coordinator
Refer to SESLHD HSFAC.

Health Incident

A localised event, either accidental or deliberate, which may result in death or injury, which requires a normal response from an agency, or agencies from one or more of the components of NSW Health.

Health Liaison Officer

A person nominated or appointed by the State or LHD HSFAC, to represent Health Services at the NSW State Health Emergency Operations Centre (NSW SHEOC) and the Police Operations Centre (POC)/Government Coordination Centre (GCC)/State Emergency Operations Centre (SEOC) and other Emergency Operations Centres (EOCs).

A Health Liaison Officer ensures the efficient and effective flow of information and provides immediate advice to the POC/GCC/SEOC (or other EOCs) on the capabilities and current status of resources of NSW Health, based on information received from NSW SHEOC.

Health Response Team

Medical, nursing and other allied health professionals selected for a response to an emergency at an emergency site, a receiving hospital or emergency medical facility. The composition of the team will be determined by the relevant State Controller and will only respond at the request of the relevant State Controller in consultation with the State HSFAC.

Health Services

Any medical, hospital, ambulance, allied health, community health or environmental health service or any other service relating to the maintenance or improvement of the health, or restoration to health, of persons or the prevention of disease in or injury to persons (Health Administration Act, 1982 No 135).
Incident

A localised event, either accidental or deliberate, which may result in death, injury or damage to property, which requires a normal response from an agency or agencies.

Local Health District

Local Health Districts are established under the Health Services Act 1997 to provide health services to residents within their geographical boundaries. A local Health District is responsible for administration of NSW Health’s policies and responsibilities within those geographical boundaries.

Major Incident

An incident involving, or having the potential to involve, a large number of casualties which can be adequately managed by the available resources, but which requires a significant and coordinated response involving those resources.

Medical Services

In this plan encompasses all Area Health Services, public hospitals and associated community health services within NSW. The willingness of private hospitals and other patient care facilities to participate in a whole of Health emergency response is also recognised as being the responsibility of the medical services to negotiate at area level.

NSW State Health Emergency Operations Centre (NSW SHEOC)

The State-level centre for health services emergency operations manned under the NSW HEALTHPLAN. The NSW SHEOC incorporates all elements of the strategic-level management of an emergency.

Participating Organisations

Statutory authorities, volunteer organisations and other agencies who have given formal notice that they are willing to participate in the event of an emergency in NSW.

Public Health

Any medical, hospital, ambulance, allied health, community health or public/environmental health service.

Service Continuity

Also called Business Continuity. Service continuity is ‘the uninterrupted availability of all key resources supporting essential service function’. Service continuity management is an ongoing process to ensure that the necessary steps are taken to identify the impact of potential losses, maintain viable recovery strategies and recovery plans, and ensure continuity services through personnel training, plan testing and maintenance.

SESLHD

South Eastern Sydney Local Health District

SESLHD Health Services Functional Area Coordinator (SESLHD)

An appointed position that has the delegated authority of the SESLHD Chief Executive to coordinate and commit SESLHD resources for the response to, and recovery from, an emergency.
HSFAC) The SESLHD HSFAC is the initial point of contact within SESLHD for an emergency and notifies the State HSFAC of any emergency that may require State-level coordination or support under NSW HEALTHPLAN.

SESLHD Health Emergency Operation Centre (SESLHD HEOC) Refers to a centre established under NSW HEALTHPLAN specifically to provide centralised coordination of SESLHD resources and responses to an emergency.

Situation Report (SITREP) A brief sequenced report which outlines the relevant details of the effects of an event, the needs generated, and the responses undertaken and planned.

Standing Operating Procedures Internal response guidelines which document operational and administrative procedures to be used.

State of Emergency A state of emergency declared by the Premier under Section 33 (1) of the State Emergency and Rescue Management Act 1989 (NSW) (as amended).

NOTE: Other New South Wales legislation also provides for a declaration of an "emergency" which has different meanings and different authorities within that specific legislation – that is: Essential Services Act, 1988: Dam Safety Act, 1978: and Rural Fires Act (NSW) 1997 (as amended).

State Emergency Operations Controller (SEOCON) Person appointed by the Governor, on the recommendation of the Minister, responsible, in the event of an emergency, which affects more than one District, for controlling the allocation of resources in response to the emergency. The appointee establishes and controls the State Emergency Operations Centre (SEOC) (Source: SERM Act).


State Health Services Functional Area Coordinator (State HSFAC) Is a senior medical officer appointed by the Minister for Health or delegate, who has the responsibility for the control and coordination of the arrangements detailed in HEALTHPLAN. The State HSFAC is contactable 24 hours through the Ambulance Service of NSW.

Supporting Organisations Organisations that have indicated a willingness to participate and provide specialist support resources to an emergency.

Supporting Plans A plan prepared by an agency / organisation or functional area, which describes the support which is to be provided to the
controlling or coordinating authority during emergency operations. It is an action plan which describes how the agency / organisation or functional area is to be coordinated in order to fulfil the roles and responsibilities allocated.

**Surge Capacity**

The maximum patient / case load that a hospital or medical system or health service can handle. During a health emergency, hospitals must convert quickly from their current care capacity to surge capacity. Surge capacity is managed through a re-prioritisation of health care needs to provide essential services to mass casualties e.g. cancellation of elective surgery, diversion of patients with minor complaints or early discharge of hospitalised patients.

**Whole of Health**

The NSW HEALTHPLAN provides for eight major contributing health service components which constitute a whole-of-health response. It incorporates an all-hazards approach and outlines agreed roles and functions:

1. Medical Services
2. Ambulance Services
3. Mental Health Services
4. Public Health Services
5. Health Communications
6. HealthShare NSW
7. NSW Health Pathology
8. The Sydney Children’s Hospital Network.

**PART 8 - DOCUMENTATION**

All SESLHD Disaster Management forms are located on SESLHD intranet at [http://seslnweb/Forms_and_Templates/Forms/default.asp#Disaster_Management](http://seslnweb/Forms_and_Templates/Forms/default.asp#Disaster_Management)

- South Eastern Sydney Health SITREP Form (Situational Report) v2
- Action Plan
- Activity log
- Daily Availability of Facilities or Services
- Hospital Capacity Summary
- Patient tracking sheet
- Situation Report.
PART 9 - REFERENCES

The following legislation Acts and their respective Regulations are also applicable to this plan:

State Emergency and Rescue Management Act, 1989 (as amended)
Health Administration Act 1982
Health Records Privacy and Information Act 2002
Health Services Act 1997
Local Government Act 1993
Mental Health Act 1990
Occupational Health & Safety Act 2000
Privacy and Personal Information Protection Act 1998
Poisons and Therapeutic Goods Act 1966
Public Health Act 2010

NSW Ministry of Health Policy Directives / Guidelines

NSW Health Services Functional Area Supporting Plan (NSW HEALTHPLAN), PD2014_012
Emergency Management Arrangements for NSW Health, PD2012_067
Health Response Team – Medical Equipment Kit, PD2009_080
Health Response Team Uniform, PD2009_048
HEALTHPLAN – Medical Services Supporting Plan, GL2010_011
HEALTHPLAN – Mental Health Services Supporting Plan, GL2012_006
Major Evacuation Centre: Public Health Considerations, GL2011_011
Public Health Field Response Guidelines, GL2014_001
Public Health Workforce Surge Guidelines, GL2014_003

The Australian Inter-service Incident Management System adopted by NSW Health

SESLHD Policy Directions / Guidelines

SESLHD Emergency Management Policy, SESLHDPD/265
SESLHD Health Records Disaster Management, SESLHDPD/192
SESLHD Influenza Clinics for Seasonal Influenza Procedure, SESLHDPR/277
SESLHD Influenza – Critical Care Escalation and Management, SESLHDPR/270

Australian Standards

AS/NZS/ISO 31000 Risk Management - Principles and guidelines
AS 4083-2010 Planning for emergencies - Health care facilities
AS 3745-2010 Planning for emergencies in facilities

Web Resources

NSW Ministry of Health Emergency Preparedness

NSW Ministry for Police and Emergency Services

PART 10 - REVISION AND APPROVAL HISTORY

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<td>2004</td>
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<td>2008</td>
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<tr>
<td>December 2009</td>
<td>Update due to changes to Healthplan</td>
<td>P. Sheard, Area HEALTHPLAN Committee</td>
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<td>July 2014</td>
<td>Revision 2</td>
<td>SESLHD Disaster Manager rewritten SESLHD HEALTHPLAN to align with revised NSW HEALTHPLAN</td>
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<tr>
<td>August 2014</td>
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