

SESLHD POLICY COVER SHEET



Health
South Eastern Sydney
Local Health District

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EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	Director Clinical Governance and Medical Services SESLHD HSFAC
AUTHOR	Anthony Cook, SESLHD Disaster Manager Anthony.Cook@health.nsw.gov.au
POSITION RESPONSIBLE FOR THE DOCUMENT	Anthony Cook, SESLHD Disaster Manager Anthony.Cook@health.nsw.gov.au
KEY TERMS	Emergency management planning; Emergency Planning Committee; emergency management plan structure and content
SUMMARY	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 Critical Operations – Standard Operating Procedures (COSOP's) also called Business Continuity Plan (BCP) in addition to the site / service plan. Within SESLHD, the [Service Continuity Contingency - Hospital Utilities](#) (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: http://seslhnintranet/Facilities_Services/SCCHU/SCCHU_Home.asp.

2. AIMS

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

3. TARGET AUDIENCE

SESLHD 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 preparedness of NSW Healthplan.
- To Chair SESLHD Disaster Management Committee.
- Coordinate and facilitate training courses and exercises.

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

- Ensure the development and maintenance of facility emergency management plans and ensure these plans support / align with SESLHD Healthplan and Australian Standards.
- Have a representative on the SESLHD Disaster 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 and related training.

- Ensure that workers are appropriately trained to respond to both internal and external emergencies.

4.3 Hospital Controllers will:

- Ensure the development and maintenance of service emergency management plans and ensure these plans support / 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

Assembly area	A number of designated places where patients, visitors and workers may be taken/assembled in the event of an evacuation, also called a staging area
BCPs	Business Continuity Plans
COSOPs	Critical Operations – Standard Operating Procedures also called Business Continuity Plans (BCPs)
Disaster Control Centre (DCC)	The area or centre from where the emergency is coordinated also called Emergency Operations Centre
Emergency	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.
Emergency Control Organisation (ECO)	In this policy the term Incident Control System is the term used for an ECO
Emergency Coordinator	The person who is in charge of emergency management, planning and operations and in this policy is called Hospital / Service Controller
Emergency mitigation	Measures taken to decrease the likelihood of emergencies occurring and the associated impacts on people, the facility and the environment.
Emergency Officer	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
Emergency Operations Centre (EOC)	The area or centre from where the emergency is coordinated also called Disaster Control Centre (DCC).
Emergency plan	A documented scheme of assigned responsibilities, actions, equipment and procedures, required in the event of an emergency, generally made during the planning process. It consists of the preparedness, prevention and response activities and includes the agreed emergency roles, responsibilities, strategies, systems and arrangements.
Emergency preparedness	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.
Emergency prevention	The measures taken to eliminate the incidence of emergencies. These include the regulatory and physical measures to ensure that emergencies are prevented. Examples implementation of 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.
Emergency response exercise	A site-specific exercise implemented to determine the effectiveness of the emergency response procedures.
Emergency response team (ERT)	Specialist personnel, appointed to attend specific incidents, to contain, control or eliminate the emergency using emergency response equipment.
External emergency	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).
HSFAC	Health Service Functional Area Coordinator appointed by the Local Health District Chief Executive (PD2012_067).
Hospital Controller	Nominated manager in charge of emergency management, planning and operations, also called Emergency Coordinator in AS 4083-2010.
Incident Control System (ICS)	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 Management System for any Emergency). ICS is

	the term used in this policy for the term Emergency Control Organisation (AS 3745-2010).
Incident Management Team (IMT)	Designated personnel responsible for conducting an assessment when 'Code' is called and managing the incident.
LHD	Local Health District
SESLHD	South Eastern Sydney Local Health District
Warden intercommunication point (WIP)	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.
Worker	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 Facility Controller (Emergency Coordinator), 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 and endorse 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 and the evacuation diagram.
- 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 emergency response team (ERT).
- 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

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- 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 at 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 a descriptions of the fire safety and emergency features of the facility.

7.2.4 Clearly detail activation, notification, escalation process and stand down procedures (includes a unique telephone number comprising two to three digits for notification of emergencies).

7.2.5 The Emergency organisational arrangements for the facility

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

7.2.6 Activities for preparing for, and prevention of emergencies, such as training and maintenance.

7.2.7 Control and coordination arrangements for emergency response

Emergency response procedures – key elements and considerations:

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- Emergency Colour Codes:

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

- After-hours procedures.
- Role and function of the Incident Management Team (is used).
- Communication during the emergency, with neighbouring facilities, escalation process, and communication equipment.
- Control and coordination, and includes identification of an Emergency Operation Centre / Disaster Control Centre.
- Emergency response equipment, such as fire extinguishers, fire hose reels, first aid kits, breathing apparatus and the like.
- Evacuation options such as full evacuation, partial evacuation and shelter in place (no evacuation), evacuation routes and assembly areas.
- External sources.
- First aid officers and their duties during an emergency.
- Media response.

7.2.8 Recovery and debrief.

7.2.9 A statement of distribution of the emergency plan or excerpts from the emergency plan.

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

8. DOCUMENTATION

Incident logs

Situation reports

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
- [NSW State Emergency Management Plan \(EMPLAN\)](#)
- [NSW Health PD2010_024 Fire Safety in Health Care Facilities](#)
- [NSW Health PD2014_012 Healthplan](#)
- [NSW Health IB2013_024 Protecting People and Property: NSW Health Policy and Standards for Security Risk Management](#)
- [NSW Health PD2014_004 Incident Management](#)
- [Employment industrial relations, work health and safety, anti-discrimination and workers compensation](#)
- The Australian Council on Healthcare Standards EQulP 5, Standard 1. Corporate, Criteria 1.2.4 Emergency and disaster management supports safe practice and a safe environment
- [Protecting People and Property - NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies](#)
- [SESLHD HealthPlan](#)

10. REVISION & 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.