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AUTHORISATION

South Eastern Sydney and Illawarra Area Health Service Healthplan – Health Functional Area Supporting Plan has been prepared

- as a supporting plan to the New South Wales Healthplan and the Sydney East, Georges River and Illawarra District Disaster Plans (District Displans), and
- to coordinate the management of the health resources of the South Eastern Sydney and Illawarra Area Health Service 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

Area Health Services Functional Area Coordinator
South Eastern Sydney and Illawarra Area Health Service
Dated:

Chief Executive Officer
South Eastern Sydney and Illawarra Area Health Service
Dated:

ENDORSED

Chair
Sydney East and Georges River District Emergency Management Committees
Dated:

Chair
Illawarra District Emergency Management Committee
Dated:

APPROVED

Director-General NSW Health
Chair HEMC
Dated
PART ONE - INTRODUCTION

1. AIMS

1.1. Authority
   This plan is the SESI Health Services Functional Area Supporting Plan (referred to as SESI HEALTHPLAN) to the NSW Healthplan and the Sydney East, Georges River and Illawarra Disaster Plans (District Displans) developed pursuant to the State Emergency and Rescue Management Act 1989 (as amended).

1.2. Structure
   NSW State Disaster Plan (Displan) identifies the NSW Health Services Functional Area role as that of coordination and control of the mobilisation of all health responses to emergencies within NSW.

   The paramount position holder concerning health major incident/disaster operations is South Eastern Sydney Illawarra Health is the SESI Health Services Functional Area Coordinator (SESI HSFAC).

   Following activation of SESI HEALTHPLAN, all resources of SESI Health will be available to the SESI HSFAC for the purposes of this plan.

   During activation of SESI HEALTHPLAN, all personnel of SESI Health are responsible to the SESI HSFAC, and not to hospital executives, Area Health Service chief executives, or other agencies of origin in relation to the execution of this plan.

   SESI HEALTHPLAN provides for five major contributing health service components, which constitute the whole of health response incorporating an all-hazards approach and outlines their agreed roles and functions:

   - SESIAHS Medical Services;
   - SESIAHS Mental Health Services;
   - SESIAHS Public Health Services;
   - SESIAHS Health Communications; and
   - SESIAHS Support Services / Corporate Services;

   The plan utilises the Incident Control System (ICS) for managing any type of incident. This is a structure of delegation that ensures all vital management and information functions are undertaken to successfully manage an incident. Two underlying principles of ICS are:

   Management by Objectives. This is a process of consultative management where the management team determines the desired outcomes of the incident.

   Span of Control. This is a concept which relates to the number of groups or individuals which one person can successfully supervise. At emergency incidents a maximum of five (5) reporting groups or individuals is considered to be the optimum, as this maintains a supervisor’s ability to effectively task, monitor and evaluate performance.

   In particular the Medical Services component designates three sectors that correspond to the geographical location of the three Hospital Networks in SESIAHS.
1.3. Scope

Arrangements in this plan are also applicable for a health emergency. NSW Health will be the combat agency for all health emergencies within NSW. This plan provides policy direction for the preparation of SESIAHS Service, Network and Facility Disaster Plans.

SESIAHS HEALTHPLAN also provides assistance to victims of incidents and emergencies **whether or not** a declaration of an emergency or an appointment has been made pursuant to Section 33 and Section 19 of the *State Emergency and Rescue Management Act 1989* (as amended).

NSW HEALTHPLAN relies upon the Ambulance Service as the initial emergency service responder, the major communications provider, and as the principal transport organisation for the NSW Department of Health.

The adoption of this plan by SESIAHS Health makes it incumbent upon services under the authority of the SESIAHS Health to abide by the directions of the plan.

1.4. Target Audience

All Area Health Staff

1.5. Concept of Operations

1.5.1. Phases

**Prevention Phase:** Prevention (mitigation) measures are designed to avoid (or reduce) the consequences of emergencies on the community. This will be achieved through:

1. Conducting emergency risk management at all levels in SESIAHS Health (integrated with the organisation-wide risk register);
2. Identifying prevention or mitigation options; and
3. Developing and implementing prevention plans at all levels within SESIAHS Health.

**Preparation Phase:** This phase addresses the preparation and planning arrangements with the main focus on establishing a framework for health service agencies to mobilise their management structures and resources in order to support an emergency. This will be achieved through:

1. Establishing strong organisational and personnel networks between the health services, the emergency services, functional areas and the community;
2. Establishing and maintaining memoranda of understanding;
3. Managing the planning development by reviewing and testing of SESIAHS HEALTHPLAN; and
4. Identifying and undertaking relevant health and emergency management training for personnel responsible for the response or management of emergencies.

**Response Phase:** This phase addresses the health service response for all emergencies in order to minimise the health impacts to individuals and the community during an emergency. The key actions in this phase include:

1. Immediate deployment of health assets, usually ambulance units in accordance with AMPLAN;
2. Initial assessment of health requirements and activation of SESIAHS HEALTHPLAN;
3. Activation of the SESIAHS HSDCC;
4. Preparation of SESIAHS facilities to receive disaster affected victims;
5. Appointment and deployment of the Health Commander, Ambulance Commander and Medical Commander, plus Health Response Strike Teams, support staff, and health resources as required; and
6. Deployment of SESIAHS Health Liaison Officer to the Emergency Operations Centre (EOC).

This phase will conclude when there is no further health response required at the emergency site, and with SESIAHS Health providing support to the Recovery Phase.

**Recovery Phase:** This phase addresses the process of returning an affected community to its proper level of functioning after an emergency. This phase will usually commence concurrently with the Response Phase and essential SESIAHS Health tasks include:

1. Providing a Health Commander and staff support to the Recovery Committee or Recovery Coordinator;
2. Continued provision of health services to all members of the community;
3. The deactivation of response teams; and
4. Debriefings to inform future prevention actions and planning.

**1.6. Principles**

The following principles apply to this plan:

1. Health services are provided in a timely, fair, equitable and flexible manner;
2. Control and coordination of an emergency response and initial recovery operations will be conducted at the lowest effective level (utilising the ICS);
3. Management arrangements recognise that the recovery phase may be a complex, dynamic and protracted process;

4. Health service management arrangements recognise the need for sustainability of response at a local and Area level

5. Health service management arrangements recognise the need for maintenance of core health services particularly when there is a long term response, eg pandemic;

6. Provision of health services in an emergency may involve a reversal of normal priorities to ensure the greatest good for the greatest number; and

7. Training programs and exercises support the effective response of SESIAHS Health responding personnel.

PART TWO - ROLES AND RESPONSIBILITIES

2. APPOINTMENTS

2.1. South Eastern Sydney Illawarra Health Services Functional Area Coordinator (SESIAHS HSFAC)

This position is appointed by the Chief Executive of SESIAHS and represents all health services within SESIAHS on the District Emergency Management Committees of the Sydney East, Georges River and Illawarra.

The SESIAHS HSFAC is responsible to the SESIAHS Chief Executive for all phases of emergency management, viz prevention, preparation, response and recovery.

When SESIAHS HEALTHPLAN is activated in the presence of Displan, the SESIAHS HSFAC is accountable to the respective District Emergency Operations Controller (DEOCON).

Notification of alert/activation to the relevant Network General Manager is the responsibility of the Facility Incident Controller.

SESIAHS HEALTHPLAN can only be activated by the State or SESIAHS HSFAC or delegate. Activation may be as a result of:

1. A request from any agency on the State, District, or Local Emergency Management Committee for health support; or

2. A health emergency.

The SESIAHS HSFAC is responsible for:

1. Preparing, maintaining and reviewing this plan and all associated documents;

2. Representing all health services within SESIAHS on the District Emergency Management Committees;

3. Activation / deactivation of SESIAHS HEALTHPLAN;

4. Having the authority to command the coordinated use of all health resources within SESIAHS Health for response to and recovery from, the impact and effects of an emergency;
5. During activation of this plan all personnel of SESIAHS Health are responsible to the SESIAHS HSFAC and not to hospital executives, Area Health Service Chief Executives or other agencies of origin in relation to the execution of this plan;
6. Determining the utilisation of resources from all SESIAHS health services, participating and supporting organisations; and
7. Ensuring training expectations, as required by the NSW Health Counter Disaster Unit, are achieved.
8. Integrating SESIAHS Health arrangements within a whole of government framework.

2.2. Duty SESIAHS Health Services Functional Area Coordinator
When unavailable, the SESIAHS HSFAC appoints a duty SESIAHS HSFAC. This position holder will normally be a senior executive of the Area Health Service.

The position holder assumes all of the roles and responsibilities afforded the SESIAHS HSFAC including the activation of SESIAHS HEALTHPLAN.

2.3. SESIAHS Area Medical Services Controller
The position holder is responsible, during the time this plan is activated, to the SESIAHS HSFAC. An appointment will be made where a complex or prolonged response is required.

The role is supported by the designation of Network Medical Services Controllers for the three Hospital Networks in SESIAHS (Southern, Central and Northern).

The SESIAHS Area 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 SESIAHS HEALTHPLAN;
2. Distribution of casualties to receiving hospitals and determining the hospital bed availability for admission of critically injured casualties through the respective Network Medical Services Controller and the Area Patient Flow Unit;
3. Coordination of the provision of definitive care for multiple casualties as rapidly as possible through the three Medical Services Networks;
4. Effecting all secondary referrals of critically injured casualties by determining destination hospitals and priorities for secondary transport, including coordinating aero-medical support of operations through the Aero-Medical Retrieval Unit (AMRU);
5. Maintaining core medical services throughout SESIAHS during an emergency;
6. Provision of technical and clinical management advice on the medical issues during the emergency;
7. Coordinating pharmaceutical support;
8. Coordinating clinical diagnostic services provision with the Controllers of SEALS and SESAMI
9. Possible re-allocation of health and medical resources as required to provide the best management for multiple casualties;
10. Deployment of key position holders or mobile SESI Health Response Strike Teams;

11. Providing the medical component of a multi-agency task force in the form of specialist trained medical and health personnel;

12. Coordinating the provision of blood supplies through the Australian Red Cross Blood Service;

13. Coordinating the support from SESIAHS to the NSW Health Department of Forensic Medicine response, in consultation with the Area Mental Health Controller, the NMSC’s (for social workers), NSW Health Department of Forensic Medicine and NSW Police.

14. 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.

2.4. SESIAHS Area Mental Health Controller

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

SESIAHS Mental Health Controller is responsible for:

1. Controlling all mental health resources in SESIAHS which are required to respond to an emergency;

2. Maintaining core mental health services throughout SESIAHS during an emergency;

3. Overall planning, activation, direction and control of the mental health response with particular emphasis on the recovery phase;

4. Provision of technical and clinical management advice on the mental health issues during an emergency; and

5. Liaising with DoCS for personal support and welfare response from NGO’s and other agencies.

SESIAHS Mental Health Services are responsible for:

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

2. Provision and coordination of mental health support to persons both directly and indirectly affected (including survivors, emergency responders and the bereaved), in collaboration with relevant agencies including:

   2.1 Forensic counselling services through the NSW Health and SESIAHS Departments of Forensic Medicine;

   2.2 Community health emergency services for referral to specialist mental health services; and

   2.3 DoCS Disaster Recovery Services and their Community Partners (eg Red Cross) for the provision of Personal Support.

3. Availability of mental health services in terms of outreach and provision at appropriate locations; and
4. Coordinated management of those affected by the emergency, particularly those at higher risk.

5. 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.

2.5. SESIAHS Area Public Health Controller
The position holder is responsible, during the time this plan is activated, to the SESIAHS HSFAC.

SESIAHS Public Health Controller is responsible for:
1. Controlling all public health resources in SESIAHS which are needed to respond to an emergency
2. Maintaining core public health services throughout the SESIAHS during an emergency;
3. Overall planning, activation, direction and control of the public health response;
4. Planning for public health emergency preparedness, surveillance response and recovery; and
5. Provision of technical and clinical management advice on the public health issues during an emergency.

SESIAHS Public Health Services are responsible for:
1. A coordinated public health services response for prevention, preparation, emergency response and subsequent recovery from the public health impacts of an emergency under SESIAHS HEALTHPLAN;
2. Conducting disease surveillance in the affected population or community in the response and recovery phases of the emergency;
3. Conducting surveys of environmental health risks associated with the emergency;
4. Investigation and control of cases and outbreaks of infectious diseases;
5. Investigation of outbreaks of food-borne illness, in collaboration with the NSW Food Authority; and Local Council Officers.
6. Assessment of and advice on the potential public health risks of chemical incidents and environmental hazards that either acutely endanger the health of human populations or are thought to have longer term health consequences;
7. Advice on health risks relating to air quality in conjunction with DEC;
8. Advice on the potential health risks of radiation incidents in close collaboration with the Radiation Branch of the DEC;
9. Advice and monitoring for safe water quality including drinking water and recreational water;
10. Advice on the control of human disease vectors;
11. Advice on the safe disposal of human wastes and establishment of emergency toilets and showers when required;
12. Advice on the collection, transport and disposal of refuse and clinical and hazardous wastes;
13. Advice on the handling of the deceased including body storage and temporary mortuary facilities in close consultation with the NSW Police Service and the NSW Coroner;
14. Advice on the public health and amenity aspects of emergency shelter accommodation and communal facilities in consultation with Welfare Services Functional Area Coordinator;
15. Advice on the public health aspects of damaged dwellings and other buildings prior to reoccupation;
16. Advice on community hygiene requirements as may be dictated by the emergency; and
17. Liaison with local government authorities, as appropriate, in response to public health emergencies.
18. 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.

2.6. SESIAHS Area Health Communications Controller
The position holder is responsible, during the time this plan is activated, to the SESIAHS HSFAC.

SESIAHS Health Communications Controller is responsible for:
1. Control of all health communication responses to emergencies when SESIAHS HEALTHPLAN is activated including medical, mental health and public health services;
2. Identification and training of appropriate spokespeople and of the 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; and
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 SESIAHS HEALTHPLAN;
2. Maintenance of close links with the SESIAHS 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 SESIAHS HEALTHPLAN is activated including medical, mental health and public health services;
4. Formalising arrangements with participating and supporting organisations; and
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.

2.7. SESIAHS Area Support Services / Corporate Services Controller
This position holder is responsible, during the time this plan is activated, to the SESIAHS HSFAC.

**Area Corporate Services Controller is responsible for:**
1. Control of all Area health corporate services’, (including workforce), responses to emergencies when HEALTHPLAN is activated;
2. Coordination with State-wide Shared Corporate Services for the provision of Food Services, Linen Services, Supplies, IM&T (including telephony)
3. Formalising arrangements with participating and supporting organisations;
4. Being prepared to provide a Corporate Service’s Liaison Officer to SESIAHS Health Disaster Control Centre; and
5. Provision of technical advice on health corporate services issues during the emergency.
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.

2.8. SESIAHS Planning Officer
This position holder is responsible, during the time this plan is activated, to the SESIAHS 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.

**Area 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.
5. Updating the Action Plan as required

2.9. SESIAHS Health Service Liaison Officer
This position will be either a senior health executive or senior medical/nursing officer with comprehensive knowledge of the SESIAHS (or local health service), and must have the authority to represent SESIAHS and negotiate the response of SESIAHS in relation to requests of the Combat Agencies and other Functional Areas during activation of the plan.
Responsible to:
SESIAHS Functional Area Coordinator

Responsible for:
1. Representing the SESIAHS HSFAC at the Sydney East, Georges River and Illawarra District Emergency Operations Centre (DEOC); or at a Local level in the Local Emergency Operations Centre (LEOC)
2. Providing advice on the capabilities and current status of resources within SESIAHS

Role:
1. Receive briefing from the SESIAHS HSFAC
2. Proceed to the nominated Emergency Operations Centre when requested
3. Provide advice to DEOCON (or LEOCON at local level) and the DEOC (or LEOC at a local level) staff on the capabilities and characteristics of SESIAHS
4. Advise the DEOCON (or LEOCON at local level) and the DEOC (or LEOC at a local level) staff of the actions taken by and the requirements of SESIAHS
5. Convey DEOCON (or LEOCON at local level) requests to the SESIAHS HSFAC
6. Be aware of SESIAHS current status and resource capabilities
7. Hand over control to the higher level when the situation warrants
8. Hand over to a delegate when the situation is of a protracted nature
9. Attend the SESIAHS, and District Emergency Management Committee (or Local Emergency Management Committee at a local level) post incident operational debriefs.
10. Submit a written report to the SESIAHS HSFAC
11. 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.

2.10. Ambulance Service
The Ambulance Service is responsible for:
1. A coordinated Ambulance Service response for prevention, preparation, emergency response and subsequent recovery from the impacts of an emergency under HEALTHPLAN;
2. Provision of a coordinated Ambulance Service response for initial triage, treatment, management and transport of injured persons;
3. Provision of telecommunications for the NSW Department of Health response to an emergency;
4. Possible re-allocation of ambulance resources as required to provide the best management for multiple casualties;
5. Maintaining core ambulance services throughout the State during an emergency;
6. Deployment of key position holders or mobile specialist teams as requested by the State Medical Controller / State HSFAC;

7. Arranging transport for designated disaster medical teams, mental health teams and public health teams and their equipment, to and from the site of an emergency; and

8. Monitoring of health practices related to operational safety of all responding personnel involved in the emergency.

9. Providing the medical component of a multi-agency task force in the form of USAR trained SCAT paramedics to USAR task forces.

10. Providing the medical component of multi-agency task forces in the form of SCAT paramedics to:
    - Police – special operations group for high risk tactical police operations;
    - Fire Brigade – for hazardous material and CBR response medical care in the “hot zone”; and
    - Rural Fire Service – in Remote Area Fire Teams (RAFT).

2.11. NSW Health Related Services
The following services / branches of NSW Health will play an essential role in the activation of NSW HEALTHPLAN.

**NSW Health Pharmaceutical Branch**
Pharmaceutical Services has the responsibility to arrange for the supply and redistribution of medicines within the public hospital system and the wider community for use in emergencies as requested by the State Medical Controller.

Chief Pharmacist & Director of the Pharmaceutical Branch will provide liaison to the State Medical Controller as requested during the activation of HEALTHPLAN.

**Aero-Medical Retrieval Unit (AMRU)**
The AMRU is responsible for the tasking and coordination of aero-medical response, both fixed and rotary wing.

The Director of the AMRU when requested by the State Medical Controller will provide an initial medical response to the site.

The Director of the AMRU will work with the State Medical Controller to support the HSDCC in the clinical management of a health emergency and provide expert advice in regard to retrieval issues.

**NETS (NSW Neonatal and Paediatric Emergency Transport Service)**
NET is a state-wide service of NSW Health providing an emergency service for critically ill and injured babies and children who need intensive care, offering clinical advice, coordination and retrieval.

The Medical Director of NETS will provide liaison to the Director AMRU and State Medical Controller during the activation of HEALTHPLAN.
NETS are activated through the Medical Retrieval Unit.

**Pathology and Environmental Laboratories within NSW Health**

Area Health Services include clinical and public health pathology laboratories, which may be required to support public health surveillance or investigations associated with an emergency.

The Division of Analytical Laboratories provides services for testing of environmental samples; these services may be required to support environmental health surveys or investigations associated with an emergency.

Pathology and Environmental Laboratories within NSW Health liaise with the State Public Health Controller during the activation of HEALTHPLAN.

**NSW Health Departments of Forensic Medicine**

NSW Health Departments of Forensic Medicine provide a service to the State Coroner for Disaster

The services of the NSW Health Departments of Forensic Medicine may also be required on a national basis at the request of the relevant State Coroner.

When requested by the Australian Federal government, the NSW Health Departments of Forensic Medicine will provide assistance as part of an international DVI response.

The General Manager, Department of Forensic Medicine, Glebe will be the central coordination point for activation of the services by the State HSFAC.

Health issues to be reported through and coordinated by the State Medical Controller during the activation of HEALTHPLAN.

**2.12. Supporting and Participating Organisations**

**Australian Red Cross Blood Service**

Provision to mobilise this service is through the State Medical Controller.

The resources of the Australian Red Cross Blood Service will be coordinated centrally by the service:

- Early notification to the service forms part of HEALTHPLAN;
- Australian Red Cross Blood Service will provide blood products to locations designated by the State Medical Controller; and
- Australian Red Cross Blood Service when appropriate, requests for donors to attend nominated collection points in order to replenish stocks.

**DoCS Disaster Recovery Services - Personal Support**

NSW Department of Community Services under the Disaster Recovery Human Services Plan activates personal support services. This service is provided by DoCS staff and its Community Partners (e.g. Red Cross, St Vincent De Paul, Salvation Army, and Adracare).
Royal Flying Doctor Service
Royal Flying Doctor Service of Australia has the capacity to provide a medical team for deployment to a site outside the normal area of operation.

Royal Flying Doctor Service of Australia (NSW Section) is the usual aero-medical responder to emergencies within the Broken Hill area.

Coordination of these resources is through the Chief Medical Officer Royal Flying Doctors Service of Australia (Broken Hill) in conjunction with the Director MRU and the State Medical Controller.

St John Ambulance Australia (NSW Division)
St John Ambulance (NSW) is a participating organisation under HEALTHPLAN and maintains a formal resource commitment agreement with the NSW Department of Health.

St John Ambulance has a large contingent of volunteers trained in first aid. It also has specialist teams trained in advanced casualty management. These personnel are available to respond to an emergency.

Requests to mobilise this service are made by the State HSFAC to the State Commissioner of St John Ambulance Australia, and following that request, the method of activation of the service is the responsibility of the St John organisation.

St John Ambulance on-site role is coordinated by the Ambulance Commander.

Other Organisations
The following organisations have indicated their willingness to participate and provide specialist resources to an emergency and the SESI HSFAC, in consultation with SESIAHS Medical Controller, the NMSC’s and SESI Public Health Controller, would activate requests for assistance:

Private Hospitals (including private psychiatric facilities);
Nursing Homes;
General Practitioners;
Local Government Authorities
Emergency Services and Functional Areas
Private Pathology and Radiology Services

During a health emergency, the Emergency Service Organisations and Functional Areas will be required to provide support to NSW Health in accordance with Displan and their own Supporting Plans.
PART THREE - CONTROL, COMMUNICATION & COORDINATION

3. CONTROL

3.1. Control Structure

General

Control and coordination for emergencies is designed to provide the most effective mechanism, which is applicable to all situations. The control of the health response for emergencies in SESIAHS is achieved through the provision of key appointments and the establishment of a number of control or command structures.

During activation the plan utilises the Incident Control System. Operations will consist of those components of Medical, Public Health and Mental Health Services necessary to combat the emergency at Area, Network or lower level.

This arrangement allows each Service Controller to manage across a span of three delegates and to the Incident Controller (HSFAC). The Corporate Communications Directorate and Corporate and Financial Services Directorate form the core of the Communications and Logistics branches of the ICS. Planning will be tailored to the emergency drawing on the resources of Population Health Planning and Performance; Workforce Development and Nursing and Midwifery Directorates.

The SESIAHS Disaster Management Framework is shown diagrammatically in Appendix 5.

Key Appointments

The key appointments to deal with an emergency within the boundaries of SESIAHS include:

SESIAHS HSFAC. The SESIAHS HSFAC is appointed by SESIAHS CE and is responsible for the SESI Health tasks in all phases of the SESIAHS emergency management arrangements outlined in the respective Displans, and to coordinate support from within SESIAHS. The Area HSFAC coordinates all Area health emergency operations.

Deputy SESIAHS HSFACs. The SESIAHS HSFAC will appoint Deputy SESIAHS HSFACs who may also undertake a SESIAHS HSFAC responsibility.

SESIAHS Medical Controller. The SESIAHS Medical Controller supports the SESIAHS HSFAC and is responsible for controlling the distribution, secondary referral and secondary transportation of casualties, to ensure an effective use of the SESIAHS' health assets, particularly focused on Clinical Operations.

SESIAHS Mental Health Controller. The SESIAHS Mental Health Controller supports the SESIAHS HSFAC and will control all SESIAHS mental health services required during the emergency.

SESIAHS Public Health Controller. The SESIAHS Public Health Controller supports the SESIAHS HSFAC and is responsible for the control of all SESIAHS public health assets required during the emergency.

SESIAHS Health Communications Controller. The SESIAHS Health Communications Controller supports the SESIAHS HSFAC and is responsible for the control of all SESIAHS health communications assets required during an emergency.
SESIAHS Health Corporate Services Controller. SESIAHS Health Corporate Services Controller controls of all SESIAHS health corporate services’ responses to emergencies when HEALTHPLAN is activated.

Facility/Hospital Service Controllers. Facility/Hospital controllers from all of SESIAHS facilities are to provide support for their respective area to the SESIAHS HSFAC.

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

NSW Health control structure at an emergency site includes:

Health Commander. The State HSFAC will appoint a Health Commander to coordinate all health operations at the emergency site. The Health Commander may come from the Ambulance Service, Medical Services, Mental Health or Public Health. When a Site Control is established, the Health Commander will report directly to the Site Controller. The Health Commander will also receive reports from the Medical and Ambulance Commanders (and additional appointed commanders as required). The Health Commander will report to the State HSFAC through the HSDCC.

Ambulance Commander. The State Ambulance Controller will appoint an Ambulance Commander who commands all ASNSW operations at the emergency site. The Ambulance Commander reports directly to the Health Commander and State Ambulance Controller for ambulance operational matters.

Medical Commander. The State Medical Controller will appoint a Medical Commander who commands all medical operations at the emergency site, including public health issues. The Medical Commander reports directly to the Health Commander, and reports to the State Medical Controller for medical operational matters.

Additional Commanders. Additional commanders will be deployed to control various aspects of the health response.

3.2. Operation Centres

The key operation centres include:

SESIAHS Health Disaster Control Centre (SESIAHS DCC). When SESIAHS HEALTHPLAN is activated this centre will be manned by the SESIAHS HSFAC and staff from Area. The SESIAHS Controllers (Medical, Mental Health, Public Health, Communications and Corporate Services) and their support staff will deploy to the SESIAHS DCC as requested. The SESIAHS Disaster Control Centre will report to the respective Emergency Operations Centre and to the NSW Health Service Disaster Control Centre. Standing Operating Procedures (SOPs) for the SESI Health Disaster Control Centre are to be prepared and reviewed, in accordance with the SESIAHS Healthplan arrangements.

SESIAHS Network/Hospital/Facility or Service Control Centres. Hospital/Facility or Service Control Centres fulfil a number of different functions, which include communication with all relevant areas of the networks, hospitals, maintenance of information on facility capacity, staffing allocation/call in, resource management, patient tracking, and maintaining a log of the event.
Health Command Post. The Health Command Post will be established in Site Control and accommodate the Health Commander.

Medical Forward Command Post. A Medical Forward Command Post will normally be established in the treatment area at the site of an incident. The Medical Commander will operate from this location.

Ambulance Forward Command Post. An Ambulance Forward Command Post will normally be established at the Ambulance Loading Point. The Ambulance Commander will operate from this location.

Site Control. Site Control will be established at an emergency site and will accommodate all required emergency service and functional area command posts.

EOC. An Emergency Operations Centre will be established at the Local, District or State level as required.

3.3. Communication
SESIAHS HSFAC is contactable 24 hours through the Prince of Wales Hospital Switchboard on 9398 7053.

3.4. Coordination

3.4.1. Authority
The State HSFAC and SESIAHS HSFACs have the authority to commit State or SESIAHS Health assets respectively, through the activation of HEALTHPLAN at a State or Area Health Service level.

3.4.2. Boundaries
The key boundaries related to this plan are:

| Area Health Services          | (Appendix 2)  |
| SESIAHS Health                | (Appendix 3)  |
| Ambulance Service Divisions   | (Appendix 4)  |
| Emergency Management Districts| (Appendix 5)  |

Where boundary mismatching occurs it will be necessary for the AHS to have cross AHS arrangements in place and these must be formalised in the relevant AHS HEALTHPLAN. SESIAHS shares boundaries with Sydney South West AHS, Northern Sydney Central Coast AHS and Greater Southern AHS. In the event of a major incident occurring that requires cross boundary liaison, the SESIAHS HSFAC will communicate with the respective Area HSFAC’s and the State HSFAC to coordinate the whole of health response in the event of an emergency.
3.4.3. Liaison

Liaison and cooperation between the response emergency services organisations and the SESIAHS function is essential. This is achieved through:

- Involvement in the relevant District / Local Emergency Management Committees;
- Liaison with other States and Territories via the Commonwealth Department of Health and Ageing; and
- Appointment of Liaison Officers to the emergency operations centres at the direction of the State and/or Area HSFAC.

3.4.4. Planning

Preparation and planning for NSW Health Services will be based on Area Health Service administrative areas and separate plans will be developed by each AHS utilising the format identified in NSW HEALTHPLAN. This document is the SESIAHS Healthplan, a supporting plan to the NSW Healthplan.

SESIAHS Health through the NSW Health Counter Disaster Unit is responsible for policy development and maintaining preparedness at the SESIAHS Health level by ensuring up to date commander and controller rosters, developing and updating education programmes and maintaining area based contingency plans.

All SESIAHS Health facilities/ Hospitals and Services are responsible for emergency management preparation within their relevant facilities or services.

Supporting plans will be developed at State and Area Health Service level incorporating each of the major contributing health service components, which outlines their agreed roles and functions, and details specific activities and tasks for:

- Medical Services;
- Ambulance Services (State only);
- Mental Health Services;
- Corporate Services (Shared Services, ReCover, COSOPs etc.);
- Public Health Services; and
- Health Communications.

3.4.5. Response

SESIAHS HEALTHPLAN can only be activated by the State or SESIAHS HSFAC or delegate. Activation may be as a result of:

1. A request from any agency on the State, District, or Local Emergency Management Committee for health support; or
2. A health emergency.
3.4.6. Recognised Stages of Activation

a. ALERT. On receipt of notification of a situation, which could escalate, or which may require the coordination of resources and support;

b. STANDBY. On receipt of information that a major incident/disaster is imminent and may require deployment of personnel and resources;

c. CALL OUT. On receipt of information that a major incident/disaster has occurred and there is a requirement for deployment of personnel and resources, including the receiving of injured casualties;

d. STAND DOWN. State level operations are no longer required.

3.4.7. Recovery

This phase addresses the process of returning an affected community to its proper level of functioning after an emergency. This phase will usually commence concurrently with the Response Phase.

Recovery operations initially commence at the Local level with significant responsibility for the well-being of local communities being retained by Local Government Authorities.

Local Emergency Operations Controllers, assisted by Local Recovery Co-ordinating Committees, are responsible for ensuring that the need for Local level recovery operations is assessed and planned during the earliest stages of response operations and for requesting District level support from the District Emergency Operations Controller (DEOCON).

The DEOCON is responsible for ensuring that the need for District level coordination of recovery operations is assessed and planned during the earliest stages of response operations.

The DEOCON may convene an extraordinary meeting of the District Emergency Management Committee as early as possible during district level response operations to assist with the development of recovery arrangements.

Agency Controllers and Functional Area Coordinators are to determine the requirements for recovery operations within their respective areas of responsibility, assist the DEOCON in determining overall organisation or area requirements, and be prepared to take a lead role in recovery operations when appropriate.

3.4.8. Recovery Coordination Arrangements

Prior to the establishment of a District Recovery Coordinating Committee or the appointment of a Special Recovery Coordinator, the DEOCON is responsible for the overall coordination of District level recovery operations.
3.4.9. District Recovery Coordinating Committee

If considered appropriate, the DEOCON is responsible for the formation of a District Recovery Co-ordinating Committee comprised of all appropriate Emergency Services, Functional Areas and other agencies.

Subject to directions from the State Emergency Operations Controller (SEOCON), the DEOCON is also responsible for appointing the Chairperson of the District Recovery Coordinating Committee.

The role of the District Recovery Coordinating Committee is to monitor, oversight, coordinate and support local recovery planning and operations. The Committee’s Chairperson is responsible for:-

a. Advising the DEOCON when satisfied that recovery operations have been substantially effected;

b. Preparing a report for the DEOCON, (for forwarding to the SEOCON or State Recovery Coordinating Committee), detailing the need for longer-term reconstruction operations and/or outstanding relief measures that need to continue or be implemented.

3.4.10. Appointment of a Special Recovery Coordinator

In the event that the District Recovery Co-ordinating Committee needs significant assistance to be able to coordinate appropriate recovery operations, the State Emergency Operations Controller may recommend, or appoint, a Special Recovery Coordinator.

4. PART FOUR - ADMINISTRATION AND TRAINING

4.1. Administration

4.1.1. General

Responsibilities for the administration of SESIAHS Health Service Functional Area Plans rests with the SESIAHS Chief Executive and is reflected in the performance agreement, with established Key Performance Indicators.

SESIAHS Health Services are to develop specific plans reflecting the SESIAHS HEALTHPLAN arrangements, at a local level.

4.1.2. Financial Responsibilities – Expenditure and Recovery of Funds

Area Health Services are expected to commit resources to plan for disaster services and to rehearse their plans on at least an annual basis. The cost of providing medical, public health and mental health services, following activation of this plan or an Area Health Service Healthplan will be met from within the area’s normal budgetary allocation.
Expenditure of funds by health services during an emergency response or initial recovery operations is to be met in the first instance by the Area Health Service from within their normal operating budgets. Should the expenditure be of such a magnitude as to prevent the Area Health Service from continuing its normal operations for the remainder of the financial year, treasury may provide supplementation.

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 SESIAHS Health resource expenditures are documented to facilitate this process.

4.1.3. Logistics Support

Whenever possible, normal procedures for the acquisition of health service goods and services are to be utilised. Should assistance be required it should be requested through the State HSFAC.

Should the State HSFAC require assistance in acquiring health service and non-health service goods and services, they will be requested through the State Emergency Operations Controller (SEOCON).

4.2. Committees

**NSW Health Emergency Management Committee (HEMC)**

This is a policy committee for the NSW Health Functional Area.

The Committee will consist of the principle organisations and disciplines that form the planning and working elements of HEALTHPLAN and is chaired by the State HSFAC. Other organisations and individuals will be invited to provide specialist advice as required.

The terms of reference for the NSW Health Disaster Advisory Committee include:

1. Review HEALTHPLAN;
2. Make recommendations regarding health aspects of emergency management and accompanying legislation;
3. Maintain a review of emergency health resources within the State;
4. Review NSW Health emergency plans at State and Area Health Service level;
5. Advise on NSW Health emergency training within the State;
6. Review HEALTHPLAN operational activities;
7. Review and advise on health service emergency exercises; and
8. Review Standing Operating Guidelines supporting HEALTHPLAN.
Supporting Committees

NSW Health or supporting services may establish committees or advisory groups to effect cooperative arrangements for performing their allocated task.

**NSW Health Disaster Clinical Advisory Group**

This Committee will consist of the principle organisations and disciplines that form the planning and working elements of HEALTHPLAN and is chaired by the State Medical Controller. Other organisations and individuals will be invited to provide specialist advice as required.

The terms of reference for the NSW Health Disaster Clinical Advisory Group include:

1. To provide advice on the Standing Operating Guidelines outlining hospital and medical procedures for NSW Health emergency arrangements for NSW;
2. To provide advice on the strategies to achieve the development of medical emergency planning in NSW;
3. To provide advice on the organisational, strategic consistency and tactical adequacy of the Standing Operating Guidelines within HEALTHPLAN;
4. To provide advice on the emergency management and training for medical service individuals and groups; and
5. To provide advice on the conduct of exercises to periodically test the medical services Standing Operating Guidelines.

**NSW Health Mental Health Disaster Advisory Group**

The NSW Health Mental Health Disaster Advisory Group is a sub-committee of the Health Emergency Management Committee and is chaired by the State Mental Health Controller.

The terms of reference for the NSW Health Disaster Mental Health Advisory Group include:

1. To provide advice on the facilitation and coordination of an evidenced-based response to both natural and man-made emergencies;
2. To provide advice on the Standing Operating Guidelines for a mental health response within the emergency arrangements for NSW Health;
3. To provide advice on the strategies to achieve the development of mental health emergency planning in NSW;
4. To provide advice on the organisational, strategic consistency and tactical adequacy of the Standing Operating Guidelines for Mental Health within HEALTHPLAN;
5. To educate, review and evaluate optimal competencies and liaison with other agencies; and
6. To provide advice on the conduct of exercises to periodically test mental health services Standing Operating Guidelines.

**NSW Health Public Health Emergency Management Group**

The NSW Health Public Health Emergency Management Group is a sub-committee of the Health Emergency Management Committee and is chaired by the Director, Health Protection / Deputy Chief Health Officer.

This sub-committee is to provide for the effective response to public and environmental emergencies.

The terms of reference for the NSW Health Public Health Emergency Management Sub-Committee include:

1. To plan for a coordinated response to public health emergencies either as singular public health issues or as a part of larger scale all agency response to an emergency;

2. To assess the need for and to facilitate the development of public health emergency management and preparedness plans, procedures, protocols, policies, manuals and Standing Operating Guidelines;

3. To ensure that a public and environmental health focus is maintained;

4. To provide a mechanism of feedback for assessment of other agency plans which impact on public and environmental health;

5. To review incidents, emergencies and exercises;

6. To identify needs and to promote public and environmental emergency management to PHUs and the local government;

7. To provide liaison with internal NSW Health units within the Centre for Health Protection and public health network, and external agencies and associations including Ambulance Service of NSW, NSW Fire Brigade, NSW Department of Environment and Conservation, NSW Food Authority and the Australian Institute of Environmental Health;

8. To establish Working Groups with defined terms of reference and duration as appropriate;

9. To inform the Chief Health Officer of the state of public and environmental emergency management preparedness;

10. To be represented on the NSW Health Disaster Advisory Committee; and

11. To identify training needs and facilitate education in a timely and efficient manner consistent with the needs of the intended target group.

**NSW Health Area Health Services Functional Area Coordinators Group**

The NSW Health Area Health Services Functional Area Coordinators Group is chaired by the State Health Services Functional Area Coordinator.

The terms of reference for the NSW Health Area Health Services Functional Area Coordinators Group include:
1. To form a network to support the Area Health Services Functional Area;
2. Provide advice on the capabilities and current status of resources within the Area Health Service boundaries;
3. Committing the resources of the health services; and
4. Ensuring proper coordination and the timely flow of information on requests of, and decisions made on behalf of the health services.

**NSW Health Disaster Education Advisory Group**

The NSW Health Disaster Education Advisory Group is a sub-committee of the NSW Health Disaster Clinical Advisory Group and this sub-committee is chaired by the Manager of Education, Counter Disaster Unit and has the following functions:

1. To provide advice to the NSW Health Disaster Clinical Advisory Group on matters related to health aspects of emergency education;
2. To advise on the development of competency based curricula to meet training needs, and implementation;
3. To advise on assessment requirements and processes; and
4. To assist Area Health Services with the implementation of established training programmes.

**SESIAHS Area Healthplan Committee**

Terms of reference for this committee include:

1. Responsible for the development, implementation, maintenance, and review of the SESIAHS Healthplan.
2. To identify health service resources within SESIAHS.
3. To establish review systems to evaluate disaster plans in SESIAHS, including network and hospital disaster plans.
4. To arrange and conduct exercises to periodically test the SESIAHS Healthplan.
5. To produce and review Standing Operating Procedures relative to the SESIAHS Healthplan, and the SESIAHS Disaster Control Centre/s.
6. To advise Area Executive management team on the state of preparedness of SESIAHS to manage an internal/external disaster, and the resource implications of such.
7. To liaise with external key stakeholders (Emergency Services, Local Councils, Private Hospitals, etc.) with regard to overall coordination of care/resources of SESIAHS.

**Meeting Frequency:**
Quarterly

**Location Of Meetings:**
TBA
**Quorum:**
A quorum is five members

**Chairperson:**
SESIAHS Health Service Functional Area Coordinator or delegate.

### SESIAHS Area Disaster Committee Membership (using Incident Control System Functional Areas):

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<tr>
<th>ICS Functional Area</th>
<th>Position</th>
<th>Title or Service Representative</th>
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<tr>
<td>Control</td>
<td>Area HSFAC</td>
<td>Director Medical Services</td>
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<td>Deputy Area HSFACs</td>
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<td>Operations</td>
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<td>Mental Health Controller</td>
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<td>Sydney East</td>
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<td>Illawarra</td>
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SESIAHS Facility and Network Disaster Committees

Each SESIAHS facility and each NETWORK is required to establish a committee to effect cooperative emergency management arrangements for performing their allocated tasks at a Facility or NETWORK level.

Terms of Reference should include:

1. To develop, review and revise the hospital, or service arrangements for managing both internal and external emergencies;
2. To arrange for the conduct of disaster exercises at the local level on a yearly basis;
3. To advise the SESIAHS Area Disaster Committee on the state of preparedness of the hospital, or service to manage an internal or external emergency, and the resource implications of such; and
4. To provide advice on the training of staff to enable them to respond to such events.

4.3. Review, Testing and Evaluating

This plan is to be reviewed and / or updated by the SESIAHS Area Disaster Committee on the following occasions:

1. On the conclusion of an emergency in which this plan was or could have been activated;
2. On the introduction of any major structural, organisational or legislative changes which affect NSW Health, SESIAHS Health, or key stakeholders; or
3. At least every five years.

Supporting plans are to be reviewed every five years or more frequently at the direction of the SESIAHS HSFAC.

4.4. Training

General

The State HSFAC and SESIAHS HSFAC will ensure any health service staff, who will be expected to perform duties in relation to an emergency, must have evidence of training to fulfil those duties.

Training is essential to ensure a coordinated response in the event of plan activation, and is to be tailored for each component of the plan in accordance with the minimum competencies as defined by the NSW Health Counter Disaster Unit.

Formal training will be initiated in each AHS to ensure adequate numbers of trained personnel.
A central register of trained personnel will be maintained by each AHS and NSW Health Counter Disaster Unit will also hold a key position holders register.

SESIAHS Disaster Management Unit will provide specialised training courses for all SESIAHS and Ambulance Service of NSW staff that may be required to fulfil specific tasks and roles in an emergency event, and maintain a register of these individuals. All SESIAHS staff is expected to attend the Mandatory Emergency Procedures Training conducted annually within facilities and services.
5. **DEFINITIONS**

**NOTE:** Definitions used in this plan are sourced from the NSW State Emergency and Rescue Management Act (1989), as amended, the NSW State Disaster Plan (Displan), and various Functional Area Supporting Plans. Where possible, the reference source is identified as part of the definition e.g., the State Emergency and Rescue Management Act (1989), as amended, is identified as SERM Act.

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

An appointed position at Area Health Service level that has the authority to coordinate and commit all health resources within an Area during activation of the Area HEALTHPLAN. The Area HSFAC will be the State HSFAC’s point of contact within an Area Health Service.

**Area Health Service (South Eastern Sydney and Illawarra Area Health Service – SESIAHS)**

Area Health Services are the administrative units of the NSW Department of Health, defined by geographical boundaries, which are responsible for the administration of the NSW Department of Health’s policies and responsibilities in that Area.

**Combat Agency**

An agency identified in Displan as the agency primarily responsible for controlling the response to a particular emergency.

**Command**

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

**Control**

Refers to the overall direction of the activities, agencies or individuals concerned (Source: SERM Act). Control operates horizontally across all agencies / organisations, functions and individuals. Situations are controlled.

**Coordination**

Is the bringing together of agencies and individuals to ensure effective emergency or rescue management, but does not include the control of agencies, organisations and individuals by direction (Source: SERM Act).

**District Emergency Management Committee**

A committee constituted under the State Emergency and Rescue Management Act, 1989 (as amended), as the principal committee established under this Act for the purposes of emergency management throughout the District, and, in particular, is responsible for emergency planning at District level.

**District Emergency Operations Controller (DEOCON)**

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

**Emergency**

An emergency due to actual or imminent occurrence (such as fire, flood, storm, earthquake, explosion, terrorist act, accident, epidemic or warlike action) which:

- Endangers, or threatens to endanger, the safety or health of persons or animals in the State, or
- Destroys or damages, or threatens to destroy or damage, any property in the State, being an emergency which requires a significant and coordinated response (Source: SERM Act).

For the purposes of the definition of emergency, property in the State includes any part of the environment of the State. Accordingly, a reference in the Act to:

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

**Emergency Management District**

New South Wales is divided into emergency management districts as determined by the Minister for Emergency Services.

**Emergency Services Organisation**

NSW Police Service, NSW Fire Brigades, 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).

**Functional Area**

A category of services involved in the preparations for an emergency, including the following:

- Agriculture and Animal Services;
- Communication Services;
- Energy and Utility Supply Services;
- Engineering Services;
- Environmental Services;
- Health Services;
- Public Information Services;
- Transport Services; and
- Disaster Recovery Human Services.

**Functional Area Coordinator**

A nominated coordinator of a Functional Area, tasked to coordinate the provision of Functional Area support and resources for emergency response and initial recovery operations, who by agreement of Participating and Supporting Organisations within the Functional Area, has the authority to commit the resources of those organisations.
Health Commander
Health Commander appointed by the State or Area HSFAC to coordinate and control all health operations at the incident site.

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.

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 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).

Health Services Disaster Control Centre (HSDCC)
Is the Health Services operations centre and is manned when HEALTHPLAN is activated. The HSDCC incorporates all elements of the strategic level management of an emergency and includes the State Ambulance EOC.

Health Response Strike Teams
Medical, Nursing and other health professionals selected for a response to an emergency at either the site, a receiving hospital or emergency medical facility. The composition of the strike team will be determined by the State Medical Controller and will only respond at the request of the State Medical Controller through the Area HSFAC.

Incident Control System (ICS)
An internationally recognised system for managing any type of incident that has been adopted by NSW Health and the majority of emergency services throughout Australia. ICS is a structure of delegation that ensures all vital management and information functions are undertaken to successfully manage an incident. Two underlying principles of ICS are:

- **Management by Objectives.** This is a process of consultative management where the management team determines the desired outcomes of the incident.
- **Span of Control.** This is a concept which relates to the number of groups or individuals which one person can successfully supervise. At emergency incidents a maximum of five (5) reporting groups or individuals is considered to be the optimum, as this maintains a supervisor’s ability to effectively task, monitor and evaluate performance.
Local Emergency Operations Controller (LEOCON)
In the event of an emergency in a Local Government Area, the Local Emergency Operations Controller. This position is held by the Local Area Commander NSW Police, and is responsible for controlling the allocation of resources in response to the emergency within the local area. The appointee establishes and controls the Local Emergency Operations Centre (LEOC).

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 Department of Health
NSW Health is the combat agency for health emergencies within NSW. Five major contributing health service components constitute the whole of health response incorporating an all-hazards approach. They are:
- Medical Services;
- Ambulance Services;
- Mental Health Services;
- Public Health Services; and
- Health Communications.

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.

Standing Operating Guidelines
Internal response guidelines which document operational and administrative procedures to be used during activation of this plan.

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

Urban Search and Rescue (USAR)

The location, medical treatment and extrication of victims of major structural collapse who are beyond the reach of conventional rescue equipment. The organisation of these responses is detailed under the Major Structural Collapse sub-plan to Displan.

Whole of Health

HEALTHPLAN provides for five major contributing health service components (see NSW Department of Health), which constitutes the whole of health response incorporating an all-hazards approach and outlines their agreed roles and functions.

6. DOCUMENTATION

South Eastern Sydney Health SITREP Form (Situational Report) v2
Action Plan template (draft)
Activity log (draft)
Daily Availability of Facilities or Services template (draft)
Facility or Services System Status Report template (draft)
Area Hospital Capacity Summary template (draft)
South Eastern Sydney Health Incident Control System Forms for an Emergency Operation Centre/Hospital Disaster Control Centre (under development)
Incident Debrief Agenda template (under development)
Patient tracking sheet

7. 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; and

Policy Directions
NSW Healthplan – May 2008 (supersedes NSWH PD2005_631)
NSWH PD2005-482: Triage Medical Disaster Plan - Use of Casualty Labels
Incident Command System as adopted by NSW Health

Australian Standards
AS/NZS 3009:1998 Electric installations - Emergency power supplies in hospitals
AS/NZS 4360:2004 Risk management
AS 4083-1997 Planning for emergencies - Health care facilities.
8. **REVISION & APPROVAL HISTORY**

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<th>Date</th>
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<th>Author and Approval</th>
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<td>1999</td>
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<tr>
<td>2004</td>
<td>IIAWARRA Update</td>
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<tr>
<td>2008</td>
<td>Rewrite</td>
<td>M. Hills</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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<tr>
<td>28/10/10</td>
<td>Additions following Area Executive meeting</td>
<td>P. Sheard</td>
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9. **AMENDMENT LIST**

Proposals for amendment or addition to the contents of the SESIAHS Healthplan Functional Area Supporting Plan are to be forwarded to:

Area Health Services Functional Area Coordinator  
South Eastern Sydney and Illawarra Area Health Services  
Area Transitional Offices  
L 1 Sydney Hospital  
8 Macquarie St  
Sydney 2000
Appendix 1 SESIAHS Healthplan Control Structure
Appendix 2: NSW Health Area Health Service Boundaries
Appendix 3: South Eastern Sydney Illawarra Health Service
Appendix 4: Ambulance Service of NSW Boundaries
Appendix 5: NSW State District Emergency Management Boundaries
Appendix 6: South Eastern Sydney Illawarra Health Disaster Management Framework

ICS Key

Management
Direct Indirect

Operations

Logistics

Communications

Planning (not shown)