New South Wales Health Services Functional Area Supporting Plan (NSW HEALTHPLAN)
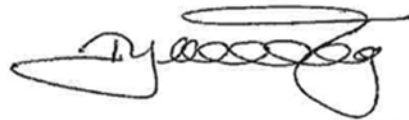
A supporting plan to the
New South Wales State Emergency Management Plan (EMPLAN)

AUTHORISATION

The New South Wales Health Services Functional Area Supporting Plan (NSW HEALTHPLAN) has been prepared to support the New South Wales State Emergency Management Plan (EMPLAN).

The NSW HEALTHPLAN is authorised in accordance with the provisions of the *State Emergency and Rescue Management Act* 1989 (NSW) (as amended). The plan was developed by the Health Emergency Management Unit, Office of the State Health Service Functional Area Coordinator (State HSFAC).
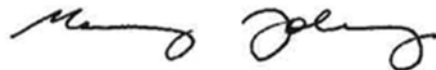
RECOMMENDED

State Health Services Functional Area Coordinator
Dated: 17.10.2013

APPROVED

Director General NSW Health
Dated: 29.10.13

ENDORSED

State Emergency Operations Controller
Dated: 5.12.13

AMENDMENTS

Suggested amendments or additions to the contents of this plan are to be forwarded in writing to:

> State Health Services Functional Area Coordinator (State HSFAC)
> Health Emergency Management Unit
> Office of the State HSFAC.

All proposed changes to this plan will be subject to the approval and endorsement requirements covered within the Authorisation Statement.

Amendments promulgated are to be certified in the following table when entered.

AMENDMENT		COMMENTS
VERSION	DATE	
1	1996	First issue
2	2005	Complete rewrite
3	2008	Amendment
Final Draft	2013	Complete rewrite For SEMC endorsement

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PART 1 – INTRODUCTION

General

101   This plan is the New South Wales Health Services Functional Area Supporting Plan (hereafter referred to as the NSW HEALTHPLAN) to the New South Wales State Emergency Management Plan (EMPLAN) developed pursuant to the *State Emergency and Rescue Management Act* 1989 (NSW) (as amended).

102   National health emergency response arrangements are coordinated and promoted by the Australian Health Protection Principal Committee (AHPPC). The Chief Health Officer (NSW) represents NSW on the AHPPC regarding inter-jurisdictional and international health emergency management [see Annex 1]. The NSW HEALTHPLAN does not cover national arrangements.

103   The primary responsibility for managing the response to emergencies in Australia lies with State and Territory governments. The Australian Constitution does not give the Australian government statutory authority to direct States and Territories on issues relating to emergency management.

104   NSW emergency management arrangements are governed by the NSW State Emergency Management Plan (EMPLAN). The State Emergency Operations Controller (SEOCON) is responsible for the overall direction, control and coordination of emergency response operations at State level, for which the SEOCON is the designated Controller, or where there is no designated combat agency.

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

106   NSW Health is also a functional area, responsible for providing health support to the State Emergency Plan. 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 (State HSFAC). In the event of the escalation of EMPLAN arrangements, the SEOCON will contact the State HSFAC to coordinate the health emergency response.

107   The State HSFAC will notify the SEOCON that health services support is available upon request, or may escalate a health emergency to State level.

Aim

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

Purpose

109   The purpose of the NSW HEALTHPLAN is to ensure health resources are effectively and efficiently coordinated in the event of emergencies. This includes emergencies where the State response is coordinated under EMPLAN.

Principles

110   The following principles underpin the NSW HEALTHPLAN:

1) The provisions of the NSW HEALTHPLAN apply without the need for any activation of this plan or the declaration of a health emergency. When the NSW HEALTHPLAN is in Standby or Response phase, all NSW Health and other health services resources, including personnel, are available to the State HSFAC for the purpose of executing the 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) General public health related incidents (infectious disease outbreaks, food or water contamination etc) are managed by the Chief Health Officer as part of health protection and may not necessitate coordination by the State HSFAC under NSW HEALTHPLAN.

Scope

111   In the NSW HEALTHPLAN, the term 'NSW Health' may be used to describe the Health Administration Corporation, the Ministry of Health and any other body and organisation under the control and direction of the Minister or the Director General. [source: *Health Administration Act* 1982 (NSW)]

112   NSW Health comprises the Ministry of Health, Board-Governed Statutory Health Corporations, Chief Executive-Governed Statutory Health Corporations, Speciality Network-Governed Statutory Health Corporations, Affiliated Health Organisations, Health Administration Corporation (including the Public Health System Support Division), Local Health Districts, Ambulance Service of NSW and other health-related services.

113   NSW Health is the lead agency for all human health emergencies within NSW. A number of major contributing health service components constitute the whole-of-health response incorporating an all-hazards approach. They are:

   a. Medical Services;
   b. Ambulance Services;
   c. Mental Health Services;
   d. Public Health Services;
   e. Health Communications;

  f. HealthShare NSW;

  g. NSW Health Pathology; and

  h. The Sydney Children's Hospital Network.

114 The NSW HEALTHPLAN covers the governance structure for health emergency management (see Part 3 — Prevention and Preparation).

115 The NSW HEALTHPLAN provides policy direction for the preparation of the key contributing health services supporting plans (Medical Services, Ambulance Services, Mental Health Services, Public Health Services, Health Communications HealthShare NSW and NSW Health Pathology), Local Health District HEALTHPLANs, Network HEALTHPLANs and facility plans.

PART 2 – ROLE AND RESPONSIBILITIES

State Health Services Functional Area Coordinator (State HSFAC)

201 The State HSFAC is nominated by the Minister for Health to coordinate the provision of health services and is appointed by the Cabinet on the recommendation of the Minister for Police and Emergency Services.

202 The State HSFAC is responsible to the Minister for Health through the Director General for ensuring that appropriate arrangements are in place for the management of health emergencies, including arrangements for prevention, preparation, response and recovery.

203 The State HSFAC is accountable to the Minister for Police and Emergency Services through the SEOCON under the EMPLAN.

204 The State HSFAC is contactable 24 hours every day through a designated HSFAC number.

205 The State HSFAC is responsible for:

Prevention and Preparation Phase

a) Representing whole-of-health services including the health supporting organisations on the SEMC;

b) Nominating eight State Health Services Controllers for appointment by the Director General. One State Health Services Controller is nominated for each of the following: Medical Services, Ambulance Services, Mental Health Services, Public Health Services, Health Communications, HealthShare NSW, NSW Health Pathology and the Sydney Children's Hospitals Network;

c) Appointing a Duty State HSFAC to carry out the role of the State HSFAC at times of protracted incidents and to provide leave relief;

d) Chairing the State Health Emergency Management Committee (HEMC);

e) Preparing, maintaining and reviewing the NSW HEALTHPLAN; and

f) Maintaining the NSW HEALTHPLAN in a state of readiness for emergencies.

Response Phase

g) Commencing and completing the notification cascade to key health service position holders;

h) Activation of the NSW health response through the Alert, Standby, Response and Stand Down phases;

i) Monitoring responses to emergencies;

j) Coordinating the whole-of-health emergency management arrangements under the NSW HEALTHPLAN;

k) Assuming control and coordination of all health resources within the State necessary for response and recovery from emergencies;

l) Assuming control of an incident situation which exceeds the local response capacity or affects more than one Local Health District (LHD)/Network;

m) Nominating a Health Commander for deployment to an incident to locally manage the whole-of-health response;

n) Coordinating the executive level of health emergency management arrangements;

o) Coordinating the activation of resources from State-level participating and supporting organisations during an emergency;

p) Controlling and directing Health Response Team/s as required; and

q) Activating the NSW State Health Emergency Operations Centre (NSW SHEOC).

Recovery Phase

r) Coordinating the response of health services under the NSW HEALTHPLAN for recovery from the health impacts of an emergency.

Health Emergency Management Unit, Office of the State HSFAC

206   The Health Emergency Management Unit (HEMU) supports the State HSFAC in carrying out the responsibilities of the position and is the primary point of contact for emergency management.

207   The HEMU supports the State HSFAC in coordinating the emergency management prevention, preparation, response and recovery efforts across health services. The unit undertakes planning, policy formulation and education to build the capacity of NSW Health to respond effectively to emergencies and major incidents.

208   The HEMU works closely with all the contributing components of NSW Health, the Commonwealth Department of Health and Ageing (DoHA), Emergency Management Australia and other emergency services to ensure that relevant policies, developments and information from multiple stakeholders are available to NSW Health for consideration.

Chief Health Officer

209   In the context of health emergency management the Chief Health Officer:

a. Liaises with the Director General and the Minister for Health to provide advice regarding health emergency management activities.

b. Consults with the State HSFAC to provide specialist advice and support.

c. Represents NSW on the Australian Health Protection Principal Committee.

d. Provides input into the development and delivery of key health information messages during health emergencies.

e. Coordinates communication to non-state health providers including general practice, private hospitals, the Australian Red Cross Blood Service and community pharmacies during health emergencies

f. Ensures consistent application of emergency management principles across all areas of responsibility of the CHO eg health protection.

Medical Services

210   The Medical Services component of the NSW HEALTHPLAN aims to provide a coordinated medical response to, and recovery from, emergencies.

Scope

211   This component of the NSW HEALTHPLAN addresses the coordination of all hospitals and medical services in NSW (both government and non-government) for the prevention, preparation, response to and recovery from emergencies.

212   Under the NSW HEALTHPLAN, the State Medical Services Controller is assigned responsibility for hospitals and medical services so that the management of multiple casualties and potential casualties is centrally coordinated. This ensures that:

1) Definitive care is provided as rapidly as possible. This may require deployment to the incident, receiving hospitals or other emergency centres of on-site Medical Commander(s) and/or mobile Health Response Teams; and

2) The best management for multiple casualties through the coordination of medical and non-medical resources and, where necessary, the possible reallocation of health and medical resources. This may require the deployment of health services personnel to supplement resources at hospitals overwhelmed by casualties.

State Medical Services Controller

213   The State Medical Services Controller is responsible under the NSW HEALTHPLAN for controlling and coordinating medical services during an emergency.

214   The State Medical Services Controller reports to the State HSFAC and is responsible for:

1) Chairing the Medical Services Emergency Management Committee. This committee provides medical services advice and uses best practice and best

available evidence to develop the Medical Services Supporting Plan and relevant Standard Operating Procedures to support the NSW HEALTHPLAN.

2) Appointing a Duty State Medical Services Controller to carry out the role of the State Medical Services Controller at times of protracted incidents and to provide leave relief;

3) Planning for medical services emergency preparedness, response and recovery in support of the NSW HEALTHPLAN;

4) Identifying and training clinical personnel in emergency management;

5) Identifying appropriate spokespersons for media training, in conjunction with the Health Communications Controller;

6) Coordinating the distribution of casualties from a major incident or emergency to receiving hospitals and determining the hospital bed availability for admission of critically injured casualties through the LHD/Network HSFAC/s;

7) Coordinating the distribution of burns casualties from a major incident or emergency to receiving burns units through the Statewide Burn Injury Service;

8) Effecting all secondary referrals of critically injured casualties by determining destination hospitals and priorities for secondary transport;

9) Maintaining core medical services in NSW during an emergency;

10) Providing technical and clinical management advice on medical issues during an emergency;

11) Nominating a Medical Services Commander for an incident, if required.

12) Coordinating pharmaceutical support;

13) Coordinating aeromedical support for operations through the aeromedical retrieval service in conjunction with the Ambulance Controller

14) Coordinating the provision of blood supplies through the Australian Red Cross Blood Services;

15) Coordinating the provision of other relevant medical and clinical services as required;

16) Formalising arrangements with participating and supporting organisations;

17) Determining the requirements for recovery operations; and

18) Maintaining close liaison and partnership with other emergency management health services including aged care facilities, general practitioners and private health services.

Ambulance Services

215   The Ambulance Services component of the NSW HEALTHPLAN aims to provide a coordinated ambulance response to an incident, the establishment of a structured and coordinated command system and the initiation of prioritised patient management.

Scope

216   During an emergency, the Ambulance Service of NSW will manage on-site operations, communications and transport requirements for the health response. Ambulance command and control will be put into operation at Zone, Sector, Region/Division or State level, depending upon the location of the incident and the level of response required.

217   Ambulance services resources will be centrally coordinated to provide maximum efficiency for pre-hospital care, transport and communications.

State Ambulance Services Controller

218   The State Ambulance Services Controller is responsible under the NSW HEALTHPLAN for controlling and coordinating pre-hospital emergency and ambulance services during an emergency.

219   The State Ambulance Services Controller reports to the State HSFAC and is responsible for:

1) Chairing the Ambulance Services Emergency Management Committee. This committee provides pre-hospital emergency and ambulance services advice and uses best practice and best available evidence to develop the Ambulance Services Supporting Plan (AMPLAN) and relevant Standard Operating Procedures to support the NSW HEALTHPLAN.

2) Appointing a Duty State Ambulance Services Controller to fulfil the role of the State Ambulance Services Controller at times of protracted incidents and to provide leave relief;

3) Appointing a local Ambulance Services Controller to provide support for their respective area at LHD Health Emergency Management Committee level;

4) Planning for ambulance services emergency preparedness, response and recovery in support of the NSW HEALTHPLAN;

5) Planning, activating and maintaining operational control — with command and coordination of all ambulance services resources — in response to, and recovery from, the impact and effects of an emergency;

6) Identifying and training ambulance personnel in emergency management;

7) Identifying appropriate spokespersons for media training, in conjunction with the Health Communications Controller;

8) Providing ambulance transport and pre-hospital emergency response to an incident site;

9) Activating and coordinating pre-hospital supporting services including St John Ambulance Australia (NSW);

10) Coordinating the transport of injured casualties to receiving hospitals, in conjunction with the State Medical Services Controller;

11) Coordinating the transport of designated Health Response Team/s and equipment to and from an incident site or affected communities.

12) Nominating an Ambulance Services Commander for an incident, if required.

13) Maintaining core ambulance services in NSW during an emergency.

14) Formalising arrangements with participating and supporting organisations;

15) Determining the requirements for recovery operations; and

16) Providing technical and clinical management advice on ambulance services issues during an emergency.

Mental Health Services

220   The Mental Health Services component under the NSW HEALTHPLAN aims to coordinate mental health services so that disaster victims, emergency workers and affected communities have access to mental health services in order to reduce negative mental health outcomes following an emergency. Mental health services will provide specialist assessment and interventions, consultation, advice, access to treatment and care for persons affected by an emergency, as required.

Scope

221   The responsibility for the coordination of mental health services in an emergency is assigned to the State Mental Health Services Controller, who coordinates the mental health response, and the provision of psychological first aid and resources to assist those affected by an emergency.

State Mental Health Services Controller

222   The State Mental Health Services Controller is responsible under the NSW HEALTHPLAN for controlling and coordinating the mental health resources needed to respond to an emergency.

223   The State Mental Health Services Controller reports to the State HSFAC and is responsible for:

1) Chairing the Mental Health Services Emergency Management Committee. This committee provides mental health advice and uses best practice and best available evidence to develop the Mental Health Services Supporting Plan and relevant Standard Operating Procedures to support the NSW HEALTHPLAN.

2) Planning, activating, directing and controlling the mental health response, as part of the overall health response, during an emergency and in its recovery phase;

3) Appointing a Duty State Mental Health Services Controller to carry out the role of the State Mental Health Services Controller at times of protracted incidents and to provide leave relief;

4) Planning for mental health services emergency preparedness, response and recovery in support of the NSW HEALTHPLAN;

5) Identifying and training mental health personnel in emergency management and mental health interventions, including psychological first aid;

6) Identifying appropriate spokespersons for media training, in conjunction with the Health Communications Controller;

7) Maintaining core mental health services in NSW during and after an emergency;

8) Providing technical and clinical management advice on the mental health issues during an emergency;

9) Nominating a Mental Health Services Commander for the incident, if required;

10) Supporting key welfare response agencies in consultation with Welfare Services, as part of the welfare response;

11) Formalising arrangements with participating and supporting organisations;

12) Determining the requirements for recovery operations; and

13) 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.

Public Health Services

224   The Public Health Services component under the NSW HEALTHPLAN aims to coordinate all public health services during emergencies through collaboration with government and non-government agencies.

Scope

225   Public Health Services identify health risks and response strategies to prevent or mitigate these risks, establish surveillance and monitoring systems to inform the response and communicate effectively with the community and relevant stakeholders about the strategies to mitigate or prevent risk.

State Public Health Services Controller

226   The State Public Health Services Controller is responsible under the NSW HEALTHPLAN for controlling and coordinating public health resources during an emergency.

227   The State Public Health Services Controller reports to the State HSFAC and is responsible for:

1) Chairing the Public Health Services Emergency Management Committee. This committee provides strategic advice on public health preparedness and uses

best practice and best available evidence to develop the Public Health Services Supporting Plan and relevant Standard Operating Procedures to support the NSW HEALTHPLAN.

2) Appointing a Duty State Public Health Services Controller to carry out the role of the State Public Health Services Controller at times of protracted incidents and to provide leave relief;

3) Planning, activating and maintaining operational control — with command and coordination of all public health resources within NSW — in response to, and recovery from, the impact and effects of an emergency;

4) Liaising with support services including local government environmental health services and general practitioners to prepare and respond to public health emergencies;

5) Identifying and training public health personnel in emergency management;

6) Identifying appropriate spokespeople for media training, in conjunction with the Health Communications Controller;

7) Maintaining core public health services in NSW during an emergency;

8) Nominating a Public Health Services Commander for the incident, if required;

9) Coordinating the provision of technical and clinical management advice on public health services issues during an emergency;

10) Formalising arrangements with participating and supporting organisations;

11) Determining the requirements for recovery operations; and

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

Health Communications

228   The Health Communications component under the NSW HEALTHPLAN aims to provide timely and accurate advice for the community and media using the principles of prevention, preparation, response and recovery. It recognises the need for communication with healthcare workers across the State and that the media can play an invaluable role during an emergency.

Scope

229   The Office of the Director General will liaise with the Chief Health Officer and the State HSFAC to develop media strategies and public health messages in the event of an emergency or human infectious disease emergency.

State Health Communications Controller

230   The State Health Communications Controller is responsible under the NSW HEALTHPLAN for controlling and coordinating all health communications responses to emergencies.

231   The State Health Communications Controller reports to the State HSFAC and is responsible for:

1) Chairing the Health Communications Emergency Management Committee. This committee provides health communications advice and uses best practice and best available evidence to develop the Health Communications Supporting Plan and relevant Standard Operating Procedures to support the NSW HEALTHPLAN.

2) Appointing a Duty State Health Communications Controller to carry out the role of the State Health Communications Controller at times of protracted incidents and to provide leave relief;

3) Planning health communications strategies in support of the NSW HEALTHPLAN;

4) Identifiying and training health communications personnel in emergency management;

5) Identifying and training appropriate spokespeople and Health Services Media Liaison Officers;

6) Coordinating the release of emergency-related public health information;

7) Identifying media strategies to manage public/media interest in health aspects of emergencies;

8) Coordinating public information responses with other relevant agencies.

9) Providing health communications responses during a health emergency to minimise the health impacts to individuals and the community;

10) Formalising arrangements with participating and supporting organisations;

11) Providing a Ministerial Liaison Officer to the NSW State Health Emergency Operations Centre (NSW SHEOC) or State Emergency Operations Centre (SEOC), as required;

12) Determining the requirements for recovery operations; and

13) Liaising with the Public Information Functional Area Coordinator (PIFAC) for multiple agency communication strategies for, and responses to, an emergency.

HealthShare NSW

232   The HealthShare NSW component under the NSW HEALTHPLAN aims to coordinate all health supporting services through collaboration with government and non-government agencies and to provide logistical support to respond to, and recover from an emergency.

Scope

233   The responsibility for the coordination of health support services in an emergency is assigned to the State HealthShare NSW Controller, who ensures the coordinated procurement of logistic support during health emergencies.

State HealthShare NSW Controller

234   The State HealthShare NSW Controller is responsible under the NSW HEALTHPLAN for controlling and coordinating all logistics and information technology within HealthShare NSW's core business responsibilities in the context of an emergency.

235   The State HealthShare NSW Controller reports to the State HSFAC and is responsible for:

1) Chairing the HealthShare NSW Emergency Management Committee. This committee provides HealthShare NSW advice and uses best practice and best available evidence to develop the HealthShare NSW Supporting Plan and relevant Standard Operating Procedures to support the NSW HEALTHPLAN.

2) Appointing a Duty State HealthShare NSW Controller to carry out the role of the State HealthShare NSW Controller at times of protracted incidents and to provide leave relief;

3) Appointing a local HealthShare NSW Controller to provide support for their respective area at LHD Health Emergency Management Committee level and ensuring the coordinated procurement of logistic support during health emergencies;

4) Planning HealthShare NSW strategies in support of the NSW HEALTHPLAN;

5) Identifying appropriate spokespeople for media training, in conjunction with the Health Communications Controller;

6) Formalising arrangements with participating and supporting organisations;

7) Determining the requirements for and facilitating recovery operations; and

8) Providing a Liaison Officer to the NSW State Health Emergency Operations Centre (NSW SHEOC), as required.

NSW Health Pathology

Scope

236   The responsibility for the coordination of NSW Health Pathology services in an emergency is assigned to the State Pathology Controller, who coordinates all the pathology and other NSW Health Pathology core business (eg analytical science) services during the management of an emergency. Other emergency management activities are conducted in conjunction with the locally based respective Local Health District HSFAC committees.

State Pathology Controller

237   The State Pathology Controller reports to the State HSFAC and is responsible for:

1) Chairing the NSW Health Pathology Emergency Management Committee. This committee provides NSW Health Pathology advice and uses best practice and best available evidence to develop the NSW Health Pathology Supporting Plan and relevant Standard Operating Procedures to support the NSW HEALTHPLAN.

2) Appointing a Duty State Pathology Controller to carry out the role of the State Pathology Controller at times of protracted incidents and to provide leave relief;

3) Planning NSW Health Pathology strategies in support of the NSW HEALTHPLAN;

4) Appointing a local Pathology Controller to provide support for their respective area at LHD Health Emergency Management Committee level and ensuring the coordinated pathology support during health emergencies;

5) Formalising arrangements with participating and supporting organisations;

6) Determining the requirements for and facilitating recovery operations; and

7) Providing a Liaison Officer to the NSW State Health Emergency Operations Centre (NSW SHEOC), as required.

The Sydney Children's Hospital Network

Scope

238   The responsibility for the coordination of paediatric services to a major incident or disaster involving children is assigned to the State Paediatric Controller. Other emergency management activities are conducted in conjunction with the locally based respective Local Health District HSFAC committees.

State Paediatric Controller

239   The State Paediatric Controller reports to the State HSFAC and is responsible for:

1) Appointing a Duty State Paediatric Controller to carry out the role of the State Paediatric Controller at times of protracted incidents and to provide leave relief;

2) Supports and provides advice to the Medical Controller regarding the management and treatment priorities of children during emergencies;

3) Planning NSW paediatric strategies in support of the NSW HEALTHPLAN in conjunction with the Medical Controller;

4) Formalising arrangements with participating and supporting organisations;

5) Determining the requirements for and facilitating recovery operations; and

6) Providing a Liaison Officer to the NSW State Health Emergency Operations Centre (NSW SHEOC), as required.

Local Health District/Network

240   While most incidents may be managed adequately by the LHD or Network, some incidents will escalate rapidly to State-level emergency management.

241   All Local Health Districts and Networks through the LHD/Network HEALTHPLANs will develop control/coordination management infrastructures and arrangements for health emergencies/emergencies. When LHD/Network-based services are mobilised

for State- and LHD-level responses, they will be coordinated through the LHD/Network HSFAC.

Local Health District/Network HSFAC

242   The Local Health District (LHD) HSFAC is appointed by the LHD Chief Executive to coordinate the LHD whole-of-health resources for the management of an emergency.

243   The Network HSFAC is appointed by the Network Chief Executive to coordinate Network resources for the management of an emergency.

244   The LHD/Network HSFAC is responsible to the respective LHD/Network Chief Executive for ensuring that appropriate health arrangements are in place for health emergency management. These arrangements are to cover prevention, preparation, response and recovery.

245   The LHD/Network HSFAC is accountable to the State HSFAC under the NSW HEALTHPLAN, and is responsible for:

1) Nominating LHD Controllers for appointment by the LHD Chief Executive, in consultation with the respective State Controller;

2) Providing an initial notification to the State HSFAC that the LHD/Network is, or may be, involved in a major incident or an emergency;

3) Being the single point of contact for the State HSFAC at LHD/Network level;

4) Commencing/completing a notification cascade to key LHD/Network HEALTHPLAN position holders;

5) Activating the LHD Health Service Emergency Operations Centre;

6) Controlling all local health emergency operations within their boundaries/service;

7) Deploying health resources in response to an emergency within their LHD/Network;

8) Deploying health resources in response to a LHD/Network, State, national or international emergency, under the direction of the State HSFAC;

9) Providing regular incident/emergency situation reports to the State HSFAC;

10) Escalating incident control to the State HSFAC when the incident situation exceeds local capacity for a response, or it affects more than one LHD/Network; and

11) Conducting a LHD/Network operational debrief after a health emergency, and submitting a written report to the State HSFAC within an agreed timeframe.

LHD Disaster Manager

246   The LHD Disaster Manager supports the LHD 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; and

6) Coordinating the health recovery phase of an emergency.

Health Liaison Officer

247   Health Liaison Officers (HLOs) are appointed by the State HSFAC, State Controllers and the LHD/Network HSFAC to be deployed to an emergency operations centre at Local, District and/or State levels.

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

1. Maintain communication with the HSFAC/Controller;

2. Convey directions or requests to the HSFAC/Controller;

3. Provide advice on the status, capabilities, actions and requirements of the health service; and

4. Provide information to contribute to the Health Situation Report (SitRep) and provide this to the HSFAC/Controller.

Health-Related Services

249   Some specific health-related services are important for health emergency management. The State HSFAC via respective Controllers will develop and maintain partnership with the following health-related services [see Annex 5].

a) Pharmaceutical Services - State Medical Controller
b) Newborn and Paediatric Emergency Transport (NETS) – State Medical Controller
c) NSW Statewide Burn Injury Service (SBIS) – State Medical Controller
d) Private Health Care Unit (PHCU) - CHO

Participating Organisations

250   Participating organisations are those organisations providing key services which have given formal notice to NSW Health that they are willing to participate in, and commit resources to, the management of emergencies.

251   NSW Health will arrange and maintain resource commitment agreements with the following participating organisations. Agreements will be coordinated centrally by each individual service [see Annex 6].

a) Australian Red Cross Blood Service (NSW)

b) Department of Health and Ageing, NSW & ACT State Office (DoHA-NSW/ACT Office)
c) Peak bodies of Residential Aged Care Services
d) Ageing Disability and Home Care (ADHC), Department of Family and Community Services
e) St John Ambulance Australia (NSW)

Supporting Organisations

252   NSW Health may request the provision of support and resources from the following organisations. Resource commitment agreements are to be negotiated at the LHD level [see Annex 7].

   a) Residential Aged Care Services
   b) Private Health Facilities
   c) Local Governments
   f) Medicare Locals

Emergency Service Organisations and Other Functional Areas

253   During a health emergency, the State HSFAC may request support from Emergency Service Organisations or other functional areas, in accordance with EMPLAN.

254   In accordance with the NSW Health Emergency Management Arrangements requests for support are made to the Emergency Operations Controller, at the appropriate level, through the State/LHD HSFAC. When a request for support is made to a Local and/or Regional Emergency Operations Controller, communications with the State HSFAC must be maintained at the same time.

PART 3 – PREVENTION AND PREPARATION

Health Emergency Management Governance

301   The State Health Emergency Management Committee governs NSW Health Emergency Management Arrangements. This committee is established under the *State Emergency Rescue and Management Act* 1989 (NSW) (as amended) Section 16 (1) and (2) and is chaired by the State HSFAC.

302   All supporting committees and advisory groups report to the State Health Emergency Management Committee.

303   The governance structure for health emergency management, and the relationship of the State Health Emergency Management Committee and its supporting committees and advisory groups, are outlined in Annex 2.

State Health Emergency Management Committee (Governing Body)

304   The State Health Emergency Management Committee is the governing body for all supporting emergency management committees and advisory group/s. The functions of the State Health Emergency Management Committee are to:

   1) Review and update the NSW HEALTHPLAN;

2) Provide advice and recommendations regarding the health aspects of emergency management and its accompanying legislation;

3) Identify emergency health resources within NSW;

4) Maintain a regular review of emergency health resources within NSW;

5) Approve supplementary plans and Standard Operating Procedures that support the NSW HEALTHPLAN;

6) Approve Health emergency subplans and supporting plans at State and LHD level;

7) Approve the health emergency management education and training strategy;

8) Monitor and evaluate health incident management and health emergency exercises; and

9) Identify the need for, and the preparation and maintenance of, supporting plans to the NSW HEALTHPLAN.

305   Membership of the committee will be determined by the State HSFAC (chair) and will consist of:

➢ State Controllers from the medical services, ambulance services, mental health services, public health services, health communications, HealthShare NSW, NSW Health Pathology and the Sydney Children's Hospitals Network;

➢ LHD HSFACs and Network HSFACs; and

➢ Others, by invitation, to provide advice and assistance, where necessary.

306   Meetings should be held at least four times each calendar year in order to carry out the above range of functions.

Supporting Controller Emergency Management Committees and Advisory Group/s

307   Eight contributing health services emergency management committees, the Health Emergency Management Education Advisory Group and LHD/Network Health Emergency Management Committees support the State HSFAC in the provision of a whole-of-health and all-hazards approach to emergency management.

308   The supporting emergency management committees and advisory groups provide advice on services and use best practice and best available evidence to develop emergency management strategies and arrangements, education and exercises to support the NSW HEALTHPLAN.

309   The supporting emergency management committees and advisory group/s include:

1) Medical Services Emergency Management Committee

2) Ambulance Services Emergency Management Committee

3) Mental Health Services Emergency Management Committee

4) Public Health Services Emergency Management Committee

5) Health Communications Emergency Management Committee

6) HealthShare NSW Emergency Management Committee

7) NSW Health Pathology Emergency Management Committee

8) Health Emergency Management Education Advisory Group

9) Local Health District/Network Emergency Management Committees.

310   The Terms of Reference for supporting emergency management committees and advisory group/s are provided in Annex [3].

Emergency Risk Management and Business Continuity

311   The effectiveness of emergency management arrangements detailed in the NSW HEALTHPLAN is dependent on all contributing health components and supporting services preparing, maintaining and testing appropriate Standard Operating Procedures.

312   Health is a key functional area in all emergency responses and in the preparation for planned and unplanned events. Health involvement is important for managing and mitigating risks to the community and ensuring that suitable health arrangements are in place. LHDs/Networks are to be actively involved in health planning for planned and predictable events that have an impact upon the LHD/Network. This may include the deployment of a Health Liaison Officer to a coordination centre for a planned event.

313   Each LHD/Network must undertake health emergency risk assessments to 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 LHD/Network.

Education, Training and Exercises

314   Planning, preparation and training, together with exercises, underpin successful emergency management arrangements.

315   The Health Emergency Management Education Advisory Group is responsible for developing and endorsing a curriculum for health emergency management training to ensure that education is consistent across LHDs/Networks and is aligned to State and Commonwealth directions. The HEMU coordinates statewide emergency management education opportunities and assists LHDs/Networks to meet their emergency management training obligations.

316   LHDs/Networks are responsible for implementing emergency management education programs that enhance the knowledge and skills of their staff, and to ensure that there are adequate numbers of trained personnel to respond to emergencies.

317   The LHDs/Networks should consult with the HEMU for support and identification of available resources in the development of coordinated training activities and exercises.

PART 4 – RESPONSE

Notification Cascade

401   The State HSFAC is notified by the State Emergency Operations Controller (SEOCON), State Medical Services Controller, State Ambulance Services Controller, State Mental Health Services Controller, State Public Health Services Controller, State Health Communications Controller, State HealthShare NSW Controller, State Pathology Controller, State Paediatric Controller, LHD/Network HSFACs and other relevant participating and supporting organisations of:

1) An actual or imminent emergency that may impact upon NSW Health Services;
2) Emergencies that require, or may require, the coordination of support that utilises emergency management arrangements; and
3) Significant, unusual or newsworthy events with emergency management implications.

402   The State HSFAC will notify the State Emergency Operations Controller (SEOCON), State Medical Services Controller, State Ambulance Services Controller, State Mental Health Services Controller, State Public Health Services Controller, State Health Communications Controller, State HealthShare NSW Controller, State Pathology Controller, State Paediatric Controller and LHD/Network HSFACs and other relevant participating and supporting organisations of any major incident or emergency which has occurred, or has the potential to require support or may escalate to State level.

403   All information regarding the progress of an incident or an emergency will be coordinated through the State HSFAC or the NSW State Health Emergency Operations Centre (NSW SHEOC).

Concept of Operations

404   This section explains the sequence of actions for the conduct of response operations. The provisions of the NSW HEALTHPLAN apply without the need for any activation of this plan or the declaration of a state of health emergency. While the entire State may not be affected by an incident, State-level involvement may be required to support an affected area to varying degrees.

405   The sequence of actions is:

a) Alert Phase; Emergency **possible** – increase level of preparedness.
b) Standby Phase; Emergency **imminent** – prepare for implementation of response.
c) Response Phase; Emergency situation **exists** – implement plans in collaboration with other functional areas and combat agencies.
d) Stand Down Phase; Emergency **abated** – return to usual business.

Alert Phase

406   The 'Alert Phase' is activated by the State HSFAC when notified of a possible incident/emergency, or of a situation that may require the coordination of State health services resources and support.

407   Action for this phase focuses on:

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

Standby Phase

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

409   Action for this phase focuses on:

1) Notifying and communicating with State Controllers and LHD/Network HSFACs;

2) Monitoring the situation for escalation;

3) Identifying the potential impact on health resources and deployment requirements;

4) Activating the NSW SHEOC to a state of standby;

5) Directing relevant key stakeholders to escalate local plans to a state of 'Standby';

6) Liaising with the SEOCON, appropriate participating and supporting organisations and adjoining State/Territory Health Departments;

7) Requesting (the possible) attendance of Liaison Officers from participating and supporting organisation at the NSW SHEOC; and

8) Requesting (the possible) attendance of the Health Liaison Officer at the State Emergency Operations Centre (SEOC).

Response Phase

410   The 'Response Phase' is activated by the State HSFAC when information is received that an incident/emergency exists and that the situation requires the deployment of health resources and personnel, or the statewide coordination of health resources.

411   Action for this phase focuses on:

1) Notifying and communicating with State Controllers and LHD/Network HSFACs;

2) Monitoring the situation and its health resources requirements;

3) Activating operational status of the NSW SHEOC, 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 SEOC or relevant emergency operations centres;

7) Placing on 'Standby' resources and personnel from LHDs/Networks not directly affected by, but adjoining an area of emergency, at the request of State HSFAC;

8) Liaising with the SEOCON, appropriate participating and supporting organisations and adjoining State/Territory Health Departments;

9) Requesting (the possible) attendance of participating and supporting organisations Liaison Officers at the NSW SHEOC; and

10) Planning concurrently, where appropriate, for recovery operations (see Part 5 — Recovery).

Stand Down Phase

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

413   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; and

6) Arranging a separate operational debrief within an agreed timeframe.

Command and Control

414   In Australia, all emergency management organisations use the Australasian Inter-service Incident Management System (AIIMS). This system 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.

415   The diagram provides an outline of the AIIMS structure. The scale of the activation of the structure will depend on the needs of an incident, managing the span of control and delegation of functions by the Incident Controller.

Chief Health Officer — State HSFAC — Liaison with bodies external to incident

Health Emergency Management Unit

Safety

Planning Section
- Situation Unit
- Resources Unit
- Communications Planning Unit
- Management Support Unit

Public Information Section — *Communications Controller*
- Information and Warnings Unit
- Media Unit
- Community Liaison Unit

Operations Section Controllers
- Medical Services Controller
- Ambulance Controller
- Public Health Controller
- Mental Health Controller
- *Kids Network Controller
- NSW Pathology Controller
- Divisions
  - Strike Team(s)
  - Task Force(s)
  - Single Resource(s)

Logistics Section — *HealthShare*
- Supply Unit
- Communications Support Unit
- Facilities Unit
- Ground Support Unit
- Finance Unit
- Medical Services Unit
- Catering Unit

Source: Adapted from the Australasian Inter-service Incident Management System™ Revised Edition 2011.
* This is for paediatric incidents only.

Coordination and Communications

416   The NSW HEALTHPLAN provides State-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. LHDs and Networks will be responsible for managing incidents within their area.

417   To ensure effective and efficient health emergency responses at the lowest effective level, each LHD must establish a LHD Health Services Emergency Operations Centre (LHD HSEOC) to manage emergencies within the area. Each LHD must provide a point of contact for the State HSFAC and other emergency services during significant events requiring ongoing coordination.

418   Communication is paramount throughout the various stages of health emergency management. State HSFAC is contactable 24 hours through a designated State HSFAC phone number and email.

419   The 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 LHD HSFAC. Contemporaneous communication

with the respective State/LHD HSFAC must be maintained even if this entails dual lines of reporting at LHD and State level [see Annex 4].

420   Prevention and preparation phase:

a) Engagement of internal health service partners and external agencies is essential in building emergency response capacity and resilience.
b) All emergency management arrangements should be developed through relevant emergency management committees and agreements.
c) Rosters and 24-hour contact details of Controllers, HSFACs, Disaster Managers and Health Liaison Officers must be maintained at both State and LHD/Network level for distribution to all key emergency management parties.

421   Response and recovery phase:

a) All health service media statements will be released through the State Health Communications Controller under the authority of the State HSFAC. The State HSFAC will nominate a media spokesperson.
b) In a multi-agency response to a major incident or emergency under EMPLAN, all media statements concerning any combat agency or functional area will be released through the Public Information Functional Area Coordinator (PIFAC) under the authority of the SEOCON.
c) 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.
d) Landline telephone systems will be the primary mode of communication during operations (when the NSW State Health Emergency Operations Centre is activated).
e) Deployed Health personnel will be provided communication devices (mobile phones, mobile radios or satellite phones) by Ambulance or the State/LHD/Network HSFACs which are appropriate to the location of the incident and available telecommunications network coverage.

PART 5 – RECOVERY

501   Under EMPLAN, the State Emergency Recovery Controller (SERCON) is responsible for the overall coordination of recovery operations in NSW.

502   Where possible, all recovery operations would be managed at the lowest effective level. The SERCON may request the State HSFAC to provide health services support for recovery operations. The State HSFAC will assess the request and identify appropriate health resources for deployment. If LHD/Network HSFACs exceed their local response capacity, the issues will be escalated to the State HSFAC for coordination and provision of additional health resources to supplement recovery operations.

503   The SERCON may establish a recovery committee for the strategic delivery of services. When an incident or emergency has an impact on health services, HSFACs will be represented on the recovery committee and recovery task-groups, at the appropriate level.

PART 6 – ADMINISTRATION

601   The State HSFAC is to ensure that an appropriate NSW State Health Emergency Operations Centre (NSW SHEOC) is established and resourced. The centre should be ready at any time for immediate activation.

Acquisition of Health Services Goods and Services

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

Expenditure and Recovery of Funds

603   The LHD/Network is expected to commit resources to plan for emergency management and to conduct exercises to test their LHD HEALTHPLAN and supporting arrangements on, at least, an annual basis.

604   Expenditure of funds by health services during an emergency response or initial recovery operations is to be met, in the first instance, by the LHD/Network from within their normal operating budgets.

605   Certain expenditure incurred during emergency response or recovery operations following natural disasters may be included under Commonwealth/State funding arrangements. (source: EMPLAN)

606   Appropriate liaison between HSFACs and other agencies at Local, Regional and State levels should be maintained to ensure the effective and efficient prioritisation and allocation of resources.

Review, Testing, Evaluating and Maintaining the Plan

607   The State HSFAC is responsible for ensuring that the NSW HEALTHPLAN and its supporting plans and Standard Operating Procedures are reviewed, tested, evaluated and maintained.
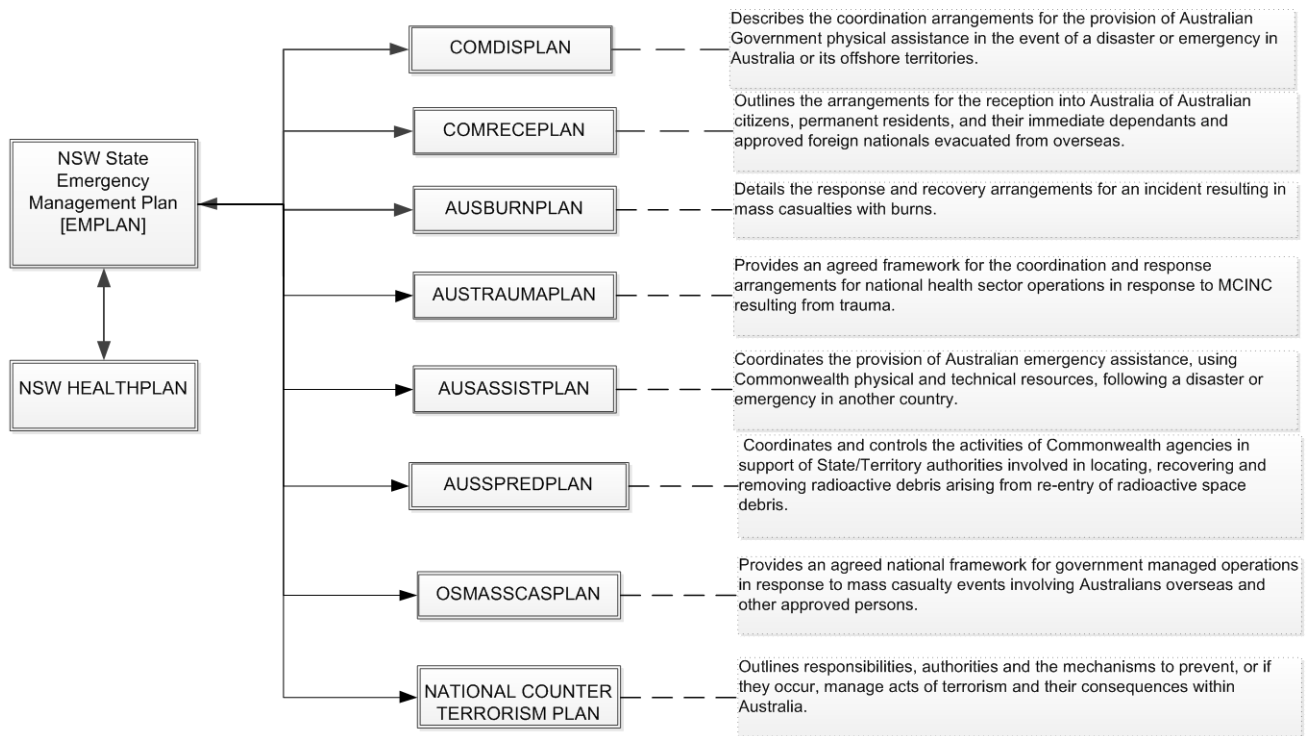
608   The NSW HEALTHPLAN will be reviewed and/or updated:

    a) Every 3 years; or

    b) At the conclusion of an emergency in which the health emergency arrangements in this plan were, or could have been, activated; or

    c) With the introduction of any major structural, organisational or legislative changes which affect NSW Health or key stakeholders; or

    d) Under direction of the State HSFAC.

609   The health service emergency management plans, LHD HEALTHPLANs, local health services plans, and the plans of participating and supporting organisations are to be compatible with the Health Emergency Management Governance arrangements as presented 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.

610   All functional arrangements, plans and Standard Operating Procedures are to be developed through various committees and advisory groups under the Health Emergency Management Governance.

611   All supporting plans and Standard Operating Procedures to the NSW HEALTHPLAN are to be reviewed and/or updated by the relevant supporting emergency management committees on the same occasions as those listed above for the NSW HEALTHPLAN. Following the Chair's recommendation, the supporting plan and Standard Operating Procedures are then submitted for approval and endorsement by the State HSFAC, Chair of the State Health Emergency Management Committee.

612   The State HSFAC is to facilitate the conduct of an exercise, at least annually, with a view to:

    1) Ensuring all key participants are familiar with the contents of the plan; and

    2) Testing specific aspects of the plan.

613   Exercises may be undertaken in the following forms:

    1) Exercises internal to Health; and

    2) Multi-agency exercises at Local, District and State levels.

614   The State HSFAC coordinates the participation of NSW Health at national and international exercises, where appropriate.

615   Following an exercise, a report is to be submitted within three months to the State HSFAC.

616   These requirements should be reflected in the LHD/Network HEALTHPLANs, supporting plans and Standard Operating Procedures and local health services plans.

PART 7 – LEGISLATION

701   The NSW HEALTHPLAN is developed under the requirements set out in the *State Emergency and Rescue Management Act* 1989 (NSW) (as amended). The following legislation and regulations provide for, or relate to, the NSW HEALTHPLAN:

1) *Health Administration Act* 1982 (NSW)

2) *Health Records Privacy and Information Act* 2002 (NSW)

3) *Health Services Act* 1997 (NSW)

4) *Local Government Act* 1993 (NSW)

5) *Mental Health Act* 2007 (NSW)

6) *Poisons and Therapeutic Goods Act* 1966 (NSW)

7) *Privacy and Personal Information Protection Act* 1998 (NSW)

8) *Protection of Environment Operations Act* 1997 (NSW)

9) *Public Health Act* 2010 *and Public Health Regulation 2012* (NSW)

10) *Private Health Facilities Act 2007 (NSW)*

11) *Private Health Facilities Regulation* 2010 (NSW)

12) *Work Health and Safety Act* 2011 (NSW)

ANNEX 1 – NSW HEALTHPLAN LINKAGE TO COMMONWEALTH PLANS

Plan	Description
COMDISPLAN	Describes the coordination arrangements for the provision of Australian Government physical assistance in the event of a disaster or emergency in Australia or its offshore territories.
COMRECEPLAN	Outlines the arrangements for the reception into Australia of Australian citizens, permanent residents, and their immediate dependants and approved foreign nationals evacuated from overseas.
AUSBURNPLAN	Details the response and recovery arrangements for an incident resulting in mass casualties with burns.
AUSTRAUMAPLAN	Provides an agreed framework for the coordination and response arrangements for national health sector operations in response to MCINC resulting from trauma.
AUSASSISTPLAN	Coordinates the provision of Australian emergency assistance, using Commonwealth physical and technical resources, following a disaster or emergency in another country.
AUSSPREDPLAN	Coordinates and controls the activities of Commonwealth agencies in support of State/Territory authorities involved in locating, recovering and removing radioactive debris arising from re-entry of radioactive space debris.
OSMASSCASPLAN	Provides an agreed national framework for government managed operations in response to mass casualty events involving Australians overseas and other approved persons.
NATIONAL COUNTER TERRORISM PLAN	Outlines responsibilities, authorities and the mechanisms to prevent, or if they occur, manage acts of terrorism and their consequences within Australia.

ANNEX 2 – HEALTH EMERGENCY MANAGEMENT COMMITTEES
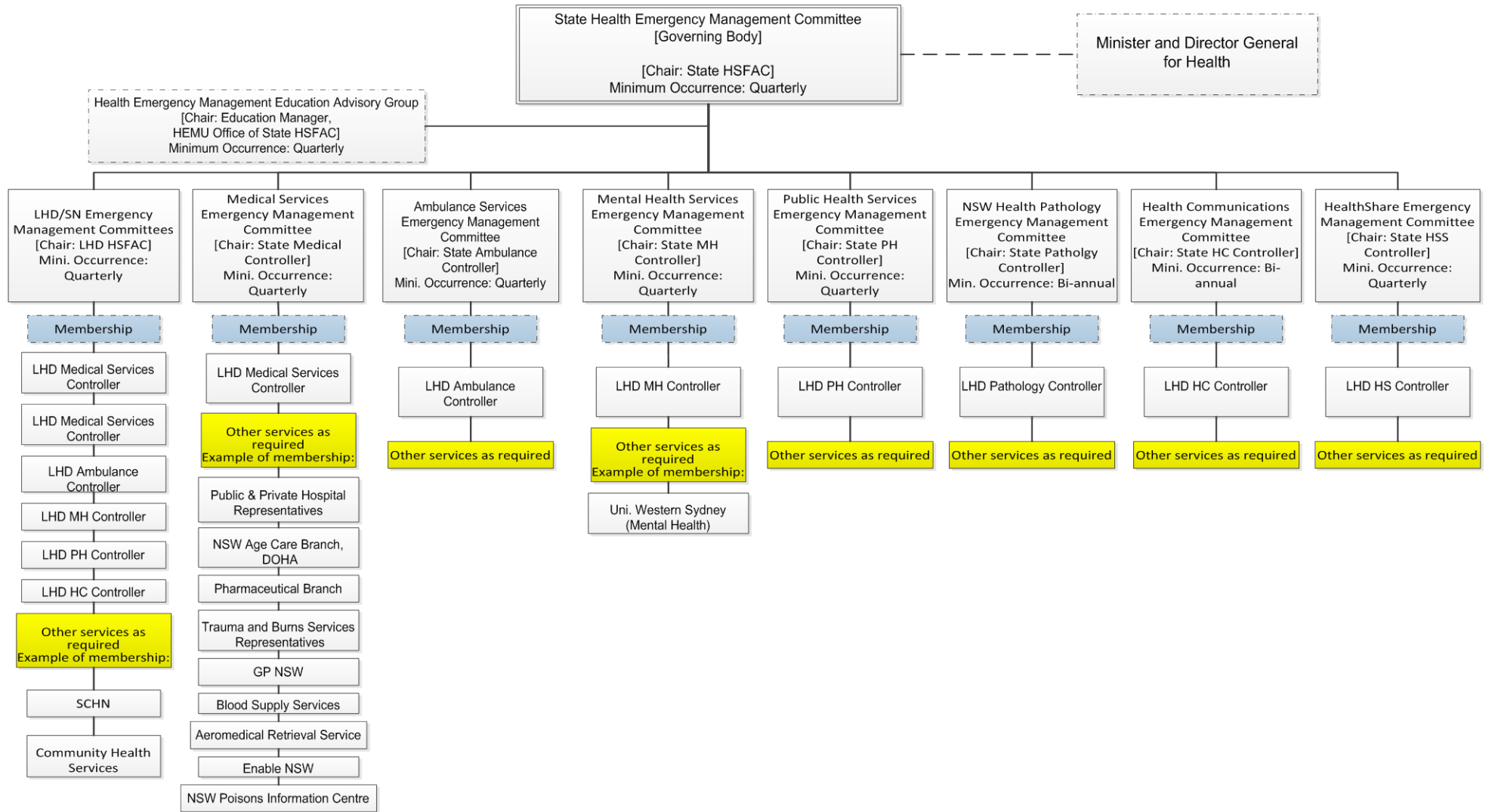
ANNEX 3 – TERMS OF REFERENCE OF SUPPORTING EMCS AND ADVISORY GROUP/S

State Controller Emergency Management Committees

The State Controller Emergency Management Committees (Medical Services, Ambulance Services, Mental Health Services, Public Health Services, Health Communications, HealthShare NSW, NSW Health Pathology & the Sydney Children's Hospitals Network) are established to provide advice on, and develop arrangements for, specific supporting services that support the functioning of NSW HEALTHPLAN.

The relevant supporting Controller chairs their Emergency Management Committee. Each committee reports to the State Health Emergency Management Committee.

The functions of the each of the Controller Emergency Management Committees are to:

a) Prepare the supplementary supporting plans (to the NSW HEALTHPLAN) and associated supporting arrangements for their specific services;
b) Review emergency management arrangements and plans for their specific services at State and LHD levels;
c) Ensure that emergency management arrangements for specific services are in place at State and LHD levels;
d) Monitor and evaluate education, training and exercises for emergency management at State and LHD levels;
e) Undertake actions and tasks required by the State Health Emergency Management Committee; and
f) Establish working group/s required to carry out special tasks or functions on behalf of this committee.

Membership of this committee will be determined by the relevant Controller (chair) and will consist of:

a) LHD Controllers or Ambulance Managers;
b) Representatives from participating and supporting services; and
c) Others, by invitation, to provide advice and assistance where necessary.

Meetings should be held at least four times each calendar year to perform the committee's functions.

Health Emergency Management Education Advisory Group

The Health Emergency Management Education Advisory Group is established to provide advice on, and develop strategies for, education, training and exercises in health emergency management.

The Education Manager, Health Emergency Management Unit, Office of the State HSFAC chairs the Health Emergency Management Education Advisory Group. This advisory group reports to the State Health Emergency Management Committee.

The functions of the Health Emergency Management Education Advisory Group are to:

a) Identify suitable education and training in health and emergency management for health personnel responsible for health emergency management and response;
b) Review reports from operation and exercise debriefs to identify gaps in training,
c) Coordinate, in conjunction with health functional services and LHDs, health emergency training programs and exercises for health personnel who may be required to respond to an emergency;
d) Provide advice on the development, implementation and evaluation of competency-based curriculum that meets emergency management training needs;
e) Provide advice on the planning, implementation and evaluation of exercises in health and emergency management; and
f) Assist the six contributing functional services and LHDs implement and evaluate existing training programs and exercises.

Membership of the advisory group will be determined by the Education Manager, HEMU Office of the State HSFAC (chair) and will consist of:

a) Representatives from the eight health functional services including Medical Services, Ambulance Services, Public Health Services, Mental Health Services, Health Communications, HealthShare NSW, NSW Health Pathology and the Sydney Children's Hospitals Network;
b) Representatives from LHD HSFACs/Disaster Managers; and
c) Others, by invitation, to provide advice and assistance where necessary.

Meetings should be held at least four times each calendar year to perform the committee's functions.

LHD/Network Emergency Management Committees

The LHD/Network HSFAC chairs the LHD/Network Health Emergency Management Committees. These committees report to the State Health Emergency Management Committee.

The functions of the LHD/Network Health Emergency Management Committees are to:

a) Review and update LHD/Network HEALTHPLANs;
b) Provide advice and recommendations regarding the health aspects of emergency management and accompanying legislation;
c) Identify health resources within LHDs/Networks;
d) Regularly review emergency health resources within LHDs/Networks;
e) Approve plans and Standard Operating Procedures that support LHD/Network HEALTHPLANs;
f) Approve emergency plans at LHD/Network and facility levels.
g) Approve education and training strategies in health emergency management;
h) Monitor and evaluate health incident management and exercises in health emergencies; and
i) Identify the need for, and the preparation and maintenance of, plans that support LHD/Network HEALTHPLANs.

Membership of the committee will be determined by the LHD/Network HSFAC (chair) and will consist of:

a) LHD Controllers from the Medical Services, Mental Health Services, Public Health Services and Health Communications;
b) Local Controllers from Ambulance Services, HealthShare NSW, NSW Health Pathology and the Sydney Children's Hospitals Network; and
c) Others, by invitation, to provide advice and assistance where necessary.

Meetings should be held at least four times each calendar year to perform the committee's functions.

ANNEX 4 – REPORTING
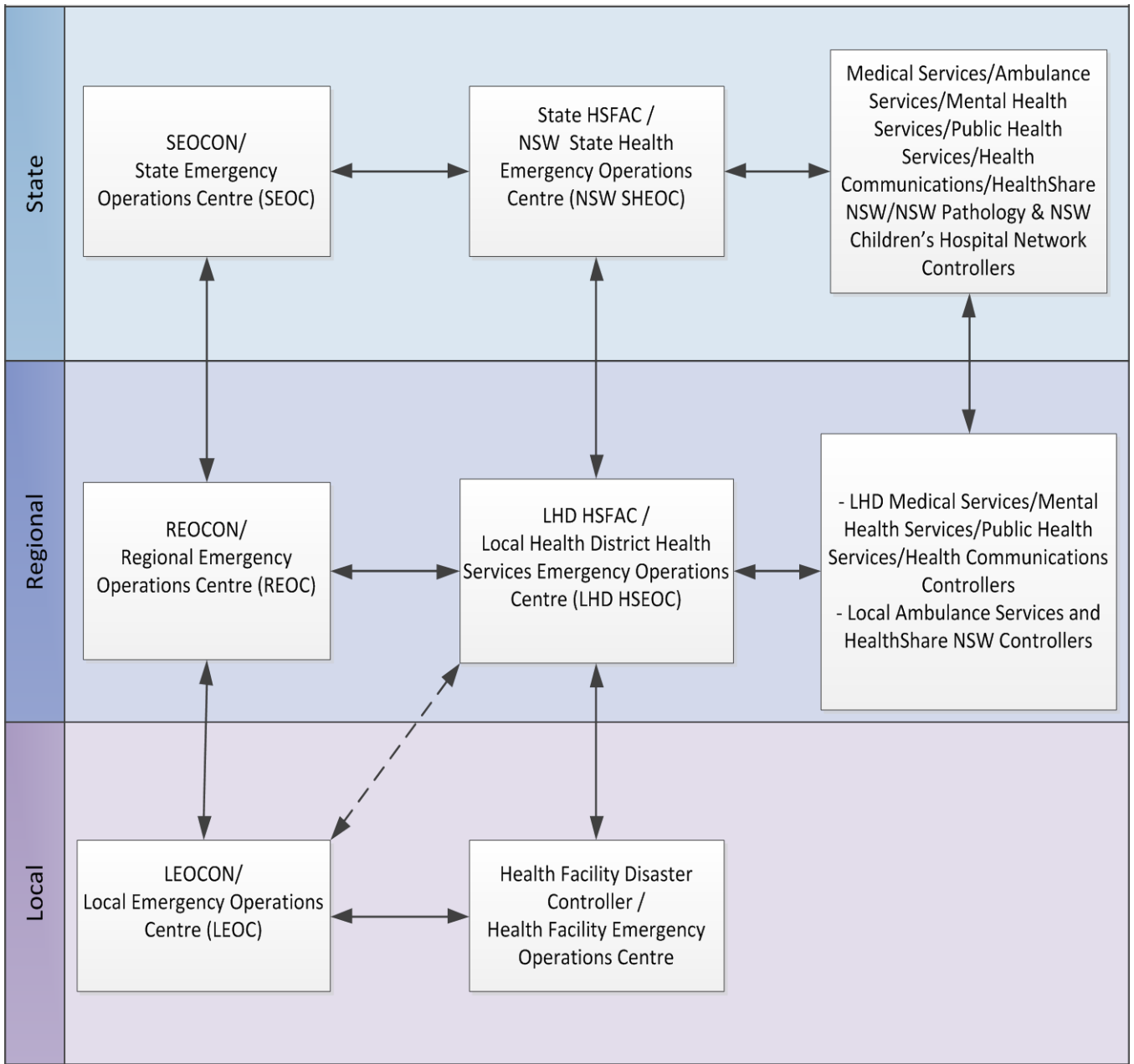
ANNEX 5 – HEALTH-RELATED SERVICES

Other health services not listed in this plan but identified through the Health Emergency Management Committee or its supporting committees will be included in health emergency management provisions to ensure that a whole-of-health approach to emergency management is maintained.

Pharmaceutical Services, Legal and Regulatory Services Branch NSW Ministry of Health

1) Pharmaceutical Services is responsible for arranging 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 Services Controller.
2) The Chief Pharmacist and Director of Pharmaceutical Services will liaise with the State Medical Services Controller during an emergency, as requested.

NETS (Newborn and Paediatric Emergency Transport Service)

Service scope in emergency management
1) NETS undertakes the emergency transfer of newborns, infants and children between hospitals throughout NSW and the ACT. NETS provide critical care teams using ground and air ambulances to move these patients.
2) NETS operates ground ambulances in Sydney, Canberra, Newcastle and Wagga Wagga to support NETS operations for teams based in Sydney, Canberra and Newcastle.

Service support in emergency management
1) NETS will respond to requests made via the Ambulance Service of NSW to assist in emergencies.
2) NETS can assist the State Medical Services/Paediatric Controller in the coordination of communication amongst multiple tertiary services involved in neonatal and paediatric critical care during emergencies

Severe Burn Injury Service (SBIS), Agency for Clinical Innovation

Service scope in emergency management
The SBIS-ACI has three burn units: two adult units at Concord Repatriation General Hospital and Royal North Shore Hospital, and one paediatric unit at the Children's Hospital Westmead. Patients with >20% Total Body Surface Area (TBSA) would be admitted to these units. If required, casualties with <20% TBSA requiring admission to a hospital could be admitted to Trauma Hospitals until transfer to a burn unit was possible. Non-admitted patients would be treated in ambulatory care clinics in the burn units or in other facilities. Burn specialist clinicians could be deployed, as necessary, to support patient care at non burns hospitals.

Service support in emergency management
1) The SBIS will provide specialist advice and coordination including burn-bed capacity, and, if required, deploy burn team members to an incident or to other health facilities with burn-injured patients.

2) The SBIS provides a point of contact and communication between LHD HSFAC's, State HSFAC/Medical Services Controller and the SBIS. At the request of the State HSFAC, the State Medical Services Controller and/or LHD HSFAC and the SBIS Network Manager will participate in teleconferences for planning purposes.

Private Health Care Unit

1) The Private Health Care Unit (PHCU) maintains communication with licensed private health facilities. The PHCU can provide a communications pathway to all private health facilities during an emergency.
2) The PHCU provides a point of contact between licensed private health facilities and the State HSFAC.

ANNEX 6 – PARTICIPATING ORGANISATIONS

Australian Red Cross Blood Service (NSW/ACT)

Mobilisation of the Australian Red Cross Blood Service (NSW/ACT Region) is through the State HSFAC. Resources available through the Australian Red Cross Blood Service (NSW/ACT Region) will be coordinated centrally by the service; this may require interface with the National Blood Supply Contingency Plan.

1) Under the NSW HEALTHPLAN, the Australian Red Cross Blood Service receives early notification of an imminent emergency.
2) The Australian Red Cross Blood Service will provide blood products to locations in consultation with the State Medical Services Controller.
3) The Australian Red Cross Blood Service will make requests, when appropriate, for donors to attend nominated collection points in order to replenish stocks.

Department of Social Services, NSW/ACT State Office (DoHA-NSW/ACT Office)

Service scope in emergency management

The Department of Social Services, NSW & ACT State Office (DoHA-NSW/ACT Office) role in emergency management includes:

1) Establishing and maintaining effective communication and collaboration with government authorities responsible for emergency response arrangements within the State/Territory;
2) Supplying relevant information to aged care providers to support them in meeting their responsibilities in relation to emergency management under the *Aged Care Act* 1997 (NSW) and the Aged Care Principles;
3) Assist in the Response and/or Recovery Phase of an emergency by providing assistance, where required, to identify suitable emergency accommodation for aged care residents outside the area of threat, including possible alternative places in other residential aged care services; and
4) Ensuring existing free-call numbers (such as the Aged Care Hotline and Aged Care Complaints Investigation Scheme) are equipped to respond to queries from concerned parties, including residents, families and aged care providers.

Service support in emergency management
The Department of Health and Ageing, NSW & ACT State Office (DoHA-NSW/ACT Office) provides support for emergency management through:

1) Providing a central point of contact for State emergency agencies, local authorities, DoHA central office, industry peaks, and aged care providers;
2) Agreed provision of information on residential aged care services for use by NSW and ACT government agencies in emergency planning, and responding to or recovering from an emergency;

3) Liaison, as appropriate, with aged care providers in relation to identifying alternative and suitable accommodation for the relocation of aged care residents during an emergency evacuation;
4) Assisting, where required, in facilitating access to assistance from the aged care sector (e.g. staff, food services, equipment etc.) through effective communication and liaison with industry peak groups and aged care providers;
5) Assisting communication between State and local authorities and the DoHA central office in Canberra; and
6) Coordinating communication and access to information about an emergency in order to assist other relevant Commonwealth government agencies.

The DoHA-NSW/ACT Office provides a point of contact and communication between the services and NSW Health through the State HSFAC.

Peak Bodies of Aged Care Facilities

The Peak Bodies of Aged Care Facilities incorporate the Department of Health and Ageing, Aged And Community Service and the Aged Care Association Australia – NSW . These agencies have individual functions across the Aged Care sector in both the not for profit and commercial residential aged care schemes.

The Aged and Community Service
The Aged and Community Service's role in emergency management includes:

1) Access to over 300 members who provide aged care services either in the community or in facilities; and
2) The ability to quickly access resources that would help accommodate and provide Activities in Daily Living (ADL) support for older Australians.
3) The Aged and Community Service provides a point of contact and communication between the services and NSW Health through the State HSFAC.

Aged Care Association Australia-NSW (ACAA-NSW)
The Aged Care Association Australia-NSW (ACAA-NSW) role in emergency management includes:
1) A coordination role in residential aged care (access to services, spare capacity, vacant beds etc.);
2) Instant forms of communication with residential aged care providers; and
3) Long-Standard relationships for policy advice and education services.
4) The ACAA-NSW provides a point of contact and communication between the services and NSW Health through the State HSFAC.

Ageing Disability and Home Care (ADHC), Department of Family and Community Services

Ageing Disability and Home Care and the Department of Family & Community Services provide a connection to vulnerable persons within the community.

1) Sets policy and provides services and support to people with disability, their families and carers, and older people.

2) Communicates with the disability sector, including over 900 non-government service providers.

3) Communicates and provides direction on prevention and management strategies for people in ADHC-operated services.

4) Provides access to support services for the accommodation of people with disabilities and older people.

5) The ADHC provides a point of contact and communication between the services and NSW Health through the State HSFAC.

St John Ambulance Australia (NSW)

Service scope in emergency management

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

Service support in emergency management

1) The role of St John Ambulance Australia (NSW) is to support and provide response capabilities for the Ambulance Service of NSW.

2) St John Ambulance Australia (NSW) has a large contingent of volunteers trained in first aid to First Responder and Advanced Responder level. It also has specialist teams trained in advanced casualty management. These personnel are available to respond to an emergency.

3) Requests to mobilise this service are made by the State HSFAC to St John Ambulance Australia (NSW). How the service is activated remains the responsibility of the St John (NSW) organisation.

The on-site role and activities of St John Ambulance Australia (NSW) are coordinated by the Ambulance Commander.

ANNEX 7 – SUPPORTING ORGANISATIONS

Residential Aged Care Services

As part of normal business continuity responsibilities, all aged care service providers should ensure emergency management plans are in place to protect the health, safety and wellbeing of care recipients and staff during all stages of emergency events and until normal operations are resumed.

Private Health Facilities

A private health facility must have a written disaster response policy outlining the procedures to be followed in the event of a natural disaster or other emergency affecting the provision of services at the facility. [source: Private Health Facilities Regulation 2010 (NSW)]

Private health facilities must:

1) Develop and maintain internal plans to manage internal emergencies when a major incident or an emergency occurs within a facility (e.g. evacuation procedures in the event of a major fire, structural damage to buildings, earthquake damage).
2) Notify the HSFAC (at the appropriate level) when a major incident/emergency occurs within a private facility that may lead to the evacuation of the hospital. The ambulance service takes the primary role in assisting with the transfer of patients from health facilities to be evacuated.

Local Governments

1) Local governments have a close working relationship with local public health services in the management of public health and environmental issues. These issues include environmental health issues such as food safety and the control of Legionella, and the management of public health infrastructure such as drinking water supplies, sewerage, sanitation and waste management.
2) Cooperation and resource sharing between local government and public health services for the management of emergencies is arranged at LHD level, or coordinated through the Local or District EMPLAN.

Medicare Locals

Medicare locals are primary health care organisations with the principal role of working with general practitioners, nurses, allied health professionals, Aboriginal Medical Services and LHDs to identify and respond to gaps in local health services.

ANNEX 8 – ACRONYMS

ADHC	Ageing Disability and Home Care
ACAA-NSW	Aged Care Association Australia - NSW
AIIMS	Australasian Inter-service Incident Management System
AMRS	Aeromedical and Medical Retrieval Service
ASNSW	Ambulance Service of NSW
DFCS-ADHC	Department of Family and Community Service
DoHA-NSW/ACT	Department of Health and Ageing, NSW & ACT State Office
DOFM	Department of Forensic Medicine (Glebe and Newcastle)
EMPLAN	New South Wales State Emergencyy Management Plan
EOC	Emergency Operations Centre
HEMC	Health Emergency Management Committee
HEMU	Health Emergency Management Unit
HSFAC	Health Services Functional Area Coordinator
ICS	Incident Control System
LHD	Local Health District
NETS	NSW Neonatal and Paediatric Emergency Transport Service
PIFAC	Public Information Functional Area Coordinator
PHCU	Private Health Care Unit
SEOC	State Emergency Operations Centre
SEMC	State Emergency Management Committee
SERM	*State Emergency and Rescue Management Act* 1989 (NSW) (as amended).
SEOCON	State Emergency Operations Controller
SERCON	State Emergency Recovery Controller
SHEOC	NSW State Health Emergency Operations Centre
SITREP	Situation Report

ANNEX 9 – DEFINITIONS

Specific definitions related to the NSW HEALTHPLAN are listed below. Other definitions should be referred to EMPLAN.

All-Hazards Approach

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.

Ambulance Commander

Refers to the ambulance commander at an incident/emergency site who is responsible for commanding, controlling and coordinating the response of health services at the site.

Business Continuity

Business continuity is 'the uninterrupted availability of all key resources supporting essential business function'. Business continuity management provides for the availability of processes and resources in order to ensure the continued achievement of critical services objectives.

Business continuity is an ongoing process supported by senior management and funded 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. (source: HB221:2003)

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.

Chief Health Officer

The Chief Health Officer, NSW Health.

Combat Agency

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

Command

The authority to take command. Command is established in legislation or by agreement with an agency/organisation. Command relates only to agencies/organisations, and operates vertically within an agency/organisation.

Control

The overall direction of the activities, agencies or individuals. [source: *SERM Act* 1989 (NSW)] 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.

Director General of Health

The Director General, NSW Health.

EMPLAN

Refers the 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 an actual or imminent occurrence (such as fire, flood, storm, earthquake, explosion, accident, epidemic or warlike action) which:
    (a) Endangers or threatens to endanger, the safety or health of persons or animals in the State, or
    (b) 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:
    (a) Threats or danger to property includes a reference to threats or danger to the environment, and
    (b) The protection of property includes a reference to 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 focussing 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 commander appointed by the State HSFAC to coordinate and control all health responses (medical, ambulance, public health and mental health) at an incident site. The Ambulance Commander operates as Health Commander unless the State HSFAC determines otherwise.

Health Communications

The Director, Executive and Ministerial Services of Ministry of Health is responsible for coordinating responses to media inquiries using a well-organised strategy to manage the communications aspects of major health emergencies.

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 Liaison Officers

A person nominated or appointed by the State or LHD HSFAC or State Controllers, to represent Health Services at the NSW State Health Emergency Operations Centre (NSW SHEOC) and between 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 the NSW SHEOC.

Health Response Team

Medical, nursing and other 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. (source: *Health Administration Act* 1982 (NSW) No 135)

Incident

A localised event, either accidental or deliberate, which may result in death, injury or damage to property, and 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 the residents within their geographical boundaries. A Local Health District is responsible for the administration of NSW Health's policies and responsibilities within those geographical boundaries.

Local Health District Health Services Functional Area Coordinator (LHD HSFAC)

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

Local Health District Health Service Emergency Operations Centre (LHD HSEOC)

Refers to a centre established under the NSW HEALTHPLAN specifically to provide centralised coordination of Local Health District resources and responses to an emergency.

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 Commander

Refers to the medical commander at an incident/emergency site who is responsible for controlling, directing and coordinating the medical services at the site.

Medical Equipment Kit

A standardised set of equipment maintained and managed by each Local Health District in readiness for deployment when requested by the State HSFAC to support Health Response Team(s) in an emergency.

Medical Services

Medical Services includes all hospital and clinical services in NSW.

Mental Health Commander

Refers to the mental health commander at an evacuation/recovery site who is responsible for controlling, directing and coordinating the response of mental health NSW at the site.

Ministry of Health

Ministry of Health is responsible for ensuring that the people of NSW are provided with the best possible health care. The Ministry monitors the performance of the NSW public health system and supports the statutory role of the NSW Minister for Health.

Networks

Refers to both the specialty network-governed health corporations and networked affiliated health organisations involved in health emergency management under the NSW HEALTHPLAN.

The specialty network-governed health corporations include:

a) Sydney Children's Hospitals Network (Randwick and Westmead); and
b) Justice & Forensic Mental Health Network.

The networked affiliated health organisations include St Vincent's Health Network (St Vincent's Hospital, the Sacred Heart Hospice at Darlinghurst and St Joseph's at Auburn).

Network Health Services Functional Area Coordinator

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

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 and other agencies and non-government organisations enter into formal resource commitment agreement with NSW Health to take part in responses to emergencies in NSW.

Public Health Commander

Refers to the public health commander at an incident/emergency site who is responsible for controlling, directing and coordinating the public health response at the site.

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 the: *Essential Services Act* 1988 (NSW), *Dam Safety Act* 1978 (NSW) and *Rural Fires Act* 1997 (NSW) (as amended).

State Emergency Management Committee (SEMC)

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

State Emergency Operations Controller (SEOCON)

The person appointed by the Governor on the recommendation of the Minister, who in the event of an emergency affecting more than one District, is responsible 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* 1989 (NSW) (as amended)]

State Emergency and Rescue Management Act 1989 (NSW) (as amended) (SERM Act)

The Act relating to the management of State-level emergencies and rescues.

State Health Services Functional Area Coordinator (State HSFAC)

A senior officer appointed by the SEMC in accordance with the Minister's direction, who has responsibility for the control and co-ordination of the Health Functional Services Area response, as detailed in the NSW HEALTHPLAN. The State HSFAC is contactable 24 hours through the Ambulance Service of NSW.

Supporting Organisations

Organisations that participate in, and provide specialist support resources for, an emergency.

Supporting Plans

A plan prepared by an agency/organisation or functional area which describes the support to be provided to the controlling or coordinating authority during emergency operations. It is an action plan describing how the agency/organisation or functional area is to be coordinated in order to carry out allocated roles and responsibilities e.g. AMPLAN, which is a supporting plan to the NSW HEALTHPLAN.

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.

Standard Operating Procedures

The internal response procedures which document operational and administrative procedures to be used.

Surge Capacity

The maximum patient load that a hospital or medical system 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 six major contributing health service components (see NSW Health) which constitute a whole-of-health response. It incorporates an all-hazards approach and outlines agreed roles and functions.