

# Disaster Resilience Policy Directive

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**Government  
of South Australia**

SA Health

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# Disaster Resilience Policy Directive

## 1. Policy Statement

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This Policy Directive, and its associated frameworks, sets the minimum standard for the consistent application of preventing, mitigating, preparing for, responding to and recovering from emergencies, disasters and business disruption incidents across SA Health. It seeks to develop and strengthen greater integration, commonality and consistency in the achievement of disaster resilience objectives across SA Health.

This Policy Directive, and its associated frameworks, ensures SA Health's compliance with legislative, regulatory and commonwealth/state government requirements, including the *Emergency Management Act 2004*, the *Public Health Act 2011* and the *State Emergency Management Plan (SEMP)*.

This Policy Directive and its supporting frameworks are applicable to all disaster resilience related activities across SA Health, including the Department for Health and Wellbeing (DHW), Local Health Networks (LHNs), State-wide Clinical Support Services (SCSS) and SA Ambulance Service (SAAS).

The term 'disaster resilience' has been selected as the 'umbrella' term for emergency management and business continuity, acknowledging the relationship that risk management, security management and information security frameworks contribute to an overall (disaster) resilient organisation.

SAAS is within the scope of this Policy Directive; however it is acknowledged that they may have an organisational requirement to maintain a separate, contextualised emergency management plan(s) that align with the Policy Directive Requirements as outlined in Section 3, to satisfy separate legislative and regulatory requirements. The SAAS Chief Executive Officer (CEO) is responsible for ensuring that any SAAS specific emergency management framework and operational arrangements are consistent with and aligned to the principles outlined within this Policy Directive. SAAS will implement their business continuity responsibilities as per the SA Health Business Continuity Framework.

Any current or future SA Health Policy Directive or Policy Guideline relating to disasters, emergencies, business disruption incidents or supporting organisational resilience are to be consistent with, and aligned to, the principles outlined within this Policy Directive (see Section 3).

## 2. Roles and Responsibilities

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### 2.1 Individual Roles and Responsibilities

**SA Health Chief Executive** will:

- ensure disaster resilience arrangements across SA Health are in accordance with this Policy Directive and associated frameworks.
- will take reasonably practical steps to develop and issue system-wide policies applying to LHNs, SAAS and DHW.

**Local Health Network Governing Boards:**

- will take reasonably practical steps to ensure that effective clinical and corporate governance frameworks (where relevant) are in place to ensure the LHNs are compliant with this Policy Directive.

**Department for Health & Wellbeing, Local Health Networks and SA Ambulance Service Chief Executive Officers and Group/Executive Directors** will:

- ensure appropriate governance structures are in place to support effective disaster resilience, including responsibility for oversight over their individual activities and compliance with the respective SA Health disaster resilience frameworks;
- ensure sufficient resources are in place to enable effective discharge of their disaster resilience responsibilities;

- undertake periodic reporting and participate in disaster resilience assurance and compliance activities contained within the respective SA Health disaster resilience frameworks.

**Department for Health & Wellbeing, Emergency Management Unit Director will:**

- obtain appropriate approvals for the creation of, and significant amendments made to, the respective SA Health disaster resilience frameworks;
- maintain this Policy Directive and associated frameworks, ensuring that the contemporary, best practices (including evidence based practice) are identified and updated;
- advise SA Health Executive on disaster resilience matters, where appropriate;
- provide support to the disaster resilience practitioners in carrying out their responsibilities where identified;
- ensure that there is local accountability and responsibility for all relevant disaster resilience related arrangements and plans;
- undertake custodian responsibilities that relate to the SA Health Emergency Management System (SAHEMS);
- provide oversight of disaster resilience assurance and compliance, including coordinating and evaluating the periodic reporting of these activities;
- provide a periodic organisational declaration of compliance summary in relation to disaster resilience frameworks to the Department Executive Committee.

**Network/Service Disaster Resilience practitioners will:**

- maintain Network/Service arrangements in accordance with this Policy Directive and related frameworks;
- advise Network/Service Executive on disaster resilience matters, where appropriate;
- identify, report and escalate barriers to achieving Network/Service objectives in relation to disaster resilience arrangements to local governance structures;
- identify needs and develop, provide/deliver and evaluate education and training to achieve disaster resilience objectives for the Network/Service;
- develop, deliver and evaluate tests and exercises to achieve disaster resilience objectives for the Network/Service;
- contribute to disaster resilience processes for their respective Business Units, (including preparedness, training and exercises, response, recovery and debriefs);
- ensure that a continuous/quality improvement approach (including lessons management) is undertaken within the Network/Service in relation to disaster resilience;
- provide a Network/Service centralised coordination role for the (mandated) electronic systems that support the delivery of disaster resilience objectives across SA Health, including:
  - SA Health Emergency Management System (SAHEMS)
  - SA Health Business Impact Analysis (BIA) tool.

**All SA Health staff will:**

- be familiar with their local emergency and disaster resilience arrangements;
- contribute to, and participate in activities that support disaster resilience, which may include (but not limited to), planning, revision of and familiarisation of plans, education and training, exercises and testing and debriefs;
- where directed and appropriately trained, support the response to and management of an emergency or incident that is (potentially or actually) impacting on their respective Network/Service.

## **2.2 Committee Roles and Responsibilities**

**SA Health Department Executive Committee will:**

- be accountable for disaster resilience activities across SA Health.

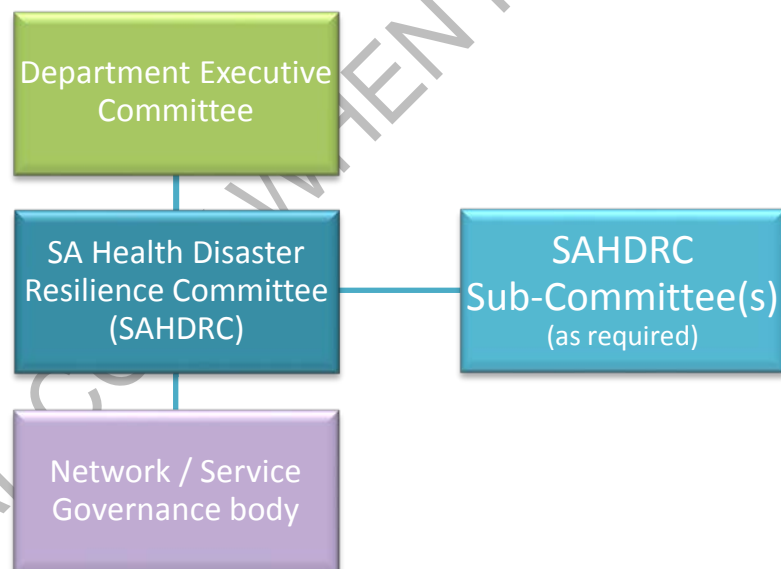
**The SA Health Disaster Resilience Committee (SADRC) will:**

- provide strategic oversight of disaster resilience activities across SA Health;

- provide strategic oversight and monitoring of compliance of this Policy Directive and the related frameworks, including assurance and compliance reporting;
- make recommendations to the Department Executive Committee on related matters across SA Health;
- establish sub-committees and working groups as required to ensure:
  - operational oversight of disaster resilience activities across SA Health;
  - a consultative and collaborative forum to discuss matters that relate to disaster resilience;
  - a process to identify, analyse and escalate identified barriers to SA Health disaster resilience objectives being achieved across SA Health;
  - recommendations to the SAHDRC are made (via the Executive Officer, SAHDRC) on related matters across SA Health.

Each **SA Health Network/Service** is required to ensure that there is a local, internal governance body which will:

- oversee the implementation and maintenance of this Policy Directive and respective framework(s) within their Network/Service;
- make recommendation(s) and/or escalate matters to the SAHDRC on the implementation of disaster resilience within their respective site/network/organisation.



**Figure 1 – SA Health Disaster Resilience Committee structure**

### 3. Policy Requirements

#### 3.1 Disaster Resilience compliance

All SA Health entities (DHW, LHNs, SCSS and SAAS) must comply with Disaster Resilience obligations. This Policy Directive and associated Frameworks are mandatory.

#### 3.2 Disaster Resilience Frameworks

This Policy Directive builds on the current organisational capability and capacity recognising that the separate emergency management and business continuity management domains (collectively referred to as ‘disaster resilience’) is a shared responsibility involving all DHW, LHN, SCSS and SAAS sites and business units within SA Health and at all levels of management.

This Policy Directive must be read in conjunction with the following associated frameworks:

- SA Health Emergency Management (EM) Framework
- SA Health Business Continuity Management (BCM) Framework
- SA Health Disaster Resilience Training and Exercise Framework
- SA Health Disaster Resilience Glossary

### 3.3 Disaster Resilience Governance

SA Health entities (DHW, LHNs, SCSS and SAAS) must:

- identify (or establish) a suitable governance body to have oversight of disaster resilience;
- ensure that the roles and responsibilities outlined in this Policy Directive are applied and fulfilled;
- ensure active representation to the SA Health Disaster Resilience Committee (SAHDRC) in accordance with the SAHDRC terms of reference;
- develop a disaster resilience strategy that aligns to this Policy Directive and its associated Frameworks, and includes (at minimum) the following:
  - Scope
  - Objectives
  - Roles and Responsibilities
  - Risk Assessment
  - Planning framework
  - Plans
  - Training (education and exercising)
  - Governance and Assurance (inclusive of);
    - Audit and compliance
    - Document and Version Control
    - Reporting
  - Communication
  - Program Review

### 3.4 Disaster Risk Reduction

SA Health entities (DHW, LHNs, SCSS and SAAS) must:

- utilise a risk/hazard based approach to inform and drive disaster resilience planning.
  - The SA Health Risk Management Framework and associated framework(s) will be the primary risk methodology to support disaster-context risk management.

The Department for Health and Wellbeing (Public Health and Clinical Systems) must:

- ensure that it applies the National Emergency Risk Assessment Guidelines (NERAG) methodology to state-level hazard assessments, in accordance with its Hazard Leader responsibilities as outlined within the *State Emergency Management Plan (SEMP)*.

### 3.5 Disaster Resilience Planning

SA Health entities (DHW, LHNs, SCSS and SAAS) must:

- apply an “all-hazards<sup>1</sup>” approach to planning;
- apply a “comprehensive approach<sup>2</sup>” to planning;
- ensure that planning complements SA Health doctrine, including (but not exclusive to) the *SA Health Major Incident Plan*;

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<sup>1</sup> As defined in the SA Health – Disaster Resilience Glossary

<sup>2</sup> As defined in the SA Health – Disaster Resilience Glossary

- ensure active and appropriate representation to external (local, regional, state and national) bodies/committees, as identified;
- participate in periodic reporting of assurance and compliance activities;
- utilise the SA Health Business Impact Analysis Critical Business Function (CBF) Prioritisation Matrix for assessing/evaluating business function criticality:
  - where the Business Impact Analysis CBF Prioritisation Matrix has identified a Tier 1 or 2 critical business function, then DHW, LHNs, SCSS and SAAS must develop a Business Continuity Plan to support a disruption.
- ensure that they develop, maintain and exercise the following plans:
  - overarching Network/Service response plan;
  - site based, all-hazard informed capability and capacity response plan (in accordance with national standards and accreditation guidelines);
  - where relevant, Site based Resource Outage Contingency Plans (ROC Plans);
  - Business Continuity Plans for all Tier 1 and Tier 2 critical business functions;
  - any other plans that may be required based on local risk assessment, including provision of specialty services (clinical settings).

### 3.6 Incident Management

SA Health must:

- when designated as the Control Agency for incident management, implement and comply with the Common Incident Management Framework (CIMF) Control Agency Agreement.

SA Health entities (DHW, LHNs, SCSS and SAAS) must:

- ensure an auditable log of communication, information and decision making is maintained during any incident;
- ensure that appropriate and trained incident (command) leadership is implemented to lead relevant operations;
- ensure that they have a suitable Incident Command Centre capability to support their response to an incident;
- ensure that the Health Incident Management System (HIMS) is utilised for incident management;
- SA Health Emergency Management System (SAHEMS) is the endorsed tool for SA Health for information and incident management (both internal and external) and is **mandated** for use in the following circumstances:
  - any incident which requires assistance from another Federal or State Government agency or activation of SA Government emergency management arrangements;
  - any incident which requires command and coordination across the whole of SA Health;
  - any incident which is beyond the capacity of a single LHN/Health Service and requires assistance from one or more LHN/Health Service;
  - where a SAHEMS incident has been created, SA Health entities (DHW, LHNs, SCSS and SAAS) must ensure where possible that all incident-related information is entered in SAHEMS and shared as appropriate and in a timely manner.
- must ensure a debrief is convened and documented post-incident within 4 weeks and report is provided to their respective governance body.

### 3.7 Work Health & Safety

The *Work Health and Safety Act 2012* (SA) requires that SA Health take reasonably practicable steps to protect all workers, consumers, carers and visitors from the potential risks of workplace activities and associated hazards including a workplace emergency should it arise.



Lack of emergency preparedness, should an event occur, could have the potential to disrupt work routines and client services, cause property damage, or give rise to serious injury or harm to persons.

SA Health has a primary duty of care to ensure site-specific contingencies are prepared and managed for potential hazards that could pose a risk to any person on that particular worksite. Under Regulation 43 of the *Work Health and Safety Regulation 2012* (SA), all Local Health Networks (LHN)/Health Services (HS)/Business Units (BU) and Workplaces (WP) must have prepared and maintained general workplace emergency plans tailored to the types of services provided and their geographical location. This documentation should incorporate the following elements:

- prevention through hazard identification and risk minimisation;
- preparedness of a response to any emergency that may arise or has been identified;
- evacuation procedures, including implementation of a process ensuring that evacuation diagrams are current and maintained;
- all workplace emergency plans are reviewed at least annually, and that all documentation pertaining to workplace emergencies, for example exercises and records from actual emergency events, is retained;
- regular testing of emergency procedures, for example alarms and building evacuation. Workplace emergency response exercises are to be conducted at least annually including but not limited to fire drills, bomb threats, siege and assault situations, and medical emergencies;
- support for the information, instruction, training and development of relevant workers, for example Emergency Wardens, First Aid Officers, used to implement the emergency procedure. Emergency Response Training (ERT) will be made available at least annually to ensure appropriate preparedness and response levels are maintained;
- ensuring that emergency response equipment, for example duress buttons, fire blankets, fire extinguishers and emergency exit signs is fully operational at all times;
- nomination of a suitable person to be the person in charge of workplace emergency planning and response, and there will also be a competent person to take charge on site of any workplace emergency;
- notification to emergency service organisations at the earliest opportunity, for example police, fire brigade and poison information centre;
- post-incident debrief and follow-up process, for example notifying the relevant regulator, organising trauma counselling or medical treatment.

The *Work Health and Safety Regulations 2012* (SA) stipulate additional requirements for First Aid and Higher-Risk Workplaces that must be incorporated into workplace emergency plans. Higher-Risk Workplaces includes workplaces that manage asbestos, confined spaces, use fall-arrest harness systems and stores hazardous chemicals.

### **3.8 Compliance and assurance risks**

- Non-compliance with this Policy Directive may result in SA Health failing to comply with legislative and regulatory requirements.
- Non-compliance with this Policy Directive may result in the inability to maintain critical services during a significant incident.
- Failure to implement a comprehensive disaster resilience strategy could impact upon the ability of SA Health and organisations funded by SA Health to continue to deliver critical services, business functions, provide a safe working environment for staff, and/or effectively utilise public assets.

## **4. Implementation & Monitoring**

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The following outputs are expected from this Policy Directive's implementation:

- SA Health has effective disaster resilience planning, preparedness, response and recovery through staged implementation of this Policy Directive and its associated frameworks;



- HEMC, through the Emergency Management Unit, will monitor the implementation of this Policy Directive and its associated frameworks, and provide a summary report to SAGC that details compliance and assurance activities, as well as identifies disaster resilience related strengths, gaps and/or opportunities;
- SA Health entities (DHW, LHNs, SCSS and SAAS) Executives must provide an annual statement of compliance against this Policy Directive as conducted through HEMC with existing templates managed by the DHW Emergency Management Unit.

## 5. National Safety and Quality Health Service Standards

 <a href="#">National Standard 1</a> <a href="#">Clinical Governance</a>	 <a href="#">National Standard 2</a> <a href="#">Partnering with Consumers</a>	 <a href="#">National Standard 3</a> <a href="#">Preventing &amp; Controlling Healthcare-Associated Infection</a>	 <a href="#">National Standard 4</a> <a href="#">Medication Safety</a>	 <a href="#">National Standard 5</a> <a href="#">Comprehensive Care</a>	 <a href="#">National Standard 6</a> <a href="#">Communicating for Safety</a>	 <a href="#">National Standard 7</a> <a href="#">Blood Management</a>	 <a href="#">National Standard 8</a> <a href="#">Recognising &amp; Responding to Acute Deterioration</a>
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## 6. Definitions

In the context of this document, all definitions can be found in the *SA Health Disaster Resilience Glossary*.

## 7. Associated Policy Directives / Policy Guidelines and Resources

[Emergency Management Act 2004](#)

[South Australian Public Health Act 2011](#)

[State Emergency Management Plan - SA](#)

[SA Health Emergency Management Framework](#)

[SA Health Disaster Resilience Business Continuity Management Framework](#)

[SA Health Disaster Resilience Training and Exercising Framework](#)

[SA Health Disaster Resilience Glossary](#)

[Risk Management Policy Directive](#)

[SA Health Risk Management Framework](#)

AS/NZ ISO31000:2018 – Risk Management

ISO22300:2018 – Security and resilience

ISO22301:2012 – Societal security – Business continuity management systems

ISO22320:2011 – Societal security – Emergency management

ISO22330:2018 – Security and resilience – Business continuity management systems –

Guidelines for people aspects of business continuity

AS3745:2010 – Planning for emergencies in facilities

AS4083:2010 – Planning for emergencies – Healthcare facilities

[EQuIP National Guidelines](#)

[Australian Institute for Disaster Resilience – Knowledge Hub \(Glossary\)](#)

## 8. Document Ownership & History

**Document developed by:** Health Regulation & Protection – Disaster Preparedness and Resilience Branch

**File / Objective No.:** 2018/07232 | A864326

**Next review due:** 01/07/2021

**Policy history:** Is this a new policy (V1)? **N**  
Does this policy amend or update an existing policy version? **Y**  
If so, which version? **v1.1**  
Does this policy replace another policy with a different title? **N**  
However, the previous v1.1 replaced the following:

- SA Health Emergency Management Policy Directive (D0377)
- SA Health Business Continuity Management Policy Directive (D0322)
- SA Health Business Continuity Management Framework Policy Guideline (G0130)

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Approval Date	Version	Who approved New / Revised Version	Reason for Change
29/10/2019	V1.2	Director, Disaster Preparedness & Resilience Branch	Minor update due to governance reform and to align with new process.
26/08/2019	V1.1	Director, Disaster Preparedness & Resilience Branch	Minor update due to governance updates.
05/02/2019	V1.0	SA Health Policy Committee	Original version