

SA Health

Emergency Management Framework



Government
of South Australia

SA Health

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Name	Title	Signature	Date
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INTRODUCTION

The number complexity and scale of incidents addressed by SA Health demonstrates the need for a robust and integrated framework for planning for, responding to and recovering from emergencies and other disruptive events. This framework outlines the arrangements to ensure a coordinated and integrated approach to such incidents for all SA Health entities and for SA Health to operate within a common framework with other agencies and jurisdictions.

This framework is designed to support Health Services achieve compliance with EQuIP National Guidelines and/or other relevant compliance and audit requirements. The framework is aligned with international and national standards and guidance:

- > ISO 22320:2012 – Societal security – Emergency Management – Requirements for incident response
- > ISO 22300:2012 – Societal security – Terminology
- > AS/NZ ISO 31000:2009 – Risk Management – Principles and Guidelines
- > AS 3745-2010 – Planning for emergencies in facilities
- > AS 4083-2010 – Planning for emergencies – Health care facilities

GLOSSARY OF TERMS AND DEFINITIONS

To allow consistency and avoid ambiguity in the definition and use of words and terms associated with emergency management an integrated glossary of terms and definitions has been developed. Details can be found in the *SA Health Disaster Management Glossary* due to be finalised mid/late 2018.

PURPOSE

The purpose of this framework is to establish a clear and consistent approach to Emergency Management (EM) for all of SA Health, recognising its duties and responsibilities as outlined in the *Emergency Management 2004* and *Public Health Act 2011*. SA Health's role during emergencies is to provide, maintain and coordinate health services with an emphasis on early intervention and quality care, including:

- > Hospital, specialist health and medical services required for the treatment and care of a large number of casualties, including Mental Health care.
- > Public Health actions to prevent and control infectious diseases in the community includes minimising potential environmental health risk factors arising from air, water, soil and hazardous substances.
- > Environmental Health services concerned with the health, well-being and safety of people and the environment in which they live, work or visit.

This frameworks objective is to establish and maintain a practical, scalable, and achievable approach to emergency management across SA Health including:

- > Development of comprehensive plans and procedures
- > Establishment of command and control arrangements
- > Identification of staff to perform key functions during an incident
- > Arrangements to ensure timely and efficient communication and coordination during an incident.
- > Recovery strategies to ensure a return to normal operations whilst capturing opportunities and lessons learned during the incident.

EMERGENCY MANAGEMENT PRINCIPLES

SA Health will apply the following principles in achieving its emergency management objectives:

- > Clear governance outlining roles and responsibilities
- > Application of a clear command and control structure
- > Application of a common incident management framework aligned to functional management
- > Utilising an 'all-hazards' approach, considering the effects of risks from any hazard, accepting that specific risks may require specific mitigation and response strategies. This includes periods of extreme demand accepting that acute increases in activity can place undue stress on hospitals and impact on patient care and safety.
- > Employing a 'comprehensive approach' which considers prevention, preparedness, response and recovery (PPRR), in the development of emergency plans and procedures.
- > Development of SA Health staff through education, training and exercising, including an integrated approach and multi-agency coordination.
- > Continued monitoring and review, of arrangements, plans and incidents to improve emergency management across SA Health.

CONTEXT

Scope

SA Health is the collective name for the health portfolio and agencies responsible to the Minister for Health. SA Health is the corporate identity for the portfolio and not the legal entity. The Department for Health and Wellbeing (DHW) sets the policy framework and strategic direction of SA Health and supports the delivery of public health services. Health Services is the broader reference to Local Health Networks (LHN's), including public hospitals, State- wide Services and other SA Health entities. This framework applies to the portfolio of services that comprise SA Health.

Whilst this framework does not apply to SA Ambulance Service (SAAS) it seeks to develop a close synergy and operational relationship with the emergency management framework and arrangements currently implemented within SAAS.

The SA Health Business Continuity (BC) Management Framework provides a structured approach to preparing for, responding to and managing significant business disruption incidents, that impact on normal operations. The incident management principles of this framework apply equally to business disruption incidents, regardless of their cause, as they do to any other emergency or adverse event.

This framework does not cover strategies related to information & technology disruption planning, response and recovery, which are addressed by the eHealth Systems service resumption program.

National Emergency Management Arrangements

Under Australia's constitutional arrangements, state and territory governments have responsibility for emergency management within their jurisdictions, however, Australia's emergency management arrangements are based on partnerships between the Commonwealth, State, Territory and Local Governments. The Australian Government emergency management plans are supported by Commonwealth, State and Territory legislation which assigns responsibility to the Australian Government for national significant hazards.

State Emergency Management Arrangements

The Emergency Management Council (EMC) is a committee of Cabinet chaired by the Premier. Its objective is to ensure the adequacy of the State Emergency Management Plan, disaster preparedness and mitigation arrangements of government for all disasters.

The State Emergency Management Committee (SEMC) is a strategic planning committee that reports to the EMC on matters that relate to the preparedness of the State against identified hazards.

The State Emergency Management Plan (SEMP) outlines responsibilities, authorities and mechanisms to prevent, or if they occur manage, and recover from, incidents and disasters within South Australia.

Hazard Leader

The SEMP identifies Hazard Leaders as the agency which has the knowledge, expertise and resources to undertake a leadership role for the planning of emergency management activities pertaining to its appointed hazard.

SA Health is the Hazard Leader for Human Disease

Control Agency

A Control Agency exercises control over the State's emergency response for specific emergency incidents, including all participating support agencies and functional support groups.

SA Health is the control agency for human epidemic and food & drinking water contamination.

Support Agency

Where a Control Agency is not the Control Agency for a particular emergency, they will be referred to as a Support Agency. A Support Agency will support the nominated Control Agency and is subject to direction by the nominated Control Agency. When an agency is supporting the Control Agency, its leader shall be known as the agency state/local commander.

Functional Support Groups

Functional Support Groups (FSG) are comprised of both government and non-government agencies to perform functional roles to support the Control Agency or Support Agencies. They are not Control Agencies or Support Agencies. FSGs operate within the State Emergency Centre. They may also be included as part of a ZEST if appropriate. The leader shall be known as the Functional Support Group manager.

SA Health is not a FSG, SA Ambulance Service is the Ambulance and First Aid Functional Support Group

GOVERNANCE

Clear and transparent governance and allocation of responsibility and accountability, is essential in ensuring consistency of emergency management arrangements across SA Health. The following committee roles and responsibilities apply:

Portfolio Executive - will support the Chief Executive by:

- > Providing direction on operations and improvements of LHN's that form the public health system in South Australia

Health Emergency Management Committee (HEMC) - will support the Chief Executive through:

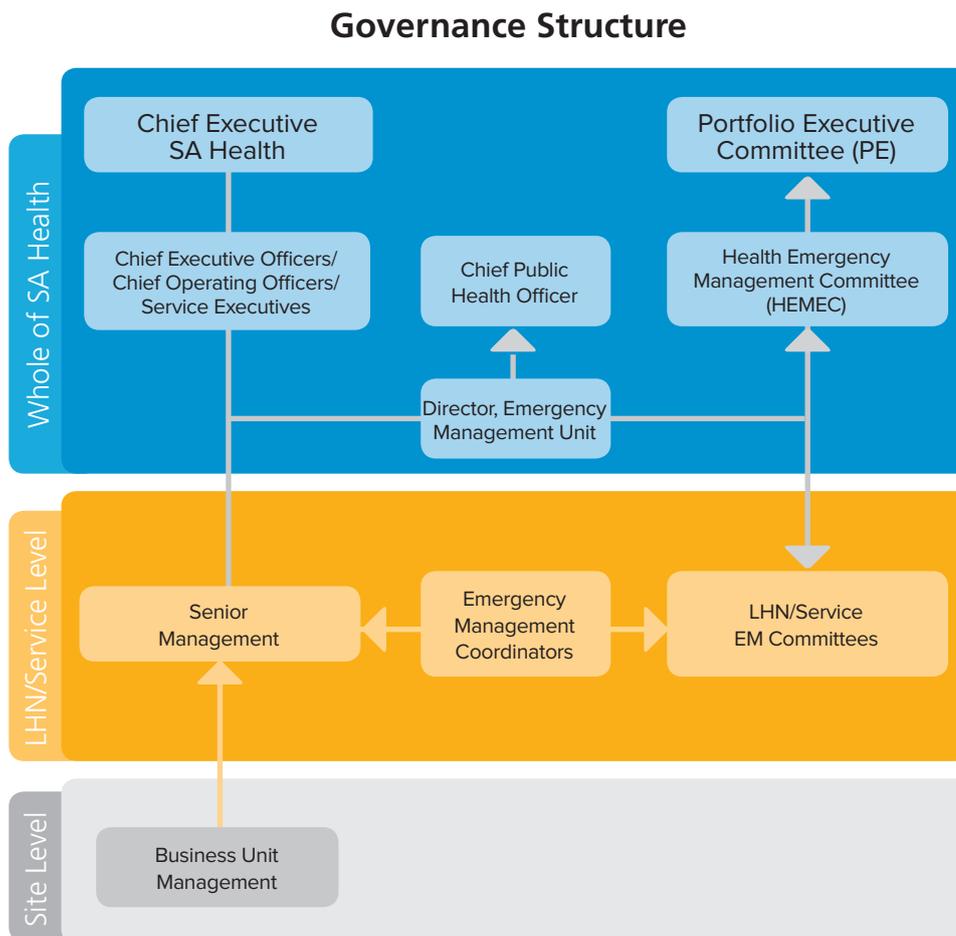
- > Strategic oversight of Emergency Management activities across SA Health
- > Monitoring compliance with the SA Health EM Policy and Framework
- > Making recommendations to Portfolio Executive on emergency management issues across SA Health.

LHN/Service Emergency Management Committees – will support SA Health through

- > Providing strategic direction on LHN/Service emergency management
- > Ensuring compliance with legislation and SA Health Directives relating to EM.

The governance structure is outlined in Figure 1. Below

Figure 1.



Key Agency Roles and Responsibilities

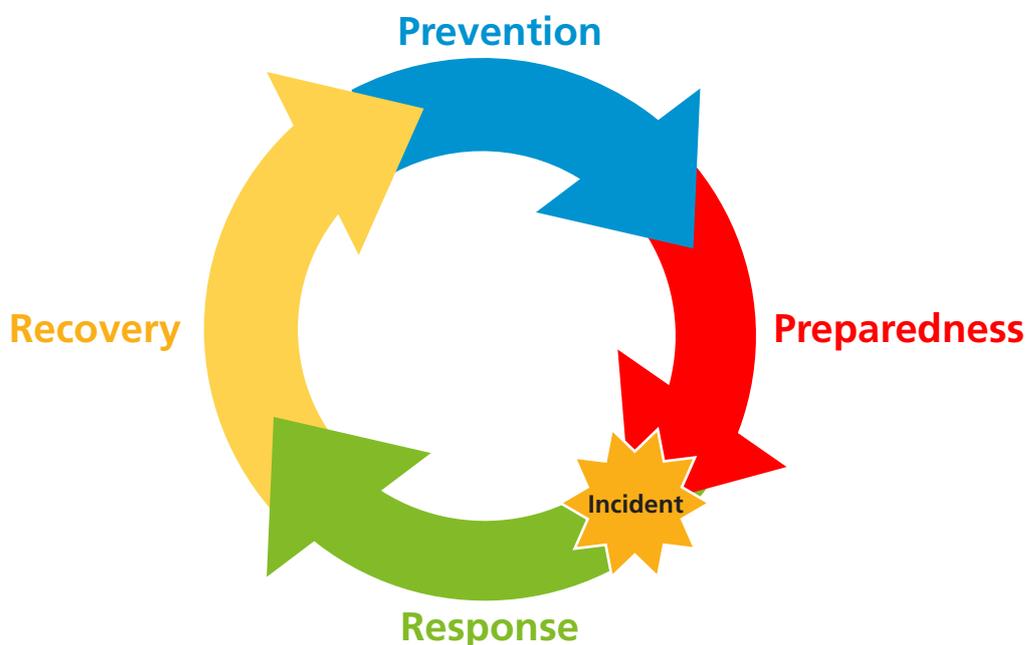
- > **Chief Executive – SA Health** - Has overarching responsibility for ensuring that appropriate EM policies, frameworks and planning are in place to minimise the effects and impacts from emergencies and adverse events.
- > **Chief Public Health Officer (CPHO)** – The CPHO advises the Minister and the Chief Executive about proposed legislative or administrative changes related to public health and other matters relevant to public health.
- > **Department for Health & Wellbeing (DHW) - Public Health & Clinical Systems**
 - **Emergency Management Unit (EMU)** – Provides cross functional service and interagency liaison, a 24/7 emergency duty officer for notification, monitoring and escalation of all emergencies and adverse events, a leadership and coordination role for EM/BC arrangements across SA Health and a range of EM/BC education and exercising services.
 - **Health Protection Branch** - identifies, investigates monitors and manages environmental factors that impact on public health, supporting local governments role in public health and providing environmental health services to communities in regional and remote communities
 - **Communicable Disease Control Branch (CDCB)** - is the principal body for surveillance of communicable diseases and risks for disease, investigation of outbreaks of communicable diseases, follow up of sporadic cases of certain diseases where there is immediate risk to the public, as well as prevention and control of communicable diseases in the community through other means such as alerts to medical practitioners, coordination of vaccination programs and blood-borne virus and STI prevention programs, and provision of high level infection control advice to SA hospitals, other health care facilities and providers, and the community.
 - **Director, Communicable Disease Control Branch** – In addition to leading the programs of the CDCB the Director CDCB is also the Chief Quarantine Officer (CQO) for South Australia. The CQO is responsible for liaising with the Australian Department of Health's Director of Human Quarantine (DHQ), the Chief Public Health Officer and the National Incident Room in relation to any threatened or actual communicable disease outbreaks
 - **Public Health Food Branch** - provide expert advice, education and regulatory activities in collaboration with local government in their role of inspecting food businesses to ensure their safe operation.
 - **Public Health - Scientific Services - Water Quality** - aims to protect public health by providing specialist advice and policy direction on all public health matters relating to marine and freshwaters, provision of drinking water and management and re-use of wastewaters.
- > **LHN's and Health Services**
 - **Chief Executive Officers/Chief Operating Officers** – Have overall responsibility for ensuring that appropriate emergency management arrangements, compliant with SA Health directives, are in place to minimise the effects and impacts from emergencies and adverse events.
 - **Emergency Management Coordinators (LHN's/Services)** - implementation and maintenance of EM arrangements within their LHN and Service, development, review and monitoring of local procedures and plans, including testing and evaluation, provision of expert advice, education and exercising services to staff and executives.
 - **Business Unit Staff** – All staff have a duty to participate in emergency management planning, training and exercise activities as required.

THE EMERGENCY MANAGEMENT PROCESS

SA Health supports a comprehensive approach to emergency management, pursuing a cooperative and collaborative relationship with Health Services, South Australian and Australian Government agencies and supporting agencies including:

- > Local Government
- > Private hospital and healthcare providers
- > Aged care providers
- > General Practitioners
- > Non-Governmental Organisations engaged in emergency management activities

In doing so SA Health adopts an 'all agencies', 'all hazards' approach to the prevention or mitigation of disasters, preparedness for their impact, response to that impact and recovery from the consequences.



PREVENTION

Prevention is to take actions to reduce or eliminate the likelihood or effects of an incident. Within SA Health these strategies are encompassed by the business as usual activities of Public Health Services and Communicable Disease Control Branch business units as detailed below.

Public Health Services

- > Health Protection
- > Scientific Services
- > Food Policy and Programs
- > Public Health Partnerships

Communicable Disease Branch

- > Immunisation
- > Disease Surveillance
- > Infection Control
- > Sexually Transmissible Infection and Blood Borne Virus Section

All relevant and appropriate prevention strategies must be considered when developing Emergency Management plans, which must be consistent across SA Health and must align with the SA Health's arrangements as the control agency for Human Disease.

PREPAREDNESS

A key factor in effective preparedness is relationship building, which must occur at all levels of government, agency and community. This framework takes a holistic approach to preparedness to ensure a high level of readiness should an emergency occur including:

- > Stakeholder engagement
- > Planning framework
- > Education
- > Exercising & training

Stakeholder Engagement

This framework is underpinned by the emergency management principles outlined above and by SA Health's relationships with key partners and participating agencies at the national, state and local level which are integral to our business. Stakeholders will influence our policy, plans, responses to and recovery from emergencies and will be part of ongoing engagement during all phases of emergency management, as outlined below.

National	<ul style="list-style-type: none"> Council of Australian Governments Australian Health Ministers Advisory Council Australian Health Protection Principal Committee National Health Emergency Management Standing Committee Communicable Diseases Network Australia Public Health Laboratory Network enHealth - Environmental Health Standing Committee
State	<ul style="list-style-type: none"> Dept. of Premier & Cabinet (DPC) State Emergency Management Committee (SEMC) State Mitigation Advisory Group (SMAG) State Response Advisory Group (SRAG) State Recovery Committee (SRC) State Public Information and Warnings Advisory Group (SPIWAG) Australian Private Hospitals Association Local Government Association Public Health Networks Aged Care Sector
SA Health	<ul style="list-style-type: none"> Portfolio Executive Health Emergency Management Committee SA Health Risk Management & Internal Audit Systems Performance Public Health & Clinical Systems
Health Services	<ul style="list-style-type: none"> Health Service EM/BC committees Health Service Risk Management committees Health Services EM coordinators

Planning Framework

SA Health's planning framework aligns with National and State requirements, being cognisant of local hazards, risks and requirements. Accordingly Health Services will align plans and procedures to this planning framework to ensure a consistent and coordinated approach as indicated below

■ National Health plans including:

- > **National Health Emergency Response Arrangements (NatHealth Arrangements)** articulating the strategic arrangements and mechanisms for the coordination of the Australian health sector in response to emergencies of national consequence.
- > **AUSTRUMPLAN** the domestic response plan for Mass Casualty Incidents of National Consequence, including AUSBURNPLAN for the management of burns casualties
- > [Australian Health Management Plan for Pandemic Influenza \(AHMPPI\)](#) outlines Australia's strategy to manage an influenza pandemic and minimise its impact on the

■ SA Health plans including:

- > [The SA Health Emergency Management Command Structure – Roles and Responsibilities](#) outlines the statutory responsibilities of SA Health as a Control Agency (during a human epidemic) and Support Agency (for all other emergencies)
- > [SA Health Disaster Management Policy Directive](#) ensures development and the effectiveness of disaster management principles and practices to comply with legislative requirements by applying a consistent approach across SA Health.
- > Human Disease Hazard Plan identifying systems and processes in place to manage the health related risk of a Human Disease incident and minimise disruption to the State should an incident occur, including annexes:
 - Drinking Water Contamination operational plan
 - Food contamination operational plan
- > [Public Health Emergency Management Plan](#) outlining responsibilities, authorities and mechanisms to minimise, or should they occur to manage and recover from declared or undeclared public health incidents or emergencies.
- > **Emergency Management Framework** (this document) ensuring consistent application of emergency management principles and practice across SA Health including command and control structures and incident management systems.
- > **State Mass Casualty Capability Plan** to the State Emergency Management Plan, providing strategic direction to Control Agencies and Support Agencies involved in a Mass Casualty Incident (MCI).
- > [SA Health Major Incident Plan](#) gives clear strategic direction to the whole of SA Health on responding to major incidents of any size or hazard
- > [SA Health Pandemic Influenza \(PI\) Operational Plan](#) aims to minimise the impact of an influenza pandemic on the SA community and the health sector and reduce morbidity and mortality from all causes during an influenza pandemic.
- > [SA Health Extreme Heat Strategy](#) to reduce the risk of harmful effects of extreme heat on the health of the community.
- > [SA Health Multiple Burns Plan](#) aims to ensure coordination across SA Health in response to a multi burns incident, including responsibilities and strategies to manage multiple burns casualties.
- > [SA Health Major Incident Community Recovery Arrangements](#) aims to ensure SA health provides adequate support to South Australians in accordance with the State arrangements including SA health's responsibilities in recovery.

■ Health Service plans including:

- > **Health Service Emergency Management Plans** outlining local arrangements consistent with SA Health policy and Framework including command and control structures and incident management systems
- > **Health Service/Hospital Mass Casualty Incident plans** outlining local arrangements for responding to and managing extreme demand and surge capacity
- > **Health Service/Hospital Pandemic Influenza plans** outlining local arrangements consistent with SA Health's Pandemic Operational Plan.
- > **Extreme Heat Plans** aligning with SA Health strategies to reduce the risk of harmful effects of extreme heat on the health of the community.

It is acknowledged that Health Service arrangements and plans may incorporate the above requirements into consolidated documents or strategies.

Training

Providing meaningful and a relevant education and exercises programme can build on existing confidence, skill level and knowledge to perform relevant roles that are not undertaken often. This is crucial in providing assurance that SA Health can fulfil its obligations and responsibilities and prepare staff adequately for a range of incidents and emergencies.

A practitioner level system will be applied to the SA Health Workforce to identify EM levels of involvement and responsibility.

It is recognised that crossover between practitioner levels can occur resulting in a role that fits into more than one practitioner level. The role therefore may look to undertake the associated training requirements relevant to their position for each level including an "All Staff" level.

Practitioner Level

- > **All Staff** – General awareness of EM as it relates to SA Health. Does not have a specific plan or role within a plan.
- > **Level 1** – Will take direction from the next level of practitioner (level 2) during an emergency and will apply their current skills to the incident. Non managerial role.
- > **Level 2** – Staff that have a role within the response to an incident.
- > **Level 3** – Will lead or be responsible for the response to an incident.
- > **Level 4** – Directly responsible for strategic command, development of strategic arrangements, representation at EM state and national committees/Incident Management Teams.

Program Elements

The education and exercise program will offer a blend of products that are either:

- > **In-service** – Common products that are designed to be delivered by educators and managers within the networks and services to compliment the other forms of training.
- > **Simple bespoke** – Products developed by SA Health that do not require achievement/assessment/evidence of skill and knowledge requirements.
- > **Mapped** – Products designed to meet the elemental and evidence-based requirements of nationally recognised training units of competency.
- > **Nationally Recognised** – Products delivered by a Registered Training Office. These products will have the greatest benefit to a smaller percentage of staff that have a skill and knowledge requirement warranting a qualification or unit of competency achievement.
- > **Outsourced** – Products delivered by credible partners such as SA Police, Country Fire Service, Local Government Association or other.
- > **Exercising** – A practical component to complement other programme elements through skills based learning.

The specific elements of the programme have been identified through a training needs analysis (TNA) and mapped to each practitioner level. The TNA has been endorsed by HEMC. The frequency of delivery and the method of delivery have also been identified. The next stage is to develop a training framework detailing the programme. The SA Health Disaster Management Training Framework is due to be finalised in late 2018.

- > The current programme of training consists of the following:
- > Hospital Major Incident Medical Management & Support Courses (HMIMMS)
- > Incident Management Training, inc. SAHEMS
- > EmergoTrain System Functional Exercises
- > Discussion Exercises
- > Seasonal Preparedness
- > Whole of Health Exercises

For further information regarding EM training please contact the Emergency Management Unit.

RESPONSE

Activation

Within the context of SA Health, an emergency may originate externally to SA Health or it may originate within SA Health (e.g. a loss of service) that causes or threatens to cause death or injury, destruction of or damage to property, or disruption to essential services.

Notification

External Incidents

External incident notification will be managed by the Emergency Management Duty Officer (EMDO). The criteria for notification to relevant LHN's/Services of an external emergency is as follows:

- The Chief Medical Officer/CPHO, State Commander or Director EMU authorises notification in preparation for or response to a potential or actual event which is specific only to or poses a significant risk to the Health System, or
- The Control Agency requests the State Emergency Centre is convened for a briefing for a potential or actual event, or is activated in response to or in preparation for an event.

Figure 3. on page 14 is a flow chart of the notification and escalation of an incident originating externally.

Internal Incidents

For incidents/emergencies originating from within an LHN or Health service the criteria for notification and escalation rests with the affected site commander:

The Executive on call will make a determination whether the incident can be managed locally with local resources. If not, they will assume the role of Network/Service Commander or notify the on duty Network/Service commander they see fit, then continue escalation, if required.

If the incident/emergency impacts or has the potential to impact across more than one Network/Service the affected Network/Service commander is to notify the State commander via the EMDO

Figure 4. on page 15 is a flow chart of the notification and escalation of an incident originating from the affected site or service.

Command & Control

SA Health has statutory responsibilities as a Control Agency (during a human epidemic, food/drinking water contamination) and Support Agency (for all other emergencies) and of SAAS as a Functional Support Group (for all emergencies) as documented within the SEMP.

- > When acting as the Control Agency the State Controller Health will provide overall control (for the State, including SA Health) to the response to and management of the emergency
- > The State Commander Health will assume strategic command of SA Health during the response to and recovery from an emergency and will fulfil their responsibilities to the State Controller for the emergency, to ensure Health provides appropriate support to the Control Agency
- > The Ambulance and First Aid Functional Support Group (AFAFSG) State Manager will execute their FSG responsibilities to the Control Agency and participating agencies in the response to and recovery from the emergency
- > The SAAS Commander will assume overall command of SAAS during the response to and recovery from the emergency, including normal business activities and will execute their responsibilities to the State Commander Health and AFAFSG State Manager

Principle 1 - These roles and responsibilities recognise the separate and distinct legislative responsibilities upon both SA Health and SAAS, whilst recognising and supporting normal business practices and lines of reporting within SA Health as a single agency.

Principle 2 - Appropriate training and education must be provided for all levels of command.

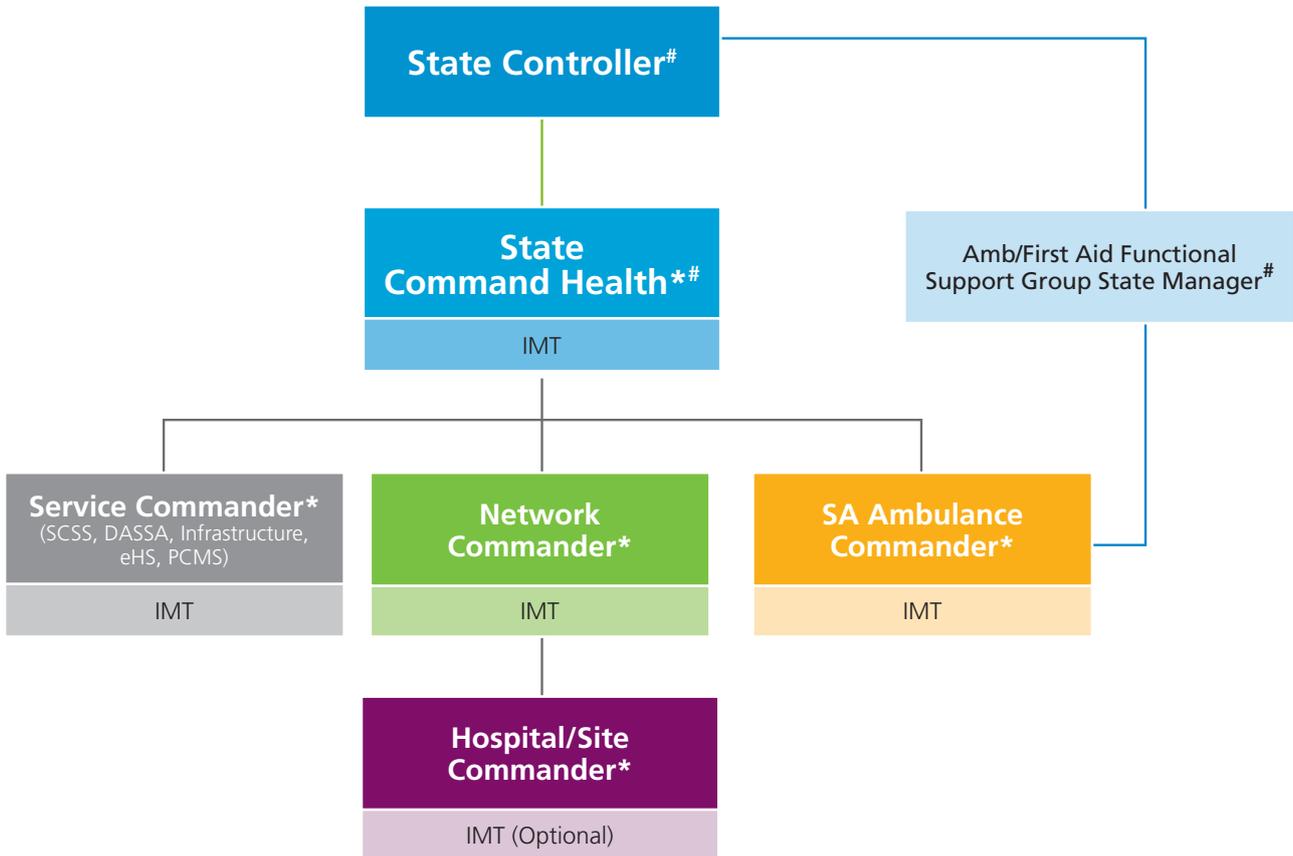
Principle 3 - Appropriate coverage and redundancy must be available for all levels of command, to cater for extended incidents

Further detailed information on the roles and responsibilities, during an incident, of SA Health Commanders can be found in the SA Health Emergency Management Command Structure – Roles and Responsibilities.

Figure 2. right, outlines the organisational command structure of SA Health/SAAS and the reporting lines for all incidents and activation of state arrangements.

**SA HEALTH/SAAS COMMAND SYSTEM –
EMERGENCIES AND STATE ARRANGEMENT ACTIVATION**

Figure 2.



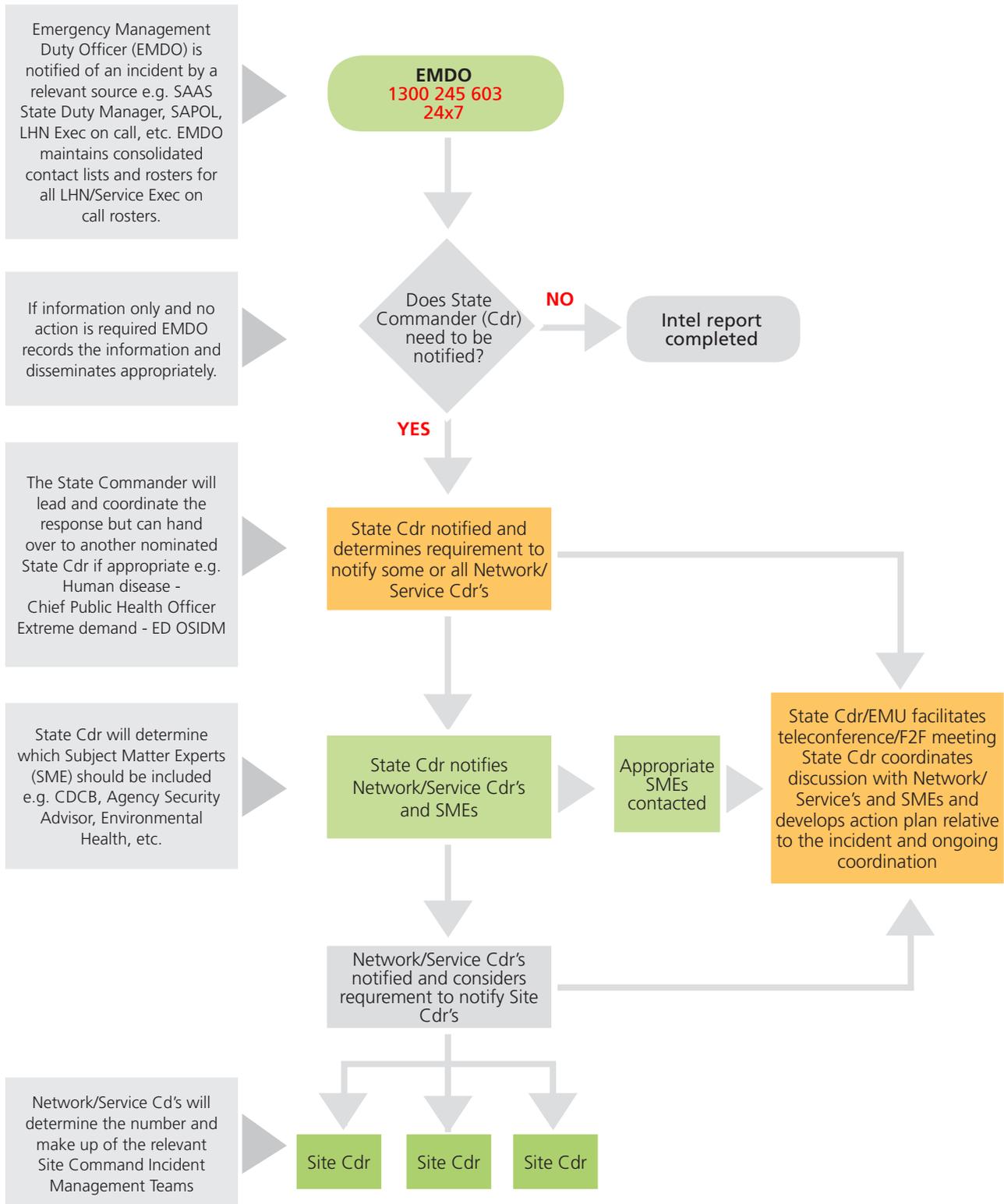
***All emergencies**

#Activation of State arrangements

Organisational command structure of SA Health/SAAS and the reporting lines for all incidents and activation of state arrangements.

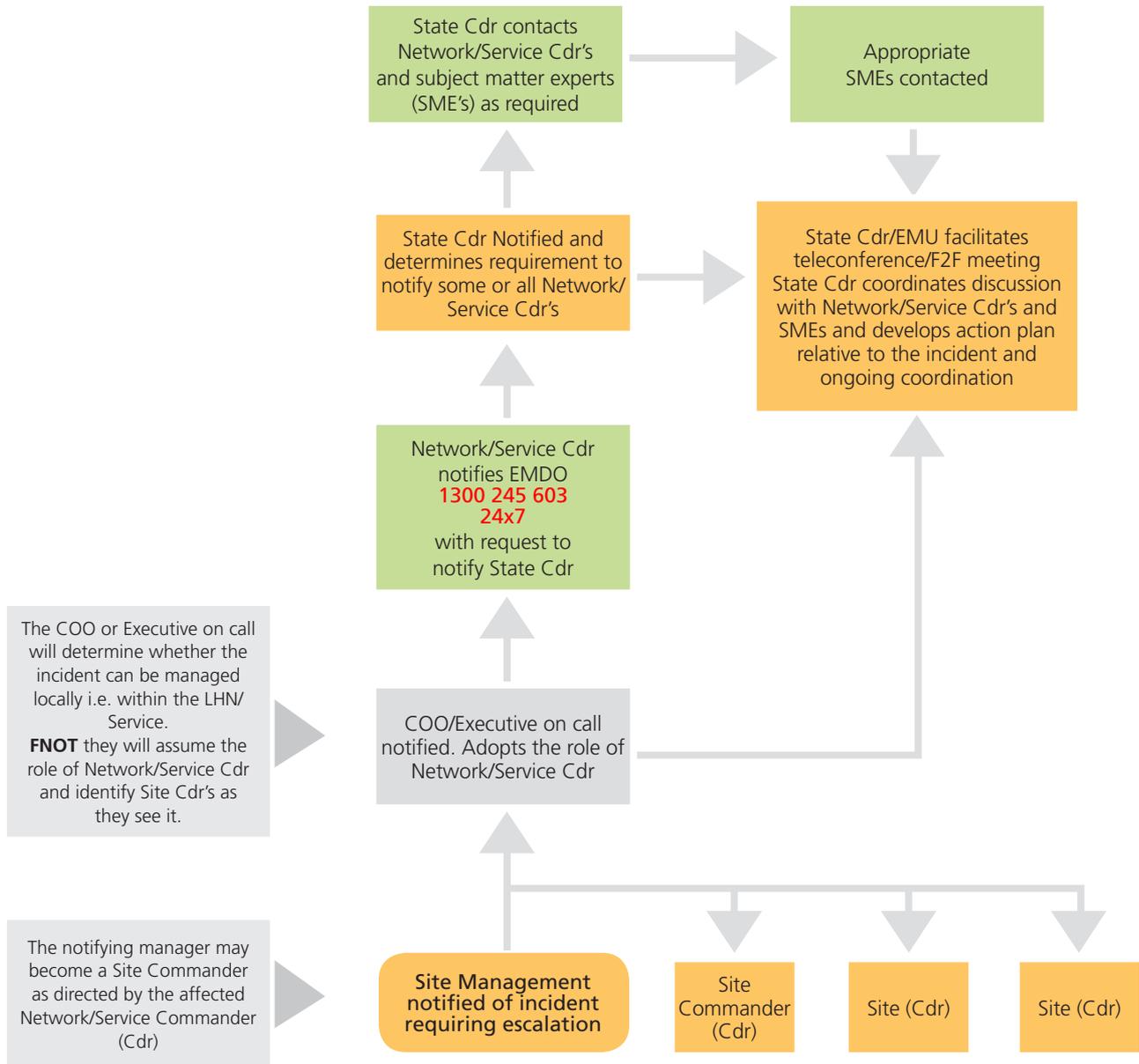
INCIDENT NOTIFICATION AND ACTIVATION PROCESS – EXTERNAL NOTIFICATION TO DHW/STATE COMMANDER

Figure 3.



INCIDENT NOTIFICATION AND ACTIVATION PROCESS – ORIGINATING FROM AFFECTED SITE OR SERVICE

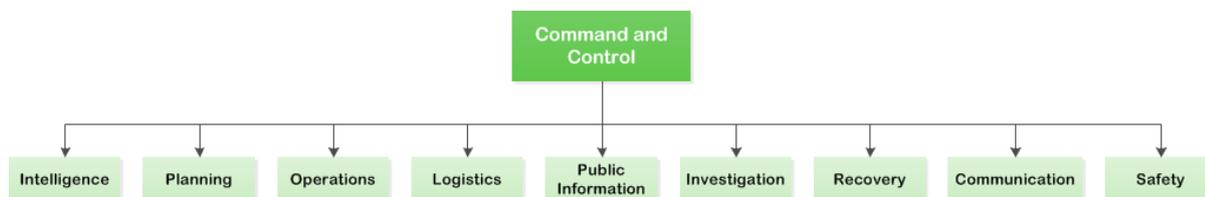
Figure 4.



Incident Management

In 2013 the SEMC endorsed a proposal that all government control agencies (as outlined in the SEMP) be signatories to a Common Incident Management Framework (CIMF), agreeing to utilise common incident management arrangements when responding to emergencies.

As control agency for Human Disease, SA Health must comply as far as is reasonably practicable with the ten responsibilities of a control agency detailed below



Functions	Responsibilities of the Control Agency
Command and Control	Take control of the response to the emergency (including the appointment of an Incident Commander and a management structure)
Safety	Ensure a safe working environment and safe systems of work
Communication	Ensure effective liaison , communication and cooperation with all involved
Intelligence	Continually assess the situation, identify risks and share information with all involved
Planning	Develop and share plans and strategies that meet the requirements of all persons and agencies responding to the emergency (Incident Action Plan)
Operations	Implement and monitor an Incident Action Plan
Logistics	Ensure the effective allocation and use of available resources
Public Information	Ensure the public is adequately informed and warned so as to enhance community resilience
Investigation	Facilitate the investigation of the emergency and review of response activities
Recovery	Ensure transition from response to recovery including the coordinated handover to the state recovery arrangements

Incident management principles and responsibilities highlighted in this Framework **must be complied with** by all SA Health Services when managing emergencies. It is recognised however that Health Services will have differing capabilities and levels of maturity in applying incident management systems. The options outlined below are intended as guidance for those Health Services considering more detailed incident management options.

Any Incident Management System needs to reflect contemporary best practice as well as meet both organisational needs and/or legislative requirements. The Health Incident Management System (HIMS) aims to provide guidance and coordination in relation to the management and response to any emergency / incident and is based on the following principles.

- > Command and control structure;
- > Management by objectives;
- > Functional management
- > Span of control

Health Services are responsible for developing and maintaining effective processes, procedures and plans that are consistent with the [SA Health Disaster Management Policy Directive](#) and this Framework.

Incident Records and Documentation

Incident Action Plan

An Incident Action Plan should be developed for every emergency, however not all Incident Action Plans have to be written, for example an Emergency Response Team responding to a local emergency. Where an action plan is developed it is imperative that the Incident objectives are communicated to all involved.

Where an Incident Commander is formally appointed, then a written Incident Action Plan should be developed and communicated. The SMEAC model and consideration of each element may assist in developing an incident action plan:

- > Situation – What is the general situation
- > Mission – What are our objectives
- > Execution – What will we do to achieve our objectives
- > Administration – Logistics and support required to support activity
- > Command and control & Communication – Who's in charge, who reports to who and how we communicate (phone numbers or GRN t/g)

Incident Logs

All members of the Incident Management Team must ensure that records of decisions and actions taken to resolve or respond to the emergency are recorded. These records should be maintained for subsequent shifts, and if a person leaves, their notes must be copied and left in the ICC, to help maintain continuity of situational awareness and decision making. These logs are to be used when conducting a debrief post emergency, in accordance with the Emergency Management framework.

SA Health Emergency Management System (SAHEMS)

[SAHEMS](#) is a web based information and incident management system that enables incident commanders and their incident management teams (IMT) to access a common environment for alerting of incidents, notification of appropriate levels of command, documenting incident intelligence, task management and capture key decisions/outcomes.

SAHEMS is a tool for capturing and managing incidents (both internal and external) and 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's/Health Services.

[Click here](#) to access the SAHEMS information page

Further details can be found in the [Principles of Incident Management - Health Incident Management System \(HIMS\) at Annex A](#)

These arrangements are not designed to be prescriptive but to define procedures and guidelines for implementation and provide a platform for Health Services to build on.

RECOVERY

As part of Preparedness, under the SEMP, SA Health has robust plans which provide strategic direction to the whole of SA Health on responding to Major Incidents of any size or hazard, whether the incidents are contained to a localised geographical area or affect parts or the whole of South Australia.

Whatever the hazard, an individual's recovery from a Major Incident may not be immediately life threatening but none the less may result in mid to long term impacts on their quality of life and/or may result in a risk to life. The [SA Health Major Incident Community Recovery Arrangements](#) provide SA Health with strategies to service the health related recovery needs of South Australians.

Recent events such as Sampson Flat Bushfire (2015), Pinery Bushfire (2015), the Extreme Weather event and subsequent State-wide Power Outage and subsequent flooding events (Sept 2016) have challenged the South Australian Government in providing Recovery support post Major Incidents. The lessons learned during the recovery programs developed for these incidents have informed and refined SA Health's recovery arrangements and the development of these arrangements.

The arrangements incorporate the following recovery principals:

- > Understanding the context
- > Recognising complexity
- > Using community led approaches
- > Ensuring coordination of all activities
- > Employing effective communication
- > Acknowledging and building capacity

The Recovery Arrangements will ensure SA Health provides adequate support to South Australians in accordance with the State Arrangements by:

- > Outlining the governance structure for recovery
- > Identifying SA Health's responsibilities in Recovery
- > Clarifying who is responsible for the delivery of recovery services on behalf of SA Health
- > Outlining the Primary Health Network's (PHN) role in recovery coordination
- > Describing how SA Health arrangements connect with the broader state and national emergency response and recovery arrangements

Further details can be found in the [SA Health Major Incident Community Recovery Arrangements](#)

Annex A

Principles of Incident Management - Health Incident Management System (HIMS)

This guidance is aligned with industry practices and standards and proven incident management principles:

- > ISO 22320:2011 – Societal security – Emergency Management – Requirements for incident response
- > AS 3745:2010 – Planning for Emergencies in Facilities
- > AS 4083:2010 – Planning for Emergencies – Healthcare facilities
- > AS/NZ ISO 31000:2018 – Risk Management – Principles and Guidelines
- > AS/NZ 5050:2010 – Business Continuity – Managing disruption related risk
- > ISO 22301:2012 – Societal security – Business continuity management systems – Requirements
- > ISO 22300:2012 – Societal security – Terminology

The objective of this guidance is to define a practical, scalable, and achievable approach for emergency and incident management across SA Health for all emergencies and business disruption incidents.

HIMS aims to achieve its objectives through the following principles;

- > Command and control structure;
- > Management by objectives;
- > Functional management
- > Span of control

COMMAND & CONTROL

The Command & Control arrangements outlined in this framework will be complied with for all emergencies affecting SA Health.

FUNCTIONAL MANAGEMENT

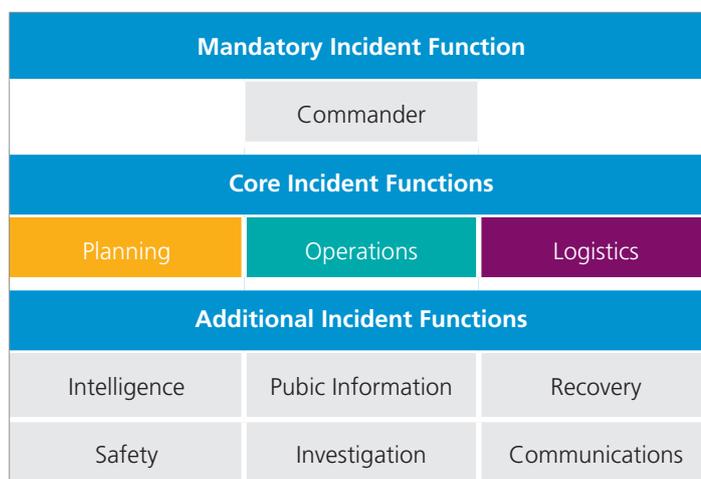
During any incident, there are a wide range of activities that need to be undertaken. These activities can be grouped into functions. Accepting that Command & Control is a **mandatory function**, SA Health has identified that there are three Core functions and up to six possible **Additional Functions** that may be considered during an incident:

Core Functions

- > Planning,
- > Operations,
- > Logistics

Additional Functions

- > Safety,
- > Intelligence,
- > Investigation,
- > Communications,
- > Public Information,
- > Recovery.



Span of Control

Span of control relates to the number of resources, individuals or groups that can be successfully supervised by one person. Effective and timely command and control can be compromised where span of control is exceeded, in this event the supervising person should consider delegating responsibility to others. A number of factors may affect span of control including capability of staff, similarity of task and volume of tasks and whilst these factors will affect the case specific determination, 1:5 could be considered an optimal span of control.

Role & Responsibilities

Commander

- > The Incident Commander has overall responsibility for managing the Health related sites and resources in relation to an incident.
- > Key roles and responsibilities include (but not limited to);
 - Take charge and exercise leadership
 - Setting the incident objectives
 - Approving the Incident Action Plan
 - Providing a safe approach to the management of the incident,
 - Establish procedures to identify, communicate and manage risks

Planning

- > Preparation and delivery of plans and strategies required to help manage and command the incident
- > Maintain a resource management system for all of the resources that have been impacted or deployed to the incident,
- > Manage intelligence and public information functions, unless they have been established as their own separate functions.

Operations

- > Implement the Incident Action Plan
- > Manage operational response (and resources) at the Health site with the objective of;
 - Reducing the immediate hazard,
 - Saving lives and property,
 - Establishing situational command
 - Restoring normal conditions

Logistics

- > Provide resource (human and/or physical) support to meet the incident needs;
- > Manage activities and resources necessary to provide local support to the incident

Communications

- > Support the Incident Commander with operational incident communications both internally and externally

Safety

- > Support the Incident Commander with operational risk and safety issues.

Intelligence

- > Collect information on the current and future situation,
- > Process information into accurate and timely intelligence,
- > Organise and display that intelligence so that it is relevant and accessible,
- > Focus activities so that critical intelligence needs are met and a shared to support decision making, planning and monitoring of the response.

Public Information

- > Provide oversight for the development and distribution of public and media information.

Recovery

- > Provide a mechanism to commence returning to 'normal' operations within a Network or Service and can be initiated even whilst in a response phase.

Note: This describes the operational recovery is separate and distinct to the community recovery arrangements

Administrative Support

- > Administrative Support roles are not identified as a formal incident function however in any environment, especially an escalating and complex incident, access to competent administrative support will improve efficiency and overall operations within any Incident Management environment. Personal and Executive Assistants to staff who undertake command roles may be valuable in undertaking administrative support duties in conjunction with the Commander.

INCIDENT COMMAND CENTRES

Incident Command Centres (ICC) exists to support the gathering of incident and health related intelligence, command of SA Health resources during an emergency, facilitation of multi-agency cooperation and liaison with other levels of Health Command.

Incident Command Centres should be an environment where the relevant levels of command and incident management can assemble to undertake emergency operations. The size, location, internal configuration and capability of the Incident Command Centre will be relative to the size of the facility, size of the Health Service/LHN, likelihood of activation and whether it has to support both Site and LHN Command operations.

Ideally, the Incident Command Centre should contain (but not be limited to) the following requirements:

- > 2 access / egress doors into the environment,
- > Adequate ventilation and climate control – especially at full operating capacity,
- > Emergency power feed
- > Adequate desk / bench workspace (and seating) for the required, identified number of operating personnel,
- > Local Area Network (LAN) and power outlets to supply workstations
- > Telephones (via PABX / internal access) to support the functional roles above to be supported
- > 1 x telephone (via ISDN / PTSN / external access)
- > GRN radio (optional)
- > Close access to a printer, ideally both networked and local access
- > Adequate supply of administrative supplies – pens, pencils, paper, notebooks, log books, whiteboards, whiteboard markers, erasers etc)
- > Nearby staff welfare facilities – toilets, kitchenette, first aid kit.

The triggers and authority for activating an Incident Command Centre will be determined by each Health Service and should be documented within the relevant plans. Escalation from a local/Health Service response to a whole of SA Health response is outlined in the notification and activation section above

RISK ASSESSMENT

Incident Commanders and their Incident Management Teams should maintain situational awareness and ensure they identify, minimise and communicate risks as they arise. Risk information should be presented as it occurs as well as captured in the Incident Action Plan and log books. Dynamic risk assessments should be undertaken, particularly at a Bronze (operational) level to ensure that all persons involved with the response and recovery operations are safe.

SAFETY & WELFARE

The Commander has responsibility for ensuring the safety and welfare of all those involved in the incident management team and the response to the emergency. This includes adequate shift lengths, access to amenities, suitable and safe work environment, drinking water and catering (where required).

POST INCIDENT

Each Commander/Team Leader is responsible for ensuring a 'hot' debrief is undertaken with the available response and IMT personnel immediately after an incident, ensuring staff safety, welfare and support needs are met.

Network/Service Commanders are also responsible for conducting local/site formal debriefs within 2 weeks of the completion of the incident.

The Emergency Management Unit is to conduct the whole of Health Service debrief coordinated by the State Commander Health within three weeks of the completion of the incident

A debrief guideline document has been developed to assist Commanders/team leaders to conduct hot debriefs and more formal debriefs. Further information can be found in the SA Health Debrief Guidelines, due to be finalised due to be finalised in mid/late 2018.

For more information

Emergency Management Unit

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www.sahealth.sa.gov.au/emergencymanagement

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SA Health