

SA Health

Disaster Resilience Training and Exercising Framework

June 2019



Government
of South Australia

SA Health

Document Control Information

Document Owner:	Disaster Preparedness and Response Branch (DPRB)
Title:	SA Health Disaster Resilience Training and Exercising Framework
Description:	Outlines the purpose, scope, requirements and related programs for SA Health training and exercising relating to Emergency Management and Business Continuity Management
Subject:	Training and Exercising; Disaster Resilience; Disaster Management
Document Location:	2018-05223
ISBN	978-1-76083-139-4
Next Review	July 2022

Version	Author	Comments	Approved	Date
1.0	Disaster Preparedness and Response Branch	Original Version	SAHDRC (Tier 1 Committee)	June 2019

Contents

Document Control Information	2
Introduction	4
Glossary	4
Principles	5
Context	5
Scope	5
Links to other Arrangements	6
Governance	6
Assurance	6
PART 1 - TRAINING	7
Purpose	7
Identified Roles and Groups	7
Records Management.....	8
Assessment.....	8
Evaluation of Training Programs.....	8
Development and Delivery of Training.....	8
Methods of Training Delivery	9
Training Products	10
Relevance	11
PART 2 - EXERCISING	13
Purpose	13
Disaster Related Exercising	13
Forms of Exercising	14
Exercising Requirements	15
Exercise Requirement and Frequency.....	15
Exercise Responsibilities.....	15
Exercise Documentation.....	17
Exercise Management	17
Lessons Management	18
APPENDIX A	19

Introduction

The SA Health Disaster Resilience Training and Exercising Framework (the Framework) was developed as an outcome of the SA Health Emergency Management (EM) and Business Continuity Management (BCM) Training Needs Analysis which was endorsed by the SA Health Disaster Resilience Committee (SAHDRC) in 2018.

The Framework sets the standards, minimum requirements and frequency of training delivery and the standards and minimum requirements for exercising. It also provides a program of training which is mandatory for certain roles or recommended/optional for others.

The Framework must be read in conjunction with the SA Health Disaster Resilience Policy Directive, and its associated frameworks. The implementation of the Framework is a mandatory requirement for all of SA Health, as outlined in the SA Health Disaster Resilience Policy Directive.

It is important to distinguish what constitutes training and exercising in the context of the Framework. The following figure describes how the terms 'training' and 'exercising' will be applied throughout the Framework.

Figure 1 Training and Exercising in the context of this Framework

TRAINING

(May also be referred to as Training and Education)

The term training encompasses face to face training, online training and/or any other opportunity to impart knowledge to a recipient in a measurable way through assessment, demonstration or another form of evaluation.

It is the process or act of acquiring or imparting knowledge.

The result produced by instruction or study.

It may include practical skills based (hands on and simulation) training through repetitive behaviour.

It may also include scenario based discussions where the main objective is to support participant learning.

If simulation is conducted at this level then the aim will be to instruct and support the learning of the participants/s in a safe learning environment. The focus therefore will not be on the process or testing arrangements but may look to test competence.

In the context of this Framework 'training' forms the knowledge component/requirements within training programs and packages. It may also include practical learning such as familiarisation with a particular environment or tool, walk through scenarios and in service education. Particular training completion will be monitored for assurance.

EXERCISING

Testing of plans and arrangements in a practiced environment.

Exercising allows the opportunity to learn through repetitive behaviour for individuals or the collective, however the purpose of exercising in a more formal manner is to test the adequacy of facilities, plans, arrangements or processes.

In the context of this Framework 'exercising' forms the process of testing plans, arrangements, facilities and procedures for assurance purpose. It may identify training needs and requirements however they are not likely to specifically address training gaps for individuals.

Glossary

Refer to the [SA Health Disaster Resilience Glossary](#) definitions used in this document.

Principles

SA Health will apply the following principles to achieve training and exercising objectives:

- > Training is based on adult learning principles (principles referenced in [Appendix A](#))
- > Training supports common language and practice throughout the disaster management sector
- > Training meets legislative requirements and supports business and audience needs
- > Training is linked to work practices where possible and uses mixed methods of delivery
- > Trainers and exercise coordinators are qualified in their respective fields to deliver content
- > Leadership, decision making, operations and functional capabilities are regularly tested across levels through exercises
- > Training and exercise programs are developed in partnership with relevant stakeholders, and are reviewed within a schedule of review
- > Training and exercising meets requirements identified within the *SA Health Disaster Resilience Policy Directive* and its associated Frameworks

Context

A significant major incident or business disruption is likely to, or has the potential to, create widespread impact to South Australia.

The *South Australian Emergency Management Plan (SEMP)*, *SA Health Disaster Resilience Policy Directive* and the *SA Health EM and BCM Frameworks* detail the comprehensive approach to disaster management and resilience activities as they apply to SA Health.

The Framework describes the minimum requirements for training and exercising to support these arrangements.

Scope

The Framework identifies specific roles that require training to be undertaken by the role incumbent.

The Framework sets the minimum requirements for training and exercising for staff within identified roles of the SA Health organisation.

Roles and responsibilities are described within the *SA Health Disaster Resilience Policy Directive* and its related frameworks. These frameworks provide guidance and direction to whole of agency, Local Health Networks (LHN's) and Services when developing their minimum required training and exercising requirements. As per the policy directive, each LHN and service shall develop a Disaster Resilience Strategy that complements this Disaster Resilience Training and Exercising Framework which will identify additional training and exercising requirements.

In addition to the minimum requirements within the Framework there may be additional expectations at a national and state level for identified SA Health staff to undertake training and exercising which is pertinent to their role. These training programs and exercises will be managed by the national and jurisdictional bodies and will fall outside of the scope of this Framework.

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. Training to manage these responses falls outside of the scope of the Framework.

It is recognised that SA Ambulance Service (SAAS) also manage specific responsibilities within the SEMP. Therefore SAAS will provide additional training and exercising relevant to these requirements. Notwithstanding these arrangements, SAAS, under the policy statement of the *SA Health Disaster Resilience Policy Directive*, should comply with this training and exercise framework, and report their training and exercising outcomes through their internal governance processes.

The Framework identifies groups and individuals who would benefit from the range of products and programs available within the suite of related training.

The Framework identifies exercising requirements which should be read in conjunction with the requirements outlined within the *Emergency Management Framework* and *Business Continuity Management Framework*.

Links to other Arrangements

The *Public Health Emergency Management Plan* (PHEMP) provides guidance and assurance to state partners that SA Health has processes and procedures in place to manage a public health incident or emergency.

The Chief Public Health Officer (CPHO) as the designated State Controller Health will receive training and exercising as identified. The CPHO may choose to identify others who respond to public health incidents and emergencies to undertake the training available.

The *SA Health Disaster Resilience Policy Directive*, and its associated frameworks, ensures activities are undertaken to comply with legislative, regulatory and Commonwealth/State Government requirements, including the *Emergency Management Act 2004*, the *South Australian Public Health Act 2011*, and the *State Emergency Management Plan* (SEMP).

The program of training and exercising within this Framework should meet, in part, evidence and accreditation requirements of The National Safety and Quality Health Service Standards - Action 1.10 – Risk Management.

Governance

The Framework, and its training products, has been developed in consultation key stakeholders, including subject matter experts from within the Local Health Networks and health services.

The Framework has been approved by SAHDC and is subject to a schedule of review every three years.

The Framework is listed under section 3 (3.2) of the *SA Health Disaster Resilience Policy Directive*.

Assurance

The South Australian Emergency Management Assurance Program outlines a basis of assurance activity relating to EM that needs to be demonstrated by SA Health. Mandatory training and exercising undertaken by SA Health will be included in this program to demonstrate that SA Health is meeting assurance requirements as deemed appropriate by the SA EM sector.

The Disaster Preparedness and Resilience Branch (DPRB), Department for Health & Wellbeing (DHW) will report on training and exercising activities undertaken as part of this the assurance program. LHNs and services will be asked to report completion of mandatory training and exercising on an annual basis. The DPRB will facilitate this process.

Mandatory training and exercising is defined within parts 1 and 2 of this Framework.

PART 1 - TRAINING

Purpose

The purpose of 'Part 1 – Training' within the Framework is to:

- > support a consistent and common approach to training and exercising
- > clarify benchmarks, requirements and minimum standards for SA Health training
- > define learning management requirements including documentation of training attendance and records
- > enhance collaboration and interoperability between networks and services and avoid duplication of effort
- > improve understanding of health related training for emergency services and partners across Government (local and state) and non-Government by standardising the approach to training and where appropriate in utilising similar training concepts and principles relating to disaster management

Identified Roles and Groups

The following groups have been identified as either common across the EM Sector and/or are named within the SA Health Disaster Management arrangements and related doctrine.

Roles that are coloured red have at least one mandatory training requirement within the Framework

GROUP 1 - Roles that are listed within the SEMP

- > **State Controller**
- > **State Commander**
- > **Functional Support Group Manager** – (role with associated training requirements managed by SAAS)
- > **State Emergency Centre (SEC) Liaison Officer**
- > **State Emergency Centre (SEC) Support Officer**
- > **Zone Emergency Support Team (ZEST) Liaison Officer**

Attendance records and supporting documentation for Group 1 roles will be managed by the DPRB.

GROUP 2 - Roles have been identified within the SA Health Disaster Resilience arrangements/doctrine

- > **SA Health Chief Executive** –SA Health EM Command Structure Roles and Responsibilities
- > **Network Commander** - SA Health EM Command Structure Roles and Responsibilities
- > **Service Commander** - SA Health EM Command Structure Roles and Responsibilities
- > **Hospital/Site Commander** - SA Health EM Command Structure Roles and Responsibilities
- > **Emergency Management Duty Officer** – *SA Health EM Framework* and *SA Health Major Incident Plan*
- > **Incident Management Team Member and Support Staff** –SA Health Incident Management System and supported by the Common Incident Management Framework
- > **SA Health Recovery Working Group Members** - SA Health Major Incident Community Recovery Arrangements
- > **State Recovery Committee Representative** –SA Health Major Incident Community Recovery Arrangements
- > **Local Health Network Recovery Coordinator (LHNRC)** - SA Health Major Incident Community Recovery Arrangements

GROUP 3 - The following staff require training and exercising as identified in the SA Health EM and BCM Training Needs Analysis

- > **Critical Support Services Management** - (Procurement, eHealth Systems, Drug and Alcohol Services South Australia (DASSA), Statewide Services, Infrastructure)
- > **Clinical Services** - Hospital Managers/Lead Staff (ED/ICU/Radiology/Theatres/Wards etc.)
- > **Clinical Services** - Hospital Operational Staff including Medical and Nursing (ED/ICU/Radiology/Theatres/Wards etc.)
- > **Government Radio Network Users**

GROUP 4 - The following staff require awareness training:

- > **All Staff** - Non-mandatory awareness training (introduction to EM and BCM)
- > **Those recognised within the SA Health Major Incident Community Recovery Arrangements**

Records Management

It is a requirement that training records for those attending mandatory training, as identified within the Framework, are kept and reported against for assurance/accreditation purposes.

DPRB will be responsible for keeping training records and participant details for Group 1 [Identified Roles and Groups](#).

Where training is undertaken within the LHN or Service, it will be the responsibility of that area to manage records related to their individuals/groups undertaking mandatory training. These records must be kept and maintained using local records management systems. This includes training delivered by the DPRB on behalf of the LHN or Service.

Assessment

Each mandatory training product identified within the Framework will have an assessment component.

Assessment ensures the required level of knowledge and/or skill has been achieved by the participant as a result of the training and provides a level of assurance that people are able to perform the role.

Assessment methods may differ, depending on the training, but are likely to include a quiz or questionnaire, demonstration of ability, participation in simulation, simulation of role or a combination of all of these to meet the assessment criteria.

Where possible training developed by the DPRB will map to Nationally Recognised units of competency and will ensure participants meet the evidence required through the assessment methods outlined within that unit.

Evaluation of Training Programs

During the design and development of new training programs the DPRB will, where feasible and relevant, include educators and subject matter experts (both internal and external to SA Health) to ensure content is appropriate, contextualised and applicable.

Practitioner groups will be established to provide input on training products that impact upon networks and services.

Training will be subject to a continuous evaluation schedule. This evaluation may include, but is not limited to, post training feedback questionnaires, periodical surveys to participants and feedback from participants and relevant practitioners via SAHDCR or its subcommittee/s.

Development and Delivery of Training

The DPRB will be responsible for developing and facilitating training for those identified in Group 1 - [Identified Training Roles and Responsibilities](#).

The DPRB will be responsible for leading the development of common products for Groups 2, 3 and 4 - [Identified Training Roles and Responsibilities](#) in consultation and cooperation with LHNs and Services. Training frequency, facilitation and administration for training associated with these groups will be the responsibility of the receiving area, LHN or Service. The products may be delivered by DPRB in partnership with LHNs and Services or by the DPRB, LHN or Service individually by appropriate facilitators.

Reporting against minimum requirements will be the responsibility of each network or service where mandatory training has been defined.

For in-service "specific hazard scenario" training (see page 10), delivery will be online or face to face facilitated by managers and leaders within the business units. They may be delivered as part of induction or as an ongoing routine of disaster based training.

Methods of Training Delivery

Method	Benefits
Online Training (eLearning)	<ul style="list-style-type: none"> > Available to train all employees who have access to a computer and appropriate log on details > Cost effective given the ratio of those being trained per year > A sound delivery method for information based training with less complex learning outcomes
Face to Face Training (F2F)	<ul style="list-style-type: none"> > Used for more complex processes, scenarios and tasks and where specific learning outcomes need to be achieved/ demonstrated to show competence > Ability for the trainer/instructor to interact with participants on an individual level and work with participants with specific learning needs > Allows for demonstration, participant involvement and participation > Utilises learner's experience by drawing on participant knowledge (allows adult to adult learning) > Ability to utilise adult learning principals and methods easily
Scenario Discussion	<ul style="list-style-type: none"> > Communal based learning allowing participants to gain education from peers and subject matter experts > Allows participants to form relationships/networks for ongoing learning and communication (e.g. with support agencies)
Simulation Practical	<ul style="list-style-type: none"> > Combination of face to face education, discussion and simulation > Puts scenario into context for the participant and ensures a realistic learning experience > Allows participants to see immediate value in the learnings

Training Products

<p>Online (eLearning) EM and BCM Awareness (TBD) Introduction to the EM and BCM arrangements as they relate to SA Health and the greater workforce. General awareness of SA Health's role and responsibilities.</p>	<p>DPRB owned and developed Approx. 30mins</p>
<p>Managing an Incident – Introduction to Incident Management Principles (F2F) Training designed to provide the concepts of Incident Management Principles, why they are beneficial when managing an incident and the supporting structures that support incident management.</p>	<p>DPRB owned, developed Mixed Delivery Approx. 2 hrs</p>
<p>Hospital Major Incident Medical Management and Support (HMIMMS) (F2F) The leading course for hospital staff responsible for planning, training and managing aspects of a major incident from a hospital perspective.</p>	<p>DPRB owned and delivered 1 day Team Member 2 day Advanced</p>
<p>Community Related Recovery (TBD) (F2F) This training considers the role health plays in community recovery, the SA Health community recovery arrangements and how SA Health work with other agencies and organisations (including the Primary Health Network) at a local and state level to provide recovery support to affected communities after disaster</p>	<p>DPRB owned, developed and delivered Approx. 3hrs</p>
<p>State Emergency Centre (SEC) Member Training (provided by SA Police (SAPOL) (F2F) This training provides awareness of the SEC environment and operations</p>	<p>SAPOL owned and delivered 2 hrs</p>
<p>State Emergency Centre (SEC) Liaison Officer (SECLO) and SEC Support Officer (TBD) (F2F) This training will provide those who are likely to attend the SEC with information regarding the role of a SECLO in representing SA Health. This will provide a contextualised view of how the role may operate in the SEC environment and interact with the SA Health Commander</p>	<p>DPRB owned, developed and delivered Approx. 2.5hrs</p>
<p>Zone Emergency Support Teams (ZEST) Member Training (TBD) (F2F may be a component of eLearning) This training will provide those who are likely to attend a ZEST with information on the role of a ZEST member in representing an LHN and SA Health at the ZEST. This will provide a contextualised view of how the role may operate in the ZEST environment and interact with EM arrangements and Command Structures.</p>	<p>DPRB owned, developed and delivered Approx. 2.5hrs</p>
<p>SA Government Radio Network (GRN) (TBD) (F2F) Overview of how to operate GRN radios in emergency situations. Includes radio discipline, function, trouble shooting and network capability.</p>	<p>DPRB owned, developed Mixed Delivery Approx. 1hr</p>
<p>SA Health Emergency Management System (SAHEMS) (eLearning)</p>	<p>DPRB owned, developed Mixed Delivery Approx. 30mins</p>
<p>State Controller and State Commanders Course (modules of F2F + eLearning) This training provides State Controllers and State Commanders with response related knowledge and the opportunity to consider the actions and responsibilities of the role in a safe learning environment. <i>*Incorporates Managing an Incident – Introduction to Incident Management Principles (F2F)</i></p>	<p>DPRB owned, developed and delivered 2 days (incorporating 3hr simulation)</p>
<p>Network/Service Commanders Course/Hospital/Site Commanders Course (F2F) Discusses key issues for each level of command including the authority within roles and the SA Health Command Structure. This session builds on the Incident Management Principles discussed in the "Managing an Incident" training and provides opportunity to work through Incident scenarios. This session will provide information on the ZEST arrangements and discuss the Network/Site ICC activation and arrangements. The session will look at conducting successful debriefing processes during and after a significant incident.</p>	<p>DPRB lead, co-developed DPRB/ LHN/Services Mixed Delivery Approx. 1 day (2 half days)</p>
<p>Crisis Management (TBD) (F2F) A module that provides opportunity to look at the role of crisis management during a significant incident and where it fits with incident management, who undertakes the role and the interface with EM arrangements.</p>	<p>DPRB owned, developed and delivered Approx. 2 hrs</p>
<p>In-service Specific Hazard Scenarios Used by hospitals during in service training. The aim is for staff and leaders to consider their local plans, processes and arrangements relevant to their area and the scenarios that are given.</p>	<p>DPRB lead, co-developed DPRB/ LHN/Services LHN Delivery Approx. 30mins</p>
<p>Country Seasonal Preparedness (F2F) as scheduled with Regional LHNs This training is intended to provide regional LHNs with pre-season information regarding bushfire and practice preparedness measures and processes.</p>	<p>DPRB Regional LHN lead, co-developed Mixed Delivery 1 day</p>

Relevance

Training products may be relevant to a particular role group of people, whereas others will not. The following legend assists to determine which training will have the most relevance to the listed roles within the training program on page 13.

Figure 3 - Relevance Legend

M - MANDATORY

Completion of training product is a mandatory requirement of the role

R - RECOMMENDED

Training product has been designed to benefit the role or group

O - OPTIONAL OR BY INVITATION

Training may be of benefit to this participant as an observer for awareness

NR - NOT RELEVANT

Training is unlikely to hold any benefit or is not relevant to the role

M - MANDATORY Completion of training product is a mandatory requirement of the role		State Controller - Health	State Commander - Health	SEC Liaison Officer & Support Officer	ZEST Liaison Officer	SA Health Chief Executive	Network Commander	Hospital/Site Commander	Service Commander	EMDO	IMT and Support Staff	Recovery Working Group	State Recovery Representative	Local Health Network Recovery Coordinator (LHNRC)	Clinical Services – Critical Service Managers	Clinical Services – Critical Service Operational Staff	GRN Users	All Staff
R - RECOMMENDED Training product has been designed to benefit the role or group																		
O - OPTIONAL OR BY INVITATION Training may be of benefit to this participant as an observer for awareness																		
NR - NOT RELEVANT Training is unlikely to hold any benefit or is not relevant to the role																		
Staff appointed as deputies, proxies or relieving staff should also undertake the required training.																		
Training Product	Frequency																	
EM and BCM Awareness (Online)	Induction	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
Managing an Incident Introduction to Incident Management Principles	Every 2 Years	R	R	R	R	NR	M	R	M	M	M	NR	NR	NR	O	O	NR	NR
Hospital Major Incident Medical Management and Support (HMIMMS)	Every 4 Years	NR	NR	NR	O	NR	M	M	NR	O	R	NR	NR	NR	O	O	NR	NR
Community Related Recovery	Every 2 Years	R	R	NR	O	O	R	R	NR	O	NR	R	M	M	NR	NR	NR	NR
State Emergency Centre (SEC) Member Training (SAPOL)	Induction to role	R	R	M	O	NR	NR	NR	NR	M	NR	NR	O	NR	NR	NR	NR	NR
State Emergency Centre Liaison Officer (SECLLO) Training	Induction to role	O	O	M	O	NR	NR	NR	NR	M	NR	NR	NR	NR	NR	NR	NR	NR
Zone Emergency Support Teams (ZEST) Member Training	Every 2 Years	NR	NR	NR	M	NR	O	O	NR	O	NR	NR	NR	NR	NR	NR	NR	NR
Government Radio Network (GRN)	Every 2 Years	NR	NR	M	M	NR	O	O	O	M	NR	NR	NR	NR	O	O	R	NR
SA Health Emergency Management System (SAHEMS)	Annually	NR	NR	M	M	NR	R	R	R	M	M	O	NR	R	O	O	NR	NR
State Controller and State Commanders Course *incorporates Managing an Incident – Introduction to Incident Management Principles	Every 2 Years	M	M	NR	NR	O	O	NR	O	O	O	NR	NR	NR	NR	NR	NR	NR
Network/Service Commanders Course/ Hospital/Site Commanders Course	Every 2 Years	O	O	NR	O	NR	M	M	M	NR	R	NR	NR	NR	NR	NR	NR	NR
Crisis Management (TBD)	Every 2 Years	O	O	NR	NR	R	O	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
In Service Training Hazard Scenarios	Quarterly	NR	NR	NR	NR	NR	O	O	O	NR	O	NR	NR	NR	R	R	NR	NR
Seasonal Preparedness – Regional LHN staff only	As Scheduled	NR	NR	NR	R	NR	R	R	R	NR	R	NR	NR	R	R	O	O	NR

PART 2 - EXERCISING

Purpose

The purpose of Part 2 – Exercising is to ensure SA Health applies a consistent standard to exercise management.

What constitutes an exercise, and the required accompanying and supporting documentation is defined below. The Exercise Key Performance Indicators (KPIs) for SA Health are defined within the *SA Health Emergency Management Framework (currently being reviewed)* and *SA Health Business Continuity Framework*.

Disaster related exercises test SA Health response arrangements to ensure they are enacted, conducted and implemented in an efficient and effective manner. A key aim of disaster exercising is to maintain business continuity and service delivery and to minimise the impacts on patients and staff.

Exercising allows for the identification of operational and strategic gaps and ensures plans and arrangements are tested in a controlled and objective-driven way so that learnings can be identified and mitigation processes can be developed addressing any shortfalls in arrangements.

Disaster Related Exercising

“An exercise is a controlled, objective-driven activity used for testing, practising or evaluating processes or capabilities.

An exercise can be as simple as a planning group discussing an emergency plan or as complex as a major multi-agency event involving several organisations and participants.¹”

Exercising provides learning opportunities for participants (specific roles, bystanders, role players, participants), however a formal exercise will not usually be designed for the specific purpose of participant’s practice (this is more of a training activity). It may be a requirement that particular staff participate in/attend exercises to demonstrate understanding, knowledge or abilities.

Exercising is a key component of testing preparedness and may identify training gaps (in frequency or ability). An exercise will not usually be the opportunity to resolve training gaps or the place to address individual learning therefore exercising and training are intrinsically linked to one another and one should not occur without the other. Regardless of size, exercises are useful to²:

- > evaluate plans
- > explore issues
- > promote awareness
- > develop or assess competence
- > demonstrate capability
- > practise interoperability
- > validate training
- > identify gaps
- > evaluate equipment, techniques and processes

1 AUSTRALIAN EMERGENCY MANAGEMENT HANDBOOK SERIES – Managing Exercises Handbook Three

2 AUSTRALIAN EMERGENCY MANAGEMENT HANDBOOK SERIES – Managing Exercises Handbook Three

Forms of Exercising

Discussion Exercise (referred to as a DISCEX or a Desktop Exercise)

Discussion exercises involve participants considering a scenario and talking about/brainstorming solutions in response to issues that arise. This type of exercise is useful to develop agreed approaches and can be used to work through processes that are already in place or to develop a new process. These exercises are often cost effective and generally just require a meeting place to proceed. Although this type of exercise is very flexible in how it can be managed and applied, an overall aim and a set of exercise objectives are still written as part of exercise development. Discussion exercises may take the form of workshops or other discussion based formats as long as the sessions meet the exercise requirements within this Framework.

Discussion exercise timings can be accelerated within the scenario timeline allowing participants to consider the processes before the impact, during an impact and after an impact as the scenario plays out over a number of hours or days, however the exercise itself may only take a few hours.

Discussion exercises are theoretical in nature and therefore will not provide opportunity to physically demonstrate a process in real time. If the process or procedure is operational in nature then a discussion exercise alone cannot be considered an appropriate test of the arrangements. This type of exercise will not allow participants to fully demonstrate enacting the role in a realistic environment.

Functional Exercise

Functional exercises allow participants to perform a role, often within the environment that they would play that role (control centre, hospital emergency department, distribution centre etc), as if a real event were occurring. An exercise scenario is developed and information is injected to participants (in person, via phone, email, fax etc) in a manner similar to that expected in a real event.

These exercises are often complex and require resources to manage and coordinate them however functional exercises are beneficial when testing activation and response arrangements within an environment in a cost effective manner. The exercise provides realism and the ability to use the resources within that environment (creating familiarisation which is also beneficial).

This type of exercise is useful to:

- > practice, develop or assess procedures within a functional area
- > practice, develop or assess activation and decision making processes within a functional area
- > practice communication processes with field teams and other functional areas (if also active for the exercise)

Field Exercise

A field exercise involves deployment of personnel into a field environment

Ultimately a field exercise assists in monitoring performance and tests on ground, front line skills in a real time simulation. They test participants in their actual role and require real time activation of processes and plans. They also test the resource capacity and capability in a safe and simulated manner.

These exercises require extensive planning and a large team of exercise management staff or volunteers to coordinate activities. They are often expensive given the use of actual resources, logistics and a large number of personnel.

Despite this, field exercises are an effective way to simulate events that rarely occur, but require first responders and operational staff to be prepared.

A field exercise may be beneficial to:

- > practice in the most realistic environment
- > practise, develop or assess the competencies of deployable or field based personnel
- > evaluate the effectiveness of inter-agency coordination and cooperation
- > evaluate the activation of an emergency plan

Exercising Requirements

Exercise Requirement and Frequency

The SA Health EM Framework and the SA Health BCM Framework outline the exercising requirements for which plans or arrangements need to be exercised and at what frequency. The Framework sets minimum exercising standards to meet the requirements described within each Framework and describe the exercise management processes to be considered when developing exercises to meet identified requirements.

Exercise Responsibilities

It is recommended that anyone undertaking the planning/management of an exercise has been adequately trained. Exercise Management training is coordinated through SA Police and DPRB will manage attendees on an as needs basis dependant on availability. Detailed information of exercise management processes can be found within the *AUSTRALIAN EMERGENCY MANAGEMENT HANDBOOK SERIES – Managing Exercises Handbook Three* knowledge.aidr.org.au/resources/handbook-3-managing-exercises/

<i>The following responsibilities will apply for the following exercises:</i>	DPRB	DHW business areas	SAAS	LHN	SERVICE
<ul style="list-style-type: none"> > Whole of Health Exercises (Control Agency/Support Agency exercises) in conjunction with LHNs, Services and SAAS > State Control Centre – Health exercises > Relief/Recovery exercises > Incident Management Functional exercise for state level IMT > State (exercised under the state arrangements) > Whole of DHW BCP related exercises 	<ul style="list-style-type: none"> > plan and facilitate the exercise > coordinate the exercise > manage the administration of the exercise > facilitate the exercise evaluation > determine actions that incorporate exercise lessons learned 	<ul style="list-style-type: none"> > provide appropriate attendance when requested > determine local actions that incorporate exercise lessons learned (if applicable) 	<ul style="list-style-type: none"> > provide appropriate attendance when requested > determine local actions that incorporate exercise lessons learned (if applicable) 	<ul style="list-style-type: none"> > provide appropriate attendance when requested > determine local actions that incorporate exercise lessons learned (if applicable) 	<ul style="list-style-type: none"> > provide appropriate attendance when requested > determine local actions that incorporate exercise lessons learned (if applicable)
<ul style="list-style-type: none"> > DHW individual business areas BCP Discussion Exercises DisEx? 	<ul style="list-style-type: none"> > plan and facilitate the exercise (shared responsibility) 	<ul style="list-style-type: none"> > plan and facilitate the exercise (shared responsibility) > coordinate the exercise > manage the administration of the exercise > manage exercise evaluation > determine actions that incorporate lessons learned 	N/A	N/A	N/A
<ul style="list-style-type: none"> > State-wide Clinical Support Services BCP Discussion Exercises DisEx > SAAS BCP DisEx > Digital Health, Wellbeing SA, Office for the Chief Psychiatrist, Commission on Excellence and Innovation in Health BCP Discussion Exercises DisEx 	<ul style="list-style-type: none"> > plan and facilitate the exercise (shared responsibility) 	N/A	<ul style="list-style-type: none"> > plan and facilitate the exercise (shared responsibility) > coordinate the exercise > manage the administration of the exercise > manage exercise evaluation > determine actions that incorporate lessons learned 	N/A	<ul style="list-style-type: none"> > plan and facilitate the exercise (shared responsibility) > coordinate the exercise > manage the administration of the exercise > manage exercise evaluation > determine actions that incorporate lessons learned
<ul style="list-style-type: none"> > LHN BCP discussion exercises > Emergency Plan exercises > HAZMAT Response Plan exercises > Incident Command Centre exercises > Incident Management Functional exercise related to local level IMT 	<ul style="list-style-type: none"> > Advice to LHNs as needed > provide appropriate attendance when requested 	N/A	<ul style="list-style-type: none"> > provide appropriate attendance when requested 	<ul style="list-style-type: none"> > planning, facilitating and managing the coordination and administration of the exercise > exercise evaluation > determining actions that incorporate lessons learned 	<ul style="list-style-type: none"> > provide appropriate attendance when requested
<ul style="list-style-type: none"> > Emergo Train System Hospital/Network exercises > Ad-hoc additional LHN or Service exercises (not listed within this Framework but deemed as required) 	<ul style="list-style-type: none"> > plan and facilitate the exercise (shared responsibility) 	N/A	<ul style="list-style-type: none"> > plan and facilitate the exercise (shared responsibility) > coordinate the exercise > manage the administration of the exercise > manage exercise evaluation > determine actions that incorporate lessons learned 	<ul style="list-style-type: none"> > plan and facilitate the exercise (shared responsibility) > coordinate the exercise > manage the administration of the exercise > manage exercise evaluation > determine actions that incorporate lessons learned 	<ul style="list-style-type: none"> > plan and facilitate the exercise (shared responsibility) > coordinate the exercise > manage the administration of the exercise > manage exercise evaluation > determine actions that incorporate lessons learned

Exercise Documentation

The nature and size of an exercise will vary, dependant on the need, aims and objectives, and therefore so will supporting documentation required for exercise planning and evaluation. There is likely to be a greater requirement for documentation for larger scale exercises or those requiring more planning, management and engagement.

Mandatory exercises should have, as a minimum, the following documentation in order to meet exercise requirements:

> **Exercise Control Document:**

- > Exercise aims
- > Exercise objectives
- > Sub objectives (if applicable)
- > Exercise scenario (include general and special Ideas)

Attendee list

> **Post-Exercise Report:**

- > Summary (addressing the attainment of the exercise aims, objectives and including any immediate action required)

> **Lessons Management Report** (see [Lessons Management](#)):

- > Key observations and possible treatment options or actions detailing persons responsible and a timeline for completion of recommendations

The “Australian Emergency Management Handbook Series – Managing Exercises Handbook Three” provides information on additional documentation that may be beneficial to include in exercise planning.

Exercise Management

Each exercise begins with analysing and identifying the exercise need, which is paramount when considering the related exercise aims and objectives. The requirements to exercise under the EM and BCM Frameworks are broad in nature to allow the aims and objectives to reflect the operational or business need. These needs inform elements such as the size, complexity, audience, attendees, scope and the planning requirement for the exercise.

To ensure minimum requirements and standards are met exercises should have an exercise controller/ manager who is responsible for the planning and concept phase. This person will identify appropriate representatives to inform and assist with the planning and exercise writing.

Exercise managers (or management teams) will perform a number of tasks, including³:

- > developing the aim and objectives
- > determining the scope of the exercise
- > conducting planning and progress meetings
- > preparing documentation
- > appointing exercise control (EXCON) staff
- > overseeing the conduct of the exercise
- > facilitating or overseeing debriefs
- > ensuring the exercise is evaluated
- > compiling an exercise report
- > validating exercise objectives

Where possible exercises should consider:

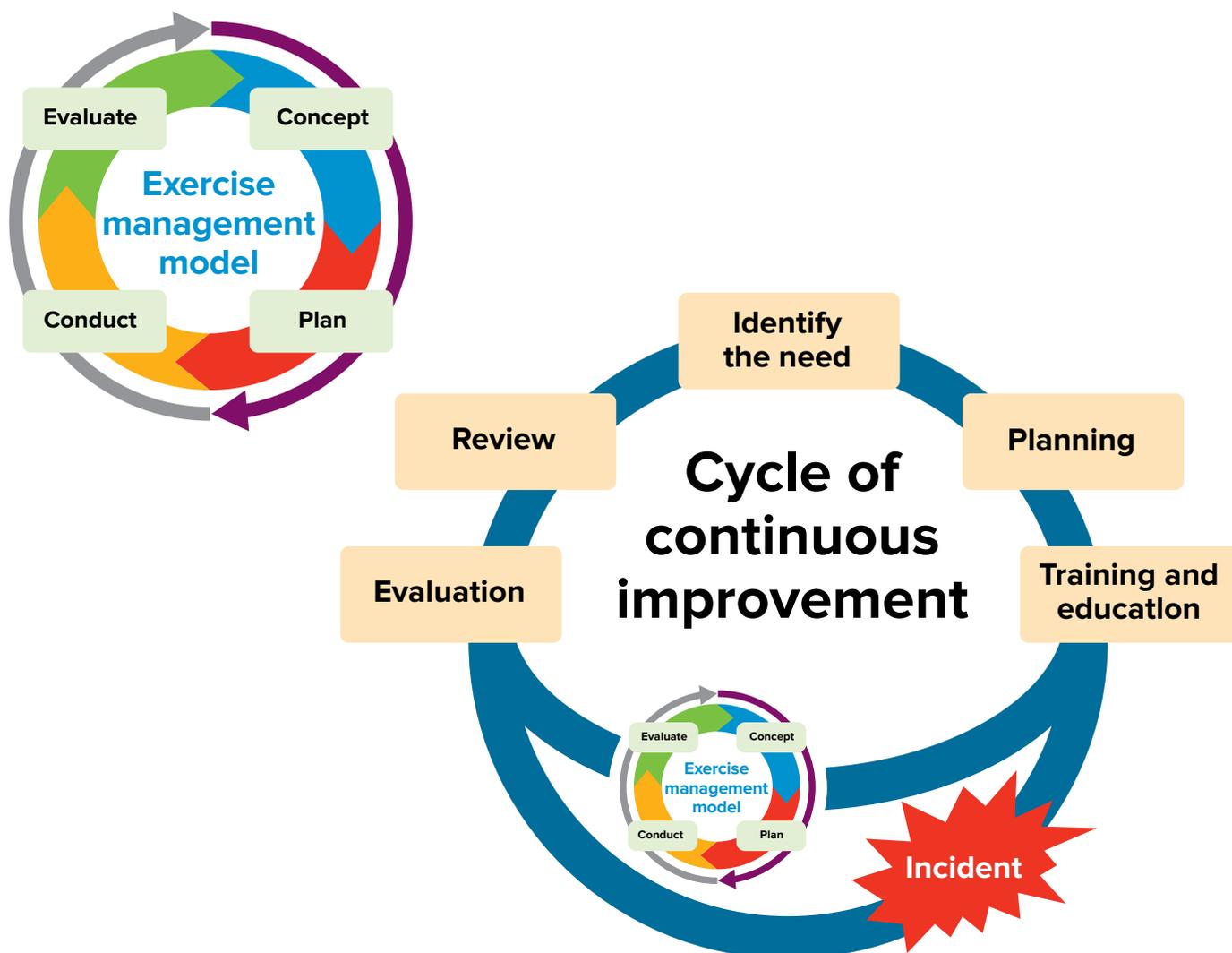
- > including participants from supporting areas (e.g. if ED/ICU centric then consider including areas such as imaging, anaesthetics, theatres etc even as observers)
- > meeting multiple exercising requirements (e.g. exercising the ICC, incident management processes and HAZMAT at the same time)
- > exercise management/planning team are from all business areas being exercised
- > external parties such as SAPOL, CFS, SES MFS, Local Government etc participate in planning or participate if they play a key role

Lessons Management

Proceeding an exercise or significant incident, it is important to capture lessons that have been identified throughout the operation. This provides the opportunity to evaluate and adjust plans and arrangements accordingly to avoid adverse outcomes in the future. It is also an opportunity to recognise good performance/outcomes to reinforce good/best practice.

As part of the exercise requirements a lessons management process will be adopted as listed within [Exercise Responsibilities](#) section. Documentation will be captured under the [Exercise Documentation](#) section to support the continuous improvement process.

Figures from the Managing Exercises Handbook (figure 1.1 and 1.2)



The Lessons Management Handbook – Handbook 8 (knowledge.aidr.org.au/resources/handbook-8-lessons-management/) provides a detailed system for lessons management. A version of the system used within the handbook is referenced below.

In a general, implementing a lessons management program includes:

- > **Collection** – collect observations, this may be through exercise evaluation, participant feedback, exercise umpire observations, exercise debriefs etc
- > **Analysis** - determining factual and evidence based information versus perception and individual responses. It is also relevant to identify themes and trends of information that can be risk assessed and inform action plans or next steps
- > **Implementation** – consider how to implement the lessons,(can an implementation plan be developed, over what timeframe will change occur, what supporting processes need to change in) Having executive support for implementation is also a priority
- > **Monitoring and review** – how will monitoring and review take place, action plans should be discussed and monitored at relevant EM and BCM committees

APPENDIX A - Considerations When Developing Content

Domains of Learning

Education and exercising should look to incorporate the three domains of learning:

- > **Cognitive Learning (Head)** – Incorporate learning that affects change in knowledge, recall from memory, understanding through text or graphics, application of knowledge through affirmation products (presentations, quiz, questionnaire etc)
- > **Psychomotor Learning (Hands)** – Learning through skills development and the opportunity to touch and do an activity. (learn, repeat until committed to memory)
- > **Affective Learning (Heart, change of attitude)** - The recipient has a change of opinion or change of attitude as a result of learning. Examples of these changes may be; “this is actually worthwhile knowing”, “I did not see it from that perspective”, “I understand why it is done that way now”, “I need to go back and amend our practices and tell my colleagues”.

Adult Learning Principles

Adults need to be engaged in learning in a number of ways. Some are very much based around self (what’s in this for me), and although training may not always hold accreditation it should have rewards for participants and understand their needs to have their knowledge and experience acknowledged. The Adult Learning Principles help to address these needs, therefore training should be:

- > **Active** – Involves the participant intellectually, physically or emotionally (may use discussion, activities, exercises, hands on, vocalises learning)
- > **Meaningful and relevant** – relevant to subject and learners needs
- > **Holistic** – where possible skills, knowledge and attitude are covered, training looks at the whole picture
- > **Concerned with first and last impressions** – gets off to a good professional start, professional but approachable deliverers, models appropriate behaviours
- > **Practiced and reinforced** – gives opportunity to practice and experiment so it becomes familiar
- > **Based on regular useful feedback** – feedback is given ongoing and regularly
- > **Based on learners previous knowledge** – training draws on participant knowledge, respects it, helps to make connections and link to it
- > **Aimed at all senses** – maintains interest, caters for different learning styles
- > **Based on rewards** – links to achievements out of training be they merit or knowledge based (“at the end of this training you will be able to”)

Three ways of learning

Adults learn through different senses, some relying heavily on one sense to learn whereas another will learn from a combination of all three, therefore learning should cater for all three senses where possible:

- > **Visual** – learn through site based products and text (presentations, text books, graphics, plans)
- > **Auditory** – learn through sound (facilitator’s speech, presentations, videos)
- > **Kinaesthetic** – touching and feeling to learn (simulation, role play, performing a skill or task)

Linked to work practices

Training should be relevant and contextualised to the environment and based on relevant plans, arrangements and sources such as standard operating procedures.

For more information

**Disaster Preparedness and Resilience Branch
Health Regulation and Protection
SA Health**

Email: HealthEmergencyManagement@sa.gov.au

Telephone: (08) 7425 7065

sahealth.sa.gov.au

Confidentiality-I2-A2



<https://creativecommons.org/licenses>

Department for Health and Wellbeing, Government of South Australia.
All rights reserved. FIS: 19095.2 August 2019.