

OFFICIAL

SA Health

# Policy

## Disaster Management in the SA Health System

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Version 1.3

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Government  
of South Australia

SA Health

## 1. Name of Policy

Disaster Management in the SA Health System

## 2. Policy statement

This Policy provides the mandatory requirements for the consistent application of Preventing, Preparing for, Responding to, and Recovering from (PPRR) disasters, public health and/or business disruption incidents.

## 3. Applicability

This policy applies to all employees and contracted staff of SA Health; that is all employees and contracted staff of the Department for Health and Wellbeing, Local Health Networks (including state-wide services aligned with those Networks) and SA Ambulance Service.

## 4. Policy principles

SA Health's approach to disaster management is underpinned by the following principles:

- > We support a comprehensive approach to disaster management across prevention, preparedness, response, and recovery.
- > We apply an all hazards approach, which relates to all disaster incidents, whether they be natural (such as bushfire or flood), systemic (such as pandemic or climate change) or caused by humans (such as terrorism or plane crash).
- > We value lessons learned, knowledge, and evaluation and as part of any prevention, preparedness, response, and recovery activity.
- > We support local disaster management capability, which forms front line disaster management.
- > We support the principles of the Australasian Inter-Service Incident Management System (AIIMS) for the management of incidents.
- > We support cooperation and engagement with stakeholders.
- > We support good governance, transparency, and accountability.

## 5. Policy requirements

### Governance

- > The SA Health Disaster Resilience Committee (SAHDRC), as a Tier 1 Committee, must provide strategic oversight of disaster management activities across SA Health, and report to the Chief Executive of the Department for Health and Wellbeing (DHW).
- > The SAHDRC must:
  - Ensure disaster management arrangements across SA Health, including clinical and corporate structures are in place, and comply with this Policy and associated frameworks.
  - Make recommendations to the Health Chief Executives Council (HCEC) on related matters across SA Health.
  - Ensure sufficient DHW resources are in place to enable effective discharge of its disaster management responsibilities.
  - Undertake periodic reporting to HCEC and participate in disaster management assurance activities contained within the respective SA Health disaster management frameworks.

- > Local Health Networks (LHNs), SA Ambulance Service (SAAS) and State-wide Clinical Support Services must:
  - Ensure appropriate localised governance structures are in place to support effective disaster management, including responsibility for oversight over their individual activities and compliance with the respective SA Health disaster management frameworks.
  - Ensure sufficient resources are in place to enable effective discharge of their disaster management responsibilities.
  - Undertake periodic reporting to SAHDCRC and participate in disaster management assurance and compliance activities contained within the respective SA Health disaster management frameworks.
  - Provide an annual statement of compliance against this Policy as conducted through SAHDCRC with existing templates managed by Disaster Management Branch.
- > Disaster Management Branch (DMB), DHW must:
  - Provide a multi-faceted leadership and coordination role to prepare for, respond to and recover from any major disruptions, public health incidents and disasters across the health system.
  - Coordinate and manage the state level incident management team in response to any disaster or emergency incident through the activation of the State Control Centre Health where required.
  - Develop and manage SA Health wide disaster and major incident doctrine, including policy, plans and reports.
  - Develop an all-hazards approach to disaster risk reduction including climate change adaptation and management.
- > DHW, LHNs, SAAS and State-wide Clinical Support Services must comply with the requirements of [Appendix 1: Disaster Management Mandatory Instruction](#) in relation to Prevention, Preparedness, Response and Recovery.

### Collaboration and engagement

- > Collaboration and engagement must occur between the various levels of stakeholders:
  - Commonwealth, State and Local Government
  - Within SA Health, at all levels
  - The Community
- > This applies across all activities and is particularly important during the disaster response phase where time and resources are limited and when integration of agency and sector plans must be considered.

## 6. Mandatory related documents

The following documents must be complied with under this Policy, to the extent that they are relevant:

- > SA Health Emergency Management (EM) Framework
- > SA Health Business Continuity Management (BCM) Framework
- > SA Health Disaster Resilience Training and Exercise Framework
- > SA Health Emergency Management Command Structure - Roles and Responsibilities

## 7. Supporting information

- > Emergency Management Act 2004
- > South Australian Public Health Act 2011
- > State Emergency Management Plan - SA
- > Public Health Emergency Management Plan
- > SA Health Major Incident Plan
- > SA Health Emergency Management Command Structure - Roles and Responsibilities
- > SA Health Major Incident Community Recovery Arrangements
- > SA Health Risk Management Policy and Risk Management Framework
- > AS/NZ ISO31000:2018 – Risk Management
- > ISO22300:2018 – Security and resilience
- > ISO22301:2012 – Societal security – Business continuity management systems
- > ISO22320:2011 – Societal security – Emergency management
- > ISO22330:2018 – Security and resilience – Business continuity management systems – Guidelines for people aspects of business continuity
- > AS3745:2010 – Planning for emergencies in facilities
- > AS4083:2010 – Planning for emergencies – Healthcare facilities
- > EQULP National Guidelines
- > [Whole-of-government Operating Principles on days of Catastrophic Fire Danger Rating](#)

## 8. Definitions

- > **Disaster:** means ‘a serious disruption in a community, caused by the impact of an event, that requires a significant coordinated response by the State and other entities to help the community recover from the disruption.’ (World Health Organisation, 2006).
- > **Serious disruption:** means either: a) loss of human life, or illness or injury to humans; or b) widespread or severe property loss or damage; or c) widespread or severe damage to the environment.
- > **Public health incident:** means any event that may have negative consequences for human health on a population basis.
- > **Systemic disaster risk:** Systemic risks emerge from the interactions of climate change and natural hazards, with the complex, interdependent and interconnected networks of social, technical, environmental, and economic systems. These risks are not necessarily obvious using traditional hazard-by-hazard risk assessments and revealing them requires an understanding of the degree of magnitude of failure across these systems that could suddenly or gradually exceed society’s capacity to cope (United Nations Disaster Risk Reduction Report 2019).
- > **Disaster management:** The body of policy and administrative decisions, together with the organisation, planning and application of measures preparing for, responding to and recovering from disasters. Disaster management may not completely avert or eliminate the threats; it focuses on creating and implementing preparedness and other plans to decrease the impact of disasters

and “build back better”. Failure to create and apply a plan could lead to damage to life, assets and lost revenue (Australian Institute for Disaster Resilience and United Nations Disaster Risk Reduction Report 2019).

- > **Disaster resilience:** the ability of a system, community or society exposed to hazards to resist, absorb, accommodate, adapt to, transform, and recover from the effects of a hazard in a timely and efficient manner, including through the preservation and restoration of its essential basic structures and functions through risk management (UN Disaster Risk Reduction Report 2017).
- > Further definitions can be found by clicking [here](#) to the Australian Institute for Disaster Resilience glossary page.

## 9. Compliance

This policy is binding on those to whom it applies or relates. Implementation at a local level may be subject to audit/assessment. The Domain Custodian must work towards the establishment of systems which demonstrate compliance with this policy, in accordance with the requirements of the [Integrated Compliance Policy](#).

Any instance of non-compliance with this policy must be reported to the Domain Custodian for the Public Health Policy Domain and the Domain Custodian for the Risk, Compliance and Audit Policy Domain.

## 10. Document ownership

Policy owner: Domain Custodian for the Public Health Policy Domain

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## 11. Document history

Version	Date approved	Approved by	Amendment notes
V1.3	07/06/2023	Chief Public Health Officer	Policy Update to fit new framework requirements and template. Policy title updated from "Disaster Resilience Policy" to "Disaster Management Policy".
V1.2	29/10/2019	Director, Disaster Preparedness & Resilience Branch	Minor update due to governance reform and to align with new process.
V1.1	26/08/2019	Director, Disaster Preparedness & Resilience Branch	
V1.0	05/02/2019	SA Health Policy Committee	Minor update due to governance updates. Original version

## 12. Appendices

*Appendix 1: Disaster Management Mandatory Instruction*

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## Appendix 1: Disaster Management Mandatory Instruction

This Mandatory Instruction must be followed to comply with the Disaster Management in the SA Health System Policy, in relation to Prevention, Preparedness, Response and Recovery.

### 1. Prevention / Risk Reduction

- > DHW, LHNs and SAAS must:
  - Ensure that a disaster risk reduction / hazard-based approach is used to inform and drive disaster planning to take reasonable steps to reduce the likelihood of a hazard manifesting as a disaster, and to reduce the negative affects if it were to occur.
  - Ensure critical infrastructure is supported/designed to reduce the likelihood or consequence of a disaster risk, where possible; and that key interdependencies between this infrastructure and the services and workforce within them, are embedded within all planning.
  - Ensure adaptation measures or non-structural mitigation is undertaken, such as hazard scanning, disease surveillance, heat warning systems or notification of catastrophic fire danger rating days, to reduce the likelihood or consequence of disaster risk.

### 2. Preparedness

- > DHW, LHNs and SAAS must:
  - Ensure preparedness for a response to any disaster or major incident that may arise to minimise impact.
  - Develop and implement business continuity plans and arrangements to maintain critical health services during disasters and emergencies, which must include:
    - Use of the SA Health Business Impact Analysis (BIA) Critical Business Function (CBF) Prioritisation Matrix for assessing/evaluating business function criticality and determination of critical business functions;
    - Ensuring that Business Continuity Plans are developed for all identified Tier 1 or 2 critical business functions to support a disruption, and
    - Where relevant, develop site-based Resource Outage Contingency Plans (ROC Plans).
  - Develop health-focused disaster and emergency preparedness, response, and recovery plans, and ensure these plans are:
    - Scalable, adaptable to change and interoperable;
    - Consider business and operational continuity and recovery; and
    - Developed in consultation with relevant stakeholders.
  - Develop and maintain disaster and emergency health response capability and capacity.
  - Undertake regular exercising of plans, recognising that simulations and exercises build capability and assist in evaluating plans and developing expertise.
  - Develop, maintain, and exercise the following plans:
    - Overarching Network/Service response plan; and
    - Site based, all-hazard informed capability and capacity response plan (in accordance with national standards and accreditation guidelines).
  - Ensure that pre-season briefings are undertaken annually, before the summer heat and bushfire season.

### 3. Response

- > DHW, LHNs and SAAS must:
  - Implement and comply with the Common Incident Management Framework (CIMF) Control Agency Agreement, when designated as the Control Agency, or Support Agency, for incident management.
  - For any incident, support a consistent, unified, all-agency, and effective response to a disaster or major incident. This must include a structure based upon the principles of the Australasian Inter-Service Incident Management System (AIIMS) for the management of incidents depending on size and complexity.
  - Ensure response activities across an incident consider:
    - Coordinating clinical response to mass casualty management.
    - Providing public health and environmental health advice and/or support to local governments and affected communities and industries.
    - Providing environmental health risk assessment advice to other agencies, local government, and industries.
    - Undertake incident messaging on public health risks to affected communities.
    - Ensuring an auditable log of communication, information and decision making is maintained during any incident.
    - Ensuring that appropriate and trained incident (command) leadership is implemented to lead relevant operations.
    - Ensuring that they have a suitable Incident Command Centre capability to support their response to an incident.
    - Ensuring that a continuous improvement model is adopted throughout the response phase to ensure best practice.

### 4. Recovery

- > DHW, LHNs and SAAS must consider recovery planning from the early stages of an event to ensure arrangements are in place and can be implemented quickly when needed, and to ensure a smooth transition from response to recovery.
- > The health system focus on recovery activities must consider:
  - Re-establishment of business as usual for SA Health facilities and services as soon as possible.
  - Assisting affected communities with public health, mental health, and human/social recovery.
- > Recovery must include a full debrief within the prescribed period as per state emergency management arrangements.