

HEALTHPLAN

Document Number PD2009_008

Publication date 17-Feb-2009

Functional Sub group Corporate Administration - Governance
Clinical/ Patient Services - Critical care
Clinical/ Patient Services - Incident management
Population Health - Disaster management

Summary NSW HEALTHPLAN identifies the NSW Health emergency management arrangements to coordinate a whole of health response in the event of an emergency. NSW HEALTHPLAN provides for five major contributing health services components (Medical Services, Ambulance Services, Mental Health Services, Public Health Services and Health Communications), which constitutes the whole of health response incorporating an all-hazard approach and outlines their agreed roles and functions. NSW Health is the combat agency for all health emergencies within NSW.

Replaces Doc. No. HEALTHPLAN - NSW [PD2005_631]

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Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations - Non Declared, Affiliated Health Organisations - Declared, Public Health System Support Division, Community Health Centres, Dental Schools and Clinics, Divisions of General Practice, Environmental Health Officers of Local Councils, Government Medical Officers, NSW Ambulance Service, NSW Dept of Health, Public Health Units, Public Hospitals

Audience Chief Executives, AHS Functional Area Coordinator, Disaster Coordinators, all staff

Distributed to Public Health System, Dental Schools and Clinics, Environmental Health Officers of Local Councils, Health Associations Unions, Health Professional Associations and Related Organisations, NSW Ambulance Service, NSW Department of Health, Public Health Units, Public Hospitals, Private Hospitals and Day Procedure Centres, Tertiary Education Institutes

Director-General

Review date 17-Feb-2014

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

Status Active

NSW HEALTH EMERGENCY MANAGEMENT ARRANGEMENTS

- NSW HEALTHPLAN -

NSW HEALTHPLAN was reviewed in 2007 with minor amendments approved by the State Emergency Management Committee in December 2007. It supersedes the 2005 version of the plan.

NSW HEALTHPLAN identifies the arrangements to be adopted by the NSW Department of Health to coordinate a whole of health response in the event of an emergency.

NSW HEALTHPLAN is the NSW Health Services Functional Area Supporting Plan to the State Disaster Plan (Displan) developed pursuant to the State Emergency and Rescue Management Act 1989 (as amended).

NSW HEALTHPLAN provides for five major contributing health service components (Medical Services, Ambulance Services, Mental Health Services, Public Health Services and Health Communications), which constitutes the whole of health response incorporating an all-hazards approach. The plan outlines the agreed roles and functions for each of the five components of Health.

The paramount position holder concerning health emergency operations is the State Health Services Functional Area Coordinator (State HSFAC) who is contactable 24 hours a day through the Ambulance Service of NSW.

NSW Health will be the combat agency for all health emergencies within NSW and NSW HEALTHPLAN will provide policy direction for the preparation of the Area and local level HEALTHPLAN".

Professor Debora Picone AM
Director-General

NSW HEALTHPLAN

**A SUPPORTING PLAN OF
THE NEW SOUTH WALES
STATE DISASTER PLAN (DISPLAN)**

V 3.4 May 2008

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AUTHORISATION

The New South Wales Health Services Functional Area Supporting Plan has been prepared in support of the New South Wales State Disaster Plan (DISPLAN) to coordinate health resources in the event of emergencies.

The Plan is authorised in accordance with the State Emergency and Rescue Management Act 1989 and the Health Services Act 1997. The plan was produced by the NSW Health Counter Disaster Unit following extensive stakeholder consultation.

It was approved by the NSW Health Emergency Management Committee on 6 November 2007 and endorsed by the State Emergency Management Committee out of session on 21 December 2007, following SEMC 67.

Proposals for amendment or addition to the contents of NSW HEALTHPLAN are to be forwarded to:

Director, NSW Health Counter Disaster Unit
Ambulance Service of NSW
State Headquarters
Locked Bag 105
ROZELLE NSW 2039

Emergency management plans are updated regularly. Printed plans may be out of date. Always check the version number against the web version before relying on a printed plan.

The authoritative, current plan is always available at www.emergency.nsw.gov.au

Version modification history

Version	Release date	Comments
1	1996	First issued
2	2005	Complete rewrite
3	October 2007	Extensive review following NSW Health internal changes
3-1	November 2007	Format revision
3-2	December 2007	SEMC Comments
3-3	February 2008	SEMC Secretariat revision
3-4	May 2008	Final NSW Health & SEMC Secretariat edits

DEFINITIONS

Specific definitions related to HEALTHPLAN are listed below. Other terms are defined in Displan (2006).

Area Health Services HealthPlan

Plans which detail the planning, preparation, response and recovery arrangements within that Area Health Service in the event of a disaster, emergency or major incident which is managed, at least initially at the Area level.

Area Health Services Functional Area Coordinator (Area HSFAC)

An appointed position at Area Health Service level that has the delegated authority of the Area Chief Executive to coordinate and commit Area resources for the response to and recover from an emergency. The Area HSFAC will be the initial point of contact within an Area Health Service for an emergency and notify the State HSFAC of any emergency that may require State level co-ordination or support under HEALTHPLAN.

Area Health Service

Area Health Services are the administrative units of NSW Health and defined by geographical boundaries. An Area Health Service is responsible for the administration of NSW Health's policies and responsibilities within those geographical boundaries.

AMPLAN

The Ambulance 'State Major Incident/Disaster Plan' – a supporting plan to HEALTHPLAN.

Ambulance Service

The Ambulance Service of NSW comprises those staff of the NSW Health Service who are employed primarily in connection with the provision of ambulance services under Chapter 5A of the Health Services Act 1997.

Director General

The Director General, NSW Health.

Displan

Means the New South Wales Disaster Plan. The object of Displan is to ensure the co-ordinated response to all agencies having responsibilities and functions in emergencies (Source: SERM Act).

Emergency Management District

The State is divided into emergency management districts as determined by the Minister for Emergency Services.

Health Commander

The commander appointed by the State HSFAC to coordinate and control all health operations at the incident site. The Ambulance Commander operates as Health Commander unless the State HSFAC determines otherwise.

Health Emergency

An emergency due to actual or imminent occurrence, which endangers or threatens to endanger the safety and health of persons in the state of NSW, and requires a significant and coordinated whole-of-health response. This particularly applies to human infectious disease emergencies from whatever cause.

Health Emergency Management Committee (HEMC)

The HEMC is the principal committee that provides advice to the Director General of NSW Health in exercising his or her functions and responsibilities in relation to emergency planning and response.

Health Incident

A localised event, either accidental or deliberate, which may result in death or injury, which requires a normal response from an agency, or agencies from one or more of the components of NSW Health.

Health Services

Any medical, hospital, ambulance, allied health, community health or environmental health service or any other service relating to the maintenance or improvement of the health, or restoration to health, of persons or the prevention of disease in or injury to persons (Health Administration Act 1982).

Health Services Disaster Control Centre (HSDCC)

Is the state level Health services operations centre and is manned when HEALTHPLAN is activated. The HSDCC incorporates all elements of the strategic level management of an emergency and can include the State Ambulance EOC.

Health Response Teams

Medical, Nursing and other health professionals selected for a response to an emergency at the emergency site, a receiving hospital or emergency medical facility. The composition of the team will be determined by the relevant State Controller and will only respond at the request of the relevant State Controller in consultation with the State HSFAC.

Medical Commander

The State Medical Controller may appoint a Medical Commander to command medical operations at the emergency site, including public health issues. The Medical Commander reports directly to the Health Commander for co-ordination of site activities. The State Medical Controller will retain control of medical operational matters.

NSW Health

NSW Health is the combat agency for health emergencies within NSW. Five major contributing health service components constitute the whole-of-health response incorporating an all-hazards approach. They are:

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

Standing Operating Guidelines

The internal response guidelines which document operational and administrative procedures to be used during activation of this plan.

State Health Services Functional Area Coordinator (State HSFAC)

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

Supporting Plans

A plan prepared by an agency / organisation or functional area, which describes the support which is to be provided to the controlling or co-ordinating authority during emergency operations. It is an action plan which describes how the agency / organisation or functional area is to be co-ordinated in order to fulfil the roles and responsibilities allocated eg. AMPLAN, which is a supporting plan to HEALTHPLAN.

Urban Search and Rescue (USAR)

An integrated multi-agency response which is beyond the capability of normal rescue arrangements to locate, provide initial medical care and remove entrapped persons from damaged structures and other environments in a safe and expeditious manner. The organisation of these responses is detailed under the Major Structural Collapse sub-plan to Displan.

Whole-of-health

HEALTHPLAN provides for five major contributing health service components (see NSW Health), which constitutes the whole-of-health response incorporating an all-hazards approach and outlines their agreed roles and functions.

ABBREVIATIONS

AHS	Area Health Service
Area HealthPlan	Area Health Service Disaster Management Plan (links to HEALTHPLAN)
AMPLAN	Ambulance Supporting Plan (to HEALTHPLAN)
AMRU	Aero Medical Retrieval Unit
ASNSW	Ambulance Service of NSW
CBRN	Chemical Biological Radiological Nuclear
CDU	Counter Disaster Unit
CMH	Centre for Mental Health
DADC	Department of Aging & Disability Care
DECC	Department of Environment and Climate Change, NSW
DoCS	Department of Community Services
EOC	Emergency Operations Centre
HEMC	Health Emergency Management Committee
HEALTHPLAN	NSW HEALTHPLAN (not Area HealthPlan)
HSDCC	Health Services Disaster Control Centre
HSFAC	Health Services Functional Area Coordinator
MCG	Media Co-ordination Group
MEDPLAN	Medical Service Supporting Plan (to HEALTHPLAN)
NETS	Neonatal and Paediatric Emergency Transport Service
NGO	Non-government Organisation
PIFAC	Public Information Functional Area Coordinator
PHU	Public Health Unit
RAFT	Remote Area Fire Teams
SCAT	Special Casualty Access Teams
SCC	State Co-ordination Centre
SEMC	State Emergency Management Committee
SEOC	State Emergency Operations Centre
SEOCON	State Emergency Operations Controller
SERM Act 1989	State Emergency and Rescue Management Act 1989
SOGs	Standard Operating Guidelines
USAR	Urban Search and Rescue

PART ONE: INTRODUCTION

GENERAL

- 101 This is the Health Services Functional Area Supporting Plan (NSW HEALTHPLAN) to the State Disaster Plan developed in accordance with the *State Emergency and Rescue Management Act 1989*.
- 102 NSW State Disaster Plan (Displan) identifies NSW Health Services Functional Area role as providing co-ordination and control for the mobilisation of all health responses to emergencies within NSW.
- 103 The officer responsible for carrying out this role during health major incident/disaster operations is the State Health Services Functional Area Coordinator (State HSFAC).
- 104 Following activation of HEALTHPLAN, all NSW Health and other health services resources including personnel will be available to the State HSFAC for the purposes of this plan. NSW Health personnel are responsible to the State HSFAC and not to hospital and Area Health Service executives or other originating agencies for the execution of this plan.
- 105 This whole-of-health response incorporating an all hazards approach under HEALTHPLAN provides for five major contributing health service components:
 - a. Medical Services;
 - b. Ambulance Services;
 - c. Mental Health Services;
 - d. Public Health Services; and
 - e. Health Communications.

SCOPE

- 106 The arrangements in this plan are also applicable for a health emergency. NSW Health is the combat agency for all health emergencies in NSW.
- 107 The Plan provides policy direction for the preparation of Area and Local HEALTHPLANS.
- 108 It also provides assistance to victims of incidents and emergencies whether or not a Declaration of an emergency or an appointment has been made under Sections 19 and 33 of the State Emergency & Rescue Management Act 1989 (as amended).
- 109 Organisations under the authority of NSW Health must abide by the directions of the plan once the plan has been adopted by NSW Health.
- 110 The arrangements for a health response under HEALTHPLAN rely heavily upon the Ambulance Service as the initial emergency service responder, the major internal communications provider, and as the principal transport organisation for NSW Health.
- 111 A number of NSW Health services and other organisations play an essential role when HEALTHPLAN is activated. Those organisations are required to abide by the directions of NSW Health in this Plan.

LEGISLATION

- 112 The following legislation, and their respective regulations, provide for or relate to NSW HEALTHPLAN:
- a. State Emergency and Rescue Management Act, 1989;
 - b. Health Administration Act 1982;
 - c. Health Records Privacy and Information Act 2002;
 - d. Health Services Act 1997;
 - e. Local Government Act 1993;
 - f. Mental Health Act 1990;
 - g. Occupational Health & Safety Act 2000;
 - h. Privacy and Personal Information Protection Act 1998;
 - i. Poisons and Therapeutic Goods Act 1966; and
 - j. Public Health Act 1991.
- 113 The *State Emergency and Rescue Management Act 1989 (the SERM Act 1989)* identifies the need for a co-ordinated response by all agencies having roles and responsibilities during an emergency. It provides the legislative basis for the preparation of the State Disaster Plan (Displan), which records the agreed management arrangements for co-ordinating emergency preparedness, response and recovery operations.

AIM

- 114 The aim of this plan is to identify the NSW Health emergency management arrangements to coordinate the whole-of-health response in the event of an emergency.

PURPOSE

- 115 The purpose of NSW HEALTHPLAN is to ensure health resources are effectively and efficiently co-ordinated in the event of emergencies. This includes emergencies where the State response is co-ordinated under Displan.

CONCEPT OF OPERATIONS

NSW Health is the combat/lead agency for all health emergencies. When HEALTHPLAN is activated the State HSFAC coordinates the health response. S/he may activate the Health Services Disaster Co-ordination Centre (HSDCC) and coordinate the Health response through the five Controllers: Medical; Ambulance; Public Health; Mental Health; and Health Information. The State HSFAC will stand down HEALTHPLAN when the incident is resolved or hand over to the Local Area Health Service if appropriate.

PHASES

- 116 **Prevention Phase.** Prevention (mitigation) measures are designed to avoid (or reduce) the consequences of emergencies on the community. This will be achieved through:
- a. conducting emergency risk management at all levels in NSW Health;
 - b. identifying prevention or mitigation options; and
 - c. developing and implementing prevention plans at all levels within NSW Health.
- 117 **Preparation Phase.** This phase addresses the preparation and planning arrangements with the main focus on establishing a framework for health service agencies to mobilise their management structures and resources in order to support an emergency. This will be achieved through:
- a. establishing strong organisational and personnel networks between the health services, the emergency services, functional areas and the community;
 - b. establishing and maintaining memorandums of agreement;
 - c. managing the planning development by reviewing and testing of HEALTHPLAN; and
 - d. identifying and undertaking relevant health and emergency management training for personnel responsible for the response or management of emergencies.
- 118 **Response Phase.** This phase addresses the health service response for all emergencies in order to minimise the health impacts to individuals and the community during an emergency. The key actions in this phase include:
- a. immediate deployment of health assets, usually ambulance units in accordance with AMPLAN;
 - b. initial assessment of health requirements and activation of HEALTHPLAN;
 - c. activation of the HSDCC and / or the Area HSDCC;
 - d. appointment and deployment of the Health Commander, Ambulance Commander and Medical Commander, plus Health Response Teams, support staff, and health resources as required; and
 - e. deployment of liaison staff to the EOC and/or SCC.
- This phase will conclude when there is no further health response required at the emergency site, and with NSW Health providing support to the Recovery Phase.
- 119 **Recovery Phase.** This phase addresses the process of returning an affected community to its proper level of functioning after an emergency. This phase will usually commence concurrently with the Response Phase and essential NSW Health tasks include:
- a. providing commander and staff support to the Recovery Committee or Recovery Coordinator;

- b. be prepared to chair the Recovery Committee;
- c. continued provision of health services to all members of the community;
- d. the de-activation of response teams; and
- e. debriefings to inform future prevention actions and planning.

PRINCIPLES

120 The following principles underpin HEALTHPLAN:

- a. health services are provided in a timely, fair, equitable and flexible manner;
- b. control and co-ordination of an emergency response and initial recovery operations will be conducted at the lowest effective level;
- c. management arrangements recognise that the recovery phase may be a complex, dynamic and protracted process;
- d. health service management arrangements recognise the need for sustainability of response;
- e. provision of health services in an emergency may involve an adjustment to normal priorities to ensure the greatest good for the greatest number; and
- f. training programmes and exercises support the effective response of NSW Health responding personnel.

PART TWO - ROLES AND RESPONSIBILITIES

GENERAL

- 201 The control of the health response for emergencies in NSW is achieved through:
- a. key appointments; and
 - b. the establishment of a number of control and command structures.

KEY STATE LEVEL APPOINTMENTS

State Health Services Functional Area Coordinator (State HSFAC)

- 202 This position is nominated by the Minister for Health and represents all health services within NSW on the State Emergency Management Committee (SEMC).
- 203 This position has the authority to direct health resources to assist in the response and recovery from an emergency.
- 204 The State HSFAC is responsible to the Minister for Health through the Director General for the initial response to an acute emergency where the response exceeds the capacity of a health Area.
- 205 Where HEALTHPLAN is activated in the presence of Displan, the State HSFAC is accountable to the Minister for Emergency Services through the SEOCON.
- 206 The State HSFAC is contactable 24 hours through the Ambulance Service of NSW.
- 207 The State HSFAC is responsible for:
- a. supporting HEMC in preparing, maintaining and reviewing this plan and all associated documents;
 - b. representing all health services within NSW on the State Emergency Management Committee;
 - c. activating / deactivating HEALTHPLAN;
 - d. co-ordinating the use of all health resources within NSW for response to and recovery from, the impact and effects of an emergency;
 - e. providing Departmental Liaison Officers to operation centres;
 - f. determining how resources from all health services, participating and supporting organisations are used; and
 - g. integrating health arrangements within a whole of government framework.

Duty State Health Services Functional Area Coordinator

- 208 The State HSFAC may appoint a duty State HSFAC.
- 209 The role of the duty State HSFAC is to assist the State HSFAC as directed and may assume all of the roles and responsibilities of the State HSFAC.

State Medical Controller

- 210 The State Medical Controller is responsible for controlling and co-ordinating Medical Services during an emergency when HEALTHPLAN is activated. The Medical Retrieval Unit Clinical Director will generally fulfil this role unless otherwise advised.
- 211 The State Medical Controller reports to the State HSFAC and is responsible for:
- a. distributing casualties to receiving hospitals and determining the hospital bed availability for admission of critically injured casualties through the Area HSFAC(s);
 - b. effecting all secondary referrals of critically injured casualties by determining destination hospitals and priorities for secondary transport;
 - c. maintaining core medical services throughout the State during an emergency;
 - d. providing technical and clinical management advice on the medical issues during the emergency;
 - e. co-ordinating pharmaceutical support;
 - f. co-ordinating aero-medical support of operations; and
 - g. co-ordinating the provision of blood supplies through the Australian Red Cross Blood Service.

State Ambulance Controller

- 212 The State Ambulance Controller is responsible for controlling and co-ordinating Ambulance Services during an emergency when HEALTHPLAN is activated.
- 213 The State Ambulance Controller reports to the State HSFAC and is responsible for:
- a. the planning, activation, operational control with command and co-ordination of all resources of Ambulance Services within NSW for response to and recovery from, the impact and effects of an emergency;
 - b. maintaining core ambulance services throughout the State during an emergency;
 - c. nominating an Ambulance Commander to proceed to the site;
 - d. determining the requirements for recovery operations; and
 - e. providing technical and clinical management advice on the Ambulance Service issues during the emergency.

State Mental Health Controller

- 214 The State Mental Health Controller is responsible for controlling and co-ordinating Mental Health Services during an emergency when HEALTHPLAN is activated.
- 215 The State Mental Health Controller reports to the State HSFAC and is responsible for:
- a. controlling all mental health resources in NSW which are needed to

- respond to an emergency;
- b. maintaining core mental health services throughout the State during an emergency;
- c. overall planning, activation, direction and control of the mental health response with particular emphasis on the recovery phase;
- d. the provision of technical and clinical management advice on the mental health issues during an emergency; and
- e. liaising with relevant government agencies and NGO's for personal support and welfare response.

State Public Health Controller

- 216 The State Public Health Controller is responsible for controlling and co-ordinating Public Health Services during an emergency when HEALTHPLAN is activated.
- 217 The State Public Health Controller reports to the State HSFAC and is responsible for:
- a. controlling all public health resources in NSW which are needed to respond to an emergency, including pathology and environmental laboratories within NSW Health;
 - b. maintaining core public health services throughout the State during an emergency;
 - c. overall planning, activation, direction and control of the public health response;
 - d. planning for public health emergency preparedness, surveillance response and recovery; and
 - e. providing technical and clinical management advice on the public health issues during an emergency; and
 - f. co-ordinating the response to an emergency by the NSW Health Departments of Forensic Medicine.

State Health Communications Controller

- 218 The State Health Communications Controller is responsible for controlling and co-ordinating Health Communication Services during an emergency when HEALTHPLAN is activated.
- 219 The State Health Communications Controller reports to the State HSFAC and is responsible for:
- a. controlling all health communication responses to emergencies when HEALTHPLAN is activated including ambulance, medical, mental health and public health services;
 - b. identifying and training of appropriate spokespeople and of the Health Service Media Liaison Officers;
 - c. formalising arrangements with participating and supporting organisations;
 - d. providing Departmental Liaison Officers to operation centres if required; and
 - e. providing technical advice on health communications issues during the emergency.

HEALTH AREAS

1) Ambulance Services

220 The Ambulance Service is responsible for:

- a. co-ordinating the Ambulance Service response for prevention, preparation, emergency response and subsequent recovery from the impacts of an emergency under HEALTHPLAN;
- b. providing a co-ordinated Ambulance Service response for initial triage, treatment, management and transport of injured persons;
- c. providing telecommunications for the NSW Health response to an emergency;
- d. the possible re-allocation of ambulance resources as required to provide the best management for multiple casualties;
- e. maintaining core ambulance services throughout the State during an emergency;
- f. deploying key position holders or mobile specialist teams as requested by the State Medical Controller / State HSFAC;
- g. arranging transport for designated disaster medical teams, mental health teams and public health teams and their equipment, to and from the site of an emergency; and
- h. monitoring health practices related to operational safety of all responding personnel involved in the emergency.
- i. providing the medical component of a multi-agency task force in the form of USAR trained SCAT paramedics to USAR task forces.
- j. providing the medical component of multi-agency task forces in the form of SCAT paramedics to:
 - a. Police - special operations group for high risk tactical police operations;
 - b. Fire Brigade - for hazardous material and CBR response medical care in the "hot zone"; and
 - c. Rural Fire Service - in Remote Area Fire Teams (RAFT).

2) Medical Services

221 Medical Services are responsible for:

- a. co-ordinating the medical services response for prevention, preparation, emergency response and subsequent recovery from the impacts of an emergency under HEALTHPLAN;
- b. providing definitive care for multiple casualties as rapidly as possible;
- c. co-ordinating medical services resources;
- d. maintaining core hospital and medical services throughout the State during an emergency;
- e. possible re-allocation of health and medical resources as required to

- provide the best management for multiple casualties;
- f. deploying key position holders or mobile Health Response Teams; and
- g. providing the medical component of a multi-agency task force in the form of specialist trained medical and health personnel.

3) Mental Health Services

222 Mental Health Services are responsible for:

- a. co-ordinating the mental health response for prevention, preparation, emergency response and subsequent recovery from the mental health impacts of an emergency under HEALTHPLAN;
- b. providing and co-ordinating mental health support to persons both directly and indirectly affected (including survivors, emergency responders and the bereaved), in collaboration with relevant agencies including:
 - i. forensic counselling services through the NSW Health Departments of Forensic Medicine;
 - ii. community health and other government and non government agencies with expertise relevant to the event, ensuring appropriate referral mechanisms and pathways to specialist mental health services; and
 - iii. DoCS Disaster Recovery Services and their Community Partners (eg Red Cross) for the provision of Personal Support.
- c. the availability of mental health services in terms of outreach and provision at appropriate locations; and
- d. co-ordinating the management of those affected by the emergency, particularly those at higher risk.

4) Public Health Services

223 Public Health Services are responsible for:

- a. co-ordinating the public health services response for prevention, preparation, emergency response and subsequent recovery from the public health impacts of an emergency under HEALTHPLAN;
- b. conducting disease surveillance in the affected population or community across all phases of the emergency;
- c. conducting surveys of environmental health risks associated with the emergency in collaboration with NSWFB and the Environmental Services Functional Area Controller;
- d. investigating and managing cases and outbreaks of infectious diseases;
- e. investigating outbreaks of food-borne illness, in collaboration with the NSW Food Authority;
- f. assessing and advising on the potential public health risks of chemical incidents and environmental hazards that either acutely endanger the health of human populations or are thought to have longer term health consequences;

- g. advising on health risks relating to air quality in conjunction with DECC;
- h. advising on the potential health risks of radiation incidents in close collaboration with the Radiation Branch of the DECC;
- i. advising and monitoring for safe water quality including drinking water and recreational water in collaboration with the various water regulators;
- j. advising on the control of human disease vectors;
- k. advising on the safe disposal of human waste and the need to establish emergency toilets and showers when required;
- l. advising on the collection, transport and disposal of refuse and clinical and hazardous wastes;
- m. advising on the handling of the deceased including body storage and temporary mortuary facilities in close consultation with the NSW Police Force and the NSW Coroner;
- n. advising on the public health and amenity aspects of emergency shelter accommodation and communal facilities in consultation with Welfare Services Functional Area Coordinator;
- o. advising on the public health aspects of damaged dwellings and other buildings prior to reoccupation;
- p. advising on community hygiene requirements as may be dictated by the emergency;
- q. liaising with local government authorities, as appropriate, in response to public health emergencies; and,
- r. co-ordinating services from the NSW Health Departments of Forensic Medicine.

5) Health Communications

224 Health Communications are responsible for:

- a. co-ordinating the communications response for prevention, preparation, emergency response and subsequent recovery from the impacts of an emergency under HEALTHPLAN;
- b. maintaining close links with the State HSFAC, appropriate spokespeople and the Health Service Media Liaison Officers including the facilitation of media training for nominated spokespeople;
- c. co-ordinating and controlling all health communication responses to emergencies when HEALTHPLAN is activated including ambulance, medical, mental health and public health services; and
- d. formalising arrangements with participating and supporting organisations;

NSW Health (Health Administration Corporation)

225 NSW Health is responsible for:

- a. The provision of support, resources and training of personnel to perform their duties under HEALTHPLAN; and
- b. Maintaining core NSW Health services throughout the State during an emergency.

NSW Health Related Services

NSW Health Pharmaceutical Branch

- 226 Pharmaceutical Services has the responsibility to arrange for the supply and redistribution of medicines within the public hospital system and the wider community for use in emergencies as requested by the State Medical Controller.
- 227 Chief Pharmacist & Director of the Pharmaceutical Branch will provide liaison to the State Medical Controller as requested during the activation of HEALTHPLAN.

NETS (NSW Neonatal and Paediatric Emergency Transport Service)

- 228 NETS is a state-wide service of NSW Health providing an emergency service for critically ill and injured babies and children who need intensive care, offering clinical advice, co-ordination and retrieval.
- 229 The Medical Director of NETS will provide liaison to the Director MRU and State Medical Controller during the activation of HEALTHPLAN.
- 230 NETS are activated through the Ambulance Service Medical Retrieval Unit.

Pathology and Environmental Laboratories within NSW Health

- 231 Area Health Services include clinical and public health pathology laboratories, which may be required to support public health surveillance or investigations associated with an emergency.
- 232 The Division of Analytical Laboratories provides services for testing of environmental samples; these services may be required to support environmental health surveys or investigations associated with an emergency.
- 233 Pathology and Environmental Laboratories within NSW Health liaise with the State Public Health Controller during the activation of HEALTHPLAN.

NSW Health Departments of Forensic Medicine

- 234 NSW Health Departments of Forensic Medicine provide a service to the State Coroner for Disaster Victim Identification (DVI) and death investigation within NSW.
- 235 The services of the NSW Health Departments of Forensic Medicine may also be required on a national basis at the request of the relevant State Coroner.
- 236 When requested by the Australian Federal government, the NSW Health Departments of Forensic Medicine will provide assistance as part of an international DVI response.
- 237 The General Manager, Department of Forensic Medicine, Glebe will be the central co-ordination point for activation of the medical forensic services by the Public Health Controller.
- 238 Health issues to be reported through and co-ordinated by the Public Health Controller during the activation of HEALTHPLAN.

PARTICIPATING AND SUPPORTING ORGANISATIONS

Australian Red Cross Blood Service

- 239 Mobilisation of the Red Cross Blood Service is through the State Medical Controller.
- 240 The resources of the Australian Red Cross Blood Service will be co-ordinated centrally by the service:
- a. early notification to the service forms part of HEALTHPLAN;
 - b. Australian Red Cross Blood Service will provide blood products to locations designated by the State Medical Controller; and
 - c. Australian Red Cross Blood Service when appropriate, requests for donors to attend nominated collection points in order to replenish stocks.

Royal Flying Doctor Service

- 241 The Royal Flying Doctor Service of Australia has the capacity to provide a medical team for deployment to a site outside the normal area of operation.
- 242 The Royal Flying Doctor Service of Australia (NSW Section) is the usual aero-medical responder to emergencies within the Broken Hill area.
- 243 The co-ordination of these resources is through the Chief Medical Officer Royal Flying Doctors Service of Australia (Broken Hill) in conjunction with the Director AMRU and the State Medical Controller.

St John Ambulance Australia (NSW Division)

- 244 St John Ambulance (NSW) is a participating organisation under HEALTHPLAN and maintains a formal resource commitment agreement with NSW Health.
- 245 St John Ambulance has a large contingent of volunteers trained in first aid. It also has specialist teams trained in advanced casualty management. These personnel are available to respond to an emergency.
- 246 Requests to mobilise this service are made by the State HSFAC to the State Commissioner of St John Ambulance Australia, and following that request, the method of activation of the service is the responsibility of the St John organisation.
- 247 The St John Ambulance on-site role is co-ordinated by the Ambulance Commander.

Other Organisations

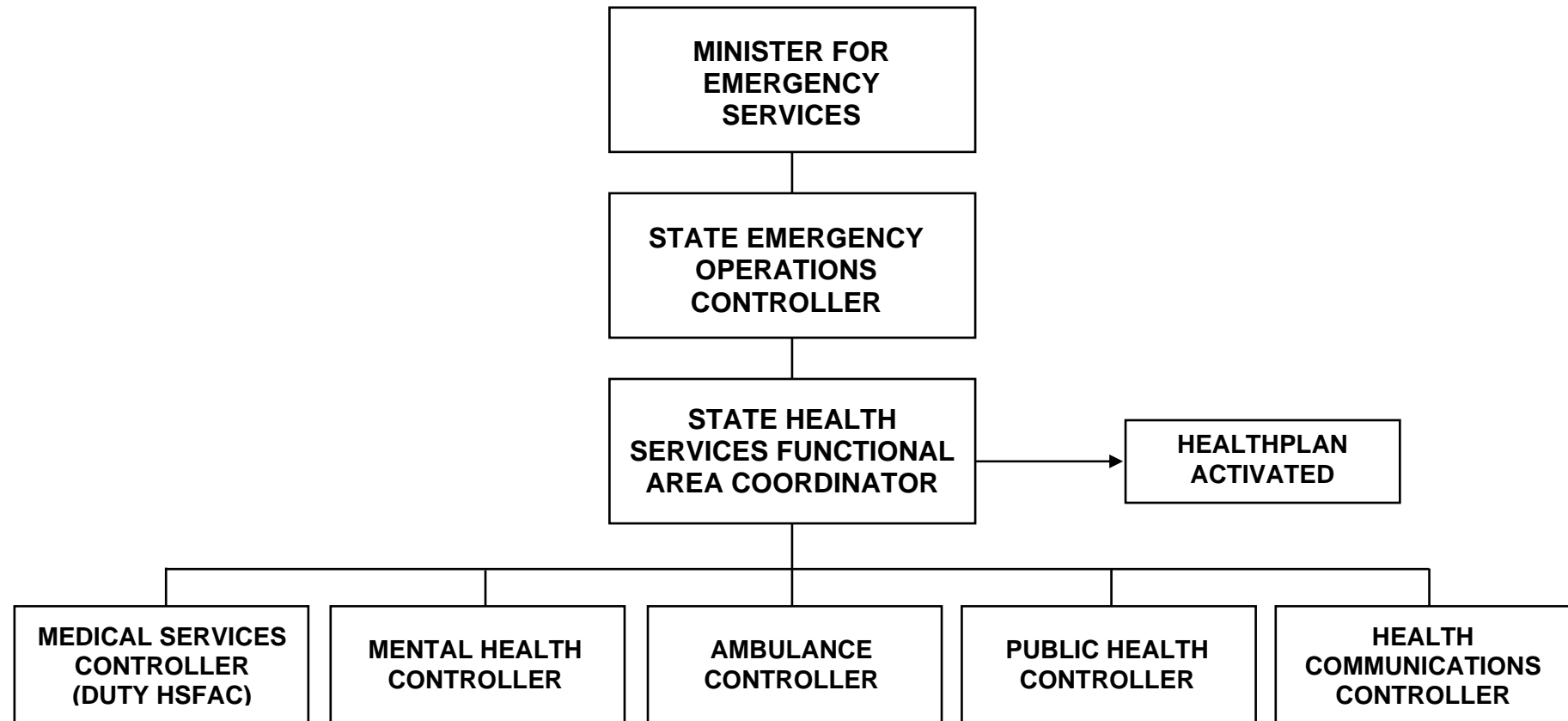
- 248 The following organisations have indicated their willingness to participate and provide specialist resources to an emergency and requests for assistance would be activated by the State Medical Controller in consultation with the Area HSFAC's:
- a. private Hospitals (including private psychiatric facilities);

- b. nursing Homes;
- c. general Practitioners; and
- d. Local Government agencies.

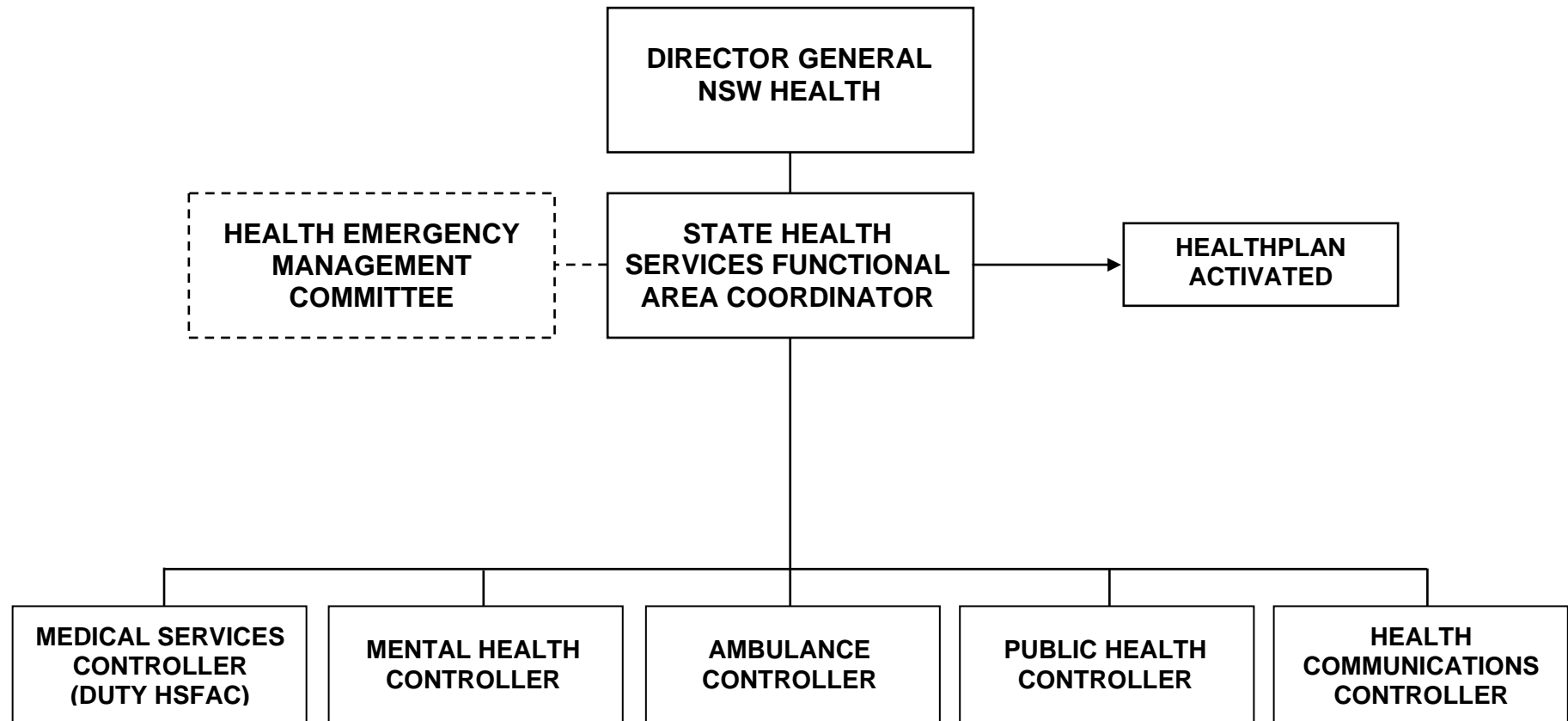
Emergency Services and Functional Areas

249 During a health emergency, the Emergency Service organisations and Functional Areas will be required to provide support to NSW Health in accordance with Displan and their own Supporting Plans.

FIGURE 1: GOVERNANCE ARRANGEMENTS WHERE HEALTHPLAN IS ACTIVATED UNDER DISPLAN



**FIGURE 2: GOVERNANCE ARRANGEMENTS WHERE HEALTHPLAN IS ACTIVATED BY THE STATE
HSFAC NOT UNDER DISPLAN**



PART THREE: CONTROL and COORDINATION

CONTROL STRUCTURE

- 301 The control and coordination for emergencies provides the most effective mechanism which is generally applicable to all situations. The control for the health response to emergencies in NSW is achieved through key appointments and the establishment of a number of command structures.
- 302 The key HEALTHPLAN appointments at a state level are described in Part Two - key state appointments.
- 303 In addition to the State and deputy State HSFAC; and five state Controllers; there are Area HSFACs and Area Health Service Controllers.

Area HSFAC

- 304 Each Area Health Service appoints an Area HSFAC to control health operations in an emergency within their boundaries, and to coordinate support from within their Area Health Service. The Area HSFAC controls all area health emergency operations.

Area Health Service Controllers

- 305 State Controllers from the above five health functions will appoint Area Health Service controllers to provide support for their respective area to the Area HSFAC.

KEY LOCAL LEVEL APPOINTMENTS

- 306 The NSW Health control structure at an emergency site may include the following appointments:
- a. Health Commander;
 - b. Ambulance Commander;
 - c. Medical Commander; and
 - d. Any other additional commanders that may be required to control various aspects of the health response.

Health Commander

- 307 The State HSFAC will appoint the Health Commander to coordinate all health operations at the emergency site. The Health Commander is usually also the Ambulance Service Commander. Depending upon the emergency, the State HSFAC may appoint the Health Commander from Medical Services, Mental Health or Public Health.
- 308 When a Site Control is established, the Health Commander will report directly to the Site Controller. The Health Commander will also receive reports from the other health-related Commanders at the site and report to the State HSFAC through the HSDCC.

Ambulance Commander

- 309 The State Ambulance Controller will appoint an Ambulance Commander who

commands all Ambulance Service of NSW operations at the emergency site. The Ambulance Commander will usually also be appointed as the Health Commander.

- 310 Where a separate Health Commander is appointed by the State HSFAC, the Ambulance Commander will report to the Health Commander for co-ordination of site activities. The State Ambulance Controller will retain command of ambulance operational matters.

Medical Commander

- 311 The State Medical Controller may appoint a Medical Commander to command medical operations at the emergency site, including public health issues. The Medical Commander reports directly to the Health Commander for co-ordination of site activities. The State Medical Controller will retain control of medical operational matters.

Additional Commanders

- 312 Additional commanders may be deployed to control various aspects of the health response.

KEY OPERATION CENTRES

- 313 Key state and local appointments will be based in a number of operation centres that will be established during an emergency. These operation centres include:
- a. Health Services Disaster Control Centre;
 - b. Area Health Services Disaster Control Centre;
 - c. Health Command Post;
 - d. Medical Forward Command Post;
 - e. Ambulance Forward Command Post;
 - f. Site Control; and
 - g. Emergency Operations Centre.

Figure 3 illustrates the control structure for these key operations centres.

Health Services Disaster Control Centre (HSDCC)

- 314 When HEALTHPLAN is activated, the HSDCC will be manned by the State HSFAC and support staff from the Ambulance Service and Area Health Services (where necessary). The State Controllers and their support staff will deploy to the HSDCC as required.

Area Health Services Disaster Control Centre (Area HSDCC)

- 315 An Area HSDCC may be established within the respective Area Health Service to support the Controller conduct the emergency health operations within and from the area. The Area HSDCC will liaise with the respective Emergency Operations Centre and, where HEALTHPLAN is activated, to the HSDCC.

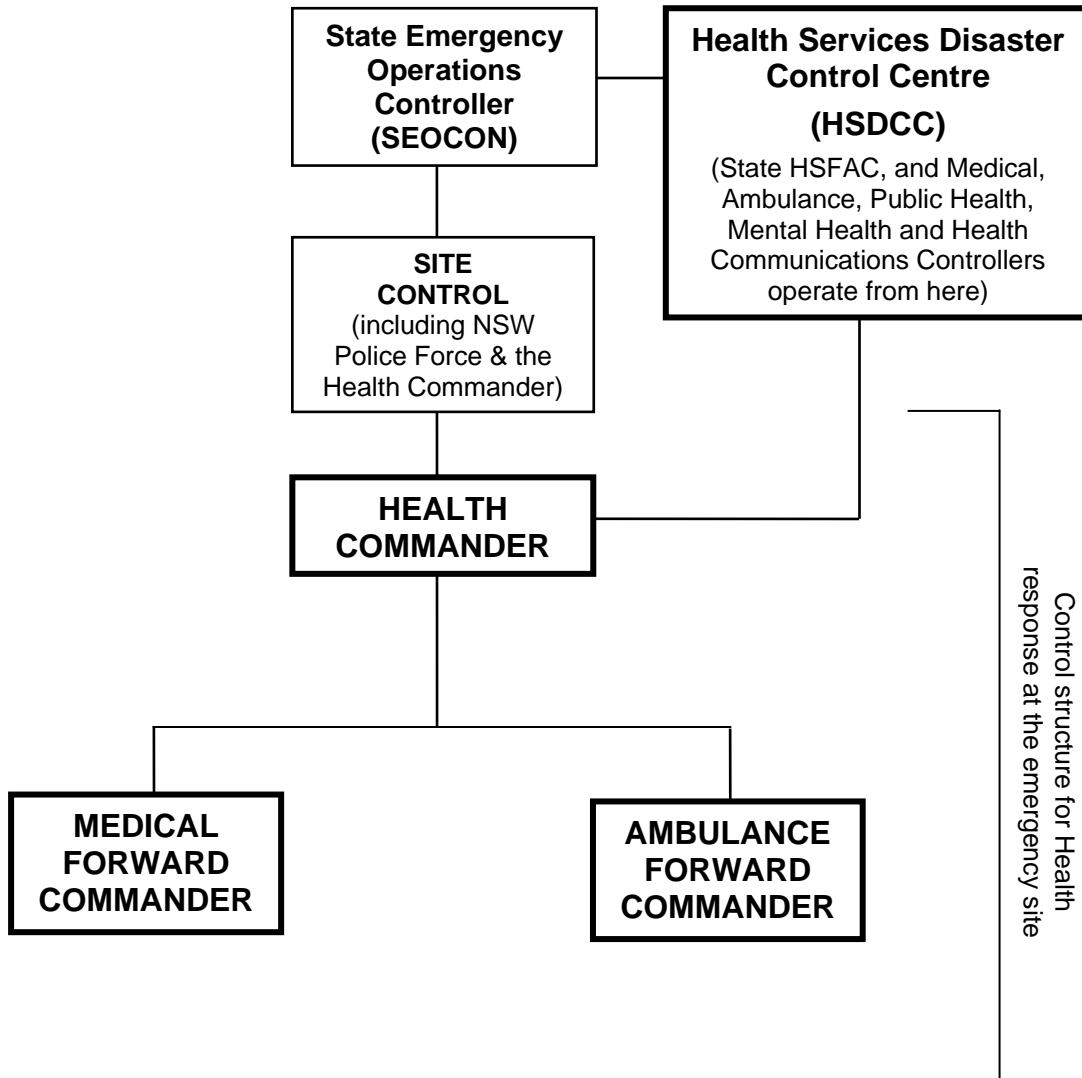
Site Control

316 The NSW Police Force will establish a Site Control at an emergency site and will accommodate all required emergency service and functional area command posts. The Health Commander will be located in site control.

Emergency Operations Centre (EOC)

317 An EOC Centre will be established at the Local, District or State level as required by the combat agency for the emergency. For example the rural fire service is the combat agency in the case of a bush fire. Where no combat agency is identified, Police will establish the EOC.

Figure 3: Emergency Site



COORDINATION

Authority

318 The State HSFAC and Area HSFACs have the authority to commit State or Area Health Service assets respectively when NSW and/or Area HEALTHPLANS are activated.

Boundaries

319 The key boundaries relating to this Plan are:

- a. Area Health Services;
- b. Ambulance Service Divisions; and
- c. Emergency Management Districts

It may be necessary for Area Health Services to have cross AHS arrangements in place and these must be formalised in the relevant AREA HEALTHPLANS.

Liaison

320 Liaison and cooperation between emergency service organisations and NSW Health function is essential. This is achieved through:

- a. Involvement in the relevant State/District Emergency Management Committees;
- b. Liaison with other States and Territories via the Australian Health Protection Committee (AHPC) and the federal Department of Health and Ageing; and
- c. Appointment of liaison officers to the emergency operation centres at the request of the Combat Agency or the EOCON.

Planning

321 The Director General through the NSW Health Counter Disaster Unit (CDU) is responsible for all aspects of planning for health responses to emergencies in NSW, including approving HEALTHPLAN, AHS HealthPlans, supporting plans, and subplans.

322 The Health Emergency Management Committee (the HEMC) provides support and advice to the Director General when exercising this responsibility. This role includes reviewing and endorsing plans, policies, guidelines and performance management frameworks for counter disaster preparedness, and endorsing influenza pandemic plans. The HEMC also monitors the development and implementation of planning at the Area Health Service level, and oversees the work of the NSW Health Counter Disaster Unit (CDU).

323 The CDU performs planning, policy and education functions to build the capacity of NSW Health to respond effectively to emergencies and major incidents. These functions include developing and implementing:

- a strategic planning process for counter disaster preparedness across NSW Health;

- plans, policies and procedural guidelines for the conduct of counter disaster response across NSW Health;
 - a performance management process for the assessment and enhancement of counter disaster preparedness of Area Health Services and other functional units with responsibilities under HEALTHPLAN (including testing of response preparedness through exercises and simulation); and
 - an education and training strategy for counter disaster preparedness in NSW Health.
- 324 The CDU is also responsible for regularly reviewing plans, policies and practice having regard to developments in State and National disaster management policy, developments in disaster medicine and assessed counter disaster preparedness in NSW Health. This role includes ensuring that there is consistency of approach and appropriate cross-referencing.
- 325 The Population Health Division of NSW Health is responsible for planning for large scale infectious disease emergencies in consultation with the CDU, Area Health Services and other Divisions of the Department of Health. It is responsible for development of the NSW Health Influenza Pandemic Action Plan.
- 326 HEALTHPLAN is the overarching plan for all health responses to emergencies in NSW. Supporting plans and Area HealthPlans are made under NSW HEALTHPLAN.
- 327 Meeting these responsibilities contributes to achieving the strategies in the State Health Plan to 2010 – including Strategic Direction 7: Be ready for new risks and opportunities; and the NSW State Plan – Delivering Better Services: key services to the whole population including health, education and transport.
- 328 Area Health Services are responsible for developing Area Health Service HealthPlans to guide emergency management prevention, preparation, response and recovery within their relevant boundaries. AHS HealthPlans must be consistent with HEALTHPLAN and Displan, endorsed by the relevant Chief Executive and approved by the Director General.
- 329 Supporting plans are developed at State and Area Health Service level incorporating each of the five major contributing health service components, which outlines their agreed roles and functions. They should state how they interact with Displan, HEALTHPLAN and related supporting and subplans, and detail specific activities and tasks for:
- a. Medical Services;
 - b. Ambulance Services;
 - c. Mental Health Services;
 - d. Public Health Services; and
 - e. Health Communications.
- The CDU will provide coordination and expert advice in counter disaster

planning to Area Health Services.

ACTIVATION

- 330 HEALTHPLAN can only be activated by the State Health Services Functional Area Coordinator (State HSFAC) or delegate.
- 331 Activation may be as a result of:
- a. a request from the State Emergency Operations Controller for health support;
 - b. a request from the Health Emergency Management Committee; or
 - c. a health emergency.

STAGES OF ACTIVATION

- 332 There are four recognised stages of activation for HEALTHPLAN:
- a. **ALERT.** On receipt of notification of a situation, which could escalate, or which may require the co-ordination of resources and support;
 - b. **STANDBY.** On receipt of information that a major incident/disaster is imminent and may require deployment of personnel and resources;
 - c. **CALL OUT.** On receipt of information that a major incident/disaster has occurred and there is a requirement for deployment of personnel and resources;
 - d. **STAND DOWN.** State level operations are no longer required.

COMMUNICATION

- 333 The State HSFAC is contactable 24 hours a day via the Ambulance Service.

COMMITTEES

THE HEALTH EMERGENCY MANAGEMENT COMMITTEE (HEMC)

- 334 The HEMC is the principal committee that provides advice to the Director General in exercising his or her functions and responsibilities in relation to emergency planning and response. In particular, HEMC is responsible for monitoring emergency planning across NSW Health.
- 335 The CDU provides administrative support to the HEMC. The CDU reports to HEMC through the Chief Executive, Ambulance Service of NSW.
- 336 The terms of reference for the HEMC include:
- a. assist the Director General in the preparation and review of all State health emergency planning documents, including HEALTHPLAN and its Supporting Plans and Sub Plans;
 - b. advise the Director General on governance arrangements for health emergency planning and response;
 - c. ensure the necessary emergency management plans and appropriate business continuity plans are in place across NSW Health;
 - d. ensure the structure for emergency management planning across NSW Health is regularly reviewed and updated;

- e. ensure health entities identify, evaluate and monitor threats and hazards to the health and community of NSW;
 - f. review systems for use in the control and co-ordination of health emergency operations;
 - g. ensure that appropriate communication networks are established within and between Area Health Services and NSW Health;
 - h. ensure specific hazard management guidelines are in place as required;
 - i. ensure suitable emergency management training programmes are in place across NSW Health; and
 - j. monitor the conduct of training exercises to periodically test emergency management plans.
- 337 The HEMC comprises the Director General, State HSFAC, Chief Executive, Ambulance Service, Chief Health Officer, the Deputy Director General, Health System Support, the Deputy-Director General, Strategic Development, the Director, CDU and two Area Chief Executives.
- 338 The HEMC may seek assistance from Area HSFACS and other experts from time to time.

NSW HEALTH MENTAL HEALTH DISASTER ADVISORY GROUP

- 339 The NSW Health Mental Health Disaster Advisory Committee is an advisory body to HEMC and is chaired by the State Mental Health Controller. The terms of reference include:
- a. Operations and Policy:
 - o Advise Areas on credentialing of Area Mental Health Controllers
 - o Establish core OH&S requirements for all responding Mental Health Clinicians
 - b. Policy:
 - o Provide advice on the Mental Health Response as outlined in Health Plan
 - o Provide advice on Standard Operating Procedures for response at Area and State Levels
 - c. Training/Research and Development:
 - o Frameworks for systematic monitoring and evaluation of mental health response
 - o Pursue evidence based training initiatives
 - d. Strategic Planning:
 - o Short to Medium Term

NSW HEALTH PUBLIC HEALTH EMERGENCY MANAGEMENT GROUP

- 340 The NSW Health Public Health Emergency Management Group is an advisory body to HEMC and is chaired by the State Public Health Controller. The terms of reference for the PHEMC include to:
- a. assist the Public Health Controller in the preparation and review of all State public health emergency planning documents;
 - b. review systems for use in the control and co-ordination of public health

- emergency operations;
- c. ensure suitable public health emergency management training programmes are in place across NSW Health; and
- d. monitor the conduct of training exercises to periodically test public health emergency management plans.

NSW HEALTH SERVICES FUNCTIONAL AREA COORDINATORS GROUP

- 341 The NSW Health Area Health Services Functional Area Coordinators Group is an advisory body to the HEMC and is chaired by the State Health Services Functional Area Coordinator. The terms of reference include:
- a. to form a network to support the Area Health Services Functional Area Coordinators;
 - b. advise HEMC on issues referred to it by the Committee; and
 - c. provide advice on the capabilities and current status of resources within the Area Health Service boundaries.

NSW HEALTH DISASTER HEALTH EDUCATION ADVISORY GROUP

- 342 The NSW Health Disaster Health Education Advisory Group is an advisory body to HEMC and is chaired by the Manager, Education & Staff Development, NSW Health Counter Disaster Unit. Its functions include:
- a. To provide advice to the State HSFAC on matters relating to health aspects of emergency education;
 - b. To advise on the development of competency based curricular to meet training needs, and implementation;
 - c. To advise on assessment requirements and processes; and
 - d. To assist Area Health Services with the implementation of established training programmes.

OTHER COMMITTEES

- 343 NSW Health or supporting services may establish committees or advisory groups to effect cooperative arrangements for performing their allocated task.

PART FOUR: ADMINISTRATION, TRAINING & EXERCISING HEALTHPLAN

ADMINISTRATION

- 401 Area Health Services are to develop Area HEALTHPLANS and related arrangements.
- 402 Responsibilities for the administration of Area HEALTHPLANS rests with the Area Chief Executives and is reflected in their performance agreement.

FINANCIAL RESPONSIBILITIES - EXPENDITURE AND RECOVERY OF FUNDS

- 403 Area Health Services are to provide adequate resources to develop effective AHS emergency, disaster/major incident plans to support responses under Functional Area Plans and HEALTHPLAN and to undertake training and exercise activities approved by the HEMC.
- 404 The cost of providing medical, public health and mental health services, following activation of this plan or an Area HealthPlan will be met from within the Area's normal budgetary allocation.
- 405 Expenditure of funds by health services during an emergency response or initial recovery operations is to be met in the first instance by the Area Health Service from within their normal operating budgets. Should the expenditure be of such a magnitude as to prevent the Area Health Service from continuing its normal operations for the remainder of the financial year, NSW Health may consider providing supplementation.
- 406 Certain expenditures incurred during response or initial recovery operations following natural disasters or emergencies outside New South Wales may be included under Commonwealth/State funding arrangements.

LOGISTICS SUPPORT

- 407 Whenever possible, normal procedures for the acquisition of health service goods and services are to be used. Should additional assistance be required it should be requested through the relevant Functional Controller through the HSDCC.
- 408 Assistance with acquiring health service and non-health service goods and services may also be obtained through the Local or District Emergency Management Committee when these are operational under Displan.

REVIEW, TESTING AND EVALUATING

- 409 HEALTHPLAN is to be reviewed and/or updated on the following occasions:
- a. on the conclusion of an emergency in which this plan was or could have been activated;
 - b. on the introduction of any major structural, organisational or legislative changes which affect NSW Health or key stakeholders; or

c. at least every five years.

The CDU will coordinate regular reviews of supporting plans by the relevant Functional Area Coordinators. The reviews will be overseen by the HEMC.

TRAINING

- 410 Area HSFACs will ensure health service staff who are expected to perform duties in relation to an emergency have undertaken the appropriate training.
- 411 Training is essential to ensure co-ordinated planning, preparation, response and recovery in the event of plan activation, and is to be tailored for each component of the plan in accordance with the minimum competencies as defined by the CDU. These competencies include risk assessment, disaster planning and disaster exercise management.
- 412 Formal training will be initiated in each AHS to ensure adequate numbers of trained personnel.
- 413 A central register of trained personnel will be maintained by each AHS. The CDU will also hold a key position holders register.

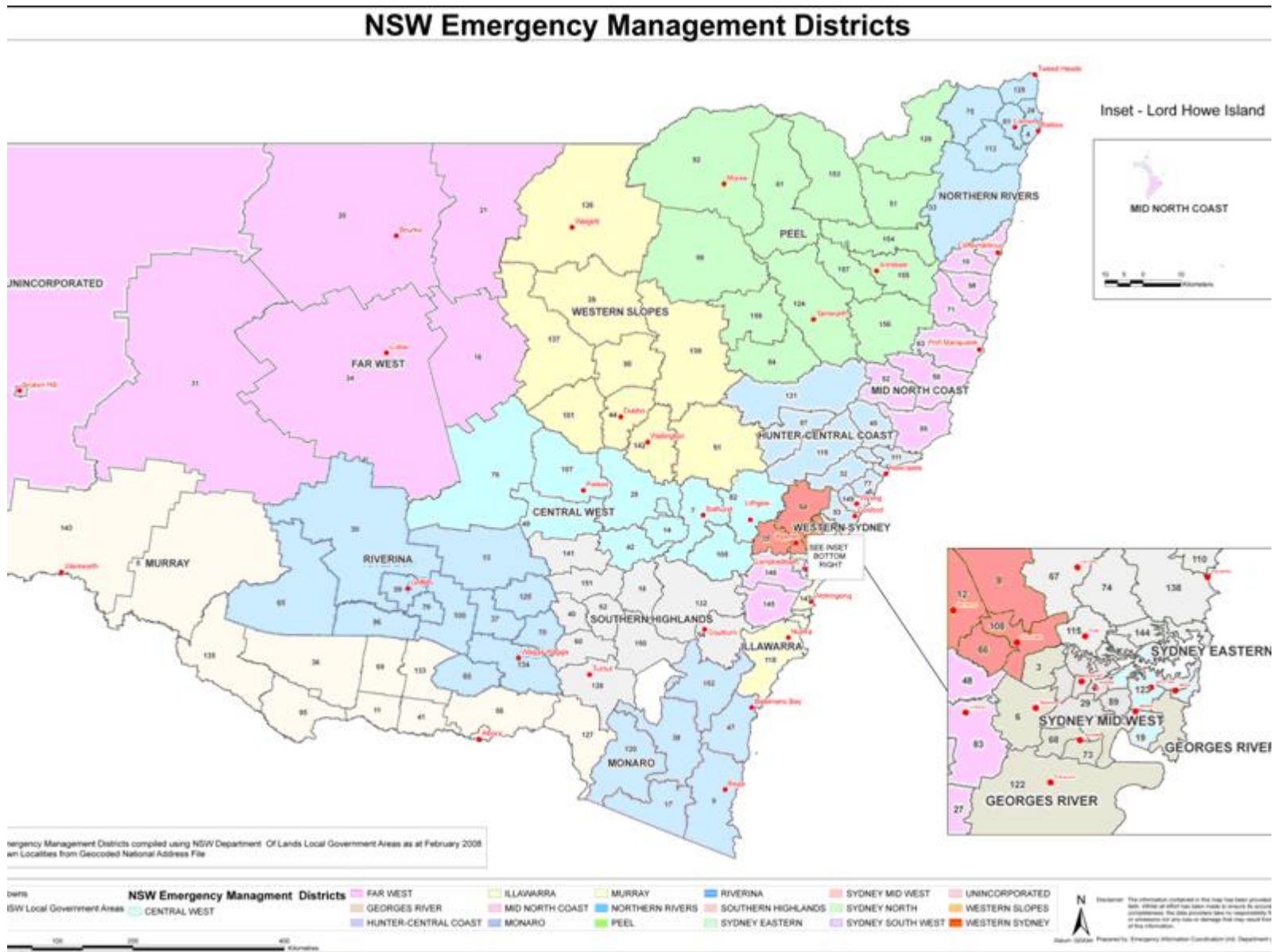
SCHEDULE 1: REGISTER OF KEY HEALTH RELATED PLANS to DISPLAN & SUPPORTING PLANS TO NSW HEALTHPLAN

FULL TITLE OF PLAN	TYPE OF PLAN	PREPARED BY	DATE APPROVED
NSW Human Influenza Pandemic Influenza Plan	Subplan of DISPLAN	NSW Pandemic Influenza Taskforce	Approved by CEOCT, 11 July 2006
State Major Incident / Disaster Plan (AMPLAN)	Supporting Plan to HEALTHPLAN	Ambulance Service of NSW	14 November 2005 by Chief Executive, Ambulance
NSW Health Interim Influenza Pandemic Action Plan	Supporting plan to HEALTHPLAN	NSW Health	11 November 2005 by Chief Health Officer

ANNEX A: AREA HEALTH SERVICES BOUNDARIES

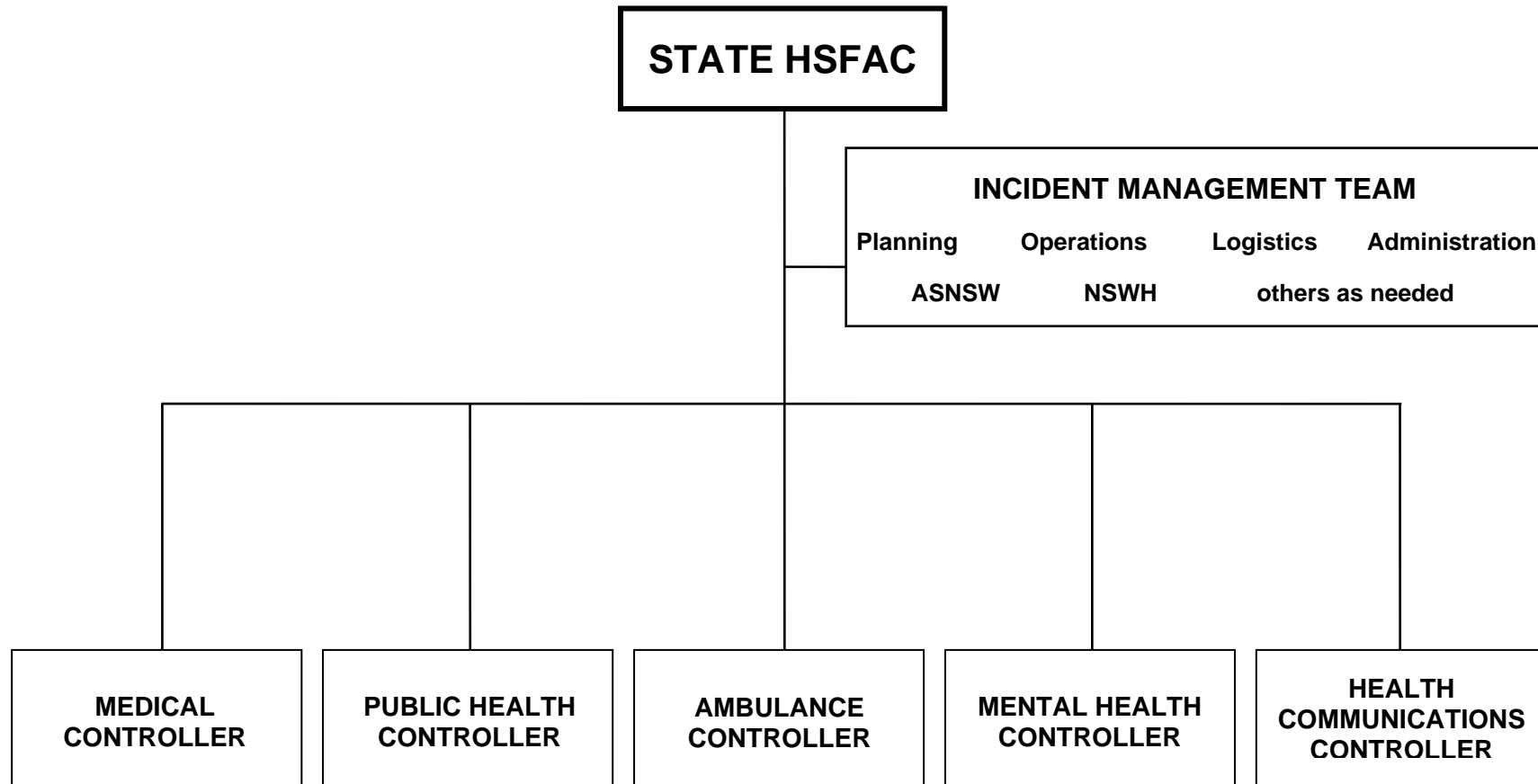


ANNEX C: NSW EMERGENCY MANAGEMENT DISTRICT BOUNDARIES

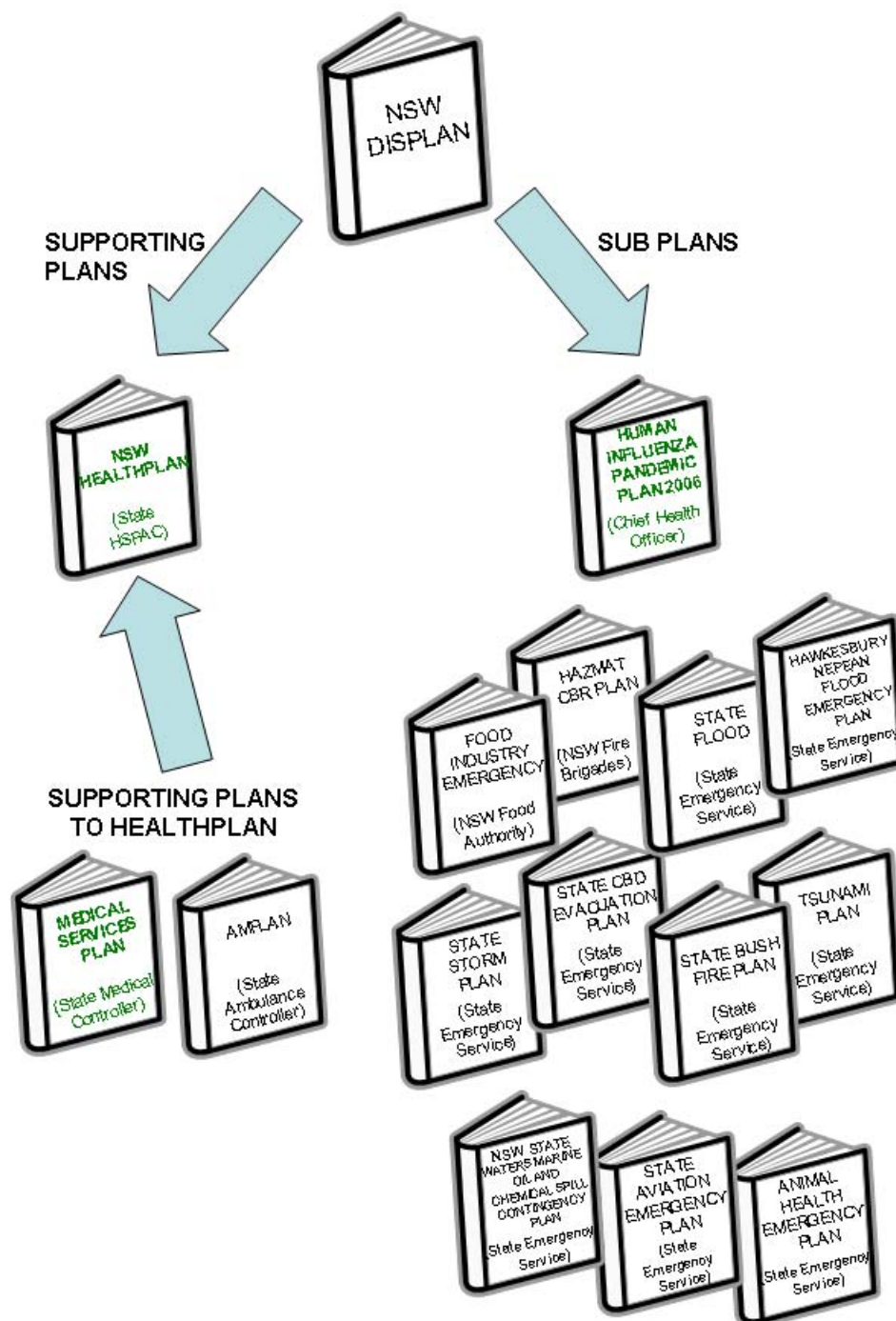


ID	Local Government Areas	Emergency Management District	ID	Local Government Areas	Emergency Management District
0	UNINCORPORATED - Lord Howe	Mid North Coast	78	LANE COVE	Sydney North
1	ALBURY	Murray	79	LEETON	Riverina
2	ASHFIELD	Sydney Mid West	80	LEICHHARDT	Sydney Mid West
3	AUBURN	Western Sydney	81	LISMORE	Northern Rivers
4	BALLINA	Northern Rivers	82	LITHGOW	Central West
5	BALRANALD	Murray	83	LIVERPOOL	Sydney South West
6	BANKSTOWN	Sydney South West	84	LIVERPOOL PLAINS	Peel
7	BATHURST REGIONAL	Central West	85	LOCKHART	Riverina
8	BAULKHAM HILLS	Western Sydney	87	MAITLAND	Hunter - Central Coast
9	BEGA VALLEY	Monaro	88	MANLY	Sydney North
10	BELLINGEN	Mid North Coast	89	MARRICKVILLE	Sydney Mid West
11	BERRIGAN	Murray	91	MID-WESTERN REGIONAL	Western Slopes
12	BLACKTOWN	Western Sydney	92	MOREE PLAINS	Peel
13	BLAND	Riverina	93	MOSMAN	Sydney North
14	BLAYNEY	Central West	94	HUNTERS HILL	Sydney North
15	BLUE MOUNTAINS	Western Sydney	95	MURRAY	Murray
16	BOGAN	Far West	96	MURRUMBIDGEE	Riverina
17	BOMBALA	Monaro	97	MUSWELLBROOK	Hunter - Central Coast
18	BOOROWA	Southern Highlands	98	NAMBUCCA	Mid North Coast
19	BOTANY BAY	Georges River	99	NARRABRI	Peel
20	BOURKE	Far West	100	NARRANDERA	Riverina
21	BREWARRINA	Far West	101	NARROMINE	Western Slopes
22	BROKEN HILL	Far West	103	NEWCASTLE	Hunter - Central Coast
23	BURWOOD	Sydney Mid West	104	NORTH SYDNEY	Sydney North
24	BYRON	Northern Rivers	105	OBERON	Central West
25	CABONNE	Central West	106	ORANGE	Central West
26	CAMDEN	Sydney South West	107	PARKES	Central West
27	CAMPBELLTOWN	Sydney South West	108	PARRAMATTA	Western Sydney
28	CANADA BAY	Sydney Mid West	109	PENRITH	Western Sydney
29	CANTERBURY	Sydney Mid West	110	PITTWATER	Sydney North
30	CARRATHOOL	Riverina	111	PORT STEPHENS	Hunter - Central Coast
31	CENTRAL DARLING	Far West	112	RANDWICK	Georges River
32	CESSNOCK	Hunter - Central Coast	113	RICHMOND VALLEY	Northern Rivers
33	CLARENCE VALLEY	Northern Rivers	114	ROCKDALE	Georges River
34	COBAR	Far West	115	RYDE	Sydney North
35	COFFS HARBOUR	Mid North Coast	117	SHELLHARBOUR	Illawarra
36	CONARGO	Murray	118	SHOALHAVEN	Illawarra
37	COOLAMON	Riverina	119	SINGLETON	Hunter - Central Coast
38	COOMA-MONARO	Monaro	120	SNOWY RIVER	Monaro
39	COONAMBLE	Western Slopes	121	STRATHFIELD	Sydney Mid West
40	COOTAMUNDRA	Southern Highlands	122	SUTHERLAND	Georges River
41	COROWA	Murray	123	SYDNEY	Sydney East
42	COWRA	Central West	124	TAMWORTH REGIONAL	Peel
43	DENILIKUIN	Murray	125	TEMORA	Riverina
44	DUBBO	Western Slopes	126	TENTERFIELD	Peel
45	DUNOG	Hunter - Central Coast	127	TUMBARUMBA	Murray
47	EUROBODALLA	Monaro	128	TUMUT	Southern Highlands
48	FAIRFIELD	Sydney South West	129	TWEED	Northern Rivers
49	FORBES	Central West	130	UNINCORPORATED - Western NSW	Far West
50	GILGANDRA	Western Slopes	131	UPPER HUNTER	Hunter - Central Coast
51	GLEN INNES SEVERN	Peel	132	UPPER LACHLAN	Southern Highlands
52	GLOUCESTER	Mid North Coast	133	URANA	Murray
53	GOSFORD	Hunter - Central Coast	134	WAGGA WAGGA	Riverina
54	GOULBURN MULWAREE	Southern Highlands	135	WAKOOL	Murray
55	GREAT LAKES	Mid North Coast	136	WALGETT	Western Slopes
56	GREATER HUME	Murray	137	WARREN	Western Slopes
57	QUEANBEYAN	Monaro	138	WARRINGAH	Sydney North
58	GREATER TAREE	Mid North Coast	139	WARRUMBUNGLE	Western Slopes
59	GRIFFITH	Riverina	140	WAVERLEY	Sydney East
60	GUNDAGAI	Southern Highlands	141	WEDDIN	Southern Highlands
61	GWYDIR	Peel	142	WELLINGTON	Western Slopes
62	HARDEN	Southern Highlands	143	WENTWORTH	Murray
63	HASTINGS	Mid North Coast	144	WILLOUGHBY	Sydney North
64	HAWKESBURY	Western Sydney	145	WINGECARRIBEE	Sydney South West
65	HAY	Riverina	146	WOLLONDILLY	Sydney South West
66	HOLROYD	Western Sydney	147	WOLLONGONG	Illawarra
67	HORNSBY	Sydney North	148	WOOLLAHRA	Sydney East
68	HURSTVILLE	Georges River	149	WYONG	Hunter - Central Coast
69	JERILDERIE	Murray	150	YASS VALLEY	Southern Highlands
70	JUNEE	Riverina	151	YOUNG	Southern Highlands
71	KEMPSEY	Mid North Coast	152	PALERANG	Monaro
72	KIAMA	Illawarra	153	INVERELL	Peel
73	KOGARAH	Georges River	154	GUYRA	Peel
74	KU-RING-GAI	Sydney North	155	ARMIDALE DUMARESQ	Peel
75	KYOGLA	Northern Rivers	156	WALCHA	Peel
76	LACHLAN	Central West	157	URALLA	Peel
77	LAKE MACQUARIE	Hunter - Central Coast	158	GUNNEDAH	Peel

ANNEX D: STRUCTURE OF THE HSDCC



ANNEX E: RELATIONSHIP OF DISPLAN & STATE FUNCTIONAL AREA PLANS



State Functional Area Coordinators are responsible for the production and maintenance of plans as agreed by the State Emergency Management Committee (SEMC). The State Health Services Functional Area Coordinator (State HSFAC) manages HEALTHPLAN and any supporting plans. The Chief Health Officer is responsible for the State Human Influenza Pandemic Plan and its supporting plans.