

Health Liaison Officer

Summary The purpose of this Information Bulletin is to advise the HSFACs/Controllers and other key personnel in health emergency management of the administrative and training requirements (internal and external courses) and actions for Health Liaison Officers who may be deployed to an Emergency Operations Centre during an incident/emergency necessitating a coordinated health response and recovery.

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Distributed to Ministry of Health, Public Health System, NSW Ambulance Service

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HEALTH LIAISON OFFICER

PURPOSE

The purpose of this Information Bulletin is to advise the Health Service Functional Area Coordinators (HSFACs) and other key personnel in health emergency management of the administrative and training requirements (internal and external courses) and actions for health liaison officers who may be deployed to an emergency operations centre during an incident/emergency necessitating a coordinated health response and recovery.

KEY INFORMATION

Liaison officers are required under State Emergency Management Plan (EMPLAN)¹ and New South Wales Health Services Functional Area Supporting Plan (NSW HEALTHPLAN)², the supporting plan to EMPLAN, to be available when requested for deployment to an emergency operations centre (EOC) in the event of a planned event or during an incident/emergency necessitating a coordinated health response and recovery. Health liaison officers need to be drawn from a pool of experienced and knowledgeable personnel who can convey directions/requests and provide advice to and from HSFACs to other agencies on the status, capabilities, actions and requirements of the health service. Liaison officers also serve as a source of gathering intelligence from within their agency during emergency operations. Where appropriate health liaison officers have the authority under EMPLAN to commit health resources.

As identified in NSW HEALTHPLAN:

1. Local health district (LHD) HSFACs are responsible for:
 - determining the capability improvement required for potential health liaison officers
 - ensuring potential health liaison officers have received the relevant emergency management training requirements that are focused on capability and capacity and have participated in exercises and incident response activities.
 - On request deploying health liaison officers to the relevant agencies' EOC
2. NSW Health Emergency Management Unit (HEMU) will:
 - maintain currency of the education program for Health Liaison Officers as detailed in Information Bulletin - *Emergency Management Education Framework* (IB2018_031)
 - request, on behalf of the State HSFAC via the LHD/SN/HealthShare NSW an HLO to be deployed for an emergency or a major/planned event

¹ NSW State Emergency Management Plan (2012) (EMPLAN), pp 26-27,
<https://www.emergency.nsw.gov.au/Documents/publications/EMPLAN.pdf>

² NSW Health Services Functional Area Supporting Plan (NSW HEALTHPLAN) – PD2014_012

The deployment for an emergency may include deployment to state emergency operations centres (SEOCs), including:

- Government Coordination Centre (GCC), Sydney
- Police Operations Centre (POC), Sydney
- Rural Fire Service (RFS) Emergency Operations Centre
- State Emergency Service (SES) Emergency Operations Centre
- State Health Emergency Operations Centre (SHEOC)

OTHER INFORMATION

Health Liaison Officers

Health liaison officers (HLO) are persons selected to ensure information flows between the emergency operations centres or coordination centre at a local, district or state level, on Health agency operational capabilities and issues as they arise. For the purpose of this document, this represents requirements for LHDs, HealthShare NSW, and eHealth NSW, Mental Health, Pathology, Public Health and State Health Liaison Officers.

Health liaison officers (HLOs) are appointed by the State HSFAC, State Controllers and the LHD/specialty network (SN) HSFAC to be deployed to an emergency operations centre at state, regional and/or local levels as detailed in the reporting structure.

At the local/regional level, the HLO acts as a single point of contact for the HSFAC/Controller at the emergency operations centre. The HLO will:

- Maintain communication with the HSFAC/Controller
- Convey directions or requests to the HSFAC/Controller
- Maintain communication links with the relevant combat agency
- Provide advice on the status, capabilities, actions and requirements of the health service
- Provide information to contribute to the Health Situation Report (SITREP) and EOC as required. The frequency of the report provision will be under the direction of the Regional/Local Emergency Operations Controller (EOCON).

At the state level, the HLO will, in consultation with State HSFAC:

- Provide advice on the operational capabilities, resources and operating procedures of NSW Health
- Provide operational information and intelligence from NSW Health to the State EOCON (SEOCON) as required
- Clarify SEOCON intentions as necessary
- Convey SEOCON tasking directions and priorities to the State HSFAC for implementation

- Obtain the latest information in regard to the current operational situation and requirements
- Maintain communication links between the POC/GCC/SEOC and any other state-level EOC
- Keep POC/GCC/SEOC and any other state-level EOC staff informed on the NSW Health deployment status, resources available for tasking, support required and future intentions
- Comply with the POC/GCC/SEOC and any other state-level EOC SOPs in regard to message recording, distribution and filing
- Contribute to Health Situation Report (SITREP) and ensure copies forwarded to the POC/GCC/SEOC and any other state-level EOC as required. The frequency of the report provision will be under the direction of the SEOCON.

Provide a brief to the incoming HLO on the current operational situation, particularly any problems encountered, actions taken and any actions still outstanding.

Training Requirements

Training

As detailed in the Information Bulletin - *Emergency Management Education Framework* (IB2018_031) a number of courses are prerequisites to fulfil this role. Courses are both online and face-to-face through My Health Learning and offered as external courses by NSW Office of Emergency Management.

Health liaison officers are generally drawn from position holders who have roles in disaster management. However with prolonged disasters it is important that the pool of liaison officers is additional to the disaster management position holders. It is expected that training is completed prior to deployment.

Face-to-face training and development

Face-to-face training includes the opportunity to be mentored by an HLO attending a rostered shift for a planned event. Whilst these shifts are an important function of developing HLOs, they are not always available as it is dependent on the agency requirements/restrictions. Mentored shifts will not be available for unplanned, emergency deployments.

Other face-to-face training includes planned exercises that are multi-agency and that each LHD participates within their local/regional area. It is expected that exercises will include the standing up of the relevant EOC to enable testing of the functioning of the EOC and key communications and information sharing.

State Health Liaison Officer Training

Generally the pool of state health liaison officers are drawn from the Office of the State HSFAC personnel. However, in a protracted incident, there may be a requirement to have a larger pool to draw from.

Given that a state deployment is generally due to a major protracted incident and there is a need to centrally manage the incident in the metropolitan area at the various functional area and combat agencies' EOCs, the HLOs will be expected to attend the respective EOCs. In order to gain familiarity prior to an incident, awareness training is organised by NSW HEMU for potential State HLOs to be orientated to the EOCs. Additionally the state EOCs will organise planned exercises/training prior to a planned event.

To ensure a larger pool to draw from, LHD HSFACs will support staff attendance at the orientation/planned exercises.

Administrative and Financial Arrangements

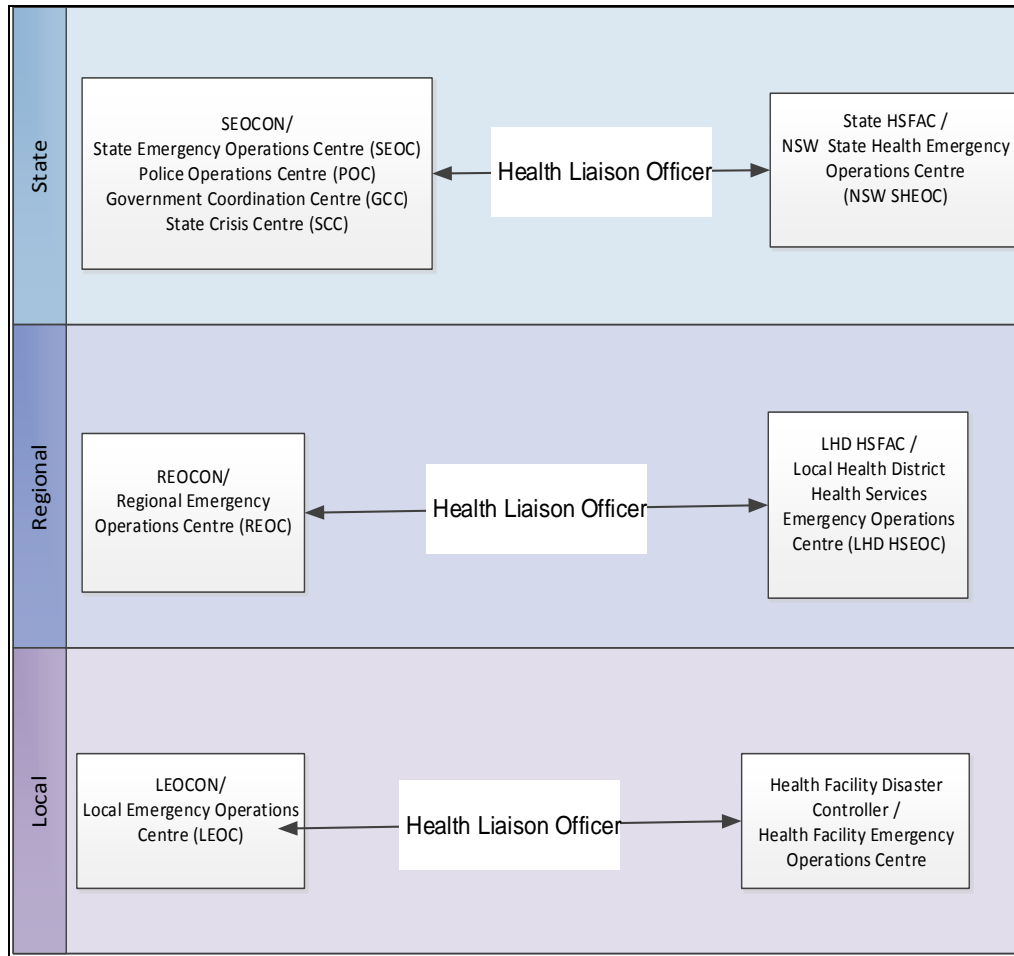
For deployment to State Emergency Operations Centres (SEOCs), NSW HEMU will provide reimbursement to the facilitating LHD/SN for the salaries of the HLO and relevant travel expenses. Travel expenses include provision of cab vouchers and reimbursement for meal expenses. Ideally an HLO will be drawn from within a 50km radius of the EOC to which they are deployed.

For regional and local EOC deployment of HLOs, the costs will be met by the hosting LHD/SN. LHD/SN HSFACs will ensure the rosters are completed to ensure payment of salaries as per relevant award provisions.

For attendance at any face-to-face classes and awareness training, the applicant is required to submit their request through the appropriate manager.

The cost of courses offered by OEM are met by OEM. Travel to and from the course is at the cost of the LHD and/or participant.

Reporting Structure



Action Card

Health Liaison Officer(s)

Health liaison officer(s), (HLO) may be deployed at the request of the State HSFAC or LHD HSFAC. HLOs are responsible when in an emergency operations centre (EOC) to the Controller/Commander/EOCON. They will act as a single point of contact for the HSFAC/Controller.

Initial deployment of HLOs to an EOC will generally be from the pool of experienced and knowledgeable Disaster Managers.

An HLO if deployed will have the necessary training detailed in Section 3 and the approval of their local HSFAC.

The HLO(s) will:

On arrival at the EOC, report to the Controller/Commander. If an EOC is not activated communicate via phone.

Receive a briefing and allocation of tasks from the Controller.
Communicate to HSFAC and provide briefing on current status.

If the HLO has been deployed to the GCC the following actions are required:

Log into SHEMS, open the relevant incident or planned event, and within its **Communications** tab, send an email to the State HSFAC notifying of the commencement of your shift.

During a planned event/incident and at activation: contact the After Hours Manager for each of the hospitals listed in the Hospital Contact List in SHEMS (*located in the **Documents** tab of the event/incident*) in order to introduce yourself as the HLO. Also inform each of them of the possibility that information may be requested of them on behalf of the State HSFAC throughout the course of the event as well as the possibility of de-identified patient information requests by NSW Police.

Thereafter, contact either the hospitals or the LHD/SN HSFACs on the HSFAC Roster (*also in SHEMS within the main **Home** tab*) at any time requested by the State HSFAC to enquire about hospital activity levels including their capacity to manage workload.

Enter activities into the Indigo System (NSW Police data system) as per the GCC manual (consider privacy issues before entering any personal details into the computer – general details only).

Upon completion of each scheduled briefing within the GCC (and at any other time important information is shared), send an email within SHEMS to the State HSFAC notifying of any updates or issues. If information needs to be recorded but not necessarily communicated to the State HSFAC, a log entry should be completed within SHEMS.

At the end of your shift send an email from SHEMS to the State HSFAC advising of your stand down and report any issues during your shift to the NSW Health Emergency Management Unit via email: AMBULANCE-HEMU@health.nsw.gov.au.

Share information

Sharing information between responsible agencies and NSW Health services leads to better decision making for all those directly involved and those supporting the incident.

Prior to sharing information it is necessary to decide on accuracy, relevance and urgency of information:

- Interpret to determine reliability (source and if source has processed and evaluated the information)
- Determine accuracy by checking if it supports or conflicts with other information
- Ensure accountability and authority of the provider of the information
- Consider that the information may be used in investigations (coronial).

Contribute to or compile Health Situation Report (SITREP) and ensure copies forwarded to relevant parties

Maintain up-to-date documentation and log:

- Key operational activity
- Medical/health incidents
- Increase or decrease of services
- Staff, shift changes
- General status reports (*hourly summary of activities*)
- Record status of event.

Documentation is be kept in the following formats:

- Log sheets
- Messaging sheets
- Maps/charts
- Email templates.

Provide appropriate handover to relieving HLO at the end of the shift. Handover should include:

- debriefing outgoing personnel
- briefing incoming personnel
- distribution of necessary documents, supplies and equipment
- the provisions of any necessary crew welfare services and equipment maintenance and resupply
- the physical replacement of resources at any or all levels of the structure

On stand down of incident/event:

- Attend hot debrief
- Send email advising of your stand down and report any issues:

- If a state incident, from SHEMS to the State HSFAC
- If a local or regional incident email to LHD HSFAC