

## Emergency Management Arrangements for NSW Health

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

**Summary** This Policy provides the details of changes to the Health Emergency Management Arrangements under the Local Health District Organisational Structure. The policy informs changes to the health emergency management governance arrangement, emergency operational framework, emergency management education and training, roles and requirements of key emergency management positions at State and Local Health District levels.

**Author Branch** Ambulance Service

**Branch contact** Rosemary Hegner 8396 5014

**Applies to** Local Health Districts, Board Governed Statutory Health Corporations, Chief Executive Governed Statutory Health Corporations, Specialty Network Governed Statutory Health Corporations, Affiliated Health Organisations, Public Health System Support Division, Community Health Centres, Government Medical Officers, NSW Ambulance Service, Ministry of Health, Public Health Units, Public Hospitals

**Audience** Administration, Emergency Departments and all staff involved in Health Emergency Management

**Distributed to** Public Health System, Government Medical Officers, NSW Ambulance Service, Ministry of Health

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**Policy Manual** Not applicable

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### Director-General

This Policy Directive may be varied, withdrawn or replaced at any time.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.

## EMERGENCY MANAGEMENT ARRANGEMENTS FOR NSW HEALTH

### PURPOSE

This policy addresses the necessary changes to health emergency management arrangements under the Local Health District and Network organisational structures.

The policy informs changes relating to:

- The new health emergency management arrangements
- Governance arrangements for emergency management
- The role of the State Health Services Functional Area Coordinator (State HSFAC)
- The role of the NSW Health Emergency Management Unit (HEMU), Office of the State HSFAC (previously NSW Health Counter Disaster Unit)
- The operational framework in emergencies
- Local Health District and Network emergency management requirements
- The role of Local Health District Health Services Functional Area and Network Coordinators
- The role of Local Health District/Network Disaster Managers
- Emergency management education and training

### MANDATORY REQUIREMENTS

- The Local Health District (LHD) Chief Executive must appoint a LHD HSFAC and two Deputy HSFACs. The LHD HSFAC should be a Tier 2 or 3 Officer whose substantive appointment and attributes provide the capacity to fulfil the roles and responsibilities of the position.
- LHD must have a Disaster Manager and identify suitably qualified personnel to provide relief capacity for the LHD Disaster Manager and appropriate surge capacity at times of emergency response.
- LHDs must have their HEALTHPLAN recommended by their HSFAC and endorsed by their Chief Executive prior to approval by the State HSFAC.
- LHDs should develop and document plans that interface with neighbouring or associated LHDs/Networks and the Ambulance Service for the amalgamation of resources, establishing incident management teams and staffing for LHD Health Services Emergency Operations Centres (HSEOCs).
- LHDs/Networks must undertake risk assessments and develop surge, response, business continuity and recovery plans utilising LHD/Network resources to manage predictable events such as bush fires, storms, floods and facility evacuations within LHD/Network boundaries.
- LHDs must establish a LHD HSEOC for use during major incidents/events.
- LHDs/Networks must identify and train a pool of suitable staff to fulfil the role of liaison officer at Emergency Operations Centres.
- The HEMU must develop a health emergency management training curriculum to ensure that education is consistent across the LHDs/Networks and aligned to State and Commonwealth plans and priorities.

- LHDs/Networks should work with each other and HEMU to develop areas of training and exercise specialisation and to develop, in consultation with the HEMU, training and exercise schedules to meet their needs.
- In consultation with the HEMU, LHDs/Networks should cooperate in order to deliver education and exercise programs across LHDs/Networks.
- The LHD HSFAC should provide a quarterly report to their HSFAC committee and their Chief Executive outlining emergency management activities regarding prevention, preparation, response and recovery.
- LHD HSFACs should consult to ensure consistent Health representation and attendance at District Emergency Management Committees noting that Emergency Management Districts may cover multiple LHDs.
- LHDs must liaise directly with Ambulance Service of NSW counterparts within their geographic area.

## IMPLEMENTATION

### Roles and Responsibilities

#### Local Health Districts, Health Support Services, Network-Governed Health Corporations and the St Vincent's Health Network

Local Health Districts, Health Support Services, the Justice Health & Forensic Mental Health Network, the Sydney Children's Hospital Network and the St Vincent's Health Network are accountable for the implementation of the new emergency management arrangements and requirements detailed in this policy in accordance with mandatory requirements.

#### The NSW Health Emergency Management Unit, Office of the State HSFAC

The NSW Health Emergency Management Unit, Office of the State HSFAC is responsible for updating the NSW HEALTHPLAN to reflect the new emergency management arrangements detailed in this policy.

The unit is to support the State HSFAC with coordinating emergency management planning, prevention, response and recovery effort across the health system.

## REVISION HISTORY

Version	Approved by	Amendment notes
December 2012 (PD2012_067)	Director-General	New policy

## ATTACHMENTS

1. Emergency Management Arrangements for NSW Health.

**EMERGENCY MANAGEMENT ARRANGEMENTS FOR  
NSW HEALTH**



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## **1 Introduction**

NSW emergency management arrangements are guided by the NSW State Disaster Plan (Displan). The State Emergency Operations Controller (SEOCN) is responsible for the overall direction, control and coordination of emergency response operations at State level, for which the SEOCN is the designated Controller or where there is no designated Combat Agency.

NSW Health is identified in Displan as the Combat Agency for all health emergencies within NSW - in particular human infectious disease emergencies from whatever cause. Displan also identifies NSW Health as a functional area responsible for providing health support to Displan. Under NSW emergency management arrangements, all functional areas are required to have a Functional Area Coordinator. The health functional area coordinator is known as the State Health Services Functional Area Coordinator (State HSFAC). Under Displan, the SEOCN will contact the State HSFAC to coordinate the Health response in an emergency.

NSW Health emergency management arrangements are detailed in HEALTHPLAN (a supporting plan to Displan). NSW Health has robust emergency management arrangements providing business continuity plans and preparation for the health response to disasters/emergencies both internally and externally. These arrangements enable NSW Health to manage incidents at the lowest effective level.

In the NSW HEALTHPLAN, the term 'NSW Health' may be used to describe the Health Administration Corporation, the Ministry of Health and any other body and organisation under the control and direction of the Minister or the Director-General [source: *Health Administration Act 1982* (NSW)].

NSW Health comprises the Ministry of Health, Board-Governed Statutory Health Corporations, Chief Executive-Governed Statutory Health Corporations, Network-Governed Statutory Health Corporations, Affiliated Health Organisations, Health Administration Corporation (including Public Health System Support Division), Local Health Districts, Ambulance Service of NSW and other health-related services.

Effective emergency management arrangements build on day-to-day arrangements. It is necessary to align emergency management arrangements with the Local Health District (LHD) and Network structures.

LHDs and Networks are responsible for establishing internal prevention, preparation, response and recovery arrangements for emergencies/incidents within their area. This includes the development of business continuity plans.

In practice, the emergency management arrangements, including HEALTHPLAN, are exercised on a frequent basis to manage incidents that require coordination across emergency services or across health districts without either Displan or HEALTHPLAN being formerly activated. This frequent utilisation of the emergency management arrangements to manage incidents is central to the early management of potentially significant incidents and preventing unnecessary escalation.

## **2 Governance Arrangements**

Governance arrangements are outlined in the NSW HEALTHPLAN

## **3 State Health Service Functional Area Coordinator (State HSFAC)**

The State HSFAC is responsible to the Minister for Health, through the Director-General of NSW Health. The State HSFAC is appointed by the Minister for Health to represent all health services on the State Emergency Management Committee (SEMC) and is responsible for supporting the Director-General in ensuring that appropriate arrangements are in place for Health emergency management including prevention, preparation, response and recovery.

The State HSFAC is accountable to the Minister for Emergency Services through the State Emergency Operations Controller (SEOC) when the NSW State Disaster Plan (Displan) is activated.

The State HSFAC is responsible for:

- Representing health services on the SEMC;
- Preparing the Health Services Functional Area Supporting Plan (HEALTHPLAN) to the State Disaster Plan (Displan);
- Maintaining NSW HEALTHPLAN in a state of readiness for major incidents and disasters;
- Monitoring the responses to major incidents or disasters;
- Notifying senior health services office holders;
- Coordinating health resources necessary for response and recovery from major incidents or disasters;
- Coordinating the executive level of Health Emergency Management arrangements;
- Activating Participating and Supporting Organisations to NSW HEALTHPLAN, as required;
- Controlling and directing health volunteers;
- Activating the State Health Services Emergency Operations Centre (HSEOC).

### **3.1 Critical attributes of the State HSFAC**

The position holder must have a comprehensive understanding of the NSW Health system, specifically the impact of emergencies/major incidents on surge capacity of the health system, primary health care and strategies for resolution.

Of critical importance is an understanding of the role of the major contributing health service components within Health and the command and control structures applied to emergency management practices in NSW.

The position holder must also have a comprehensive understanding of the emergency management responsibilities and arrangements of the other State and Commonwealth agencies.

### **3.2 Relationship to the substantive Health role of the State HSFAC**

Health Emergency Management Unit (HEMU) supports the State HSFAC with the execution of the position's responsibilities. The State HSFAC attends the State Emergency Management Committee (SEMC) and chairs state committees for Controllers and LHD HSFACs.

The State HSFAC is required to attend emergency additional meetings of the SEMC summoned for specific responses and then coordinate the necessary Health response. In some circumstances this involvement may be protracted.

### **3.3 Relief and roster arrangements**

The State HSFAC must be supported by a minimum of two delegates to fulfil the role of Duty HSFAC at times of protracted incidents and to provide leave relief. Duty HSFACs are supported by the Health Emergency Management Unit, Office of the State HSFAC.

## **4 NSW Health Emergency Management Unit, Office of the State HSFAC**

The NSW Health Emergency Management Unit (HEMU), Office of the State HSFAC (previously NSW Health Counter Disaster Unit) is administered through the Ambulance Service of NSW and reports directly to the State HSFAC (Director State Wide Services, ASNSW).

The HEMU, Office of the State HSFAC supports the State HSFAC with coordinating the emergency management prevention, preparation, response and recovery efforts across NSW Health. The unit performs planning, policy and education functions to build the capacity of NSW Health to respond effectively to emergencies and major incidents.

The unit works closely with all the contributing components of NSW Health, the Commonwealth Department of Health and Ageing, Emergency Management Australia and other emergency services to ensure that relevant policies, developments and information from multiple stakeholders are available to NSW Health for consideration.



The HEMU supports LHDs by:

1. Maintaining a strategic planning process for emergency management preparedness across NSW Health.
2. Creating a sustainable and integrated emergency management framework for NSW Health.
3. Regularly reviewing National and State plans, policies and practices that could impact on the NSW Health disaster/emergency preparedness.
4. Working with LHDs/Networks to ensure appropriate health arrangements are in place for identified major events and mass gatherings within NSW.
5. Developing and implementing plans, policies and procedural guidelines for the conduct of emergency management response across NSW Health.
6. Developing and maintaining a state-wide education and training strategy for emergency preparedness across NSW Health.
7. Building the capability of LHDs/Networks to respond to major emergencies through international best practice and research tailored to NSW Health emergency risk management.
8. Reviewing LHD/Network plans to ensure they align with State and Commonwealth plans and identify likely hazards.
9. Developing and maintaining a performance management framework to review, monitor and enhance the counter disaster preparedness of LHDs, Networks and other functional units with responsibilities under HEALTHPLAN to include testing of response preparedness through exercises and simulation.
10. Auditing LHD/Network activities pertaining to emergency management prevention, planning, response and recovery.
11. Providing an annual report in consultation with LHD/Network Chief Executives collating the emergency management activities of LHDs/Networks including operational responses, training and exercises.

## **5 Operational Framework**

NSW HEALTHPLAN provides State level emergency management coordination of health resources. However, response and incident coordination arrangements need to occur at the lowest effective level and complement the response arrangements of other agencies. LHDs will be responsible for managing incidents in their area.

Activation of the NSW HEALTHPLAN, either alone, or as part of the State DISPLAN, requires LHDs/Networks to make available their resources, both personnel and material, for responses led by the State HSFAC.

Key to the successful management of incidents is risk assessment and the development of response, management and business continuity plans. This is especially important for predictable incidents such as flood, bush fire, storm and infrastructure failure.

Local Health Districts and Networks and their HSFACs should develop and document plans for emergency response arrangements that interface with neighbouring LHDs, facilities and the Ambulance Service for the amalgamation of resources, establishing Incident Management Teams (IMTs) and staffing for LHD Health Services Emergency Operations Centres (HSEOCs). Each LHD must have an LHD HSEOC to manage incidents within their area and provide a point of contact. LHD HSFACs might be requested by the District Emergency Management Officer (DEMO) or a combat agency to provide a Health Liaison Officer at their Emergency Operations Centre.

For incidents exceeding one LHD's response capacity or involving more than one LHD or active management by another agency where Health is a supporting agency or stakeholder, the State HSFAC should be notified. In these situations the State HSFAC can assist with coordinating health resources in the support of LHDs/Networks to respond to the incident. Regular SITREPS should be provided to the Office of the State HSFAC by emailing [hsfac@ambulance.nsw.gov.au](mailto:hsfac@ambulance.nsw.gov.au).

## **6 Health Emergency Management Requirements of Local Health Districts and Other NSW Health Organisations**

The emergency management requirements of LHDs/Networks are outlined in HEALTHPLAN. However, building on previous plans, LHDs will need to develop emergency management arrangements specific to their structures.

All LHDs and Networks (as defined in NSW HEALTHPLAN) will need to address the areas identified in the following sections.

Section 7 contains information on education, training and exercises.

### **6.1 LHD HSFAC**

The LHD HSFAC is responsible to the State HSFAC during times of HEALTHPLAN activation. The LHD HSFAC will liaise directly with the LHD Chief Executive to keep the Chief Executive informed of all actions during the response phase. The LHD HSFAC is responsible for:

- The prevention, preparation, response and recovery activities together with the operational control and resource coordination of the Local Health District or Network during activation of HEALTHPLAN or in response to local incidents where a coordinated response is required;
- Representing NSW Health and the LHD at the DEMC when nominated;
- Ensuring that the State HSFAC is notified (via the HEMU, Office of the State HSFAC) of all occasions of leave for the LHD HSFAC and Disaster Manager at least two

weeks prior to the leave occurring to ensure that contact details for key stakeholders are correct;

- Undertaking emergency risk assessments in order to develop response and business continuity plans for predictable events such a bush fire, storm, flood, facility evacuations and utility failures;
- Undertaking the responsibilities described HEALTHPLAN during major incidents and appointing a deputy to ensure adequate relief in protracted responses;
- Escalating control to the State HSFAC when an incident is beyond the capacity of the LHD to manage without assistance; and
- Providing a quarterly report to the State HSFAC of all planning, education, training, exercises and response activities via the HEMU, Office of the State HSFAC.

The positions of LHD HSFAC and LHD Medical Controller may be separate appointments, or jointly held. This is a decision for each LHD to make.

The LHD Chief Executive must appoint a HSFAC and two Deputy HSFACs. The HSFAC should be a Tier 2 or 3 Officer whose substantive appointment and attributes provide the capacity to fulfil the role and responsibilities of the position.

The LHD HSFAC must have a thorough operational understanding of the LHD, and have or have the capacity to rapidly gain:

- Knowledge and experience of disaster and emergency management planning, preparedness and response;
- An understanding of emergency management procedures, specifically HEALTHPLAN (to recognise the need for rapid and effective activation of the emergency management arrangements);
- Good knowledge of the resources, operational processes and communication pathways of the LHD;
- An understanding of patient flow, and surge capacity; and
- Familiarity with emergency risk management process and Business Continuity Planning.

The substantive position of the LHD HSFAC should be such that it enables an ongoing contemporary understanding of the health service.

It should be noted that emergency management arrangements are utilised on a regular basis, hence whilst there is only one LHD HSFAC, at least two deputy HSFACs are required to facilitate a roster and leave coverage. Administratively, the LHD HSFAC requires a time allocation to attend District Emergency Management Committee (DEMC) meetings and to attend to LHD emergency prevention, preparation and response and recovery activities.

Newly appointed HSFACs or Deputy HSFACs should receive appropriate orientation and mentoring as required.

Each LHD is required to notify the State HSFAC (via the HEMU, Office of the State HSFAC) of all occasions of leave for the LHD HSFAC and Disaster Managers at least two weeks prior to the leave occurring to ensure that contact details are correct.

## **6.2 LHD Disaster Manager**

Each LHD must have at least one Disaster Manager to support the LHD HSFAC with developing and maintaining prevention and preparation strategies, coordinating training and exercises, undertaking a coordination role during response and recovery and engaging with district emergency management agencies.

LHDs with more prevention and preparedness responsibilities because of the number of health facilities, key performance indicators, demographic and geographic (eg Sydney Airport, Sydney CBD) factors may require more than one Disaster Manager.

Each LHD must identify suitably qualified personnel to provide relief for the LHD Disaster Manager and provide appropriate surge capacity at times of emergency response.

The LHD Disaster Manager is to develop and implement strategies and provide advice to the LHD HSFAC on the direction, planning and resources required to establish robust emergency management arrangements for the LHD.

The Disaster Manager:

- Supports the LHD HSFAC to undertake the responsibilities of the LHD HSFAC as required under the NSW HEALTHPLAN;
- Coordinates, monitors and evaluates relevant policy, procedures, area and local emergency management/disaster plans and business continuity plans to ensure a coordinated response to, and recovery from major incidents/disasters;
- Works with the HEMU, Office of the State HSFAC to identify common priorities in emergency management for NSW Health;
- Works with the HEMU, Office of the State HSFAC to provide education programs across LHDs;
- Coordinates the delivery of cost-effective education programs to ensure staff are appropriately skilled and qualified to effectively respond to major incidents;
- Builds and maintains relationships with LHD facilities, the HEMU, Office of the State HSFAC and external agencies in to order to understand their business and service needs and establish effective working partnerships to ensure that each facility is equipped to effectively respond and recover from major incidents; and
- Provides executive support to the LHD HSFAC during a major incident response as required, and coordinate resources to meet the response and recovery requirements.

Relevant qualifications and experience for a Disaster Manager include:

- Health Care Professional with relevant post graduate qualifications (clinical or management), and/or extensive professional experience;
- Evidence of training in disaster management (eg: CBR, MIMMS, ETS, ICS);
- High level planning and policy development skills in disaster management;
- A sound understanding of risk management principles, as applied to emergency management;
- Excellent communication skills including sound negotiation, interpersonal and liaison skills;
- Demonstrated ability to lead, develop and manage the implementation of organisation wide strategies; and
- Ability to work collaboratively with senior managers within the area and external agencies.

### **6.3 Other NSW Health Organisations**

The role of other NSW Health organisations in supporting LHDs with disaster functions is clarified below:

#### **6.3.1 HealthShare NSW**

HSS is a state-wide service and supports all LHDs with a number of different services and will subsequently require a Controller position rather than a HSFAC.

#### **6.3.2 Justice Health & Forensic Mental Health Network**

Justice Health provides a state-wide, largely internally focussed, service and has a designated HSFAC. This arrangement should continue.

#### **6.3.3 Sydney Children's Hospital Network (SCHN)**

The Sydney Children's Hospital Network requires the creation of a State Paediatric Controller to coordinate a response to a major incident or disaster involving children, however they will maintain prevention, preparation & response to locally based incidents in consultation with their respective LHD HSFACs.

#### **6.3.4 St Vincent's Health Network (SVHN)**

The facilities of SVHN that may be involved in disaster management and response are St Vincent's Hospital Darlinghurst and St Joseph's Hospital Auburn (a subacute facility). In a disaster response St Vincent's will liaise with the SESLHD HSFAC to facilitate the reception of patients associated with a significant surge. In these circumstances it is unnecessary for there to be a SVHN HSFAC. The appropriate disaster position for St

Vincent's is a Hospital Controller with reporting lines to the either the SESLHD or WSLHD HSFAC.

### **6.3.5 NSW Pathology**

The Pathology Network requires the creation of a State Pathology Controller to coordinate a response to a major incident or disaster involving mass casualties or blood related emergencies, however they will maintain prevention, preparation & response to locally based incidents in consultation with their respective LHD HSFACs.

### **6.3.6 Ministry of Health**

The Ministry of Health may be involved in the response phase of emergency management by providing the operational level incident management support personnel to respond to a prolonged emergency and will be coordinated by the State HSFAC.

### **6.3.7 The Agency for Clinical Innovation, Clinical Excellence Commission, Health Education and Training Institute and Bureau of Health Information**

These organisations have an advisory role in the prevention and preparedness phases of emergency management and have a secondary role in emergency management providing health and administrative personnel to provide surge capacity during a major prolonged incident and will be coordinated by the State HSFAC.

## **6.4 LHD/Network HEALTHPLANS**

Building on the current Area Health Service HEALTHPLANS, LHD/Networks need to develop a LHD/Network HEALTHPLAN and sub-plans in accordance with the requirements of HEALTHPLAN and Displan. LHD/Networks must have their HEALTHPLAN recommended by their HSFAC/Controller and endorsed by their Chief Executive prior to approval by the State HSFAC.

LHD/Network Chief Executives should ensure close consultation occurs with the HEMU, Office of the State HSFAC during the development of the LHD/Network Emergency Management plans to ensure consistency with HEALTHPLAN and Displan and other agency supporting plans.

LHD/Network Chief Executives are responsible for endorsing emergency plans in their areas and should also endorse all emergency management data and information provided to the HEMU, Office of the State HSFAC for reporting and publication.

## **6.5 Response and Business Continuity Plans**

Each LHD/Network must undertake risk assessments to develop response and surge plans, business continuity plans for predictable events such a bush fire, storm, flood, facility evacuations and utility failures. These predictable incidents need to be managed within the resources of the LHD/Network in the first instance.

## **6.6 Emergency Operations Centres**

Each LHD must establish an LHD Health Services Emergency Operations Centre (LHD HSEOC) to manage emergencies within the area and provide a point of contact for the State HSFAC, Ambulance Service and other emergency services for significant events requiring ongoing coordination.

## **6.7 Liaison Officers**

All LHDs/Networks must identify and train a pool of suitable staff to fulfil the role of liaison officers at Emergency Operations Centres during emergencies. Liaison officers need to be independent of the HSFAC and Disaster Manager and require specific training to undertake the role. The HEMU can assist with training liaison officers.

## **6.8 District Emergency Management Committee (DEMC) Arrangements**

Health is a key functional area in all emergency response and preparation for planned events. Health involvement in responses and event planning is important for managing and mitigating risks to the community and Health arrangements. LHD HSFACs and Disaster Managers must have active involvement with DEMCs and health planning for events that impact the LHD. Where nominated, this will require a time allocation for the HSFAC and Disaster Manager.

The Local Emergency Management Committee (LEMC) may invite a Health representative to attend LEMC meetings to provide health input; the request should be submitted to DEMC for the relevant LHD HSFAC to determine the most appropriate local health representative to attend.

## **7 Education, Training and Exercises**

Planning, preparation and training, together with exercises, underpin successful emergency management arrangements. NSW HEALTHPLAN outlines the requirements for training to include risk management, disaster/emergency planning and disaster/emergency exercise management.

The HEMU, Office of the State HSFAC is responsible for developing and endorsing a Health emergency management training curriculum to ensure that education is consistent across LHDs/Networks and aligned with State and Commonwealth directions. The unit coordinates state-wide emergency management education opportunities and assists LHDs/Networks to meet their training obligations.

The NSW Health Disaster Strategic Training Review identified the training requirements for different levels of staff. LHDs/Networks are responsible for implementing education programs that enhance knowledge and application of skills by their staff and for ensuring adequate numbers of trained personnel.

LHDs/Networks must ensure that staff expected to perform duties during emergencies have undertaken appropriate training as defined by the HEMU, Office of the State

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HSFAC. Such training needs to include MIMMS, Incident Control System (ICS), and liaison officer training.

To complement training LHDs/Networks must conduct a set number of exercises per year designed to test the LHD/Network HEALTHPLAN. Exercise requirements are provided by the HEMU, Office of the State HSFAC.

LHDs/Networks should work with each other to develop areas of training and exercise specialisation and to develop a training and exercise schedule in accordance with the competencies and requirements determined by HEMU, Office of the State HSFAC. Each LHD/Network is expected to provide personnel for the annual exercise of HEALTHPLAN – City to Surf.

The scope of education and exercise activities required is such that LHDs/Networks should be grouped in order to establish and make optimal use of expertise across LHDs/Networks. The LHDs/Networks should consult with the HEMU, Office of the State HSFAC for support and identification of available resources in the development of coordinated training and exercise activities.