



Emergency Management Policy

1 Purpose

The purpose of the *Emergency Management Policy* (this policy) is to set the minimum standards required to ensure a clear, consistent and comprehensive approach to emergency management across the WA health system. This policy requires Health Service Providers to have arrangements in place to prevent, prepare for, respond to, and recover appropriately from an emergency.

The roles and responsibilities for emergency management in Western Australia are established in [state emergency management legislation](#). The [Emergency Management Act 2005](#) and [Emergency Management Regulations 2006](#) prescribe authorised representatives of the WA health system as a Hazard Management Agency (HMA) and a Combat Agency.

This policy supports the WA health system to manage emergency situations, disasters, and other disruptive events in accordance with these legislative requirements.

The Director General, as CEO of the Department of Health, has delegated powers to the position of State Health Coordinator, relating to duties under section 28(1)(a) of the *Health Services Act 2016*. In doing so, the Director General, or State Health Coordinators as delegates, can direct any WA health entity to undertake certain functions for the purposes of coordinating a timely response to emergencies, disasters and major events.

This policy is a mandatory requirement for Health Service Providers under the *Public Health Policy Framework* pursuant to section 26(2)(d) of the *Health Services Act 2016*.

2 Applicability

This policy is applicable to all Health Service Providers.

The requirements contained within this policy are applicable to the services purchased from contracted health entities where it is explicitly stated in the contract between the contracted health entity and the State of Western Australia or Health Service Provider. The State of Western Australia or Health Service Provider contract manager is responsible for ensuring that any obligation to comply with this policy by the contracted health entity is accurately reflected in the relevant contract and managed accordingly.

3 Policy Requirements

3.1 Emergency Management Governance

Health Service Providers must establish, maintain, monitor, and review an Emergency Management Governance Framework to ensure alignment with contemporaneous emergency management approaches.

3.2 Business Continuity Planning

Health Service Providers must develop and practise business continuity and ensure Business Continuity Plans (BCPs) are established, maintained, tested, reviewed and updated on a regular basis in alignment with International Organisation for Standardisation ([ISO](#)) 22301, Security and resilience - Business continuity management systems.

3.3 Local and District Emergency Management Committee Representation

Health Service Providers of healthcare facilities must provide adequate representation to the relevant District Emergency Management Committee (DEMC) for their respective health service and ensure active representation on the Local Emergency Management Committee (LEMC) facilitated by their local shire or council.

3.4 Risk-based Approach to Emergency Management

Health Service Providers must use a continuous risk-based approach to inform emergency management arrangements. A risk-based approach involves the identification, assessment and control of hazards and their potential likelihood and consequence, to support the development and maintenance of relevant emergency management plans, procedures, compliance activities and testing frequency.

3.5 Emergency Management Planning

Health Service Providers must develop, monitor, maintain and test the following plans:

- Emergency Management Plan (as based on the appropriate national standards and accreditation guidelines)
- Infectious Disease Emergency Management Plan
- Heatwave Management Plan
- Business Continuity Plan
- Any other plans that they develop based on local risk assessments.

3.6 Disaster Equipment and Maintenance Requirements

Health Service Providers must ensure disaster response equipment is always maintained in a functional state of readiness.

3.7 Emergency Management Training

Health Service Providers must ensure all employees have a minimum level of disaster and emergency management knowledge and training. Additional training may be required based on local risks. Employees with disaster and emergency management responsibilities must complete appropriate training and/or have experience that is reflective of their role and responsibilities. Health Service Providers must maintain a record of this training and/or experience, including Major Incident Medical Management Support (MIMMS) training for personnel deploying as part of a Health Response Team. Health Service Providers must ensure the appropriate number of adequately trained personnel is maintained. The training records must be made available to the WA Health Emergency Management Committee (HEMC) when requested.

3.8 Incident Management Records

Health Service Providers must ensure an auditable log of communication, information and decision-making is maintained during any incident.

Health Service Providers must ensure utilisation of an incident command system and a designated Emergency Operations Centre, as recognised by the HEMC.

Where a WebEOC incident has been created (refer to section 7), Health Service Providers must ensure that all incident-related information and decisions are entered into the System Manager WebEOC application.

4 Compliance Monitoring

The Disaster Preparedness and Management Directorate (DPMD), on behalf of the System Manager, will monitor compliance with this policy by requiring Health Service Providers to provide annual reports, using the allocated reporting template, on attestations and evidence of compliance with policy requirements at section 3.

Compliance reporting process

- The compliance reporting process will commence in the third quarter of each calendar year.
- Health Service Providers will be provided with the report template and advised of the submission date by the Disaster Preparedness and Management Directorate at the commencement of the reporting process.
- The submission date will be not less than six weeks and not longer than 12 weeks to allow collation of responses and preparation of the report to the HEMC.
- The HEMC will undertake annual evaluation of the effectiveness of, and compliance with, this policy.

The System Manager may also request additional information from Health Service Providers including procedures, plans and data to ensure alignment with policy requirements.

5 Related Documents

The following documents are mandatory pursuant to this policy:

- N/A

6 Supporting Information

The following information is not mandatory but informs and/or supports the implementation of this policy:

- [State Emergency Management Framework](#)
- [WA Health System Emergency Management Arrangements](#)
- [State Health Emergency Response Plan](#)
- [Infectious Disease Emergency Management Plan](#)
- [Heat Response Plan](#)

7 Definitions

The following definition(s) are relevant to this policy.

Term	Definition
Combat Agency	A Combat Agency is prescribed under section 6(1) of the <i>Emergency Management Act 2005</i> to be a public authority or other person who or which, because of the agency's functions under any written law or specialised

	knowledge, expertise, and resources, is responsible for performing an emergency management activity prescribed by the regulations in relation to that agency.
Disaster response equipment	<p>Specialised assets and supplies required to perform the WA health system prescribed emergency management activity of providing health services, whether at a healthcare facility or by a forward medical field team.</p> <p>As a minimum, it must include emergency communications equipment, medical deployment and response kits, personal protective equipment, spillage, and decontamination response equipment.</p>
District Emergency Management Committee (DEMC)	A multi-agency committee formed under section 31 of the <i>Emergency Management Act 2005</i> . The function of a DEMC is to assist in the establishment and maintenance of effective emergency management arrangements for the district for which it is constituted.
Emergency Operations Centre (EOC)	A facility utilised to control and coordinate the response and support to an incident or emergency.
Healthcare facility	Includes, but is not limited to, a public hospital, nursing post, satellite dialysis centre, mental health facility or community health service under the control of a Health Service Provider.
Hazard Management Agency (HMA)	A public authority, or other person, prescribed by the <i>Emergency Management Regulations 2006</i> to be a Hazard Management Agency for emergency management, or an aspect of emergency management, of a prescribed hazard.
Incident Command System (ICS)	A standardised approach to the command, control, and coordination of emergency response providing a common hierarchy within which responders can be effective.
Local Emergency Management Committee (LEMC)	<p>A multi-agency committee formed under section 38 of the <i>Emergency Management Act 2005</i>.</p> <p>The functions of a LEMC are to advise and assist the local government to prepare local emergency management arrangements for its locality; develop, review and test local emergency management arrangements in consultation with state agencies and other stakeholders; and carry out other emergency activities as directed by the State Emergency Management Committee or prescribed by the <i>Emergency Management Regulations 2006</i>.</p>
WebEOC	The WA health system's crisis information management system that provides secure real-time information sharing about an incident, enabling improved situational awareness and decision-making capabilities to

	operations centre staff at the hospital, regional, and state levels.
WA Health Emergency Management Committee (HEMC)	The peak emergency management body for the WA health system. It is chaired by the Assistant Director General Public and Aboriginal Health/Chief Health Officer and has responsibility for providing strategic direction for emergency management across the WA health system.
WA health system	The WA health system comprises: <ul style="list-style-type: none"> (i) the Department (ii) Health Service Providers (North Metropolitan Health Service, South Metropolitan Health Service, Child and Adolescent Health Service, WA Country Health Service, East Metropolitan Health Service, PathWest Laboratory Medicine WA, Quadriplegic Centre, and Health Support Services); and (iii) contracted health entities, to the extent they provide health services to the State.

8 Policy Contact

Enquiries relating to this policy should be directed to:

Title: Assistant Director, Response Capability

Directorate: Disaster Preparedness and Management Directorate

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9 Document Control

Version	Published date	Review date	Amendment(s)
MP 0170/21	29 October 2021	October 2024	Original version
MP 0170/21 v.1.1	12 May 2022	October 2024	Amendments as listed below. <ul style="list-style-type: none"> • Removal of Code Black Bravo – Active Shooter template and Business Continuity Plan Guidelines Supporting Information documents as they are no longer relevant. • Amended wording in section 3.2 to remove reference to the Business Continuity Plan Guidelines and replacement with ISO 22301 to allow for consistency and alignment to industry standards. • Removal of ‘annual’ from statement in section 3.5 Emergency Management Planning, as testing frequency is determined by HSP requirements.
MP 0170/21 v.1.2	30 November 2022	October 2024	Amendments as listed below <ul style="list-style-type: none"> • Inclusion of State Hazard Plan – Heatwave and State Hazard Plan – Human Biosecurity as Supporting Information documents. • Updated Policy Contact section.
MP 0170/21 v.2.0	26 March 2025	March 2028	Policy review and amendment, details below. <ul style="list-style-type: none"> • Purpose section amended to provide further clarity on legislated roles and responsibilities and remove references to superseded policies, operational instructions, and operational directions.

- Policy requirements section refined, including amendment to clarify HSP representation on emergency management committees.
- Compliance monitoring section amended to align with mandatory policy governance requirements.
- Supporting information: inclusion of the 'Heat Response Plan' and 'State Emergency Management Framework.' Removal of 'State Emergency Management Plan,' 'State Hazard Plan – Heatwave,' 'State Hazard Plan – Human Biosecurity.'
- Definitions section: inclusion of definitions for combat agency, disaster response equipment, healthcare facility, Hazard Management Agency (HMA) and WA health system. Amended definitions for DEMC, LEMC, WebEOC and WA HEMC.
- Policy contact details updated.

Note: Mandatory policies that exceed the scheduled review date will continue to remain in effect.

10 Approval

Approval by	Megan Inglis A/Assistant Director General Strategy and Governance, Department of Health
Approval date	22 October 2021

This document can be made available in alternative formats on request for a person with a disability.

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