



Emergency Management Policy

1. Purpose

The purpose of this Policy is to set minimum standards required to ensure that a clear, consistent and comprehensive approach to emergency management is undertaken across the WA health system. The Policy requires that Health Service Providers have arrangements in place to respond appropriately in an Emergency.

The number, scale, and complexity of emergencies requires that the WA health system have robust and integrated emergency management arrangements in place to prevent, prepare for, respond to, and recover from, emergencies, disasters and other disruptive events.

To facilitate this, pursuant to section 24 of the *Health Services Act 2016*, the Director General has delegated power to issue directions under section 28(1)(a) of the *Health Services Act 2016* to relevant positions in the Department of Health for the purposes of coordinating a timely response to emergencies, disasters and major events. In doing so, the Director General or delegates will be able to direct any WA health system entity within the WA health system, in accordance with the delegation and section 28 of the *Health Services Act 2016*. Entities within the WA health system must comply with such directions.

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

This Policy supersedes MP 0073/17 *Emergency Management Policy*, IC 0170/13 *Training Requirements for Hospital Response Teams and Emergency Management Personnel* and OD 0595/15 *Business Continuity Management*.

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 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 and maintain an Emergency Management Governance Framework.

3.2 Business Continuity Planning

Health Service Providers must practice business continuity management and ensure Business Continuity Plans 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 must provide representation to the relevant District Emergency Management Committee for their respective health service and ensure active representation to the Local Emergency Management Committee facilitated by their local shire or council.

3.4 Risk-based approach to Emergency Management

Health Service Providers must use a risk-based approach to inform emergency management arrangements. The risk-based approach must include assessing the likelihood and consequence of risks and hazards, and the development and maintenance of emergency management plans and procedures.

3.5 Emergency Management Planning

Health Service Providers must develop, maintain and conduct implementation testing of the following plans:

- Emergency Management Plan (as based on the appropriate national standards and accreditation guidelines)
- Infectious Disease Emergency Management Plan (clinical settings only)
- 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 maintained in a functional state of readiness at all times.

3.7 Incident Management

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 a recognised incident command system using a designated Emergency Operations Centre.

Where a WebEOC incident has been created, Health Service Providers must ensure that all incident-related information is entered into WebEOC and shared as appropriate.

3.8 Emergency Management Training

Health Service Providers must ensure employees with disaster and emergency management responsibilities have appropriate training and/or experience reflective of their role and that evidence of this training is recorded. This includes Major Incident Medical Management Support training for personnel deploying as part of a Health Response Team.

4. Compliance Monitoring

Health Service Providers are responsible for ensuring compliance with this Policy.

Health Service Providers are required to report annually, in writing, on compliance with this Policy to the WA Health Emergency Management Committee. The Committee will undertake annual evaluation of the effectiveness of, and compliance with, this Policy.

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:

- [WA Health System Emergency Management Arrangements](#)
- [State Health Emergency Response Plan](#)
- [Infectious Disease Emergency Management Plan](#)
- [State Emergency Management Plan](#)
- [State Hazard Plan – Heatwave](#)
- [State Hazard Plan – Human Biosecurity](#)

7. Definitions

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

Term	Definition
District Emergency Management Committee	A multi-agency committee formed under section 31 of the <i>Emergency Management Act 2005</i> .
Emergency Operations Centre	A facility utilised to control and coordinate the response and support to an incident or emergency.
Incident Command System	A standardised approach to the command, control, and coordination of emergency response providing a common hierarchy within which responders can be effective.
Infectious Disease Emergency Management Plan	A WA Health systemwide plan that outlines how the WA health system responds to any infectious disease emergency within the jurisdiction of Western Australia.
Local Emergency Management Committee	A multi-agency committee formed under section 38 of the <i>Emergency Management Act 2005</i> .
State Health Emergency Response Plan	A WA Health systemwide plan that outlines how the WA health system provides a scalable, proportionate whole-of-agency response to minimise the health consequences of a disaster or emergency.

WebEOC	The WA health system's crisis information management system to provide secure real-time information sharing about an incident, enabling staff within an operations centre to improve coordination of a response.
WA Health Emergency Management Committee	The peak emergency management body for the WA health system. It is chaired by the Director, Disaster Management, and has responsibility for strategic direction for emergency management across the WA health system.

8. Policy Contact

Enquiries relating to this Policy may be directed to:

Title: Assistant Director, Disaster Preparedness and Management Unit
 Directorate: Disaster Management and Response Directorate
 Email: dpmu@health.wa.gov.au

9. Document Control

Version	Published date	Effective from	Review date	Amendment(s)
MP 0170/21	29 October 2021	29 October 2021	October 2024	Original version
MP 0170/21 v.1.1	12 May 2022	29 October 2021	October 2024	Amendments as 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	29 October 2021	October 2024	Amendments as 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. 				

10. Approval

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

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