



WACHS Emergency (Disaster) Management Arrangements Policy

1. Background

The WA Country Health Service (WACHS) is committed to supporting the Western Australian Department of Health (the Department) in its designated functions under the *Emergency Management Act, 2005*. These responsibilities include the provision of health emergency and disaster management services during any emergency, which involves a multi-agency response, multiple casualties or a public health threat. WACHS has a legislated requirement to instigate procedures to guide a structured response to emergencies at the local and regional levels.

2. Policy Statement

The WACHS is to develop, document and maintain plans and procedures for emergency management prevention, preparedness, response and recovery activities that promote a coordinated health emergency and disaster management framework. These plans and procedures are to meet Australian Standards and support the MP 0073/17 Emergency Management Policy, State Health Emergency Response Plan (SHERP), State Hazard Plan Human Biosecurity and State Hazard Plan Heatwave to provide an appropriate emergency response and minimise disruptions to health service business continuity.

The following committee structures direct and support the WACHS emergency management program:

SEMC	State Emergency Management Committee (SEMC) is the peak authority body for emergency management in Western Australia that is established under section 13 of the <i>Emergency Management Act 2005</i> , and reports to the Minister for Emergency Services. WA Health is represented at the SEMC by the Director General.
WA HEMC	WA Health Emergency Management Committee (HEMC) is the peak emergency management body for WA Health. It is chaired by the delegated State Health Coordinator (SHC) and has responsibility for strategic direction for emergency management across WA Health. WA HEMC has two subcommittees: <ul style="list-style-type: none">• Prevention and Preparedness Subcommittee• Response and Capability Subcommittee. WA HEMC has representation from health service providers, public health, St John Ambulance, Australian Red Cross Blood Service, and the Private Hospitals Association.
WACHS EMES	The WACHS Emergency Management Executive Sub-committee has oversight of the emergency management program.

WACHS REMC	The Regional Emergency Management Committee coordinates the regional emergency management program.
DEMC	The District Emergency Management Committee is a multi-agency committee chaired by WA Police that has oversight of district emergency preparedness.
LEMC	The Local Emergency Management Committee is a multi-agency committee chaired by Local Government that has oversight of local emergency preparedness.

2.1 WA HEALTH EMERGENCY MANAGEMENT ARRANGEMENTS

WA Health participates in the management of emergencies through a formal framework. This framework is described in the:

- WA Health Emergency Management Policy
- WA State Health Emergency Response Plan (SHERP)
- State Hazard Plan Human Biosecurity
- State Hazard Plan Heatwave
- Australian Standard Planning for emergencies - health care facilities
- Australian Standard Planning for emergencies – facilities
- Western Australian *Emergency Management Act 2005*
- Western Australian *Emergency Management Regulations 2006*.

2.1.1 WA Health State Level Arrangements

Legislative framework

The *Emergency Management Act 2005* and subsidiary *Emergency Management Regulations 2006* establish the legislative framework for emergency management in Western Australia.

Combat agency

A combat agency is defined in subsection (1) of the *Emergency Management Act 2005*, as a public authority which, because of its specialised knowledge, expertise and resources, is responsible for performing an emergency management activity prescribed by the regulations.

Due to its specialised knowledge, expertise, and resources, the Department is prescribed as a combat agency under section 26 of the *Emergency Management Regulations 2006*, with responsibility for the emergency management activity of providing health services. The combat agency responsibility is applied across the spectrum of the 27 gazetted hazards, in line with the all hazards approach.

Hazard management agency

A Hazard Management Agency (HMA) is a public authority or other person, prescribed by regulations because of that agency's functions under any written law or because of its specialised knowledge, expertise and resources, to be responsible for the emergency management or an aspect of emergency management of a hazard for a part or the whole of the State.

State Health Coordinator

The State Health Coordinator (SHC) is a statutory position with responsibilities under section 22 of the *Emergency Management Regulations 2006*. The SHC is the HMA for the following hazards:

- Actual or impending spillage, release or escape of a biological substance
- Heatwave

In a heatwave or biological hazard incident, the SHC is responsible for appointing an Incident Controller, an officer with responsibility for all incident control activities across a whole incident.

The SHC is the Director General of the Department. The SHC role has been formally delegated to the Director, Disaster Management, and Department. The role of SHC is rostered between a select group of senior public servants within the Department.

In an emergency, the SHC has the authority to command and coordinate the use of all WA Health resources.

State Human Epidemic Controller

The State Human Epidemic Controller (SHEC), the Department, is a statutory position under section 18 of the *Emergency Management Regulations 2006*. The SHEC is the prescribed HMA for the hazard of human epidemic.

The SHEC is the Chief Health Officer of the Department. The multi-agency response arrangements for Human Epidemic, are outlined in State Hazard Plan – Human Biosecurity, whereas the internal, WA Health arrangements for infectious disease emergencies are detailed in the Infectious Disease Emergency Management Plan (IDEMP).

2.1.2 WACHS and Regional Level Arrangements

The Chief Executive (CE) WACHS is responsible for emergency and disaster management arrangements at an area and regional level in conjunction with the Chief Operating Officer (COO).

The COO (or their delegate) provides operational advice and logistical support between the WACHS regions and SHICC representatives.

The COO works with Regional Directors and representatives of the Disaster Preparedness and Management Unit (DPMU) and is responsible for chairing the WACHS Emergency Management Executive Subcommittee (EMES) and establishing and managing the activities of a preparedness group. WACHS emergency and disaster management arrangements are coordinated through the WACHS EMES.

The COO is responsible for:

- during the prevention and preparedness planning phase:
 - Representing WACHS at WA Health Emergency Management Committee (WA HEMC) and related sub-committees.
 - Ensuring that review and testing occurs at least annually of the regional health emergency management plans.
- during the Response phase in the event of an emergency:
 - Lead, or delegate a lead to coordinate the WACHS wide response.
 - Represent, or delegate a representative to WACHS at state level response meetings.

2.1.3 Regional Level Arrangements

Each Regional Director is the Regional Health Disaster Coordinator (RHDC) and may delegate to a senior manager to undertake this function, to ensure sufficient regional emergency and disaster management capability. The Regional Director and RHDC are responsible for ensuring the development of area and regional emergency and disaster management arrangements.

The nominated RHDC is responsible for:

- during the prevention and preparedness planning phase:
 - Representing the region at the WACHS EMES.
 - Establishing and managing the activities of a regional Emergency Management Committee (however titled regionally).
 - Representing WACHS at the District Emergency Management Committee (DEMC).
 - Ensuring representation of region at the Local Emergency Management Committee (LEMC).
 - Ensuring that review and testing occurs, at least annually of the local (hospital/facility) and regional health emergency and disaster management plans.
 - Ensuring the allocation of the Local Health Disaster Coordinator (LHDC) role.
- during the Response phase in the event of an emergency:
 - Activating, managing and leading the WA Health regional response and the Regional Emergency Operations Centre (REOC).
 - Representing WACHS (or lead when applicable) at Operational Area Support Group (OASG) and Incident Support Group (ISG).
 - Supporting WA Health Local Health Disaster Coordinators (LHDCs) and the local response.
 - Allocating (in collaboration with the LHDC) the role of Health Commander to assist in management of pre-hospital health response (if required).
 - Liaising with and providing information to the LHDC.
 - Providing regular updates to WACHS EOC and/or WACHS Executive.
- during the Recovery phase:
 - Supporting LHDC's and local recovery activities.
 - Coordinating regional resources.
 - Liaising with WACHS EOC.

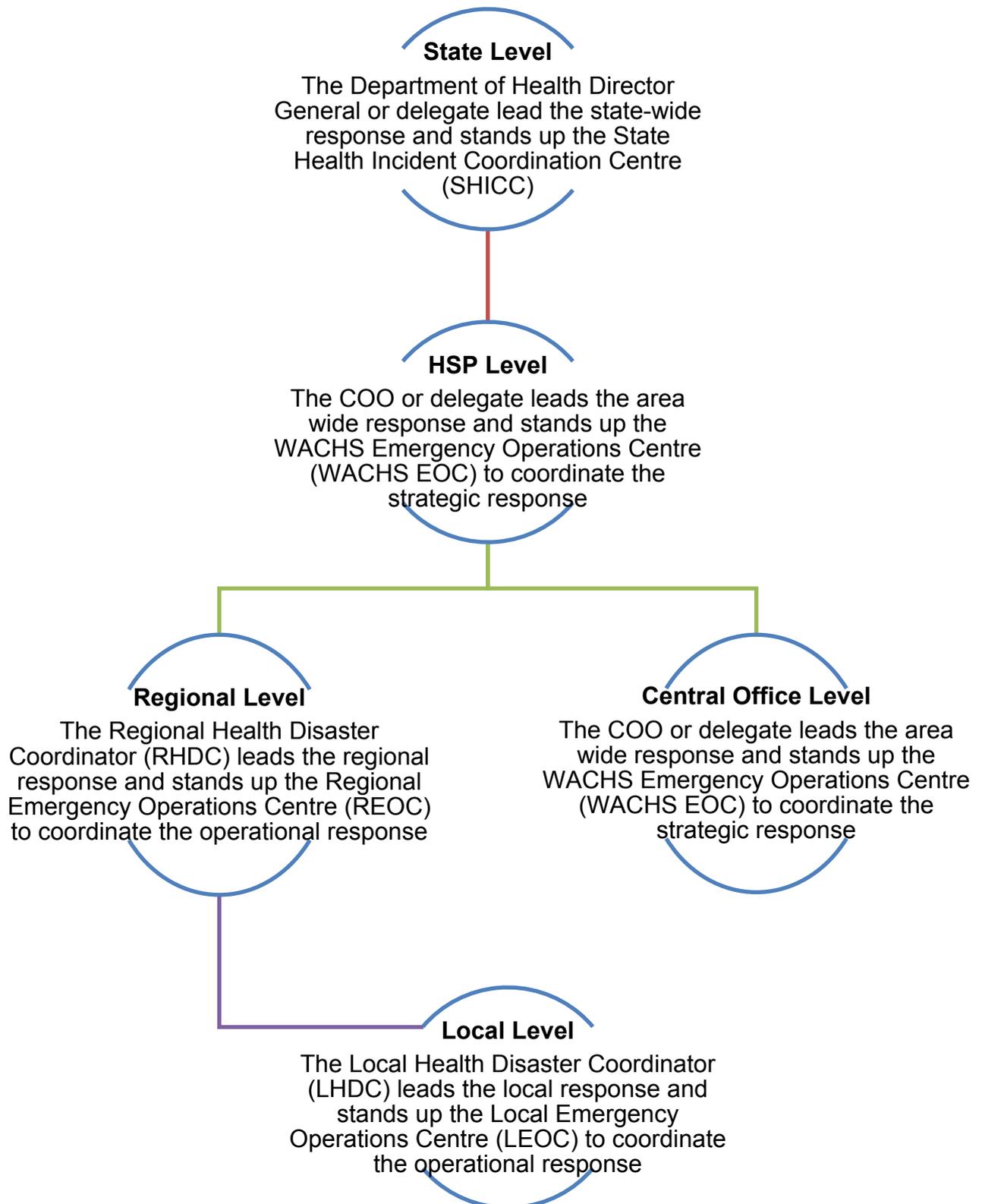
2.1.4 WACHS Local Arrangements

The LHDC is responsible for governance and resourcing of the local hospital emergency and disaster management arrangements and undertaking a command role during emergencies.

- Planning and preparedness at a local level including:
 - maintenance and testing of emergency and disaster management plans and procedures
 - ensuring the maintenance of the disaster medical kits: Chemical, Biological, Radiological and Nuclear (CBRN) biohazard personal protective equipment (PPE) and testing of communications systems to be deployed to an incident site during an emergency
 - participating in the multi-agency Local Emergency Management Committee (LEMC)
 - participating in the regional Emergency Management Committee (however titled regionally).
- Response
 - leading WA Health local response
 - managing and leading the Local Emergency Operations Centre (LEOC)
 - liaising with and notification of the RHDC
 - participating in the local multi-agency Incident Support Group (ISG).
- Recovery
 - leading local recovery efforts
 - liaising with and notification of the RHDC.

2.1.5 CHAIN OF COMMAND

WA HEALTH RESPONSE



2.2 COMMUNICATION ARRANGEMENTS

The Regional Director is responsible for ensuring that there are key senior positions nominated, contactable and able to respond 24 hours per day to undertake the role of the RHDC should regional emergency and disaster plans require activation and coordination.

The Regional Directors are responsible for the development of procedures to manage the key contact details of the nominated positions undertaking the role of the RHDC.

The RHDC, simultaneously notify:

- the Regional Director
- the WACHS Emergency Operations Centre
- the WACHS Chief Operating Officer (COO) or Chief Executive (CE)
- other pertinent Directors and Managers as detailed in the plans for the region.

Note: The responsibility for ensuring that notification occurs remains with the nominated position undertaking the RHDC function.

The RHDC is to receive and provide reports using the **CETHANE** format:

- C** – caller identified.
- E** – exact location of incident.
- T** – type of incident.
- H** – hazards present.
- A** – access / egress.
- N** – number of casualties and types of injuries.
- E** – emergency services present and required.

2.3 NOTIFICATION OF AN EMERGENCY EVENT

Regional Disaster Response Plans are normally activated in stages. In an emergency event, these stages may be condensed, with stages being activated concurrently. The responsibilities of the RHDC for each stage of activation in a major incident are as follows.

The RHDC notifies the following personnel that an emergency has, or is likely to occur:

- the Regional Director (where the RHDC is a proxy)
- the WACHS Emergency Operations Centre
- the WACHS Chief Operating Officer (COO) or Chief Executive (CE)
- other pertinent Directors and Managers as detailed in the plans for the region.

2.3.1 Alert Stage

The 'Alert Stage' is activated when advice of an impending emergency is received, or when, following the occurrence of an event, it is unclear as to whether a health emergency management response is required. During this stage, the RHDC is to:

- Liaise with the Regional Director and Operations Manager, monitor the situation to determine the likelihood and nature of the health response;
- Activate Local and Regional Health Disaster Response Plans to the 'Alert Stage', as required;
- Notify key staff including Central Office via phone, "No Surprises" text message or "Flash Brief" email; and
- Notify other organisations of 'Alert Status'.

Note: The responsibility for ensuring that notification occurs remains that of the nominated position undertaking the RHDC function.

2.3.2 Standby Stage

The 'Standby Stage' is activated when information received in the 'Alert Stage' is sufficient to warrant preparatory activities in readiness for a response. Depending on the situation, the RHDC is to:

- set the status of local and regional Disaster Response Plans to the 'Standby Stage'
- in consultation with St John Ambulance (SJA), the Regional Director, and Operations Manager:
 - assess need for a medical team to be deployed to the emergency site.
 - determine where the team is to be deployed from.
 - notify relevant hospital to put medical team on standby that may include assessing:
 - medical team members' availability;
 - medical kits
 - transportation requirements.
 - review, assess and plan potential other physical and human resources required
 - notify other hospitals in region
 - regional hospitals activate internal emergency plans to "standby" and this may include checking:
 - hospital bed availability, including consideration of patients who may be discharged
 - availability of additional staff for call up
 - decanting processes.
- Provide regular updates to:
 - Regional Director
 - WACHS Emergency Operations Centre
 - Operational Area Support Group (OASG) or Incident Support Group (ISG) as required
- In the event that the incident is anticipated to exceed the capacity of the regional resources, notify the WACHS EOC as soon as possible.

2.3.3 Response Stage

The 'Response Stage' is activated when a health response is required and resources are deployed accordingly. Depending on the situation, the following actions are undertaken:

- Activation of local and regional response plans to 'Response' including activation of the Local Emergency Operation Centre (LEOC) and Regional Emergency Operation Centre (REOC).
- Activate Memorandums of Understanding with other organisations as required (Note: In the event of a mass casualty event, casualties are not to be transferred out of Western Australia unless authorised by the SHC).
- Deploy a Health Response Team (formerly Hospital Response Team) and health resources to incident site (activated on the authority of the RHDC)
- Coordinate transfer of casualties to hospitals.
- Manage bed allocation of patients.
- Provide regular situation reports to Regional Direction, WACHS EOC & COO;
- In the event that an emergency event is anticipated to exceed the capacity of the regional resources, the WACHS EOC needs to be made aware to escalate the response to a State level.

2.3.4 Stand Down

The 'Stand Down' stage is activated when an organisation's response is no longer required.

During 'Stand Down' phase the RHDC is to:

- notify participating organisations of 'Stand Down' status
- set the status of Regional Emergency Response Plan to the 'Stand Down' stage.
- stand down participating organisations in accordance with relevant procedures for each organisation. (Emergency site personnel are withdrawn, additional staff called in are released from duty, etc.).
- monitor the progress of the recovery operations as related to Health (the recovery phase of any emergency event is usually managed at a local level)
- receive confirmation from organisations when stand down has been completed
- participate in, or advise participating organisations of debriefing arrangements as appropriate to the emergency
- prepare and submit a debrief report to table at local and regional committees and EMES. Regional Director, WACHS EOC and COO.

2.4 EMERGENCY BOUNDARIES

The geographical regional boundaries within WACHS do not always correspond with the State emergency boundaries. The RHDC have responsibility for the DEMC arrangements as outlined in Table 1.

Regions should note the subtle differences in jurisdictional boundaries between WACHS and Emergency Management Districts. This includes:

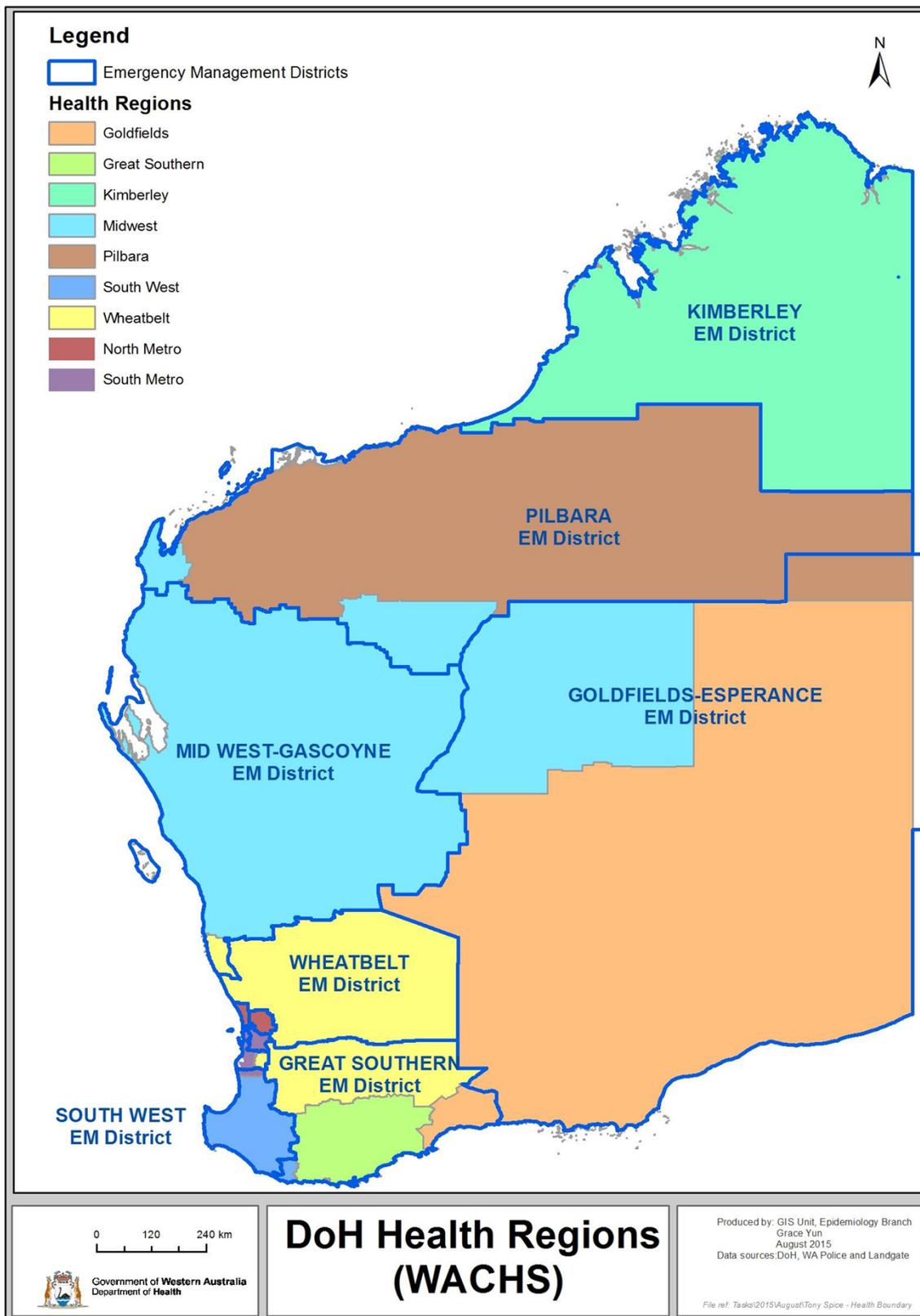
- Exmouth Hospital and Coral Bay Nursing Post are incorporated into the Pilbara emergency management district but are administered as part of WACHS – Midwest.
- Narrogin, Wagin, Wickiepin, Williams, Dumbleyung, Lake Grace, Kondinin, Kukerin, Corrigin, Pingelly and Boddington Hospitals are incorporated into the Great Southern emergency management district but are administered as part of WACHS - Wheatbelt.

Table 1:

WA Emergency District	DEMC Location	Corresponding WACHS Regional (District) Responsibilities
Kimberley	Broome	Kimberley
Pilbara	Karratha	Pilbara
Midwest	Geraldton	Midwest
Goldfields-Esperance	Kalgoorlie	Goldfields
Wheatbelt	Northam and Narrogin	Wheatbelt DEMC
Great Southern	Albany	Great Southern
South West	Bunbury	South West

DEMC Boundaries and Representation

WACHS health regions with district emergency management boundaries overlaid.



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2.5 WACHS HEALTH EMERGENCY MANAGEMENT PLANS

2.5.1 WACHS Local Emergency Plans

WACHS local Emergency Response Procedures are to comply with SHERP and Australian Standard AS 4083 2010 Planning for emergencies – health care facilities and 3745 – 2010 Planning for emergencies - facilities, the designated codes are detailed below:

Code	Description
Red	Responses to Fire and Smoke
Orange	Response to Evacuation
Blue	Medical Emergency
Purple	Bomb Threat, Suspicious Mail or Parcel
Black	Personal Threat
Black Alpha	Infant/Child Abduction
Black Bravo	Active Shooter
Yellow	Infrastructure and other internal emergencies
Brown	Major external emergency

In addition, local procedures will need to include responses for:

- missing persons
and/or
- patients/visitors risking self-harm, if a double storey facility.

A number of sub plans will be required, dependent on the region's risk and these may include, but are not limited to:

- tropical cyclone
- flooding / storm surge / tsunami
- earthquake
- severe storm
- bush fire.

2.5.2 WACHS Regional Health Emergency and Disaster Response Plans

WACHS Regional Emergency Response Plans are to comply with MP 0073/17 Emergency Management Policy, SHERP, State Hazard Plan Human Biosecurity, State Hazard Plan Heatwave and include the following key principles:

- Graduated response i.e. escalation procedures from local to → regional to → area office to → state
- Deployment of medical teams to major incidents within the region
- Communication plans, including key contact details for State, WACHS, regional and local contacts and communication redundancy planning for disaster management.
- Surge capacity, including the numbers of critically injured, numbers of others and numbers of paediatrics that can be managed locally and regionally.
- Likely response time for deployment of resources.
- Response plans for chemical, biological, radiological and nuclear incidents.

2.6 APPROVAL AND DISTRIBUTION OF REGIONAL EMERGENCY MANAGEMENT PLANS

Regional emergency and disaster response plans are to be approved by the Regional Director and endorsed by the COO. Electronic publication is to occur via the WACHS Policy Unit and published to [HealthPoint](#).

2.7 MECHANISM FOR REVIEW OF EMERGENCY AND DISASTER MANAGEMENT PLANS

The Regional Director (or delegate) is to ensure that the regional arrangements are tested and reviewed annually.

Reviews may take the form of field exercises, tabletop/discussion exercises, or through evaluation following activation of plans and subsequent operational debriefing reviews. Field exercises and tabletop/discussion exercises can be undertaken via the DEMC in partnership with other key emergency management agencies.

The WACHS EMES is to undertake an operational review of activated plans.

The nominated position undertaking the function of the RHDCs are responsible for ensuring that an operational debriefing occurs for a WA Health response within their region.

The designated RHDC is to participate in the general operational debrief conducted by the Hazard Management Agency for the relevant hazard.

The RHDC is to provide a summary of the operational debrief, including lessons learnt for the region at the next WACHS EMES.

2.8 REPORTS

The nominated RHDC is to arrange for the provision of a report relating to the regional health emergency response for the Regional Director, Regional Emergency Management Committee (however titled regionally) and the WACHS EMES. Where applicable copies are to be provided to the Hazard Management Agency.

2.9 TRAINING

The Disaster Preparedness and Management Unit in consultation with WACHS have developed training for specific emergency management training, including regional training programs. Refer to the Department [Disaster Preparedness and Management](#) webpage for details.

The Regional Director is responsible to ensure that:

- systems are in place to enable staff to undertake emergency management awareness on orientation.
- a managed and documented approach to achieving the training targets for all staff outlined in Table 2 is in place. This is to include a documented risk assessment and subsequent prioritisation, monitoring, feedback and corrective action through a formal governance process. This may include delegation to an appropriate officer, or governance committee, responsible for OSH, risk management or operations.

Table 2: Minimum Training Requirements

Staff Group	Training	Frequency
All Staff	Code Red and Orange: Fire safety and Evacuation	Induction and annual.
	Code Black: Risk Awareness Assessment	Induction.
Senior Managers (site/ward managers) (who are expected to undertake the RHDC role).	Introduction to Disaster Management MIMMS Commander (Advanced)	On appointment to role.
Clinical staff deployed to a mass casualty incident.	MIMMS Team Member course Other training relevant to the identified risks within the region.	On appointment to team.
Clinical Staff undertaking direct patient care, including community clinical staff.	Code Blue response: Basic Life Support competency.	Orientation and annual.
Clinical staff expected to respond as part of a Medical Emergency Team.	Code Blue: Advanced or Modified life support competency.	On appointment to team and annual.
Clinical staff working in emergency departments, high dependency units and recovery.	Code Blue: Advanced or Modified life support competency.	Orientation and annual.
Midwives and medical staff working in obstetric units and neonatal nurseries.	Code Blue: Neonatal resuscitation competency.	Orientation and annual.
All Emergency department, ward, mental health staff, including administration, orderlies / PCA.	Code Black individual response: verbal de-escalation and breakaway techniques.	Orientation and annual.

Staff Group	Training	Frequency
Staff expected to respond to Code Black and provide a team response to emergency physical restraint in an authorised mental health setting.	Code Black team response: Emergency patient physical restraint training (however titled).	On appointment to team and annual.
Staff expected to respond to Code Purple and provide investigations e.g. staff opening mail, staff with a security role.	Code Purple response	On appointment to role.

3. Definitions

Term	Definition
Disaster	see Emergency
Disaster Preparedness And Management Unit - DPMU	This is the functional unit within the WA DoH that manages the Health involvement in the Prevention, Preparation, Response and Recovery (PPRR) of disasters or major incidents.
Emergency	<p>An event, actual or imminent, which endangers or threatens to endanger life, property or the environment, and which is beyond the resources of a single organisation to manage or which requires the coordination of a number of significant emergency management activities.</p> <p>NOTE: The terms ‘emergency’ and ‘disaster’ are used nationally and internationally to describe events which require special arrangements to manage the situation. ‘Emergencies’ or ‘disasters’ are characterised by the need to deal with the hazard and its impact on the community. The term ‘emergency’ is used on the understanding that it also includes any meaning of the word ‘disaster’.</p>

Term	Definition
<p>Emergency Coordinator (District Emergency Coordinator – DEC) (Local Emergency Coordinator – LEC)</p>	<p>The person designated by the Commissioner of Police to be the District or Local Emergency Coordinator with responsibility for ensuring that the roles and functions of the respective District or Local Emergency Management Committee are performed, and assisting the Hazard Management Agency in the provision of a coordinated multi-agency response during Incidents and Operations.</p> <p>At the State level, this is the Commissioner of Police. At the District level, it is the designated Police Superintendent. At the local level, it is the Senior Police Officer responsible for the police sub-district.</p>
<p>Emergency Management - EM</p>	<p>Is a range of measures to manage risks to communities and the environment. It involves the development and maintenance of arrangements to prevent or mitigate, prepare for, respond to and recover from.</p>
<p>Hazard Management Agency - HMA</p>	<p>That organisation which, because of its legislative responsibility or specialised knowledge, expertise and resources is responsible for ensuring that emergency management activities pertaining to the prevention of, preparedness for, response to and recovery from a specific hazard are undertaken. Such organisations are either designated by legislation or detailed in State level emergency management plans.</p> <p>Health is the hazard management agency for Human Epidemic, in all other hazards health undertakes a support agency role.</p>
<p>Health Commander - HC</p>	<p>The person designated to coordinate medical aspects in the pre-hospital environment. This person is located in the emergency site with the Ambulance Commander and liaises with the incident site staff and the RHDC.</p>
<p>Health Response Team - HRT</p>	<p>The team of first medical responders attending an emergency site, comprised of both medical and nursing personnel, with approval to deploy from the RHDC.</p>
<p>Incident</p>	<p>An Emergency, which impacts upon a localised community or geographical area but not requiring the coordination and significant multi-agency emergency manage activities at a regional (district) or state level.</p>

Term	Definition
Incident Area	The area, defined by the Incident Manager, incorporating the localised community or geographical area impacted by an Incident.
Incident Support Group - ISG	The group that may be convened by an HMA in consultation with the relevant Local Emergency Coordinator to support response to an Incident. The ISG includes representation from the key agencies involved in the response.
Incident Controller - IC	The person designated by the relevant Hazard Management Agency, responsible for the overall management and control of an Incident and the tasking of agencies in accordance with the needs of the situation.
Local Emergency Operations Centre - LEOC	The physical location used to: <ul style="list-style-type: none"> - coordinate communications between the Hospital Response Teams at an emergency site and the Health Service Unit; and - manage the allocation and distribution of human and material resources in an Incident.
Major Incident	See Emergency.
Mass Causality Incident - MCI	An Emergency that leads to large numbers of casualties.
State Health Business Continuity Plan	Provides the operation framework, to manage and maintain critical business functions in the event of system failure(s) or a mass influx of patients due to an external Emergency.
Nominated Site	A hospital that has been designated by WACHS to provide a Medical Team when required.
Operation	An incident or multiple Incidents that impact, or are likely to impact beyond a localised community or geographical area.
Operations Area	That area, defined by the Operations Area Manager, incorporating the entire community or geographical (district or regional) area impacted or likely to be impacted, by an Operation and incorporating a single or multiple Incident Areas.
Operations Area Manager - OAM	That person designated by the Hazard Management Agency, responsible for the overall management of an Operation and provision of strategic direction to agencies and Incident Managers in accordance with the needs of the situation.

Term	Definition
Regional Emergency Operations Centre - REOC	The physical location used to: - coordinate communications between the Medical Teams at an emergency site and the Regional Health Disaster Coordinator manage the health allocation and distribution of human and material resources within a region in response to an Operation.
Regional Health Disaster Coordinator - RHDC	The role of the RHDC is to coordinate the health response to an Operation, within the geographical boundaries of the WACHS region and the Operation Area.
State Emergency Coordination Group - SECG	A group that may be established at State level, by the State Emergency Coordinator, at the request of, or in consultation with, the Hazard management Agency, to assist in the provision of a coordinated multi-agency response to, and recovery from, the emergency. It is the operational arm of the State Emergency Management Committee and includes representation, at State level, from key agencies involved in the response and recovery for the emergency.
State Emergency Management Committee - SEMC	The State Emergency Management Committee is the peak emergency management body in Western Australia.

4. Roles and Responsibilities

4.1 Regional Director

The Regional Director has overall responsibility for emergency and disaster management for their respective regions.

Key roles include:

- ensuring regional health representation at respective DEMCs
- overseeing the development and approval of a Regional Health Disaster Plan
- appointing Regional Health Disaster Coordinator (RHDC) to coordinate emergency response activities
- ensuring the region is compliant with emergency and disaster management policy arrangements.

4.2 Regional Health Disaster Coordinator

The RHDC is a delegated position that is responsible for coordinating the regional health emergency activities for a region.

Key roles include:

- establishing and maintaining regional emergency management committees
- ensuring the allocation of the Local Health Disaster Coordinator (LHDC)
- developing, maintaining, and exercising regional emergency management plans
- allocating the role of Health Commander for any HRT deploying with the region
- authorising the deployment of a liaison officer
- authorising the deployment of regional health resources in response to an emergency
- activating and deactivating emergency management plans
- escalating and de-escalating issues to LHDC and the RD
- where requested, participating in a multi-agency Operational Area Support Group
- supporting the LHDC and coordinating resources during recovery activities.

5. Compliance

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

All WACHS corporate records must be stored in the approved Electronic Documents and Records Management System.

[Records Management Policy](#)

7. Evaluation

The number of staff undertaking emergency response awareness training.
The number of reported activations of local and regional emergency response arrangements.

8. Standards

[National Safety and Quality Health Service Standards – 1.10](#)

Australian Standard (2010) AS 4083 2010 Planning for emergencies - health care facilities (restricted access).
Australian Standards (2010) AS 3745 2010 Planning for emergencies in facilities (restricted access).

9. Legislation

[Health Services Bill 2016](#)

[Emergency Management Act 2005 \(WA\)](#)

[Emergency Management Regulations 2006 \(WA\)](#)

10. References

[State Health Emergency Response Plan \(2016\)](#)

[Public Health Policy Framework – Item 6.4 Disaster Preparedness and Management](#)

[State Hazard Plan - Human Biosecurity](#)

[State Hazard Plan - Heatwave](#)

11. Related Forms

Nil

12. Related Policy Documents

WACHS [Clinical Escalation Including Code Blue – Medical Emergency Response \(MER\) Policy](#)

WACHS [Policy Development Policy](#)

WACHS [Workforce Learning and Development Policy](#)

13. Related WA Health System Policies

[MP 0073/17 Emergency Management Policy](#)

14. Policy Framework

[Public Health](#)

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

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