



Emergency Management Arrangements Policy

1. Purpose

This policy defines the WA Country Health Service (WACHS) emergency management arrangements and establishes WACHS-wide minimum requirements for governance, risk management, planning, capability, coordination, business continuity, recovery, and assurance.

WACHS must maintain integrated, risk-based emergency management arrangements to protect people, support safe care, and maintain or restore critical health services. These arrangements must be scalable and support effective prevention, preparedness, response, and recovery (PPRR) across WACHS.

This policy supports the following legislation:

- [Emergency Management Act 2005 \(WA\)](#) which establishes Western Australia's statutory emergency management framework.
- [Emergency Management Regulations 2006 \(WA\)](#), which prescribe hazards and designate each Hazard Management Agencies (HMA), Combat Agencies and Support Organisations.

The policy also supports the implementation of the requirements of [MP 0170/21 Emergency Management Policy](#). It aligns WACHS arrangements with the current [State Emergency Management Framework](#), [WA health system Emergency Management Arrangements](#), [State Health Emergency Response Plan \(SHERP\)](#), [WACHS Infection Prevention and Control Policy](#), relevant [State Hazard Plans](#) and applicable national standards and accreditation requirements.

2. Policy

2.1 Applicability and Scope

This policy applies across all WACHS services and to all employees, students, volunteers, locums, contractors, agency staff and visiting health professionals. Its requirements apply according to each person's role, authority and responsibilities, and the functions and context of the service. Relevant requirements must be included in contracts or service agreements with contracted health entities as required by [MP 0170/21 Emergency Management Policy](#).

This policy does not replace State or [WA health system Emergency Management Arrangements](#), the responsibilities of a HMA or Controlling Agency, clinical governance, public health or work health and safety obligations, specialist cybersecurity arrangements, approved local emergency procedures or Business Continuity Plans (BCPs).

The policy does not prescribe operational activation steps, local response processes, clinical treatment instructions, or role-specific actions. Those requirements must be documented in approved and controlled emergency management plans, business continuity plans, procedures, role instructions, and local arrangements.

2.2 Principles

WACHS emergency management arrangements must be guided by the following principles:

- continuous and risk-based planning
- shared responsibility for preparedness and resilience
- all-hazards approach
- coordinated and interoperable arrangements
- scalable and proportionate responses
- community, consumer, and workforce engagement
- timely, authorised, and secure information sharing
- clear authority, accountability, and escalation
- safe, inclusive, person-centred, and culturally responsive care
- capability development, lessons management and continuous improvement.

2.3 Emergency Management Governance

2.3.1 WACHS-wide Governance

WACHS must establish, maintain, monitor and review emergency management governance arrangements that support compliance with the [MP 0170/21 Emergency Management Policy](#), the [State Emergency Management Framework](#) and the [WA health system Emergency Management Arrangements](#).

Governance arrangements must define authority, accountability, reporting, escalation, and assurance pathways. They must identify how emergency management connects with other WACHS functions. These functions include clinical governance, operations, business continuity, risk, safety, information technology, and cybersecurity. Refer to the [Roles and Responsibilities](#) for further information.

Significant risks, capability gaps, non-compliance, and overdue treatment action plans must be monitored. They must be reported and escalated through approved governance and risk-management processes.

2.3.2 Facility Emergency Planning Governance

Each WACHS facility, or approved group of facilities, must have a committee that performs the Emergency Planning Committee (EPC) functions required by the current adopted version of [AS 3745-2010 | Planning for emergencies in facilities](#) including applicable amendments.

These functions may be assigned to an existing regional, district or local committee if its terms of reference provide the necessary authority, membership, capability, resources, recordkeeping, and reporting arrangements.

The committee must oversee facility emergency planning and ensure:

- emergency risks are assessed
- plans and procedures are current and accessible
- required resources are available
- emergency arrangements are tested and reviewed
- an ECO is established and maintained where required

2.3.3 External Governance and Representation

WACHS must maintain adequate representation on relevant District Emergency Management Committees (DEMCs). Regional Executive Directors are accountable for this representation.

WACHS must maintain active representation on relevant Local Emergency Management Committees (LEMCs). District Directors are accountable for this representation.

WACHS must also participate in relevant WA Health, State and multi-agency governance, coordination, assurance, recovery, and incident-management arrangements where required. Representatives must be appropriately authorised and act within their WACHS authority, delegation, and approved arrangements. Committee representation and other role-specific accountabilities are set out in [Roles and Responsibilities](#).

2.4 Emergency Risk Management

WACHS must manage emergency risks according to the [MP 0006/16 Risk Management Policy](#), the WACHS Risk Management Framework and Policy, the current [Risk Assessment Tables for the WA Health System](#) and standards guidance including [AS ISO 31000:2018 - Risk management - Guidelines](#) and [AS/NZS IEC 310:2020 Risk Management – Risk Assessment Techniques](#).

Risks must be treated and monitored. Risk information must be reviewed, recorded, and reported. Risk treatments must have a responsible owner and target completion date. Arrangements must be established to monitor their implementation and effectiveness. They must be assessed against the [WACHS Risk Appetite Statement](#) and applicable risk acceptance requirements. Risks outside WACHS's risk tolerance must be escalated. Risks that exceed a person's delegated authority must be referred to an authorised decision-maker.

Risk assessments must consider likelihood, consequences, existing controls, service dependencies, and cascading impacts. Assessments must reflect WACHS's rural, remote, and dispersed operating environment. They must inform emergency plans and procedures. They must also guide preparedness, capability development, resource allocation, assurance activities, and exercise priorities.

Risk assessment does not replace mandatory requirements for compliance, training, testing, which checks that arrangements are current, functional, and fit for purpose, or exercising, which uses simulations to practise and evaluate emergency procedures.

2.5 Clinical Governance, Safety and Aged Care Interface

Emergency management activities must comply with relevant clinical governance, patient safety, and aged care standards. Emergency arrangements must identify people who may need additional assistance. They must include documented evacuation or support arrangements where required. Planning, response, and recovery must support safe and continuous care.

Aged care services must connect emergency planning with care planning and workforce arrangements. Aged care services must comply with applicable requirements of the [Aged](#)

[Care Act 2024 \(Cth\)](#) and the [Strengthened Aged Care Quality Standards](#). WACHS services assessed under the Integrated Health and Aged Care Services Module must meet the applicable requirements of that module.

Emergency planning and associated plans must support continuity of care and address individual needs. Plans must be developed, exercised, and reviewed with relevant stakeholders where appropriate.

Decisions about services, evacuation, relocation, restrictions, models or levels of care, and service restoration must be informed by appropriate clinical advice. Decisions must be authorised and recorded. They must be escalated through the relevant governance pathways where required.

Clinical incidents and near misses must continue to be managed in accordance with [MP 0122/19 Clinical Incident Management Policy](#) and relevant WACHS reporting and governance requirements. Work health and safety incidents and other reportable events must continue to be managed through the applicable reporting and governance systems.

2.6 Emergency Management Planning

2.6.1 Required Plans and Arrangements

WACHS must maintain plans and arrangements that reflect its risks, responsibilities, and service context. These must include:

- Emergency Management Plans supported by Emergency Response Procedures
- infectious disease plans aligned with the WA health system Infectious Disease Emergency Management Plan and applicable State arrangements
- heatwave plans aligned with applicable WA Health and State arrangements
- Business Continuity Plans
- chemical, biological, radiological, and nuclear and hazardous materials arrangements where required
- other plans required by legislation, risk assessments, accreditation requirements, applicable State or WA Health arrangements, or authorised tasking

Facility emergency planning must comply with the current adopted version of [AS 3745-2010, Planning for emergencies in facilities](#), including applicable amendments. WACHS healthcare facilities must also apply [AS 4083-2010, Planning for Emergencies - Health Care facilities](#). They must apply this standard according to their size, functions, and emergency responsibilities.

Emergency planning must consider patient movement, evacuation, sheltering and surge requirements. It must address the continuity of clinical services. Planning requirements must reflect the facility's role and risk profile.

Plans must be coordinated across WACHS. They must align with applicable WA Health and State arrangements.

2.6.2 Regional Arrangements

WACHS must maintain approved regional arrangements that connect facility, site, and service plans with WACHS-wide, WA Health and State arrangements.

Regional plans must define activation, escalation, and coordination arrangements. They must also define communication, information-sharing, and situation-reporting arrangements. Plans must explain how resource support will be requested and provided.

Deployable health capability must be clinically safe and sustainable. Regional arrangements must identify workforce, equipment, communication, transport, and other resource requirements. They must support continuity of WACHS services as far as reasonably practicable.

2.6.3 Hazard and Service-Specific Requirements

Where applicable, plans must address WACHS responsibilities under the [State Health Emergency Response Plan](#) (SHERP) and relevant [State Hazard Plans](#). These include the State Hazard Plans for Human Biosecurity, Heatwave and Cybersecurity Incident. Other State Hazard Plans must be addressed where they assign a role to WA Health or may affect WACHS services.

Plans must address applicable surge arrangements. They must address chemical, biological, radiological, and nuclear and hazardous materials response arrangements where required. Plans must also address mental health continuity, patient identification and tracking, management of deceased persons, public information, and emergency financial arrangements where applicable.

Plans must consider the effects of identified hazards and disruptions on health services. They must also consider the effects on the workforce, patients, consumers, infrastructure, resources, and continuity of care.

Planning for natural hazards must consider applicable [WACHS Natural Hazard Reference Guides](#).

Plans for heatwave, human biosecurity, aged care, and other relevant risks must identify people who may be disproportionately affected. Plans must describe how those people will be supported. They must support continuity of essential services during prolonged workforce, infrastructure, utility, supply, transport, information and communications technology or other significant disruptions.

2.6.4 Document Control and Review

Plans, procedures, role instructions, contact lists and diagrams must be approved and version controlled. They must be accessible to the people who need them.

Documents must be reviewed within their approved validity period. They must also be reviewed following an emergency, exercise, significant incident, or material change. A document must be reviewed when an audit finding or identified deficiency may affect its accuracy or effectiveness.

2.7 Preparedness and Capability

WACHS must maintain the people, plans, systems, equipment, and resources needed to perform its emergency management and business continuity functions. Preparedness

must reflect identified risks, service responsibilities and WACHS's rural, remote, and dispersed operating environment.

2.7.1 Workforce Capability, Training and Awareness

All employees must complete emergency management training appropriate to their role, responsibilities, service context, and local risks.

Personnel with emergency management responsibilities must complete additional, relevant role-specific training or have suitable experience.

WACHS must maintain enough trained personnel to perform required emergency management functions. This must include suitable deputies and after-hours coverage.

Regional Emergency Management Subcommittees must maintain the capability required by relevant standards and WACHS requirements.

Emergency Control Organisation and Incident Management Teams must be trained and competent for their roles. Training and assessment must comply with relevant standards and WACHS requirements. Skills-retention activities must be completed as required.

Personnel deploying as part of a Health Response Team must maintain Major Incident Medical Management and Support (MIMMS) training and any other competencies required for their role. Training and competency records must be maintained and monitored. They must be provided to the WA Health Emergency Management Committee (HEMC) when requested.

Students, volunteers, contractors, agency staff, visiting health professionals, patients, residents, consumers, supporters, and visitors must receive emergency information and training appropriate to their role, responsibilities, and circumstances.

2.7.2 Exercising and Capability Assurance

WACHS must maintain a risk-based exercise program to test emergency management plans, emergency response procedures, business continuity plans, and related capabilities.

Exercises are simulations used to train staff involved in Emergency Management. The types and scope of exercises must reflect identified risks and WACHS responsibilities. Participants and frequency must reflect relevant legislative, WA Health, standards, and WACHS requirements.

New or significantly changed arrangements must be tested prior to implementation. Evacuation exercises must be conducted in accordance with applicable standards and WACHS requirements.

Exercises must be planned and conducted. Each exercise must be evaluated and followed by a debrief. Findings and improvement actions must be recorded.

Relevant internal and external organisations should participate in or observe exercises where this supports the exercise objectives. Exercises required by legislation, standards, WA Health, or WACHS arrangements must be completed within the required timeframe.

2.7.3 Emergency Equipment and Systems

WACHS must maintain the emergency equipment and systems needed to manage identified risks and perform its emergency management responsibilities.

As a minimum, disaster response equipment must include emergency communication equipment, medical deployment and response equipment, personal protective equipment, spill-response equipment, and decontamination equipment, where applicable to the service or identified risk.

Emergency equipment and systems must be inspected and tested at the required intervals. Maintenance must comply with legislation, relevant standards, manufacturer instructions, and WACHS requirements.

Responsibilities for managing emergency equipment and systems must be defined. Deficiencies must be addressed promptly. Where a deficiency cannot be corrected immediately, interim controls must be implemented. The remaining risk must be managed through approved governance and risk-management processes.

2.8 Business Continuity Management

WACHS must maintain business continuity arrangements to continue and restore critical health services and functions during and after a disruption. These arrangements must align with [MP 0170/21 Emergency Management Policy](#), [AS ISO 22301:2020 | Security and resilience – Business Continuity management Systems – Requirements](#) and relevant WACHS business continuity requirements.

Business impact analyses must identify critical services and functions, the impacts of disruption, service dependencies and the resources and timeframes required for continuity and recovery.

A BCP must be established and maintained for each critical service or function. Business Continuity Plans must define responsibilities and resource requirements. They must document continuity and recovery strategies. Plans must also explain how they connect with emergency and incident management arrangements.

Plans must include activation, escalation, and stand-down arrangements. They may operate independently or alongside emergency management arrangements, depending on the nature and consequences of the disruption.

Business impact analyses and BCPs must be tested and regularly reviewed. They must be updated following relevant organisational changes, exercises, incidents, or disruptions. They must also be updated when a deficiency is identified. Findings must be recorded.

2.9 Incident management, command, control, and coordination

WACHS must maintain incident management arrangements for emergencies, major disruptions and significant internal or external incidents. The arrangements must be coordinated, scalable and timely.

The arrangements must support command, control, and coordination within WACHS. They must support effective communication and decision-making. They must also enable coordination with WA Health, HMAs, Controlling Agencies and other relevant organisations.

WACHS must use an incident command system. WACHS must also maintain designated Emergency Operations Centres (EOC). The EOCs must be recognised through WA Health emergency management arrangements.

Facility EOC arrangements must work with WACHS incident management arrangements. The EOC is responsible for the immediate facility response. The relevant WACHS incident management structure is responsible for coordinating the broader operational, clinical, and organisational response.

Incidents must be managed at the lowest appropriate level. An incident must be escalated when it exceeds local or regional capability. This may be due to its complexity, consequences, coordination or resource needs.

An incident must also be escalated when the required authority is not available at the managing level. Escalation must occur when required by State or WA Health arrangements. It must also occur in response to an authorised direction.

Personnel must act within their delegated authority and role responsibilities in accordance with the WACHS Delegation Schedule.

Decisions and actions must be appropriately authorised. They must be communicated to relevant personnel. They must also be recorded in approved systems.

Incident information and decisions must be entered into WebEOC when a WA health system WebEOC incident has been created.

WACHS must provide information, liaison, personnel, and resources when authorised or required. In doing so, WACHS must protect the safety of patients, staff, and other people. WACHS must maintain critical health services as far as is reasonably practicable.

2.10 Cybersecurity Incidents and ICT Disruptions

WACHS must manage the organisational effects of cybersecurity incidents and information and communications technology disruptions. The response must connect emergency management, business continuity, clinical governance, and specialist technical arrangements.

Actions must prioritise patient and workforce safety. They must support the continuity of critical services. They must protect sensitive information and support timely recovery. Cybersecurity incidents and information and communications technology disruptions must be managed in accordance with [MP 0067/17 Information Security Policy](#) and other applicable WA Health information security requirements.

Specialist cybersecurity and information technology functions must lead the technical response. This includes assessment, containment, investigation, and secure restoration.

WACHS must identify critical systems and service dependencies. It must maintain continuity arrangements for disruptions to those systems and dependencies. These arrangements must include alternative or manual processes where required.

Continuity arrangements must reflect identified risks. They must be tested and reviewed. They must comply with applicable notification, reporting, information security, and recordkeeping requirements.

WACHS must use its approved incident management arrangements when a cybersecurity incident or information and communications technology disruption requires an emergency management response. WACHS must coordinate with WA Health and relevant external authorities.

2.11 Communication, Information Management and Records

WACHS must maintain communication, information-management and recordkeeping arrangements that support situational awareness, decision-making, coordination, and accountability across PPRR activities. Information must be appropriately managed and protected. It must be shared with and accessible to authorised people who require it.

Personal and sensitive information must be managed in accordance with the [Privacy and Responsible Information Sharing Act 2024 \(WA\)](#) and applicable information-sharing and information security requirements.

Emergency management records must be managed in accordance with [State Records Act 2000 \(WA\)](#), applicable WACHS recordkeeping policies and plans.

Communication arrangements must support internal communication and external coordination. Alternative communication methods must be available where normal systems are disrupted.

During an incident, WACHS must maintain timely, complete, and auditable records in approved systems. Records must include relevant communications, information, decisions, approvals, tasking, and resource commitments. Where the System Manager has created a WebEOC incident, relevant incident information and decisions must be entered into WebEOC.

2.12 Recovery, Debriefing and Continuous Improvement

Recovery arrangements must support the continuation or restoration of critical health and aged care services. They must also address ongoing impacts on patients, residents, consumers, and the workforce.

2.12.1 WACHS Service Recovery

WACHS is responsible for the recovery of its health services, facilities, and functions. Recovery arrangements must support the continuation or restoration of critical health and aged care services and address ongoing impacts on patients, residents, consumers, and the workforce.

Decisions about service restoration must be informed by relevant clinical, operational, safety and business continuity advice. Decisions must be authorised and recorded.

Following an emergency or significant disruption, WACHS must evaluate its response and recovery arrangements. Findings and improvement actions must be recorded.

2.12.2 Participation in Community Recovery

WACHS does not lead whole-of-community recovery. The relevant local government coordinates community recovery unless State recovery arrangements applies. WACHS must participate in relevant WA Health, local government and State recovery arrangements when required. Depending on the recovery needs, WACHS must contribute within its health service responsibilities. This may include:

- maintaining or restoring health services
- providing health advice and information about impacts
- supporting the health and wellbeing of affected people
- contributing to recovery planning and coordination
- providing relevant information for impact statements through WA Health arrangements.

Participation in community recovery does not transfer another organisation's recovery responsibilities or authority to WACHS.

3. Roles and Responsibilities

Responsibilities may be delegated where authorised; however, accountability remains with the role assigned responsibility unless formally transferred. A person exercising functions under this policy must act within their authority, delegation, professional scope of practice and applicable arrangements.

The WACHS Board is responsible for oversight of emergency management governance, risk and obtaining assurance that WACHS maintains effective and appropriately resourced arrangements.

The Chief Executive is accountable for ensuring WACHS maintains effective emergency management and business continuity arrangements and complies with applicable legislation, policy, and lawful directions.

WACHS Executive is responsible for oversight of emergency risks, preparedness, capability, business continuity, significant incidents, recovery, compliance, and improvement.

Emergency Management Executive Sub-Committee (EMES) performs the HSP emergency management committee function and oversees governance, risks, plans, preparedness, exercising, capability, compliance, assurance, and continuous improvement.

Chief Operating Officer - Remote provides executive leadership for emergency management and business continuity across WACHS.

District Directors are responsible for ensuring facilities and services maintain required risk assessments, plans, capability, exercises, resources, and emergency arrangements.

Facility and Site Managers are responsible for implementing local emergency management arrangements, maintaining preparedness and capability, and ensuring identified deficiencies are addressed or escalated.

Managers and Service Leads are responsible for managing risks, maintaining readiness, supporting training, and exercising, maintaining records, and escalating significant issues.

The Emergency Management and Business Continuity Program provides specialist advice, coordination, frameworks, tools, assurance, exercising, incident support, and continuous-improvement functions.

Contract Managers must ensure contractual emergency management obligations are accurately reflected, monitored, and managed.

All employees, students, volunteers, contractors, agency staff and visiting health professionals must support preparedness, response, recovery and resilience activities within the scope of their role. This includes complying with this policy, complete required training, participate in exercises where directed, report risks and incidents, and follow lawful and reasonable directions. WACHS employees must also comply with applicable public sector conduct and employment requirements.

4. Assurance and Compliance

4.1 Monitoring and Assurance

WACHS must provide assurance that its emergency management and business continuity arrangements are effective and comply with relevant legislation, policies, standards, and WACHS requirements.

Assurance activities may include reviews of governance arrangements, risks, plans, training, exercises, equipment, incident records, audits, and other relevant evidence. WACHS must monitor compliance with [MP 0170/21 Emergency Management Policy](#). [Appendix B](#) identifies the requirements subject to assurance, the evidence that may demonstrate compliance and the relevant assurance domains.

WACHS must provide required reports and attestations to the System Manager. Supporting evidence must be provided when requested.

Significant risks, non-compliance, capability gaps, and overdue actions must be reported. They must be escalated through approved governance and risk-management processes.

4.2 Evaluation and Continuous Improvement

WACHS must evaluate its emergency management and business continuity arrangements to identify whether they are effective and where improvements are required. Evaluation may be drawn from exercises, incidents, disruptions through a combination of audits, reviews, assurance findings, lessons identified and stakeholder feedback.

Improvement actions, identified through lessons observed, must be recorded and assigned to a responsible person. Progress must be monitored until each action is completed and formally closed.

Outcomes must be reported to the appropriate governance body. Reporting must support accountability, organisational learning, and continuous improvement.

5. Definitions

This policy uses the following definition hierarchy. Where more than one source defines a term, the higher-ranked source prevails:

- **Legislation**
Includes the [Emergency Management Act 2005 \(WA\)](#), [Public Health Act 2016 \(WA\)](#) and [Health Services Act 2016 \(WA\)](#).
- **WA Health mandatory policies and adopted standards**
Includes an applicable [MP 0170/21 Emergency Management Policy](#) or a standard expressly adopted by it.
- **State emergency management documents**
Includes the current [State Emergency Management Glossary](#) and other relevant instruments within the [State Emergency Management Framework](#).
- **WA health system documents**
Includes controlled [WA health system Emergency Management Arrangements](#) plans and guidance.
- **National emergency management guidance**
Includes the [Australian Disaster Resilience Glossary](#)
- **WACHS-specific definitions**
Used only where needed to explain a WACHS governance, policy, or implementation term.

Term	Definition
All-hazards approach	An approach that recognises that functions and activities applicable to one hazard are often applicable to a range of hazards. It integrates common emergency management elements while allowing specific plans and arrangements for hazards requiring a specialised approach.
Business Continuity Management (BCM)	A management process that identifies potential disruptions and their impacts on WACHS. It provides a framework for maintaining and restoring critical services and functions during and after a disruption.
Business Continuity Plans (BCPs)	Documented information that guides WACHS to respond to a disruption and resume, recover and restore services and functions consistently with its business continuity objectives.
Business impact analysis	The process of analysing the impact over time of a disruption on WACHS services and functions and identifying the resulting business continuity requirements.

Term	Definition
Capability	The collective ability to undertake prevention, preparedness, response, and recovery activities to reduce the impact of emergencies and contribute to a better prepared, more resilient, and safer State.
Combat Agency	A public authority or other person 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.
Command	The direction of members and resources of an organisation in performing its roles and tasks. Authority to command is established by legislation or agreement and operates vertically within the organisation.
Control	The overall direction of emergency management activities in an emergency. Authority for control is established in legislation or an emergency plan and includes responsibility for tasking and coordinating other organisations according to the needs of the situation. Control operates horizontally across organisations.
(Risk) Control	A measure that maintains or modifies risk
Controlling Agency	An agency responsible for response activities to a specified type of emergency. The responsibility arises from legislation other than Emergency Management Act 2005 (WA) , or by agreement between the relevant Hazard Management Agency and one or more agencies.
Coordination	The bringing together of organisations and resources to ensure an effective response, primarily through the systematic acquisition and application of resources according to the requirements of the emergency. Coordination operates vertically within organisations and horizontally across organisations.
Critical service or function	A WACHS service or function whose disruption would cause an unacceptable impact, and which must therefore be continued or restored within a defined timeframe identified through a business impact analysis.
Cybersecurity incident	An event or situation in which an electronic system is modified or impaired or is reasonably suspected or threatened to be modified or impaired, where the modification or impairment can cause loss of life, prejudice to safety, harm to health, or damage to property or the environment.
District Emergency Management Committee (DEMC)	A committee established under the Emergency Management Act 2005 (WA) for an emergency management district. Its functions include assisting with the establishment and maintenance of effective emergency management arrangements for the district. It also supports and provides guidance to Local Emergency Management Committees within the district.

Term	Definition
Disaster response equipment	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. As a minimum, it includes emergency communications equipment, medical deployment and response kits, personal protective equipment, spillage response equipment, and decontamination response equipment.
Disruption	An incident, whether anticipated or unanticipated, that causes an unplanned negative deviation from the expected delivery of WACHS services or performance of functions.
Emergency	The occurrence or imminent occurrence of a hazard which is of such a nature or magnitude that it requires a significant and coordinated response.
Emergency management	The management of the adverse effects of an emergency, including prevention, preparedness, response, and recovery.
Emergency Management Arrangements	The integrated WACHS governance, planning, coordination, capability, business continuity, and assurance arrangements that support prevention, preparedness, response and recovery for emergencies, significant internal incidents, and disruptions.
Emergency Management Executive Subcommittee (EMES)	The WACHS committee that performs the Health Service Provider emergency management committee function. It oversees emergency management and business continuity across WACHS and provides assurance to the Chief Executive.
Emergency Control Organisation (ECO)	A group of people appointed by the Emergency Planning Committee to direct and control the facility response to an emergency. The ECO conducts the facility emergency response procedures until the emergency is resolved, or responsibility is transferred to the attending emergency service.
Emergency Operations Centre (EOC)	A facility used to control and coordinate the response and support to an incident or emergency.
Emergency Planning Committee (EPC)	A committee responsible for establishing, maintaining, and reviewing a facility's emergency plan and emergency response procedures. The EPC also establishes the Emergency Control Organisation and oversees emergency training and exercises.
Emergency risk management	A systematic process that produces a range of measures contributing to the wellbeing of communities and the environment.
Exercise	A simulation through discussion or deployment of personnel and equipment that is used to train personnel, test and review planning or procedures, identify needs or weaknesses, demonstrate capabilities and practise working together.
Hazard	A cyclone, earthquake, flood, storm, tsunami, or other natural event; fire; road, rail, or air crash; plague or epidemic; terrorist act; or another prescribed event, situation, or condition capable of causing loss of life, prejudice to safety, harm to health, or damage to property or the environment.

Term	Definition
Hazard Management Agency (HMA)	A public authority or other person prescribed under Emergency Management Act 2005 (WA) to be responsible for emergency management, or a prescribed aspect of emergency management, for a prescribed hazard in a prescribed area.
Health Service Provider (HSP)	A statutory body established by an order under section 32(1)(b) of Health Services Act 2016 (WA) to provide health services for a specified area or population.
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 an HSP.
Health Response Team (HRT)	A clinical team deployed under approved WA Health emergency management arrangements to provide health care at an incident site or another designated location. Its composition and capability depend on the incident, deployment task, and available resources.
Integrated Health and Aged Care Services (IHACS) Module	The national assessment module used with the NSQHS for eligible Commonwealth-funded integrated health and aged care services. It supports combined assessment against applicable health and aged care quality requirements.
Incident	An event or situation that has caused, or has the potential to cause, disruption, harm, loss, damage, or adverse consequences requiring management action.
Incident command system	A standardised approach to command, control and coordination of an emergency response that provides a common hierarchy within which responders can operate effectively.
Incident management	The process of controlling an incident and coordinating resources.
Impact statement	A point-in-time overview of known and emerging impacts arising from an emergency.
Local Emergency Management Committee (LEMC)	A committee established under the Emergency Management Act 2005 (WA) for a local government district. Its functions include advising and assisting the local government to establish local emergency management arrangements. It also develops, reviews, and tests those arrangements and carries out other emergency management activities as directed or prescribed.
Lessons management	The systematic collection and analysis of information from incidents, exercises and other activities to identify, implement, validate, and share changes that improve organisational systems, processes, and capability.
Prevention, Preparedness, Response and Recovery (PPRR)	The four aspects of emergency management: prevention, preparedness, response, and recovery.

Term	Definition
Major Incident Medical Management and Support (MIMMS)	A structured training program that provides a systematic approach to the medical management of major incidents. It prepares relevant personnel to work safely and effectively within a coordinated major-incident response.
Preparedness	Preparation for response to an emergency.
Prescribed hazard	A hazard prescribed under the Emergency Management Regulations 2006 (WA) for the purposes of Emergency Management Act 2005 (WA)
Prevention	The mitigation or prevention of the probability of the occurrence of, and the potential adverse effects of, an emergency.
Recovery	The support of emergency-affected communities in the reconstruction and restoration of physical infrastructure, the environment and community, psychosocial and economic wellbeing.
Response	The combating of the effects of an emergency, provision of emergency assistance for casualties, reduction of further damage and help to speed recovery.
Residual Risk	The level of risk remaining after existing controls or risk treatments have been considered.
Risk	The effect of uncertainty on objectives, whether positive effects (opportunities) or negative effects (threats).
Risk appetite	The nature and extent of the risks the governing body is prepared to accept to meet objectives.
Risk treatment	A process to modify risk.
Significant internal incident	An incident arising within, or materially affecting, WACHS that does not necessarily meet the statutory definition of an emergency but, because of its actual or potential consequences, complexity or resource requirements, requires coordinated management or activation beyond routine business arrangements.
Situation Report (SitRep)	A brief report updated periodically during an emergency to describe the emergency, resulting needs and response actions as information becomes known.
Situational awareness	A current and shared understanding of an incident or emergency, including its impacts, actions, risks, resource needs, and likely developments, sufficient to support timely and informed decisions.
Stand-down	The phase when an agency's response is no longer required and services are wound back; deployed teams return to base and additional staff are released from duty.

Term	Definition
Support Organisation	A public authority or other person which, because of the organisation's functions under any written law or specialised knowledge, expertise and resources, is responsible for providing support functions prescribed by the regulations in relation to that organisation.
System Manager	The Director General, as chief executive officer of the Department of Health, responsible for the overall management of the WA health system, including its stewardship, strategic leadership and direction and the allocation of resources for public health services in the State.
Testing	A planned activity to check whether emergency management plans, procedures, systems, equipment, or business continuity arrangements are current, functional, and fit for purpose.
Training	Structured learning designed to develop the knowledge, skills and awareness required to perform emergency management or business continuity responsibilities relevant to a person's role.
WA Health Emergency Management Committee (HEMC)	The peak emergency management body for the WA health system. It provides strategic direction, governance, and assurance for emergency management across the WA health system.
WA health system	The Department of Health; HSPs, including WACHS; and contracted health entities, to the extent that they provide health services to the State.
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 for operations centre staff at hospital, regional and State levels.

6. Document Summary

Field	Detail
Coverage	WACHS-wide
Audience	This policy applies to all WACHS staff, students, volunteers, contractors, visiting health professionals and agency staff.
Records Management	Non-clinical: Corporate Recordkeeping Compliance Policy Clinical: Health Record Management Policy
Related Legislation	Emergency Management Act 2005 (WA) Emergency Management Regulations 2006 (WA) Public Health Act 2016 (WA) Health Services Act 2016 (WA) Work Health and Safety Act 2020 (WA) Work Health and Safety (General) Regulations 2022 (WA) Security of Critical Infrastructure Act 2018 (Cth) (where applicable) Aged Care Act 2024 (Cth) State Records Act 2000 (WA) Privacy and Responsible Information Sharing 2024 (WA) Public Sector Management Act 1994 (WA)
Related Mandatory Policies / Frameworks	MP 0170/21 Emergency Management Policy MP 0006/16 Risk Management Policy MP 0122/19 Clinical Incident Management Policy MP 0067/17 Information Security Policy
Related WACHS Policies and Documents	WACHS Risk Management Framework and Policy WACHS Risk Appetite Statement (internal document) WACHS Work Health and Safety Policy WACHS Infection Prevention and Control Policy Approved WACHS Emergency Management Plans, Emergency Response Procedures, Business Continuity Plans and Subplans WACHS Natural Hazard Reference Guides Risk Assessment Tables for the WA Health System
Other Related Documents	State Emergency Management Framework State Emergency Management Glossary State Hazard Plan: Human Biosecurity State Hazard Plan: Heatwave State Hazard Plan: Cybersecurity Incident (Interim) WA health system Emergency Management Arrangements State Health Emergency Response Plan (SHERP) Infectious Disease Emergency Management Plan (IDEMP) Australian Disaster Resilience Glossary

Field	Detail
Related Forms	Operational forms and templates: Emergency Management and Business Continuity website
Related Training	MyLearning Emergency management training is delivered through MyLearning and local emergency management arrangements. Staff must complete training appropriate to their role. Specific modules and course requirements are maintained externally so they remain current.
Impact Assessments	Aboriginal Health Impact Statement Declaration Record ID 6165
NSQHS Standards	1.01, 1.05, 1.07, 1.10, 1.15, 1.20, 1.25, 1.29; 3.02, 3.14, 3.16
Strengthened Aged Care Quality Standards	Applies to relevant WACHS stand-alone aged care services: Actions 2.10
IHACS	Item 6 – Emergency and disaster management.
Other Standards and Guidance	AS ISO 31000:2018 - Risk management - Guidelines AS/NZS IEC 31010:2020 Risk Management – Risk Assessment Techniques AS ISO 22301:2020 Security and resilience – Business Continuity management Systems – Requirements AS 3745-2010 Planning for emergencies in facilities AS 4083-2010 Planning for Emergencies in Health Care Facilities

7. Document Control

Version	Published date	Current from	Summary of changes
7.00	1 October 2026	1 October 2026	Comprehensive review, retitled Emergency Management Arrangements Policy, with purpose, scope, governance, roles, business continuity management, incident management, cybersecurity and ICT disruption, recovery, compliance, references, definitions, and appendices updated to align with current State, WA Health, and WACHS emergency management requirements.

8. Approval

Policy Owner	Chief Operating Officer (COO) – Remote
Co-approver	Chief Operating Officer (COO) – Remote
Contact	Area Manager, Emergency Management and Business Continuity
Business Unit	Emergency Management & Business Continuity
EDRMS #	ED-CO-14-49462
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This document can be made available in alternative formats on request.

Appendix A: WA Health, State and Multi-agency Interface Roles

The roles and arrangements in this table are not WACHS roles. They are included because WACHS may be required to communicate, coordinate, escalate, report, provide liaison or provide health-service support through them.

Their inclusion does not transfer statutory, system-level, or external-agency authority or accountability to WACHS. WACHS personnel act only within their WACHS authority, documented delegation, professional scope, and approved plans.

Responsibility group	Role or arrangement	Policy-level responsibility or relevance
WA Health system interface	Director General / System Manager	Holds system-level stewardship, strategic leadership, direction, resource-allocation, governance, and assurance responsibilities for the WA health system. WACHS must comply with applicable mandatory policies, lawful directions, reporting, and assurance requirements.
WA Health system interface	State Health Coordinator (SHC)	Exercises delegated WA health system coordination functions under approved arrangements, including coordinating health services and resources during relevant SHERP activations. WACHS must escalate, report, coordinate and provide resources through SHC arrangements when required.
WA Health governance interface	WA Health Emergency Management Committee (HEMC)	Provides WA health system emergency management governance, strategic direction, and assurance, including annual evaluation of compliance with MP 0170/21. WACHS must provide requested evidence, including training and capability records.
WA Health system function	Disaster Preparedness and Management Directorate (DPMD)	Maintains WA Health emergency management policy and capability and provides planning, training, logistical, coordination, compliance-reporting, and assurance support. WACHS must provide required reports, attestations, and evidence through DPMD processes.
WA Health coordination arrangement	State Health Incident Coordination Centre (SHICC)	The State-level emergency operations centre that facilitates command, control, and coordination across the WA health system under the SHC. WACHS interfaces with SHICC through authorised executive, incident-management, or liaison arrangements.
WA public health interface	Public Health Emergency Operations Centre (PHEOC)	Coordinates the State-level public health response to infectious disease and other public health emergencies. WACHS must provide information, escalate public health issues and coordinate through authorised PHEOC, SHICC and public health arrangements when required.

Responsibility group	Role or arrangement	Policy-level responsibility or relevance
Statutory public health interface	Chief Health Officer and authorised officers or health professionals	May exercise powers under the Public Health Act 2016 (WA) only when lawfully authorised and within the scope, area, and period of that authority. WACHS plans and services must support lawful directions and authorised public health actions; this policy does not confer statutory powers on WACHS personnel.
Health-hazard interface	Chief Executive Officer, Department of Health, as HMA; Department of Health as Combat Agency	The Department's Chief Executive Officer is the prescribed HMA for relevant health hazards, including heatwave and human biosecurity hazards. The Department is the prescribed Combat Agency for providing health services across hazards. WACHS supports these functions through authorised WA Health and State arrangements.
State emergency management interface	Hazard Management Agency (HMA)	Responsible for emergency management, or a prescribed aspect of emergency management, for its prescribed hazard. WACHS supports the HMA through agreed health-service, information, liaison, and coordination pathways.
State emergency management interface	Controlling Agency	Responsible for controlling the response to the specified emergency. WACHS must operate consistently with the established control structure and provide health support, information, resources, or liaison within its authority.
State emergency management interface	Incident Controller (IC)	Leads control of the incident response on behalf of the Controlling Agency. WACHS supports incident control through agreed command, liaison, health-service, information, and resource-coordination arrangements.
State coordination interface	State Emergency Coordinator (SEC)	Provides State-level emergency coordination functions under the Emergency Management Act 2005 (WA). WACHS may be required to provide information, liaison, resources or support through WA Health or other authorised arrangements.
State coordination interface	State Emergency Coordination Group (SECG), where established	Provides strategic, multi-agency coordination for a significant emergency. WACHS may provide information, advice, liaison, or support through WA Health arrangements when required.
Operational-area interface	Operational Area Manager (OAM), where appointed	Facilitates overall management and coordination across an operational area on behalf of the HMA or Controlling Agency. WACHS may interface through an authorised representative, Forward Commander or Liaison Officer. This role is distinct from the internal WACHS Area Commander.
Operational-area coordination arrangement	Operational Area Support Group (OASG), where established	Supports the OAM through strategic multi-agency coordination across an operational area. WACHS may provide representation, information, health advice, and resource coordination through an authorised representative.

Responsibility group	Role or arrangement	Policy-level responsibility or relevance
Incident coordination arrangement	Incident Support Group (ISG), where established	Supports the Incident Controller through multi-agency coordination at incident level. WACHS may participate through local, district, regional or other delegated representation.
District coordination interface	District Emergency Coordinator (DEC)	Provides advice and support to HMAs and the SEC and assists coordination within the emergency management district. WACHS may liaise through authorised regional, district or incident-management representatives.
Local coordination interface	Local Emergency Coordinator (LEC)	Provides advice and support to the relevant local government and assists local emergency-management coordination. WACHS may liaise through an authorised district, site, facility, service, or delegated representative.
State emergency management governance	State Emergency Management Committee (SEMC)	Provides State-level emergency management governance and maintains the State Emergency Management Framework. WACHS contributes primarily through WA Health and relevant consultation, assurance, exercising or review processes.
District planning and governance	District Emergency Management Committee (DEMC)	Supports multi-agency emergency management planning and coordination across the district. MP 0170/21 requires HSPs of healthcare facilities to provide adequate representation to the relevant DEMC.
Local planning and governance	Local Emergency Management Committee (LEMC)	Supports local emergency management planning and coordination through local government. MP 0170/21 requires HSPs of healthcare facilities to ensure active representation on the relevant LEMC.
Local recovery interface	Local government and Local Recovery Coordinator	Local government manages community recovery for its district, and the Local Recovery Coordinator coordinates local recovery activities. WACHS contributes health information, service support and advice but does not assume responsibility for community recovery.
State recovery interface	State Recovery Coordinator and State recovery arrangements	Assess and support State involvement where recovery complexity or consequences require it. WACHS may provide health-impact information, liaison, advice, and assistance within its health-service responsibilities.
Cybersecurity hazard interface	Department of the Premier and Cabinet / Digital Government	The Department of the Premier and Cabinet is the HMA and Controlling Agency for cybersecurity incident emergencies, with Digital Government undertaking Controlling Agency functions. WACHS manages entity-level impacts and complies with applicable notification, coordination, and reporting requirements.

Responsibility group	Role or arrangement	Policy-level responsibility or relevance
Emergency public information interface	State Emergency Public Information Coordinator; HMA, Controlling Agency and WA Health arrangements	Coordinate authorised public information and media activities during emergencies. WACHS must use authorised WACHS and WA Health communication channels and align public messaging with the current control and State public-information arrangements.
Multi-agency response interface	Combat Agencies and other participating agencies	Perform hazard-specific activities or provide specialist support under legislation and State plans. WACHS must cooperate, share authorised information, and provide health support within its functions, capability, and delegated authority.
Emergency relief and support interface	Department of Communities as Support Organisation	Provides and coordinates prescribed welfare services, described in current arrangements as emergency relief and support services. WACHS coordinates with Communities where those services affect patients, residents, staff, health services, facilities, or recovery needs.
External health-service interface	St John WA, Royal Flying Doctor Service, and other health-service partners	May provide ambulance, aeromedical, retrieval or other health-response capability. WACHS coordinates with these organisations through applicable WA Health, incident-management, clinical and liaison arrangements.

Appendix B: MP 0170/21 Assurance schedule

The Assurance Schedule supports oversight of policy requirements.

WACHS Assurance Identifiers	Compliance Requirement	Evidence Source	Assurance Domain
MP-01	Emergency management executive subcommittee (EMES) established	EMES records	Governance & Oversight
MP-02	Roles, responsibilities, and delegations defined	Policy, position descriptions	Governance & Oversight
MP-03	Contracted entity obligations managed	Contracts, assurance records	Governance & Oversight
MP-04	District Emergency Management Committee (DEMC) representation maintained	DEMC minutes	External Coordination
MP-05	Local Emergency Management Committee (LEMC) representation maintained	LEMC minutes	External Coordination
MP-06	Emergency risks identified	Risk assessments	Emergency Risk Management
MP-07	Risks recorded and monitored	Risk register	Emergency Risk Management
MP-08	Risk treatments implemented	Treatment plans	Emergency Risk Management
MP-09	Emergency plans established	Plan register	Emergency Management Planning
MP-10	Plans reviewed and updated	Review records	Emergency Management Planning
MP-11	Plans accessible and controlled	Document management system	Emergency Management Planning
MP-12	Hazard-specific plans maintained	Approved hazard plans	Emergency Management Planning
MP-13	Business continuity arrangements established	BCM framework	Business Continuity Management
MP-14	Business impact analyses (BIA) current	BIA records	Business Continuity Management
MP-15	Business continuity plans (BCPs) maintained	BCP register	Business Continuity Management

WACHS Assurance Identifiers	Compliance Requirement	Evidence Source	Assurance Domain
MP-16	Workforce emergency awareness maintained	Training reports	Workforce Capability & Training
MP-17	Role-specific training completed	Competency records	Workforce Capability & Training
MP-18	EPC requirements met	EPC records	Workforce Capability & Training
MP-19	ECO requirements met	ECO records	Workforce Capability & Training
MP-20	Exercise program established	Exercise schedule	Exercising & Validation
MP-21	Mandatory exercises completed	Exercise reports	Exercising & Validation
MP-22	Exercises evaluated	Evaluation reports	Exercising & Validation
MP-23	Improvement actions monitored	Improvement register	Exercising & Validation
MP-24	Disaster response equipment available	Asset register	Disaster Equipment & Resources
MP-25	Equipment tested and maintained	Maintenance records	Disaster Equipment & Resources
MP-26	Communication systems maintained	Testing records	Disaster Equipment & Resources
MP-27	Incident management arrangements established	Incident management documentation	Incident Management & Coordination
MP-28	Incident records maintained	Incident management records	Incident Management & Coordination
MP-29	Incident information recorded in WebEOC when required by the System Manager.	WebEOC audit records, incident logs, and situation reports	Incident Management & Coordination
MP-30	Recovery arrangements implemented	Recovery reports	Continuous Improvement & Lessons Management
MP-31	Lessons identified and managed	Lessons register	Continuous Improvement & Lessons Management
MP-32	Compliance monitoring and reporting completed	Annual compliance submission	Continuous Improvement & Lessons Management