Emergency Response Plan

August 2021

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Introduction

Sydney North Health Network (SNHN) operates one of 31 Primary Health Networks (PHNs) established by the Australian Government in 2015, to increase the efficiency and effectiveness of medical services for the community. Our focus is on patients who are at risk of poor health outcomes, and we work to improve the coordination of their care, so they receive the right care, in the right place, at the right time.

SNHN works together with a network of health professionals including general practitioners, primary care nurses, allied health providers, the Northern Sydney Local Health District (NSLHD), private hospitals, private health insurers and other health and social care service providers to support the delivery of high-quality safe services within the SNHN region. This partnership approach and community focus is reflected in our vision:

<p align="center">Achieving together - better health, better care</p>

SNHN Strategic Priorities

1. Community activation
2. System transformation
3. Commissioning
4. Member & provider support
5. An exceptional organisation

Recent years have seen Australia face challenges related to natural disasters and a global pandemic, all of which can have a negative impact of the health and wellbeing of our citizens, the health system and the wider economy. In order to best support or communities, we need to plan for future events, to minimise the negative consequences, build resilient communities and achieve the best outcomes possible.

Sydney North Primary Health Network is perfectly placed to provide leadership and coordinate a strong primary healthcare response to managing disasters and other emergencies.

Purpose

This Emergency Plan has been developed to communicate Sydney North Health Network's (SNHN) role in working with our stakeholders including primary care providers, commissioned service providers, Northern Sydney Local Health District (NSLHD), NSW Health and members of the local community to ensure a coordinated approach to planning, preparing and responding to natural disasters and other major emergencies, and to aide recovery.

Objectives

- To establish the role of primary care, including General Practice, in local and state disaster and emergency preparedness, response and recovery plans
- To ensure primary care providers are prepared for and integrated into response and recovery phases of a disaster or major emergency event
- To define SNHN's role in planning, preparing, responding to and recovering from emergencies, in alignment with SNHN strategic priorities
- To ensure SNHN staff understand their role in supporting emergency preparedness, response and recovery
- To prevent and minimise harm to our community due to a disaster or emergency event

Background

Natural disasters are linked to natural hazards which include heatwaves, bushfires, droughts, floods, severe storms and tropical cyclones, earthquakes, tsunamis and landslides. Natural hazards on their own are not disasters. Disaster may occur when the hazards intersect with people and things of value and when impacts of hazards exceed our ability to avoid, cope or recover from them.[1]

They are part of the Australian landscape but can wreak havoc on individuals, communities, the economy and the environment. The human impact can be life changing and sometimes life limiting, with those affected experiencing negative physical, social and emotional health consequences. Natural hazards are driven primarily by weather and geology. Weather-driven natural hazards include bushfire, flood, heatwave, cyclones, landslides, east coast lows and thunderstorms. Geological-driven natural hazards include earthquake, volcanic eruptions, landslides and tsunami.

Australia has a long history of disasters linked to natural hazards. The 2019-20 bushfire season was particularly harsh. Every state and territory suffered fire to varying extents, with over 24 million hectares burnt. Tragically, 33 people lost their lives, with many, many more impacted directly or indirectly.[2] Some communities had to deal with effects of multiple hazard events. Looking back to 2020, in a 12-month period there was drought, heatwaves and bushfires, followed by severe storms, flooding and a pandemic.

In addition to natural disasters, there are other emergency situations which could have a devastating impact on communities, and which require action to minimise the negative impact on health and wellbeing. These include terrorism, biological events including the pandemic, technological and other man-made disasters.

Table 1.0 Types of disasters and emergencies

Heatwaves	Bomb threat/attacks
Bushfires	Personal threats
Droughts	Pandemic
Floods	Water
Severe storms	Gas
Tropical cyclones	Electric
Earthquakes	Sewer
Volcanic eruptions	Hazardous materials
Tsunamis	Chemical accidents
Landslides	Transport accidents

Emergency – definition: *a situation that poses an immediate risk to health, life, property, or environment*

The level of community damage is influenced by factors such as the intensity of the disaster/ emergency, where people live, how they build their homes, how land is managed and how well people and communities are prepared, supported and cared for during and after disasters.

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[1] Commonwealth of Australia 2020. The Royal Commission into National Natural Disaster Arrangements Report, p65, 2.59

[2] Commonwealth of Australia 2020. The Royal Commission into National Natural Disaster Arrangements Report

Impact on Health and Wellbeing

History, and substantial scientific research, has demonstrated that natural disasters and other emergencies can significantly impact health and wellbeing. The impacts can range from mild acute symptoms such as eye irritation or minor lacerations, to acute exacerbations of chronic disease including asthma or diabetes, to more severe and life-threatening conditions including heart attacks, strokes, extensive burns, and death. These effects can be short-term, intermediate, or long-term. The latter will require ongoing rehabilitation, treatment and support usually managed and coordinated by primary care (or General Practice).

People may become separated from medications, treatment, and care providers as well as loved ones, other members of the community and support networks. The evidence from disasters such as Hurricane Katrina and the Great East Japan Earthquake and Tsunami show that difficulty accessing medication and regular healthcare providers has the potential to result in exacerbation of pre-existing and chronic health conditions and may cause those who are usually in control of health conditions to require higher level services including hospitalisation. This can place significant strain on Emergency Departments and hospitals at a time when they are already experiencing a surge in patients and can overwhelm the health system.

Damage to the environment, infrastructure and residential dwellings may result in limited access to basic physiological needs such as food, water, warmth and rest, in addition to shelter and safety. Damage to hospital and other health services buildings will affect their ability to deliver healthcare during the disaster.

During the 2019-20 bushfires, some communities experienced difficulty accessing first aid or primary health care services, including general practice, pharmacy and mental healthcare. GPs experienced provider numbers and other logistical difficulties.

Mental Health

Natural disasters have contributed to a rise in rates of stress, depression, anxiety, post-traumatic stress disorder (PTSD), alcohol and substance abuse, aggression and violence, suicide and exacerbation of other underlying mental health problems.[2] Mental health symptoms may take time to present with delayed onset and the effect on mental health and wellbeing can be long lasting. Following the 2009 Victorian bushfires, 21.9% of people in 'high impact' communities were still reporting symptoms of mental health disorders five years later.

It is not just members of the community who are at risk. First responders may also experience a range of psychological issues as a result of traumatic events. This includes anxiety, depression and PTSD. The wider heath workforce is under a significant amount of stress. Support for their wellbeing is critical. Not only will this support the health and wellbeing of the workforce but it will also influence their ability to fulfill their roles effectively and provide support to members of the community. It is crucial in the sustainability of local healthcare during the aftermath of the disaster.

Individuals and communities are exposed to a range of stressors which can influence their mental state. These include stressors related to housing, jobs, finances, removal from their community and disconnect from social networks and supports. Groups which are particularly vulnerable include children and the elderly.

Future Risks/Action

The frequency and intensity of extreme weather and climate systems has increased as a result of climate change. With further global warming over the next two decades inevitable, floods and bushfires are expected to become more frequent and intense. We have also seen the impact that other emergencies such as pandemics can have.

It is important to act now to plan for future events, whether these be natural hazard events or other emergency events such a pandemic, so that communities and the services that support them are prepared, able to respond appropriately and to aide recovery, and support long term health and wellbeing.

To minimise the risks to life and health, it is essential that those who need it have access to emergency treatment, prescribed medication and ongoing care/treatment, even if by another (appropriate) care provider in order to avoid worsening of health conditions and to minimise additional strain on the health system.

Organisations must work together to ensure communities have access to a range of services to meet their holistic needs. A well-coordinated, system-wide approach will help to ensure individuals and communities have access to the type of service they need, when and where they need it and will avoid increasing anxieties unnecessarily.

The Role of Primary Health Networks

The Royal Commission into Natural Disaster Arrangements recognised that primary health providers, including general practitioners, pharmacists, aboriginal health workers, nurses and allied health professionals are generally the first point of contact that Australians have with the health system and that they have valuable knowledge and strong connections with the communities they support.

Primary healthcare providers and PHNs should be included in disaster planning processes at the local, state and territory, and national levels as appropriate. It was recommended by The Royal Commission, that "Australian state and territory governments should develop arrangements that facilitate greater inclusion of primary healthcare providers in disaster management including: representation on relevant disaster management committees and plans, and providing training, education and other supports."[3] The Royal Commission noted management of volunteer primary care practitioners as being a key element of incorporating primary healthcare in disaster responses, including registering a pool of primary care practitioners before a disaster.

Primary Health Networks have direct links to and work with local primary healthcare providers including general practice and are ideally placed to provide training, advice and support.

They also commission a range of services to meet the needs and improve health of their communities, whilst ensuring services are culturally informed. PHNs can work with commissioned service providers to ensure continuity of services in times of crisis and to increase, enhance or revise service delivery as appropriate, to achieve the best outcomes.

In addition to working with health providers, SNHN works to improve the health of our communities by providing accurate information on health and health services, improving health literacy and empowering people to make healthy lifestyle choices and to achieve self-determination. This is particularly important in emergency situations and in the aftermath as we are aware that disasters can have effects on the social determinants of health.

By their nature, the regional perspective that PHNs have allows for more effective and efficient distribution of resources across the region. The ability to build strong relationships, form networks and coalitions and work collaboratively with stakeholders, including primary health providers, places SNHN in a prime position of coordinating activities within primary care to plan, prepare and respond to emergencies and support recovery.

Governance

SNHN Emergency Response Plan should align with and have clear interface with other local plans including that of NSLHD as well as state and national plans. Developing plans in isolation, could cause confusion, frustration, duplication, increase inefficiencies and has the potential to do harm by delaying essential services getting to the people who need them most.

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[3] Commonwealth of Australia 2020. The Royal Commission into National Natural Disaster Arrangements Report, Recommendation 15.2, p343

To ensure appropriate governance, emergency response plans should include details of key contacts within organisations and the development of processes to ensure clear lines of communication to achieve a coordinated response and avoid unnecessary or confusing processes. It is also important that organisations and primary healthcare providers understand their roles and accountabilities.

Mechanisms should be in place for liaising with state health for additional support and resources as well as providing updates and reporting.

Data capture will feed into evaluation to determine effectiveness of interventions, inform lessons learned and feed into future emergency planning.

The Role of Sydney North Health Network

Sydney North Health Network has established networks within the local health and social care economy, working with healthcare providers to improve the coordination of care, and ensure members of the community receive the right care, in the right place, at the right time. SNHN also provides education and training to increase capability and skills within the primary healthcare workforce and to embed quality improvement in day-to-day practice, with a focus on learning from what's strong, not what's wrong.

As a local leader of primary healthcare, SNHN is perfectly placed to work with stakeholders to coordinate approaches to ensure the primary healthcare system within the northern Sydney region can prepare and respond to disasters and emergencies, support recovery and evaluate approaches to enable continuous system improvement.

Plan Aligned to SNHN Strategic Priority Areas

Priority area/ goal	Stage	Strategy
Community Activation	**Plan**	• Understand the local population and identify higher risk groups to adopt best approaches to prepare them for disasters. • Assess risks for different groups and in different settings. • Include members of the community/ community representatives in emergency planning and in reviewing just-in-time messaging templates. • Develop communications plan and templates specifically targeting local groups • Facilitate communities to mutually support one another in case of disaster - facilitate connections
	Prepare	• Build the capability of our community to anticipate, prepare for and respond to disasters and emergencies. • Include information on disasters and emergencies on SNHN website (develop tools and resources to support) • Inform the community about aspects of health relevant to pandemics and disasters and opportunities to improve well-being. • Promote community connectedness and support networks. • Develop toolkits/resources that can be implemented in the response and recovery phases.
	Respond	• Implement communication plans for members of the community via a range of mediums to ensure they have access to appropriate information to maximise their health and wellbeing and facilitate access to health and social care services as required. • Empower members of the community to better manage their health in times of crisis. • Provide clear up to date information to the community to increase awareness of availability and access to health and other support services during the emergency. • Mobilise primary healthcare services to ensure members of the community have access to healthcare when and where they need it. • Monitor service access and utilisation to monitor capacity and demand.
	Recover	• Work with the community to understand needs to support long term recovery. • Assess the mental and physical support needs and provide support as appropriate • Facilitate communities to mutually support one another - facilitate connections. • Ensure ongoing access to health and social services including mental health services as required. • Facilitate sessions with community members to assess impact and determine ongoing support needs
System Transformation	**Plan**	• Develop and coordinate a local primary care Disaster & Emergency Advisory Group (with NSLHD & others) • Liaise with local, state and national emergency planning leads. • Request formal representation of SNHN on local/regional governance committees • Contribute to the development of system-wide local disaster and emergency plans with relevant stakeholders. • Consult with stakeholders to consider opportunities for system transformation and enabling resources. • Keep informed of relevant legislative/policy changes (e.g., GPs providing treatment from alternative premises, medicine dispensing, MBS item numbers; telehealth; PIP; ePrescriptions.

Plan Aligned to SNHN Strategic Priority Areas

	Prepare	• Participate in management and whole of organisation meetings. • Implement system-wide local disaster and emergency plans. • Build capacity within primary care services regarding emergency planning (webinars, training, including 'disaster systems training' etc.) • Work with providers to explore alternative approaches to service delivery e.g., digital and eHealth to maintain service continuity. • Establish and agree on system-wide communication protocols and use of enablers (e.g., HealthPathways, My Health Record)
	Respond	• Conduct regular meetings with local Disaster & Emergency Advisory Group • Conduct regular meetings with NSLHD & other emergency planning leads • Work with providers to implement alternative approaches to service delivery. • Identify and collect relevant data to support evaluation and ongoing monitoring of the strategy and operational plan. • Monitor modes of service delivery (utilisation, feedback etc.)
	Recover	• Obtain feedback and undertake with stakeholders to evaluate response and identify examples of best practice, areas for improvement & any elements to embed into future service delivery and system design
Commissioning	**Plan**	• Work with providers and stakeholders to assess needs and identify risks in relation to service continuity and provider ability to respond. • Increase the capability of commissioned service providers to anticipate, prepare for and respond to disasters and emergencies
	Prepare	• Identify needs and develop & deliver a relevant training program for primary care (webinars, training etc.) • Develop toolkits to support commissioned service providers to implement their own disaster & emergency, and business continuity plans. • Develop toolkits/resources/processes that support commissioned service providers to participate in local response and recovery phases. • Explore alternative approaches to service delivery e.g. digital and eHealth to maintain service continuity • Develop processes to support business continuity for primary care services (e.g. access to PPE) • Develop register of key contacts in commissioned services for emergency events (this may be different from day-to-day service contacts) and back ups ensuring these contact details are active 24 hrs a day 365 days a year • Develop a strategy for post disaster health and wellbeing support for commissioned service providers responding
	Respond	• Implement and monitor communication plans between health service providers to ensure up to date information on status of emergency, local/state/national guidance, support needed, actions required, & availability of services within the region • Increase or modify commissioned service provision as required • Provide or facilitate access to emergency equipment to commissioned services to support business continuity e.g. PPE, telehealth support • Provide/support access to additional funding or other resources (if & where available) to support continued service delivery/ additional scope. • Identify and collect relevant data to support evaluation and ongoing monitoring of the strategy and operational plan.

Plan Aligned to SNHN Strategic Priority Areas

Member & Provider Support	**Recover**	• Facilitate operational debrief sessions to assess impact and determine ongoing support needs. • Ensure ongoing access to services including mental health services as required. • Assess the mental and physical support needs of primary care providers and provide support as appropriate.
	Plan	• Establish advisory groups with relevant subject matter expertise. • Work with providers to assess needs and identify risks in relation to service continuity and provider ability to respond. • Identify provider needs relating to increasing the capability of primary care providers to anticipate, prepare for and respond to disasters and emergencies (education & training)
	Prepare	• Develop & deliver a relevant training program for primary care (webinars, training etc.) • Provide education sessions as deemed appropriate (need to agree most useful – e.g. resilience stress & burnout, disaster triage etc.) • Develop/ identify existing appropriate toolkits to support primary healthcare providers to implement their own disaster & emergency, and business continuity plans. • Develop toolkits/resources/processes that support primary care providers to participate in local response and recovery phases. • Explore alternative approaches to service delivery e.g. digital and eHealth to maintain service continuity • Develop processes to support business continuity for primary care services e.g. access to PPE • Develop register of key contacts in various provider services (General Practice, pharmacy, RACF etc) for emergency events (this may be different from day-to-day contacts) • Consider facilitating pre-disaster linkage of practices within proximity – buddy practices etc. • Develop register of volunteer workforce that can be trained, equipped and mobilised during emergency response. • Develop tools and resources to enable GPs to treat patients in emergency evacuation centres/other locations e.g. 'Ready to Go Medical Kits' (identifying flouro vest, gloves, stethoscope, sphygmomanometer, prescription pads, torch, auroscope, ophthalmoscope, prescription pads, note pads, referral forms, pens, useful contact numbers • Develop resources to clearly articulate roles & responsibilities and chain of command & communication • Develop a strategy for post disaster health and wellbeing support for those primary health care providers responding
	Respond	• Implement and monitor communication plans between health service providers to ensure up to date information on status of emergency, local/state/national guidance, support needed, actions required, roles & responsibilities, chains of command & communication and availability of services within the region. • Provide daily/regular planned communications to primary care • Maintain and update HealthPathways as required to ensure availability of up-to-date information • Provide or facilitate access to emergency equipment to primary care services to support business continuity e.g. PPE, prescription pads, telehealth support • Provide access to 'Ready to Go Medical Kits' • Provide/support access to additional funding and resources (if & where available) to support service delivery/ additional scope. • Inform providers of relevant legislative/policy changes (e.g. GPs providing treatment from alternative premises, medicine dispensing, MBS item numbers; telehealth; PIP; ePrescriptions) • Identify and collect relevant data to support evaluation and ongoing monitoring of the strategy and operational plan.

Plan Aligned to SNHN Strategic Priority Areas

	Recover	• Facilitate operational debrief sessions to assess impact and determine ongoing support needs. • Assess the mental and physical support needs of primary care providers and provide support as appropriate. • Ensure ongoing access to services including mental health services as required
An exceptional organisation	**Plan**	• Lead a coordinated primary healthcare approach to emergency planning. • Work with NSLHD and other local, state and national emergency planning leads to ensure clear interface and alignment between plans while retaining the characteristics of General Practice in this planning. • Establish internal policies and procedures that maximise organisational resources to undertake Emergency Response functions, including business continuity, financial viability, corporate governance, work health and safety, flexible working arrangements and staff wellbeing initiatives.
	Prepare	• Increase the capability of SNHN staff to anticipate, prepare for and respond to disasters and emergencies (education & training) • Develop processes to support clear lines of communication within the organisation in the event of an emergency or disaster. • Develop processes to support clear lines of communication between SNHN & other organisations • Develop a strategy for post disaster health and wellbeing support for SNHN staff
	Respond	• Implement regular e.g. daily team huddles and daily/regular planned communications to primary care • Coordinate activities to support primary healthcare providers to respond. • Hold regular meetings/communication with state, federal health departments to receive advice & guidance, to provide local updates, request support and communicate relevant information to primary care providers, and members of the community. • Send regular updates on the work of SNHN to local MPs, Mayors, Councils and other partners – FACs, Police, Department of Education. • Advocate for community health needs as they arise during the response e.g. access to psychological support services etc.
	Recover	• Assess the mental and physical support needs of SNHN staff and provide support as appropriate • Evaluate the effectiveness of the region's emergency response and record and review lessons learned to build into future planning and ensure continuous improvement. • Ensure lessons learned are communicated within the organisation as well as externally and review and revise processes to support improved system integration.

Emergency Response Plan Matrix

The following matrix can be used to assist with reporting, ensuring we consider the physical, mental and social support aspects for our community, our providers and our staff.

Work of SNHN		Physical Health – access	Mental Health – information, anxiety, support	Social Health – isolation, staying connected, feeling supported
HEALTH PROVIDERS – MEMBER SUPPORT	Services	Plan Prepare Respond Recover		
	Partnerships/ Networking	Plan Prepare Respond Recover		
	Communications/ Media	Plan Prepare Respond Recover		

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Work of SNHN		Physical Health – access	Mental Health – information, anxiety, support	Social Health – isolation, staying connected, feeling supported
COMMUNITY SUPPORT • **Aged Care** • **Mental Health** • **Young People** • **Vulnerable**	**Services**	Plan Prepare Respond Recover		
	Partnerships/ Networking	Plan Prepare Respond Recover		
	Communications/ Media	Plan Prepare Respond Recover		

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Work of SNHN		Physical Health – access	Mental Health – information, anxiety, support	Social Health – isolation, staying connected, feeling supported
ORGANISATION • **Business Continuity** • **Financial Viability** • **Maintaining Corporate Governance and Safety** • **Work Health and Safety** • **Staff Wellbeing**	**Services**	Plan Prepare Respond Recover		
	Partnerships/ Networking	Plan Prepare Respond Recover		
	Communications/ Media	Plan Prepare Respond Recover		

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An Australian Government Initiative

SYDNEY NORTH
Health Network

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