SA Health Major Incident Plan

Version 1.2 – November 2018

Government of South Australia
SA Health

Contents

Document developed by: Emergency Management Unit, Department for Health and Wellbeing
Next review due: 01 January 2020 (3 year review cycle)

Date	Version	Who approved (New/Revised Version)	Reason for Change
January 2017	V1.0	Portfolio Executive, SA Health	Original document
October 2018	V1.1	Director, EMU	Minor - change of command structure names (i.e. removal of Gold, Silver and Bronze)
November 2018	V1.2	Director, EMU	Inclusion of Chief Procurement Officer's delegations in a declared Level 1 or Level 2 Major Incident

Introduction

Purpose

The purpose of the Major Incident Plan (MIP) is to:

- Give clear strategic direction to the whole of SA Health on responding to Major Incidents of any size or hazard.
- Provide actions and strategies that may be adopted by Health State Command and the Local Health Networks (LHNs) and Health Service Commanders (Network Commanders) relevant to the scale/level of the Major Incident.

Assumptions

It is assumed the reader is familiar with the SA Health Emergency Management Framework which details the principles, governance and comprehensive approach to emergency management as applied by SA Health.

Scope

Strategies and actions within the MIP apply to the portfolio of services which comprise all of SA Health, recognising that SA Ambulance Service (SAAS) maintains separate and distinct major incident plans and arrangements relative to the out of hospital context of any major incident. The MIP has been informed by, and is consistent with, the SAAS Major Incident Response Plan (MIRP).

LHNs/Services refers to the broader health system including Local Health Networks, Statewide Services and other SA Health entities.

Major Incident Definition

A major incident for SA Health is:

- An incident which has, or has the potential to, place the health system at the limit of its capacity and capability to manage and requires a coordinated whole of system approach,

OR

- An incident of state or national significance which is beyond the capacity and capability of the health system to manage and requires the application of extraordinary measures within a coordinated whole of system response.

Large numbers of casualties, whilst a significant contributing factor, do not define a major incident. An incident with low or no casualties coupled with complicating factors such as high demand for specialist services, unusual hazards or risks, compromised facilities or services, significant political risk or prolonged incident duration could potentially be a major incident. The Major Incident levels are outlined later in this document.

Business Continuity

General loss of facilities and services not associated with a Major Incident will have a significant impact on Local Health Networks and the ability of the health systems to continue services and LHNs will maintain appropriate business continuity plans and arrangements for such business disruption events. Please refer to the SA Health Business Continuity Framework for further information and guidance.

Phased Approach

SA Health applies a phased approach to major incidents in Emergency Management as outlined in 'Table 1'. The MIP references response phases in detail as Preparedness and Recovery Phases are documented within other plans and arrangements in their entirety within the SA Health Emergency Management Framework.

TABLE 1 – MAJOR INCIDENT PHASES

Phase	Sub- Phase	Characteristics of the situation	Response arrangements
Preparedness	Preparedness	Planning, education and exercising of plans and arrangements	Preparedness
Response	Standby	Unverified notification of a major incident	Alert > Initial Assessment > State Commander Notification
	Initial Action	> Confirmation of a major incident > Assessment of available information to determine the level of 1 or Level 2 incident response	> Activation of SCC-H > Notification of Health Network Commanders > Notification of SAAS Gold Commander > Creation of Capacity > Distribution of casualties > Consideration of hazard specific responses
	Targeted Action	> Action plan developed when enough is known about the incident to tailor appropriate responses	
	Stand Down	Incident no longer presents a threat to the health system or disruption to services	Stand Down
Recovery	Recovery	Health Services revert to business as normal	Recovery

RESPONSE – Standby

Notification

As outlined in the EM framework the Emergency Management Duty Officer (EMDO) will normally be alerted to incidents of significance to the health service. The role of the EMDO is to receive information and intelligence and make informed decisions about how and when to disseminate that information and will determine the appropriate escalation of response through the Health State Commander when required.

Assessment and escalation

In order to best inform the Health State Commander of the nature and impact of an incident, the EMDO will undertake a primary assessment of the situation using the Major Incident Risk Assessment matrix below. If the EMDO believes the incident is classified as "Normal Business" as below, they may still notify the Health State Commander to ensure they are aware of a potential incident. In making their assessment the EMDO must ensure the complexities and restrictions (see table 2 below) relative to incidents occurring in remote/country locations are rigorously applied. If an incident is assessed as either a level 1 or 2 major incident the EMDO must notify the Health State Commander.

Major Incident Risk Assessment Matrix

Figure 1. Major Incident Risk Assessment Matrix

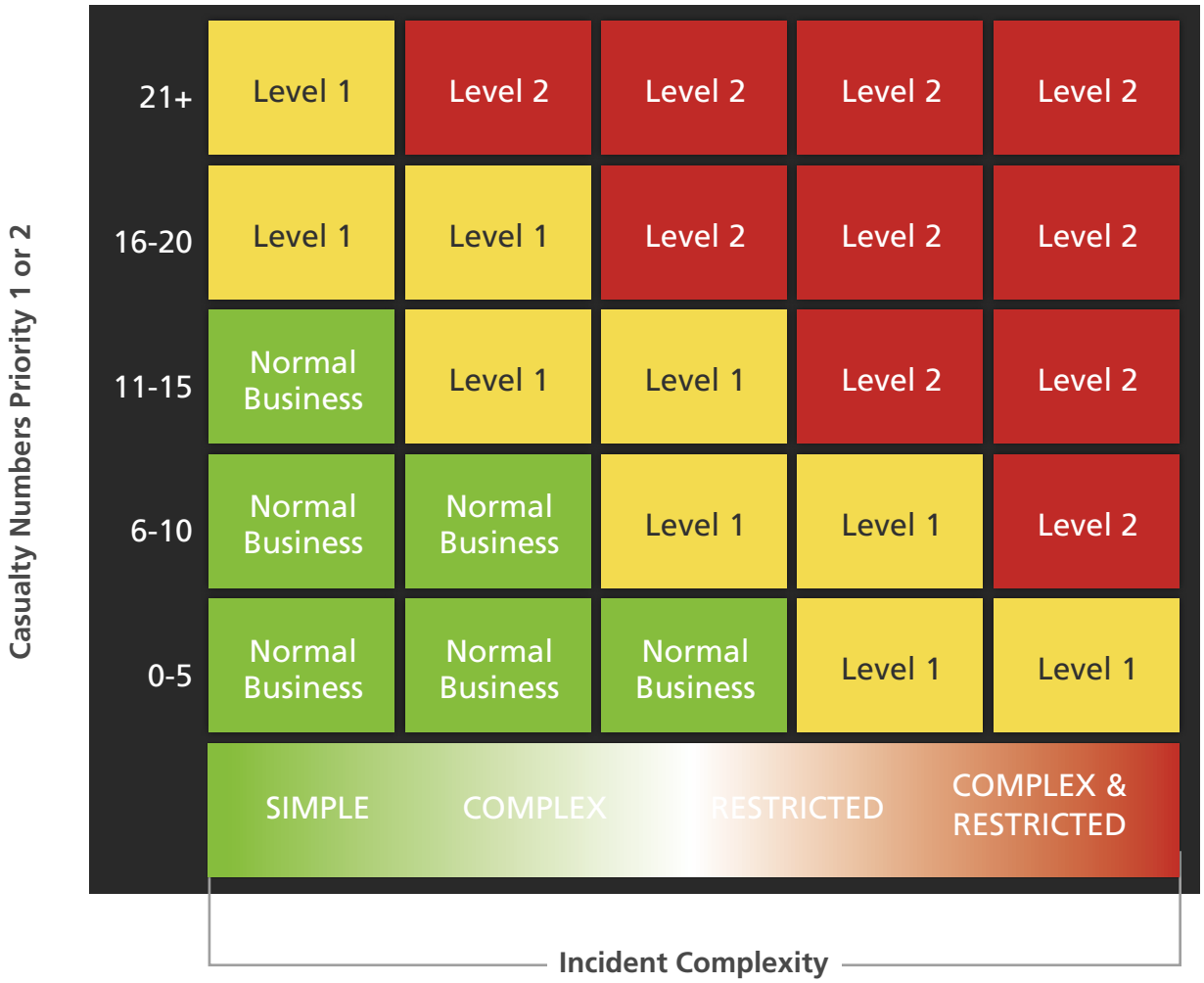

Table 2 Matrix Incident Complexity Descriptors

Incident Complexity Descriptors and Examples	
Simple	> The event can be managed using routine patient distribution models (business as normal load levelling) > Casualties are managed within current hospital/network capacities > Specialist treatment is easily and readily accessible for casualties > No extraordinary measures are needed to cope with casualty numbers
Complex	> Has the potential to have a high impact on the health service but currently presents little to no casualties e.g. a bushfire, major storm, human epidemic or natural disaster > Numbers of injured/ill may be low however due to the nature of the Incident there may be a high media interest or reputation risk e.g. infectious disease, public health or child related event. > Significant multi agency response requiring SA Health activation for potential casualties
Restricted	> Location – May prevent access to necessary/specialist services without coordination between multiple LHNs or National Arrangements (isolated/remote/on the border of jurisdictions) > Hazard/Casualty Complications – Has or has the potential to overload specialist services without coordination between networks or the request for national assistance e.g. multiple serious burns > Hazard – Requires specialist equipment or plans to be in place e.g. CBRN/HAZMAT > Hazard – Healthy members of the public presenting as ill or affected. They may begin to present to health services resulting in a casualty surge on one or more locations/ networks e.g. Hazmat or Human Disease. > Facilities and Services – A business disruption event where significant compromise to or loss of health services or facilities occurs or the event causes a significant loss of health services or facilities e.g. long term power loss, disruption to water supply or loss of workforce. > Incidents which have a significant impact on the Aged Care sector and/or Aged Care facilities should be considered restricted, by nature of the demand for medical/health services which can result from compromises to aged care facilities and services.

Incident Complexity

A number of factors may influence the incident level and should be taken into consideration during the initial and subsequent assessments. Table 2 describes the incident complexity and factors that may influence the decision and whether the incident is simple, complex, restricted or complex and restricted.

Casualty Numbers

The number and type of casualties helps to determine the level of an incident. High numbers of casualties may classify the incident as a Major Incident due to the expected surge across the health system e.g. a building collapse or earthquake.

Low numbers of casualties may also raise the incident level when coupled with the complexity due to the demand for specialty services, specific hazards or risks, compromised facilities, prolonged duration etc.

Casualty Classification

Prior to transportation to hospital SAAS will undertake triage of casualties as defined by the SMART™ Triage System. If an incident has been determined as "Simple", under the guidelines above, only those assessed as Priority 1 or 2 will be considered in determining the incident level. Definition of triage categories are:

- **Priority 1** – immediate care needed - requires immediate life-saving intervention.
- **Priority 2** – intermediate or urgent care needed – requires significant intervention within two to four hours.
- **Priority 3** – delayed priority, whose treatment can safely be delayed beyond 4 hours.

Whilst an incident may result in 50 casualties e.g. a bus crash, many of these casualties may be P3 casualties which don't require lifesaving interventions and can be more easily absorbed within the health system. However if those P3 casualties have all been contaminated at the scene by a hazardous material then this additional complexity may change the incident level.

RESPONSE – Initial and Targeted Actions

Major Incident Levels

Level 1 – A Major Incident (MI) where the number of casualties and/or complexity/restriction requires a coordinated approach. This may result in a coordinated response for creation of capacity and distribution of casualties across more than 1 LHN or CHSALHN region. In addition a level 1 MI may require a coordinated response due to a disruption to normal business which may include loss of facilities or services. This may therefore require coordination of resources across networks or regions, escalation of utility reconnection and assistance from other agencies through State arrangements. A level 1 MI will require coordination by the Health State Commander and may require multiple/all networks to assess their capacity and report on capacity to accommodate a surge in the immediate future.

Level 2 – A Major Incident where the number of casualties and/or complexity/restriction of the event is beyond the capacity and/or capability of the health system without adopting extraordinary measures. Under the direction of the Health State Commander all networks will be required to confirm their ability to accommodate a predetermined major incident capacity through the activation of extraordinary measures as detailed below.

Extraordinary Measures

Key assumption 1 – creation of capacity

In the planning and preparedness for a MI the health system and SA hospitals will be at or close to capacity.

Declaration of a level 2 MI by the Health State Commander acknowledges that activities undertaken during business as usual (including metropolitan flow coordination through load levelling and hospital escalation), and creation of capacity as for a level 1 major incident, will not be sufficient to accommodate the incident impacts and/or subsequent patient surge.

The Health State Commander, Network Commanders and SAAS Gold Commander thereby acknowledge the necessity to activate extraordinary measures, which will include but are not limited to:

- Reconfiguration of critical care services including emergency departments, ICU, operating theatres, medical imaging, pathology, and specialty services (e.g. burns, neurosurgery, cardiothoracic surgery etc)
- Cancellation of elective procedures and admissions
- Redistribution of patients from metropolitan trauma centres to general hospitals and other health care facilities, community services or home, to create maximum inpatient capacity
- Urgent liaison with private hospitals and health facilities to identify both private emergency department and inpatient capacity outside the public health system
- Urgent liaison with the Australian Government Department of Health, Aged Care Delivery unit, to identify capacity within the Aged Care sector to assist in relocation of non-acute patients currently within the health system
- Activation of State Emergency Management arrangements to receive assistance from the whole of government where required
- Activation of National Health Emergency Response arrangements including AUSTRAUMAPLAN, the Australian Governments plan for Mass Casualty Incidents of National Consequence

All LHNs have carefully considered their ability to reconfigure critical care services as part of adopting extraordinary measures, recognising that these are not options which would be acceptable during normal business and that the anticipated patient surge is likely to overwhelm the health system without such measures.

Key assumption 2 – patient distribution

The surge of P1 and 2 casualties created during a level 2 major incident would overwhelm metropolitan trauma services and will necessitate the adoption of an alternate patient distribution model from the scene.

Distribution of the number of P1 and 2s to identified hospitals in a prearranged strategy will enable the distribution of P3 casualties to the most appropriate health care facility at the discretion of the SAAS Scene Commander.

Reconfiguration of critical services across the system as outlined will create agreed surge capacity and thereby enable the SAAS Scene Commander to quickly determine the location for the first wave of P1 and 2 casualties without the necessity to liaise with the Health State Commander. It also provides an estimate of the health systems capacity for the subsequent waves of P1 and 2 patient transports relative to SAAS capability, fleet and major incident arrangements.

Following the activation of level 2 extraordinary measures and management of the surge as outlined above, the Health State Commander and SAAS Gold Commander and Health Network commanders will need to assess the following:

- Numbers of casualties remaining at the scene requiring transport,
- LHN ongoing capacity to receive casualties
- Necessity to employ additional extraordinary measures e.g. interstate assistance

This will be determined through regular teleconferences between Health State Commander/SAAS Gold and Health Network Commanders.

Key assumption 3 – procurement and supply chain

In the planning, preparedness and response to a MI, the health system will have resource and logistical implications.

Declaration of a Level 1 or Level 2, where an incident and operational requirements are beyond the capacity and/or capability of LHNs/Services, escalation to the State Commander will ensure appropriate support through Procurement and Supply Chain Management (PSCM) and when necessary, activation of State or National arrangements as required.

In the event of a declared Level 1 or Level 2 MI, all procurements directly relating to the incident must be approved by the Chief Procurement Officer (CPO). The CPO will exercise approvals utilising the specific delegation authorising approval of procurement processes for declared Level 1 or Level 2 Major Incidents up to $15 million (inc GST).

Response Actions in Major Incident Phases

Health State Commander

Preparedness	Planning, Education and Exercising of Arrangements
RESPONSE	**STANDBY** - Clarify and confirm available information and intelligence - Notify Health Network Commanders of potential activation - Notify SAAS Gold Commander of potential activation - Prepare EMDO and EMU to activate SCCH - Disseminate relevant information and intelligence - Consider notification to State Coordinator (SAPOL) for consideration of activating State arrangements - Consider notification of staff to prepare for incident impacts
	INITIAL AND TARGETED ACTIONS - Confirm with EMDO the level of incident – L1 or L2 major incident - Notify Health Network Commanders of MI level - Notify SAAS Gold Commander of MI level

RESPONSE	**FOR L1 MAJOR INCIDENT** > Activate SCCH > Establish a strategic plan in consultation with Health Network Commanders, SAAS Gold Commander and appropriate subject matter experts using the SMEACS model – **S**ituation – what is the general situation – **M**ission – what are our objectives – **E**xecution – what will we do to achieve our objectives – **A**dministration – logistics and support required to support activity – **C**ommand and communication – who is in charge, who reports to who and how we communicate – **S**afety – identify any known safety related issues. > Maintain regular contact with Network Commanders and SAAS Gold Commanders via regular teleconferences > Provide strategic leadership and coordination > Ensure SA Health Media and Communications are aware and develop communication strategy as required > Establish communication with State Coordinator and whole of Government arrangements through the Support Agency liaison officer at the State Emergency Centre (if activated) > Coordinate with National Incident Room (Health) for assistance where necessary (activation of national health emergency response arrangements such as AUSTRAUMAPLAN/AUSBURNPLAN) in consultation with State Coordinator > Lead the Health State Command incident management team. > Monitor the incident, maintain contact with commanders and update the action plan as necessary > Ensure proper record keeping of the incident through SAHEMS
	FOR LEVEL 2 MAJOR INCIDENTS > Confirm the notification of a level 2 MI with Health Network Commanders and SAAS Gold Commander and the activation of extraordinary measures > Follow actions as above for L1 MI
	STAND DOWN – Incident no longer presents a threat to the health system or disruption to services > Confirm the status of the incident and that the number of casualties, complicating factors or hazards no longer represent a threat to the system or a source of service disruption > Consult with Health Network Commanders and SAAS Gold Commander to establish the impact of the incident on the system: – Influx in patients – Damage or compromise to health facilities and/or services – Ability to return to normal business
RECOVERY Activity required to return the health system to normal business **Actions**	> Confirm with Health Network Commanders and SAAS Gold Commander their ability to return to normal business > If unable to return to normal business and coordination is required across the system, liaise with the D/CE Operational Service Improvement and Demand Management to agree appropriate actions and suitable time for cessation of response activities and return to normal business > As part of recovery coordinate a Health Service debrief including SAAS, as soon as practicable but within 3 weeks, informed by local LHN debriefs

Health Network Commanders

Preparedness	Planning, Education and Exercising of Arrangements
RESPONSE	**STANDBY** > Clarify and confirm available information and intelligence > Notify Health State Commander of potential activation > Notify Site Commanders (Regional Directors for CHSALHN) of potential activation > Prepare to activate LHN/Service and Hospital Incident Command Centres (ICC) as required > Consider notification of staff to prepare for incident impacts > Activate standby protocols (check facility preparedness)
	INITIAL AND TARGETED ACTIONS > Confirm with State Commander the level of incident – L1 or L2 major incident **FOR L1 MAJOR INCIDENT** > Notify Site Commanders (Regional Directors for CHSALHN) of MI level 1 > Activate ICC(s) > Establish an action plan in consultation with Health State Commander, SAAS Gold Commander and appropriate subject matter experts using the SMEACS model – **S**ituation – what is the general situation – **M**ission – what are our objectives – **E**xecution – what will we do to achieve our objectives – **A**dministration – logistics and support required to support activity – **C**ommand and communication – who is in charge, who reports to who and how we communicate – **S**afety – identify any known safety related issues. > Maintain regular contact with Health State Commander and SAAS Gold Commander – regular teleconferences > Establish command and coordination of the incident across the LHN > Maintain communication with Site Commanders and develop operational activities to achieve the action plan aims. > Monitor and identify resource requirements with Site Commanders and escalate to State Command if outside of the capacity of the LHN or Service to source. > Ensure LHN Media and Communications are aware if required to coordinate messaging with Health State Command. > Lead the LHN incident management team in consultation with Bronze Commanders. > Monitor the incident, maintain contact with Gold and Bronze commanders and update the action plan as necessary

RESPONSE	**FOR LEVEL 2 MAJOR INCIDENTS** > Confirm the notification of a level 2 MI with Health State Commander and the activation of extraordinary measures > Ensure the activation of extraordinary measures and requirement to reconfigure critical care services to accommodate prearranged patient surge is communicated to all critical care services > Follow actions as above for L1 MI
	STAND DOWN – Incident no longer presents a threat to the health system or disruption to services > Confirm the status of the incident and that the number of casualties, complicating factors or hazards no longer represent a threat to the system or a source of service disruption > Consult with Health Network Commanders and SAAS Gold Commander to establish the impact of the incident on the system: – Influx in patients – Damage or compromise to health facilities and/or services – Ability to return to normal business
RECOVERY Activity required to return the health system to normal business Actions	> Confirm with Health State Commander and SAAS Gold Commander ability to return to normal business > If unable to return to normal business and coordination is required across the system, liaise with the Health State Commander and D/CE Operational Service Improvement and Demand Management to agree appropriate actions and suitable time for cessation of response activities and return to normal business > As part of recovery conduct local debriefs as soon as practicable but in time to inform the Health Service debrief coordinated by the Health State Commander within three weeks of the incident.

Out of Hospital Strategies for an Extended Mass Casualty Incident (MCI)

In the event of an incident of State or National consequence which overwhelms the health system it may be necessary to employ strategies to support field casualty management. This may include coordination of public health initiatives related to incidents generating large numbers of casualties such as a human disease outbreak, which would be led by the Chief Public Health Officer. Any field casualty management strategy will be led and coordinated by SA Ambulance Service and will be resource and equipment intensive and may necessitate a whole of Government and/or National assistance through the activation of National Health Emergency Response Arrangements coordinated by the National Incident Room (Health).

In the event that a major incident is of a scale or is in a location which requires an extended presence at/near the scene three strategies may be considered.

Casualty Clearing Station (CCS)

To support field casualty management a CCS could be established to hold casualties and allow capacity to be created in the health system. Characteristics of a CCS are:

- Established and controlled by SAAS
- Located away from hazards but not too far as casualties need significant resources to be transferred to the CCS
- Established for up to 6-8 hours post incident

Further detail on the establishment and management of a CCS can be found in the SA Ambulance Service Major Incident Response Plan

Field Medical Facility (FMF)

An extended Casualty Clearing Station (CCS) with additional resources established where deemed necessary to hold casualties for transport > 6-8 hours when hospital capacity is not available (e.g. health facilities have been affected/damaged by the incident compromising or overwhelming the capacity of the health system). Characteristics of an FMF are:

- Established and controlled by SAAS
- Higher level of clinical care
- Prolonged holding of casualties
- Additional specialist medical staff on site

Further detail on the establishment and management of a FMF can be found in the SA Ambulance Service Major Incident Response Plan

Field Hospital

A self-sufficient field hospital facility established to provide definitive medical care. SA does not have a deployable field hospital capability. If a field hospital were required the Health State Commander and SAAS Gold Commander would liaise with the State Coordinator as this would necessitate activation of national health emergency response arrangements coordinated by the Australian Government. Characteristics of a Field Hospital are:

- Established if definitive medical care is required in the field for a period of greater than 48 hours
- Operated under the direction of the Health State Commander in close cooperation with the SAAS Gold Commander

Links to other Plans:

For further information on all SA Health emergency management plans and arrangements please visit SA Health Emergency Management.

For more information

Emergency Management Unit
Public Health and Clinical Systems
Department for Health and Ageing
11 Hindmarsh Square
Adelaide 5000
Telephone: (08) 8226 7115
www.sahealth.sa.gov.au

For Office Use Only – I1 – A1

Interpreter

Government of South Australia

SA Health