Disaster Management Action Plan
Primary Care

Healthy North Coast acknowledges the Traditional Custodians of the lands across our region and pays respect to the Elders past, present and emerging. We recognise these lands were never ceded and acknowledge the continuation of culture and connection to land, sky and sea. We acknowledge Aboriginal and Torres Strait Islander peoples as Australia's First Peoples and honour the rich diversity of the world's oldest living culture.

Healthy North Coast is an independent, not-for-profit organisation proudly delivering the PHN program in North Coast NSW. We are committed to improving the health of our communities through quality primary health care. The PHN program is an Australian Government initiative. While the Australian Government helped fund this document, it has not reviewed the content and is not responsible for any injury, loss or damage however arising from the use of or reliance on the information provided herein.

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This Disaster Management Action Plan outlines the activities of Healthy North Coast (HNC) prior to, during and after a disaster event. This document is designed for *internal use* to guide Healthy North Coast staff and activities as they work to support *external* stakeholders and the community in the event of a disaster. It sits as an appendix to the broader HNC Disaster Management Framework.

The Action Plan has been split into three stages:

Prepare	→	Respond	→	Recover

STAGE 1: Prepare
Preparing for a disaster – actions to take place May - August

OBJECTIVE ONE: COMMUNICATE, ADVOCATE AND NETWORK

#	ACTION	KEY STAKEHOLDERS	OWNER
1.1	**SERVICE PROVIDER LINKAGES:** Support a 'buddy-up' approach between local general practices and other health services to create a strong, connected local primary health network, building supportive relationships and knowledge sharing in their approaches to disaster management preparedness and response.	Primary health service providers, AMS	PCIP
1.2	**EARLY DISASTER SEASON COMMUNICATION SCHEDULE:** Beginning of each disaster season (September – March), scheduled communications to practitioners via the practitioner newsletter and targeted communications through the Primary Health Coordinators, with key preparedness messages.	Primary health service providers	OCDS

#	ACTION	KEY STAKEHOLDERS	OWNER
1.3	**MONITORING READINESS:** Salesforce functionality is utilised to create a real-time index or inventory of practitioner preparedness.	Primary health service providers	PCIP
1.4	**LHD LINKS:** Communicate with LHD Disaster Planning representatives to enable the provision of the best possible support to the community in the event of a disaster/emergency. Consider the development of a MOU between PHN and the LHDs in case of a disaster or emergency.	NNSWLHD MNCLHD	Healthy Communities
1.5	**PLAN FOR RELEVANT INFECTIOUS DISEASE CONSIDERATIONS:** PPE stocks, vaccine supply, infection control.		
1.6	**PROMOTE HEALTH PATHWAYS:** Contains information on how to assess, manage and refer in the local context of available services, with appropriate local referral and pre-referral work-up requirements, ensuring faster access for patients.	Primary health service providers	HealthPathways
1.7	**SUPPORT RACF LINKAGES AND READINESS:**	RACFs	Healthy Communities

OBJECTIVE TWO: PROMOTE AND ENHANCE LOCAL PLANNING

#	ACTION	KEY STAKEHOLDERS	OWNER
2.1	**REPRESENTATION ON LOCAL EMERGENCY MANAGEMENT COMMITTEE:** HNC PHN representation on the LEMC (and in local coordinated scenario planning)	REMC, LEMC	Director Healthy Communities
2.2	**PRECINCT SITE SCOPING:** Preliminary scoping discussions with regional stakeholders, for potential health precinct sites that could be stood up in event of catastrophic disaster.	Local stakeholders	PCIP / OCDS
2.3	**SCENARIO PLANNING:** Conduct or participate in yearly table-top health scenario planning	Local stakeholders	Healthy Communities

2.4	**PROMOTE DISASTER PLANNING SOFTWARE TO PRIMARY CARE SERVICE PROVIDERS:** HNC advocates that all general practices have an ERPT, explore ways to get first-year buy-in.	General practices	PCI&P /Healthy Communities
2.5	**EDUCATION:** Webinar/workshop with specialist provider to build awareness and capacity. Bespoke program to provide support to flood-affected practices. Develop a yearly Disaster Management Planning session to aid with capacity building	Primary health service providers	PCIP
2.6	**CLINICAL SOCIETY SUPPORT:** Develop a yearly Disaster Management Planning session to aid with capacity building	General practitioners Allied Health Pharmacy	PCIP
2.7	**IDENTIFY AND SCOPE THE CAPACITY OF SURGE WORKFORCE WHEN REQUIRED:** Registry of volunteer and standby workforce.	NNSWLHD MNCLHD	PCIP
2.8	**CONSIDERATION OF VACCINE AND OTHER INFECTIOUS DISEASE RESPONSIVE STOCKS SUPPLY INTO EVACUATION CENTRES: (tetanus, antibiotics)**	NNSWLHD MNCLHD	PCIP
2.9	**ACCESS TO KEY REGIONAL PLANS:** Share DM Plans and initiate co-planning.	NNSWLHD MNCLHD Red Cross	HNC Chief Executive Officer

STAGE 2: Respond
During disaster - actions are categorised by disaster scale

OBJECTIVE THREE: COMMUNICATE AND ESCALATE

#	ACTION	KEY STAKEHOLDERS	OWNER	Minor	Moderate	Major	Catastrophic
Services							
3.1	**STAND-UP WE ARE OPEN CAMPAIGN:** Follow established process.	General practice Pharmacy	PCIP			✓	✓
3.2	**STAND-UP TELEHEALTH:** Follow established process.	General practice Commissioned Services	PCIP, OCDS			✓	✓
3.3	**PROVIDE INFORMATION VIA HEALTH PATHWAYS:** Including any changes to available services, referral pathways and other details	Primary Health Care Providers	Health Pathways			✓	✓
Communications							
3.4	**COMMUNICATION WITH HEALTH CARE PROVIDERS:** Regular bulletins and communications with health care providers.	Primary Health Care Providers	OCDS, PCIP			✓	✓
3.5	**COMMUNICATIONS TO COMMUNITY FOR WHICH PRIMARY HEALTH SITES ARE OPEN:**	Primary Health Care Providers, AMS Community	OCDS, PCIP				✓

#	Action	Stakeholders	Lead				
	Available service access and alternative service locations, operating hours and modes of service delivery.						
3.6	**PHYSICAL COMMUNICATIONS COLLATERAL:** Flyers to support information dissemination – GP Telehealth, We are Open, Mental Health	Primary Health Care Providers Community Evacuation centres Recovery centres	OCDS				✓
3.7	**KEY HNC PERSONNEL ATTEND DAILY HEALTH BRIEFING AT EVACUATION CENTRES**	DCJ LHDs	Healthy Communities			✓	✓
3.8	**DAILY BRIEFING WITH DCJ & LHD:** Establish as soon as possible and maintain throughout the response period.	DCJ LHDs	Healthy Communities			✓	✓
Sites							
3.9	**IMPACTED SITES AND SERVICES REPORTS:** SMS status survey via Salesforce Pharmacy, AHP, GPs, Stock issues for pharmacy.	Primary Health Care Services	PCIP		✓	✓	✓
3.10	**MONITOR AND REPORT IMPACTED RACF SITES**	RACF network	Healthy Communities			✓	✓
3.11	**ESTABLISH PRIMARY CARE PRECINCT IN EVENT OF MAJOR SERVICE INTERRUPTION**	Primary Health Care Services Community Site provider	HNC Chief Executive Officer				✓

#	Action						
3.12	**IDENTIFY AND SCOPE THE CAPACITY OF SURGE WORKFORCE TO RESPOND TO NEEDS IN EVACUATION CENTRES:** Formal requests from LHD Consider mix of reach including mobile outreach	LHDs PCIP		■	■	■		✓
3.13	**PROVISION OF GENERAL PRACTICE INTO RACFs**	General practitioners RACFs	PCIP, Healthy Communities	■			✓	✓
3.14	**PROVISION OF MENTAL HEALTH INTO EVACUATION CENTRES:** Brief intervention or service navigation supports.	Mental health practitioners	Integrated Wellbeing	■	■	■		✓

Other coordination activity

#	Action						
3.15	**SUPPORT ABORIGINAL COMMUNITIES** Collaborate with Aboriginal Medical Services to identify physical, environmental and mental health needs of Aboriginal communities, including specific activities to support remote communities and communities who experience barriers to health care	AMS	AH, PCIP, Integrated Wellbeing, Healthy Communities	■	✓		✓	✓
3.16	**OVERSIGHT OF REGIONAL PHARMACY SUPPLIES**	Pharmacy	PCIP	■	■		✓	✓
3.17	**COMMONWEALTH EXEMPTION FOR SITE-SPECIFIC PROVIDER NUMBERS**		PCIP	■	■		✓	✓

STAGE 3: Recover
After disaster – actions

OBJECTIVE FOUR: COMMISSION, DEBRIEF, SHARE LEARNINGS, EVALUATE

#	ACTION	KEY STAKEHOLDERS	OWNER
4.1	Debrief and wellbeing support sessions (PTSD, self-care, trauma informed care) for Primary Health Workforce.	Primary Health Care Services	PCIP
4.2	Review and evaluate the effectiveness of the PHNs role to drive forward continuous improvement in regional disaster management.	LHDs, DCJ, Primary care	Healthy Communities
4.3	Attend formal mandated recovery and subcommittee meetings and advocate for the health and wellbeing needs of community.	Health & Wellbeing Subcommittee (HWBSC), Local Councils, AMS, Community-led resilience groups	Healthy Communities
4.4	Identify scale and need for additional health supports and provide ongoing telehealth and mental health services where appropriate.	HWBSC, LHDs, AMS	Healthy Communities, Integrated Wellbeing
4.5	Deliver local service and grant funding packages on behalf of State and Federal Government where required.	NGOs, Community-led resilience groups	Healthy Communities
4.6	Identify opportunities to collaborate with service providers to ensure that flood recovery health and wellbeing needs are met.	AMS, NGOs, commissioned services, primary care	All staff

4.7	Support community-led recovery initiatives via grants packages where available and appropriate.	Community-led resilience organisations	Healthy Communities
4.8	Reflect, revise and update Health Pathways.	Primary Health Care Services	Health Pathways