COORDINATED HEALTH ARRANGEMENTS IN A DISASTER SITUATION (SOUTH EASTERN NSW)

Developed jointly by COORDINARE – South Eastern NSW PHN, Illawarra Shoalhaven Local Health District, and Southern NSW Local Health District.

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Content approved.
Branding updates pending organisational processes.

Background

South Eastern NSW stretches from Helensburgh in the north, down the coastline to the Victorian border in the south, and inland to Cooma / Monaro, Queanbeyan, Yass and Goulburn.

To ensure local and regional emergency management processes achieve a coordinated and effective health response to disasters and emergencies in South Eastern NSW, the Primary Health Network (PHN) works in partnership with the region's two Local Health Districts (LHDs), Illawarra Shoalhaven and Southern NSW, and maintains strong relationships with Regional Emergency Management structures.

Purpose

This document, prepared in partnership between COORDINARE - South Eastern NSW PHN, and the Illawarra Shoalhaven and Southern NSW Local Health Districts (LHDs), aims to provide clarity and transparency on the roles and responsibilities of each agency, before, during, and after an emergency/disaster. It outlines how the PHN and LHDs work together, and with primary and other healthcare providers, for the effective management of resources, enabling a proactive and coordinated whole of health response that supports the resilience of communities in the South Eastern NSW region.

This document is intended for general practitioners, primary care providers, and community organisations with a role or interest in local health system preparedness and response.

Note: A glossary of key terms and acronyms is provided at the end of this document for reference.

Emergency Management Framework

Emergency management in NSW is governed by the *State Emergency and Rescue Management (SERM) Act 1989*, which establishes a coordinated framework for emergency response across agencies. The State Emergency Management Plan (EMPLAN) outlines this structure and is supported by a suite of sub and supporting plans.

One of these is the NSW Health Services Functional Area Supporting Plan (NSW HEALTHPLAN), which describes how NSW Health coordinates health services before, during, and after emergencies. It defines the roles of key health service components and their responsibilities in supporting Lead Agencies and other Functional Areas e.g. Transport, Welfare, etc., in line with the Prevention, Preparedness, Response and Recovery (PPRR) approach.

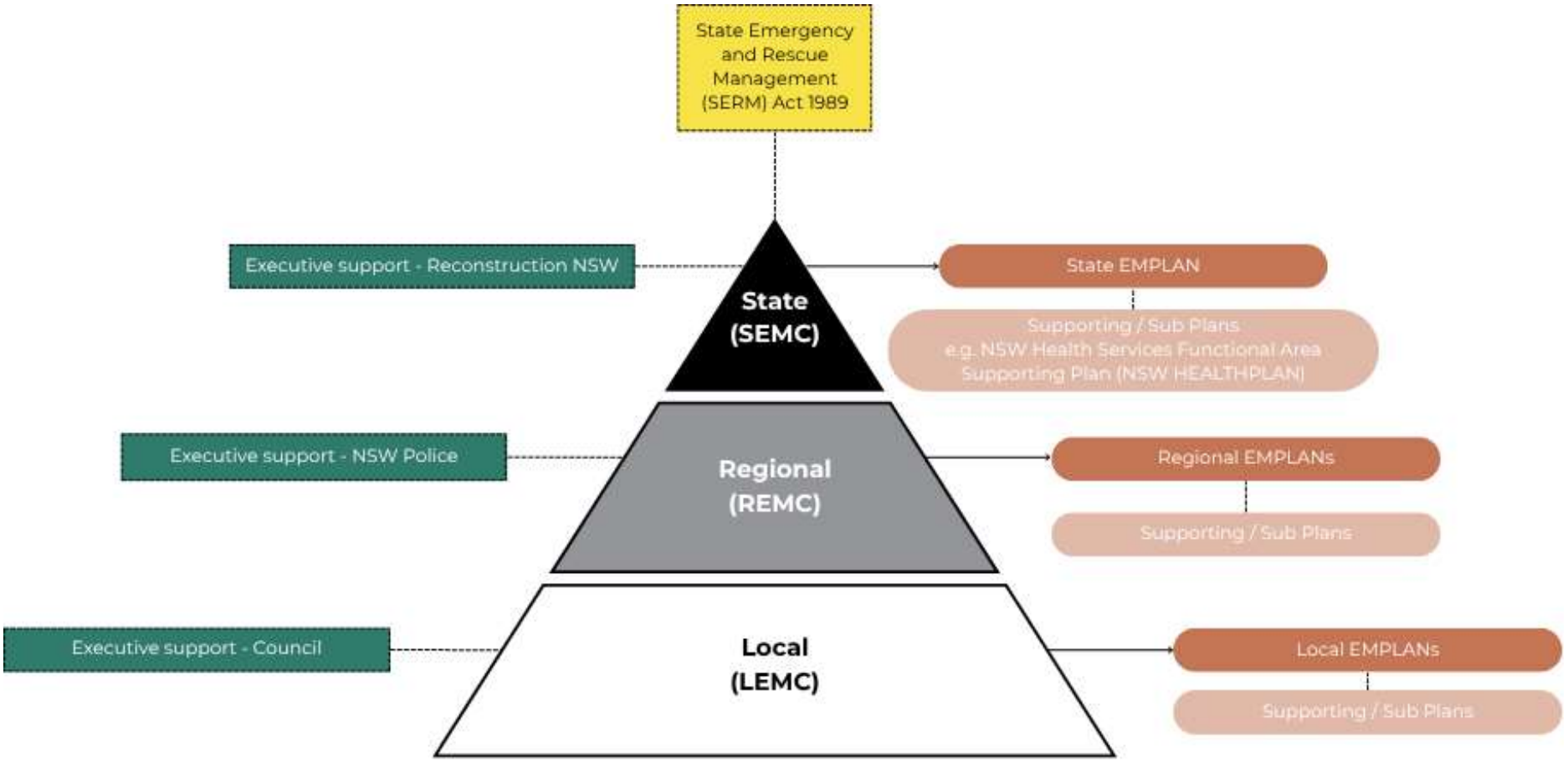
Emergency management responsibilities are embedded within the executive governance structures of Local Health Districts, which are accountable for coordinating and delivering health services at the regional and local level during emergencies. The South Eastern NSW PHN region is served by two Local Health Districts: Illawarra Shoalhaven (ISLHD) and Southern NSW (SNSWLHD), which, together with COORDINARE, work alongside other agencies to coordinate health services in emergencies. This collaboration includes two-way communication between primary care providers and the broader emergency response system, sharing local intelligence, communicating service availability, and supporting coordinated responses to emerging health needs and regional planning.

LHDs and PHNs actively liaise with Local Emergency Management Committees (LEMCs) and Regional Emergency Management Committees (REMCs), providing representatives as appropriate to support coordinated planning and response. South Eastern NSW spans two Emergency Management Regions: Illawarra South Coast and South Eastern, each overseen by a Regional Emergency Management Committee (REMC). Within these regions, 11 Local Emergency Management Committees (LEMCs), aligned with local government areas, are responsible for coordinating local-level planning and response. In an emergency, response efforts typically begin at the local level through the LEMC. If the scale or complexity of the event exceeds local capacity, coordination escalates to the REMC, and if needed, to the State Emergency Operations Centre. This tiered structure ensures that emergencies are managed at the lowest appropriate level, with support scaling up as required.

For more detailed information, refer to:

- SERM Act 1989
- State Emergency Management Plan (EMPLAN)
- State emergency management supporting plans
- Health Services Supporting Plan (NSW HEALTHPLAN)
- PPRR and AIIMS: A whole-of-government strategy in NSW

Note: The term *South Eastern NSW* refers to the Primary Health Network (PHN) catchment area, which includes Illawarra Shoalhaven and Southern NSW Local Health Districts. This is distinct from the *South Eastern Emergency Management Region*, which is a formal boundary used by NSW emergency management agencies and may not align exactly with health service regions.


State Emergency and Rescue Management (SERM) Act 1989
Executive support - Reconstruction NSW
State (SEMC)
State EMPLAN
Supporting / Sub Plans
e.g. NSW Health Services Functional Area Supporting Plan (NSW HEALTHPLAN)
Executive support - NSW Police
Regional (REMC)
Regional EMPLANs
Supporting / Sub Plans
Executive support - Council
Local (LEMC)
Local EMPLANs
Supporting / Sub Plans

Coordinated health response in South Eastern NSW

In South Eastern NSW, a coordinated health response to emergencies and disasters is underpinned by strong, ongoing partnerships between the region's two Local Health Districts, Illawarra Shoalhaven LHD and Southern NSW LHD, and COORDINARE - South Eastern NSW PHN.

These relationships are underpinned by regular communication, shared planning processes, and a commitment to joint problem-solving. The LHDs and PHN meet at least quarterly to discuss preparedness, service continuity, and emerging risks, ensuring that connections are maintained and strengthened outside of disaster events.

During emergencies or disasters, agencies work together to:

- Share local intelligence and situational awareness
- Coordinate service availability and continuity
- Align health system responses to emerging needs

Open channels for information exchange enable timely decision-making and resource mobilisation. This includes identifying service disruptions, supporting general practice operations, and activating additional health supports where required.

By leveraging established relationships and a shared understanding of local and regional health system capabilities, the LHDs and PHN deliver a responsive, integrated approach that supports community resilience and ensures continuity of care across South Eastern NSW.

Role of Local Health Districts

Key messages

- During an emergency, Local Health Districts (LHDs) lead the coordination and delivery of health services within their boundaries.
- Their role sits within the NSW Health Services Functional Area, under the broader NSW emergency management framework.
- The primary goal for LHDs is to maintain essential health services, minimise disruption to routine care, and deliver coordinated health responses that protect community wellbeing.
- LHDs maintain readiness through planning, training, and surge capacity to respond effectively across the Prevention, Preparedness, Response and Recovery (PPRR) cycle.
- They work closely with primary care, PHNs, and community partners to ensure integrated health responses.

Emergency coordination and governance

Under the NSW HealthPlan, each LHD activates its emergency management structures through an appointed Health Services Functional Area Coordinator (HSFAC). The HSFAC leads strategies across the Prevention, Preparedness, Response and Recovery (PPRR) cycle.

LHDs also contribute representatives to Local and Regional Emergency Management Committees (LEMCs and REMCs), ensuring health system integration within broader emergency management structures. During disasters or crises, a LHD may deploy Health Liaison Officers to Local and Regional Emergency operations Centres to fulfil this purpose.

In an emergency, the LHD may:

- Activate and manage the Health Emergency Operations Centre (HEOC);
- Coordinate all health service responses within its boundaries;
- Maintain essential service delivery to affected populations;
- Request or provide support through Regional or State Emergency Operations Centres when local capacity is exceeded; and
- Provide situation reporting and advice to key stakeholders.

Maintaining essential health services

LHDs undertake emergency risk assessments and develop plans for identified hazards. Each LHD has internal processes to maintain service continuity based on the nature of the hazard, infrastructure impacts, and community needs.

During emergencies, care may be delivered through:

- Public and private health facilities
- Primary care and community clinics
- Virtual care platforms (telehealth)
- Evacuation Centres, Recovery Centres and Recovery Assistance Points
- Aged care facilities
- At-home and outreach models

Operational Readiness

To ensure operational readiness during emergencies, LHDs:

- Maintain preparedness by developing, implementing and testing emergency management plans and arrangements.
- Support staff capability through emergency management education, training, and participation in exercises.
- Apply continuous improvement by incorporating lessons learned from exercises and real events into planning and response.
- Ensure workforce surge capacity so sufficient staff are available to respond when needed.
- Maintain readiness of emergency operations centres (EOCs) to enable immediate activation and effective coordination.
- Are contactable at all times to support timely decision-making and response actions.

Integrated health service components

Under the NSW HealthPlan, the LHD's role is supported by a broad network of health service components that work together to deliver a comprehensive and coordinated emergency response.

- **Ambulance Services** – providing emergency medical response, clinical care, and coordinated command for in-field health operations.
- **Public Health Services** – preventing, mitigating, and controlling threats from communicable diseases and environmental hazards.
- **Clinical and Mental Health Services** – sustaining acute, subacute, and community health services, and providing clinical leadership during emergencies.
- **Pathology and Pharmaceutical Services** – ensuring access to diagnostic testing, blood products, and essential medicines.

- **HealthShare NSW and eHealth NSW** – providing logistics, procurement, information systems, and digital infrastructure to support service continuity.
- **Health Communications** – coordinating consistent public and clinical messaging, media engagement, and community information.
- **Paediatric and Specialist Statewide Services** – including the Newborn and Paediatric Emergency Transport Service, Statewide Burns Service, and High-Consequence Infectious Disease Service.
- **ACCHOs and Multicultural Health Services** – ensuring culturally safe and accessible care for Aboriginal, multicultural, and refugee communities.
- **Health Infrastructure** – supporting facility readiness, engineering safety, and emergency facility management.

Partnerships and collaboration

The Local Health District role in emergencies and disasters is guided by the NSW HealthPlan and the Health Services Functional Area Coordinator, ensuring that health responses are integrated, timely, and focused on maintaining critical services. While LHDs play a central role in delivering and coordinating health services across the South Eastern NSW region, they do not operate in isolation. Their ability to manage and respond to emergencies relies on strong partnerships with:

- Primary care providers
- Primary Health Networks (PHN)
- Community organisations
- Other health and emergency agencies

By working closely with primary care and community partners, LHDs ensure that the health system remains functional, responsive, and focused on protecting the health and wellbeing of our communities.

Role of the PHN

Key messages

- COORDINARE – South Eastern NSW PHN (PHN) supports general practice and primary care organisations to prepare for, respond to, and recover from disasters.
- The PHN provides tools, training, and resources to strengthen emergency preparedness and continuity of care.
- During emergencies, the PHN shares service availability updates, commissions additional supports, and activates volunteer networks.
- HealthPathways and local intelligence are key enablers of a coordinated response.

Supporting general practice preparedness

COORDINARE have a suite of emergency response planning resources available:

- General Practice Emergency Response Plan template
- Disaster Planning and Response Checklist
- General Practice Disaster management toolkit

In addition to these, the PHN:

- maintains a comprehensive webpage with information, tools, and resources
- identifies, highlights, and provides disaster related educational opportunities
- distributes regular disaster related communications

Encouraging preparedness planning with patients

COORDINARE supports general practices to embed emergency preparedness into routine care by providing tools, resources, and opportunities for professional engagement. The PHN's aim is to enable practices to confidently initiate conversations with patients about planning for emergencies and disasters.

A dedicated Disaster Preparedness and Response webpage features:

- Planning templates and checklists
- Patient-facing resources tailored to specific risks (e.g. bushfires, power outages, heat health)
- Materials designed for diverse populations, including Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse communities, older persons, and people with disabilities or chronic health conditions

In addition, COORDINARE:

- Shares seasonal and event-specific guidance through regular eNewsletters
- Hosts Interest Group meetings to build capability and share insights across the region
- Offers access to Health Coordination Consultants (HCCs) who can provide tailored advice and support

These resources are designed to help practices start meaningful conversations with patients about their individual risks and preparedness needs.

Maintaining HealthPathways

HealthPathways plays a key role in disaster management by providing general practitioners and primary care teams with up-to-date, locally relevant clinical and operational guidance during emergencies. It helps integrate GPs into broader disaster health management systems, ensuring they are not isolated and can contribute effectively to a unified response at a local level.

Examples of current, relevant pathways available

- General practice management during a disaster
- Preparing a general practice for disaster
- Preparing a patient for a disaster
- Post natural disaster health

Additional pathways may be developed in response to specific disasters as they arise, ensuring timely and tailored clinical guidance for primary care teams.

More information on access HealthPathways can be found here.

Local intelligence

COORDINARE maintains up-to-date lists of general practices, pharmacies, residential aged care facilities, and other primary health service providers in the region. If requested, the PHN would provide contact details of these organisations to the Health Services Functional Area Coordinator (HSFAC), for the purpose of planning and coordinating 'on-ground' operations by the relevant combat agency e.g. ascertaining the location and needs of any community members who may require additional supports in evacuating/responding to the emergency.

The PHN also hold registries of individuals and organisations who are willing to assist during an emergency or disaster and will liaise with volunteers on a case-by-case basis to determine activation. It is acknowledged that volunteers can often be part of an affected community and may therefore be impacted at a personal level. Expressed availability is voluntary and continually assessed throughout the situation.

In the event of an emergency in the South Eastern NSW region, the PHN may publish and maintain, an up-to-date list of the operational status (OPEN/CLOSED) of key services e.g. general practices, pharmacies etc.

Commissioning of services

COORDINARE plays a key role in commissioning services to meet the evolving needs of communities during and after disasters. In the event of an emergency, the PHN has established processes to rapidly commission new or expanded services to address emerging health priorities, particularly in mental health, service navigation, and community recovery.

Commissioning decisions are informed by local intelligence, service mapping, and engagement with general practice, allied health providers, community organisations, and other stakeholders.

This approach was exemplified following the 2019–20 Black Summer bushfires, when COORDINARE mobilised a suite of initiatives to support recovery across South Eastern NSW. These included:

- Over $367,000 in recovery grants to support 67 community-led projects through the Supporting Communities in Recovery program.
- Deployment of Care Navigators to assist individuals and families in accessing health, mental health, housing, and financial support services.
- A region-wide community consultation and diagnostics process to identify priority needs and inform targeted funding for vulnerable groups.
- Support for grassroots events and initiatives, such as the Nerrigundah Community Support Get-Together, to rebuild social connection and resilience.

One such initiative, the Towamba Fireflies, highlights how locally informed commissioning supported mental health and community recovery in a remote village impacted by disaster.

Read the full case study: *Towamba 'Fireflies'*

Access to EAP

COORDINARE recognises that emergencies and disasters can have a significant emotional and psychological impact on general practice staff and primary care providers across South Eastern NSW. To support the wellbeing of those working in primary care, the PHN may offer access to a confidential Employee Assistance Program (EAP) during the response and recovery phases of an emergency.

This support has been made available on multiple occasions, including during bushfires, floods, and other critical incidents affecting our region. It reflects our ongoing commitment to ensuring general practice teams are supported not only in maintaining service continuity, but also in managing the personal impacts of working through challenging circumstances.

When offered, information about how practices in our region can access EAP will be communicated through a variety of channels which may include: direct outreach; Disaster related eNewsletters or emergency updates.

Importantly, the PHN does not receive any personal information about who accesses the service. This ensures that all engagement with the EAP remains strictly confidential.

Role of primary care

Key messages

- General practices are trusted, locally embedded providers who play a vital role before, during, and after emergencies.
- Their continuity of care, adaptability, and deep community knowledge make them essential to a coordinated health response.
- During disasters, general practices may scale up services, temporarily accept new patients, and support displaced providers.
- Practices are encouraged to maintain and test emergency response plans and proactively identify patients who may need additional support.
- By remaining operational and responsive, general practices help stabilise communities, reduce health risks, and support recovery.

General practices play a critical role in supporting communities before, during, and after emergencies. Their deep local knowledge, trusted relationships, and ability to adapt make them essential to a coordinated health response.

During the 2019/20 Black Summer bushfires, Lighthouse Surgery in Narooma became a vital hub for care and coordination, operating without power, communications, or hospital access. The team adapted rapidly, providing care by torchlight, supporting evacuees, coordinating with pharmacies and ambulance services, and identifying at-risk patients for emergency outreach.

You can read more about their experience here.

Emergency planning

General practices are encouraged to maintain and regularly test emergency response plans. These plans should address a range of hazards including bushfires, floods, and heatwaves, and align with RACGP accreditation standards. Practices that are prepared are more likely to maintain continuity of care and business operations during a crisis.

As the RACGP notes:
"Practices that have a tested emergency response plan will ultimately be better positioned to respond to the health needs of their communities."

It is imperative that practices have an up-to-date emergency response plan so that they are prepared, well stocked and ready to respond to any crisis.

Identifying and supporting people with additional requirements in an emergency

General practice plays a critical role in supporting patients who may require additional assistance during emergencies. This includes individuals with chronic conditions, disabilities, mobility limitations, language or communication barriers, or those who are socially isolated.

Identifying patients with additional requirements

Practices are encouraged to use their clinical software systems to run searches and apply flags to identify patients who may be at increased risk during a disaster. These patients may include those with:

- Dependence on medical equipment, such as oxygen therapy or dialysis
- Mobility limitations, including use of walking aids, wheelchairs, or being bedridden
- Cognitive or sensory impairments, such as dementia, vision impairment, or hearing loss
- Spinal injuries or other conditions that limit physical independence
- Geographic or social isolation, including limited access to transport or support networks
- Late-stage pregnancy, particularly between 35–40 weeks gestation
- Lack of a carer, or reliance on a carer who may not be available during an emergency

To support this process, COORDINARE has developed a practical guide to assist practices in identifying and tagging patients with additional requirements using Best Practice and MedicalDirector software systems. Access the guide here.

Supporting patients to prepare for emergencies

Once identified, practices can initiate proactive conversations with these patients and their carers to understand their functional capabilities and support needs. These discussions can help patients:

- Plan for disruptions to care, medications, or equipment (e.g. oxygen concentrators)
- Understand local emergency procedures and evacuation options
- Identify personal support networks and alternative accommodation options
- Connect with relevant community, health, or disability support services

Such an approach supports a shift from a diagnosis-based to a needs-based understanding of risk, recognising that a person's circumstances, support networks, and functional capacity are key factors in determining how they may be affected during an emergency.

It also aligns with the principles of Person-Centred Emergency Preparedness (P-CEP), which emphasise tailoring emergency planning to individual capabilities, support needs, and personal circumstances. Practices may wish to explore P-CEP resources to guide these conversations and planning processes.

For additional tools to support patient identification and preparedness conversations, practices can access COORDINARE's Disaster Preparedness and Response resources, including planning templates, checklists, and a general practice disaster management toolkit.

Maintaining continuity of care

Practices that remain operational during emergencies provide vital continuity for their communities by:

Scaling up services through extended hours and telehealth
In disaster-affected communities, general practices that extend their opening hours, whether by opening early, staying open late, or operating on weekends, provide a vital anchor for patients navigating disruption and uncertainty. These flexible hours can make a meaningful difference when other services are closed, overwhelmed, or inaccessible.

Telehealth can complement extended hours by offering additional flexibility for patients who are unable to physically attend a practice due to illness, transport disruption, or geographic isolation. In some cases, such as when access to the area is cut off or hospitals are unavailable, telehealth may be the only viable option for care.

Practices are encouraged to:

- Consider their telehealth capability as part of emergency planning.
- Identify fallback communication methods if video platforms are unavailable.
- Communicate clearly with patients about how to access telehealth services during a disaster.
- Refer to the RACGP's telehealth guidelines for best practice advice.

Why it matters in a disaster context:

- **Meeting increased demand**: Disasters often lead to a surge in health needs, including acute injuries, mental health concerns, and exacerbations of chronic conditions.
- **Supporting disrupted routines**: Extended hours and telehealth offer flexibility for patients managing recovery efforts, caring for others, or facing transport challenges.
- **Providing continuity in chaos**: A familiar, open general practice, whether in person or via telehealth, offers stability and reassurance, helping patients feel safe and supported.
- **Overcoming access barriers**: Telehealth may be the only viable option when physical access to practices is disrupted, or hospitals are unavailable.

Temporarily taking on new patients

General practices play a vital role in supporting communities during disasters, including by temporarily accepting new patients. This may include individuals visiting the region for holidays, work, or other reasons who are unexpectedly impacted by the event. These patients may be unfamiliar with local health services and experience heightened distress due to being away from their usual supports.

The RACGP highlights the importance of general practice in disaster response, noting that:
“GPs help people affected by trauma who have lost loved ones, homes or businesses – often they are helping people on the worst day of their lives.”
— Associate Professor Michael Clements, RACGP Rural Chair

Further, the RACGP emphasises that:
“GPs hold a unique place in communities. They are a trusted source of information, connection and support, particularly for people most vulnerable to the impacts of disasters and emergencies.”

By offering care to displaced or visiting individuals, general practices contribute to the continuity of primary health services and strengthen the local disaster response effort.

Space sharing and other support for displaced providers

During emergencies and disasters, general practices that remain operational may be asked to support displaced providers from affected areas. This support can take various forms, depending on local capacity and need.

Examples include:

- Hosting displaced administrative or clinical staff from other practices to enable continuity of care
- Providing temporary access to consultation rooms or shared infrastructure
- Storing vaccines or other clinical supplies for practices that have lost access to refrigeration or secure storage
- Offering shared access to communication systems or IT platforms, where feasible

These arrangements are voluntary and should be based on mutual agreement between practices. Practices are encouraged to consider their capacity to assist and to register with the PHN via this link, if they are willing to offer space or support.

General practice roles in evacuation centres

General practice plays a vital role in providing care to local communities during emergencies and disasters. Practices that can remain open help ensure people continue to access the care they need in a safe, familiar, and timely manner.

The NSW Ministry of Health has issued guidance to all Local Health Districts (LHDs) outlining the minimum healthcare requirements for evacuation centres. These requirements are designed to ensure that essential health services are available to evacuees through the coordinated efforts of the health system.

Regional differences may influence whether general practice support is required, depending on the scale of the emergency, available resources, and local capacity. Where needed, PHNs will assist in coordinating general practice volunteers, ensuring that support is targeted, safe, and aligned with broader emergency response efforts.

In rare circumstances, general practitioners and other primary care providers may be requested to support health service delivery within evacuation centres. This will only occur if the LHD is unable to meet the required healthcare standards through its usual resources.

It is important to note that general practice should not self-deploy to evacuation centres. Any involvement must be coordinated through formal activation processes led by the LHD's Health Services Functional Area Coordinator (HSFAC), in collaboration with COORDINARE – South Eastern NSW PHN.

Activation and coordination

In South Eastern NSW, any general practice involvement in evacuation centres must be formally coordinated. This process is led by the Local Health District's Health Services Functional Area Coordinator (HSFAC), in collaboration with COORDINARE – South Eastern NSW PHN.

Each LHD has internal procedures to assess whether primary care support is required. If support is deemed necessary, the HSFAC will contact COORDINARE to facilitate engagement with general practitioners and primary care providers.

The PHN maintains a register of general practitioners and primary health care staff who have expressed willingness to assist during emergencies. If activated, the PHN will liaise with individuals on this register to:

- Share details of the request and deployment context
- Confirm availability and suitability
- Connect volunteers with the requesting HSFAC
- Maintain open channels for feedback and support

General practitioners and primary care providers wishing to offer support can register here: https://surveys.coordinare.org.au/n/7yqc5q7

Training and preparedness

General practitioners and primary care providers who wish to volunteer in evacuation centres are encouraged to complete training that ensures they are familiar with the roles, responsibilities, and operational context of these settings. Completion of these modules is not mandatory but strongly encouraged to ensure safe and effective participation:

- Evacuation Management
- Introduction to Welfare Services Functional Area Program

These courses provide foundational knowledge about evacuation centre operations, welfare services coordination, and the broader emergency management framework in NSW.

What to bring if deployed

If deployed to an evacuation centre, general practitioners should be aware that Local Health Districts will provide essential clinical supplies and equipment. However, GPs are encouraged to bring a small set of personal and professional items to support their role and ensure comfort and preparedness.

Recommended items include:

- Doctor's bag with basic clinical tools and consumables appropriate to your scope of practice
- Prescriber's pad (paper prescriptions may be required if electronic systems are unavailable)
- Laptop with practice software (if available and secure)
- Identification (e.g. photo ID, AHPRA registration details)

- Personal items such as:
    - Mobile phone and charger
    - Water bottle and snacks
    - Weather-appropriate clothing
    - Any required medications or personal health items
- Notebook and pen for documentation
- Personal protective equipment (PPE) if available (e.g. masks, gloves)

Insurance and medicolegal coverage

General practitioners providing services in evacuation centres will be doing so independently from their usual practice and are therefore unlikely to be covered under their practice's insurance policy. Provided GPs work within the limits of their skills and experience, they should be covered by their individual medical indemnity insurance policy (subject to the terms, conditions, and exclusions of that policy).

It is strongly recommended that GPs confirm the details of their medical indemnity insurance in advance, including coverage for work in evacuation centres. Non-GP staff may be covered under the evacuation centre's public liability insurance, but practices should seek advice from their medicolegal provider.

Scope of practice

Evacuation centres are not makeshift general practices or emergency departments. General practitioners supporting these settings should only provide care that falls within their usual scope of practice and comfort level, taking into account the limitations of the environment, available resources, and the nature of the emergency.

Healthcare provision in evacuation centres should primarily be reserved for evacuees sheltering in the centre. However, patient safety remains paramount, and individuals who cannot access care elsewhere may be supported at the evacuation centre as a last resort.

If a patient presents with health needs that cannot be safely managed within the evacuation centre, they should be referred or transferred to an appropriate facility, such as a local general practice, hospital emergency department, or other health service.

Refer to the RACGP's guidance for GPs working in evacuation centres for further detail on appropriate services.

Remuneration

Currently, there is no dedicated funding available to remunerate volunteers supporting evacuation centres, and services provided in these settings are not typically eligible for Medicare Benefits Schedule (MBS) billing. Providers are encouraged to consider this when registering their availability and to seek advice from their professional association or indemnity insurer if needed.

The PHN continues to advocate for sustainable funding mechanisms that recognise the essential role of general practice in disaster response, engaging with state and Commonwealth stakeholders to highlight this gap and push for formal recognition and resourcing.

Support in non-evacuation centre settings

General practice plays its most vital role during emergencies by remaining open and accessible to the community. Practices that stay operational provide continuity of care, local knowledge, and a familiar environment for patients navigating disruption and uncertainty.

However, in rare or protracted emergencies, general practitioners and other primary care providers may be called upon to assist in settings outside of their usual practice that is not an evacuation centre setting, such as mass casualty events, large-scale public gatherings, or other scenarios where local health services are overwhelmed or inaccessible.

In these instances, the PHN may liaise with individuals on its volunteer register to assess their willingness and availability to support the response. Requests will be coordinated in partnership with the Local Health District's Health Services Functional Area Coordinator (HSFAC), and will consider the nature of the event, scope of practice, and individual circumstances of volunteers.

Transition to recovery

Recovery from a disaster begins as early as possible, often during the response phase, to ensure continuity and coordination. Local, regional, and state recovery committees are activated depending on the severity and scope of the disaster.

A regional recovery coordinator or local council are responsible for coordinating plans based on assessment of needs. Recovery services are tailored to the specific disaster event and community needs and can change over time. The health impacts of a disaster can be seen in weeks, months and years following a disaster.

During the recovery phase of a disaster health services play a vital role in restoring community wellbeing and ensuring continuity of care and are active participants in local recovery processes. The types of services include:

- Public Health Surveillance & Risk Management – monitoring for disease outbreaks, safe water
- Mental Health & Psychosocial Support – trauma informed counselling, outreach and long-term support
- Continuity of Care – restoring disrupted services, access to medications and chronic condition management both in the immediate and longer term
- Community Engagement & Communication – information about health and recovery resources
- Health Workforce Support – debriefing for staff, mobilising additional staff and volunteers

Primary care providers have a critical role throughout the recovery phase – identifying provider and community needs, providing continuity of care and referral to additional supports and managing the longer-term impacts of disasters, which can occur many years after an event.

The PHN's role is to support primary care to stay open, provide workforce support, participate in recovery coordination processes, rapidly commission additional supports if recovery funding is provided and contribute to system learning by reviewing the primary care response. This includes monitoring health outcomes and service delivery during recovery, and providing localised reports to the Department of Health, Disability and Ageing, to inform future planning, strengthen preparedness, and improve the resilience of primary care in future disasters.

Review schedule

Review date	Reason for review	Changes made
Ad-hoc	When significant changes occur (e.g. agency roles, contact details, new guidance)	
Post-disaster	To review effectiveness and incorporate lessons learned from real-world events	
Six-monthly	To maintain currency and alignment with broader emergency management frameworks	

Glossary

This glossary provides definitions for key terms and acronyms used throughout the document. It is intended to support clarity and consistency for readers engaging with disaster preparedness and response content.

Term	Definition
COORDINARE - South Eastern NSW Primary Health Network (PHN)	The PHN for South Eastern NSW, responsible for supporting general practice and primary care, commissioning services, and coordinating health system responses in partnership with Local Health Districts and other agencies.
PHN (the PHN)	Primary Health Network - a Commonwealth-funded organisation that improves access to primary health care and coordinates services at a regional level. In this document, “the PHN” refers specifically to COORDINARE - South Eastern NSW PHN.
LHD	Local Health District - NSW Health entities responsible for delivering public health services within defined geographic areas.
HSFAC	Health Services Functional Area Coordinator - the designated lead for health coordination during emergencies within each LHD.
LEMC / REMC	Local / Regional Emergency Management Committee - formal structures that coordinate emergency planning and response at local and regional levels.
EMPLAN	State Emergency Management Plan - outlines NSW’s emergency management framework and agency responsibilities.
NSW HEALTHPLAN	The Health Services Supporting Plan under EMPLAN, detailing how health services are coordinated during emergencies.
PPRR	Prevention, Preparedness, Response, Recovery - the four-phase emergency management cycle used in NSW.
HealthPathways	A web-based clinical and referral information portal used by general practitioners and primary care teams to support consistent, locally relevant care.
P-CEP	Person-Centred Emergency Preparedness - a framework that supports individuals with additional needs to plan for emergencies based on their functional capabilities and support networks.