EMERGENCY MANAGEMENT FRAMEWORK

AUGUST 2025

Leadership   Collaboration   Respect   Accountability   Innovation

FOREWORD

The Murray PHN (Primary Health Network) Emergency Management Framework sets out the organisation's commitment to building a resilient, coordinated, and responsive primary health system across our diverse communities, covering urban, rural, regional and remote areas.

In times of crisis, particularly in places with limited access to care, a connected, inclusive approach is essential. This framework recognises the unique challenges faced by our communities, including First Nations Peoples, and promotes culturally safe, place-based, emergency management responses.

True emergency management goes beyond immediate response - it is about strengthening local capacity, building partnerships, and sharing responsibility before, during and after emergencies. It is about continuous learning, adaptation and improvement.

We also recognise the profound and increasing impacts of climate change on health and wellbeing. Communities in our region are already experiencing more frequent and severe environmental hazards such as extreme heat, floods, bushfires, drought and spread of vector-borne diseases.

These events directly affect access to primary care services and place additional stress on the health and wellbeing of our communities. Addressing these risks requires a proactive, integrated approach to emergency management that supports both system resilience and community recovery.

All of our partners - health providers, community organisations, government agencies, and emergency services - are encouraged to engage with this framework and work together to strengthen our region's readiness and resilience.

Together, we can build a more connected and capable primary healthcare system.

Matt Jones
Chief Executive Officer

Date	Author	Modification	Version
31/07/2025	Strategic Disaster Solutions	Initial draft for consultation	V0.2 (DRAFT)
4/08/2025 21/08/2025	Janice Radrekusa	Feedback on initial draft	V0.2 (DRAFT)
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Part 1: Framework overview

1.1   Purpose

This Framework provides a structured and practical approach to preventing, preparing for, responding to, and recovering from emergencies, disasters and critical incidents that impact primary healthcare services across the region. Recognising the complexity and unpredictability of emergencies, particularly in rural and remote communities, the framework supports a coordinated, culturally safe, and community-focused response.

The purpose of this Emergency Management Framework is to:

- strengthen health system continuity and local response capacity
- support culturally appropriate and trauma-informed care during emergencies
- provide a foundation for equitable, place-based emergency planning
- guide collaboration across service providers, governments and communities
- support continuous improvement through a structured self-assessment tool that enables regular review of emergency preparedness and system maturity.

The framework outlines Murray PHN's role during health-related emergencies, both as a Commonwealth-funded entity and as a key partner of the Victorian Department of Health in supporting the activation of, and contribution to, local emergency responses. It reflects the organisation's commitment to shared responsibility, local leadership and continuous improvement in managing disruptions to primary healthcare services.

1.2   Scope

This framework applies to all emergency events that affect the continuity and delivery of health and community services across the Murray PHN catchment. It covers three broad categories of disruption.

- **Declared emergencies** – such as floods, bushfires, earthquakes, heatwaves and other significant emergencies or disaster events.
- **Public health incidents** – such as infectious disease outbreaks, thunderstorm asthma and pandemics.
- **High-impact, non-declared critical events** – such as trauma events, service failures or sentinel incidents.

The framework is designed to guide Murray PHN's internal operations, support external commissioned health services, and promote coordinated responses with local, state, federal and cross-border partners. It is intended for use by PHN staff and partners, outlining responsibilities and mechanisms for collaborating with Aboriginal Community Controlled Health Organisations, (ACCHOs), general practice, hospitals, pharmacies, residential aged care facilities, allied health and mental health providers, community health services, and other relevant health and social care organisations across the region.

The scope of Murray PHN's Emergency Management Framework is framed by federal and state emergency management plans and directives (refer to Part 2). Murray PHN has a partnership role in emergency management planning for our region, and we work closely with the Commonwealth, Victorian and New South Wales governments to activate a local response to emergencies,

The full geographic footprint of the Murray PHN region spans northern Victoria and the cross-border regions of southern New South Wales. Murray PHN seeks to engage with local governments within its catchment through Municipal Emergency Management Planning Committees (MEMPCs) in Victoria and Local Emergency Management Committees (LEMCs) in NSW. This scope ensures Murray PHN can be flexible in its response to diverse and evolving emergency risks, while maintaining organisational resilience and continuity of services.

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1.3   Background

Murray PHN is a not-for-profit organisation primarily funded by the Commonwealth Department of Health, Disability and Aged Care. The organisation's main role is to commission primary healthcare services across its almost 100,000 square kilometre region, that serves an estimated population of 660,000 people - refer Figure 1. The population is projected to grow steadily over the next decade, particularly in rural and remote areas, which will see an increase in demand for healthcare services.

Figure 1: Murray PHN footprint

Home to almost a third of Victoria's First Nations Peoples, the region spans the lands of many Traditional Owners, including the Dja Dja Wurrung, Yorta Yorta, Wiradjuri, Millewa-Mallee and Latji Latji Peoples. The catchment includes 22 local government areas and is a diverse mix of urban, regional, rural and remote communities. With around 130 staff, primarily based in Bendigo, Shepparton, Mildura, Swan Hill and Albury Wodonga, Murray PHN works to strengthen and enhance primary healthcare systems across the region.

We know that many local communities face longstanding challenges in accessing timely, appropriate and culturally safe healthcare. These challenges are amplified during emergencies, particularly for geographically isolated communities and the region's significant population of First Nations Peoples, who require responses that are both effective and community centred.

Recent emergencies, including bushfires, floods, and the COVID-19 pandemic, have exposed the vulnerability of local health systems, revealing service gaps, placing immense pressure on providers, and underscoring the critical need for coordinated, scalable responses tailored to local contexts. These events have also highlighted the importance of strong, collaborative relationships between local, state and federal agencies.

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This framework has been developed in direct response to these challenges. Building on Murray PHN's core organisational roles of Coordinate, Commission and Capacity-build, the Emergency Management Framework is guided by, and seeks to build on the comprehensive approach to emergency management, by strengthening Prevention, Preparedness, Response, and Recovery (PPRR). This approach will achieve improved coordination, enable responsive commissioning during crises, and maintain service continuity across the primary health system.

Figure 2 and Figure 4 illustrates how the Framework aligns with the PHN's core roles and the PPRR cycle, providing a visual overview of its structure and operational focus.

1.4 Framework statement

The Emergency Management Framework provides a structured, flexible and community-centred approach to managing disruptions to health and community services. It strengthens resilience across the region by integrating:

- risk, resilience and continuity planning
- cultural safety and trauma-informed care
- coordination with service providers, governments, and communities.

Coordination	Murray PHN coordinates with councils, ACCHOs, primary care providers and state agencies to support unified emergency responses, avoid duplication and enable timely information sharing. By linking primary, acute, specialist, government and community services, we help optimise system coordination and ensure continuity of care before, during and after emergencies.
Commissioning	Murray PHN commissions health services to meet local needs and promote emergency preparedness, co-designing innovative responses to maintain continuity of care. Through strategic planning, funding and services coordination, we ensure community receive essential support, particularly during emergencies.
Capacity building	Murray PHN builds the capability of primary health care providers, communities and our own organisation to prepare for ad respond to health emergencies. We strengthen skills, knowledge, systems and resources to enhance readiness and resilience across the region.

Figure 2: Murray PHN's 3Cs Role in the Emergency Management Framework

The framework provides a structured approach to help Murray PHN anticipate, respond to, and recover from a wide range of emergencies, support the continuity of essential health services, strengthen local service efforts, and contribute to consequence management during disruptions.

This framework is not a static document and is grounded in continuous improvement and shaped by lessons learned from lived experience, stakeholder input and evolving risk environments.

At its core, the framework reflects a shared responsibility across sectors, agencies, and communities, all contributing to a stronger, more connected and resilient health system - one that can adapt to uncertainty, sustain essential services, and support equitable recovery.

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Part 2: Governance and planning context

2.1 Governance and coordination structure

The governance and coordination structure for emergency management within the Murray PHN region is multifaceted, reflecting the cross-jurisdictional nature of the catchment, which spans a vast area of Victoria and includes some of New South Wales. The Murray PHN Emergency Management Framework sits within and complements broader Commonwealth and State emergency management systems. Figure 3 outlines the interrelated committees and agencies responsible for emergency preparedness, response, and recovery across this region.

Australian Government		
Emergency Management Victoria (EMV)		**NSW State Emergency Management Committee (SMEC)**
Regional Emergency Management Planning Committee (REMPC) – Loddon Mallee	**Regional Emergency Management Planning Committee (REMPC) – Hume**	**Regional Emergency Management Planning Committee (REMPC) – Riverina Murray**
Municipal Emergency Management Committees (MEMC) Alpine Shire Benalla Rural City City of Greater Bendigo City of Greater Shepparton City of Wodonga Gannawarra Shire Loddon Shire Indigo Shire Macedon Ranges Shire (to Woodend) Mount Alexander Shire Rural City of Wangaratta Shire of Buloke Shire of Campaspe Shire of Mansfield Rural City of Mildura Shire of Mitchell Shire of Moira Shire of Murrindindi Rural City of Swan Hill Shire of Strathbogie Shire of Towong		**Local Emergency Management Committees (LEMC)** Albury LEMC
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Figure 3: Governance and coordination structures that Murray PHN operates within

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2.2 National and state-level oversight

At the highest level, the Australian Government provides overarching policy direction and funding mechanisms for emergency management, including health-related disaster response initiatives.

Directly beneath this level are the state-based emergency management authorities.

- **Emergency Management Victoria (EMV)**, which leads emergency management strategy, policy and coordination across the state of Victoria.
- **NSW State Emergency Management Committee (SEMC)**, which performs an equivalent function for the state of New South Wales.

These state bodies provide policy, planning frameworks, and coordination support to ensure consistent and integrated emergency management at all levels.

2.3 Regional coordination

Below the state level, regional emergency management coordination is provided by:

- **Regional Emergency Management Planning Committees (REMPCs)** in Victoria, including:
  o REMPC – Loddon Mallee
  o REMPC – Hume
- **Regional Emergency Management Committees (REMCs)** in New South Wales, including:
  o REMC – Riverina Murray.

These regional committees play a critical role in supporting preparedness and operational planning across local government areas (LGAs) and facilitate cross-agency collaboration in regional-level response and recovery activities. They act as key liaison points for the integration of health sector perspectives into regional plans. Murray PHN may be represented through a REMPC Subcommittee such as the Loddon Mallee Regional Relief and Recovery Subcommittee.

2.4 Local government-level coordination

The next tier of emergency governance is delivered at the local government level through:

- **Municipal Emergency Management Committees (MEMCs)** in Victoria, which coordinate emergency management planning at the municipal level. Local government areas within the Murray PHN region are grouped into sub-regions for MEMC coordination, including:
  o **Central Victoria**: City of Greater Bendigo, Gannawarra, Loddon Shire, Macedon Ranges, Mount Alexander, Shire of Campaspe
  o **Goulburn Valley**: City of Greater Shepparton, Shire of Mitchell, Shire of Moira, Shire of Murrindindi
  o **North East**: Alpine Shire, Benalla Rural City, City of Albury, City of Wodonga, Indigo Shire, Rural City of Wangaratta, Shire of Mansfield, Shire of Towong
  o **North West**: Rural City of Mildura, Rural City of Swan Hill, Shire of Buloke.
- **Local Emergency Management Committees (LEMCs)** are the equivalent in New South Wales and similarly operate within Local Government Areas. LEMCs across the NSW section of the Murray PHN region include:
  o Albury City: Albury LEMC.

These local committees are responsible for community-level emergency management planning, ensuring that emergency arrangements are tailored to local risks, resources and needs. They also provide the critical interface between community organisations, health services and local government.

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2.5 Emergency management plans

Emergency management plans are established across all levels of government (state, regional, local) to provide a comprehensive, integrated framework for prevention, preparedness, response and recovery.

In Victoria, this includes the State Emergency Management Plan (SEMP), regional plans produced by Regional Emergency Management Planning Committees (REMPs e.g. Loddon Mallee, Hume), and Municipal Emergency Management Plans (MEMPs) developed by local councils.

In New South Wales, planning is governed by the State Emergency Management Plan (EMPLAN), supported by Regional Emergency Management Plans via Regional Emergency Management Committees (REMCs e.g. Riverina Murray, Far West), and Local Emergency Management Plans (LEMPs) overseen by municipal-level Local Emergency Management Committees (LEMCs).

Refer to Appendix B for a list of useful references.

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Part 3: Emergency management approach

3.1 Comprehensive approach to emergency management – PPRR Model

This Framework is underpinned by the **PPRR model** - *Prevention, Preparedness, Response and Recovery* - providing a structured and scalable approach to managing emergencies across all phases. This model ensures health services, systems and communities remain prepared, resilient, responsive and capable of recovering from disruption.

Each phase of PPRR aligns with the Framework's core functions of **Coordinate, Commission and Capacity Build**.

- **Prevention** involves identifying risks and reducing their impact.
- **Preparedness** ensures systems, resources, and personnel are ready to respond.
- **Response** focuses on protecting health, maintaining service continuity, access to healthcare and coordinating action.
- **Recovery** supports the restoration of services and communities, integrating lessons learned to strengthen future resilience.

Through this alignment, the Framework ensures Murray PHN is prepared, connected and effective across all stages of emergency management – refer Figure 4.
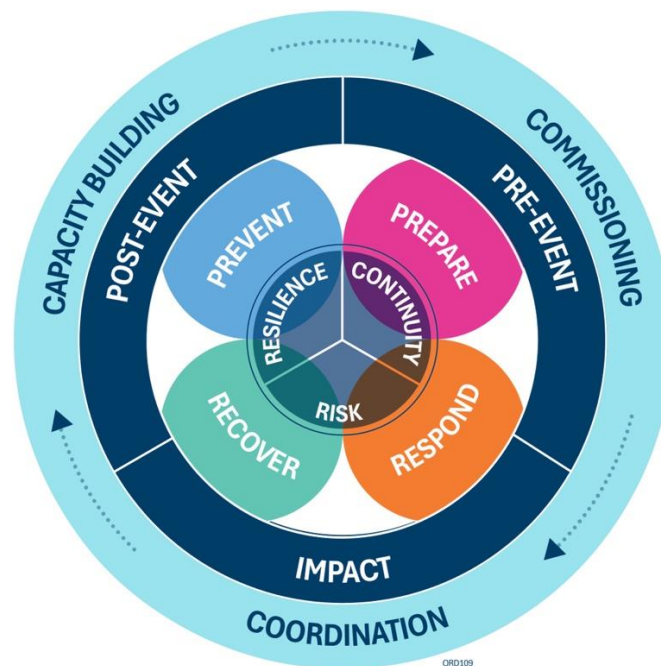

Figure 4: Murray PHN Emergency Management Framework

3.2 Governance and coordination arrangements

This Framework is supported by a range of internal and external plans, procedures and tools that enable the organisation to implement the PPRR (**Prevention, Preparedness, Response, and Recovery**) model – refer Figure 5. These components ensure Murray PHN can maintain core operations, support staff safety and contribute to health system resilience during emergencies. This approach reflects the organisation's dual role as a health system coordinator and as a partner to general practices, ACCHOs, pharmacies, allied health care providers, residential aged care facilities, primary mental health providers and other healthcare community providers.

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Emergency Management Policy: *Prevention, Preparation, Response and Recovery*			
Corporate business continuity	Workplace health and safety	Emergency Management Plan	
Business impact analysis (BIA) Contingency plans ICT disaster recovery plan	Site emergency plans Evacuation drills and procedures	Internal policies, procedures, guidelines, protocols and action cards	Primary care preparedness guidelines and resources Digital health emergency and natural disaster toolkit

Figure 5: Murray PHN's internal governance and coordination arrangements

3.3 Emergency management role

Murray PHN plays a critical role in strengthening the resilience of the health system across northern Victoria and southern New South Wales. Work spans the Prevention, Preparedness, Response, and Recovery (PPRR) phases of emergency management, with a specific focus on ensuring the continuity, adaptability and responsiveness of primary health services during and after disruptions, including natural disasters, health emergencies and other crises.

The organisation's approach is guided by three core functions of Coordinate, Commission and Capacity Build. These underpin our contribution to system-wide preparedness and resilience, ensuring that health services are maintained, adapted and scaled to meet evolving community needs in times of crisis.

During emergencies, Murray PHN provides localised primary health system coordination and surge support, enabling a swift, collaborative and effective response across jurisdictions. We work closely with general practices, commissioned providers and community organisations to reduce service interruptions and ensure essential care continues, particularly for vulnerable and priority populations.

This Framework is aligned with local, regional and state emergency governance structures in both Victoria and New South Wales. Rather than duplicating existing systems, the Framework is designed to strengthen and complement them, embedding primary care preparedness and service continuity into relevant plans and processes.

In practice, we actively participate in and maintain collaborative relationships with:

- Municipal Emergency Management Planning Committees (MEMPCs) in Victoria
- Local Emergency Management Committees (LEMCs) in New South Wales
- Regional Emergency Management Planning Committees (REMPCs) across both states
- State-level emergency and health agencies in Victoria and NSW.

Through these relationships, we advocate for the inclusion of primary care in emergency planning and ensure the needs of general practice, commissioned services and high-risk communities are considered throughout all phases of emergency management.

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PPRR phase	Murray PHN's role
Prevention	Murray PHN contributes to the prevention of health emergencies through risk awareness, health promotion and community partnerships, including: • supporting proactive public health measures and health literacy • contributing to the identification of system vulnerabilities through impact assessments and service monitoring • collaborating with local, state, and cross-border health authorities to reduce health risks and service fragmentation. Murray PHN also participates in cross-border planning and joint exercises with New South Wales partners to anticipate and mitigate region-wide risks, particularly those related to climate, access, and remote service delivery.
Preparedness	Preparedness at Murray PHN focuses on strengthening the readiness of the primary health system, internal organisational capability and digital resilience. Key strategies include: • **Partner capability building:** Murray PHN supports general practices, ACCHOs, pharmacies, residential aged care facilities, primary mental health and commissioned services to progressively build emergency capacity — from basic planning to advanced self-sufficiency. Resources such as the _Provider Preparedness Resources_, _Digital Health Emergency and Natural Disaster Toolkit_, joint training exercises and digital continuity guidance are provided to support this development. This includes promoting awareness of backup connectivity solutions such as satellite internet, which plays a critical role in maintaining service continuity during disasters and outages, as outlined in _The Role Satellite Internet Plays in Business Continuity and Disaster Recovery_. Development of alternative models of care that enables ongoing safe access to primary care services. • **Workforce and organisational readiness:** Murray PHN maintains a Preparedness, Response and Recovery Procedure, internal hazard specific emergency response guidelines, a WHS Emergency Management Plan, instruction manual for staff supporting emergency response and recovery, Emergency Communication Plan and a regularly tested Evacuation Plan. Internal teams participate in drills, and key staff are registered for emergency response roles. • **Training and exercises:** Facilitating and participating in internal and external training and exercises • **Command and control structures:** The Emergency Management Team oversee all emergency planning and activation processes, supported by Emergency Response Action Cards, internal procedures and decision-making hierarchies. • **Primary care emergency volunteer register:** A pre-identified pool of local volunteers is maintained to support urgent care staffing, outreach and non-clinical support during emergencies. This includes the arrangements to support the establishment of a temporary Primary Care Field Clinic.
Response	When specific triggers are met, such as official emergency declarations, major disruptions, or partner requests, Murray PHN activates its emergency response. Core elements of the response phase include: • **Primary healthcare response team:** Monitors state emergencies, disasters and warnings that may impact service delivery to primary care providers, ACCHOs, pharmacy, residential aged care homes, primary mental health and commissioned services located within the Murray PHN region. • **Emergency Management Team:** Augments the organisational structure of Murray PHN to ensure a whole-of-organisation response. Chaired by the CEO with membership that draws from the Executive Team, subject matter expertise from across the organisation relative to priority areas, sectors and responses and commissioning and procurement capability. This structure enables efficient resource deployment, coordination of actions and rapid decision-making to address the health service needs of the community during emergencies.

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PPRR phase	Murray PHN's role
	• **Watch and act phase:** Triggered by emerging threats or early warnings, this phase focuses on heightened situational awareness and proactive readiness. Murray PHN monitors official alerts and local intelligence to assess risk levels, notifies affected services, and activates internal readiness protocols. Communications are shared with primary care providers to enable early decision-making and mitigation, including digital preparedness checks, staffing assessments and supply verification. • **Targeted response phase:** When specific areas or sectors are directly impacted, this phase involves tailored support to maintain service continuity and community access to care. Murray PHN coordinates with local providers, dispatches surge resources (e.g. staff, supplies, funding) and enables flexible service delivery (e.g. telehealth, outreach, temporary clinics). Support is prioritised for vulnerable populations and high-risk locations through rapid coordination with local health networks and emergency stakeholders. • **Information sharing and intelligence:** Effective intelligence and information sharing are vital for coordinated and timely emergency responses. Cloud-based systems and secure platforms support timely communication across agencies and service providers, aligning with state and national data flows. • **Resource mobilisation:** Support local health services by monitoring service status, deploying supplies, personnel, funding and infrastructure (e.g. generators, PPE, digital connectivity) to sustain essential services. • **Cross-border coordination:** Seamless coordination with neighbouring PHNs such as Gippsland and Western Victoria, as well as counterparts in NSW ensures integrated communication, joint logistics and mutual aid support during wide-reaching events.
Recovery	Murray PHN plays a critical role in supporting health system recovery and service restoration after emergencies. Key recovery functions include: • **Impact and needs assessments:** Early and ongoing assessments guide PHN efforts to address gaps and target support where it's needed most. • **Filling system gaps:** Where state-led services do not reach, Murray PHN mobilises targeted responses (e.g. mental health, alcohol and other drugs, outreach clinics) and engages partners to meet evolving community needs. • **Support for continuity of care:** By maintaining internal operational continuity and assisting providers, Murray PHN ensures the sustained delivery of commissioned services during recovery phases. • **Post-emergency funding access:** Work with government agencies to secure recovery funding and deploy it transparently and responsively. • **Ongoing evaluation:** Structured debriefs, after action reviews, and continuous improvement mechanisms ensure lessons learned are embedded into future preparedness and response.

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3.4 External stakeholder roles and responsibilities

The specific internal roles and responsibilities of Murray PHN's Emergency Management Team are outlined in its Preparedness, Response and Recovery Procedure. This section outlines additional key roles and stakeholder responsibilities critical to Murray PHN's emergency management functions:

Stakeholder	Role in emergency management (High-level)	Murray PHN interface
General practice / GPs	Maintain service delivery; activate business continuity plans; awareness of models of care such as Victorian Virtual Emergency Department, report status, support community members who are displaced	Supported through PHN facilitation, Primary Care Response Team, and digital tools like HealthPathways
ACCHOs	Provide culturally safe care; act as regional health hubs	Liaise via First Nations Business Partner Health and Healing
Pharmacies	Support continuity of medication access	Engaged via Primary Health Care Response Team
Local health services / Hospitals	Coordinate care transitions; share situational updates	Information exchange via Coordination Teams
REMCs, MEMPCs, MEMCs and local government	Community-level coordination and situational awareness	PHN is often a health sector representative
State/Federal Government (Dept of Health, NDIA etc)	Policy direction, funding approvals, cross-jurisdictional coordination	Liaison via relevant PHN staff
Ambulance and emergency services	Triage, evacuation, public messaging, supports community members who are displaced	Indirect coordination via MEMPCs or state emergency health meetings
Commissioned services	Continue contracted care, adapt delivery under individual organisations BCP	Managed via Commissioning Implementation Team
PHNs (neighbouring)	Mutual aid, cross-border alignment	Emergency Manager and Chief Operations Officer coordination

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3.5   Collaboration with Aboriginal Community Controlled Health Organisations

Aboriginal Community Controlled Health Organisations (ACCHOs) are vital partners in Murray PHN's emergency management framework. ACCHOs lead in providing culturally appropriate healthcare and support during emergencies, ensuring that the specific needs of First Nations communities are met. By fostering strong, reciprocal relationships with ACCHOs, Murray PHN ensures that emergency responses are not only effective but also culturally safe, equitable, and grounded in the values and needs of local communities. This collaboration is essential to overcoming health inequities and supporting the resilience of First Nations communities before, during, and after crises.

3.6   Cross-border coordination and response framework

Murray PHN's Emergency Management Framework includes specific protocols for coordinating across the border with NSW and neighbouring PHNs such as Eastern, North Melbourne, Gippsland and Western Victoria PHNs. This collaboration is crucial in managing state-wide or cross-jurisdictional emergencies. Key actions include joint response planning, shared resource mobilisation, and regular cross-border exercises to ensure timely and effective coordination during crises.

Given the geographical reach of the Murray PHN catchment, coordination with neighbouring PHNs such as Gippsland and Western Victoria, and relevant NSW health agencies is critical. This ensures effective management of emergencies that affect both states. Key strategies include joint response planning, shared resources, real-time communication, and multi-agency coordination to manage large-scale crises efficiently.

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Part 4: Strategic framework foundations

4.1 Values

This Emergency Management Framework is underpinned by Murray PHN's organisational values of Leadership, Collaboration, Respect, Accountability and Innovation. These guide how we collaborate with communities and partners, make decisions under pressure and maintain focus on health equity, coordinated care and system resilience before, during and after emergencies.

LEADERSHIP: We commit to lead effective change in primary health care and the broader health system

COLLABORATION: We build enduring relationships that lead to better health outcomes

RESPECT: We value the voices and participation of every individual and respect the knowledge and wisdom our communities hold about their health needs

ACCOUNTABILITY: We are accountable to our communities, partners, funders and co-workers

INNOVATION: We foster new and better ways to improve health outcomes

4.2 Guiding principles

Murray PHN's approach to emergency management is guided by a set of principles that ensure our health system and communities are prepared for, responsive to, and able to recover from emergencies. This framework builds on our previous commitments, adding greater emphasis on integration, shared leadership, equity, and continuous learning — all essential for strengthening primary care resilience in the face of increasing disruptions.

Guiding principle	Action
All hazards	Murray PHN's approach to emergency management is grounded in an all-hazards methodology, ensuring preparedness for a variety of risks, whether natural, technological or health related. This approach allows the organisation to respond flexibly to any type of crisis, enhancing the ability to adapt to changing circumstances.
Preparedness and readiness	Murray PHN is committed to being prepared for events that stretch our capacity beyond normal day-to-day operations. This includes protecting staff, volunteers, Board Directors, visitors and service users during emergencies through comprehensive planning, workforce readiness, and early risk identification. Emergency management is embedded across all operations to promote adaptability and scalability, ensuring systems are equipped to respond effectively. All staff with designated emergency roles receive appropriate training, and each role has a nominated deputy to ensure coverage when required.
Prompt and coordinated response	Murray PHN acts swiftly and effectively in emergency situations to support and restore primary care services. When required, we enable alternate models of care and support efforts across local, state and Commonwealth jurisdictions. We prioritise existing providers to deliver additional services wherever possible and support alternative service arrangements only when necessary to maintain access to care.

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Guiding principle	Action
	We tailor responses based on local needs through a place-based approach, informed by continuous monitoring and assessment of impact at the local level. This includes commissioning new and/or expanded primary healthcare services during response and recovery phases when required, based on local demand and risk.
Shared responsibility and collaboration	Emergency management is a collective responsibility. Murray PHN promotes a shared responsibility model that brings together local governments, health services, emergency services, state and federal agencies and communities. Through coordinated partnerships, we enable joint planning, aligned decision-making and unified responses that leverage the unique strengths and resources of all stakeholders.
Leadership, transparency and accountability	Effective leadership is essential across all levels of the organisation and throughout emergency phases. We ensure that decision-making authority is clearly defined and delegated, enabling teams to act quickly and decisively. Transparent communication supports shared understanding of roles, responsibilities, and actions, building trust and ensuring alignment across stakeholders. Accountability is built into all activities to ensure that actions are consistent with agreed frameworks and continuously reviewed for improvement.
Place-based approach	Design responses that are tailored to local communities, considering specific needs and resources unique to each region. Build on local knowledge and existing networks, ensuring community engagement and ownership in the response process.
Trauma informed, culturally safe and inclusive practice	Incorporates a trauma-informed, culturally safe approach in all phases of emergency management, ensuring that responses are sensitive to the lived experiences and unique needs of diverse communities. Ensure that all emergency management responses and strategies are culturally sensitive and designed to meet the needs of all communities, including First Nations Peoples. Integrate culturally safe practices throughout the framework, engaging with ACCHOs and other relevant groups to ensure that responses are inclusive and appropriate for diverse cultural contexts.
Continuous improvement and learning	Murray PHN is committed to a culture of learning and innovation in emergency management. We conduct structured debriefs and post-event evaluations after each emergency phase, using data, feedback and community insights to strengthen our future preparedness, response and recovery efforts. Our commitment to continuous improvement ensures that lessons learned translate into better practice, greater resilience, and more effective support for our communities over time.

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4.3   Core capabilities

The core capabilities of **People, Resources, Governance, Systems**, **Communications** and **Processes** are essential to the successful implementation and operationalisation of this Emergency Management Framework. They ensure that we can respond effectively to emergencies, maintain service continuity and foster long-term resilience. The following core capabilities underpin our approach, enabling coordinated, efficient and adaptive emergency management.

The six core capabilities provide a comprehensive foundation for Murray PHN's emergency management efforts. By strengthening these, the organisation can ensure that it can effectively respond to emergencies, maintain service continuity and enhance the resilience of communities across its region. Continuous improvement of these capabilities is vital to adapting to emerging risks and improving the efficiency and effectiveness of future emergency responses.

Core capability	Capability focus
People	Ensuring a skilled, resilient and adaptable workforce capable of responding to emergencies. This includes continuous training, mental health support systems, leadership empowerment and sustainable work practices to manage stress and maintain operational capacity.
Resources	Ensuring adequate and sustainable resources are available to support emergency management operations. This includes personnel with surge capacity, financial resources for rapid deployment and technology and infrastructure to support effective operations.
Governance	Establish clear leadership, accountability and oversight to guide emergency management. This includes decision-making structures, accountability systems and collaboration between internal teams and external stakeholders to ensure aligned efforts. Ensure all policies, strategies and documents are regularly reviewed and updated to align with the new framework and organisational priorities.
Systems	Building and maintaining systems that enable seamless coordination and effective decision-making. This includes communication systems for real-time sharing, data management systems to support decision-making and technology infrastructure for agility during emergencies.
Communications	Embedding clear, timely and consistent communication across all levels of the organisation and with external stakeholders. This includes two-way communication with providers, communities and agencies; ensuring information is accessible and culturally appropriate; and fostering trust through transparency, coordination, and regular updates before, during and after emergencies.
Processes	Establishing clear, efficient and adaptable policy and processes to manage emergency response and recovery activities including mechanisms for regular self-assessment and maturity tracking, such as the Emergency Management Self-Assessment Tool. This includes developing emergency response protocols, ensuring regular planning and evaluation, and fostering a culture of continuous improvement through feedback loops and after-action reviews.

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Appendix B: Useful references

Jurisdiction	Legislation
Commonwealth	Biosecurity Act 2015 Disability Discrimination Act 1992 Workplace Health and Safety Act 2011
Victoria	Emergency Management Act 2013 Public Health and Wellbeing Act 2008 Health Services Act 1988 Aboriginal Heritage Act 2006
New South Wales	State Emergency and Rescue Management Act 1989 Health Services Act 1997 Aboriginal heritage and cultural protection legislation (state-specific)

Title	Jurisdiction	Purpose / use	Location
Sendai Framework for Disaster Risk Reduction	International (UNDRR)	Sets global priorities and actions for reducing disaster risk. Emphasises understanding risk, strengthening governance, investing in resilience, and enhancing disaster preparedness and recovery.	Sendai Framework (UNDRR)
National Disaster Risk Reduction Framework	Australia	Outlines a national, comprehensive approach to proactively reducing disaster risk.	National Disaster Risk Reduction Framework
Australian Disaster Preparedness Framework	Australia	Outlines the principles that underpin national preparedness and guidelines that can be used by all jurisdictions to inform the development of capability across to prepare for and manage severe to catastrophic disasters.	Australian Disaster Preparedness Framework
National Strategy for Disaster Resilience	Australia	Promotes a shared responsibility approach to disaster resilience by empowering individuals, communities, governments, and organisations to work together to prevent, prepare for, respond to, and recover from disasters.	National-Strategy-for-Disaster-Resilience
State Emergency Management Plan (SEMP)	Victoria	Sets out state-level emergency management arrangements and responsibilities	State Emergency Management Plan (SEMP) | Emergency Management Victoria
Loddon Mallee Regional Emergency Management Plan	Victoria	Regional-level emergency response and recovery coordination	emv.vic.gov.au/loddon-mallee-regional-emergency-management-plan
Hume Regional Emergency Management Plan	Victoria	Regional coordination for emergency risk management and recovery	emv.vic.gov.au/hume-regional-emergency-management-plan

Leadership   Collaboration   Respect   Accountability   Innovation

Victoria Emergency Management Capability Blueprint 2015-25	Victoria	Framework for developing emergency management capability across the state	[Emergency Management Capability Blueprint 2015-2025	Emergency Management Victoria](#)
Victoria Preparedness Framework 2022	Victoria	Defines state-wide preparedness goals and capability targets	[Victorian Preparedness Framework	Emergency Management Victoria](#)
Victoria Assurance Framework for Emergency Management	Victoria	Ensures quality and accountability in emergency management activities	[Assurance Framework for Emergency Management	Inspector-General for Emergency Management Victoria](#)
SEMP Sub Plans (including Health Emergencies)	Victoria	Sub plans of the VIC SEMP	[State Emergency Management Plan Sub-Plans](#)
State Emergency Management Plan (SEMP)	NSW	Details state-level emergency responsibilities, planning, and response in NSW	[State Emergency Management Plan (EMPLAN)	NSW Government](#)
SEMP Supporting and Sub Plans (including Health)	NSW	Supporting and Sub Plans of the NSW SEMP	[Health services supporting plan	NSW Government](#)
Regional Emergency Risk Assessment	Region	Identifies and analyses hazards to guide risk-based emergency planning	

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Appendix C: Glossary of acronyms, terms and definitions

Term	Definition
ACCHO	*Aboriginal Community Controlled Health Organisation* – a primary healthcare service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive and culturally appropriate care.
BCP	*Business Continuity Plan* – a plan that outlines how essential services and operations will be maintained during and after a disruption.
Critical incident	An unexpected traumatic event that causes significant distress or harm to individuals or groups. It may involve threats to personal or professional safety and requires primary health care support in both the immediate response and recovery phases.
Disaster	A serious disruption to community life that threatens or causes loss of life, injury, or significant damage to property. Disasters exceed the normal coping capacity of local authorities and require additional mobilisation of resources.
Emergency	An unplanned or imminent event that threatens the health, safety, or welfare of people, property, or infrastructure. Emergencies typically require a significant, coordinated response and may overwhelm normal resources. They can occur suddenly or evolve over time.
Emergency management	The coordination of actions during and after emergencies to reduce physical, psychological, and operational impacts. This includes preparedness, response, and recovery efforts aimed at minimising harm and restoring essential functions.
EMP	*Emergency Management Plan* – a documented strategy that outlines roles, responsibilities, and procedures for managing emergencies.
Municipal Emergency Management Plan	A local government-level plan detailing how emergency risks are managed, including prevention, preparedness, response, and recovery activities within a municipality.
NSP	*Neighbourhood Safer Place* – a designated location of last resort for shelter during bushfires, where people can seek temporary safety when evacuation is no longer possible.
PHN	*Primary Health Network* – an Australian Government–funded organisation that works to improve the efficiency and effectiveness of primary health care services in a defined region.
PPRR	*Prevention, Preparedness, Response and Recovery* – the four interrelated phases of comprehensive emergency management.
REMP	*Regional Emergency Management Plan* – a regional-level document that outlines coordinated, multi-agency response and recovery strategies during emergencies.

Any definition must be consistent with Murray PHN overall data dictionary, any additional terms defined by this policy must be added to the company wide dictionary maintained by the Data Governance Specialist. Murray PHN staff should see the data dictionary for existing defined terms.

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Appendix D: Case Study 1 - Murchison General Practice flood drill, December 2023

In late 2022, flooding isolated the town of Murchison.

The entries into town were blocked by flooding from the Goulburn River, which exceeded the major flood level of 10.70m. The flooding was further compounded by drainage backflow issues.

While the general practice building itself remained dry, the clinic's car park was inundated, isolating the clinic.

Only staff already in town could work, and services were transitioned to telehealth.

Power was lost for three days, but the clinic's backup generator kept critical equipment running an enabled the clinic to provide limited services, coordinated with the local SES.

Following the flood, Murray PHN engaged Smith Performance Solutions to conduct an emergency response project, that included surveying medical practices and emergency response organisations, conducting a flood response drill at Murchison Medical Clinic and making recommendations to improve emergency preparation, response and recovery for natural and pandemic emergencies.

Planning and preparation

The flood drill was scheduled three months in advance to minimise patient disruption. The chosen date was a Friday in December 2023, and the clinic closed one hour early for the drill. Before the exercise, staff were briefed on the drill's objectives, including remote work arrangements and the importance of readiness. The team also reviewed the **Remote Work Agreement** and **Remote Work Team Checklist**, and IT support was notified in advance to ensure system preparedness. The flood drill did not fully re-enact what Murchison Medical Clinic did in 2022 but walked through how they would do it.

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Execution

At 4pm, the intercom announcement – *"Enact flood drill"* – signalled the start. Staff immediately followed their emergency protocols, completing urgent tasks, powering down systems and physically preparing the site for potential flooding.

- **Sandbags** were placed in toilets to protect drains and basins from backflow.
- Additional sandbags were set up around the **server room** to protect IT equipment.
- **Vaccine fridges** were checked and secured to maintain the cold chain.

Following these measures, staff left the clinic, using the **WhatsApp phone tree/buddy system** to confirm everyone's safety and initiate remote work.

At the same time, the clinic's IT systems were tested to ensure staff could access patient records remotely. Staff were able to successfully log in to the system from home, and telehealth services were offered as an alternative to in-person appointments.

Outcomes and lessons learned

The debrief on Monday revealed several key insights.

1. **Clear leadership is essential** – The drill highlighted the need for a single incident controller to streamline decision-making and prevent confusion. Without a clear lead, multiple staff members took on leadership roles, which led to inefficiencies.
2. **Checklists are critical** – The drill demonstrated the importance of having detailed checklists for both physical and remote work preparations. These checklists provided structure and allowed staff to follow procedures efficiently.
3. **Evacuation speed could improve** – Evacuating the clinic took longer than expected, with staff describing the process as "herding cats." This pointed to a need for clearer communication about roles and responsibilities during evacuations.
4. **Successful continuity of operations** – The drill successfully tested both the physical site's protection (sandbagging, fridge security) and continuity of operations through remote work. Staff were able to transition smoothly to telehealth, ensuring minimal disruption to patient care.

Conclusion

The flood drill strengthened the clinic's operational resilience, building on the lessons learned from the 2022 flood and ensuring that the team is better prepared for future natural hazard events. By testing both physical preparedness and remote work capabilities, the clinic has enhanced its ability to continue operations in the face of disruptions such as flooding or power loss.

The exercise also highlighted the importance of clear leadership, structured checklists, and effective evacuation procedures, all of which will be addressed in future training and drills.

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Case Study 2 - Continuity through crisis: How a pharmacy became a health hub

Wickham Pharmacy, Mooroopna, Greater Shepparton region flooding – October 2022

Background

Wickham Pharmacy, established in 2007, is a long-standing community pharmacy in Mooroopna, Greater Shepparton. The town's name means deep water in Aboriginal language, reflecting its flood risk. While Mooroopna had experienced major floods before, the pharmacy itself had not been inundated since 1974. In October 2022, severe flooding disrupted the town, isolating the community and limiting access to essential health services, with many staff and residents unable to travel to their usual place of work or care.

The event

Forecast and awareness: Flooding was expected Monday/Tuesday but arrived earlier on Sunday, while the pharmacy owner was interstate.

Travel and access: The owner returned with significant diversion to reach Mooroopna and assess damage.

Impact on pharmacy: Approximately eight inches of water entered the pharmacy through drainage issues and overland flow.

Widespread inundation in the community cut access for residents and staff.

Power remained, preserving refrigerated medicines.

Community could not access medications due to closure and travel restrictions.

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Response

Closure: Pharmacy was out of operation for one week.

Transformation into a hub: In partnership with a newly arrived GP, a temporary health hub was established at the Mooroopna Community Centre. To provide GP access, medication dispensing, methadone programs and coordination of health services. Medicines were transported from the pharmacy by boat.

Reliance on neighbouring town: Residents initially sought healthcare from Tatura 20 kilometres away, but isolation and distance limited access.

Other practices: GP clinics not directly flooded were closed due to power loss and staff being cut off.

Resumption: Within two weeks the pharmacy reopened after clean-up (carpets and timber removed to minimise mould). Some repairs remain incomplete as of August 2025.

Recovery and learnings

Physical resilience: Electrical wiring relocated to ceilings; fridge alarms and remote monitoring installed; generator changeover switch added.

Preparedness reflections: Short warning reduced asset protection; sandbagging could not stop backflow. More time would have allowed further relocation of assets and stock.

Workforce impacts: Some staff and families were personally affected; post-event support (EAP) should have been more accessible.

Regulatory flexibility: Normally pharmacies cannot operate outside licensed premises. During this emergency, rules were relaxed, enabling the temporary hub. Local advocacy and PHN support were vital in liaison and support enabling frontline services to focus on restoring business as usual.

Key recommendations

Prepare for unexpected impacts – ensure plans can respond if events occur sooner than forecast.

Maintain power and critical systems – safeguard temperature-sensitive medicines through generators and monitoring.

Enable temporary health hubs – establish protocols and regulatory flexibility to maintain care when primary facilities are unusable.

Support staff wellbeing – provide post-event assistance, including counselling and flexible work arrangements.

Leverage multi-agency responses – leverage PHNs and local agencies to rapidly establish alternative health service delivery.

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