GCPHN DISASTER PREPAREDNESS PROTOCOL – SEPTEMBER 2026

Primary Health Networks (PHNs) play a key role in supporting the primary healthcare system before, during and after emergencies and disasters. National guidance recognises that regional contexts differ, and PHNs tailor their approaches accordingly.

In this document, primary healthcare refers to services such as general practices, pharmacies, allied health providers, aged care services, disability providers and community-based health organisations.

The primary objectives of PHNs in emergency planning and preparedness include to:

- **Coordinate:** Support and coordinate the primary health care contribution to health emergency preparedness and coordination processes to identify primary health needs and build resilience.
- **Build capacity:** Assist local primary care providers in health emergency planning, response and recovery.
- **Continuity of access:** Make plans to support local primary care providers continuing to operate during emergencies e.g. by arranging alternative premises.

To support our vision of *Shaping better health outcomes for every person on the Gold Coast,* the following principles guide our approach to emergency planning and preparedness activities:

- **Well prepared providers:** We will proactively engage Gold Coast primary care providers to strengthen readiness, through enhanced situational awareness and promoting use of practical preparedness tools, enabling providers to maintain essential care delivery during emergencies whilst supporting development of a resilient primary care workforce with strong mental health.
- **Primary care system coordination:** We will proactively engage Gold Coast primary care providers to support provider and staff safety, maintain continuity of access in disaster-affected locations, and strengthen coordinated communication, escalation and recovery pathways with health and emergency management partners.
- **Equity and Priority Population Focus:** GCPHN will work with vulnerable and diverse communities including Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse populations, older people, LGBTQIA+ communities, people with disability, and individuals with chronic and complex health needs to ensure equitable access to primary health care throughout periods of disruption.
- **Integration with Public Health Systems and Emergency Service Agencies:** GCPHN will collaborate closely with Gold Coast Hospital and Health Service, the local Public Health Unit, local emergency services and local and regional emergency management partners to strengthen coordinated emergency preparedness, support unified health response efforts, reduce avoidable demand on acute services, and enhance community-level resilience, response and recovery during emergencies.

The following outlines how PHNs may contribute to emergency preparedness, response and recovery activities within the scope of our functions and relevant national guidance.

- **Incorporate disaster health needs into needs assessments:** PHNs consider how disasters and other emergencies may influence local health needs as part of their usual regional Needs Assessment processes. This may include identifying populations at increased risk, service vulnerabilities, and potential impacts on access to primary care during and after emergency events.
- **Publicly communicate their emergency role:** PHNs share information, often via their websites, about how they contribute to emergency planning, preparedness and coordination, including how they work with primary care, health system and emergency management partners.
- **Share preparedness information with primary care:** PHNs help keep general practices and other primary care providers informed about health emergency preparedness, particularly leading into higher-risk weather periods, where appropriate and consistent with local arrangements.
- **Participate in emergency management committees:** PHNs engage with local, regional or jurisdictional emergency management committees and planning groups where invited and

appropriate. This may involve contributing to planning discussions, supporting the coordination of roles, and strengthening the integration of primary care into broader emergency arrangements.

- **Partner with Local Hospital Networks/Local Health Districts:** PHNs collaborate with Local Health Districts and Local Hospital Networks (LHDs/LHNs), or equivalent bodies, to support coordinated planning across primary and acute care, recognising that the nature and maturity of these partnerships vary by region. This collaboration helps ensure communities receive consistent support and continuity of care during emergencies and disasters.
- C**ollaborate with Aboriginal and Torres Strait Islander organisations:** PHNs work with Aboriginal Community Controlled Health Organisations and other First Nations community organisations to support culturally informed approaches to emergency planning, preparedness and response.
- **Engage with a broad range of care providers:** PHNs connect with providers such as aged care, urgent care, mental health and disability services to help strengthen whole-of-sector preparedness and coordination before, during and after emergencies.
- **Plan for infectious disease emergencies:** PHNs consider how they can support primary care in responding to infectious disease events, including outbreaks and other public health emergencies, in alignment with jurisdictional arrangements and public health leadership.
- **Plan for natural disaster scenarios:** PHNs take into account the types of hazards relevant to their region, such as bushfires, floods or heatwaves, and consider factors such as service continuity, workforce capacity, access to care, and support for vulnerable populations.
- **Conduct post-event reviews:** Following significant emergency events, PHNs reflect on what worked well and identify opportunities to strengthen future preparedness, coordination and recovery.