

Queensland Health

Disaster and Emergency Incident Plan

QHDISPLAN, June 2019



Queensland
Government

Queensland Health Disaster and
Emergency Incident Plan -
QHDISPLAN, June 2019

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health/disaster/management](https://www.health.qld.gov.au/public-health/disaster/management)

Authorisation statement

The Queensland Health Disaster and Emergency Incident Plan (QHDISPLAN) is issued under the authority of the Director-General and is the functional health plan to support the *Queensland State Disaster Management Plan*.

The QHDISPLAN:

- is the principal document which supports Queensland Health to respond effectively and appropriately to disasters and emergency incidents
- outlines the systems, processes, roles and responsibilities for all components of Queensland Health in accordance with the state disaster management arrangements, and is supported by a suite of documents, including sub-plans, frameworks and guidelines
- supports Hospital and Health Services and complements Queensland Ambulance Service plans in disaster or emergency incident response.

The Chief Health Officer and Deputy Director-General (CHO & DDG) Prevention Division, on behalf of the Director-General, maintains the QHDISPLAN for Queensland Health.

The 2019 QHDISPLAN is hereby approved and recommended for distribution.

Director-General

Date:

Authority to activate

The QHDISPLAN and relevant sub-plans will be activated under the authority of the Director-General or the CHO & DDG Prevention Division.

Activation of the QHDISPLAN may lead to the activation of the State Health Emergency Coordination Centre.

Director-General

Date:

Version Control

This plan will be updated electronically and available on the QH intranet and internet sites. The electronic copy is the master copy and, as such is the only copy, which is recognised as being current.

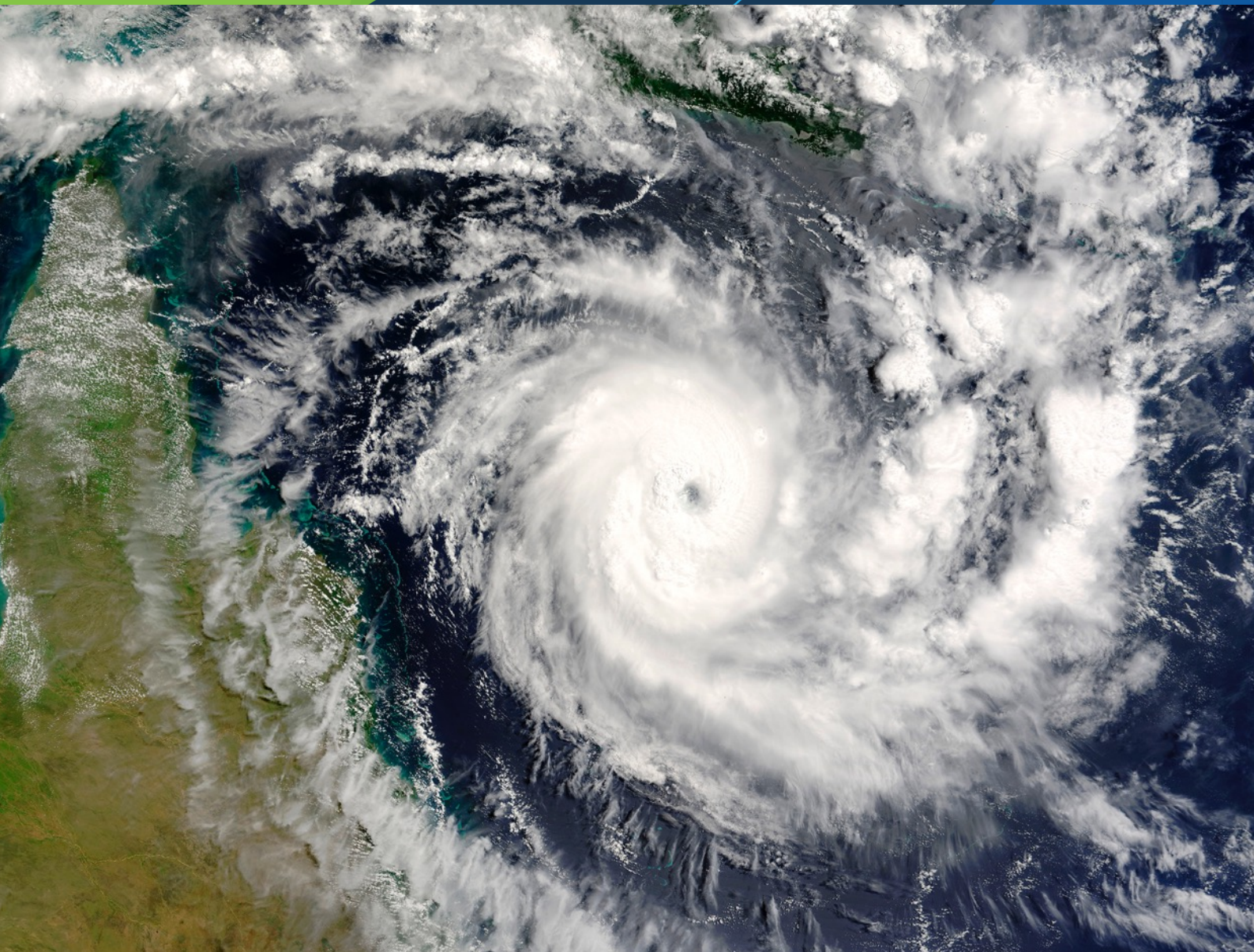
To ensure currency, holders should insert amendments to the plan as soon as they are received. When an amendment is inserted into the plan, the amendment should be recorded in the schedule below.

Amendment		Entered	
Number	Issued (date)	Signature	Date

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Chapter 1: Introduction

1.1 Aim

The aim of the Queensland Health Disaster and Emergency Incident Plan (QHDISPLAN) is to describe the Queensland Health arrangements for the response to a disaster or emergency incident.

The QHDISPLAN supports the achievement of Queensland Health responsibilities under the *Queensland State Disaster Management Plan* (the QSDMP) and the *Queensland Recovery Plan*, which enable the guiding principles of the *Disaster Management Act 2003* (the DM Act).

1.2 Scope

The QHDISPLAN and its associated sub-plans apply to the Department of Health (the Department) and all Hospital and Health Services (HHSs). The QHDISPLAN provides for support to HHSs, which have individual disaster and emergency incident plans, sub-plans and a responsibility for managing the health response to disasters and emergency incidents at a local and district level. The Department will support and coordinate such responses at a state level.

The QHDISPLAN does not incorporate requirements for the Queensland Ambulance Service (QAS). The QAS describes its arrangements for response to a disaster or emergency incident in the *State Major Incident and Disaster Plan*.

The QHDISPLAN and HHS plans can also be used by partner agencies to inform disaster and emergency incident planning. This includes, but is not limited to:

- private hospitals and health care providers
- aged care providers
- Primary Health Networks
- disaster management groups.

1.3 Legislation and policy

The DM Act provides the legislative basis for disaster management arrangements in Queensland.

The QSDMP describes Queensland's disaster management arrangements and approach to disaster management in support of the guiding principles and objects of the DM Act.

The QHDISPLAN supports and enables other Acts, standards and policies which provide for disaster and emergency incident management roles and responsibilities. These include, but are not limited to:

- *Fire and Emergency Services Act 1990*
- *Food Act 2006*
- *Hospital and Health Boards Act 2011*
- *Public Health Act 2005*
- *Public Safety Preservation Act 1986*
- *Radiation Safety Act 1999*
- *Work Health and Safety Act 2011*
- AS4083-2010 'Planning for emergencies – Health care facilities'
- Department of Health Policy QH-POL-315:2018 'Disasters and Emergency Incidents'
- Department of Health Standard QH-IMP-315:2018 'Disasters and Emergency Incidents'

- Emergency Management Assurance Framework and the Standard for Disaster Management in Queensland¹
- Health Service Directive QH-HSD-003-2017 ‘Disasters and Emergency Incidents’
- Health Service Directive QH-HSD-046-2014 ‘Management of a public health event of state significance’
- The Australian Council on Healthcare Standards National Safety and Quality Health Service Standards 2nd edition 2019 (or equivalent).

1.4 Supporting documents

The QHDISPLAN is supported by:

- Queensland Health Disaster and Emergency Incident Sub-plans
- the Queensland Health Disaster and Emergency Incident Training Framework
- the Queensland Health Incident Management System Guideline (QH IMS Guideline)
- the Queensland Health Operational Briefing and Debriefing Guideline.

1.5 Definitions

A **disaster** is defined in Section 13 of the DM Act as:

‘a serious disruption in a community, caused by the impact of an event, that requires a significant coordinated response by the State and other entities to help the community recover from the disruption.’
Health Organization 2006

In this section, *serious disruption* means-

- A. loss of human life, or illness or injury to humans; or
- B. widespread or severe property loss or damage; or
- C. widespread or severe damage to the environment.

¹ Published by the Office of the Inspector-General Emergency Management, Queensland Government.

An **event** is defined in Section 16 of the DM Act as:

any of the following—

- A. a cyclone, earthquake, flood, storm, storm tide, tornado, tsunami, volcanic eruption or other natural happening;
- B. an explosion or fire, a chemical, fuel or oil spill, or a gas leak;
- C. an infestation, plague or epidemic;
- D. a failure of, or disruption to, an essential service or infrastructure;
- E. an attack against the State;
- F. another event similar to an event mentioned in paragraphs (a) to (e).

An **event** may be natural or caused by human acts or omissions.

An **emergency incident** is any incident not defined under the DM Act, but that meets one or more of the following criteria:

- is confined to activation of a single Health Emergency Operations Centre (HEOC) in a single HHS
- may result in moderate or medium impact on normal operations for a hospital or a specific function within a HHS, such as mental health or public health functions
- can be resolved through use of local resources or reciprocal arrangements
- may involve the State Health Emergency Coordination Centre (SHECC) moving to 'Alert' or 'Lean Forward' level of activation, dependent on situation reporting requirements.²

Note these may include mental health, clinical services, infrastructure disruptions or level 1 public health incidents.

A **public health emergency** (which must be declared by the Minister) is defined in Section 315 of the *Public Health Act 2005* as:

‘an event or a series of events that has contributed to, or may contribute to, serious adverse effects on the health of persons in Queensland’.

² Emergency incidents may also be categorised as incidents which require a coordinated response at a state level, but do not necessarily meet the definition of an event or a disaster under the DM Act. These incidents may be managed under a sub-plan to the QHDISPLAN, for example the *Mental Health Sub-plan* for an emergency incident requiring a mental health response. Definitions for specific emergency incidents can be found within relevant sub-plans. Note that throughout the QHDISPLAN the term ‘incident’ may also be used as a generic term to describe any occurrence requiring a coordinated response.

A **public health incident** is:

'any event that may have negative consequences for human health on a population basis',

A public health incident is classified according to three levels:

- Level 1 Public health incident of local significance
- Level 2 Public health incident of state significance
- Level 3 Major public health incident or disaster.³

1.6 Review requirements

The QHDISPLAN and associated sub-plans shall be reviewed:

1. annually as a minor review, with amendments made based on potential impact and importance, otherwise a major review will be conducted every three years
2. following structural or organisational changes impacting Queensland Health operations
3. following legislative changes affecting Queensland Health operations
4. following changes in state or federal nomenclature or arrangements
5. following activation resulting in identified improvements, including through major exercises.

³ Further information and definitions of each level of public health incident is provided in the *Public Health Sub-plan*. These levels also align with the levels of response for events and emergency incidents provided in section 4 of the QHDISPLAN.



Chapter 2: Strategic direction and priorities

2.1 Disaster management principles

The principles at section 4A of the DM Act guide the development and implementation of disaster management policy, plans and programs at state, district and local levels.

The principles are:

- a comprehensive approach to disaster management across prevention, preparedness, response and recovery (PPRR)
- an all-hazards approach which applies to all events, whether natural or caused by human acts or omissions
- local disaster management capability which forms the frontline of disaster management
- support by disaster district and state levels to the local level.

Disaster management is also underpinned by four supporting principles contained within the Queensland *Emergency Management Assurance Framework* (EMAF), developed by the Office of the Inspector General Emergency Management (IGEM):

- leadership
- public safety
- partnership
- performance.

Queensland Health's disaster and emergency incident arrangements are based on the principles of both the DM Act and the EMAF, which are incorporated into all planning, operations, directives, policies and standards for disaster and emergency incident management.

Consistent with the principle of 'support by disaster districts and state levels to the local level':

- each HHS is primarily responsible for managing events in its local area
- the Department coordinates appropriate resources and support to assist HHSs in disaster management and disaster operations.

2.2 Queensland Emergency Management Assurance Framework

Activities and outcomes across all levels of disaster and emergency management in Queensland are underpinned by the EMAF. The principles of this framework focus on leadership, public safety, partnerships and performance, upon which Queensland Health's disaster management arrangements are based⁴. The framework contains the *Standard for Disaster Management in Queensland*. Consistent with the framework and standard, the QHDISPLAN supports arrangements that are:

- **Scalable:** Arrangements can be applied to any size or type of event and across all levels of Queensland's disaster management arrangements
- **Comprehensive:** Considers all phases of disaster management, all hazards and an all agencies approach
- **Interoperable:** promotes linkages and partnerships between systems, programs and people, to enable sharing of information and coordinated activities across the sector
- **Value:** ensures the value of services and systems is considered in terms of cost, fitness for purpose, quality, and the advancing of broader economic, environmental and social objectives
- **Adaptable:** arrangements can adapt to a changing climate and environment, remaining flexible to the needs of the community.

⁴ Via the Disasters and Emergency Incidents Health Service Directive, Policy and Implementation Standard.

2.3 Queensland State Disaster Management Plan

The *Queensland State Disaster Management Plan* (QSDMP) describes the arrangements to enable the guiding principles of the DM Act. All events, whether natural or caused by human acts, should be managed in accordance with this plan.

The following Queensland Health responsibilities are detailed in Annexure C of the QSDMP.

QUEENSLAND HEALTH	
Emergency support functions	<ul style="list-style-type: none"> • Public health, mental health and medical services • Emergency aeromedical retrieval • Mass casualty management • Mass fatality management.
Role	<ul style="list-style-type: none"> • Coordinate and manage the health aspects of a disaster or emergency incident across the full spectrum of prevention, preparedness, response and recovery including health advice to the community, public health, clinical care, forensic support and mental health.
Responsibilities	<p>Lead agency</p> <ul style="list-style-type: none"> • Lead agency for response functions of public health, mental health and medical services, mass casualty management, mass fatality management including victim identification (with the Queensland Police Service - QPS) and emergency medical retrieval. • Provide health emergency incident information. • Primary agency for heatwave, pandemic influenza, biological and radiological incidents.
	<p>Representation</p> <ul style="list-style-type: none"> • State representation at Australian Health Protection Principal Committee and associated sub-committees including Communicable Diseases Network Australia (CDNA), Public Health Laboratory Network (PHLN) and the National Health Emergency Management Standing Committee. • Department of Health participation in appropriate and relevant state level groups and committees. • Hospital and Health Service participation in LDMG and DDMG activities.
	<p>Preparedness</p> <ul style="list-style-type: none"> • Develop health-focused disaster and emergency preparedness, response and recovery plans. • Develop and maintain disaster and emergency health response capability and capacity.

	<ul style="list-style-type: none"> • Implement business continuity plans and arrangements to maintain health services during disasters and emergencies. • Work across the health sector including aged care facilities, private facilities, primary health and community care providers to ensure 'whole of health' arrangements are in place.
	<p>Response (including support functions)</p> <ul style="list-style-type: none"> • Coordinate the state level health response through maintenance and activation of the SHECC. • Provide health disaster and emergency information to the public and disaster management stakeholders. • Health services – clinical and forensic. • Clinically coordinate aeromedical transport and emergency medical retrieval (with QAS) and provide membership to the State Disaster Coordination Centre (SDCC) aviation cell when activated. • Clinical response to mass casualty management (with QAS). • Forensic and scientific health services to mass fatality management and terrorism (with QPS). • Recovery mental health support to affected communities (with DCDSS). • Public health and environmental health advice and support to local governments and affected communities and industries. • Environmental health risk assessment advice to other agencies, local government and industries. • Messaging on public health risks to affected communities. • Communicable disease surveillance and response arrangements.

QUEENSLAND AMBULANCE SERVICE

<p>Role</p>	<p>Provide, operate and maintain ambulance services and service delivery during rescue and other related activities. This includes protecting persons from injury or death, whether or not the individuals are sick or injured.</p> <p>Provide transport for persons requiring attention at medical or health care facilities, to participate with other emergency services in counter disaster planning and to coordinate all volunteer first aid groups during the disaster.</p>
<p>Responsibilities</p>	<ul style="list-style-type: none"> • Provide, operate and maintain ambulance services. • Access, assess, treat and transport sick and injured persons. • Protect persons from injury or death, during rescue and other related activities. • Coordinate all volunteer first aid groups during major emergencies and disasters. • Provide and support temporary health infrastructure where required. • Collaborate with Retrieval Services Queensland in the provision of paramedics for rotary wing operations. • Participate in search and rescue, evacuation and victim reception operations. • Participate in health facility evacuations. • Collaborate with Queensland Health in mass casualty management systems. • Provide disaster, urban search and rescue (USAR), Chemical hazard (Hazmat), biological and radiological operations support with specialist logistics and specialist paramedics.

Table 1 Queensland Health and Queensland Ambulance Service roles and responsibilities in the Queensland State Disaster Management Plan

Planning arrangements for QAS to meet these accountabilities are in the QAS State Major Incident and Disaster Plan.



Chapter 3: Disaster management structure

3.1 Queensland disaster management structure

Disaster management in Queensland is managed through a four-tiered state and national structure, with local government primarily responsible for managing events and incidents in their local government area. An explanation of the role of each tier is in the QSDMP.

Disaster management groups, coordination groups or committees support each level and meet to prepare for and practise their role within the disaster management arrangements. When activated, these groups manage and coordinate responses to disasters at the appropriate level. The groups are outlined in Table 2.

The state level includes the Queensland Disaster Management Committee (QDMC), which makes strategic decisions about prevention, preparedness, response and recovery for disaster events. The QDMC is chaired by the Premier with a clear line of communication and decision-making between the Premier, relevant Ministers and both the State Disaster Coordinator (SDC) and the State Disaster Coordination Group (SDCG).

A fourth level, the Australian Government, recognises that Queensland may need to seek Australian Government support in times of disaster.

- The Department of Home Affairs (Emergency Management Australia) is the Commonwealth agency responsible for planning and coordinating Australian Government and interstate assistance to states and territories under the Australian Government Crisis Management Framework.
- The Australian Government Crisis Coordination Centre (CCC) provides whole-of-government situational awareness to inform national decision making during a crisis and coordinates physical Australian Government emergency assistance.

	Local	District	State
Basis for Boundaries	Local government area boundaries (77 local government areas and 1 town authority - see Appendix 4)	Queensland Police Service (QPS) district boundaries (22 disaster districts - see Appendix 4)	State of Queensland (1)
Responsible Group	Local Disaster Management Group (LDMG)	District Disaster Management Group (DDMG)	Queensland Disaster Management Committee (QDMC) State Disaster Coordination Group (SDCG)
Operational Lead	Local Disaster Coordinator (LDC)	District Disaster Coordinator (DDC)	Premier State Disaster Coordinator (SDC)
Operational Facility	Local Disaster Coordination Centre (LDCC)	District Disaster Coordination Centre (DDCC)	State Disaster Coordination Centre (SDCC)

Table 2 Queensland disaster management groups and committees

3.2 Queensland Health representation

Department of Health

- The Department of Health provides representation at the state level to the QDMC, SDCG, and the SDCC.
- Disaster and emergency incident management activities at the Department level are coordinated by the SHECC under the direction of a State Health Coordinator (SHC).⁵
- At the national level for health, the peak health body for disaster management is the Australian Health Protection Principal Committee (AHPPC). The Chief Medical Officer for the Australian Government chairs the AHPPC with representation provided by the Chief Health Officer of each jurisdiction. The National Incident Room (NIR), Australian Government Department of Health, supports the AHPPC.

Hospital and Health Services

- HHSs provide representation at a disaster district level to the DDMG/DDCC. Hospitals within the HHS, or the HHS itself, may also provide representation to the LDMG/LDCC.
- Disaster and emergency incident management activities in hospitals and HHSs are coordinated through HEOCs under the direction of a Health Incident Controller (HIC).

Queensland Ambulance Service

- The QAS is represented at all levels of disaster management activities and, while independent in operation, works collaboratively with the HHSs and the Department.
- The QAS provides representation at the state level to the QDMC, SDCG and SDCC.
- The QAS provides representation at a disaster district level to the DDMG/DDCC, and at the local level to the LDMG/LDCC.
- QAS incident management activities are coordinated at the state level in the State Incident Management Room (SIMR) and at the Local Area Service Network (LASN) level in a Local Ambulance Coordination Centre (LACC).

Table 3 below outlines how Queensland Health participates in the disaster management arrangements and provides national representation.

The disaster management arrangements ensure support and assistance is available to disaster-affected communities through the escalation of requests for assistance from local to district and to state level (see Appendix 3 – Requests for Assistance), and where appropriate to national level. Consistent with this:

- HHSs are primarily responsible for managing events in their local areas.
- the Department coordinates appropriate resources and support to assist HHSs in disaster management and disaster operations.

⁵ Refer to the *Public Health Sub-plan* for details of public health incidents which are coordinated by a Public Health Emergency Operations Centre (PHEOC).

Just as there may be multiple local governments and disaster districts affected and multiple LDMG and DDMG activated, there may be multiple health facilities and HHS affected and activated.

Level	Disaster management group	Health participation
National	Australian Government: <ul style="list-style-type: none"> • Emergency Management Australia • Crisis Coordination Centre 	Australian Government Department of Health: <ul style="list-style-type: none"> • Australian Health Protection Principal Committee • National Incident Room
State	Queensland Government: <ul style="list-style-type: none"> • Queensland Disaster Management Committee • State Disaster Coordination Centre 	Queensland Department of Health: <ul style="list-style-type: none"> • State Health Emergency Coordination Centre • State Health Coordinator
District	Disaster Districts: <ul style="list-style-type: none"> • District Disaster Management Groups • District Disaster Coordination Centres 	Hospital and Health Services: <ul style="list-style-type: none"> • Health Emergency Operation Centres • Health Incident Controller
Local	Local governments: <ul style="list-style-type: none"> • Local Disaster Management Groups • Local Disaster Coordination Centres 	Health facilities: <ul style="list-style-type: none"> • Health Emergency Operation Centres • Health Incident Controller⁶
Site	Sites: <ul style="list-style-type: none"> • Site Commander 	Sites: <ul style="list-style-type: none"> • Health Commander

Table 3 Queensland Health participation in the Queensland disaster management arrangements

⁶ Health Emergency Operations Centres may be established at HHS and hospital levels. Depending on the level and context of an event or incident, a Hospital or Directorate Commander may also be in place. This is particularly relevant to larger HHSs.



Chapter 4: Effective disaster and emergency incident planning

4.1 Planning architecture

In line with the Queensland disaster management arrangements, effective disaster management planning includes:

- documenting how the Department, HHSs and hospitals intend to deal with the effects of hazards and disaster events across prevention, preparedness, response and recovery
- hazard identification and mitigation, and risk assessment and reduction
- outlining arrangements, roles and responsibilities and structures for disaster and emergency incident management
- providing direction on communications, escalation points, coordination and resourcing requirements
- collaborating with stakeholders to enable accessibility and understanding of the plans and arrangements.

Consistent with this, the QHDISPLAN incorporates three levels of planning. This helps to ensure integration of planning and an understanding of the relevant capabilities, relationships, objectives and resource requirements across Queensland Health and partner agencies.

Strategic level – sets the context and expectations for operational planning (governance, priorities, desired outcomes).

Operational level – provides tasks and resources needed to execute the strategy.

Tactical level – details how to apply resources to complete operational tasks within a given timeline.

The QSDMP also identifies four priority areas that contribute to effective disaster management in Queensland:

- risk management
- planning
- local focus
- resilience

The QHDISPLAN aligns with the QSDMP and addresses these four priority areas.

4.2 Hierarchy of plans and legislation

The hierarchy of plans (Table 4) consists of national, state, district and local plans, consistent and aligned with whole of government planning and disaster management.

Level	Multi-agency plan	Health plan
National	COMMDISPLAN	AUSTRUMAPLAN
State	Queensland State Disaster Management Plan	Queensland Health Disaster and Emergency Incident Plan
District	District Disaster Management Plan	HHS Disaster and Emergency Incident Plan ⁷
Local	Local Disaster Management Plan	Hospital or health facility Disaster and Emergency Incident Plan

Table 4 Hierarchy of plans

The NatHealth Arrangements operate within the context of the Australian Government national security framework, which includes the provisions of the *National Emergency Coordination Framework*, the *Commonwealth Disaster Plan (COMDISPLAN)*, the *National Counter-Terrorism Plan*, the *National Counter-Terrorism Handbook* and the Council of Australian Governments (COAG) endorsed *Model Arrangements for Leadership during Emergencies of National Consequence*.

⁷ HHS level plans may also be titled Emergency Preparedness and/or Response, Emergency Management etc., however will meet the same requirements.

Key national plans for consideration by Queensland Health include:

COMMDISPLAN

- Activated to receive or provide cross jurisdictional assistance other than through existing cross border arrangements.

OSMASSCASPLAN

- Activated to support incoming patients from an overseas disaster or emergency incident.

AUSASSISTPLAN

- Activated to deploy Australian Medical Assistance Team (AUSMAT) or any other international assistance.

AUSTRAPLAN

- Activated to support domestic response for Mass Casualty Incidents of National Consequence.⁸

The QSDMP is supported by state agency functional plans (for example the QHDISPLAN) and hazard-specific sub-plans. Queensland Health is responsible for a number of state level hazard-specific sub-plans, and also has a range of other functional and hazard specific plans that sit under the QHDISPLAN.

⁸ National plans are often not publicly available. Please contact the Health Disaster Management Unit for further information if required.

4.3 Planning consistency and requirements

For the consistent operation and alignment with the QHDISPLAN and governing state plans, a minimum suite of plans and sub-plans is required across the Department and HHSs. Additional plans for HHSs may also be developed based on identified local risks.

STATE LEVEL	HHS LEVEL	RATIONALE
Disaster and Emergency Incident Plan: QHDISPLAN	Disaster and Emergency Incident Plan: HHS DISPLAN	DM Act QSDMP
Mandatory sub-plans		
<ul style="list-style-type: none"> Mass Casualty Incident 	<ul style="list-style-type: none"> Mass Casualty Incident 	QSDMP responsibilities Ravenshoe Review
<ul style="list-style-type: none"> Chemical Biological Radiological 	<ul style="list-style-type: none"> Chemical Biological Radiological 	QSDMP – Primary agency responsibility shared with Queensland Fire and Emergency Services based on hazard
<ul style="list-style-type: none"> Pandemic 	<ul style="list-style-type: none"> Pandemic 	QSDMP - Primary agency responsibility
<ul style="list-style-type: none"> Heatwave 	<ul style="list-style-type: none"> Heatwave 	QSDMP – Primary agency responsibility HHSs may incorporate heatwave plans as: <ul style="list-style-type: none"> Annexure to the HHS DISPLAN Annexure to a local or district disaster management plan with health as lead Contained within a multi-hazard sub-plan to the HHS DISPLAN A reference within a HHS DISPLAN to identify the <i>Queensland Health Heatwave Management Sub-plan</i> as the primary guidance for the HHS management of heatwave events.
Service Continuity	Service Continuity To ensure ongoing capacity and capability to provide essential health care services to the community during and following a disaster or	<i>Disaster and Emergency Incident Health Service Directive</i> To sustain QSDMP responsibilities before, during and after a disaster event or emergency incident HHSs may incorporate service continuity plans as:

	emergency incident in line with the Disaster and Emergency Incident HSD. Where relevant this should align with existing business continuity practices.	<ul style="list-style-type: none"> • Annexure to the HHS DISPLAN • Contained within a broader business continuity plan for a facility or the HHS.
Recommended sub-plans		
<ul style="list-style-type: none"> • Blood Supply Emergency and Contingency • Public Health • Mental Health • Disaster recovery 	<ul style="list-style-type: none"> • Public Health • Mental Health • Disaster Recovery 	

Table 5 Queensland Health disaster and emergency incident plans and sub-plans

4.4 Planning for emergencies in health care facilities

Australian Standard 4083-2010, Planning for emergencies – Health care facilities, assists effective planning for internal and external emergencies. Standards are provided across seven emergency classifications:

Code Red	Fire/Smoke
Code Orange	Evacuation
Code Purple	Bomb Threat
Code Black	Personal Threat
Code Yellow	Infrastructure and other internal emergencies
Code Blue	Medical Emergency
Code Brown	External Emergency

Table 6 Emergency codes

Health care facilities have procedures in place that guide first response and local management for each type of emergency incident code. These procedures will identify triggers and actions

to be taken to escalate an incident, so a determination can be made on whether to activate disaster or emergency incident plans.

If an emergency code described below is activated, HHSs should notify the State Health Emergency Coordination Centre by email at SHECC@health.qld.gov.au as soon as practicable after calling the code. This applies to emergency codes called under AS4083 or any equivalent method used by a HHS for recording and reporting emergency incidents.

In addition to reporting that a code has been activated, HHSs should also detail the cause of the code and provide a brief summary of HHS impacts for the following codes:

- all Code Yellow (or equivalent) including the cause
- all Code Brown
- all Code Orange
- any Code Red, Purple or Black that results in patient evacuation or a significant disruption to services.

4.5 Risk, Resilience and the comprehensive approach to disaster and emergency incident management

Queensland Health adopts an all-agencies and all-hazards approach to disaster and emergency incident management across the prevention, preparedness, response and recovery phases of the comprehensive approach.

Risk and resilience are also integral to achieving the principles and standards for disaster management in Queensland. As described in the QSDMP “a comprehensive approach ensures a balance between the reduction of risk and the enhancement of community resilience, while ensuring effective response and recovery arrangements”.⁹ Disaster preparedness, in particular, must be built on existing awareness of risk.

4.5.1 Risk and Disaster Risk Reduction

In Queensland, disaster risk management should be conducted using the processes outlined in the Queensland Emergency Risk Management Framework (QERMF) developed by Queensland Fire and Emergency Services (QFES), who are responsible for state-wide disaster risk assessment. The QERMF also aligns with the Sendai Framework for Disaster Risk Reduction 2015-2030. Disaster risk processes should also align with the requirements of the EMAF and the associated Standard for Disaster Management in Queensland.

Hazard mitigation and risk reduction measures and activities can be undertaken to reduce the likelihood or severity of a disaster or emergency incident. To inform these, risk management is fundamental to effective disaster management. This process must:

⁹ Queensland State Disaster Management Plan.

- consider all naturally occurring and human engineered hazards that may impact on the organisation, its objectives and operations
- be consistent with local risk management practices including reporting, analysis, evaluation and monitoring
- be undertaken regularly to ensure that disaster and continuity planning is based on accurate and timely information and assumptions
- enable risks and their severity to be understood by all relevant parties
- use understanding of risks to consider improving preventative controls (for example, improving infrastructure resilience against flood damage and water ingress)
- develop plans and initiatives as a response to the risks considering options for scenario and/or resource-based planning methodologies (also see preparedness and planning)
- identify priority risks and include mitigation and reduction strategies at all levels of planning.

Both the Department and HHSs should employ their own risk frameworks and governance structures to identify, analyse, evaluate and mitigate risks relevant to their own objectives and operations. Disaster risk management and risk reduction activities should align with and be incorporated into these broader arrangements. HHSs should also liaise with their LDMG and DDMG in identifying, understanding and managing local risks.

Disaster and emergency risk management should conform to the principles of ISO 31000:2018 *Risk Management – Principles and Guidelines*. Further guidance and frameworks on general risk management can be obtained from HHS risk coordinators or from the Department’s Risk, Assurance and Information Management Branch.

Natural Hazards

The Queensland Natural Hazard Risk Assessment, conducted by QFES in 2017, identified the highest priority natural hazards to Queensland based on the QERMF process (Table 7).

Priority	Hazard
Joint highest priority	Tropical cyclones Riverine flooding
Second highest priority	Severe weather events
Equal third highest priority	Coastal inundation Heatwave (QH primary agency)
Fourth highest priority	Bushfire
Fifth highest priority	Earthquakes

Table 7 Queensland’s highest priority natural hazards

Security risk management

Security related risks are also a consideration in the context of the broader security environment in Australia. The *National Terrorism Threat Advisory System* has been designed to provide as much information as possible about the likelihood of an act of terrorism occurring in Australia. It comprises a five-level colour coded scale, to inform the public about the level of terrorist threat and enable authorities, businesses and individuals to take appropriate measures for their own safety and security, as well as that of their family, friends and associates. The five threat levels are:

- Certain
- Expected
- Probable
- Possible
- Not Expected.¹⁰

The Australian Government regularly reviews the security environment and the Threat Level, however it is possible for different jurisdictions, and nominated areas within a single jurisdiction, to be on different levels of alert. The QPS will advise Queensland Health of any change to the terrorism threat levels.

Critical health infrastructure protection

Any disruption to the services provided by Queensland Health, including the sites from which these are sourced, may result in the restricted provision of essential health and human service activities, including critical acute health care services.

Planning should include security and protection of critical infrastructure, essential services, staff, patients and the general public. Security and protection planning should be aligned with and integrated with disaster management arrangements.

A list of critical health infrastructure and key interdependencies should be maintained, and all existing security, on-site emergency and business continuity management plans should be reviewed as part of a broader planning review cycle.

Key responsibilities include, but are not limited to:

- providing adequate security for identified assets
- actively applying risk management principles to planning processes
- regularly reviewing risk management assessments and plans
- reporting any potential or actual security breaches, emergency incidents or suspicious activities
- regularly reviewing business continuity management plans
- participating in exercises that test and validate arrangements.

¹⁰ Information sourced from Department of Home Affairs, Australian Government.

4.5.2 Resilience

The Queensland Strategy for Disaster Resilience 2017 provides the framework for building resilience, which is defined as “a system or community’s ability to rapidly accommodate and recover from the impacts of hazards, restore essential structures and desired functionality, and adapt to new circumstances”.¹¹

At the state level, resilience strategies and initiatives will be developed in line with the risks identified in the Queensland State Natural Hazard Risk Assessment 2017 with all agencies having a responsibility for this.

Risk reduction activities that can be considered to build resilience both internally and externally include community education, environmental health programs, immunisation programs and legislative instruments.

Climate change

Climate change increases the need for building resilience given the likelihood of stronger cyclones and increased heatwave conditions¹² as well as compounding and cascading events.¹³

The *Queensland Climate Adaptation Strategy*, *Health Sector Adaptation Plan* and *Emergency Management Sector Adaptation Plan* all address these issues and identify strategies.

These documents emphasise:

- adaptation and risk reduction initiatives informed by current evidence
- embedding climate and disaster risk into planning and development processes.

Climate change adaptation strategies for disaster management should ideally also help improve disaster management capability across all hazards rather than being hazard specific.

4.5.3 Prevention and mitigation

While prevention may not be possible there are many mitigation activities which can be undertaken to decrease the impacts of a disaster on people, infrastructure and the environment.

Generic mitigation strategies identified in the QSDMP relevant to Queensland Health include:

- community education and information
- structural works
- land use planning
- building controls (e.g. cyclones and earthquakes)
- infrastructure (e.g. other essential services)

¹¹ Queensland Strategy for Disaster Resilience.

¹² Queensland Government, Department of Environment and Heritage Protection, 2017, *Pathways to a climate resilient Queensland: Queensland Climate Adaptation Strategy 2017-2030*.

¹³ Australian Strategic Policy Institute (Dr Robert Glasser), 2019, *Special Report: Preparing for the Era of Disasters*.

- landscape and environment (e.g. floods and bushfires).

Note again the importance of the consideration of climate change in many of these activities.

Specific prevention and mitigation strategies with a health focus include, but are not limited to:

- horizon scanning (state, national and international trends)
- enhanced surveillance and infection control
- disease control including immunisation program and infection control practices
- mass vaccination campaigns, distribution of vaccinations and prophylaxis medication
- contact tracing, prophylaxis and treatment
- regulation and compliance activities relating to public health matters
- quarantine and border control
- government, non-government and community education and awareness programs
- public health information and education
- social and demographic profiling of potential disaster affected areas
- pre-identification of vulnerable or high-risk patients.

4.5.4 Preparedness

Disaster preparedness is critical in assisting to minimise the consequences of an event on a community or organisation and ensuring effective and timely operational response and recovery.

Queensland Health's preparedness activities align with the QSDMP and are centred on three key elements:

- Planning
- Community engagement
- Capability integration
 - Training and education
 - Exercising
 - Lessons management
 - Pre-season briefings.

Planning

Stakeholder engagement and relationship management is a cornerstone of effective preparedness. Planning and preparedness activities should be undertaken in conjunction with local, district and state disaster management groups and/or committees.

Business and operational continuity should be integral parts of disaster management planning and preparedness. Every part of the health system is responsible for undertaking business continuity planning that considers disruption due to a disaster.

Disaster management plans and arrangements should:

- consider identified risks and hazards across prevention, preparedness, response and recovery

- be scalable, adaptable to change and interoperable
- consider business and operational continuity and recovery
- be developed in consultation with relevant stakeholders.

In planning and preparing for disasters and emergency incidents, HHSs are required to ensure hospital plans integrate with HHS and state-level plans to facilitate a cohesive response.

Public-private planning partnerships

There should be a whole-of-community approach to planning, including engagement strategies with community health care providers (for example, but not limited to: private hospitals, general practitioners and nursing homes). This will enable response and recovery capabilities that align with the community needs and may help in:

- providing an important additional resource to help meet demand
- identifying and assisting vulnerable members of the community
- volunteer management
- recovery support.

This work should occur in advance of the disaster or emergency incident and may involve establishment of Memorandums of Understanding, partnerships and pre-agreed roles and responsibilities.

Integrated planning arrangements and processes are essential and may involve whole-of-community representation in health emergency planning committees. This may be facilitated through local disaster management groups, district disaster management groups or through the Department at a state level.

Community engagement

Where possible the Department should contribute to the annual 'Get Ready Program' which is managed by the Queensland Reconstruction Authority (QRA). HHSs should also contribute to community engagement days conducted by councils or disaster management groups. HHSs may also provide their communities with health-related information regarding specific hazards which may affect their local areas to promote community preparedness and resilience building.

Further information on community engagement and public information is included in Section 3.6.5 Response and Appendix 5 Media and Communications Annex.

Capability integration

Training, and exercise programs are an essential component in preparedness. All persons performing specific functions under the DM Act are required to be appropriately trained¹⁴. The Queensland Health Disaster and Emergency Incident Training Framework¹⁵ provides specific details on training expectations for staff with roles and responsibilities in disaster and emergency incidents. This framework provides that Queensland Health staff with functions and

¹⁴ This is the responsibility of Queensland Fire and Emergency Services.

¹⁵ And associated Department of Health, and HHS disaster and emergency management training and exercise frameworks.

roles in disaster management are required to undertake the Queensland Disaster Management Arrangements training module provided by QFES as a minimum standard.

The *Disasters and Emergency Incidents Health Service Directive*, and associated Department Policy and Standard provide mandatory requirements regarding the conduct of training and annual exercises.

Lessons management is essential with debriefs conducted in accordance with the *Queensland Health Operational Briefing and Debriefing Guideline*; participation in multi-agency debriefs and outcomes of these reviewed in Emergency Planning Committees at both HHS and Department level.

Both Department and HHS staff should attend any pre-season briefings conducted by QFES and the Bureau of Meteorology (BoM) as well as conduct these with their own staff.

4.7.5 Response

To support a consistent and effective response to a disaster or emergency incident, the QH IMS Guideline outlines the roles, responsibilities, baseline functions and procedures for a Queensland Health response. This is based on the Australasian Inter-Service Incident Management System (AIIMS). It can be applied to any disaster or emergency incident and can be expanded, or compressed, depending on the size and complexity of the disaster or emergency incident. AIIMS is a foundation for a unified, consistent, all-agencies approach to disaster and emergency incident management. It incorporates structure consisting of the following baseline functions:

- Control
- Operations
- Planning
- Logistics
- Intelligence
- Public information
- Finance
- Investigation.¹⁶

Operation of the QHDISPLAN during response is described in detail in Section 5.

Warnings and Public Information

The SDCC will issue warnings and alerts to key stakeholders. Each agency or disaster management stakeholder, including Queensland Health, is responsible for further disseminating these warnings and alerts through its own communications networks.

¹⁶ Australasian Fire and Emergency Service Authorities Council, *The Australasian Inter-Service Incident Management System*, 2017.

When Queensland Health is the primary agency for a hazard there may need to be liaison with the SDCC to distribute appropriate alerts and early warnings as required.

Providing warnings to the public is part of the wider activity of public information and must be closely aligned. A key issue is deciding how much information should be provided, and when it should be disseminated to the community. The Department's Strategic Communications Branch (SCB) should be consulted regarding distribution of all public information

Broader public messaging at state level must be cleared by the SHC when the SHECC is activated and otherwise by the CHO & DDG Prevention Division. Local messaging should be cleared by the relevant HEOC but should align with state messaging.

The Media and Communications Annex of this plan, at Appendix 5, describes this in more detail.

4.7.6 Recovery

Disaster recovery is the coordinated process of:

- supporting affected individuals and communities in the reconstruction of physical infrastructure
- restoration of the economy and the environment
- support for the emotional, social and physical wellbeing of those affected.

Recovery principles

The National Principles for Disaster Recovery underpin Queensland recovery activities:

- understand the context – successful recovery is based on an understanding of community context, with each community having its own history, values and dynamics
- recognise complexity – successful recovery is responsive to the complex and dynamic nature of both emergencies and the community
- use community-led approaches – successful recovery is community-centred, responsive and flexible; engaging with community and supporting them to move forward
- coordinate all activities – successful recovery requires a planned, coordinated and adaptive approach, between community and partner agencies, based on continuing assessment of impacts and needs
- communicate effectively – successful recovery is built on effective communication between the affected community and other partners
- acknowledge and build capacity – successful recovery recognises, supports, and builds on individual, community and organisational capacity and resilience.¹⁷

Recovery operations

The Queensland approach is based on the following three phases in a cycle that follows business as usual, the disaster event and the response.

¹⁷ Australian Government, Australian Disaster Resilience Handbook Collection, Handbook 2, *Community Recovery*.

- Phase one: Post impact relief and early recovery
 - aims to address the immediate needs of those affected by an event and may occur in parallel to response.
- Phase two: Recovery and reconstruction
 - continues the coordinated process of supporting affected communities.
- Phase three: Transition
 - continues on and can occur for months and years after the event before establishment of a 'new normal'

Recovery arrangements

Recovery planning should commence from the early stages of an event to ensure arrangements are in place and can be implemented quickly when needed, and to ensure a smooth transition from response to recovery. For wide scale, and / or prolonged events there may be simultaneous response and recovery activities.

Consistent with both the local focus priority of the QSDMP and National Recovery Principles, Local Recovery Groups (LRGs) may be established and play a lead role. These groups may be supported by District Recovery Groups (DRGs) and state level activities. The formation of LRGs and DRGs is not mandated but occurs at the discretion of the Chair of the LDMG / DDMG.

The QRA is lead agency responsible for disaster recovery, resilience and mitigation in Queensland. The QRA is also the functional lead agency for the Commonwealth and state funded Disaster Recovery Funding Arrangements, which replaced the Natural Disaster Relief and Recovery Arrangements on 1 November 2018.

The QDMC may appoint a State Recovery Coordinator (SRC) to be responsible for the coordination of state disaster recovery operations. In severe and/or widespread events, multiple SRCs may be appointed. The Chief Executive Officer of the QRA fills the role of the State Recovery Policy and Planning Coordinator (SRPPC) and is the standing SRC unless another formal appointment occurs. Aspects of recovery are conceptually grouped into five broad functional portfolios. These Functional Recovery Groups (FRG) are responsible for providing resources and supporting recovery efforts across impacted communities.

- Economic FRG – led by the Department of State Development, Manufacturing, Infrastructure and Planning.
- Environmental FRG - led by the Department of Environment and Science.
- Human and social FRG - led by the Department of Communities, Disability Services and Seniors.
- Roads and transport FRG - led by the Department of Transport and Main Roads.
- Building FRG - led by the Department of Housing and Public Works.

A Leadership Board sub-committee (Recovery) is then established to lead, monitor and coordinate overlapping recovery activities. This is led by the SRPPC, Directors-General of FRG lead agencies, and senior executives from the QPS, QFES, Department of the Premier and Cabinet, Queensland Treasury and the Local Government Association of Queensland.

Queensland Health does not have a functional lead role in recovery following a disaster or emergency, nor membership of the Leadership Board sub-committee, but does have membership of the following recovery groups:

- LRG - HHS
- DRG - HHS
- Human Social FRG – the Department (Health Disaster Management Unit; Mental Health Alcohol and other Drugs Branch, Health Protection Branch)
- Environment FRG – the Department (Health Protection Branch)
- Infrastructure FRG – the Department (Capital and Assets Services Branch)

Further information on Queensland's recovery arrangements can be found in the *Queensland Recovery Plan*.

The health system in recovery

The health system focus in recovery activities is to:

- re-establish business as usual for Queensland Health facilities and services as soon as possible
- assist affected communities with public health, mental health and human/social recovery.

Queensland Health supports its recovery activities through the Department's *Public Health Sub-plan* and *Mental Health Sub-plan*, corresponding plans at HHS level, and targeted whole-of-government recovery plans for specific events.

The key objectives are to provide the following to the impacted community:

- maintain an acute emergency capability and restore clinical services to business as usual
- monitor and mitigate public health risks to assist affected communities as they undertake recovery post-event or emergency incident
- ensure appropriate mental health support to affected communities.

These services can continue for extended periods, particularly mental health services.

Maintain an acute emergency capability and restore clinical services to business as usual.

The main areas of impact on clinical service delivery are often related to:

- the ability of staff who live in impacted areas to report for work due to travel difficulties and damage or flooding to their homes
- disrupted community services due to transport, infrastructure or staffing issues
- disrupted transport infrastructure (road, rail, sea or air), which affects logistics (supplies), patient referral pathways and staffing
- potential damage to HHS facilities and infrastructure.

This is usually approached across the following activity areas:

<p>Reducing clinical demand on impacted hospitals</p>	<ul style="list-style-type: none"> • Aeromedical retrieval of sick and injured patients identified by QAS have avoided transfer to, or prioritised transfer from, affected hospitals. • Aeromedical support may be increased in the acute period. • Rescheduling of elective surgery and outpatients in all hospitals to reduce demand and increase bed availability. • Liaison with local private hospitals, nursing homes and Primary Health Networks to ensure they have plans, supplies and staffing arrangements in plans to avoid additional demand.
<p>Increasing clinical capacity of local staffing</p>	<ul style="list-style-type: none"> • Deployment of clinical staff into affected HHSs (a guideline and resource kit are available to assist with this). • Liaison with private hospitals to identify bed availability if needed.
<p>Ensuring health care facilities are safe to provide health care.</p>	<ul style="list-style-type: none"> • Conduct damage assessments of all health care facilities in the HHS. • Identify priorities and organise a repair schedule that allows contingency planning to occur. • Capture data for insurance claims and ensure cost recovery occurs.
<p>Identifying clinical needs</p>	<ul style="list-style-type: none"> • Identify vulnerable patients within the HHS, ensure their acute needs are met in advance of the event and minimise disruption to services. • Review all patients affected by rescheduling elective surgery and outpatient bookings to ensure all care needs are met in an appropriate time frame determined by clinical needs.

Table 8 Proposed clinical service activities

Monitor and mitigate public health risks to assist affected communities as they undertake recovery post-event or emergency incident.

Public Health risks can occur through impacts on a wide variety of health and community infrastructure, systems and environment. Public health recovery activities are often a continuation of response activities. Common impacts and potential actions undertaken in response and recovery are summarised below (see the Public Health Sub-Plan for further details).

- **Drinking Water quality:** Provide expert health risk assessment on water quality, water quantity and supply in disaster affected communities.

- **Sewage contamination:** Assess and manage health risks associated with sewage overflows and damaged infrastructure in support of local government.
- **Recreational water:** Provide expert health risk assessment on recreational water in areas affected by sewage contamination in support of local government.
- **Food safety:** Provide support and expert advice to Local Governments, food businesses and the community on food safety in disaster affected communities.
- **Vaccination:** Ensure the community is protected against vaccine preventable diseases.
- **Medicines:** Ensure the safe disposal of damaged product and maintain the integrity of drugs and poisons available to local communities.
- **Hazardous Waste including Asbestos:** Provide health risk advice to community and local government regarding hazardous waste including asbestos.
- **Evacuation and Recovery Centres:** Monitor environmental health risks such as overcrowding, sanitation and food safety in evacuation and recovery centres in support of local government.
- **Vector Control:** Support local government efforts to prevent container breeding and nuisance mosquitos and other nuisance insects.
- **Disease surveillance and control:** Provide enhanced disease surveillance in partnership with general practitioners and hospitals including investigating outbreaks and particular disease notifications.
- **General public health messages to the community:** Develop and implement a communication strategy to inform disaster-affected communities in conjunction with SCB and 13Health.
- **Staff deployment**

Ensure appropriate mental health support to affected communities

- **Recovery hubs and/or evacuation centres:** Mental health workers may support other agencies, including those providing Psychological First Aid (PFA), in recovery hubs or evacuation centres. PFA aims to assist people affected by disasters by promoting safety, assisting them to be calm and comfortable, helping with information so they can become connected, and facilitating self-empowerment to foster resilience.
- **Mental health care:** Mental health care is usually required by a smaller proportion of people psychologically affected by disasters.
- **Children:** The best approach is to work with schools as the appropriate site to identify children at risk. Child and Youth Mental Health workers may be made available to assist with this.
- Staff deployment.

Recovery financial arrangements

Queensland Government agencies are required to discharge financial management responsibilities in accordance with the *Financial Accountability Act 2009* and Queensland Health financial management standards.

Financial data and costs captured during the response and recovery process need to be reconciled and may be reimbursable under existing insurance or disaster recovery arrangements. As a guide:

- Expenditure of funds by agencies is to be met in the first instance by the agency requesting/requiring the resources from normal operating budgets.
- Not all expenditure incurred by agencies to provide effective disaster management services will be recoverable under existing insurance or disaster recovery arrangements.
- Existing arrangements include the Queensland Government Insurance Fund (QGIF) insurance policy and the DRFA.
- The QGIF insurance policy can be used to recover costs associated with property damage to Queensland Health assets.
- The DRFA can be used to recover costs associated with activated relief measures, such as Counter Disaster Operations (CDO).
- The QRA is responsible for processing DRFA submissions (e.g. for CDO) and providing formal advice on claim eligibility.
- To maximise utilisation of the QGIF insurance policy and the DRFA, the Department's Insurance Services Team (IST) provides advice and guidance on the funding available under each arrangement and the claim preparation/submission process.
- Queensland Health entities should ensure that response and recovery costs are able to be isolated from normal operational expenditure, and that appropriate evidence is retained for the activities undertaken and costs incurred.

Further information on disaster management financial arrangements can be found on the Queensland Government Disaster Management website.¹⁸

¹⁸ <https://www.disaster.qld.gov.au>.

Chapter 5: Operation of QHDISPLAN

This section is relevant to the activation and operation of the QHDISPLAN only. Similar procedures should be adopted by HHSs for their own plans. Detailed information on the operation of the QHDISPLAN can also be found in the QH IMS Guideline.

5.1 Notification pathways

Initial notification of a disaster or emergency incident may be received at any level within Queensland Health. This first awareness may be at strategic, operational or tactical levels and may include, but is not limited to:

- Strategic level awareness
 - Notice of international disasters, emerging infectious diseases or pandemics and the need to activate is likely at a state level from the AHPPC.
 - Notice of impending or potential natural hazards such as heatwaves and cyclones at a state level from the SDCC Watch Desk.
 - Notice of potential security threats from the QPS.
 - Notice of public health incidents from the Executive Director of Health Protection Branch or the Executive Director of Communicable Diseases Branch to the CHO & DDG, Prevention Division.
- Operational level awareness
 - Notice of an emergency in a health facility will come from HHSs by email to the SHECC via the emergency code notification process (see section 3.5).
 - Notice of business continuity crises are likely from impacted HHS or state-wide service providers such as eHealth or Health Support Queensland.
 - Notice of local critical infrastructure issues may be from local or district disaster management groups to HHSs directly or from the SDCC.

- Notice of public health incidents may be at a HHS level from 13HEALTH, impacted HHSs or even LDMG or DDMGs.
- Tactical level awareness
 - Notice of mass casualty incidents is likely at hospital level from QAS or QPS Communications or direct from a hospital as patients arrive.
 - Notice of a public health incident may occur through direct community notification to Public Health Units within a HHS.

Media enquiries may also be the first notice of any disaster or emergency incident.

Reporting of disasters and emergency incidents uses standardised formats to enable more effective communication and data capture. Consistency of information also promotes shared understanding and situational awareness at the early stages of response. HHSs generally use ETHANE and SMEACS-Q formats for reporting. Further information on these formats is available in Appendix 2 and in the QH IMS Guideline. Standard formats are also available and used electronically through the Queensland Health incident management system, including Notification to SHECC by a HHS of HEOC activation and Request for Assistance (see Appendix 1 and 2).

5.2 Notification cascade

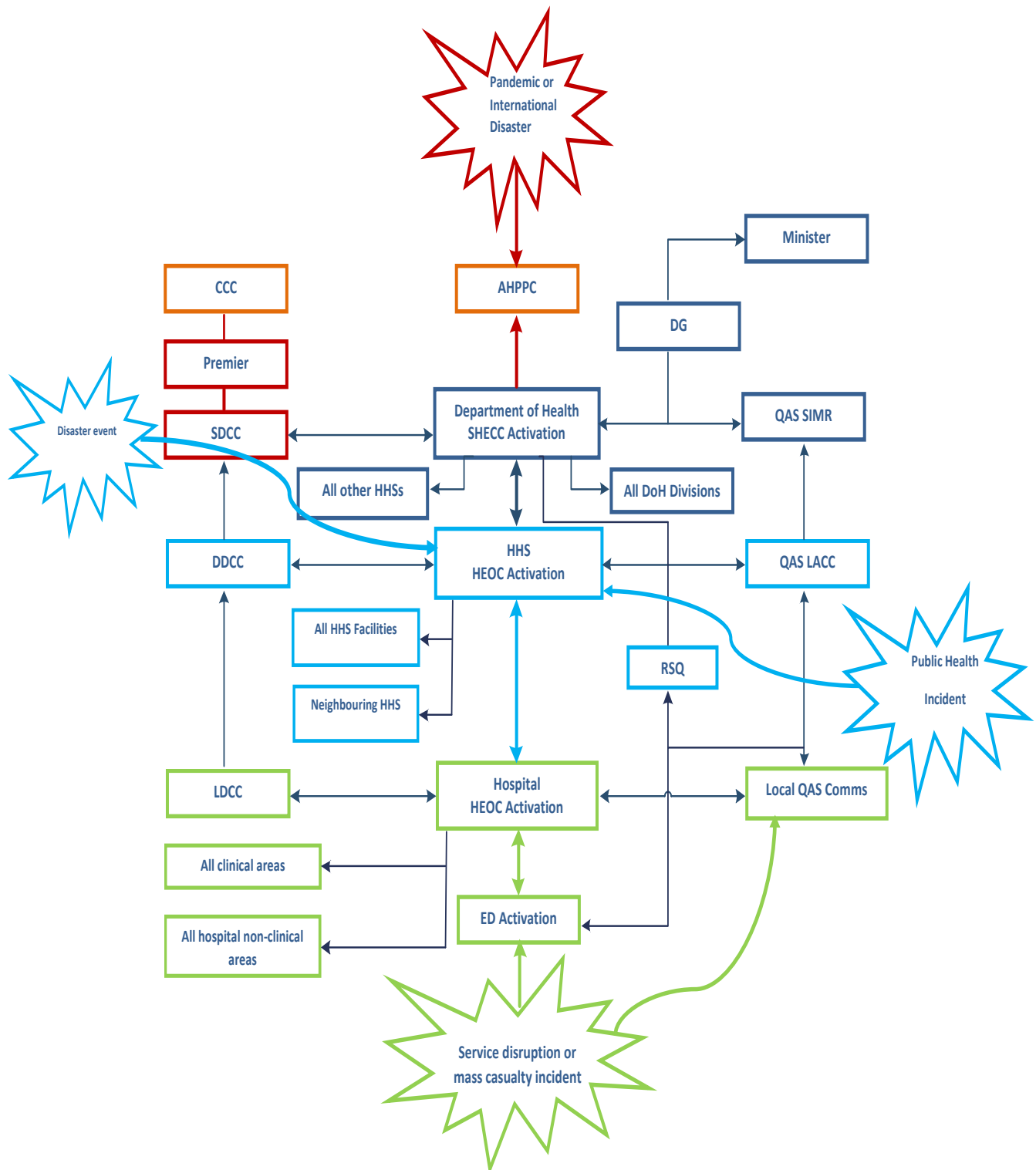


Figure 1 Notification cascade

Note: Inputs for disaster and emergency incident notifications are provided as an example only and are not an exhaustive representation.

5.3 Authority to activate QHDISPLAN

The QHDISPLAN and relevant sub-plans will be activated under the authority of the Director-General or the CHO & DDG Prevention Division. Activation of the QHDISPLAN may lead to the activation of the SHECC.

5.3.1 Activation

Activation of a health response progresses through an escalation process as outlined in the QSDMP. Movement through these levels of activation is not necessarily sequential but is based on flexibility and adaptability to the location and the event.

Activation levels apply to an incident management team (IMT), which may or may not be operating out of a HEOC or SHECC, with activities based on the relevant plan or sub-plan. Therefore, if an IMT is operational and undertaking preparedness, response or recovery activities, the HHS is deemed to be at Lean Forward or Stand Up level of activation.

Level of Activation	Definition
Alert	A heightened level of vigilance and readiness due to the possibility of an event, or support for an event being required. Some action may be required, including communications, and the situation is monitored by staff capable of assessing, providing advice on and preparing for the potential hazard. A HHS or Department of Health response may be required.
Lean forward	A heightened level of situational awareness of a current or impending disaster event and a state of operational readiness. Disaster coordination centres are on stand-by, and relevant staff may be undertaking preparedness activities but are not fully activated.
Stand up	Resources are mobilised, personnel are activated, and operational activities are occurring. A HHS and/or a Department of Health response is required, and disaster operations or coordination centres are usually activated. In circumstances where a HEOC is no longer required, but resources remain mobilised within a HHS (for example where staff are deployed into the HHS to assist with disaster relief or to support health services returning to business as usual), an IMT should remain active and therefore at Stand Up level of activation. Deploying HHS IMTs may also consider remaining at Stand Up level of activation until all deployed resources are returned to home HHS and staff debriefs have occurred.
Stand down	Transition from responding to an event back to normal core business and/or recovery operations. The event no longer requires a coordinated operational response from a HEOC or state-level coordination, however, recovery activities may continue for an extended period. This can include both community recovery in the form of public and/or mental health support, and recovery of the health system and services returning to business as usual where no external support is in place. Acute care for event victims within HHSs may also continue as part of business as usual operations.

Table 9 Activation escalation phases

At a state level, sub-plans of the QHDISPLAN cannot be activated without the activation of the QHDISPLAN. If any sub-plan is activated to Stand Up level of activation, advice must be provided at as soon as practicable to the SHECC via email or telephone. At this time the QHDISPLAN will automatically move to Alert or Lean Forward or may move to Stand Up at the discretion of the CHO & DDG, Prevention Division.

A HHS sub-plan can be activated without the activation of its disaster and emergency incident plan, at the discretion of the Health Incident Controller.

For the purposes of the QHDISPLAN and its sub-plans, there are three levels of response. This is also reflected in the *Management of a Public Health Event of State Significance Health Service Directive* and the *QAS State Major Incident and Disaster Plan*.

<p>Level 1 Emergency Incident</p>	<p>Level 1 emergency incidents can generally be resolved through local or first response resources.</p> <ul style="list-style-type: none"> • Confined to activation of a HEOC in a single HHS. • Resulting in Moderate or Medium impact on normal operations. • or • An emergency incident that occurs in a specific location that requires mental health support as identified in the <i>Mental Health Sub-plan</i> • or • A level 1 public health incident as identified in the <i>Public Health Sub-plan</i>. • May involve the SHECC moving to ‘alert’ or ‘lean forward’ level of activation dependent on situation reporting requirements. • May involve Department coordination of public health response or support to HHS Public Health Units. • May involve Department coordination of mental health response or support to HHS mental health units
<p>Level 2 Disaster Event</p>	<p>Level 2 disaster events require more complex management and coordination of emergency response.</p> <ul style="list-style-type: none"> • May involve activation of a HEOC in more than one HHS. • Resulting in Medium or Major impact on normal operations in at least one HHS. • or • An event in a single HHS with major impact requiring assistance and support from the Department of Health (SHECC), or other HHSs. • or • A level 2 public health incident as identified in the <i>Public Health Sub-plan</i>. • The Department will activate the SHECC to ‘alert’, ‘lean forward’ or ‘stand up’ levels of activation to support HHS HEOCs. • For public health incidents, a Public Health Emergency Operations Centre (PHEOC) will also be activated, as identified in the <i>Public Health Sub-plan</i>. The <i>Public Health Events of State Significance Health Service Directive</i> (QH-HSD-046-2014) may also be activated if required. • Activation of the SDCC is possible.

Table 10 Queensland Health response levels

5.4 Triggers for activation

Activation of the QHDISPLAN or a sub-plan may occur under any of the following circumstances:

- An emergency incident is being monitored or an event (as defined in the DM Act) is imminent.
- A disaster or emergency incident has occurred, the level of response and resources required is beyond the capabilities of a HHS and support is required from the Department.
- Coordination of response is required across multiple HHSs.
- A response to a potential or actual public health incident is required under legislation (a declared public health emergency by the Minister for Health and Minister for Ambulance Services).
- A disaster or emergency incident, or a situation which results in activation of a national level plan, is declared outside of Queensland requiring support from Queensland Health.
- The SDCC moves to 'stand up' level of activation and whole of government disaster management arrangements are in place, including reporting requirements.
- The Director-General or CHO & DDG, Prevention Division determines it necessary.

Note also that activation of a sub-plan to Stand Up will automatically trigger activation of the QHDISPLAN to Alert or Lean Forward or may move to Stand Up at the discretion of the CHO & DDG, Prevention Division.

Considerations for activation of QHDISPLAN to support a HHS include:

- size and location of the disaster or emergency incident, or projected impact of an event
- anticipated casualty load and type of injuries
- surge capacity of the local hospital and expected effect on current patient management
- current demands on health system
- impact on critical business functions
- impact on other public services and facilities.

5.5 Declaration of a disaster

The DM Act provides that a disaster situation may be declared for the specific purpose of providing additional powers.¹⁹ This most commonly relates to police or other emergency services and while a health officer **may** be appointed as a declared disaster officer by authorisation of the chair of the QDMC or a district disaster coordinator, it would be an unusual occurrence.

¹⁹ *Disaster Management Act 2003*, Part 4. Note - the declaration of a disaster event under the *Disaster Management Act 2003* is not linked to activation of disaster arrangements, reimbursement of expenditures, or activation of disaster management groups or coordination centres.

There does not need to be a declaration of a disaster for Queensland Health to activate the QHDISPLAN or its Sub-plans, to stand up the SHECC, nor for a HHS to activate a plan or an operations centre.

5.6 Example activation and notification process

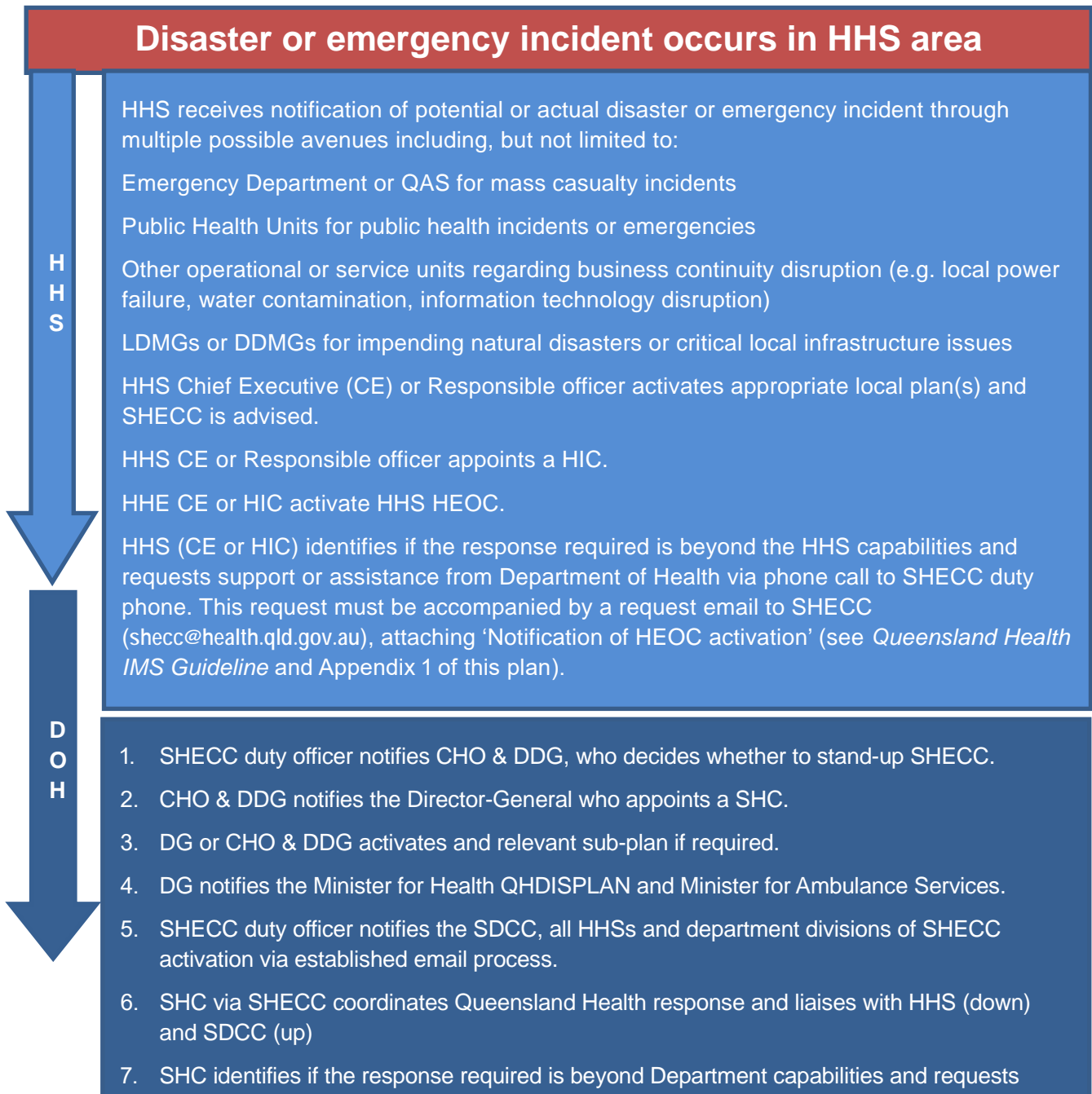


Figure 2 Example activation and notification process flow



Chapter 6: Emergency coordination and operations centers

Upon activation of the QHDISPLAN, a SHC will be appointed to coordinate and lead the Queensland Health response. This person will either be the Director-General, the CHO & DDG Prevention Division, or their delegate.

Where necessary, the SHC will activate the SHECC to support and coordinate the response and liaise upwards (within Queensland Health to the Director-General) across (to the SDCC) and downwards (to a HHS HEOC). If required, the SHC will also authorise activation of an incident management team (IMT) to manage the necessary functions within the SHECC.

HHSs and facilities can also activate a HEOC for other disruptive events, based on potential impact and operational requirements. However, if two or more HHS HEOCs are activated to 'stand up', the SHECC will consider activation to support any coordination or resourcing requirements and may move to 'alert', 'lean forward' or 'stand up' levels of activation.

6.1 Emergency Operation Centre requirements

- The location of the SHECC or a HEOC needs to be pre-determined and pre-resourced to allow rapid activation to 'stand up' level.
- The SHECC or HEOC must contain appropriate infrastructure necessary to coordinate or manage an event, particularly in a prolonged situation. The SHECC and HEOC must be tested regularly.
- The SHECC or HEOC will provide a resilient and robust environment to ensure availability and continuity. Redundancy needs to be considered.
- Deployment of key staff and personnel for prolonged periods needs to be considered.
- Training requirements for deployed staff needs to be considered in accordance with the Queensland Health Disaster and Emergency Incident Training Framework.

6.2 Incident management functions

IMTs must be scalable to match events and flexible to adjust to disasters and emergencies as they evolve. Specific roles and responsibilities for IMT positions are detailed in the QH IMS Guideline. There may be additional roles required depending on the event. Queensland Health activation and notification process, incident management functions and reporting structures are also outlined in the QH IMS Guideline.

6.3 State Health Emergency Coordination Centre

Activation of SHECC

The SHECC may be activated in the following circumstances:

- on request for activation from the Director-General or CHO & DDG, Prevention Division
- on request for activation from a HHS to the CHO & DDG, Prevention Division in the approved format
- when more than one HHS HEOC activates
- when it is necessary to monitor potential threats of impending disasters
- when SDCC moves to 'stand up'.

Functions of SHECC²⁰

When activated, SHECC will:

- support activities of HHS HEOCs
- receive and collate situation reports (sitreps) from HHSs and areas of the Department to inform a Queensland Health sitrep
- provide sitreps to all stakeholders including the SDCC

²⁰ For functions of a PHEOC in the management of a public health incident, see the *Public Health Sub-plan*.

- coordinate regular teleconferences to ensure shared visibility of information and situational awareness
- provide a Queensland Health Liaison Officer to the SDCC as required
- receive and manage requests for assistance (RFA) from HHSs
- undertake planning and logistics tasks
- coordinate deployment of staff to impacted HHSs following approval of RFA by the SHC
- conduct intelligence activities to prioritise allocation of Department resources
- communicate information with relevant stakeholders to ensure coordinated response
- liaise with and support other agencies
- ensure effective and efficient integration with other agencies.

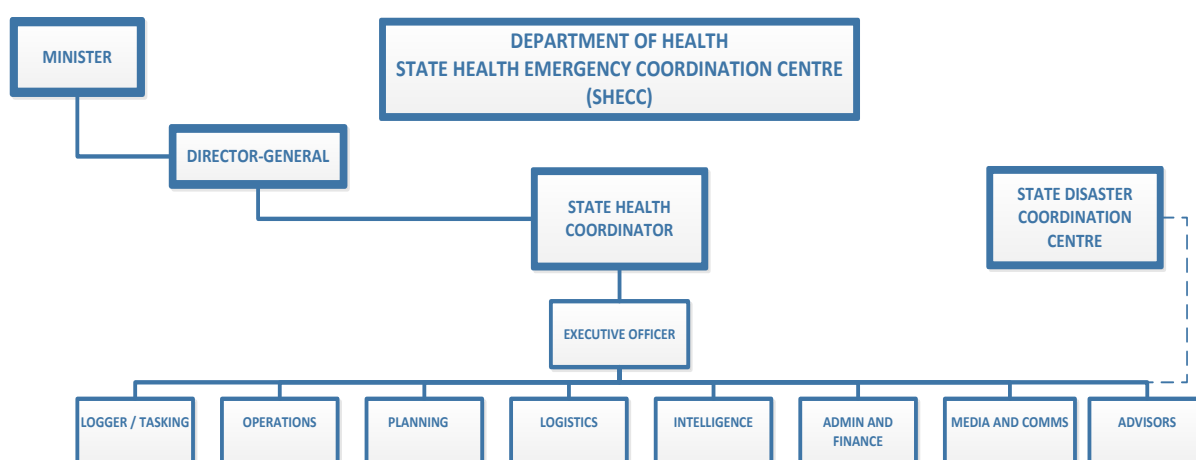


Figure 3 SHECC reporting structure

Note: The advisor roles within the SHECC will vary with the type of disaster and emergency incident. For example, for natural disasters a public health expert advisor (liaison) should be included. For further details of the advisor role, see the QH IMS Guideline.

The scale of activation for each specific response structure will depend on the needs of each individual event or emergency incident. This will determine roles used, numbers of staff and hours of operation. This is further detailed in the QH IMS Guideline.

For level 3 disaster events, specific Department IMTs may activate to support the SHECC. These may include, but are not limited to:

- Retrieval Services Queensland
- Health Protection Branch
- Communicable Diseases Branch.

Liaison Officers from a variety of functions may also be located within the SHECC, depending on the size, scale and context of the event. These include, but are not limited to, Liaison Officers to support:

- public health (Health Protection Branch or Communicable Diseases Branch)
- mental health (Mental Health, Alcohol and Other Drugs Branch)

- logistics (Health Support Queensland)
- communications and information systems (ICT) (e-Health Queensland)
- communications and messaging (Strategic Communications Branch - see Appendix 5)
- information technology systems and telecommunications (eHealth Queensland)
- ministerial liaison (Ministerial and Executive Services Unit)
- other Queensland Government departments or agencies.

6.4 Health Emergency Operations Centre

A HEOC may be established at either HHS level or hospital level. The roles within the HEOC will reflect the responsibilities required to manage the specific disaster or emergency incident and may differ between a HHS and a hospital HEOC.

Functions of the HEOC

The main functions of the HEOC will be:

- management of resources
- management of planning and facilitation of logistics requirements
- developing and maintaining situational awareness of the event and providing advice to decision makers through the intelligence function
- liaison with other agencies including provision of Liaison Officers to the LDMG or DDMG
- support to local incident managers and teams, which may include hospitals within a HHS for a HHS HEOC, or site health teams
- coordination of activities as requested and communications and reporting upwards to SHECC if activated.

6.5 State Disaster Coordination Centre

The Minister for Health and Minister for Ambulance is a member of the QDMC. The CHO & DDG Prevention Division and the QAS Commissioner are assisting officials of the QDMC.

Health representation on the SDCG is provided by the Executive Director, Aeromedical Retrieval Branch or Senior Director Health Disaster Management Unit as identified member and proxy. The QAS also has a separate representative on the SDCG.

SDCC Liaison Officers

Queensland Health will supply a Liaison Officer to the SDCC when requested. The Liaison Officer role may be supported by, or may be, a public health advisor.

Public Information Cell

Additionally, if required, Queensland Health may supply personnel to perform specific media and communications roles and functions as part of the Public Information Cell (PIC) in support of the Queensland Government Crisis Communication Network (CCN).

The CCN comprises the heads of communications in each department and is led by DPC. The *Queensland Government Arrangements for Coordinating Public Information in a Crisis* specify the establishment of a CCN to manage community information. The CCN provides a mechanism to assist agencies to coordinate their public information and communication activities without impeding, duplicating or complicating their work.

Further information is available at Appendix 5 the Media and Communications Annex.

Aviation Cell

During disaster response, Retrieval Services Queensland will provide aeromedical retrieval capability to the SDCC Aviation Cell. This role helps to ensure optimum use of aviation resources to support disaster operations and maintain, where possible, an aeromedical capability, by use of the most appropriate aircraft for all tasks based on priority, capability and availability.

6.6 Debrief

Debriefing, including access to employee assistance services, is an important component of the recovery process which will maximise opportunities to identify lessons, enabling improvement of plans, procedures and structures. Minimum standards for debriefing consistent with other agencies can be found in the *Queensland Health Operational Briefing and Debriefing Guideline*.

6.7 Documentation and reporting

Establishing and maintaining a full record of events, decisions and actions taken during a response is essential for managing the disaster or emergency incident, handover between teams, debriefing, and for post-activation inquiries. It is essential that appropriate logs are maintained by those managing the disaster or emergency incident to assist in creating an 'event chronology' or similar.

Situation reports (SITREPs) and incident action plans (IAPs) are used to manage information and ensure actions meet the overall incident objectives. HHSs will need to submit SITREPs to SHECC that describe health service capacity to inform response planning and best support all affected HHSs. These are described in more detail in the QH IMS Guideline. A template for providing SITREPs to the SHECC is available at Appendix 2.

Appendix


Appendix 1: Notification of HEOC activation

+
Queensland Health

Notification of HEOC Activation

Initial notification of a HEOC activation is to be provided by phone to (07) 3708 5242, and followed by completion and emailing this notification form to SHECC@health.qld.gov.au

Date and Time			
Activation Name			
Health Incident Controller	Name:	Phone:	
HEOC Contacts	Email:	Phone:	
Situation			
E Exact location			
T Type of incident			
H Hazards on scene			
A Access/egress			
N Number of casualties (or estimated number)			
E Emergency services on scene/required			
Additional situation information			
Safety <i>Any specific site safety risks/difficulties (including site specific PPE and clothing requirements)</i>			
Plan/s activated			
Additional Information			
Activation of SHECC Requested	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Department of Health use only			
Activation of SHECC Approved <small>(email approval to be attached where signature not initially available)</small>	Y <input type="checkbox"/>	N <input type="checkbox"/>	Date: <input style="width: 100px;" type="text"/>
	Signature: <input style="width: 100%; height: 20px;" type="text"/>		
	Comments: <input style="width: 100%; height: 20px;" type="text"/>		



Notification of HEOC activation can also be achieved when creating a HEOC event through the Queensland Health incident management system. When initiated, the system information includes general details about the event, the activation levels, the locations activated, facilities impacted, and the details of the Health Incident Controller.

The format of situation reports is as follows:

SMEACS-Q

Situation (ETHANE)

Mission

Execution

Administration

Communications

Safety

Questions.

The Situation field within the report forms the initial situation report and is provided in the **ETHANE** format:

Exact location

Type of incident

Hazards

Access and egress

Number of type of patients

Emergency services at scene or required

For notification from a hospital or HHS, additional information should be included such as whether the HEOC has been activated; the name of the HIC and the primary contact number.

Appendix 2

HHS situation report format

The following is the current format used on the Queensland Health incident management system. Note this may be amended in future as additional information or data collection requirements are identified. Note also that HHSs are not required to complete all fields of this situation report but should endeavour to provide as much information as possible to promote information sharing and situational awareness across all affected areas, including those who may provide resources or staff support.

SITREP#

INCIDENT NAME:	
DATE:	

FACILITIES IMPACTED	
CODE	
INCIDENT LEVEL	
ACTIVATION LEVEL	
INCIDENT CONTROLLER:	CONTACT No:

DISASTER MANAGEMENT ARRANGEMENTS	
Has the SHECC been activated?	
Has QLD DM arrangements been activated?	
Will Natural Disaster Relief & Recovery expenditure need to be captured?	

SITUATION OVERVIEW
Summary of Incident: <i>Provide overview of what has happened</i>
Current Activities: <i>Provide course of action to respond / recover from event</i>
Planned Activities: <i>Provide information on future activities to assist with longer term planning.</i>
Event Related Injuries/illnesses:

INFRASTRUCTURE		
Facility Impact Overview		
Impact Assessment <small>(select items impacted)</small>		
Air Conditioning Failure Chemical Spill contained Chemical Spill with secondary containment Communications – telephone Communications – paging system Communications – messenger system IT Network IT Systems: IT Systems – Details: Fire Detection System: Gases – medical air: Gases – medical oxygen: Gases – medical wall suction:	Gases – natural Lift failure with persons trapped Lift failure Power – Mains Power – generator Power – UPS Security Access Structural damage Water – mains supply Water – reserve supply Water – heater/steam boiler Other:	
Action to restore:		
Areas Impacted		
ED ICU CSSD Medical Imaging Ward Details: Surgery: Outpatients: Community Clinics: Pharmacy:	OT Suite Birth Suite NICU Transfer Unit Car park HR Services Other Details:	Cath Lab Pathology Mental Health IT Services Oral Health Service Public Health Services
Are there current capacity alerts in place? If Yes, what is the level?		
Is the facility in lockdown?		
Diversion of QAS required?		
Diversion of Helipad required?		
Is alternate accommodation space required?		
Actions Required:		

PERSONNEL				
Staff Impacts Overview				
Is overtime required? Has there been Executive approval?				
Clinical (for additional staff required)				
	Requests	Pool Supply	Agency Supply	Comments
Medical (for additional staff required)				
	Requests	Type (eg, RMO, Reg, SHO)		Comments
Operational and Administration (for additional staff required)				
	Requests	Pool Supply	Comments	
Have there been any external requests for assistance of staff?				
If Yes, provide details:				
Has the Community Recovery Ready Reserve program been activated?				

PUBLIC HEALTH OVERVIEW			
Current Issues and Activities			
Staff Impacts			
Is overtime required?			
Have there been any external requests for assistance of staff?			
	Requests	Deployed	Comments
Power Outage Issues			
Is there an impact to vaccine storage?			
If Yes, provide details:			
Is there an impact to food safety?			
If Yes, provide details:			
Evacuation Centres			
Have local evacuation centres been activated?			
If Yes, provide details:			
Public Health Messages			
HPU Requests			

COMMUNICATIONS	
Media Arrangements Overview	
HHS social media release required?	
HHS internal broadcast release required?	
HHS external media release required?	
Media interviews requested?	
If Yes, provide details:	

RESOURCES	
Equipment: <i>Provide details of equipment required that is not available within the HHS</i>	
Is a Request for Assistance required to obtain?	
Space: <i>Provide details of accommodation for staff required that is not available within the HHS</i>	
Is a Request for Assistance required to obtain?	
Staff: <i>Provide details of staff required is not available within the HHS</i>	
Is a Request for Assistance required to obtain?	

NEXT SITREP DUE:	
Prepared by:	
Approved by:	
Date:	

Appendix 3

Requests for assistance

During a disaster or emergency incident, where resources within a hospital or HHS are disrupted and/or overwhelmed, a request for assistance (RFA) may be made for additional resources. All RFAs must be made on the approved form, which is available both electronically through the Queensland Health incident management system or as a manual form on QHEPS. The current manual RFA form is below.

Once completed, the RFA should progress through the appropriate coordination or operation centre as follows:

- Requests for health resources should be made by HEOCs and submitted to SHECC
- Requests for generic resources (e.g., transportation, generators, etc), should be made by HEOCs and submitted to the relevant LDMG and/or DDMG, in accordance with local and district plans/arrangements.
 - SHECC should be copied into these requests to LDMG/DDMGs, so that a common view of health requests for assistance is maintained by the SHECC and the SHC; and so more efficient arrangements can be put into place if similar requests are requested by multiple HHSs.
 - It will also allow the SHECC Liaison Officer in the SDCC to assist in expediting of the RFA; explanation of need and re-prioritise or tasking, or the SDCC to support the DDMG in resolving issues.

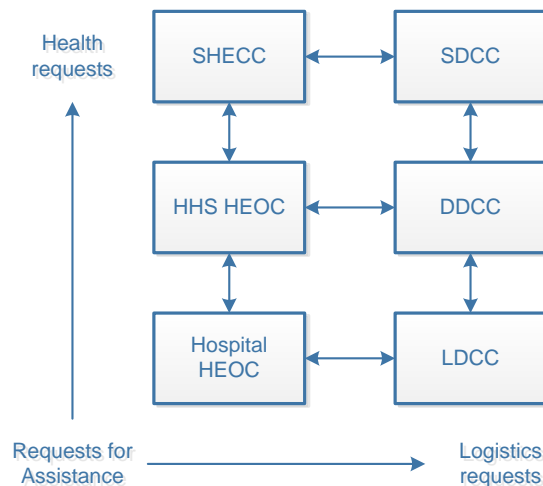


Figure 4 Requests for assistance process

Request for assistance

Event:	Date:	Time (24hr):
Request forwarded to:	HHS HEOC <input type="checkbox"/>	SHECC <input type="checkbox"/>
Task tracking no.:		
To:		
From:	Ph no.:	Mob:
Requesting officer's name, organisation & 24hr contact details: (must be the person who has <u>detailed knowledge</u> of the request & is able to answer <u>any</u> questions) <i>Name:</i> _____ <i>Ph no.:</i> _____ <i>Mob:</i> _____ <i>Org:</i> _____ <i>E-mail:</i> _____		
Delivery address: physical street address (include landmarks, GPS coordinates as required) Co-ordinates: X Long Y Lat		
On-site contact person & phone no.: (must be available to accept delivery) <i>Name:</i> _____ <i>Ph no.:</i> _____ <i>Mob:</i> _____		
Priority: to be delivered on-site by " <u>detail time & date</u> " (Urgent or ASAP is not acceptable) <i>Time:</i> _____ <i>Date:</i> _____		
Details of request: be specific about the required outcome OR clearly detail the resources required. Do not use acronyms, state unit quantities only and list skills sets for human resources. Refer to RFA checklist below.		

RFA Checklist: ensure the following information is included in the request if applicable:

- Is transport needed
- Any hazardous situations
- Special handling requirements (forklift)
- Any access issues
- Requesting officer noted
- Priority noted
- Are skill sets clearly stated

Authorising Officer		
Name:	Position:	
Signature:	Date:	Time:
SHC Authorisation: (Name)		
Signature:	Date:	Time:

Figure 5 Request for assistance (manual)

Request for assistance form

The fields contained in the RFA all provide vital information for those actioning the request and therefore it is most important that each field be correctly completed.

1.1.1.1.1. Event description, Date and Time (24hrs)

- Official name of the event. Date and time the RFA was prepared.

1.1.1.1.1.2. Request forwarded to and Task tracking no.

- Details, where the request was forwarded to for actioning. This can also be used to track the path through the disaster management system if support is required from another level.
- Task tracking no.: (TTN) allows each level within the disaster system to track the request in the event TTN's are different between levels. It also provides a unique reference for each request.

1.1.1.1.1.3. To, From, Phone no., Mob and E-mail

- Denotes the intended recipient and who forwarded the RFA and their contact details. It is important to note that the forwarding officer may not be the requesting officer.

1.1.1.1.1.4. Requesting officer's name, organisation & 24hr contact details

- The requesting officer is the person who has firsthand knowledge of the request requirements and is therefore best placed to provide additional information.
- It is vital this officer remain readily contactable especially if the request is time critical.

1.1.1.1.1.5. Delivery address

- Detail the delivery address in such a way that it assumes the delivery operator has never been to that location before. This includes providing additional information that will assist in locating the delivery point e.g. landmarks, GPS coordinates.

1.1.1.1.1.6. On-site contact person and phone no.

- Required to identify or confirm particular issues that may not be noted on the RFA such as a requirement for a forklift to unload the resources. It also enables the final leg of the delivery to be coordinated locally between the transport provider and the on-site officer.

1.1.1.1.1.7. Priority

- Terms such as "urgent" or "as soon as possible" have little meaning in the provision of resources. A specific time and date provides all parties with a definitive target to work towards. It also enables the identification of issues that will affect the timeframe.
- Issues impacting on the ability to meet a timeframe include whether inside or outside of normal business hours, quantities required, acquisition, loading, transport including access issues and unloading.

1.1.1.1.1.8. Details of request:

- The information provided needs to be **as detailed as possible**. If an outcome is required be specific about what is to be achieved. If resources are required, ensure unit quantities and any specifications that will assist in acquiring the resources are provided.
- Do not use acronyms or jargon, write clearly and be specific. Information considered irrelevant to the requesting officer may be important to those who action the request.

1.1.1.1.1.9. RFA Checklist

- This provides prompts for specific areas to be considered prior to submitting the request.

1.1.1.1.1.10. Authorising officer

- Authorisation indicates the request is legitimate; the information is accurate and the RFA has been completed correctly. Ensure the name is clearly written and signed.

Appendix 4

HHS, local government and disaster district boundaries

HHS	LGA Mapping, Single HHS	LGA Mapping, Overlapping HHS	Disaster District Mapping
Cairns and Hinterland	<ul style="list-style-type: none"> • Douglas Shire • Wujal Wujal Aboriginal Shire • Mareeba Shire • Yarrabah Aboriginal Shire • Cairns Regional • Tablelands Regional • Etheridge Shire • Croydon Shire 	<ul style="list-style-type: none"> • Cassowary Coast Regional 	<ul style="list-style-type: none"> • Far North • Innisfail
Central Queensland	<ul style="list-style-type: none"> • Livingstone Shire • Rockhampton Regional • Central Highlands Regional • Woorabinda Aboriginal Shire 	<ul style="list-style-type: none"> • Banana Shire • Gladstone Regional 	<ul style="list-style-type: none"> • Rockhampton • Gladstone
Central West	<ul style="list-style-type: none"> • Diamantina Shire • Barcoo Shire • Longreach Regional • Winton Shire • Barcaldine Regional • Blackall-Tambo Regional 	<ul style="list-style-type: none"> • Boulia Shire 	<ul style="list-style-type: none"> • Longreach • Mount Isa
Children's Health Queensland	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Brisbane City 	<ul style="list-style-type: none"> • Brisbane

Darling Downs	<ul style="list-style-type: none"> • Toowoomba Regional • Lockyer Valley Regional • Southern Downs Regional • Western Downs Regional • Goondiwindi Regional • South Burnett Regional • Cherbourg Aboriginal Shire 	<ul style="list-style-type: none"> • Banana Shire 	<ul style="list-style-type: none"> • Toowoomba • Warwick • Dalby • Gympie • Gladstone
Gold Coast	<ul style="list-style-type: none"> • Gold Coast City 	<ul style="list-style-type: none"> • Scenic Rim Regional 	<ul style="list-style-type: none"> • Gold Coast • Logan
Mackay	<ul style="list-style-type: none"> • Whitsunday Regional • Mackay Regional • Isaac Regional 		<ul style="list-style-type: none"> • Mackay
Metro North	<ul style="list-style-type: none"> • Moreton Bay Regional 	<ul style="list-style-type: none"> • Brisbane City • Somerset Regional 	<ul style="list-style-type: none"> • Brisbane • Redcliffe • Ipswich
Metro South	<ul style="list-style-type: none"> • Redland City • Logan City 	<ul style="list-style-type: none"> • Brisbane City • Scenic Rim Regional 	<ul style="list-style-type: none"> • Brisbane • Redland • Logan
North West	<ul style="list-style-type: none"> • Doomadgee Aboriginal Shire • Mornington Shire • Burke Shire • Carpentaria Shire • Mt Isa City • Cloncurry Shire • McKinlay Shire 	<ul style="list-style-type: none"> • Boulia Shire 	<ul style="list-style-type: none"> • Mount Isa

South West	<ul style="list-style-type: none"> • Bulloo Shire • Paroo Shire • Balonne Shire • Quilpie Shire • Murweh Shire • Maranoa Regional 		<ul style="list-style-type: none"> • Charleville • Roma
Sunshine Coast	<ul style="list-style-type: none"> • Sunshine Coast Regional • Noosa Shire • Gympie Regional 		<ul style="list-style-type: none"> • Sunshine Coast • Gympie
Torres and Cape	<ul style="list-style-type: none"> • Torres Strait Island Regional • Torres Shire • Northern Peninsula Area Regional • Mapoon Aboriginal Shire • Napranum Aboriginal Shire • Weipa Town Authority • Lockhart River Aboriginal Shire • Aurukun Shire • Pormpuraaw Aboriginal Shire • Kowanyama Aboriginal Shire • Hope Vale Aboriginal Shire • Cook Shire 		<ul style="list-style-type: none"> • Far North

Townsville	<ul style="list-style-type: none"> • Hinchinbrook Shire • Palm Island Aboriginal Council • Townsville City • Burdekin Shire • Charters Towers Regional • Flinders Shire • Richmond Shire 	<ul style="list-style-type: none"> • Cassowary Coast Regional 	<ul style="list-style-type: none"> • Townsville • Innisfail
West Moreton	<ul style="list-style-type: none"> • Ipswich City • Lockyer Valley Regional 	<ul style="list-style-type: none"> • Brisbane City • Somerset Regional • Scenic Rim Regional 	<ul style="list-style-type: none"> • Ipswich • Toowoomba • Brisbane • Logan
Wide Bay	<ul style="list-style-type: none"> • Bundaberg Regional • Fraser Coast Regional • North Burnett Regional 	<ul style="list-style-type: none"> • Gladstone Regional 	<ul style="list-style-type: none"> • Bundaberg • Maryborough • Gladstone

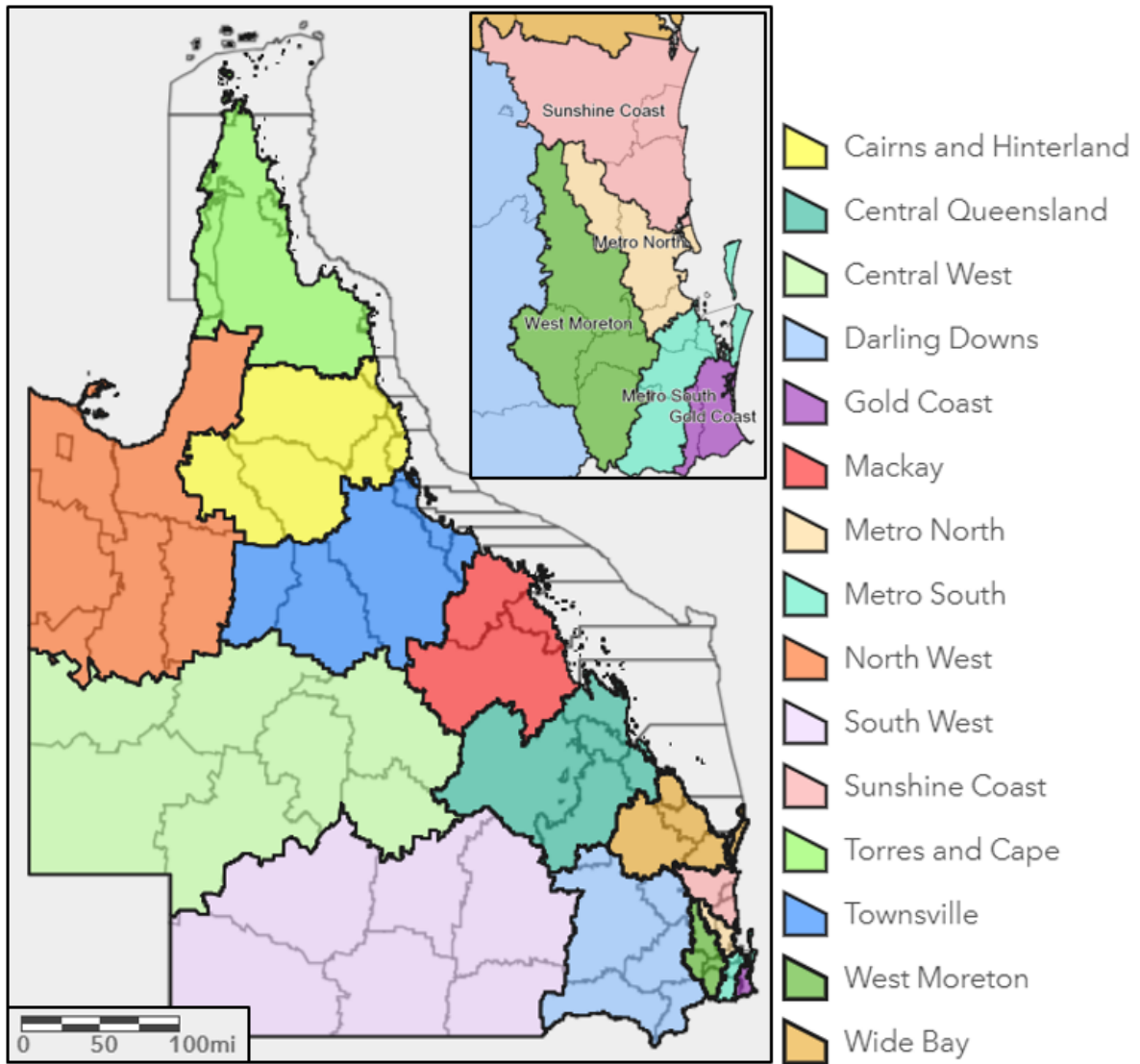


Figure 6 LGA and HHS boundaries map

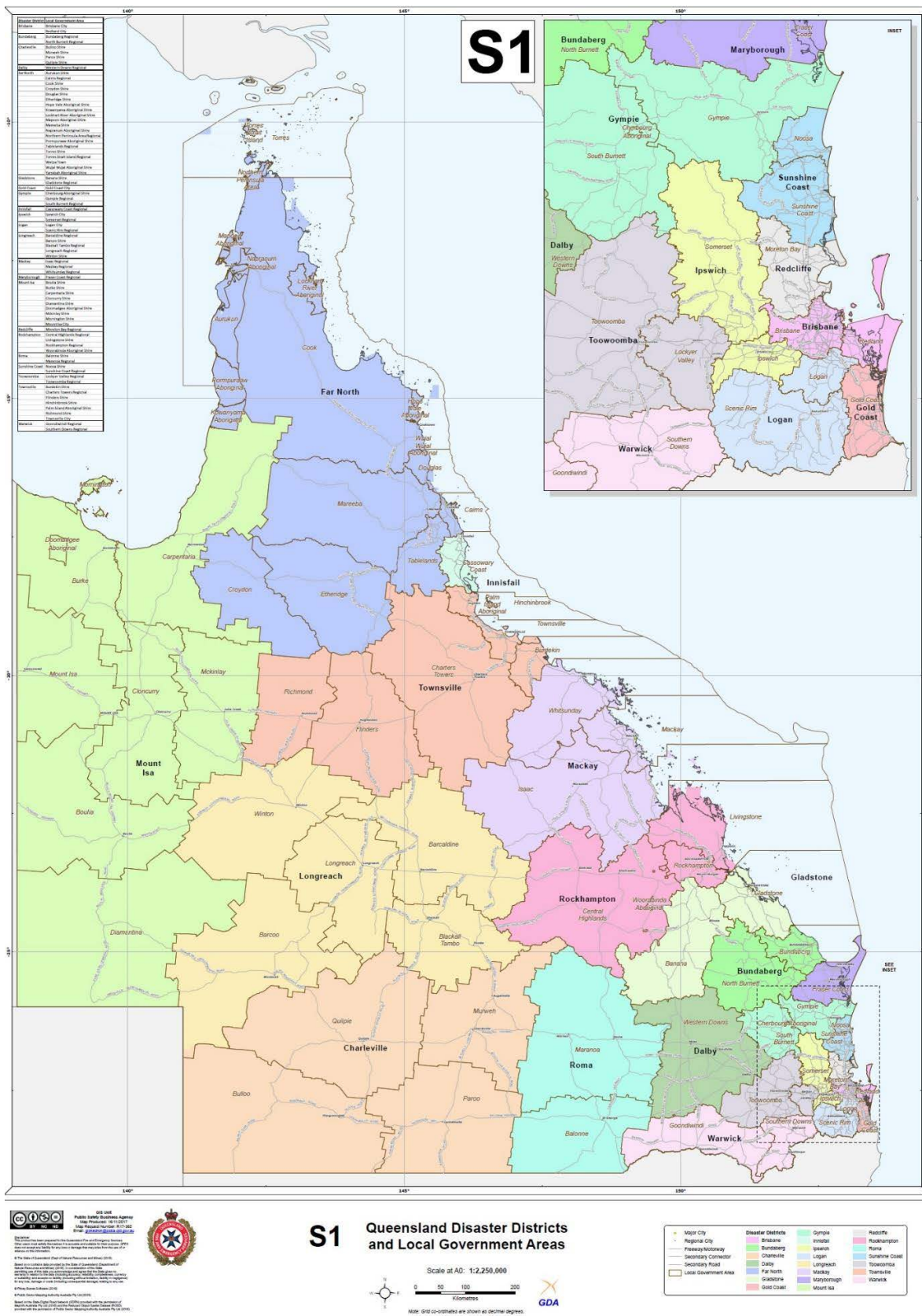


Figure 7 Queensland disaster districts and local government areas

Appendix 5

Media and Communications Annex

The Queensland Health Strategic Communications Branch (SCB) provides support and advice for media and communication as part of the disaster and emergency incident management process. The aim of this annex is to ensure timely, clear, accurate and transparent media and communication information is disseminated to the affected communities, the general public and internal stakeholders.

SCB is responsible for the distribution of media and communications issues only – the briefing of key stakeholders of any other disaster related information is the responsibility of the relevant subject matter experts, HHSs and/or the SHECC.

Media and communication in disasters and emergency incidents

Under the *Queensland Health Disaster and Emergency Incident Plan*, the functions of the SHECC, when activated, include “*communicate information with relevant stakeholders to ensure coordinated response*”. Whilst disasters and emergency incidents can vary in both intensity and scale, there is typically a significant media interest and a large number of stakeholders impacted. These events can rapidly evolve with multiple responsible stakeholders and it is therefore paramount that when the SHECC is activated, Queensland Health media and communication of state-wide significance is coordinated through the SHECC. Through the SHECC, liaison with the QAS and other government agencies regarding media messaging may also be undertaken as required.

Media and Communication SHECC Liaison Officer

A Media and Communication Officer from the SCB team will be assigned as the lead SHECC Media and Communication Liaison Officer (LO) responsible for managing the media and communication process throughout an event, with support from the wider SCB team. The LO will be the main contact for any media and communication enquiries via SHECC during the event. When the SHECC is activated for extended hours, different LOs will be rostered as required.

The LO will be responsible for:

- Monitoring media and social media sources
- Liaising with other government media and communication representatives, including HHS media teams
- Developing and implementing ongoing communication plan
- Developing key messaging
- Developing and seeking approval of media releases, responses and talking points
- Coordinating press conferences and media interviews

- Coordinating Queensland Health communication content with SCB teams, including social media, e-newsletters and paid media
- Attending event specific briefings with the SHECC and Crisis Communication Network (CCN) – see further information below.
- Handover to other media and communication officers during 24-hour rostering.

Liaison with Hospital and Health Services

HHSs have their own local media and communication teams. The relevant HHS media and communication team will manage their own local communication activities, however must provide information and updates on media enquiries and potential issues to the LO via the generic news@health.qld.gov.au email account. The LO will then brief this up to SHECC and CCN where required.

The LO will liaise and work with the HHS communication teams involved in events to provide advice on local media enquiries and communication activities. Approvals for local material will also be coordinated by the lead officer where required. This will ensure all communication activity is aligned with Queensland Health key messages and strategically coordinated where multiple HHSs are involved.

Liaison with State Disaster Coordination Centre

When the SDCC is activated to Stand Up, the Queensland Health SCB team is also required to provide media and communication assistance in the form of rostered staff for the Public Information Centre (PIC), key message updates and ad-hoc media response, interview or conference requests. The PIC sits within the SDCC to coordinate whole of government speaking points (usually twice per day), monitoring media coverage and social media during the event. There are usually four roles rostered each shift; Coordinator, Key Messages Officer, Media Monitoring Officer and Social Media Officer.

The LO will provide the approved key message updates to the PIC by the deadline/s each day. They will also be the liaison point to Queensland Health on any ad-hoc media and communication requests from the PIC. This may include health specific media releases or input into whole of government responses, releases or press conferences. The LO will only be rostered in the PIC during periods of reduced requirement by SHECC.

Liaison with the Crisis Communication Network (CCN)

The CCN comprises the heads of communications in each department across the Queensland Government. The CCN is usually lead by the Department of the Premier and Cabinet. The CCN provides a mechanism to assist agencies to coordinate their public information and communication activities without impeding, duplicating or complicating their work. During an event, a CCN teleconference is usually conducted once each day with all government agencies, or those relevant to the event.

The SHECC communications liaison will be the Queensland Health contact for the CCN. Queensland Health provides updates on health-specific media and communication through this channel, when required, and also actions tasks requests through this channel.

Contact

Crisis communication is managed by the Media and Issues team of SCB. The team can be contacted via the below details 24 hours per day, seven days per week.

Email: news@health.qld.gov.au and phone: 07 3708 5376.

Process flow

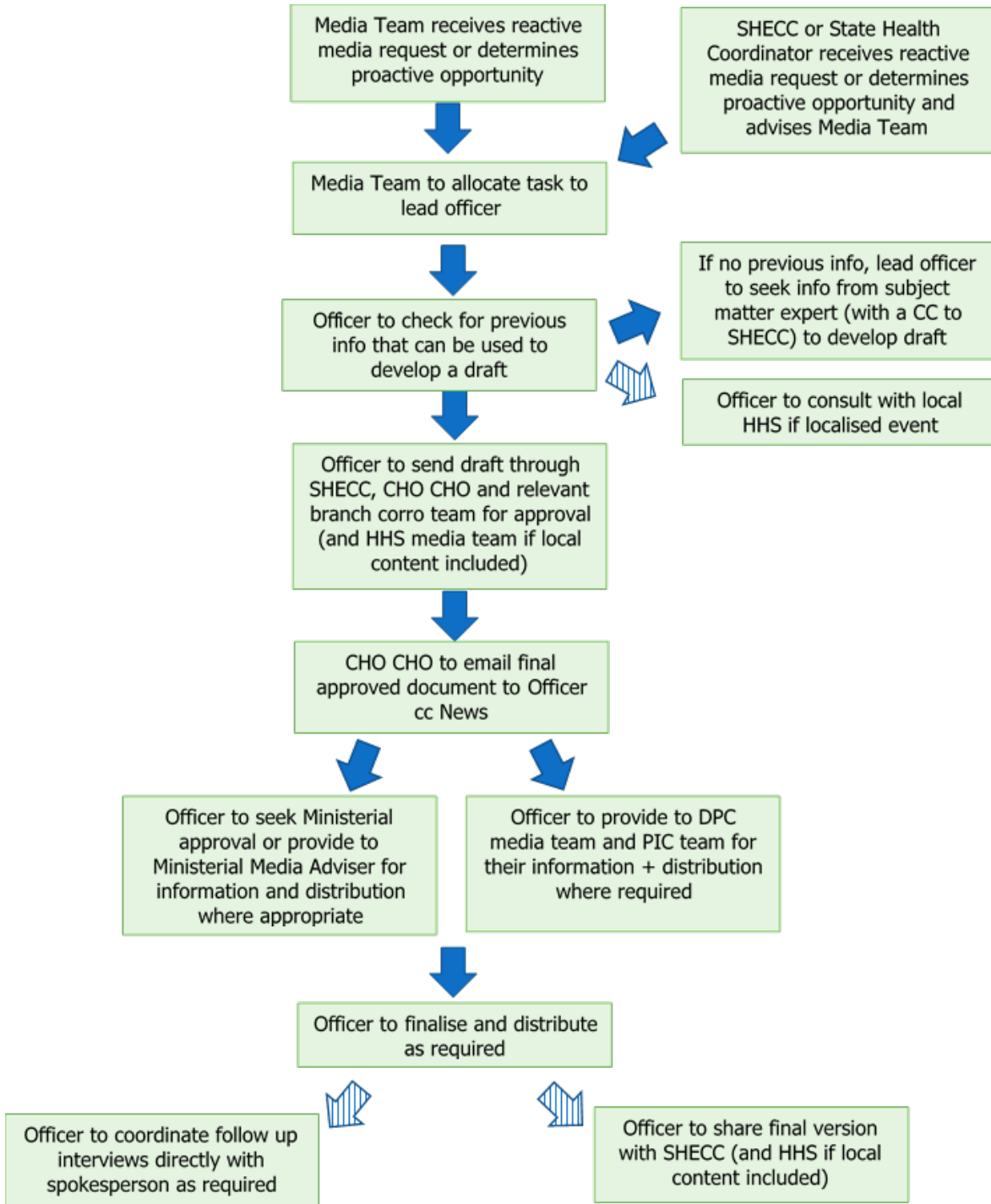


Figure 8 Media and communications process flow

Appendix 6

Abbreviations

AHPPC	Australian Health Protection Principal Committee
AIIMS	Australasian Inter-Service Incident Management System
AUSASSISTPLAN	Australian Overseas Assistance Plan
AUSMAT	Australian Medical Assistance Teams
AUSTRAPLAN	Domestic Response Plan for Mass Casualty Incidents of National Consequence
BoM	Bureau of Meteorology
CCC	Crisis Coordination Centre (Australian Government)
CCN	Crisis Communication Network (Queensland Government)
CE	Chief Executive (Hospital and Health Service)
CHO & DDG	Chief Health Officer and Deputy-Director General Prevention Division
COAG	Council of Australian Governments
COMMDISPLAN	Commonwealth Disaster Plan
DDC	District Disaster Coordinator (Queensland Police Service)
DDCC	District Disaster Coordination Centre
DDMG	District Disaster Management Group
the Department	The Department of Health (Queensland Health)
DM Act	<i>Disaster Management Act 2003</i>
DRG	District Recovery Group
EMAF	Emergency Management Assurance Framework (Inspector-General Emergency Management)
ETHANE	E xact location, T ype of incident, H azards, A ccess and egress, N umber of type of patients, E mergency services at scene or required
FRG	Functional Recovery Group

HEOC	Health Emergency Operations Centre (Hospital and Health Service or hospital)
HHS	Hospital and Health Service
HIC	Health Incident Controller
IGEM	Inspector General Emergency Management
IMT	Incident Management Team
IST	Insurance Services Team (Department of Health)
LACC	Local Ambulance Coordination Centre
LASN	Local Area Service Network (Queensland Ambulance Service)
LDC	Local Disaster Coordinator (Local Government)
LDCC	Local Disaster Coordination Centre
LDMG	Local Disaster Management Group
LRG	Local Recovery Group
NIR	National Incident Room (Australian Health Principal Protection Committee)
OSMASSCASPLAN	National Overseas Mass Casualty Response Plan
PFA	Psychological First Aid
PHEOC	Public Health Emergency Operations Centre
PIC	Public Information Cell (State Disaster Coordination Centre)
PPRR	Prevention, Preparedness, Response, Recovery (the comprehensive approach to disaster management)
QAS	Queensland Ambulance Service
QDMC	Queensland Disaster Management Committee
QERMF	Queensland Emergency Risk Management Framework
QFES	Queensland Fire and Emergency Services
QGIF	Queensland Government Insurance Fund
QHDISPLAN	Queensland Health Disaster Plan

QH IMS Guideline	Queensland Health Incident Management System Guideline
QPS	Queensland Police Service
QSDMP	Queensland State Disaster Management Plan
RFA	Request for Assistance
SCB	Strategic Communications Branch, Department of Health (Qld)
SDC	State Disaster Coordinator (Queensland Police Service)
SDCC	State Disaster Coordination Centre
SDCG	State Disaster Coordination Group
SHC	State Health Coordinator
SHECC	State Health Emergency Coordination Centre
SIMR	State Incident Management Room (Queensland Ambulance Service)
SITREP	Situation Report
SMEACS-Q	Situation, Mission, Execution, Administration, Communications, Safety, Questions
SRC	State Recovery Coordinator
SRPPC	State Recovery Policy and Planning Coordinator (Queensland Reconstruction Authority)



Queensland
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