

SUBMISSIONS FOR STATE OF QUEENSLAND**11 MARCH 2011****Queensland Health
(QH)****Ministers****To 20 February 2011**

The Honourable Paul Lucas MP

Deputy Premier and Minister for Health

From 21 February 2011

The Honourable Geoff Wilson MP

Minister for Health

Director-General

Mr Mick Reid

A. Key Functions and Role of the Department

QH is responsible for the management, administration and delivery of public sector health services in Queensland.

The *Health Services Act 1991* prescribes the objectives as protecting and promoting health, helping to prevent and control disease and injury, and providing for the treatment of the sick.

This responsibility is discharged through a network of 16 Health Service Districts (HSDs), a range of statewide support services, such as radiology and pathology, and supporting corporate functions. Our mission is creating dependable health care and better health for all Queenslanders.

B. Departmental Structure and Operation

QH operates from several districts and corporate offices throughout the State.

Services are provided through a network of 16 HSDs. Districts are supported by the Office of the Director-General and nine corporate divisions. The organisation chart of QH is attached and marked 'QH-01'.

The services provided by QH are reported in six major services. QH's major services and their relative share are indicated below:

Queensland Health Service	Relative share 2009-2010
Prevention, promotion, protection	4%
Primary health care	6%
Integrated mental health services	8%
Rehabilitation and extended care	8%
Ambulatory care	20%
Acute care	54%

Dr Jeannette Young, Chief Health Officer (CHO), has responsibilities for the disaster planning and response, patient retrieval services, offender health services, public health regulation and services including communicable disease and environmental health services, and mental health, alcohol and other drugs policy. As specified in the QH Disaster Plan (incorporating Emergency Incident Management Arrangements) 2008, the CHO is delegated the role of State Health Coordinator and coordinates the overall QH response to an event, as required, supported by the appointed Health Incident Controller.

Relevant legislative and policy documents are outlined in sections C and D below.

C. Specific Responsibilities under the Disaster Management Act 2003 and Other Relevant Legislation

The diagram below outlines QH's input and responsibilities in relation to disaster management.



In addition to the disaster response arrangements, the *Public Health Act 2005* (PHA) provides powers that can be used to manage public health emergencies (i.e. pandemic influenza).

If the PHA powers are insufficient, the *Disaster Management Act 2003* (DM Act), the *Public Safety Preservation Act 1986* (PSPA) and the *State Transport Act 1938* can be used for responding to certain circumstances during a public health emergency.

Use of PHA powers does not impact on the ability of the existing disaster management system to implement decisions taken under the DMA. Queensland Police Service (QPS) police officers (acting under the *Police Powers and Responsibilities Act 2000* – see section 16) can assist public officials in executing their duties under other Acts. The public officials must explain their powers to the police officers before police can assist.

Under the PHA, Chapter 8 Public health emergencies, Part 2 Declaring a public health emergency, s.319; the Minister may declare a public health emergency if the following criteria apply:

- There is a 'public health emergency' (as defined in s. 315 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'); and
- It is necessary to exercise powers under Chapter 8 PHA to prevent or minimise serious adverse effects on human health.

The following must be done by the Minister for Health:

- Minister must, if practicable, consult with the Chief Executive and the CHO;
- Emergency declared by a signed written order (a public health emergency order) (s.319 (2));
- Public health emergency order must state (under s320):
 - The nature of the public health emergency;
 - The area to which the order relates (a public health emergency area);
 - The duration of the order; and
 - Any conditions relating to the conduct of the response to the declared public health emergency;
- Minister must publish public health emergency order as soon as practicable after it is declared by gazette notice and media (see s.321).

QH Gives Effect to These Statutory Obligations Through the Following

QH has a documented Disaster Management System incorporating Emergency Management Arrangements. The Disaster Management System is built upon an incident command paradigm and was developed to provide a consistent, integrated framework for the management of all incidents; from small incidents to large, multi-agency emergencies.

As articulated in QH Emergency Preparedness and Continuity Management Policy 28028, QH executives have the internal capability in place for the management of risks within their areas and for the development of emergency response and business continuity plans to ensure an effective response and service continuity. A copy of the Policy is attached and marked 'QH-02'. The *Guidance Document - Emergency Preparedness & Continuity Management* assists Queensland Health Services develop and maintain emergency response and continuity plans.

As specified in the QH Disaster Plan (incorporating Emergency Incident Management Arrangements) 2008, the CHO is delegated the role of State Health Coordinator and coordinates the overall QH response to an event, as required, supported by the appointed Health Incident Controller. The State Health Coordinator liaises with national and state health jurisdictions, other state government agencies and across health sector providers, to ensure a planned, effective and efficient integrated health service response.

The State Health Coordinator will, if required, activate the State Health Emergency Coordination Centre (SHECC) and establish an Incident Management Team (IMT). The SHECC is a communication and response coordination utility which aims to bring all the internal health data, information and communication relating to an emergency incident together to assist the State Health Coordinator and the appointed Health Incident Controllers. The SHECC performs the liaison communication function between QH and the State Disaster Coordination Group.

QH participates in the Australian Department of Health and Ageing (DoHA) convened Australian Health Protection Committee (AHPC) which is the peak emergency health policy group. The AHPC has CHO membership from all Australian States and Territories, DoHA, Australian Defence Force, the New Zealand Ministry of Health, the Australian Council of Ambulance Authorities, and Emergency Management Australia.

The AHPC role is to provide high quality advice to the Australian Health Ministers' Advisory Committee (AHMAC) on national approaches to public health emergencies, communicable disease threats and environmental threats to public health. It is responsible for national health response coordination during large emergency events and disaster situations.

The QH Disaster Plan depicts the principles, standards and management structures that will govern and optimise the health response to any emergency event. It also provides the planning and response coordination link between QH, and local, state and national government disaster management arrangements. A copy of the plan is attached and marked 'QH-03'.

The QH Disaster Plan 2008 outlines the QH Incident Management System, which directly aligns with and integrates into the Queensland Disaster Management System, and provides for

emergency incident response management across all QH services. The following figure depicts the QH Incident Management System Interface with the Queensland Disaster Management System. The Queensland Health Disaster Management System is described at: <http://qheps.health.qld.gov.au/emu/>

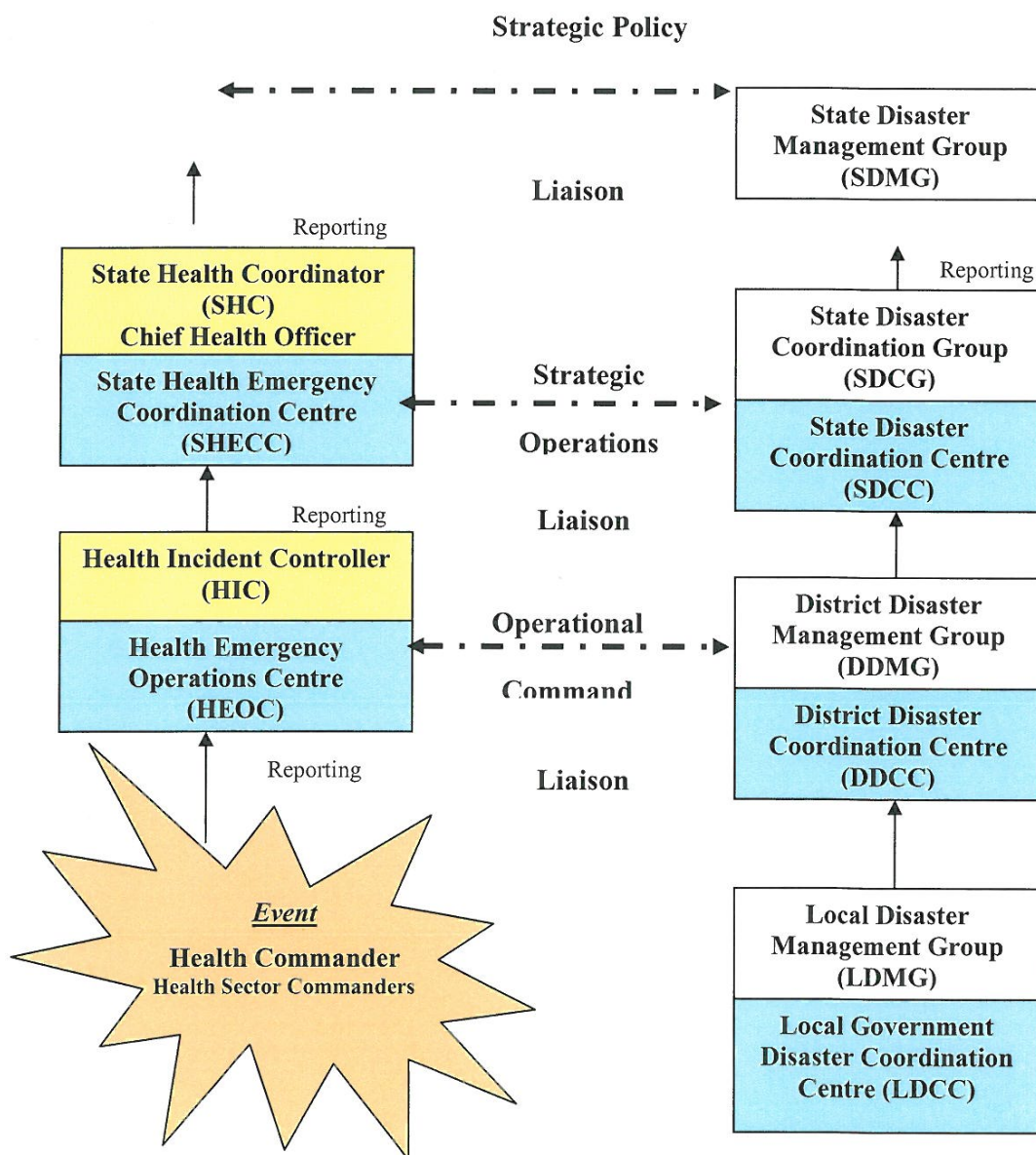


Figure: Queensland Health Disaster Management Coordination Arrangement

D. Preparedness for Flooding Events Generally

Emergency Preparedness and Continuity Management (EPCM) arrangements in response to the Government Agency Response (GAP) initiative in 2004. An initial audit review by Queensland Health internal audit across a small number of HSDs in April-May 2006 found that the EPCM policy and planning framework was sound. They found that the framework supports compliance with all the relevant legislation, government policies, Australian Standards and key reporting requirements. Audit documents are attached and marked 'QH-04'.

However, the audit also recognised that there was ongoing work required for addressing:

- A lack of understanding of local emergency incident management leadership roles and responsibilities; and
- A lack of understanding, clarity and resource support from Corporate Office in respect of planning requirements.

A subsequent audit included all areas of Corporate Office. This audit was conducted April to May 2007. The audit findings noted that as a result of a Queensland Health restructure, Area Health Services which were only recently put in place were still developing their EPCM Plans. The audit report provided recommendations on the proposed direction and timeframes for ongoing work. Area Health Services have since been dissolved and Corporate Office has taken on their roles.

Several initiatives have been implemented to ensure the Executive Management Team of Queensland Health that Corporate Office is prepared to provide the necessary leadership and support required to assist any HSD and/or other services in the event of a disaster/emergency occurring.

QH Disaster Management Collaborative (DMC)

The DMC was established in early 2009 and is chaired by the CHO. It is convened three to four times a year. The DMC is an open invitation collaborative with attendees from QH clinical and organisational leaders, health sector partners and disaster management partners. The DMC is a forum at which health disaster planning, response arrangements and resource capability issues are identified and workshopped. DMC outputs are incorporated into ongoing disaster management planning and capability building within QH.

QH Emergency Management Coordinators Network (EMCN)

The EMCN was established in 2010, is convened every second month and is chaired by the CHO. The EMCN is an internal, formal network consisting of the appointed Emergency Management Coordinators from each of the Corporate Divisions and HSDs.

The EMCN:

- Discusses and resolves emergency incident management system issues relevant to QH operations;
- Endorses proposed disaster management system arrangements and disaster response protocols for CHO approval;
- Receives and disseminates updates on the Queensland Government disaster management arrangements; and
- Advises the CHO on the status of QH's disaster preparedness and response capability.

NOGGIN OCA Communication

Since June 2010, QH has been trialling the NOGGIN OCA communication tracker and information management system to support SHECC operations. This trial period was approved as an interim measure on the acknowledgement that the previous Department of the Premier and Cabinet's ANS system was being removed and that an evaluation of a suitable whole-of-government solution to incident management information coordination and sharing was being undertaken.

Sub-Plans

The QH Disaster Plan is a functional plan of the State Disaster Management Plan and includes emergency incident management arrangements within QH. In recognition of the complexity of health operations, this plan authorises a number of sub and specific plans addressing particular operational situations. The Clinical and Statewide Services Disaster Management Plan March 2008 is a sub-plan and a copy is attached and marked 'QH-05'.

Medical Services Sub-Plan

The Medical Services Sub-Plan provides a framework for the coordinated prevention, preparation, emergency medical response and service recovery arrangements for incidents

involving multiple casualties. This includes coordination of medical and non-medical resources to provide definitive care; maintaining core hospital and medical services; development of deployable medical assistance teams (AusMAT) and equipment (paediatrics and adults); aero-medical and ground support for mass casualty transport and an education, training and exercise framework.

Vector Control and Public Health Sub-Plan

The *Population Health Sub-plan 2006* of the QH Disaster Plan is currently under review. The new Health Protection Program Incident Management Framework is being piloted until May 2011. The Framework provides guidance and support to staff responding to a public health incident and sets out the incident management arrangements that are to be implemented when a public health threat or incident has been identified. A copy of the guidelines pilot is attached and marked 'QH-06'.

The framework is based on the proven principles of the Australasian Inter-service Incident Management System (AIIMS) and is fully compatible with the systems used by QH, Emergency Services, other Queensland and Australian government agencies. It can be used by a small or large incident management team, and can be applied equally to minor incidents or major disasters. It can be used when QH is the lead agency responding to an incident, or when QH staff are supporting another lead agency.

During the pilot, the new Incident Management protocol, guidelines and forms were to be used whenever a public health threat or incident was identified. The Protocol and Guidelines provide the framework for managing Level 3 incidents, that is, the public health response under QH's Disaster Plan. A copy of the protocol pilot is attached and marked 'QH-07'.

Whenever a threat or incident is identified, all Health Protection Program staff were advised to:

- Classify the threat or incident (Level 1, 2 or 3);
- Use the relevant forms from the toolkit;
- Provide feedback to the acting Incident Management Coordinator (via phone or email) on the framework once it has been used; and
- For significant incidents, ensure that the lessons learned are captured in Form 9 – Debrief; these lessons will be added to the register of recommendations arising from incidents, and

will also be used when the framework is reviewed next year.

Human Social Sub Plan

(Previously Mental Health and Psychosocial Sub-Plan)

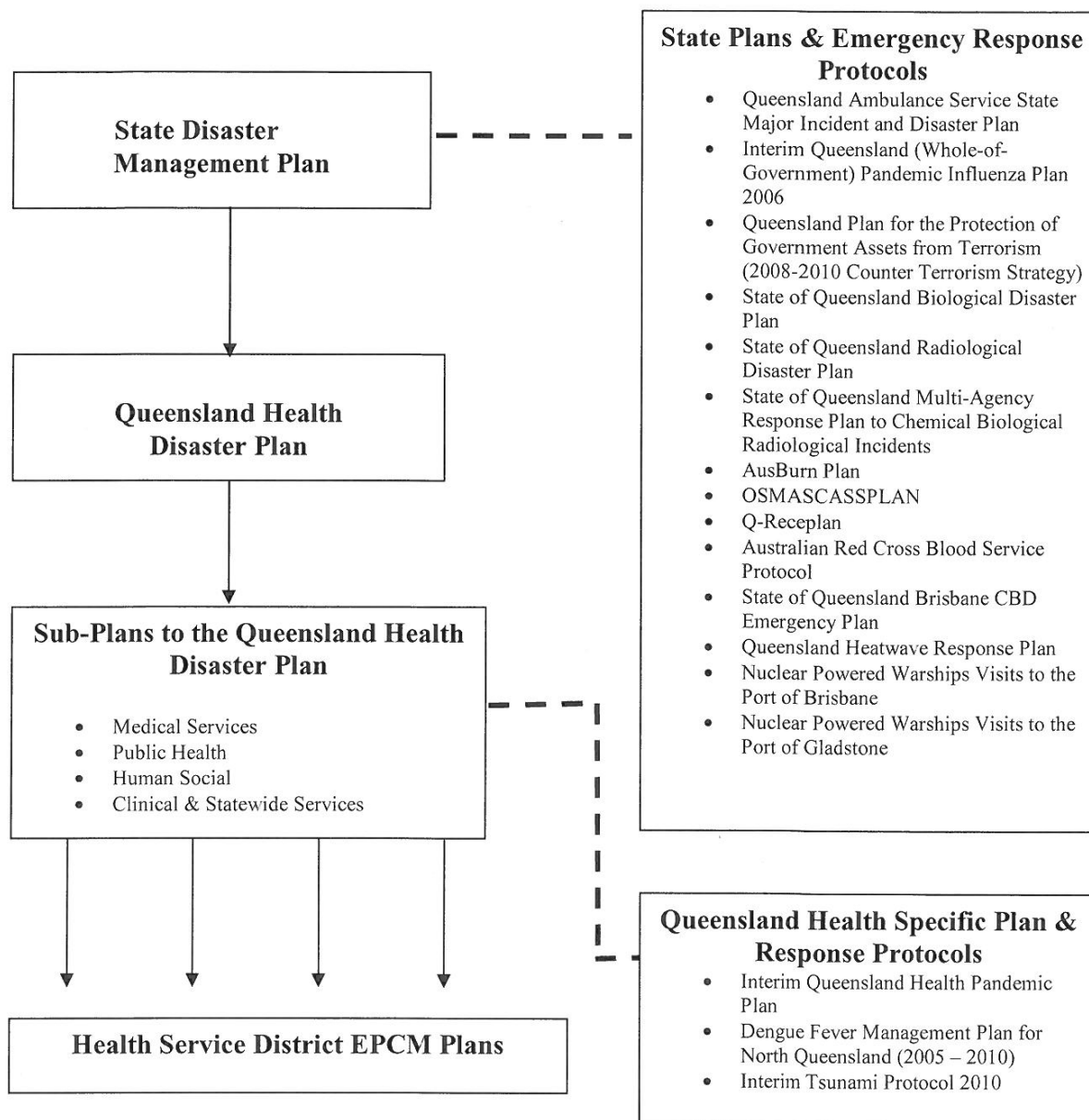
The Human – Social Sub Plan (Primary & Community, Psychosocial & Mental Health) of the QH Disaster Plan is an “all hazards” (natural and technological) approach to emergency management. The Sub Plan provides a coordinated multi-disciplinary human-social response for the provision of health care for maintaining, improving or restoring people’s health and wellbeing. A copy of the sub-plan is attached and marked ‘QH-08’.

This involves coordinating support provided to communities in the event of a potential or actual disaster situation. This includes mitigating against health risks arising from disasters, and the response and recovery aspects of psychosocial support, and community health. It also seeks to avoid or alleviate the emotional or psychological effects of experiences by individuals, recovery workers, or communities as a direct result of an incident, disaster or terrorism.

The Sub Plan:

- Provides the framework for the provision of psychological and counselling services;
- Maintains core mental health, psychosocial and community health services;
- Provides for consultation and assistance with crisis counselling services;
- Provides advice and support services in the event of evacuation of a community;
- Develops public information material regarding psychological issues;
- Provides counselling services;
- Guides the development and dissemination of trauma-related information and other resources for use by psychological service providers;
- Guides the delivery of trauma-related counselling services; and
- Provides for the establishment of appropriate referral pathways and the delivery of specialist mental health support and treatment to trauma-affected individuals.

Hierarchy of Queensland Health Emergency Incident Management Plans



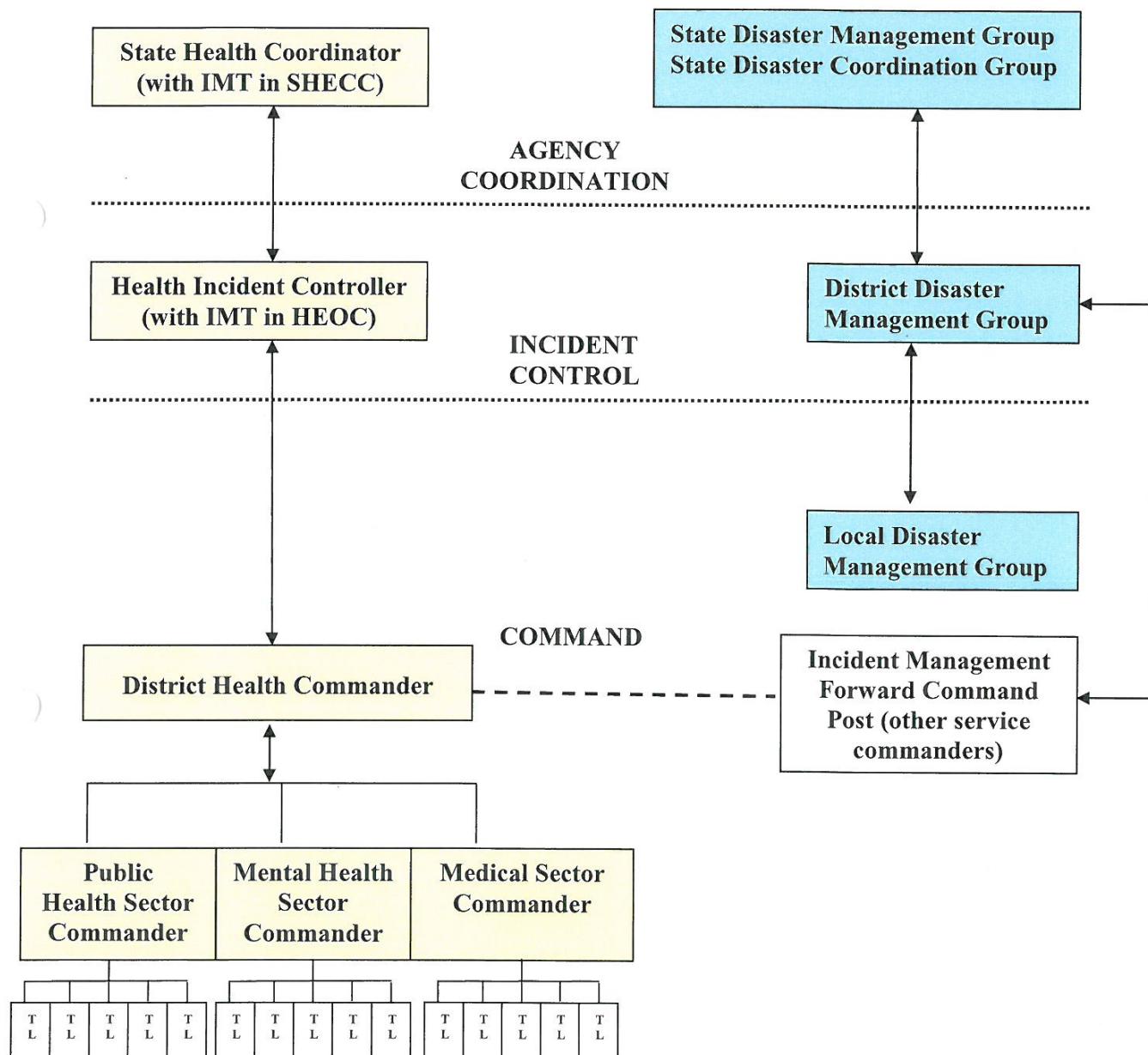
Private Health Sector Emergency Response Plans

All such plans are required to be consistent with the principles and incident management practices prescribed in the Queensland Health Disaster Plan.

Queensland Health Command, Control and Coordination Arrangements

QUEENSLAND HEALTH INCIDENT MANAGEMENT SYSTEM

QUEENSLAND DISASTER MANAGEMENT SYSTEM



The Queensland Health Incident Management System

The key attributes of the Queensland Health Incident Management System are that it provides a recognised organisational structure that is flexible and scaleable. It enables pre-delegated persons with authority to take charge, make decisions and provide quality leadership during emergency or disaster situations. This is especially important when QH needs to 'ramp-up' activities in stages to meet the demands of the situation and/or needs of the lead agency.

The Queensland Health Incident Management System employs best practice incident management principles and processes to ensure QH meets its interagency and interoperable obligations. It maintains a common understanding of the vital functions of incident management, which are:

- **Command** – tasking of health staff and resources internally within the health facility hierarchal structure – this operates vertically;
- **Control** – overall direction of all involved health services and agencies to manage the situation – this operates horizontally;
- **Coordination** – bringing together other health service and agency resources (manpower and equipment) to support the health response strategic objectives;
- **Communication** – Crisis, emergency risk and health promotion, robust two-way networks - the life-blood of effective incident management; and
- **Logistical Support** – Mobilisation and management of resources to support operations.

The system operates within the key principles of effective emergency incident management:

- Comprehensive planning – all hazards, all phases and all stakeholders/ interdependencies are considered;
- Proactive, risk-focused strategic business management – building continuity and resilience into core business practice and critical service functions;
- Building relationships – collaboration is broad and sincere among individuals and agencies to build trust and facilitate communication through robust networks;
- Response management by objectives – at any point in time (operational period), each incident can only have one set of strategic objectives and one Incident Action Plan (management plan) for achieving these;
- Incident functional management – the use of specific strategic functions (roles) to manage

and resolve an emergency event or disaster situation;

- Response span of control – the number of groups or individuals which can be successfully supervised by one person (span ratio of 1:5 or 1:7); and
- Integrated, flexible and scaleable management systems – providing unity of effort and innovative approaches to solving disaster management challenges.

A Health Emergency Operation Centre (HEOC) is the utility that, as an incident escalates, supports the Queensland Health Incident Management System. When activated, a HEOC:

- Provides support for incidents of any type or complexity;
- Enables health staff and agency liaison officers to integrate into a seamless management structure that employs common roles and terminology;
- Provides logistical and administrative support to health responders;
- Improves information flow, financial accountability and legal compliance;
- Ensures a continual focus on risk management, business continuity and operational safety;
- Mitigates duplication of response efforts and promotes resource sharing; and
- Provides a central point of accountability, authorisation and leadership, and supports health responders.

QH Command, Control and Coordination Roles

Director-General (DG)

The Director-General is a member of the State Disaster Management Group and is responsible for the overall management and control of the statewide health response to emergency incidents and disaster events.

State Health Coordinator and State Health Emergency Coordination Centre (SHECC)

The CHO will, on delegation from the Director-General, assume this position on activation of the Queensland Health Disaster Plan. The State Health Coordinator will coordinate the overall QH response to the event supported by the appointed Health Incident Controller(s). The State Health Coordinator will, if required, activate the SHECC and establish an IMT to support the State Health Coordinator function in response to Statewide or National Disasters, and may also provide coordination of resources during a major incident in support of health response and recovery actions.

Health Incident Controller

In a national security incident and/or a national threat specific event requiring state control, such as a pandemic, the State Health Coordinator will approve or appoint a Health Incident Controller.

At the District level, the Health Incident Controller is appointed by the Chief Executive Officer (CEO). The Health Incident Controller has the executive capacity, authority, and experience to make decisions relevant to delivering the health event management objectives.

The Health Incident Controller will, where required, activate a HEOC and establish an IMT to support the Health Incident Controller function.

Health Commander

The Health Commander is a senior QH officer appointed by, and reporting to the Health Incident Controller, who has the appropriate incident management organisational experience, authority and personal attributes to effect command. The Health Commander will be responsible for the overall direction and management of all health resources deployed to the scene. Where appropriate, the Health Commander will join other agency/service commanders in any established Forward Command Post.

Health Sector Commander

In response to an event with a major health impact, a Health Commander may appoint a senior health officer as Health Sector Commander to manage health resources at the scene. This may occur during more complex or multiple concurrent events when a Health Commander will be required to direct the overall management of health resources.

At a large, complex and protracted event all health services may need a:

- Medical Sector Commander;
- Public Health Sector Commander;
- Psychosocial and Mental Health Sector Commander; and
- Ambulance Service Commander.

Health Sector Commanders are responsible for achieving health outcomes as directed by the overall Health Commander.

Health Liaison Officers

Health Liaison Officers represent QH's interests on matters relevant to the emergency response and provide a point of contact for interaction with other agencies and across health services.

Health Liaison Officers have the knowledge and authority to commit resources toward the resolution of the incident on behalf of the Health Incident Controller(s).

QH Approach to Exercise Management

QH has developed the *Queensland Health Disaster Exercise Plan* (the Plan), which is designed to promote efficient and effective command, control and coordination arrangements at all levels within QH operations. The Plan also develops understanding and commitment with external partners. A copy is attached and marked 'QH-09'. The Plan scopes three levels of activity and testing:

Level 1

QH command, control and coordination arrangements with respect to responsibilities under the *Queensland Health Disaster Plan 2008* and the *Queensland Health Emergency Preparedness and Continuity Management (EPCM) policy*.

The exercises under Level 1 are specifically designed to teach, test and develop the delegated emergency incident management arrangements and roles. These exercises include the role of the CHO (State Health Coordinator) and the relationship with the AHPC, together with other QH executives and senior officers, including District CEOs and senior clinical network directors.

The exercise activity also includes the command, control and coordination arrangements with respect to the SHECC, HEOCs, and IMTs.

Level 2

Level 2 exercises are designed to reflect QH as the "lead agency" in biological, radiological and public health emergency (pandemic) incidents and the necessary arrangements that need to be in place to enable QH's interface with other agencies and impacted communities.

Level 2 exercise activities test arrangements between QH and the State Disaster Management Group (SDMG), State Disaster Coordination Group (SDCG), State Disaster Coordination Centre (SDCC), State Crisis Centre (SCC), State Disaster Recovery Committee (SDRC), District Disaster Management Groups (DDMG) and Local Disaster Management Groups (LDMG).

Additionally, these exercises are designed to also incorporate the QH role with respect to the Queensland Counter Terrorism Committee strategies. These exercise activities are linked into other strategic exercises, such as those coordinated through QPS and Emergency Management Queensland (EMQ).

Level 3

Level 3 exercises are those exercises that are designed to validate the efficacy of QH's policies, plans, procedures and protocols, primarily at the District level and other QH delivery services, with respect to disaster prevention, preparedness, and response and recovery arrangements. These not only include primary patient care capability but business continuity arrangements to sustain health service access and support to impacted communities.

Tsunami Preparedness

The DM Act directs the SDMG to prepare a plan for disaster management for the state. The plan is to include provision for, inter alia, the roles and responsibilities of entities involved in disaster operations and disaster management for the state.

On 2 April 2007, Australia was alerted to a tsunami threat from an earthquake off the Solomon Islands under new protocols released five months earlier by the Bureau of Meteorology as part of the development stage of the Australian Tsunami Warning System project. Although the wave that subsequently reached the Queensland coast posed negligible risk, the warning caused several anxious hours for the Queensland community.

In October 2008, the Bureau of Meteorology (BoM) implemented the final stage of its warning system. Following analysis of this new approach, the Queensland Tsunami Notification Protocol was developed and issued in 2009.

The 2010 version now reflects the outcomes of the review of Queensland's disaster management legislation and policy conducted in 2009, including amendments to the Act and agreed policy changes to Queensland's disaster management arrangements. The most significant amendments are the change of the title to 'Guidelines', to provide the document with the authority of s63 of the Act, and refinements to the dissemination of warnings at the District level.

QH, in accord with all agencies, shares responsibility for passing on warning products to their communities of interest and must know what actions other agencies are taking to avoid repetition and confusion during the transmission of warning products.

QH has identified those facilities, organisations or hubs where the provision of warning products is in the public interest and how such warning products will be provided. The warning products inform others at local, district and state coordination centres of what will be done, and when.

QH has issued and tested the Interim Queensland Health Tsunami Warning Notification Protocol across the agency. A copy of the protocol is attached and marked 'QH-10'. This protocol identifies potential health facilities and links the warning notification system with the local emergency response and evacuation plans. Exercises that review disaster management plans at local, district and state levels include review of the Queensland Health Tsunami Warning Notification Protocol.

Aged Care Facilities

The Ministerial Conference on Ageing (MCA) met on 15 December 2010. At this meeting, Ministers discussed the issue of risk management for emergency events in residential aged care services (RACS). As a consequence of the Victorian Bushfires, DoHA and the Victorian Departments of Health and Human Services are undertaking a joint project with the objective of enhancing a range of resources to be available to approved providers and the aged care peak bodies, to promote effective emergency incident response planning for the residential aged care sector. This work continues and the pilot project outcomes are awaited.

QH has supported the AHPC-endorsed pilot project between DoHA and the Victorian Departments of Health and Human Services.

In addition Queensland Health Emergency Management Unit (EMU) has been contacted by the Queensland Office of DoHA which is currently communicating to approved providers and aged care peak bodies in Queensland, the need for their emergency preparedness planning and emergency response arrangements to be integrated with the Local Government Disaster Management planning and response arrangements. EMU is providing ongoing advice and support to these DoHA led initiatives.

E. Preparation and Response to 2010/2011 Flood Events

Response Summary

QH activated an integrated and comprehensive response and recovery to the Summer Flood events of 2010/11. The SHECC was stood-up on 28 December 2010. With the emergence of TC Anthony and TC Yasi, the SHECC remained standing until 18 February 2011.

SHECC was located on the 7th floor Queensland Health Building (QHB) and was relocated to Princess Alexandra Hospital for the period when QHB was closed.

This response and recovery spanned significant components of the Department including the:

- HSDs of Central Queensland, Central West, Wide Bay, Sunshine Coast, Metro North, Metro South, West Moreton, Darling Downs and South West; and
- Statewide Services of 13HEALTH, Public Health, Mental Health (including Human Social Recovery), Purchasing and Logistics, Integrated Media and Communication and Retrieval Services Queensland (RSQ).

These HSDs and Statewide Services, where appropriate and in line with the *Queensland's State Disaster Management Plan* (2010) activated their Emergency Operation Centre, appointed a Health Incident Controller and implemented local plans. Details of each District response are provided to highlight the varying issues specifically faced by each area and the need for each district to respond in a dynamic way.

The SHECC coordinated the Response IMT meeting on a daily basis so as to coordinate the health service response within Queensland, to sustain the Health-SDCC liaison and to provide health coordination support direct to the State Health Coordinator.

There was an integrated approach to the response with statewide services providing support to local HSDs. Staff were deployed across the state to ensure continuity of services and relief for fatigued staff.

As at 7 February 2011 all flood-affected hospitals had returned to normal service levels. Across major hospitals in the South-East Queensland region, approximately 8,000 specialist outpatient appointments and 745 elective surgery procedures were postponed as a direct result of the flood events.

In response to the floods, hospitals worked to ensure services were provided to identified vulnerable patients such as maternity patients, renal patients, mental health patients and frail and elderly patients. This often involved relocating patients to ensure their safety and safe access to services. For example, Toowoomba Hospital commissioned a unit in Baillie Henderson Hospital to admit frail elderly patients. Hospitals also ensured medication provision to local community members. For example, medications were delivered in Taroom by boat and helicopter to patients stranded by the 2010/2011 flood events.

Detailed Response – Queensland HSDs

Wide Bay

Very few services were reduced in Wide Bay even at the height of the flood. No hospitals were evacuated. Some elective surgery was cancelled as a result of individual patients being unable to get to hospital.

Bundaberg Hospital had some flood damage to the outbuildings and roads around the hospital. Six to eight renal patients were relocated to Hervey Bay for a week to ensure dialysis. Hervey Bay established a clinic for a week that was staffed by medical and nursing staff at Granville when this community was isolated due to flood waters.

There was one evacuation centre in Bundaberg and one in Maryborough. Support was provided to the centres via community teams and Mental Health Services.

South West

Surat Hospital remained open and full services were provided with a full complement of staff supplemented by deployed staff and agency staff. The major issue Surat faced was isolation and resupply.

St George evacuated high care residents from Warawee Nursing Home and high risk inpatients from St George Hospital on 5 January 2011. All services were maintained including inpatient admissions.

Dirranbandi Multipurpose Service remained open with full services provided and a full complement of staff supplemented by an agency Registered Nurse (RN). There were issues relating to transport and movement of staff in and out.

One acute patient was evacuated from Mungindi Hospital to Moree Hospital on 13 January 2011 and four residents from Mungindi Hospital were relocated to Fairview Retirement Village. The Hospital maintained an emergency outpatients' clinic and a full complement of staff supplemented by agency and deployed RNs.

All other facilities were operational in this HSD.

St George had an evacuation centre which QH supported with psychological first aid provided by a Community Nurse and Mental Health Nurse.

Darling Downs – West Moreton

Significant responses to the floods were initiated in the Darling Downs West Moreton HSD.

From 27 December 2010 the majority of the hospitals in this District (Cherbourg, Murgon, Wondai, Kingaroy, Nanango, Miles, Chinchilla, Tara, Jandowae, Dalby, Oakey, Millmerran, Inglewood, Goondiwindi, Texas, Stanthorpe, Warwick, Toowoomba and Gatton) were isolated for some periods, for a number of days or on multiple occasions.

All facilities maintained adequate staffing levels, although some staff were on flood leave. A number of hospitals required generator power for prolonged durations.

On 10 January 2011, rain and flash flooding struck Toowoomba. Arrangements with QAS and St Vincent's Hospital Toowoomba ensured the public emergency needs of Toowoomba's east were met at St Vincent's Hospital.

Storm water entered the Mt Lofty Nursing Home which is situated on a hill in Toowoomba. Six residents were evacuated to the dining room for that day only.

Toowoomba Hospital (TH) lost water supply on 10 January 2011 after failure of the council reticulation system. Bore and tank capacity enabled water supply needs of patients to be maintained. Subsequently the TH, like a number of other hospitals in the Darling Downs, was directed to boil water and consequently increased bottled water stocks were obtained.

The TH old mortuary was brought back on line in addition to the main mortuary in case of need when 11 bodies were brought to the mortuary. A refrigerated van was provided on site between 11 and 17 January 2011 but was not required.

On 11 January 2011 flooding in the Lockyer Valley intensified, with Ipswich under threat. The DCEO was recalled to duty to manage the West Moreton area.

Since that time, the District has operated as two hubs along the lines proposed for the Local Hospital and Health networks (with the exception of Gatton in Darling Downs, and Taroom remaining in Central Queensland HSD).

- The grounds of Dalby (three times), Oakey and Jandowae (slightly) were inundated by rapid water level rises but the facilities were not flooded. A number of QH vehicles at Oakey were submerged;
- On 13 January 2011 Goondiwindi Hospital was evacuated with patients being relocated to Inglewood following the recommendation of the Local Disaster Management Group (LDMG), and QAS returned 11 patients by road on Tuesday 18 January 2011. A temporary medical facility staffed by hospital staff operated at the Goondiwindi

Aerodrome until 19 January 2011;

- Elective surgery and outpatients lists were cancelled on 11, 12, and 13 January 2011 at facilities at Dalby, Goondiwindi and Toowoomba. Dental clinic activity was also cancelled;
- During periods of flooding and evacuation, admission criteria were relaxed and frail elderly people or people with chronic diseases were admitted to hospitals. A temporary ward was established at Baillie Henderson Hospital to accommodate these patients from TH;
- The District provided outreach services to the returning residents of Condamine, (no QH facility) from 6 until 15 January 2011. The team provided wound care, treatment for foot infections, vaccinations and counselling. An opportunistic men's health clinic was established to provide services to stranded truck drivers when they remained with re-evacuated residents;
- Staff attended the Dalby, Toowoomba and Lockyer Valley evacuation centres, including Grantham, Helidon, Murphy's Creek and Gatton. Nurses at these clinics provided wound care, supplied crutches, vaccinations, and counselling services;
- Boonah, Esk and Laidley Hospitals remained unaffected and operational. Ipswich Hospital elective surgery and outpatient departments were interrupted for a short period, with services returning to normal by 17 January 2011; and
- Community health services were supplied to evacuation centres, with Ipswich Showgrounds closing on 11 February 2011 and Fernvale evacuation centre closing on 18 February 2011. Goodna and Fernvale evacuation centres transitioned to Community Recovery Information Centres on 18 February 2011.

Metro South

All Metro South hospital facilities returned to full function on 17/18 January 2011. Princess Alexandra Hospital ceased the "Code Yellow" (Other Internal Emergency) on 17 January 2011.

A daily executive review and a regular public health review of QE2 Stadium evacuation centre were conducted with ad hoc staff attendance. Residents from Pine Log Nursing Home were relocated from the QE2 evacuation centre to Sunnybank Private Hospital on 16 January 2011.

One Registered Nurse and one Mental Health Worker were deployed to each recovery centre in Metro South.

Metro North

Disruptions to Metro North services in flood-related areas included evacuations of facilities that were flood affected and re-establishment of services. The District CEO Office at Butterfield Street, Herston, was evacuated on 11 January and re-occupied on 17 January 2011.

The Royal Brisbane and Women's Hospital (RBWH) operated at reduced levels and outpatient appointments were cancelled during the flood emergency response. Broader activity at the RBWH was only possible with full transport re-opening (roads and lights). Services built to usual levels by 20 January 2011, subject to staffing capacity which was significantly reduced in January 2011 due to flood absences.

The Prince Charles Hospital (TPCH) was fully functional throughout the emergency response, with all beds open and services on line. Significant demand from general medical patients during January 2011 extended hospital resources.

Services at Caboolture, Redcliffe and Kilcoy Hospitals were reduced for a few days however all facilities were fully operational by 15 January 2011. On 11 January 2011 Caboolture Hospital had limited access and became increasingly isolated with limited surgical cover and complex trauma cases needing to be transferred to either TPCH or RBWH. By 13 January 2011, Kilcoy Hospital was rationing water, although supplies were deemed adequate and power was operational. On 12 January 2011 all Redcliffe Hospital clinics except the fracture clinic were cancelled.

Mental Health services were provided as staffing allowed. All evacuated facilities were re-occupied by 17 January 2011. Four mental health staff members were provided to Toowoomba from 15 January 2011 to provide body identification support.

RBWH maintained close liaison with the Royal National Association (RNA) evacuation centre. The Department of Emergency Medicine GP provided two clinics per day to the RNA Centre, including use of antibiotics for infected wounds. Patients who required further treatment were

sent to the Department of Emergency Medicine and many scripts provided by the doctors at the evacuation centre were filled. The Mental Health service assisted in providing the mental health response. Vaccinations, dressings, glucometers and drugs were provided to recovery centres and evacuation centres.

Community health teams of nurses, social workers, psychologists and indigenous health workers were rostered and commenced manning the RNA recovery centre when it opened. Mental Health teams were rostered when required.

Registrations at the RNA declined rapidly in the week prior to 17 January 2011 from 1,200 to 370 with 20 client contacts recorded for 16 January 2011. Hours of operation were reduced however additional Indigenous Health Workers were allocated to ensure appropriate services continued to be available for Indigenous people at the evacuation centre.

When school commenced on 24 January 2011, the Primary and Community Health Services (P&CHS) presence at the Indooroopilly recovery centre was reduced. Taringa 7 Day Medical Centre (a local Medical Practice) provided bulk billed services to flood victims at the Indooroopilly recovery centre and triage out to relevant Emergency Departments as necessary. A pharmacy located with the Taringa practice arranged dispensing of scripted medications and link back with GPs.

Co-location with St John's representation to meet the first aid demands for minor injuries and vaccination emerged as a significant issue to reduce the impost on P&CHS.

Community health staff in Kilcoy provided psychosocial support to affected residents and holiday makers in the evacuation centre, and assisted the QAS in visiting at risk people in isolated areas. All physical injuries and chronic disease issues were addressed and/ or referred. Metro North mental health services provided mental health support.

The Alcohol and Drug Information Service (ADIS), methadone dosing and other key programs recommenced operations at Biala, Roma Street on 17 January 2011.

Additional support requirements were determined for areas in the Western corridor as flood waters receded in the Brookfield and Pullenvale area.

Central West

All hospital facilities were functioning throughout the flood events.

Central Queensland

Central Queensland experienced significant disruption to provision of services during the flood events which included re-flooding and/or evacuation of some centres. District support was provided through executive representation on the Local Disaster Management Group. The Theodore and Emerald Hospitals were closed and patients evacuated to centres across and beyond the District. Patients were transported by helicopter, road ambulance and water transport.

The Rockhampton Hospital experienced significant exit block in discharging patients who were unable to access their place of residence. Gladstone Hospital provided care and management for patients being transferred to Brisbane or Townsville via helicopter from Rockhampton. Access to the helipad at Rockhampton Hospital was provided for other agencies.

QH staff provided counselling, medical treatment, medication replacement, immunisation, and accommodation services to clients in evacuation and recovery centres across the District including Rockhampton Central Queensland University, Theodore, Emerald, Biloela and Moura. Mental health support services were supplemented by Victorian and New South Wales mental health staff.

Rockhampton Hospital provided logistics, patient flow, clinical governance support for isolated hospitals and accommodation for post discharge patients as well as support for drugs, renal fluids, and staffing. Staffing arrangements included flying in locum medical staff, support for staff returning from leave and locum staff, and local accommodation for out of town staff. Rockhampton Hospital planned elective surgery proceeded as normal, although some patients requested deferral. Patients were contacted to reschedule bookings and advise that clinics were open. Twenty-three (23) renal dialysis patients from across the District were accommodated in

motels and nursing homes in Rockhampton.

Local funeral providers assisted with facilities when the mortuary reached capacity because funerals were delayed. Alternative arrangements for pathology analysis were activated when the ceiling of the Pathology Department collapsed.

A temporary clinic was set up at Gracemere (satellite town to Rockhampton) from 2 to 17 January 2011.

The Theodore Hospital was closed and the town evacuated on 27 December 2010.

Twenty-five (25) Theodore Hospital and nursing home patients were transferred to Moura and Biloela. Nursing staff and operational staff were evacuated to Moura and Biloela to assist with patients.

The majority of the Theodore community was also evacuated to Moura resulting in an increased demand on the private practice and hospital outpatients department.

Moura and Biloela staff provided counselling, medical treatment, medication replacement, immunisation, and accommodation services to clients in evacuation and recovery centres. Counselling services were also offered by Lifeline and the Rural Division of GPs. Mental health staff provided advice, first aid, and assessment and referral as appropriate. Community needs in Theodore will increase with time due to significant economic/property loss in the town and surrounding community.

Theodore Hospital recommenced limited operations from 17 January 2011 for 24 hour Accident and Emergency, Out-Patients Department and short stay only (< 4hours) admissions. Overnight admissions recommenced the week beginning 24 January 2011 when the kitchen became fully operational. The relocation to the ward area of the private practice of the Medical Superintendent with Right of Private Practice (MSRPP) has reduced bed capacity.

Twelve (12) Emerald Hospital patients were evacuated to hospitals in Brisbane, Blackwater and Springsure on 30 December 2010. Community mental health services were provided to support Emerald with the support team in the early weeks of January comprising a psychiatrist

and mental health staff from other districts.

Services provided at the Emerald evacuation and recovery centres consisted of a 24/7 clinic providing Senior Medical Officer (SMO) anaesthetics, SMO emergency, two midwives, nurses and enrolled nurses and administrative support. A secondary emergency department and primary care clinic was mobilised to Anakie Street GP clinic on 30 December 2010.

Aged and frail community evacuees were assessed by the Community Health Team, scripts and medications were sourced and the evacuees were assisted with Activities of Daily Living (ADLs). Three patients were transferred to Emerald Hospital via the Council truck.

Several services remained operational throughout the flood events. Gladstone and Moura services were fully functioning. Blackwater, Springsure and Biloela operated as normal with an additional midwife sourced for one week's roster at Biloela. Baralaba was intermittently isolated by flood water; however there was no requirement for retrievals or transfers during those periods.

Baralaba patients were transported to health appointments by various means using QAS and barge. Medications were delivered by boat and helicopter to Taroom patients.

Sunshine Coast

Some services at Gympie and Nambour Hospitals were disrupted during the floods. All normal operations were in place from Thursday 13 January 2011.

- Caloundra services operated as normal with the exception of five surgery cancellations on Wednesday 12 January 2011;
- Specialist Outpatients Department (SOPD) and Elective Surgery at Gympie Hospital were cancelled from 10 to 14 January 2011. Scheduled surgeries recommenced 17 January 2011. All other services continued to operate;
- Elective surgery and SOPD at Nambour Hospital were cancelled from 10 to 13 January 2011. Over 200 SOPD appointments were postponed and there were approximately 35 surgery cancellations. Skeleton community services were operating on 12 January 2011;
- Some Nambour and Gympie services were disrupted due to water damage but the services were able to continue uninterrupted. Social Work services were offered at the Gympie

evacuation centre and Gympie Hospital provided accommodation for both staff and renal patients over the course of the week; and

- Within the District, Maleny Hospital and the Glenbrook Aged Care facility conducted business as usual.

Detailed Response – Statewide Services

Coordination of Interstate Staff and Staff from the Australian Defence Force (ADF)

A comprehensive strategy was developed to coordinate offers from interstate for assistance. National and jurisdictional health liaison and resource coordination has been achieved through the AHPC. The AHPC is briefed by Dr Jeannette Young, CHO, on resource support required by Queensland. Jurisdictions agreed with a joined-up process wherein they approve and fund their staff to travel forward to Queensland.

On arrival, QH deployed the staff into areas of need, to supplement and where necessary, to provide staff relief for QH staff. The CHO negotiated through the AHPC for a joined-up process of interstate health professionals being able to register their availability in their jurisdictions and be authorised to be deployed to Queensland as required.

Interstate support to the flood response consisted of:

- 11 human social officers from NSW deployed to Ipswich;
- Seven (7) human social officers from Victoria to Central Queensland, predominately Emerald;
- One (1) public health water specialist from Victoria Health deployed to the Public Health Emergency Operations Centre (PHEOC) to assist with water quality policy advice from 15-19 Jan 2011; and
- Four (4) staff from the Northern Territory Department of Health deployed to Ipswich City Council (two VCOs to assist with vector control and two EHOs to conduct food inspections) from 21-25 Jan 2011.

The ADF, in addition to Australian Government and Queensland Government general missions, has provided direct response capability support to QH operations, both in the emergency response phase and continuing in the current recovery phase. This is achieved through an ADF Liaison Officer seconded into the teams planning the human-social and the

public health service coordination. The ADF Joint Task Force 637 HQ provided the following assistance:

- Five environmental health teams of two Environmental Health technicians with vehicles and equipment and five individual Environmental Health Officers (EHOs). They provided transport of two radiation health officers, an electrician and equipment to Queensland Radioactive Waste Stores near Esk;
- Three health planners and two water specialists, one from interstate and one from the non-government sector, were deployed to support PHEOC operations; and
- Two teams of two psychologists to support mental health services.

Retrieval Services Queensland

Retrieval Services Queensland (RSQ) has been intricately involved in the acute flood disaster response since 26 December 2010. RSQ clinically coordinates all aeromedical transport and retrieval activity across the state with Queensland Ambulance Services (QAS) personnel providing logistic support. RSQ also worked with QAS to ensure appropriate responses to '000' calls.

The combined QH and QAS services are called Queensland Emergency Medical System Coordination Centre (QCC). RSQ rapidly ramped up additional medical and nursing coordinator positions and an enhanced 24/7 RSQ Command structure. This continued as necessary, tailored to daily activity. RSQ clinicians and Careflight Medical Services (CMS) personnel were rostered appropriately to ensure core, and flood related, business continuity.

Hospitals worked with QCC to ensure the safe transfer and management of patients to access services required including evacuation of both hospitals and nursing homes. Five hospitals and four Aged Care facilities were evacuated in Theodore, Emerald, St George, Mungindi and Goondiwindi. QH also assisted in the evacuation of a private Aged Care Facility in Brisbane to Sunnybank Private Hospital. A total of 36 acute patients and 69 Aged Care patients were evacuated. Mungindi evacuated one patient to Moree in NSW.

QH through RSQ worked with EMQ Helicopter Rescue Service, Community Helicopter Providers, CareFlight and the Royal Flying Doctor Service to ensure that aeromedical resources were located in the flood affected areas for the transfer of patients to hospitals. QCC

provided the clinical coordination and logistic support for the aeromedical evacuation of Theodore, Emerald, St George and Goondiwindi Hospitals as well as stretcher patients from private nursing homes in these regions. There were significant clinical coordination and logistic scenarios coordinated between RSQ, QCC, QAS, EMQ-HR, QAS, RFDS, Community Helicopter Providers (CHP) and HSDs.

Up until 17 January 2011, there were 362 transfers coordinated by Retrieval Services Queensland (RSQ). QCC received an additional 362 referrals (Daily mean 18, Range 2-49) between 27 December 2010 and 16 January 2011 inclusive. The normal daily average for calls is 46 cases; this statewide 24/7 background core business for sick and injured patients was maintained. The busiest daily totals during this period were 126 cases on both 31 December 2010 and 4 January 2011 and 147 cases on 13 January 2011. Six dialysis patients were transferred from Bundaberg to Hervey Bay, 23 patients were transferred into Rockhampton from outlying centres and 5 into Gympie – a total of 33 patients.

Statewide Aeromedical Capability

- The RSQ Statewide Medical Director (or delegate) was in direct liaison with QAS Deputy Commissioner and Medical Director, CMS CEO, EMQ-Helicopter Rescue Manager, CHP CEOs, RFDS and HSDs to direct the strategic positioning and integration of aeromedical assets (Rotary and Fixed Wing) and Retrieval Teams to those regions affected. Additional EMS Helicopters were provided by the CHPs. These aircraft were maintained as long as there was a demonstrated need in SEQ and Central Queensland. The requirement for these assets was reviewed daily; and
- Tactical Medical Facilities (TMF) were rapidly established in collaboration with QAS to assist with patient staging during aeromedical retrievals and transport at Gladstone and Goondiwindi Airports. The QH Medical and Nursing staff sent to the Gladstone TMF assisted at the Gladstone Hospital ED; Services were stood down on 9 January 2011. A helicopter air-bridge was in place between Rockhampton and Gladstone whilst the Rockhampton Airport remained closed.

Human Social Response

QH has been providing significant support to the human social recovery and mental health needs of all affected communities with services provided to affected communities, evacuation

and recovery centres. Mental health and human social recovery teams were sent to relieve local service providers. Mental Health case workers followed up with all current mental health patients and checked on their well-being.

QH is continuing its human social (i.e. mental health) recovery efforts. The *Queensland Health Human Social sub-Plan* has been activated and QH's Human Social Incident Management Team (HSIMT) advised:

- Human social recovery teams from NSW and Victoria were deployed to the Toowoomba and Rockhampton areas;
- The second team from NSW arrived in Brisbane on 2 February 2011 to continue the work of the NSW team in the Ipswich flood affected areas;
- The Victorian team members that have been based in Rockhampton have returned home;
- As at 15 February there were 465 deployees listed consisting of 352 QH staff (a mixture of mental health, primary health and community health) and 113 external members. Among the deployees, 265 have been trained in psychological first aid; and
- Individuals are accessing Psychological First Aid through the flood recovery centres. QH has assisted 8,901 people using interventions including Psychological First Aid.

QH provided clinical and human-social services to 16 evacuation centres including the Lockyer Valley communities. In addition QH provided health advice to Local Disaster Management Groups and the Department of Communities on required health services support.

This work will continue for a number of months while the recovery phase continues. QH continues to work closely with non-government organisations, including Lifeline and the Red Cross to provide counselling services.

Public Health Response

Public Health established a PHEOC and appointed public health physicians and environmental health staff provided extensive help and services to local communities over the range of issues. Public Health Units have worked with local councils in the flood affected areas to monitor and mitigate public health risks as a result of the flood events.

Public Health continues to advise and monitor issues related to food safety, communicable disease prevention and control, mosquitoes and vector control, safe disposal of asbestos containing materials, disposal of drugs, general waste management, safe cleaning procedures, water safety and quality and the mitigation of public health risks associated with damaged sewerage infrastructure.

The public health response involves monitoring and mitigating emerging public health issues associated with the floods, and with the operation of evacuation and recovery centres; and working in association with local government and other agencies.

Activities included:

- As part of the flood response, 15 fact sheets for the public and businesses and seven advisories sent via fax stream for responding agencies and/or clinicians. The list of fax stream advisories can be produced upon request;
- Provision of advice to 23 local governments on food safety, water quality, sewage treatment issues, waste management and asbestos, vector control and communicable diseases. A total of 41 towns in eight Local Government Areas were subject to boiled water alerts due to compromised water supplies, and QH environmental health officers have worked with all Councils in issuing these alerts;
- Monitoring and providing advice to agencies on public health risks associated with the operation of evacuation and recovery centres;
- Coordinating the deployment of environmental health and vector control staff from non-flood-affected areas in Queensland and interstate, including from local government, QH, the Australian Defence Force (ADF) and other state health departments. Forty-two (42) staff were deployed to five councils in response to seven formal requests to assist with flood recovery;
- Monitoring cases or outbreaks of flood-related communicable disease. There have been 36 confirmed cases of the water-borne bacterial disease leptospirosis in flood affected areas between 1 January 2011 and 15 February 2011 (53 across Queensland in total);
- Advice was provided to the public on Leptospirosis and Public Health Alerts were sent to general practices and Emergency Departments regarding increased incidence and appropriate treatment of cases. The Communicable Diseases Branch continues to monitor the incidence of Leptospirosis in the community and investigate clusters of the disease to

establish the source and provide appropriate information to those people at risk; and

- Mosquito surveillance activities are continuing. Low numbers of mosquito larvae and adult mosquitoes have been observed. There has been a small increase in Barmah Forrest virus infection, particularly in Rockhampton Public Health Unit area (24 cases from 1 January to 15 February 2011, which is above the five year average this time of year).

Vaccine Distribution and Vaccination Clinics

The distribution of tetanus vaccine supplies and other vaccine supply requests were addressed as part of usual vaccine distribution arrangements. GP and other vaccine service provider communication included advice to GPs and other service providers regarding the supply and management and provision of tetanus vaccines.

In the south east corner, dental vans were converted to provide vaccinations, primary health care and human social recovery support to local communities. These mobile vans provided vaccination services from 16 January 2011 and operated at West End, Rocklea, Fairfield, Goodna, St Lucia, Jindalee, North Ipswich, Booval, North Booval, Bundamba, New Farm, Graceville, Lowood, Barellan Point, Riverview, Corinda, Kenmore, Yeronga, Oxley, Moore's Pocket, Chelmer and Sherwood. As at 2 February 2011, mobile vans in south east Queensland had provided 3,150 vaccinations.

As at 16 February 2011, approximately 16,665 diphtheria/tetanus vaccines, including 535 doses of ADT to North Queensland as part of the Cyclone response, and 560 diphtheria/pertussis/whooping cough vaccines (i.e. 17,225 vaccines in total) had been distributed through health facilities, recovery and evacuation centres, mobile vans and GP practices.

Asbestos

While local government and Workplace Health and Safety Queensland are usually responsible for the enforcement of regulation, Queensland Health assisted in the provision of accurate advice to householders in dealing with asbestos in the home. A fact sheet on handling of flood damaged asbestos containing building materials was developed and loaded onto the QH website on 25 January 2011. The fact sheet provides practical information on disposal of asbestos debris, cleaning of asbestos containing building materials, and was prepared in

consultation with Workplace Health and Safety Queensland.

QH worked with Workplace Health and Safety Queensland regarding their media strategy and obtained a list of licensed contractors for collection of asbestos waste, which was provided to Public Health Units working closely with local governments.

QH also liaised with the Department of Environment and Resource Management regarding disposal of asbestos waste materials where previously approved land-fill sites have been flooded.

Water/Sewage/Waste

Public Health monitor the status and public health implications of and provision of advice with regard to water, sewerage and waste infrastructure, and boiled water alerts.

Contact was maintained with drinking water stakeholders (including local government) in flood affected areas and advice on consistent messaging on boiled water alerts was provided. Information was updated daily including advice on boiled water alerts. QH liaised with drinking water service providers to expedite remedial actions and validate the efficacy of remedial actions.

A PHEOC liaison officer was on site with the SEQ Water Grid Manager emergency management centre to expedite decisions and enable timely information exchange, which subsequently reverted to daily teleconferencing.

For SEQ, only two supplies (Lowood and Atkinson Dam) were issued with boiled water alerts, affecting 27 towns. Outside of SEQ, boiled water alerts were issued to 15 flood affected townships.

QH (CHO) provided conditional approval for the use of Purified Recycled Water and Class A+ recycled water to the SEQ Water Grid Manager for use by Councils in the clean up.

QH also reviewed the health risk associated with elevated turbidity, informed by specialist advice from Dr David Cunliffe and Dr Dan Deere, and provided that advice to the Water Grid

Manager.

Local Government and Interagency Collaboration

Public Health participated in and provided public health advice to the District Disaster Management Group (DDMGs) and LDMGs. Public Health assisted with sourcing Environmental Health Officers (EHO) and vector control staffing support to local governments in Central Queensland, Wide Bay, Darling Downs and the South West.

Public Health completed food, pharmacy and other relevant business inspections in flood affected communities in Central, Central West, Wide Bay, Darling Downs and the South West.

Integrated Communications

Throughout the response and recovery phase, communication and media activity focused on:

- Media liaison;
- Community health advice disseminated through targeted communication channels and tactics; and
- Staff information and updates.

Key messages focused on:

- Staying safe and healthy through the response and recovery phases;
- Continued access to public health services;
- Managing stress and wellbeing in times of crisis;
- QH as part of a multi-agency team;
- 13HEALTH as a key source of professional medical assistance; and
- <http://www.health.qld.gov.au/> as a primary source of information.

QH communication staff were part of the whole-of-government Crisis Communications Network whereby media releases and communication updates were circulated across government to ensure consistent messages.

The media team responded to inquiries about public health aspects of the recovery, drafted media material and updated, as appropriate, audio comments and related material on the website. A list of media releases can be produced upon request.

Dr Jeannette Young, CHO, was the key health media spokesperson, and was supported by the relevant district spokespersons where appropriate.

Integrated Communications received 140 flood related media enquiries as at 17 February 2011, providing responses or coordinating interview opportunities throughout the State.

13HEALTH has received a total of 8,728 calls related to flood issues between 1 January and 17 February 2011.

Communication and media activities were also coordinated, where appropriate, with relevant district public affairs officers on the ground. The Integrated Communication Strategy rolled out messages to ensure the wellbeing of Queenslanders; including media advisories on water-quality to the worst affected areas and fact sheets on a range of flood safety matters, tetanus, asbestos and 13HEALTH.

Relevant ministerial and departmental media releases and audio posts are available at <http://www.health.qld.gov.au/news/mediareleases.asp>. Also attached 'QH-11' is a copy of the storms, floods and other natural disasters fact sheet.

Community Health Advice

The 13HEALTH number, QH weblink (<http://www.health.qld.gov.au/>) and disaster management pages were promoted in all fact sheets and through media releases. The front page was one of the primary tools for crisis communication and was updated to prioritise advice and information for the community, volunteers and staff.

Fact sheets developed in November 2010 were posted to the QH web Disaster Management pages and the content was reorganised with the addition of new material during the response and recovery phases. Available at <http://www.health.qld.gov.au/healthieryou/disaster/>.

The whole-of-government website at <http://www.qld.gov.au/floods/> linked to the QH pages, as did Queensland Government agencies such as Department of Communities and Department of Education and Training. Volunteering Queensland also posted the link on their site and disseminated fact sheets to their contacts.

The QH flood and cyclone response and recovery website received a total of 56,683 hits from 4 January to 18 February 2011. These hits comprised community (49,155); volunteers (1,842); staff (4,467); and operations (1,219); the latter was only live from 1 February 2011.

District staff at the frontline prepared kits for distribution and drew on the relevant fact sheets and information on the QH website as required.

Staff Communication

A new webpage was created with FAQs relating to staff issues and the latest updates regarding building closures at: <http://www.health.qld.gov.au/healthieryou/disaster/staff.asp>.

The Staff Payroll Hotline was promoted as a general staff flood assistance hotline at 1800 239 074, 7am to 9pm, 7 days a week. Staff were generally advised to contact their line manager with any queries.

Response from Corporate Divisions

QH Human Resources

On 17 January 2011, the Director-General informed all staff of leave arrangements for those affected by floods, as outlined in the Special Leave-Human Resources Policy C7. QH makes provision for staff to take special leave on full pay in the following circumstances:

- When they are unable to access their workplace due to floods;
- When they are safeguarding their own home from floods; and
- When they are cleaning up and repairing their own home after floods.

A maximum of five days non-cumulative leave is available per calendar year, however additional leave may be provided at the discretion of the District CEO. Staff were referred to their local HR office for additional advice.

F. Preparedness for Next Wet Season

QH is commencing an internal review of QH preparedness and response to the events of 2010/11 to identify strengths and areas for improvement.

As mentioned previously, the key consultation processes to establish mechanisms for ongoing staff education, partner collaboration and integrated HEOC interoperability with other disaster management agencies will continue. They are the Queensland Health Disaster Management Collaborative (DMC) and the Queensland Health Emergency Management Coordinators Network (EMCN).

QH Top Three Disaster Management Priorities for the 2010–2012 (source SDMG Annual Report)

Achievement Strategies	Priority
<ul style="list-style-type: none"> • Development and roll out of the 3-stage internal staff disaster management program, noting that Stage 1 is completed • Continuation of the training programs already in place within the health services 	1. Increased ongoing staff education in the Queensland Health emergency incident management arrangements with the Queensland Disaster Management System
<ul style="list-style-type: none"> • Implementation of the Queensland Health Disaster Management Exercise Plan • Engagement of disaster management partners in inter-agency response coordination 	2. Need for improved understanding of the multiple functions of Queensland Health in supporting the community response to and recovery from significant public health threats and disaster events
<ul style="list-style-type: none"> • Implementation of internal electronic incident communication and information management system capability within HEOCs • Review of HEOC policy and communication arrangements to align with changes to health service operations resulting from the National Health Reform initiative 	3. Ongoing development of HEOC policies, procedures and resources to enhance inter-agency communication and coordination

QH Strategies to be Implemented Over the Next Three Years:

- Continue to implement a state-based, standardised approach to emergency incident management education, training and delivery across QH;
- Continue to implement emergency incident management system performance and reporting across SHECC and District HEOCs;
- Continue to implement the recommendations of Queensland Health 2007 Operations and Audit Emergency Preparedness Report;
- Continue to enhance routine emergency response preparedness and response capability;
- Continue to advocate for Queensland's interests in the national planning process of the AHPC including development of strategies related to accredited medical team deployment;
- Contribute to the development of emergency incident management preparedness policy and emergency response capability building; and
- Research and evaluate existing and emergent emergency management policies, systems, tools, standards and resources.

G. Indication of Relevant Documents Held by Department

QH holds approximately 135 documents related to the Queensland 2010-2011 flood response relating to emergency planning and business continuity consisting of emails; fact sheets; 33 situational reports (20 during the response and 13 during the recovery phases); emergency trauma and epidemic response plans; procedures; protocols; and policies.

NOGGIN supported SHECC operations during the flood response and recovery. It contains numerous documents used for communication purposes.

Documents have been assembled from corporate files, electronically published on the QH intranet and internet, and from unit directories. The majority of these documents are statewide, with some from districts. District files have not been examined for the purposes of this inquiry.

The SHECC handled approximately 7,000 pieces of correspondence during the summer flood event.

The general categories of documents collated are:

- Legislation of emergency and disaster management relevance to QH;
- Policy relating to emergency management and business continuity;
- Briefs and memorandums relating to preparedness for 2010 Summer;
- QH disaster plan and sub plan documents;
- Standard Operating Procedures; and
- Emergency Management Training Manuals and Modules.

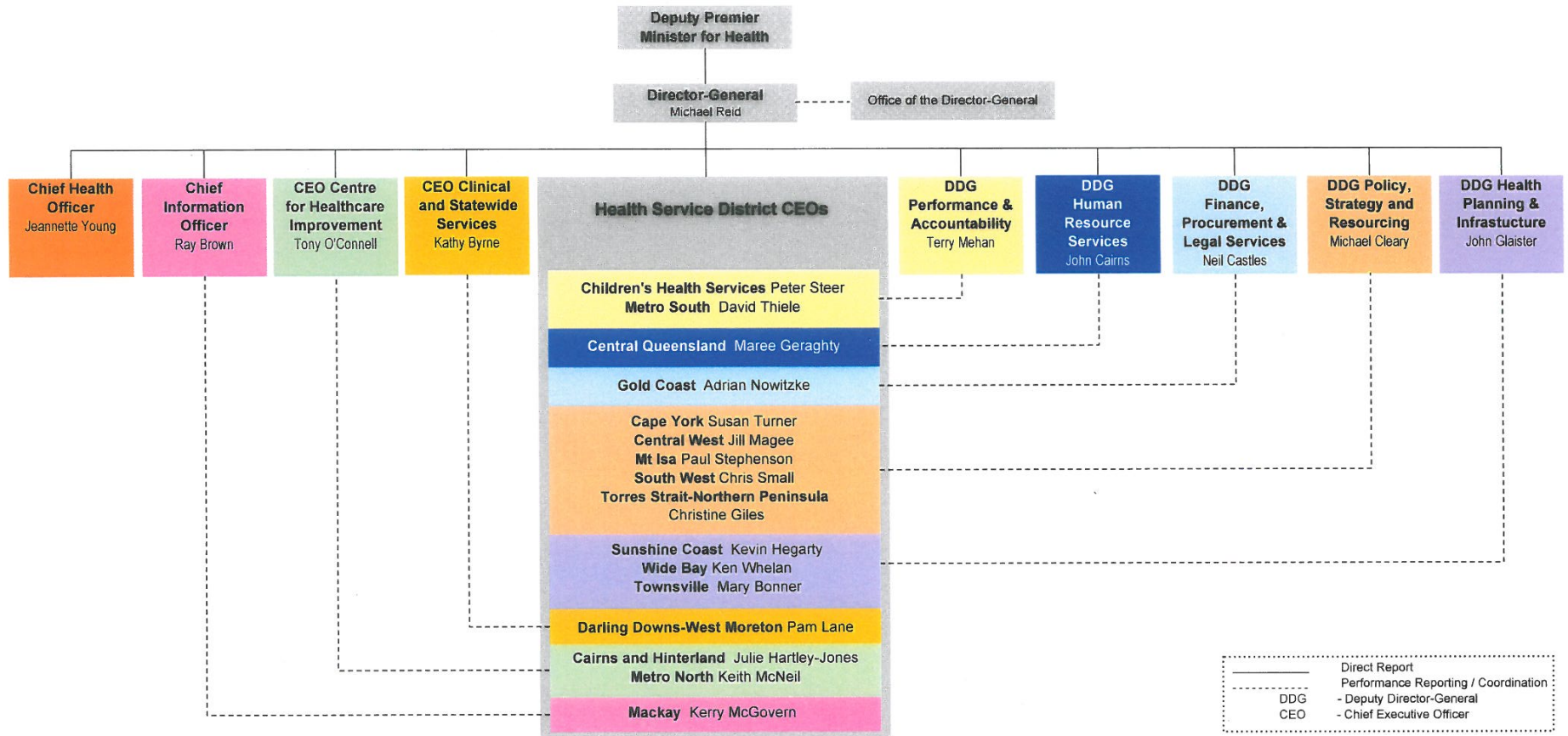
Index of documents attached to QH

Exhibit	Description
QH-01	Organisational Structure for Queensland Health
QH-02	Queensland Health – Emergency Preparedness and Continuity Management Policy 28028
QH-03	Queensland Health Disaster Plan
QH-04	Operational Audit of Emergency Preparedness, Disaster Management and Business continuity Planning – Audit Report
QH-05	Clinical and Statewide Services Disaster Management Plan March 2008
QH-06	Health Protection Program Incident Management Guidelines 2010 – Pilot
QH-07	Health Protection Program Incident Management Protocol 2010 – Pilot
QH-08	Queensland Health Disaster Plan – Human Social Sub Plan
QH-09	Queensland Health Exercise Management Plan
QH-10	Queensland Health Interim Tsunami Notification Protocol
QH-11	Queensland Health fact sheet – Stay safe and Healthy during storms, floods and other natural disasters

SOQ 11 March Submissions

Queensland Health Organisation Chart

January 2011



'QH-01'

'QH-02'

**Queensland Government**

Queensland Health

Policy Identifier:
28028**QUEENSLAND HEALTH POLICY STATEMENT**

Policy Title	Emergency Preparedness and Continuity Management Policy
Policy Statement	<p>Queensland Health must maintain preparedness and the capability to prevent, respond to and recover from an event that may occur in Queensland and on request to other States or Territories within Australia and to Countries within Asia and in the Pacific.</p> <p>1. An "event" means any of the following:</p> <ul style="list-style-type: none"> • a cyclone, earthquake, flood, storm, storm tide, tornado, tsunami, volcanic eruption or other natural happening; • an explosion or fire, a chemical, fuel or oil spill, or a gas leak; • an infestation, plague or epidemic; • a failure of, or disruption to, an essential service or infrastructure; • an attack against the State (eg terrorism); • medical emergency; • accident, a bus or aircraft crash or major industrial accident; • threat to or on a person; • a release of a chemical, biological or radiological agent; • any other event similar to those mentioned above. <p>An "event" may be natural or caused by human acts or omissions</p> <p>2. Queensland Health executives are responsible for the management of risks within their areas and for the development of emergency response and business continuity plans to ensure an effective response and service continuity.</p>

Sponsor:
Issued by:
 Chief Health Officer
 Director, Emergency Management Unit, Division of the Chief Health Officer
 Emergency Preparedness and Continuity Management Policy Policy EPCM September 2006

1

Principles	<p>Queensland Health's emergency preparedness and continuity management is based on the following eight principles:</p> <p>Principle 1: <i>Executive and management commitment to emergency preparedness and continuity management</i> The executive and management of Queensland Health are committed to the active management of all risks in a systematic way in order to enhance the provision of a comprehensive health system as "one organisation". The arrangements for emergency preparedness and continuity management will ensure an effective response to any event or identified risk to core services. This will result in the effective allocation of resources and funding to areas with a view to reducing risk exposures and to ensure service continuity.</p> <p>Principle 2: <i>Culture of emergency preparedness and service continuity</i> All employees must be aware of, comply with, and participate in strategies for emergency preparedness, response and recovery to ensure service continuity.</p> <p>Principle 3: <i>Understanding the environment</i> Emergency Preparedness and Continuity Management Plans will be constructed with an understanding of the environments within which Queensland Health operates, the existence of constraints and threats to its operations at a Whole-of-Health, Zonal/Service and Workplace level, which could result in a significant disruption identified by using the Integrated Risk Management Framework.</p> <p>Principle 4: <i>Determining critical business functions</i> Formal mechanisms will determine the critical business functions for the short and long term success of Queensland Health's emergency preparedness and service continuity arrangements.</p> <p>Principle 5: <i>Quantifying the disruptive impact on critical business functions</i> Quantifying the disruptive impact of any threat on critical business functions and processes, and identifying the infrastructure and resources required will enable Queensland Health accountability areas to continue to operate at a minimum acceptable level.</p>
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	<p>Principle 6: Plan development All key resources, infrastructure, tasks and responsibilities, required to support the critical business functions if an event occurs will be documented. These are based on the development and implementation of key risk treatment plans for:</p> <ul style="list-style-type: none"> • Information Security and Disaster Recovery • Internal Emergency Response and General Security • External Emergency Response • Business Continuity <p>Principle 7: Implementation of plans All employees, clients and stakeholders are to be aware of the Queensland Health emergency preparedness and continuity management arrangements, where appropriate (through training, awareness and testing of the plans).</p> <p>Principle 8: Monitor and review Processes will be established to ensure that the information within the plans remains current and relevant to the changing risks and business environments (through maintenance protocols and the ongoing risk management processes)</p>
Scope and Application	<p>All employees of Queensland Health (including Shared Services staff, its agents, Visiting Medical Officers and other partners in care, contractors, consultants and volunteers) must be aware of and comply with, Queensland Health's application and interpretation of this policy.</p> <p>Applies equally to Queensland Health Physical Assets, Information Assets and Service Assets.</p>
Effective date	1 October 2006
Supersedes	Version 1 June 2005
Compliance	Queensland Health is required to implement the key principles of the Queensland Counter-terrorism Risk Framework
Review cycle and responsibilities	The Chief Health Officer will ensure this policy is reviewed periodically to effect alignment with contemporary legislation and Queensland Health business needs.
Further information	Any specific issues or questions relating to the <i>Queensland Health Emergency Preparedness and Continuity Management Policy</i> should be referred to the Director, Emergency Management Unit, Division of the Chief Health Officer.

Sponsor: Chief Health Officer

Issued by: Director, Emergency Management Unit, Division of the Chief Health Officer

Emergency Preparedness and Continuity Management Policy Policy EPCM September 2006



QUEENSLAND HEALTH INSTRUCTION to Policy Statement No. TBA

Policy Title	Emergency Preparedness and Continuity Management Policy
Scope and Application	<p>All employees of Queensland Health (including Shared Services staff its agents, Visiting Medical Officers and other partners in care, contractors, consultants and volunteers.) must be aware of, and comply with, Queensland Health's application and interpretation of this policy.</p> <p>Applies equally to Queensland Health Physical Assets, Information Assets and Service Assets.</p>
Effective date	1 October 2006
Supersedes	Version 1 June 2005
Compliance	Queensland Health is required to implement the key principles of the Queensland Government Counter-terrorism Risk Framework.
Review Cycle and Responsibilities	The Chief Health Officer will ensure this policy is reviewed periodically to effect alignment with contemporary legislation and Queensland Health business needs.
Legislation and Associated Documentation	<p>Relevant Legislation includes, but is not limited to:</p> <ul style="list-style-type: none"> • The Public Health Act 2005 • Disaster Management Act 2003 • Health Services Act 1991 • Financial Administration and Audit Act 1977 • Financial Management Standard 1997 • Public Safety Preservation Act 1986 • Radiation Safety Act 1999 <p>Relevant Queensland Health Standards and other documents include, but are not limited to:</p> <ul style="list-style-type: none"> • Queensland Health Integrated Risk Management Policy (QHEPS 13355) • Queensland Government Information Standard 18 – Information Security • Queensland Health Information Security Policy (QHEPS 3485) • Queensland Health Information Security Standard 9 – Business Continuity Management (QHEPS 23724) • Queensland Health Disaster Plan 2002 • State Health Emergency Response Plan (SHERP)
Corporate Office file	TBA

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COMPLIANCE AND RESPONSIBILITIES

Role/Function	Responsibilities and Specific Accountabilities
Director-General	<p>The Director-General is accountable for overall leadership, stewardship and performance of the Department and use of its resources. The Director-General has a number of key statutory responsibilities. One of these is the establishment and maintenance of suitable systems of internal controls and risk management as part of the Department's effective corporate governance framework</p> <p>Financial Management Standard: Part 5, Division 5, Section 84 stipulates that "An agency's system for risk management must provide for –</p> <ul style="list-style-type: none"> • assessing the nature and extent of the risk associated with the agency's operations • deciding and acceptable level of risk • deciding the way to treat the risks • monitoring and reporting the level of risk exposure • evaluating the need for insurance" <p>In the current security environment, terrorism in all its forms, should be included in these plans. Therefore, the Director-General requires that terrorism-related risks are included in the department's risk management practices.</p> <p>The Director-General is supported by the roles/positions below to ensure that Queensland Health is as far as is practicable, protected from unacceptable costs or losses associated with its operations. This is achieved through the development and implementation of systems for effectively managing the risks that may affect Queensland Health operations.</p>
Senior Executive Director, General Managers	<p>The Senior Executive Directors and General Managers are responsible for;</p> <ul style="list-style-type: none"> • the implementation of the Whole-of-Government strategy for Government Agency Preparedness • resolving emergent situations regarding the provision of health services and the distribution of resources. • the delivery of specific health outcomes, priorities and targets through service agreements negotiated with health service providers, particularly from the non-government sector • the development of disaster management plans for Queensland Health • assuming the role of State Health Coordinator where appropriate (as delegated by the Chief Health Officer) • integrated risk management within their portfolios • ensuring that all accountability areas within their portfolios comply with the requirements of the Queensland Health Integrated Risk Management Policy and standards • reviewing and managing risks within their portfolio • sponsoring those initiatives or strategies which address identified corporate risks and initiatives

Role/Function	Responsibilities and Specific Accountabilities
Chief Health Officer	<p>The primary duties of this position include:</p> <ul style="list-style-type: none"> • the provision of high level / strategic medical advice to the Director-General, Minister and other senior executives of Queensland Health on health issues, particularly on policy and legislative associated with population health, emergency services and mental health • assuming the role as State Health Coordinator in the first instance, although this role can be delegated where appropriate – for example in the event of an outbreak of infectious disease, the role of State Health Coordinator may be delegated to the Senior Director, Population Health • Queensland Health's implementation of the Whole-of-Government strategy for Government Agency Preparedness • responsibility for ensuring the application of risk management in; <ul style="list-style-type: none"> ◦ the provision of advice and executive leadership to the development of strategic policy, regulation, legislative frameworks and programs for population health, emergency services and mental health in line with emerging models of health care ◦ the application of mechanisms for licensing Private Health establishments within the operations of the Division of the Chief Health Officer <p>The Chief Health Officer is also responsible for;</p> <ul style="list-style-type: none"> • integrated risk management within the CHO portfolio • ensuring that all accountability areas within the CHO portfolio comply with the requirements of the Queensland Health Integrated Risk Management Policy and standards • reviewing and managing risks within their portfolio • sponsoring those initiatives or strategies which address identified corporate risks and initiatives
Queensland Health Audit and Risk Management Committee	<p>The Audit & Risk Management Committee will act as an advisory service to the accountable officer to assist in the effective discharge of the responsibilities prescribed in the <i>Financial Administration and Audit Act 1977</i>, the <i>Financial Management Standard 1997</i> and other relevant legislation and prescribed requirements. In doing so it will provide independent comment, advice and counsel to the Director-General on matters considered by the committee at its regular meetings.</p> <p>The Committee does not replace or replicate established management responsibilities and delegations, the responsibilities of other executive management groups within the agency, or the reporting lines and responsibilities of either the internal audit or external audit functions.</p> <p>The Committee will provide prompt and constructive reports on its findings directly to the accountable officer particularly when issues are identified that could present a material risk or threat to the agency.</p>

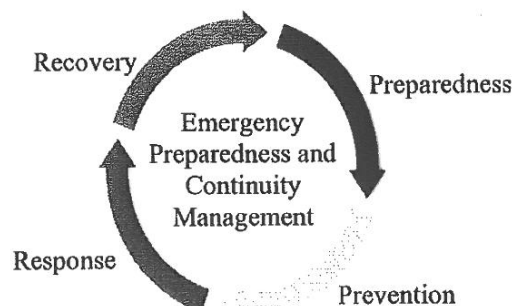
Role/Function	Responsibilities and Specific Accountabilities
Senior Director, Assurance and Risk Advisory Services	<p>The roles and responsibilities of this position include:</p> <ul style="list-style-type: none"> the provision of confidential advice, counsel and Audit Reports to the Office of the Director-General (ODG) on a wide range of financial, operational, information management and staff conduct issues affecting the operations and services of Queensland Health a secretariat function to the Queensland Health Audit and Risk Management Committee
Director, Risk Management Unit	<p>The roles and responsibilities of this position include:</p> <ul style="list-style-type: none"> the management of the Risk Management Unit the ongoing development and maintenance of the Queensland Health Integrated Risk Management Policy and Framework coordinating the ongoing education, training and mentoring support to management in the risk management process coordinating the collection of risk data and the development of the Department's risk profile the provision of regular reports to the Audit and Risk Management Committee and other Senior Executive committees or groups the provision of risk management advisory and consultative services to accountability areas in relation to risk reduction or opportunity strategies and initiatives monitoring key risk strategies support for the development and implementation of a Queensland Health risk management information system (QHRisk)
Information Security Sponsor	<ul style="list-style-type: none"> Ensuring that Queensland Health has a managed process that includes documented and tested plans for all <i>Information Assets of significant sensitivity or business value</i>, to enable the information environment to be restored or recovered in the event of a disaster or security failure. Ensuring that plans include methods for effectively managing risks to business continuity and identifying actions for the continuation of business activities in the event of unforeseen failures or disasters.

Role/Function	Responsibilities and Specific Accountabilities
Assistant General Managers, District Managers, State Managers, Centre Directors, Senior Directors and Directors	<p>These positions are responsible for;</p> <ul style="list-style-type: none"> • The emergency preparedness and continuity management within their area of responsibility. • Ensure that all employees are aware of, and comply with, Queensland Health's Emergency Preparedness and Continuity Management Policy. • May assume the role as State Health Coordinator if the CHO deems it relevant to do so or if the CHO is unable to do so. • The position or delegate from their senior executive will assume the role of Health Incident Controller /Site Medical Commander within their area of responsibility. The Health Incident Controller /Site Medical Commander is to manage the health response to an event and to liaise with other Agencies to ensure an effective planned response and recovery from the event. • The position, where required, is to nominate a responsible person to assume the role of Site Medical Commander. The Site Medical Commander should be a senior clinician preferably with administrative experience. The Site Medical Commander is responsible for both managing the delivery of health care at the site and triaging from the site. • Ensure that risks are managed within their area responsibility and communicated within established reporting structures. • Ensure that risk (including risk registers) are reported to the Director, Risk Management Unit, on risks that: <ul style="list-style-type: none"> ◦ Have the potential to be or are strategic in nature ◦ Requires coordination between responsibility areas within Queensland Health or between departments and/or ◦ Have a serious impact (eg sentinel events)
Managers / Supervisors	<p>These positions are responsible for;</p> <ul style="list-style-type: none"> • Ensuring that all employees are aware of and comply with the Queensland Health's Emergency Preparedness and Continuity Management Policy. • Ensuring that risks are monitored and reviewed within their areas of responsibility and communicated within established reporting structures. • assuming the role of Site Medical Commander, where suitably qualified (ie clinician or public health officer) <p>Risk reporting to their local management groups on risks that:</p> <ul style="list-style-type: none"> ◦ Have the potential to have an impact on their local operations ◦ Require coordination between areas ◦ Have a serious impact (eg sentinel events)
Employees (permanent, temporary, and casual), Agents, Visiting Medical Officers, other partners in care, contractors, consultants and volunteers.	<p>All employees must comply with the Queensland Health Emergency Preparedness and Continuity Management Policy and adhere to any authorised risk management treatment and control strategies.</p>

EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT PROCESS

Core aspects of the emergency preparedness and continuity management:

- **Preparedness** – prior to any event occurring, assess risks and develop plans and pre-planned responses to enable appropriate, prompt action to be taken if an event occurred;
- **Prevention** – detect, deter, delay or minimise the impact of a potential or anticipated event;
- **Response** – minimise the impact of an event and ensure that appropriate responses are initiated should an incident occur; and
- **Recovery** – resume ‘business as usual’ as soon as possible after an incident has occurred



Emergency preparedness and continuity management process:

Step 1 – Commencement

- Gain senior management support
- Establish governance and reporting structures
- Establish context

Step 2 – Risk & Vulnerability Analysis

- Determine the critical success factors, processes or assets

Step 3 – Conduct a Business Impact Analysis

- Determine the maximum time that Queensland Health can be without its critical resources, processes or assets

Step 4 – Define Response Strategies

- For emergency response, continuity response and recovery response

Step 5 – Developing Resource & Interdependency Requirements

- Determine the resourcing requirements and interdependence to enact each plan

Step 6 – Developing Continuity Plans for the chosen strategy

- A set of easy to follow, easy to understand steps, including a list of supporting documents and supporting equipment required to enact the plan

Step 7 – Develop a Communication Strategy

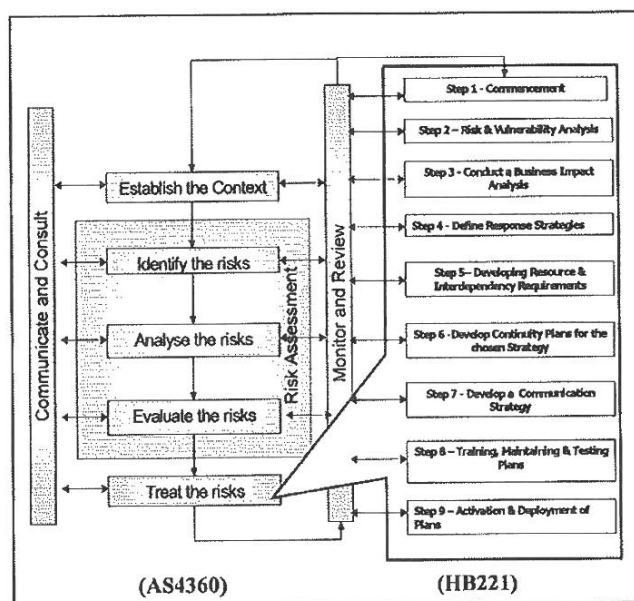
- Communicate the emergency response and continuity plans to all employees and where appropriate to clients and key stakeholders

Step 8 – Training, Maintaining & Testing Plans

- Provide a regular training schedule that tests the understanding and the functions of the plans

Step 9 – Activation & Deployment of Plans

- The steps to activate and use of the plans



Sponsor: Chief Health Officer

Issued by: Director, Emergency Management Unit, Division of the Chief Health Officer

Emergency Preparedness and Continuity Management Policy Policy EPCM September 2006

IMPLEMENTATION

For this Policy, Queensland Health Area Health Services, Statewide Services and Health Service Districts are referred to as 'accountability areas'.

1. Each accountability area will assign a contact officer to liaise with the Emergency Management Unit to develop the specific requirements of that area for the implementation of Emergency Preparedness and Continuity Management policy and framework. This will include the education and support requirements to implement the emergency preparedness and continuity management arrangements within Queensland Health.
2. The outcomes of the implementation of the Emergency Preparedness and Continuity Management policy and framework will be the comprehensive and systematic application of the emergency preparedness and continuity management process in all accountability areas and activities of Queensland Health.
3. Each accountability area will undertake a baseline capacity assessment of their Emergency Preparedness and Continuity Management arrangements
4. Each accountability area will develop a local implementation plan for the implementation of the Emergency Preparedness and Continuity Management Policy and Framework. The outcomes for the accountability area will be:
 - That the executive or manager of the accountability area will accept responsibility for the implementation of the Emergency Preparedness and Continuity Management Policy and Framework;
 - That the Emergency Preparedness and Continuity Management Policy and Framework are communicated to all staff where practicable;
 - To identify a person within the accountability area who will coordinate the emergency preparedness and continuity management arrangements within that area. This role will be called the "Emergency Coordinator". The Emergency Coordinator will:
 - Identify critical infrastructure and review the security and business continuity plans in the event of loss or threat.
 - Review the command and control arrangements
 - Identify who would be the health incident controller?
 - Who would be the site medical commander?
 - How you would be able to contact these people in an emergency?
 - Ensure that representatives are briefed on their role within the emergency preparedness and continuity management plans
 - Identify a process to review the local emergency preparedness and continuity management plans to ensure that they are current and appropriate.
 - The development of local procedures and treatment plans to support the emergency preparedness and continuity management arrangements within their area. These local procedures and treatment plans must be in-line with the Whole-of-Health plans for:

- Information Security and Disaster Recovery
 - Internal Emergency Response and General Security
 - External Emergency Response
 - Business Continuity
 - The implementation of a reporting system within identified management structures and in-line with the Queensland Health Incident Management Policy. (QHEPS 23360)
 - Monitoring and review processes to evaluate identified risks and to identify potential new risks and evaluate the implemented risk treatment plans and arrangements for emergency preparedness and continuity management.
 - To ensure up to date disaster recovery plans, business continuity plans and risk recovery plans are in place and are available
5. Each accountability area will review their emergency preparedness and continuity management arrangements:
- Annually (every 12 months);
 - As new risks, incidents or events occur; and
 - As the National Security Level changes

REPORTING

1. Report implementation to the Emergency Management Unit
2. Identified risks and vulnerabilities to be recorded into the Accountability area risk registers as per Queensland Health Integrated Risk Management Policy. (Policy Identifier 13355)
3. Status reports are to be provided quarterly as per 2.

GLOSSARY of the INSTRUCTION

Accountability area	Includes Health Service Districts, Branches, Statewide Services, Office of the Chief Health Officer, Zones. Also includes the five Directorates within Corporate Office
Business Continuity Management	The framework of controls implemented, and steps undertaken, by an organisation to manage its business continuity risks. The primary objective of these controls is to ensure the uninterrupted availability of its key business resources that support key (or critical) business processes.
Business Continuity Plan	A collection of documents that outline the organisation's preferred approach to dealing with the interruptions to key business processes.
Business functions	Processes essential to the delivery of outputs and achievement of objectives.
Business Impact Analysis	Analysis undertaken for all key business processes and establishes the recovery priorities, should those processes be disrupted or lost.
Continuity treatment	Treatments designed to minimise the effects of disruptions to each key business process.
Disaster	Is 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.
Emergency preparedness	A range of controls and procedures which prepare for risks to the organisation associated with emergencies. It involves developing and maintaining arrangements to prevent or mitigate, prepare for, respond to, and recover from emergencies.
Event	An "event" may be natural or caused by human acts or omissions
Integrated Risk Management	Is the systematic application of the risk management process in all activities undertaken at all levels of the organisation. The term also refers to the integration of clinical and non-clinical risks resulting in a total risk profile and action plan.
Resources	The means that support delivery of an identifiable output and/or result.
Risk Analysis	A systematic use of available information to determine how often specified events may occur and the magnitude of their consequences.
Risk event	Any non-trivial event that affects the ability of an organisation to achieve its business objectives.
Risk Management	Is the culture, processes and structures that are directed towards the effective management of potential opportunities and adverse effects in order to improve health and well being of Queenslanders.
Sentinel event	An undesired event that signals that something serious or sentinel has occurred and warrants in depth investigation
Serious disruption	<ul style="list-style-type: none"> • Loss of human life, or illness or injury to humans; or • Widespread or severe property loss or damage; or • Widespread or severe damage to the environment
Treatment plans	Selection and implementation of appropriate options for dealing with risk.

REFERENCES

Australian Standard: Planning for Emergencies – Health care facilities AS 4083:1997
Australian and New Zealand Standard: Business Continuity Management HB 221:2004
Australian and New Zealand Standard: Risk Management AS/NZS 4360:2004

'QH-03'



Queensland Government
Queensland Health

Queensland Health Disaster Plan

*A Functional Plan of the State Disaster Management Plan
(including Emergency Management arrangements
within Queensland Health)*

3 September 2008

Title

This plan shall be titled and known as the:

**‘Queensland Health Disaster Plan’
(And Emergency Management Arrangements)**

Authorisation

The Queensland Health Disaster Plan is issued under the authority of the Director-General (DG) Queensland Health (QH) and is the functional health plan to the State Disaster Management Plan.

The Plan provides for an all-hazards, multi-agency, and comprehensive approach to emergency management. The Plan incorporates an Incident Management System (IMS) methodology across the key elements of agency emergency preparedness, response capability and business continuity management (EPCM). The Plan has been developed primarily to cover the State of Queensland. However, it can support other States and Territories and, at the request of the Commonwealth, can be used for the deployment and coordination of overseas responses.

This Plan applies to all Queensland Health organisational units, health services and other entities under the control of Queensland Health.

Approved by:

[Signed]

Michael Reid
Director General

Date: 20 September 2008

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Authority and Planning Responsibility

The development, implementation and revision of this Plan is the responsibility of the Director-General (DG) which is delegated to the Chief Health Officer (CHO) Queensland Health.

Amendment List

Proposed amendments to this Plan are to be forwarded to:

Director
Emergency Management Unit
Queensland Health
147-163 Charlotte Street
GPO BOX 48
BRISBANE QLD 4001

This plan will be updated electronically and available on the Queensland Health website.
The electronic copy is the master copy and, as such, is the only copy which is recognised as being current.

Amendment Number	Date
1.0 Draft	27/02/2008
2.0 Draft	31/03/2008
3.0 Draft	20/05/2008
4.0 Draft	01/06/2008
5.0 Draft	21/06/2008
6.0 Draft	30/07/2008
7.0 Final Draft	03/09/2008

Section 1 – Introduction

1.1 Aim

The aim of the Plan is to provide the principles, standards and structures which govern and optimise a health response. It also provides a systematic framework for the management of any large emergency and disaster event that requires a co-ordinated approach across health services, or through the response of other agencies.

AS/NZS 4360:2004 defines the process that should be undertaken in the risk management framework. The framework is a transparent and accountable process for the identification, analysis, control, monitoring and review of risks in clinical and corporate environments. It is an integral component of Queensland Health corporate governance framework and is to be applied in the preparation of any plans used to manage emergency health events.

Australia Standards publications Business Continuity Management HB292:2006 and HB293:2006 define the framework of controls implemented and steps undertaken to manage business continuity risks. The primary objective of these controls is to ensure the uninterrupted availability of key business resources that support the continuation of key (or critical) business processes and objectives.

Risk management applied within a business continuity framework underlines the command, control and coordination arrangements prescribed in this Plan.

1.2 Scope

The scope of this Plan is to develop actions for the preparedness and evaluation of health responses within Queensland Health, and to detail arrangements for the provision of health resources to support response and recovery operations in the event of a large emergency incident and/or disaster event.

This Plan incorporates the Queensland Health Emergency Preparedness and Continuity Management (EPCM) policy standards, particularly the following:

- development of plans to identify and mitigate major health risks at facility, District and State levels
- development of plans to ensure that Queensland Health staff are prepared, trained and equipped to deal with health emergencies
- command, control and coordination structures and arrangements
- support and logistics infrastructure
- inter-operability within a broader multi-agency response framework
- roles and responsibilities for participating organisations
- support for appropriate media communications
- an all-hazards, multi-agency and comprehensive approach to emergency management preparedness and response capability
- the maintenance of Queensland Health core business activities during the response and recovery phase
- appropriate pre-hospital on-site medical and health response management for mass casualties
- identification of appropriate hospitals for definitive treatment and care
- public health advice, warnings and directions to combatants and the community
- psychosocial and counselling services for disaster affected persons and recovery worker;
- continuity of medical and health services required during the recovery period to preserve the general health of the community
- Clinical and Statewide Services (CaSS) advice and service response.

1.3 Legislation

The *Disaster Management Act 2003* provides the legislative basis for disaster management arrangements in Queensland. It makes provision for the establishment of disaster management groups for State disaster, District and Local Government Areas (LGA). Relevant health legislation is applied during prevention (mitigation) and preparedness, to assist continuity management planning, and during the response and recovery activities, to assist services and community return to normality.

1.4. Queensland Disaster Management System

The Queensland Disaster Management System is a multi-tiered system of disaster committees and coordination centres at State disaster, District and Local Government Area level that, in partnership, ensures coordinated and effective organisational capacity to help prevent (mitigate) against, prepare for, respond to and recover from disasters and major incidents in Queensland

The Queensland Disaster Management System operates on three distinct levels. These are:

- Local Government
- Disaster District
- State Government

A fourth level, The Australian Government is also included in the disaster management system recognising that Queensland may need to seek national support in times of disaster. Each of the levels within the State Disaster Management System has, as its basis, a committee structure supported by a Disaster Coordination Centre. These committees and coordination centres are activated when required to manage and coordinate support for disaster stricken communities. When not activated, these committees meet to prepare for and practice their role within the disaster management system.

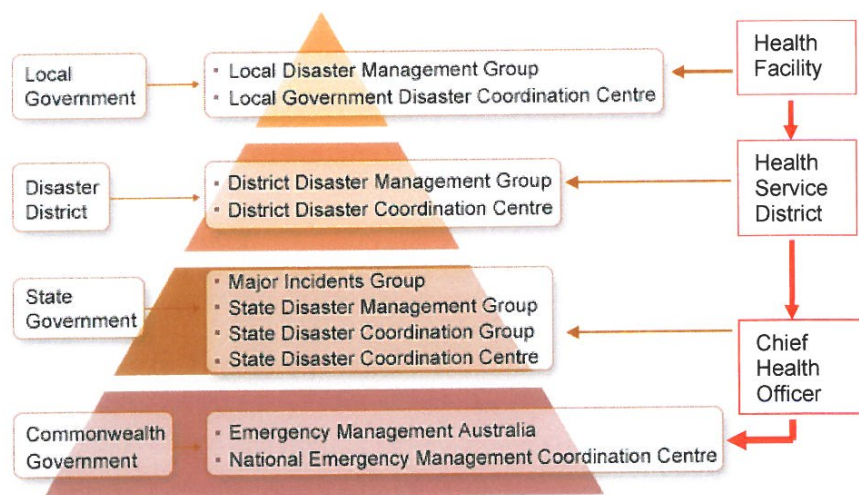


Figure 1: Health Participation in State Disaster Management Arrangements

1.5. Queensland Health – Emergency Preparedness and Continuity Management (EPCM) Policy

Queensland Health, as a core member of the State Disaster Management Group (SDMG), contributes to the Queensland Government Disaster Management Strategic Policy Framework by:

- developing a strategic policy framework for disaster management across the health sector
- ensuring the effective development and implementation of health sector disaster management processes
- establishing and maintaining health response capability and effective disaster management arrangements between the State and the Commonwealth
- sourcing health resources, in and outside the State, that may be used for disaster operations
- providing reports and making recommendations with regard to disaster management and disaster operations for the State.

Queensland's *Disaster Management Strategic Policy Framework*¹ is the State's key strategic tool for disaster management. The Framework establishes the vision for disaster management, aligns with Queensland Government priorities and sets the direction for delivery of enhanced community safety and sustainability outcomes.

Queensland has long been vulnerable to impacts from a range of natural disasters, including cyclones, wild fires, floods, storms and tsunamis. In recent years new threats have emerged from greater reliance on technology, storage and transport of hazardous materials, infectious diseases and terrorism. The Strategic Policy Framework is designed to guide development of initiatives to address potential disaster threats.

The Strategic Policy Framework:

- recognises the roles of stakeholders including all levels of government in the coordinated delivery of disaster mitigation, preparation, response, relief and recovery
- meets key responsibilities as required by s18(a)² of the *Disaster Management Act 2003*
- enhances partnerships by encouraging participation of a broad range of stakeholders in initiatives to promote community safety
- strengthens transparency and accountability of government by establishing strategic priorities to guide the application of resources and reporting on achievement of outcomes
- aligns with strategic initiatives for disaster risk reduction internationally and across Australia
- acknowledges the relationship between Queensland and other states, territories and countries in major disaster events
- represents a key step in delivering Queensland's commitment to the Council of Australian Governments' (COAG) reforms for natural disaster relief and mitigation arrangements.

The Queensland Health Emergency Preparedness Continuity Management Framework aligns with the Disaster Management Strategic Policy Framework, and encompasses risk management and business continuity management principles that promote a comprehensive, integrated approach to emergency planning to better enable Queensland Health to prepare for future incidents that could jeopardize its core mission.

¹url.www.disaster.qld.gov.au/publications/

²url.www.legislation.qld.gov.au

3.0 Triggers and activation phases

Triggers to activate this Plan include:

- **operational capacity** – where a health event is beyond the capacity of the existing and available health resources and an escalated level of response is required
- **legislative** – where activation of a response to a potential or actual health event is required under legislation, for example, a declared public health emergency by the Minister for Health
- **special consequence** – any health event that may have other ramifications of a broader nature to the community, eg. an identified communicable disease.

Authority to trigger the plan.

- this Plan can be triggered by the Director-General or as delegated to the Chief Health Officer (CHO) in the role of the State Health Coordinator (SHC)
- sub-plans and specific plans can be triggered where appropriate by an Executive Director of a State Service and/or the Chief Executive Officer (CEO) or delegate of a Health Service District (HSD).

Emergency management in Queensland utilises four phases of emergency response, alert, standby, response and stand down. In many situations, these stages may be condensed with stages being activated concurrently. Within Queensland Health operations we respond under the following three activation phases:

Standby

Activated when advice of an impending or potential emergency is received. During this stage, the situation is monitored closely to determine the likelihood and nature of the health emergency response that may be required. All relevant health plan appointments, response services, resources and communication systems are prepared and confirmed as ready.

Response

Activated when emergency health response is required and the deployment of health plan, appointments, response services, resources and communication systems are implemented

Stand down

Activated when the health emergency response is no longer required and return to normal operations is commenced.

4.0 Command, control and coordination arrangements

4.1. Roles and Responsibilities

During preparation, response and recovery operations, all Corporate and Clinical Executives and Managers have the responsibility to lead and coordinate the delivery of health services in accordance with the emergency management arrangements prescribed in this Plan; which by necessity are built on functional response arrangements.

It is important to note that formal organisational accountabilities and reporting lines are maintained.

4.1.1. Director-General (DG)

The Director-General Queensland Health is a member of the State Disaster Management Group and is responsible for the overall management and control of the health response to emergency incidents and disaster events.

4.1.2. State Health Coordinator (SHC)

The Chief Health Officer will, on delegation from the Director-General assume the position of State Health Coordinator on activation of the Queensland Health Disaster Plan. The State Health Coordinator will coordinate the overall Queensland Health response to the event in support of the Health Incident Controller. The State Health Coordinator liaises with other agencies to ensure a planned, effective and efficient integrated health service response. The State Health Coordinator will, if required, activate the State Health Emergency Coordination Centre (SHECC) and establish an Incident Management Team (IMT) to support the State Health Coordinator function.

4.1.3. Health Incident Controller (HIC)

In a national security incident and/or a national threat specific event requiring state control, the State Health Coordinator will approve or appoint the Health Incident Controller.

The Health Incident Controller is the senior health person controlling the operational health response to the major event and should have the executive capacity, authority and experience to make decisions relevant to delivering the health event management objectives.

In a health emergency response situation occurring within a Health Service District the District Chief Executive Officer or delegate will appoint the Health Incident Controller and advise the State Health Coordinator of that appointment.

The Health Incident Controller will, where required, activate a Health Emergency Operations Centre (HEOC) and establish an Incident Management Team to support the Health Incident Controller function.

The Health Incident Controller may be a standing delegation identified within Disaster Plans at facility and District level.

4.1.4 Health Commander (HC)

The Health Commander is a senior Queensland Health officer appointed by, and reporting to the Health Incident Controller, who will have the appropriate incident management organisational experience and personal attributes to effect command.

If only one health service is involved in the response, eg. Population Health, the Population Health Sector Commander (HSC) will be the Health Commander. However, if there is more than one health service involved in the response or recovery, eg. Population Health and medical services the Health Incident Controller will appoint a Health Commander. The Health Commander will be responsible for the overall direction and management of all health resources deployed to the scene.

Where appropriate, the Health Commander will join other service commanders in any established Forward Command Post (FCP).

4.1.4.a Health Sector Commander (HSC)

In response to an event with a major health impact, a Health Commander may appoint senior health officers as Health Sector Commanders to manage specific health resources at the scene. This may occur during more complex or multiple concurrent events where the Health Commander will be required to direct the overall management of health resources. In this instance, one Sector Commander from each health service discipline may be appointed for each scene.

Sector Commanders are to be drawn from within the specialist services of the;

- Medical Sector
- Population Health Sector
- Psychosocial and Mental Health Sector
- Ambulance Sector

Health Sector Commanders are responsible for achieving health outcomes as directed by the overall Health Commander.

4.1.5. Health Liaison Officers (HLO)

The Health Liaison Officers represent Queensland Health's interests on matters relevant to the emergency response, and provide a point of contact for interaction with other agencies and across health services.

The Health Liaison Officers have the knowledge and authority to commit resources toward the resolution of the incident on behalf of the Health Incident Controller, and liaise with the Health Incident Controller with regard to estimated time of arrival of personnel or supplies from other supporting agencies.

4.2. Disaster Management Coordination Arrangements

Queensland Health is prepared to respond in a coordinated and integrated manner that optimises a whole of health response. This coordinated response follows the principles of incident management command, control, coordination and communication arrangements, as prescribed in this Plan. Its premise is the implementation of a robust system that fosters inter-agency incident management networking that leads to improved shared awareness, unity of effort and enhanced response capability.

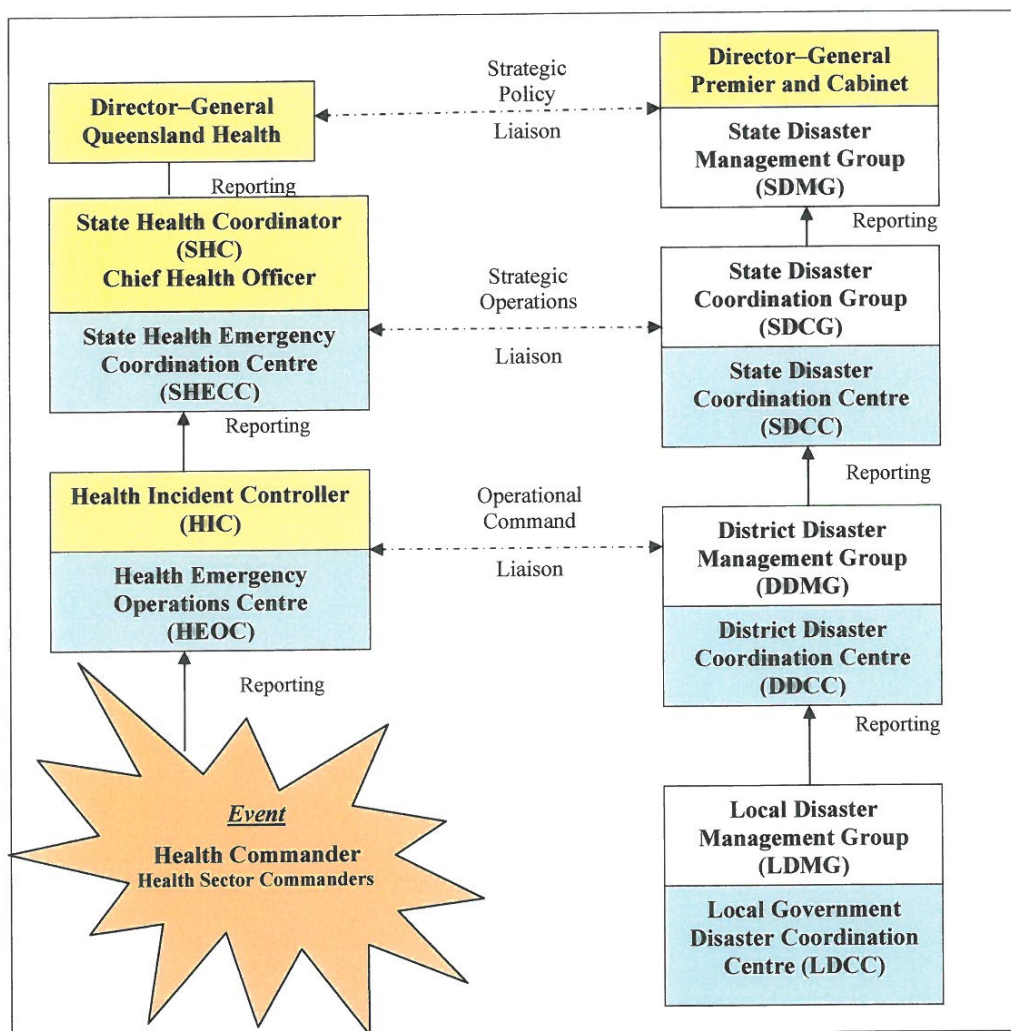


Figure 3: Queensland Health Disaster Management Coordination Arrangements

4.2.1. State Health Emergency Coordination Centre (SHECC)

The State Health Coordinator will establish the State Health Emergency Coordination Centre to support the State Health Coordinator function.

When Queensland Health has lead agency control of the emergency event, other agencies will be invited to provide liaison officers to the State Health Emergency Coordination Centre.

5.0. Health Emergency Operations Centre (HEOC)

When conditions specified in this Plan have been enacted and/or support for an escalating incident is required, the Health Incident Controller will establish a Health Emergency Operation Centre to support the Health Incident Controller function. Coordination of the health response and identification/allocation of additional resources is transferred to the Health Emergency Operation Centre.

When Queensland Health has lead agency control of the emergency event, other agencies will be invited to provide liaison officers to the Health Emergency Operation Centre.

The Health Emergency Operation Centre is a communications facility from which an Incident Management Team operates and where the command, control and co-ordination of the health response to the event occurs. The location of the Health Emergency Operation Centre should be pre-determined and contain infrastructure necessary to support the function, particularly in a prolonged situation. The Health Emergency Operation Centre provides a point of communication and information within local, state and national emergency management arrangements.

5.1. Concept of Operations – Incident Management System

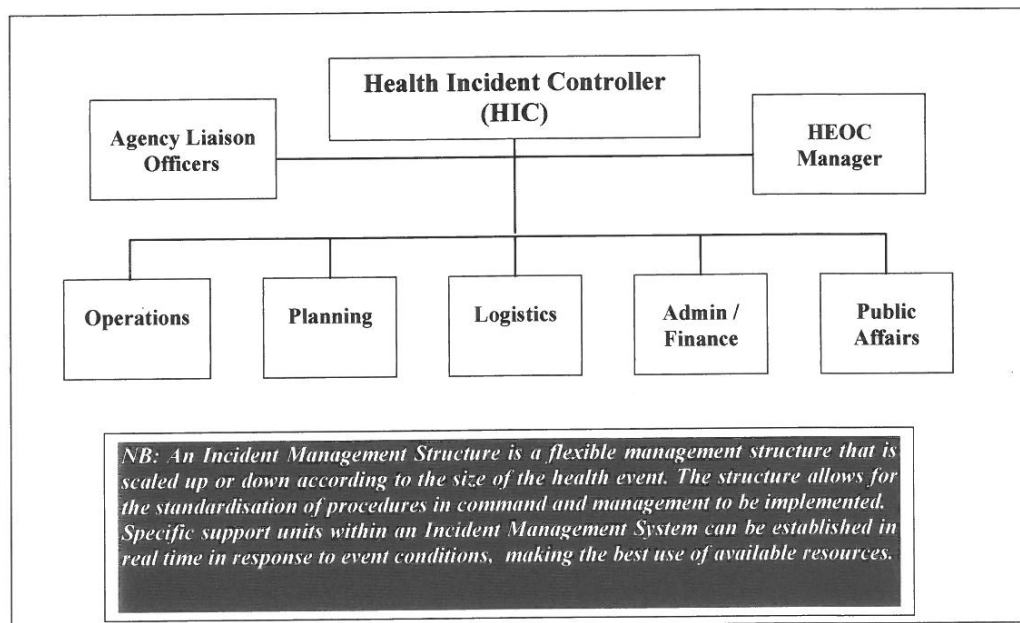
The Incident Management System framework is a flexible, scaleable structure that will enable the management of an event to be organised and coordinated in a consistent agency-wide way with uniform Standard Operating Procedures (SOP) to ensure all vital emergency management activities, communication and information management functions are performed. As an incident escalates the Incident Management System makes provision for these functions to be undertaken through the State Health Emergency Coordination Centre and/or any established Health Emergency Operation Centre.

The Incident Management System is based on an organisational management structure that includes the functions of: Operations, Planning, Logistics, Administration/Finance and Public Affairs, in support of the Health Incident Controller.

Initially, a Health Incident Controller may perform all of these functions. As the incident escalates, the Health Incident Controller may delegate any or all of the functions of the Incident Management System to an Incident Management Team.

Where there are multiple health events occurring simultaneously across Health Service District operations, each event will have a Health Incident Controller appointed to direct and manage the emergency management response and recovery arrangements. Each Health Incident Controller will report to their respective Health Service District Chief Executive Officer who in turn, communicates to the State Health Coordinator through the State Health Emergency Coordination Centre.

Health Emergency Operation Centre – Incident Management Team Structure



The most critical component of a Health Emergency Operation Centre is the individuals who staff it. Membership of an Incident Management Team is drawn from staff trained in the Health Incident Management System possessing the knowledge and skill to contribute to the management of the emergency response.

The following core roles within an Incident Management Team are only implemented when the complexity and size of the event deem it necessary as determined by the Health Incident Controller:

5.2 Operations

The operations function provides the operations liaison within health services and external response agencies and advises the Health Incident Controller on effective response arrangements.

The operations function will be the first function to be activated by the Health Incident Controller. It includes the management of all service response activities that are undertaken *here and now* to respond to and manage the event. The overarching responsibilities of the operations function are to:

- establish an operational structure and allocate resources
- task activities to health units/services
- implement procedures for the welfare of deployed personnel
- determine appropriate scope of clinical practice in the disaster setting (where appropriate)
- implement process for briefing of personnel prior to their deployment
- ensure personnel are properly equipped for the tasks given to them
- keep personnel informed of the situation; in particular in relation to any issues that could affect their safety or welfare
- maintain close liaison with the planning and logistics functions.

5.3 Planning

The planning function concentrates on future operations on a variety of horizons beyond the “here and now” response. This will include considering projected demands on the health service and operational requirements from initial impact and onwards depending on the nature and location of the emergency or disaster situation. This role becomes increasingly important where continued health response and recovery activities over a prolonged period pose a significant continued drain on resources.

The planning function provides for the collection, evaluation and dissemination of information on the current and forecast situation including the provision of the required Situation Reports (SITREPS). The Planning function provides information to inform and develop the appropriate operations plans.

The planning function ensures the preparation of response and recovery plans and strategies that are authorised by the Health Incident Controller to be used in controlling the event.

5.4 Logistics

The logistics function provides support for control of the incident or disaster by obtaining and maintaining the required human and physical resources, facilities and services required in support of the Operations Plan, and will:

- obtain required resources and material logistics requested by the Health Incident Controller
- organise and set up a logistics team; (if required)
- establish effective liaison arrangements and cooperation with all relevant persons
- provide progress reports to the Health Incident Controller on logistical capability available to support the Operations Plan for the incident
- liaise with Operations and Planning Officer to determine future service and support requirements.

5.5 Administration/Finance

The administration/finance function provides support for control of the incident or disaster by obtaining and maintaining the necessary administration and financial resources and documentation required in support of the Operations Plan, and will:

- manage all administration and financial aspects of the incident management response
- liaise with other agency representatives as required
- ensure personnel time records are completed accurately
- brief Health Incident Controller on all incident-related financial issues for attention or follow up.

5.6 Public Affairs

The Public Affairs Officer is responsible for providing and coordinating health media response and internal and external communications during an emergency situation on behalf of the Health Incident Controller.

Queensland Health Public Affairs will have a key role during any major incident in advising and assisting the Health incident Controller, and will provide the agreed communication plan for the incident.

5.7 Health Emergency Operation Centre Duty Manager

The Health Emergency Operation Centre Duty Manager is primarily responsible to the Health Incident Controller for establishing and maintaining the operations of a Health Emergency Operation Centre.

The Health Emergency Operation Centre Duty Manager supports the Incident Management Team by;

- procuring support staff for the Health Emergency Operation Centre
- maintaining a message and task handling system
- coordinating staff and centre activity as directed by the Health incident Controller
- ensuring the ongoing safety and welfare of personnel within the Health Emergency Operation Centre.

6.0. Incident management coordination - across government

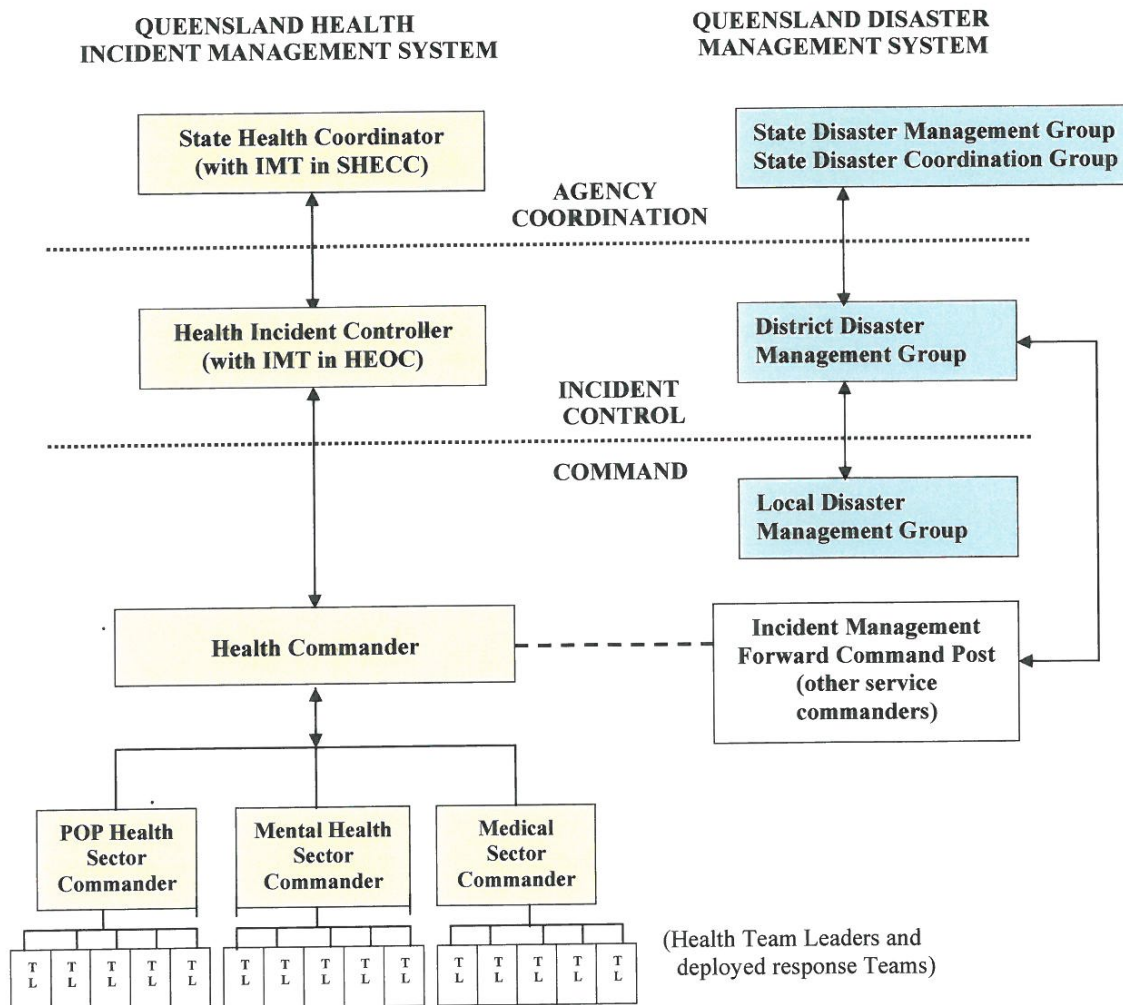


Figure 4: The Queensland Health Command, Control and Coordination arrangements, aligned with the Queensland Disaster Management System.

7.0. Post-operational

7.1 Operational Debriefing

Event assessment and operational debriefings must be undertaken to assist future planning and to address issues requiring improvement. The formalised debrief process must be undertaken in a manner that recognises positive outcomes as well as identifying any *lessons learned*. The outcome of all debriefs and post-incident assessments should be published and distributed appropriately.

Where the Queensland Health Disaster Plan, and sub and specific plans have been activated at State level, the Emergency Management Unit in conjunction with the State Health Coordinator will ensure the debriefing of all participating staff and agencies within a reasonable time frame following the stand down of the emergency response.

Where the plans have been activated at District level, it is the responsibility of the relevant Chief Executive Officer Health Service District to ensure a timely debriefing of all involved agencies. The Chief Executive Officer will forward a report to the Chief Health Officer. Emergency Management Unit (EMU) staff are available to facilitate Health Service District operational debriefs.

Where required, an initial operational debriefing to diffuse any *hot issues* will be conducted following stand-down of the Plan. The formal operational debrief will then be held as soon as possible following the return to normal operations. The debrief report should be finalised when it has been possible to incorporate an assessment of the health outcomes for casualties and incident impacted persons.

8.0 Administration, review and training

Administration

8.1 General

Responsibility for the administration of this Plan lies with the Division of the Chief Health Officer. Responsibility for Health Service District Plans rests with the Health Service District Chief Executive Officer.

8.2 Financial management

Health Service Districts are required to commit resources to plan for disaster services and to rehearse their plans on at least an annual basis and in addition, for exercises prescribed in the State Health Disaster Exercise Plan. Costs incurred in response to emergency health events/disasters following activation of this Plan will be met within the responding areas existing budget until other funding provisions are authorised. At this time expended funds may be reimbursed.

8.3 Review

This Plan and Sub-Plan shall be reviewed at the following times:

- annually
- following the activation of the plan in response to an event
- within one month of any exercise designed to test the effectiveness of this plan
- on the introduction of any major structural, organisational or legislative changes that affects Queensland Health operations.

Copies of Health Service District Plans must be forwarded to the Director Emergency Management Unit Corporate Office for departmental endorsement, when and as they are amended.

8.4 Training

Queensland Health service staff that are tasked to perform emergency management duties in relation to a health event are required to have evidence of training to fulfil those duties.

Training is essential to ensure a co-ordinated response in the event of plan activation, and is to be tailored for each component of the Plan in accordance with the minimum competencies as recognised within the *Queensland Health Emergency Management Education Framework (under development)*.

Formal training will be initiated in each corporate office division and the Division of the Chief Health Officer by the Director Emergency Management Unit.

The Chief Executive Officer of a Health Service District is responsible for the implementation of the Queensland Health Incident Management System and for ensuring there are adequate numbers of trained personnel.

The Chief Executive Officer is responsible for monitoring and reporting that staff with emergency management roles and responsibilities are given access to appropriate levels of emergency management training, and supported by an adequate level of resources.

Health services that deploy personnel in emergency management roles will establish and maintain an education and training register to validate staff readiness.

9.0. Relationships to other health agencies

9.1. Queensland Emergency Medical System (QEMS) Clinical Coordination Centre (QCC)

The Queensland Clinical Coordination Centre (QCC) has been established to directly contribute to the strategic goal of improving the quality and safe coordination of aero-medical services in collaboration with health service districts and other government and non-government agencies. The Queensland Clinical Coordination Centre provides clinical coordination and state retrieval services across the State. In major and disaster events, the Queensland Clinical Coordination Centre will be tasked either by the State Health Coordinator and/or the appointed District Health Incident Controller.

9.2 Queensland Ambulance Service (QAS)

The Queensland Ambulance Service (QAS) provides an out of hospital emergency medical service response to a mass casualty incident or disaster. In a health event, it is the responsibility of the Queensland Ambulance Service to:

- provide a coordinated response for the initial triage, treatment, management and transport of injured persons
- provide a telecommunication linkage with the applicable Health Emergency Operation Centre
- where applicable and in conjunction with the incident Health Commander, manage the health response at the emergency site
- maintain core ambulance services throughout the State during a protracted incident or emergency
- coordinate and deploy volunteer first aid groups in respect to health events as required
- provide Ambulance Paramedics to support field based medical teams where deployed.

9.3. Australian Red Cross Blood Service (ARCBS)

The Australian Red Cross Blood Service (ARCBS) is an operating division of the Australian Red Cross Society and, as such, is part of an international humanitarian movement. The organisation is the national body responsible for providing the Australian community with safe, high quality blood and related services. The organisation also provides vital services in relation to organ and tissue donation and tissue typing for transplantation.

Where a State-wide health event has been declared, and on advice from the Queensland Blood Management Programme (QBMP), the Australian Red Cross Blood Service will:

- identify the likely need for blood and blood products, tissues and organs both to service the emergency and to maintain appropriate supply for the community
- establish additional recruitment and processing of extra donors
- dependent on above, identify supply options which could include transfer of blood/blood samples interstate and transfer of blood/blood samples within the jurisdiction and
- continually assess progress/status of the health event and its management in order to refine resource needs.

9.4. Forensic and Scientific Services (FSS)

Forensic and Scientific Services Branch (FSS) provides statewide public health sciences and forensic services to the Criminal Justice system, Police, Queensland Health, other government departments and the private sector. It is a secondary specialist responder in Chemical, Biological, Radiological, Incendiary and Explosive (CBRIE) incidents. Its capabilities, which have been prepared for a role in this area of operations, are:

- identification/confirmation of agents involved in the incident
- provision of specialist response advice to primary response personnel, including Emergency Services, Police, and Population Health Officers on appropriate means of dealing with the agents involved, both in the short and long term.

FSS has developed a triage facility to enable suspect CBRIE highly toxic chemical and microbiological materials to be processed in a manner which avoids contamination of the main facility, and meets Workplace Health and Safety obligations for staff and the main facility.

Forensic Pathology provides facilities and staff to perform coronial autopsies on multiple fatalities in major incidents and disasters, including disaster victim identification (DVI) and support for relatives of the deceased.

9.5. Private Health Care Facilities

Historically, the role of private hospitals in disasters has been to admit patients transferred from public hospitals receiving large numbers of disaster victims. Whilst it has not been the practice for private hospitals to receive casualties from major incidents, a number of private hospitals now have Emergency Departments, and may be able to receive casualties and also provide an out of hospital response.

Private health providers are to be involved in emergency planning at health sector levels. Formal agreements are to be negotiated by the Health Service District with the relevant private health care providers, to document the resources and services that can be made available and the funding arrangements to be implemented, in the event of a disaster requiring an extended health response.

Section 2 - Sub-Plans

Medical Services Sub-Plan

The Medical Services Sub Plan is under development.

The aim of the Medical Services Sub-Plan of the Queensland Health Disaster Plan is to ensure:

- a coordinated medical services response for prevention, preparation, emergency response and subsequent recovery from the impacts of an event
- the provision of definitive care for multiple casualties as rapidly as possible
- the coordination of medical and non-medical resources
- maintaining core hospital and medical services throughout the State during an event
- the possible re-allocation of health and medical resources as required to provide the best management for multiple casualties
- the deployment of key position holders and/or Australian Medical Assistance Teams (AUSMAT)
- to provide the medical component of a multi-agency task force in the form of specialist trained medical and health personnel.

Coordination and emergency management principles can be used in any event that has health or medical consequences, including:

- mass casualty incidents
- complex trauma emergencies
- chemical, biological or radiological (CBR) incidents
- food and drinking water contamination involving health impacts
- human illness epidemic
- natural disasters
- essential service disruption.

Population Health Sub-Plan

Population Health has dual public health medical and environmental health representation at a District Disaster Management Group level.

In a health event, Population Health services take a comprehensive and all-hazards approach designed specifically for the following events:

- Population Health issues arising from natural and technological disasters
- biological hazards
- chemical hazards (advisory role to lead agency)
- radiation hazards
- significant disease outbreaks
- food systems threats
- drugs, poisons and therapeutic goods threats.

It is the responsibility of Population Health services to:

- provide strategic direction for planning prevention (mitigation), preparedness, response and recovery
- minimise the risks to the community
- promote the pro-active use of risk management processes to Queensland Health Population Health Units, local governments and others
- in a health event specific to Population Health nominate a Population Health Incident Controller to monitor and coordinate health event-related population health activities and provide advice as necessary
- ensure that appropriate public health expertise, resources and lines of communication are available in the event of a disaster.

The Population Health response does not include the provision of medical services by hospitals.

Psychosocial and Mental Health Sub-Plan

The Mental Health Sub-Plan of the Queensland Health Disaster Plan provides a coordinated multi-disciplinary psychosocial response to avoid or alleviate the emotional or psychological effects of experiences by individuals, recovery workers, or communities as a direct result of an incident, disaster or terrorism event.

The Mental Health sub plan is responsible for:

- psychological and counseling services for disaster affected persons of the general community, emergency workers and recovery workers
- maintaining core psychosocial, mental health and community health services during an incident, disaster or terrorism event to both new and existing recipients
- provision of consultation and assistance with crisis counseling services for affected persons, emergency personnel and recovery workers
- provide psychosocial expertise at a site and in State and District Disaster Co-ordination Centres in the event of a prolonged health event
- provide advice and support with disaster victim identification and the mental health aspects of handling relatives and friends of the deceased
- provide advice and support services in the event of evacuation of a community (within the State, nationally or overseas) as the result of an event
- development of public information material for utilisation by psychological and counseling services for affected persons of the general community, emergency workers and recovery workers.

Clinical and Statewide Services (CaSS) Sub-Plan

The Clinical and Statewide Services Sub-Plan provides for a coordinated multi-disciplinary response tailored to the nature of the disaster/emergency situation which may involve:

- **Forensic and Scientific Services (FSS);** provision of forensic pathology support during coronial autopsies and secondary specialist response to Chemical, Biological, Radiological Incendiary and Explosive (CBRIE) incidents
- **Medication Services Queensland (MSQ);** provision and distribution of pharmaceutical supplies through Central Pharmacy services to Queensland Health hospitals and clinics
- **Pathology Queensland;** provision of a tailored pathology service to meet the needs of the disaster/emergency situation
- **Queensland Blood Management Program (QBMP);** ensures accurate blood supply planning and effective demand management during a disaster/emergency situation
- **Statewide Health Services;** provision and management of the Health Contact Centre (13 Health) during a disaster/emergency situation.

State Plans and Emergency Response Protocols

State of Queensland – Multi-Agency Response Plan to Chemical, Biological and Radiological (CBR) Incidents

The State Chemical, Biological and Radiological (CBR) Plan outlines the Queensland Government's management of chemical, biological and radiological incidents. The Plan is a threat specific plan of the State Disaster Management Plan and is supported by three specific plans that outline the Queensland Government's multi-agency response to chemical, biological and radiological incidents.

State of Queensland - Biological Disaster Plan

Queensland Health is the lead agency for the State Biological Disaster Plan which describes the emergency response arrangements to a deliberate and accidental biological release. The level of response will be guided by the nature of the event. This Plan has a particular focus on the response to biological terrorism.

State of Queensland - Radiological Disaster Plan

Queensland Health is the lead agency for the State Radiological Disaster Plan which has been developed to facilitate timely, effective and systematic control of radiological incidents (whether deliberate or accidental) by multi-agency emergency response teams. The plan will also assist in the management of a *dangerous event* as defined under the *Radiation Safety Act, 1999*.

State of Queensland – Chemical Hazmat Disaster Plan

The plan is designed to facilitate effective systemic co-ordination of non-terrorist/criminal instigated chemical/hazmat incidents.

AusburnPlan (2004)

A national burn response plan exists to accommodate a patient surge following an event.

OSMASCASPLAN (2004)

The Plan is for the reception of mass casualties received in Australia from overseas.

Q-Receplan (2001) - Sub Plan of the Commonwealth Government's "COMRECEPLAN".

A health reception plan exists as part of a Queensland Government Plan for the State Support Arrangements for the Reception of Australian Citizens and other Approved Persons Evacuated from Overseas into Queensland under Commonwealth Arrangements. Queensland has identified three designated reception points in Queensland. - Brisbane, Cairns and Townsville. In the event that Amberley is used, local transportation will be provided to move evacuees to Reception Centres in Brisbane

Heatwave Response Plan (2005)

Queensland Health is the lead agency for the Heatwave Response Plan which is applicable in South East Queensland on advice from the Bureau of Meteorology.

**Health Service District and District Disaster Management Groups
and Local Government Disaster Management Groups**

Health Service District	District Disaster Management Group (Queensland Police Service District) and District Recovery Committees	Local Government Area
CAIRNS AND HINTERLAND - Cairns - Tablelands - Innisfail	Cairns Mareeba Innisfail	CAIRNS WUJAL WUJAL HOPEVALE KOWANYAMA POMPURAAW COOK AURUKUN NAPRANUM MAPOON LOCKHART RIVER NORTHERN PENINSULA AREA TORRES TORRES STRAIT YARRABAH CROYDON ETHERIDGE TABLELANDS CASSOWARY COAST
CAPE YORK	Cairns	AURUKUN WEIPA
TORRES STRAIT & PENINSULA	Cairns	TORRES
Coordinating cluster for Cairns and Hinterland, Cape York and Torres Strait & Peninsula is the Cairns and Hinterland Health Service District		
TOWNSVILLE - Townsville - Charters Towers - Bowen	Townsville	RICHMOND CHARTERS TOWERS FLINDERS HINCHINBROOK RICHMOND TOWNSVILLE PALM ISLAND BURDEKIN
MACKAY - Mackay - Moranbah	Mackay	WHITSUNDAY MACKAY ISAAC
MOUNT ISA	Mt Isa	MORNINGTON CARPENTARIA BURKE DOOMADGEE MOUNT ISA CLONCURRY MCKINLAY BOULIA

		DIAMANTINA
CENTRAL WEST - LONGREACH	Longreach	WINTON BARCOO LONGREACH BARCALDINE
SOUTH WEST - CHARLEVILLE - ROMA	Charleville Roma	BULLOO QUILPIE MURWEH PAROO BLACKALL-TAMBO ROMA BALONNE
Coordinating cluster for Mt Isa, Central and South West is the Office of Rural Health		
CENTRAL QUEENSLAND - BANANA - CENTRAL - HIGHLANDS - GLADSTONE - ROCKHAMPTON	Rockhampton Gladstone	CENTRAL HIGHLANDS WOORABINDA ROCKHAMPTON BAUHNIA GLADSTONE BANANNA
SUNSHINE COAST - SUNSHINE COAST - WIDE BAY - FRASER COAST	Bundaberg Maryborough Gympie Sunshine Coast	BUNDABERG NORTH BURNETT FRASER COAST SOUTH BURNETT CHERBOURG GYMPIE SUNSHINE COAST
DARLING DOWNS – WEST MORETON - DARLING DOWNS - TOOWOOMBA - WEST MORETON - SOUTH BURNETT	Dalby Warwick Toowoomba Ipswich Gympie	DALBY GOONDIWINDI SOUTHERN DOWNS TOOWOOMBA LOCKYER VALLEY BOONAH ESK IPSWICH KINGAROY MURGON NANANGO WONDAI
GOLD COAST - GOLD COAST	Gold Coast	GOLD COAST
BRISBANE NORTH - NORTHSIDE - ROYAL BRISBANE AND WOMENS	Brisbane Redcliffe	BRISBANE REDLAND MORETON BAY

BRISBANE SOUTH - SOUTHSIDE - PRINCESS ALEXANDRA HOSPITAL	Brisbane Logan	BRISBANE REDLAND LOGAN SCENIC RIM
CHILDREN'S HEALTH SERVICES - ROYAL CHILDRENS HOSPITAL	Brisbane	BRISBANE REDLAND

Glossary

Alert	Recognition that resources are required to enable an increased level of preparedness.
'All Hazards' Approach	The range of situations that could possibly involve emergency management is extensive. An all-hazards approach requires a form of emergency planning adaptable to a wide range of exigencies.
Command	Command is the internal direction of the members and resources of an agency in the performance of the organisations roles and tasks, by agreement and in accordance with relevant legislation. Command operates vertically within an organisation.
Control	Control is the overall direction of emergency management activities in an emergency situation. Authority to control is established in legislation and may be included in an emergency plan. It carries with it the responsibility for tasking other organisations in accordance with the needs of the situation. In Queensland Health, control relates to the declared emergency situation and operates horizontally across Districts.
Coordination	Co-ordination is the bringing together of organisations and other resources to support an emergency management response. It involves the systematic acquisition and application of resources (organisational, human and equipment) in an emergency. Note: Co-ordination does recognise different operational imperatives, cultures, expertise, capabilities and legislative responses amongst the organisations involved in an emergency. The emergency plan (and any relevant legislation) will define which organisation is going to be the controlling agency. The organisation will determine how the Incident Controller is appointed. Pre-incident management planning will take these considerations into account.
Community Recovery	Refers to the co-coordinated process of supporting disaster affected individuals, families and communities towards the restoration of emotional, social, economic and physical well-being following a disaster. Services delivered typically include provision of information, payment of financial assistance, and provision of personal and psychological support.
Disaster	A disaster is a serious disruption in a community, caused by the impact of an event that requires a significant co-ordinated response by the State and other entities to help the community recover from the disruption. Serious disruption means: <ul style="list-style-type: none"> 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 (<i>Disaster Management Act 2003</i>)
Disaster Management	Disaster Management means arrangements for managing the potential adverse effects of an event, including; for example, arrangements for mitigating, preventing, preparing for, responding to and recovering from a disaster (<i>Disaster Management Act 2003</i>).
Disaster Operations	Disaster Operations means activities undertaken before, during or after an event happens to help reduce loss of human life, illness or injury to humans, property loss or damage or damage to the environment, including, for example, activities to mitigate the adverse affects of an event (<i>Disaster Management Act 2003</i>).

Glossary (cont.)

Event	<p>An Event means any of the following:</p> <ul style="list-style-type: none"> a. a cyclone, earthquake, flood, storm tide, tornado, tsunami, volcanic eruption or other natural happening; b. an explosion or fire, a chemical, fuel or oil spill, or 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. <p>An Event may be natural or caused by human acts or omissions (<i>Disaster Management Act 2003</i>).</p>
Health Event	<p>An event arising from natural and technological disasters that endangers or threatens to endanger the well-being of persons in Queensland and requires a significant and coordinated health response. This particularly applies to and includes:</p> <ul style="list-style-type: none"> a. Biological hazards; b. Chemical hazards; c. Radiation hazards; d. Significant disease outbreaks; e. Food systems threats; f. Drugs, poisons and therapeutic goods threats. g. Acts of terrorism.
Health Commander	<p>A person responsible for the overall direction and management of all health operations and resources deployed to an emergency situation. A single-agency term. A commander has authority only within that agency. Responsibilities include the direction and co-ordination of the activities of that agency. A commander operates vertically within that agency and cannot command members of another agency.</p>
Health Incident Controller	<p>The senior health person controlling the health response to a major health event.</p>
Health Services	<p>Any medical care, hospital services, public health support, environmental, community or allied health services relating to the maintenance, restoration or improvement of health in the community.</p>
Health Service District	<p>Health Service Districts are defined by geographical boundaries. There are 15 Health Service Districts within Queensland.</p>
Incident Management System	<p>A flexible, scalable organisational management structure that includes the functions of: Operations, Planning, Logistics, Administration/Finance and Public Affairs to facilitate efficient management of an incident.</p>
Lead Agency	<p>The agency identified as primarily responsible for planning and coordinating the response to a particular emergency.</p>
Mitigation	<p>Measures taken in advance of an event aimed at decreasing or eliminating its impacts on the community or the environment.</p>
Operational Debrief	<p>A meeting held during or at the end of an operation to assess its conduct or results. Final debriefing needs to be delayed until all information and data is available to inform the debrief.</p>
Preparedness	<p>The action to minimise loss of life and damage, and the organisation and facilitation of timely, effective rescue, relief and rehabilitation in case of disaster.</p>
Prevention	<p>The identification of hazards, the assessment of threats to life and property and the taking of measures to reduce or eliminate potential loss of life or damage to property whilst protecting economic development.</p>

Recovery	The process of returning an affected community to its appropriate level of functioning following a disaster situation.
Response	The process of combating a disaster and providing immediate relief for persons affected by the situation.
Situation Report (Sitrep)	A brief report that is published and updated periodically during an emergency that outlines the details of the emergency, the health tasks generated, and the responses undertaken as they become known.
Standard Operating Procedure	A set of directions detailing what actions could be taken, as well as how, when, by whom and why, for specific events or tasks.
State Health Co-ordinator	The Chief Health Officer or delegate. Provides high level support and advice to the Health Incident Controller as well as a co-ordinating an integrated response with other agencies.
Supporting Agency	An agency, service, organisation or authority providing assistance to the controlling authority.
Supporting Plan	A functional plan prepared by an agency or organisation which describes the support to be provided to the co-ordinating body during an emergency.
Triage	The process, by which casualties are sorted, prioritised and distributed according to their need.

Table of Acronyms

AHPC	Australian Health Protection Committee
ARCBS	Australian Red Cross Blood Service
CASS	Clinical and State-wide Services
CBRIE	Chemical Biological Radiological Incendiary and Explosive Incidents
CEO	Chief Executive Officer
CHO	Chief Health Officer
COAG	Council Of Australian Government
DDCC	District Disaster Coordination Centre
DDMG	District Disaster Management Group
DES	Department of Emergency Services
DG	Director-General
DMAT	Disaster Medical Assistance Teams
DVI	Disaster Victim Identification
EMA	Emergency Management Australia
EMQ	Emergency Management Queensland
EMU	Emergency Management Unit, Queensland Health
EPCM	Emergency Preparedness and Continuity Management
FCP	Forward Command Post
FSS	Forensic and Scientific Services
HC	Health Commander
HEOC	Health Emergency Operations Centre
HIC	Health Incident Controller
HLO	Health Liaison Officer
HSC	Health Sector Commander
HSD	Health Service District
IMS	Incident Management System
IMT	Incident Management Team
LDMG	Local Disaster Management Group
MHIMT	Mental Health Incident Management Team
QAS	Queensland Ambulance Service
QCC	QEMS Clinical Co-ordination
QEMS	Queensland Emergency Medical System
QFRS	Queensland Fire and Rescue Service
QH	Queensland Health
QPS	Queensland Police Service
RFDS	Royal Flying Doctor Service
SCC	State Crisis Centre – Premier and Cabinet
SDCC	State Disaster Co-ordination Centre
SDCG	State Disaster Co-ordinator Group
SDMG	State Disaster Management Group
SES	State Emergency Service
SHC	State Health Co-ordinator
SHECC	State Health Emergency Co-ordination Centre
SITREP	Situation Report
SOP	Standard Operating Procedure
SORT	Special Operations Response Team

Section 3 Standard Operating Procedures

Standard Operating Procedure 1

Job Cards

Standard Operating Procedure 2

Health Emergency Operations Centre

Standard Operating Procedure 3

Operational Debrief

These Standard Operating Procedures can be accessed via the Queensland Health Emergency Management Unit Intranet site.