CAIRNS HEALTH SERVICE DISTRICT
EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT
September 2006

Updated Action Plan

NO.	RECOMMENDATION	RESPONSIBILITY	IMPLEMENTATION DATE	CURRENT STATUS OF IMPLEMENTATION
1	It is recommended that an all-hazards whole-of-business process be undertaken, considering and being based on requirements and best practice standards established by the following: • Queensland Health Policy 28028: Emergency Preparedness and Continuity Management Policy (June 2005); • Queensland Government Infrastructure Protection and Resilience Framework; • Australian and New Zealand AS/NZS 4360:2004 – Risk Management; and • Australian and New Zealand Standard HB 221:2004 – Business Continuity Management. Other relevant references include: • HB231:2000 Information Security Risk Management Guidelines (for information security); • National Guidelines for the Protection of Critical Infrastructure From Terrorism (for critical	Steven Tresidder – Acting District Director of Corporate Services	July 2007	

NO.	RECOMMENDATION	RESPONSIBILITY	IMPLEMENTATION DATE	CURRENT STATUS OF IMPLEMENTATION
	infrastructure); and • Business Continuity Management: Keeping the Wheels in Motion – A Guide to Effective Control (Australian National Audit Office). Based on the above, the framework and process should incorporate: • Identification of essential or key elements within the asset (tangible and intangible); • Identification and assessment of possible all-hazard continuity threats and risks and levels of consequential impact; • Off-site interdependencies and other contingency and continuity strategies, plans, controls and procedures; and • Determination of risks that require/do not require treatment, and development of treatment plans for unacceptable risk exposures.			
2	It is recommended that: • Security Plans be developed and formalised to address the chain of command, engagement and communication procedures and protocols for receiving/communicating advice of changes in National Alert Levels (for example, with Queensland Health, Health Services Directorate, Internal Emergency Response and General Security Unit, and Queensland Police Services). • Security Plans be further developed for procedures and protocols to be action on escalation/de-escalation of National Alert Levels. Requirements should be determined on guidance from Queensland Health,	Steven Tresidder – Acting District Director of Corporate Services	July 2007	

NO.	RECOMMENDATION	RESPONSIBILITY	IMPLEMENTATION DATE	CURRENT STATUS OF IMPLEMENTATION
	Health Services Directorate, Internal Emergency Response and General Security Unit.			
3	The CHSD is represented in Local and District Disaster Management Groups and Plans for inter agency engagement and coordination in managing a disaster emergency incident. It is recommended that the Emergency Plan – Code Brown – External Disaster Plan provide further reference/link to the Local Disaster Management Plan and the District Disaster Manual Plan for access as required. It is recommended that the Emergency Plan address, at a high level for reference by all staff, the chain of command and authority for media and public relations responses. This should be in accordance with *Queensland Health Media Policy and Contact Guidelines*. It is recommended that the Code Yellow Emergency Response Plan provide further reference/link to: • Established procedures and treatment plans for hazardous substances; and • Contingency plans for continuity in operations and essential services. It is recommended that Emergency Response Plan for Evacuation (Code Orange) specifically provide response procedures for declaration and communication of 'all clear' by the Emergency Controller (consistent with Emergency Plan). It is recommended that the Emergency Response Plan for Smoke/Fire (Code Red) specifically provide for post	Steven Tresidder – Acting District Director of Corporate Services	July 2007	

NO.	RECOMMENDATION	RESPONSIBILITY	IMPLEMENTATION DATE	CURRENT STATUS OF IMPLEMENTATION
	incident checking, testing and replacement of equipment as necessary. It is recommended that plans provide guidance and include recording templates for any identifying characteristics of the perpetrator including location, identity, age, sex, accent or speech impediment, background sounds etc.			
4	As a 'Significant' Critical Infrastructure Asset, it is recommended that risk profiles and plans associated with the CHSD's Emergency Preparedness and Continuity Management Framework (including those relating to infrastructure resilience and protection from terrorist threats and activities) be reviewed on an annual basis, or more frequently for changing internal and external circumstances. Furthermore, underlying risk profiles should be re-assessed in detail every two years. Based on review and assurance activities undertaken, it is recommended that quality procedures include the issue of certification as set out above to the Department of Parliament and Cabinet (Security Planning and Coordinator) on an annual basis.	Steven Tresidder – Acting District Director of Corporate Services	July 2007	

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Queensland Government
Queensland Health

MEMORANDUM

To: Mr Terry Mehan, General Manager, Central Area Health Service

Copies to: Mr Noel Matson, A/Manager, Central Highlands Health Service District
Dr Jeannette Young, Chief Health Officer

From: Uschi Schreiber, Director-General **Contact No:** [redacted]
Fax No:

Subject: **FINAL AUDIT REPORT**
OPERATIONA/EFFICIENCY AUDIT – EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT – CENTRAL HIGHLANDS HEALTH SERVICE DISTRICT

File Ref: 0652O03/DG046130

I wish to draw to your attention the attached Final Audit Report prepared for the Operational/Efficiency Audit of Emergency Preparedness and Continuity Management which was completed by the Audit and Operational Review Unit recently at the Central Highlands Health Service District.

The District has given a target date of 22 September 2006 as a timeframe for the implementation of the recommendations. I would be pleased if you could provide an update of the status of the implementation progress, using the attached Action Plan, to Mr Pat Culpan, A/Director, Audit and Operational Review by 24 November 2006.

If you should have any enquiries regarding this matter, please do not hesitate to contact Mr Culpan on [redacted]

Uschi Schreiber

Uschi Shreiber
Director-General
2/11/06

Queensland Government
Queensland Health

FINAL AUDIT REPORT

OPERATIONAL/EFFICIENCY AUDIT

EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT

CENTRAL HIGHLANDS HEALTH SERVICE DISTRICT

SEPTEMBER 2006

Audit and Operational Review Unit

QUEENSLAND HEALTH
OPERATIONAL AND EFFICIENCY AUDIT
EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT

EXECUTIVE SUMMARY

BACKGROUND AND FRAMEWORK OF REVIEW

Queensland Health has established its Emergency Preparedness and Continuity Management Policy, Guidelines and Program to support its preparedness and capability to prevent, respond to, and recover from an emergency event such as:

- 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 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; and/or
- Any other similar event.

Queensland Health's Emergency Preparedness and Continuity Management Policy, Guidelines and Program ("the Framework") include, et al:

- Queensland Health Disaster Plan 2002;
- Queensland Health Policy Statement 28028 – Emergency Preparedness and Continuity Management;
- Queensland Health Integrated Risk Management Framework (QHEPS 15232);
- Queensland Health Information Security Policy (QHEPS 3485); and
- Queensland Health Information Security Standard 9 – Business Continuity Management (QHEPS 23724).

This Framework is part of, and in support of, the Queensland Government's project for the safety and security of Queensland in:

- The preparation for, prevention of, response to and recovery from terrorism related incidents, as set out in the Queensland Government Counter-Terrorism Strategy 2005-2007, and consistent with the National Counter-Terrorism Framework;
- The protection and resilience of infrastructure; and
- The protection of critical infrastructure from terrorism.

The Framework is also based on, and supports compliance with and implementation of, relevant Legislation, Policies, Standards and key documents including:

- Disaster Management Act 2003;
- State Counter Disaster Plan 2001;
- Queensland Government Counter Terrorism Strategy 2005-2007
- Queensland Government Infrastructure Protection and Resilience Framework;
- Queensland Government Plan for the Protection of Critical Infrastructure from Terrorism
- Standards Australia and New Zealand - AS/NZS 4360 - 2004 – Risk Management
- Standards Australia and New Zealand- HB 221:2004 Business Continuity Management;
- Australian Standard – AS 4083-1997 Planning for Emergencies – Health Care Facilities; and
- Queensland Government Information Standard 18 – Information Security.

QUEENSLAND HEALTH
OPERATIONAL AND EFFICIENCY AUDIT
EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT

EXECUTIVE SUMMARY

OBJECTIVE OF REVIEW

The overall objective of the review has been to ensure Queensland Health Executives are managing, (through the establishment and implementation of adequate and effective frameworks, strategies, plans, policies and procedures) the risks associated with emergency, disaster, security, contingency, asset protection and resilience management in accordance with the Framework to enable effective response and service continuity.

SCOPE AND NATURE OF REVIEW PROCEDURES

Review has been performed on a sample basis across the following Health Service Districts:

- Southern Area Health Service - Princess Alexandra Hospital Health Service District
- Southern Area Health Service - Gold Coast Health Service District
- Northern Area Health Service - Cairns Health Service District
- Northern Area Health Service - Innisfail Health Service District
- Central Area Health Service - Gladstone Health Service District
- Central Area Health Service - Central Highlands Health Service District

Our review was a high-level desktop review for the purposes of gauging implementation progress and identifying areas for further focus and development.

Our review procedures took the form of:

- Discussions with key officers at hospital based facilities and inter-agency representatives; and
- High-level review of plans, policies, procedures and related documentation as presented to us.

Our review procedures have not, and should not be relied upon by any parties as having, sought to test or provide validations or assurances in relation to:

- Completeness for all matters that may be identified and/or require further focus and development;
- Detailed compliance with all and/or specific legislation, standards, policies and/or guidelines; and/or
- Practical ability for plans, policies and procedures to successfully deter, mitigate, respond to and/or recover from disaster emergencies in test exercise or actual incident situations.

Review has been performed by BDO Kendalls as a party independent to Queensland Health. Review has been performed under the direction of, and for, Queensland Health and the Acting Senior Director, Assurance and Risk Advisory Services and should not be released to or relied upon by any other party without BDO Kendalls' prior knowledge and express consent, unless under obligation and direction at law.

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QUEENSLAND HEALTH
EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT
CENTRAL HIGHLANDS HEALTH SERVICE DISTRICT

SUMMARY OBSERVATIONS

Queensland Health's Central Highlands Health Service District (CHHSD) includes the Emerald, Blackwater, and Springsure and Hospitals.

The District operates relatively small facilities with primary hospital services limited to acute inpatient, accident and emergency and radiography. Other services include allied health, primary health and community health clinics, with specialist services available on a visiting basis.

CHHSD prepared a limited scope Disaster Manual (for hospital response to internal and external emergencies as they affect hospital treatment procedures and operations only) in 1998.

The capacity to review and maintain the manual (on at least an annual basis), or to broaden the scope to further develop all-hazards, whole-of-business Emergency Preparedness and Continuity Management Plans in accordance with current Queensland Government and Queensland Health Frameworks, Policies and Guidelines, has not been available in subsequent resource and budget allocations.

In this regard, the CHHSD has not had the capacity to:

- Perform an all-hazards / whole-of-business risk assessment for the development of adequate strategic and operational contingency and continuity plans;
- Perform security risk assessments and related general security strategies and plans to support infrastructure protection and resilience; or
- Maintain Emergency Plans in accordance with related Australian Standards (AS 4083-1997: Planning for Emergencies – Health Care Facilities.

However, in terms of the ability to manage and be supported through significant disasters beyond the immediate scope and/or capacity of hospital facilities, the CHHSD is a part of the Local Disaster Management and District Disaster Management Groups, associated Plans and test exercise activities for engagement and coordination with other key agencies, organisations and facilities.

The CHHSD has recently been granted approval for a temporary Project Officer on a three-month appointment to establish outstanding plans and hand over for ongoing maintenance and development.

Although this is expected to enable development of necessary plans in the first instance, the capacity and resources to maintain and continually develop these plans is likely to be an ongoing capacity and resource challenge for the CHHSD.

On this basis, it is recommended that consideration be given to an annual temporary appointment for review and coordination of plan testing to ensure these are maintained and continually developed as required.

The following provides high level and specific matters for consideration in undertaking further plan development work in relation to:

- Establishing an appropriate governance structure for the ongoing management, review, monitoring, and accountability of/for emergency preparedness, disaster management, contingency and continuity planning;
- Adopting and implementing an all-hazards whole-of-business approach ton contingency and continuity planning;
- Further development of the Disaster Manual;
- Revisions to Emergency Response Plans; and
- Revisions to Local Counter Disaster Plans.

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QUEENSLAND HEALTH
EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT
CENTRAL HIGHLANDS HEALTH SERVICE DISTRICT

1. GOVERNANCE STRUCTURE FOR THE ONGOING MANAGEMENT, REVIEW, MONITORING AND ACCOUNTABILITY OF/FOR EMERGENCY PREPAREDNESS, DISASTER MANAGEMENT, CONTINGENCY AND CONTINUITY PLANNING

Matter Noted ***Risk/Action Priority - High***

Emergency preparedness, disaster management, contingency and continuity management is currently overseen by the District Management and District Executive group. It is noted however that the function, scope, responsibilities and accountabilities of and to this group have not been formally established to guide its effective operation.

Recommendation

It is recommended that the group be formally established and operate as an Emergency Preparedness, Disaster Management, Contingency and Continuity Management Committee, governed and operating by an appropriate terms of reference, to manage the development, implementation and ongoing management of responsibilities relating to Queensland Health's Emergency Preparedness and Continuity Management Policy.

The Terms of Reference should establish for implementation, et al:

- **The Committee's Purpose**: for example, purpose may be established as to *"develop an emergency response framework to comply with the Queensland Health's Emergency Preparedness and Continuity Management Policy and to optimise and coordinate all health and health related emergency planning, preparedness and response and recovery activities within the CHHSD."*

- **Scope and Function**: for example, scope and function may include:

    - ***Development*** of strategies, plans, manuals and processes to identify all-hazard based vulnerabilities and deter, detect, mitigate, respond to and recover from disaster emergencies and state-wide directions;
    - Practically action risk ***minimisation/management strategies and treatment actions;***
    - Ensure compliance with relevant and applicable ***standards and legislation***;
    - Maintain adequate ***training*** of staff in cooperation with the District's training and education committees and initiatives;
    - Liaise with ***external agencies*** to ensure responses are optimised both to external and internal emergencies, including planning and coordination ***exercises***; and
    - Ensure ***resolution of issues*** referred to the Committee.

- Multidisciplinary **Composition**: for example:

    - District Manager;
    - Director Corporate Services;
    - Medical Superintendent;
    - District Director of Nursing;
    - WHS Officer;
    - Operational Services, Stores and Engineering;
    - Organisational Improvement Officer;
    - Others as considered necessary on an invitation basis.

It is recommended that, during development phase (for example, first six to twelve months), meetings are held on a monthly basis and quarterly thereafter, with the ability to call interim meetings as required.

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CENTRAL HIGHLANDS HEALTH SERVICE DISTRICT

Management Response

Recommendations Accepted: **YES**

Management Action Plan

Responsible Officer	*Target Date*
District Manager	22 September 2006

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QUEENSLAND HEALTH
EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT
CENTRAL HIGHLANDS HEALTH SERVICE DISTRICT

2. ALL-HAZARDS WHOLE-OF-BUSINESS APPROACH TO CONTINGENCY AND BUSINESS CONTINUITY PLANNING

Matter Noted ***Risk/Action Priority – High***

The aim of business contingency and continuity planning in an asset protection and resilience, emergency planning and continuity management context is to enable the restoration of normal business operations as soon as feasible following a critical incident. The plans serve to enable the hospital to establish disaster recovery and business resumption strategies to support its business in the event of any critical incident, regardless of its nature and source.

To some extent, asset protection and resilience, contingency and continuity arrangements are addressed in the context of specific emergency responses through existing (although not necessarily up to date) Disaster Manual Emergency Response Plans. Similarly, work currently being performed in the preparation of Pandemic Influenza Plans are also expected to identify contingency and continuity risks equally applicable to whole-of-business risk and planning scenarios.

To date however, the IHSD's capacity and resource limitations have not enabled the performance of high-level, all-hazards continuity risk identification and assessment processes to form the basis of preparation of *whole-of-business* asset protection and resilience, contingency and continuity plans, in accordance with applicable Queensland Government and Queensland Health Frameworks, Policies and Guidelines and other recognised best practice standards.

Recommendation

It is recommended that the temporary Project Officer appointment be responsible for establishing this Framework and facilitating this process in the first instance, for ongoing management overseen by the Emergency Preparedness, Disaster Management, Contingency and Continuity Management Committee.

An all-hazards whole-of-business framework and process should consider and be based on requirements and best practice standards established by the following:

- Queensland Health Policy 28028: Emergency Preparedness and Continuity Management Policy (June 2005);
- Queensland Government Infrastructure Protection and Resilience Framework;
- Australian and New Standard AS/NZS 4360:2004 – Risk Management; and
- Australian and New Zealand Standard HB 221:2004 – Business Continuity Management.

Other relevant references include:

- HB231:2000 Information Security Risk Management Guidelines (for information security);
- National Guidelines for the Protection of Critical Infrastructure From Terrorism (for critical infrastructure);
- Business Continuity Management: Keeping the Wheels in Motion – A Guide to Effective Control (Australian National Audit Office).

Based on the above, the framework and process should incorporate:

- Identification of essential or key elements within the asset (tangible and intangible);
- Identification and assessment of possible all-hazard continuity threats and risks and levels of consequential impact;
- Off-site interdependencies and other contingency and continuity strategies, plans, controls and procedures; and
- Determination of risks that require/do not require treatment, and development of treatment plans for unacceptable risk exposures.

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QUEENSLAND HEALTH
EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT
CENTRAL HIGHLANDS HEALTH SERVICE DISTRICT

Management Response

Recommendations Accepted: **YES**

Management Action Plan

Responsible Officer	*Target Date*
District Manager	22 September 2006

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QUEENSLAND HEALTH
EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT
CENTRAL HIGHLANDS HEALTH SERVICE DISTRICT

3. DISASTER MANUAL – HIGH LEVEL PLAN

Matter Noted ***Risk/Priority: High***

The Disaster Manual was prepared in 1998, however capacity and resource limitations have limited the ability to continually develop, review, test and maintain the Plan since inception and in accordance with:

- Changes in internal and external risk profiles;
- Changes in operating environments and practices; and
- Developments in regulatory, policy and best practice requirements.

The following high-level gaps are noted in the existing Disaster Manual for consideration in further development:

Observation	Recommendation
The Disaster Manual – Introductory Document is limited in its opportunity to function as a high-level guide to key matters relevant to overall disaster management in all applications.	It is recommended that a comprehensive Introductory Document be developed, addressing (although not limited to) State Health Emergency Response Plan (SHERP) principles, and the following for application to all emergency/disaster incidents, and consistent with:
	• Protocols and procedures for activation of plans, addressing: alert, notification, standby, activation, escalation, stand-down and cancellation of a emergency response codes (eg on false alarm). These should identify authorities, roles, responsibilities and be consistent with the Plan's chain of command and communication strategies.
	• Establishing a Disaster Command Post, its location within the facility, alternative on and off site locations, who should occupy the post, equipment requirements, provision for additional people, agencies and organisations as required.
	• Composition, roles and duty references for the ***Command Group***, including: Medical Superintendent, Shift Coordinator, Nurse Manager, District Director of Nursing, Emergency Department Staff, Administration Staff, WHS Officer, Operating Theatre, Ward, Pharmacy, Radiography, Pathology, Operational Services, Stores and Engineering. • Composition, roles and duty references for the ***Disaster Team***, including: Medical Officer, Triage Officer.

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Observation	Recommendation
	• Communication protocols for internal communications, communications with Queensland Health - Health Services Directorate, Internal Emergency Response and General Security Unit, Local Disaster Management Groups, District Disaster Management Groups and other inter-agency networks.
	• Communication equipment and alternatives under back up/contingency arrangements.
	• Security Strategies and Procedures: *Locally:* securing the facility, minimising and controlling points of access, accessing security support. *Organisationally:* communication between CHHSD, Queensland Health, Health Services Directorate, Internal Emergency Response and General Security Unit, Local Disaster Management Groups, District Disaster Management Groups and other inter-agency networks as required regarding significant security threats, incidents, changes in National Alert Levels and actions to be taken on site to manage these changes.
	• Workplace Health and Safety Requirements, referring in particular to established policy and procedure requirements.
	• Media and public relations management, at a local level, and protocols for escalation to Queensland Health Media and Public Relations Liaison for significant incidents, incidents relating to the Department as a whole, and/or incidents of a politically sensitive nature in accordance with *Queensland Health Media Policy and Contact Guidelines.*
	• Control of visitors and crowds.
	• Training and Education.
	• Staff debriefing and counselling support after an incident (short, medium and longer term as required).

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QUEENSLAND HEALTH
EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT
CENTRAL HIGHLANDS HEALTH SERVICE DISTRICT

Observation	Recommendation
	• Plan review procedures including: *Timing and frequency*: for example, annually, on change to procedures and/or post disaster event as required. *Nature of exercise*: progressing from table-top to full scale practical tests. Requirements for documentation, debrief and evaluation of plan performance under test conditions for revisions to plans as required.
	• Reference to Emerald Shire Council Disaster Plan, Aerodrome Disaster Plan, Rockhampton Disaster District Plan and command for escalation.
	• Post Disaster Recovery – for example, documentation and reporting, financial matters, inventory and resupply, utility and equipment servicing, record preservation, clean up, salvage, special cleaning, garbage and waste disposal etc.

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QUEENSLAND HEALTH
EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT
CENTRAL HIGHLANDS HEALTH SERVICE DISTRICT

Observation	Recommendation
The Manual forms the basis for managing ***external*** and ***internal*** disasters. In particular, its example prescription of the nature of incidents that may be classified as ***external*** disasters does not currently provide for 'all-hazards' approach to include threats and vulnerabilities of a security/personal threat/terrorist nature (eg hostage, seize, kidnapping or other politically, culturally, religiously, or vendetta motivated threat/attack).	Based on all-hazards risk assessment (refer Matter 2 above), it is recommended that the manual expands its prescription of external incident application to include threats and vulnerabilities of a security/personal threat/terrorist nature.
The Manual provides contact lists, which are critical for timely, efficient and effective response during an emergency or disaster incident. A number of matters are raised to improve the control of this document to ensure adequacy, accuracy, consistency and reliability when needed in such situations.	It is recommended that the Plan document procedures for the regular review, confirmation and maintenance of all contact lists on at least an annual basis and procedures for notification of interim changes by all parties, internal and external. To maintain external contacts, the Emerald Shire Local Disaster Management Group Committee meeting/agenda may be an appropriate forum for review and confirmation of inter-agency and other external member contacts. This Committee, as represented by the Emerald Shire Council, in turn provides the link to the District Disaster Management Group and respective contacts.
Contact listings provide the name, position and telephone numbers (work, home, mobile) of key personnel. In some instances, specific emergency response plans provide communication protocols based on emergency management roles (eg Fire Warden) which do not specifically identify persons assuming these roles for contact reference.	It is recommended that contact lists provide any additional and specific emergency management roles, in addition to employment position.
	It is recommended that contact lists provide contacts for Queensland Health Corporate Office, in particular Health Services Directorate, Internal Emergency Response and General Security for reference as necessary in relation to significant disaster emergency and/or security related incidents.

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QUEENSLAND HEALTH
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Management Response

Recommendations Accepted: **YES**

Management Action Plan

Responsible Officer	*Target Date*
District Manager	22 September 2006

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QUEENSLAND HEALTH
EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT
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4. DISASTER MANUAL – SPECIFIC EMERGENCY RESPONSE PLANS

Matter Noted ***Risk/Action Priority - High***

The Emergency Response Plans (comprising the Disaster Manual) currently in use were prepared in 1998 and provide for incidents of the following nature:

- Fire
- Evacuation and Relocation
- Bomb Threat
- Armed Hold Up
- Internal Disasters
- External Disasters

Emergency Response Plans, in there current form and content are not, in a number of respects, in accordance with Queensland Health's Emergency Preparedness and Continuity Management Policy, and best practice standards prescribed by Australian Standard AS 4083-1997 Planning for Emergencies – Health Care Facilities.

The CHHSD is aware that plans have not been maintained in accordance with these requirements, and as a short-term interim measure, has advised all staff that they are to apply these as a minimum and to the extent applicable until formal revisions are finalised and issued.

In the meantime, with limited available capacity and resources, the CHHSD has made some progress in revising and drafting more current procedures.

We have performed a high level review of existing and revised Draft Emergency Response Plans and, where applicable, noted gaps and inconsistencies as set out below for further consideration in the ongoing revision and finalisation process. Refer Appendix 6.1.

Management Response

Recommendations Accepted: **YES**

Management Action Plan

Responsible Officer	*Target Date*
District Manager	22 September 2006

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QUEENSLAND HEALTH
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CENTRAL HIGHLANDS HEALTH SERVICE DISTRICT

5. EMERALD SHIRE COUNCIL – LOCAL COUNTER DISASTER PLAN

Background

The Emerald Shire Council is (under legislated authority) the lead agency responsible for the Local Disaster Management Committee's development and maintenance of the Local Counter Disaster Plan for agreed management arrangements for coordination of disaster prevention, preparedness, response and recovery operations (including the role of the CHHSD).

Matter Noted ***Risk/Action Priority - Medium***

We have performed a high level review of the Local Counter Disaster Plan and make the following observations and recommendations for presentation to the Committee/Local Government Authority for consideration at its next annual review. ***It is noted that whilst these matters are not the legislated responsibility of the Health Service District, the following are raised for strengthening and improving the framework upon with the local district relies during emergency response.***

Observation	Recommendation
Authority for the Plan (and related sub plans) is sited as Section 26(3)(a) of *the State Counter-Disaster Organisation Act 1975*.	The regulatory authority for the development and maintenance of the Plan is now the *Disaster Management Act 2003*. It is recommended that the Plan be reviewed for focus on disaster mitigation in accordance with requirements of this Act and also requirements under the Local Government Act 1997 relating to disaster management as part of Corporate Planning considerations (that is, taking a strategic role in addition to traditional operational activities associated with disaster management). The Plan should also consider, incorporate and reference the *Disaster Management Planning Guidelines for Local Government* and *Local Government Counter-Terrorism Risk Management Guidelines*.
Ensuring current and up to date plans (including contact lists) are readily accessible and activated in the event of an emergency or disaster is essential to successful incident management. The Plan provides an appropriately broad based distribution list, including relevant Queensland Government Agencies, Local Government Authorities, supporting organisations and industry, and a distribution list and template for amendment records.	It is recommended that procedures outlining responsibilities for version control be established and provided in the plan to ensure only authorised and current copies are in distribution and available for activation. These may include, for example: • Authorised copies issued by controlled number to the distribution panel (eg copy 1 State Disaster Management Group, Copy 2 Emerald Police, Copy 3 District Manager Emerald Hospital etc); • Version prefix protocols (eg 2006 version 1 = 06/01, 2006 version 2 = 06/02); • Hard copies printed on relevant coloured paper with each version a different colour than the version immediately before it.

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Observation	Recommendation
The Plan provides for review on a regular basis and revision as determined by exercise or as changes are required. Version June 1998.	It is recommended that review be performed on at least an annual basis, or more often as circumstances required (eg test exercise debriefs, changes in operations etc).
The Plan identifies the following main threats to the Local region: • Wind, rain, hail storms; • Bushfires; • Floods; • Land search; • Industrial incident; • Hazardous chemical accident; • Epidemic; • Exotic animal disease; • Road accidents; • Rail accidents; • Aircraft accidents; • Toxic and flammable gas situation; and • Dam burst.	It is recommended that the Plan (and its all hazards approach to risk identification, assessment and treatment planning) consider terrorist related vulnerabilities, threats and incidents.
The Plan provides contact details for Local Authority and SES Key Personal and After Hours Contacts.	It is recommended that the Plan provide for the annual confirmation of all contacts, with communication and update process for interim changes. This may be achieved for example by Local Disaster Management Group Committee meeting/agenda for review and confirmation.

Management Response

Recommendations Accepted: **YES**

Management Action Plan

Responsible Officer	*Target Date*
District Manager	22 September 2006

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QUEENSLAND HEALTH
EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT
CENTRAL HIGHLANDS HEALTH SERVICE DISTRICT
DISASTER MANUAL – SPECIFIC EMERGENCY PLANS - APPENDIX 6-A

CURRENT PLANS	PARTIALLY REVISED DRAFT PLANS	FURTHER RECOMMENDATIONS
Fire Manual		
Plan titled "Fire Manual" • Code not identifiable in accordance with AS 4083-1997 Planning for Emergencies – Health Care Facilities, which requires that response plan for fire and smoke emergencies be identified as "Code Red – Fire and Smoke.	• Matter noted addressed in revised DRAFT plan	• No further recommendation in relation to this matter
Provides that a person will be appointed by the executive and undertake the responsibilities and duties of the Fire Warden • Plan does not identify appointed Fire Warden(s) at each CHHSD facility (Emerald, Blackwater, Springsure, Capella and Gemfields). Contact list does not identify appointed Fire Warden(s)	• Revised DRAFT plan nominates position for fire warden(s), however does not identify person(s) appointed as fire warden(s) for each facility location.	• Plans to identify person(s) appointed fire warden(s) for each facility location, including: Emerald, Blackwater, Springsure, Capella and Gemfields (eg maintained as an Appended Schedule)
Identifies equipment location, evacuation points and building maps • Evacuation points and building maps provided for CHHSD – Emerald Hospital facility only. Not provided for other facilities including Blackwater, Springsure, Capella and Gemfields.	• Equipment location: matter noted to be addressed in revised DRAFT plan. Not completed to date. • Evacuation points and building maps noted as required for final plan but not included in DRAFT revised plan.	• Equipment location, evacuation points and building maps to be provided specific to each CHHSD facility including: Emerald, Blackwater, Springsure, Capella and Gemfields.

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EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT
CENTRAL HIGHLANDS HEALTH SERVICE DISTRICT

CURRENT PLANS	PARTIALLY REVISED DRAFT PLANS	FURTHER RECOMMENDATIONS
Plan identifies and outlines equipment specifications • Plan does not provide referral for the inspection, testing, maintenance and replacement of equipment as required after fire/use.	• Revised DRAFT Plan does not provide referral for the inspection, testing, maintenance and replacement of equipment as required after fire/use.	• Plans to provide reference to supplementary procedures for post incident inspection, testing, maintenance and replacement of equipment as required.
	Evacuation and Relocation Procedure	
Plan titled "Evacuation Procedure" • Code not identifiable in accordance with AS 4083-1997 Planning for Emergencies – Health Care Facilities, which requires that response plan for evacuation emergencies be identified as "Code Orange – Evacuation".	• Matter noted addressed in revised DRAFT plan	• No further recommendation in relation to this matter
Identifies evacuation points and building maps • Evacuation points and building maps provided for CHHSD – Emerald Hospital facility only. Not provided for other facilities including Blackwater, Springsure, Capella and Gemfields.	• Evacuation/assembly points and maps: matter noted to be addressed in revised DRAFT plan. Not completed to date.	• Evacuation/assembly points and maps to be provided specific to each CHHSD facility including: Emerald, Blackwater, Springsure, Capella and Gemfields

APPENDIX 6

QUEENSLAND HEALTH
EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT
CENTRAL HIGHLANDS HEALTH SERVICE DISTRICT

CURRENT PLANS	PARTIALLY REVISED DRAFT PLANS	FURTHER RECOMMENDATIONS
Bomb Threat		
Plan titled "Bomb Threat Procedure" • Code not identifiable in accordance with AS 4083-1997 Planning for Emergencies – Health Care Facilities, which requires that response plan for evacuation emergencies be identified as "Code Purple – Bomb Threat".	• Matter noted addressed in revised DRAFT plan	• No further recommendation in relation to this matter
Plan provides outline of information to be sought regarding the threat • Plan does not provide a record template for prompting and immediate recording of information.	• Matter noted addressed in revised DRAFT plan	• No further recommendation in relation to this matter
Armed Hold Up		
Plan titled "Armed Hold Up Procedure" • Code not identifiable in accordance with AS 4083-1997 Planning for Emergencies – Health Care Facilities, which requires that response plan for evacuation emergencies be identified as "Code Black – Personal Threat (Armed or Unarmed Persons Threatening Injury to Others or to Themselves)"	• Plan not revised for Code Black – Personal Threat	• Code to be identified in accordance with AS 4083-1997 Planning for Emergencies – Health Care Facilities, which requires that response plan for evacuation emergencies be identified as "Code Black – Personal Threat (Armed or Unarmed Persons Threatening Injury to Others or to Themselves)"

APPENDIX 6

QUEENSLAND HEALTH
EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT
CENTRAL HIGHLANDS HEALTH SERVICE DISTRICT

CURRENT PLANS	PARTIALLY REVISED DRAFT PLANS	FURTHER RECOMMENDATIONS
Plan prescribed procedures in the event of armed hold up only • Plan does not provide for other personal threat incidents, including (but not limited to) hostage, siege, hijack, kidnapping, aggressive behaviour, or scare tactics	• Plan not revised for Code Black – Personal Threat	• Plan to provide for other personal threat incidents, including (but not limited to) hostage, siege, hijack, kidnapping, aggressive behaviour, or scare tactics
Plan provides for recording of details of incident • Plan does not provide a record template for prompting and immediately recording information (eg form for description of offender).	• Plan not revised for Code Black – Personal Threat	• Plan to provide a record template for prompting and immediately recording information (eg form for description of offender).
Internal Disasters		
Plan titled "Internal Disasters" • Code not identifiable in accordance with AS 4083-1997 Planning for Emergencies – Health Care Facilities, which requires that response plan for evacuation emergencies be identified as "Code Yellow – Internal Emergencies".	• Plan not revised for Code Yellow – Internal Emergencies	• Code to be identified in accordance with AS 4083-1997 Planning for Emergencies – Health Care Facilities, which requires that response plan for evacuation emergencies be identified as "Code Yellow – Internal Emergencies)"

APPENDIX 6

QUEENSLAND HEALTH
EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT
CENTRAL HIGHLANDS HEALTH SERVICE DISTRICT

CURRENT PLANS	PARTIALLY REVISED DRAFT PLANS	FURTHER RECOMMENDATIONS
Provides emergency procedure for power failure only. Also identifies hazardous substances, fuel storage, oxygen supply and airborne pollution as vulnerable threats • Does not include other internal incident relating to (but not limited to) water mains loss, loss of medical gases and suction, failure of air conditioning, loss of steam supply, loss of fire alert and other alarm systems.	• Plan not revised for Code Yellow – Internal Emergencies	• Plan to include other internal incident relating to (but not limited to) water mains loss, loss of medical gases and suction, failure of air conditioning, loss of steam supply, loss of fire alert and other alarm systems.
External Disasters		
Plan titled "External Disasters" • Code not identifiable in accordance with AS 4083-1997 Planning for Emergencies – Health Care Facilities, which requires that response plan for evacuation emergencies be identified as "Code Brown – External Emergencies (Such as Aircraft Crash, Major Industrial Accident, Bridge Collapse".	• Matter noted addressed in revised DRAFT plan	• No further recommendation in relation to this matter

APPENDIX 6

QUEENSLAND HEALTH
EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT
CENTRAL HIGHLANDS HEALTH SERVICE DISTRICT

CURRENT PLANS	PARTIALLY REVISED DRAFT PLANS	FURTHER RECOMMENDATIONS
	Other Observations:	
• Manual does not provide for "Code Blue – Medical Emergencies" in accordance with AS 4083-1997 Planning for Emergencies – Health Care Facilities		• Manual to provide for "Code Blue – Medical Emergencies" in accordance with AS 4083-1997 Planning for Emergencies – Health Care Facilities
• Manual does not provide plan for Chemical, Biological, Radiation emergencies		• Manual Does not provide plan (or reference to subordinate plan) for Chemical, Biological, Radiation emergencies
• Manual does not provide procedure for mail opening, for the identification of, and protection against, dangerous substances, packages etc received by post or other delivery arrangement.		• Subordinate plan to provide procedure for mail opening, for the identification of, and protection against, dangerous substances, packages etc received by post or other delivery arrangement. Procedure to be referenced as subordination to "Code Yellow – Internal Emergencies", "Code Purple – Bomb/Arson Threat" and "Code Black – Personal Threat" Plans.

CENTRAL HIGHLANDS HEALTH SERVICE DISTRICT
EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT
September 2006

Updated Action Plan

NO.	RECOMMENDATION	RESPONSIBILITY	IMPLEMENTATION DATE	CURRENT STATUS OF IMPLEMENTATION
1	It is recommended that the group be formally established and operate as an Emergency Preparedness, Disaster Management, Contingency and Continuity Management Committee, governed and operating by an appropriate terms of reference, to manage the development, implementation and ongoing management of responsibilities relating to Queensland Health's Emergency Preparedness and Continuity Management Policy. The Terms of Reference should establish for implementation, et al: • **The Committee's Purpose**: for example, purpose may be established as to *"develop an emergency response framework to comply with the Queensland Health's Emergency Preparedness and Continuity Management Policy and to optimise and coordinate all health and health related emergency planning, preparedness and response and recovery activities within the CHHSD."* • **Scope and Function**: for example, scope and function	District Manager	22 September 2006	

NO.	RECOMMENDATION	RESPONSIBILITY	IMPLEMENTATION DATE	CURRENT STATUS OF IMPLEMENTATION
	may include: ○ **Development** of strategies, plans, manuals and processes to identify all-hazard based vulnerabilities and deter, detect, mitigate, respond to and recover from disaster emergencies and state-wide directions; ○ Practically action risk ***minimisation/management strategies and treatment actions***; ○ Ensure compliance with relevant and applicable ***standards and legislation***; ○ Maintain adequate ***training*** of staff in cooperation with the District's training and education committees and initiatives; ○ Liaise with ***external agencies*** to ensure responses are optimised both to external and internal emergencies, including planning and coordination ***exercises***; and ○ Ensure ***resolution of issues*** referred to the Committee. • Multidisciplinary **Composition**: for example: ○ District Manager; ○ Director Corporate Services; ○ Medical Superintendent; ○ District Director of Nursing; ○ WHS Officer; ○ Operational Services, Stores and Engineering; ○ Organisational Improvement Officer; ○ Others as considered necessary of an invitation basis. It is recommended that, during development phase (for			

NO.	RECOMMENDATION	RESPONSIBILITY	IMPLEMENTATION DATE	CURRENT STATUS OF IMPLEMENTATION
	example, first six to twelve months), meetings are held on a monthly basis and quarterly thereafter, with the ability to call interim meetings as required.			
2	It is recommended that the temporary Project Officer appointment be responsible for establishing this Framework and facilitating this process in the first instance, for ongoing management overseen by the Emergency Preparedness, Disaster Management, Contingency and Continuity Management Committee. An all-hazards whole-of-business framework and process should consider and be based on requirements and best practice standards established by the following: • Queensland Health Policy 28028: Emergency Preparedness and Continuity Management Policy (June 2005); • Queensland Government Infrastructure Protection and Resilience Framework; • Australian and New Zealand Standard AS/NZS 4360:2004 – Risk Management; and • Australian and New Zealand Standard HB 221:2004 – Business Continuity Management. Other relevant references include: • HB231:2000 Information Security Risk Management Guidelines (for information security); • National Guidelines for the Protection of Critical Infrastructure from Terrorism (for critical infrastructure); • Business Continuity Management: Keeping the Wheels in Motion – A Guide to Effective Control (Australian	District Manager	22 September 2006	

NO.	RECOMMENDATION	RESPONSIBILITY	IMPLEMENTATION DATE	CURRENT STATUS OF IMPLEMENTATION
	National Audit Office). Based on the above, the framework and process should incorporate: • Identification of essential or key elements within the asset (tangible and intangible); • Identification and assessment of possible all-hazard continuity threats and risks and levels of consequential impact; • Off-site interdependencies and other contingency and continuity strategies, plans, controls and procedures; and • Determination of risks that require/do not require treatment, and development of treatment plans for unacceptable risk exposures.			
3	It is recommended that a comprehensive Introductory Document be developed, addressing (although not limited to) State Health Emergency Response Plan (SHERP) principles, and the following for application to all emergency/disaster incidents, and consistent with: • Protocol and procedures for activation of plans, addressing: alert, notification, standby, activation, escalation, stand-down and cancellation of an emergency response codes (eg a false alarm). These should identify authorities, roles, responsibilities and be consistent with the Plan's change of command and communication strategies. • Establishing a Disaster Command Post, its location within the facility, alternative on and off site locations, who should occupy the post, equipment requirements,	District Manager	22 September 2006	

NO.	RECOMMENDATION	RESPONSIBILITY	IMPLEMENTATION DATE	CURRENT STATUS OF IMPLEMENTATION
	provision for additional people, agencies and organisations required. • Composition, roles ands duty references for the ***Command Group***, including: Medical Superintendent, Shift Coordinator, Nurse Manager, District Director of Nursing, Emergency Department Staff, Administration Staff, WHS Officer, Operating Theatre, Ward, Pharmacy, Radiography, Pathology, Operational Services, Stores and Engineering. • Composition, roles ands duty references for the ***Disaster Team***, including: Medical Officer, Triage Officer. • Communication protocols for internal communications, communications with Queensland Health – Health Services Directorate, Internal Emergency Response and General Security Unit, Local Disaster Management Groups, District Disaster Management Groups and other inter-agency networks. • Communication equipment and alternatives under back up/contingency arrangements. • Security Strategies and Procedures: *Locally*: security the facility, minimising and controlling points of access, accessing security support. *Organisationally*: communication between CHHSD, Queensland Health, Health Services Directorate, Internal Emergency Response and General Security Unit, Local Disaster Management Groups, District			

NO.	RECOMMENDATION	RESPONSIBILITY	IMPLEMENTATION DATE	CURRENT STATUS OF IMPLEMENTATION
	Disaster Manager Groups and other inter-agency networks as required regarding significant security threats, incidents, changes in National Alert Levels and actions to be taken on site to manage these changes. • Workplace Health and Safety Requirements, referring in particular to established policy and procedure requirements • Media and public relations management, at a local level, and protocols for escalation to Queensland Health Media and Public Relations Liaison for significant incidents, incidents relating to the Department as a whole, and/or incidents of a politically sensitive nature in accordance with *Queensland Health Media Policy and Contact Guidelines*. • Controls of visitors and crowds. • Training and education. • Staff debriefing and counselling support after an incident (short, medium and longer term as required). • Plan review procedures including: *Timing and frequency*: for example, annually, on change to procedures and/or post disaster even as required. *Nature of exercise*: progressing from table-top to full scale practical tests.			

NO.	RECOMMENDATION	RESPONSIBILITY	IMPLEMENTATION DATE	CURRENT STATUS OF IMPLEMENTATION
	Requirements for documentation, debrief and evaluation of plan performance under test conditions for revisions to plans as required. • Reference to Emerald Shire Council Disaster Plan, Aerodrome Disaster Plan, Rockhampton Disaster District Plan and command for escalation. • Post Disaster Recovery – for example, documentation and reporting, financial matters, inventory and resupply, utility and equipment servicing, record preservation, clean up, salvage, special cleaning, garbage and waste disposal etc. Based on all-hazards risk assessment (refer Matter 2 above), it is recommended that the manual expands its prescription of external incident application to include threats and vulnerabilities of a security/personal threat/ terrorist nature. It is recommended that the Plan document procedures for the regular review, confirmation and maintenance of all contact lists on at least an annual basis and procedures for notification of interim changes by all parties, internal and external. To maintain external contacts, the Emerald Shire Local Disaster Management Group Committee meeting/agenda may be an appropriate forum for review and confirmation of inter-agency and other external member contacts. This Committee, as represented by the Emerald Shire Council, in turn provides the link to the District Disaster Management Group and respective contacts.			

NO.	RECOMMENDATION	RESPONSIBILITY	IMPLEMENTATION DATE	CURRENT STATUS OF IMPLEMENTATION
	It is recommended that contact lists provide any additional and specific emergency management roles, in addition to employment position. It is recommended that contact lists provide contacts for Queensland Health Corporate Office, in particular Health Services Directorate, Internal Emergency Response and General Security for reference as necessary in relation to significant disaster emergency and/or security related incidents.			
4	The Emergency Response Plans (comprising the Disaster Manual) currently in use were prepared in 1998 and provide for incidents of the following nature: • Fire • Evacuation and Relocation • Bomb Threat • Armed Hold Up • Internal Disaster • External Disasters Emergency Response Plans, in their current form and content are not, in a number of respects, in accordance with Queensland Health's Emergency Preparedness and Continuity Management Policy, and best practice standards prescribed by Australian Standard AS 4083-1997 Planning for Emergencies – Health Care Facilities. The CHHSD is aware that plans have not been maintained in accordance with these requirements, and as a short-term interim measure, has advised all staff that they are to apply	District Manager	22 September 2006	

NO.	RECOMMENDATION	RESPONSIBILITY	IMPLEMENTATION DATE	CURRENT STATUS OF IMPLEMENTATION
	these as a minimum and to the extent applicable until formal revisions are finalised and issued. In the meantime, with limited available capacity and resources, the CHHSD has made some progress in revising and drafting more current procedures. We have performed a high level review of existing and revised Draft Emergency Response Plans and, where applicable, noted gaps inconsistencies as set out below for further consideration in the ongoing revision and finalisation process. Refer Appendix 6.1			
5	The regulatory authority for the development and maintenance of the Plan is now the *Disaster Management Act 2003*. It is recommended that the Plan be reviewed for focus on disaster mitigation in accordance with requirements of this Act and also requirements under the Local Government Act 1997 relating to disaster management as part of Corporate Planning considerations (that is, taking a strategic role in addition to traditional operational activities associated with disaster management). The Plan should also consider, incorporate and reference the *Disaster Management Planning Guidelines for Local Government* and *Local Government Counter-Terrorism Risk Management Guidelines*. It is recommended that procedures outlining responsibilities for version control be established and provided in the plan to ensure only authorised and current copies are in distribution and available for activation.	District Manager	22 September 2006	

NO.	RECOMMENDATION	RESPONSIBILITY	IMPLEMENTATION DATE	CURRENT STATUS OF IMPLEMENTATION
	These may include, for example: • Authorised copies issued by controlled number to the distribution panel (eg copy 1 State Disaster Management Group, Copy 2 Emerald Police, Copy 3 District Manager Emerald Hospital etc); • Version prefix protocols (eg 2006 version 1 = 06/01, 2006 version 2 = 06/02); • Hard copies printed on relevant coloured paper with each version a different colour than the version immediately before it. It is recommended that review be performed on at least an annual basis, or more often as circumstances required (eg text exercise debriefs, changes in operations etc). It is recommended that the Plan (and its all hazards approach to risk identification, assessment and treatment planning) consider terrorist related vulnerabilities, threats and incidents. It is recommended that the Plan provide for the annual confirmation of all contacts, with communication and update process for interim changes. This may be achieved for example by Local Disaster Management Group Committee meeting/agenda for review and confirmation.			

(5)

Queensland Government
Queensland Health

MEMORANDUM

To: Mr Terry Mehan, General Manager, Central Area Health Service

Copies to: Mr Grant Searles, A/Manager, Gladstone Health Service District
Dr Jeannette Young, Chief Health Officer

From: Uschi Schreiber, Director-General **Contact No:** [redacted]
Fax No:

Subject: **FINAL AUDIT REPORT OPERATIONA/EFFICIENCY AUDIT – EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT – GLADSTONE HEALTH SERVICE DISTRICT**

File Ref: 0652003 /06 046133

I wish to draw to your attention the attached Final Audit Report prepared for the Operational/Efficiency Audit of Emergency Preparedness and Continuity Management which was completed by the Audit and Operational Review Unit recently at the Gladstone Health Service District.

The District has given a target date of January 2007 as a timeframe for the implementation of the recommendations. I would be pleased if you could provide an update of the status of the implementation progress, using the attached Action Plan, to Mr Pat Culpan, A/Director, Audit and Operational Review by 24 November 2006.

If you should have any enquiries regarding this matter, please do not hesitate to contact Mr Culpan on [redacted]

US 2/11

Uschi Shreiber
Director-General
/ /

Queensland Government
Queensland Health

FINAL AUDIT REPORT

OPERATIONAL/EFFICIENCY AUDIT

EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT

GLADSTONE HEALTH SERVICE DISTRICT

SEPTEMBER 2006

Audit and Operational Review Unit

QUEENSLAND HEALTH
OPERATIONAL AND EFFICIENCY AUDIT
EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT

EXECUTIVE SUMMARY

BACKGROUND AND FRAMEWORK OF REVIEW

Queensland Health has established its Emergency Preparedness and Continuity Management Policy, Guidelines and Program to support its preparedness and capability to prevent, respond to, and recover from an emergency event such as:

- 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 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; and/or
- Any other similar event.

Queensland Health's Emergency Preparedness and Continuity Management Policy, Guidelines and Program ("the Framework") include, et al:

- Queensland Health Disaster Plan 2002;
- Queensland Health Policy Statement 28028 – Emergency Preparedness and Continuity Management;
- Queensland Health Integrated Risk Management Framework (QHEPS 15232);
- Queensland Health Information Security Policy (QHEPS 3485); and
- Queensland Health Information Security Standard 9 – Business Continuity Management (QHEPS 23724).

This Framework is part of, and in support of, the Queensland Government's project for the safety and security of Queensland in:

- The preparation for, prevention of, response to and recovery from terrorism related incidents, as set out in the Queensland Government Counter-Terrorism Strategy 2005-2007, and consistent with the National Counter-Terrorism Framework;
- The protection and resilience of infrastructure; and
- The protection of critical infrastructure from terrorism.

The Framework is also based on, and supports compliance with and implementation of, relevant Legislation, Policies, Standards and key documents including:

- Disaster Management Act 2003;
- State Counter Disaster Plan 2001;
- Queensland Government Counter Terrorism Strategy 2005-2007
- Queensland Government Infrastructure Protection and Resilience Framework;
- Queensland Government Plan for the Protection of Critical Infrastructure from Terrorism
- Standards Australia and New Zealand - AS/NZS 4360 - 2004 – Risk Management
- Standards Australia and New Zealand- HB 221:2004 Business Continuity Management;
- Australian Standard – AS 4083-1997 Planning for Emergencies – Health Care Facilities; and
- Queensland Government Information Standard 18 – Information Security.

QUEENSLAND HEALTH
OPERATIONAL AND EFFICIENCY AUDIT
EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT

EXECUTIVE SUMMARY

OBJECTIVE OF REVIEW

The overall objective of the review has been to ensure Queensland Health Executives are managing, (through the establishment and implementation of adequate and effective frameworks, strategies, plans, policies and procedures) the risks associated with emergency, disaster, security, contingency, asset protection and resilience management in accordance with the Framework to enable effective response and service continuity.

SCOPE AND NATURE OF REVIEW PROCEDURES

Review has been performed on a sample basis across the following Health Service Districts:

- Southern Area Health Service - Princess Alexandra Hospital Health Service District
- Southern Area Health Service - Gold Coast Health Service District
- Northern Area Health Service - Cairns Health Service District
- Northern Area Health Service - Innisfail Health Service District
- Central Area Health Service - Gladstone Health Service District
- Central Area Health Service - Central Highlands Health Service District

Our review was a high-level desktop review for the purposes of gauging implementation progress and identifying areas for further focus and development.

Our review procedures took the form of:

- Discussions with key officers at hospital based facilities and inter-agency representatives; and
- High-level review of plans, policies, procedures and related documentation as presented to us.

Our review procedures have not, and should not be relied upon by any parties as having, sought to test or provide validations or assurances in relation to:

- Completeness for all matters that may be identified and/or require further focus and development;
- Detailed compliance with all and/or specific legislation, standards, policies and/or guidelines; and/or
- Practical ability for plans, policies and procedures to successfully deter, mitigate, respond to and/or recover from disaster emergencies in test exercise or actual incident situations.

Review has been performed by BDO Kendalls as a party independent to Queensland Health. Review has been performed under the direction of, and for, Queensland Health and the Acting Senior Director, Assurance and Risk Advisory Services and should not be released to or relied upon by any other party without BDO Kendalls' prior knowledge and express consent, unless under obligation and direction at law.

APPENDIX 5

QUEENSLAND HEALTH
EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT
GLADSTONE HEALTH SERVICE DISTRICT

SUMMARY OBSERVATIONS

Queensland Health's Gladstone Health Service District (GHSD) includes the Gladstone Hospital (80 beds), which provides Emergency, Pathology, Outpatient, General Medicine and Surgery, Day Surgery, Basic Orthopaedics, Obstetrics and Gynaecology, Medical Imaging, Pharmacy and Central Sterilising services. The GHSD also provides specialist Obstetrics and Gynaecology and Physician services and is supported by specialist clinics, allied health, outreach and aged care services.

The GHSD has recently formed its Emergency Preparedness and Continuity Management Committee, with a Terms of Reference and supporting Policy establishing purpose, scope, functions and operations consistent with the objectives of Queensland Health's Emergency Preparedness and Continuity Management Framework.

Capacity and resources to date have limited the GHSD's ability to achieve substantial progress in framework development and implementation in accordance with Queensland Health requirements.

To date, the GHSD has prepared its Disaster Manual, comprising an appropriately scoped Emergency Plan (prepared December 2005) and specific incident Emergency Response Plans (established in accordance with AS 4083-1997 – Planning for Emergencies in Health Care Facilities). Plans are currently under review for completion by the end of 2006.

Due to capacity and resource limitations, the GHSD has not yet:

- Performed an all-hazards / whole-of-business risk assessment for the development of adequate strategic and operational contingency and continuity plans (The GHSD is currently developing its Pandemic Influenza Plan, which is expected to further facilitate identification of contingency and continuity gaps for further whole-of-business plan development.); or
- Performed security risk assessments and related general security strategies and plans to support infrastructure protection and resilience.

The newly formed Committee is planning to undertake these activities over the next twelve months, meeting monthly for the first six months and quarterly thereafter where progress is considered adequate.

In terms of the ability to manage and be supported through significant disasters beyond the immediate scope and/or capacity of hospital facilities, the GHSD is a part of the District Disaster Management Group, associated Plan and test exercise activities for engagement and coordination with other key agencies, organisations and facilities.

The following provides high level and specific matters for consideration in undertaking further plan development work in relation to:

- Adopting and implementing an all-hazards whole-of-business approach ton contingency and continuity planning;
- Development of an overall hospital facility and health service district security strategy;
- Inter-agency engagement and coordination; and
- Further development of the Disaster Manual – Emergency Plan.

APPENDIX 5

QUEENSLAND HEALTH
EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT
GLADSTONE HEALTH SERVICE DISTRICT

1. ALL-HAZARDS WHOLE-OF-BUSINESS APPROACH TO CONTINGENCY AND BUSINESS CONTINUITY PLANNING

Matter Noted ***Risk/Action Priority – High***

The aim of business contingency and continuity planning in an asset protection and resilience, emergency planning and continuity management context is to enable the restoration of normal business operations as soon as feasible following a critical incident. The plans serve to enable the hospital to establish disaster recovery and business resumption strategies to support its business in the event of any critical incident, regardless of its nature and source.

To some extent, asset protection and resilience, contingency and continuity arrangements are addressed in the context of specific emergency responses through existing (although not necessarily up to date) Disaster Manual and Emergency Response Plans. Similarly, work currently being performed in the preparation of Pandemic Influenza Plans are also expected to identify contingency and continuity risks equally applicable to whole-of-business risk and planning scenarios.

To date however, the GHSD's capacity and resource limitations have not enabled the performance of high-level, all-hazards continuity risk identification and assessment processes to form the basis of preparation of *whole-of-business* asset protection and resilience, contingency and continuity plans, in accordance with applicable Queensland Government and Queensland Health Frameworks, Policies and Guidelines and other recognised best practice standards.

Recommendation

It is recommended that the Emergency Preparedness and Continuity Management Committee be responsible for establishing this Framework and facilitating this process on an ongoing basis.

An all-hazards whole-of-business framework and process should consider and be based on requirements and best practice standards established by the following:

- Queensland Health Policy 28028: Emergency Preparedness and Continuity Management Policy (June 2005);
- Queensland Government Infrastructure Protection and Resilience Framework;
- Australian and New Standard AS/NZS 4360:2004 – Risk Management; and
- Australian and New Zealand Standard HB 221:2004 – Business Continuity Management.

Other relevant references include:

- HB231:2000 Information Security Risk Management Guidelines (for information security);
- National Guidelines for the Protection of Critical Infrastructure From Terrorism (for critical infrastructure); and
- Business Continuity Management: Keeping the Wheels in Motion – A Guide to Effective Control (Australian National Audit Office).

Based on the above, the framework and process should incorporate:

- Identification of essential or key elements within the asset (tangible and intangible);
- Identification and assessment of possible all-hazard continuity threats and risks and levels of consequential impact;
- Off-site interdependencies and other contingency and continuity strategies, plans, controls and procedures; and
- Determination of risks that require/do not require treatment, and development of treatment plans for unacceptable risk exposures.

APPENDIX 5

QUEENSLAND HEALTH
EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT
GLADSTONE HEALTH SERVICE DISTRICT

Management Response

The District EPCMC will be responsible for establishing the framework and facilitating the ongoing process. The principles of the EPCM policy has been incorporated into the TOR for the GSHD EPCMC. The committee is also guided by the other relevant guidelines mentioned above.

Recommendations Accepted: **YES**

Management Action Plan

Responsible Officer	***Target Date***
Director Corporate Services	January 2007

APPENDIX 5

QUEENSLAND HEALTH
EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT
GLADSTONE HEALTH SERVICE DISTRICT

2. SECUIRTY RISK ASSESSMENT AND PLANNING

Background

The Gladstone Hospital outsource its security services and does not staff on-site security personnel. Emergency Plans provide for notification and communication, and staff are trained in security and alert activation procedures. The District Operational Manual provides security procedures addressing security contact, night security including access to building, security services, car park patrols, night lock up and security of personal belongings. Security procedures, including communication and activation protocols, are also addressed in specific Emergency Response Plans as relevant and required.

Matter Noted ***Risk/Action Priority - High***

Whilst security arrangements, internal communication, activation and response procedures protocols are addressed in detail by a number of specific plans and procedure documents, the GHSD has not developed a formal all-hazards, risk based, *overall* Security Strategy and Plan to form the basis of its security management, which in turn, is supported by these specific procedure documents.

Recommendation

It is recommended that a formal all-hazards strategic security risk identification and assessment process be undertaken to form the basis for development of an *overall* Security Strategy and Plan. This overall Security Strategy and Plan should consider and address, et al:

- Location and nature of facilities and assets (tangible and intangible);
- All-hazards security threat, vulnerability and risk identification;
- Assessment of the adequacy and effectiveness of key systems, processes, personnel and other resources currently operating for adverse security incident deterrence, detection, mitigation, response and recovery arrangements;
- Plans for the treatment of unacceptable (residual) security risks;
- Definitions, authorities, responsibilities and accountabilities for security plan activation phases (alert, notification, standby, activation, activation, escalation, stand down and cancellation on false alarm);
- Management of National Security Alert levels and changes (in particular, operational changes required to reflect changes in alert status);
- Communication, engagement and coordination between the GHSD, Queensland Health Corporate Office, Health Services Directorate, Internal Emergency Response and General Security Unit, and supporting agencies such as the Queensland Police Service;
- Queensland Infrastructure Protection and Resilience Framework and Queensland Plan for the Protection of Critical Infrastructure From Terrorism (as part of the Queensland Government's Counter Terrorism Strategy 2005-2007); and
- Queensland Health's Security Guidelines for Health Care Facilities.

The Security Strategy and supporting plans and procedures should be reviewed and revised as necessary on an annual basis. The risk assessment underlying the strategy and plans should be reviewed in detail every two-five years.

APPENDIX 5

QUEENSLAND HEALTH
EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT
GLADSTONE HEALTH SERVICE DISTRICT

Management Response

The GHSD is currently compiling a Quality and Risk Management Plan. It is envisaged that this plan will incorporate the Security Strategy Plan as well. The District is also currently developing TOR for a District wide security audit to be conducted in July 2006.

Recommendations Accepted: **YES**

Management Action Plan

Responsible Officer	***Target Date***
Gavin Thompson, WHS Officer	January 2007

APPENDIX 5

QUEENSLAND HEALTH
EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT
GLADSTONE HEALTH SERVICE DISTRICT

3. INTER-AGENCY ENGAGEMENT AND COORDINATION

Matter Noted ***Risk/Action Priority - High***

- ***Disaster Management Groups:*** The GHSD is a part of the District Disaster Management Group, associated Plan and test exercise activities for engagement and coordination with other key agencies, organisations and facilities. The GHSD is represented on the Local Disaster Management Group, and the Medical Superintendent is consulted in all local exercises.

- ***Queensland Emergency Management Systems (QEMS):*** The GHSD has previously been involved in QEMS through association with Rockhampton and Bundaberg Emergency Department and Intensive Care Unit Doctors, however has not recently been engaged in this forum.

Recommendation

It is recommended that the Emergency Preparedness and Continuity Management Committee consider establishing/reforming involvement with the QEMS with the objective of incorporating emergency disaster management into its focus, particularly in relation to coordination of resources and contingencies.

Management Response

Medical Superintendent to be included in District EPCMC.

Recommendations Accepted: **YES**

Management Action Plan

Responsible Officer	***Target Date***
Director Corporate Services	January 2007

APPENDIX 5

QUEENSLAND HEALTH
EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT
GLADSTONE HEALTH SERVICE DISTRICT

4. DISASTER MANUAL – EMERGENCY PLAN

Matter Noted ***Risk/Action Priority - High***

A Disaster Manual, including a high-level Emergency Plan for application in all disaster emergency incidents, has been appropriately prepared. A number of matters noted for further development of the Emergency Plan and/or specific Emergency Response Plans as outlined below.

Recommendation

- It is recommended the Emergency Plan, and each specific Emergency Response Plans, address post disaster emergency assessment of equipment for maintenance, replacement etc (as for existing plans for Pandemic Preparedness and Cyclone);
- It is recommended that the Emergency Plan specifically address response to terrorist threat activity through its Emergency Identification, Notification, Activation, Command Post and Communication Services and related roles and responsibilities framework;
- It is recommended that the Emergency Plan - Communication Services and Command Post - be referenced to the District Disaster Management Plan for engagement, coordination and communication as required for escalating/widespread disaster incidents as required. A copy of this plan should be included in the Disaster Manual.
- It is recommended that the Emergency Plan - Communication Services and Command Post – address procedures and protocols for receiving/communicating advice regarding changes in alerts, whole-of-government, inter-agency status and other intelligence.
- It is recommended that Disaster Manual and Emergency Plan training be incorporated into formal orientation programs and Unit/Department specific orientation programs.

Management Response

Recommendations Accepted: **YES**

Management Action Plan

Responsible Officer	*Target Date*
Director Corporate Services	January 2007

GLADSTONE HEALTH SERVICE DISTRICT
EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT
September 2006

Updated Action Plan

NO.	RECOMMENDATION	RESPONSIBILITY	IMPLEMENTATION DATE	CURRENT STATUS OF IMPLEMENTATION
1	It is recommended that the Emergency Preparedness and Continuity Management Committee be responsible for establishing this Framework and facilitating this process on an ongoing basis. An all-hazards whole-of-business framework and process should consider and be based on requirements and best practice standards established by the following: • Queensland Health Policy 28028: Emergency Preparedness and Continuity Management Policy (June 2005); • Queensland Government Infrastructure Protection and Resilience Framework; • Australian and New Zealand AS/NZS 4360:2004 – Risk Management; and • Australian and New Zealand Standard HB 221:2004 – Business Continuity Management. Other relevant references include: • HB231:2000 Information Security Risk Management Guidelines (for information security);	Director Corporate Services	January 2007	

NO.	RECOMMENDATION	RESPONSIBILITY	IMPLEMENTATION DATE	CURRENT STATUS OF IMPLEMENTATION
	• National Guidelines for the Protection of Critical Infrastructure From Terrorism (for critical infrastructure); and • Business Continuity Management: Keeping the Wheels in Motion – A Guide to Effective Control (Australian National Audit Office). Based on the above, the framework and process should incorporate: • Identification of essential or key elements within the asset (tangible and intangible); • Identification and assessment of possible all-hazard continuity threats and risks and levels of consequential impact; • Off-site interdependencies and other contingency and continuity strategies, plans, controls and procedures; and • Determination of risks that require/do not require treatment, and development of treatment plans for unacceptable risk exposures.			
2	It is recommended that a formal all-hazards strategic security risk identification and assessment process be undertaken to form the basis for development of an *overall* Security Strategy and Plan. This overall Security Strategy and Plan should consider and address, et al: • Location and nature of facilities and assets (tangible and intangible); • All-hazards security threat, vulnerability and risk identification; • Assessment of the adequacy and effectiveness of key systems, processes, personnel and other resources	Gavin Thompson, WHS Officer	January 2007	

NO.	RECOMMENDATION	RESPONSIBILITY	IMPLEMENTATION DATE	CURRENT STATUS OF IMPLEMENTATION
	currently operating for adverse security incident deterrence, detection, mitigation, response and recovery arrangements; • Plans for the treatment of unacceptable (residual) security risks; • Definitions, authorities, responsibilities and accountabilities for security plan activation phases (alert, notification, standby, activation, escalation, stand down and cancellation on false alarm); • Management of National Security Alert levels and changes (in particular, operational changes required to reflect changes in alert status); • Communication, engagement and coordination between the GHSD, Queensland Health Corporate Office, Health Services Directorate, Internal Emergency Response and General Security Unit, and supporting agencies such as the Queensland Police Service; • Queensland Infrastructure Protection and Resilience Framework and Queensland Plan for the Protection of Critical Infrastructure From Terrorism (as part of the Queensland Government's Counter Terrorism Strategy 2005-2007); and • Queensland Health's Security Guidelines for Health Care Facilities. The Security Strategy and supporting plans and procedures should be reviewed and revised as necessary on an annual basis. The risk assessment underlying the strategy and plans should be reviewed in detail every two-five years.			
3	It is recommended that the Emergency Preparedness and Continuity Management Committee consider establishing/reforming involvement with the QEMS with the objective of incorporating emergency disaster	Director Corporate Services	January 2007	

NO.	RECOMMENDATION	RESPONSIBILITY	IMPLEMENTATION DATE	CURRENT STATUS OF IMPLEMENTATION
	management into its focus, particularly in relation to coordination of resources and contingencies.			
4	• It is recommended that the Emergency Plan, and each specific Emergency Response Plans, address post disaster emergency assessment for maintenance, replacement etc (as for existing plans for Pandemic Preparedness and Cyclone); • It is recommended that the Emergency Plan specifically address response to terrorist threat activity through its Emergency Identification, Notification, Activation, Command Post and Communication Services and related roles and responsibilities framework; • It is recommended that the Emergency Plan – Communication Services and Command Post – be referenced to the District Disaster Management Plan for engagement, coordination and communication as required for escalating/widespread disaster incidents as required. A copy of this plan should be included in the Disaster Manual; • It is recommended that the Emergency Plan – Communication Services and Command Post – address procedures and protocols for receiving/communicating advice regarding changes in alerts, whole-of-government, inter-agency status and other intelligence; • It is recommended that Disaster Manual and Emergency Plan training be incorporated into formal orientation programs and Unit/Department specific orientation programs.	Director Corporate Services	January 2007	

(2)

Queensland Government
Queensland Health

MEMORANDUM

To: Ms Gloria Wallace, General Manager, Southern Area Health Service

Copies to: Mr Jeff Hollywood, Manager, Gold Coast Health Service District
Dr Jeannette Young, Chief Health Officer

From: Uschi Schreiber, Director-General **Contact No:** [redacted]
Fax No:

Subject: **FINAL AUDIT REPORT OPERATIONA/EFFICIENCY AUDIT – EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT – GOLD COAST HEALTH SERVICE DISTRICT**

File Ref: 0652003 /DG046128

I wish to draw to your attention the attached Final Audit Report prepared for the Operational/Efficiency Audit of Emergency Preparedness and Continuity Management which was completed by the Audit and Operational Review Unit recently at the Gold Coast Health Service District.

The District has not yet given a timeframe for the implementation of the recommendations. I would be pleased if you could provide an update of the status of the implementation progress, using the attached Action Plan, to Mr Pat Culpan, A/Director, Audit and Operational Review by 24 November 2006.

If you should have any enquiries regarding this matter, please do not hesitate to contact Mr Culpan on [redacted]

Uschi Schreiber
Director-General
24/11/06

Queensland Government
Queensland Health

FINAL AUDIT REPORT

OPERATIONAL/EFFICIENCY AUDIT

EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT

GOLD COAST HEALTH SERVICE DISTRICT

SEPTEMBER 2006

Audit and Operational Review Unit

QUEENSLAND HEALTH
OPERATIONAL AND EFFICIENCY AUDIT
EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT

EXECUTIVE SUMMARY

BACKGROUND AND FRAMEWORK OF REVIEW

Queensland Health has established its Emergency Preparedness and Continuity Management Policy, Guidelines and Program to support its preparedness and capability to prevent, respond to, and recover from an emergency event such as:

- 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 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; and/or
- Any other similar event.

Queensland Health's Emergency Preparedness and Continuity Management Policy, Guidelines and Program ("the Framework") include, et al:

- Queensland Health Disaster Plan 2002;
- Queensland Health Policy Statement 28028 – Emergency Preparedness and Continuity Management;
- Queensland Health Integrated Risk Management Framework (QHEPS 15232);
- Queensland Health Information Security Policy (QHEPS 3485); and
- Queensland Health Information Security Standard 9 – Business Continuity Management (QHEPS 23724).

This Framework is part of, and in support of, the Queensland Government's project for the safety and security of Queensland in:

- The preparation for, prevention of, response to and recovery from terrorism related incidents, as set out in the Queensland Government Counter-Terrorism Strategy 2005-2007, and consistent with the National Counter-Terrorism Framework;
- The protection and resilience of infrastructure; and
- The protection of critical infrastructure from terrorism.

The Framework is also based on, and supports compliance with and implementation of, relevant Legislation, Policies, Standards and key documents including:

- Disaster Management Act 2003;
- State Counter Disaster Plan 2001;
- Queensland Government Counter Terrorism Strategy 2005-2007
- Queensland Government Infrastructure Protection and Resilience Framework;
- Queensland Government Plan for the Protection of Critical Infrastructure from Terrorism
- Standards Australia and New Zealand - AS/NZS 4360 - 2004 – Risk Management
- Standards Australia and New Zealand- HB 221:2004 Business Continuity Management;
- Australian Standard – AS 4083-1997 Planning for Emergencies – Health Care Facilities; and
- Queensland Government Information Standard 18 – Information Security.

QUEENSLAND HEALTH
OPERATIONAL AND EFFICIENCY AUDIT
EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT

EXECUTIVE SUMMARY

OBJECTIVE OF REVIEW

The overall objective of the review has been to ensure Queensland Health Executives are managing, (through the establishment and implementation of adequate and effective frameworks, strategies, plans, policies and procedures) the risks associated with emergency, disaster, security, contingency, asset protection and resilience management in accordance with the Framework to enable effective response and service continuity.

SCOPE AND NATURE OF REVIEW PROCEDURES

Review has been performed on a sample basis across the following Health Service Districts:

- Southern Area Health Service - Princess Alexandra Hospital Health Service District
- Southern Area Health Service - Gold Coast Health Service District
- Northern Area Health Service - Cairns Health Service District
- Northern Area Health Service - Innisfail Health Service District
- Central Area Health Service - Gladstone Health Service District
- Central Area Health Service - Central Highlands Health Service District

Our review was a high-level desktop review for the purposes of gauging implementation progress and identifying areas for further focus and development.

Our review procedures took the form of:

- Discussions with key officers at hospital based facilities and inter-agency representatives; and
- High-level review of plans, policies, procedures and related documentation as presented to us.

Our review procedures have not, and should not be relied upon by any parties as having, sought to test or provide validations or assurances in relation to:

- Completeness for all matters that may be identified and/or require further focus and development;
- Detailed compliance with all and/or specific legislation, standards, policies and/or guidelines; and/or
- Practical ability for plans, policies and procedures to successfully deter, mitigate, respond to and/or recover from disaster emergencies in test exercise or actual incident situations.

Review has been performed by BDO Kendalls as a party independent to Queensland Health. Review has been performed under the direction of, and for, Queensland Health and the Acting Senior Director, Assurance and Risk Advisory Services and should not be released to or relied upon by any other party without BDO Kendalls' prior knowledge and express consent, unless under obligation and direction at law.

APPENDIX 2

QUEENSLAND HEALTH
EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT
GOLD COAST HEALTH SERVICE DISTRICT

SUMMARY OBSERVATIONS

Queensland Health's Gold Coast Health Service District (GCHSD) includes the Southport, and Robina Hospitals and Community Health Clinics. Hospital operations are significant and extensive providing:

- Medical and Surgical
- Emergency Medicine
- Intensive Care
- General Medicine
- Cardiology
- Nephrology/Renal Dialysis
- Rehabilitation
- Geriatrics
- Oncology & Chemotherapy
- Endocrinology
- Paediatrics
- General Surgery
- Urology
- ENT
- Ophthalmology
- Orthopaedics
- Neurosurgery
- Plastic Surgery
- Paediatric Surgery
- Gynaecology
- Palliative Care
- Obstetrics
- Psychiatry
- Anaesthetics
- Acute/Long Stay Mental Health
- Vascular Surgery
- Integrated Mental Health
- Child/Youth Mental Health
- Rehabilitation Services
- Medical Education

The GCHSD has developed Emergency Procedure Manuals and Plans for on site emergency responses, however the capacity to review and maintain these manuals and plans (on at least an annual basis), or to broaden the scope to further develop all-hazards, whole-of-business Emergency Preparedness, Contingency and Continuity Management Plans in accordance with Queensland Government and Queensland Health Frameworks, Policies and Guidelines, has not been adequate to date. Appendix 2.1 overviews plans developed to date and the timing of last review.

A Project Officer position has been appointed on a temporary basis (approximately 3 months) to address the Hospital's Emergency Preparedness, Contingency and Continuity Management Project. However, given the size, significance and risk profile of the GCHSD's infrastructure, this allocation may not be adequate to identify and address gaps in current frameworks, plans, procedures and implementation strategies, as well as ensure ongoing maintenance, testing and development.

On this basis, it is recommended that consideration be given to a permanent appointment for review and coordination of plan testing to ensure these are maintained and continually developed as required.

The following provides high level and specific matters for consideration in undertaking further plan development and maintenance work in relation to:

- Security Risk Assessment and Strategy Planning;
- Business Contingency and Continuity Management;
- Communications Strategy and Protocols; and
- Emergency Communication Systems.

It is noted that the District has accepted all recommendations and proposed implementation plans, however are unable to commit to action without the commitment of additional funding and resources.

APPENDIX 2

QUEENSLAND HEALTH
EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT
GOLD COAST HEALTH SERVICE DISTRICT

1. SECURITY RISK ASSESSMENT AND STRATECY PLANNING

Matter Noted ***Risk/Action Priority - High***

The Gold Coast Hospital currently operates on a two officers-per-shift security basis (at the time of review a third officer had been approved for appointment).

Security matters are addressed throughout specific Emergency Response Plans as appropriate to the nature and circumstance of the particular emergency incident.

However, a whole-of-business Security Strategy/Plan has not been established based on an all-hazards risk assessment of security related threats, vulnerabilities and risks.

Potential security vulnerabilities noted during our review include (but may not be limited to):

- The inability of the Gold Coast Hospital (a multi entrance building) to 'lock down' or provide adequate whole-of-premises access restriction in a security related emergency incident (localised or widespread). Back-up arrangements have been established with local security providers however, depending on the nature, scope and extent of the incident, these may not be available or reliable in all circumstances (for example where an incident impacts the greater city district).

- The Gold Coast Hospital has limited electronic monitoring and surveillance facilities and equipment. Four security-monitored surveillance cameras operate throughout the hospital (all in the Emergency Department/waiting room). Additional cameras are stationed in psychiatric ward seclusion rooms, corridors and entrance for staff/patient monitoring.

- Physical access restrictions to the Gold Coast Hospital are limited. Swipe cards limit access to the security office, rear doors, some car parks, X-Ray Facilities and Psychiatric Ward seclusion room doors only. PIN codes restrict access to Maternity Wards, Paediatrics, and Theatre Departments. Access to all other areas of the hospital is unrestricted (including, for example, access to isolated tunnel loading docks which are not under security camera surveillance).

However, in terms of the ability to manage and be supported through significant city-wide security incidents beyond the immediate scope and/or capacity of the hospital(s), the GCHSD is a part of the District Disaster Management Group, associated Plan and test exercise activities for engagement and coordination with other key agencies and organisations. In the context of significant security incidents, the Queensland Police Service is the lead representative for the District Disaster Management Group.

In October 2005 this Group tested (by table top exercise) a security incident involving a bomb explosion during Schoolies Week. Debrief evaluation was referred to the District Disaster Management Group (including GCHSD) for further development of the District Disaster Plan.

APPENDIX 2

QUEENSLAND HEALTH
EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT
GOLD COAST HEALTH SERVICE DISTRICT

Recommendation

It is recommended that a formal all-hazards strategic security risk identification and assessment process be undertaken to form the basis for development of an *overall* Security Strategy and Plan. This overall Security Strategy and Plan should consider and address, et al:

- Location and nature of facilities and assets (tangible and intangible);
- All-hazards security threat, vulnerability and risk identification;
- Assessment of the adequacy and effectiveness of key systems, processes, personnel and other resources currently operating for adverse security incident deterrence, detection, mitigation, response and recovery arrangements;
- Plans for the treatment of unacceptable (residual) security risks;
- Definitions, authorities, responsibilities and accountabilities for security plan activation phases (alert, notification, standby, activation, escalation, stand down and cancellation on false alarm);
- Management of National Security Alert levels and changes (in particular, operational changes required to reflect changes in alert status);
- Communication, engagement and coordination between the GCHSD, Queensland Health Corporate Office, Health Services Directorate, Internal Emergency Response and General Security Unit, and supporting agencies such as the Queensland Police Service;
- Queensland Infrastructure Protection and Resilience Framework and Queensland Plan for the Protection of Critical Infrastructure From Terrorism (as part of the Queensland Government's Counter Terrorism Strategy 2005-2007); and
- Queensland Health's Security Guidelines for Health Care Facilities.

Management Response

Recommendations Accepted: **YES**

Management Action Plan

Responsible Officer	***Target Date***
District Manager/Acting District Manager	It is noted that the District has accepted all recommendations and proposed implementation plans, however are unable to commit to action without the commitment of additional funding and resources. Business case to be prepared to support request for resources in the coming financial year.

APPENDIX 2

QUEENSLAND HEALTH
EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT
GOLD COAST HEALTH SERVICE DISTRICT

2. BUSINESS CONTINGENCY AND CONTINUITY MANAGEMENT

Matter Noted ***Risk/Action Priority - High***

The GCHSD has performed a risk identification and assessment process, based on identification of key business critical functions, services, equipment and consumables, and maximum manageable outage periods. This process has resulted in the categorisation and assessment of risks relating to food supply and essential services (such as water supply, power and fuel supply, and information systems).

Based on capacity and resource limitations to date, this process has not been able to be progressed to treatment, contingency, business continuity and resumption planning in respect of identified and assessed risks.

It is expected that this process will be progressed in the short term by the temporary Project Officer allocated to Emergency Preparedness and Continuity Management Project.

Recommendation

It is recommended that the process to date be revisited to confirm that all-hazards have been considered, and remain current, in the identification and assessment of key risks, threats and vulnerabilities and that the process progress to treatment, contingency, business continuity and resumption planning.

Management Response

Recommendations Accepted: **YES**

Management Action Plan

Responsible Officer	*Target Date*
District Manager/Acting District Manager	It is noted that the District has accepted all recommendations and proposed implementation plans, however are unable to commit to action without the commitment of additional funding and resources. Business case to be prepared to support request for resources in the coming financial year.

APPENDIX 2

QUEENSLAND HEALTH
EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT
GOLD COAST HEALTH SERVICE DISTRICT

3. COMMUNICATION STRATEGY AND PROTOCOLS

Matter Noted ***Risk/Action Priority - High***

The GCHSD developed, in August 2002, its Emergency Procedure Manual (currently under detailed review and rewrite). Communication requirements in respect of incident specific emergency responses are, in most cases, adequately addressed through on-site internal and external Emergency Response Plans. However, the current manual does not provide for whole-of-business communication protocols to support overall:

- Activation phases of Emergency Response Plans (including alert, notification, standby, activation, escalation, stand down and cancellation on false alarm);
- Notification of organisational personnel and relevant agencies and authorities such as emergency responders (including the Queensland Police Service in the case of any security-related information or suspicious activity);
- Notification of other stakeholders such as patients, contractors, suppliers, media etc; or
- Receipt and actioning of advice regarding changes in alerts, whole-of-government, inter-agency status and other intelligence.

Recommendation

It is recommended that the Emergency Procedure Manual establish formal protocols for whole-of-business communications, addressing specifically:

- Protocols and procedures for plan activation phases: alert, notification, standby, activation, escalation, stand-down and cancellation (eg on false alarm);
- Protocols for internal communications, communications with Queensland Health (eg Health Services Directorate, Internal Emergency Response and General Security), Local Disaster Management Groups, District Disaster Management Groups, other agency networks; and
- Protocols for communication with other relevant parties, stakeholders and media.

Management Response

Recommendations Accepted: **YES**

Management Action Plan

Responsible Officer	*Target Date*
District Manager/Acting District Manager	It is noted that the District has accepted all recommendations and proposed implementation plans, however are unable to commit to action without the commitment of additional funding and resources. Business case to be prepared to support request for resources in the coming financial year.

APPENDIX 2

QUEENSLAND HEALTH
EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT
GOLD COAST HEALTH SERVICE DISTRICT

4. EMERGENCY COMMUNICATION SYSTEMS

Matter Noted ***Risk/Action Priority - High***

The Hospital's Medical Response Plans recognise that reliable multi-modal communication systems are essential for effective emergency responses.

Regionally, the Hospital is not linked to the Emergency Radio Network System. Approval was granted in 1995 and a service provider was assigned to perform necessary work to facilitate networking. We were advised that the provider ceased business, and work did not, and has not since, proceeded.

Significant hardware equipment is required for the network infrastructure, including a repeater station to link into the network. We were advised that, without this network, the efficient and effective management of patient capacity, overflow and critical care needs in the event of a significant and/or widespread disaster emergency may be significantly compromised.

At a local level, the Hospital does not have an operational emergency radio network to enable reliable communication link to its Robina Campus, the Local Disaster Management Group, District Disaster Management Group, Queensland Ambulance Service, State Emergency Services and Queensland Health Corporate Office in the event that landline and mobile telephone networks are not available for emergency communication.

Internally, the Hospital does not have an operational system for reliable and co-ordinated communication between Queensland Ambulance Service, the Hospital's Emergency Department, Site Medical Officer, Communications Branch and emergency vehicles. Communication relies on land-line, mobile telephone networks and Queensland Ambulance Service two-way radio networks which may not be available, reliable or timely when power, land-lines, mobile phones and radios are not available for emergency communication. We were advised that, as a minimum, the Site Medical Officer requires a direct communication link to the Hospital, other than mobile phone.

Recommendation

It is recommended that requirements, risk based business case risk analysis and budget reinstatement/allocation matters relating to the development of communication contingency systems be raised for further consideration with Queensland Health Corporate Office for further consideration and decision making.

Management Response

Recommendations Accepted: **YES**

Management Action Plan

Responsible Officer	*Target Date*
District Manager/Acting District Manager	It is noted that the District has accepted all recommendations and proposed implementation plans, however are unable to commit to action without the commitment of additional funding and resources. Business case to be prepared to support request for resources in the coming financial year.

APPENDIX 2

QUEENSLAND HEALTH
EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT
GOLD COAST HEALTH SERVICE DISTRICT

MAINTANING EMERGENCY PREPAREDNESS PLANS — APPENDIX 2.1

The GCHSD has prepared a number of plans for hospital response to emergencies, as they affect hospital treatment procedures and operations, as outlined below:

Plan	Established	Last Reviewed/Updated
Emergency Procedure Manual	August 2002	June 2005
Emergency Response	May 2002	-
Medical Management	May 2002	-
Emergency Medical Procedures – Coolongatta Airport	May 2002	-
Disaster Control Room	May 2002	-
Evacuation Procedures	May 2002	-
Mental Health Disaster Plan	October 2003	-
Public Health Support Plan	May 2002	-

In addition, On-Site Emergency Response Plans have been developed for internal and external emergency response in accordance with Queensland Health's Emergency Preparedness and Continuity Management Policy, and best practice standards prescribed by AS 4083-1997 Planning for Emergencies – Health Care Facilities as set out below.

As necessary, these plans are supported by information guides, fact sheets, applicable policies and procedures.

Plan	Established	Last Reviewed/Updated
Fire (Code Red)	March 1998	-
Evacuation (Code Orange)	March 1998	-
Bomb Threat (Code Purple)	March 1998	-
Personal Threat (Code Black)	March 1998	-
Internal Emergency (Code Yellow)	March 1998	-
Medical Emergency (Code Blue)	March 1998	-

As outlined above, capacity and resource limitations have not enabled these plans to be maintained on at least an annual basis, although are currently under detailed revision and rewrite by a temporary Project Officer allocated for a three-month period.

It is noted that significant work will be required to complete and maintain these and other Emergency Preparedness and Continuity Management Framework components on an ongoing basis, which may not be achieved with current resources post temporary Project Officer appointment.

GOLD COAST HEALTH SERVICE DISTRICT
EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT
September 2006

Updated Action Plan

NO.	RECOMMENDATION	RESPONSIBILITY	IMPLEMENTATION DATE	CURRENT STATUS OF IMPLEMENTATION
1	It is recommended that a formal all-hazards strategic security risk identification and assessment process be undertaken to form the basis for development of an *overall* Security Strategy and Plan. This overall Security Strategy and Plan should consider and address, et al: • Location and nature of facilities and assets (tangible and intangible); • All-hazards security threat, vulnerability and risk identification; • Assessment of the adequacy and effectiveness of key systems, processes, personnel and other resources currently operating for adverse security incident deterrence, detection, mitigation, response and recovery arrangements; • Plans for the treatment of unacceptable (residual) security risks; • Definitions, authorities, responsibilities and accountabilities for security plan activation phases (alert, notification, standby, activation, escalation, stand down and cancellation on false alarm); • Management of National Security Alert levels and changes (in particular, operational changes required to	District Manager/ Acting District Manager	It is noted that the District has accepted all recommendations and proposed implementation plans, however are unable to commit to action without the commitment of additional funding and resources. Business case to be prepared to support request for resources in the coming financial year.	

NO.	RECOMMENDATION	RESPONSIBILITY	IMPLEMENTATION DATE	CURRENT STATUS OF IMPLEMENTATION
	reflect changes in alert status); • Communication, engagement and coordination between the GCHSD, Queensland Health Corporate Office, Health Services Directorate, Internal Emergency Response and General Security Unit, and supporting agencies such as the Queensland Police Service; • Queensland Infrastructure Protection and Resilience Framework and Queensland Plan for the Protection of Clinical Infrastructure From Terrorism (as part of the Queensland Government's Counter Terrorism Strategy 2005-2007); and • Queensland Health's Security Guidelines for Health Care Facilities.			
2	It is recommended that the process to date be revisited to confirm that all-hazards have been considered, and remain current, in the identification and assessment of key risks, threats and vulnerabilities and that the process progress to treatment, contingency, business continuity and resumption planning.	District Manager/ Acting District Manager	It is noted that the District has accepted all recommendations and proposed implementation plans, however are unable to commit to action without the commitment of additional funding and resources. Business case to be prepared to support request for resources in the coming financial year.	

NO.	RECOMMENDATION	RESPONSIBILITY	IMPLEMENTATION DATE	CURRENT STATUS OF IMPLEMENTATION
3	It is recommended that the Emergency Procedure Manual establish formal protocols for whole-of-business communications, addressing specifically; • Protocols and procedures for plan activation phases: alert, notification, standby, activation, escalation, stand-down and cancellation (eg on false alarm); • Protocols for internal communications, communications with Queensland Health (eg Health Services Directorate, Internal Emergency Response and General Security), Local Disaster Management Groups, District Disaster Management Groups, other agency networks; and • Protocols for communication with other relevant parties, stakeholders and media.	District Manager/ Acting District Manager	It is noted that the District has accepted all recommendations and proposed implementation plans, however are unable to commit to action without the commitment of additional funding and resources. Business case to be prepared to support request for resources in the coming financial year.	
4	It is recommended that requirements, risk based business case risk analysis and budget reinstatement/allocation matters relating to the development of communication contingency systems be raised for further consideration with Queensland Health Corporate Office for further consideration and decision making.	District Manager/ Acting District Manager	It is noted that the District has accepted all recommendations and proposed implementation plans, however are unable to commit to action without the commitment of additional funding and resources.	

NO.	RECOMMENDATION	RESPONSIBILITY	IMPLEMENTATION DATE	CURRENT STATUS OF IMPLEMENTATION
			Business case to be prepared to support request for resources in the coming financial year.	

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Ms held for Jeannette

Queensland Government
Queensland Health

MEMORANDUM

To: Ms Gloria Wallace, General Manager, Southern Area Health Service

Copies to: Dr David Theile, Clinical CEO, Princess Alexandra Hospital Health Service District
Dr Jeannette Young, Chief Health Officer

From: Uschi Schreiber, Director-General **Contact No:** [redacted]
Fax No:

Subject: **FINAL AUDIT REPORT OPERATIONA/EFFICIENCY AUDIT – EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT – PRINCESS ALEXANDRA HOSPITAL HEALTH SERVICE DISTRICT**

File Ref: 0652003/DG046135

I wish to draw to your attention the attached Final Audit Report prepared for the Operational/Efficiency Audit of Emergency Preparedness and Continuity Management which was completed by the Audit and Operational Review Unit recently at the Princess Alexandra Hospital Health Service District.

The District has not yet given a timeframe for the implementation of the recommendations. I would be pleased if you could provide an update of the status of the implementation progress, using the attached Action Plan, to Mr Pat Culpan, A/Director, Audit and Operational Review by 24 November 2006.

If you should have any enquiries regarding this matter, please do not hesitate to contact Mr Culpan on [redacted]

Uschi Shreiber
Director-General
/ /

→ Neal Gillard
to include in response to DG brief
18/11/06

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Queensland Government
Queensland Health

FINAL AUDIT REPORT

OPERATIONAL/EFFICIENCY AUDIT

EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT

PRINCESS ALEXANDRA HOSPITAL HEALTH SERVICE DISTRICT

SEPTEMBER 2006

Audit and Operational Review Unit

QUEENSLAND HEALTH
OPERATIONAL AND EFFICIENCY AUDIT
EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT

EXECUTIVE SUMMARY

BACKGROUND AND FRAMEWORK OF REVIEW

Queensland Health has established its Emergency Preparedness and Continuity Management Policy, Guidelines and Program to support its preparedness and capability to prevent, respond to, and recover from an emergency event such as:

- 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 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; and/or
- Any other similar event.

Queensland Health's Emergency Preparedness and Continuity Management Policy, Guidelines and Program ("the Framework") include, et al:

- Queensland Health Disaster Plan 2002;
- Queensland Health Policy Statement 28028 – Emergency Preparedness and Continuity Management;
- Queensland Health Integrated Risk Management Framework (QHEPS 15232);
- Queensland Health Information Security Policy (QHEPS 3485); and
- Queensland Health Information Security Standard 9 – Business Continuity Management (QHEPS 23724).

This Framework is part of, and in support of, the Queensland Government's project for the safety and security of Queensland in:

- The preparation for, prevention of, response to and recovery from terrorism related incidents, as set out in the Queensland Government Counter-Terrorism Strategy 2005-2007, and consistent with the National Counter-Terrorism Framework;
- The protection and resilience of infrastructure; and
- The protection of critical infrastructure from terrorism.

The Framework is also based on, and supports compliance with and implementation of, relevant Legislation, Policies, Standards and key documents including:

- Disaster Management Act 2003;
- State Counter Disaster Plan 2001;
- Queensland Government Counter Terrorism Strategy 2005-2007
- Queensland Government Infrastructure Protection and Resilience Framework;
- Queensland Government Plan for the Protection of Critical Infrastructure from Terrorism
- Standards Australia and New Zealand - AS/NZS 4360 - 2004 – Risk Management
- Standards Australia and New Zealand- HB 221:2004 Business Continuity Management;
- Australian Standard – AS 4083-1997 Planning for Emergencies – Health Care Facilities; and
- Queensland Government Information Standard 18 – Information Security.

QUEENSLAND HEALTH
OPERATIONAL AND EFFICIENCY AUDIT
EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT

EXECUTIVE SUMMARY

OBJECTIVE OF REVIEW

The overall objective of the review has been to ensure Queensland Health Executives are managing, (through the establishment and implementation of adequate and effective frameworks, strategies, plans, policies and procedures) the risks associated with emergency, disaster, security, contingency, asset protection and resilience management in accordance with the Framework to enable effective response and service continuity.

SCOPE AND NATURE OF REVIEW PROCEDURES

Review has been performed on a sample basis across the following Health Service Districts:

- Southern Area Health Service - Princess Alexandra Hospital Health Service District
- Southern Area Health Service - Gold Coast Health Service District
- Northern Area Health Service - Cairns Health Service District
- Northern Area Health Service - Innisfail Health Service District
- Central Area Health Service - Gladstone Health Service District
- Central Area Health Service - Central Highlands Health Service District

Our review was a high-level desktop review for the purposes of gauging implementation progress and identifying areas for further focus and development.

Our review procedures took the form of:

- Discussions with key officers at hospital based facilities and inter-agency representatives; and
- High-level review of plans, policies, procedures and related documentation as presented to us.

Our review procedures have not, and should not be relied upon by any parties as having, sought to test or provide validations or assurances in relation to:

- Completeness for all matters that may be identified and/or require further focus and development;
- Detailed compliance with all and/or specific legislation, standards, policies and/or guidelines; and/or
- Practical ability for plans, policies and procedures to successfully deter, mitigate, respond to and/or recover from disaster emergencies in test exercise or actual incident situations.

Review has been performed by BDO Kendalls as a party independent to Queensland Health. Review has been performed under the direction of, and for, Queensland Health and the Acting Senior Director, Assurance and Risk Advisory Services and should not be released to or relied upon by any other party without BDO Kendalls' prior knowledge and express consent, unless under obligation and direction at law.

APPENDIX 1

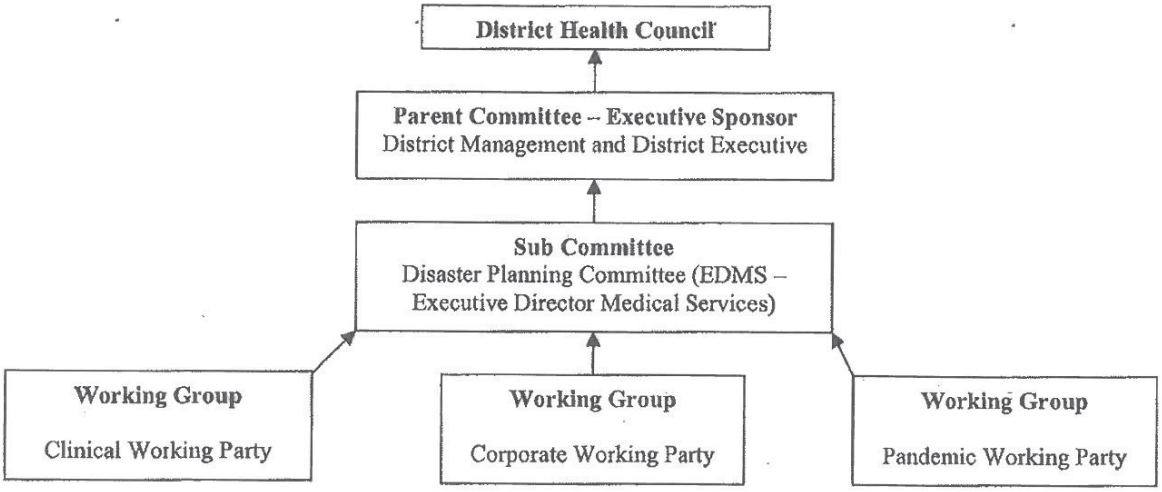
QUEENSLAND HEALTH
EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT
PRINCESS ALEXANDRA HOSPITAL HEALTH SERVICE DISTRICT

SUMMARY OBSERVATIONS

The Princess Alexandra Hospital Health Service District (PAHHSDS) comprises hospital facilities at Woolloongabba and a range of Adult Community Mental Health Services at Annerley, Inala, and West End. The Princess Alexandra Hospital is one of three tertiary level facilities in Queensland, providing care in all major adult specialities with the exception of obstetrics and gynaecology.

The hospital has 712 available beds and the Health Service District employs more than 5,000 staff.

The PAHHSD has established an appropriate governance structure for the local management of disaster incidents as follows:



The PAHHSD has performed an all-hazards risk identification, assessment, treatment, contingency, continuity and resumption planning process for the development of its formal Emergency Preparedness and Continuity Management Framework.

It has also prepared specific incident Emergency Response Plans in accordance with Australian Standard AS 4083-1997 – Planning for Emergencies in Health Care Facilities. Plans are appropriately supported by related policies and procedures as required.

The following provides high-level and specific matters for consideration by the Disaster Planning Committee in undertaking further plan development and maintenance work in relation to:

- Development of an overall hospital facility and health service district security strategy;
- Maintaining emergency contact lists;
- Development of overall hospital facility and health service district communication strategy;
- Coordinating inter-agency engagement and communication; and
- Review and assurance in relation to the protection of critical infrastructure.

APPENDIX 1

QUEENSLAND HEALTH
EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT
PRINCESS ALEXANDRA HOSPITAL HEALTH SERVICE DISTRICT

1. SECURITY RISK ASSESSMENT AND PLANNING

Background

The Princess Alexandra Hospital has security officers on staff as well as on-site Queensland Police Service - Police Beat station support.

Security procedures and protocols have been developed for hospital specific operational and emergency security requirements based on a five-staged approach across traffic management, crowd control, access and egress control and general security.

These procedures appropriately address:

- Security Assistance
- Duress Alarms
- Escorts
- Security Alerts (persons and patients)
- Suspicious/unauthorised persons
- Security of property and attractive items
- Security of Departments after hours
- Mail opening and suspicious packages
- Circuit Television – CCTV
- Incident Reporting
- Occupational Health and Safety
- Illicit Drug Use
- Aggressive Behaviour Management
- Access Control
- Identification of People
- Bomb and other personal threats

Security procedures, including communication and activation protocols, are also addressed in specific Emergency Response Plans as relevant and required.

Matter Noted ***Risk/Action Priority - High***

Whilst security arrangements, internal communication, activation and response procedures and protocols are addressed in detail by a number of specific plans and procedure documents, the PAHHSD has not developed a formal all-hazards, risk based, *overall* Security Strategy and Plan to form the basis of its security management, which in turn, is supported by these specific procedure documents.

Recommendation

It is recommended that a formal all-hazards strategic security risk identification and assessment process be undertaken to form the basis for development of an *overall* Security Strategy and Plan. This overall Security Strategy and Plan should consider and address, et al:

- Location and nature of facilities and assets (tangible and intangible);
- All-hazards security threat, vulnerability and risk identification;
- Assessment of the adequacy and effectiveness of key systems, processes, personnel and other resources currently operating for adverse security incident deterrence, detection, mitigation, response and recovery arrangements;
- Plans for the treatment of unacceptable (residual) security risks;
- Definitions, authorities, responsibilities and accountabilities for security plan activation phases (alert, notification, standby, activation, escalation, stand down and cancellation on false alarm);
- Management of National Security Alert levels and changes (in particular, operational changes required to reflect changes in alert status);
- Communication, engagement and coordination between the PAHHSD, Queensland Health Corporate Office, Health Services Directorate, Internal Emergency Response and General Security Unit, and supporting agencies such as the Queensland Police Service;
- Queensland Infrastructure Protection and Resilience Framework and Queensland Plan for the Protection of Critical Infrastructure From Terrorism (as part of the Queensland Government's Counter Terrorism Strategy 2005-2007); and
- Queensland Health's Security Guidelines for Health Care Facilities.

APPENDIX 1

QUEENSLAND HEALTH
EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT
PRINCESS ALEXANDRA HOSPITAL HEALTH SERVICE DISTRICT

In accordance with the Queensland Government's plans for protection of critical infrastructure assets, once established, the Security Strategy and supporting plans and procedures should be reviewed and revised as necessary on an annual basis. The risk assessment underlying the strategy and plans should be reviewed in detail on a bi-annual basis.

Management Response

Recommendations Accepted: YES

Management Action Plan

Responsible Officer	*Target Date*
TBA after Audit Committee Endorsement of Recommendation	

APPENDIX 1

QUEENSLAND HEALTH
EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT
PRINCESS ALEXANDRA HOSPITAL HEALTH SERVICE DISTRICT

2. EMERGENCY PLAN CONTACT LISTS

Matter Noted ***Risk/Action Priority - High***

Up to date emergency contacts are essential for the timely, efficient and effective activation of emergency plans in the event of a disaster emergency incident. The PAHHSD has appropriately established a number of command contact lists to be called upon, as circumstances require.

Procedures have been established and implemented to ensure contact lists are maintained, regularly reviewed and updated for communication within the hospital, and contact lists are appropriately included in specific Emergency Response Plans as necessary. At Executive Level, internal and inter-agency contact lists are maintained, regularly reviewed and updated in the District Manager's Emergency Response Procedures Tool Kit for ready access.

Contact lists for two-way communication as necessary between the PAHHSD and Queensland Health Corporate Office have been recently updated (on being identified as out of date), although the Quality Coordinator has identified gaps in the process for regular and timely review and maintenance.

Recommendation

It is recommended that procedures be established and implemented for regular review and maintenance of Queensland Health Corporate Office contact lists as required in the event of a disaster emergency.

For practical purposes, this review may be performed during review of other internal contact lists, and coordinated with Queensland Health Corporate Office through a positive or negative confirmation process.

Management Response

Recommendations Accepted: **YES**

Management Action Plan

Responsible Officer	*Target Date*
TBA after Audit Committee Endorsement of Recommendation	