APPENDIX 1

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

3. COMMUNICATION STRATEGY

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

Emergency Response Plans for specific emergency incidents establish procedures for communication and notification within the Hospital as required and relevant to the event.

However, a Communication Strategy and Plan applicable and consistent for all-incident management on a whole-of-hospital basis has not been established.

Recommendation

It is recommended that a high-level Hospital Communication Strategy and Plan be developed to provide a consistent and authoritative foundation and point of reference for command and communication procedures as set out in specific Emergency Response Plans.

This strategy should address, et al:

- Definitions, authorities, accountabilities and responsibilities (within the PAHHSD, between PAHHSD and Queensland Health Corporate Office, and other agencies);
- Protocols and procedures for activation of the Emergency Response Plans, addressing alert, notification, standby, activation, escalation, stand-down and cancellation of plan procedures;
- Communication equipment and alternatives under back up/contingency arrangements; and
- 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.*

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

4. INTER-AGENCY ENGAGEMENT AND COMMUNICATION

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

The district boundaries of the PAHHSD as they lie within the greater Brisbane City region, and the district boundaries of other essential service agencies (such as Queensland Police Service, Queensland Ambulance Service, Queensland Fire and Rescue etc), raise practical challenges in terms of PAHHSD's ability to engage, coordinate and communicate through Local and District Disaster Management Groups and Plans.

Where practical, the PAHHSD is involved in inter-agency emergency and disaster test exercises, has contact with other agencies (particularly Queensland Police Service with an on-site Police Beat station) and has access to significant support as required in the event of a disaster emergency.

It is noted however that arrangements for communication and engagement with other agencies as considered necessary is not addressed in current Emergency Response Plans.

Recommendation

It is recommended that the District Manager's Emergency Response Procedures Tool Kit provide the contact lists for key agency contacts that may be involved with the PAHHSD in managing a significant disaster emergency beyond the scope and capacity of internal arrangements. Similarly, procedures should address appropriate chain of command and communication protocols to support activation and coordination of multi-agency engagement plans (refer above, Matter 3).

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

5. REVIEW AND ASSURANCE

Matter Noted *Risk/Action Priority - High*

Under the Queensland Government's Infrastructure Protection and Resilience Framework, the PAHHSD has been classified as a Critical Infrastructure Asset of 'Major' significance.

The Framework recommends, for major assets, review and audit of all protection plans be performed on an annual basis.

In addition, the Framework recommends that the Chief Executive Officer of the Hospital provide an annual statement to the Department of Parliament and Cabinet (Security Planning and Coordination) to address validation and audit requirements including:

- Date of the most recent risk assessment, which includes the counter-terrorism context;
- Date of current plans (security, on-site emergency response and business continuity);
- Current plans signed off by (name and position);
- Date of last test and/or exercise of plans;
- Date of last audit or plans (internal or external);
- Audit performed by (name, company and position); and
- Audit results (including recommended actions and those implemented).

In practice, the PAHHSD performs reviews on a bi-annual basis. The PAHHSD was not aware of its classification as a 'Major' Critical Infrastructure Asset and the associated review and assurance requirements of this classification.

Recommendation

As a 'Major' Critical Infrastructure Asset, it is recommended that risk profiles and plans associated with the PAHHSD'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-assessment 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 Coordination) on an annual basis.

Management Response

Recommendations Accepted: YES

Management Action Plan

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

PRINCESS ALEXANDRA HOSPITAL HEALTH SERVICE DISTRICT
EMERGENCY PREPAREDNESS AND CONTINUITY MANAGEMENT
September 2006

Updated Action Plan

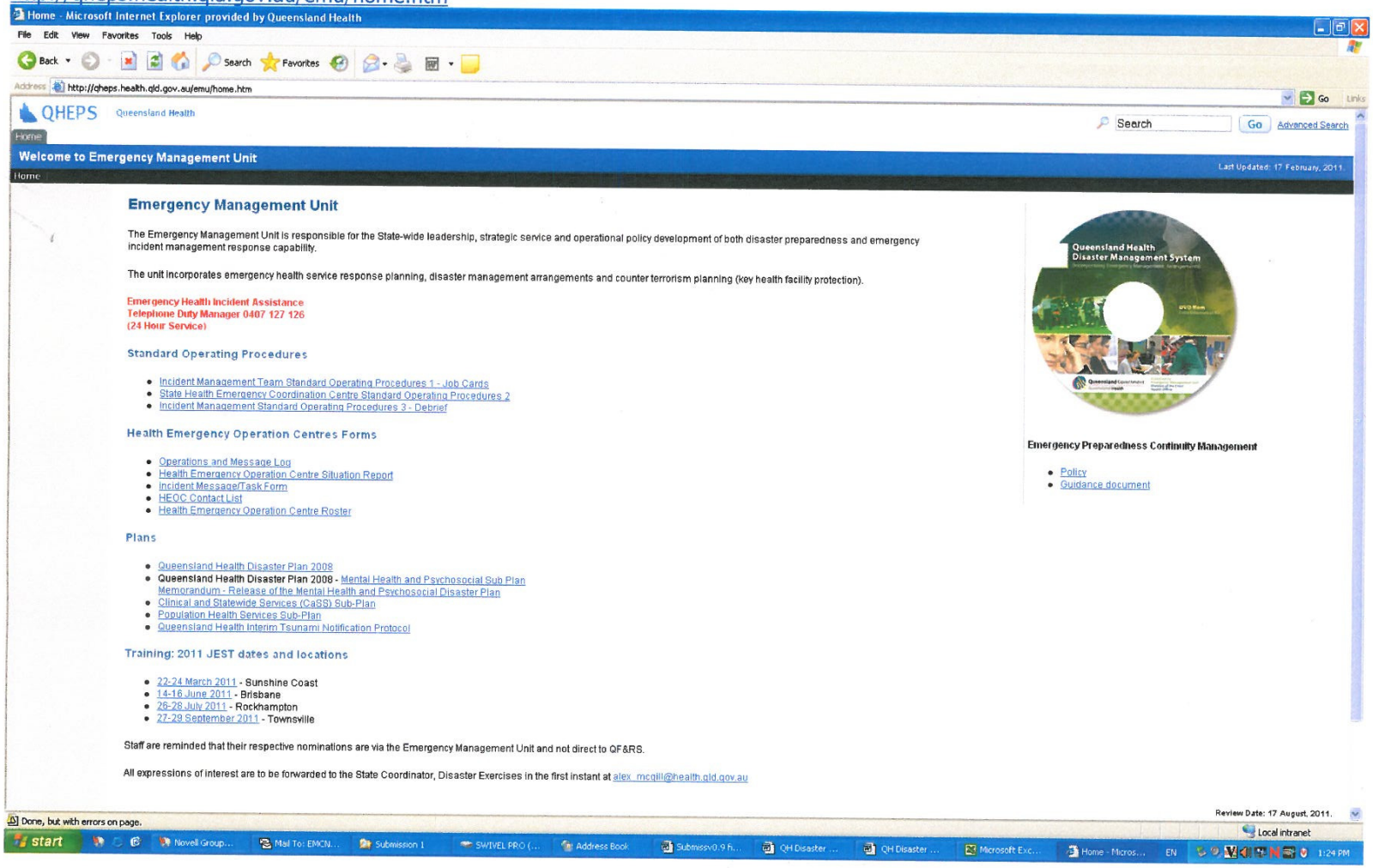
NO.	RECOMMENDATION	RESPONSIBILITY	IMPLEMENTATION DATE	CURRENT STATUS OF IMPLEMENTATION
1	It is recommended that a formal all-hazards strategic security risk identification and assessment process be undertaken to form the basis for development of an *overall* Security Strategy and Plan. This overall Security 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);	To be advised after Audit Committee endorsement of recommendation		

NO.	RECOMMENDATION	RESPONSIBILITY	IMPLEMENTATION DATE	CURRENT STATUS OF IMPLEMENTATION
	• 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.			
2	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.	To be advised after Audit Committee endorsement of recommendation		
3	It is recommended that a high-level Hospital Communication Strategy and Plan be developed to provide a consistent and authoritative foundation and point of reference for command and communication procedures as set out in specific Emergency Response Plans. This strategy should address, et al: • Definitions, authorities, accountabilities and	To be advised after Audit Committee endorsement of recommendation		

NO.	RECOMMENDATION	RESPONSIBILITY	IMPLEMENTATION DATE	CURRENT STATUS OF IMPLEMENTATION
	responsibilities (within the PAHHSD, between PAHHSD and Queensland Health Corporate Office, and other agencies); • Protocols and procedures for activation of the Emergency Response Plans, addressing alert, notification, standby, activation, escalation, stand-down and cancellation of plan procedures; • Communication equipment and alternatives under back up/contingency arrangements; and • 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*.			
4	It is recommended that the District Manager's Emergency Response Procedures Tool Kit provide the contact lists for key agency contacts that may be involved with the PAHHSD in managing a significant disaster emergency beyond the scope and capacity of internal arrangements. Similarly, procedures should address appropriate chain of command and communication protocols to support activation and coordination of multi-agency engagement plans.	To be advised after Audit Committee endorsement of recommendation		
5	As a 'Major' Critical Infrastructure Asset, it is recommended that risk profiles and plans associated with the PAHHSD'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	To be advised after Audit Committee endorsement of recommendation		

NO.	RECOMMENDATION	RESPONSIBILITY	IMPLEMENTATION DATE	CURRENT STATUS OF IMPLEMENTATION
	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 Coordination) on an annual basis.			

http://qheps.health.qld.gov.au/emu/home.htm



'QH-05'

CaSS | Clinical and Statewide Services
safe | sustainable | appropriate

Clinical and Statewide Services Disaster Management Plan March 2008

Queensland Government

AUTHORISATION

This Clinical and Statewide Services (CaSS) Disaster Management Plan is issued under the authority of the Executive Director, Clinical and Statewide Services, Queensland Health and is a functional sub-plan to the Queensland Health Disaster Plan and Emergency Management Arrangements.

This Plan provides for an all hazards, all agencies, and comprehensive approach to emergency management. The Plan incorporates an Incident Management System (IMS) methodology across the key elements of agency emergency preparedness, response capability, and business continuity management (EPCM). The Plan has been developed to primarily cover events occurring in the State of Queensland.

The Plan applies to all Queensland Health organisational units and other entities under the control of Clinical and Statewide Services.

APPROVED BY:

.....

Date:

Table of Contents

1 AUTHORITY AND PLANNING RESPONSIBILITY

The development, implementation, and revision of this Clinical and Statewide Services Disaster Management Plan is the responsibility of the Executive Director, Clinical and Statewide Services which is delegated to the Senior Director, Business Performance and Development, Clinical and Statewide Services.

2 AMENDMENT LIST

Proposed amendments to this Plan are to be forwarded to:

SENIOR DIRECTOR
BUSINESS PERFORMANCE AND DEVELOPMENT
CLINCIAL AND STATEWIDE SERVICES
13-15 BOWEN BRIDGE ROAD
BOWEN HILLS QLD 4006

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

Amendment Number	Date

3 AIM

This Disaster Management Plan is designed to be applied by all branches within Clinical and Statewide Services (CaSS) to the resolution of any emergency situation; internal or external, using a consistent, universally understood and applied Incident Management structure. This Incident Management structure, when applied, will enable coordination and communication arrangements to be aligned with the Queensland Health incident management arrangements and promote integration of activities and resources of multiple agencies across Whole of Government (WoG).

The Disaster Management Plan will provide the principles, standards, and structures which govern and optimise a health response. It also provides a scaleable, systematic framework for the management of any size emergency or disaster event that requires a coordinated approach across health services, or through the response of other agencies.

4 SCOPE

The scope of this Plan is to develop actions for the preparedness and evaluation of CaSS health responses, and to support arrangements for response and recovery operations in the event of a large emergency incident and/or disaster event. This includes:

- Development of plans to identify and mitigate major health, and health infrastructure, risks
- Development of plans to ensure that staff are prepared, trained, and equipped to deal with health emergencies
- Command and control structures
- Inter-operability within a broader multi-agency response framework
- Support and logistics infrastructure
- Appropriate media communications and public health broadcasts.

5 OBJECTIVE

The objective for this Disaster Management Plan is to provide a blueprint for counter disaster response and recovery planning for continuity of health care provision within CaSS with a common management framework that brings together personnel, procedures, facilities, equipment, and communications to facilitate the effective and efficient control of incidents.

6 PLANNING ASSUMPTIONS

It is assumed that, within CaSS, branch sub-plans will be developed to complement this overarching plan. The individual branch plans are considered as sub-plans to the CaSS Disaster Management Plan. It is assumed that CaSS will encounter an incident/hazard/event in the future. It is assumed that CaSS staff are supportive of the plan. It is further assumed that any major loss of facility or global essential resources (such as power, fuel, gases, water, communications and the like) will be initially addressed at the facility, or source of the loss, and the situation communicated to and coordinated through the CaSS Emergency Operations Centre (EOC).

7 SUPPORT TO/INTERFACE WITH OTHER PLANS

This Disaster Management Plan is the CaSS supporting plan to the QH Disaster Plan and Emergency Management Arrangements. It also aligns with the CaSS Pandemic Influenza Action Plan 2007. Disaster planning and preparedness is a fundamental requirement of good business practice and CaSS will employ Prevention (mitigation), Preparedness, Response, and Recovery tactics in support of this business practice. The plan is of particular importance in the response and recovery phases. This plan also aligns with the Queensland Health Emergency Response Plan which sees the Queensland Health response as follows:

- Command, Control and Coordination of health resources
- Appropriate pre-hospital on-site medical and health response management for casualties
- Transportation to appropriate hospitals for definitive treatment and care
- Public health advice, warnings and directions to combatants and the community
- Psychological and counselling services for disaster affected persons
- Medical and health services required during the response and recovery period to preserve the general health of the community
- Forensic and Scientific Services support during health event response and recovery operations
- Coordination of a multi-agency response.

8 LEGISLATION

The *Disaster Management Act 2003* provides the legislative basis for disaster management arrangements in Queensland. Relevant Health legislation is applied during prevention (mitigation) and preparedness, to assist continuity management planning, and during the response and recovery activities, to assist services and the community to return to normality. Disaster management legislation, and associated standards, includes, but is not limited to:

- AS 3745 - 2002 Emergency Control Organisation and procedures for buildings, structures and workplaces
- AS 4083 - 1997 Planning for emergencies – Health Care Facilities
- AS4485.1-1997Australian Standard: Security for health care facilities
- HB 292:2006 and HB 293:2006 Australian and New Zealand Handbook: Business Continuity Management
- AS/NZS 4360:2004 Australian and New Zealand Standard: Risk Management Guidelines
- Guide for General Security Planning (Version 1, 2006)
- Queensland Plan for the Protection of Government Assets from Terrorism (Version 1, 2006)
- Guide for on-site Emergency Response Planning (Version 1, 2006)
- Queensland Government Counter Terrorism Strategy (2008 – 2010)
- National Guidelines for the Protection of Critical Infrastructure from Terrorism
- Queensland Government Infrastructure Protection and Resilience Framework
- Queensland Government Information Standard 18 – Information Security
- Fire and Rescue Service Act 1990
- Building Fire Safety Regulation 1991
- Workplace Health & Safety Act 1995

9 PRINCIPLES OF DISASTER MANAGEMENT

To build and maintain an effective disaster management capability, a framework must be implemented that is comprehensive, risk driven, integrated, and collaborative. This framework is called Emergency Planning and Continuity Management (EPCM). The four key inter-related elements within this framework that build capability are:

1 **Prevention** (mitigation) – detect, or minimise the impact of, a potential or anticipated incident
2 **Preparedness** – prior to any incident occurring, assess risks and develop plans and pre-planned responses
3 **Response** – minimise the impact of an incident and ensure appropriate response is initiated
4 **Recovery** – resume business as usual as soon as possible after an incident has occurred.

10 TRIGGERS AND ACTIVATION PHASES

Triggers to activate this Disaster Management Plan include:

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

11 AUTHORITY TO TRIGGER THE PLAN

- This Disaster Management Plan can be triggered by the CaSS Emergency Response Group, being the Executive Director, Clinical and Statewide Services, or as delegated to a Clinical and Statewide Services Executive or senior management member, acting in the role of a Health Incident Controller (HIC).
- Sub-plans and specific plans can be triggered where appropriate, by a Branch Director acting in the role of a Health Incident Controller (HIC).

12 STAGES OF RESPONSE

Emergency management in Queensland utilises four phases of emergency response: alert, standby, response, stand down. ***In many instances there may not be time for alert or standby.*** Queensland Health uses the following three phases:

12.1 Standby

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

12.2 Response

This stage is activated when emergency health response is required and the deployment of a health plan, appointments, response services, resources, and communication systems are implemented.

12.3 Stand Down

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

13 INCIDENT MANAGEMENT – THE FRAMEWORK

The CaSS Incident Management Structure integrates into the QH Incident Management System (IMS) which in turn is aligned with the national disaster management system and its command, control, and coordination arrangements.

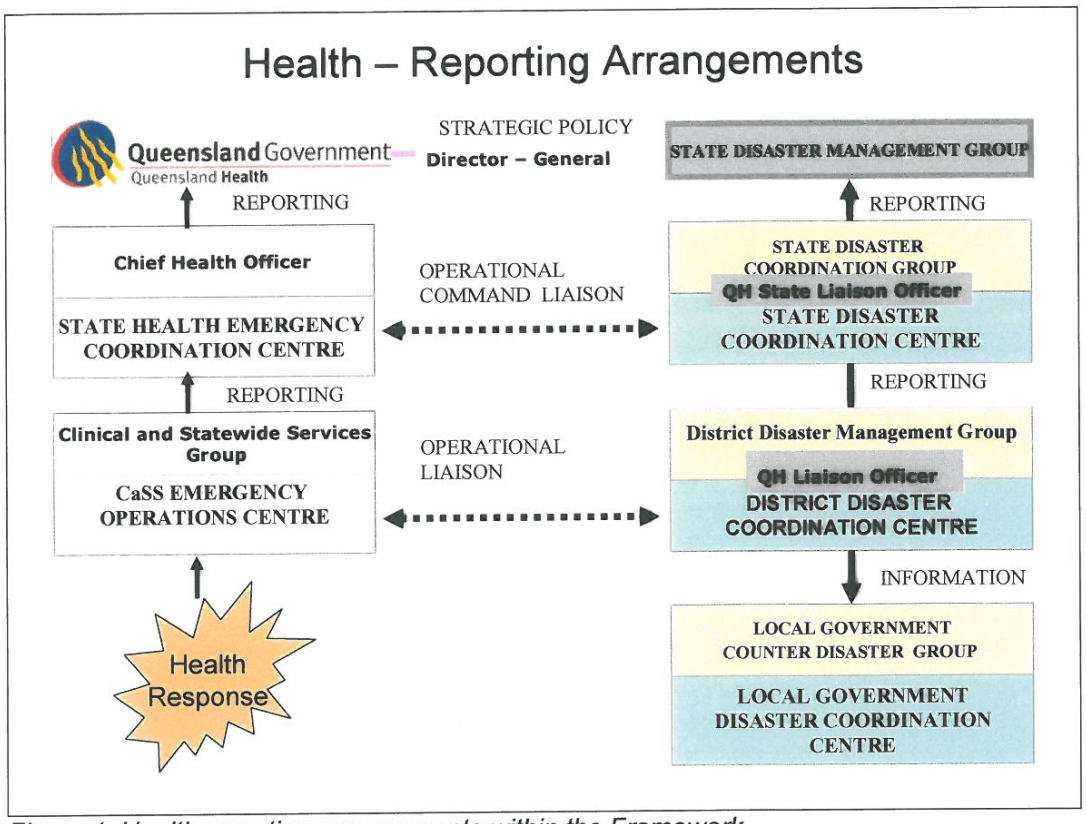


Figure 1: Health reporting arrangements within the Framework

14 CASS EMERGENCY OPERATIONS CENTRE

The role of the CaSS Emergency Operations Centre (EOC) is to provide for the command and control of CaSS emergency preparedness and emergency/disaster response and recovery operations whilst ensuring continuity of service.

The functions of the CaSS Emergency Operations Centre (EOC) are to collect, gather, and analyse data to inform decisions that protect life and property; address the CaSS aspects of emergency response and recovery including provision of operational and logistical support; maintain continuity of service within the scope of all applicable laws; and disseminate these decisions to all appropriate personnel, committees, and agencies.

15 ACTIVATION OF A CASS EMERGENCY OPERATIONS CENTRE

The decision to activate a CaSS Emergency Operations Centre (EOC) rests with the CaSS Group or an appointed Health Incident Controller (HIC) nominated to take control of the incident. The CaSS Emergency Operations Centre is a facility from which the HIC will control, command, coordinate, and support the response to the health event through the implementation of an Incident Management System (IMS).

Tabards will be used as a means of identification of the functions within the system. The wearing of tabards by all members of the Incident Management Team (IMT) and other officers in the structure is important for the effective identification of key personnel at an incident. Tabards are function specific and are not related to rank structure or the chain of command of organisations.

16 INCIDENT MANAGEMENT TEAM STRUCTURE

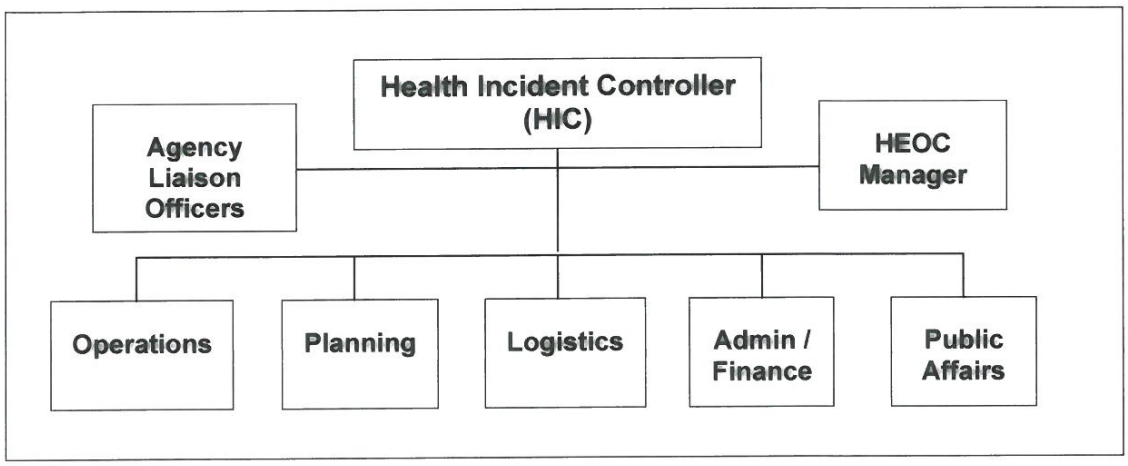


Fig 2: CaSS Incident Management Team structure

The CaSS Group may appoint as Health Incident Controller a CaSS Executive or senior management member who is then responsible and accountable for all of the above functions. During the initial response phase of an incident, the Health Incident Controller may perform all of these functions. As the incident grows and its management becomes more demanding, any or all of the functions of planning, operations and logistics may be delegated.

Once the Health Incident Controller appoints delegates to any of the four functional roles, an Incident Management Team (IMT) will be convened. It is critical that the Incident Management Team membership is drawn from IMS trained staff with the knowledge, skill, authority and experience to contribute to the management of the emergency response, consistent with the health issues resulting from the impact of the event. Depending on the size and complexity of the incident, the Health Incident Controller may elect to delegate one or more of the functions of planning, operations and logistics to other members of the CaSS Executive or senior management.

17 FUNCTIONAL MANAGEMENT

In the context of the Queensland Health Incident Management System, functional management means the utilisation of specific functions to manage an incident. CaSS and the branches within CaSS will aim to utilise the following four functions of the Incident Management System:

Control	The management of all activities necessary for the resolution of an incident
Planning	The collection, analysis, and dissemination of information and the development of plans for the resolution of an incident
Operations	The tasking and application of resources (activities) to achieve resolution of an incident
Logistics	The acquisition and provision of human and physical resources, facilities, services, and materials to support achievement of incident objectives

18 ROLES AND RESPONSIBILITIES

See appendix 1 for Incident Management Team job cards.

18.1 Public Affairs

During a CaSS health event CaSS Public Affairs will provide advice and actively consult with the Health Incident Controller (HIC) on all required media activities and strategies.

Where statewide management of a major health event is required, media management will be coordinated through the Corporate Public Affairs Unit of Queensland Health. The Director Public Affairs will provide advice and actively consult with the State Health Coordinator (SHC) on all required media activities and strategies.

19 POST-OPERATIONAL

19.1 Operational Debriefing

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

Where a Disaster Management Plan has been activated at CaSS Executive level, it is the responsibility of the CaSS Executive Director to ensure a timely debriefing of all involved CaSS branches.

20 ADMINISTRATION, TRAINING AND REVIEW

20.1 Administration

Responsibility for the administration of this Disaster Management Plan lies with the CaSS Executive Director. Responsibility for branch Plans rests with Branch Directors, and is reflected in their performance agreements. CaSS, and all branches within CaSS, are to develop specific plans reflecting Queensland Health disaster management arrangements.

20.1.1 Financial Management

CaSS is required to commit resources to plan for disaster management services and to rehearse these plans on at least an annual basis. Costs incurred by CaSS and branches within CaSS following activation of a response plan will be met from within existing budgets until other funding provisions are authorised.

20.1.2 Logistics Support

Whenever possible, normal procedures for the acquisition of health service goods and services are to be utilised. Should assistance be required it should be requested through the State Health Emergency Coordination Centre (SHECC).

20.2 State Level Arrangements

Where deemed necessary the full resources of the Commonwealth may be made available to Queensland, but only when the State resources are fully committed. In prescribed circumstances, the Commonwealth agreement for financial relief under the Natural Disaster Relief Arrangements (NDRA) provides for assistance if State expenditure exceeds a figure which is negotiated annually.

21 TRAINING

CaSS staff expected to perform emergency management duties in relation to an emergency event must have evidence of training to fulfil those duties.

Training is essential to ensure a coordinated response in the event of plan activation, whereby personnel at all government levels and across disciplines can function effectively together during an incident.

Formal training will be initiated by CaSS to ensure adequate numbers of trained personnel are available for disaster management. A central register of personnel trained for key positions will be maintained by CaSS.

22 REVIEW

All Plans, including this plan, shall be reviewed at the following times:

- Annually, in July/August of each year;
- Within one month of the debriefing following the activation of the Plan to deal with an emergency or disaster;
- Within one month of any exercise designed to test the effectiveness of the Plan and/or;
- On the introduction of any major structural, organisational or legislative changes that affects Queensland Health or the key stakeholders.

Copies of CaSS and branch Disaster Management Plans must be forwarded, via the CaSS Executive Director, to the Emergency Management Unit, Corporate Office following the annual review, or as they are amended.

23 AMENDMENT HISTORY

Revision	Date	Author/s	Amendments
0	12 Jun 2008	Graham Craven	First Issue

24 APPENDICES

Appendix 1 – Core Roles within an Incident Management Team

24.1 Appendix 1

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

24.1.1 Operations Role Job Card

The Operations function will be the first function to be activated by the HIC. It includes the management of all service development activities that are undertaken directly to respond to and manage the event. The overarching responsibilities of the Operations function are to:

- Establish an operational structure and allocate resources to enable safe work practices to be implemented by deployed personnel
- Implement procedures for the welfare of deployed personnel
- Establish effective liaison arrangements and cooperation with all relevant persons
- Implement a process for briefing personnel prior to their deployment
- Ensure personnel are properly equipped for the tasks given to them
- Ensure personnel are only tasked to undertake the activities for which they are qualified
- Keep personnel informed of the situation, in particular in relation to any issues that could affect their safety or welfare
- Implement a feedback process with personnel prior to their being released from the incident or shift concerned; diffusion strategies should be used with all personnel
- Provide regular progress reports
- Identify and communicate new and emerging risks at the incident and ensure these are managed effectively.

24.1.2 Planning Role Job Card

The Planning function is primarily involved with information management. It provides support for control of the incident. The responsibilities of the Planning function are to:

- Collect, evaluate and disseminate information on the current and forecast situation
- Prepare and disseminate response and recovery plans and strategies that are to be used in controlling the incident
- Plan, organise, and set up activities, if required
- Collect and maintain information regarding resources allocated to the incident (resource tracking)
- Plan and report incident management meetings and outcomes using situation reports (SITREPs).

24.1.3 Logistics Role Job Card

The Logistics function includes support for control of the incident or disaster. The responsibilities of the Logistics function are to:

- Obtain and maintain the required human and physical resources, facilities and services
- Provide a safe working environment for all Logistics personnel
- Obtain briefings on the Operational and Planning situation
- Organise and set up a Logistics Team, if required
- Facilitate effective liaison and cooperation with all relevant persons
- Provide progress reports to the HIC on logistical capability available to support the incident
- Estimate future service and support requirements.

Queensland Government

'QH-06'

Queensland
Government

Health Protection Program
Incident Management Guidelines
2010

Version: 16 December 2010

TABLE OF CONTENTS

INTRODUCTION

The Health Protection Program (HPP) is committed to improving the health and wellbeing of the Queensland community. The responsibility to effectively manage health threats that may impact Queensland communities lies within the HPP, and while the skills and experience of our staff and managers is acknowledged, the HPP must have well practised processes in place to address incidents and emergencies that arise within the program.

These Incident Management Guidelines have been developed to provide a consistent and structured approach to the management of incidents that require resources and capabilities additional to those needed for normal operations. The guidelines describe the incident management arrangements to be implemented when an incident is imminent, evolving, or has occurred. These arrangements are supported by the Queensland Health Disaster Plan, the Public Health sub-plan, the Health Protection Incident Management Protocol, and other relevant Health Protection response plans.

At times of emergency it is not uncommon for two, three or more agencies to be brought together to work cooperatively in providing the emergency response. Achieving the necessary level of cooperation between agencies can be problematic, particularly if each agency has developed its own unique operating procedures, protocols and methods for managing their response. The result can be unnecessary confusion, conflicting priorities, duplication and lack of common objectives. For these reasons, the Incident Management System and the use of Incident Management Teams are viewed as the most successful means of managing large complex emergency events.

These guidelines will assist you in implementing effective incident management arrangements for a wide range of emergency incidents, utilising an 'all hazards' and multi-agency framework. They outline a consistent approach to the effective and safe management of Health Protection Program incidents, and most importantly provide for the safety of our staff and those affected during emergencies.

We thank you for your support in improving our incident management practices and methodologies, and for your part in building a resilient Health Protection Program.

S. Dwyer
Executive Director
Health Protection Program
Queensland Health
November 2010

OVERVIEW

These Health Protection Program Incident Management Guidelines are founded on the principles contained in the Australasian Inter-service Incident Management System (AIIMS), which was developed in 1989 as a common platform for managing the response to emergencies when multiple agencies were involved. The Incident Management System (IMS) incorporates approaches and flexibilities that enable a wide range of incidents to be managed under the IMS framework. They provide important functionality to accommodate the complexities of emergencies, and ensure that actions taken are consistent with the actions that will be taken by other supporting agencies.

The Health Protection Program Incident Management System provides a common management structure and vocabulary that can be applied to any form of emergency and can be used by any agency. Several important concepts are embodied in the IMS. The first is unity of command, which specifies that a person can only report to one supervisor and that supervisor in the IMS need not be from the subordinate's parent organisation. Closely associated with this principle is the concept of span of control, where a supervisor should have a one to five ratio of staff to manage.

The next important concept is that of unified command, where there is an identified and agreed set of objectives, strategies and tactics used by all participants to respond to the emergency. This ensures unity of purpose, with everyone working to the same priorities and plans, promulgated through a single and highly recognised incident management system.

As much or as little of the IMS is activated as needed to respond to an emergency. An Incident Controller is responsible for the overall management of the operation and is normally appointed by the agency with primary responsibility for managing the emergency. Dependant upon the incident the Public Health Incident Controller may not need to establish any subordinate positions, being able to undertake all of the duties personally.

For larger scale events, and as the complexity and size of the emergency increases, the Incident Controller establishes subordinate functional roles to assist with the needs of the situation. Exceeding the span of control criteria of one to five often forces the establishment of a new subordinate position to bring the span of control back into line. For example – at small scale events the Incident Controller may decide to personally manage the Logistics and Planning functions, but decide to appoint an Operations Officer to manage the operations aspects of the incident. As the incident and span of control begins to expand, the functional role leader, such as the Operations Officer, may need to establish subordinate positions.

The system is also based on various approaches to emergency management, such as:

- an 'all hazards' approach, using a consistent set of arrangements to respond to the broadest range of incidents, large or small, of human origin or of natural cause
- an 'all agencies' approach, noting that an incident response may involve Australian or Queensland Government agencies, or integration with Queensland's disaster management arrangements, or coordination with other areas of Queensland Health and the non-government health sector
- a 'comprehensive approach' to address prevention, preparedness, and recovery, in addition to incident response, to ensure planning is linked with the broader risk management arrangements

- recognition that operations can be scaled up or down easily depending on the size and complexity of the incident.

PREPAREDNESS

Managers with incident management responsibilities for their region or division are required to assess their incident management needs within their areas of responsibility and to prepare for and continuously improve local incident response arrangements.

The steps detailed below outline the effective implementation of the Health Protection Program Incident Management System at all levels.

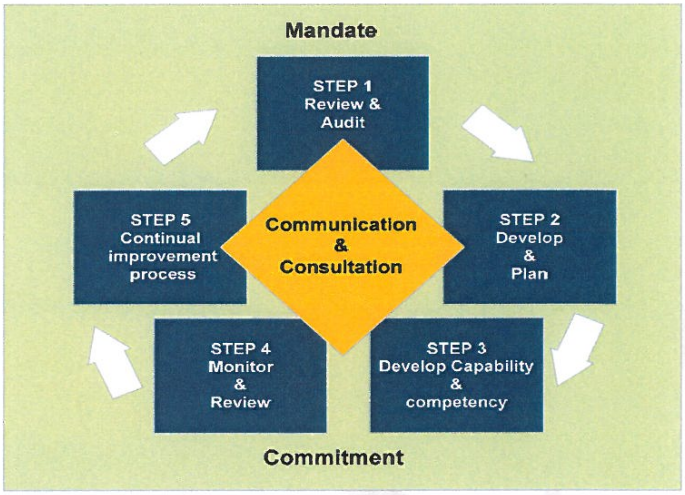


Diagram 1 – IMS Implementation Process

Step 1: Undertake an audit and review of the current capability within your region or branch. Identify the risks and assess your capabilities to address these.

Step 2: Use the guidelines to produce relevant procedures for your region or branch.

Step 3: Develop the following capabilities, within your region or branch:

- *Physical infrastructure*. Identify a location for an Emergency Operation Centre (EOC). Details for the setup of an EOC are detailed Checklist 1.
- *Information and Communication Technology*. Ensure that you have the appropriate Information and Communication Technology to enable the effective management of data and communication with stakeholders.
- *Individual and team competencies*. Assess the capability of your staff in dealing with an incident response and identify Incident Management Team (IMT) members. Not all individuals have the capability to work in what can be a highly stressful environment. Make sure that individuals that are chosen to work in the IMT have the right skill sets and are competent. Train staff members on IMT roles and requirements.

Step 4: Monitor and review the operating environment to ensure response capabilities are appropriate for foreseeable incidents requiring a response.

Step 5: Continually improve incident response arrangements through:

- annual reviews of the Incident Management System

- annual Risk and Vulnerability Assessments
- reviewing Post Incident Reports and Post Exercise Reports
- implementing recommendations from post incident / exercise reports
- including incident response in induction training
- conducting annual continuation and awareness training.

HPP IMS – LEVEL OF INCIDENT AND TRIGGERS

Health Protection has two roles when responding to a public health incident:

1. *Lead agency* – the agency that has overall responsibility for setting strategy for the management of the incident and coordinating the daily interagency operations. It is the responsibility of the lead agency to ensure a good working relationship between the agencies, and it is responsible for implementing the decisions.

   In the context of a public health response 'lead agency' refers to incidents with other government agency involvement or working with non government health partners.

2. *Support agency* – a support agency that has a role within the response and works with the 'lead agency' to achieve the overall objective for the incident. The support agency also has incident objective for their role within the response and how that is managed. For example in an outbreak of Hendra, Biosecurity Queensland is the 'lead agency' and sets the objective for the incident in consultation with the other agencies involved. Health Protection will have an incident objective that is specific to the public health risk and will manage the public health aspect of the response.

The HPP IMS can be activated to enable the management of the public health incident as the 'lead agency' or 'support agency'. The HPP IMS provides an organisational management for the teams to operate within, with clear understanding of roles and responsibilities of staff and key partners, what is to be achieved and how we are going to do that.

LEVEL OF INCIDENT

The HPP IMS has been developed to respond to emergency incidents and disasters using an all hazards approach. The level of the incident is specific to the HPP IMS and is based on the support required to manage the public health risk, complexity of the incident and the allocation and management of resources. HPP IMS is activated based on the required public health response and the HPP organisational arrangements needed to effectively manage the public health aspect of the incident. This can be as 'lead' agency or 'support' agency to a disaster or incident.

The HPP IMS is a scalable system that is able to be escalated or de-escalated to manage the dynamic nature of an incident. The decision to escalate or de-escalate will be based on the number and type of resources required to be able to effectively manage the incident. The HPP IMS identifies three broad levels of activation.

The level of the incident is dynamic in nature and can be scaled up or down depending on the changing nature of the threat. HPP IMS is activated based on the required public health response and the HPP organisational arrangements needed to effectively manage the public health aspect of the incident. This can be as 'lead' agency or 'support' agency to a disaster or incident.

Level I – Simple public health incident

A Level I incident refers to those incidents where the existing organisational arrangements are sufficient to respond effectively to the incident. Level I incident is triggered when the line manager identifies that the incident may have some organisational risk such as high level of public health interest, and has determined that it is necessary to advise their senior

management and to formalise the incident management arrangements. It may require additional management effort to manage the sensitive or media related issues associated the incident response. A small level of resources may be redirected to support the line manager, particularly media support, and briefing support.

In a multi agency response where HPP Program is support agency the designated executive is responsible for contributing to executive level interagency meetings and setting of incident objectives and strategies. In a multi agency response it is important for the Designated Executive to establish who is the 'lead agency' and manage the incident accordingly.

Level II – Significant public health incident

A significant public health incident that requires the implementation of formal organisational arrangements to be able to effectively respond to the public health threat in the community. A Level II incident will require the establishment of an Incident Management Team based on the type of functional model.

To respond to this type of incident staff and resources from Regional Services and Health Protection Branches will need to be allocated to the IMT. The appointed Public Health Incident Controller working with the Designated Executive will need to review regularly the resources required to undertake response activities. Careful consideration needs to be made to manage ongoing business continuity whilst responding to the incident. The request for resources from Health Services Districts or other government agencies needs to be actioned by the Designated Executive through appropriate lines of communication.

A Level II incident may involve a multi-agency response. The Designated Executive working with the Public Health Incident Controller need to identify the relevant stakeholders to be able to effectively manage communication and information flow for the incident. In a multi agency response it is important for the Designated Executive to establish who is the 'lead agency' and manage the incident accordingly.

Level III – Major public health incident

A Level III incident occurs when the State Disaster Plan, or the Queensland Health Disaster Plan, *and* the Public Health Sub Plan is activated. The State Health Coordinator takes executive leadership for the response and the State Health Emergency Coordination Centre is activated to support this function. The incident would be considered or overseen by the State Disaster Management Group. The Health Protection Program is responsible for leading the public health component and incident control is managed at the executive level.

State coordination and management may also be required for a health incident which is not classified as a Major Public Health Incident. In this circumstance the size and complexity of the incident will influence how the HPP incident management system is applied to enable Health Protection Program to manage the public health aspect of the incident.

The following table provides a summary of the different levels and the actions required as the system scales up or down depending on the incident's size and complexity.

ESCALATION OF INCIDENT MANAGEMENT SYSTEM

Level of incident	Definition of incident	Incident management framework	Actions
Level 0 (normal business)	▪ Everyday incidents managed by public health. Does not have a public profile	▪ Director Environmental Health ▪ Public Health Physician ▪ Program Director	▪ No notification required use standard documentation
Level I (simple)	▪ Incident with potential or actual public health threat or increased public profile ▪ Public Health provide basic support to a multi agency response	▪ PHIC position assumed by Director Environmental Health, Public Health Physician or other Program Director or as delegated ▪ Designated Executive position assumed by line management executive	▪ Incident notification to executive, ▪ Briefing on incident, if required ▪ Public anxiety and media management. ▪ Stakeholder management, if required ▪ May require expert advisory group ▪ Debrief at the discretion of the DE or PHIC. ▪ Formal stand down of incident ▪ Sit reps at the discretion of the DE
Level II (significant)	▪ Complex incident which requires additional resources or stakeholder management ▪ Public Health provides significant support to a multi agency response	▪ Appointed Public Health Incident Controller and Designated Executive. ▪ Appointment of relevant IMT functions to support the PHIC in managing the incident. ▪ May establish an emergency operation centre ▪ May require a Liaison Officer to lead agency EOC	▪ Incident notification to executive, ▪ Briefing on incident, ▪ Public anxiety and media management. ▪ Complex stakeholder management ▪ Incident Management Team meetings and Incident Action Plan. ▪ Sit Reps ▪ Engagement with expert advisory group. ▪ Formal debrief(s) required. ▪ Formal stand down of incident
Level III (major incident)	▪ Major incident led by or supported by public health as determined in threat specific plans (Pandemic, Biological and Radiation Plans) ▪ Queensland Health Disaster Management Plan is activated	▪ Appointed Public Health Incident Controller and Designated Executive. ▪ Appointment of relevant IMT functions to manage incident. ▪ Appoint Sector Commanders (if required) ▪ Establish an emergency operation centre ▪ Provide Liaison Officer to SHECC ▪ Provide expert advice to the State Health Coordinator, DG and Ministers office	▪ SHECC is established and Public Health provide liaison officer ▪ Public Health establishes a incident management system to manage the public health component and manage our team and our responsibilities for the incident (same process as silver) ▪ Provide expert public health advice to State Health Coordinator

HPP IMS - ACTIVATION

The decision to activate the IMS, and to what level the IMS will be activated, is as follows:

- Level I – Line Management (Program Directors, Director Environmental Health or Public Health Physician) on notification to executive line management.
- Level II – On notification of Level II incident the line management executive discusses with Executive Director HP to appoint Designated Executive and assign resources to the response.
- Level III - The decision to activate a Level III incident will be made by the Executive Director Health Protection Program in consultation with Chief Health Officer or when the Queensland Health Disaster Plan and/or Hazard Specific Plans and the Public Health Sub Plan is activated.

The Designated Executive in consultation with the Executive Director, Health Protection Directorate may elevate the activation of the IMS to a higher level as required. Considerations regarding the activation of the IMS include:

- activation of the Queensland Health Disaster Plan as a result of a legislative intervention to address a response to a potential or actual public health event
- the escalation of an incident for which Queensland Health has the lead role but where a public health event is beyond the capacity of existing resources and requires an escalated level of response
- advice from other government agencies
- direction and/or advice from the State Disaster Management Group (SDMG)
- on receipt of intelligence from appropriate sources.

ACTIVATION CONSIDERATIONS

The decision to activate the IMS and to what level is circumstantial; however, considerations include:

- What is the outcome of the Health Risk Assessment?
- Can the incident be managed with existing resources?
- Does the region have the capacity to manage the incident?
- What other activities are occurring at the location which may impact on the management of the incident at the local level?
- Is the incident likely to attract significant public or media interest?
- Will the incident require coordination of resources external to the Health Protection Program?
- Will the incident require engagement with Queensland's disaster management arrangements?
- Will the incident require liaison with other jurisdictions?

POSSIBLE INCIDENTS REQUIRING IMS ACTIVATION

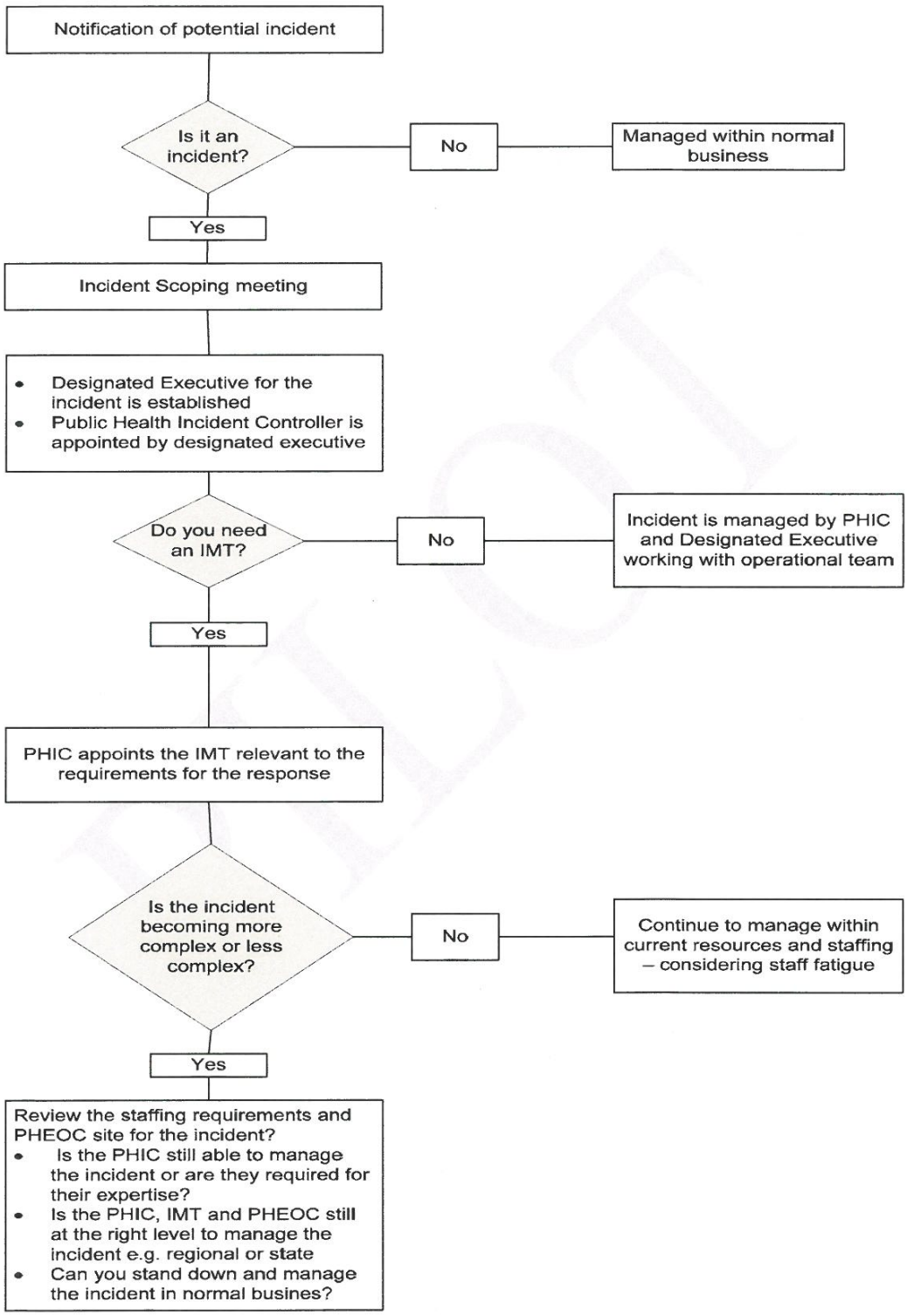
The following threats all have the potential to require management using the incident management framework. The risk management is dependent upon the incident and its:

- potential to do harm to the community
- potential health outcome from the disease or exposure
- potential number of people exposed
- communicability of the disease
- public profile
- complexity of response.

Examples of Public Health threats	
Food-borne disease outbreaks	Water borne pathogens
Algal blooms in water e.g. in rivers or lakes	Deliberate contamination of water/ food supply
Chemical spills	Blood borne diseases
Radiation exposure	Vector borne diseases
Suspected cancer clusters	Zoonotic diseases
Heavy metal poisoning e.g. lead, arsenic	Communicable diseases
Oil spills into water ways	Infection control breaches
Agricultural chemical spray drift	Novel virus
Anthrax	

The severity and impact of these incidents will determine the appropriate level of IMS activation.

The following flowchart provides a decision making framework for responders in activating, escalating and de-escalating the incident management system.



INCIDENT MANAGEMENT PHASES

There are three broad phases applied in the incident management process across the Health Protection Program in line with the Queensland Health Disaster Plan.

STANDBY

Purpose – To inform the appropriate personnel of an incident which has or may occur and potentially will require a coordination of resources or will adversely affect our reputation. The team will gather reliable information on the health threat via an approved process in order to make an informed decision on the required and appropriate next steps.

To closely monitor a situation / incident to determine the likelihood and nature of the incident response that may be required. All relevant position appointments, response services, resources and communication systems are prepared and confirmed as ready.

Actions

- Confirm information on the threat or potential threat.
- Undertake a quick assessment.
- Inform key stakeholders and appropriate management staff by the most appropriate means.
- Determine the most appropriate investigation or assessment method.
- Interview or request information from impacted or relevant parties.
- Assess the information and determine appropriate actions including recommendations to senior management .
- Draft and send the appropriate correspondence delivering the outcomes and recommendations.
- Confirm the receipt and comprehension of the investigation or assessment.
- Identify appropriate personnel and physical resources required to respond to the health threat.
- Form an IMT if required and stand up the relevant PHEOC.
- Brief staff on their requirements including expectant timelines for possible operations.
- Identify communication strategies including draft documentation required for incident response.
- Preposition staff and resources if required.
- Brief appropriate management on preparations.

RESPONSE

Purpose - To mobilise resources to prevent or reduce the consequences of a health threat until the affected communities have recovered or recovery programs have been implemented.

Actions

- Receive response operation direction from the Public Health Incident Controller.
- IMT commences response operations in accordance with the Incident Action Plan and other threat specific response plans.
- Confirm appropriate governance frameworks have been implemented.
- Confirm appropriate communication and information management strategies and mechanisms have been implemented.
- Regularly reassess objectives and resources.

STAND-DOWN

Purpose – To undertake a planned reduction of response staff and resources in order to handover to recovery mechanisms or business as usual when the health threat has reduced or been neutralised.

Actions

- Confirm, through intelligence, the health threat is neutralised or reduced and is no longer a threat; or the ongoing maintenance of the threat can be managed within normal business.
- Implement an approved reduction of response capabilities including handover to business as usual or recovery mechanisms.
- Deactivate the IMT and PHEOC.
- Conduct post operational debriefs to capture lessons.
- Develop and implement the lessons to ensure processes and procedures are updated and staff is trained on new aspects and update incident management plans.
- Ensure all corporate governance and policy requirements are met for example staff leave and remuneration, finance reconciliation and incident management response documentation and filing.
- Ensure senior management are engaged and kept informed of the post operation requirements.

INCIDENT MANAGEMENT TEAMS

The AIIMS system works most efficiently when a team of people referred to as an IMT are allocated the functional roles. The size, complexity and risks associated with the event will dictate the size of the resources allocated to control it and includes the size and composition of the IMT. In the event of a large scale incident arising the Incident Controller will need to assess what AIIMS functions should be delegated to an individual or a team to undertake.

Matching the IMT to the size and complexity of the event is best achieved when IMS principles are applied to all incidents large or small. Failure to implement IMS principles from the start of an event will result in a delay in effective incident management that will further compound efforts to implement effective incident control. Early allocation of IMS functions will facilitate a more efficient and effective management structure.

IMTs typically operate from pre-identified Emergency Operations Centres which are activated depending on the level of incident. The HPP IMT structures often have a common and consistent structure based on the principles of AIIMS and are fully compatible with the systems used by Emergency Services, other Queensland and Australian Government agencies. The HPP IMTs comprises of five main functional units which address specific functional roles. These functional areas are generic and are a common requirement for all incident responses to varying degrees:

- Designated Executive
- Public Health Incident Controller
- Operations
- Planning & Intelligence
- Logistics
- Finance & Administration
- Communication

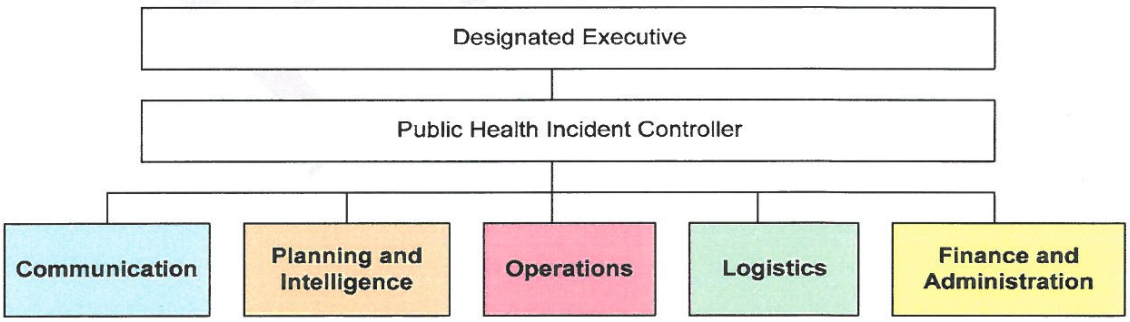


Diagram 2 – Incident Management Team Functions

The IMT structure indicated above is scalable – that is, these functions can be performed by one person or a team of people, depending on the size and requirements of the incident response. In small incidents, one person may perform the duties across multiple functions. In larger incidents, functional units will be established to perform the roles.

Generally each Public Health IMT will contain the same or similar functions whether it is

situated to manage a branch, unit, region or statewide incident. Large IMTs will have functional units with subordinate work groups, whereas small IMTs may have one person managing a function, or a number of functions. IMT structures can also be quickly escalated or scaled back as the incident progresses, or as the situational needs change.

INCIDENT MANAGEMENT TEAM FUNCTIONAL ROLES

DESIGNATED EXECUTIVE

In a public health incident the Executive Director Health Protection Directorate has overall accountability for the response. The Executive Director can delegate this responsibility to a Senior Director within the Health Protection Program. In most incidents the designated executive would follow line management responsibilities, for example for a public health incident within a region it would be the relevant Senior Director Regional Services. The Executive Director always retains the authority to assume the position themselves or delegate it to another Senior Director dependent on the public health incident.

The designated executive has responsibility for ensuring incident management arrangements are delivering necessary outcomes for success, negotiating acquisition of additional resources, addressing any sensitive organisational barriers and communicating to the Queensland Health Executive, and if requested by the Director General, the Minister's Office.

The designated executive will appoint and provide leadership and direction to the Public Health Incident Controller and identify potential organisational risk as a result of the incident. The Public Health Incident Controller reports to the Designated Executive and provides regular briefs throughout the incident.

The designated executive should report on a Level II and III incident to the Executive Director Health Protection Directorate and will liaise with the CHO, Ministers office and high level multi agency meetings, relevant to the incident. In a Level I incident the designated executive would report to the Executive Director by exception.

PUBLIC HEALTH INCIDENT CONTROLLER

The Public Health Incident Controller (PHIC) is responsible for controlling the incident response and for the operations of the IMT. The PHIC where required will appoint IMT positions and provide leadership, management and direction to the IMT and liaise with external stakeholders. This position can be appointed at unit, region, branch or state level dependent on the type of incident. It is important to note that there is only one PHIC position for an incident. The PHIC may choose to appoint Public Health Sector Commanders to manage specific aspects of the health service response.

The PHIC has responsibility for the following tasks:

- assuming control and providing effective leadership, management and coordination of the health services response
- maintaining safe practices, the safety and well-being of all personnel
- assessing the incident including risk assessment to establish public health risk
- establishing the IMS structure and appointing appropriate IMT staff
- establishing effective communications with other agencies and the media
- establishing the Emergency Operations centre
- ensuring effective resourcing of the incident
- approving an effective communication plan
- approving Incident Action Plans
- allocating tasks
- approving situation reports

- organising shift changeovers and briefings
- liaising with supporting personnel
- maintaining a log of all activities
- ensuring effective financial management of the event.

The Public Health Incident Controller should also maintain regular communication with the Designated Health Protection Executive. Diagram 3 provides an overview of the IMT and the different functional roles with the IMT that PHIC can delegate.

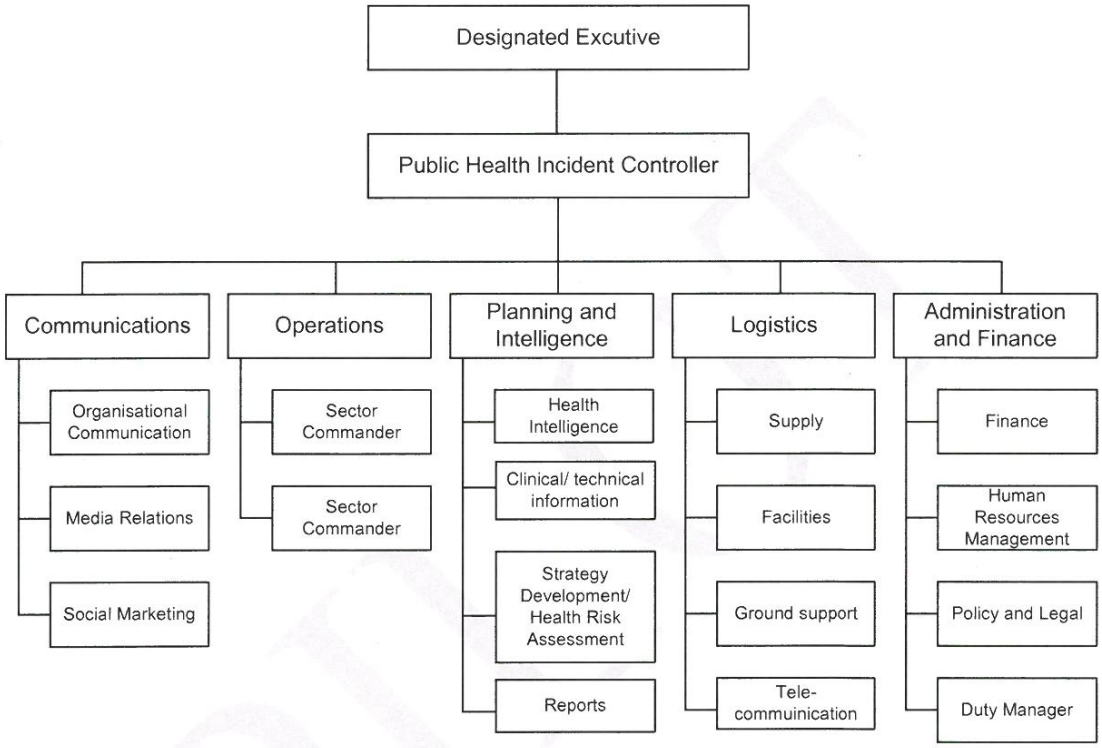


Diagram 3 Incident Management Team functions

PLANNING AND INTELLIGENCE

Planning and Intelligence is a fundamental tenet of effective incident management; the response to any incident must be considered and planned. In keeping with team-based problem solving, the Planning and Intelligence function within the IMT must work in partnership with the Operations and Logistics function to develop an Incident Action Plan (IAP). This team based approach to planning will ensure that the response strategies can be implemented effectively.

The majority of public health incidents commence with a significant investigation phase to inform the development of an appropriate response based on scientific evidence. Key roles for planning in a public health incident include:

- collecting and analysing the health intelligence to inform the response
- undertaking a health risk assessment
- setting of expert driven public health response strategies based on that analysis.

The development of expert driven strategy is the responsibility of the planning function to

engage one or a team of experts to assist in the development of response strategies throughout the incident including non government heath sector partners and other government agencies. Experts are only engaged for the time required to develop the relevant strategies and then return to normal business but may be called on again to provide further input into the process. They are not part of the IMT.

Endorsement of the health risk assessment and response strategies is provided by senior clinical or technical experts throughout the incident. The PHIC still retains overall decision making for the implementation of response strategies taking into consideration the expert advice.

In major incidents, strategy may be influenced by a wide range of issues, and strategy development may include input from the Director-General and Chief Health Officer. For national events, strategy may be determined at a national level.

The Planning Officer reports to the PHIC and is responsible for providing planning and analytical support to the IMT and for developing appropriate plans for the incident. Planning timeframes indicatively include short-term (1-2 days); medium-term (2–7 days) and long-term (beyond a week).

For small events the Planning function can be managed by a single person. Major events however, require a significant level of planning and support. The HPP IMS identifies units that may be established under the Planning function to provide the necessary functional support for the IMT. The units report to and work under the direction of the Planning Officer. If any of these Units are not activated, responsibility for that particular Unit will reside with the Planning Officer. These units are known as:

- **Health Intelligence Unit** - responsible for collecting, analysing and monitoring the incident and the predicted event behaviour.
- **Clinical/ Technical Information Unit** - responsible for gathering, developing, maintaining and presenting clinical information for management of the response for example clinical algorithm to manage the case or contact.
- **Strategic Development/ Health Risk Assessment Unit** – responsible for gathering situational awareness and undertaking health risk assessments throughout the incident to inform the development of strategy. The unit develops the incident action plan and the response strategies and plans for the incident.
- **Report unit** – responsible for development of Sitreps, briefings, ministerial, and other relevant reports to relevant stakeholders including the surveillance report. This unit works with the communication function to inform the development of the communication plan.

The Planning Officer has overall responsibility for the following IMS functions:

- obtaining briefings from the Public Health Incident Controller
- ensuring wellbeing of all unit personnel
- collecting information on the current and projected incident situation
- identify key risk exposures relating to the incident including undertaking health risk assessment and documenting these findings
- evaluating requirements for evacuations, quarantine, isolation zones, risk areas
- developing alternative incident objectives and strategies and identifying the risks and likely outcomes associated with each
- provide specialist information and incident behaviour predictions

- prepare mapping information as required by the IMT
- gather information relevant to controlling the incident and potential safety issues to inform operations, logistics and communication
- documenting the Incident Action Plan for the subsequent operations period
- communicating progress against the incident action plan to the HIC
- conducting planning meetings
- maintaining log of planning activities and contacts
- collect, collate and store planning incident records
- contribute to the development and review of the communication plan as necessary
- develop and maintain an effective register of all resources involved in the incident
- develop information sharing and transitional arrangements with recovery organisation(s)
- develops sitreps, briefings and reports relevant to the incident
- daily briefs and debriefs can inform IMT members. Standard agendas and timeframes should be established and adhered to.

OPERATIONS FUNCTION

The Operations Officer reports to the PHIC and has command responsibility for implementing pre determined response strategies to assist in the investigation phase of the public health incident and implementing and monitoring all operational incident response plans. The Operations function maintains and provides a critical flow of operational information and support to the PHIC and other IMT officers within the team and those responding to the incident. The operation function may also require expertise to provide advice on the implementation of the strategies during a response. It is important to note that operational teams may also in part be by other agencies.

The Operations Officer has responsibility for the following IMS functions:

- obtaining briefings from the Incident Controller
- ensuring the safety and well-being of all personnel
- managing operations
- achieving Incident Action Plan objectives
- briefing response personnel
- developing the operations portion of the Incident Action Plan
- briefing and assigning operations personnel in accordance with Incident Action Plan
- determining the need for additional resources
- providing intelligence to the Planning and Intelligence Unit.

Public Health Sector Commanders

In a Public Health response Public Health Sector Commanders may need to be appointed who are responsible for managing a specific aspect of the public health response or a geographical region. This position would be appointed by the Public Health Incident Controller.

In the event where a Health Commander is appointed at site of an incident and a request for public health team to be deployed to respond to the public health threat a Public Health Sector Commander would be appointed. This position is responsible for managing the public health

threat at the site reporting to the Health Commander.

LOGISTICS FUNCTION

The Logistics Officer reports to the PHIC and is responsible for providing proactive and coordinated logistical and supply chain management support to the IMT. Logistics works in conjunction with the Planning and Intelligence, Operations and Finance and Administration in the development and resourcing of the response plans.

Major events may require a significant level of logistical support. The HPP IMS identifies units that may be established under the Logistics Officer to provide the necessary functional support for the IMT. All the below mentioned units report to and work under the direction of the Logistics Officer. If any of these units are not activated, responsibility for that particular unit will reside with the Logistics Officer.

These units are known as:

- **The Supply Unit** – supply of personnel, equipment and resources
- **Facilities Unit** – manages permanent and temporary buildings utilised for response functions such as accommodation, equipment storage and provision of food
- **Ground Support Unit** – provision of transport, supplies, maintenance of equipment and security
- **Communications** – provision of technical communications system capability.

The Logistics Officer has responsibility for the following IMS functions:

- obtaining briefing from HIC
- ensuring the well-being of unit personnel
- implementing the logistics requirement specified in the Incident Action Plan
- being accountable to the HIC for all non-operational logistics support
- organising additional personnel who may be recalled for shift changeovers
- identifying key risks related to the provision of logistical support for incident resources
- managing the supply of required materials and the repair or replacement of response equipment.

COMMUNICATION FUNCTION

The Communication Officer reports to the Public Health Incident Controller and is responsible for the management of communication and incident relevant information within the Incident Management Team. The Communication Officer is responsible for the transmission of all communication between the PHIC and the Queensland Health Integrated Communication Team.

Major events may require a significant level of communication support. The HPP IMS identifies units that may be established within the Integrated Communication Team to provide the necessary functional support for the IMT. All the below mentioned units report to and work under the direction of the Communication Officer. If any of these units are not activated, responsibility for that particular unit will reside with the Communication Officer. These units are known as:

- **Organisational Communication Unit** - responsible for developing the communication plan for the response working with operations, planning and logistics to identify all stakeholders and communication pathways including non government health sector partners and state and national disaster management arrangements. The unit would also develop stakeholder management plan for the response working with planning.
- **Media Relations Unit** - responsible for preparing and distributing information to the media for community safety and awareness broadcasts and providing expert communication advice to the PHIC and Designated Executive. The unit needs to coordinate the release of this information through the Public Health Incident Controller.
- **Social Marketing Unit** – development of social marketing campaigns for the response working with Planning & Intelligence function.

FINANCE AND ADMINISTRATION FUNCTION

The Finance and Administrations Officer reports to the Public Health Incident Controller and provides advice on health policy and business services governance arrangement.

In addition the Finance and Administration Officer manages all of the financial, administrative and governance functions within the IMT. The unit also provides the necessary specialist, secretariat, human, financial, administrative, incident records management and physical resource support to the other functions within the team. In addition to incident record keeping, the function may perform other critical functions such as:

- disaster relief records and costs
- contracting costs
- agreements with other agencies and external contractors
- injury and damage documentation
- compensation claims unit.

Major events may require a significant level of finance and administrative support. The HPP IMS identifies units that may be established within the Finance and Administration function to provide the necessary functional support for the IMT. All the below mentioned units report to and work under the direction of the Finance and Administration Officer. If any of these units are not activated, responsibility for that particular unit will reside with the Finance and

Administration Officer. These units are known as:

- **Finance Unit** - is responsible for managing all financial aspects of an incident by collecting cost data, applying cost effective analyses and providing cost estimates for the incident, e.g. purchase of supplies, equipment hire, insurance and compensation for personnel, property and vehicles. The Finance Unit organises time records of personnel, accounts for purchases of supplies and equipment hire, compensation and insurance, and the collection of cost data.
- **Human Resource Management Unit** – responsible for the human resource management of staff during the response including implementation of critical incident directives, staff entitlements, rostering.
- **Policy and Legal Advice Unit** – To respond to the needs of the PHIC in the provision of policy and legal advice relevant to the incident.
- **Duty manager** – is responsible for the management of the emergency operation centre including documentation, logging of communication with EOC, supply of food and IMT staff support roster.

APPOINTMENT OF IMT MEMBERS

The Designated Executive will be appointed through the following circumstances:

Level I – Line management executive assumes the role of Designated Executive unless otherwise determined by the Executive Director Health Protection on discussion with Senior Director.

Level II or Level III– Designated executive is appointed by the Executive Director Health Protection Directorate or assumes the position depending on the complexity of the incident.

The Designated executive will appoint the PHIC, based on the incident circumstances. In some incidents, the PHIC may require clinical or technical expertise, whilst in some circumstances, technical expertise may be best employed in the 'planning and intelligence' or 'operations' functions and the incident control role is best performed by an appropriately trained person. In a Level I incident the Public Health Incident Controller will be the line manager for the incident (Program Director, Director Environmental Health or Public Health Physician unless otherwise determined by the line manager and executive.

Public Health Incident Controllers will be appointed by the Executive Director of the Health Protection Program or Designated executive depending on the scale of the incident. Other members of the IMT will be nominated and appointed by the PHIC, in consultation with the Designated Executive, from relevant areas based on skills, knowledge and availability.

Executives should seek the following attributes when selecting staff for leadership roles within the Incident Management Team:

Humanitarian by nature	Great communicator	Possess networks & relationships across Health & Government
Command presence	Able to assess risk	Strategic thinker
Plan three steps ahead	Focused on the safety & wellbeing of team members	Make decisions under pressure
Decisive and creative	Calm under pressure	Adaptable & flexible
Politically astute	Proactive & objective	Realistic about their own strengths & weaknesses

Redundancy of staff in key IMT roles should be managed, with primary, secondary and tertiary staff positions identified for each position in the Incident Management Team, as appropriate.

The nominated IMT membership should be documented and communicated to key stakeholders.

MAINTAINING THE SAFETY AND WELLBEING OF OUR PEOPLE

A core tenet of incident management is the mandatory focus on the safety and wellbeing of all incident personnel during the response. The Incident Controller and the IMT are required by departmental policy to ensure the safety and wellbeing of personnel during the incident response.

EMERGENCY OPERATIONS CENTRES

The Incident Management System involves the activation of relevant Emergency Operations Centres to accommodate Incident Management Teams (IMTs) which plan and coordinate the incident response - under the direction of a nominated Incident Controller.

ESTABLISHING AN EOC

An Emergency Operations Centre (EOC) facility should be predetermined, tested and known to relevant personnel. EOCs should contain infrastructure necessary to manage the incident response and relevant managers are responsible to ensure their EOCs are appropriately equipped and ready for rapid activation. Communication facilities within EOCs are critical, and internal and external communications requirements include telephone, fax and internet connections need to be determined and tested through practical exercises.

Functional Officers must have their own computer terminal and be able to access intranet and internet. Breakout rooms are to be made available to all operational and strategic teams to permit concurrent planning and discussions without operations being impacted by telephone calls and radio transmissions. Larger EOCs should maintain breakout rooms for briefings and for conducting concurrent planning during an incident response.

When identifying an appropriate EOC location, managers should consider the following:

- site security
- location must be able to sustain protracted operations
- building needs to be able to withstand weather elements such as flooding and storms
- internal and external landlines
- computer terminal for each member of the incident management team
- location and access of breakout rooms
- white boards and status boards
- printers and fax
- breakout packs for each function containing job cards, IMS tools and stationery
- access to 24 hr kitchen facilities
- access to toilet facilities
- safe parking
- safe and secure after hours access.

A detailed list of the EOC requirements is located at Checklist 1.

STATE HEALTH EMERGENCY COORDINATION CENTRE

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

When Queensland Health has lead agency control of the emergency event, other agencies will be invited to provide liaison officers to the State Health Emergency Coordination Centre. The State Health Emergency Coordination Centre (SHECC) is located in the Queensland Health Building in Butterfield Street, Brisbane, and is activated to support the State Health Coordinator to coordinate significant whole of department incidents.

PUBLIC HEALTH EMERGENCY OPERATIONS CENTRE (PHEOC)

In the event of a Level II or III public health incident, a Public Health Emergency Operations Centre (PHEOC) may be established to manage the incident response. A Public Health Incident Controller is appointed to oversee the operations of the Incident Management Team.

To be able to adequately staff a PHEOC they need to be situated at a regional or state level. They will either be physically situated within a PHU in the regions or within Butterfield St.

Mostly the PHEOC will be established within a Public Health Unit to manage all aspects of the incident at a regional level. In the event of a significant incident impacting on the Health Protection Program across the State, a PHEOC can be established at state level to manage the incident.

On activation of a PHEOC at regional or state level HPP may request liaison officers from other agencies to be situated within the EOC to contribute to the management of the incident and represent their agencies interest in the management of the incident or disaster. This is particularly relevant in Level II incidents but may also be appropriate in Level III depending on the incident.

Public Health Units may also manage the incident from a remote location. If this is required Public Health Units should maintain a fly away kit that is handed to the Public Health Incident Controller and contains the following:

- mobile phone
- laptop which contains all the relevant plans, policies, procedures and tools on the hard drive, plus a unique email address e.g. EOC_SRS_BNS@health.qld.gov.au
- an air card that can access the intranet and internet
- digital camera
- breakout packs for each function containing job cards, IMS tools and stationery.
- SOPs on how to use the equipment.

Key actions that should be considered within the PHEOC are:

- Implement a task tracking systems as a central repository for the management of operational tasking and responses to operational requests.
- Record actions and key agreements from meetings, and conduct 'stand-up' meetings to encourage an operational and expeditious approach.
- Daily briefs and debriefs can inform IMT members. Standard agendas and timeframes should be established and adhered to.

REPORTING ARRANGEMENTS WITHIN HPP

A well managed incident enables all key stakeholders to remain informed as much as possible throughout the response. The establishment of a robust reporting framework enables key decision makers to remain informed on the management of the incident but also identify any organisational risk that may need to be managed during the incident at the different levels within the department.

In the circumstances where the HPP IMS is activated, the reporting arrangements between key decision makers for Level I or Level II and Level III incident as illustrated in Diagram 3. In Level III incident the Public Health Incident Controller will be appointed at executive level and the designated executive will not be required. The State Health Emergency Coordination Centre and the Public Health Emergency Operation Centre support the coordination and management of the incident. These centres are not a decision making entity rather the function that support key positions to manage and coordinate the incident.

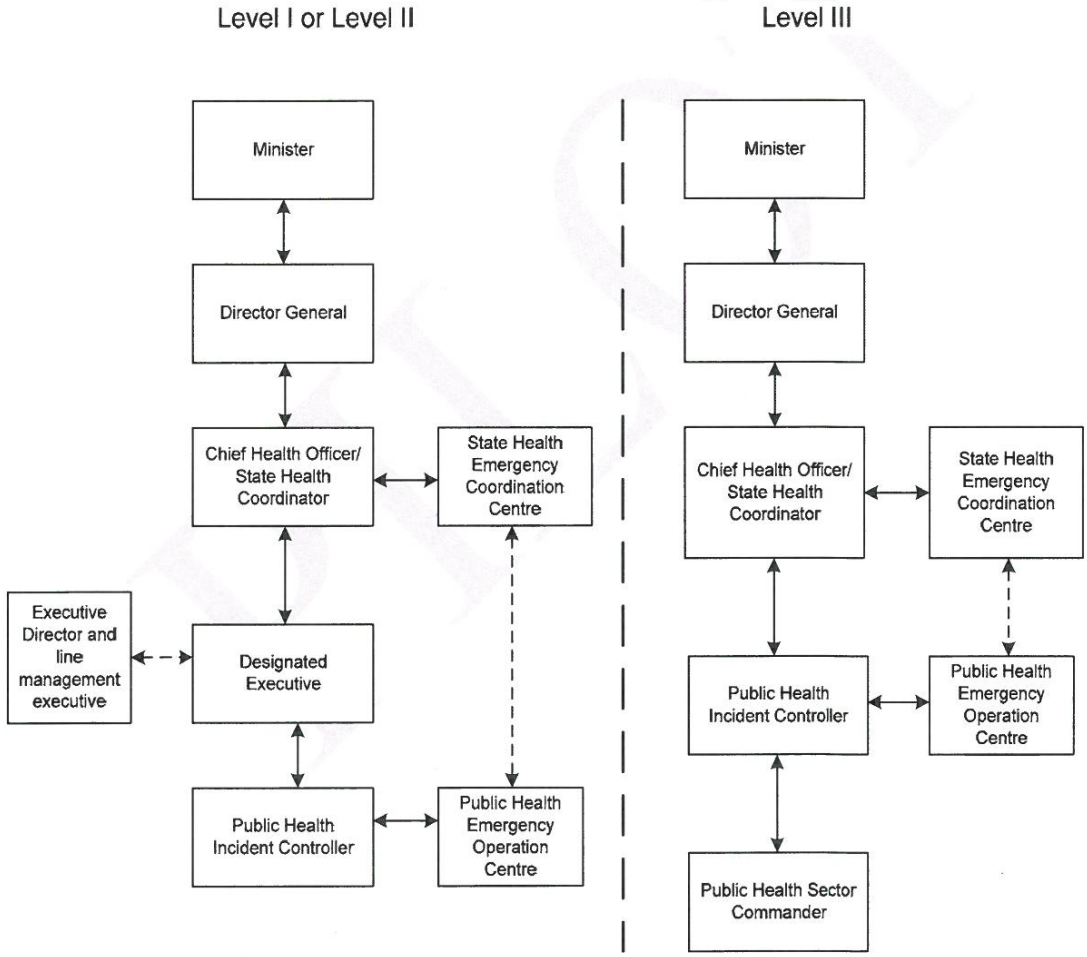


Diagram 4 – Reporting arrangements for Health Protection Program Incident Management System

DOCUMENTATION FOR AN INCIDENT

Documentation for an incident provides a legal record of the actions taken by the responders to manage the public health risk in the community. It also enables effective auditing of the system to identify areas for improvement and data collection to report against the number and type of incidents managed by HPP each year.

Documentation is a key component of incident management as it provides a record of the event, actions taken and outcomes of those actions. Key things that must be recorded in all incidents:

- health risk assessment rationale
- decisions made
- critical information or plans
- tasking for the response
- actions taken to achieve that task.

In any incident actions need to be documented and a file kept that provides a complete picture of the incident from notification to stand down.

APPLICATION OF IMS TEMPLATES

The IMS toolkit provides nine form templates that need to be completed depending on the size, magnitude and risk of the incident.

Documents that must be completed during any incident of any level are:

- Public Health Incident Notification
- Minutes of IMT meeting
- Situation Report/ Brief Template
- Incident Stand-down.

Depending on the size of the incident a task tracking system may need to be established to assign tasks, responsibilities and outcomes.

There are additional forms available to assist:

- Scoping meeting
- Incident Management Team
- Stakeholder management plan
- Public Health Incident Action Plan
- Incident Management Debrief.

The level of documentation required is directly related to the number of people appointed to work on the incident, the level of risk and the complexity of the incident. This does not replace standard technical/ clinical documentation required to respond to the incident.

INCIDENT MANAGEMENT PLANNING

PLANNING PROCESS

The defined process addresses planning before and after the start of operations and provides clear methods of concurrent and responsive planning for ongoing and future operations. The diagram below details the five sequential steps to be taken with an integral and continuous part known as analysis of the situation.

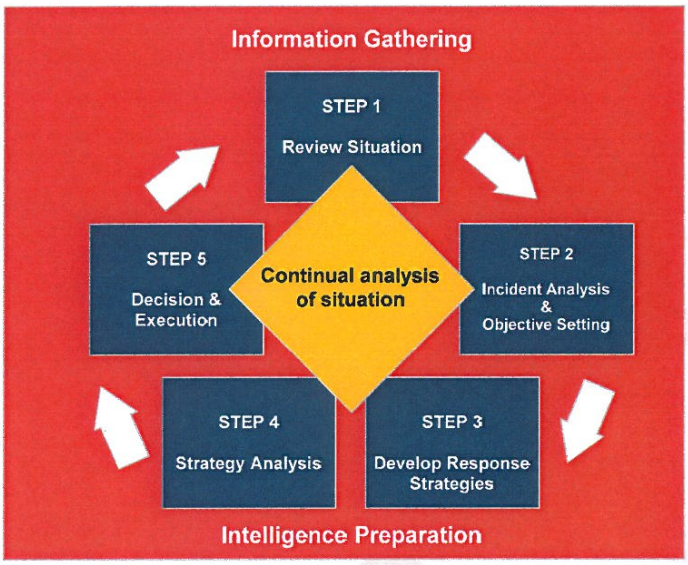


Diagram 4 – Incident Planning Process

Step 1 - Review of the Situation including Health Risk Assessment

Step 2 - Incident Analysis and Objective Setting

Step 3 - Developing Response Strategies

Step 4 - Response Strategy Analysis

Step 5 - Decision and Execution

A detailed Incident planning process is detailed at Explanatory Note 6a

RESPONSE PLANS

During an incident response there may be a variety of plans developed to articulate response objective and strategies. This is generally determined by the Planning Unit. The Public Health Incident Controller, as the responsible person, should approve the concept of operations to enable detailed planning to begin. This may lead to the development and dissemination of the Incident Action Plan, and by a range of supporting plans.

Incident Action Plan

The Incident Action Plan (IAP) ensures that the Incident Management Team have an agreed and consistent approach to managing the incident. It is a single plan that all responders work to and is the central tool for planning during the response. The plan should be written at the outset of the incident and it is the Planning Officer's responsibility to coordinate the development of the plan working with the other members of the IMT and the sign off by the Public Health Incident Controller. The incident objective needs to develop based on the health risk assessment and documented accordingly.

In a Level I or Level II incident that is easily controlled an IAP may not be required. A larger or more complex incident will require an incident action plan to coordinate activities. The level of detail required in an IAP is dependent upon the size, magnitude and duration of the incident.

Management by objectives

Setting clear objectives is vital to the effective management of an incident as objectives communicate to all involved, what is to be achieved. A well worded objective has meaning and provides direction for every person involved with an incident to work towards desired outcomes. This fundamental principle is called Management by Objectives (MBO).

It's important to understand that there is a world of difference between goals and objectives.

- Goals relate to our aspirations, purpose and vision.
- Objectives are the battle plan, the stepping stones on the path towards the achievement of my goals.

Developing response plans

The following table provides guidance for developing the plan(s).

Characteristics	A plan must detail how to accomplish the mission and all essential tasks. It should be clear and unambiguous. The terms specific to the plan should be defined.
Plan review	As with appreciations and concepts, the plans will need to be reviewed when the situation changes. The requirements and timeframes for review must be embodied in the plan.
Composition	Plans generally consist of six sections, often referred to as a SMEACC, each of which are outlined as follows: **Situation** – provides background information necessary to understand the mission; **Mission** – is the expected result of action taken; **Execution** – specifies how the mission should be achieved; Administration and logistics - describes supportive actions required; **Command control, coordination and communication** – states the command and communication support required & **Safety** – details the relevant WH&S issues that need to be actioned.

INTERPRETATION AND ASSESSMENT

The interpretation and assessment of incident information is critical to the development of the Incident Action Plan and incident response strategies. The following should be considered:

What are the facts?	What are the probabilities?
What is your own capability to manage this?	Who should know about this?
What courses are open to you?	What decisions need to be made?

SITUATIONAL AWARENESS

Effective situational awareness requires a clear picture of the current and evolving situation. Available information should be displayed to provide a picture of the 'known' and information gaps identified. Public Health Incident Controllers and the IMT should endeavour to locate missing or required information.

INTELLIGENCE

The Planning and Intelligence unit within the IMT is responsible for managing intelligence, however all areas of the IMT will gather intelligence as part of their interactions with stakeholders, etc. Effective information sharing processes within the IMT is critical to intelligence gathering and analysis, and this should be included as a standing agenda item for the 'beginning of shift' briefings.

DEACTIVATION OF THE IMS

At the conclusion of the incident response, the relevant IMT and EOCs will be deactivated. This deactivation should be gradual, and planned, with appropriate communication to relevant stakeholders. The Public Health Incident Controller should ensure that all administrative arrangements are finalised as part of the de-activation process. A debrief with the IMT should be conducted prior to de-activation to identify learning's and opportunities for improvement.

EFFECTIVE COMMUNICATION AND INFORMATION MANAGEMENT

Effective communication and management of information is critical to the incident response. The collection, collation, assessment, development, approval and dissemination of information in a timely and systematic manner will ensure that stakeholders have the necessary information needed for a coordinated incident response. Communication needs to link with existing departmental and whole-of-government communication mechanisms. Communication channels are important for:

- internal audiences – relevant stakeholders within Queensland Health
- external audiences – whole-of-government stakeholders, non-government health services, impacted communities
- media – including radio, print, TV and internet forums
- executive and ministerial – including the CHO, DG and Minister.

CLASSIFICATION AND CONFIDENTIALITY

A process for the managing classified information must be developed by the Finance and Administration function within the IMT working with Communication, and Planning and Intelligence functions, and the implementation of this process must be monitored.

DISTRIBUTION

The distribution of technical and public information should be managed in accordance with departmental and government protocols.

RECORDS MANAGEMENT

Effective records management improves efficiency and assists post incident reviews and inquiries. Standard departmental records management processes should be used. The correct use of records management processes should be monitored and promoted by the Finance and Administration function within the IMT.

As part of the IMT deactivation process, all incident response documentation must be collected and archived in accordance with departmental guidelines. The management, maintenance and response to enquiries regarding the incident response is the responsibility of the responding section within the Health Protection Program.

MANAGING RISKS

Risk Management Standard AS/NZS ISO 31000:2009 defines risk as the effect of uncertainty on objectives rather than the specific event with an effect defined as the deviation from the expected – both positive and negative. By managing risk we effectively:

- Protect: people, environment, finances, and reputation from harm.
- Enhance: our ability to prepare for events; realise opportunities; improve incident management operations; increase stakeholder confidence and reputation.
- Conserve: resources (time, assets, income, property and people), and
- Reduce: exposure to litigation, ensuring compliance.

The identification, analysis, prioritisation and subsequent management of risks is important to managing all operations, including incident response.

An 'abridged' risk assessment process can be undertaken during the incident response (recognising competing priorities and limited time availability), and a more formal and structured risk assessment process can be undertaken as part of the annual assessment.

RISK REVIEW PROCESS

Step 1 – Communicate and Consult – with internal and external stakeholders as appropriate at each stage of the risk management process and concerning the process as a whole. A communication and consultation plan should be developed early in the process.

Step 2 - Establish the context – This involves the establishment of the strategic, organisational and risk management context in which the rest of the process will take place. Criteria against which risk will be evaluated should be established and the structure of the analysis to identify the valuable resources, assets, programs, scope, aims and terms of reference. Think about:

- A process that works for you
- Your risk appetite and tolerances
- Is it a reactive (quick assessment) process?
- Is it a proactive annual / project review?

Step 3 - Identify the risk –what and how can things arise as the basis for further analysis. When Identifying risk think about:

- Areas of impact such as
    - Operational
    - Reputation
    - Political
    - Environmental
    - Social
    - Legal
    - Environmental
- Think about the low probability high impact events
- Think about risks that can create, enhance, prevent, degrade, accelerate, delay

- Think about risks and there knock on effects

Step 4 - Analyse risks – Determine the existing controls and analyse risks in terms of consequence and likelihood in the context of those controls. The analysis should consider the range of potential consequences and how likely those consequences are to occur. Consequence and likelihood may be combined to produce an estimated level of risk. Analysing risk is about:

- Hazard, exposure & vulnerabilities
- Likelihood & Consequence
- Can Qualitative , semi – quantitative, quantitative check your data(bad data in bad data out)

Step 5 – Evaluate the risk – Compare the estimated levels of risk against the pre – established criteria as this enables risks to be ranked to identify management priorities. If the levels of risk established are low, then risks may fall into an acceptable category and treatment may not be required. Risk Evaluation is about:

- Assists in making decisions
- Prioritises
- Tolerance levels

Step 6 – Treat the risk – Accept and monitor the low priority risks. For those above the tolerable level of risk set by management, develop and implement a specific management plan which includes consideration of funding. Risk treatment options are not necessarily mutually exclusive or appropriate in all circumstances. The options can include the following:

- avoiding the risk by deciding not to start or continue with the activity that gives rise to the risk;
- taking or increasing the risk in order to pursue an opportunity;
- removing the risk source;
- changing the likelihood;
- changing the consequences;
- sharing the risk with another party or parties (including contracts and risk financing); and retaining the risk by informed decision.

Step 7 – Monitor and review – the performance of the risk management system and changes which might affect it. Have a process and review regularly.

Step 8 – Document – it is important to document the risk assessment and rationale as it forms the basis of decision making and development of strategy.

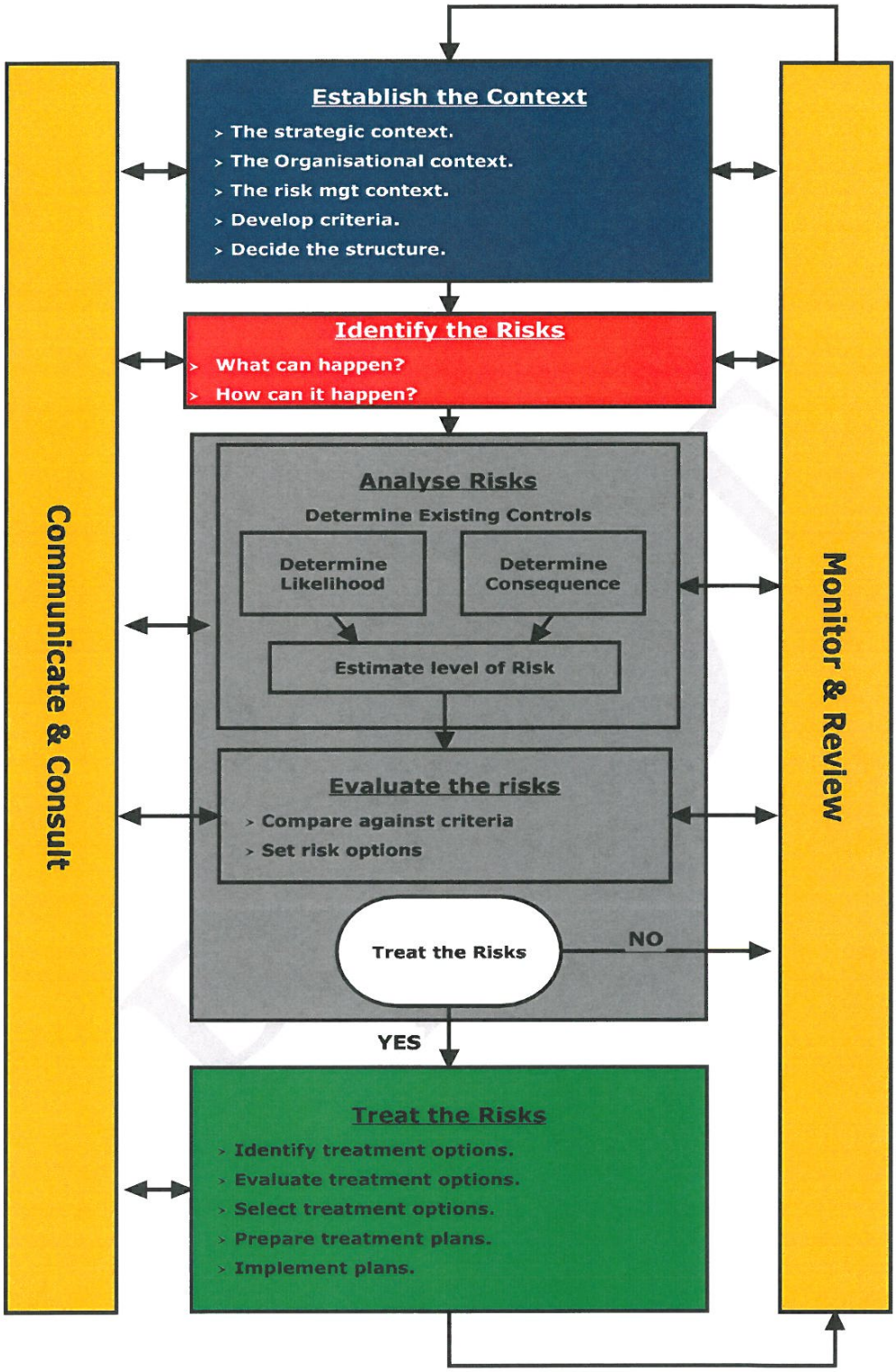


Diagram 5 Risk Review Process

MULTI-AGENCY INCIDENTS

Public Health incidents usually involve other government agencies, Health Service Districts, and Non-government health partners working together to mitigate the public health risk in the community.

OTHER GOVERNMENT AGENCIES

Queensland government has in place disaster management arrangements that are implemented at a state, district and local government level. Public Health Services provide a representative to the District Disaster Management Groups in each region. In the event of a emergency or disaster Queensland Health provides health support to the lead agency for the incident. In the event of a major public health incident Queensland Health is the lead agency for the management of that response as a member of the State Disaster Management arrangements.

In a Level I or Level II public health incident the Queensland Disaster Management Arrangements may not apply. In this situation the Health Protection Program need to establish a working arrangement with the relevant government agencies including who is the lead agency for this particular incident, what is the public health risk, what is the health objective and what is the objective for the other government agencies for the incident and how do we communicate with each other. In some incidents protocols and plans already exist and others there will need to be developed during the incident.

HEALTH SERVICE DISTRICTS

In the event of a public health incident the role of Health Service Districts in the region needs to be considered and appropriate communication pathways established. Depending on the type of incident Public Health Services and Health Service Districts need to establish, who has 'lead agency' role and who is supporting. Request for assistance for Health Service Districts to support the Public Health response needs to be actioned through the Designated Executive.

NON-GOVERNMENT HEALTH PARTNERS

Non government health partners play an important role in the management of some public health incidents in particular General Practice. In the event of a public health incident non government health partners need to be identified and an agreed communication pathway established.

LIAISON OFFICERS

Liaison officers have an important role in providing two way communications between lead agency and support agencies in managing multi-agency incidents. A liaison officer is a representative of an agency or organisation that has the capability to:

- Communicate with the agency they represent
- Authority to commit their agencies' resources

PUBLIC HEALTH LIAISON OFFICERS (PHLO)

Government agencies

The Public Health Liaison Officer represents Health Protection (and Queensland Health's) interests on matters relevant to the emergency response, and provides a point of contact for interaction with other agencies and across health services.

The Public Health Liaison Officers have the knowledge and authority to commit resources toward the resolution of the incident on behalf of the Public Health Incident Controller, and liaise with the Public Health Incident Controller with regard to estimated time of arrival of personnel or supplies to support the lead agency.

SHECC Operations

On activation of the State Health Emergency Coordination Centre a request may be issued for a Liaison Officer from Health Protection Program. The Public Health Liaison Officer provides a communication pathway between SHECC and Health Protection executive. A Public Health Liaison Officer also provides Health Protection Program input including public health expertise and knowledge or source expert advice to assist SHECC operations.

AGENCY LIAISON OFFICERS

When Health Protection is lead agency for a multi agency incident and is responsible for the overall management of the response, other agencies can be invited to provide a liaison officer to the Public Health Emergency Operation Centre. The Liaison officer represents the interests of the government agency that they represent, and provide a point of contact for interaction with that specific agency.

The provision of Liaison Officers to the PHEOC is usually in a multi agency incident that does not require activation of the state disaster management arrangements.

INCIDENT RECOVERY RESPONSE

Incident recovery is the coordinated process of supporting disaster affected communities in the reconstruction of the physical infrastructure and the restoration of emotional, social, economic and physical wellbeing. Specific areas identified include:

- community,
- psycho-social;
- Infrastructure;
- Economic; and
- Environmental recovery.

The recovery phase may be managed under Queensland's disaster management arrangements. In these cases, IMT recovery planning will need to coordinate with the broader recovery arrangements.

Recovery is the final step in the effective incident response.

RECOVERY PRINCIPLES

Incident recovery is usually a part of a larger disaster recovery processes. Planning for recovery is integral to incident preparation and mitigation actions may often be initiated as part of recovery.

- Successful recovery relies on:
- understanding the context;
- recognising complexity;
- using community-led approaches;
- ensuring coordination of all activities;
- employing effective communication; and
- acknowledging and building capacity.

RECOVERY PLANNING

Planning for recovery is integral to incident response planning. Recovery commences with planning and responding to an incident and continues until after the affected stakeholders are at a state that was similar to where they were prior to the incident. The Incident Controller should ensure that recovery planning commence during the incident response. This would normally be undertaken by the Planning and Intelligence function within the IMT. Incident recovery planning should use the same process as Incident Action Planning and consider the key incident recovery principles. Planners must acknowledge the existing environment and must be centred on the impacted community (broadly defined), and includes groups linked by location, industry, culture, impact, interest etc.

BUILDING CAPABILITY

Support Arrangements
Effective incident response requires trained, capable and supported workforce. This includes:

- Incident Management Policies, Plans and Operating Procedures,
- Specific Response Plans,
- Incident Management – training and development strategy,
- Incident Management – resourcing strategies,
- Incident Management – tools and resources, and
- Incident Management – information management systems.

TRAINING

IMT staff must be competent in their role and aware of the roles and responsibilities of the IMT and of the overall incident management arrangements.

Managers should ensure that their staff undertake appropriate Incident Management training including:

- Introduction to Incident Management
- Working in an EOC
- Relevant Functional Officer training
- EOC operations
- Joint Emergency Services (JEST) Course
- Australian Institute of Environmental Health (AIEH) Disaster Management Course

Appropriate training may assist in limiting liability, maintaining and improving public confidence and minimising the adverse economic and broader commercial impacts from any incident that may occur.

Note: Training strategy currently under development

EXERCISES

Exercises are an important part of preparedness activities and teaching. Although Health Protection Program is involved in many incidents throughout the year not all staff are exposed to the management of incidents on a regular basis or to Level II or Level II type incidents. Health Protection Leadership Group need to make relevant staff available to participate in Health Protection exercises, multi- agency whole of government exercises, such as pandemic or disaster management exercises. It is important that Queensland Health play an active role in these exercises and that any lessons learned be integrated back into our Incident Management processes and practices.

POST INCIDENT REVIEWS

Incident management Operational Debriefs and post incident review should be undertaken at the conclusion of an incident response to capture learning's and identify improvement opportunities. Lessons learnt should be documented and reported, and identified improvements made to processes and procedures.

Post incident reviews should include identification of the strengths, weaknesses, opportunities and threats. Identified improvements should be included in an improvement plan detailing the action item, action tasks, allocated responsibility, timelines for completion, funding and reporting and governance mechanisms.

MAINTENANCE OF THE GUIDELINES

The maintenance of these Guidelines is the responsibility of the Executive Director of the Health Protection Program and may be delegated to another responsible person or project team. The Guidelines should be reviewed regularly to ensure they reflect current organisational risk, needs and environments. As a general guide the Guidelines should be reviewed;

- Following a major response where an Incident Management Team has been established,
- Following an incident debrief which identified gaps/deficits in the protocol,
- Following a major departmental or Whole of Government exercise,
- Following any changes to the machinery of government, government structures, legislation or departmental responsibilities,
- Following a Risk or Vulnerability Assessment conducted across the Health Protection Program, and
- At least every two years.

Proposals for amendment or addition to the contents of the Health Protection Program Incident Management Guidelines are to be forwarded to:

The Executive Director
Health Protection Directorate
Queensland Health
Level 1, 15 Butterfield St
Herston QLD 4006
GPO Box 2368
Fortitude Valley BC QLD 4006
Email: HProtSD_dchocorro@health.qld.gov.au

To ensure these Guidelines remain current, holders of copies of these guidelines should insert amendments as soon as they are received. When an amendment is inserted it should be recorded in the table below.

Amendments		
Version	Date	Comments

REFERENCES

Other references that will be of use to HPP Incident Management Teams:

- Aboriginal and Torres Strait Islander Environmental Health Plan 2008–2013
- AS/NZS ISO 9001:2000
- AS/NZS ISO 31000: 2009
- Australia New Zealand Food Standards Code
- Australian Drinking Water Guidelines 2004
- Australian Emergency Manual Series Part 1 The Fundamentals Manual 3 - Australian Emergency Management Glossary
- Disaster Management Act 2003
- Food Act 2006
- Public Health Act 2005
- Public Health Regulation 2005
- Queensland Health Disaster Management System (incorporating Emergency Management Arrangements)
- Queensland Health Disaster Plan 3 September 2008
- State Disaster Management Plan
- Australasian Inter-Service Incident Management System Manual - Third Edition Version 1 (3 April 2004)
- Health Protection Program Incident Management Protocol 2010
- Water Fluoridation Act 2008
- Water Fluoridation Regulation 2008
- Water Supply (Safety and Reliability) Act 2008
- Workplace Health and Safety Act 1995

TOOLS, GUIDING NOTES AND ENCLOSURES

TOOLS

Tool 1 Public Health Incident Notification Form
Tool 2 Incident scoping meeting template
Tool 3 Incident Management Team
Tool 4 Public Health Incident Management Team meeting template
Tool 5 Stakeholder management plan
Tool 6 Public Health Incident Action Plan
Tool 7 Situation Report Template
Tool 8 Incident Stand Down
Tool 9 Incident Management Debrief template

EXPLANATORY NOTES

Explanatory Note 3: Incident management team
Explanatory Note 4a: Briefing guide for IMT
Explanatory Note 4b: Managing incident management meetings
Explanatory Note 4c: Setting incident objectives
Explanatory Note 5: Stakeholder management
Explanatory Note 6: Developing an incident action plan
Explanatory Note 7: Situational Report
Explanatory Note 9: Incident Management Debrief

CHECKLIST

Checklist 1: Emergency Operation Centre Checklist

JOB CARDS

Designated Executive
Public Health Incident Controller
Operations Officer
Planning & Intelligence Officer
Logistics / Support Officer
Communications Officer
Finance & Administration Officer

'QH-07'

Queensland Government

Health Protection Program
Incident Management Protocol
2010

Version: 16 December 2010

Table of Contents

1. Authority

This Incident Management Protocol contains the convention for which all emergency incidents across the Health Protection Program will be managed. It is issued under the authority of the Executive Director, Health Protection Directorate, Division of the Chief Health Officer, Queensland Health.

2. Aim

This protocol is written to provide guidance and support to personnel within the Health Protection Program during their critical role of responding to public health incidents across the state.

3. Scope

The Incident Management Protocol supports and is supported by various departmental, program plans and guidelines.

4. Overview – Incident Management Protocol

The Health Protection Program (HPP) Incident Management Protocol (IMP) is consistent with those principles adopted across the Division of the Chief Health Officer and articulates the incident management arrangements that are to be implemented when an incident is predicted to evolve or has occurred. This protocol supports a range of documents, including the Queensland Health Disaster Plan, the Public Health Sub-plan, Regional Services' Public Health Disaster Plans, and relevant hazard-specific response plans and protocols.

The Incident Management System (IMS) outlined in the protocol is based upon the proven principles of the Australasian Inter-service Incident Management System (AIIMS) and is fully compatible with the systems used by Queensland Health, Emergency Services, other Queensland and Australian government agencies. The IMS can be used by a small team as easily as by a large team. It is able to be applied to the widest range of incidents, large or small, and importantly, the IMS can be applied with Queensland Health as the lead agency or as a support to the lead agency.

In accordance with best practice emergency management, this protocol provides guidance for the three phases of an incident – standby, response and stand down. The protocol recognises the following management functions of an incident management system.

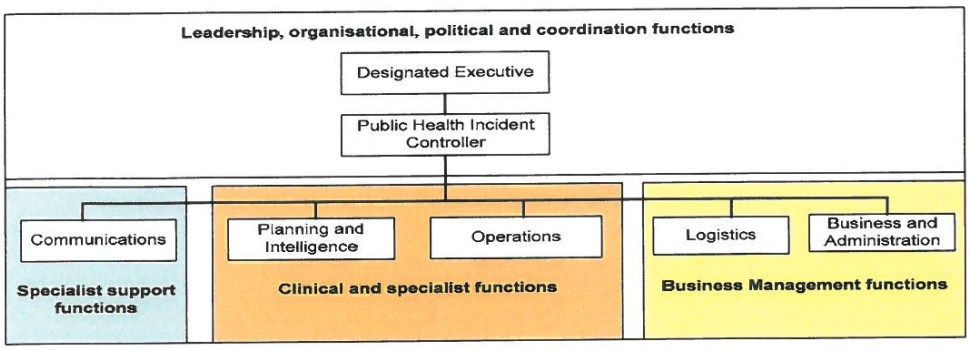


Diagram 1.1 Functions of the Incident Management Protocol

5. Amendments

Proposals for amendment or addition to the contents of the HPP Incident Management Protocol are to be forwarded to:

The Executive Director
Health Protection Directorate
Queensland Health
Level 1, 15 Butterfield St
Herston QLD 4006
GPO Box 2368
Fortitude Valley BC QLD 4006
Email: HProtSD_dchocorro@health.qld.gov.au

Amendments to the plan are recorded in the table below. Holders of previous versions should ensure they are destroyed and removed from electronic directories.

Amendments		
Version	Date	Comments

6. Background and rationale

The Health Protection Program within Queensland Health ensures good health is maintained through shielding the population from exposure to hazards and mitigating those risks to health. It includes communicable disease prevention and control and environmental health and regulatory functions provided by the Communicable Diseases Branch, the Environmental Health Branch, the Private Health Regulation Unit and the three Regional Services.

The management of the responses to critical health events is a key success factor of the Health Protection Program. This incident management protocol outlines the conventions that are to be adopted across the Program to ensure the effective management of the Program's

incidents. The system has been developed using an all hazards approach and is readily applied and adapted to the complex and diverse range of public health threats experienced across the state.

These include:

Day-to-day	Small outbreak of dengue fever, or food borne incident
Big Bang	Sudden incident, for example a tropical cyclone, flood, an accident involving a radiation source, a fluoride overdose or chemical fire
Rising Tide	Slowly emerging problem, such as an epidemic of infectious disease.
Cloud on the Horizon	A major threat occurring elsewhere but which may require action
Headline News	Public and/or media alarm about a perceived threat
Internal Incidents	For example, a fire or structural fault
Deliberate Release	For example, a suspected intentional contamination of food

7. The principles behind the protocol

As a key tenet of this protocol, the HPP is committed to the safety and wellbeing of its people and the community. The protocol reflects an unambiguous, consistent, structured and clearly defined incident management framework and system for the management of public health incidents either as support agency or lead agency in response to a disaster or incident. This will be achieved through the application of the following principles and practices:

7.1 Manage by setting incident objectives

The Public Health Incident Controller and Incident Management Team are required to develop a clear and concise public health response objective, for all HPP incidents, either as lead agency or support agency. These response objectives need to be clearly articulated inside and outside of the incident to ensure effective support, coordination and alignment of departmental and multi agency resources to the incident.

7.2 Apply the framework through the use of functional management

There are key functional management dimensions of managing an incident that are consistent, irrespective of the incident or threat. These are:

- Designated Executive
- Public Health Incident Control;
- Operations;
- Planning and Intelligence;
- Logistics;
- Communications; and
- Finance and Administration.

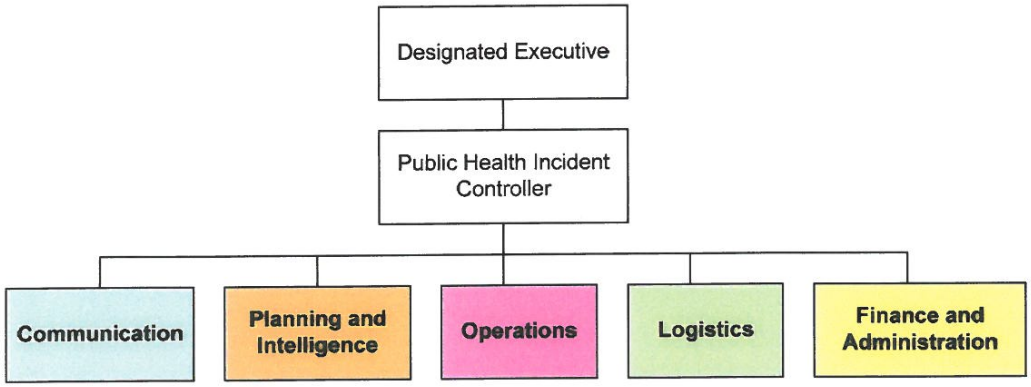


Diagram 1.2 Functional management of an emergency incident

These functional management dimensions are constants across all incident types and sizes, requiring the Incident Controller and management team to apply varying levels of focus, resources and attention to each management dimension throughout the response to the incident.

7.3 Expert driven strategy

Endorsement of the health risk assessment and the development of appropriate response strategies are provided by senior clinical or technical experts. During an incident, senior clinical or technical experts always provide advice and are responsible for endorsing strategy. Depending on the scale of the incident, senior clinical or technical experts may or may not manage the overall incident. On large incidents, it is recommended that where the public health expertise is limited, it should be strategically placed between Operations and the Planning and Intelligence functions.

It is acknowledged that there will also be times, particularly with regard to major events, that the Director General and the Chief Health Officer will determine operational strategy. It is recognised that for national events, strategy may be determined at a national level.

7.4 Limiting your span of control

Span of control relates to the amount of people, resources and functions that one can competently manage during the response to an incident, and provides the necessary mechanisms to gain organisational support to the incident. The optimal span of control outlined is 1:5 – that is one person managing five people, resources or functions. Once this is exceeded, it is recommended that more support is requested to effectively manage the incident.

7.5 Matching the resource needs to suit the incident

The approach outlined in this protocol is geographically and organisationally flexible, enabling the Public Health Incident Controller and Incident Management Team (IMT) to scale the framework to suit a small outbreak right through to a full Regional or State Incident Management Team. This can only be achieved effectively if the IMT and incident management principles are established immediately. The Public Health Incident Controller, members of the IMT and response teams need to consider backfilling their day-to-day roles, so that they are not attempting to manage both roles simultaneously.

7.6 Promoting team based problem solving

Incident management acknowledges the diversity of disciplines, public health and non-health professional expertise within the incident. It promotes the concept of the right person in the right role for the problem at hand. The Public Health Incident Controller ensures, supports and encourages team based problem solving, departmental and divisional integration as required for a seamless Queensland Health response.

7.7 Maintaining the safety & wellbeing of our people

A core tenet of incident management is the mandatory focus on the safety and wellbeing of all incident personnel during the response. The Incident Controller and the IMT are required by departmental policy and this protocol to ensure that the safety and wellbeing of incident personnel is considered during the development and implementation of response strategies and plans.

8. Levels of incidents

The HPP IMS has been developed to respond to emergency incidents and disasters using an all hazards approach. The level of the incident is specific to the HPP IMS and is based on the support required to manage the public health risk, complexity of the incident and the allocation and management of resources. HPP IMS is activated based on the required public health response and the HPP organisational arrangements needed to effectively manage the public health aspect of the incident. This can be as 'lead' agency or 'support' agency to a disaster or incident.

The Protocol provides the principles to enable staff to consider the type of incident they are facing, how it may involve and thus the support structure that is best put in place. The level of the incident is dynamic in nature and can be scaled up or down, depending on the changing nature of the threat.