Level 0 – Normal Business	Incidents that are managed in every day business by Health Protection Program and do not require any additional resources or have a public profile.
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. A Level I incident is triggered when the line manager identifies that the incident may have some organisational risk such as high level of public 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 with the incident response. A small amount of resources may be redirected to support the Public Health Incident Controller, particularly in relation to media support, and briefing support.
Level II – Significant Public Health Incident	A significant public health incident requires the implementation of a formal organisational arrangement to be able to effectively respond to a public health threat in the community. A Level II incident will require the establishment of an Incident Management Team based on the functional model.
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 when HPP are not the 'lead agency'. In this circumstance, the size and complexity of the incident will influence how the HPP IMS is applied to enable HPP to manage the public health aspects of the incident.

9. Implementing the protocol and the response fundamentals

The principles of the framework are to be applied at the earliest possible moment during the initial build up of the incident response and have been designed to enable incident managers to apply flexibility to its implementation. This will ensure the resources are organised to manage incidents in the most effective and efficient manner across the breadth of incidents experienced within the Program. The protocol can readily be applied to day-to-day incidents such as a small dengue fever outbreak, through to a large scale event such as the 2009 – H1N1 Pandemic. However, it should be noted that there is still a requirement on the Public Health Incident Controller and the IMT to effectively manage all of the functional management dimensions of the incident.

The principles of Command, Control, Coordination and Communication are also to be applied to all incidents. Public health Incident Controllers are expected to have an appreciation of the organisational and environmental context of the incident, and use their clinical and technical expertise and experience to implement appropriate response strategies, communication mechanisms and risk management.

The HPP has a significant number of topic and threat specific plans, procedures, protocols, guidance notes, etc, that are to be implemented in conjunction with this protocol and incident management system. The protocol is supported by the Health Protection Program – Incident Management Guidelines.

10. Designated Executive

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 with the Queensland Health Executive, and if requested by the Director General, the Minister's Office.

The process for appointment is as follows:

- Level I – Line management executive assumes the role of Designated Executive unless otherwise determined by the EDHPD through discussion with Senior Director Regional Services or Branch.
- Level II or Level III– Designated executive is appointed by the EDHPD, or CHO.

11. Multi-agency response

Emergency incidents that have a public health risk often require a multi agency response. The Health Protection Program is responsible for effectively participating in this type of response as either the 'lead' agency or 'support' agency. In participating in these arrangements, the HPP Designated Executive and Public Health Incident Controller are responsible for contributing to the establishment of effective communication pathways between agencies, engagement in the development of strategy and how the agencies work together, including who is 'lead' agency; establishment of incident management arrangements and possible provision of liaison officers.

12. Queensland Disaster Management Arrangements

The Queensland Disaster Management Arrangement (QDMA) can be activated at Local, District or State government level to prepare for and respond to threats in the community.

Queensland Health is responsible for contributing to and supporting the Queensland Government in managing a disaster or major incident. HPP have two responsibilities within these arrangements:

- strategic management of hazard specific plans (Biological, Radiation and Influenza Pandemic)
- public health representative on the District Disaster Management Group in each region.

If the QDMA are activated, HPP need to consider the level of support required for the disaster or major incident to manage the public health risk.

13. Application of the incident management system

Application of both the principles and fundamentals of this protocol, and the relevant Public Health and departmental plans, is fundamental to a robust system capable of managing a diversity of incidents. The application of the protocol is adaptable to and acknowledges local knowledge, the breadth of experience, clinical and technical skills and competence that are held by the people of the HPP. Accordingly, it provides for a flexible approach to the application, escalation, and de-escalation of the protocol.

14. Escalation and triggers

Determination of the level of the incident is informed by clinical and/or technical advice, and the impact on the organisation. The Executive Director, Health Protection Directorate, and the Health Protection Leadership Group retain the right to activate a higher level of response or incident management as they deem appropriate. Consideration should always be given to the context of the following factors:

- What does your experience tell you about the incident?
- State, national and overseas implications and trends
- Likely community, political and media concern of interest in the incident or response
- What has preceded this incident?
- Uniqueness or novelty of this incident
- Risks associated with this incident
- What capacity do you have to respond?
- Multi agency, non-government health sector or interstate involvement.

15. Activation authority

The decision to activate the HPP Incident Management Protocol, and to what level the IMS will be activated, are as follows:

- Level I – Line Management (Director Environmental Health, Public Health Physician or other Program Directors) on notification to executive line management.
- Level II – On notification of Level II incident the line management executive discusses with EDHPD to appoint Designated Executive and assign resources to the response
- The decision to activate a Level III incident will be made by the EDHPD in consultation with CHO 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 EDHPD, 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 threat.
- 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

16. Phases of incident management

Due to the breadth and scope of this protocol and its application to small incidents and large – scale disasters, the following four incident management phases should be considered. Incident Controllers should explicitly communicate the change from one phase to another to those inside and outside of the incident response.

16.1 Standby

Where there has been receipt of information of a situation that may escalate, or which may require coordination of resources and support, or where there has been receipt of information that an imminent health event may require the pre-deployment of personnel and other resources, including assets.

16.2 Response

Where there has been receipt of information that a health event has occurred and there is a requirement to deploy personnel and other resources, including assets.

16.3 Stand-down

Where it has been determined that the agency's personnel and other resources are no longer required, and that these services can now be scaled back or stood down.

17. Communication and information management

It is the responsibility of the Public Health Incident Controller and Incident Management Team (IMT) to ensure that an appropriate, effective and responsive communication and information management strategy and process is put in place during the response to an incident.

The following factors should be considered:

- Information management & record-keeping;
- Collection, interpretation & assessment of information;
- Situational awareness;
- Intelligence & dissemination;
- Classification, confidentiality & distribution;
- Communications – Internal and External;
- Media management;
- Ministerial correspondence; and
- Debriefs, lessons learned and review of relevant documents.

18. Linkages to business continuity planning

The protocol forms an integral component of the Program's Business Continuity and Resumption (BCR) planning process. The BCR plans should identify the direct and indirect business impacts of the incident response and the flow-on implications to staff and other resources, including assets and service delivery.

The BCR plans will enable the Program to not only survive the incident, but to re-establish normal core functions and operations as rapidly as possible and enable the seamless transition from response to recovery.

19. Appropriately trained staff

The clinical and technical skills and competence of the staff within the HPP are widely recognised and accepted. However, in addition to these skills, effective incident management requires some or all of the following skill-sets, outlined in this table:

✓ 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
✓ Ability to identify required skill sets for a team		

20. Maintenance of the protocol

The maintenance of this protocol is the responsibility of the Executive Director of the Health Protection Directorate and may be delegated to another responsible person or project team. The protocol should be reviewed regularly to ensure it reflects current organisational risk, needs and environments. As a general guide the protocol should be reviewed following;

- A major response where an IMT has been established,
- A major Incident Debrief which identified gaps/deficits in the protocol,
- A major departmental or Whole of Government exercise,
- Any changes to the machinery of government, government structures, legislation or departmental responsibilities,
- Review of Queensland Disaster Management arrangement
- Review of specific legislation relevant to Public Health incidents
- A HPP Risk or Vulnerability Assessment, or
- At least every two years.

'QH-08'

Queensland Government

Queensland Health Disaster Plan

HUMAN – SOCIAL SUB PLAN

(Primary & Community, Psychosocial & Mental Health)

January 2011

Response and Recovery

TABLE OF CONTENTS

AUTHORISATION

The Human – Social Sub Plan is an "all hazards" (natural and technological) approach to emergency management.

The Human-Social Sub Plan provides a coordinated multi-disciplinary human-social response for the provision of health care for maintaining, improving or restoring people's health and wellbeing.

Endorsed

Dr Aaron Groves

Acting Chief Health Officer

Date: 4 January 2011

AMENDMENT LIST

Amendments endorsed:

AMENDMENT			
PAGE NO/s.	**DATE**	**NAME**	**SIGNATURE**

PART ONE – OVERVIEW

1.1 Authority

This Human–Social Sub Plan is issued under the authority of the Director-General, Queensland Health.

1.2 Aim

The Human-Social Sub Plan provides a coordinated multi-disciplinary human-social response for the provision of health care for maintaining, improving or restoring people's health and wellbeing.

This involves coordinating support provided to communities in the event of a potential or actual disaster situation. This includes mitigating against health risks arising from disasters, and the response and recovery aspects of psychosocial support, and community health.

1.3 Scope of Plan

The Plan is a sub plan of the Queensland Health Disaster Plan 2008.

This Plan forms part of the Queensland Government Recovery Management strategy for disaster affected communities and involves the following:

- Analysis of the impact with the identification of needs and capacity of health services to enable the development of a Health Action Plan for the disaster affected community.
- Command Control and Coordination of health resources to enable effective health services response and recovery activities.
- Maintaining core medical, community, population and mental health services during an incident, disaster or terrorism event to both new and existing recipients.
- Appropriate pre-hospital on-site health response management with the establishment of primary health clinics in association with other healthcare providers.
- Public health advice, warnings and directions to combatants and the community.
- Standards and the provision of a framework for psychological and counselling services for disaster affected persons of the general community, and recovery workers.
- Provide psychosocial expertise at a site and in State and District Disaster Coordination Centres in the event of a prolonged health event.
- Provide advice and support services in the event of evacuation of a community (within the State, nationally or overseas) as the result of an event.
- Development of health public information material for distribution to affected persons of the general community, emergency workers and recovery workers.

1.4 Overview of the Queensland Disaster Management Arrangements

1.4.1 Legislation

The *Disaster Management Act 2003* (*Disaster Management and Other Legislation Amendment Act 2010*) provides the legislative basis for disaster management arrangements in Queensland. It makes provision for the establishment of disaster management groups for State, districts and local government areas.

The *Disaster Management Act* provides the legislative basis for the preparation of disaster management plans and guidelines including the State Disaster Management Plan.

1.4.2 Functional Lead Agency Responsibility - Queensland Health

The plan addresses the functions of disaster management where Queensland Health has a functional lead agency role. The plans and procedures are developed by the functional lead agency. Although Queensland Health will have primary responsibility, disaster management functions can spread beyond the capabilities of the department and the arrangements for the coordination of interested parties that play a supporting role are outlined in the plans.

To ensure appropriate input to the planning, response and recovery processes the following is established.

State Level

Queensland Health - *Human-Social Clinical and Education Disaster Advisory Committee* so as to provide timely advice to the Chief Health Officer on community and psychosocial support issues.

District

The District Disaster Management Group (DDMG) – a Health functional committee is established to specifically address key issues associated with the delivery of health related functions. This functional committee should comprise of health professionals who can provide advice on community health and psychosocial support.

Departmental appointments to the DDMG are made in accordance with Section 24 (1) (e), (3), (4) and (7) of the Disaster Management Act.

The Director-General will formally endorse the departmental designated position/s that will represent Queensland Health on the DDMG.

The Director-General will inform the designated position incumbent of the DDMG appointment as the departmental representative.

The departmental nominee should be at a level that can commit the resources of the agency in accordance with the agency's disaster management responsibilities and/or as determined by the agency's functional plan, following a risk based analysis, with the full authority and responsibility of the Director-General.

1.5. Response and Recovery

1.5.1. Response

Queensland Health has a legislative obligation to prepare and respond to events.

The *response* phase of disaster management involves the conduct of activities and appropriate measures necessary to respond to an event. *Response* is undertaken as a component of *disaster operations* being those activities undertaken before, during and after an event to help reduce loss of human life, illness or injury to humans, property loss or damage, or damage to the environment, including for example, activities to mitigate the adverse effects of the event.

Therefore, *disaster response operations* outlines the phase of disaster operations that relates to responding to a disaster.

The Disaster Management Act 2003 as amended in 2010 describes response as:

- ***responding to a disaster*** includes, for example, the following-
  - issuing warnings of a disaster;
  - establishing and operating emergency operations centres;
  - conducting search and rescue missions;
  - providing emergency medical assistance;
  - providing emergency food and shelter;
  - planning and implementing the evacuation of persons affected by disasters;
  - establishing and operating evacuation centres;
  - carrying out assessments of the impact of a disaster.

1.5.2. Recovery

Queensland Health participates in community recovery to assist individuals, families and communities to regain a proper level of functioning following a disaster, as well as to participate in the management of their own recovery.

The *recovery* phase of disaster management involves disaster relief; being the provision of immediate shelter, life support and human needs to persons affected by, or responding to, a disaster; and the broader disaster recovery; being the coordinated process of supporting affected communities in the reconstruction of the physical infrastructure, restoration of the economy and of the environment, and support for the emotional, social, and physical wellbeing of those affected. *Recovery* is undertaken as a component of *disaster operations*.

Therefore, *disaster recovery operations* means the phase of disaster operations that relates to recovering from a disaster

The Disaster Management Act 2003 as amended in 2010 describes recovery as:

- ***recovering from a disaster*** includes, for example, the following:
  - providing relief measures to assist persons affected by the disaster who do not have the resources to provide for their own financial and economic wellbeing;
  - restoring essential infrastructure in the area or areas affected by the disaster;
  - restoring the environment in areas affected by the disaster;
  - providing health care to persons affected by the disaster, including temporary hospital accommodation, emergency medical supplies and counselling services.

2.0. Overview Human – Social Recovery Management

Individual and community recovery involves immediate to short term, medium and long term phases consistent with the Psychosocial Support Intervention model. (Refer Diagram 1)

Immediate	Medium	Long Term

2.1. Immediate to Short Term

The Immediate to Short-Term Recovery phase covers immediate interventions of psychological first aid and emergency relief measures to meet identified individual and community needs and to restore services to the level where Local Government and the normal responsible agencies can manage the continuing recovery process.
The importance of building on existing community resilience strategies with early intervention strategies is vitally important.

2.2. Medium

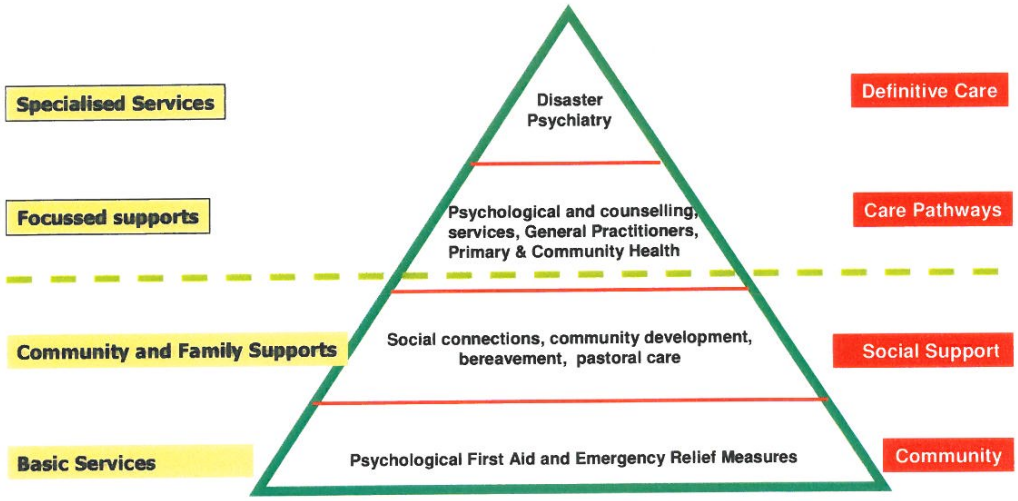
The Medium Term phase includes social support, ongoing case management, community development and rehabilitation measures, re-establishment of social and cultural activities, support networks and services.

2.3. Long Term

Most people will recover from traumatic events like emergencies and disasters without professional intervention by psychological and counselling services. However, some are likely to need additional support to help them cope.

A small minority of people (10-20%) is at risk of developing significant mental health conditions and may require specialised mental health care. Decisions regarding the level and timing of this care require careful clinical judgment, with the recognition that formal intervention may not be appropriate until sometime after the event. In the interim, appropriate support and advice, along with careful monitoring, is usually indicated.

2.4. Intervention pyramid for psychosocial support



Inter-Agency Standing Committee (IASC) (2007). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Geneva: IASC.

Diagram 1 Intervention pyramid for psychosocial support

The pyramid is adapted from the Inter-Agency Standing Committee guidelines on mental health and psychosocial support and illustrates that psychosocial support in built on ensuring access to basic services, community and family support, psychological and counseling services and specialised services.

Basic Services

Psychological First Aid is the preferred intervention strategy to be used to reduce distress in the immediate aftermath of a disaster event.

Psychological First Aid is an eight step communication process and is approved by the National Medical and Health Research Council and is based on eight core actions: Contact and Engagement, Safety and Comfort, Stabilisation (where needed), Information Gathering: Current Needs and Concerns, Practical Assistance, Connection with Social Supports, Information on Coping, and Linkage with Collaborative Services.

Psychological First Aid includes provision of information, comfort, emotional and instrumental support to those seeking help. Psychological first aid should be provided in a stepwise fashion tailored to the person's needs.

Community and Family Supports

The second layer represents the emergency response for a smaller number of people who are able to maintain their mental health and psychosocial well-being if they receive help in accessing key community and family supports. In most emergencies, there are significant disruptions of family and community networks due to loss, displacement, family separation, community fears and distrust. Moreover, even when family and community networks remain intact, people in emergencies will benefit from help in accessing greater community and family supports. Useful responses in this layer include family tracing and reunification, assisted mourning and communal healing ceremonies, mass communication on constructive coping methods, supportive programs such as loss and grief, formal and non-formal educational activities, screen and treat programs for children, livelihood activities and the activation of social networks.

Where Psychological First Aid is not sufficient, the next level, Skills for Psychological Recovery is often useful.
Skills for Psychological Recovery is an evidenced informed skills training model to help children, adolescents, adults and families in the weeks and months after disasters and trauma. It is designed for those with low level problems that continue after the period in which Psychological First Aid is utiilised.
Skills for Psychological Recovery skills include problem solving, promoting positive activities, managing reactions, promoting helpful thinking and building social connections.

Focused Supports
Trauma survivors who develop more severe psychological problems should be provided with formal psychological and/or pharmacological interventions.

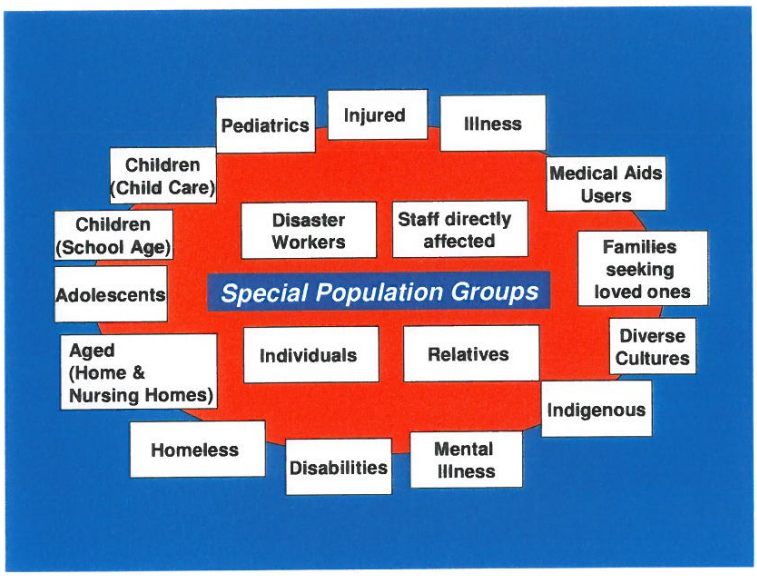
Additional support may be required for the small percentage of the population whose suffering, despite the supports already mentioned, is intolerable and who may have significant difficulties in basic daily functioning. This assistance should include care pathways established by general practitioners and other health professionals such as psychologists, social workers, occupational therapists, community and mental health nurses.

Disaster Psychiatry
Disaster psychiatry builds on specialised services of existing consultation-liaison psychiatry services with definitive care. Disaster psychiatry also provides specialised subject matter expertise of psychological, biological and social processes for response and recovery interventions during disasters.

2.5. Identification of Vulnerable Groups

Each and every disaster affected community has special population groups.

At – risk groups should be identified but not limited to the following:



Individuals that may be at risk after a disaster include:

- Children, especially those:
  - Separated from parents/caregivers
  - Whose parents/caregivers, family members, or friends have died
  - Whose parents/caregivers were significantly injured or are missing
  - Involved in the foster care system
- Those who have been injured
- Those who have had multiple relocations and displacements
- Medically frail children and adults
- Those with serious mental illness
- Those with physical disability, illness, or sensory deficit
- Adolescents who may be risk-takers
- Adolescents and adults with substance abuse problems
- Pregnant women
- Mothers with babies and small children
- Those with significant loss of possessions (for example, home, pets, family memorabilia)
- Those exposed first hand to grotesque scenes or extreme life threat

3.0 Health Care Service Delivery

An analysis of the health impact with the identification of needs and capacity of health services is required, to enable the development of a Health Action Plan for the disaster affected community. (Refer Standard Operating Procedure 1)

Queensland Health will participate with other agencies in exchanging information about roles and responsibilities, pre-disaster planning, response and recovery activities, consistent with the *Disaster Management Act 2003* and *Health Services Act 1991*.

Services:

3.1.1. Primary and Community Health

Primary and Community Health provides a range of services to vulnerable clients but not limited to the following:

- Home based services
- Adult community health
- Community child health
- Child development
- Child and youth mental health
- Independent self-care haemodialysis
- Breast screening
- Adult mental health
- Sexual health
- Alcohol and drug
- Community palliative care
- Chronic Diseases
- Maternal and Newborn Visiting Services
- Indigenous health
- Occupational therapy
- Physiotherapy
- Podiatry
- Recreational therapy
- Social work
- Speech pathology

3.1.2 Mental Health

Mental Health provides a range of services to vulnerable clients including but not limited to the following:

- Acute Care
- Homeless Health Outreach
- Community Mental Health
- Drug and Alcohol Service
- Older Persons Mental Health Service
- Transcultural Mental Health
- Consultation Liaison Psychiatry
- Disaster Psychiatry

3.1.3. 13 Health

13 HEALTH provides health information, referral and teletriage services to the public in all parts of Queensland for the cost of a local call.

13 HEALTH's triage services are provided by Registered Nurses using a clinical decision support system which uses clinically proven protocols to assist the nurses in determining the appropriate recommendation of care. The protocols have been reviewed by the established Clinical Advisory Panel which includes metropolitan, rural and remote GPs, dentists and pharmacists.

3.1.4 Medical Aids Subsidy Scheme (MASS)

MASS provides access to subsidy funding for the provision of MASS endorsed aids and equipment to eligible Queensland residents with permanent and stabilised conditions or disabilities.

Home Oxygen clients should be assisted with their Emergency Plan for Users of Oxygen Concentrators in the Event of Power Failure.

3.1.5 General Practitioners and Other Health Professionals

The co-ordination and collaboration with general practitioners, specialists and health professionals such as psychologists, social workers, occupational therapists, and nurses remains the responsibility of Queensland Health.

3.1.6 Referral Contact Point

A central referral point should be identified by Queensland Health should the need arise to refer vulnerable persons in need of health care.

4.0. Staffing

4.1. Evacuation Centres

Evacuation centres provide accommodation, but not necessarily protection, for evacuees from the effects of an event.
The deployment of staff such as a Community Health Nurse and Social Worker may be desirable during the event.

4.2. Reception Centres

Reception operations provide the framework for support should evacuees or displaced persons be evacuated into Queensland.

The deployment of staff such as a Community Health Nurse and Social Worker may be desirable during the event.

4.3. Primary Health Clinics

Should the need exist to establish a primary health clinic in conjunction with Queensland Ambulance Service the skill mix of Community Health Nurses and Social Workers should be considered.

5.0. Mass casualties

The treatment of mass casualties, including the deceased, is the responsibility of Queensland Health and the Queensland Ambulance Service.

5.1. Site Triage

Should a triage area be established in a large scale event, senior social workers will be deployed to assist in monitoring the application of *Psychological First Aid* as an early intervention to Minor – Walking Wounded within the SMART triage scale.

5.2. Emergency Department

In the case of a terrorist related event, a consultation-liaison psychiatrist be deployed to assist in the monitoring of the application of the *CBRN Psychosocial First Responder Guidelines.*

Support should be given for injured, traumatised individuals, families through hospital-based Emergency Department social workers who are trained to deal with these circumstances.

The incident management team convened for a mass casualty event should comprise of a consultation–liaison psychiatrist, a psychologist and social worker Mental Health Consultation linked to Emergency Department response.

5.3 Hospital Inpatients

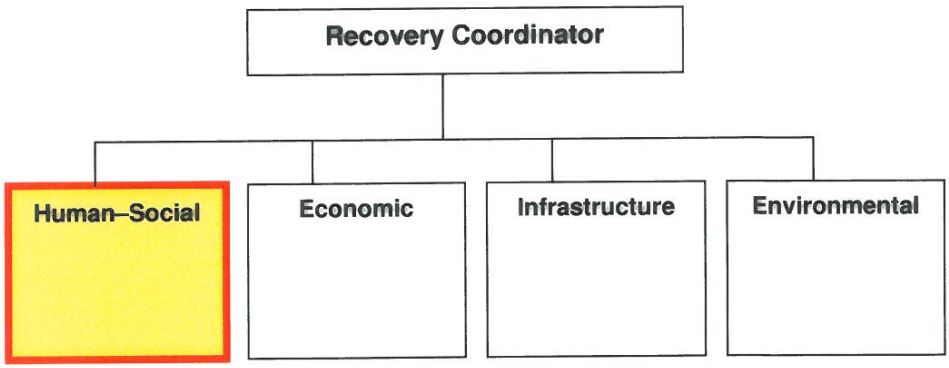
Psychological First Aid and Skills for Psychological Recovery as well as support services, assessment and screening for those distressed and potentially psychologically traumatised.
These services may build on assisting consultation-liaison psychiatry services in these settings.

6.0. Recovery Management Arrangements

The Queensland Government has adopted a Recovery Management Model comprising of four elements:

(i) Human-Social
(ii) Economic
(iii) Infrastructure
(iv) Environmental

The *Disaster Management Act 2003* as amended in 2010 identifies the appointment of a State Recovery Coordinator if necessary.



Human-Social Recovery:

Human-Social recovery includes personal support and information, physical health and emotional, psychological, spiritual, cultural and social well-being, public safety and education, temporary accommodation, financial assistance to meet immediate individual needs and uninsured household loss and damage.

The functional lead agency for Human-Social recovery is the Department of Communities.

Queensland Health is a supporting agency for the provision of health care.

Queensland has adopted the nationally established principles for recovery which recognise that successful recovery relies on:

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

PART TWO – ACTIVATION

7.0. Command-Control – Coordination-Collaboration and Consultation

7.1.1 Health-Human – Social Sector Commander (State)

Statewide direction and mobilisation of primary, community, psychosocial support in a disaster is the responsibility of the Chief Health Officer in consultation with the Executive Director Mental Health Directorate.

The Executive Director Mental Health Directorate is the Clinical Advisor to the Queensland – State Health Emergency Co-ordination Centre.

The Executive Director Mental Health Directorate liaises and coordinates arrangements with the District Human-Social Sector Commanders and is responsible for advising the State Health Coordinator (usually the Chief Health Officer).

An appointment to a State level Human–Social Recovery Group will be a person with expertise in psychosocial support, that can commit the resources of the agency in accordance with the agency's disaster management responsibilities and/or as determined by the agency's functional plan, following a risk based analysis, with the full authority and responsibility of the Director-General.

7.1.2 Human-Social Sector Commanders (Districts)

The Health Service District – Human-Social Sector Commander is *responsible for* coordinating integrated primary, community, psychosocial and mental health services. The Sector Commander is responsible for *advising* the Health Incident Controller (usually the District Chief Executive Officer) of the planning, response and recovery strategies.

The Sector Commander is responsible for establishing and co-ordinating multidisciplinary teams.

An appointment to a District level Human–Social Recovery Group will be a person with expertise in psychosocial support, that can commit the resources of the agency in accordance with the agency's disaster management responsibilities and/or as determined by the agency's functional plan, following a risk based analysis, with the full authority and responsibility of the District Chief Executive Officer.

7.1.3 Liaison Officers

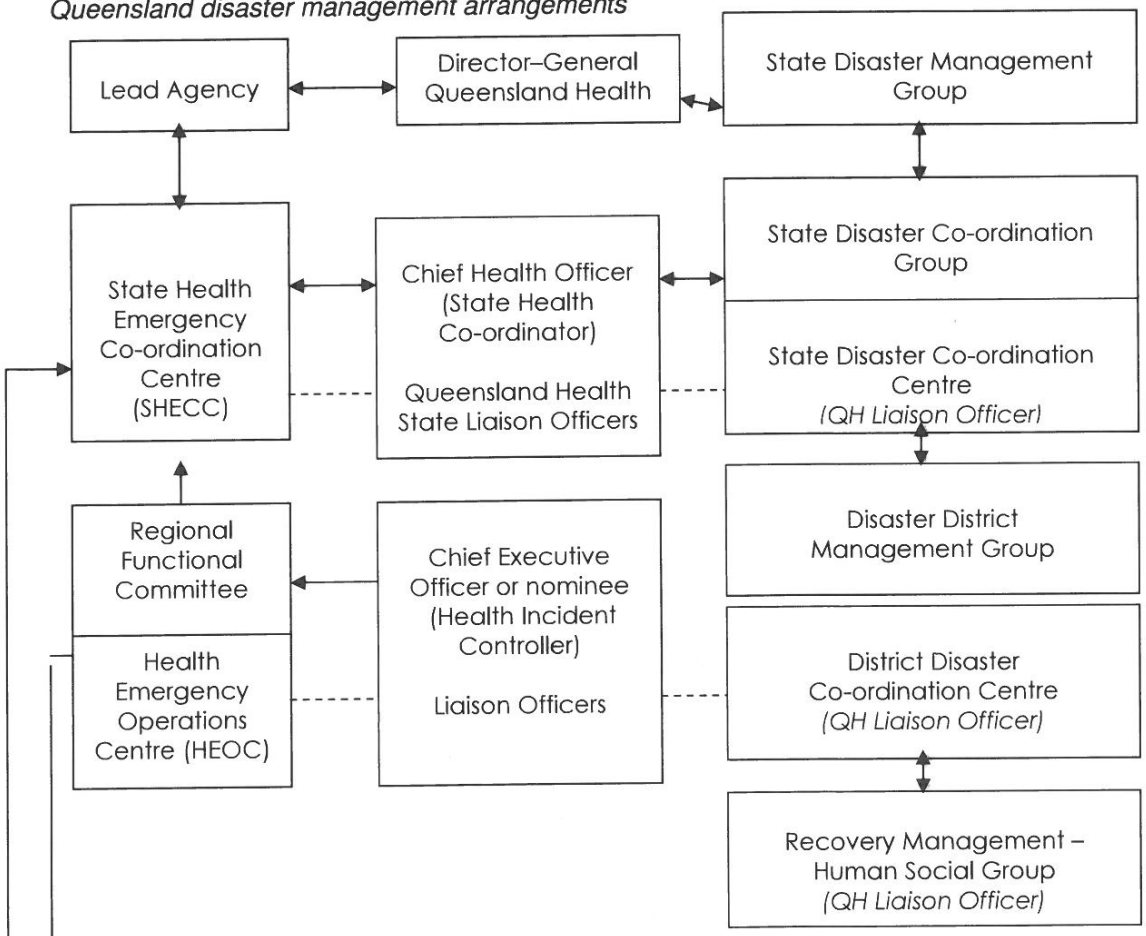
Health Liaison Officers represent Queensland Health's interests on matters relevant to the emergency response, and provide a point of contact for interaction with other agencies and across health services.

The Health Liaison Officers have the knowledge and authority to commit resources toward the resolution of the incident on behalf of the Health Incident Controller, and liaise with the Health Incident Controller

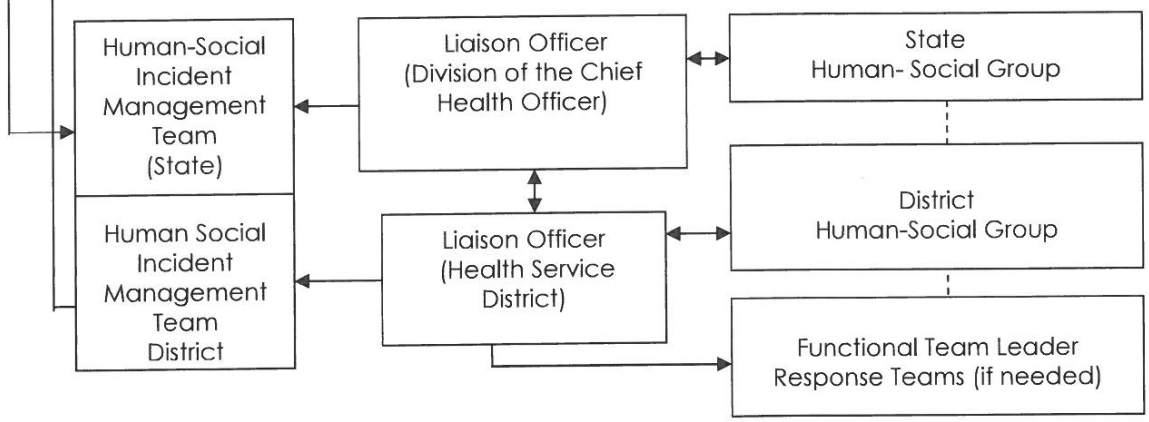
Liaison Officers play an integral part in the State Health Emergency Co-ordination Centre, Incident Management Teams, Health Emergency Operations Centre, and State and District Disaster Co-ordination Centres and Recovery Management structures.

7.1.4 Functional Support Arrangements

Diagram 4 *depicts the Queensland health human – social functional support to the Queensland disaster management arrangements*



QH - Human-Social Incident Management Team



PART THREE – STANDARD OPERATING PROCEDURES

A number of Standard Operating Procedures support the Human-Social Sub Plan.

SOP 1	Human –Social Recovery Management Action Plan
SOP 2	Psychological First Aid
SOP 3	Psychological Debriefing
SOP 4	Staffing Evacuation Centres and Reception Centres
SOP 5	TBA
SOP 6	TBA
SOP 7	TBA

PART FOUR – GLOSSARY

Psychological First Aid	Psychological First Aid is the preferred intervention strategy to be used to reduce distress in the immediate aftermath of a disaster event. Psychological First Aid includes provision of information, comfort, emotional and instrumental support to those seeking help. Psychological first aid should be provided in a stepwise fashion tailored to the person's needs.
Social Support	Social Support is the provision of family tracing and reunification, assistance with mourning and communal healing ceremonies, mass communication on constructive coping methods, supportive programs such as loss and grief, formal and non-formal educational activities, screen and treat programs for children, livelihood activities and the activation of social networks.
Psychological and Counselling	Psychological and counselling services are the additional support may be required for the small percentage of the population whose suffering, despite the supports already mentioned, is intolerable and who may have significant difficulties in basic daily functioning. This assistance should include care pathways established by general practitioners and other health professionals such as psychologists, social workers, occupational therapists, community and mental health nurses.
Disaster Psychiatry	Disaster psychiatry is the provision of specialised services by existing consultation-liaison psychiatry services for definitive care. Disaster psychiatry also provides specialised subject matter expertise of psychological, biological and social processes for response and recovery interventions during disasters.

SOP 1

Queensland Government

Queensland Health Human - Social Recovery Management Plan

Incorporating
Community Health – Allied Health Services – Mental Health

Queensland Health Disaster Plan 2008

Human Social Sub Plan	Strategy
Analysis of the impact with the identification of needs and capacity of health services to enable the development of a Health Action Plan for the disaster affected community	Analysis of the disaster with the estimated number of people affected by the disaster in maintaining, improving or restoring people's health and wellbeing. - Awareness of individuals affected by the hazard event who may have special needs (children, youth, aged, indigenous, refugee and migrant populations and people with diverse cultural backgrounds). - - -
Command, Control, Coordination, Collaboration of health resources to enable effective health services response and recovery activities	Collaboration within: - - - External collaboration: - - -
Maintaining core medical, community, allied and mental health services during the disaster to both new and existing recipients	Identification of the number of existing vulnerable Primary and Community and Mental Health Service clients who may be in need of community based Primary, Community and/or Mental Health services support. - - -
Appropriate pre-hospital on-site health response management with the establishment of primary health clinics in association with other healthcare providers	- - - -

Standards and the provision of a framework for psychological and counselling services for disaster affected persons of the general community, and recovery workers.	Queensland Health determines the standards and the provision of a framework for psychological and counselling services for disaster affected persons of the general community, emergency workers and recovery workers. Basic Needs *Psychological First Aid is the preferred intervention strategy to be used to reduce distress in the immediate aftermath of a disaster event.* Community and Family Supports - *Skills for Psychological Recovery* is the preferred intervention strategy where Psychological First Aid is not sufficient - Screen and Treat programs - Development of referral system to Queensland Health for health care Focused Supports Care Pathways by Health Professionals Disaster Psychiatry Consultation-liaison
Provide psychosocial expertise at a site and in State and District Disaster Coordination Centres in the event of a prolonged health event	- - - -
Provide advice and support services in the event of evacuation of a community (within the State, nationally or overseas) as the result of an event	Minimum skill mix of community health nurse and social worker in providing access to health services.

Development of public information material for utilisation by psychological and counselling services for affected persons of the general community, emergency workers and recovery workers	Readily available public information is downloadable from the Queensland Health internet site http://www.health.qld.gov.au/mentalhealth/useful_links/disaster.asp · Stress after Emergencies · When someone you know has a traumatic experience · The Stress of being under threat · Common Reactions to Trauma · Coping personally – general information to the community · Coping personally – general information for health staff and volunteers · Family and crisis · Children and Crisis · Teenagers and Crisis · Psychological First Aid Hotlines · 13 Health (13 432 584) is the primary contact number for Queensland Health · 1800 173 349 whole of Government

SOP 2

Queensland Government

PSYCHOLOGICAL FIRST AID

1.0 Queensland Health endorses the concept of Psychological First Aid.

2.0 Psychological First Aid is the preferred intervention strategy to be used to reduce distress in the immediate aftermath of a disaster event.

3.0 Psychological First Aid is approved by the National Medical and Health Research Council.

- For adults exposed to trauma, clinicians should implement psychological first aid in which survivors of potentially traumatic events are supported, immediate needs met, and monitored over time.
- Psychological First Aid includes provision of information, comfort, emotional and instrumental support to those seeking help.
- Psychological first aid should be provided in a stepwise fashion tailored to the person's needs.

4.0. Queensland Health has adopted the *Psychological First Aid – Field Operation Guide 2nd Edition,* National Child Traumatic Stress Network, National Centre for PTSD as the basis for the application of the Psychological First Aid.

SOP 3

Queensland Government

PSYCHOLOGICAL DEBRIEFING

1.0 Queensland Health adopts the following position for Psychological Debriefing.

2.0 The National Medical and Health Research Council endorses the *Australian Guidelines for the Treatment of Adults with Acute Stress Disorder and Posttraumatic Stress**.

It recommends the following:

- Recommendation 5.1
  For adults exposed to trauma, structured psychological interventions such as psychological debriefing should not be offered on a routine basis.

- Recommendation 5.3
  Adults exposed to trauma who wish to discuss the experience, and demonstrate a capacity to tolerate associated distress, should be supported in doing so. In doing this, the practitioner should keep in mind the potential adverse effects of excessive ventilation in those who are very distressed.

**The Australian Centre for Posttraumatic Mental Health (ACPMH) developed the Guidelines in consultation with trauma experts from a range of disciplines, as well as people affected by trauma. These Guidelines provide practical recommendations applicable in all healthcare settings.*

SOP 4

Queensland Government

STAFFING
EVACUATION AND RECEPTION CENTRES

1.0 Queensland Health adopts the following position for staffing Evacuation and Reception Centres.

2.0 A minimum skill set of a community health nurse and social worker will be deployed should the need arise.

3.0 The community health nurse and social worker will provide access to health care within the health system.

4.0 Queensland Health staff will wear identifiable Queensland Health tabards.

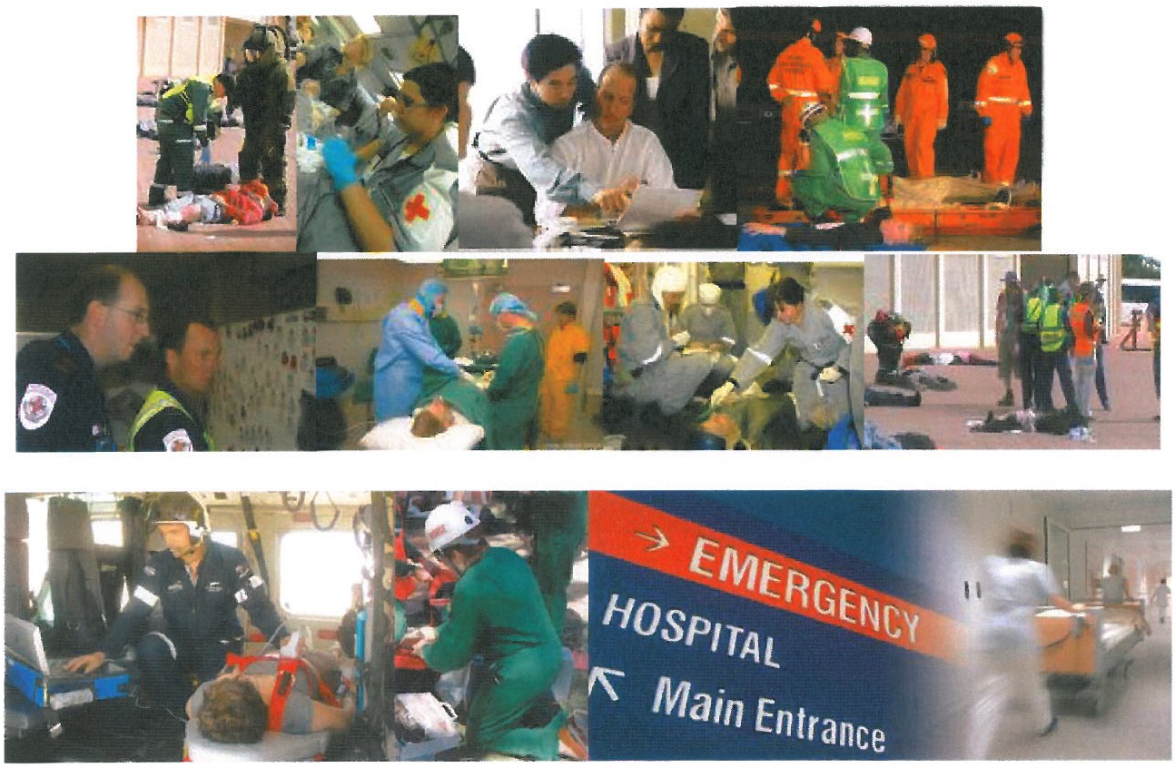
5.0 The Evacuation and Reception Centre will not be used to conduct interventions other than the concept of Psychological First Aid.

'QH-09'

Queensland Government
Queensland Health

QUEENSLAND HEALTH EXERCISE MANAGEMENT PLAN

September 2008



Background

Emergency Preparedness and Continuity Management (EPCM) arrangements were introduced to Queensland Health in response to the Government Agency Response (GAP) initiative. An initial audit review across a sample of Health Service Districts in April-May 2006 found that the EPCM policy and planning framework was sound and supports compliance with the relevant legislation, government policies, Australian Standards and key reporting requirements. However, another significant finding was that there was a perceived lack of leadership, role and responsibility, clarity and resource support from Corporate Office in respect of planning requirements.

A subsequent audit scope which included all areas of Corporate Office (including Area Health Service operational interface) and was conducted April - May 2007. The audit findings noted that as a result of the Queensland Health restructure, Area Health Services were still developing their EPCM Plans and the audit report provided an opinion on the proposed direction and timeframes to inform the ongoing work.

The desired outcome of the audit review of Corporate Office EPCM functions was to provide assurance to the Executive Management Team that Corporate Office is adequately prepared to provide the leadership and support required to assist any Health Service District and/or other services in the event of an disaster/emergency occurring. Overall the audit highlighted that a significant amount of work is required to progress the development of plans and procedures in accordance with established frameworks for emergency, disaster, security, contingency, asset protection and resilience management.

Introduction (Disaster Planning)

Disaster risk management planning is about being prepared to respond to, and manage the consequences of major disasters. Failure could have a devastating impact and result in property destruction, disruption of essential services and loss of life. Risk management planning for disasters aims to reduce the level of risk to communities from the occurrence of disasters, reduce the adverse effects of disasters, and improve the level and perception of safety in the community.

In Queensland, the disaster management system is built upon four concepts that when co-ordinated are the elements of successful disaster management arrangements.

- All Hazards Approach — having a single set of emergency/disaster management arrangements capable of encompassing all hazards.
- Comprehensive Approach — ensuring the development of emergency/disaster management arrangements embraces prevention, preparedness, response and recovery (PPRR).
- All Agencies Approach — integrating all levels of government and their service provision into emergency/disaster management arrangements.
- Prepared (Sustainable) Community Approach — linking the community (individuals, volunteers and local governments) into the emergency/disaster management system (Emergency Management Australia, 2004).

Additionally, the disaster management system is continually enhanced by learnings from disaster events, both internationally and nationally. This integrated comprehensive risk management approach to planning for disasters in Queensland, encompassing prevention, preparedness, response and recovery, is a component of Queensland's public sector risk management framework.

Planning is an essential component of efficient, cost-effective and comprehensive disaster management. Without suitable planning, management of response and recovery operations is likely to be more difficult, more time consuming, more expensive and less effective.

One of the outputs of the whole-of-Government and community disaster planning process is a series of disaster management plans at Local, District and State levels. It is acknowledged that disaster planning documents in isolation do not provide an effective disaster response. Rather they outline relevant disaster management roles, responsibilities and strategies and facilitate the on-going assessment of disaster response preparedness through such mechanisms as scenario analysis and review. In fact, disaster planning documents may not be referred to during an emergency, and the very need to refer to them may actually indicate a lack of understanding of disaster response and recovery arrangements.

While the process of planning alone can be both educative and developmental, it is usually most effective if it is —

- inclusive — bringing together all relevant people, personnel and agencies;
- educational — informing people and agencies of all participants roles and responsibilities; and
- committal — ensuring agencies are aware of what they agree to provide.

A key element of preparedness for disasters is the knowledge of stakeholders. If disaster arrangements, protocols, roles and responsibilities are not thoroughly understood before a disaster occurs, the potential benefits of the planning process may not be realised. This knowledge is collated and maintained within disaster planning documents with the robustness of these plans periodically tested through workshops and other simulation exercises.

Aim

A disaster/emergency plan is not a viable document without an exercise and training program to support it. Periodic testing of an disaster/emergency plan enables Health Service Districts (HSD's) to assess the plans appropriateness, adequacy and the effectiveness of logistics, human resources, training, policies, procedures and protocols. Exercises should stress the limits of the HSD's emergency management system. The aim of this testing is to assess the HSD's (and hospital's) preparedness capabilities and performance when systems are stressed during an actual emergency or simulated situation.

Exercises will be developed using plausible scenarios that are realistic and relevant to both HSD and hospitals within the HSD, where appropriate. Events will be based on each HSD/hospitals vulnerability analysis and should validate the effectiveness of their plans and be able to identify opportunities to improve existing arrangements.

A further aim of the exercise management program is to assist HSD's and hospitals to test their disaster/emergency management plans, identify deficiencies and take appropriate remedial measures to continually improve the effectiveness of these plans.

Only a thorough and objective evaluation of performance during a disaster/emergency management event or planned exercise will demonstrate how effective a HSD's planning efforts have been.

Objectives

The following objectives have been identified for a Queensland Health response under the Queensland State Disaster Management arrangements to a disaster/emergency;

<u>Pre-hospital</u>

- Effective resourcing and deployment of site medical teams
- Ability to prioritise casualties for treatment and transport

Hospital

- Demonstrate understanding on the activation of surge capacity and hospital Code Brown plans
- Ability of hospitals to effectively activate and deploy medical teams
- Ability of hospitals to receive and treat casualties in an Emergency Department in a manner which preserves life and prevents unnecessary long-term disability
- Ability of hospitals to manage demand for beds in general wards, ICU and HDU, Includes ability to decant and discharge patients
- Ability of hospitals to manage demands for theatre, pathology, diagnostic and blood services.

Communication, Command & Coordination (SHECC/EOC)

- Demonstrate effective communications both within Queensland Health and with emergency service agencies
- Activation and resourcing of the State Health Emergency Coordination Centre (SHECC), to ensure State level coordination occurs in a timely manner and appropriate personnel from external agencies are represented
- Activation of the Hospital Emergency Operations Centre (HEOC) to ensure hospital coordination occurs in a timely manner
- Ability to determine appropriate destination hospitals for casualties, taking into consideration the nature of their injuries, transport time and hospital providing the required specialist facility
- Ability to effectively deploy medical equipment to hospitals.
- Effective communication between the SHECC and HEOC that clearly distinguishes strategic vs operational coordination
- Effectiveness of MOU's with private hospitals.

Health Service District

- Often hospitals can effectively manage surge capacity, however, the ability to ensure business continuity under conditions of duress with respect to infrastructure and essential services is vital
- In the event of a catastrophic event at a Queensland Health facility is there an appropriate evacuation plan
- Availability of a supply chain in the event of the disaster/emergency.

Outcomes

Meeting the aims of the objectives it is hoped that the following outcomes will eventuate;

- EPCM arrangements for Health Service Districts regularly tested
- Appropriate EPCM governance arrangement in place, understood and effective
- Essential infrastructure services having both redundancy and resiliency
- Understanding of multi-jurisdictional arrangements in disaster management
- Working understanding of State Disaster Management arrangements
- Effective understanding of Health Service District Command and Control arrangements

Evaluation

To ensure that the aims and objectives of the exercise management program are being met it will be necessary to have an appropriate evaluation mechanism in place. However, since there will be a suite of emergency and training techniques used in the exercise program, there will also be a range of evaluation methodologies including but not limited to;

Post Exercise Review and Reporting

- Exercise debriefs
- Umpire and Evaluator debriefs
- Jurisdictional review meetings
- Coordinator review meetings
- Final exercise report

Quantitative Data, which can include;

- Expenditure statements
- Resource allocations
- Venue related expenses
- Salaries
- Meetings

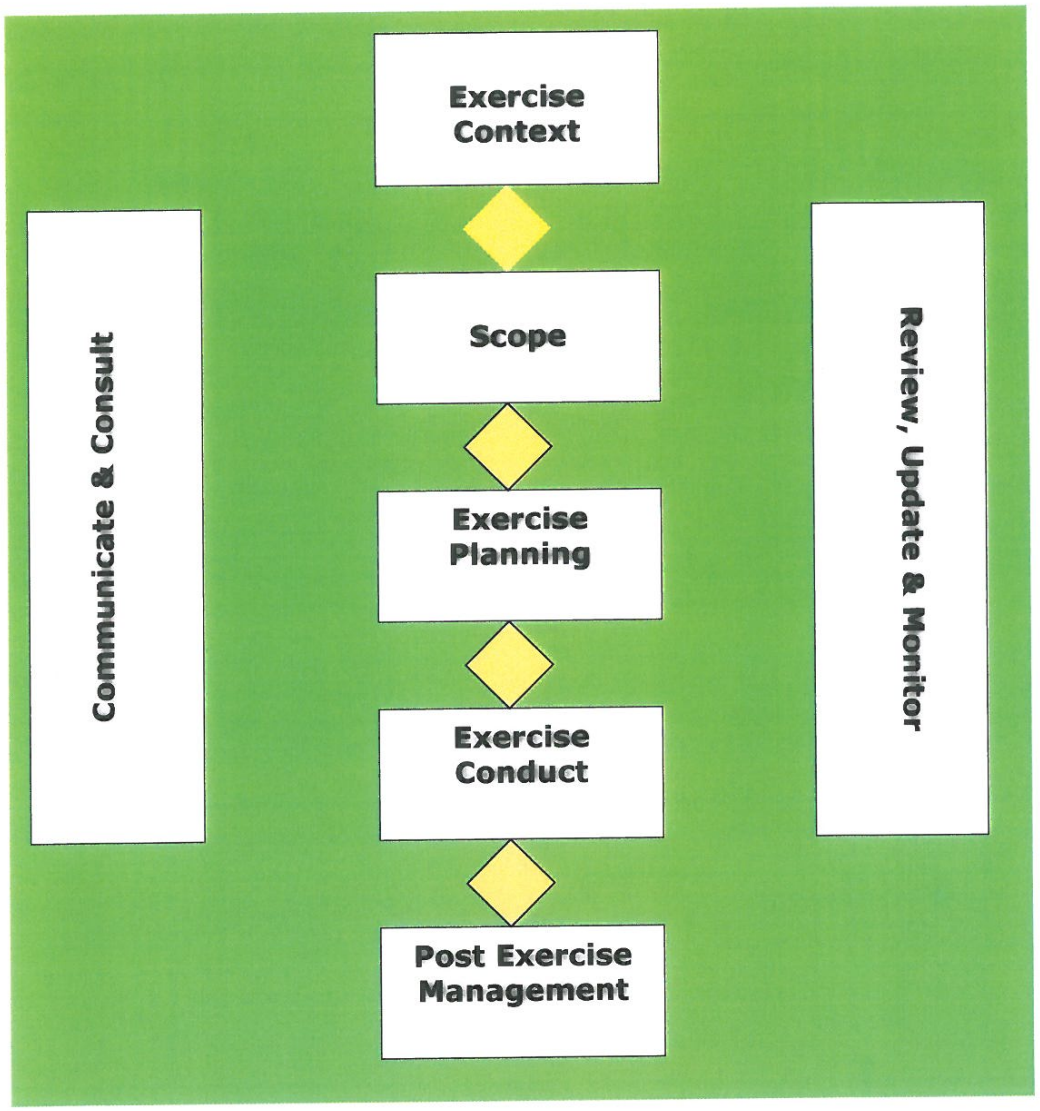
Qualitative Data, which can include;

- Umpire reports
- Evaluator reports
- Exercise generated documentation
- Lessons learned from exercises
- De-briefs

Queensland Health Approach to Exercise Management

There are a variety of exercise management frameworks that have been developed internationally. However, as has been mentioned throughout this document, Queensland Health has adopted a risk management approach to business and therefore it is deemed appropriate for consistency, and cognisant to the Departments Emergency Preparedness and Continuity Management (EPCM) arrangements the following is suggested;

Exercise Management Flowchart *Figure 1*



Developed by Gibson, Love and Anderson, based on the risk management framework in AS/NZS 4360:2004, Risk Management

This is a familiar iterative approach which allows those developing/conducting the exercise to have a common approach and understanding. Similarly, this methodology links into the development of crisis, emergency, security and/or business continuity plans and procedures and provides an opportunity for the continued review and enhancement of them.

Figure 1 above shows the various stages of the exercise management approach and a series of decision gates (shown as pale diamonds) that have to be negotiated. The decision gates are there to ensure that the material developed in the previous element is complete and understood before

moving on to the next stage. The rationale is that by understanding all the stages there is little chance of over designing or over resourcing an exercise.

CONTEXT

It is important to understand the internal and external environment in which Queensland Health operates, and these factors will contribute towards the requirement for conducting the exercise. These could be, but not limited to:

- Executive Management requirements;
- Regulatory compliance;
- Core business needs;
- ACHS audits;
- Testing of Disaster Plans;
- Surge Capacity;
- Capability

Once the factors motivating the necessity to conduct the exercise are identified and understood, then the scope, drivers and overall framework for the exercise can be developed.

SCOPE

The scope of the exercise is crucial as it determines the objectives of the exercise and subsequently, the type of exercise that best suits the needs of the Health Service District (HSD) or hospital. One of the best methodologies for determining the scope if by conducting a training needs analysis – this will determine what needs to be understood and tested and who the staff are that will participate in the exercise.

EXERCISE PLANNING

Exercise planning involves developing the framework to provide a realistic scenario for the participants. Depending on the size and type of exercise, it could well be prudent to engage an exercise writing team who have a detailed knowledge of the environment, and an understanding of the objectives. For Queensland Health this could involve a multitude of scenarios from a plane crash, bus crash, multiple vehicle accident, CBR incident, radiological incident, natural disaster such as a cyclone with severe infrastructure failure, pandemic etc. It may also be that the exercise only involves one section of a hospital such as the emergency department. Again depending on the size of the exercise other planning aspects need to be considered, umpires, evaluators, physical facilities, actors, staffing logistics etc. Furthermore, "injects" and special ideas can be and should be inserted into the exercise so as to add further realism and help portray the full story.

EXERCISE CONDUCT

This is the "doing" part of the exercise, the part where all the preparation and development is put to the test. It is also appropriate to give participants a briefing – this can be done the day before as in an Emergo Train System (ETS) exercise. All timings, last minute changes etc need to have been checked and participants notified. A good exercise is one where all participants are involved and have not only an understanding of their particular role but have been able to either learn or validate their respective empathy with disaster/emergency management arrangements.

The exercise does not finish just because time has run out, it must be timed for the scenario to be brought to a natural close, this way the participants will have a complete understanding of the implications of decisions made during the exercise.

POST EXERCISE MANAGEMENT

Ideally, and certainly within Queensland Health, a "hot debrief" should occur. The hot debrief is a summation of the events just taken place. These could be held as discrete to specific areas (ICU, ED, EOC etc) or as a general summation with feedback from participants. There should also be a detailed report which will include the findings from the hot debrief and also previous metrics that were designed during the exercise planning phase. Once the report has been submitted, the appropriate course of action is to address the findings, provide solutions within a set time frame and ensure the lessons learned are incorporated into the existing planning arrangements. Always ensure that it is the system that has been tested and not individuals.

REVIEW UPDATE & MONITOR

Every stage of the exercise management approach needs to be reviewed to ensure that the key outputs have been achieved. Similarly and as previously mentioned in the post exercise management phase, the detailed report findings need to be monitored to ensure that plans and procedures are updated and communicated to staff and relevant stakeholders.

COMMUNICATE & CONSULT

Successful exercises are those where the lessons learned are indeed lessons learned. In other words, unless the improvements are communicated throughout the organisation, the successful conduct of the exercise will remain in doubt and open to scepticism. By ensuring the communication and adoption of the lessons learnt will enhance Queensland Health's resiliency, highlight the benefits of the current plans, procedures and educate and train people who will be required to enact those plans and procedures.

Exercises

The EPCM project requires a range of exercises to ensure that the EPCM arrangements being put in place around Queensland Health are robust, understood and resilient and well practised. For this to occur it is felt that the range of exercises need to ensure that at least three levels of exercising are introduced at this stage and those would include drills, mutli-HSD/Emergo and also State arrangements – as in multijurisdictional.

Types of Exercises include but are not limited to;

Information Sessions

- Planned information sessions are an easy way to train and impart information and ideas to a varied or specific audience. The exercise involves a presenter or guest speakers and an audience. In such a forum the presenter imparts information to the audience and there is little opportunity for interaction.

Walkarounds

- These are essential for Agencies such as Queensland Health that will be responding to a specific facility or access point (eg Emergency Department). Walkarounds are also useful to staff where an emergency facility is located in a restricted area and are able to be talked through the process of dealing with a disaster/emergency. In a hospital situation it allows staff to observe what happens in other areas of a hospital and the importance of their own individual or team response to the "whole" response.

Tabletop or Desktop

- This is one of the most commonly used exercise technique as it is economical in its production, flexible in its format and effective in its outcomes. It allows for a non-threatening, relaxed environment which can encourage participants to discuss problems openly around a table/conference room environment. These exercises can be conducted with the most senior staff in the Health Service District or with operational staff in a particular area of the hospital.

Emergo Train System (or functional exercise)

- Emergo Train System© (ETS) is a pedagogical simulation system that is used in training and education in disaster and emergency medicine. The ETS can be used for creating awareness, teaching, testing and quality control aspects on preparedness and management of major incidents and disasters on different levels.

Field Exercise

- A field exercise is the best way to fully assess a disaster/emergency plan. Field exercises allow a team to be "built" and tested under "real conditions" where participants can test their own knowledge and understanding of the plan in an environment where time does matter. Extensive pre planning and good cooperation from all involved will ensure this type of exercise is a success.

'QH-10'

Queensland Government

Queensland Health

Interim Tsunami Notification Protocol

VERSION 1.0

Approved Date: January 2010
Review Date: February 2011

Title

This Protocol shall be titled and known as the:

'Queensland Health Interim Tsunami Notification Protocol'

Authorisation

The Queensland Health Interim Tsunami Notification Protocol is issued under the authority of the Director-General (DG) Queensland Health (QH) in accordance with the Disaster Management Act 2003. The Protocol is an annexure to the Queensland Health Disaster Plan (and emergency management arrangements), and supports the Queensland Tsunami Notification Protocol.

This Protocol applies to all Queensland Health services, other entities under the control of Queensland Health and those entities listed within, and provides for the effective and timely management of tsunami warning products in Queensland.[1]

.

Approved by:

[Signed]
.....

Michael Reid
Director General

Date: 4 January 2010

1 Tsunami warning products are produced by the Joint Australian Tsunami Warning Centre (JATWC) and available through the Bureau of Meteorology (BoM) website.

Authority and Responsibility

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

Amendment List

Proposed amendments to this Protocol are to be forwarded to:

Director
Emergency Management Unit
Queensland Health
15 Butterfield Street
PO BOX 2368
BRISBANE QLD 4006

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

Amendment Number	**Date**
1.0 Draft	09/11/2009

References

Queensland Health Disaster Plan (and emergency management arrangements), www.health.qld.gov.au/emergtrans/

Joint Australian Tsunami Warning Centre, www.bom.gov.au/tsunami

Emergency Management Queensland, www.emergency.qld.gov.au

Geoscience Australia, www.ga.gov.au

Queensland Tsunami Notification Protocol, www.emergency.qld.gov.au

Table of Contents

Introduction

Purpose

The purpose of this Protocol is to articulate the measures to be adopted by Queensland Health (QH) to address the tsunami hazard in Queensland.

Objectives

The objective of this Protocol is to outline the Queensland Health Protocol for Tsunami Notification that;

- assists in the protection of life;
- minimises the risks posed by tsunamis; and,
- contributes to the warning of communities.

Scope

This Protocol describes the national and Queensland approach to the management of tsunami warnings. It sets out a framework for conducting a risk assessment of critical assets, and details the roles and responsibilities of health services in response to a tsunami notification.

This Protocol describes internal strategies and processes for the management of a tsunami warning that requires a coordinated approach across health services. It does not repeat other aspects of an all-hazards approach to disaster management, which are detailed in the Queensland Health Disaster Plan (and emergency management arrangements). Additionally, this Protocol does not represent resources and outage timings detailed in departmental Emergency Preparedness Continuity Management (EPCM) Policy arrangements.

This Protocol should be read in conjunction with the Queensland Health Disaster Plan (and emergency management arrangements) and the EPCM Policy 28028.

Planning assumptions

This Protocol assumes that:

- Federal authorities will issue tsunami warning products from the Joint Australian Tsunami Warning Centre;
- Federal authorities will ensure signs and other aspects of the warning system are consistent across Australia.
- Transmission of warning products pertaining to Queensland will be arranged through the BoM's Queensland Regional Office. The BoM will directly transmit warning products free of charge via email or fax to the State Disaster Coordination Centre (SDCC)[2].
- Duty staff at the State Disaster Coordination Centre may supplement tsunami warning products prior to transmission to State Government agencies
- Queensland Health has particular responsibilities for passing on warning products to health service areas and health agencies, as outlined in Annex 2.

[2] See Annex 2

- This Protocol is based on the assumption that a minimum of 90 minutes warning of a tsunami's arrival will be given in accordance with JATWC protocols. Activities during this period, therefore, may not occur sequentially but may be concurrent. Similarly the most vulnerable health services are those likely to be within a boundary of 1 km inland and below a 10 meter elevation zone.

- Warning contact registers, risk maps and evacuation points and assembly areas are addressed within health service area/facility plans where required.

Disaster declaration

Upon declaration of a disaster situation relating to a tsunami event, the Queensland Health Disaster Plan (and emergency management arrangements) including business continuity and recovery operations will be activated.

Part One: Queensland Health Notification Protocol

Introduction

Scope

This Protocol covers the Queensland Health service and other health services that could potentially be impacted by a tsunami event.

Execution

The Queensland Health response to a tsunami notification will be undertaken in the following steps:

- Step 1: Notification and dissemination of tsunami warnings; and,
- Step 2: Activation of pre-identified roles & responsibilities prescribed in the Queensland Health Disaster Plan (and emergency management arrangements).

Definition of Tsunami warnings

National No Threat Bulletin: To advise people that the earthquake has been assessed and that no tsunami threat exists

National or State/Territory Watch: To advise people that a tsunami threat may exist and that they should look out for further updates, and to prepare for plan activation and Health Emergency Operation Centre (HEOC) appointments.

State/Territory Warning: To advise people that a tsunami threat does exist and to advise them of the level of threat and action they should take, i.e:

- **Marine and immediate foreshore threat**. Warning of potentially dangerous waves, strong ocean currents in the marine environment and the possibility of only some localised overflow onto the immediate foreshore.
- **Land inundation threat**. Warning for low-lying coastal areas of major land inundation, flooding, dangerous waves and strong ocean currents.

National Warning Summary: To provide the public, media and emergency authorities with the status of tsunami warnings nationally

Warning methods

Queensland Health will disseminate tsunami warning messages via telephone, mobile, and SMS dependant on time of day, season and infrastructure limitations.

The accountable officers will ensure the continued dissemination of general warning messages noting that they should be forwarded verbatim. The following abbreviated general message format should be used when forwarding general tsunami advice to stakeholders:

The Bureau of Meteorology has issued a *tsunami no threat bulletin / watch / updated watch / warning / updated warning / cancellation / summary for parts of Queensland. Please call 1300TSUNAMI, that is 13008786264, or log onto www.bom.gov.au/tsunami for the full text of the message and for progressive updates.**

---

* Delete as applicable

Step One: Notification & dissemination of tsunami warnings

Notification Protocol – Roles and Responsibilities

The notification process will commence when Queensland Health receives a tsunami notification directly from the State Disaster Coordination Centre (SDCC). This is a complementary message to the warnings posted on the Bureau of Meteorology website.

The persons who will be advised are:

- Director-General (DG);
- Queensland Health Liaison Officer (HLO) to the SDCG; and,
- Duty Manager, Emergency Management Unit (EMU).

The table below titled *'Dissemination of Tsunami Warning to Health Stakeholders'* documents the accountabilities, roles and responsibilities for the dissemination of tsunami warnings including *no threat bulletins*, *watch bulletins*, *warning bulletins* and *cancellation bulletins*.

Dissemination of Tsunami Warning to Health Stakeholders	
Notifying accountability	**Health Stakeholders – Notification Protocol**
Director General	The Director-General will notify the Minister for Health and place the Executive Management Team (EMT) on alert. The Director-General will delegate to the Chief Health Officer (CHO) who will place the State Health Emergency Coordination Centre (SHECC) on standby.
QH Liaison Officer to SDCG	Under direction of the Chief Health Officer, the Liaison Officer will activate the SHECC and present to the SDCC.
Duty Manager, EMU	The Duty Manager will notify, via the Automated Notification System (ANS), the accountable officer appointed by each Health Service District/area, and the: • Executive Director. Offender Health Services Directorate (ED, OHSD) • Executive Director, Mental Health Directorate (ED, MHD) • Executive Director, Health Coordination Services Directorate (ED, HCSD) • Executive Director, Health Protection Directorate (ED, HPD)

Dissemination of Tsunami Warning to Health Stakeholders	
Notifying accountability	**Health Stakeholders – Notification Protocol**
	• Executive Director, Preventative Health Directorate (ED, PHD) • Executive Director, Governance and Capability Directorate (ED, GCH) • Executive Director, Clinical and State-wide Services (ED, CaSS) • Senior Director, Tropical Regional Services • Senior Director, Central Regional Services • Senior Director, Southern Regional Services • Health Service District Chief Executive Officers (CEOs) • Divisions of GPs
District CEOs	Each Health Service District CEO will ensure notification of: • Aged care facilities • Private health services within their Health Service District operational boundaries if they are considered to be under potential threat.

Table 1: Dissemination of Tsunami Warning to Health Stakeholders

Step Two: Health Service Districts Roles and Responsibilities

District Chief Executive Officers are accountable for ensuring the following:

- Establishing and maintaining the Health Liaison Officer link between the Health Service District and Local and District Disaster Management Groups (LDMG/DDMG);
- Activating where required, the Queensland Health Incident Management System (QHIMS) and integrating this with whole-of-business operations;
- Representation of Queensland Health's interests on matters relevant to the emergency response through a Health Liaison Officer, who will be a point of contact for interaction with other agencies and the Health Emergency Operation Centre, and have the knowledge and authority to represent the Health Incident Controller in the resolution of the event;

- Local health service Emergency Preparedness Continuity Management plans address **pre-impact** requirements to support the community (eg. preparation of hospitals in 'safe areas' for triage and overflow); and,

The Bureau of meteorology warnings will relate to the *Marine Forecast Districts* listed in Table 2 below:

Relationship between Marine Forecast Districts and Health Service Districts	
Marine Forecast Districts	**Health Service District**
South East Gulf	*Mt Isa* *Cape York*
North East Gulf	*Cape York* *Torres Strait & Northern Peninsula Area*
Peninsular Waters	*Torres Strait & Northern Peninsula Area* *Cape York*
North Tropical Waters	*Cairns & Hinterland* *Cape York*
Tropical Waters	*Townsville*
Central Coast	*Mackay*
Capricornia Waters	*Rockhampton*
Fraser Island Offshore Waters	*Sunshine Coast & Wide Bay*
South East Coast Waters	*Metro North* *Metro South* *Gold Coast*

Table 2: Marine Forecast Districts

Step Three: Resource considerations

Tsunami potential consequences– vulnerable assets and infrastructure

The Director-General, through delegation to Executive Directors, District Health Service Chief Executive Officers and Senior Directors-Regional Services, has planning in place to assess the risks to hospitals and health services located in the coastal areas potentially exposed to tsunami impacts. Vulnerability assessments will consider and document mitigation strategies, contingency plans and potential problem analyses within the framework of business continuity planning.

Table 3 identifies district critical resources potentially vulnerable to tsunamis based on nationally adopted height and distance parameters:

District Critical Resources

Exposure in Vulnerable Area

Note:

1. Identify the major assets exposed within each Marine Forecast District.
2. Vulnerable Area defined by: less than ten metres above sea level, or within one kilometre of beaches or the waters edge of harbours and coastal estuaries.
3. Exposure likely to be dependant on nature of tsunami warning i.e. marine or land inundation.

Marine Forecast District	QH Facilities at risk	Vulnerability	Health Service District
South East Gulf	Mornington	1km + <10m	Mt Isa
North East Gulf	Pormpuraaw PHC	1km + <10m	Cape York
	Napranum PHC	1km + <10m	Torres Strait & Northern Peninsula Area
	Weipa	1km + <10m	
	Mapoon PHC	1km + <10m	
	Thursday Island	1km + <10m	
Peninsula Waters	Mabuiag PHC	1km + <10m	TS&NPA
	Boigu PHC	1km + <10m	
	Stephen PHC	1km + <10m	
	Horn PHC	1km + <10m	
	Saibai PHC	1km + <10m	
	Dauan PHC	1km + <10m	
	Yorke PHC	1km + <10m	
	Darnley PHC	1km + <10m	
	Murray PHC	1km + <10m	
	Coconut PHC	1km + <10m	
	St Pauls PHC	1km + <10m	
	Kubin	1km + <10m	
	Warraber PHC	1km + <10m	
	Badu PHC	1km + <10m	

Marine Forecast District	QH Facilities at risk	Vulnerability	Health Service District
North Tropical Waters	Cooktown Hospital	1km	Cairns & Hinterland Cape York
	Cairns Base Hospital	1km + <10m	
	Yarrabah PHC	1km + <10m	
Tropical Waters	Joyce Palmer PHC	1km + <10m	Townsville
	Magnetic Island PHC	1km + <10m	
Central Coast	Cannonvale PHC	1km + <10m	Mackay
Capricornia Waters	Yeppoon Hospital[3]	1km + <10m	Rockhampton
Fraser Island Offshore Waters	Community Health Village	1km + <10m	Sunshine Coast & Wide Bay
South East Coast Waters	Maree Rose Centre PHC	1km + <10m	Metro South

Table 3: District Critical Resources: Exposure in Vulnerable Area

Strategies for managing the loss of resources are included in Health Service District Business Continuity Plans.

Step Four: Response actions including evacuation/rendezvous locations

Levels of activation and action

The response phase of the Tsunami Protocol commences with the receipt of a Tsunami Watch Bulletin or Tsunami Warning Bulletin.

Annexure 1 details nationally agreed advice to the community on what to do in the event of a tsunami related to two categories:

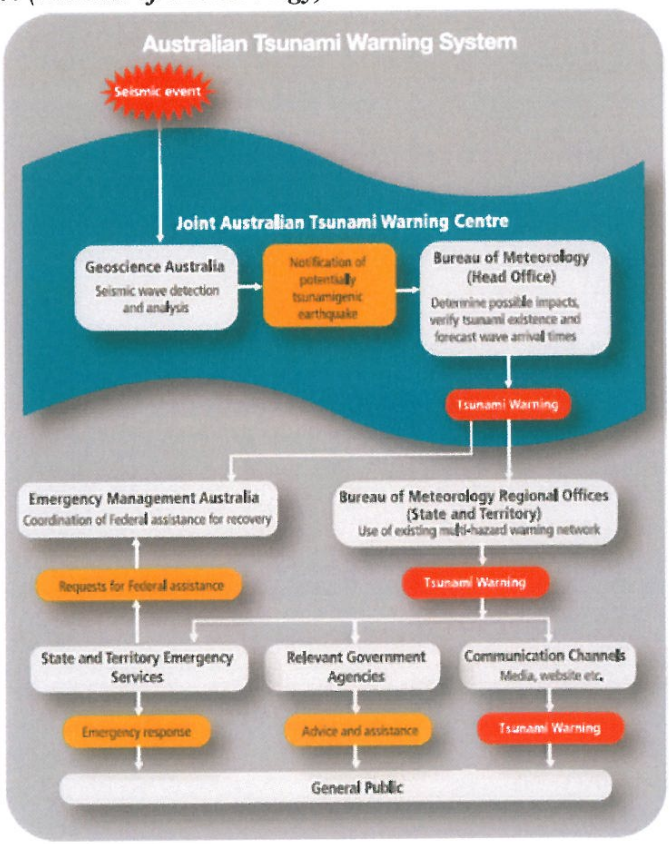
- Threatened marine environment areas; and
- Threatened major land inundation.

The strategy of Queensland Health's management of a tsunami warning, and any required response and recovery actions to a tsunami impact event, will predominantly be in accordance with the existing all-hazard arrangements as described in the Queensland Health Disaster Plan (and emergency management arrangements).

3 Note: District CEO advised new Yeppoon Hospital will be commissioned in January 2010 and is NOT vulnerable to a tsunami event.

National

National protocol (Bureau of Meteorology)



The Australian Tsunami Warning System

National tsunami warning centre

The Joint Australian Tsunami Warning Centre (JATWC) was established to give Australia an independent warning capability of regional tsunami threats.

It is a virtual centre that includes Geoscience Australia (GA) in Canberra and the Australian Bureau of Meteorology (Bureau) in Melbourne.

The role of GA is seismic wave detection and analysis.

The role of the Bureau is to determine possible impacts, verify tsunami existence and forecast wave arrival times.

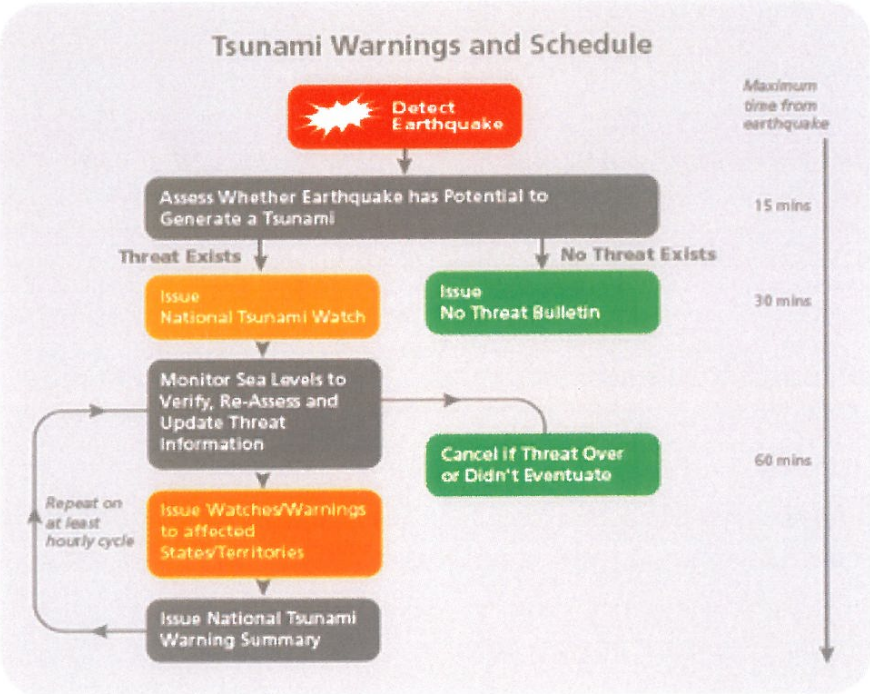
Note: The Pacific Tsunami Warning Centre, based in Hawaii, is no longer regarded as an authoritative source of tsunami warnings for Australia, although individuals can subscribe to its email warning service.

JATWC warning products are issued to a range of government and non-government agencies including State and Territory Emergency Services, the media, and other agencies and individuals registered with their supporting Regional Forecast Centre.

JATWC uses conventional marine forecast districts to describe the areas likely to be affected by a tsunami, with the addition of an extra district, Great Barrier Reef offshore

islands and reefs (the area surrounding Swains Reef), outside central Queensland coastal waters. These are shown in the diagram below.

Sequence of watches and warnings

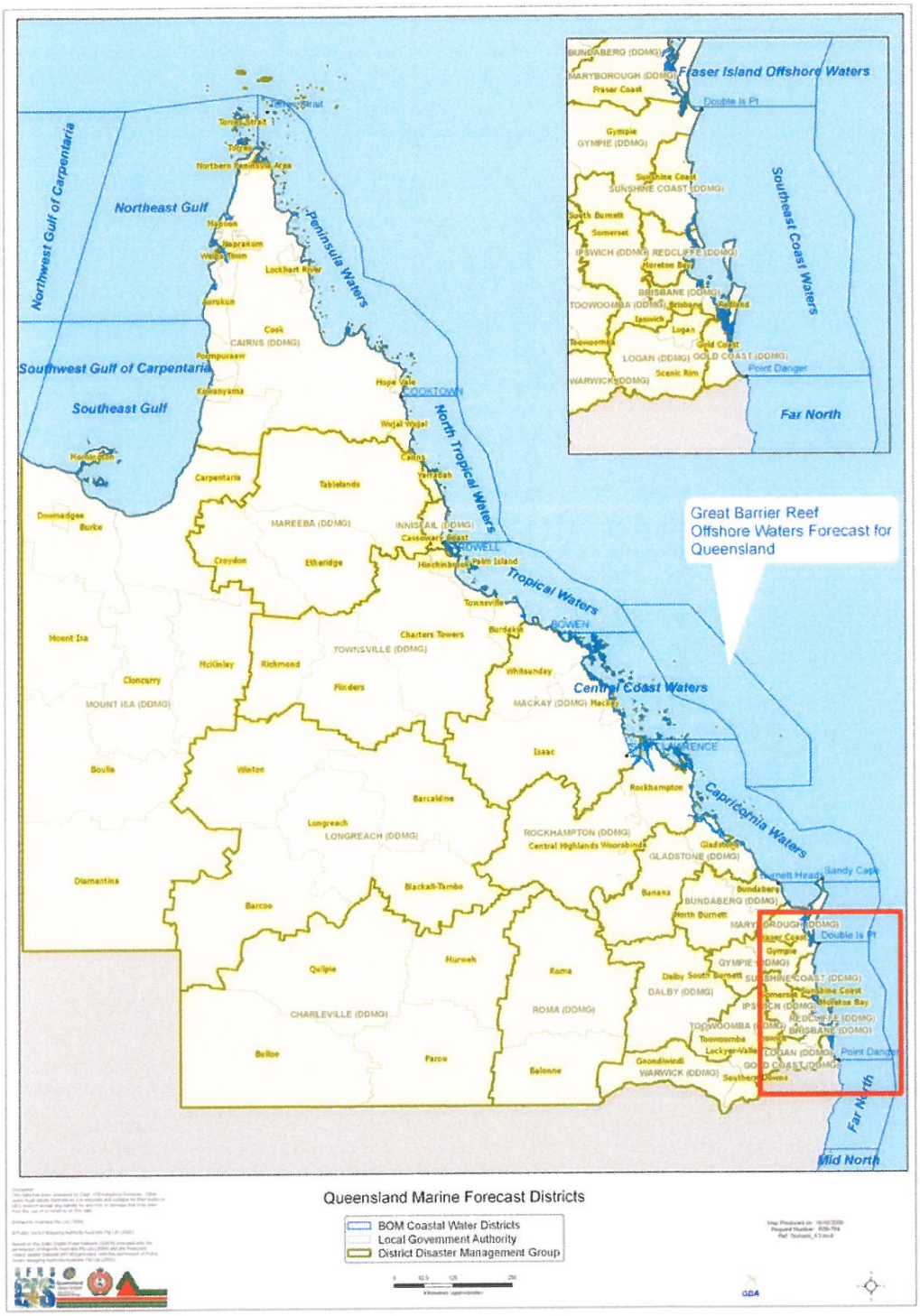


Tsunami Warnings Sequence Timings

Tsunami Warnings start with detection of an earthquake by GA. GA seismologists assess whether the earthquake has the potential to generate a tsunami and advise the Bureau of their findings. The Bureau completes the analysis and determines whether a threat exists to Australia or not.

If a threat does not exist then a No Threat Bulletin is issued to the Bureau's Regional Forecast Centres. If a threat does exist, then a National Tsunami Watch is similarly issued.

During the Watch phase, which lasts up to 30 minutes, further information-gathering and evaluation is conducted to update the threat assessment. This will result in state-focussed Tsunami Warnings, if warranted, and a Cancellation once the threat is over or if it does not eventuate.



Marine Forecast Zones relevant to Queensland tsunami warnings

(available from http://www.bom.gov.au/weather/qld/qld-forecast-map.shtml)

State

Queensland's processes to manage JATWC warning products

Queensland's management of tsunami warnings is covered in the Queensland Tsunami Notification Protocol (QTNP), in agency plans and SOPs, and in DDMG and LDMG plans.

Warnings from the Bureau of Meteorology are issued directly to Queensland-based Commonwealth agencies such as Defence, Air Services Australia and airport authorities. The Bureau of Meteorology also issues warnings directly to the media, harbour-masters and any other registered subscribers.

The Department of Community Safety, through the State Disaster Coordination Centre, receives all warnings on behalf of the Queensland Government. Warnings are disseminated to all Queensland Disaster Management Arrangement stakeholders by SMS, telephone and email.

Liaison

Queensland Health will provide a Health Liaison Officer to the State Disaster Coordination Group and District Disaster Management Groups as required. The urgency of response activities requires that the Health Liaison Officer should have sufficient authority to represent the Health Incident Controller.

Names, positions and contact details of Health Liaison Officers are as prescribed in District Emergency Preparedness Continuity Management plans.

Other preparedness issues

Queensland Health will ensure:

- Tsunami plans and procedures are reviewed annually;
- Contact registers are up-to-date at any given time and provided to relevant stakeholders;
- Availability and management of appropriate resources;
- Health service facilities regularly test communication systems and maintain appropriate levels of communication capability redundancy; and,
- This tsunami notification/dissemination protocol is reviewed and tested annually prior to the on-set of the tsunami threat season.

Annexure Index

Annexures to this plan include:

1) Advice to members of the community
2) Responsibilities of Agencies for Tsunami Notification in Queensland

Advice to members of the community

Advice on what to do in the event of a tsunami threat has been **agreed nationally** and is contained in the JATWC Bulletins. The main advice is below.

Threatened Marine Environment Areas

- The local emergency authority advises people in all threatened areas to get out of the water and move away from the immediate waters edge of harbours, coastal estuaries, rock platforms, and beaches.
- Boats in harbours, estuaries and in shallow coastal water should return to shore. Secure your boat and move away from the waterfront.
- Vessels already at sea should stay offshore in deep water until further advised.
- Do not go to the coast to watch the tsunami, as there is the possibility of dangerous, localised land inundation of the immediate foreshore.
- Check that your neighbours have received this advice.

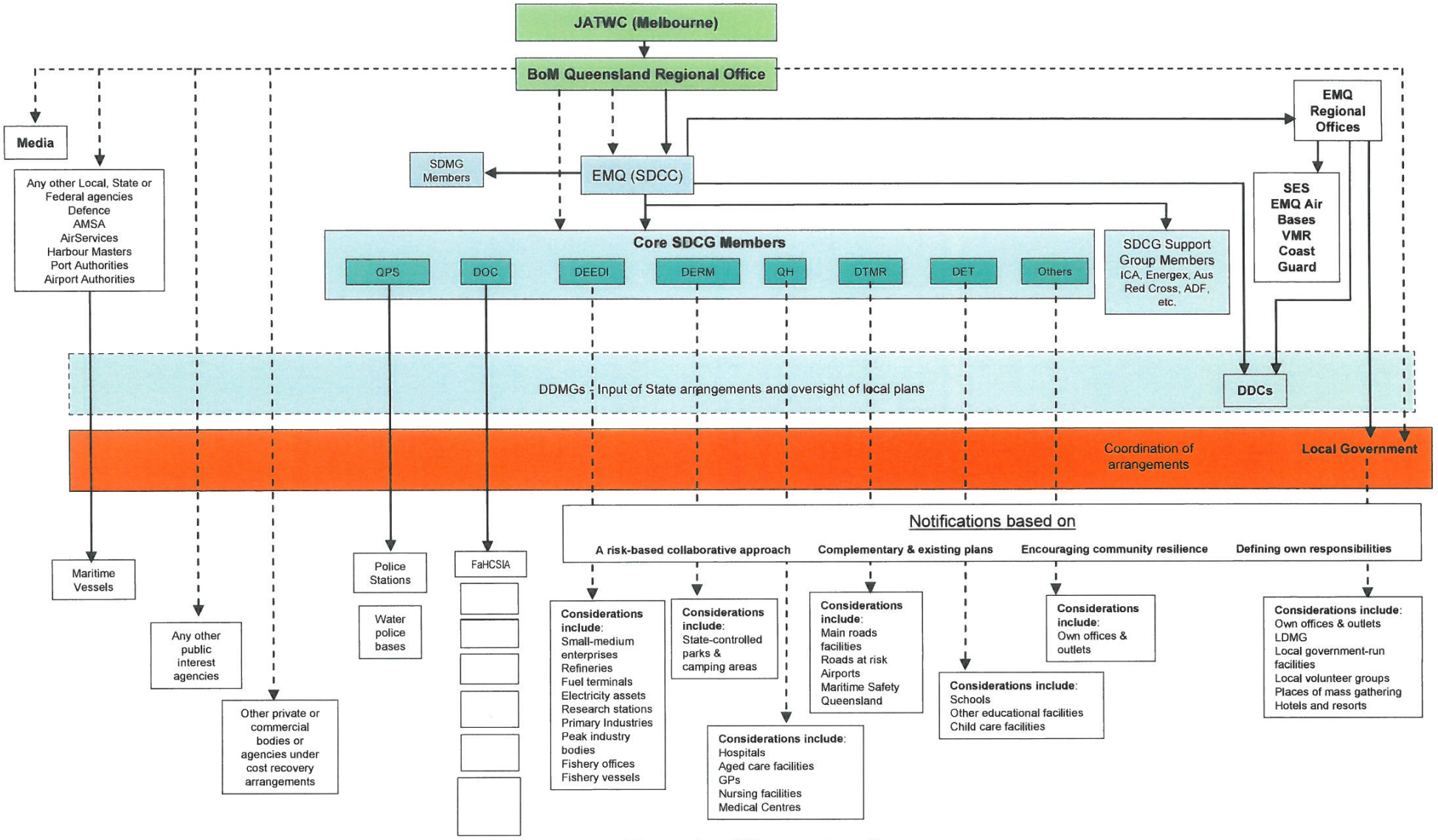
Threatened Major Land Inundation

- The local emergency authority has ordered the evacuation of low-lying parts of coastal towns and villages including [insert names]
- People are strongly advised to go to higher ground, at least ten metres above sea level, or if possible move at least one kilometre away from all beaches and the waters edge of harbours and coastal estuaries.
- Take only essential items that you can carry including important papers, family photographs and medical needs.
- It may be in your own interests to walk to safety if possible to avoid traffic jams.
- If you cannot leave the area take shelter in the upper storey of a sturdy brick or concrete multi-storey building.

(See Responsibilities of Agencies for Tsunami Notification in Queensland)

Annex A

Responsibilities of Agencies for Tsunami Notification in Queensland



'QH-11'

http://www.health.qld.gov.au
Version: 8. 1 February 2011

a Queensland Health *fact sheet*

Stay safe and healthy during storms, floods and other natural disasters

Following the initial damage to property and infrastructure caused by storms, floods and other natural disasters, sickness and injury can still occur.

The main health risks in natural disaster areas include:

- injury—such as falls and skin lacerations
- skin infections—which if not treated can develop into blood infection
- snake and spider bites
- sunburn
- mosquito-borne infections.

Follow these safety tips to stay safe and healthy during the clean-up and recovery.

Preparing to clean up

Always wear protective clothing—such as sturdy footwear, loose long-sleeved shirts and trousers, thick gloves, hat and sunglasses.

Muddy surfaces can be extremely slippery resulting in falls that can cause fractures and other injuries. Good shoes can help, but also consider using a walking pole or similar—such as a piece of smooth timber (e.g. broom handle or a piece of tree branch).

Working safely onsite

Don't walk or wade through flood water, if you can avoid it

- There is an increased risk of wound infections, diarrhoeal diseases, conjunctivitis, and ear, nose and throat infections from polluted waters. Leptospirosis and melioidosis can also be contracted from flood water.
- Young children, the elderly, pregnant women, people with chronic diseases—such as diabetes and kidney disease—and people who abuse alcohol or other drugs are more prone to infections and should consider avoiding flood water and mud.

Wash your hands and keep wounds covered

Wash your hands with soap and water or hand sanitiser after:

- contact with damaged materials, flood water or mud
- going to the toilet
- before making or eating food.

Protect your skin from cuts that could become infected.

- Clean and disinfect all wounds and keep them covered. Consider avoiding flood water and mud if you have broken skin or wounds, especially if you have diabetes or other chronic diseases. Wounds heal most quickly if the limbs are rested and elevated.

- See a health professional early for severe wounds, especially if the wound is dirty or becomes red, sore, swollen or painful.

Watch out for snakes, spiders and mossies

- Watch out for snakes and spiders that may have hidden inside houses or debris.
- Sandflies and mosquitoes may become a real nuisance following storms, floods and other natural disasters. Wear long sleeves and long pants and apply insect repellent.

Be careful of contaminated water

- Your council will alert you if the local water supply is contaminated. If in doubt, bring water to a rolling boil for at least one minute and cool before drinking.

Starting the clean-up

Ensure the storm, flood or natural disaster is over, it is safe and any waters have receded before starting to clean up around your home and business. Always wear waterproof gloves, rubber boots and eye protection, such as sunglasses, while cleaning.

For more information

For more information on cleaning your home or business, including information on food safety, removing mould and handling asbestos please:

- call 13HEALTH (13 43 25 84) to speak to a health professional
- visit www.health.qld.gov.au/healthieryou/disaster
- visit www.emergency.qld.gov.au/emq

For further information, contact your nearest Queensland Health public health unit Monday to Friday):

Brisbane North	Tel: 3624 1111	**Gold Coast**	Tel: 5668 3700	**Rockhampton**	Tel: 4920 6989
Brisbane South	Tel: 3000 9148	**Hervey Bay**	Tel: 4184 1800	**Sunshine Coast**	Tel: 5409 6600
Bundaberg	Tel: 4150 2780	**Logan**	Tel: 3412 2989	**Toowoomba**	Tel: 4631 9888
Central West	Tel: 4652 6000	**Mackay**	Tel: 4885 6611	**Townsville**	Tel: 4753 9000
Cairns	Tel: 4226 5555	**Moreton Bay**	Tel: 3142 1800	**West Moreton**	Tel: 3413 1200
Charleville	Tel: 4656 8100	**Mount Isa**	Tel: 4744 9100		