

Queensland Health Disaster Plan

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

3 September 2008

Title

This plan shall be titled and known as the:

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

Authorisation

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

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

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

Approved by:

[Signed]

Michael Reid
Director General

Date: 20 September 2008

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Authority and Planning Responsibility

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

Amendment List

Proposed amendments to this Plan are to be forwarded to:

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

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

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

Section 1 – Introduction

1.1 Aim

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

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

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

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

1.2 Scope

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

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

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

1.3 Legislation

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

1.4. Queensland Disaster Management System

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

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

- Local Government
- Disaster District
- State Government

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

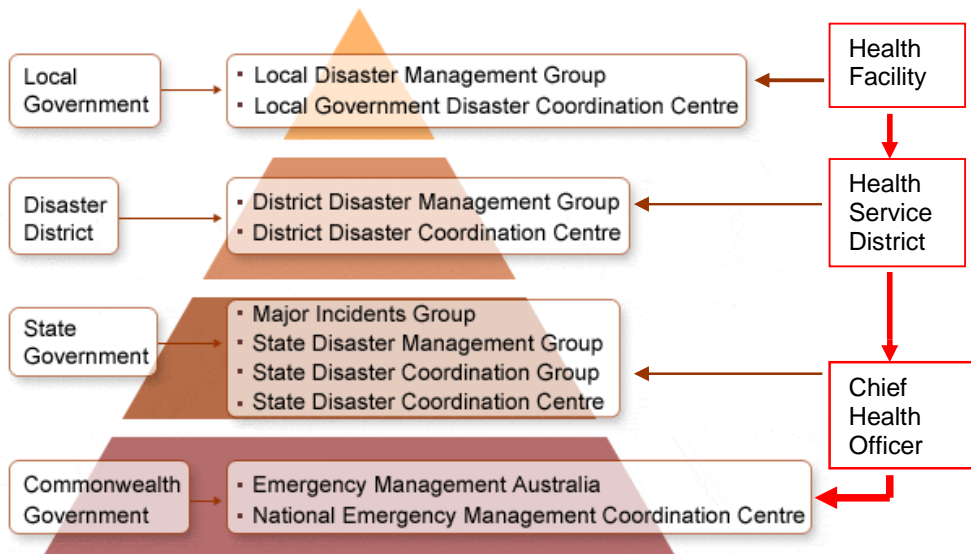


Figure 1: Health Participation in State Disaster Management Arrangements

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

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

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

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

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

The Strategic Policy Framework:

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

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

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

²url.www.legislation.qld.gov.au

2.0 Hierarchy of plans – Queensland Health

In recognition of the complexity of health operations this Plan authorises a number of sub and specific plans addressing particular operational situations. All such sub and specific plans are required to be consistent with the principles and incident management practices prescribed in this Plan.

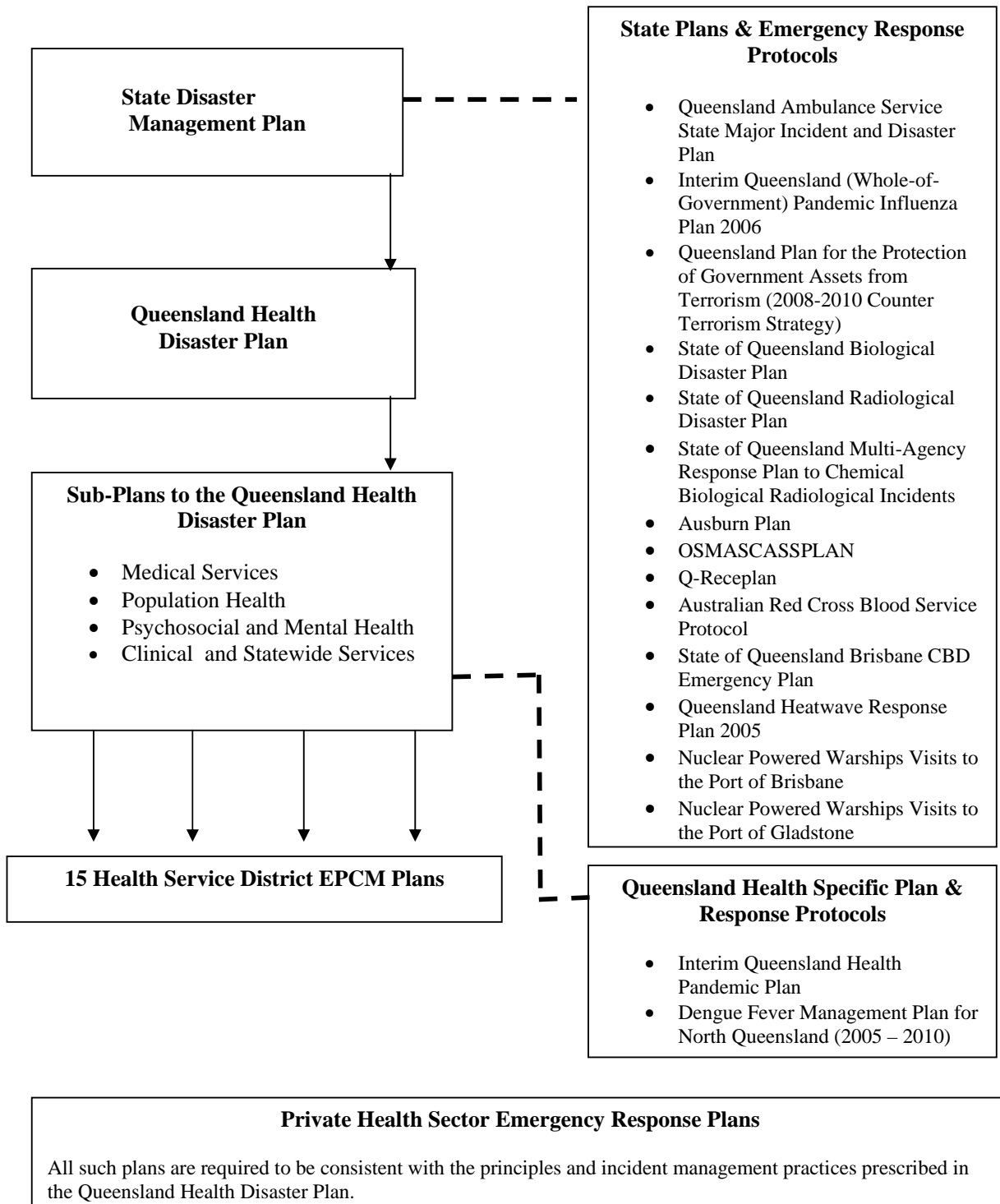


Figure 2: Hierarchy of Plans

3.0 Triggers and activation phases

Triggers to activate this Plan include:

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

Authority to trigger the plan.

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

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

Standby

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

Response

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

Stand down

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

4.0 Command, control and coordination arrangements

4.1. Roles and Responsibilities

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

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

4.1.1. Director-General (DG)

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

4.1.2. State Health Coordinator (SHC)

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

4.1.3. Health Incident Controller (HIC)

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

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

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

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

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

4.1.4 Health Commander (HC)

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

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

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

4.1.4.a Health Sector Commander (HSC)

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

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

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

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

4.1.5. Health Liaison Officers (HLO)

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

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

4.2. Disaster Management Coordination Arrangements

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

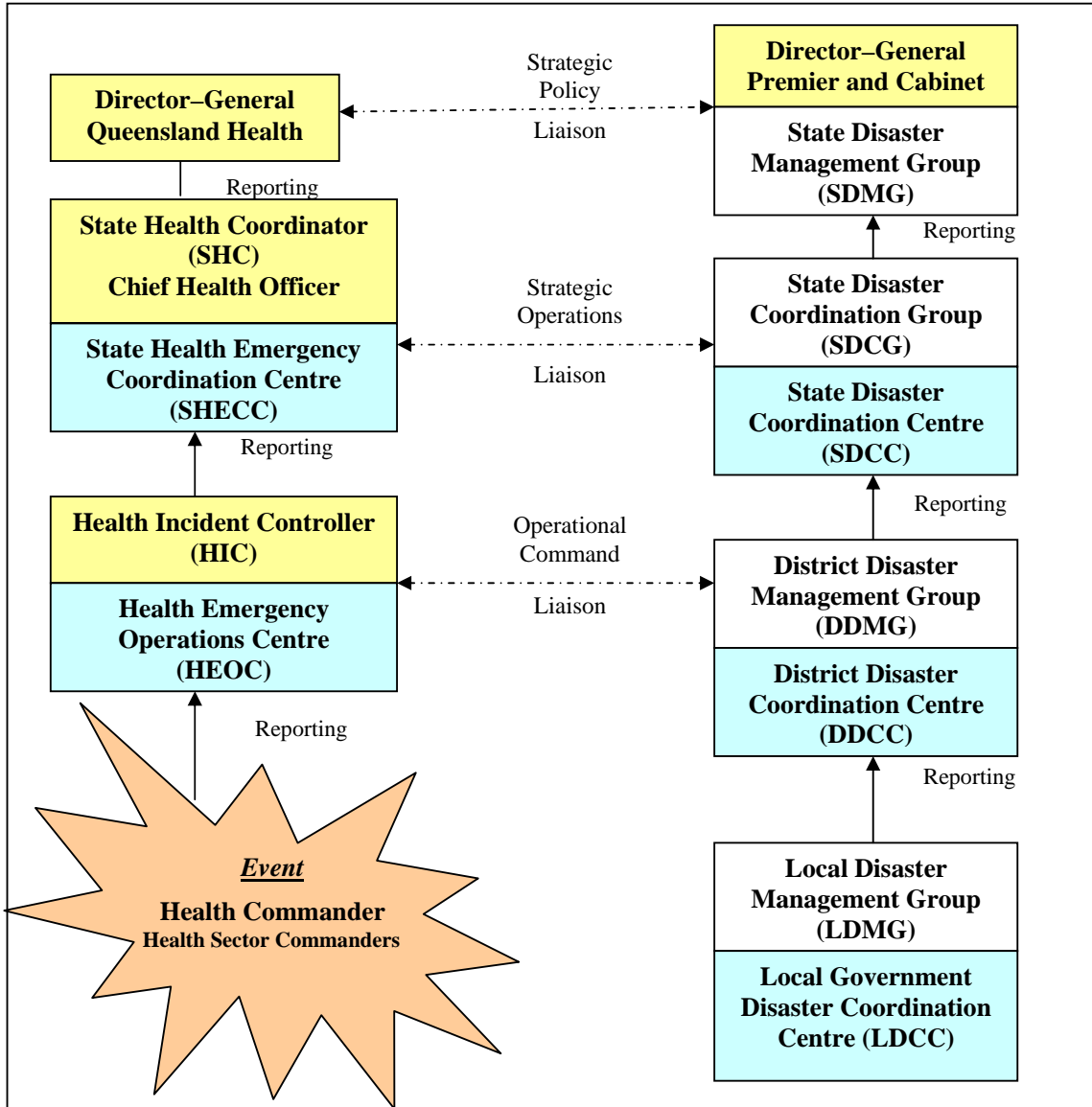


Figure 3: Queensland Health Disaster Management Coordination Arrangements

4.2.1. State Health Emergency Coordination Centre (SHECC)

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

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

5.0. Health Emergency Operations Centre (HEOC)

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

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

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

5.1. Concept of Operations – Incident Management System

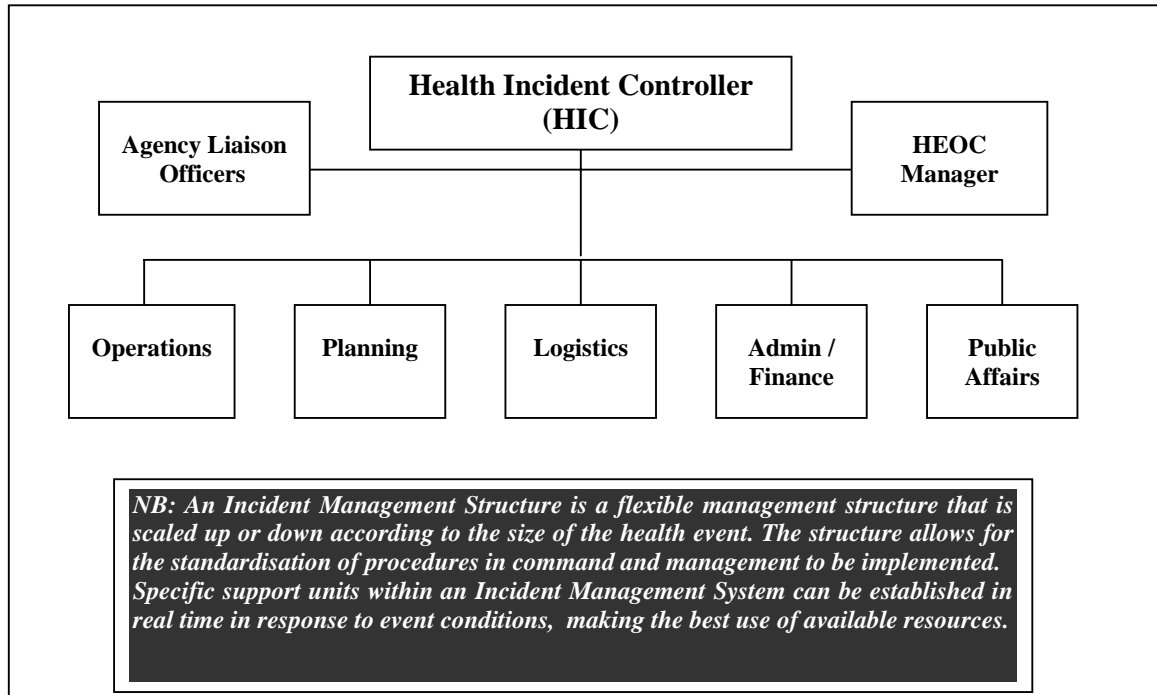
The Incident Management System framework is a flexible, scalable structure that will enable the management of an event to be organised and coordinated in a consistent agency-wide way with uniform Standard Operating Procedures (SOP) to ensure all vital emergency management activities, communication and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

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

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

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

Health Emergency Operation Centre – Incident Management Team Structure



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

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

5.2 Operations

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

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

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

5.3 Planning

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

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

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

5.4 Logistics

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

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

5.5 Administration/Finance

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

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

5.6 Public Affairs

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

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

5.7 Health Emergency Operation Centre Duty Manager

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

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

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

6.0. Incident management coordination - across government

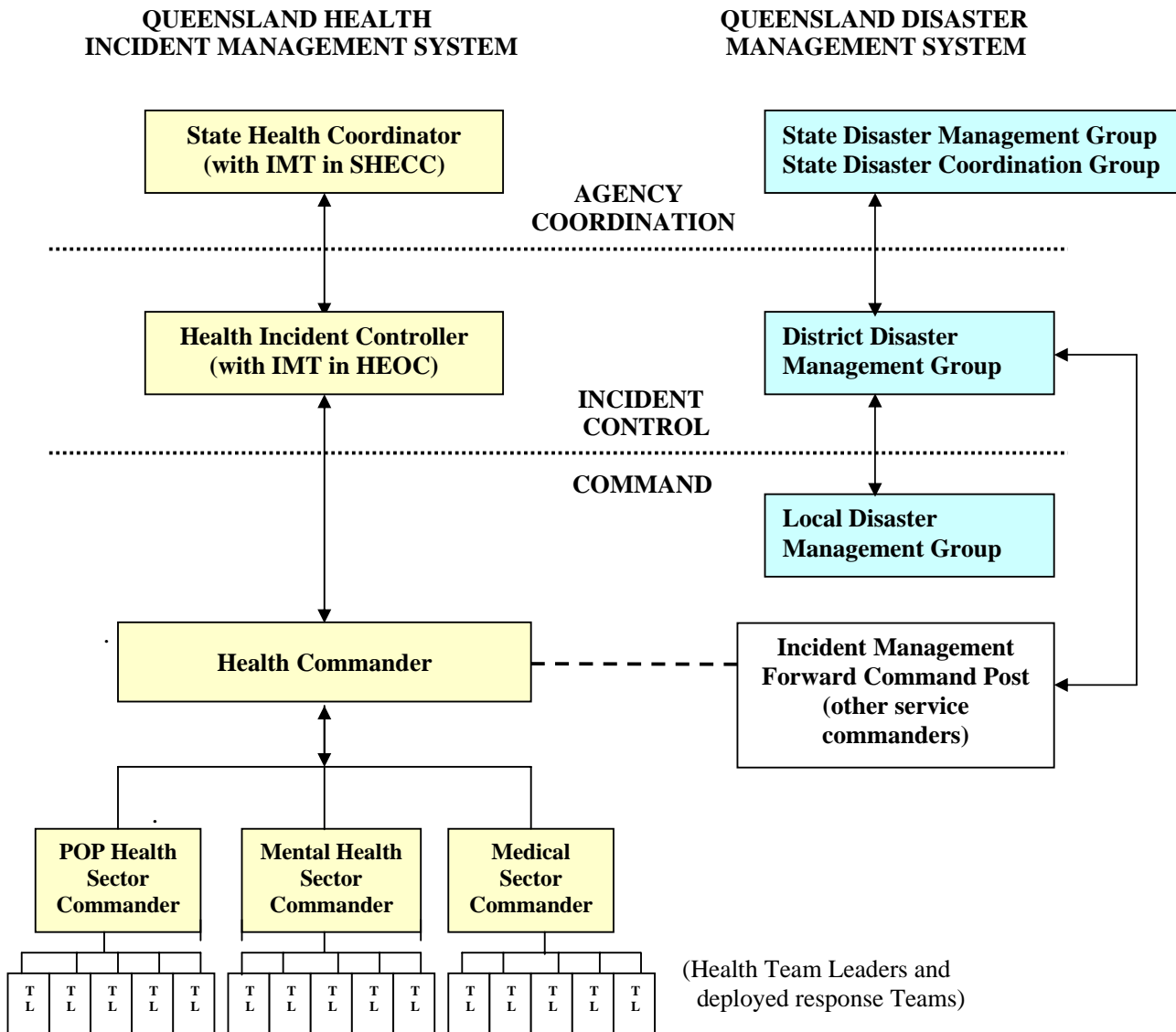


Figure 4: The Queensland Health Command, Control and Coordination arrangements, aligned with the Queensland Disaster Management System.

7.0. Post-operational

7.1 Operational Debriefing

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

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

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

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

8.0 Administration, review and training

Administration

8.1 General

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

8.2 Financial management

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

8.3 Review

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

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

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

8.4 Training

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

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

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

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

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

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

9.0. Relationships to other health agencies

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

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

9.2 Queensland Ambulance Service (QAS)

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

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

9.3. Australian Red Cross Blood Service (ARCBS)

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

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

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

9.4. Forensic and Scientific Services (FSS)

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

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

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

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

9.5. Private Health Care Facilities

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

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

Medical Services Sub-Plan

The Medical Services Sub Plan is under development.

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

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

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

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

Population Health Sub-Plan

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

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

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

It is the responsibility of Population Health services to:

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

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

Psychosocial and Mental Health Sub-Plan

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

The Mental Health sub plan is responsible for:

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

Clinical and Statewide Services (CaSS) Sub-Plan

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

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

State Plans and Emergency Response Protocols

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

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

State of Queensland - Biological Disaster Plan

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

State of Queensland - Radiological Disaster Plan

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

State of Queensland – Chemical Hazmat Disaster Plan

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

AusburnPlan (2004)

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

OSMASCASPLAN (2004)

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

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

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

Heatwave Response Plan (2005)

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

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

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

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

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

Glossary

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

Glossary (cont.)

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

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

Table of Acronyms

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

Section 3 Standard Operating Procedures

Standard Operating Procedure 1

Job Cards

Standard Operating Procedure 2

Health Emergency Operations Centre

Standard Operating Procedure 3

Operational Debrief

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