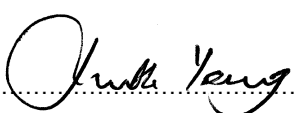


**QUEENSLAND CHIEF HEALTH OFFICER AND
DEPUTY DIRECTOR-GENERAL BRIEFING NOTE**

Aeromedical Retrieval & Disaster Management Branch

SUBJECT: Chief Health Officer approval of the reviewed and amended *Health Service Directive: Disasters and Emergency Incidents*

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Not approved <input type="checkbox"/> Noted <input type="checkbox"/> Signed (correspondence) <input type="checkbox"/> Further information required (see comments)	<p>Signature.....  Date 07 / 09 / 2021</p> <p>Dr Jeannette Young PSM, Queensland Chief Health Officer and Deputy Director-General, Prevention Division</p> <p>Comments:</p>
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ACTION REQUIRED BY 13 September 2021 to ensure the reviewed and amended *Health Service Directive: Disasters and Emergency Incidents* is published within the specified consultation timeframe.

RECOMMENDATION It is recommended the Queensland Chief Health Officer and Deputy Director-General:

- **Approve** the reviewed and amended *Health Service Directive: Disasters and Emergency Incidents*.

ISSUES

1. The current version of the *Health Service Directive: Disasters and Emergency Incidents* (DEI HSD) was developed in late 2016, with an effective date of 1 January 2017 and a review date of 1 November 2019.
2. Due to multiple State Health Emergency Coordination Centre (SHECC) activations for bushfires in 2019, and the response to the COVID-19 pandemic in 2020, the revision of the DEI HSD was postponed until 2021. A health service directive remains enforceable while due for review.
3. In the interim, an initial evaluation process with Hospital and Health Service (HHS) representatives was conducted in November 2019. This was an additional step that the Health Disaster Management Unit (HDMU) chose to undertake before formal consultation began in 2021.
4. The initial evaluation process informed the development of a consultation draft of the DEI HSD. As per the process outlined in the *Health Service Directive Consultation Standard*, HDMU initiated the formal consultation process and this consultation draft DEI HSD was provided to all HHS Chief Executives for review and feedback in May 2021. Following the specified consultation period, all feedback was recorded and either accepted, accepted in principle, or not accepted, with a rationale recorded for the decision.
5. HDMU consolidated all feedback and updated the DEI HSD consultation draft based on HHS feedback. This final amended draft DEI HSD was submitted to the Disaster Management Advisory Committee for review and endorsement in August 2021. Following the specified consultation period, Disaster Management Advisory Committee members endorsed the final amended draft DEI HSD with no additional changes requested.
6. The reviewed and amended DEI HSD (Attachment 1) now requires Queensland Chief Health Officer and Deputy Director-General approval, before being provided to the Director-General for approval and publication.

BACKGROUND

7. The Hospital and Health Boards Act 2011 (Section 47) authorises the Chief Executive (the Director-General) to issue health service directives to HHSs. Compliance is mandatory.
8. The Queensland Chief Health Officer and Deputy Director-General, Prevention Division, is the custodian of the DEI HSD.
9. The current DEI HSD is aligned with the *Standard for Disaster Management in Queensland* (the Standard). The Standard falls within the Emergency Management Assurance Framework (EMAF). The EMAF is developed and maintained in close consultation with all programs conducted by the Office of the Inspector-General Emergency Management (IGEM).
10. A refreshed *Standard for Disaster Management in Queensland* was released by IGEM in October 2019. As agencies were expected to have adopted this refreshed Standard by 1 July 2020, the reviewed and amended DEI HSD includes alignment to the refreshed Standard.

RESULTS OF CONSULTATION

11. Additional consultation, outside of the formal consultation process for the DEI HSD, was conducted with the Legislative Policy Unit, Strategic Policy and Legislation Branch. Legislative Policy Unit provided advice on the DEI HSD's mandatory sections and structure, and how to maximise linkages between the sections to assist the document's effectiveness.

**QUEENSLAND CHIEF HEALTH OFFICER AND
DEPUTY DIRECTOR-GENERAL BRIEFING NOTE**

Aeromedical Retrieval & Disaster Management Branch

RESOURCE/FINANCIAL IMPLICATIONS

12. There are no resource or financial implications associated with this brief.

SENSITIVITIES/RISKS

13. There are sensitivities relating to the delay in the review and amendment of the DEI HSD.
14. Whilst this version of the DEI HSD is aligned to the new Standard and incorporates lessons learnt from previous disaster and emergency incident responses, it does not include any lessons learnt from the COVID-19 response. It is intended that once lessons learnt about the COVID-19 response are formalised and released, these will be incorporated into a future revision of the DEI HSD.

ATTACHMENTS

15. Attachment 1 - reviewed and amended *Health Service Directive: Disasters and Emergency Incidents*.

Author Name: Dejan Greenhalgh-Tomasovic Position: A/Senior Project Officer Unit: Health Disaster Management Unit Tel No: [REDACTED] Date Drafted: 25 August 2021	Cleared by (Dir/Snr Dir) Name: Dr Brydie Edwards Position: A/Senior Director Branch: Health Disaster Management Unit Tel No: [REDACTED] Date Cleared: 6 September 2021 <i>*Note clearance contact is also key contact for brief queries*</i>	Content verified by (Exec Dir) Name: Dr Mark Elcock PSM Position: Executive Director Branch: Aeromedical Retrieval & Disaster Management Branch Tel No: [REDACTED] Date Verified: 7 September 2021
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Health Service Directive

Directive # <insert number here>
 Effective Date: DD Month YYYY
 Review Date: DD Month YYYY
 Supersedes: QH-HSD-003:2017

DISASTERS AND EMERGENCY INCIDENTS

Purpose

The purpose of this Health Service Directive is to ensure Hospital and Health Services develop and maintain a capability to effectively respond to disasters and emergency incidents, while driving the continual improvement of disaster preparedness arrangements. This is to ensure the continuity of business functions and service to the community to mitigate the impacts from existing and emerging threats, supported by an organisational culture that embraces relevant doctrine and cross-agency and community collaboration.¹

Scope

This directive applies to all Hospital and Health Services.

Principles

Leadership

- A culture of excellence across the disaster and emergency incident management sector is driven by the Hospital and Health Service executive.
- Responsibility for disaster and emergency incident preparedness, planning, response and recovery is ingrained in organisational culture at all levels.
- Strategic planning of resource allocation in the context of risk is crucial to disaster and emergency incident management and should prioritise the enabling of, and positive outcomes for, the community.

Public Safety

- The safety of the community is the primary driver of continuous improvement of disaster and emergency incident management activities.
- Ensuring the safety and security of staff and patients and the broader community through the provision of resilient critical infrastructure, supported by effective risk-based plans and arrangements
- Engagement with disaster management groups ensures a focus on the safety of

¹ The principles, outcomes and requirements in this directive align to the principles and accountabilities in the Queensland Inspector-General Emergency Management's *Emergency Management Assurance Framework V2.0*.



the community and sharing the responsibility for disaster management through stakeholder and community engagement.

Partnerships

- Contribute to strong partnerships and true collaboration to improve outcomes and resilience, promoting clear responsibilities across the disaster and emergency incident management sector.

Performance

- Measurable indicators of productivity and effectiveness, including continuous improvement measurements, promoting a culture of excellence in disaster and emergency incident management.

Outcomes

Hospital and Health Services included in the scope of this directive shall achieve the following outcomes relating to disasters and emergency incidents:

- **Governance:** Effective administration of disaster and emergency incident management activities and clear, consistent and appropriate decision-making.
- **Doctrine:** Roles, responsibilities, actions and activities are based on relevant doctrine that is agreed and shared between entities, and aligned to legislation and best practice.
- **People:** Effective disaster and emergency incident management is supported by the networks, training, skills and experience of individuals who undertake it.
- **Enablers:** The physical equipment, assets, systems, data and technologies used by the organisation to undertake disaster and emergency incident management are appropriate to its needs and requirements.
- **Continuous Improvement:** Disaster and emergency incident management activities are effectively monitored, evaluated and measured through established and effective lessons management, exercise and activation debrief processes.

Achievement of these outcomes ensures the Hospital and Health Service meets the accountabilities of the *Emergency Management Assurance Framework*, authorised by the *Disaster Management Act 2003* s. 16c.

Mandatory requirements

Governance

- G1.** Establish an emergency management committee, or equivalent, that:
- G1.1** has appropriate membership with the authority to make decisions and commit resources on behalf of their function or capability
 - G1.2** conducts non-extraordinary meetings at least bi-annually, with a quorum of at least one half plus one member or their proxies, and records decisions and business in minutes.
 - G1.3** provides the Hospital and Health Service executive with adequate oversight of disaster and emergency incident activities through regular reporting², including:
 - Activities to build capability of the workforce, such as exercises and training needs analyses
 - Reviews of existing and creation of new disaster and emergency incident plans.
 - Broader reports such as Health Service Directive compliance and maturity assessments
 - Relevant information from external disaster management groups.
- G2.** Ensure that representatives on local and district disaster management groups³ understand their responsibilities to work collaboratively with the emergency management committee and fulfil legislated functions of the group⁴ on behalf of the HHS.
- G3.** Ensure the roles and responsibilities of external entities in the Hospital and Health Service response, as outlined in the Queensland State Disaster Management Plan and District Disaster Management Plans, are documented in HHS plans and arrangements⁵.
- G4.** Ensure Health Emergency Operations Centres (HEOCs) are:
- G4.1** resourced and maintained well-functioning at Hospital and Health Service levels
 - G4.2** capable of (when impacted) providing high-level situational reporting and continuous situational awareness throughout disaster events; including ensuring an appropriate level of staffing, coordination of requests for assistance and immediate notice of deaths in their

² In line with AS 3745:2010 Planning for Emergencies in Facilities, Section 2 Emergency Planning Committee; and DM Act Part 3 Business and meetings of disaster management groups.

³ In line with DM Reg. s. 5 Membership of district groups – DM Act s. 24.

⁴ In line with DM Act s. 23 & 30 regarding functions of district and local disaster management groups.

⁵ In line with DM Act s. 53 & 57 regarding district and local disaster management plans.

jurisdiction related to the disaster or emergency incident.

- G4.3** capable of receiving and responding to requests, and directions through the State Health Emergency Coordination Centre (SHECC) when activated, including external allocation and coordination of resources where capable.
- G4.4** regardless of activation status, capable of providing appropriate situational reporting for Code Activations which have the potential to escalate or require response to media inquiries⁶.
- G4.5** consistent with current best practice incident management.
- G5.** Ensure decisions and actions taken are recorded as they are made to assist in debrief, assurance and review activities; including external inquiries.

Doctrine

- D1.** Develop plans and arrangements, including a Hospital and Health Service disaster and emergency incident plan, that are consistent with:
 - D1.1** the *Queensland Health Disaster and Emergency Incident Plan* and its subplans
 - D1.2** Queensland Health frameworks and guidelines for disaster and emergency incidents
 - D1.3** relevant district disaster management plans and the *Standard for Disaster Management in Queensland*⁷.
- D2.** Fulfil Queensland Health's responsibilities under the Queensland State Disaster Management Plan to provide expert advice on health-related aspects of disasters and emergency incidents.
- D3.** Ensure Emergency and Incident Plans consider existing hospital and health service business continuity plans that identify area-specific risks and consider responsibilities for hazard management outlined in the Queensland State Disaster Management Plan to support a whole of health management response.
- D4.** Ensure roles, responsibilities and activities included in planning, preparedness, response and recovery arrangements are communicated to relevant employees, patients and stakeholders through information and awareness activities⁸.

⁶ See AS4083:2010 Planning for emergencies – Health care facilities, Section 5 Responding to Emergencies

⁷ These documents are to be consistent with the *Queensland State Disaster Management Plan*, the *Disaster Management Strategic Policy Framework*, and the DM Act. *The Standard for Disaster Management in Queensland* is contained within the *Emergency Management Assurance Framework*

⁸ See DM Act s. 23 & 30 regarding functions of district and local disaster management groups.

People

- P1.** Establish and maintain cooperative partnerships between the Hospital and Health Service and:
- P1.1** other Hospital and Health Services and the department, through engagement with the State Health Emergency Management Committee (SHEMC)
 - P1.2** hospitals, facilities and health providers within the Hospital and Health Service geographic area
 - P1.3** disaster management groups; including appropriate linkages and alignment of business continuity and risk management planning.
- P2.** Ensure roles required to conduct critical business functions⁹ and disaster and emergency incident management activities are outlined in the development of risk management, business continuity and training plans and where required, acknowledge dependencies on the roles and responsibilities of partnering entities.
- P3.** Ensure cooperative partnerships maintained by the Hospital and Health Service adequately enable allocation and coordination of staff during disaster and emergency incidents to district and local disaster management groups, or to external Hospital and Health Services where capable.
- P4.** Ensure staff have the relevant skills and experience¹⁰ to enable effective communication and information sharing with partnering entities, and the Hospital and Health Service shall conduct training and exercises to foster this capability¹¹.

Enablers

- E1.** Ensure material and financial resources required to conduct critical business functions¹² and disaster and emergency incident management activities are documented and considered in the development of risk management and business continuity plans.
- E2.** Ensure information and communication technologies are consistent and compatible with current best practice incident management systems, and are compatible between Hospital and Health Services and relevant partnering entities and utilise consistent communication mechanisms

⁹Queensland Standard for Disaster Management, the *Queensland State Disaster Management Plan*, and the DM Act.

¹⁰ *Queensland Health Disasters and Emergency Incidents Training Framework*

¹¹ See DM Act s. 23 & 30 regarding functions of district and local disaster management groups.

¹² Queensland Standard for Disaster Management, the *Queensland State Disaster Management Plan*, and the DM Act.

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- E3.** Establish and maintain processes to allocate and coordinate the use of material and financial resources during disaster and emergency incidents within the Hospital and Health Service area, and externally where capable.

Continuous Improvement

- C1.** Regularly review the content and effectiveness of Hospital and Health Service plans and arrangements and its associated hospitals and facilities through:
- C1.1** regular review of content either annually or at identified and documented trigger points¹³.
 - C1.2** Regular assessment of effectiveness through exercise and evaluation or activation and debrief.
- C2.** Ensure an established lessons management process is employed following exercise and evaluation or activation and debrief, and that lessons identified and lessons learnt are shared with other entities where relevant¹⁴.

¹³ In line with DM Act s. 55 & 59 regarding reviewing and renewing district and local disaster management plans; and QHDISPLAN s 1.6 Review requirements.

¹⁴ In line with the *Queensland Disaster Management Lessons Framework* sourced from <https://www.igem.qld.gov.au/sites/default/files/2020-07/IGEM%20Lessons%20Management%20Framework.pdf>



Related or governing legislation, policy and agreements

1. *Hospital and Health Boards Act 2011 [Qld]*
2. *Disaster Management Act 2003 [Qld]*
3. *Disaster Management Regulation 2014 [Qld]*
4. *Emergency Management Assurance Framework 2.0*
5. *Standard for Disaster Management in Queensland V2.0*
6. *AS 3745:2010 Planning for Emergencies in Facilities*
7. *AS 4083:2010 Planning for emergencies – Health care facilities*
8. *AS 5050: 2020 Business continuity – Managing disruption-related risk*
9. *Queensland State Disaster Management Plan*
10. *Disaster Management Strategic Policy Framework*
11. *Queensland Disaster Management Lessons Framework*
12. *Queensland Health Disaster and Emergency Incident Management Plan (QHDISPLAN)*
13. *QH-IMP-070-2:2017 Business Continuity Management Standard*
14. *Queensland Health Disasters and Emergency Training Framework*
15. *Patient Safety Health Service Directive*

Business area contact

Health Disaster Management Unit
Aeromedical Retrieval and Disaster Management Branch
Prevention Division

Review

This Health Service Directive will be reviewed at least every three years.

Date of last review: DD/MM/YYYY

Supersedes: insert the name of the superseded directive or state if new directive

Approval and Implementation

Directive Custodian

Chief Health Officer and Deputy Director-General, Prevention Division

Approval by Chief Executive

Director General

Chief Executive

Approval date:

Issued under section 47 of the *Hospital and Health Boards Act 2011*

Definitions of terms used in this directive

Term	Definition / Explanation / Details	Source
Business continuity	The uninterrupted availability of essential business functions.	QH-IMP-070-2:2017 Business Continuity Management Standard
Business continuity management	A holistic management process that allows an organisation to identify potential threats and impacts to business operations, if realised, might cause, and which provides a framework for building organisational resilience with the capability to effectively manage disruption related risks against critical business functions	QH-IMP-070-2:2017 Business Continuity Management Standard
Business continuity plan	Documented procedures that provide guidance on how to prepare, prevent, respond and recover from a disruptive event. This includes business activities associated with maintaining availability of people, assets and property vital for the continuity of critical business functions.	QH-IMP-070-2:2017 Business Continuity Management Standard
Consequence	<p>Outcome of an event affecting objectives</p> <ul style="list-style-type: none"> an event can lead to a range of consequences consequence can be certain or uncertain and can have positive or negative effects on objectives consequences can be expressed qualitatively or quantitatively <p>initial consequences can escalate through knock-on effects</p>	ISO Guideline 73:2009 Risk Management Vocabulary
Continuous Improvement	<p>Continuous Improvement refers to how entities monitor, evaluate, measure and improve disaster management activities.</p> <ul style="list-style-type: none"> An established lessons management process 	

Disasters and emergency incidents

	<p>is being undertaken</p> <ul style="list-style-type: none"> • The capabilities required have been identified, documented, and aligned to recognised and accepted training methodology • A variety of exercising and testing methods are being conducted and evaluated • Insights are included in a lessons management process • Lessons identified are shared with other entities, and with the community when relevant <p>Improvements are made based on insights gained through testing, exercises and operational activity</p>	
Critical Business Function	<p>“A business function, or part of a function (process) without which the organisation will suffer significant impact. If a critical business function or process is non-operational, the organisation could suffer serious legal, financial or reputational damage”</p>	Queensland Standard for Disaster Management
Disaster	<p>A serious disruption to a community caused by the impact of an event that requires a significant coordinated response by the state and other entities to help the community recover from the disruption.</p> <p>Serious disruption means:</p> <ul style="list-style-type: none"> • loss of human life, or illness or injury to humans • widespread or severe property loss or damage <p>widespread or severe damage to the environment.</p>	<i>Disaster Management Act 2003</i> (Section 13)
Disaster (Event)	<ul style="list-style-type: none"> • A cyclone, earthquake, flood, storm, storm tide, tornado, tsunami, volcanic eruption or other natural happening • an explosion or fire, a chemical, fuel or oil spill, or a gas leak • an infestation, plague or epidemic • a failure of, or disruption to, an essential service or infrastructure • an attack against the state, or • another event similar to an event mentioned. <p>An event may be natural or caused by human acts or omissions.</p>	<i>Disaster Management Act 2003</i> (Section 16)
Disaster (and emergency incident) management	<ul style="list-style-type: none"> • <u>Arrangements</u> about managing the potential adverse effects of a disaster event, including mitigation, prevention, preparedness, response and recovery arrangements. 	<i>Disaster Management Act 2003</i> (Section 14)
Disaster (and emergency incident) operations	<ul style="list-style-type: none"> • <u>Activities</u> undertaken before, during, or after a disaster event happens to help reduce the level of serious disruption to the community. 	<i>Disaster Management Act 2003</i> (Section 15)
Doctrine	<p>Doctrine refers to the ideas, strategies and guiding principles contained in the documents that guide disaster management. These align with legislation, reflect good practice, and include guidelines, policies,</p>	

Disasters and emergency incidents

	<p>plans and procedures.</p> <ul style="list-style-type: none"> • Roles and responsibilities are based on relevant doctrine • The action or activity is based on relevant doctrine • Doctrine is agreed and shared between entities <p>Common language being used, and terminology is agreed and consistent with doctrine</p>	
Effective (relating to disaster and emergency incident management operations and plans)	<ul style="list-style-type: none"> • Scalable – able to be applied to any size or type of event • Comprehensive – consider prevention, preparedness, response and recovery phases of disaster management • Interoperable – able to operate seamlessly between entities • Value for money – enable the best outcome and performance for money spent • Adaptive – flexible to the needs of all stakeholders <p>Note: Effectiveness can only be determined during application of a plan or arrangement through exercise or activation.</p>	Queensland Emergency Management Assurance Framework (Good practice attributes)
Enablers	<p>Enablers refer to the resources that assist entities in undertaking disaster management activities. This includes both the physical equipment and assets, and the systems, data and technologies.</p> <ul style="list-style-type: none"> • Enablers are in place, are fit for purpose, and are being used in line with agreed protocols • Enablers are accessible to the relevant entities, including the community if necessary • Enablers meet the needs and requirements of all relevant entities • Benchmarks for the performance of enablers have been established and are being met • Alternatives or backups are in place 	
Event	<p>Occurrence or change of a particular set of circumstances</p> <ul style="list-style-type: none"> • An event can be one or more occurrences, and can have several causes • An event can consist of something not happening <p>An event can sometimes be referred to as an “incident” or “accident”</p>	ISO Guideline 73:2009 Risk Management Vocabulary
Governance	<p>Governance refers to how entities administer their disaster management responsibilities and ensure decision making is appropriate, clear and consistent.</p> <ul style="list-style-type: none"> • Roles and responsibilities have been identified, agreed to, and documented 	



Disasters and emergency incidents

	<ul style="list-style-type: none"> • Entities have been authorised to carry out their delegated responsibilities • The authorising environment for decisions and approvals has been identified and agreed to, and is being utilised • Arrangements are in place for reporting on and monitoring the outcomes of decisions and actions <p>Decisions are recorded as they are made, and their implementation is monitored</p>	
People	<p>People refers to the relationships and networks, training, skills and experience that enable the individuals who undertake disaster management to do so effectively.</p> <ul style="list-style-type: none"> • Enabling networks and relationships between individuals and entities, both formal and informal, have been established and maintained • Training requirements are documented, and the necessary skills and knowledge are being met • Opportunities are provided for on-the-job training and development • Upskilling and cross-training provide a reserve of personnel 	
Risk	<p>Effect of uncertainty on objectives</p> <ul style="list-style-type: none"> • An effect is a deviation from the expected - positive and/or negative • Objectives can have different aspects (such as financial, health and safety, and environmental goals) and can apply at different levels (such as strategic, organization-wide, project, product and process) • Risk is often characterized by reference to potential events and consequences or a combination of these • Risk is often expressed in terms of a combination of the consequences of an event (including changes in circumstances) and the associated likelihood of occurrence. 	ISO Guideline 73:2009 Risk Management Vocabulary
State Health Emergency Management Committee	A committee established as a mechanism to support and enable a collaborative approach across the Department of Health and Hospital and Health Services in the development of emergency management arrangements and promote consistency of operations across Queensland Health.	State Health Emergency Management Committee Terms of Reference

Version Control

Version	Date	Prepared by	Comments
1.0	January 2017	Health Disaster Management Unit	First Issue
2.0	July 2021	Health Disaster Management Unit	<p>Scheduled review.</p> <p>Changes to the Emergency Management Assurance Framework (EMAF) V2.0 have been aligned to the Health Service Directive.</p> <p>Changes made to implement findings of the Health Service Directive Evaluation undertaken in late 2019, in direct collaboration with Hospital and Health Services.</p>

