

Health Service Directive

Directive # QH-HSD-003:2017
Effective Date: 1 January 2017
Review Date: 1 November 2019
Supersedes: QH-HSD-003:2015

DISASTERS AND EMERGENCY INCIDENTS

Purpose

The purpose of this Health Service Directive is to ensure Hospital and Health Services develop and maintain a capability, supported by effective risk-based plans and arrangements, to prevent, prepare for, respond to and recover from disasters and emergency incidents, and ensure continuity of critical business functions.¹

Scope

This directive applies to all Hospital and Health Services.

Principles

Leadership

- The Hospital and Health Service is primarily responsible for leading and managing health related aspects of disasters and emergency incidents within its service area.
- Leadership at all levels of the service is demonstrated through responsible and effective governance and strategic planning that supports this responsibility.

Safety

- The safety and security of staff, patients, the broader community and critical infrastructure is the foundation for disaster, emergency and continuity plans and arrangements.

Partnerships

- Cooperative partnerships drive clear roles and responsibilities and promote collaboration between all stakeholders.

Performance

- A culture of excellence produces outcomes where effectiveness is evaluated, analysed and continually improved; and evidence based, contemporary practice is identified, shared and embedded.

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



Outcomes

These outcome statements provide the means to measure and report on achievement of mandatory requirements. Hospital and Health Services shall achieve the following outcomes relating to disasters and emergency incidents:

Governance

- Roles, responsibilities and accountabilities of entities and positions involved in health-related disaster and emergency incident management and operations are documented, agreed and enacted.
- Decisions at all levels are documented and underpin effective management and operational activities and actions.

Doctrine

- Effective disaster and emergency incident plans and arrangements:
 - are based on local risk priorities
 - ensure continuity of critical business functions
 - are as consistent as practicable with required legislation, plans and standards.

Enablers

- Communication, information and resource management systems and procedures are:
 - documented and shared with all relevant stakeholders
 - consistent and compatible
 - developed and implemented through cooperative partnerships between HHSs and:
 - hospitals
 - aged care, primary health care and private providers
 - disaster management groups, and
 - the department.

Capabilities

- The Hospital and Health Service is prepared for, and has the capability and capacity to undertake activities relating to disaster and emergency operations within its area of responsibility.

Performance

- The content and effectiveness of plans and arrangements are monitored, evaluated and reviewed annually² through exercise or activation.
- Lessons identified through debrief, post event or exercise evaluation are shared and inform improvement activities.

² 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.

Mandatory requirements

Governance

- Establish an emergency management committee, or equivalent, that:
 - has clearly documented terms of reference that includes roles, responsibilities and accountabilities
 - has appropriate membership with the authority to make decisions and commit resources on behalf of their function or capability
 - conducts meetings at least bi-annually, with a quorum of at least one half plus one members or their proxies, and records decisions and business in minutes
 - provides regular reports to the Hospital and Health Service executive regarding disaster and emergency incident activities.³
- Establish a process to document and maintain information about appointments to decision making bodies and key disaster and emergency incident roles and positions within the Hospital and Health Service.
- Ensure persons appointed to key disaster and emergency incident roles and positions within the Hospital and Health Service are aware of, and accept their role and responsibilities.
- Ensure the Hospital and Health Service is represented on district disaster management groups, and as requested on local disaster management groups.⁴
- Ensure Hospital and Health Service representatives appointed to disaster management groups are aware of their responsibilities to fulfil the legislated functions of the group on behalf of the HHS.⁵
- Ensure Hospital and Health Service representatives on district and local disaster management groups form a collaborative working unit, and work with the emergency management committee to promote cohesive and well-informed representation of the HHS and broader health system.
- Ensure the roles and responsibilities of external entities involved in Hospital and Health Service response and recovery for disasters and emergencies are included in plans and arrangements.⁶
- Respond to requests and directions from the State Health Coordinator through the State Health Emergency Coordination Centre, when activated.

³ 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.

⁴ In line with DM Reg. s. 5 Membership of district groups – DM Act s. 24.

⁵ See DM Act s. 23 & 30 regarding functions of district and local disaster management groups.

⁶ In line with DM Act s. 53 & 57 regarding district and local disaster management plans; and QHDISPLAN s. 2.3 regarding the roles and responsibilities of Queensland Health in the *Queensland State Disaster Management Plan*.

Doctrine

- Develop plans and arrangements, including a Hospital and Health Service disaster and emergency incident plan, that are consistent with:
 - the *Queensland Health Disaster and Emergency Incident Plan* and its sub-plans
 - Queensland Health frameworks and guidelines for disaster and emergency incidents
 - relevant district disaster management plans and the *Standard for Disaster Management in Queensland*.⁷
- Undertake risk management and business continuity planning that follow recognised processes and consider:
 - hazards and functions that are the responsibility of Queensland Health and/or Hospital and Health Services in the *Queensland State Disaster Management Plan*
 - alignment with corresponding district disaster risk management processes and outputs
 - processes for:
 - quantifying the disruptive impact of any threat to critical business functions and processes
 - identifying the infrastructure and resources required to continue operation at a minimum acceptable level
 - documenting key resources (including human resources), infrastructure, tasks and responsibilities required to support critical business functions if an event or incident occurs or is imminent.⁸
- Provide expert advice to disaster management stakeholders on health related aspects of disasters and emergency incidents, including public health and medical services.⁹

Enablers

- Establish and maintain cooperative partnerships to support information and resource management during disaster operations between the Hospital and Health Service and:
 - other Hospital and Health Services
 - all hospitals and facilities within the Hospital and Health Service geographic area, including private
 - aged care, the primary health care sector and private providers
 - disaster management groups; and
 - the department, through the State Health Emergency Management Committee.

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* is contained within the *Emergency Management Assurance Framework*.

⁸ Developed in consultation with Audit, Risk and Governance Branch, Department of Health; sourced from AS 5050: 2010 Business continuity – Managing disruption-related risk, the *Queensland State Disaster Management Plan*, and the DM Act.

⁹ See roles and responsibilities of Queensland Health in the *Queensland State Disaster Management Plan*.

- Establish and maintain communication and information systems for use during disasters and emergency incidents that are consistent and compatible with:
 - systems and processes in use by disaster management groups and coordination centres in the Hospital and Health Service area¹⁰
 - systems and processes identified in the *Queensland Health Incident Management System Guideline*
 - requirements for hospital-based response to specific emergencies using existing response colour codes.¹¹
- Establish and maintain processes to:
 - identify resources and resource gaps (human, financial and material) within the Hospital and Health Service area
 - allocate and coordinate the use of resources during disasters and emergency incidents within the Hospital and Health Service area, and externally as capable, on request from the State Health Coordinator
 - request resources, assistance or services through the State Health Emergency Coordination Centre (SHECC) or relevant district disaster coordination centres.¹²

Capabilities

- Ensure functional Health Emergency Operations Centres (HEOCs) are established, resourced and maintained at Hospital and Health Service and facility levels, consistent with the *Queensland Health Incident Management System Guidelines*.
- Develop and maintain the capability to undertake disaster and emergency incident operations through:
 - identifying staff to participate in specialist on-site and operational roles with the appropriate accreditation, skills, knowledge and experience
 - undertaking training of staff in line with the minimum requirements in the *Queensland Health Disaster and Emergency Incident Training Framework*
 - assessing training needs annually and maintaining a training plan
 - undertaking exercises of plans, functions and capabilities based on identified need, at least annually, and including at least one inter-agency mass casualty scenario.¹³
- Ensure relevant employees, patients and stakeholders are aware of preparedness arrangements through information and awareness activities.¹⁴

¹⁰ See DM Act s. 23 & 30 regarding functions of district and local disaster management groups.

¹¹ See AS4083:2010 Planning for emergencies – Health care facilities, Section 5 Responding to specific emergencies.

¹² In line with DM Act s. 23 regarding functions of district disaster management groups; appropriate district or local disaster management plans; and QHDISPLAN s. 5.9 Requests for assistance.

¹³ See the *Queensland Health Disaster and Emergency Incident Training Framework*; and in line with DM Act s. 55 & 59 regarding reviewing and renewing district and local disaster management plans.

¹⁴ See DM Act s. 23 & 30 regarding functions of district and local disaster management groups.

Performance

- Regularly review the content and effectiveness of plans and arrangements for the Hospital and Health Service and its associated hospitals and facilities through:
 - identifying and documenting trigger points for review of the Hospital and Health Service disaster and emergency incident plan or sub-plans
 - reviewing the *content* of the Hospital and Health Service disaster and emergency incident and sub-plans at least annually
 - reviewing the *effectiveness* of the Hospital and Health Service disaster and emergency incident plan (or part of the plan or sub-plans) at least annually through exercise and evaluation, or activation and debrief
 - ensuring processes are in place to assess the effectiveness of plans and arrangements following activations in line with the *Queensland Health Operational Briefing and Debriefing Guideline*
 - documenting and sharing lessons identified in reviews, assessments or debriefs, including potential improvement strategies or activities
 - incorporating improvements based on lessons identified into existing Hospital and Health Service governance processes, monitoring and recording decisions and actions taken to ensure 'lessons learned'.

Related or governing legislation, policy and agreements

- *Disaster Management Act 2003* [Qld]
- *Disaster Management Regulation 2014* [Qld]
- *Fire and Emergency Services Act 1990* [Qld]
- *Hospital and Health Boards Act 2011* [Qld]
- *Public Health Act 2005* [Qld]
- *Public Safety Preservation Act 1986* [Qld]
- *Radiation Safety Act 1999* [Qld]
- *Work Health and Safety Act 2011* [Qld]
- Emergency Management Assurance Framework
- Health Service Directive QH-HSD-046-2014 'Management of a public health event of state significance'
- Queensland Counter-Terrorism Plan
- Queensland Health Incident Management System Guideline (2016)
- Queensland Health Disaster and Emergency Incident Plan (2016)
- Queensland Health Disaster and Emergency Incident Training Framework (2016)
- Queensland Health Operational Briefing and Debriefing Guideline (2016)
- Queensland State Disaster Management Plan
- AS3745:2010 Planning for Emergencies in Facilities
- AS4083:2010 Planning for Emergencies – Health Care Facilities
- EQUIP National Guidelines Standard 15 'Corporate Systems and Safety'
- AS5050:2010 Business Continuity – Managing Disruption-related Risk
- IS22301:2012 Societal security – Business continuity management systems.

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: 1 January 2017

Supersedes: QH-HSD-003:2015

Approval and Implementation

Directive Custodian

Chief Health Officer and Deputy Director-General, Prevention Division

Approval by Chief Executive

Director-General

Approval date:

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

Definitions of terms used in this directive

Term	Definition	Source
Capability:	How an entity is using training and exercising to help embed the necessary culture change and improve performance.	Queensland Emergency Management Assurance Framework (Accountabilities)
Critical business function:	A business function or part thereof identified as essential for survival of the organisation and achievement of its critical objectives.	AS5050:2010 Business continuity – Managing disruption-related risk (Section 1.3 Definitions)
Disaster:	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. Serious disruption means: <ul style="list-style-type: none"> • loss of human life, or illness or injury to humans • widespread or severe property loss or damage • widespread or severe damage to the environment. 	<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 	<i>Disaster Management Act 2003</i> (Section 16)

	<ul style="list-style-type: none"> • another event similar to an event mentioned. • An event may be natural or caused by human acts or omissions. 	
Doctrine:	How an entity's plans, programs, policies, practices and operational procedures align with its roles and responsibilities: for example plans, procedures, guidelines, policy.	Queensland Emergency Management Assurance Framework (Accountabilities)
Enablers:	How an entity is using and developing the necessary systems, equipment, resources and technologies to deliver disaster management outcomes.	Queensland Emergency Management Assurance Framework (Accountabilities)
Governance:	How an entity aligns its strategy to achieve the disaster management outcomes: for example roles and responsibilities, decision making, reporting, leadership, approval processes.	Queensland Emergency Management Assurance Framework (Accountabilities)
Disaster (and emergency incident) management:	<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:	<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)
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)
Performance:	How the entity is actively improving the performance of its service delivery: for example through continuous improvement, review, assessment and/or monitoring.	Queensland Emergency Management Assurance Framework (Accountabilities)
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	1 January 2017	Health Disaster Management Unit	First issue

