

# Queensland Health

## Public Health Sub-plan

February 2018

## **Public Health Sub-plan**

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## Authorisation

The Queensland Health Public Health Sub-plan (the Sub-plan) is issued under the authority of the Director-General, Queensland Health and is a functional health plan that supports the *Queensland Health Disaster and Emergency Incident Plan*.

The Sub-plan describes the working arrangements between the Department of Health and Hospital and Health Services to minimise the public health consequences of a disaster, major public health event or public health incident of state significance impacting the Queensland community. The arrangements described within the Sub-plan are scalable and interoperable across these public health incidents.

The Sub-plan is to be read in conjunction with the *Queensland Health Disaster and Emergency Incident Plan* and Queensland Health Incident Management System Guideline.

The Executive Director, Communicable Diseases and Executive Director, Health Protection Branch, on behalf of the Director-General, maintains the Sub-plan for the Department of Health.

Approved by:

Dr Jeannette Young

Chief Health Officer and Deputy Director-General, Prevention Division

Date: 2018

## Amendments

Proposed amendments to the Sub-plan are to be forwarded to:

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### Version control

This document is uncontrolled when printed.

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.

Version	Date	Prepared by	Comments
0.1-24	16/12/2016 - 22/01/2018	HPB/CDB	Incorporation of feedback from wide-ranging consultation processes (including HHSs)
0.25	16/02/2018	HPB/CDB	Final amendments incorporating feedback from State Health Emergency Management Committee (SHEMC).
0.26	16/02/2018	HPB/CDB	Final draft for approval
1	28/02/2018	HPB/CDB	Approved by Tier 3 Disaster Management Executive Committee (DMEC)

# 1. Introduction

## 1.1 Purpose

The Public Health Sub-plan (the Sub-plan) describes the working arrangements between the Department of Health (the department) and Hospital and Health Services (HHSs) to minimise the public health consequences of a disaster, major public health incident or public health incident of state significance impacting the Queensland community.

The arrangements described within the Sub-plan are scalable and interoperable across these public health incidents.

The Sub-plan is to be read in conjunction with the *Queensland Health Disaster and Emergency Incident Plan* (QHDISPLAN) and *Queensland Health Incident Management System Guideline* (QHIMS).

## 1.2 Scope

**A public health incident** is defined as any event that may have negative consequences for human health on a population basis. The term includes incidents that have not yet led to disease in humans but have the potential to cause human disease through exposure to contaminated or infected food, waters, animals, vectors, manufactured products or environment, and novel communicable diseases.

Examples of public health incidents include, but are not limited to, suspected contamination of a food source, environmental health risks, contamination of drinking water supply, outbreaks of communicable diseases and the spread of a novel virus or organism that has significant clinical severity (for example, Ebola Virus Disease, Middle East respiratory syndrome).

Public health incidents can be classified according to three levels (Table 1). See Appendix 1 for full description of the classification of public health incidents.

**The focus of the Sub-plan** is to describe the working arrangements between the department and HHSs in the management of Level 2 and 3 public health incidents. The arrangements described herein are scalable and interoperable across these public health incidents.

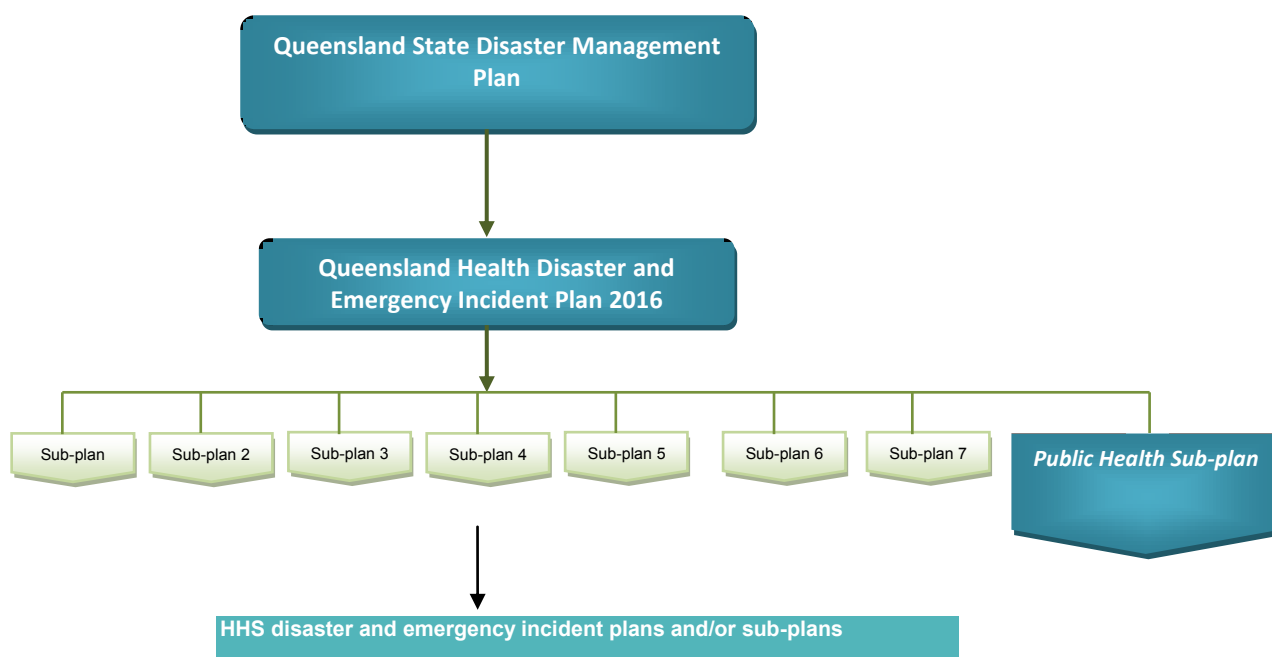
Across Queensland Health there are 11 Public Health Units (PHUs) servicing 16 HHSs and their communities. All HHSs, even those without a PHU located within their HHS, will be supported by a PHU when responding to public health incidents.

**Table 1 Classification of public health incidents**

Classification	Brief description
<b>Level 1 – Public health incident of local significance</b>	An actual or potential public health incident confined to a single Hospital and Health Service (HHS) and or neighbouring HHS and can be managed within local resources. The department may provide an advisory role, however accountability for local incident response sits with the HHS Chief Executive (HHS CE). Local emergency incident response plans and/ or local sub-plans may be activated.
<b>Level 2 – Public health incident of state significance</b>	A public health incident where the actual or potential impact has state or national implications and or extends across multiple HHSs. Accountability for management of the incident sits with the Chief Executive for the Department of Health or their delegate (usually the Chief Health Officer and Deputy Director-General (CHO & DDG)). The working arrangements described in the Public Health Sub-plan may be implemented without QHDISPLAN activation. For some Level 2 incidents (e.g. where multiple HHSs are involved), the Management of Public Health Event of State Significance, Health Service Directive (MPHESS, HSD) (QH-HSD-046:series) may be activated, including requirement to respond using the working arrangements described in this Sub-plan.
<b>Level 3 – Major public health incident or disaster</b>	A major public health incident may occur simultaneously with a disaster (e.g. cyclone) or may be a stand-alone, large-scale public health incident (e.g. Ebola or other disease outbreak). Accountability for management of the incident sits with the Chief Executive for the Department of Health or their delegate (usually the Chief Health Officer and Deputy Director-General (CHO&DDG)). For a Level 3 incident, the QHDISPLAN is usually activated, with subsequent activation of the Public Health Sub-plan.

### 1.3 Plan hierarchy

Figure 1 shows how the Public Health Sub-plan sits within the QHDISPLAN and broader disaster management plans.



**Figure 1 Plan hierarchy for Public Health Sub-plan**



As illustrated in Figure 1, the Queensland *State Disaster Management Plan* (SDMP) is supported by state agency plans, including the QHDISPLAN. The QHDISPLAN is supported by agency hazard-specific sub-plans for example the *Queensland Health Heatwave Response Plan*; the *Queensland Health Pandemic Influenza Plan*; the *Queensland Health Chemical, Biological and Radiological Plan*; the *Queensland Health Mass Casualty Incident Plan* and the *Queensland Health Public Health Sub-plan*.

HHSs have individual disaster plans, sub-plans and are responsible for managing the health response to disasters and emergency incidents at a local level.

The QHDISPLAN and its designated sub-plans address the function of disaster management where Queensland Health is the lead agency.

The QHDISPLAN and its designated sub-plans apply to the department and all HHSs.

See the QHDISPLAN (Section 4.2 Hierarchy of plans and legislation) for further information about disaster management plans and sub-plans.

## 1.4 Review requirements

The Public Health Sub-plan shall be reviewed annually and/or following structural or organisational changes impacting on Queensland Health operations; legislative changes affecting Queensland Health operations; changes to state or federal nomenclature or arrangements; or following activation or implementation of the sub-plan resulting in identified improvements.

## 2. Disaster and incident management legislative and policy context

### 2.1 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, districts and local government areas and provides the legislative basis for the preparation of disaster management plans and guidelines including the Queensland State Disaster Management Plan (SDMP), the QHDISPLAN and the Public Health Sub-plan (Figure 1 above).

The *Public Health Act 2005* sets out the legislative provisions available for public health emergencies, defined as events or a series of events that have contributed to, or may contribute to, serious adverse effects on the health of persons in Queensland. Usually, where a disaster is declared under the Disaster Management Act, there is no need for a public health emergency to be declared, and public health risks are managed under general provisions of the *Public Health Act 2005* and disaster management arrangements.

Initially, the community will be requested to voluntarily comply with public health directions. Where non-compliance is deemed a risk to the success of a public health strategy (e.g. where community engagement, communication and compliance

promotion strategies have not been effective), relevant legislation may be enforced to ensure such compliance.

Relevant public health and related legislation which may apply during the phases of disaster and incident management – prevention, preparedness, response and recovery, includes:

- *Biosecurity Act 2014* [Qld]
- *Biosecurity Act 2015* [Cth]
- *Food Act 2006* [Qld]
- *Health Act 1937* [Qld]
- Health (Drugs and Poisons) Regulation 1996 [Qld]
- *Hospital and Health Boards Act 2011* [Qld]
- *Pest Management Act 2001* [Qld]
- *Public Health Act 2005* [Qld]
- Public Health Regulation 2005 [Qld]
- *Public Safety Preservation Act 1986* [Qld]
- *Quarantine Act 1908* [Cth]
- *Radiation Safety Act 1999* [Qld]
- *Water Supply (Safety and Reliability) Act 2008* [Qld]
- *Work Health and Safety Act 2011* [Qld]
- *International Health Regulations 2005* [World Health Organisation]

## 2.2 Supporting documents

Relevant public health and related policies and directives which may apply during the phases of disaster and incident management includes:

- *Emergency Management Assurance Framework*
- *Health Service Directive QH-HSD-046:series – Management of a public health event of state significance*
- *Health Service Directive QH-HSD-003:series – Disasters and emergency incidents.*
- *Queensland Counter-Terrorism Plan*
- *Queensland Health Disaster and Emergency Incident Policy (2018)*
- *Queensland Health Disaster and Emergency Incident Standard (2018)*
- *Queensland Health Disaster and Emergency Incident Plan (2016) and sub-plans*
- *Queensland Health Disaster and Emergency Incident Training Framework (2016)*
- *Queensland Health Incident Management System Guideline (2016)*
- *Queensland Health Operational Briefing and Debriefing Guideline (2016)*
- *Queensland State Disaster Management Plan (2016)*

### 3. Public health disaster and incident management functions, structures and roles

The Queensland Health disaster and emergency incident management arrangements (including incident management functions, coordination structures and roles) are detailed in the QHDISPLAN and the QHIMS Guideline.

The descriptions of the following functions, coordination structures and roles used for the management of Level 2 & 3 public health incidents are based on, and consistent with these arrangements.

These arrangements are scalable, interoperable and adaptable across levels and tiers of public health incident management (i.e. across Levels 1, 2 & 3).

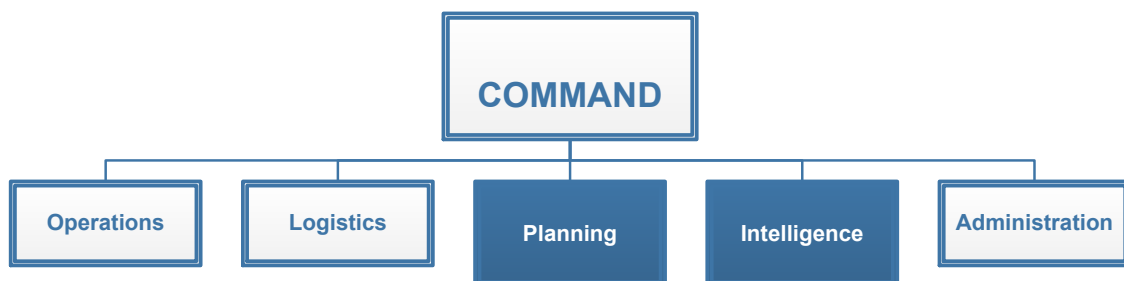
#### 3.1 Incident management team functions

Consistent with the Australasian Inter-service Incident Management System (AIIMS), incident management team structures will generally consist of the following incident management functions – command and control, coordination, operations, planning, logistics, intelligence, finance and administration and media and communications. (See section 6.2 of QHDISPLAN for further details of these functions).

Additional functions/roles and variations to the generic incident management team structure may occur due to the incident location, size and complexity (e.g. one person taking on multiple roles; functions performed by teams or the creation of additional roles).

For example, a major public health incident (e.g. Level 3 incident) is likely to require larger planning and intelligence functions, due to the more strategic and inter-sectoral nature of management activities, potentially over a prolonged response phase (Figure 2).

Conversely, smaller public health incidents (e.g. a Level 2 department-led incident with limited HHS involvement) may build a smaller public health incident management structure, whereby one or two persons may take on multiple roles to manage the incident, due to its smaller size or complexity (relative to a Level 3 incident).



**Figure 2** Key incident management functions for a major public health incident (Level 3)

Source: Queensland Health Incident Management System (QHIMS) Guideline

Public Health incident management teams (at both department level and HHS level) should be both scalable to match incidents and flexible to adjust to disasters and emergency incidents as they evolve.

## **3.2 Incident management coordination and operations structures**

### **3.2.1 State structures**

#### **State Health Emergency Coordination Centre**

The State Health Emergency Coordination Centre (SHECC) is the peak emergency coordination centre for state health response to an emergency incident, disaster or public health incident of state significance.

The SHECC is activated by the State Health Coordinator (SHC), ordinarily the Chief Health Officer & Deputy Director-General Prevention Division (CHO & DDG) as delegate of the Director-General. If required, the SHC will also authorise activation of an incident management team to manage the necessary functions within the SHECC.

The incident management team operating from SHECC is scalable to the needs of the event (or incidents). Staffing and operation of SHECC may vary from small scale monitoring operations, through to fully resourced 24/7 operations.

The SHECC operates at the state level and works with HHS Health Emergency Operations Centres (HEOCs), Queensland Ambulance Service (QAS), State Incident Management Room (SIMR) and the State Disaster Coordination Centre (SDCC) as required.

For further information about SHECC see the QHDISPLAN (Section 6).

#### **State Public Health Emergency Operation Centre**

Where SHECC is not formally activated, a department-led emergency operation centre may be activated to manage a public health incident (e.g. a Level 2 incident). This is usually known as the State Public Health Emergency Operation Centre (State PHEOC).

The State PHEOC is activated by the State Public Health Incident Controller (SPHIC) as delegate (of the CHO & DDG). If required, the SPHIC will also authorise activation of an incident management team to manage the necessary functions within the State PHEOC. The incident management team operating from State PHEOC is scalable to the needs of the event/incident.

The location of the State PHEOC needs to be pre-determined and pre-resourced to allow rapid activation to 'stand up' level of activation. It must also contain appropriate infrastructure necessary to manage an event or incident, particularly in a prolonged situation. A State PHEOC is presently located on Level 3, 15 Butterfield Street, Herston, Brisbane.

For further information about emergency operation centre requirements see the QHDISPLAN (Section 6).

## 3.2.2 HHS structures

### HHS Health Emergency Operation Centre

Each HHS will have a Health Emergency Operation Centre (HEOC) that can rapidly stand up to provide incident management support structures and functions for incidents that are expected to be prolonged, protracted and require additional resources above and beyond what an individual hospital or business unit (or potentially multiple hospitals) can provide (i.e. may be operational during a Level 2 or 3 incident).

The HHS CE, or authorised delegate, is responsible for authorising the activation of the HEOC.

For further information about HEOCs see Section 5 of the QHIMS Guideline.

### HHS Public Health Emergency Operation Centre

Where a HHS HEOC is not formally activated, a PHU-led emergency operation center may be activated to manage a public health incident (e.g. a Level 2 incident). This is usually known as a HHS Public Health Emergency Operation Centre (HHS PHEOC).

A HHS PHEOC is activated by the Public Health Incident Commander (HHS PHICom) as delegate (of the HHS CE). If required, the HHS PHICom will also authorise activation of an incident management team to manage the necessary functions within the HHS PHEOC. The incident management team operating from a HHS PHEOC is scalable to the needs of the event/incident.

## 3.3 Incident management team roles

### 3.3.1 State roles

#### Role of the Department of Health (Prevention Division)

For a Level 2 or 3 public health incident, it is the responsibility of the department's Prevention Division to:

- Provide strategic direction for prevention, preparedness, response and recovery in managing these incidents.
- Effect, monitor and coordinate public health activities and advice to minimise public health risk associated with these incidents in the community.
- Coordinate access to appropriate public health and clinical expertise and resources to manage these incidents.
- Report and evaluate the conduct of and outcomes of the public health incident response, then review, update and/or enhance the efficacy of this Sub-plan.

#### State Health Coordinator

For a Level 3 incident, a State Health Coordinator (SHC) will be appointed by the Director-General to coordinate and lead the Queensland Health response. This would usually be the CHO & DDG, Prevention Division or their delegate.

The SHC is responsible for providing strategic leadership to HHSs, non-government health services and local and state government agencies on the Queensland Health response including the management of the public health risk to the community.

Where necessary, the SHC is responsible for activating the SHECC to support the incident, coordinate responses and liaise upwards (SDCC) and downwards (e.g. HHS HEOCs).

The SHC will also authorise activation of an **Incident Management Team (IMT)** if required to manage the necessary functions within the SHECC.

If the SDCC is operating, the SHC or proxy is supported by a liaison officer in the SDCC. The liaison officer role may be supported by, or may be, a public health advisor.

For further information about role of the SHC, see Appendix 1 Roles and Responsibilities, of the QHIMS Guideline.

### **State Public Health Incident Controller**

For Level 2 and/or 3 public health incidents requiring state coordination of the public health function, the SHC (Level 3) or CHO-DDG (Level 2) will appoint a SPHIC. The SPHIC reports to the SHC/CHO & DDG depending on the scale of the incident.

The SPHIC coordinates the Queensland Health response and liaises upwards (CHO & DDG) and downwards (e.g. HHS PHEOCs). The SPHIC also provides advice and liaises with other relevant stakeholders as appropriate.

The SPHIC is usually a senior member of the Prevention Division and is responsible for:

- Provision of strategic advice and direction on the management of the public health incident to the SHC/CHO & DDG. This includes:
  - providing technical/specialist advice including state-wide public health risk assessment, on the public health issues
  - supporting and where requested, advising core public health services throughout the State
  - planning for public health incident preparedness, surveillance response and recovery
  - facilitating the coordination of public health resources in Queensland which are needed to respond to public health issues, including pathology and environmental laboratories within Queensland Health.
- Monitoring implementation of strategies associated with the management of the public health incident.
- Liaison with Local Government Association of Queensland, other state and national agencies, industry and other stakeholders as required to ensure a planned, efficient and effective public health response.

### **Expert advisory groups**

Expert advisory groups can be convened by the SHC or SPHIC to provide specific advice if needed. If convened, these groups will provide expert advice on public health strategies/actions required to control actual or potential disease transmission and health consequences associated with the identified public health risks, based on current evidence or expert modelling.

The Chair of the group provides advice directly to the SHC and/or SPHIC (the convener of the group).



### 3.3.2 Local HHS roles

#### HHS Chief Executive (HHS CE)

For Level 3 and/or Level 2 public health incidents, HHS CEs/HHSs are responsible for:

- Putting plans in place to manage these public health incidents, in particular threat specific events, within their gazetted area.
- Ensuring relevant staff are adequately trained to execute plans to manage these public health incidents within their gazetted area, through professional development and exercising the plans.
- Meeting Public Health Services requirements specified within the service agreement in place with the department and comply with relevant health service directives and disaster and emergency incident plans.
- Implementing the department's planned and emerging strategies to manage these public health incidents.

#### HHS (Public Health) Incident Commander (nominated by the HHS)

The HHS Public Health Incident Commander (HHS PHICom) is responsible for:

- Controlling the public health response within the HHS as a component of the overall state response
- Implementing public health protection strategies in their local nominated area
- Liaison with local emergency response agencies (e.g. relevant council(s), government and non-government agencies) to ensure a planned, efficient and effective public health response
- Providing situation reports at the frequency requested by the SHC (Level 3) or SPHIC (Level 2) [e.g. via the HHS HEOC to the SHECC and cc SPHIC for a Level 3 or via HHS PHEOC to the state PHEOC for a Level 2). Note this is in addition to disaster and incident reporting arrangements within the HHS.
- Submitting timely advice of resourcing impacts and locally developed strategies to best manage the incident.
- Ensuring requests for deployment of additional staff to assist with local impacts are made through the appropriate formal channels via SHECC/State PHEOC. For further details about requests for assistance refer to the QHDISPLAN (*Figure 5 Request for assistance escalation*) and Appendix 2.

For further details about the roles within the Sub-plan, please refer to the QHIMS Guideline.

## 4. Comprehensive approach to disaster and incident management planning and response

Queensland Health has a legislative obligation to prepare for and respond to public health incidents. Queensland Health adopts an all-agencies and all-hazards approach to disaster and emergency incident management across the **prevention**, **preparedness**, **response** and **recovery** phases.

Public health risks to manage include:

- Communicable diseases
- Drinking water quality
- Drugs and poisons
- Food safety
- Hazardous waste, including asbestos
- Mosquito management
- Recreational water quality
- Pest management
- Vaccine supply (including cold chain management)
- Radiation health

### 4.1 Prevention and Preparedness Phase

#### 4.1.1 Prevention

Prevention in relation to public health is defined as those activities taken to mitigate, reduce or eliminate risk in the community from harmful effects on human health from a population based perspective.

Queensland Health is responsible for providing prevention and protection strategies to control the spread of disease, support maintenance of safe food and water supplies, monitor vector control activities and provide expert risk assessment on the health of a community. Public Health prevention activities include:

- Horizon scanning (state, national and international trends)
- Enhanced surveillance and infection control
- Disease control including immunisation programs and infection control practices
- Mass vaccination campaigns, distributions of vaccinations and prophylaxis medication
- Contact tracing, prophylaxis and treatment
- Regulation and compliance activities
- Quarantine/border control
- Government, non-government and community education and awareness programs
- Public health information and education



Prevention planning involves identifying and monitoring public health risks and a community's vulnerability to those risks prior to an incident or event. Key prevention activities are undertaken as part of everyday practice and provide the basis for public health disaster event and incident response capability.

For further information about approved disaster and incident risk management frameworks and resources see Section 4.5 of the QHDISPLAN.

### 4.1.2 Preparedness

Public health preparedness encompasses the activities required to build capacity of the community, government and non-government agencies to mitigate and/or manage public health risk within their local community.

One of the key strategies for preparedness is to increase community awareness of known public health risks and educating government, non-government and communities on where to access public health risk information. Stakeholder engagement and relationship management (e.g. with local government and other partner agencies) is another cornerstone of effective public health response preparedness.

In the preparedness phase, public health staff may enhance surveillance activities and contribute to, or lead health planning for, mobilisation of assets and equipment at local and state level, as well as advise and/or participate in planning as part of Queensland disaster management arrangements.

Essential components of preparedness also includes disaster management training of public health staff, exercise programs and ensuring public health disaster management documents are updated with current and accurate information. Training should be undertaken in accordance with the *Queensland Health Disaster and Emergency Incident Training Framework*.

These preparedness activities should occur in advance of the disaster or emergency incident.

For further information about disaster and emergency incident management preparedness see the QHDISPLAN (Section 4.5).

## 4.2 Response and Recovery Phase

### 4.2.1 Response

The public health response includes oversight of the management of public health risk under public health legislation and working with relevant agencies to mitigate or manage the public health risks.

Many public health risks, associated with a Level 2 or 3 public health incident, are managed by local government supported by HHS PHUs<sup>1</sup> and the Prevention Division

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<sup>1</sup> Across Queensland Health there are 11 PHUs servicing 16 HHSs and their communities. All HHSs, even those without a PHU located within their HHS, will be supported by a PHU when responding to public health incidents.

within the department, coordinated through the SHECC or State PHEOC depending on the size and scale of the incident.

In response to a Level 2 or 3 public health incident, a summary of potential public health actions are described in Appendix 3. These actions are scalable and interoperable.

## 4.2.2 Recovery

Public health recovery activities are often a continuation of the response activities. Response and recovery activities can also occur simultaneously. The transition from the response to the immediate/short-term recovery stage, however, must be acknowledged and carefully managed.

A focus of activities in the recovery phase (particularly after a Level 3 incident) is to assist affected communities manage public health risks as they undertake their recovery post-event. Staff deployed to evacuation and recovery centres should be aware of public health risks and the appropriate contacts who can provide advice on mitigation and management of public health risks.

Queensland Health produces a comprehensive set of resources, such as public health fact sheets, that are able to be provided to community members. These resources provide contact details for PHUs who can provide additional advice to communities.

Under the current Queensland Disaster Management Arrangements (QDMA), aspects of recovery (particularly after a Level 3 incident) are grouped into five broad functional portfolios:

- Environmental Recovery
- Human-Social Recovery
- Building Recovery
- Roads and Transport Recovery
- Economic Recovery.

For further information about recovery planning and implementation see the *Queensland Recovery Plan* and the *Queensland Recovery Guidelines*.

## 5. Activation of Sub-plan

### 5.1 Authority to activate

The CHO & DDG has the authority to activate the *Public Health Sub-plan*.

The working arrangements described in this sub-plan are both scalable and interoperable across Level 2 and Level 3 public health incidents and may be used without the formal activation of the QHDISPLAN (or the MPHESS, HSD).

### 5.2 Rationale for activation

The Sub-plan may be activated:

- When the QSDMP and/or the QHDISPLAN is activated (i.e. a Level 3 incident) – where the department or other state agencies determine that there is a potential or actual public health risk associated with a disaster (or where a response is required under legislation such as a declared public health emergency under the Public Health Act).
- Where the CHO & DDG declares a Level 2 public health incident of state significance (under the MPHESD, HSD) and decides the incident is best managed using the working arrangements described within this sub-plan.
- Where an Executive Director (Health Protection Branch or the Communicable Diseases Branch) advises the CHO & DDG that an IMT structure is required to manage an incident (i.e. a Level 2 incident) and the incident is best managed using the working arrangements described within this sub-plan and the CHO & DDG agrees.
- Where the department receives notification of a potential major public health threat with state-wide, national or international implications.
- Where a public health risk emerges during a major state event (e.g. G20 meeting, Commonwealth Games).
- Where the department receives notification of a potential or actual event under The Emergency Response Plan for Communicable Disease Incidents of National Significance Plan (CDPLAN) – e.g. an Ebola Pandemic.

### 5.3 Communicating activation

For a Level 3 incident, the decision and rationale to activate the Sub-plan will be communicated to affected HHS PHUs and other relevant stakeholders as outlined in the QHDISPLAN:

- DG notifies the Minister for Health and Minister for Ambulance Services.
- SHECC duty officer notifies the SDCC, all HHSs and department divisions, of SHECC activation (and subsequent de-activation) via established email process.

- SHC via SHECC coordinates Queensland Health response and liaises with HHSs (down) and SDCC (up). Also liaises with other relevant health services providers (via SHECC) as appropriate e.g. Mater hospitals.
- SHC identifies if the response required is beyond department's capabilities and if so requests support or assistance from other State Agencies or National Agencies (through SDCC) or Health Departments of other jurisdictions (through AHPPC).

When a Level 2 incident is declared a public health incident of state significance (under the MPHESS, HSD):

- The CHO & DDG will provide written advice of the decision (including both the start and finish dates of the public health event of state significance) to the Chief Executives of the affected HHSs. This advice will include the requirement to respond using the working arrangements described in this Sub-plan.
- The SPHIC identifies if the response required is beyond the PHEOC's capabilities and if so requests support or assistance from the Department (through CHO & DDG or SHECC).

## 6. Governance and communication arrangements

### 6.1 Overview

On activation of this Sub-plan, and disaster and emergency incident management arrangements, clear command and coordination lines need to be established to support the response.

Appendix 2 of this plan describes the governance and communication arrangements which are in place in Queensland Health for the management of Level 2 and 3 public health incidents.

These arrangements are scalable and interoperable and are consistent with the incident management reporting structures described in the QHDISPLAN (section 5.8).

### 6.2 Communication

#### 6.2.1 Communication pathways

As described in Appendix 2 of this plan, communication processes for the management of level 2 and 3 public health incidents usually consist of two pathways:

- **Advice/information sharing** – this reflects business-as-usual arrangements which involve advice, support and information sharing between the Prevention Division and the PHUs. This includes less formal communication through a business-as-usual approach to aid in intelligence gathering necessary to provide complete advice to the SHC, other agencies or the Minister. This less formal approach is not meant to, and must not circumvent official channels in relation to command and control, including decision making within the scope of current responsibilities, resource and coordination requests and structured reporting.

- **Command and control** – this describes the formal disaster and incident management arrangements between HHSs and the department. This includes command and control, correspondences reporting requirements and official requests.

The SHC/CHO & DDG provides:

- Updates (to various stakeholders) on the Queensland Health response.

The SPHIC is responsible for:

- Assessing public health risk from a state perspective (including gathering and analysing intelligence and surveillance data from affected HHSs) and setting and directing strategies to manage the risk.
- Coordinating the development of the state public health situation report, briefings and other state reporting requirements.
- Facilitating information flow on public health practice to and from HHS PHIComs.
- Coordinating the deployment of public health teams across the state via SHECC (for Level 3 incidents only).

The HHS PHICom is responsible for managing the local response to the event including:

- Providing local situation reports and emergent threat specific advice to the SHC via the SHECC and HHS executive management (Level 3) or to the SPHIC via the State PHEOC and HHS executive management (Level 2).
- Providing local information and expertise to inform public health planning of the state-wide response.
- Distribution of public health information through local networks once approved by the SHC (Level 3) or the SPHIC (Level 2).

## 6.2.2 Situation reports

Situation reports (SITREPs) and incident action plans are used to manage information and ensure actions meet the overall incident/event management objectives. A SITREP provides clear, concise, consistent, regular updates on the incident and the incident response to inform decision makers.

Consistent with the QHDISPLAN, the initial SITREP can be provided as an ETHANE:

- **E**xact location
- **T**ype of incident
- **H**azards
- **A**ccess and egress
- **N**umber of people/patients
- **E**mergency services at scene or required

Additional information may include whether a PHEOC or HEOC has been activated and name of the HIC or PHIC and primary contact number.

As more information is available and additional detail is provided to form a SMEACS-Q briefing (refer to Appendix 1 of the QHDISPLAN for further information).

- **Situation (ETHANE)**
- **Mission**
- **Execution**
- **Administration**
- **Communications**
- **Safety**
- **Questions** (allows for clarification or confirmation of information)

During state led events, the SHC or SPHIC determines the frequency of SITREPs, which is dependent upon the incident level and the timeliness of information required by the SHC or SPHIC.

SITREPs are required from relevant units within the Prevention Division that participate in or contribute to the response, as well as from HHSs.

During a Level 3 incident, public health SITREPs should be formally submitted to the SHECC through the HHS arrangements (i.e. via HHS HEOC), but a copy may be provided to the SPHIC (e.g. via approved email account) to support the Prevention Division's advisory and support role.

During a Level 2 incident, public health SITREPs should be formally submitted to the SPHIC through the HHS arrangements (i.e. via HHS HEOC or PHEOC to the state PHEOC).

### 6.2.3 Media

The department is responsible for providing expert health information to health services within the affected area on management of potentially exposed community members.

During a Level 2 or 3 incident, all media releases and other public health awareness campaigns related to the event should be endorsed by the SHC (or SPHIC) prior to release.

The SHC is responsible for:

- Ensuring higher level (e.g. DG) endorsement for release of information to the public is obtained where required.
- Managing (with support from the department's integrated communications team) state-wide media releases including the development and endorsement of public health information to be disseminated to the community.

The SPHIC is responsible for:

- Managing state-wide media, provision of public health information to key stakeholders, social media and state led public health campaigns (with support from the department's Integrated Communications Branch).
- Media communications associated with the coordination of any deployment of public health teams across the state.
- Seeking endorsement from the SHC/CHO & DDG for any media releases, public health messaging or state led public health campaigns.

- Ensuring public health messages are accurate.

The HHS HEOC (or HHS PHEOC depending on size of the incident) is responsible for managing the local response to the event including:

- Working with the HHS communication team to manage local media, provision of public health information to key stakeholders, local social media and locally led public health campaigns.
- Distribution of public health information through local networks once approved by the SHC/SPHIC).

### 6.3 Documentation and record keeping

A full record of activities, decisions and actions taken is essential for managing a (Level 3 or Level 2) public health incident, including handover between teams, debriefing, and inquiries after the incident. It is essential that incident logs are maintained by those managing the incident.

An integrated, interoperable system (e.g. Noggin OCA) should be established to manage information flow, coordinate communications between agencies and ensure consistency and accuracy of messages. All incident communications need to be logged and filed electronically and in hard copy formal files.

### 6.4 Staff briefing and debriefing

Details regarding the briefing and debriefing of all staff involved in a (Level 3 or Level 2) public health incident can be found in the [Queensland Health Operational Briefing and Debriefing Guideline](#).

For further information also see the QHDISPLAN.



## Appendix 1 Classification of public health incidents

Level	Description	Examples	Accountability
<p><b>Level 1 - Public health incident of local significance</b></p> <p><i>(Managed at local level by local HHS)</i></p> <p><i>(Level 1 incidents may also be referred to as an Emergency incident)</i></p>	<ul style="list-style-type: none"> <li>A Level 1 incident refers to those public health events of local significance that pose a public health threat to the local community without broader state or national implications and can be managed within local capacity or with support from other HHSs as per local arrangements i.e. Confined to activation of a PHEOC in a single HHS.</li> <li>A Level 1 public health incident may occur when the Director Public Health Unit identifies that the event may have moderate or medium impact on normal operations or some organisational risk such as a high level of public interest, and has determined that it is necessary to advise their senior management and formalise the local public health incident management arrangements, consistent with local public health emergency incident response plans or sub-plans.</li> <li>Some level 1 public health incidents may require a small amount of support from the department i.e. may require expert advice or may involve the state PHEOC (or SHECC) moving to 'alert' or 'lean forward' level of activation dependent on situation reporting. However, the overall accountability for the management of the public health incident rests with the HHS PHICom and the CE of the HHS.</li> <li>The HHS PHICom (usually the Director, Public Health Unit) may delegate the Incident Commander function to a senior officer, who has the required skills, knowledge and experience to competently discharge this function.</li> </ul>	<ul style="list-style-type: none"> <li>Outbreak of food-borne illness limited to local area</li> <li>Outbreak of communicable disease within local area where overall impact is within a HHS and can be managed with no state or national implications</li> <li>Actual or potential healthcare transmission of blood borne virus due to, for example, sterilisation breach.</li> </ul>	<p><b>HHS</b></p> <ul style="list-style-type: none"> <li>Chief Executive (or HHS PHIC as delegate)</li> </ul>



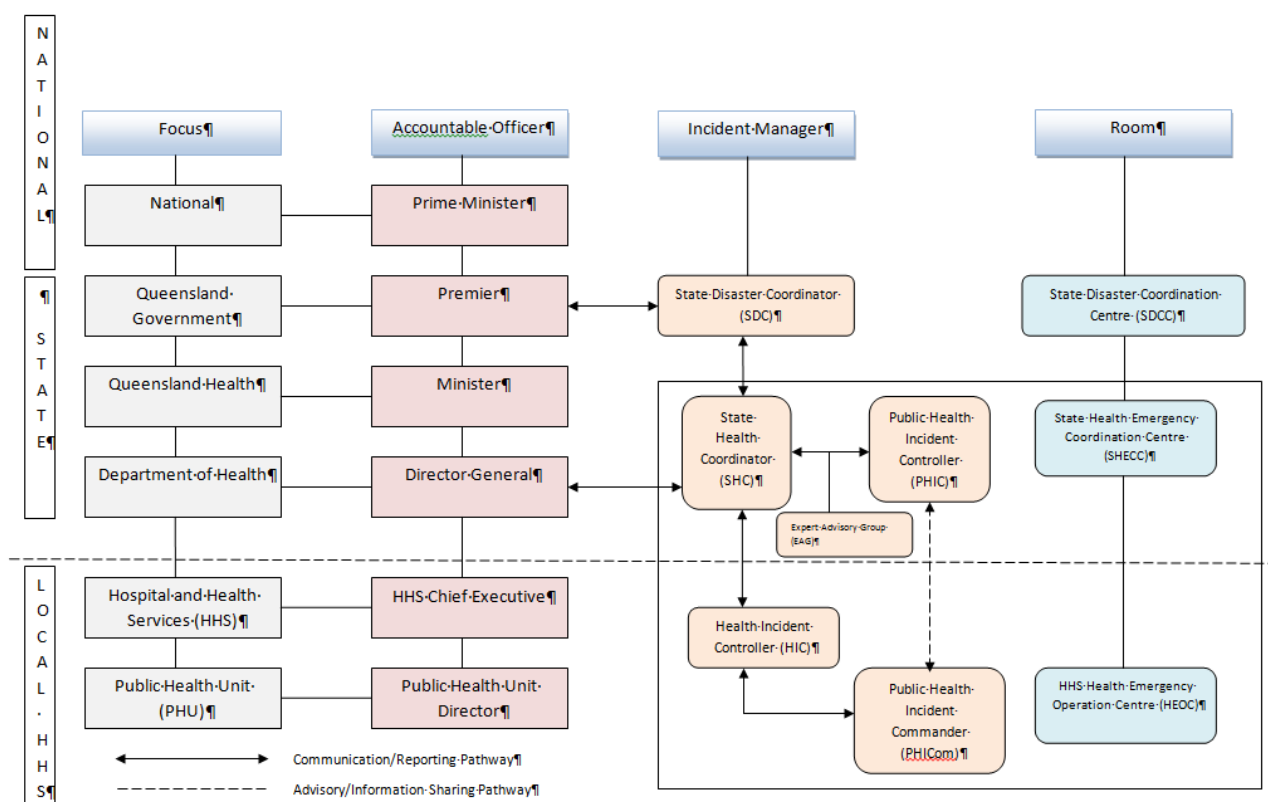
<p><b>Level 2 - Public health event of state significance</b></p> <p><i>(Managed at State level by either Health Protection Branch or Communicable Diseases Branch)</i></p>	<ul style="list-style-type: none"> <li>• A Level 2 incident refers to public health events of state significance that pose a public health risk to the broader community, has state or national implications, complex stakeholder management and/or is beyond the capacity of one HHS to manage the incident.</li> <li>• The nature and progression of the public health event may be novel or largely unknown, or may have high political or organisational risk requiring state leadership and response.</li> <li>• A Level 2 incident may have medium or major impact on normal operations in at least one HHS but could affect multiple HHSs i.e. involves activation of a HHS PHEOC (or HHS HEOC) in more than one HHS. Under such circumstance, the department is likely to assume leadership (and accountability) for the public health incident under the <i>Public Health Events of State Significance Health Service Directive</i> (MPHESS, HSD) (QH-HSD-046:series). Under these circumstances, the CHO &amp; DDG would provide written advice of the decision (including both the start and finish dates of the public health incident of state significance) to the CEs of the affected HHSs. This advice will include the requirement to respond using the working arrangements as described in this Sub-plan.</li> <li>• A Level 2 incident may not have an immediate impact on any HHSs but pose a public health risk to the broader community and has state or national implications. Under such circumstances, the department is also likely to assume leadership for the public health incident (however without the need to evoke the <i>Public Health Events of State Significance Health Service Directive</i> (QH-HSD-046:series).</li> <li>• For all Level 2 incidents, the department and HHSs establish agreed incident management arrangements with clear accountability and management structure including roles and responsibilities of each organisational unit respectively to manage the specific public health incident, consistent with the working arrangements described in this sub-plan (See Appendix 2). This may include standing up, and/or activating the SHECC (or state PHEOC).</li> </ul>	<ul style="list-style-type: none"> <li>• Novel virus</li> <li>• Outbreak of a communicable disease that has significant state-wide implications as determined by the CHO &amp; DDG</li> <li>• National food recall and or the outbreak of food borne illness where the source is located in multiple HHSs</li> <li>• Initial investigation of emerging environmental hazard (e.g. widespread lead contamination)</li> <li>• Widespread flooding</li> </ul>	<p><b>DOH</b></p> <ul style="list-style-type: none"> <li>• Chief Health Officer and Deputy Director General (delegated by the Director-General)</li> <li>• HHS CE accountable for local response and follow state led direction</li> </ul>
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	<ul style="list-style-type: none"> <li>• Overall accountability for the management public health events of state significance rests with the CHO &amp; DDG. The CHO &amp; DDG can delegate the SPHIC function to a senior officer who has the required skills, knowledge and experience to competently discharge this function, dependent upon nature of the event. (e.g. for a Level 2 incident declared under the MPHESS, HSD, the CHO &amp; DDG can delegate the SPHIC role to the Executive Director Communicable Diseases Branch (ED, CDB) or Executive Director Health Protection Branch (ED, HPB).</li> <li>• For a Level 2 incident not declared under the MPHESS, HSD, the ED, CDB or ED, HPB can delegate the SPHIC role to the relevant program area Director.</li> </ul>		
<p><b>Level 3 - Major public health event</b></p> <p><i>(Managed at State level, may be a standalone major public health event or a public health event within a larger disaster.</i></p>	<ul style="list-style-type: none"> <li>• A Level 3 public health incident may occur simultaneously with a disaster (e.g. cyclone) or may be a stand-alone, large-scale public health incident (e.g. Ebola or other disease outbreak).</li> <li>• Usually involves complexities requiring substantial management and coordination of emergency response. The event may have major or severe impact on normal operations in multiple HHSs i.e. may involve activation of HEOCs in a number of HHSs.</li> <li>• A Level 3 incident occurs when the Queensland <i>State Disaster Management Plan</i> (SDMP) and/ or the <i>Queensland Health Disaster and Emergency Incident Plan</i> (QHDISPLAN) are activated and require a public health response.</li> <li>• A Level 3 incident may also occur from declarations under the <i>-The Emergency Response Plan for Communicable Disease Incidents of National Significance</i> (CDPLAN) e.g. Ebola</li> <li>• The SHECC likely to move to 'stand up' level of activation.</li> <li>• If event is within a larger disaster, activation of the State Disaster Coordination Centre (SDCC) is also likely to occur to coordinate broader response arrangements under the <i>Disaster Management Act 2003</i>.</li> <li>• May involve engagement with national bodies such as the Australian Health Protection Principal Committee (AHPPC) or activation of national</li> </ul>	<ul style="list-style-type: none"> <li>• Public health aspects of large natural disasters that impact multiple HHSs or overwhelms HHS resources and requires coordination from the state.</li> <li>• Major public health event - Pandemic, biological, major epidemic</li> <li>• Radiological health event</li> </ul>	<p><b>DOH</b></p> <ul style="list-style-type: none"> <li>• Director-General</li> <li>• Delegated to the SHC (usually the CHO-DDG)</li> <li>• HHS CE accountable for local response and follow state led direction</li> </ul>

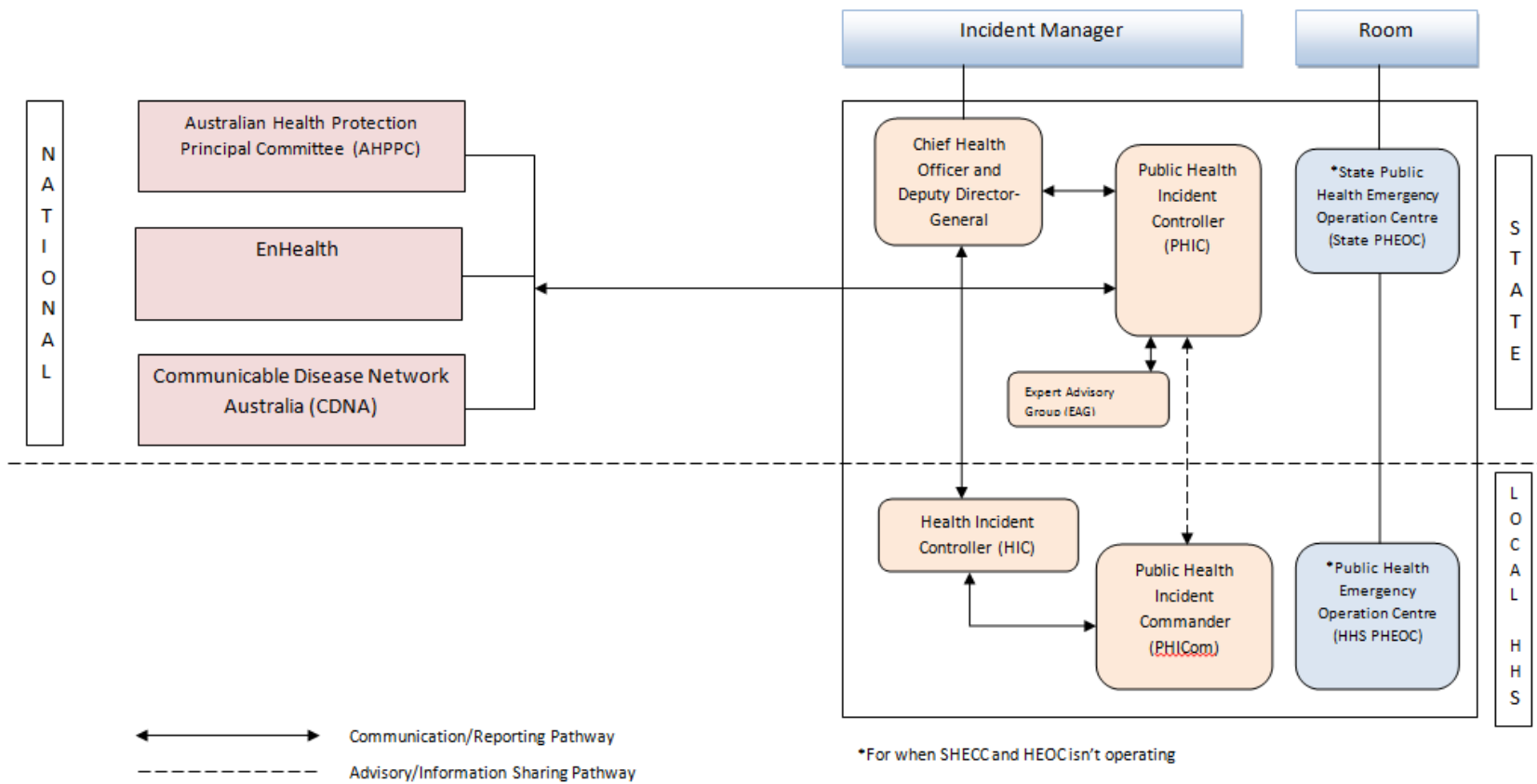
	<p>arrangements and national plans.</p> <ul style="list-style-type: none"> <li>• The department and HHSs establish agreed incident management arrangements with clear accountability and management structure including roles and responsibilities of each organisational unit respectively to manage the incident consistent with the working arrangements described in this Sub-plan (and QHDISPLAN) (See Appendix 2).</li> <li>• Overall accountability for the management of major public health events rests with the SHC (usually the CHO &amp; DDG, delegated by the Director-General).</li> </ul>		
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## Appendix 2 Public Health disaster and incident management governance and communication arrangements

**Level 3** NB– illustrative only, not all the elements may be involved in all responses, or additional elements may be involved depending on the size and nature of the incident



**Level 2** NB– illustrative only, not all the elements may be involved in all responses, or additional elements may be involved depending on the size and nature of the incident



## Appendix 3 Summary of potential actions for public health areas of concern

Response and recovery phase			
Area	Strategies	Actions	Tasked to
<b>Water quality</b>	Drinking water - to provide expert health risk assessment on water quality, water quantity and supply in disaster affected communities.	<ul style="list-style-type: none"> <li>• Provide expert technical advice to drinking water suppliers to manage any public health risks associated with compromised water supplies and their reinstatement.</li> <li>• HHS PHUs to notify the Water Unit, Health Protection Branch of matters of a critical or serious nature relating to water quality and / or supply HHS PHUs to support management of local water quality and /or supply issues in conjunction with the drinking water service provider and Department of Energy and Water Supply (DEWS).</li> <li>• Request and collate information from PHUs and DEWS to support accurate and timely reporting of status of drinking water supplies.</li> <li>• Monitor the status of boil water alerts.</li> <li>• Continue to receive reports of outbreaks of water-borne illness through existing arrangements.</li> </ul>	<b>HHS – PHU in affected areas with support by Water Unit (Health Protection Branch)</b>
	Sewage contamination – to assess and support management of health risks associated with sewage overflows and bypasses and damaged infrastructure	<ul style="list-style-type: none"> <li>• Support local government through inspections and health risk advice, management strategies and communication.</li> <li>• Request and collate information from PHUs, local government and Department of Environment and Science to support accurate and timely reporting of status of sewage releases.</li> </ul>	<b>HHS – PHU in affected areas with support by Water Unit (Health Protection Branch)</b>
	Recreational water – to provide expert health risk assessment on recreational water in areas affected by sewage and other contamination	<ul style="list-style-type: none"> <li>• Provide advice to community and local governments of recreational water risks due to sewage contamination.</li> <li>• Ensure testing of recreational water by local government during recovery phase and ensure appropriate health warnings are maintained by local government until clear results are obtained.</li> </ul>	<b>HHS – PHU in affected areas with support by Water Unit (Health Protection Branch)</b>

<b>Food safety</b>	To liaise with Safe Food Production Queensland, and DAF to coordinate the management of food production with food producers and suppliers impacted by disaster to ascertain any implications for food supply.	<ul style="list-style-type: none"> <li>• Work with Safe Food Production Queensland (SFPQ), Department of Agriculture and Fisheries (DAF) and local government to ensure a safe food supply to affected communities, and the destruction of compromised food to ensure it does not re-enter the food chain.</li> <li>• Provide a liaison point between the Department of Health and SFPQ regarding information sharing, and issues identified by PHUs for their information/action.</li> <li>• Negotiate with other agencies and industry bodies to develop policy and practical solutions to maintain and or restore the quality and safety of the food supply in disaster affected areas.</li> </ul>	<b>Food Safety Standards and Regulation Unit (Health Protection Branch)</b>
	To provide expert advice to Local Governments on food safety in disaster affected communities	<ul style="list-style-type: none"> <li>• Work with local governments to maintain food safety in disaster affected communities including operational support, food business inspections and expert advice if required</li> <li>• Report any novel or emerging public health issues to the SPHIC, and liaise with Food Safety Standards and Regulation Team to provide information on the management of such issues.</li> <li>• Distribute public health information on food safety via the departments Disaster website: <a href="http://www.health.qld.gov.au/disaster">http://www.health.qld.gov.au/disaster</a> to local governments, community members and other relevant agencies.</li> </ul>	<b>HHS Public Health Units – disaster affected areas</b>
<b>Hazardous waste, including Asbestos</b>	To provide health risk advice to HHS-PHUs regarding hazardous waste including asbestos	<ul style="list-style-type: none"> <li>• Collaborate with the lead agency and other stakeholders on effective management of hazardous waste including asbestos.</li> <li>• Provide health risk advice to other state government departments, HHS PHUs, and local government as required.</li> <li>• HHS PHUs to identify and maintain liaison with key stakeholders in local disaster-affected communities (e.g. local government) including environmental health advice as appropriate.</li> <li>• Related functions being undertaken by other government departments:</li> <li>• Workplace Health and Safety Queensland (Queensland Treasury) is the lead agency for the coordination of asbestos regulation and incident response.</li> <li>• The Department of Environment and Science is the lead agency for waste management.</li> <li>• The Department of Housing and Public Works provides support and advice to Queensland government facilities in relation to management of asbestos including removal.</li> </ul>	<b>Environmental Hazards (Health Protection Branch) and HHS Public Health Units</b>

<b>Radiation health</b>	To provide expert advice and support to radioactive source licensees in disaster affected communities	<ul style="list-style-type: none"> <li>• Contact licensees in identified disaster affected communities to determine the number and level of damage to radioactive sources.</li> <li>• Provide expert advice to licensees in relation to the management and mitigation for compromised sources and provide assistance to keep radioactive sources safe and secure.</li> </ul>	<b>Radiation Health Unit (Health Protection Branch)</b>
<b>Private Hospitals</b>	To liaise and support private hospital facilities in disaster affected areas	<ul style="list-style-type: none"> <li>• Liaise with private hospital facilities and networks regarding emerging issues in affected communities.</li> </ul>	<b>Private Health Regulation (Chief Medical Officer and Healthcare Regulation Branch)</b>
<b>Vaccine supply and cold chain breaches</b>	Monitor the supply chain for vaccines in Queensland	<ul style="list-style-type: none"> <li>• Receive notifications of cold chain breaches from vaccine service providers in disaster-affected communities and forward to relevant HHS PHUs for follow up and management.</li> <li>• Provide technical advice and support to HHS PHUs and vaccine service providers as required.</li> <li>• Liaise with the contracted vaccine distributor and vaccine service providers regarding vaccine deliveries and the re-establishment of vaccine stocks in Queensland's disaster affected communities.</li> </ul>	<b>Queensland Health Immunisation Program (Communicable Diseases Branch)</b>



**Medicines and poisons**

To provide expert advice to support local HHSs, PHUs and other stakeholders in affected communities.

- Provide regulatory and expert advice to HHS PHUs, pharmacies and facilities that manage medicines and poisons and other relevant organisations regarding management and supply of medicines and poisons.
- Respond to requests for information from treatment providers to facilitate continuity of appropriate and lawful treatment of patients on controlled drugs an opioid treatment program.
- Provide a liaison point between the department and state/national agency/industry for information sharing and issues identified by HHSs for their information/action.

**Medicines Regulation and Quality (Chief Medical Officer and Healthcare Regulation Branch)**

**Environmental Hazards (Health Protection Branch)**

**Medication Services Queensland (Chief Medical Officer and Healthcare Regulation Branch)**

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- Undertake site inspections as required, to ensure the safe disposal of damaged product, and maintain the integrity of drugs and poisons available to local communities (Note: where required and necessary, inspectors can use certain powers in disaster or emergency situations, including destroying controlled, restricted drugs or poisons).
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**HHS Public Health Units**

**Communicable Diseases and Infection Prevention**

Monitor and investigate reports of potential public health associated risks or threats.

- Monitor, scan and investigate indicators of increased public health concern using a range of media.
- Undertake horizon scanning activities to inform preparedness and response activities.
- Implement regular and enhanced surveillance and reporting activities to inform the control of communicable diseases.
  - Undertake regular review of surveillance and vaccination coverage data to identify disaster related increases in vaccine preventable diseases (medium term) and decreases in vaccination coverage (medium to long term).
  - Provide enhanced disease and injury surveillance in partnership with general practitioners, hospital, QAS and other key stakeholders.
- Monitor and report on any cases or outbreaks of food-borne illness.
- Provide expert advice and direction to inform infection prevention and control and public health strategies to prepare and respond to communicable disease threats. These activities include:
  - Appropriate use of personal protective equipment
  - Environmental management procedures
  - Prioritisation of isolation resources
  - Mortuary practices
  - Healthcare associated transmission and infection
  - Healthcare worker prophylaxis and isolation as required.
- Provide public, professional and executive communication regarding public health issues.
- Provide strategic direction, expert advice and implement actions for the prevention of and response to notifiable conditions including mosquito borne and zoonotic disease threats in Queensland. These activities include raising public awareness, reporting, monitoring, contact tracing oversight and supporting local government and other key stakeholders to undertake emergency control activities as well as develop relevant public health legislation should it be required.

**Communicable Diseases Branch and HHS Public Health Units**

<b>General public health messages to the community</b>	Develop and implement a communication strategy to inform disaster-affected communities	<ul style="list-style-type: none"> <li>▪ Refer all agencies to the department's Disaster website: <a href="http://www.health.qld.gov.au/disaster">http://www.health.qld.gov.au/disaster</a> as a point of truth for all public health information, and the management of risk in the community.</li> <li>▪ The Queensland Government, Disaster Management 'Get ready' website is also a central point of information for the community <a href="http://www.disaster.qld.gov.au/Pages/default.aspx">http://www.disaster.qld.gov.au/Pages/default.aspx</a></li> <li>▪ Use standard information in fact sheets, Facebook, Twitter and media to communicate messages to the public.</li> <li>▪ Disseminate packages through public affairs network to all HHSs.</li> <li>▪ Provide targeted public health information and advice for emerging issues to specific populations or affected communities.</li> <li>▪ Liaise with 13HEALTH to manage specific issues if requested.</li> </ul>	<b>Health Protection Branch and Communicable Diseases Branch</b>
<b>Evacuation and Recovery Centres</b>	Develop and implement strategies to enhance and support government and non-government organisations.	<ul style="list-style-type: none"> <li>▪ Assist local government and non-government organisations in managing public health risks associated with evacuation and recovery centre operations.</li> <li>▪ HHSs to deploy Environmental Health Officers to support local government environmental health services if requested.</li> </ul>	<b>HHS Public Health Units</b>
<b>Staff deployment</b>	Develop and implement strategies to enhance and support local councils.	<ul style="list-style-type: none"> <li>▪ Coordinate and negotiate the deployment of skilled staff from non-disaster affected areas from the department and HHSs to support affected local councils and PHUs to assist with public health response efforts.</li> </ul>	<b>Health Protection Branch and HHS Public Health Units</b>

## Abbreviations

AHPPC	Australian Health Protection Principle Committee
AIIMS	Australasian Inter-service Incident Management System
CD PLAN	<i>The Emergency Response Plan for Communicable Disease Incidents of National Significance</i>
CE	Chief Executive
CHO & DDG	Chief Health Officer and Deputy Director General Prevention Division
DEWS	Department of Energy and Water Supply
EAG	Expert Advisory Group
ED, HPB	Executive Director, Health Protection Branch
ED, CDB	Executive Director, Communicable Diseases Branch
HEOC	Health Emergency Operations Centre
HHS	Hospital and Health Service
HHS PHICom	HHS Public Health Incident Commander
HIC	Health Incident Controller
IMT	Incident Management Team
MPHESS, HSD	Management of Public Health Events of State Significance, Health Service Directive
PHEOC	Public Health Emergency Operations Centre
PHU	Public Health Unit
QAS	Queensland Ambulance Service
QDMA	Queensland Disaster Management Arrangements
QHDISPLAN	Queensland Health Disaster and Emergency Incident Plan 2016
QHIMS Guideline	Queensland Health Incident Management System Guideline
SDCC	State Disaster Coordination Centre
SDMP	State Disaster Management Plan
SFPQ	Safe Food Production Queensland
SHC	State Health Coordinator
SHECC	State Health Emergency Coordination Centre
SIMR	State Incident Management Room
SITREP	Situation report
SPHIC	State Public Health Incident Controller

## Glossary

<p><b>Disaster</b></p>	<p>A <b>serious disruption</b> in 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><b>Serious disruption</b> means:</p> <ul style="list-style-type: none"> <li>- loss of human life, or illness or injury to humans</li> <li>- widespread or severe property loss or damage</li> <li>- widespread or severe damage to the environment</li> </ul> <p>(Section 13 <i>Disaster Management Act 2003</i>).</p>
<p><b>(Disaster) Event</b></p> <p><i>(Nb. 'event' and 'incident' are often used interchangeably)</i></p>	<p>Any of the following:</p> <ul style="list-style-type: none"> <li>- A cyclone, earthquake, flood, storm, storm tide, tornado, tsunami, volcanic eruption or other natural happening</li> <li>- an explosion or fire, a chemical, fuel or oil spill, or a gas leak</li> <li>- an infestation, plague or epidemic</li> <li>- a failure of, or disruption to, an essential service or infrastructure</li> <li>- an attack against the state, or another event similar to an event mentioned.</li> </ul> <p>An event may be natural or caused by human acts or omissions.</p> <p>(Section 16 <i>Disaster Management Act 2003</i>).</p>
<p><b>Declared disaster</b></p>	<p>Disaster declared under Part 4 of the <i>Disaster Management Act 2003</i>.</p>
<p><b>Emergency incident</b></p>	<p>Any emergency incident that is not considered a disaster under the <i>Disaster Management Act 2003</i> but that: is confined to activation of a single health emergency operations centre in a single HHS; results in moderate or medium impact on normal operations; is able to be resolved through the use of local or first response resources; may involve the SHECC moving to 'alert' or 'lean forward' level of activation, dependent on situation reporting.</p>

<p><b>Incident management team (IMT)</b></p>	<p>The role of the IMT is to support and assist the incident controller in maintaining over all incident management through defined incident management functions. Incident management teams must be both scalable to match events and flexible to adjust to disasters and emergencies as they evolve.</p> <p>Incident management team positions may include planning officer, intelligence officer, operations officer, logistics officer, media and communications officer, administration officer, logging officer (logger), tasking officer, liaison officer/advisor (as per Appendix 1 Roles and Responsibilities of the QHIMS Guideline). .</p>
<p><b>Public health incident</b></p> <p><i>(Nb. 'event' and 'incident' are often used interchangeably)</i></p>	<p>A public health incident is defined as any event that may have negative consequences for human health on a population basis. The term includes incidents that have not yet led to disease in humans but have the potential to cause human disease through exposure to infected or contaminated food, waters, animals, vectors, manufactured products or environment, and novel communicable disease.</p> <p>Examples of public health incidents include, but are not limited to, suspected contamination of food source, environmental health risks, contamination of drinking water supply, outbreaks of communicable diseases and the spread of a novel virus or organism that has significant clinical severity (for example, Ebola Virus Disease, Middle East respiratory syndrome).</p> <p>Public health incidents can be classified according to three levels. See Appendix 1 for full description of the classification of public health incidents.</p>
<p><b>Public health emergency</b></p>	<p>An event or a series of events that has contributed to, or may contribute to, serious adverse effects on the health of persons in Queensland. (Section 315 <i>Public Health Act 2005</i>).</p>
<p><b>Prevention</b></p>	<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>

<b>Preparedness</b>	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.
<b>Recovery</b>	The process of returning an affected community to its appropriate level of functioning following a disaster situation.
<b>Response</b>	The process of combating a disaster and providing immediate relief for persons affected by the situation.