



Queensland Health

Disaster and Emergency Incident Plan

QHDISPLAN, August 2023



Queensland
Government



The Department of Health acknowledges the Traditional Owners and Custodians of the lands, waters and seas across the State of Queensland and pays our respects to the Elders past and present. We value the culture, traditions and contributions that the Aboriginal and Torres Strait Islander peoples have made to our communities and recognise that our collective responsibility as government, communities and individuals are to ensure equity and equality, recognition and advancement of Aboriginal and Torres Strait Islander peoples in Queensland in every aspect of our society. Aboriginal and Torres Strait Islander peoples are advised that this publication may contain the names and/or images of deceased people.

Bushfire regeneration

Disaster and Emergency Incident Plan - QHDISPLAN, August 2023

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An electronic version of this document is available at <https://www.health.qld.gov.au/public-health/disaster/management>

Snapshot: Queensland Health Disaster and Emergency Incident Plan (QHDISPLAN)

This snapshot is a summary of the activation and operation of the Queensland Health Disaster and Emergency Incident Plan (QHDISPLAN) and its sub-plans. Hospital and Health Services (HHSs) should ensure alignment of their own plans with the QHDISPLAN. Further information is detailed in the QHDISPLAN and is supported by the internal Queensland Health Incident Management System (QHIMS) Guideline.

Intent

The Queensland Health intent in a disaster or emergency incident is to ensure the continuity of quality healthcare to the Queensland community. The QHDISPLAN outlines that this is enabled, by:

- Developing the preparedness and capability of our systems and workforce.
- Rapidly understanding the downstream impacts of the disaster or emergency incident across the Queensland Health system.
- Effective interface with continuity plans to prioritise critical service delivery.
- Enacting effective and efficient disaster and emergency incident response through communication and collaboration.
- Protecting and promoting the welfare of our staff and patients.
- Improving the resilience of our system to evolving threats and compounding and cascading events.

Authority to activate

The QHDISPLAN meets Queensland Health responsibilities under the Queensland State Disaster Management Plan (QSDMP). The QHDISPLAN will be activated under the authority of the State Health Coordinator (SHC), which is delegated by the Director-General (DG).

Activation of the QHDISPLAN may lead to the activation of the State Health Emergency

Coordination Centre (SHECC) and its relevant incident management groups and teams.

Triggers for activation

Activation of the QHDISPLAN (and any relevant sub-plan/s) may occur under, but not limited to, any of the following circumstances:

- An emergency incident is being monitored, or a disaster event (as defined in the *Disaster Management Act 2003*) is imminent.
- A disaster or emergency incident has occurred, the level of response and resources required is beyond the capabilities of a HHS and support is requested from the Department of Health (the Department).
- Coordination of the response is required across multiple HHSs (at the SHC's discretion).
- A system-wide Queensland Health disruption occurs.
- A response to a potential or actual public health incident is required under legislation (must be declared by the Minister for Health, Mental Health and Ambulance Services).
- A situation occurs which results in activation of a national level plan requiring support from Queensland Health.
- The State Disaster Coordination Centre (SDCC) moves to 'Stand Up' level of activation and whole-of-government disaster management arrangements are in place, including reporting requirements.
- The SHC, or delegate determines it necessary.

Notification and reporting

Initial notification of a disaster or emergency incident may be received at any level within Queensland Health. Media enquiries may also be the first notice of an incident.

Escalation procedures should be in place to ensure information is communicated to the appropriate level of leadership that enables activation decisions to be made. It is important to ensure all key stakeholders are notified of any disruption or activation to enable effective decision making, communications, and response.

Facilities report through their HHSs, who then report to the SHECC, of incidents that initiate activation of any reportable disaster and emergency incident response plan and some Codes:

- all Code Yellow (or equivalent)
- all Code Brown
- all Code Orange
- any Code Red, Purple or Black that results in patient evacuation or a significant disruption to services.

Activation of the QHDISPLAN

Activation of a health response progresses through an escalation process, as outlined in the QSDMP. The levels of activation are:

Alert
Lean Forward
Stand Up
Stand Down

Movement through these levels of activation is not necessarily sequential but is based on flexibility and adaptability to the location and the event.

Formal activation levels apply to operations and coordination centres, including Emergency Operations Centres (EOCs) at a facility level, Health Emergency Operations Centres (HEOCs) at a HHS level, and the SHECC at a State level.

Incident Management groups (IMGs) or Incident Management Teams (IMTs) may or may not be operating as a component of EOC/s, HEOC/s or the SHECC, with activities based on the relevant plan or sub-plan. An IMG is an executive-level decision making group which informs the strategic direction of an IMT, who staff an emergency operations or coordination centre, if activated.

If an IMG (and IMT) is operational and undertaking preparedness, response or recovery activities, the corresponding operations/coordination centre

(e.g., facility EOC/HHS HEOC/SHECC) is deemed to be at 'Alert', 'Lean Forward' or 'Stand Up' level of activation.

Activation of sub-plans to the QHDISPLAN

Activation of any sub-plan of the QHDISPLAN will occur at the discretion of the Director-General, or delegate, and would automatically trigger activation of the QHDISPLAN to the same level. If any sub-plan is activated to 'Stand Up' level of activation, the SHECC must be advised.

Activation of HHS plans does not necessarily result in activation of the QHDISPLAN or its sub-plans.

Queensland Health responsibilities

As per the QSDMP, Queensland Health, including the Queensland Ambulance Service (QAS), has the following responsibilities in disasters and emergency incidents:

Primary hazard-specific agency	Responsible entity
Biological (human-related)	Queensland Health
Heatwave	Queensland Health
Pandemic	Queensland Health
Radiological hazards	Queensland Health

Functional lead agency	Responsible entity
Public health, mental health and medical services	Queensland Health
Emergency medical retrieval	Queensland Health (including QAS)
Mass casualty management	Queensland Health
Mass fatality management	Queensland Health and the Queensland Police Service (QPS)

Should a HHS or area of the Department require activation of the QHDISPLAN, notify the SHECC on 07 3708 5242 (24/7 on-call) and SHECC@health.qld.gov.au.

Activation and response flowchart

The Activation and Response Flowchart and Actions list (on following pages) provides an example of activities undertaken during a response to a disaster or emergency incident. Depending on the event, these actions may not always be followed in a linear fashion.

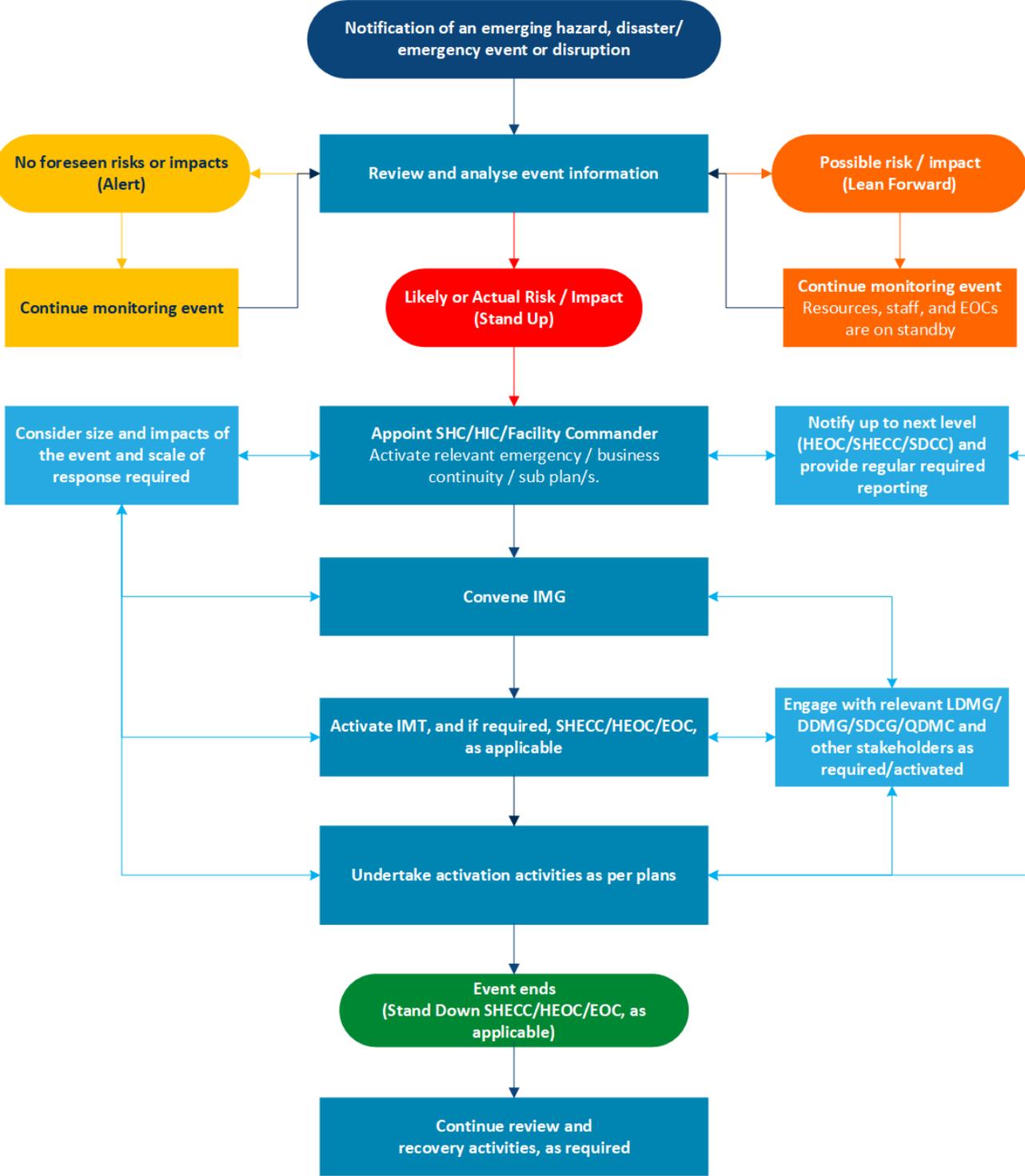


Figure 1: Activation flowchart

Activation and response actions

The below table provides an example of activation and response activities. It is not an exhaustive list and should be modified to suit the requirements of each event.

No.	Action
Alert – Notification of an emerging hazard, disaster, or emergency incident	
1	Notification of potential or actual disaster or emergency incident is received
2	Review and analyse event information, provide preparedness reports if required
3	Appoint State Health Coordinator (SHC)/Health Incident Controller (HIC)/Facility (Hospital/Directorate) Commander
4	Notify and record HIC/SHC-endorsed decision to change activation to ALERT
5	Keep key internal and external (e.g., disaster groups) stakeholders informed of event and activation status
6	Ensure that all decisions, activities, and records are documented and maintained
Lean Forward – High Risk/Possible Impact	
7	Commence preparedness activities e.g., requirements for surge preparedness, staffing, equipment etc.
8	Continue reviewing and analysing event information, providing situational reports (SITREPS) as required
9	Notify and record HIC/SHC-endorsed decision to change activation status to LEAN FORWARD
10	Keep key stakeholders (e.g., disaster groups) informed of event and activation status
11	Place Incident Management Group (IMG) and other resources on standby. IMG meets if required
12	Consider the need for activation of the State Health Coordination Centre (SHECC)/Health Emergency Operations Centre (HEOC)/Facility Emergency Operations Centre (EOC) and ensure equipment is ready for use. Place Incident Management Team (IMT) staff on standby and establish a draft roster
13	Confirm dedicated cost code (or other process) to track financial expenditure and ensure appropriate records are maintained to support insurance and funding claims
Stand Up – Very High Risk/Likely or Actual Impact	
14	Ensure relevant disaster and emergency incident plan/s and sub-plan/s are activated to STAND UP
15	Notify and record HIC/SHC-endorsed decision to change activation to STAND UP. Note: The Director General (DG) notifies Minister if SHECC is activated.
16	Keep other key stakeholders (e.g., disaster groups) informed of event and activation status

No.	Action
17	Continue reviewing and analysing event information
18	Consider scale of event, response required, and resource accordingly
19	Continue providing SITREPs as required and commence Incident Action Planning and Recovery Planning
20	Convene IMG and set direction and meeting schedule
21	Activate SHECC/HEOC/EOC and IMT if required
22	Establish the daily rhythm/reporting schedule
23	Engage with LDMG/DDMG/SDCG/Queensland Disaster Management Committee (QDMC) as required/activated
24	Engage with QAS and other agencies as required/activated
25	Undertake activities required as part of activation, as outlined in relevant plans
26	If HIC identifies that the response required is beyond the HHS capabilities, request support or assistance from SHECC or LDMG/DDMG as relevant. If the SHC identifies that the response required is beyond Queensland Health capabilities, request support or assistance from other State Agencies or National Agencies (via the SDCC)
27	Identify lessons that can be incorporated into the response to support continuous improvement
Stand Down – Event Ends	
28	Commence return to business as usual (BAU) activities and continue providing SITREPs as required
29	Continue recovery activities, including recovery reporting
30	Commence SHECC/HEOC/EOC decommissioning activities such as: <ul style="list-style-type: none"> • Save/file all documentation • Consolidate all financial records • Restore centre in readiness for next event
31	Stand down IMG and IMT (SHECC/HEOC/EOC) when recovery activities no longer require activation of these groups/teams. Notify relevant stakeholders.
32	Notify and record HIC/SHC-endorsed decision to change activation to STAND DOWN
33	Conduct post-event debrief and identify lessons

Table 1: Activation and response actions



Brisbane floods

Authorisation statement

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

The QHDISPLAN:

- Is the principal document which supports Queensland Health to respond effectively and appropriately to disasters and emergency incidents.
- Outlines the systems, processes, roles, and responsibilities for all components of Queensland Health in accordance with the Queensland Disaster Management Arrangements (QDMA) and is supported by a suite of documents, including sub-plans, frameworks, and guidelines.
- Supports Hospital and Health Services (HHSs) and complements the Queensland Ambulance Service (QAS) plans in disaster or emergency incident response.

The Director-General maintains the QHDISPLAN for Queensland Health. The 2023 QHDISPLAN is approved and recommended for distribution.

Authority to activate

The QHDISPLAN will be activated under the authority of the State Health Coordinator (SHC), which is delegated by the Director-General.

Activation of the QHDISPLAN may lead to the activation of the State Health Emergency Coordination Centre (SHECC) and its incident management groups and teams.



Review requirements

The QHDISPLAN and associated sub-plans shall be reviewed:

1. Annually as a minor review, with amendments made based on potential impact and importance, otherwise a major review will be conducted every three years.
2. Following structural or organisational changes impacting Queensland Health operations.
3. Following legislative changes affecting Queensland Health operations.
4. Following changes in state or federal nomenclature or arrangements.
5. Following activation resulting in identified improvements, including through major exercises.

Version control

This plan will be updated electronically and available on the Queensland Health intranet and internet sites. The electronic copy is the master copy and is the copy recognised as being current.

To ensure currency, holders should insert amendments to the plan as soon as they are received. When an amendment is inserted into the plan, the amendment should be recorded in the schedule below.

Date	Amendment

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1 Introduction

1.1 Aim

The aim of the Queensland Health Disaster and Emergency Incident Plan (QHDISPLAN) is to describe the Queensland Health arrangements for the response to a disaster or emergency incident¹.

The QHDISPLAN supports the achievement of Queensland Health responsibilities under the Queensland State Disaster Management Plan (QSDMP), which enables the guiding principles of the *Disaster Management Act 2003* (the DM Act).

1.2 Intent

The Queensland Health intent in a disaster or emergency incident is to ensure the continuity of quality healthcare to the Queensland community. The QHDISPLAN outlines that this is enabled, by:

- Developing the preparedness and capability of our systems and workforce.
- Rapidly understanding the downstream impacts of the disaster or emergency incident across the Queensland Health system.
- Effective interface with continuity plans to prioritise critical service delivery.
- Enacting effective and efficient disaster and emergency incident response through communication and collaboration.
- Protecting and promoting the welfare of our staff and patients.
- Improving the resilience of our system to evolving threats and compounding and cascading events.

1.3 Scope

The QHDISPLAN and its associated sub-plans apply to the Department of Health (the Department) and all Hospital and Health Services (HHSs) and should be read in conjunction with the Queensland Health Incident Management System (QHIMS) Guideline².

HHSs have individual plans for managing the local health response to disaster and emergency incidents and these should be aligned with the QHDISPLAN, its sub-plans, and the QHIMS Guideline. As required, the Department will support and coordinate such responses at a state level. There may be events where policy and directions are set at the state or Commonwealth level, to be implemented at the district and local levels.

¹ The terms incident, event, and disruption are used interchangeably throughout this document.

² There is some duplicated information across the QHDISPLAN and the QHIMS Guideline, as both documents should be able to be read independently, if required.

The Queensland Ambulance (QAS) arrangements are broadly captured within the QHDISPLAN, with further detail of their operational arrangements documented in the State Major Incident and Disaster Plan (the SMID).

The QHDISPLAN and HHS plans can also be used by partner agencies to inform disaster and emergency incident planning. This includes, but is not limited to:

- private hospitals and health care providers
- private aged care providers
- primary health networks (PHNs)
- disaster management groups.

The QHDISPLAN outlines disaster management arrangements across five chapters, including details of whole-of-government processes (Chapter 3) and for the Department and HHSs (Chapter 4) to provide a health context.

1.4 Legislation and policy

The *Disaster Management Act 2003* provides the legislative basis for disaster management arrangements in Queensland.

The QSDMP describes Queensland's disaster management arrangements and approach to disaster management in support of the guiding principles and objectives of the DM Act.

The QHDISPLAN supports and enables other Acts, standards, policies, and supporting documents. These include, but are not limited to:

- Queensland Disaster Management Regulation 2014 (supported by the Queensland Prevention, Preparedness, Response and Recovery Disaster Management Guideline)
- *Fire and Emergency Services Act 1990*
- *Hospital and Health Boards Act 2011*
- *Ambulance Service Act 1991*
- *Public Health Act 2005*
- *Public Safety Preservation Act 1986*
- *Work Health and Safety Act 2011*
- *Security of Critical Infrastructure Act 2018*³.

Other legislation may apply to sub-plans of the QHDISPLAN, mentioned in each sub-plan.

³ The SOCI Act is a Commonwealth Act.

1.5 Supporting documents

The QHDISPLAN is supported by the following⁴:

Queensland Health documents

- Department of Health Policy and Standard ‘Disasters and Emergency Incidents’
- Health Service Directive QH-HSD-003 ‘Disasters and Emergency Incidents’
- Health Service Directive QH-HSD-046 ‘Management of a public health event of state significance’
- Queensland Health Incident Management System (QHIMS) Guideline
- Queensland Health Disaster and Emergency Incident Sub-plans

External documents

- Queensland State Disaster Management Plan
- Queensland Counter-Terrorism Plan
- Emergency Management Assurance Framework and the Standard for Disaster Management in Queensland⁵
- The Australian Council on Healthcare Standards National Safety and Quality Health Service Standards 2nd edition 2019 (or equivalent)
- AS4083 Planning for emergencies – Health care facilities.

1.6 Definitions

A **disaster** is defined in Section 13 of the DM Act as:

‘a serious disruption 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.’

In this section, **serious disruption** means:

- (a) loss of human life, or illness or injury to humans; or
- (b) widespread or severe property loss or damage; or
- (c) widespread or severe damage to the environment.

⁴ These supporting documents are externally available online or can be sourced through the Department’s Disaster Management Branch (DMB).

⁵ Published by the Office of the Inspector-General Emergency Management, Queensland Government.

An **event** is defined in Section 16 of the DM Act as:

any of the following—

- (a) a cyclone, earthquake, flood, storm, storm tide, tornado, tsunami, volcanic eruption or other natural happening
- (b) an explosion or fire, a chemical, fuel or oil spill, or a gas leak
- (c) an infestation, plague or epidemic
- (d) a failure of, or disruption to, an essential service or infrastructure
- (e) an attack against the State
- (f) another event similar to an event mentioned in paragraphs (a) to (e).

An event may be natural or caused by human acts or omissions.

An **emergency incident**⁶ is any incident not defined under the DM Act, but that meets one or more of the following criteria:

- Can be resolved through use of local resources or reciprocal arrangements
- Is confined to activation of a single Health Emergency Operations Centre (HEOC) in a single HHS
- May result in moderate or medium impact on normal operations for a hospital or a specific function within a HHS, such as mental health or public health functions
- May involve the State Health Emergency Coordination Centre (SHECC) moving to 'Alert' or 'Lean Forward' level of activation, dependent on situation reporting requirements⁷.

A **public health emergency** (which must be declared by the Minister) is defined in Section 315 of the *Public Health Act 2005* as:

‘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’.

⁶ May include incidents related to mental health, clinical services, infrastructure disruptions or level 1 public health (see classification levels below).

⁷ Emergency incidents may be categorised as incidents which require a coordinated response at a state level, but do not necessarily meet the definition of an event or a disaster under the DM Act. These incidents may be managed under a sub-plan of the QHDISPLAN, for example the Mental Health Sub-plan for an emergency incident requiring a mental health response. Definitions for specific emergency incidents can be found in relevant sub-plans. In the QHDISPLAN, the term 'incident' may also be used as a term to describe any occurrence requiring a coordinated response.

A **public health incident** is:

‘any event that may have negative consequences for human health on a population basis’.

A public health incident is classified according to three levels:

- Level 1 Public health incident of local significance
- Level 2 Public health incident of state significance
- Level 3 Major public health incident or disaster⁸.



⁸ Further information and definitions of each level of public health incident is provided in the Public Health Sub-plan.

2 Disaster management structure

2.1 The Queensland Disaster Management Arrangements¹⁰

Disaster management in Queensland is managed through a four-tiered state and national structure, with local government primarily responsible for managing events and incidents in their local government area (LGA). An explanation of the role of each tier is in the Queensland State Disaster Management Plan (QSDMP). Disaster management groups, coordination groups or committees support each level and meet to prepare for and practise their role within the Queensland Disaster Management Arrangements (QDMA). When activated, these groups manage and coordinate responses to disasters at the appropriate level. See Table 2 below⁹:

	Local	District	State	National
Basis for boundaries	LGA boundaries ¹⁰ (77 LGAs and 1 town authority)	Queensland Police Service (QPS) district boundaries ¹¹ (23 disaster districts)	State of Queensland	Australia
Responsible group	Local Disaster Management Group (LDMG)	District Disaster Management Group (DDMG)	Queensland Disaster Management Committee (QDMC) and other state disaster groups State Disaster Coordination Group (SDCG)	The Department of Home Affairs National cabinet
Operational lead role	Chair, LDMG (elected official) & Local Disaster Coordinator (LDC) (senior council staff)	District Disaster Coordinator (DDC) (QPS)	Queensland State Premier State Disaster Coordinator (SDC)	Minister for Home Affairs Minister for Emergency Management
Operational facility	Local Disaster Coordination Centre (LDCC)	District Disaster Coordination Centre (DDCC)	State Disaster Coordination Centre (SDCC)	National Situation Room (NSR)

Table 2: Queensland disaster management groups and committees

⁹ For diagram to support Table 2, see Figure 2.

¹⁰ For further information on local and district boundaries in Queensland, see Appendix 1. Other information on the LGAs can be located on the Electoral Commission Queensland website.

¹¹ Disaster districts can be located on the QPS website.

The state level includes the Queensland Disaster Management Committee (QDMC) which makes strategic decisions about prevention, preparedness, response, and recovery (PPRR) for disaster events. The QDMC is chaired by the Premier, with a clear line of communication and decision-making between the Premier, relevant Ministers, and both the State Disaster Coordinator (SDC) and the State Disaster Coordination Group (SDCG).

At a national level, the Australian Government recognises that Queensland may need to seek Australian Government support in times of disaster.

The Department of Home Affairs National Emergency Management Agency (NEMA) is the Commonwealth agency responsible for planning and coordinating Australian Government and interstate assistance to states and territories under the Australian Government Crisis Management Framework.

The National Situation Room (NSR) provides whole-of-government situational awareness to inform national decision making during a crisis and coordinates physical Australian Government emergency assistance.

Effective disaster management requires a structure that considers the strategic, operational, and tactical levels at which the arrangements must operate. The QDMA is based upon partnerships between local and state governments (and their departments), and these arrangements recognise that each level of the QDMA must work in unison to ensure effective coordination of planning, services, information, and resources.

The QDMA enable a progressive escalation of support and assistance through these levels (local, district, state, and commonwealth) as required¹². There may be events where policy and directions are set at the state or Commonwealth level, to be implemented at the district and local levels. Queensland Health (incorporating the QAS, the Department, HHSs, and their Public Health Units (PHUs)), must operate within each level of these arrangements.

Further information is included in Section 2 of the QHIMS Guideline¹³.



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¹² Queensland Disaster Management Arrangements Participant Guide (QFES, 2022).

¹³ The QHIMS Guideline is an internally published document.

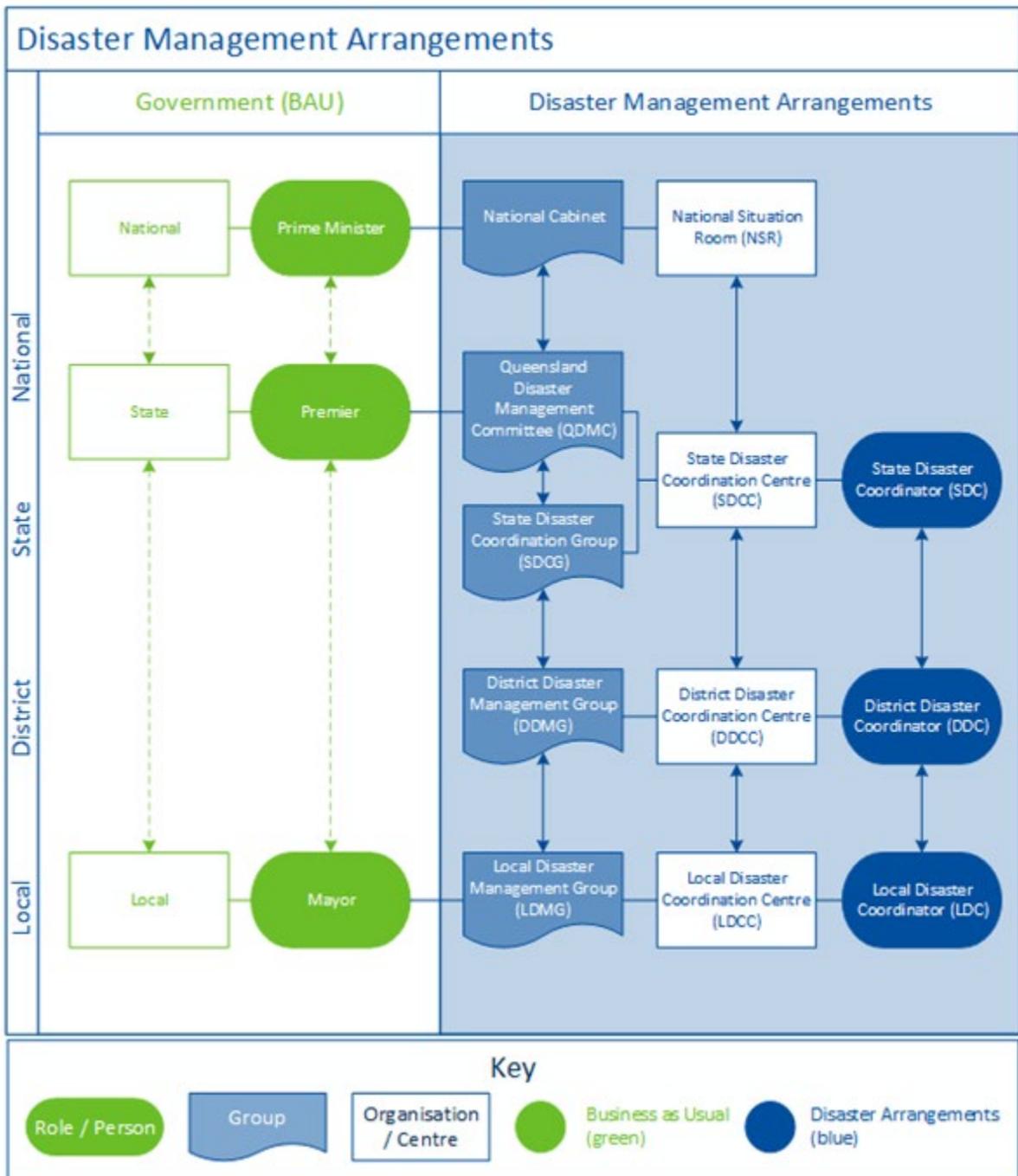


Figure 2: Queensland Disaster Management Arrangements (Queensland Health)

2.1.1 Declaring a disaster situation

The DM Act¹⁴ provides the Minister and the Premier may declare a disaster situation for the State, or a part of the State, if satisfied—

- (a) a disaster has happened, is happening or is likely to happen, in the State; and
- (b) it is necessary, or reasonably likely to be necessary, for a district disaster coordinator or a declared disaster officer to exercise declared disaster powers to prevent or minimise any of the following—
 - loss of human life
 - illness or injury to humans
 - property loss or damage
 - damage to the environment^{15 16}.

2.2 Queensland Health interaction with the Queensland Disaster Management Arrangements

Department of Health

- The Minister for Health, Mental Health and Ambulance Services is a member of the QDMC, with the Department of Health providing assisting officials (usually the Director-General (DG) or delegate).
- The Department of Health provides representation at the state level to the SDCG, and the State Disaster Coordination Centre (SDCC).
- Disaster and emergency incident management activities at the Department of Health level are coordinated by the State Health Emergency Coordination Centre (SHECC) under the direction of a State Health Coordinator (SHC)¹⁷.
- At the national level for health, the peak health body for disaster management is the Australian Health Protection Principal Committee (AHPPC). The Chief Medical Officer for the Australian Government chairs the AHPPC with representation provided by the Chief Health Officer (CHO) of each jurisdiction¹⁸.

¹⁴ The DM Act, Section 69. Note: District Disaster Coordinator for a disaster district may, with the approval of the Minister, declare a disaster situation for the district (The DM Act, 64).

¹⁵ These arrangements are in place regardless of which agency is primary hazard lead.

¹⁶ Whilst not directly related to a disaster, there are provisions for *Public Safety Preservation Act 1986* (PSPA Act) Information on the authority and process for declaration of an area/perimeter during a disaster or emergency incident.

¹⁷ Refer to the Public Health Sub-plan for details of public health incidents which are coordinated by a HHS and/or State Public Health Emergency Operations Centre (HHS PHEOC/SPHEOC) with support of the Public Health Unit (PHU).

¹⁸ The National Incident Centre (NIC), Australian Government Department of Health, supports the AHPPC.

- Where AHPPC is activated for disaster response or another event relevant to this plan, the SHC, or delegate, may support the CHO as a specialist advisor.

Hospital and Health Services

- HHSs provide representation at a disaster district level to the District Disaster Management Group (DDMG)/District Disaster Coordination Centre (DDCC).
- Hospitals within the HHS, or the HHS itself, also provide representation at Local Disaster Management Group (LDMG)/Local Disaster Coordination Centre (LDCC) level. Representation may consider wider health representative roles (e.g., public health).
- Disaster and emergency incident management activities in hospitals and HHSs are coordinated and managed through Emergency Operations Centres (EOCs)/Health Emergency Operations Centres (HEOCs), under the direction of a Hospital Commander¹⁹ /Health Incident Controller (HIC).
- In declaring a disaster situation, the DM Act provides that health officers can be authorised to exercise declared disaster powers by the Premier or a DDC²⁰.

Queensland Ambulance Service

- The QAS is represented at all levels of disaster management activities and, while independent in operation, works collaboratively with the HHSs and the Department.
- The QAS provides representation at the state level to the QDMC, SDCG and SDCC.
- The QAS provides representation at a disaster district level to the DDMG/DDCC, and at the local level to the LDMG/LDCC.
- QAS activities are coordinated at the state level in the State Operations Coordination Centre (SOCC) and at the district level in a Regional Ambulance Coordination Centre (RACC).

Figure 3 outlines how Queensland Health participates in the QDMA and provides national representation. The QDMA ensures support and assistance is available to disaster-affected communities through the escalation of requests for assistance (RFAs)²¹ from local to district and to state level, and where appropriate, to national level.

Just as there may be multiple local governments and disaster districts affected and multiple LDMGs and DDMGs activated, there may be multiple health facilities and HHSs affected and activated.

¹⁹ The terms Hospital, Facility or Directorate Commander may be used.

²⁰ The DM Act, Section 75.

²¹ For more information on RFAs, see Chapter 4 of the QHDISPLAN and further detailed in Section 4 of the QHIMS Guideline.

	Disaster management group	Health participation
National	Australian Government: <ul style="list-style-type: none"> National Emergency Management Agency (NEMA) National Situation Room (NSR) 	Australian Government Department of Health: <ul style="list-style-type: none"> Australian Health Protection Principal Committee (AHPPC) National Incident Room (NIR)
State	Queensland Government: <ul style="list-style-type: none"> Queensland Disaster Management Committee (QDMC) State Disaster Coordination Centre (SDCC) 	Queensland Department of Health: <ul style="list-style-type: none"> State Health Emergency Coordination Centre (SHECC) State Health Coordinator (SHC)
District	Disaster Districts: <ul style="list-style-type: none"> District Disaster Management Groups (DDMG) District Disaster Coordination Centres (DDCC) 	Hospital and Health Services: <ul style="list-style-type: none"> Health Emergency Operation Centres (HEOC) Health Incident Controller (HIC)
Local	Local governments: <ul style="list-style-type: none"> Local Disaster Management Groups (LDMG) Local Disaster Coordination Centres (LDCC) 	Health facilities: <ul style="list-style-type: none"> Emergency Operation Centres (EOC) Hospital/facility commander²²

Table 3: Queensland Health participation in the Queensland Disaster Management Arrangements



Gold Coast storm cell

²² HEOCs may be established at HHS and hospital levels. Depending on the level and context of an event or incident, a Hospital Commander may also be in place. This is particularly relevant to larger HHSs.

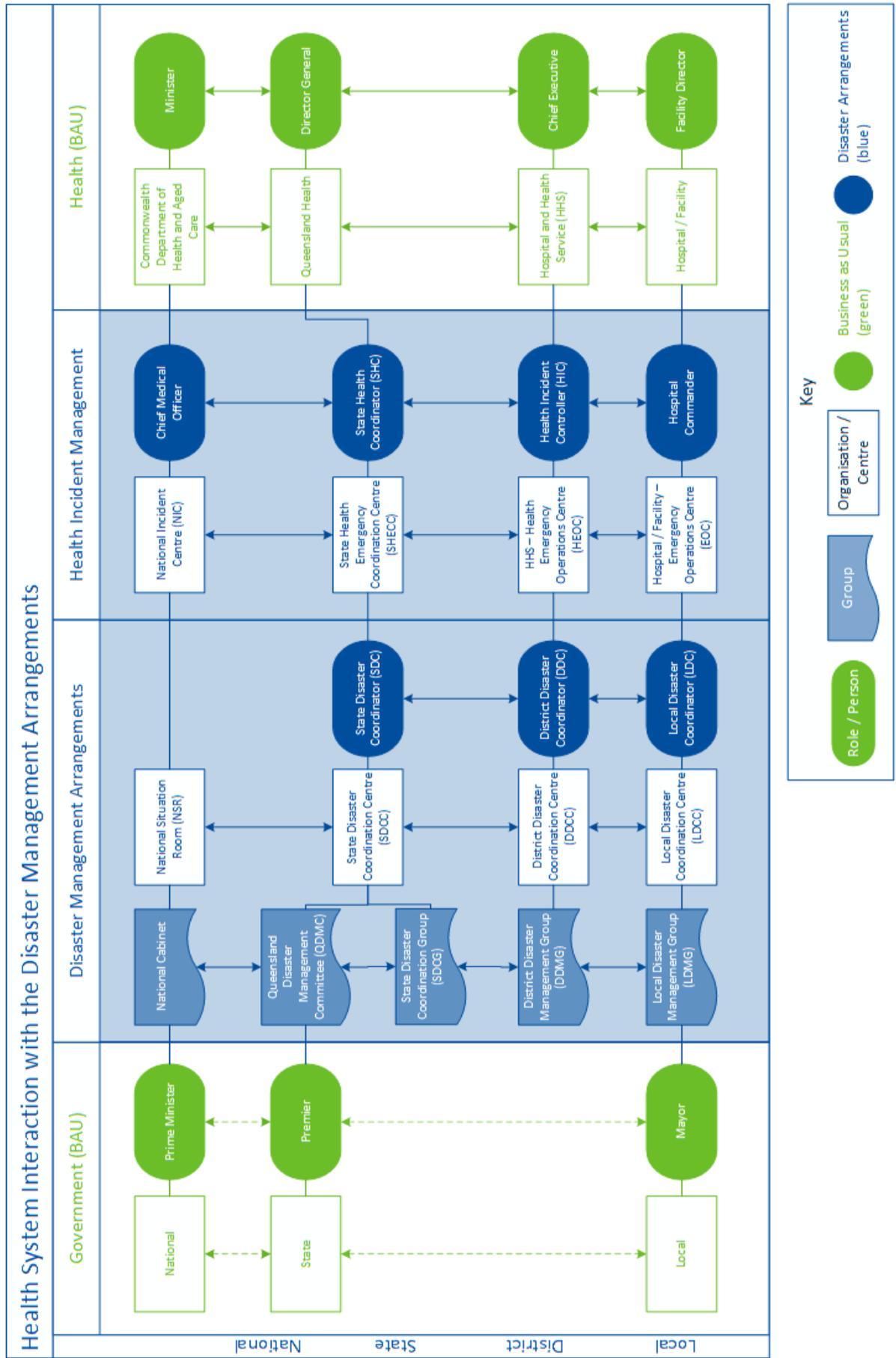


Figure 3: Health system interaction with the QDMA (Queensland Health)

Consistent with the principle of 'support by disaster districts and state levels to the local level':

1. Each HHS is primarily responsible for managing events in its local area.
2. The Department coordinates appropriate health related resources and support to assist HHSs during disaster response.

2.3 Queensland Health responsibilities under the State Disaster Management Plan

The Queensland State Disaster Management Plan (QSDMP) describes the arrangements to enact the guiding principles of the DM Act. All disasters and emergency incidents should be managed in accordance with this plan.

2.3.1 Primary agency versus lead agency

Hazard-specific primary agencies

The QSDMP identifies primary agencies that are allocated responsibility to prepare for, and respond to, the specific hazards based on their legislated and/or technical capability and authority. The QDMA coordinate resources in support of primary agency operations, as required, but remain responsible for the wider management of the consequences of the specific hazard²³.

As outlined in the Queensland State Disaster Management Plan (QSDMP), Queensland Health is the **Primary Agency** for:

- Heatwave
- Pandemic
- Biological (human-related) incidents
- Radiological incidents.

Functional lead agencies

The functions of disaster management are applicable to all hazards across all levels of the QDMA and are essential to managing the consequences of events and their impact. Functional lead agencies are allocated responsibility to prepare for, and provide, an allocated function, and may be required to provide support to other functions²⁴.

For all hazards, Queensland Health is the **Lead Agency** for:

²³ Definitions for hazard-specific primary and functional lead agencies as referenced in the Inspector-General of Emergency Management Review of Queensland's Disaster Management Arrangements (QDMA), Report 2: 2022-2023.

- Public health
- Mental health
- Medical services²⁵
- Emergency medical retrieval (including the QAS)
- Mass casualty management
- Mass fatality management (shared with the QPS).

Queensland Health’s response may look different depending on the type of disaster/emergency incident, or the lead agency functions that are required; however, the principles of the arrangements should remain the same. The QHDISPLAN provides further detail on these arrangements in Section 2.3.2, as outlined in the QSDMP.

While Queensland Health provides guidance and support in health-related emergency incidents and disasters as outlined above, it is important that facilities, HHSs, and the Department of Health continue to utilise their LDMGs, DDMGs and the SDCG for support. These groups and other agencies have defined responsibilities, with collaboration of groups and agencies supporting holistic and positive outcomes for the community.

2.3.2 Queensland Health responsibilities

The Queensland Health intent is to ensure the ongoing provision of quality healthcare to the Queensland community during a disaster or emergency incident. The following Queensland Health responsibilities are detailed in Annexure C of the QSDMP²⁶. For hazard-specific arrangements refer to the relevant sub-plan.

Queensland Health	
Emergency support functions	<ul style="list-style-type: none"> • Public health, mental health and medical services. • Emergency aeromedical retrieval. • Mass casualty management. • Mass fatality management.
Role	Coordinate and manage the health aspects of a disaster or emergency incident across the full spectrum of prevention, preparedness, response and recovery including health advice to the community, public health, clinical care, forensic support and mental health.

²⁵ For example, while QFES is the primary agency for bushfires, Queensland Health is the functional lead agency for public health related to a bushfire event.

²⁶ Tables 4 & 5 are direct excerpts from the QSDMP (2023). Updates of the QSDMP (2019) will reflect updates to the responsibilities of Queensland Health entities.

Responsibilities

Lead agency

- Lead agency for response functions of public health, mental health and medical services, mass casualty management, mass fatality management including victim identification (with the Queensland Police Service - QPS) and emergency medical retrieval.
- Provide health emergency incident information.
- Primary agency for heatwave, pandemic influenza, biological and radiological incidents.

Representation

- State representation AHPPC and associated sub-committees including National Health Emergency Management Standing Committee (NHEMS), Communicable Diseases Network Australia (CDNA), the Public Health Laboratory Network (PHLN) and the Environmental Health Standing Committee (enHealth).
- Department of Health participation in appropriate and relevant state level groups and committees.
- Hospital and Health Service participation in LDMG and DDMG activities.

Preparedness

- Develop health-focused disaster and emergency preparedness, response and recovery plans.
- Develop and maintain disaster and emergency health response capability and capacity.
- Implement business continuity plans and arrangements to maintain health services during disasters and emergencies.
- Work across the health sector including aged care facilities, private facilities, primary health and community care providers to ensure 'whole of health' arrangements are in place.

Response (including support functions)

- Coordinate the state level health response through maintenance and activation of the SHECC.
- Provide health disaster and emergency information to the public and disaster management stakeholders.
- Health services – clinical and forensic.
- Clinically coordinate aeromedical transport and emergency medical retrieval (with QAS) and provide membership to the State Disaster Coordination Centre (SDCC) aviation cell when activated.
- Clinical response to mass casualty management (with QAS).
- Forensic and scientific health services to mass fatality management and terrorism (with QPS).

Queensland Health

	<p>Recovery mental health support to affected communities (with the Department of Communities, Housing and Digital Economy (DCHDE))²⁷.</p> <ul style="list-style-type: none"> • Public health and environmental health advice and support to local governments and affected communities and industries. • Environmental health risk assessment advice to other agencies, local government and industries. • Messaging on public health risks to affected communities. • Communicable disease surveillance and response arrangements.
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Table 4: Queensland Health role and responsibilities under the QSDMP

Queensland Ambulance Service

<p>Emergency support functions</p>	<p>Outlined in roles and responsibilities section below.</p>
<p>Role</p>	<p>Provide, operate and maintain ambulance services and service delivery during rescue and other related activities. This includes protecting persons from injury or death, whether or not the individuals are sick or injured.</p> <p>Provide transport for persons requiring attention at medical or health care facilities, to participate with other emergency services in counter disaster planning and to coordinate all volunteer first aid groups during the disaster.</p>

²⁷ Department names published in this table excerpt from the QSDMP may have updated with machinery of government changes.

Queensland Ambulance Service

Responsibilities	<ul style="list-style-type: none"> • Provide, operate and maintain ambulance services. • Access, assess, treat and transport sick and injured persons. • Protect persons from injury or death, during rescue and other related activities. • Coordinate all volunteer first aid groups during major emergencies and disasters. • Provide and support temporary health infrastructure where required. • Collaborate with Retrieval Services Queensland in the provision of paramedics for rotary wing operations. • Participate in search and rescue, evacuation and victim reception operations. • Participate in health facility evacuations. • Collaborate with Queensland Health in mass casualty management systems. • Provide disaster, urban search & rescue (USAR), chemical hazard (Hazmat), biological and radiological operations support with specialist logistics and specialist paramedics.
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Table 5: QAS role and responsibilities under the QSDMP

Arrangements for the QAS to meet these accountabilities are in the QAS State Major Incident and Disaster Plan (the SMID)²⁸. Further information on transitioning from business as usual (BAU) activities to incident management is detailed in Section 2 of the QHIMS Guideline.

2.4 Hierarchy of plans and legislation

The hierarchy of plans (Table 6) consists of national, state, district, and local plans, consistent and aligned with whole of government planning and disaster management.

Level of system	Multi-agency plan	Health plan
National	Australian Government Disaster Response Plan 2020 (COMDISPLAN)	Australia's Domestic Health Response Plan for All Hazard Emergencies of National Significance (AUSHEALTHRESPLAN)
State	QSDMP	QHDISPLAN
District	District Disaster Management Plan (DDMP)	HHS Disaster and Emergency Incident Plan ²⁹
Local	Local Disaster Management Plan (LDMP)	Hospital / Facility Disaster and Emergency Incident Plan

Table 6: Hierarchy of plans

²⁸ This plan is governed by QAS and would need to be sourced directly.

²⁹ HHS and facility level plans may also be titled Emergency Preparedness and/or Response, Emergency Management etc., however, will meet the same requirements.

The National Health Emergency Response Arrangements (NatHealth Arrangements) operate within the context of the Australian Government national security framework, which includes the provisions of the National Emergency Coordination Framework, the Australian Government Disaster Response Plan 2020 (COMDISPLAN), the National Counter-Terrorism Plan, the National Counter-Terrorism Handbook and the Council of Australian Governments (COAG) endorsed Model Arrangements for Leadership during Emergencies of National Consequence.

Key national plans for consideration by Queensland Health include:

- **COMDISPLAN** – Activated to receive or provide cross jurisdictional assistance other than through existing cross border arrangements.
- **AUSHEALTHRESPLAN** – Activated to support domestic health response plan for All-Hazards Incidents of National Significance (AHINS) with a particular focus on patient management and transfer, health workforce availability, and the provision of resources.
- **The Australian Government Response Plan for Overseas Mass Casualty Incidents 2017 (OSMASSCASPLAN)** – Activated to support incoming patients from an overseas disaster or emergency incident.
- **The Australian Government Overseas Assistance Plan 2018 (AUSASSISTPLAN)** – Activated to deploy Australian Medical Assistance Team (AUSMAT) or other international assistance.

The QSDMP is supported by state agency functional plans (for example, the QHDISPLAN) and hazard-specific sub-plans. Queensland Health is responsible for a suite of state level hazard-specific sub-plans and other functional and hazard specific plans³⁰ that sit under the QHDISPLAN (see Section 4.2.1).



³⁰ Referred to in detail in Chapter 2 of this document.

3 Whole-of-government context

3.1 Disaster management principles

The QHDISPLAN is based on an all-agencies and all-hazards approach and is guided by the following principles at Section 4A of the *Disaster Management Act 2003* (the DM Act):

- A comprehensive approach to disaster management across preparedness, prevention, response, and recovery (PPRR) that supports the minimisation of effects and provides people relief and support.
- An approach which applies to all events, whether natural or caused by human acts or omissions, managed in accordance with the QSDMP, State group frameworks and other disaster management guidelines.
- Local disaster management capability which forms the frontline of disaster management.
- Support by disaster district and state levels to the local level.

Disaster management is also underpinned by four supporting principles contained within the Queensland Emergency Management Assurance Framework (EMAF), developed by the Queensland Office of the Inspector-General Emergency Management (IGEM):

- leadership
- public safety
- partnership
- performance.

Queensland Health's disaster and emergency incident arrangements are based on the principles of both the DM Act and the EMAF, which are incorporated into all planning, operations, directives, policies, and standards for disaster and emergency incident management³¹.

3.2 Queensland Emergency Management Assurance Framework

Activities and outcomes across all levels of disaster and emergency management in Queensland are underpinned by the Queensland Emergency Management Assurance Framework (EMAF) and the Standard for Disaster Management in Queensland (the Standard). Consistent with EMAF and the Standard, the QHDISPLAN supports arrangements that are:

- **Scalable:** Arrangements can be applied to any size or type of event and across all levels of Queensland's disaster management arrangements.

³¹ For information related to disaster and emergency incident arrangements for Queensland Health, see Chapter 4.

- **Comprehensive:** Considers all phases of disaster management, all hazards and an ‘all agencies’ approach.
- **Interoperable:** promotes linkages and partnerships between systems, programs, and people, to enable sharing of information and coordinated activities across the sector.
- **Value:** ensures the value of services and systems is considered in terms of cost, fitness for purpose, quality, and the advancing of broader economic, environmental, and social objectives.
- **Adaptable:** arrangements can adapt to a changing climate and environment, remaining flexible to the needs of the community.

The Disasters and Emergency Incidents Health Service Directive (HSD) aligns with the Standard and outlines the minimum requirements HHSs must provide in delivery of disaster management functions.

3.3 Risk and resilience – a comprehensive approach

Risk and resilience are integral to achieving the principles and standards for disaster management in Queensland. As described in the QSDMP, “a comprehensive approach ensures a balance between the reduction of risk and the enhancement of community resilience, while ensuring effective response and recovery arrangements”.

The planning and implementation of risk reduction measures should consider prevalent risks to Australia and Australians and be inclusive of its health agencies and vulnerable groups.

Considerations for applicability to health context is provided in sections throughout this chapter, with Chapter 4 further detailing the Queensland Health strategic direction and priorities.

3.3.1 Emergency risk management

Disaster and emergency preparedness is built on awareness of existing risk. Disaster risk arises when hazards interact with exposed and vulnerable communities, and when the impacts exceed the capacities available to manage these risks. The 2021/22 State Disaster Risk Report (SDRR) provides an assessment of risk and a range of risk drivers in Queensland.

In Queensland, disaster and emergency risk management should be conducted using the processes outlined in the Queensland Emergency Risk Management Framework (QERMF), to guide disaster risk assessment. HHSs may be involved in the LDMG QERMF process and utilise this to inform their own risk assessment. The QERMF can accommodate all hazards as per the DM Act and HHSs may consider other hazards not included in the QERMF.

Disaster risk processes support the requirements of the EMAF and the associated Standard for Disaster Management in Queensland. The QERMF also aligns with the United Nations’ Sendai Framework for Disaster Risk Reduction 2015-2030.

For Queensland Health, hazard mitigation and risk reduction measures and activities can be undertaken to reduce the likelihood or severity of a disaster or emergency incident. To inform these, risk management is fundamental to effective disaster management. This process should:

- Consider all naturally occurring and human engineered hazards that may impact on the organisation, operations, and its people.
- Be consistent with local risk management practices including reporting, analysis, evaluation, and monitoring.
- Be undertaken regularly to ensure that disaster and continuity planning is based on accurate and timely information and assumptions.
- Enable risks and their severity to be understood by all relevant parties.
- Use understanding of risks to consider improving preventative controls (for example, improving infrastructure resilience against flood damage and water ingress).
- Develop plans and initiatives as a response to the risks considering options for scenario and/or resource-based planning methodologies.
- Identify priority risks and include mitigation and reduction strategies at all levels of planning.

3.3.1.1 Security risk management

Security related risks are also a consideration in the context of the broader security environment in Australia. The National Terrorism Threat Advisory System has been designed to provide information to the public about the likelihood of an act of terrorism occurring in Australia. The five threat levels are³² Certain, Expected, Probable, Possible and Not Expected.

Queensland Health should have an understanding of this system and be prepared to enact arrangements accordingly (e.g., enhance security processes), if notified of any change (by QPS) to the terrorism threat levels.

For information on critical health infrastructure protection, see Section 4.2.1.

3.3.2 Prevention

Prevention is the elimination or reduction of exposure to a hazard for communities at risk. Prevention activities are focused on reducing the likelihood and/or impact of the hazard. In addition to the specific actions by lead agencies, disaster groups also have responsibility for prevention actions.

3.3.2.1 Mitigation

There are many activities which can be undertaken to decrease the impacts of a disaster on people, infrastructure, and the environment.

³² Information sourced from Department of Home Affairs, Australian Government.

Generic mitigation strategies identified in the QSDMP³³, relevant to Queensland Health include:

- community education and information
- structural works
- land use planning
- building controls (e.g., to cyclone and earthquake standards)
- infrastructure (e.g., other essential services)
- landscape and environment (e.g., floods and bushfires).

It is important for Queensland Health to also consider the provision of health regulation (including public health) and hospital strategies/planning as a part of mitigation. This includes raising the baseline level of health within the community, as a continuous mitigation measure towards maintaining service delivery³⁴. For a non-exhaustive list of specific prevention and mitigation strategies with a health focus, see Section 4.1.1.

Refer to Sections 3.3.2.3 and 3.3.3.2 for information that reflects further risks and considerations concerning compounding and cascading impacts and climate change.

3.3.2.2 Resilience

The Queensland Strategy for Disaster Resilience 2022-2027 provides the framework for building resilience, which is defined as “a system or community’s ability to rapidly accommodate and recover from the impacts of hazards, restore essential structures and desired functionality, and adapt to new circumstances”.

All agencies have a responsibility to develop resilience strategies and initiatives.

For health, risk reduction activities which are considered to build resilience both internally and externally include community education, environmental health programs, immunisation programmes and legislative instruments. In health, these activities should consider system resilience and align with system strategies.

3.3.2.3 Climate change

Queensland Health has developed a risk strategy for climate change and completed a Climate Risk Strategy Operational Plan. The Department of Health is working with climate change leads in HHSs to provide Climate Adaptation Guidelines training to HHSs and the QAS and help implement the Climate Adaptation Guidelines. This is being achieved through the HHS development of specific Climate Actions Plans.

These documents emphasise adaptation and risk reduction initiatives informed by current evidence and embedding climate and disaster risk into planning and development processes:

- Queensland Health Climate Risk Strategy 2021-2026

³³ QSDMP (2023), Section 6.3.1.

³⁴ Refer to system outcomes in the HealthQ32 Vision.

- Queensland Health Climate change adaptation planning guidance guidelines and almanac, 2019
- Queensland Health Climate Change and Projected Health Service Demand, 2022.

This also supports the following whole-of-government documents:

- Queensland Climate Adaptation Strategy (Q-CAS)
- Queensland Climate Transition Strategy (Q-CTS)
- Emergency Management Sector Adaptation Plan for Climate Change (EM-SAP)
- Human Health and Wellbeing Climate Change Adaptation Plan for Queensland (H-CAP).

Climate change adaptation strategies for disaster management should seek to improve disaster management capability across all hazards, rather than being hazard specific.

As outlined in the Queensland Health Climate Risk Strategy, the following should be considered in disaster planning:

- The integrity and reliability of the public health infrastructure, assets, and services. For example, disruption or failure of service infrastructure such as:
 - telecommunication
 - transport
 - electricity
 - water supplies.
- Damage to physical infrastructure can be expected from worsening fire conditions, increases in hot weather, and coastal inundation from sea level change³⁵.
- Changes in climate can result in unpredictable service disruption, costly repairs, or replacement of essential health service assets and infrastructure.
- Increasing resilience to climate risks can provide substantial economic, social, health, and environmental co-benefits.

3.3.3 Preparedness

Effective disaster preparedness incorporates knowledge and capacities developed by governments, response and recovery organisations, communities, and individuals to anticipate, respond to and recover from the impacts of likely, imminent or current disasters³⁶. It is critical to minimise the consequences of an event on a community or organisation and ensure provision of timely operational response and recovery. The QSDMP identifies four priority areas that contribute to effective disaster management in Queensland:

- risk management
- planning

³⁵Queensland Health Climate Risk Strategy 2021-2026.

³⁶ Sendai Framework Terminology on Disaster Risk Reduction (2017), accessed online on the United Nations Office for Disaster Risk Reduction website.

- local focus
- resilience³⁷.

The QHDISPLAN aligns with the QSDMP and incorporates these four priority areas throughout.

For Queensland Health, effective preparedness advocates that if a disaster or emergency incident were to occur, the health system would know how to respond. Preparedness actions for health, based on a sound analysis of disaster risks and good linkages with early warning systems, may include contingency planning, stockpiling of equipment and supplies, establishment and testing of coordination mechanisms, risk awareness raising and public information of protective behaviors, and associated training and exercising³⁸.

3.3.3.1 Planning

Disaster management plans and arrangements should:

- Consider identified risks and hazards across prevention, preparedness, response, and recovery (PPRR).
- Be scalable, adaptable to change and interoperable.
- Consider and integrate with business and operational continuity and recovery.
- Be developed in consultation with relevant stakeholders.

Business and operational continuity are integral parts of disaster and emergency incident management planning and preparedness. Every part of the health system is responsible for undertaking business continuity planning that considers disruption due to a disaster (e.g., damage, loss of infrastructure). For information related to business continuity and planning aligned with national hospital standards and accreditation, see Section 4.2.1.

Stakeholder engagement and relationship management is a cornerstone of effective preparedness. Planning and preparedness activities should be undertaken in conjunction with local, district and state disaster management groups and/or committees.

3.3.3.2 Compounding and cascading impacts

Climate change is increasing the likelihood of compounding and cascading impacts; resulting in more concurrent extreme events or events that follow in closer succession.

Compounding and cascading events includes the following inter-connected components³⁹:

- The increase in frequency as well as increasing severity of events.
- Patterns of hazards will also change and be difficult to predict.
- Increasing slow-onset hazards (such as drought) that can greatly magnify the impact of sudden-onset hazards.

³⁷ QSDMP (2023), Section 1.3.

³⁸ Refer to the Disasters and Emergency Incidents HSD (2021) for further information on Queensland Health requirements to support disaster preparedness.

³⁹ Australian Strategic Policy Institute (2019). *Special report: Preparing for the era of disasters*.

- Compounding impacts can lead to a state of “chronic crisis”, undermining previous levels of system and community resilience.

This requires a shift in planning from considering each hazard in isolation to considering the impacts of compounding and cascading events on the system and community, including the likelihood of dual hazards and overlapping of recovery and response in different events. Implementation and continuous improvement between events will be further challenging.

Resilient health systems enable continuity of health services by being aware of threats, agile in response, absorptive of shocks, and adaptive to minimise disruptions⁴⁰. The future of healthcare in Queensland will require that we build both a sustainable and resilient system⁴¹.

3.3.3.3 Public-private planning partnerships

There should be a whole-of-community approach to planning, including engagement strategies with community health care providers (for example, but not limited to private hospitals, general practitioners, and aged care facilities). This will enable response and recovery capabilities that align with the community needs and may help in:

- providing important additional resource/s to help meet demand
- identifying and assisting vulnerable cohorts or groups in the community⁴²
- volunteer management
- recovery support.

This work should occur in advance of disaster or emergency incidents and may involve establishment of Memorandums of Understanding (MOUs), partnerships and pre-agreed roles and responsibilities.

Integrated planning arrangements and processes are essential and may involve whole-of-community representation in health emergency planning committees. This may be facilitated through local disaster management groups, district disaster management groups or through the Department at a state level.

3.3.3.4 Inclusion and considerations for vulnerable groups

The Vulnerabilities in Disasters Framework (2019) developed by the Queensland Government is a state-wide framework that identifies factors to consider when undertaking collaborative work to support vulnerable people in Queensland.

The Disability-Inclusive Disaster Risk Reduction (DIDRR) Framework (2019) applies the empowerment framework (anticipate, respond, adapt) outlined in the Queensland Strategy for Disaster Resilience (2022-2027) to impact the resilience of people with disability and their support networks to disaster. Planning conversations, including through disaster groups,

⁴⁰ The World Bank (2022). Change Cannot Wait: Building Resilient Health Systems in the Shadow of Covid-19.

⁴¹ Refer to system outcomes in the HealthQ32 Vision (2023).

⁴² Queensland Health records do not consistently capture whether patients have a disability. Disability service providers can assist HHSs in identifying/clarifying needs of persons in this cohort. HHSs should work with other providers in an attempt to identify any vulnerable existing patients of the HHS.

should focus on how to achieve this impact through providing ongoing support to disability consumers and working to overcome barriers. It is important to focus attention on the social infrastructure within communities that can support disaster risk reduction and community resilience, particularly for vulnerable groups, including people with disability and their support network⁴³.

Vulnerable groups often need to be distinguished between health vulnerabilities and broader social vulnerabilities, generally requiring multiple engagement points between Queensland Health and other agencies.

There are groups who are often more vulnerable to the effects of disaster including older people⁴⁴ and children⁴⁵, and disadvantaged groups including First Nations⁴⁶ and culturally and linguistically diverse people (CALD). Disaster risk reduction for health can help reduce the effects of a disaster on the health of these groups. Health and disaster risk management sectors should work closely together to consider and include these groups during the planning phase. It is important to ensure the health system is strengthened to cope with local hazards and respond to the health needs of these groups following a disaster or emergency incident.

3.3.3.5 Engagement with primary care, aged care, and other agencies

Queensland Health should promote and foster ongoing engagement with primary care, aged care, and other agencies to build community resilience. Engagement during the preparedness phase can support the establishment of shared and common understanding of potential risks, and the roles and responsibilities of each stakeholder across the health system during disasters and emergency incidents. This engagement can increase health management during disasters, providing better outcomes for the community.

Engagement across the health system can be through formal channels such as District Disaster Management Group representation of sub-groups or informal networks. Public/private hospitals, residential aged care facilities (RACFs), disability services, health services for Aboriginal and Torres Strait Islander peoples and primary health care facilities are part of the health sector however operate as separate agencies. This is often as private businesses or under the Commonwealth (e.g., Primary Health Networks (PHNs)) and at different levels of government due to legislative and governance requirements⁴⁷.

⁴³ Commonwealth of Australia, Department of Social Services, Australia's Disability Strategy 2021–2031.

⁴⁴ Older people and disaster preparedness: A literature review (2021), accessible online.

⁴⁵ Disaster Risk Management for Health. Child Health, Disaster Risk Management for Health Fact Sheets, World Health Organisation (2011).

⁴⁶ Queensland Government, Making Tracks towards achieving First Nations health equity Interim Investment Strategy 2021–2022.

⁴⁷ For example: The requirement for RACFs to continue to maintain quality care and services to care recipients during and emergency is required by the Aged Care Quality Standards under the Aged Care Act 1997 (Commonwealth) or grant/funding agreements. Providers are responsible for costs of planning for, and during an emergency, including all relocation costs. Refer to *Service continuity and emergency events in aged care* on the Australian Government Department of Health and Aged Care website for more information.

3.3.4 Response

Disaster response involves taking appropriate measures to respond to an event. This includes actions taken and measures planned before, during and after an event, to ensure that its effects are minimised, and that immediate relief and support is available to those impacted⁴⁸.

Response activities involve adhering to:

- the QDMA
- relevant plans and frameworks
- a system of incident management.

3.3.5 Recovery

Disaster recovery is the coordinated process of supporting affected communities in the reconstruction of the built environment and the restoration of emotional, social, economic, and natural environment wellbeing⁴⁹. Recovery planning should commence from the early stages of an event to ensure arrangements are in place and can be implemented quickly when needed, and to ensure a smooth transition from response to recovery. For wide scale, and/or prolonged events there may be simultaneous response and recovery activities conducted. The Queensland Reconstruction Authority (QRA) is the lead agency responsible for disaster recovery, resilience, and mitigation in Queensland.

3.3.5.1 Recovery operations

Recovery starts in the response phase, occurring concurrently and does not occur in a linear or staged manner. The different phases of recovery can overlap, even within a single community. The transition phase is often a distinct phase after recovery.

There are three recovery stages as outlined in the Queensland Recovery Plan⁵⁰:

Phase	Examples of health activities
Stage 1: Immediate (Post-impact relief and emergency repairs)	<ul style="list-style-type: none">• Identification of public health risks• Provisions for psychosocial assistance• Commencement of recovery reporting.
Stage 2: Short/Medium Term (Re-establishment, rehabilitation and reconstruction)	<ul style="list-style-type: none">• Coordination of ongoing impact assessments and community engagement• Continuation of service delivery• Public health risks controlled/eliminated.

⁴⁸ QSDMP (2023), Section 8.1.

⁴⁹ National Emergency Management Agency, Australian Disaster Resilience Knowledge Hub, Community Recovery Handbook.

⁵⁰ The Queensland Recovery Plan (2019) is a sub-plan of the QSDMP.

Phase	Examples of health activities
Stage 3: Long Term (Restoration, rebuilding, reshaping and sustainability)	<ul style="list-style-type: none"> Continuation of service delivery New social connections and community behavioural change Identifying lessons and implementing improvements to increase resilience.

Table 7: Stages in recovery operations

3.3.5.2 Recovery arrangements

Local Recovery Groups (LRGs) may be established to ensure recovery planning and operations are coordinated and implemented effectively. LRGs may be supported by District Recovery Groups (DRGs) and state-level activities. The formation of LRGs and DRGs is not mandated but occurs at the discretion of the Chair of the LDMG/DDMG. HHSs provide representation and work with LRGs and DRGs. The Department of Health provides representation to state-level activities.

Functional Recovery Groups (FRGs) at a state level provide resources and support to LRGs and DRGs in their recovery efforts across impacted communities. The FRGs coordinate, link and facilitate recovery planning, issues management and activities at the state level across their different functional group areas⁵¹. There are five FRGs⁵², with each supported by a committee, led by the FRG lead.

Queensland Health has membership of the following FRGs:

- Human and Social FRG
- Environmental FRG
- Building FRG

Queensland Health does not have membership on the other two FRGs.

Further information on Queensland's recovery arrangements can be found in the Queensland Recovery Plan⁵³.

Recovery Funding Arrangements

The QRA is the functional lead agency for the Commonwealth and state-funded Disaster Recovery Funding Arrangements (DRFA).

For further information on recovery financial arrangements for the State of Queensland, see Section 7 of the PPRR Guideline and Queensland Disaster Funding Guidelines⁵⁴.

⁵¹ Refer to QRA website, *Recovery Governance* Section.

⁵² Human and Social FRG, Environmental FRG, Building FRG, Roads and Transport FRG and Economic FRG. Further information on the FRGs can be found in Section 4.4.2 *Recovery arrangements* and on the Queensland Reconstruction Authority website.

⁵³ Externally available on the Queensland Recovery Authority website.

⁵⁴ Can be located online on the Queensland Health intranet or externally.

Refer to Section 4.4 for information related to recovery arrangements for Queensland Health, including recovery financial arrangements (Section 4.4.4).

3.3.5.3 Recovery principles

The National Principles for Disaster Recovery underpin Queensland recovery activities and should be considered in all Queensland Health recovery efforts:

- Understand the context – successful recovery is based on an understanding of community context, with each community having its own history, values, and dynamics.
- Recognise complexity – successful recovery is responsive to the complex and dynamic nature of both emergencies and the community.
- Use community-led approaches – successful recovery is community-centred, responsive, and flexible; engaging with community and supporting them to move forward.
- Coordinate all activities – successful recovery requires a planned, coordinated, and adaptive approach, between community and partner agencies, based on continuing assessment of impacts and needs.
- Communicate effectively – successful recovery is built on effective communication between the affected community and other partners.
- Acknowledge and build capacity – successful recovery recognises, supports, and builds on individual, community and organisational capacity and resilience⁵⁵.



Source: Queensland Fire and Emergency Services

⁵⁵ Australian Government, Australian Disaster Resilience Handbook Collection, Handbook 2, *Community Recovery*.

4 Queensland Health strategic direction and priorities

4.1 Prevention

Queensland Health promotes and engages in prevention and mitigation strategies. Many of these strategies aim to raise the baseline level of health in the state, which can ultimately reduce the impact of disasters. Queensland Health promotes the resilience of health service delivery through service continuity arrangements and by building flexibility and adaptability into health services.

4.1.1 Prevention and mitigation strategies

Specific prevention and mitigation strategies with a health focus include, but are not limited to:

- Horizon scanning (state, national and international trends)
- Enhanced surveillance and infection prevention and control
- Disease control including immunisation program and infection prevention and control practices
- Supply chain surety⁵⁶
- Mass vaccination campaigns, distribution of vaccinations and prophylaxis medication
- Contact tracing, prophylaxis, and treatment
- Regulation and compliance activities relating to public health matters
- Quarantine and border control
- Government, non-government and community education and awareness programs
- Public health information and education
- Social and demographic profiling of potential disaster affected areas
- Pre-identification of, and planning for, vulnerable or high-risk patients
- Increasing resilience and redundancy of health assets and facilities.

4.1.2 Emergency risk management

Both the Department and HHSs should employ their own risk frameworks and governance structures to identify, analyse, evaluate, and mitigate risks relevant to their own objectives and operations. Disaster risk management and risk reduction activities should align with and be incorporated into these broader arrangements. Disaster and emergency risk management

⁵⁶Queensland Health leads the Queensland Government Critical Supply Reserve (QGCSR); a statewide reserve to protect Queensland against disruptions and secure access to critical supplies and equipment. The QGCSR aims to improve the availability, distribution, and access to critical supplies in order to respond to large-scale disasters and crises.

should align with the principles of ISO 31000:2018 Risk Management – Principles and Guidelines⁵⁷. The QERMF should also be utilised to inform disaster and emergency risk management.

HHSs should liaise with their LDMG and DDMG to support the identification, understanding and management of local risks. HHSs and the Department of Health should actively contribute to any QERMF process undertaken by relevant LDMG/DDMG or the state. LDMG and DDMGs are encouraged to incorporate HHSs and their considerations in this process. For more information on the QERMF, refer to Section 3.4.1 of this document.

4.2 Preparedness

Queensland Health’s preparedness activities align with the QSDMP and are centered on three key elements:

- Planning
- Community engagement
- Capability integration
 - Training and education
 - Exercising
 - Lessons management
 - Pre-season briefings.

These key elements should be utilised through a continuous improvement cycle. Planning must occur both as core business and during disaster events. Effective disaster management plans allow all disaster management stakeholders to understand their roles, responsibilities, capability, and capacity when responding to an event. Aligning with the Disasters and Emergency Incidents HSD, HHSs are required to maintain a capability to effectively respond to disasters and emergency incidents through established emergency management committees, continuity plans and other doctrine, resourced emergency operations centre/s and engagement in community awareness programs.

4.2.1 Planning consistency and requirements

For the consistent operation and alignment with the QHDISPLAN and governing state plans, a minimum suite of plans and sub-plans are required.

⁵⁷ Further guidance and frameworks on general risk management can be obtained from HHS risk coordinators or from the Department’s Risk, Assurance and Information Management Branch.

Plan	State level	HHS level	Basis
Disaster and Emergency Incident Plan	Required	Required	<ul style="list-style-type: none"> • QSDMP • Disasters and Emergency Incidents Standard • Disasters and Emergency Incidents HSD
Mass Casualty Incident Plan	Required (Queensland Health is lead agency)	Required	<ul style="list-style-type: none"> • QSDMP • Disasters and Emergency Incidents Standard
Chemical Biological Radiological Plan	Required (Queensland Health is primary agency)	Recommended	<ul style="list-style-type: none"> • QSDMP • Disasters and Emergency Incidents Standard
Heatwave Plan	Required (Queensland Health is primary agency)	Recommended	<ul style="list-style-type: none"> • QSDMP • Disasters and Emergency Incidents Standard
Pandemic Plan	Required (Queensland Health is primary agency)	Recommended	<ul style="list-style-type: none"> • QSDMP • Disasters and Emergency Incidents Standard
Public Health Sub-plan	Required (Queensland Health is lead agency)	Recommended	<ul style="list-style-type: none"> • QSDMP • Disasters and Emergency Incidents Standard
Mental Health Sub-plan	Required (Queensland Health is lead agency)	Recommended	<ul style="list-style-type: none"> • QSDMP • Disasters and Emergency Incidents Standard
Recovery Plan	Optional	Optional	Based on best practice
Disruption Sub-plan	Optional	Optional	Based on best practice
Disaster Recovery Plan	Optional	Optional	Based best practice
Blood Supply Emergency and Contingency Plan	Optional	Optional	Based on local risk
Tsunami Notification Plan	Optional	Optional	Based on local risk

Table 8: Planning consistency requirements (doctrine)

Additional plans for HHSs may also be developed at their discretion⁵⁸. All HHSs and the Department of Health should have business continuity arrangements.

4.2.1.1 Planning principles

In line with the QDMA, effective disaster management planning for the health system should include:

- Documenting how the Department, HHSs and hospitals intend to deal with the effects of hazards and disaster events across prevention, preparedness, response, and recovery.
- Hazard identification and mitigation, and risk assessment and reduction.
- Outlining arrangements, roles and responsibilities and structures for disaster and emergency incident management.
- Providing direction on communications, escalation points, coordination, and resourcing requirements.
- Collaborating with stakeholders to enable accessibility and understanding of the plans and arrangements.

4.2.1.2 Planning for emergencies in health care facilities

Australian Standard 4083 Planning for Emergencies – Health Care Facilities assists effective planning for internal and external emergencies. Standards are provided across seven emergency classifications:

Code Red	Fire / Smoke
Code Orange	Evacuation
Code Purple	Bomb threat
Code Black	Personal threat
Code Yellow	Infrastructure and other internal emergencies
Code Blue	Medical emergency
Code Brown	External emergency

Table 9: Emergency code classifications in healthcare facilities

Health care facilities have procedures in place that guide first response and local management for each type of emergency incident code ('Code'). These procedures will identify triggers and actions to be taken to escalate an incident, so a determination can be

⁵⁸ Refer to Disaster and Emergency Incidents HSD.

made on whether to activate relevant plans. For information on the notification and reporting of Codes, see Section 4.3.7.

To align with accreditation standards for the HHSs, the National Safety and Quality Health Service Standards Guide for Hospitals (2017) outlines strategies for improvement which include planning for emergencies and disasters⁵⁹. The guide recommends that health facilities perform a series of audits to identify potential risks and management opportunities to enable the organisation to respond efficiently and effectively in an emergency, which may involve consideration of:

- Appropriate infrastructure, such as emergency signage, lighting systems and backup generators
- Workforce training in evacuation systems and emergency drills
- Planning for the coordination of workforce rosters and reporting lines during an emergency
- Planning to support patient transfer internally or externally (to other health service organisations) during an emergency
- Business continuity planning for recovery and returning services to normal following an emergency.

4.2.1.3 Critical health infrastructure protection

Any disruption to the services provided by Queensland Health, including the sites from which these are sourced, may result in the restricted provision of essential health and human service activities, including critical acute health care services.

Planning should include security and protection of critical infrastructure, essential services, staff, patients, and the public. Security and protection planning should be aligned and integrated with disaster management arrangements and should include response and recovery scenarios to Information and Communication Technology (ICT) incidents, including cyber-attacks and the protection of confidential health records and information⁶⁰.

A list of critical health infrastructure and key interdependencies must be maintained, and all existing security, on-site emergency and business continuity management plans should be reviewed as part of a broader planning review cycle⁶¹.

Key considerations for Queensland Health include, but are not limited to:

- Providing adequate security for identified assets
- Actively applying risk management principles to planning processes
- Regularly reviewing risk management assessments and plans

⁵⁹ Refer to Action 1.10, Risk Management section.

⁶⁰ For supporting information and policies, refer to System ICT Governance Framework on the Queensland Health intranet.

⁶¹ Refer to the SOCI Act 2018 for national reporting requirements.

- Reporting any potential or actual security breaches, emergency incidents or suspicious activities
- Regularly reviewing business continuity management plans
- Participating in exercises that test and validate arrangements.

4.2.1.4 Community engagement

Where possible, the Department of Health should contribute to ongoing community engagement and readiness campaigns, including 'Get Ready', coordinated by Queensland Reconstruction Authority (QRA), and other community engagement conducted by councils or disaster management groups. HHSs should also contribute to engagement in such events. HHSs may also provide their communities with health-related information regarding specific hazards which may affect their local areas to promote community preparedness and resilience building.

Further information on community engagement and public information is included in this document in Section 4.3.9.

4.2.1.5 Capability integration

Training and exercise programs are an essential component in preparedness. In alignment with the DM Act, all persons performing specific functions related to disaster operations are required to be appropriately trained⁶². The Queensland Health Disaster and Emergency Incident Training Framework⁶³ provides specific details on training and exercise activity expectations. This framework provides that Queensland Health staff with functions and roles in disaster management are required to undertake the whole-of-government QDMA training module, as a minimum standard. It also requires that anyone with a formal role under the QDMA (e.g., a LDMG/DDMG member etc.) must undertake specific mandatory training.

Lessons management is essential with debriefs conducted in accordance with the Queensland Health Operational Briefing and Debriefing Guideline⁶⁴; participation in multi-agency debriefs and outcomes of these reviewed in emergency planning committees at both HHS and Department level.

Both Department and HHS staff should attend any pre-season briefings organised by disaster management groups, as well as conduct internal pre-season briefings and promotion.

⁶² This is the duty of the state government entity responsible for the administration of the DM Act. Training requirements for Queensland Health are identified in the Queensland Health Disaster and Emergency Incident Training Framework, referred to in the Queensland Health Disasters and Emergency incidents HSD (2021).

⁶³ Associated Department of Health, and HHS disaster and emergency management training and exercise frameworks can be located on the Queensland Health intranet or by contacting the DMB.

⁶⁴ Can be located on the Queensland Health intranet or by contacting the DMB.

4.2.1.6 Wellbeing and support of the workforce

Disasters and emergency incidents can have notable impacts on the health workforce. It is important to ensure staff are prepared and understand support resources available to assist them during and post-event. Promoting the safety of health service staff and allowing them to ensure the safety of their own family and assets during a disaster event will aim to reduce the associated stress and to preserve and protect the workforce from further psychological stress. All plans should include arrangements for and consider the wellbeing of the workforce⁶⁵.

4.3 Response

Health services should take appropriate measures to respond to an event, including actions planned in anticipation of, during, and immediately after an event, to ensure that its impacts or potential impacts to health facilities, staff and patients are minimised and service continuity is promoted. Response operations should also consider provision of offsite healthcare or support if applicable.

4.3.1 Triggers for activation

Activation of the QHDISPLAN (and any relevant sub-plan/s) may occur under, but are not limited to, any of the following circumstances:

- An emergency incident is being monitored or a disaster event (as defined in the DM Act) is imminent.
- A disaster or emergency incident has occurred, the level of response and resources required is beyond the capabilities of a HHS and support is requested from the Department.
- Coordination of the response is required across multiple HHSs⁶⁶.
- A system-wide Queensland Health disruption occurs.
- A response to a potential or actual public health incident is required under legislation (must be declared by the Minister for Health, Mental Health and Ambulance Services).
- A situation occurs which results in activation of a national level plan requiring support from Queensland Health.
- The SDCC moves to 'Stand Up' level of activation and whole-of-government disaster management arrangements are in place, including reporting requirements.
- The SHC determines it necessary.

⁶⁵ The workforce should have access to support provided by Queensland Health, for example, through Work Health and Safety initiatives and local Employee Assistance Programs (EAPs).

⁶⁶ The State Health Coordinator (SHC) may consider activating the SHECC to a level of activation, at their discretion, based on the situation.

Other considerations for the above may include:

- Size and location of the disaster or emergency incident, or projected impact of an event
- Anticipated casualty load type of injuries, and surge capacity of the local hospitals
- Current demands on the health system
- Impact on critical business functions
- Impact on other public services and facilities
- Duration of disaster or emergency incident.

4.3.2 Authority to activate

The QHDISPLAN meets Queensland Health responsibilities under the Queensland State Disaster Management Plan (QSDMP). The QHDISPLAN will be activated under the authority of the State Health Coordinator (SHC), which is delegated by the Director-General (DG).

Activation of the QHDISPLAN may lead to the activation of the State Health Emergency Coordination Centre (SHECC) and its relevant incident management groups and teams.

Should a HHS or area of the Department require activation of the QHDISPLAN, notify the SHECC on **07 3708 5242** (24/7 on-call) and shecc@health.qld.gov.au. When the QHDISPLAN is activated, a relevant sub-plan can also be activated simultaneously to provide additional guidance, depending on the hazard, or required response function.

Activation of a sub-plan of the QHDISPLAN will occur at the discretion of the DG, or delegate, and would automatically trigger activation of the QHDISPLAN to the same level. If any sub-plan is activated to 'Stand Up' level of activation, the SHECC must be advised⁶⁷.

4.3.3 Overview of incident management system

The internally published QHIMS Guideline provides guidance for the management of disasters and emergencies impacting the health system. It is aligned with the Australasian Inter-service Incident Management System (AIIMS) which is utilised across other emergency service agencies. The QHDISPLAN should be read in conjunction with the QHIMS Guideline.

Upon activation of the QHDISPLAN, a State Health Coordinator (SHC) will be appointed to coordinate the Queensland Health response. The SHC is the senior member and accountable officer for the Queensland Health response during activation, by leading the Queensland Health Incident Management Group (IMG) and SHECC Incident Management Team (IMT). The SHC is generally the CHO or delegate, as appointed by the DG. While the SHC will lead the Queensland Health response, they will work with Health Incident Controllers (HICs) and Health Service Chief Executives (HSCEs) who lead the HHS response.

Where necessary, the SHC will activate the Queensland Health IMG and the SHECC IMT to support and coordinate and support the response. The IMG will provide strategic direction for the response and the IMT will staff the SHECC. The SHECC will liaise within Queensland Health to the Director-General, across to the SDCC, and with HHS HEOCs.

⁶⁷ Note that activation of HHS plans does not necessarily result in activation of the QHDISPLAN or its sub-plans.

HHSs and facilities can also activate a HHS or facility level IMG and/or EOC IMT for other disruptive events, based on potential impact and operational requirements.

Refer to Chapter 5 of this document, and/or Section 3 of the QHIMS Guideline for more information on the Incident Management System (IMS) including IMGs, IMTs and coordination/operations centres.

4.3.4 Levels of activation

Activation of a health response progresses through an escalation process, as outlined in the QSDMP. Movement through these levels of activation is not necessarily sequential but is based on flexibility and adaptability to the location and the event.

For health actions related to each level of activation, refer to the Activation and Response Flowchart and Actions list in the Snapshot.

Levels of activation	Definition
Alert	A heightened level of vigilance and preparedness due to the possibility of an event in the area of responsibility. Some action may be required, and the situation should be monitored by staff capable of assessing and preparing for the potential hazard. Other required stakeholders should be notified.
Lean Forward	An operational state prior to Stand Up, characterised by a heightened level of situational awareness of a disaster event (current or impending) and a state of operational readiness. Resources, staff and EOCs are on standby – prepared but not activated.
Stand Up	When a disaster or emergency incident occurs, and a response is required. Resources are mobilised, personnel are activated, and operational activities commence.
Stand Down	Transition from responding to an event back to core business and/or recovery operations. The event no longer requires a coordinated operational response.

Table 10: Levels of activation and actions (QSDMP)

Formal activation levels apply to operations and coordination centres, including EOCs at a facility level, HEOCs at a HHS level, and the SHECC at a state level.

IMGs or IMTs may or may not be operating as a component of EOC/s, HEOC/s or the SHECC, with activities based on the relevant plan or sub-plan. If an IMG (and IMT) is operational and undertaking preparedness, response or recovery activities, the corresponding operations/coordination centre (e.g., facility EOC/HHS HEOC/SHECC) is deemed to be at 'Alert', 'Lean Forward' or 'Stand Up' level of activation.

4.3.5 Levels of incident complexity

The QHDISPLAN and sub-plans are designed to enable escalation of the level of response when an incident that is likely to impact on normal operations occurs.

As the level of incident complexity increases, support will also increase (e.g., the activation of the HEOC or SHECC to support coordination of resources). It is important to note that the support provided is in addition to the resources already being utilised locally and does not substitute or take over control or responsibility for the incident at the local level. There may

be instances however, where the level above sets policy or strategic direction that must be followed.

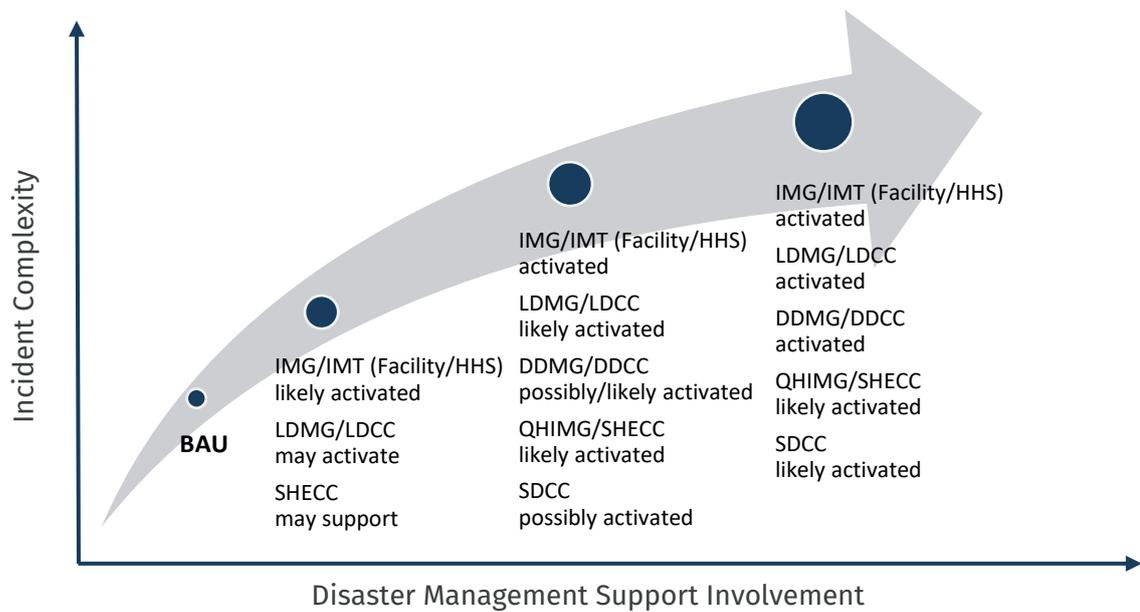


Figure 4: Disaster management support relative to incident complexity

4.3.6 Maintaining services and capability

Service delivery impacts often relate to changes in service delivery, resulting from changes in/to:

- The ability of staff who live in impacted areas to report for work due to travel infrastructure damage or inaccessibility or direct impact to their homes.
- Disrupted community services due to transport, infrastructure or staffing issues.
- Disrupted transport infrastructure (road, rail, sea, or air), which affects logistics (supplies), patient referral pathways, and staffing.
- Potential damage to HHS facilities and infrastructure, including ICT.

The following list includes, but is not limited to, activity areas which should be considered during a disaster or emergency incident:

Activity area	Service delivery considerations
Identifying clinical needs	<ul style="list-style-type: none"> • Identify vulnerable patients currently within the system and support provision of their acute clinical needs throughout phases of a disaster and emergency incident. • Review patients affected by rescheduling elective surgery and outpatient bookings and prioritise review based on clinical needs.

Activity area	Service delivery considerations
Reducing clinical demand on impacted hospitals	<ul style="list-style-type: none"> • Reschedule elective surgery, procedures, and outpatient appointments in affected hospitals, to reduce demand and increase bed availability. • Where possible, liaise with local private hospitals, aged care facilities, disability service providers and primary health networks regarding their plans to respond to the disaster or emergency incident to avoid additional demand. • HHSs and facilities work with Patient Access Coordination Hubs (PACH) and QAS to manage patient flow. • Liaison with private hospitals to identify additional capacity if needed. • Aeromedical retrieval of sick and injured patients identified by Retrieval Services Queensland (RSQ) should avoid transfer to, or have prioritised transfer from, affected hospitals. • Aeromedical support may be increased in the acute and recovery periods.
Increasing clinical capacity of local staffing	<ul style="list-style-type: none"> • Focus on roles (reprioritisation to maintain service continuity). • Review of rosters and staffing, including consideration of staff reallocation to accessible facilities if unable to attend usual place of work. • Deployment of clinical staff into affected HHSs. • Consider telemedicine supports to increase clinical delivery.
Ensuring health care facilities are safe to provide health care	<ul style="list-style-type: none"> • Conduct damage assessments of affected health care facilities. • Identify priorities and organise a repair schedule. • Capture data for insurance claims and consider cost recovery options.

Table 11: Service delivery considerations

4.3.7 Notification and reporting

Initial notification of a disaster or emergency incident may be received at any level within Queensland Health. Media enquiries may also be the first notice of an incident.

Facilities report through their HHSs, who then report to the SHECC, any incident that initiates activation of any disaster and emergency incident response plan or Code, as detailed below.

If an emergency code, or any equivalent method used by a HHS for recording and reporting emergency incidents is activated, HHSs should notify the SHECC as soon as practicable. Proactive notification of potential impacts or disruption should also occur.

HHSs should detail the cause of the code and provide a summary of HHS impacts from:

- all Code Yellow (or equivalent)
- all Code Brown
- all Code Orange

- any Code Red, Purple or Black that results in patient evacuation or a significant disruption to services⁶⁸.

Notifications from HHSs to the SHECC should be completed through the Queensland Health online incident management system (e.g., Noggin). If this system is not available, the SHECC redundancy notification template, available from Queensland Health's Disaster Management Branch (DMB), should be used. Notification of activation should also be supported by a phone call to the SHECC on **07 3708 5242** (24/7 on-call).

The Department should notify HHSs of disruptions to critical functions (e.g., in response to digital system disruption). This will generally be through email and/or phone call.

Escalation procedures should be in place to ensure that this information is communicated to the appropriate level of leadership that enables activation decisions to be made. It is important to ensure all key stakeholders are notified of any disruption or activation to enable effective decision making, communications, and response.

HHSs are encouraged to engage in cross-boundary discussions and share communications during disasters or emergency incidents if required (particularly when the SHECC is not activated), providing situational awareness to the SHECC where appropriate. Requests for assistance (RFAs) across HHSs should be directed to the SHECC which can facilitate appropriate resources and support. Further detail on RFAs can be found in Section 4.3.8, or in the QHIMS Guideline.

Situation reports (SITREPs) and Incident Action Plans (IAPs) are used to manage information and ensure actions meet the overall incident objectives. HHSs should submit SITREPs to the SHECC that describe health service capacity to inform response planning and enable appropriate support for all affected HHSs. These, along with handover formats (e.g., METHANE, SMEACS-Q) and other supporting information, are described in more detail in Section 4 of the QHIMS Guideline⁶⁹.

The SHECC and QAS State Operations Coordination Centre (SOCC) should also provide notification to each other and continue close communications.

4.3.8 Requests for assistance

During a disaster or emergency incident, where resources (such as equipment, staffing, consumables etc.) are disrupted and/or overwhelmed, a request for assistance may be made. It is important that facilities and HHSs have considered all options to support themselves prior to submitting an RFA, including using commercial options where able.

A formal RFA process exists through the QDMA, which ensures the allocation and prioritisation of competing resources through the arrangements. The RFA process is also used for internal RFAs and should progress through the appropriate coordination or operations centre. The process, as outlined in Section 4 of the QHIMS Guideline, must be followed for all RFAs and includes further information on the RFA process for health services.

⁶⁸ Note that any Code Blue (Medical Emergency) does not need to be reported under these arrangements as they are managed at the local level.

⁶⁹ A template for providing SITREPs to the SHECC can be accessed through the DMB.

As a summary:

- Facilities can request assistance through their HHS EEOC.
- Requests for health resources (e.g., medical equipment, staffing etc.) should be made by HHS EEOCs and submitted to the SHECC.
- Requests for generic resources (e.g., transportation, generators, etc), should be made by EEOCs and submitted to the relevant LDMG and/or DDMG, in accordance with local and district plans/arrangements.
- The SHECC can also submit an RFA to the SDCC.

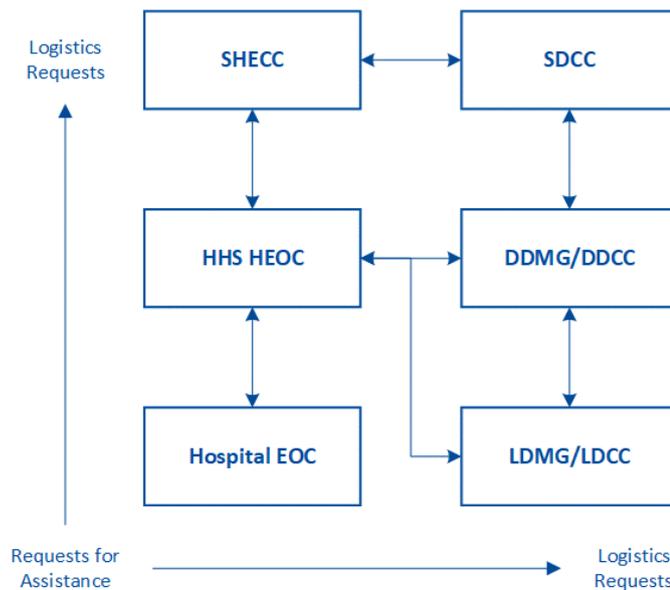


Figure 5: Request for assistance process

HHSs and the SHECC must use the approved RFA form which will help identify the cause of the issue, what alternatives have been exhausted, and why specific resources are being requested⁷⁰. When requesting assistance, the *outcome required should be requested*, rather than the resource/s that are expected to undertake it. This will enable the coordinating body to plan resources based on what is required and may have access to alternative solutions.

4.3.9 Public information and communication

4.3.9.1 Whole-of-government context

The way information is developed and issued by the Queensland Government during a major issue and crisis will depend on the number of people impacted, the level of disruption created and the extent of media interest. Once a major issue or crisis is identified, the appropriate lead agency will be notified and will work with the Department of Premier and Cabinet (DPC) and other relevant departments to develop a response.

⁷⁰ Note: LDMGs and DDMGs have their own RFA template, which are accessible online.

The lead agency is responsible for coordinating public information and working with the State Disaster Coordination Centre (SDCC) and if required, the Crisis Communication Network (CCN), to ensure information is appropriate, timely and issued in a way that will reach the right people, at the right place, at the right time. All agencies are responsible for updating, maintaining, and monitoring their own key messages and digital platforms, and providing their respective stakeholders with relevant, factual, and approved information about the major issue or crisis.

Further information on actions to be taken by the government in response to an issue or crisis can be found in the Queensland Government Crisis Communication Plan⁷¹.

4.3.9.2 Queensland Health

All Queensland Health related media and communication advice and support is led by the Queensland Health Strategic Communications Branch (SCB) or the media and communication function of the Hospital and Health Services. The scale of the event will determine whether the media and communication response is generated through SCB or the HHS.

If the SDCC has been activated, or multiple HHSs are impacted, the media and communication response will likely be led by SCB, with the support of the HHSs. If this occurs, SCB will be responsible for leading the development of communication materials and sharing approved materials with the respective HHSs to ensure a consistent approach to messaging.

If the issue or crisis only impacts one HHS, it is usually more appropriate this is led by the team at a local level. The HHS is responsible for keeping the SCB informed of local media and communication activities via news@health.qld.gov.au.

4.4 Recovery

As outlined in Chapter 3 with a whole-of-government context, recovery should start during the response phase. Refer to Section 3.3.5. Whilst clinical services may return to business as usual, public health and mental health recovery efforts will often continue.

During a disaster or emergency incident where services have been disrupted, re-establishing business as usual operations is essential for recovery and to return full health services to the community. The recovery process could take days to weeks depending on the impacts to the service and may include infrastructure repair and reconstruction as well as restoration of services that were ceased during the incident. Recovery strategies should be identified throughout the business continuity planning process, and event specific recovery planning should commence within the response phase of the incident⁷².

⁷¹ This document is externally available online or can be sourced through the Department's Disaster Management Branch (DMB).

⁷² The internal recovery guide can be accessed on the Queensland Health intranet and associated templates can be sourced through the DMB.

4.4.1 Recovery planning

The health system focus in recovery activities is to:

- Apply a patient-focused approach to re-establishing business as usual for Queensland Health facilities and services as soon as possible.
- Assist affected communities with public health, mental health, and human/social recovery.

In addition to service recovery, Queensland Health supports its recovery activities through the Department's Public Health Sub-plan and Mental Health Sub-plan, corresponding plans at HHS level⁷³, and targeted whole-of-government recovery plans for specific events.

The key objectives are to provide the following to the impacted community:

- Maintain an acute emergency capability and restore clinical services to business as usual
- Monitor and mitigate public health risks to assist affected communities as they undertake recovery post-event or emergency incident
- Ensure appropriate mental health support to affected communities.

These services can continue for extended periods, particularly mental health services.

4.4.2 Recovery arrangements

Queensland Health does not have a functional lead role in recovery following a disaster or emergency, nor membership of the Leadership Board sub-committee, but does have membership of the following recovery groups and Functional Recovery Groups (FRGs):

Recovery group	Membership
Local Recovery Group (LRG)	HHS (if required)
District Recovery Group (DRG)	HHS
Human Social FRG	The Department: <ul style="list-style-type: none">• Disaster Management Branch• Mental Health Alcohol and other Drugs Strategy and Planning Branch• Health Protection Branch
Environment FRG	The Department: <ul style="list-style-type: none">• Health Protection Branch
Infrastructure FRG	The Department: <ul style="list-style-type: none">• Capital and Assets Services Branch

⁷³ Refer to Section 4.2.1 for overview of plans for HHSs.

Table 12: Recovery group and memberships for health

The Queensland Reconstruction Authority (QRA) is responsible for managing and coordinating the Queensland Government's program of infrastructure renewal and recovery within disaster-affected communities. For further information on the QRA, refer to Section 3.3.5.2 and the Queensland Recovery Plan⁷⁴.

4.4.3 Public health during recovery

Public health risks can occur through impacts from a wide variety of health and community infrastructure, systems and environmental causes following an incident. Public health recovery activities are often a continuation of public health response activities and should be captured as part of incident reporting.

Common public health issues and potential actions undertaken in response and recovery are listed below⁷⁵:

- Drinking water quality
- Sewage contamination
- Recreational water safety
- Food safety
- Vaccination supply
- Management of medications and poisons
- Radiation safety
- Hazardous waste including asbestos
- Evacuation and recovery centres
- Vector control
- Disease surveillance and control
- Environmental hazards including smoke and poisons
- General public health messages to the community
- Public health staff deployment.

It is important to consider vulnerable members of the community, with some groups at greater risk and more likely to experience negatives impacts of poor food safety, drinking water quality and access to medicines.

4.4.4 Recovery financial arrangements

Queensland Government agencies are required to discharge financial management responsibilities in accordance with legislation and guidance documents⁷⁶.

⁷⁴ Located on the QRA website.

⁷⁵ Refer to the Public Health Sub-Plan for further details.

⁷⁶ Refer to Section 3.3.5.2, Appendix 2 and the QRA website for further detail on disaster recovery funding arrangements.

Cover and reimbursement of eligible costs incurred by Queensland Health resulting from natural disaster event can be sought via two avenues:

- The Queensland Government Insurance Fund (QGIF)
- The Disaster Recovery Funding Arrangements (DRFA).

The Department's Insurance Services Team will act as the intermediary for natural disaster claims for all HHSs and will collate Queensland Health submissions to the QRA. Financial costs and supporting documents to substantiate claims must be captured during the response and recovery process for eligible costs to be reimbursed under existing insurance or disaster recovery arrangements.

For further information on recovery financial arrangements for Queensland Health, see Appendix 2 and refer to both Disaster Recovery Funding information and Insurance Services Team webpages on the Queensland Health intranet. It is recommended HHSs develop specific procedures to support the collection of evidence and the collation of claims.

4.4.5 Ensuring appropriate mental health support to affected communities

Psychological first aid (PFA) is a psychosocial support activity that helps people affected by an emergency, disaster, or traumatic event, and is useful for individuals or families during and following a disaster. In the first instance, PFA is provided by human-social agencies at recovery hubs, evacuation centres or outreach during disasters⁷⁷. In addition to human-social agencies, specialist mental health assistance may be required to further support and provide guidance to staff on managing mental health matters⁷⁸. This often includes children requiring referral to specialist support following basic psychological first aid.

There are some situations where people suffer more severe psychological effects during disasters and should be referred for specialist mental health assessment and care by specialists and in health care facilities.

The establishment of child friendly spaces in emergencies helps to protect children from physical harm and psychosocial distress. Child friendly spaces are inclusive of all children and help to reduce a range of distressing effects of emergencies by providing a protected environment in which children can participate in age-appropriate activities under the supervision of trained staff and volunteers⁷⁹. Child safeguarding is a proactive approach to creating a safe and friendly environment for children participating in a child friendly space and attending an evacuation centre⁸⁰. The recommended approach to support children in disasters is to work with schools to identify children at higher risk of psychological impact.

⁷⁷ A resource developed by Children's Health Queensland HHS to support children during disasters is the *Birdie's Tree* series (available on the Queensland Health intranet or publicly on the Children's Health Queensland website).

⁷⁸ Further information is provided in the Mental Health Sub-plan.

⁷⁹ A Practical Guide for Developing Child Friendly Spaces, UNICEF (2009).

⁸⁰ Child Friendly Spaces: protecting and supporting children in emergency response and recovery, Disaster Resilient Australia: Get Ready (2014).

5 Incident Management System

To support a consistent and effective response to a disaster or emergency incident, the QHIMS Guideline⁸¹ outlines the roles, responsibilities, baseline functions and procedures for a Queensland Health response. It can be applied to any disaster or emergency incident and can be expanded, or compressed, depending on the size and complexity of the disaster or emergency incident. The QHDISPLAN should be read in conjunction with the QHIMS Guideline.

5.1 Command, control, and coordination

Command, control, and coordination means different roles will be played depending on where in the structure an agency or position is located and depending on the incident.

- **Command** is the internal direction of the members and resources of an agency's roles and tasks. For example, Queensland Health commands the direction of resources within Queensland Health and can support HHSs who command the direction of resources within the HHSs.
- **Control** is the overall direction of disaster and emergency management activities within an event. Authority for control is established within legislation or plans (e.g., the QSDMP). For example, as the Primary Agency, Queensland Health is delegated control of the emergency management activities during pandemics. For bushfire and chemical/hazardous material (HAZMAT) incidents, QFES is the primary response agency. Control spans across all agencies involved in the response.
- **Coordination** is the bringing together of organisations and other resources to support the response to emergency and disaster events⁸².

⁸¹ Section 3 and expanded further in Appendix 2.

⁸² The definitions for command, control, and coordination and Figure 6 are referenced from the Australasian Inter-service Incident Management System (2017).

The relationship between Command, control and coordination is shown in Figure 6.

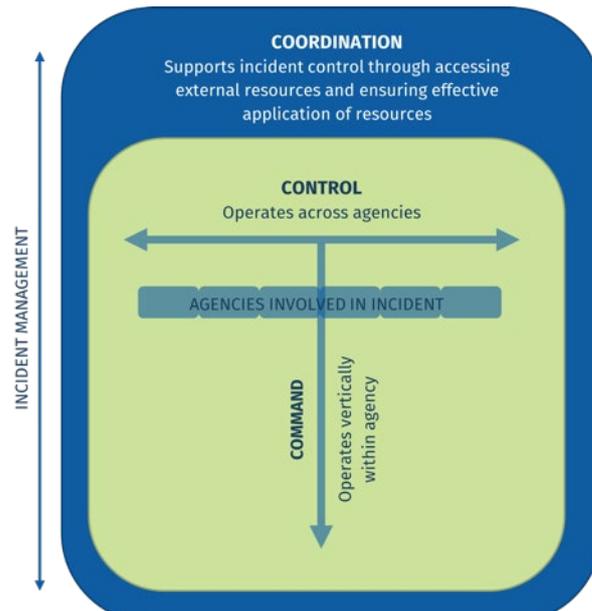


Figure 6: Relationship between command, control, and coordination

5.2 Strategic, operational, and tactical approach

Command, control, and coordination, occur at all levels of the health system including the strategic, operational, and tactical⁸³ levels.

- The **Strategic level** defines the strategy, or direction, of the response, making decisions on allocation of resources to pursue this strategy to resolve the incident. Generally, the IMG is the strategic layer of the response, making decisions the operational and tactical layers enact.
- The **Operational level** focuses on operational decision-making and plans that implement the strategic intent. Activities at the operational level translate the strategic intent into implementation at the tactical level and provide a direct connection between the strategic level and the tactics used. For example, the IMT and the relevant emergency operations or coordination centre will operationalise the decisions of the IMG, developing operational plans to enact the strategies they have set.
- The **Tactical level** focuses on the execution of these operational plans. This may also be undertaken by the IMT, or the activities may be delegated to areas of the Department/HHS/facility to undertake.

⁸³ Note that the terminology of operational and tactical may be interchanged across different organisations or jurisdictions. The approach above reflects the approach outlined in Crisis Appreciation and Strategic Planning Guidebook (Department of Home Affairs, National Emergency Management Agency (NEMA)) and aligns with the QAS approach as outlined in the SMID.

5.3 Incident management structure

5.3.1 Incident Management Groups

An Incident Management Group (IMG) is an executive-level decision making group which informs the strategic direction of an Incident Management Team (IMT) who staff an emergency operations or coordination centre, if activated. At a State/HHS/facility level, the IMG is led by the State Health Coordinator (SHC)/Health Incident Controller (HIC)/Hospital (Directorate/Facility) Commander⁸⁴. An IMG should continue to meet at regular intervals appropriate to the cadence of the disaster or emergency incident, to provide executive-level decision making and coordination across relevant level of the health system. There may be an overlap in personnel involved in the IMG and the IMT.

5.3.2 Incident Management Teams

Incident Management Teams (IMT) are groups of people who staff emergency operations/coordination centres. They are led by the SHC/HIC or Hospital Commander (who are also part of the IMG when activated) and are comprised of personnel appointed to undertake the functions of incident management. As an incident scales up or down, so can the size of the IMT.

An IMT is not a strategic decision-making body (this function sits with the IMG). The IMT provide information and advice to the IMG to support decision-making and can make operational decisions to enact the strategic objectives set by the IMG. The SHC/HIC/Hospital Commander leads the IMT and is ultimately responsible.

5.3.3 Incident Management Team functions

IMT functions are a grouping of activities or tasks that address the core responsibilities of the SHC/HIC/Hospital Commander.

The incident management structure consists of the following baseline functions:

- Command/Control/Coordination
- Operations
- Planning
- Logistics
- Intelligence
- Administration and Finance
- Communications and Media
- Specialist Advisor
- Liaison.

⁸⁴ The terms Hospital, Facility and Directorate Commander are used interchangeably throughout this document.

The scale of IMT activation will depend on the needs of each individual event or emergency incident. This will determine roles used, numbers of staff and hours of operation.

Liaison Officers (LOs) and Technical Advisors from a variety of functions may also be located within the SHECC, depending on the size, scale, and context of the event. These include, but are not limited to:

- Specialist Advisors
 - Public health (Queensland Health's Health Protection Branch & Communicable Diseases Branch)
 - Mental health (Mental Health, Alcohol and Other Drugs Strategy and Planning Branch)
 - Supply Chain
 - Clinical/Medical
 - Communications and information systems (ICT) (e-Health Queensland).
- Liaison
 - Other Queensland Government departments or agencies (such as the QPS, QFES, QAS).
 - Commonwealth departments or agencies (e.g., Department of Health and Aged Care, Australian Defence Force).

Further information on IMT functions and examples of specialist advisors and liaison officer roles is available in Section 3 of the QHIMS Guideline.

5.4 Emergency operations and coordination centres

The Department of Health maintains the State Health Emergency Coordination Centre (SHECC), the HHSs maintain Health Emergency Operations Centres (HEOCs) and facilities/hospitals/directorates might maintain Facility Emergency Operations Centres (EOCs).

Emergency operations/coordination centres are a physical or virtual location for the coordination of information and resources to support incident management activities. The centres are staffed by an IMT.

5.4.1 State Health Emergency Coordination Centre

The SHECC supports activities of the HHSs and coordinates resource requests and information from the HHSs. The SHECC links to HEOCS to provide support and provides information and requests to the State Disaster Coordination Centre (SDCC), when activated, to support a whole-of-government response. For further information on the main functions of the SHECC and examples of previous tasks managed, refer to Section 3 of the QHIMS Guideline.

5.4.1.1 Activation of the SHECC

The SHECC, its IMG and IMT, may be activated in the following circumstances⁸⁵:

- On activation of the QHDISPLAN
- On request from the DG or the SHC (delegated by the DG)
- When one or more than one HHS IMG/IMT or HEOC activates, and coordination of response is required
- When it is necessary to monitor potential threats of impending disasters
- When the SDCC moves to 'Stand Up' level of activation
- Pre-emptively in relation to major events.

5.4.2 Queensland Ambulance Service State Operations Coordination Centre

The QAS State Operations Coordination Centre (SOCC) provides strategic, operational, and tactical oversight of ambulance operations through a command, control, and risk management context. The SOCC supports the activities of QAS regions to address demand surges and system pressures in collaboration with relevant HHSs. The SOCC ensures business continuity and escalation arrangements exist and are appropriate for the required function of delivering critical services during hazards, that could compromise service delivery. Unlike the SHECC, the SOCC is always active, supporting business as usual activities, scaling up and down as required to support the response to a disaster or emergency incident.

The function of the SOCC is to coordinate QAS operations, planning, intelligence, and logistics, and ensure that the QAS response to disasters and emergency incidents is effective, efficient, and integrated with other agencies. The SOCC facilitates internal and external state level QAS communication processes through linkages with Regional Ambulance Coordination Centres (RACCs), Retrieval Services Queensland (RSQ), the Health Contact Centre, the SDCC and other Government Coordination Centres, where appropriate. The SOCC also provides reporting into the SHECC as part of the whole of Department response. For further information on QAS alignment with the Department and HHSs, see Section 3 of the QHIMS Guideline.

Further information about the functions of the SOCC are available in the SMID.

5.4.3 Health Emergency Operations Centre

HEOCs at the HHS level, coordinate the resources of the HHS, and resources provided by local or district disaster management groups or the SHECC, to manage the disaster or emergency incident across multiple facilities and/or complex events⁸⁶. A HEOC provides support to an activated Facility EOCs and provides information and requests to the SHECC/DDMGs/LDMGs as required.

⁸⁵ For functions of a HHS and/or State Public Health Emergency Operations Centre (HHS PHEOC/SPHEOC) in the management of a public health incident, see the Public Health Sub-plan.

⁸⁶ For specific guidance on minimum requirements for HEOCs, refer to the Disasters and Emergency Incidents HSD.

A HEOC is led by the HIC and staffed by HHS employees. It is possible that there will be an overlap in members of the HHS IMG and staffing of the HEOC IMT. The HEOC structure is scalable and may be staffed by 1-2 people, to 20+, depending on the scale of the incident. Refer to Section 3 of the QHIMS Guideline for HEOC functions and information on facility-level EOCs.

5.4.4 State Disaster Coordination Centre

The SDCC supports the SDC, QDMC and other state groups through the coordination of the state level operational response during disaster operations. The SDCC also ensures information about an event and associated disaster operations is disseminated to all levels in Queensland's disaster management arrangements.

During disaster response operations, the SDCC is the interface with the Australian Government and other states and territories, coordinating requests for support to DDMGs and through them to LDMGs. The SHECC and the SOCC interact with the SDCC.

Other state level coordination centres may also be activated to provide information and situational awareness to the SDCC. For example, the SHECC provides situational awareness on behalf of all Queensland Health facilities.

5.4.4.1 SDCC Liaison Officers

Queensland Health will supply a Liaison Officer (LO) to the SDCC when requested. A Queensland Health LO role at the SDCC may often be undertaken by a public health advisor, as in natural disasters, as many questions received from other agencies are related to public health/environmental health matters.

5.4.4.2 Public information cell

If required, Queensland Health may supply personnel to perform specific media and communications roles and functions as part of the Public Information Cell (PIC) in support of the Queensland Government Crisis Communication Network (CCN).

5.4.4.3 Aviation cell

RSQ is a branch of the QAS and provides clinical coordination for the aeromedical retrieval and transfer of all patients from parts of northern New South Wales to the Torres Strait. During BAU operations and disaster events they report into the SOCC. During SDCC activations they also report to the Aviation Cell of the SDCC to ensure the optimum use of aviation resources to support disaster operations whilst maintaining medical capability and capacity.

5.5 Debriefing and lessons management

The purpose of an operational debrief is to provide an opportunity for all participants to review their planning, operations, and activities. Debriefs provide a forum within which individuals or teams can share their ideas, identify what they did well, as well as opportunities for improvement. The debrief process forms part of the lessons management process, contributing to Queensland Health's organisational learning.

The sequence for conducting debriefs is described below and should ideally consist of three defined phases which increase in detail as they progress.

Component	Timeline	Other information
Hot Debrief – Daily After-Action Reviews (AAR)	Daily or end of shift	<ul style="list-style-type: none"> An AAR at shift change allows both outgoing and incoming supervising officers to be present and should be done verbally (face-to-face or via teleconference) to ensure efficient communications where possible.
Hot Debrief – Post-Event After Action Reviews (AAR)	Within 72 hours post-event	<ul style="list-style-type: none"> All staff involved in the response should have the opportunity to attend (via varying methods i.e., in person, by telephone, online), however attendance should never be compulsory.
Cold Debrief – Post-Event Analysis (PEA)	Within 6 weeks post-event	<ul style="list-style-type: none"> A PEA should incorporate the lessons management process. Can be used to review and assess the effectiveness of disaster and emergency management plans and, unlike daily and post-event AARs, the PEA process may involve input from multiple stakeholder agencies.

Table 13. Debriefing

Further information can be found in the Queensland Health Operational Briefing and Debriefing Guideline. The Queensland Health Lessons Management Guide provides more detail on the lessons management process⁸⁷.

5.6 Documentation and record keeping

Establishing and maintaining comprehensive and timely, records of events, decisions, staffing, and actions taken is essential for managing the response to a disaster or emergency incident. It is essential that incident logs are maintained by those managing the incident. These records support handovers between teams, debriefing, and for inquiries after the incident.

Records should be stored and disposed of in accordance with relevant legislation (*Public Records Act 2002*) and Queensland Health policy and procedure⁸⁸.

⁸⁷ These are accessible on the Queensland Health intranet with additional resources and templates available through the DMB.

⁸⁸ Further information can be found online in the General Retention and Disposal Schedule (2020).

Appendix 1 – HHS, QAS, local government and disaster district boundaries

Local and District Groups in each HHS

HHS	LGA mapping (single HHS)	LGA mapping (overlapping HHS)	Disaster district mapping
Cairns and Hinterland	<ul style="list-style-type: none"> • Douglas Shire • Mareeba Shire • Yarrabah Aboriginal Shire • Cairns Regional • Tablelands Regional • Etheridge Shire • Croydon Shire 	<ul style="list-style-type: none"> • Cassowary Coast Regional 	<ul style="list-style-type: none"> • Far North • Innisfail • Mareeba
Central Queensland	<ul style="list-style-type: none"> • Livingstone Shire • Rockhampton Regional • Central Highlands Regional • Woorabinda Aboriginal Shire 	<ul style="list-style-type: none"> • Banana Shire • Gladstone Regional 	<ul style="list-style-type: none"> • Rockhampton • Gladstone
Central West	<ul style="list-style-type: none"> • Diamantina Shire • Barcoo Shire • Longreach Regional • Winton Shire • Barcaldine Regional • Blackall-Tambo Regional 	<ul style="list-style-type: none"> • Boulia Shire 	<ul style="list-style-type: none"> • Longreach • Mount Isa
Children’s Health Queensland		<ul style="list-style-type: none"> • Brisbane City 	<ul style="list-style-type: none"> • Brisbane

HHS	LGA mapping (single HHS)	LGA mapping (overlapping HHS)	Disaster district mapping
Darling Downs	<ul style="list-style-type: none"> Toowoomba Regional Southern Downs Regional Western Downs Regional Goondiwindi Regional South Burnett Regional Cherbourg Aboriginal Shire 	<ul style="list-style-type: none"> Banana Shire 	<ul style="list-style-type: none"> Toowoomba Warwick Dalby Gympie Gladstone
Gold Coast	<ul style="list-style-type: none"> Gold Coast City 	<ul style="list-style-type: none"> Scenic Rim Regional 	<ul style="list-style-type: none"> Gold Coast Logan
Mackay	<ul style="list-style-type: none"> Whitsunday Regional Mackay Regional Isaac Regional 		<ul style="list-style-type: none"> Mackay
Metro North	<ul style="list-style-type: none"> Moreton Bay Regional 	<ul style="list-style-type: none"> Brisbane City Somerset Regional 	<ul style="list-style-type: none"> Brisbane Redcliffe Ipswich
Metro South	<ul style="list-style-type: none"> Redland City Logan City 	<ul style="list-style-type: none"> Brisbane City Scenic Rim Regional 	<ul style="list-style-type: none"> Brisbane Logan
North West	<ul style="list-style-type: none"> Doomadgee Aboriginal Shire Mornington Shire Burke Shire Carpentaria Shire Mt Isa City Cloncurry Shire McKinlay Shire 	<ul style="list-style-type: none"> Boulia Shire 	<ul style="list-style-type: none"> Mount Isa

HHS	LGA mapping (single HHS)	LGA mapping (overlapping HHS)	Disaster district mapping
South West	<ul style="list-style-type: none"> • Bulloo Shire • Paroo Shire • Balonne Shire • Quilpie Shire • Murweh Shire • Maranoa Regional 		<ul style="list-style-type: none"> • Charleville • Roma
Sunshine Coast	<ul style="list-style-type: none"> • Sunshine Coast Regional • Noosa Shire • Gympie Regional 		<ul style="list-style-type: none"> • Sunshine Coast • Gympie
Torres and Cape	<ul style="list-style-type: none"> • Torres Strait Island Regional • Torres Shire • Northern Peninsula Area Regional • Mapoon Aboriginal Shire • Napranum Aboriginal Shire • Weipa Town Authority • Lockhart River Aboriginal Shire • Aurukun Shire • Pormpuraaw Aboriginal Shire • Kowanyama Aboriginal Shire • Hope Vale Aboriginal Shire • Cook Shire • Wujal Wujal Aboriginal Shire 		<ul style="list-style-type: none"> • Far North

HHS	LGA mapping (single HHS)	LGA mapping (overlapping HHS)	Disaster district mapping
Townsville	<ul style="list-style-type: none"> • Hinchinbrook Shire • Palm Island Aboriginal Council • Townsville City • Burdekin Shire • Charters Towers Regional • Flinders Shire • Richmond Shire 	<ul style="list-style-type: none"> • Cassowary Coast Regional 	<ul style="list-style-type: none"> • Townsville • Innisfail
West Moreton	<ul style="list-style-type: none"> • Ipswich City • Lockyer Valley Regional 	<ul style="list-style-type: none"> • Brisbane City • Somerset Regional • Scenic Rim Regional 	<ul style="list-style-type: none"> • Ipswich • Toowoomba • Logan • Brisbane (Wacol only)
Wide Bay	<ul style="list-style-type: none"> • Bundaberg Regional • Fraser Coast Regional • North Burnett Regional 	<ul style="list-style-type: none"> • Gladstone Regional 	<ul style="list-style-type: none"> • Bundaberg • Maryborough • Gladstone

Table 14: Local government area boundaries across single and overlapping HHSs and disaster districts

HHS Boundaries

Hospital and Health Services, Queensland Health by Recognised Public Hospitals and Primary Health Centres



Prepared by: Statistical Reporting and Coordination, Statistical Services Branch, 2 March 2021
 Hospital and Health Services by recognised public hospitals and primary health centres as at October 2020

Figure 7: HHS boundaries map

QAS Boundaries

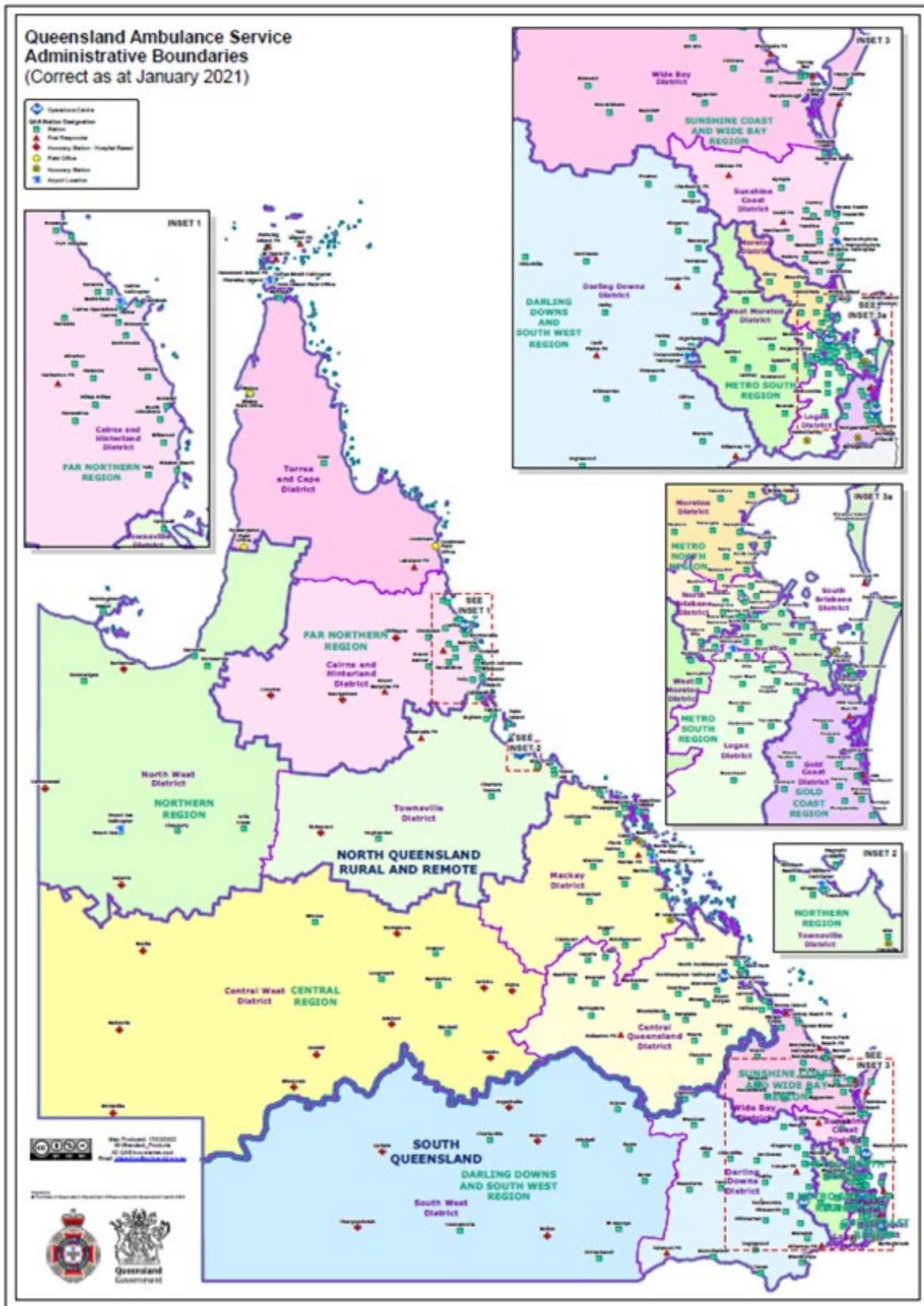


Figure 8: QAS administrative boundaries map

Appendix 2 – Recovery financial arrangements for Queensland Health

Overview

- Queensland Health entities should ensure that response and recovery costs are able to be isolated from normal operational expenditure, and that appropriate evidence is retained for the activities undertaken and costs incurred.
- To maximise utilisation of the Queensland Government Insurance Fund (QGIF) insurance policy and the Disaster Recovery Funding Arrangements (DRFA), the Department's Insurance Services Team (IST) provides advice and guidance on the funding available under each arrangement and the claim preparation/submission process.
- In the first instance, Queensland Health must explore whether cover is available under the QGIF insurance policy, and if relevant, it must make a claim against the QGIF insurance policy.
- The QGIF insurance policy can be used to recover costs associated with property damage to Queensland Health assets⁸⁹.
- The DRFA can be used to recover costs associated with activated relief measures, such as Counter Disaster Operations (CDO).

As a guide:

- Expenditure of funds by agencies is to be met in the first instance by the agency requesting/requiring the resources from normal operating budgets.
- Not all expenditure incurred by agencies to provide effective disaster management services will be recoverable under existing insurance or disaster recovery arrangements.
- Existing arrangements include the Queensland Government Insurance Fund (QGIF) insurance policy and the DRFA⁹⁰.

DRFA

- The Queensland Reconstruction Authority is responsible for processing DRFA submissions (e.g., for CDO) and providing formal advice on claim eligibility.
- If cover is not available under the QGIF insurance policy, Queensland Health may be able to seek reimbursement of costs under the DRFA. Whether a claim can be lodged for consideration under the DRFA will depend on whether the DRFA has been activated for the event in question. It is important to note that just because a disaster situation has been

⁸⁹ Inclusive of cyber-related recovery costs.

⁹⁰ Further information about natural disaster claims can be found on the Queensland Health intranet, Corporate Services Division, Natural Disaster Claims page.

declared under the DM Act, it does not necessarily mean that the DRFA will be activated. The Queensland Disaster Funding Guidelines (QDFG) 2021 provide further guidance.

- Under the DRFA, Queensland Health is typically able to seek financial reimbursement (of eligible costs incurred) under the standard CDO and Reconstruction of Essential Public Assets (REPA) relief measures.

QGIF

- The Property – Part 1 section of the QGIF policy insures Queensland Health for material loss or damage to its assets and for specified losses associated with material (physical) loss or damage, caused by an insured event.
- The Property – Part 2 section of the QGIF policy insures Queensland Health for loss of revenue and/or additional costs to resume or maintain normal business operations, following material loss or damage. It serves to protect Queensland Health from the numerous other costs that may arise as a consequence of the initial loss or damage and is often referred to as business interruption or consequential loss insurance.
- Under the QGIF policy, a \$10,000 excess is applicable to a successful claim. However, as all HHSs and the department (excluding QAS) currently hold one overall policy with QGIF, only one excess is payable per natural disaster event.

Queensland Government agencies are required to discharge financial management responsibilities in accordance with the Financial Accountability Act 2009, the Financial and Performance Management Standards 2019 and Financial Accountability Regulation 2019 as well as the Financial Management Practice Manual and departmental policy and guidance documents.

Abbreviations

Term	Definition
AHPPC	Australian Health Protection Principal Committee
BAU	Business as Usual
CDO	Counter Disaster Operations
'CODE'	Emergency Code (classification) – e.g., Code Brown – External Emergency
COMDISPLAN	Australian Government Disaster Response Plan
DDC	District Disaster Coordinator
DDCC	District Disaster Coordination Centre
DDMG	District Disaster Management Group
'the Department'	Queensland Department of Health
DG	Director-General
DM Act	The Disaster Management Act 2003
DMB	Disaster Management Branch
DRFA	Disaster Recovery Funding Arrangements
EMAF	Queensland Emergency Management Assurance Framework
EOC	Emergency Operations Centre
FRG	Functional Recovery Group
HEOC	Health Emergency Operations Centre
HHS	Hospital and Health Service
HIC	Health Incident Controller
HSD	Health Service Directive

Term	Definition
ICT	Information and Communications Technology
IMG	Incident Management Group
IMT	Incident Management Team
LDC	Local Disaster Coordinator
LDCC	Local Disaster Coordination Centre
LDMG	Local Disaster Management Group
LGA	Local Government Area
NEMA	National Emergency Management Agency
NSR	National Situation Room (National Emergency Management Agency)
PHU	Public Health Unit
PPRR	Prevention, Preparedness, Response and Recovery
QAS	Queensland Ambulance Service
QDMA	Queensland Disaster Management Arrangements
QDMC	Queensland Disaster Management Committee
QERMF	Queensland Emergency Risk Management Framework
QFES	Queensland Fire and Emergency Services
QGIF	Queensland Government Insurance Fund
QHDISPLAN	Queensland Health Disaster and Emergency Incident Plan
QHIMS Guideline	Queensland Health Incident Management System Guideline
QPS	Queensland Police Service
RACF	Residential Aged Care Facility

Term	Definition
RFA	Request for Assistance
RSQ	Retrieval Services Queensland
SCB	Strategic Communications Branch (Queensland's Department of Health)
SDC	State Disaster Coordinator
SDCC	State Disaster Coordination Centre
SDCG	State Disaster Coordination Group
QSDMP	State Disaster Management Plan
SHC	State Health Coordinator
SHECC	State Health Emergency Coordination Centre
SMID	State Major Incident and Disaster Plan (QAS)
SOCC	State Operations Coordination Centre (QAS)