Queensland Health

Disaster and Emergency Incident Plan

QHDISPLAN

June 2016
Queensland Health Disaster and Emergency Incident Plan

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For more information contact:
Health Disaster Management Unit, Department of Health, GPO Box 48, Brisbane QLD 4001, email healthdisastermanagement@health.qld.gov.au, phone 07 3406 2684.

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Authorisation statement

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

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 state disaster management arrangements, and is supported by a suite of documents, including sub-plans, frameworks and guidelines
- supports Hospital and Health Services and complements Queensland Ambulance Service plans in disaster or emergency incident response.

The Chief Health Officer and Deputy Director-General Prevention Division, on behalf of the Director-General, maintains the QHDISPLAN for Queensland Health.

The 2016 QHDISPLAN is hereby approved and recommended for distribution.

Director-General
Date:

Our vision
Healthier Queenslanders

Our purpose
To provide leadership and direction, and to work collaboratively to ensure the health system to deliver quality services that are safe and responsive for Queenslanders.

Amendments

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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 incident.

The QHDISPLAN supports the achievement of Queensland Health responsibilities under the Queensland State Disaster Management Plan, which implements the guiding principles and objectives of the Disaster Management Act 2003.

1.2 Scope

The QHDISPLAN applies to the Department of Health (the Department) and all Hospital and Health Services (HHSs). HHSs have individual disaster plans, sub-plans and a responsibility for managing the health response to disasters and emergency incidents at a local level. The Department will support such responses at a state level.

The QHDISPLAN does not incorporate requirements for the Queensland Ambulance Service (QAS). The QAS describes their arrangements for the response to a disaster or emergency incident in the State Major Incident and Disaster Plan.

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

- private hospitals and health care providers
- aged care providers
- Primary Health Networks.

1.3 Legislation and policy

A number of Acts, standards and policies provide for the roles and responsibilities for disaster and emergency management. The QHDISPLAN supports these.

- Disaster Management Act 2003
- Fire and Emergency Services Act 1990
- Food Act 2006
- Hospital and Health Boards Act 2011
- Public Health Act 2005
- Public Safety Preservation Act 1986
- Radiation Safety Act 1999
- Work Health and Safety Act 2011
- Health Service Directive QH-HSD-003-2015 ‘Disaster Management’
- Health Service Directive QH-HSD-046-2014 ‘Management of a public health event of state significance’
- Queensland Health Emergency Preparedness and Continuity Management Policy
• Standard for Disaster Management in Queensland
• The Australian Council on Healthcare Standards (ACHS) EQuIP National Standards\(^1\)
  (or equivalent).

1.4  Supporting documents

The QHDISPLAN is supported by:

• a number of sub-plans
• the Queensland Health Disaster and Emergency Incident Training Framework
• the Queensland Health Incident Management System Guideline
• the Queensland Health Operational Briefing and Debriefing Guideline.

1.5  Definitions

A disaster is defined in Section 13 of the Disaster Management Act 2003 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.

An event is defined in Section 16 of the Disaster Management Act 2003 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).

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

A public health emergency 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.

\(^1\) Standard 15 Corporate Systems and Safety: Criterion 7 - Emergency and Disaster Management, 15.18-15.20
1.6 Review requirements

The QHDISPLAN and associated sub-plans shall be reviewed:

1. annually
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.
2. **Strategic direction and priorities**

2.1 *Disaster Management Act 2003*

The principles in section 4A of the *Disaster Management Act 2003* guide the development and implementation of disaster management policy, plans and programs at state, district and local levels. These principles are executed through four priority areas (as described in the *Queensland State Disaster Management Plan*):

- **Risk management** - Disaster management in Queensland is risk-based and comprehensive across the *Prevention, Preparedness, Response* and *Recovery* (PPRR) phases and those risks are communicated in the community.
- **Local government capability and capacity** - Local government is primarily responsible for managing events and incidents in their local government area and is able to effectively prepare for, respond to and recover from disaster events in their community.
- **Community capability and capacity** - Individuals, communities and businesses are able to effectively prepare for, respond to and recover from disaster events.
- **Effective disaster operations** - Provide for effective, flexible and scalable disaster management for the state.

2.2 *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*, developed by the Office of the Inspector-General Emergency Management. The principles of this framework focus on leadership, public safety, partnerships and performance. The framework contains the *Standard for Disaster Management in Queensland*. Consistent with the framework and standard, the QHDISPLAN is required to be:

- **Scalable**: able to be applied to any size or type of event and across all levels of Queensland’s disaster management arrangements
- **Comprehensive**: considers all phases of disaster management, all hazards and an all agencies approach
- **Interoperable**: promotes interoperability of systems, programs and resources to enable integration seamlessly across the sector
- **Value for Money**: ensures services and systems are able to be delivered by mechanisms that best represent value for money
- **Adaptable**: able to adapt to a changing environment and remain flexible to the needs of the community.
2.3 Queensland State Disaster Management Plan

The *Queensland State Disaster Management Plan* describes the arrangements to implement the guiding principles and objectives of the *Disaster Management Act 2003*. All events, whether natural or caused by human acts, should be managed in accordance with this plan.

The following Queensland Health responsibilities are as detailed in Annexure B of the *Queensland State Disaster Management Plan*.

**Table 1  Queensland Health responsibilities**

<table>
<thead>
<tr>
<th>QUEENSLAND HEALTH</th>
<th>QUEENSLAND AMBULANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Functional Lead Agency for health response:</td>
<td>• Provide, operate and maintain ambulance services.</td>
</tr>
<tr>
<td>– lead agency for public health and medical services (Emergency Support Functions)</td>
<td>• Access, assess, treat and transport sick and/or injured persons.</td>
</tr>
<tr>
<td>– lead agency for emergency medical retrieval (Emergency Support Functions with QAS)</td>
<td>• Protect persons from injury or death, during rescue and other related activities.</td>
</tr>
<tr>
<td>– mass casualty and mass fatality management (State Response Function in conjunction with Queensland Police Service)</td>
<td>• Coordinate all volunteer first aid groups during major emergencies and disasters.</td>
</tr>
<tr>
<td>• Primary agency for heatwave, pandemic, biological (human related) and radiological incidents.</td>
<td>• Provide disaster, urban search and rescue (USAR), chemical hazard (Hazmat), biological and radiological operations support with specialist logistics and specialist paramedics.</td>
</tr>
<tr>
<td>• Protect and promote health in accordance with <em>Hospital and Health Boards Act 2011</em>, Hospital and Health Boards Regulation 2012, <em>Public Health Act 2005</em>, other relevant legislation and regulations.</td>
<td>• Collaborate with Retrieval Services Queensland in the provision of paramedics for rotary wing operations.</td>
</tr>
<tr>
<td>• Queensland Health provides a whole-of-health emergency incident management and counter-disaster response capability to prevent, respond to, and recover from a state declared emergency or disaster event.</td>
<td>• Participate in search and rescue, evacuation and victim reception operations.</td>
</tr>
<tr>
<td>• Hospital and Health Services provide coordinated multidisciplinary support for disaster response and recovery including specialist health services and specialist health knowledge representation.</td>
<td>• Provide and support temporary health infrastructure where required.</td>
</tr>
<tr>
<td>• Provide state representation at the Australian Health Protection Principal Committee.</td>
<td>• Collaborate with Queensland Health in mass casualty management systems.</td>
</tr>
<tr>
<td>• Provide clinical and state-wide and forensic services support for disaster and response recovery.</td>
<td>• Participate in health facility evacuations.</td>
</tr>
<tr>
<td>• Promote optimal patient outcomes.</td>
<td>Planning arrangements for QAS to meet these accountabilities can be located in the QAS State Major Incident and Disaster Plan</td>
</tr>
<tr>
<td>• Provide appropriate on-site medical and health support.</td>
<td></td>
</tr>
<tr>
<td>• Clinically coordinate aeromedical transport throughout the state. In a disaster situation provide staff to the Aviation Cell of the State Disaster Coordination Centre.</td>
<td></td>
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<tr>
<td>• Provide health emergency incident information for media communications.</td>
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3. Disaster management structure

3.1 Queensland disaster management structure

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.

1. Local Disaster Management Groups (LDMG)
   Local Disaster Coordination Centres (LDCC)
   Local disaster management plans

2. District Disaster Management Groups (DDMG)
   District Disaster Coordination Centres (DDCC)
   District disaster management plans

3. Queensland Disaster Management Committee (QDMC)
   State Disaster Coordination Group (SDCG)
   State Disaster Coordination Centre (SDCC)
   *Queensland State Disaster Management Plan*

4. Australian Government Crisis Coordination Centre (AGCCC) (Attorney Generals Department).

At the fourth level, the Australian Government is recognising that Queensland may need to seek national support in times of disaster.

- The Attorney General’s Department is the Commonwealth agency responsible for planning and coordinating Australian Government assistance to states and territories under the *Australian Government Crisis Management Framework*.
- The Australian Government Crisis Coordination Centre (AGCCC) coordinates the Australian whole-of-government response to major emergencies.

At the national level for health, the peak health body for disaster management is the Australian Health Protection Principal Committee (AHPCC). The Chief Medical Officer for the Australian Government chairs the AHPCC with representation provided by the Chief Health Officer of each jurisdiction. The National Incident Room supports the AHPCC.

A broader explanation of the role of each of the four tiers can be found at Section 1.2, Queensland’s disaster management arrangements, of the *Queensland State Disaster Management Plan* and a structural representation at Annexure A of the same plan.
3.2 Queensland Health representation

Department of Health
- The Department of Health provides representation at the state level to the QDMC, SDCG and SDCC.
- Incident management activities at the Departmental level are coordinated in the State Health Emergency Coordination Centre (SHECC).

Hospital and Health Services
- HHSs provide representation at a disaster district level to the DDMG/DDCC. Hospitals within the HHS, or the HHS itself, may also provide representation to the LDMG/LDCC.
- Incident management activities in hospitals and HHSs are coordinated through Health Emergency Operations Centres (HEOC).

Queensland Ambulance Service
- QAS is represented at all levels of disaster management activities; however, is independent in operation from the Department of Health and HHSs.
- QAS provides representation at the state level to the QDMC, SDCG and SDCC.
- QAS provides representation at a disaster district level to the DDMG/DDCC, and at the local level to the LDMG/LDCC.
- QAS incident management activities are coordinated at the state level in the State Ambulance Coordination Centre (SACC) and at the local area service network (LASN) level in a Local Ambulance Coordination Centre (LACC).
4. **Effective disaster and emergency incident planning**

4.1 **Planning architecture**

In line with the Queensland disaster management arrangements, effective disaster management planning includes:

- 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.

Consistent with this, the QHDISPLAN incorporates three levels of planning. This helps to ensure integration of planning and an understanding of the relevant capabilities, relationships, objectives and resource requirements across Queensland Health and partner agencies.

**Strategic level** – sets the context and expectations for operational planning (governance, priorities, desired outcomes).

**Operational level** – provides tasks and resources needed to execute the strategy.

**Tactical level** – details how to apply resources to complete operational tasks within a given timeline.

4.2 **Hierarchy of plans and legislation**

The *Queensland State Disaster Management Plan* is supported by state agency functional plans (for example QHDISPLAN) and hazard-specific sub-plans (for example the *Queensland Health Pandemic Influenza Plan*). The hierarchy of plans is represented in Figure 1 below.
4.3 Planning process

Disaster management plans and arrangements should:

- consider prevention, preparedness, response and recovery
- be scalable, adaptable to change and interoperable
- consider business and operational continuity
- be developed in consultation with relevant stakeholders.
4.4 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 is required across the Department and HHSs.

Table 2 Queensland Health disaster and emergency incident plans and sub-plans

<table>
<thead>
<tr>
<th>DEPARTMENT OF HEALTH</th>
<th>HHS</th>
<th>RATIONALE</th>
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<tbody>
<tr>
<td>Disaster Plan: QHDISPLAN</td>
<td>Disaster Plan: HHS DISPLAN</td>
<td>Disaster Management Act 2003  Queensland State Disaster Management Plan</td>
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</table>

**Mandatory sub-plans**

- Mass Casualty Incident
- Chemical Biological Radiological
- Pandemic
- Heatwave

**Recommended sub-plans**

- Human Social Health
- Business Continuity
- Blood Supply Emergency and Contingency
- Public Health

Note: Additional plans for HHSs may be required based on specific local risks e.g. tropical cyclones. These plans may also be supported by guidelines.

Planning for emergencies in health care facilities

*Australian Standard 4083-2010, Planning for emergencies – Health care facilities,* assists effective planning for internal and external emergencies. Standards are provided across seven emergencies:

Table 3 Emergency codes

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<tr>
<td>Code Red</td>
<td>Fire/Smoke Emergency</td>
<td>Fire/Smoke Emergency</td>
<td>Bomb/Suspicious Item Threat</td>
<td>Personal or Facility Threat</td>
<td>Medical Emergency</td>
<td>Medical Emergency</td>
</tr>
<tr>
<td>Code Orange</td>
<td>Evacuation</td>
<td>Evacuation</td>
<td>Bomb/Suspicious Item Threat</td>
<td>Personal or Facility Threat</td>
<td>Medical Emergency</td>
<td>Medical Emergency</td>
</tr>
<tr>
<td>Code Purple</td>
<td>Bomb/Suspicious Item Threat</td>
<td>Bomb/Suspicious Item Threat</td>
<td>Bomb/Suspicious Item Threat</td>
<td>Personal or Facility Threat</td>
<td>Medical Emergency</td>
<td>Medical Emergency</td>
</tr>
<tr>
<td>Code Black</td>
<td>Personal or Facility Threat</td>
<td>Personal or Facility Threat</td>
<td>Personal or Facility Threat</td>
<td>Personal or Facility Threat</td>
<td>Medical Emergency</td>
<td>Medical Emergency</td>
</tr>
<tr>
<td>Code Yellow</td>
<td>Loss of Essential Services (including chemical emergencies)</td>
<td>Loss of Essential Services (including chemical emergencies)</td>
<td>Loss of Essential Services (including chemical emergencies)</td>
<td>Loss of Essential Services (including chemical emergencies)</td>
<td>Medical Emergency</td>
<td>Medical Emergency</td>
</tr>
<tr>
<td>Code Blue</td>
<td>Medical Emergency</td>
<td>Medical Emergency</td>
<td>Medical Emergency</td>
<td>Medical Emergency</td>
<td>Medical Emergency</td>
<td>Medical Emergency</td>
</tr>
<tr>
<td>Code Brown</td>
<td>External</td>
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These codes are implemented across all hospitals for consistent identification of emergencies in health care facilities.
4.5  Comprehensive approach to disaster and emergency management planning

Queensland Health adopts an all-agencies and all-hazards approach to disaster and emergency incident management across the prevention, preparedness, response and recovery phases.

4.5.1  Prevention

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 must:

- consider all naturally occurring and human engineered hazards that may impact on the organisation, its objectives and operations
- 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 (also see preparedness and planning)
- identify priority risks and include mitigation and reduction strategies at all levels of planning.

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.

Security related risks are also a consideration in the context of the broader security environment in Australia. Risk reduction activities that can be considered to build resilience both internally and externally include community education, environmental health programs, immunisation programmes and legislative instruments.


Further guidance and frameworks on risk management can be obtained from HHS risk coordinators or from the Department of Health’s Audit, Risk and Government Branch.

Further information can also be found in the National Emergency Risk Assessment Guidelines (NERAG) (see Queensland Emergency Risk Management Framework for further links).
4.5.2 Preparedness

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.

Business and operational continuity should be integral parts of disaster management planning and preparedness.

Training, and exercise programs are an essential component in preparedness. All persons performing specific functions under Disaster Management Act 2003 are required to be appropriately trained. The Queensland Health Disaster and Emergency Incident Training Framework\(^2\) provides specific details on training expectations for staff with roles and responsibilities in disaster and emergency incidents.

Security risk management and 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.

Once identified, a list of critical health infrastructure and their key interdependencies should be maintained and all existing security, on-site emergency and business continuity management plans should be reviewed. Protective arrangements should be detailed in HHS and Department disaster and emergency incident plans and relevant sub-plans.

Key responsibilities 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
- reporting any incidents or suspicious activities
- regularly reviewing business continuity management plans
- participating in exercises that test and validate arrangements.

The National Terrorism Threat Advisory System has been designed to provide as much information as possible to Australians. It comprises a five tier, colour coded national terrorism threat scale to inform the public about the level of a terrorist threat. The five threat levels are:

- Certain
- Expected
- Probable
- Possible
- Not Expected.

It is possible for different jurisdictions, and nominated areas within a single jurisdiction, to be on different levels of public alert. The Queensland Police Service will advise Queensland Health of any change to the terrorism threat levels.

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\(^2\) And associated Department of Health, and HHS disaster and emergency management training and exercise frameworks.
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 nursing homes). This will enable response and recovery capabilities that align with the community needs and may help in:

- providing an important additional resource to help meet demand
- identifying and assisting vulnerable members of the community
- volunteer management
- recovery support.

This work should occur in advance of the disaster or emergency incident and may involve establishment of Memorandums of Understanding, 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.

4.5.3 Response

The Queensland Health response to a disaster or emergency incident occurs when a HHS activates its disaster and emergency incident plan or a hazard specific sub-plan. Where necessary, the Department may activate its disaster and emergency incident response arrangements to lead a response, or support the HHS response.

Queensland Health disaster and emergency incident management is based on the Australasian Inter-Service Incident Management System (AIIMS). 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. AIIMS is a foundation for a unified, consistent, all-agencies approach to disaster and emergency incident management. It incorporates a detailed operational structure, consisting of the following baseline functions:

- Command and control
- Coordination
- Operations
- Planning
- Logistics
- Intelligence
- Media and communications
- Finance and administration.

To support a consistent and effective response to a disaster or emergency incident, the Queensland Health Incident Management System Guideline outlines the roles, responsibilities and procedures for a Queensland Health response.
4.5.4 Recovery

Disaster recovery is the coordinated process of:

- supporting affected individuals and communities in the reconstruction of physical infrastructure
- restoration of the economy and the environment
- support for the emotional, social and physical wellbeing of those affected.

The QDMC may appoint a State Recovery Coordinator (SRC) to be responsible for the coordination of state disaster recovery operations. In severe and/or widespread events, multiple SRCs may be appointed.

Under the current arrangements, aspects of recovery are conceptually grouped into five broad functional portfolios (Economic Recovery, Environmental Recovery, Human and Social Recovery, Roads and Transport Recovery, and Building Recovery) and two coordination functions. For more information refer to the Queensland State Disaster Management Plan.

The Queensland approach is based on the nationally agreed principles for recovery:

- Immediate/short-term recovery (relief) aims to address the immediate needs of those affected by an event. This may occur while essential services are being restored to the level where response agencies are no longer required to maintain them.
- Medium-term recovery continues the coordinated process of supporting affected communities.
- Long-term recovery continues this and can occur for months and years after the event.

Queensland Health does not have a functional lead role in recovery following a disaster or emergency. Rather, its focus in recovery activities is to re-establish business-as-usual for Queensland Health as soon as possible, and assisting affected communities with public health, mental health and human/social recovery post-event.

Queensland Health supports human-social recovery activities, including aspects of public health, in accordance with the Department’s Human Social Health Plan.

The transition from the response level of activation to the immediate/short-term recovery stage must be carefully managed. It is important to note that response and recovery activities can occur simultaneously, especially in widespread disasters.

Recovery financial arrangements

Queensland Government agencies are required to discharge financial management responsibilities in accordance with the Financial Accountability Act 2009 and Queensland Health financial management standards.

Financial data and costs captured during the response and recovery process need to be reconciled, and may be claimable against relief and recovery arrangements. 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 may be recoverable under existing disaster relief and recovery financial arrangements.

• The Queensland Reconstruction Authority (QRA) is responsible for the processing of Natural Disaster Relief and Recovery Arrangements (NDRRA) submissions and providing advice on claim eligibility.

Further information can be found on the disaster finance arrangements page of the Queensland Government Disaster Management website.
5. Operation of QHDISPLAN

This section is relevant to the activation and operation of the QHDISPLAN only. Similar procedures should be adopted by HHSs for their own plans. Detailed information on the operation of the QHDISPLAN can be found in the Queensland Health Incident Management System Guideline.

5.1 Notification pathways

Initial notification of a disaster or emergency incident may be received at any level within Queensland Health. This first awareness may be at strategic, operational or tactical levels and may include, but is not limited to:

- **Strategic level awareness**
  - Notice of international disasters, emerging infectious diseases or pandemics and the need to activate are likely to come through at a state level from the Australian Health Protection Principal Committee (AHPPC).
  - Notice of natural disasters such as cyclones will come through at a state level from the State Disaster Coordination Centre (SDCC) Watch Desk.

- **Operational level awareness**
  - Notice of business continuity crises is likely to come from impacted HHS or state-wide service providers such as eHealth or Health Support Queensland.
  - Notice of local critical infrastructure issues, such as potential dam failures, may come from local or district disaster management groups into HHSs directly or from the SDCC.
  - Notice of public health events of state significance may come through at a HHS level from 13HEALTH, impacted HHSs or even LDMG or DDMGs.

- **Tactical level awareness**
  - Notice of mass casualty incidents is likely to come through at hospital level from the QAS Communications Centre, the Queensland Police Service Communications Centre or directly from a hospital as patients arrive.
  - Notice of a public health event may occur through direct community notification to Public Health Units within a HHS.

Media enquiries may also be the first notice of any disaster or emergency incident.
5.2 Notification cascade

Figure 2 Notification cascade

Note: Inputs for disaster and emergency incident notifications are provided as an example only, and are not an exhaustive representation.
Warnings
The SDCC will issue warnings and alerts to key stakeholders. Each agency or disaster management stakeholder, including Queensland Health, is responsible for further disseminating these warnings and alerts through its own communications networks.

Providing warnings to the public is part of the wider activity of public information and must be closely aligned. A key issue is deciding how much information should be provided, and when it should be disseminated to the community. The Department’s Integrated Communications Branch should be consulted regarding distribution of all public information.

5.3 Authority to activate QHDISPLAN

The QHDISPLAN and relevant sub-plans will be activated under the authority of the Director-General or the Chief Health Officer and Deputy Director-General Prevention Division (CHO & DDG). Activation of the QHDISPLAN may lead to the activation of the State Health Emergency Coordination Centre (SHECC).

In planning and preparing for disasters and emergency incidents, HHSs are required to ensure hospital plans integrate with HHS and state-level plans to facilitate a cohesive response.

5.4 Activation

Activation of a health response progresses through an escalation process as defined in the Queensland State Disaster Management Plan. The movement of a response through these phases is not necessarily sequential.

Table 4 Activation escalation phases

<table>
<thead>
<tr>
<th>LEVEL OF ACTIVATION</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alert</td>
<td>When advice of an impending or potential disaster or emergency is received or following an occurrence, it is unclear if a Department of Health response is required.</td>
</tr>
<tr>
<td>Lean forward</td>
<td>When information available indicates necessity to instigate preparatory activities in readiness for the response phase. Disaster coordination centres are on stand-by; prepared but not activated.</td>
</tr>
<tr>
<td>Stand up</td>
<td>When a disaster or emergency incident occurs and a Department of Health response is required and resources are deployed. Disaster coordination centres are activated.</td>
</tr>
<tr>
<td>Stand down</td>
<td>When an organisation’s site and immediate emergency response is no longer required. Acute care for victims can continue but Department of Health can return to business as usual.</td>
</tr>
</tbody>
</table>

Refer to Annexure C: Levels of Activation for State Response Arrangements of the Queensland State Disaster Management Plan for further detail.

For the purposes of the QHDISPLAN, there are three levels of response which is consistent with AIIMS, the Management of a Public Health Event of State Significance Health Service Directive and the QAS State Major Incident and Disaster Plan.
## Table 5 Queensland Health activation levels

| Level 1 Emergency Incident | • Confined to activation of a Health Emergency Operations Centre (HEOC) in a single HHS.  
| • Resulting in **Moderate or Medium** impact on normal operations.  
| • Able to be resolved through the use of local or first response resources  
| • May involve the State Health Emergency Coordination Centre (SHECC) moving to ‘alert’ or ‘lean forward’ level of activation dependent on situation reporting. |
| Level 2 Disaster Event | • Involving activation of a HEOC in more than one HHS.  
| • Resulting in **Medium or Major** impact on normal operations in at least one HHS.  
| or  
| • An event in a single HHS with major impact requiring assistance and support from the Department of Health (SHECC), or other HHSs.  
| • The SHECC will move to ‘stand up’ level of activation.  
| • Includes public health events of state significance.  
| • Requiring more complex management and coordination of emergency response.  
| • The Department of Health will stand-up SHECC or assume leadership under the Public Health Events of State Significance Health Service Directive (QH-HSD-046-2014).  
| • Activation of the State Disaster Coordination Centre (SDCC) is possible. |
| Level 3 Disaster Event - State | • Involving activation of HEOCs in a number of HHSs.  
| • Resulting in **Major or Severe** impact on normal operations in multiple HHSs.  
| • Complexities requiring substantial management and coordination of emergency response.  
| • The SHECC will move to ‘stand up’ level of activation.  
| • Activation of the SDCC is likely.  

**Note:** Level 3 applies to consequence management of a terrorist incident where a Police Operations Centre is established to manage the response, and activation of the SDCC is possible to coordinate broader response arrangements under the Disaster Management Act 2003.  
May involve engagement with national bodies such as the AHPPC or activation of national arrangements and national plans.

### 5.5 Triggers for activation

Activation of a QHDISPLAN or sub-plan may occur under any of the following circumstances:

- An emergency incident is being monitored or a disaster is imminent.
- A disaster or an emergency incident has occurred, the level of response and resources required is beyond the capabilities of a HHS and support is required from the Department.
- Coordination of response is required across multiple HHSs.
- The response to the potential or actual health event is required under legislation (such as a declared public health emergency by the Minister for Health and Minister for Ambulance Services).
A disaster or emergency is declared outside of Queensland requiring support from Queensland Health.

The SDCC moves to ‘stand up’ level of activation and whole of government disaster management arrangements are in place.

The Director-General or CHO & DDG determines it necessary.

Considerations for activation of QHDISPLAN to support a HHS include:

- size and location of incident
- anticipated casualty load and type of injuries
- surge capacity of the local hospital and expected effect on current patient management
- current demands on health system
- impact on critical business functions
- impact on other public services and facilities.

At a state level, sub-plans of the QHDISPLAN cannot be activated without the initial activation of QHDISPLAN. HHS sub-plans can be activated without the activation of their disaster plan, at the discretion of the Health Incident Controller.

Reporting of disaster and emergency incidents should use standardised formats that enable more effective communication and more complete data capture. Consistency of information also promotes shared understanding at early stages of response.

The ETHANE and SMEACS-Q formats should be used across Queensland Health and are described in detail in Appendix 1.

### 5.6 Declaration of a disaster

The *Disaster Management Act 2003* provides that a disaster situation may be declared for the specific purpose of providing additional powers. Upon such declaration, and by authorisation of the chair of the QDMC or a district disaster coordinator, a health officer may be appointed as a declared disaster officer.

### 5.7 Queensland Health incident management structures

Incident management structures, as shown in Figure 3, for either a HHS or the Department, must be flexible and scalable in order to adjust to the incident location, size and complexity. This includes ensuring flexibility in the level of the response (strategic, operational or tactical). For example, tactical and operational may also occur at a SHECC level whilst strategic may also occur at the hospital or HHS HEOC level.
Figure 3  Strategic, operational and tactical level structures
5.8 Incident management reporting structures

Figure 4 Incident management reporting structures

Note that not all elements may be involved in all responses. For example:

- for level 1 events, there may not be state or national involvement in a response
- there may not be a site response in some disaster and emergency incidents
- in business continuity events the role of Site Health Teams and the Site Health Commander may be replaced by operational teams reporting directly into a HHS HEOC.

This reporting structure applies most accurately to the Hospital/HHS/Department interface. For public health events of state significance the following variations will occur, which are described in detail in the relevant sub-plan:
5.9 Requests for assistance

During a disaster or emergency incident, where resources within a Hospital or HHS are inadequate, a request for assistance may be made for additional resources. All requests for assistance must be made on the approved form, and progressed through the appropriate coordination or operation centre as follows:

- Requests for additional health related resources are to be directed through Queensland Health operations and coordination centres i.e. Hospital HEOC > HHS HEOC > SHECC > AHPPC.
- Requests for additional logistical or general resources are to be directed through local and district disaster coordination centres by hospitals and HHSs respectively. Where a LDCC or DDCC is unable to provide the resources from their available resources, they will escalate a request through the DDCC or SDCC respectively.

If the LDCC/DDCC is unable to meet logistical needs, as requested by the HHS HEOC, and there is an impact on patient care and health services, the HHS HEOC should escalate the request to SHECC.

This may mean:
- additional health support coming into the impacted HHS
- movement of patients out of the impacted HHS to ensure access to care
- SHECC liaising with the SDCC to re-prioritise tasking, or the SDCC support the DDCC in resolving issues.

![Diagram of Request for assistance escalation]

**Figure 5** Request for assistance escalation
6. Emergency coordination and operation centres

Upon activation of the QHDISPLAN, a State Health Coordinator (SHC) will be appointed to coordinate and lead the Queensland Health response. This person will either be the Director-General, the CHO & DDG or their delegate.

Where necessary, the SHC will activate the State Health Emergency Coordination Centre (SHECC) to support the incident, coordinate responses and liaise upwards (to the SDCC) and downwards (to a HHS HEOC). If required, the SHC will also authorise activation of an incident management team to manage the necessary functions within the SHECC.

6.1 Emergency Operation Centre requirements

- The location of the SHECC or HEOC needs to be pre-determined and pre-resourced to allow rapid activation to ‘stand up’ level.
- The SHECC or HEOC must contain appropriate infrastructure necessary to manage an event, particularly in a prolonged situation. The SHECC and HEOC must be tested regularly.
- The SHECC or HEOC will provide a resilient and robust environment to ensure availability and continuity. Redundancy needs to be considered.
- Deployment of key staff and personnel for prolonged periods needs to be considered.
- Training requirements for deployed staff needs to be considered in accordance with the Queensland Health Disaster and Emergency Incident Training Framework.
### 6.2 Incident management functions

Incident management teams must be both scalable to match events and flexible to adjust to disasters and emergencies as they evolve.

Consistent with AIIMS, team structures will generally consist of the following incident management functions.

**Table 6 Incident management functions**

<table>
<thead>
<tr>
<th>FUNCTION</th>
<th>DESCRIPTION</th>
<th>IMT ROLES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Command and Control</td>
<td>The management of all activities necessary for the resolution of an incident.</td>
<td>• SHC</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• HIC</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Hospital Commander</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• SiteHC</td>
</tr>
<tr>
<td>Coordination</td>
<td>The bringing together of organisation and other resources to support an emergency management response.</td>
<td>• Executive Officer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Duty Officer</td>
</tr>
<tr>
<td>Operations</td>
<td>The tasking and application of resources to achieve resolution of an incident.</td>
<td>• Operations Officer/s</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Tasking Officer/s</td>
</tr>
<tr>
<td>Planning</td>
<td>The development of objectives, strategies and plans for the resolution of an incident based on the outcomes of collection and analysis of information.</td>
<td>• Planning Officer/s</td>
</tr>
<tr>
<td>Logistics</td>
<td>The acquisition and provision of human and physical resources, facilities, services and material to support achievement of incident objectives.</td>
<td>• Logistics Officer/s</td>
</tr>
<tr>
<td>Intelligence</td>
<td>The task of collecting and analysing information or data, which are recorded and disseminated as intelligence, to support decision making and planning.</td>
<td>• Intelligence Officer/s</td>
</tr>
<tr>
<td>Finance and Administration</td>
<td>The task of managing accounts, insurance and collection of cost data and provision of cost estimates.</td>
<td>• Administration Officer/s</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Logging Officer/s</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Business support (external to IMT)</td>
</tr>
<tr>
<td>Media and Communications</td>
<td>Monitoring of media and social media sources and associated briefings and developing of key messaging for media presentation and releases.</td>
<td>• Media and Communications Officer/s</td>
</tr>
</tbody>
</table>

Specific roles and responsibilities for incident management team positions are detailed in the *Queensland Health Incident Management System Guideline*. There may be additional roles required depending on the event.
6.3 Queensland Health incident activation and notification process

**Incident occurs in HHS area**

1. HHS receives notification of incident through a number of possible avenues including, but not limited to:
   a) Emergency Department or QAS for mass casualty incidents
   b) Public Health Units for public health incidents or emergencies
   c) Other operational or service units regarding business continuity disruption (e.g. local power failure, water contamination, information technology disruption)
   d) Local or District Disaster Management Groups for impending natural disasters or critical local infrastructure issues (e.g. dam integrity concerns)
2. HHS CE or Responsible officer activates appropriate local plan(s).
3. HHS CE or Responsible officer appoints a Health Incident Controller (HIC).
4. HHE CE or HIC activate HHS HEOC.
5. HHS (CE or HIC) identifies if the response required is beyond the HHS capabilities and requests support or assistance from Department of Health via phone call to SHECC duty phone. This request must be accompanied by a request email to SHECC (shecc@health.qld.gov.au), attaching ‘Notification of HEOC activation’ (see Queensland Health Incident Management System Guideline Appendix 3).

1. SHECC duty officer notifies CHO & DDG, who decides whether to stand-up SHECC.
2. CHO & DDG notifies the Director-General who appoints a State Health Coordinator (SHC).
3. DG or CHO & DDG activates QHDISPLAN and relevant sub-plan if required.
4. DG notifies the Minister for Health and Minister for Ambulance Services.
5. SHECC duty officer notifies the State Disaster Coordination Centre (SDCC), all HHSs and department divisions of SHECC activation via established email process.
6. SHC via SHECC coordinates Queensland Health response and liaises with HHS (down) and SDCC (up)
7. SHC identifies if the response required is beyond Department of Health capabilities and requests support or assistance from other State Agencies or National Agencies (through SDCC) or Health Departments of other jurisdictions (through AHPPC).
6.4 State Health Emergency Coordination Centre

Activation of SHECC
The SHECC may be activated (on authority of the SHC) to support the QHDISPLAN in the following circumstances:

- a request for activation from the DG or CHO & DDG Prevention Division
- a request for activation from a HHS to the CHO & DDG Prevention Division in the approved form
- more than one HHS HEOC activates
- when it is necessary to monitor potential threats of impending disasters
- when SDCC moves to ‘stand up’.

Functions of SHECC
When activated, SHECC will:

- support activities of HHS HEOCs
- coordinate operations
- undertake planning and logistics tasks
- conduct intelligence activities to prioritise allocation of Department resources
- communicate information with relevant stakeholders to ensure coordinated response
- liaise with and support other agencies
- ensure effective and efficient integration with other agencies.

Figure 6 SHECC reporting structure
Note: The advisor role will vary with the type of disaster and emergency incident. For example, for natural disasters a public health expert advisor (liaison) should be included. For details of the advisor role, see the Queensland Health Incident Management System Guideline.

The scale of activation for each specific response structure will depend on the needs of each individual incident. This is further detailed in the Queensland Health Incident Management System Guideline.
For level 3 disaster events, specific Departmental incident management teams may activate to support the SHECC. These may include, but are not limited to:

- Retrieval Services Queensland
- Health Protection Branch
- Communicable Diseases Branch.

6.5 Health Emergency Operations Centre

Functions of the HEOC
The main functions of the HEOC will be:

- coordination of resources
- coordination of planning and facilitation of logistics requests
- develop situational awareness of the event through the intelligence function
- liaison with other agencies
- support to incident managers and teams
- coordination of activities as requested and communications upwards to SHECC if activated.

6.6 State Disaster Coordination Centre

The SHC, or proxy, represents Queensland Health on the SDCG and is supported by a liaison officer in the SDCC. The liaison officer role may be supported by, or may be, a public health advisor. Additionally, if required, Queensland Health may supply personnel to perform specific roles and functions, such as media and communications, as part of the Queensland Government Crisis Communication Network (CCN).

The CCN comprises the heads of communications in each department. The Queensland Government Arrangements for Coordinating Public Information in a Crisis specify the establishment of a CCN to manage community information. The CCN provides a mechanism to assist agencies to coordinate their public information and communication activities without impeding, duplicating or complicating their work.

During disaster events, Retrieval Services Queensland will provide aeromedical retrieval capability to the SDCC Aviation Cell.

6.7 Debrief

Debriefing is an important component of the recovery process which will maximise opportunities to identify lessons, enabling improvement of plans, procedures and structures. Minimum standards for debriefing consistent with other agencies can be found in the Queensland Health Operational Briefing and Debriefing Guideline.
6.8 Documentation and reporting

A full contemporaneous record of events, decisions and actions taken is essential for managing the incident, handover between teams, debriefing, and for inquiries after the incident. It is essential that incident logs are maintained by those managing the incident.

Situation reports (SITREPs) and incident action plans are used to manage information and ensure actions meet the overall incident objectives. HHSs will need to submit SITREPs to SHECC that describe health service capacity and bed status to inform response planning and to best support all HHSs impacted by the incident.
**Appendix 1  Standardised reporting format**

**ETHANE**

The initial situation report (SITREP) can be provided as an ETHANE.

- **Exact location**
- **Type of incident**
- **Hazards**
- **Access and egress**
- **Number of type of patients**
- **Emergency services at scene or required**

For notification from a hospital or HHS, additional information should be included such as whether the HEOC has been activated; the name of the HIC and the primary contact number.

**SMEACS-Q**

As more information is available additional detail is provided to form a SMEACS-Q briefing.

- **Situation (ETHANE)**
- **Mission**
- **Execution**
- **Administration**
- **Communications**
- **Safety**
- **Questions**

The inclusion of ‘Questions’ at the end is an important detail, and allows clarification or confirmation of information.
## Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGCCC</td>
<td>Australian Government Crisis Coordination Centre</td>
</tr>
<tr>
<td>AHPPC</td>
<td>Australian Health Protection Principal Committee</td>
</tr>
<tr>
<td>AIIMS</td>
<td>Australasian Inter-service Incident Management System</td>
</tr>
<tr>
<td>CE</td>
<td>Chief Executive</td>
</tr>
<tr>
<td>CHO &amp; DDG</td>
<td>Chief Health Officer and Deputy-Director General Preventive Medicine Division</td>
</tr>
<tr>
<td>DDCC</td>
<td>District Disaster Coordination Centre</td>
</tr>
<tr>
<td>DDMG</td>
<td>District Disaster Management Group</td>
</tr>
<tr>
<td>DG</td>
<td>Director-General</td>
</tr>
<tr>
<td>HEOC</td>
<td>Health Emergency Operations Centre</td>
</tr>
<tr>
<td>HHS</td>
<td>Hospital and Health Service</td>
</tr>
<tr>
<td>HIC</td>
<td>Health Incident Controller</td>
</tr>
<tr>
<td>IMT</td>
<td>Incident Management Team</td>
</tr>
<tr>
<td>LACC</td>
<td>Local Ambulance Coordination Centre</td>
</tr>
<tr>
<td>LDCC</td>
<td>Local Disaster Coordination Centre</td>
</tr>
<tr>
<td>LDMG</td>
<td>Local Disaster Management Group</td>
</tr>
<tr>
<td>QAS</td>
<td>Queensland Ambulance Service</td>
</tr>
<tr>
<td>QDMC</td>
<td>Queensland Disaster Management Committee</td>
</tr>
<tr>
<td>QFES</td>
<td>Queensland Fire and Emergency Services</td>
</tr>
<tr>
<td>QHDISPLAN</td>
<td>Queensland Health Disaster Plan</td>
</tr>
<tr>
<td>QHMCI-PLAN</td>
<td>Queensland Health Mass Casualty Incident Plan</td>
</tr>
<tr>
<td>SACC</td>
<td>State Ambulance Coordination Centre</td>
</tr>
<tr>
<td>SDCC</td>
<td>State Disaster Coordination Centre</td>
</tr>
<tr>
<td>SDCG</td>
<td>State Disaster Coordination Group</td>
</tr>
<tr>
<td>SHC</td>
<td>State Health Coordinator</td>
</tr>
<tr>
<td>SHECC</td>
<td>State Health Emergency Coordination Centre</td>
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<tr>
<td>SiteHC</td>
<td>Site Health Commander</td>
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<tr>
<td>SiteHT</td>
<td>Site Health Team</td>
</tr>
<tr>
<td>SITREP</td>
<td>Situation Report</td>
</tr>
<tr>
<td>SMEACS-Q</td>
<td>Situation, Mission, Execution, Administration, Communications, Safety, Questions</td>
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</tbody>
</table>