

Total New Recruits by LASN

COVID-19 Public Hearing – 3 July 2020

TOTAL NEW RECRUITS BY LASN				
LASN	PTS	ACP	EMD	TOTAL
Cairns and Hinterland	-	6	1	7
Central Qld	-	4	-	4
Darling Downs	-	3	-	3
Gold Coast	3	11	3	17
Mackay	6	-	-	6
Metro North	9	23	14	46
Townsville	-	12	1	13
Sunshine Coast	4	9	2	15
Metro South	9	18	-	27
South West	-	1	-	1
West Moreton	2	10	-	12
Wide Bay	-	2	-	2
TOTAL	33	99	21	153





Queensland Ambulance Service

Demand Surge

(COVID-19)

Concept of Operations

Date: 30.03.2020

Version: 0.9

1. Document Control Sheet

Authority

The development, implementation and revision of the QAS Concept of Operations (ConOps) is the responsibility of the Commissioner of the QAS or nominated delegate.

Document Approvals

The following people are required to approve and endorse this document.

Name	Role/Title	Version endorsed	Attached email approval (or signature below)
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Various	Demand Surge (COVID-19) Planning Group	

Document History

Version	Date	Name, role / title	Version update details
0.1	04.03.2020	S. Zsombok, B. Johnson, E. McKenzie & D. Peters Demand Surge (COVID-19) Planning Team	Draft developed.
0.2	09.03.2020	Demand Surge (COVID-19) Planning Group	SZ and COSE revisions included.
0.3	09.03.2020	Demand Surge (COVID-19) Planning Group	Further COSE feedback included.

Version	Date	Name, role / title	Version update details
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0.6	17.03.2020	S. Zsombok	SZ revisions included and document protection
0.7	18.03.2020	S. Zsombok	Minor content changes.
0.8	20.03.2020	QAS Demand Surge (COVID-19) Planning Team	Grammar and minor content changes.
0.9	30.03.2020	Update costings and SPP info	Feedback from DC, CS; and DC, SPP
1.0			Version 1.0 Approved.

Queensland Ambulance Service Demand Surge Concept of Operations

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Document References

Author, 'chapter', book title or web page, edition, editor, volume number, publisher, place of publication, year

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Australian Government. *Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)*, Department of Health Aust, 2020.

This document is confidential and not for distribution unless authorisation has been given by the Queensland Ambulance Service (QAS).

2. EXECUTIVE SUMMARY

Over the last decade, the Queensland Ambulance Service (QAS) has continued to build up on its emergency management and disaster operations capability. This increased capability is underpinned by extensive planning, key personnel capabilities, the strength of existing inter-agency collaboration and joint planning.

This QAS Demand Surge (COVID-19) Concept of Operations (ConOps) is both an analysis and a formal document. It describes how the QAS will support the Queensland Government to deliver timely, quality and appropriate ambulance services to the community, within the context of an increased demand surge resulting from the COVID-19 event. It emphasises the need for consultation, collaboration and communication between all stakeholders to ensure the impact of the Pandemic event is minimised.

This QAS ConOps for COVID-19 supports the *QAS Pandemic Influenza Response Plan* and aligns with current *Queensland Disaster Management Arrangements (QDMA)*.

The ConOps identifies those QAS planning considerations, operational requirements, logistical capacity and capabilities which are required to ensure that the organisation's mission and strategic objectives remain capable of being met.

This document will bridge the gap between business as usual (BAU) operations and the specific requirements to support Queensland Health as the lead agency as outlined in the *Queensland Disaster Management Plan* and the Queensland Government's response to the event.

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How to use this document

This ConOps will provide an overview of the QAS planning and preparedness arrangements for an increased response to demand surge, covering the organisational command frameworks, roles and responsibilities, demand management strategies and how the QAS will maintain service delivery to the community of Queensland.

The QAS Pandemic response will occur in line with current Queensland Pandemic Response Arrangements as outlined in the *State Disaster Management Plan, Queensland Health Pandemic Influenza Plan, and the Queensland Ambulance Service Pandemic Influenza Plan*.

4. DEFINITIONS

COVID-19	Current novel coronavirus disease name
Crisis	For the purposes of this ConOps, a crisis is any public health event or incident presenting risk to life, health and infrastructure from any aetiology
Disaster Management	Disaster management means 'arrangements about managing the potential adverse effects of an event, including, for example, arrangements for mitigating, preventing, preparing for, responding to and recovering from a disaster'.
Disaster	A disaster is 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.
Epidemic	Sudden increase in the number of cases of a disease above what is normally expected
Pandemic	An epidemic that has spread over several countries or continents, usually affecting a large number of people
QAS Crisis Management Arrangements	The QAS Crisis Management Arrangements (CMAs) define the method and process by which crises will be managed by the QAS. These are defined through this QAS Corporate Governance Procedure – Crisis Management Arrangements. NB: Where State Major Incident or Disaster (SMID) or Business Continuity Plan (BCP) arrangements have been, or are activated, the Chair of the QAS Crisis Management Group (CMG) (or higher authority) may determine to manage the crisis in accordance with those arrangements. In such instances these arrangements will form the QAS CMAs.
Serious disruption	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.

5. PURPOSE

The strategic intent of this plan is to provide appropriate directions to the organisation, aimed at maintaining the level of ambulance service capacity required by the Queensland community, in an environment where demand is significantly escalated.

In this regard, this document will outline a number of preparedness strategies to:

1. Deliver an agile and scalable approach to ensure that ambulance service delivery capacity is maintained on a state-wide basis; and
2. Support the Whole of Government COVID-19 response through the continued delivery of the QAS Mission.

The standard Queensland disaster framework as per the QDMA, support the *Queensland Disaster Management Act 2003* which provides the legislative basis for this document.

6. Roles and Legislative Requirements

Australian Government

The Australian Government develops and maintains a national health sector plan to prepare for and respond to an influenza pandemic. The two plans pertaining to pandemic influenza are the *Australian Health management plan for pandemic influenza 2014* and the *National Communicable Disease Plan for communicable disease incident of national significance*.

Queensland Government

The Queensland Minister for Health and Minister for Ambulance Services has overall responsibility for Queensland’s health system through the Department of Health. Within this system, QAS is an integral part of the primary health care sector. QAS is postured for a response to increased demand for service delivery through the following pre-existing legislation and plans.

Queensland Disaster Management Responsibilities

DOCUMENT MAP OF QUEENSLAND DISASTER MANAGEMENT PLANS

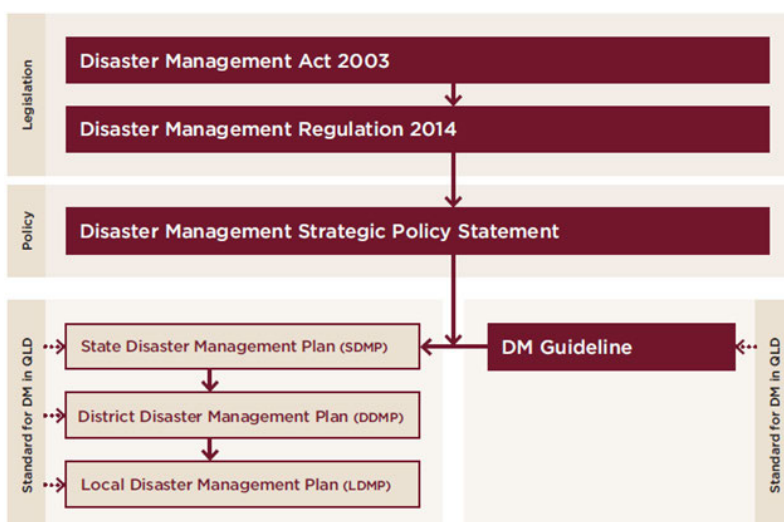


Figure 1: Queensland Disaster Management Documents

The *Queensland Disaster Management Act 2003* provides the legislative basis for this plan and disaster management arrangements in Queensland. The Act provides authorised officers the provision to exercise declared disaster management powers.

The *Queensland State Disaster Management Plan (QSDMP)* describes Queensland disaster management arrangements and outlines agency specific roles and responsibilities to mitigate the effect of, prepare for, respond to, recover from, and build resilience to disaster events.

Queensland Pandemic Arrangements should be read in conjunction with the Australian Health management plan for pandemic influenza 2014 (AHMPPI). The Queensland Department of Health is the functional lead agency for pandemic influenza in Queensland and as such is responsible for implementing national and state plans to ensure a coordinated, whole-of-health approach in Queensland. Details regarding whole-of-government arrangements in Queensland are outlined in the QSDMP, and the *Queensland Health Disaster and Emergency Incident Plan and Pandemic Influenza Plan*.

The QAS is established and operates under the authority of the *Ambulance Service Act 1991* and operates as a state-wide service within Queensland Health (QH) and is accountable for the delivery of pre-hospital ambulance response services, emergency and non-emergency pre-hospital patient care and transport services, inter facility hospital transport, casualty room services, community education and planning and the coordination of multi casualty incidents and disasters. QAS specific disaster management arrangements are outlined in the *QAS State Major Incident and Disaster Plan (SMID)*, *QAS Incident Management System (IMS) Guideline* and *QAS Pandemic Influenza Response Plan*.

The QAS ConOps is further supported by other Acts, standards and policies which provide for disaster and emergency incident management roles and responsibilities.

These include, but not limited to, the following instruments:

- *International Health Regulations 2005*
- *Australian Health Management Plan for Pandemic Influenza 2014 and associated documents*
- *Biosecurity (Consequential Amendments and Transitional Provisions) Act 2015 (Cth)*
- *National Health Security Act 2007 (Cth)*
- *Ambulance Service Regulation 2015*
- *Disaster Management Act 2003*
- *Disaster Management Regulation 2014*
- *Public Health Act 2005*
- *Queensland Health Disaster and Emergency Response Plan 2016*
- *Queensland Health Pandemic Influenza Plan 2018*
- *QAS State Major Incident Disaster Plan (SMID) 2016*
- *QAS Crisis Management Arrangements*

The QAS policy framework is consistent with the above Whole of Government (WoG) requirements, specifically surrounding demand for service escalation, disaster management and pandemic arrangements.

The *World Health Organisation (WHO) COVID-19 Strategic Preparedness and Response Plan* and the *Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)* provide supportive planning advice for organisations throughout all stages of a Pandemic Whole of Government Response.

Queensland Health

The *Queensland State Disaster Management Plan* identifies the Queensland Health disaster management role is to 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.

Therefore, the responsibilities are, but are not limited to:

- The functional lead agency for the emergency support function of public health and medical services is Queensland Health and the Health and Hospital Services (HHSs).
- The functional lead agency for the emergency support and state response function of emergency medical retrieval is the Queensland Health and Queensland Ambulance Service.
- Queensland Health is the primary hazard-specific agency for biological (human related), heat wave, pandemic, and radiological hazards.
- The joint lead agency for the state response function of mass casualty and mass fatality management is Queensland Health, with the Queensland Police Service.

During a disaster or emergency incident, Queensland Health may provide:

- pre-hospital response through deployment of site health teams;
- aeromedical transport to support the QAS response; and/or
- information, advice and services to the community and partner agencies.

Queensland Ambulance Service

The *Queensland State Disaster Management Plan* identifies the Queensland Ambulance Service disaster management role is to provide, operate and maintain ambulance services and service delivery during rescue and other related activities, and to provide transport for persons requiring attention at medical or health care facilities, to participate with other emergency services.

Key responsibilities include, but are not limited to:

- Provide, operate, and maintain ambulance services.
- Access, assess, treat, and transport, sick and injured persons.
- Provide and support temporary health infrastructure, where required.
- Collaborate with Queensland Health in mass casualty management systems.

QAS Framework and operational model

For any increase in demand surge the QAS is well positioned with the activities outlined in the *QAS Pandemic Influenza Response Plan* and the annual QAS inter-surge demand strategy.

The *QAS Pandemic Influenza Response Plan* provides the QAS with an established set of operating principles, standard operating procedures and strategies for operations during an influenza pandemic. As pandemic events pose extraordinary challenges that will need to be faced in specific ways, the strategies outlined in this document may differ from how the QAS conducts its day-to-day operations under normal conditions; however, demand management /escalation and Incident Management System (IMS) frameworks retain the same priority.

The QAS approach to a pandemic event includes:

- Linking with Queensland Health to strengthen inter agency collaboration and capitalise on existing systems;
- Ensuring communication within the QAS and with other agencies;
- Early recognition of seasonal systems;
- An emphasis on communication and preparedness activities as a key tool in management of the response; and
- A flexible and scalable approach that can be scaled and verified to be proportionate to the needs at the time.

The QAS has worked closely with relevant stakeholders including Queensland Health to update and review the *QAS Pandemic Influenza Response Plan* to ensure that it has a contemporary approach to an influenza pandemic consistent with State disaster management planning.

QAS has completed and will implement, the following response strategies as outlined in the *QAS Pandemic Influenza Response Plan*.

QAS Response activities
Activate the QAS Pandemic Influenza Response Plan and QAS IMS Guideline.
Activate Local Ambulance Service Network (LASN) escalation plans as required.
Commence enhanced surveillance to characterise the disease and inform decision making.
Contribute to case identification strategies at the international/domestic border if directed by the Australian or Queensland Government through the State Health Emergency Coordination Centre (SHECC).
The QAS Media Unit will undertake communication measures consistent with whole of government messaging to raise awareness of the strain and provide important public health information.
Maintain normal pre-hospital service delivery to the community.
The State Incident Management Room (SIMR) will ensure information is provided to QAS staff and volunteers through the LASN Managers, the media and the community.
The SIMR and LASN Ambulance Coordination Centres (LACCs) will ensure guidance is provided to LASN Managers and OICs on maintaining appropriate stock levels, including Personal Protective Equipment (PPE).
Isolate cases and contacts in the pre-hospital settings and in the community, upon advice from the SHECC.
As per the QAS Drug Therapy Protocols provide anti-viral agents.
Provide other influenza pandemic response strategies as required and directed by Queensland Health through the SHECC.
Provide recommendations to the SHECC regarding the implementation of QAS Pandemic Influenza Response Plan strategies.

6.1. The QAS Strategic Intent and Environmental Context

Operating on a state-wide basis as an integral part of the primary health care sector in Queensland, the QAS mission and strategic intent is to deliver timely, quality and appropriate, patient-focused ambulance services to the Queensland community, in an environment where demand for these services is escalated through the COVID-19 event.

In December 2019, China reported cases of a viral pneumonia caused by a previously unknown pathogen that emerged in Wuhan, a city of 11 million people in central China. The initial cases were linked to exposures at a seafood market in Wuhan where a large range of live animal and animal products were sold.

On 7 January 2020, the pathogen was identified as a novel (new) coronavirus (recently named Severe Acute Respiratory Syndrome CoronaVirus 2 (SARS-CoV-2)), which is closely related genetically to the virus that caused the 2003 outbreak of Severe Acute Respiratory Syndrome (SARS). SARS-CoV2 causes the illness now known as Coronavirus Disease 2019 (COVID-19). Currently, there is no specific treatment (no vaccine and no antiviral) against the new virus.

Within Queensland, a Public Health Event of Statewide Significance (PHESS) was declared by the Chief Health Officer on 22 January 2020. Consequently, amendments were made to the *Public Health Act 2005* to allow for extension of the declaration of a public health emergency from 7 days to 90 days. These emergency powers allow emergency officers (designated Environmental Health Officers and Public Health Physicians) across the State to take actions, such as directing a person to remain at a location for a period of time and other actions, which is a key strategy to prevent the potential spread of COVID-19.

On 25 January 2020, the Queensland Health SHECC moved to 'Stand Up' in response to the first confirmed case in Australia. QAS interface between the SHECC and the QAS was achieved via the stand-up and integration of State Incident Management Room (SIMR) within SHECC including dedicated liaison officers.

On 30 January 2020, the World Health Organization declared that the outbreak of COVID-19 constitutes a Public Health Emergency of International Concern.

The Australian Health Sector Emergency Response Plan for COVID-19 was revised as at 18 February 2020.

On 26 February 2020, confirmation was received that the Commonwealth Chief Health Officer had declared the outbreak of COVID-19 a communicable disease incident of national significance to Australia.

The Prime Minister has announced the activation of the Emergency Response Plan for Communicable Disease Incidents of National Significance.

7. SITUATION

The QAS is experiencing unprecedented demand for service in day to day operations. It is predicted that the current increase in workload will continue, and most likely escalate, in seasonal influenza period seen annually from July to August and COVID-19 from April (anticipated).

To ensure the QAS is prepared to respond to any increased demand, the QAS has established a dedicated command structure aligning to the IMS framework, and an executive planning team, with plans to ensure that the QAS can meet its obligations to the community, staff and Government. In response to this annual surge in workload, demand management plans and strategies have been developed to outline procedures and actions during times of escalation.

Figure 2 outlines the QAS Command Structure established to support the organisation’s response to the event.

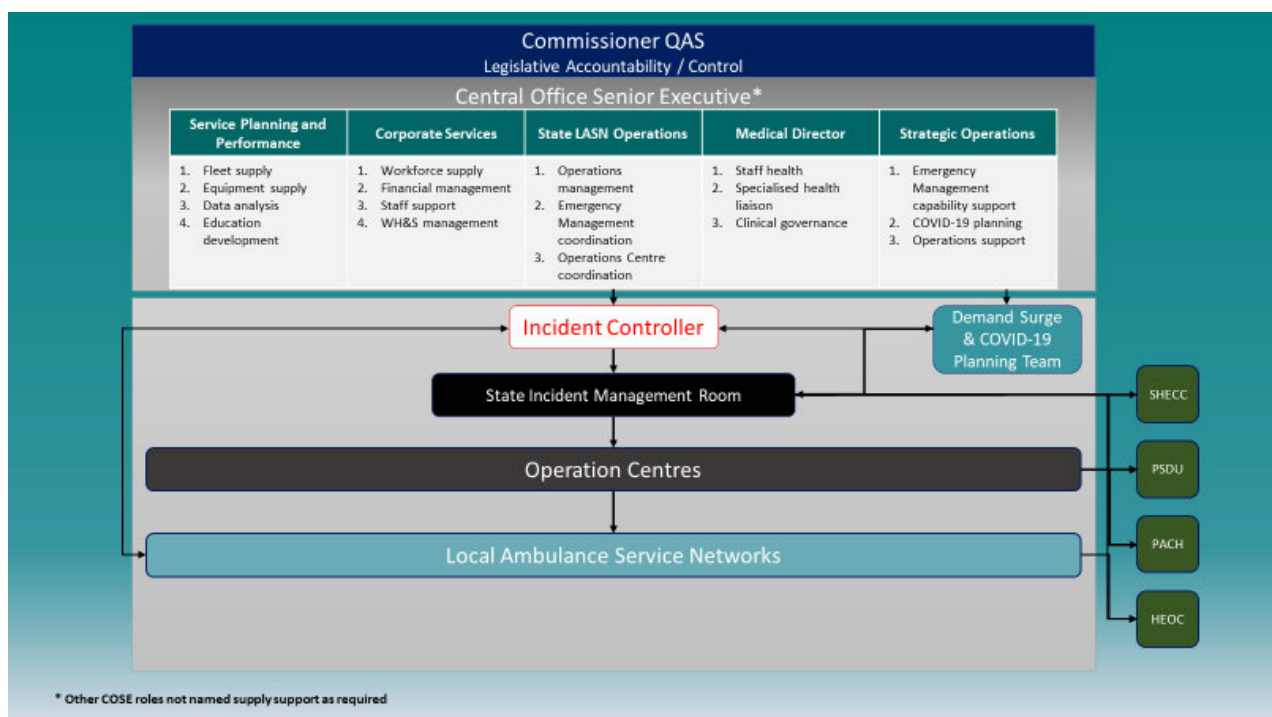


Figure 2: Demand Surge QAS Command Structure

It is predicted that the COVID-19 event will further impact the current increases in demand being experienced by the QAS. The emerging COVID-19 intelligence suggests that QAS will see an increase in triple zero (000) calls; increase in demand for service; loss of staff attendance through illness, absenteeism and family requirements; increased requirement for coordination centre staff; and enhanced logistics arrangements, including alternative suppliers identified given China supply chain delays.

Due to this impact forecast, on 26 February 2020, the QAS Executive formed a planning team to prepare the organisation for any escalation requirements, provide planning intelligence to the Department of Health, and to support the WoG response.

QAS has undertaken demand modelling to determine the potential effect a COVID-19 event could have on QAS workforce and resourcing requirements for the organisation. The modelling undertaken by QAS used an established methodology to determine projected demand over the prospective COVID-19 event timeframe, based on a current increasing service demand profile.

7.1. Current QAS Response to Demand Surge

From January 2020, the QAS has been integrated into the WoG planning and response for COVID-19. This has occurred through linkages between the QAS Emergency Management Unit and the Queensland Health Disaster Management Unit (HDMU), QAS Executives and Queensland Health Executives, and State Disaster Coordination Groups (SDCG).

QAS Executives continue to attend QDMC, SDMG meetings, Department of Premier and Cabinet, and State Health Executive briefings.

From 29 January 2020, the QAS has increased interagency communication and intelligence sharing through a SHECC Liaison Officer, ensuring effective and efficient management of information. Following the response model outlined in the *QAS Pandemic Influenza Response Plan*, the QAS SIMR was stood up concurrently on 30 January 2020 to support the Queensland Health response.

From 30 January 2020 to 26 February 2020, LASN preparedness measures as per the *QAS Pandemic Influenza Response Plan* were activated.

Preparedness actions undertaken across the QAS to date include, but are not limited to:

- An overall state of QAS readiness has been established and will be continued to be built upon during incident operations.
- Succession planning has been undertaken for key QAS roles, at the State and LASN levels, using a three-deep concept, in accordance to WoG requirements.
- Essential and non-essential activities have been identified at the State and LASN levels.
- Consideration of planning and response regarding large scale events and gatherings at the State and LASN levels.
- QAS Emergency Management Unit has completed asset preparedness capability development for coordination centre officers.
- The revision of PPE stock levels and support to LASNs with preparedness activity.
- COVID-19 support handbooks created for use in coordination centres.
- Infection prevention education was revised.
- Review and distribution of clinical and public messaging.
- Ongoing support of local Hospital and Health Services (HHS) requirements.
- Daily LASN Manager teleconferences.
- Station Checklists have been completed as per the *QAS Pandemic Influenza Response Plan*.

The QAS Central Office Senior Executives (COSE) were briefed on 26 February 2020 by Senior Queensland Health Executives, who outlined the current intelligence on the future situation surrounding COVID-19. As an outcome from this meeting, the QAS Executive formed a Demand Surge (COVID-19) Management Command Advisory Group to address demand surge and COVID-19 future planning.

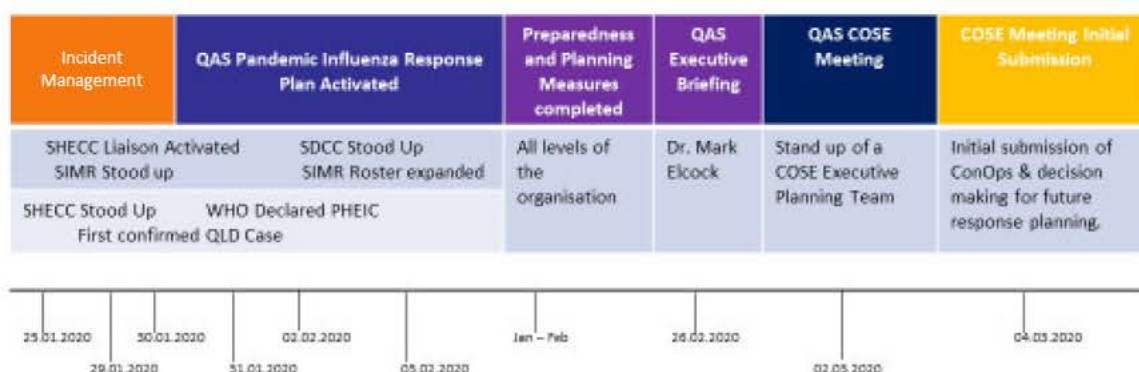


Figure 3: Summary of some key QAS activities for demand surge and COVID-19 to date.

7.2. QAS Surge Demand Management - Initial Concepts

Any increase in demand of QAS service delivery will escalate operations in line with the QAS SMID Plan, QAS IMS Guideline, QAS Demand Management Strategy and LASN escalation plans, as outlined in the QAS Winter Preparedness Plan. With the development of this ConOps, the QAS has undertaken event specific planning and resourcing analysis, including the identification, and where appropriate, re-allocation of resources within the ambulance service delivery system.

Based on this analysis, initial concepts to mitigate demand may potentially include, but are not limited to:

- Re-evaluating the delivery of non-emergency cases;
- Re-evaluating the delivery of education services / LASN training;
- Deploying staff at Queensland Combined Emergency Services Academy;
- Deploying Officers-in-Charge (OICs) and State and LASN Office paramedics;
- Joint crew resource strategies such as crew mix Patient Transport Service Officers with Paramedics to enable further spread of QAS resources; and
- Engaging in mutual assistance programs coordinated through Queensland Health and the SHECC.

7.3. Risk Assessment and Mitigation

In this regard, the QAS is committed to managing risk and has adopted the Australian Standard for Risk Management. This Standard defines risk as the effect of uncertainty on objectives and describes in detail the systematic and logical risk management process which the QAS applies to all types of risk, either positive or negative.

The objectives of the QAS Risk Management Approach is to:

1. Strengthen capability to manage the health risks from all hazards;
2. Embed comprehensive emergency risk management; and
3. Enable and promote interagency engagement and integration across both the organisation and whole of government.

To enable these objectives, the QAS has adopted the Three Lines of Defence Model of Risk Management in line with the [QAS Risk Management policy and procedures](#). This model establishes Risk Management responsibilities across the organisation and provides distinction between risk functions, internal governance arrangements and independent assurance.

The Three Lines of Defence are:



1. All levels of QAS managers have risk management responsibility and accountability for directly assessing, controlling and mitigating risks.
2. Internal oversight and strategic direction of QAS Risk Management and its associated framework is completed by the QAS Board of Management (BOM) and the responsible Central Office Senior Executive.
3. Independent oversight and assurance of the QAS Risk Management Framework is completed, primarily through internal audit functions.

Primarily for the COVID-19 event, the QAS has mitigated initial risk via the activation of the QAS Pandemic arrangements and existing IMS pathways.

The QAS has considered all phases of disaster management across the organisation to plan for the potential disruptions that a pandemic may cause. In particular, Business Continuity Planning (BCP) ensures that the QAS remains capable of delivering services despite the occurrence of a disruptive event. Through the effective operation, and if necessary, deployment of its BCP arrangements, the QAS will ensure that its critical business functions can continue within planned levels of disruption.

Through these frameworks, this plan identifies and assesses several key high-risk areas associated with ensuring the continued delivery of ambulance services within Queensland.

8. MISSION

The strategic mission of the QAS is to deliver timely, quality and appropriate, patient focused ambulance services to the Queensland Community.

With the increased demand forecast and the emerging COVID-19 event, the mission is to ensure the organisation's capacity to deliver timely and quality appropriate patient focused ambulance services in Queensland and to the Queensland community. This mission remains the priority, even in the face of potential escalations in demand across the patient lifecycle.

In responding to this event, QAS will continue to use the comprehensive approach to disaster management, with a specific plan outlining the criteria to address this surge, including the expected COVID-19 demand. This plan will therefore incorporate forecasting and planning at all levels across the organisation, including strategic, operational and tactical functions.

9. ASSUMPTIONS

The following assumptions made during the planning process enables the current and future planning team to monitor and control assumptions for the duration of the implementation of the plan.

On 26 February 2020, a briefing was provided to the QAS COSE group by Department of Health, with subsequent briefings provided at the government level detailing assumptions regarding the emergence of the COVID-19 event. The Department of Health advised of a likely and significant increase in demand for ambulance services, with service delivery requirements to be modelled based on additional staffing requirements of 20%, coupled with a potential increase in workforce absenteeism of 25%.

In addition, the government has stated consideration for staff to work from home through the course of the COVID-19 event. However, in the context of increased demand for services, the QAS ambulance service delivery model does not allow for such an assumption while ensuring demand for services remain capable of being met.

In this regard, in addition to intelligence and data relating to the event, the QAS has utilised the information provided by government as a series of assumptions to guide the demand surge impact modelling outlined further below.

10. EXECUTION

10.1. Objectives

The objective of this plan is to ensure the organisation's capacity to deliver timely and quality appropriate patient focused ambulance services in the face of escalating demand across the patient lifecycle.

This objective is in line with Queensland Pandemic Response Arrangements. The Queensland Health Pandemic Influenza Plan identifies the strategic objectives, in line with Australian Health Management Plan for Pandemic Influenza 2014, to be implemented across all levels of planning and government systems.

These are to:

- Ensure that the Queensland Health system is prepared for an influenza pandemic by using existing systems and governance mechanisms as a basis of the response.
- Ensure that the public receive informed and timely advice and information.
- Minimise transmissibility, morbidity and mortality.

Having regard for these objectives, the key objectives of the QAS Pandemic Influenza Response is to:

- Ensure the continued capacity of the QAS to deliver ambulance services in a high demand environment impacted by the COVID-19 event.
- Establish a sustainable command and control structure across QAS having regard for the event, including the management arrangements for human resourcing, fleet, critical inventory items, personal protective equipment (PPE), Central Pharmacy, and infection control consumables.
- Establish guidelines for the conduct of ambulance operations during a public health or influenza pandemic event, including the Operation Centres Standard Operating Procedures.

- Ensure QAS preparedness for an influenza pandemic by using existing Incident Management and LASN escalation systems.
- Incorporate a flexible and scalable approach which is proportionate to the level of risk the influenza pandemic is likely to have on vulnerable populations, and within the community.
- Emphasise communication activities as a key management tool to ensure timely, clear, accurate and transparent information is disseminated and reported to associated health services, the community and the media.

10.2. Demand Surge Impact

In accordance with the objectives of this ConOps, the QAS has identified the potential impact of the demand surge associated with the COVID-19 event across its service delivery requirements. These include: the impact on QAS' workforce, fleet, operational equipment including uniforms, consumables, and enabling Information and Communications Technology (ICT).

10.3. Workforce

Considering the assumptions noted above, the Department of Health advised service delivery requirements to be modelled on additional staffing requirements of 20% coupled with a potential increase in workforce absenteeism of 25%.

QAS has a paramedic workforce of 3,559 FTE. The above modelling would require an additional 712 paramedic FTE, and further consideration of how to manage the potential absenteeism impact of 890 paramedics.

QAS has an emergency medical dispatcher (EMD) workforce of 450 FTE. The above modelling would require an additional 90 EMD FTE, and further consideration of how to manage the potential absenteeism impact of 113 EMDs.

The QAS has undertaken workforce modelling to determine the potential effect a COVID-19 event could have on QAS demand.

The QAS modelled additional service delivery requirements based on demand increases due to the COVID-19 event of 10%, 15% and 20%, this modelling indicates the following:

COVID-19 QAS Demand Increase	Required FTE		
	Paramedic	EMD	Total
10%	195	29	209
15%	271	43	314
20%	371	66	437

Based on further analysis and data available to the QAS, including the potential impact of a COVID-19 event on specific geographical areas, the most appropriate scenario to guide further planning at this time is an increase of 15%.

The QAS has identified a range of options to enable the most effective and efficient use of Human Resources, consistent with the objectives of this ConOps. This includes the identification and prioritisation of locations requiring Paramedic and EMD resources, aligned with the modelling above. Acknowledging the need for resources to be managed in a dynamic environment, the QAS will continue to work on determining the most appropriate and effective methods for engaging employees. In that regard, the QAS has identified currently registered Queensland based paramedics not employed by the QAS, who may initially provide a ready, and localised pool of resources, in

addition, the QAS has identified resource pools from external sources. The QAS is continuing work to identify alternate channels of human resourcing including the potential to engage University students. Further, the QAS will examine the potential reallocation of human resources within the organisation into areas of need as determined by the demand surge.

10.4. Fleet, Operational Equipment and ICT

QAS has adopted a scalable approach in identifying those resources required to address a surge event due to COVID-19. In that regard, the organisation has identified those resources that are required, in addition to current capacity, to support the engagement of additional Paramedics and EMDs as articulated above.

To maintain critical ambulance services during the anticipated increased demand associated with COVID-19, the following additional resources are required:

- The provision of operationally ready ambulance vehicles; and
- The redistribution and re-allocation of resources to give effect to potentially revised service delivery models required to respond to unprecedented demand for critical ambulance services in Queensland.

To ensure appropriate resourcing throughout the COVID-19 response, QAS has identified that it can temporarily cease the vehicle decommissioning process for a period in 2020 to increase QAS' fleet capacity, delivering additional ambulance vehicles to the frontline. These ambulance vehicles will need to be fully equipped to become operational for the COVID-19 event.

Additional staff uniform and ICT requirements will also be required to support a QAS surge response. All additional ambulance vehicles will require ICT hardware, such as vehicle and portable radios, mobile data terminals, vehicle telephones, etc, as well as individual licensing arrangements to support the extra operational staff recruited to QAS. All additional frontline staff (Paramedics and EMDs) that need to be recruited to support QAS' response to COVID-19 will also incur additional operational uniform expenditure.

The QAS has commenced planning regarding the potential for reallocation of fleet and equipment resources to support the additional paramedics and revised service delivery models required for QAS' COVID-19 response. Further, the QAS will investigate potential options regarding the short-term lease of vehicles to meet revised service delivery models and will reallocate existing operational resources (workforce, ambulance fleet and operational equipment) to supplement the COVID-19 surge response capacity.

10.5. Costings

Unable to determine at this point the precise financial impacts however extensive modelling of costs have been undertaken with methodology and assumptions recorded. Further to this, the comprehensive record costs have been implemented.

Having regard for the above, two costing scenarios are provided as follows:

Scenario 1

Scenario one defines costings associated with labour, non-labour, depreciation and capital expenditure in accordance with the model defined above. Costings are included for a 16-week impact on demand.



COVID-19 QAS Demand Increase 15% (16 weeks)	2019-20 \$M	2020-21 \$M	2021-22 \$M	2022-23 \$M	2023-24 \$M	LIMITED LIFE¹
Labour costs	15.935	4.139	..	..	..
Non-labour costs	3.139	0.517	..	..	..
Depreciation	0.050	0.200	0.200	0.200	0.200	Y
Total Operating Expenses	18.460	5.570	0.200	0.200	0.200	Y
Capital	1.000	..	..	..	..

Depreciation expense ceases in 2024-25 \$0.150M

Scenario 1 Costing Methodology and Assumptions

- Labour costs include additional Paramedics and EMDs salary and on-costs for the period, recruitment, uniform, training and induction costs.
- Non-labour costs include ICT costs, motor vehicle operating and maintenance costs, and medical consumables.
- Increased fleet capacity will be achieved by retention of vehicles that were planned to be decommissioned over the period. Capital costs will be incurred due to the requirement to fit out equipment in vehicles.

Scenario 2

Scenario two defines costings associated with labour, non-labour, depreciation and capital expenditure in accordance with the model defined above. Costings are included for a 16-week impact on demand. However, this scenario includes costing based on resourcing additional demand on overtime hours (2.0 times the rate) to provide additional capacity should recruitment of additional Paramedics and EMDs not be able to be achieved in sufficient numbers, noting the likely rates of QAS absenteeism over the period.

COVID-19 QAS Demand Increase 15% (16 weeks)	2019-20 \$M	2020-21 \$M	2021-22 \$M	2022-23 \$M	2023-24 \$M	LIMITED LIFE¹
Labour costs	16.578	5.467	..	..	..
Non-labour costs	3.139	0.517	..	..	..
Depreciation	0.050	0.200	0.200	0.200	0.200	Y
Total Operating Expenses	19.767	5.570	0.200	0.200	0.200	Y
Capital	1.000	..	..	..	..

Depreciation expense ceases in 2024-25 \$0.150M

Scenario 2 Costing Methodology and Assumptions

- Labour costs are based on resourcing the additional demand on overtime hours (2.0 times). Note the overtime pay rate is likely to be higher than 2.0 times due to availability of staff.
- Non-labour costs include ICT costs, motor vehicle operating and maintenance costs, and medical consumables.

- Increased fleet capacity will be achieved by retention of vehicles that were planned to be decommissioned over the period. Capital costs will be incurred due to the requirement to fit out equipment in vehicles.

10.6. Considerations

All Demand Surge QAS Command Structure key functional areas will provide planning, logistic, persons and other support utilising the IMS framework to ensure continued delivery of the QAS mission.

10.6.1. State LASN Operations (SLO)

Issue/Function	Considerations/Options Required
Changes to the Pandemic Declaration	<ul style="list-style-type: none"> • Support QH through pre-existing arrangements. • Development of enhanced surveillance intelligence to provide visibility to operations.
Requirements for changes and / or escalation to the disaster management structure	<ul style="list-style-type: none"> • Establish Incident Management Team (IMT) to maintain coordination centre requirements for any demand escalation. • Consolidation of LACC activations, where possible, to minimise the impact on LASN for the staff requirements for the coordination centre. This also ensures LACCs can be activated for a correlating major incident or disaster, e.g. hospital move, severe weather event.
Ongoing rostering requirements of coordination centres	<ul style="list-style-type: none"> • Review staffing requirements and look at list of light duties / vulnerable officers who may be removed from service to build capability into rosters. • Consider the use of annual South Eastern Queensland Ambulance Coordination Centre (SEQACC) planning to establish a long-term coordination centre team. • Implement Executive Management Operations (EMO) position to oversee the coordination centre and SHECC requirements to allow Emergency Management Unit BAU to be maintained.

10.6.2. State Operations Centre (part of SLO)

Issue/Function	Considerations/Options Required
Workforce Management	<ul style="list-style-type: none"> • Establish, develop, administer and maintain the day-to-day operation of an efficient workforce management (WFM) and rostering system (if able to be fast tracked to be introduced). • Developing accurate short, medium and long-term forecasting reports to ensure that the Operations Centres have appropriate 24-hour staff coverage to meet the current and future demands and performance requirements of the service. • Analyse multi-routing result of call volumes, call patterns, call trends and staff productivity for assigned call centres; use this information to build, coordinate, and accurately maintain employee long-term schedules. • Ability to analyse and report on future modelling changes using the WFM applications and modelling capabilities and demonstrate that demand and service delivery requirements

	<p>are being met and predicted (if able to be fast tracked to be introduced).</p> <ul style="list-style-type: none"> • Conduct analysis on historical data to determine volume shifts and trends impacting staffing/capacity levels on a mid and long-term basis. • Produce, analyse and interpret a wide range of standard, custom and ad-hoc reports. • Prepare, maintain, and verify proposed and current rosters effectively utilise forecasting and allocations across shifts to align with demand requirements, seasonal and environmental variations, special events, entitlements and training requirements. • Provide variance analysis on planned versus actuals, and plan remediation and adjustment to refine future forecast models. • Lockdown of QAS Communications Centres.
Impact of public messaging and communication on State OpCen	<ul style="list-style-type: none"> • Consistent media messaging indicating the use for Triple Zero for emergencies only. • Recorded Voice Announcements (RVA). • National Protocol - Pre-recorded, State-based Tailored Recorded Voice Announcements (Tailored RVAs) for activation during extreme calling events.
ProQA Changes	<ul style="list-style-type: none"> • Introduction of Protocol 36 Pandemic / Epidemic / Outbreak. • Upgrade to Paramount V5.1.1.33 and ProQA V13.3. • Review of Response Matrix in accordance with COVID-19 alternative service delivery plans.

10.6.3. Service Planning and Performance

Issue/Function	Considerations/Options Required
Surveillance and Data	<ul style="list-style-type: none"> • Support of surveillance programs: support a range of pandemic surveillance tools to assist in COVID-19 specific oversight and decision making. • Develop tools for system level monitoring of PPE supply and utilisation. • Undertake a review of existing research regarding use of ambulance dispatch data for syndromic surveillance, and ambulance pandemic response planning considerations and strategies. • Contribute to research regarding influenza pandemic management strategies. • Undertake business intelligence activities to forecast the impact COVID-19 may have on the QAS demand profile and workforce absenteeism. • Undertake routine and ad hoc reporting requirements and develop and implement COVID-19 specific reports to assist with decision making.
Planning	<ul style="list-style-type: none"> • Undertake service planning for pandemic response preparedness, and to support normal pre-hospital service delivery to the community.

	<ul style="list-style-type: none"> • Develop specific strategies to ensure continuation and alignment of service delivery in a rapidly changing operational environment. • With the Public Safety Business Agency (PSBA), fast track (if possible), the upgrade of NICE IEX Workforce Management to maximise Operations Centre resourcing to anticipated triple zero demand; and the introduction of Genesis into Cairns, Rockhampton and Toowoomba Operations Centres to assist call routing of triple zero calls across Queensland.
Logistics	<ul style="list-style-type: none"> • Identify additional ICT and supporting infrastructure, fleet, operational equipment, uniforms, consumables and workforce requirements, including a distribution strategy, to ensure continuity of pre-hospital service delivery to the community. • Due to potential supply chain disruption for fleet/operational equipment/consumables/uniforms/ICT devices, establish supply strategies and alternative supply arrangements to supplement potential shortfalls. • Seek reassurance from PSBA that it has completed appropriate Succession Planning provisions in place to ensure appropriate support for QAS' mission critical ICT systems and services, in accordance with the Service Level Agreements (SLAs) under the QAS-PSBA Memorandum of Understanding. • Establish appropriate facilities, if required, to store additional fleet and operational equipment in preparation and response to the COVID-19 event. • Engagement with universities regarding expected impact on QAS supporting scheduled clinical placements and determine their willingness to support utilisation of paramedic students assisting with expected QAS' additional Paramedic workforce needs, if required, in response to the COVID-19 event
HR Management	<ul style="list-style-type: none"> • Review training agenda to determine and prioritise 'essential' training requirements. • Based on prioritisation, alternative delivery models of training identified, and where appropriate, developed. • Support the induction training requirements for additional Paramedic and EMDs or other service model types to be engaged to support the increased demand.

10.6.4. Corporate Services

Issue/Function	Considerations/Options Required
Continued delivery of payroll services based on potential staffing disruptions	<p>Key liaison points established between Executive Director, Human Resources (EDHR) and Queensland Shared Services (QSS) to:</p> <ul style="list-style-type: none"> • monitor continuation of payroll service delivery; • identify potential issues in service delivery; and • establish resolution processes as required. <p>QAS Payroll BCP is to be held in ready state if required.</p>

	Key QAS Human Resources/payroll and delegations identified through EDHR and succession pathways noted in the event of employee unavailability.
Recruitment and Onboarding	<p>Processes for prioritising the most appropriate and effective methods for engaging employees, including identification of alternate channels recruitment and onboarding.</p> <p>Further, the QAS will examine the potential reallocation of human resources within the organisation into areas of need as determined by the demand surge.</p> <p><i>NB: Further outlined in 10.4.6 below</i></p>
QSS Finance service continuity	<p>Key liaison points established between QAS Executive Director Finance and QSS to:</p> <ul style="list-style-type: none"> • monitor continuation of QSS Finance service delivery; • identify potential issues in service delivery; and • establish resolution processes as required. <p>Key QAS Finance/payroll positions and delegations identified through ED Finance and succession pathways noted in the event of employee unavailability.</p> <p>Processes for flexible delivery of service established.</p>
Continued WHS system and process management based on potential staffing disruptions	<p>Critical QAS Workplace Health and Safety (WHS) hazard reporting and injury management processes identified.</p> <p>Key WHS positions identified per WHS critical systems and succession pathways noted in the event of employee unavailability.</p> <p>Processes for flexible delivery of service established.</p>
Continued Industrial Relations management based on potential staffing disruptions	<p>Key liaison points established between EDHR and registered industrial associations to:</p> <ul style="list-style-type: none"> • identify potential industrial issues; and • establish resolution processes as required. <p>Key QAS Human Resources/Industrial Relations positions identified through EDHR and succession pathways noted in the event of employee unavailability.</p> <p>Processes for flexible delivery of service established.</p>
Continued Procurement processes based on staffing disruptions	<p>Key QAS procurement positions and delegations identified through ED Finance and succession pathways noted in the event of employee unavailability.</p> <p>Processes for flexible delivery of service established.</p>
Continued HR Advisory processes based on staffing disruptions	<p>Key QAS Human Resources positions and delegations identified through EDHR and succession pathways noted in the event of employee unavailability.</p> <p>Processes for flexible delivery of service established.</p>

Continued Procurement processes based on supply chain disruptions	Key liaison points established between QAS ED Finance and supply chain stakeholders at government and industry level to: <ul style="list-style-type: none"> • monitor continuation of procurement service delivery; • identify potential issues in service delivery; and • establish resolution processes as required.
Continued infrastructure maintenance processes	Key QAS Finance positions and delegations identified through ED Finance and succession pathways noted in the event of employee unavailability. Processes for flexible delivery of service established.
Continued legal service delivery	Key QAS Legal positions identified through Director Strategy Governance and Legal (SGL) and succession pathways noted in the event of employee unavailability. Processes for flexible delivery of service established. Options to engage third party providers established.
Processing RTI and Admin Access	Key QAS Right to Information and Administration Access positions identified through Director SGL and succession pathways noted in the event of employee unavailability. Processes for flexible delivery of service established. Key processes documented, and staff identified to enable appropriate succession if required.

10.6.5. Workforce Resourcing

Issue/Function	Considerations/Options Required
Demand for increased number of EMDs	<ul style="list-style-type: none"> • Recruitment of new staff. • Re-employment of retired officers or officers who have resigned. • Return officers relieving or substantively in alternative roles to EMD duties. • Return of officers from leave without pay. • Extension of hours for officers on part time agreements. • Appointment of casual officers to temporary full time or part time contracts.
Demand for increased number of Paramedics	<ul style="list-style-type: none"> • Recruitment of Graduates. • Recruitment of Qualified Officers. • Re-employment of retired officers or officers who have resigned. • Return officers relieving or substantively in alternative roles to Paramedic duties. • Return of officers from leave without pay. • Extension of hours for officers on part time agreements. • Appointment of casual officers to temporary full time or part time contracts.

Explore other workforce to support Paramedics	<ul style="list-style-type: none"> Explore the number of operational volunteers statewide and their ability to support paramedics during the COVID-19 event.
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10.6.6. Office of the Medical Director

Issue/Function	Considerations/Options Required
Increased Demand for Service	<ul style="list-style-type: none"> Review patient demographic and classification to identify trends and mitigation strategies. Identify appropriate patients for multi-patient transports. Develop a response priorities matrix linked to Operations Centre Protocol 36. Development of a pandemic specific clinical algorithm to support Paramedic decision making and patient disposition.
Implementation of MDO/ OpCen Protocol 36 to support increased demand for service.	<ul style="list-style-type: none"> The implementation of a triage system. Call cycle time is unknown. <p>** Work to be completed with State Communication Development Unit.</p>
Maintaining Officer Safety	<ul style="list-style-type: none"> Continue messaging to frontline staff via normal protocols. Engage with other QAS work units to ensure consistent messaging. <p>** Work to be completed with the QAS Media and Communication Unit.</p>
Impact of predicted staff infection rates	<ul style="list-style-type: none"> Review staff screening and quarantine protocols. Development of policy to reduce the risk posed by infected staff. <ul style="list-style-type: none"> General exclusion criteria for staff with suspected infections Specific exclusion criteria for 'at risk' employees. Return to work criteria to provide clearance and authority to return to work.
Understanding the impact on case cycle times	<ul style="list-style-type: none"> At this point, case cycle time appears to be similar to other cases. On manual review of cases, some scene times appear to be quicker than average due to minimal interventions and low acuity patients. Of the sample cases, many were pickup from international airports with pre-notification of requirement for PPE. Once 'community cases are identified', this will change and need for PPE to be applied may change.
Review of clinical messaging and communication	<ul style="list-style-type: none"> Continue messaging to frontline staff via normal protocols. Engage with other QAS work units to ensure consistent messaging. <p>** Work to be completed with the QAS Media and Communication Unit.</p>
Establishment of a Clinical Hub to support increased Triple Zero calls and QAS demand.	<ul style="list-style-type: none"> Clinicians from Office of the Medical Director will provide expert advice and clinical decision making. Model embedded into the OpCen. Model supported with administration and / or allied health staff from OMD.

	<ul style="list-style-type: none"> Rostering 24/7 coverage with additional capacity during peak periods.
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10.6.7. Media and Communications

Issue/Function	Considerations/Options Required
Public messaging impact on triple zero calls.	<ul style="list-style-type: none"> In absence of clarity to service options, patient default is Triple Zero
Maintain consistent WoG messaging.	<ul style="list-style-type: none"> Media officer will be deployed to the SIMR. QAS Media Unit will maintain engagement with Queensland Health as the lead agency.
Develop communications to help families of workforce be reassured of staff safety	<ul style="list-style-type: none"> With Office of the Medical Director, provide communications for families of workforce to reassure them of what is being done to keep staff safe when responding to patients affected by COVID-19.

11. ADMINISTRATION

11.1. Governance

To ensure that QAS meets its planning objectives, the following project governance has been established.

Command and Control

On 3 March 2020, QAS established a demand surge and COVID-19 Management Command Group to support decision making and planning processes associated with the event.

Refer to the Demand Surge and COVID-19 Terms of Reference and the QAS Command and Control Demand Surge Action Plan for further information.

Incident Controller Appointment

The Deputy Commissioner, State LASN Operations has been appointed as the incident controller for the QAS COVID-19 response.

Planning Team Established

An appointed Assistant Commissioner is managing the overall planning project associated with COVID-19 response, utilising a representative from each of the key QAS business functional areas. The planning content, as outlined in this ConOps and supporting documentation will provide strategic level advice and operational level support to the IMT upon activation of the SIMR.

Governance Structure

The IMS governance structure is utilised to maintain clarity of functions and delivery requirements, an informed reporting process and to ensure the QAS Board of Management (the Board) exercises oversight of the planning program.

Stakeholder Meeting

Weekly stakeholder meetings through the COSE group will ensure consistency in reporting and decisions.



Daily Planning team meetings have been established to track project tasks and workload due to the fast-paced environment.

11.2. Assurance

Assurance of the actions proposed through this plan will be delivered through:

- The planning team establishing written objectives and concept of operations.
- Ongoing assurance will be provided through the Board, Demand Surge and COVID-19 Management Command Group with COSE overseeing the strategic direction of the project.
- An Assistant Commissioner has been delegated to lead the planning team and will ensure governance over the project tasks and meet the commitments of the QAS as required.
- An Executive Manager Operations has been established as Room Manager within the IMT to support decision making processes in the SIMR.
- An overall state of QAS readiness has been established and will be continued to build upon during incident operations. This includes succession planning for key QAS roles using the three-deep concept, consistent with WoG requirements.

In addition to the above processes, QAS will contribute and support QH planning and preparedness as per legislation.

QAS will undertake a ‘critical incident’ post incident analysis (PIA) after the event to identify any significant gaps or changes that need to be made to existing plans and / or arrangements. Risks, issues and knowledge management capture is established as part of the project framework.

12. COORDINATION AND COMMUNICATION

The QAS operates under a scalable IMS to ensure normal service delivery is maintained during specific times of increased operational demand. The QAS has a great deal of experience in traditional disaster operations such as tropical cyclones, floods, and bushfire response.

The QDMA outlines the current Queensland Disaster Management Structure based on partnership arrangements at all levels of government. The structure operates across all phases of prevention, preparedness, response and recovery (PPRR) ensuring effective coordination of planning, services, information, and resources necessary for comprehensive disaster management.

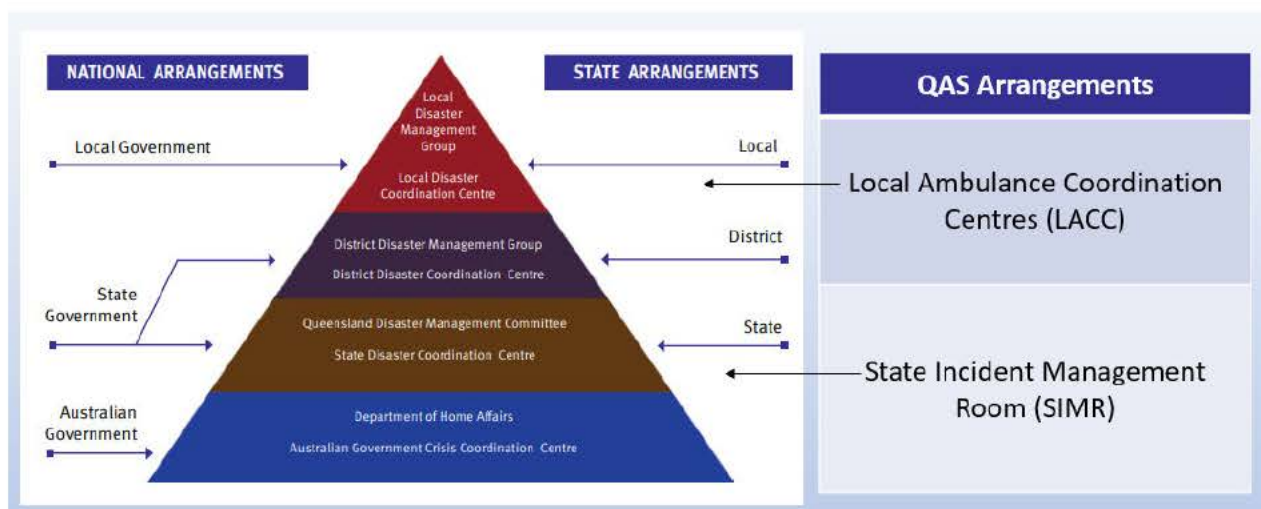


Figure 4: Queensland Disaster Management Structure



Whilst the planning and coordination of a pandemic is complex, the QAS will manage this through the specific planning of demand surge and will follow normal demand escalation pathways, intelligence sharing arrangements, and command and control frameworks.

The *QAS SMID Plan* and *QAS IMS Guideline* outline the structures in place for major incident and disasters, including a pandemic.

Further internal communications will be provided across the organisation by the QAS Media Unit, in consultation with internal stakeholders and with Department of Health corporate communications.

12.1. Strategic Level

The key function of QAS COSE is establishing a blueprint for future planning and organisational requirements and to provide a clear direction for the delivery of the QAS mission.

The QAS COSE group, under leadership of the Commissioner, ensures the decisions made reflect the QAS strategic values and objectives incorporating the needs of all levels of the organisation.

Through the communication and preparedness measures outlined in this ConOps, the *QAS Crisis Management Plan*, the *QAS SMID Plan*, *QAS Pandemic Influenza Response Plan*, *QAS Demand Management Strategy* and LASN demand management escalation plans, will inform the decisions of COSE.

An essential task of the QAS COSE, or delegated officer/s, will support the Queensland Government Arrangements for Coordinating Public Information in a Crisis specifically through providing information to the Crisis Communication Network (CCN).



For further information on communication, refer to the Queensland Government Arrangements for Coordinating Public Information in a Crisis available at – www.disaster.qld.gov.au

12.1.1. Demand Surge and COVID-19 Planning Team

The planning process is the integration of key internal QAS work areas to inform one main piece of work. The engagement between key work area delegates will ensure effective resource utilisation through collaboration and develop an extensive overarching planning document.

This process contributes to long term planning needs through central coordination of resources and information to meet the requirements and needs. The QAS COSE implemented the planning team in March 2020, reporting to their various Executives to identify ongoing risks for the QAS and ongoing mitigation strategies.

12.2. Operational Level

For this predicted demand surge, the QAS will incorporate the annual Winter demand strategy coordination centre model. This model is consistent with the QAS IMS Guideline and is a centralised coordination model that utilises resources efficiently through times of normal service delivery escalation or demand.

Timely activation of incident management teams and coordination centre liaison officers will be critical to an effective response. Timely activation is achieved by following the escalation procedures that include trigger points and required actions during pre-emptive operations, leaning forward and standing up of the arrangements. The QAS has outlined these trigger points in the *State Major Incident and Disaster Plan*, *Incident Management System Guideline* and the *QAS Pandemic Influenza Response Plan*.



PPRR STAGES AND CHARACTERISTICS		
STAGE	CHARACTERISTICS	ORGANISATIONAL RESPONSE ARRANGEMENTS (Local Ambulance Coordination Centre (LACC) / SIMR)
Prevention	No novel strain detected or emerging strain under initial investigation	Prevention Measures
Preparedness	No novel strain detected or emerging strain under initial investigation	Preparedness Measures
Response	Standby	Sustained community person-to-person transmission overseas. At Alert/ Lean Forward
	Initial Action	Cases detected in Australia Initial • When information about the strain is scarce.
	Targeted Action	Targeted • When enough is known about the strain to tailor measures to specific needs.
	Stand Down	Virus no longer presents a major public health threat. Stand Down
Recovery	Virus no longer presents a major public health threat and is not the primary focus.	Recovery Measures

Figure 5: QAS Pandemic Influenza Emergency Management Response

Through the actions of the SIMR/ SEQACC now at Stand Up, the activation of LACC will be minimised. This will support the rostering requirements of the State centre, increase numbers of available supervisors and allow LASNs to escalate LACCs for major concurrent events that occur within their local areas.

The QAS SIMR responsibilities include the early implementation and coordination of a response to a pandemic event. This will be a key strategy in supporting the broader health system to minimise transmission, morbidity and mortality within the community. To ensure a response is mobilised as quickly as possible, surveillance systems will routinely monitor any emerging diseases. Consistent with Australia’s strategic approach to emergency management, the QAS and Queensland Health, will follow the emergency management standard of PPRR.

In preparing for, and responding to, a serious disease outbreak, the SIMR’s aim is to:

- Provide a central point of coordination to support operations.
- Undertake dynamic risk assessments of potential health and other impacts, using the best available scientific advice and evidence to inform decision making.
- Minimise the potential health impact by slowing spread, reducing infection, illness and mortality.
- Minimise the potential impact on society and economy, including key public services.
- Ensure that the resourcing is effective and robust to respond to any requests for assistance.
- Be guided by the lead agency, and regularly engage and collaborate, to enhance QAS pandemic preparedness and response.

This ConOps and associated documents will support and outline the direction of the SIMR during Pandemic Operations.

LASN Managers

Consultation has occurred with LASN Managers. The following key actions maintains engagement and open communication with QAS LASN Managers:

- Daily Teleconferences with all LASN Managers with the Deputy Commissioner State LASN Operations.



- Ad hoc teleconferences with all LASN Managers with the Deputy Commissioner State LASN Operations, as required.
- Dissemination of communication pieces to all staff via LASN Managers and/or COSE.
- LASN Managers are holding regular meetings/teleconferences with LASN Management/Supervisors to ensure all strategies and action items communicated and completed (or being completed).
- LASN Managers are meeting with local level external and internal stakeholders to communicate QAS strategies and position.
- Have and continue to ensure local level disaster management arrangements are in place aligning with standards and requirements.
- Complete LASN Assurance Checklist to identify preparedness.

12.3. Tactical Level

Consultation has occurred at various levels within LASNs. The following key actions have occurred:

- OIC/Supervisors have completed QAS Pandemic Influenza Response Plan – Station Checklist for Winter Preparedness and Influenza Pandemic Operations.
- Participated in and continue to participate in meetings/teleconferences held by the LASN Manager to ensure all strategies and actions required are communicated and completed or being actioned.
- Officer in Charge continue to communicate to all station staff current strategies, information and actions required.
- Frontline Operational Supervisors follow up with staff live to support Officers and mitigate and/or report on any risks or issues if required.
- Complete Station Assurance Checklist completed to identify preparedness.

13. STAKEHOLDER ENGAGEMENT

13.1. Stakeholder Identification

**Please note the following list is not exhaustive and will be a live table which can be added to when new stakeholders are identified throughout the life of the project.

Stakeholder	Area	Reason	QAS Contact
Internal			
Minister for Health and Ambulance Services	Commissioner's Office	The QAS operates within the Ministerial portfolio of the Minister for Health and Minister for Ambulance Services	Commissioner
Director-General Queensland Health	Commissioner's Office	Under s3E of the <i>Ambulance Service Act 1991</i> : (1) The chief executive is responsible for the way the service performs its functions. (2) Without limiting subsection	Commissioner

		(1), the chief executive is responsible for— (a) defining the objectives, strategies and policies to be followed by the service; and (b) ensuring the service performs its functions in an appropriate, effective and efficient way.	
Department of Health Executive Leadership Team (ELT)	Commissioner's Office	The ELT oversees the effective operations of the Department of Health. The QAS forms a Division of the Department of Health.	
Queensland Health Leadership Board		The Queensland Health Leadership Board advises on and oversees Queensland Health's strategy and performance.	
System Leadership Forum		This forum comprises the Department's ELT and HHS Chief Executives and oversees Health 'system' performance.	
Local Ambulance Committees	Commissioner's Office and LASNs		Director Operations, LASN Liaison, LASN Managers
Operational staff	COSE and LASNs		LASN Managers
Corporate staff	COSE and Corporate Services		
Registered Industrial Organisations	Corporate Services and LASNs		
External			
Media and news agencies	Commissioner's Office (Media Unit)	Important mediums for information sharing and gathering	Director, Media Unit
General public			
Patients	Various including Office of Medical Director, Office of Commissioner, Media Unit, State LASN Operations and LASNs	Users of QAS services and driver of demand	COSE Executives and LASN Managers
Fleet, operational equipment, Central Pharmacy and uniform suppliers	Service Planning (Fleet and Equipment)	Ensure ongoing supply of QAS fleet, operational equipment, drugs and uniform are maintained	Director Operations, Fleet and Equipment
Consumables suppliers	Service Planning (Fleet and Equipment)	Ensure ongoing supply of QAS fleet, operational equipment, drugs and uniform are maintained	Director Operations, Fleet and Equipment
PSBA	Service Planning (ICT)	Provider of ICT services for QAS	Executive Director, ICT

QSS	Corporate Services (HR)	Ensure all staff pay and entitlements/allowances are managed appropriately	Director, Human Resources
Department of Communications	State LASN Operations (State Ops Dev)	Owner of Triple Zero services	Director Operations State Communications Development
Emergency Call Person (Telstra)	State LASN Operations (State Ops Dev)	Provider of the ECP	Director Operations State Communications Development
Partners and families of paramedics	COSE and families	Family support increases paramedic willingness to work during pandemic event	Director, Media Medical Director
Universities	Service Planning (QASEC)	Facilitating education of Student Paramedics in Queensland who may provide additional paramedic resourcing if required, and to consider the impacts on QAS' ability to support scheduled clinical placements during COVID-19 response.	Director, QASEC Other COSE members as required
St Johns Ambulance (Qld)	Office of the Commissioner	Provider of volunteer ambulance services in Queensland.	Executive Director, Office of the Commissioner

14. SAFETY

The QAS holds as a core value the health, safety and well-being of the workers, its patients and others.

The ability to care for its patients relies directly on QAS' own safety and this shall be a key underpinning factor supporting the delivery of QAS' mission through the circumstances outlined by this plan.

To achieve this objective, QAS will approach using multiple methodologies:

1. Governance, Planning and Preparedness

- Comply with all relevant legislative requirements including standards and codes of practice.
- Comply with advice provided from the Australian Department of Health, and Queensland Health regarding recommendations for personnel who are required to treat or manage COVID-19 patients.

2. Public Messaging and Communications

- Ensure that safety messaging relative to the environment and its risk factors is communicated as required to potentially affected workers in a timely and appropriate manner.

3. Patient and Officer Safety



- Take all reasonable care for the health and safety of ourselves, our colleagues at work and our patients.
- Effectively utilise systems that will minimise harm through the identification of hazards, effective and timely investigation of incidents and the appropriate control of risks.
- Ensure our workers are fit for duty and capable of delivering services in a professional, safe and competent manner.
- Provide early intervention following a workplace injury or illness to optimise recovery and promote an early and safe return to work.
- Seek continuous improvement in our safety systems through safe and innovative work practices.
- Develop an information plan and associated communication strategy for partners and families of paramedics.

Specifically, existing clinical advisory channels currently utilised by the organisation (e.g. the Medical Director's Circular) will continue to provide the most appropriate point of advice to workers regarding those actions that are required to be undertaken to ensure the safety and well-being of QAS workers, patients and others.

Other safety specific messaging and advice will be communicated on a dynamic and as required basis across the organisation via established communication channels and pathways (e.g. via 'DG Connect', 'Commissioner's messaging', QAS Portal page).

At the local service delivery level, area specific safety messaging will be reinforced via established management processes and oversight.

Significant multi-layered staff support services will be maintained through the continued operation of 'Priority One'. Operation of the *QAS Mental Health and Wellbeing Strategy 2018-2023* provides the wholistic organisational framework utilised by Priority One (both within, and outside of the workplace) to address psychological wellbeing of workers and their families through the circumstances envisaged by this plan. Under these arrangements, workers and their family members can access support services through a range of channels including internal, external, and 24-hour telephone-based support services (1800 805 980).

15. RECOVERY

Effective disaster recovery requires WoG involvement along with non-government organisations, government owned corporations, industry groups and the private sector proactively engaging with the disaster affected community.

Recovery from an influenza pandemic will need to be well planned with established strategies to deal with a pandemic or sustained biological event.

These strategies will commonly depend on resource availability, primarily the return of staff to the workplace. Recovery planning will need to consider when to reintroduce services previously suspended, the restock of depleted PPE supplies, patient care and infection control consumables, and recruitment strategies.

The SIMR may also be required to demobilise emergency management assets or QAS staff and volunteers that have been deployed to assist with the event, as per the *QAS SMID Plan*.

Recovery can present a unique opportunity to support and build on community strengths to further develop capability and resilience. The recovery phase of disaster operations involves taking appropriate measures to recover from an event, including action taken in support of disaster affected communities in the reconstruction of infrastructure, the restoration of emotional, social, economic and physical wellbeing, and the restoration of the environment.

In Queensland, disaster recovery is governed by directions set out in the *Queensland Recovery Plan*.

During the recovery phase, the QAS will also complete a PIA to identify any improvement lessons as per the QAS Lessons Management Framework.

Pandemic Influenza

RESPONSE PLAN

Version 2.4 - Effective 14 March 2019



Foreword

The threat of an influenza pandemic event is very real. A severe influenza pandemic event would have a significant impact on Queensland Ambulance Service (QAS) operations, and its ability to continue to maintain normal service delivery. It is vital that the QAS prepares and plans for such an event.

In planning for an influenza pandemic event, we have maintained focus on the health, safety and wellbeing of our staff and volunteers. Working with the Queensland Health Communicable Diseases branch, the QAS has reviewed infection control practices and established procurement processes for patient care and infection control consumables. In addition, all QAS on-road operational staff must undertake detailed training in this area, with a specific focus on personal protective equipment and infection control. I encourage all QAS staff and volunteers to actively participate in training associated with this plan, and to generally increase their level of awareness associated with an influenza pandemic event, in particular seasonal influenza.

The development of the *QAS Pandemic Influenza Response Plan* provides the QAS with an established set of operating principles, standard operating procedures and strategies for operations during an influenza pandemic. As pandemic events pose extraordinary challenges that will need to be faced in specific ways, the strategies outlined in this plan may differ from how the QAS conducts its day-to-day operations under normal conditions.

The QAS approach to influenza pandemic events includes:

- Linking with Queensland Health to strengthen inter agency collaboration and capitalise on existing systems.
- Ensuring communication within the QAS and with other agencies.
- Early recognition of seasonal systems.
- An emphasis on communication and preparedness activities as a key tool in management of the response.
- A flexible approach that can be scaled and verified to be proportionate to the needs at the time.

The QAS has worked closely with relevant stakeholders including Queensland Health to update and review the *QAS Pandemic Influenza Response Plan* to ensure that we have a contemporary approach to influenza pandemic events that keeps everyone safe.

Russell Bowles ASM
Commissioner
Queensland Ambulance Service

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Document Control

Authority

The QAS *State Major Incident and Disaster (SMID) Plan* is issued under the authority of the QAS Commissioner and is the functional plan to the *State Disaster Management Plan 2018*. This QAS *Pandemic Influenza Response Plan* is to be read in conjunction with the QAS *SMID Plan* and the *Queensland Health Pandemic Influenza Plan*. Together they form part of the 'all-hazards', multi-agency, comprehensive approach to emergency and/or disaster management. The *Queensland Disaster Management Act 2003* and the *Disaster Management Regulation 2014* provide the legislative basis for the plan.

Approval and Implementation

Monica Farrow
Director Operations, Emergency Management Unit
State LASN Operations

Approving Officer

Gerard Lawler ASM
A/Deputy Commissioner
State LASN Operations

Endorsing Officer

Commissioner
Russell Bowles ASM

Approval date:
Effective from:

Amendments

Proposed amendments or additions to this plan are to be forwarded to:

Director Operations, Emergency Management
Queensland Ambulance Service
GPO Box 1425
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Version Control

Version	Date	Prepared by	Comments
1.0	29/06/2007	D. Hall	Initial Plan Developed - Volume One, June 2007.
1.1	Various	E. McKenzie	Major Review Draft completed with the addition of content post review by Queensland Health, QAS OpCen, QAS Media, QAS Office of the Medical Director.
2.0	20/07/2018	E. McKenzie & D. Murphy	Major review and content change.
2.1	17/01/2019	E. McKenzie	Minor Changes to final draft in MinCor
2.2	18/01/2019	D. Murphy & Monica Farrow	Reviewed final version. Minor changes only.
2.3	20/02/2019	E. McKenzie	Minor Update in response to Medical Director Input.
2.4	14/03/2019	E McKenzie	Minor Update in response to BOM comments.

Monitoring and Review

This plan shall be reviewed:

- Following the activation of the plan in response to an influenza pandemic event.
- Within one month of any major exercise designed to test the effectiveness of this plan.
- On the introduction of any major structural, organisational or legislative changes that affect QAS operations.
- Upon the advice or activation of the *Queensland Health Pandemic Influenza Plan*.

1. Introduction

The QAS provides all aspects of pre-hospital services throughout the state during day to day business and in the event of a disaster or major incident. The QAS also operates under a scalable incident management system to ensure normal service delivery is maintained during specific times of increased operational demand.

The QAS has a great deal of experience in traditional disaster operations such as tropical cyclones, floods, and international Urban Search and Rescue activities. With the changing international climate, the QAS has an enhanced focus on Chemical, Biological, Radiological or Nuclear incidents, terror related incidences, heatwave and prolonged periods of exposure to pathogens (Seasonal Influenza).

Planning for major events and disasters is complex and requires time, thought and preparation across several areas including Incident Management Systems, command and control frameworks, communication structures, intelligence sharing, resource demand management and logistics. The *QAS SMID Plan* and *QAS Incident Management System (IMS) Guideline* outline the structures in place for major incident and disasters, including a pandemic. There is a risk that influenza pandemics can be caused by potentially life-threatening illnesses, such as influenza. Currently each year, whilst not in pandemic proportions, contagious diseases cause serious infection and death around the globe, especially in the winter months.

Some crucial characteristics of a pandemic, including an influenza pandemic, include:

- A new subtype of virus emerges in humans which most people have not been previously exposed to and are, therefore, highly susceptible to contracting.
- The virus may be a life-threatening disease in humans, in particular vulnerable people.
- The virus is easily and rapidly spread between humans, infecting large numbers of people.

The development of this plan has been informed by the:

- *Emergency Response Plan for Communicable Diseases Incidents of National Significance 2016.*
- *Australian Health Management Plan for Pandemic Influenza 2014.*
- *Queensland Health Pandemic Influenza Plan 2018.*

In line with the *Queensland Health Pandemic Influenza Plan*, the QAS has primary responsibility to:

- Develop and maintain business continuity plans to manage staff surge capacity and staff absenteeism.
- Prepare to provide timely and quality ambulance services which meet the needs of the community during an influenza pandemic.
- Liaise with Hospital and Health Services (HHSs) to develop operational plans.

2. Purpose

The purpose of the plan is to outline the strategic arrangements for the QAS response to pandemic influenza situations in Queensland and to ensure an effective and sustained response to an increase in QAS service demand. This plan also focuses on strategies to maintain the health and welfare of QAS staff and volunteers in conjunction with supporting Queensland Health in responding to such events as part of a whole-of-government approach.

As per the Queensland Disaster Management Arrangements, Queensland Health are the lead agency for any public health or pandemic influenza event.

This plan is consistent with the principles of the Queensland Disaster Management Arrangements and needs to be read in conjunction with the *Queensland Health Pandemic Influenza Plan*.

3. Aim

The aim of the *QAS Pandemic Influenza Response Plan* is to establish a QAS response framework to minimise disruption to pre-hospital service delivery, minimise transmissibility, morbidity and mortality associated with an influenza pandemic or other public health emergency in Queensland.

4. Scope

The information contained in the plan is informed by the *Queensland Health Pandemic Influenza Plan* and has been developed to provide measures that will minimise the whole-of-government consequences associated with a pandemic influenza event.

5. Objectives

The *Queensland Health Pandemic Influenza Plan* identifies the strategic objectives, in line with *Australian Health Management Plan for Pandemic Influenza 2014*, to be implemented across all levels of planning and government systems. These are to:

- Ensure that the Queensland Health system is prepared for an influenza pandemic by using existing systems and governance mechanisms as a basis of the response.
- Ensure that the public receive informed and timely advice and information.
- Minimise transmissibility, morbidity and mortality.

The key objectives of the *QAS Pandemic Influenza Response Plan* are to:

- Ensure QAS preparedness for an influenza pandemic by using existing Incident Management and Local Ambulance Service Network (LASN) escalation systems.
- Recognise and apply this plan in response to seasonal influenza when it threatens to overwhelm Queensland's health systems.
- Incorporate a flexible and scalable approach which is proportionate to the level of risk the influenza pandemic is likely to have on vulnerable populations, and within the community.
- Emphasise communication activities as a key management tool to ensure timely, clear, accurate and transparent information is disseminated and reported to associated health services, the community and the media.
- Establish a sustainable command and control structure for all public health and/or biological events, including the management arrangements for personal protective equipment (PPE), Central Pharmacy and infection control consumables.
- Establish guidelines for the conduct of ambulance operations during a public health or influenza pandemic event, including the Operation Centres Standard Operating Procedures.

6. Legislation and Doctrine

Key legislation and doctrine to be read in conjunction with this plan include:

- *QAS State Major Incident Disaster Plan 2016*
- *Ambulance Service Act 1991*
- *Ambulance Service Regulation 2015*
- *Queensland Health Disaster and Emergency Response Plan 2016*
- *Queensland Health Pandemic Influenza Plan 2018*
- *International Health Regulations 2005*
- *Biosecurity (Consequential Amendments and Transitional Provisions) Act 2015*
- *National Health Security Act 2007*
- *Public Health Act 2005*
- *Disaster Management Act 2003*
- *Disaster Management Regulation 2014*
- *Australian Health Management Plan for Pandemic Influenza 2014* and associated documents.

7. Consultation

Queensland Health

The management of an influenza pandemic event requires extensive consultation and engagement with all levels of Queensland Health. Communication between agencies is a priority in order to mitigate the risk of exposure, implement appropriate control measures and effectively manage patients. This involves sharing intelligence around comprehensive clinical information.

QAS Media Unit

Consultation is required with the QAS Media Unit through State LASN Operations or the State Incident Management Room (SIMR) in order to ensure succinct government messaging occurs between both the QAS and Queensland Health. Public updates need to provide up to date, consistent and accurate information to the community about the status of the pandemic. The community can then commence implementing steps to reduce the risk to themselves and their families.

8. Activation

Activation Triggers

Triggers to activate the *QAS Pandemic Influenza Response Plan* include:

- Notification from the Australian Department of Health through Queensland Health of the emergence of a novel strain / virus with pandemic potential in Australia or overseas.
 - Potential or actual threat of seasonal illness, such as influenza overwhelming health service capacity.
 - Activation of the *Queensland Health Pandemic Influenza Plan*.

Authority

The *QAS Pandemic Influenza Response Plan* can only be activated via the Deputy Commissioner, State LASN Operations, QAS or nominated delegate.

Activation of the *QAS Pandemic Influenza Response Plan* will trigger the activation of LASN escalation plans, unless LASNs have been activated prior to receiving notification.

9. Ethical Decision Making

Organisations will have many difficult decisions to make during an influenza pandemic, with a wide range of response and recovery issues. There is an agreed ethical framework to guide the health sector in their organisational responses as set out by the Australian Health Protection Principle Committee. The framework includes:

- **Protection of the public**—ensuring that the protection of the entire population remains a primary focus.
- **Stewardship**—that leaders strive to make good decisions based on best available evidence.
- **Trust**—that health decision makers strive to communicate in a timely and transparent manner to the public and those within the health system.
- **Equity**—providing care in an equitable manner, recognising the special needs, cultural values and religious beliefs of different members of our community (this is especially important when providing health services to vulnerable individuals, such as Aboriginal and Torres Strait Islander peoples and people who are culturally and linguistically diverse).
- **Proportionality**—ensuring that measures taken are proportional to the threat.
- **Reciprocity**—ensuring that when individuals are asked to take measures or perform duties for the benefit of society as a whole, their acts are appropriately recognised and legitimate need associated with these acts are met where possible.
- **Provision of care**—ensuring that health care workers are able to deliver care appropriate to the situation, commensurate with good practice and profession’s code of ethics.
- **Individual liberty**—ensuring that the rights of the individual are upheld as much as possible.

Queensland Health and QAS Emergency Management Response

Implementation of an early and efficient response to an influenza pandemic event will be the key strategy for minimising transmission, morbidity and mortality within the community. To ensure a response is mobilised as quickly as possible, surveillance systems will routinely monitor any emerging diseases. Consistent with Australia’s strategic approach to emergency management, the QAS and Queensland Health, will follow the emergency management standard of Prevention, Preparedness, Response and Recovery (PPRR) regardless of the type of incident.

PPRR STAGES AND CHARACTERISTICS		
STAGE	CHARACTERISTICS	ORGANISATIONAL RESPONSE ARRANGEMENTS (Local Ambulance Coordination Centre (LACC) / SIMR)
Prevention	No novel strain detected or emerging strain under initial investigation	Prevention Measures
Preparedness	No novel strain detected or emerging strain under initial investigation	Preparedness Measures
Response	Standby	Sustained community person-to-person transmission overseas.
	Initial Action	Cases detected in Australia Initial <ul style="list-style-type: none"> When information about the strain is scarce.
	Targeted Action	Targeted <ul style="list-style-type: none"> When enough is known about the strain to tailor measures to specific needs.
	Stand Down	Virus no longer presents a major public health threat.
Recovery	Virus no longer presents a major public health threat and is not the primary focus.	Recovery Measures

QAS Prevention

Prevention

- Engage with Queensland Health to prepare for where pandemic strains are more likely to emerge, through surveillance systems and early response to clusters of viruses with pandemic potential.
- Contribute to surveillance programs.
- Contribute to research regarding influenza pandemic management strategies.
- Promote seasonal vaccine uptake in at-risk and vulnerable groups, including those that may transmit a virus to at-risk and vulnerable groups (especially health care workers) and the general public.
- Promote good personal hygiene measures to QAS officers and the general public e.g. hand hygiene, respiratory etiquette (cover coughs/sneezes, use of disposable tissues) staying away from others whilst sick.

QAS Preparedness

Preparedness

- Develop, maintain, test and revise influenza pandemic plans across the organisation and in conjunction with Queensland Health.
- OICs to maintain appropriate number of P2 disposable respirators
- Develop and provide the means for supervisors to maintain the skills necessary to implement influenza pandemic response strategies.
- Establish pre-agreed inter agency arrangements through consultation and planning processes.
- Research and ensure standards are met on influenza pandemic management strategies.
- Monitoring the emergence of strains with pandemic potential through intelligence received by Queensland Health.
- The QAS Media Unit will engage with State LASN Operations and the Emergency Management Unit to ensure consistent government messaging is provided in the lead up to a public health event.

The above preparedness strategies are to be implemented in line with the *QAS Winter Preparedness Plan*. The *QAS Winter Preparedness Plan* is reviewed annually by the Emergency Management Unit and strategies are implemented in line with the plan prior to the cessation of the Summer period.

QAS response arrangements and QAS LASN surge strategies are activated through normal IMS pathways.

QAS Response

Managing QAS operational service delivery during an outbreak of an influenza pandemic will pose a significant challenge to staff and volunteers, service infrastructure, existing systems and business practices. A vital component of the success for the QAS during these times will be the ability of the service to establish, maintain and sustain methods of effective command in order to provide for sustained control over the service and the delivery of primary services. Queensland Health are responsible for the distribution of information to external stakeholders that has been passed through the State Health Emergency Coordination Centre (SHECC) from the Communicable Disease Network Australia.

Response

- Activate the *QAS Pandemic Influenza Response Plan* and *QAS IMS Guideline*.
- Activate LASN escalation plans as required.

- Commence enhanced surveillance to characterise the disease and inform decision-making.
- Contribute to case identification strategies at the international/domestic border if directed by the Australian or Queensland Government through the SHECC.
- The QAS Media Unit will undertake communication measures consistent with whole of government messaging to raise awareness of the strain and provide important public health information.
- Maintain normal pre hospital service delivery to the community.
- The SIMR will ensure information is provided to QAS staff and volunteers through the LASN Managers, the media and the community.
- The SIMR and LACCs will ensure guidance is provided to LASN Managers and OICs on maintaining appropriate stock levels, including PPE.
- Isolate cases and contacts in the pre-hospital settings and in the community, upon advice from the SHECC.
- As per the QAS Drug Therapy Protocols provide anti-viral agents.
- Provide other influenza pandemic response strategies as required and directed by Queensland Health through the SHECC.
- Provide recommendations to the SHECC regarding the implementation of QAS *Pandemic Influenza Response Plan* strategies.
- Stand down enhanced arrangements when appropriate.

QAS Demand Management

Any increase in demand of QAS service delivery will escalate operations in line with the *QAS SMID Plan*, *QAS IMS Guideline* and LASN escalation plans as outlined in the *QAS Winter Preparedness Plan*.

Concepts to mitigate demand may include but are not limited to:

- Suspending non-emergency cases.
- Suspending education services / LASN training.
- Deploying student paramedics and staff at Queensland Combined Emergency Services Academy.
- Deploying Officers-in-Charge (OICs) and State and LASN Office paramedics.
- Joint crewing with Patient Transport Service officers to enable further spread of QAS vehicles.
- Engaging in mutual assistance programs coordinated through Queensland Health and the SHECC.

QAS Recovery

Recovery from an influenza pandemic will need to be well planned with established strategies to deal with a pandemic or sustained biological event. These strategies will commonly depend on resource availability, primarily the return of staff to the workplace.

Recovery planning will need to consider when to reintroduce services previously suspended, the restock of depleted PPE supplies, patient care and infection control consumables and recruitment strategies. The SIMR may also be required to demobilise emergency management assets or QAS staff and volunteers that have been deployed to assist with the event, as per the *QAS SMID Plan*.

Recovery

- Appropriate Coordination Centres (SIMR / LACC) to ensure that Demobilisation Plans and Recovery Plans are completed and actioned.
- State LASN Operations, Emergency Management Unit to support LASNs to complete a Post Incident Analysis of the event and assist with State Response Team debriefs where required.
- Contribute to community recovery as coordinated by the Department of Communities, Disability Services and Seniors..
- Station Officers to ensure that all PPE stock has been replaced as necessary.

10. Command and Control

The QAS *Pandemic Influenza Response Plan* uses the response frameworks as outlined in the *QAS SMID Plan* and *QAS IMS Guideline*.

This plan takes a flexible, scalable approach allowing command and control principles to be readily integrated into broader emergency management arrangements. It will also assist those who are implementing activities during a health emergency to communicate more easily with others external to the health sector.

Consistent with Australia’s strategic approach to emergency management and the *Queensland Health Pandemic Influenza Plan*, the following is a summary of QAS strategies for influenza pandemic management and includes, but is not limited to:

- QAS command and control structures as outlined in the *QAS SMID Plan* and *QAS IMS Guideline* are flexible and scalable depending on the size, severity and spread of an incident.
- Prolonged events requiring a sustained command focus will present challenges to business as usual. It is essential that any QAS command and control structure put into place be robust, flexible and capable of providing the required level of command leadership to the service for the duration of the disaster.

11. Roles and Responsibilities

The QAS is responsible for measures to ensure Queensland’s whole-of-government response be integrated and comprehensive in the event of an influenza pandemic.

The QAS operates within the state and national frameworks for disaster management, specifically using an all hazards, comprehensive approach across the phases of PPRR. As outlined in the *Queensland Disaster Management Arrangements*, the QAS recognises Queensland Health as the lead agency for influenza pandemic management.

The *QAS SMID Plan* forms the basis for disaster management and is recognised as the overarching plan for the organisation. Specific requirements for influenza pandemic management have been developed in consultation with Queensland Health Communicable Diseases Branch and all QAS responsibilities are consistent with the *Queensland Health Pandemic Influenza Plan* response strategies.

QAS Responsibilities in the State Incident Management Room

In the event of an influenza pandemic, the overall state response will be coordinated by Queensland Health. Emergency Service agencies will coordinate their agency response as per specific agency plans, and the QAS will be specifically organised through the *QAS SMID Plan*

and *QAS Pandemic Influenza Response Plan*. For the QAS to maintain effective operations on a state-wide basis, it is vital that the various roles and positions filled by QAS in the SIMR are well described and understood by those who will undertake these duties.

The specific roles in the SIMR will be as outlined in the *QAS IMS Guideline*. However, in a declared influenza pandemic event, additional actions to be undertaken in the SIMR may include the following:

- risk assessment
- risk mitigation planning
- developing a PPE Distribution Strategy
- LASN staff management planning
- developing an information and awareness strategy
- developing an anti-viral access and distribution strategy
- establishing a waste disposal strategy
- establishing infection control measures
- establishing decontamination controls
- considering Quarantine Management
- social distancing enacted (to avoid all places of mass gatherings).

State Response Team

As per the *QAS SMID Plan*, State Response Team (SRT) officer deployment can be requested from LASNs through an IMS Request for Assistance form. Upon this request, if approved, SRT officers and / or assets will be deployed to support the LASN.

Queensland Health

Queensland Health is the functional lead agency for the state's response to an influenza pandemic. Queensland Health is responsible for state-wide strategic preparedness and response to health aspects of an influenza pandemic. HHSs are responsible for operational preparedness and response according to the principles outlined in this plan and the *Australian Health Management Plan for Pandemic Influenza 2014*.

The *Queensland Health Pandemic Influenza Plan* can only be activated via the *Queensland Health Disaster Plan* under the authority of the Chief Health Officer (CHO) and Deputy Director General. The CHO, Deputy Director-General or delegate is appointed the State Health Coordinator.

Queensland State Health Emergency Coordination Centre

In order to maximise coordination between Queensland Health facilities and QAS on a state-wide basis, the *Queensland Health Disaster and Emergency Incident Plan* establishes an agreement between Queensland Health and QAS for the provision of a QAS Liaison Officer in the SHECC.

This will ensure that the resources of QAS and Queensland Health are coordinated on a state-wide basis to ensure efficiencies in the delivery of pre-hospital health responses to such a disaster. Activation of a QAS Liaison Officer will occur through a pre-arranged activation process through the Deputy Commissioner, State LASN Operations, or authorised delegate of which the officer should be at the level of a Classified Officer.

Australian Government

Australian Government roles and responsibilities are outlined throughout the *Australian Health Management Plan for Pandemic Influenza 2014*.

12. Succession Planning

It is anticipated that the QAS will experience significant absenteeism during an influenza pandemic event. High levels of absenteeism may be brought about through staff becoming ill themselves, staff remaining at home to care for sick family members or staff not wanting to expose themselves to the risks of contracting the disease and removing themselves from all social activities including willingness to work.

QAS leadership may also be affected by such an outbreak. Likewise, any such outbreak may see members of the QAS executive group required to undertake other incident-specific duties such as specific command and control roles in the State Disaster Coordination Centre, SIMR, SHECC and Health Emergency Operations Centre. A succession plan is vital to ensure the effective continued leadership of the organisation during this time. The QAS Strategic Level succession plan will be as outlined in the QAS Central Office Management, *Operational Support & Administration Business Continuity Plan*, version 1.2. To access this plan please contact the QAS Director, Corporate Strategy.

Leadership

In the demanding environment of a significant influenza pandemic, staff will look to the leaders of the organisation for direction. This includes displaying guidance, confidence, smart decisions, inspiration, straight talk and capability. Leaders who exhibit these and other leadership skills are likely to provide staff with reassurance whilst operating under extreme circumstances.

13. Communications

Notification of an influenza pandemic event will occur in line with business as usual disaster or emergency incident pathways. Notification and first awareness of the event may come through differing levels QAS or Queensland Health Departments.

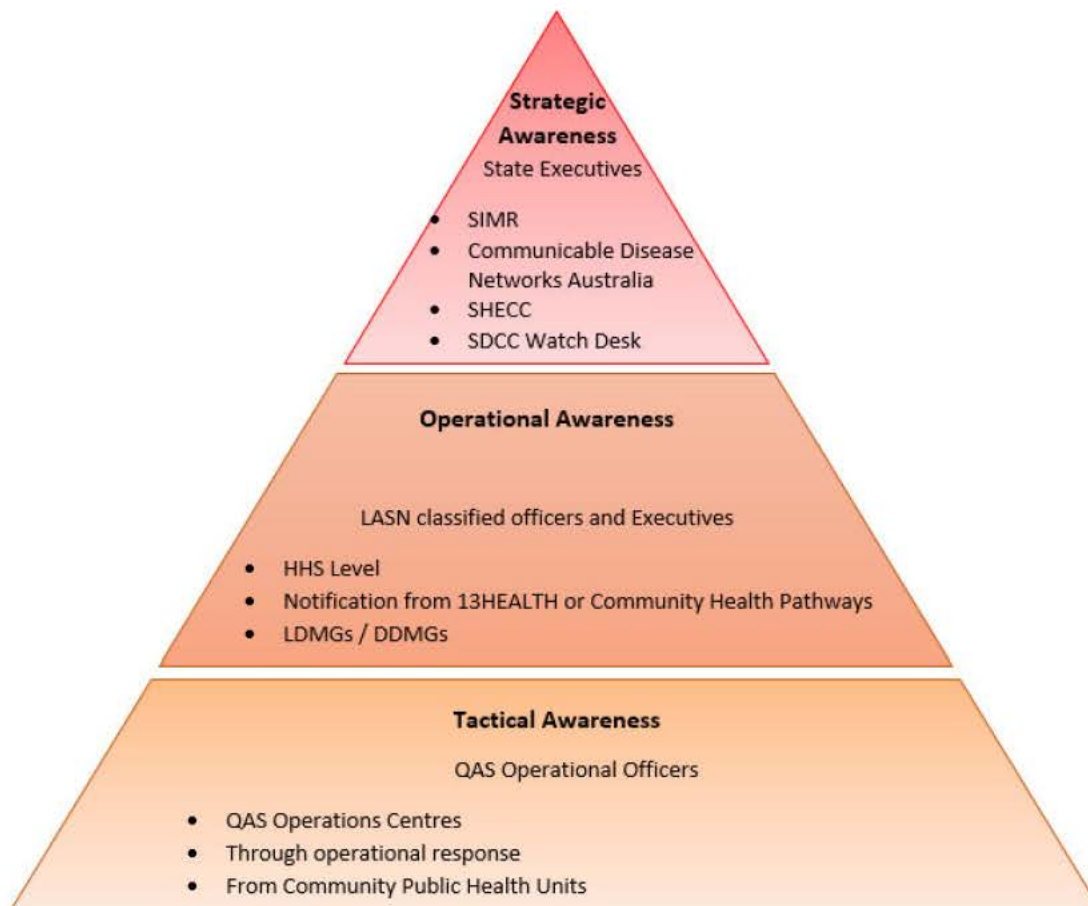


Figure 1: Notification levels within the current IMS structure.

QAS Notification Process

This section provides information on the current measures utilised by the QAS OpCens to help identify potential cases of infectious disease during a pandemic event, specifically influenza. This allows Emergency Medical Dispatchers to be able to interrogate the information provided by callers to identify potential cases, electronic Ambulance Report Form (eARF) and inform Computer Aided Dispatch system to provide a passive surveillance capacity for any data captured by QAS. Emergency Medical Dispatchers will then utilise current pathways to escalate and report any findings through appropriate pathways.

In addition to the requirement for on-road paramedics to be able to provide notification of suspect cases during the early stages of an influenza pandemic, it is also important that the QAS has in place an internal process for the upwards reporting and intelligence collection of relevant patient data, including prevalence of any active strains.

14. Workforce Management

Morale

Addressing staff morale will be vital to the success of QAS operations. Steps will need to be taken at all levels of leadership and command to address issues around declining morale. Morale can be enhanced through continuous communication with staff, providing up to date information on whole-of-service operations. A resolute leadership with effective planning will give staff the reassurance needed during challenging times.

Staffing numbers/ attendance/ rosters

In accordance with the *QAS Winter Preparedness Plan* and *South East Queensland Surge Capacity Staff Information Document*, LASNs will ensure that staffing levels are adequate for this period. Where LASNs require support to fulfill their workload and rostering requirements the South East Queensland Ambulance Coordination Centre will be activated to ensure service delivery is maintained.

Staff to be removed from pandemic operations

During a declared influenza pandemic situation, the following groups may be removed from on-road patient care activities:

- pregnant staff
- immune compromised staff
- staff in quarantine
- executive group.

Once pandemic phase levels decrease, and pandemic response is no longer declared in Australia, those officers may resume on-road patient care activities where appropriate.

15. Clinical

The safety of all staff is a priority for the QAS. The QAS is committed to providing a safe working environment for all personnel through the continuing development and implementation of effective infection prevention and control practice.

The *QAS Infection Control Framework* outlines the procedures for the prevention of the transmission of infectious diseases in the QAS environment. Effective prevention and control is based around practices that identify hazards and implement risk management procedures. Infection prevention and control strategies are based on the current understanding of the etiology behind the infections involved and the most effective ways to control them.

The *QAS Infection Control Framework* outlines control measures surrounding the following content:

- basic hygiene control measures
- hand hygiene
- PPE
- Donning and doffing of PPE
- cleaning of vehicles, treatment areas and PPE, including the disinfection and levels of decontamination for specific items and procedures
- disinfection of operational vehicles

- multi-resistant organisms
- cytotoxic management
- management of clinical and related waste, linen and laundry service
- aseptic non-touch techniques
- screening and vaccination of staff against infectious disease
- exclusion of staff with suspected or confirmed infectious disease and responsibilities of supervisors for reporting and work restrictions.

For further information regarding clinical control measures please refer to the [QAS Infection Control Framework](#).

Anti-viral distribution plan

During an influenza pandemic situation, an antiviral vaccine may be available to QAS staff, as per relevant drug therapy protocols. In this instance the distribution framework of the vaccine for Queensland Health and QAS employees will be activated through the Queensland Health CHO.

QAS distribution will be organised through the Office of the Medical Director, QAS. Queensland Health, through the National Communicable Disease Network, will advise of the most appropriate anti-viral medication and will control overall volume distribution.

Staff flu vaccination plan

Staff vaccination planning will play a significant role prior to and during influenza pandemic operations.

The Office of the Medical Director, QAS, through the Infection Control Clinical Nurse Consultant annually implements strategies for staff vaccinations. Further information can be accessed in the QAS *Winter Influenza Action Plan*.

Isolation Support Unit

As part of the QAS mitigation for influenza pandemic events and operational response to highly contagious patients the QAS Isolation Support Unit (ISU) is maintained at the Emergency Management and Fleet Precinct, Geebung. This vehicle has independent air conditioning for the driver and patient isolation compartments. The ISU maintains the capacity to transport the IsoPod which is used by Queensland Health for the transport of highly contagious patients.

Activation of the ISU is through the direction of QAS OpCen in consultation with the Emergency Management Unit.

16. Equipment / Personal Protective Equipment

In ensuring the continuity of QAS service delivery during influenza pandemic operations, one of the primary risks identified is the health, safety and wellbeing of staff. In particular, ensuring the protection of QAS staff whilst continuing to deliver frontline care during an influenza pandemic.

QAS has put in place measures to ensure that it is better prepared for an outbreak of such an infectious disease. These measures include:

- Ensuring adequate levels of patient care and infection control consumables throughout Queensland prior to the winter season.

- Implementation of staff training programs in the correct use of PPE, infection control procedures and operations during an influenza pandemic.

For further information regarding Infection Control and Personal Protective Equipment please refer to the [QAS Infection Control Framework](#).

Disposable P2 Respirators (N95 / Duck billed masks)

P2 respirators are used to protect the wearer from airborne transmission of infectious diseases such as Tuberculosis, Measles and Chicken Pox. In addition to protecting the wearer from airborne disease the mask also provides protection against droplets and splashes.

P2 Respirators are to comply with the appropriate Australian Standards (AS/NZS 1716:2003 Respiratory Protective Devices).

The OIC is responsible for ensuring appropriate P2 respirator stock level for the station. As a guide, it is anticipated that a box of 50 masks would be appropriate to have available in an operational vehicle at any one time. For routine orders, resupply of P2 respirators will take 5 days for metro areas and 7 days for non-metro areas. In some circumstances, urgent orders may be made which can be delivered within 2 working days to metro areas. However, these items are perishable and should not be stockpiled above the recommended preparedness strategy. OICs should consult with their LASN Manager if they are unsure about the levels of PPE to maintain.

It should also be noted that in an influenza pandemic event there will be a high level of demand on PPE suppliers from a number of health organisations, which may affect both availability and restock times. This should be factored into stock maintenance as appropriate.

Scott M98 Air Purifying Respirators

If there are no P2 respirators available, the Scott M98 respirator may be used when treating and/or transporting patients with active pulmonary tuberculosis or where there is a risk of inhaling hazardous chemicals. Officers are to comply with all requirements relating to the fit testing, fit checking, wearing and cleaning of the Scott M98 respirator in accordance with the QAS Personal Protective equipment and Air Purifying Respirator Code of Practice.

The Air Purifying Respirators (APRs) are to be worn in accordance with the QAS *APR Code of Practice* located at <https://qas.psba.qld.gov.au/fleet/equipment/Pages/Infection-control-page.aspx>.

National Medical Stockpile

Since 2002, the Australian Government has maintained a national medical stockpile for use in response to health emergencies, such as a major outbreak of communicable disease or an act of bioterrorism. The stockpile contains vaccines, chemical and radiological antidotes, antibiotics and equipment and is designed to supplement existing medical stock held within each state/territory to support continuity of service provision during periods of extremely high national demand. The Australian Government Department of Health is responsible for the maintenance and deployment plans relevant to the National Medical Stockpile. Central Pharmacy maintains the responsibility of pharmaceutical stockpile management of emergency supplies held in Queensland.

In preparation for an influenza pandemic, the stockpile contains:

- antiviral drugs
- personal protective equipment
- thermal imaging scanners
- other medicines and equipment, including needles, syringes, medical ventilators and negative pressure units for effective isolation of infected patients.

Queensland Health emergency personal protective equipment surge ordering capacity

Queensland Health has a framework in place to cater any surge capacity for PPE ordering in relation to major incidents and influenza pandemic activations. Whilst Queensland Health do not operate a stockpile, a constant stock of PPE supplies is held, including:

- masks-surgical and P2/N95
- protective eyewear/shields
- gowns
- gloves.

Health Support Queensland are responsible for the management of PPE supplies. The QAS has access to this system through normal PPE ordering systems. Any increase in requirements will be authorised through the Queensland Health CHO through the activation of the SHECC.

17. Exercising

The validity and effectiveness of the *QAS Pandemic Influenza Response Plan* will be assured to the extent possible through the conduct of exercises. Exercising these procedures will achieve a number of outcomes including:

- identifying any gaps in operational capability
- identifying any efficiencies which can be gained
- encouraging familiarity of these procedures amongst decision makers and command staff
- encouraging equipment familiarisation amongst relevant on-road staff
- ensuring equipment and supplies remain current
- ensuring logistics arrangements remain current.

All LASNs and station OICs should consider utilising an influenza pandemic situation as part of their annual exercising requirements as per the *QAS Exercise Planning Framework Guideline*. Different examples of an influenza pandemic exercise include, but are not limited to:

- Practical exercise with patient involvement and familiarity with PPE equipment.
- Station exercise to overview the station procedures such as stock checklists, PPE training and decontamination procedures.
- Desktop exercise to provide an opportunity to go over command decisions and operational response to an influenza pandemic situation.
- LASN exercise engaging with Queensland Health to practice the activation process and flow on operational issues.

18. Table of Acronyms

Term	Definition / Explanation / Details
APR	Air Purifying Respirator
CHO	Chief Health Officer
DISPLAN	Queensland Health Disaster and Emergency Response Plan
EARF	Electronic Ambulance Report Form
HHSs	Hospital and Health Services
IMS	Incident Management System
ISU	Isolation Support Unit
LASN	Local Ambulance Service Network
OIC	Officer-in-Charge
OpCens	Operations Centers
PPRR	Prevention, Preparedness, Response and Recovery
QAS	Queensland Ambulance Service
SHECC	State Health Emergency Coordination Center
SIMR	State Incident Management Room
SMID	State Major Incident and Disaster Plan
SOP	Standard Operating Procedure
SRT	State Response Team

Appendix 1: Station Checklist for Winter Preparedness and Influenza Pandemic Operations.

This document has been designed to provide a short preparedness assessment for Officers-in-Charge (OICs) to be conducted prior to the winter season to prepare for an influenza pandemic event. OICs should use this tool periodically to ensure a continued readiness. Where opportunities for improvement are identified, those issues should be addressed immediately with a follow-up assessment shortly thereafter.

Instructions:

Mark your response to each area using an “x” in the relevant box.

S = Planning in this area is up to date and sound

O = Opportunity for improvement

Serial	Item	S	O
1	A succession plan has been developed for the station (i.e. who will step up to OIC if the OIC is unavailable.)		
2	Alternate means of communication with communications centres, command centres, LASN Manager (radio, mobile phones, satellite phones) are available.		
3	A staff contact register is maintained at the station to allow contact to be made with officers off shift, on leave.		
4	All operational station staff (including volunteers) have received training in the P2 disposable respirators and Scott M98 APR.		
5	APR logbooks are checked and up to date (e.g. servicing and non-technical inspections conducted periodically and logged in the log		
6	All operational staff have ready access to their safety kit including APR while on duty.		
7	OICs confirm the station has adequate stock of P2 disposable respirators		
8	OICs confirm station has an adequate stock of spare parts for APR.		
9	OICs confirm supplies of cleaning and general decontamination products are available.		
10	Planning has taken place and supplies have been identified to establish an APR cleaning and drying facility within the station.		
11	OICs confirm ready accessibility to replacement stocks of patient care and infection control consumables (disposable gloves, disposable theatre gowns, disposable stretcher covers, APR filters, surgical/P2 masks and other influenza pandemic-specific supplies).		
12	Process in place for the collection and removal of large volumes of infectious waste.		
13	All staff are aware of reporting suspect cases in accordance with Operational Circular 15/06.		
14	Staff screening tool is ready for use during influenza pandemic		
15	All staff are familiar with the changes required to levels of PPE on the increase of influenza pandemic phases (as per the QAS CBR PPE Schedule)		

On Completion please email to your LASN Manager for filing and State Reporting.