Enquiries to: Mr David Noon
Manager
Cabinet and Parliamentary Services
Telephone: 3708 5971
File Ref: CAPS 1515

Queensland Health

Mr Aaron Harper
Chair
Health, Communities, Disability Services
And Domestic and Family Violence Prevention Committee
Parliament House
Brisbane QLD 4000

Dear Mr Harper,

On 11 September 2019 representatives from Gold Coast Hospital and Health Service and the Queensland Ambulance Service appeared before the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee (Committee). The officers provided evidence regarding the events that unfolded at Earle Haven retirement village and nursing home on 11 July 2019 as part of the Committee's investigation.

At the hearing, the officers took several questions on notice with a commitment to provide the information on 13 September 2019. These questions are set out in the enclosed attachment.

Should you require further information, the Department of Health's contact is Mr David Noon, Manager, Cabinet and Parliamentary Services, Department of Health on telephone 3708 5971.

Yours sincerely

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Acting Director-General

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Health, Communities, Disability Services and Domestic Violence Prevention Committee

Investigation of the closure of the Earle Haven residential aged care facility at Nerang

Queensland Health and Gold Coast Hospital and Health Service response to Questions on Notice

Background

On 11 September 2019, officers from Gold Coast Hospital and Health Service and Queensland Ambulance Service (Queensland Health) provided evidence to the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee. A total of seven questions were taken on notice, to be provided by 13 September 2019. Answers to the questions are provided below.

Question 1

How many ambulance vehicles were used in relocating patients from Earle Haven on 11 July 2019?

Response

The Queensland Ambulance Service dispatched several vehicles in response to the Earle Haven incident. These vehicles included 'Emergency Response Vehicles', which are sedans driven by supervisors, 'Emergency Ambulances' and 'Patient Transport Vehicles'. The number of ambulance vehicles utilised to transport residents was 21.

Question 2

How many Queensland Ambulance Service staff attended at Earle Haven on 11 July 2019?

Response

Queensland Ambulance Service staff assisted both at the nursing home as well as in the co-ordination centres. The number of ambulance staff who attended the nursing home during this event was 48.

Question 3

How much did the Earle Haven incident response cost the Queensland Ambulance Service?

Response

The Queensland Ambulance Service responded to Earle Haven through a 'business as usual' response. Given the number of residents that required transport and the timeframes to finalise all transports, overtime was paid to ambulance officers involved. The Queensland Ambulance Service incurred approximately $14,700 in overtime costs associated with this incident.

Question 4

How many ambulances attended at Earle Haven in the last 5 years? Broken down by attendances by the Queensland Ambulance Service and transportations from 2013-14 to 2018-19.

Response

Number of responses to Earle Haven and transports by financial year

Financial Year	Number of Responses (all codes)	Number Transported (all codes)
2013-14	585	484
2014-15	588	491
2015-16	550	442
2016-17	604	504
2017-18	637	554
2018-19	742	631
Total	**3,706**	**3,106**

Notes: The above data by financial year is based on address and location type as Earle Haven retirement village. The above data captures all ambulance responses to the entire Earle Haven complex and does not necessarily indicate ambulance responses to Hibiscus House and Orchid House which is the nursing home.

Question 5

How much did it cost the Gold Coast Hospital and Health Service to respond to the Earle Haven incident on 11 July 2019?

Response

During the Earle Haven incident, 259 staff were involved. This includes 112 staff who:

- responded to assist at the Earle Haven site,
- coordinated the Gold Coast Hospital and Health Service response from the Health Emergency Operations Centre located at Gold Coast University Hospital which led responses within their divisions and departments in support of the incident.

In accordance with the Gold Coast Hospital and Health Service Code Brown Procedure and Mass Casualty Plan, some staff were retained onsite within the health service, beyond their day shifts, until the health service's staffing needs to respond to the incident were known.

As a result of this incident Gold Coast Hospital and Health Service has incurred approximately $79,000 in extraordinary staff costs.

It should be noted that numerous staff involved in the incident chose not to claim overtime and penalties for their involvement in the incident.

Moreover, Gold Coast Hospital and Health Service incurred a further $700 in food costs to support impacted residents.

Question 6

How many Gold Coast Hospital and Health Service staff attended Earle Haven on 11 July 2019? Broken down by occupation.

Response

On Thursday 11 July 2019, the Gold Coast Hospital and Health Service Health Emergency Operations Centre despatched a crisis team to the Earle Haven site, in response to a request for assistance by the Queensland Ambulance Service.

The Gold Coast Hospital and Health Service Mass Casualty Plan makes provision for the deployment of staff to assist with assessment of risk, disposition decision making and clinical care.

The following staff comprised the Gold Coast Hospital and Health Service team deployed to Earle Haven:

- An executive director to supervise and manage the Gold Coast Hospital and Health Service on-site response (1),
- A senior director with experience in facility management and operations (1),
- An emergency physician with site team and retrieval experience (1),
- Nursing staff (24), and
- Social workers (6).

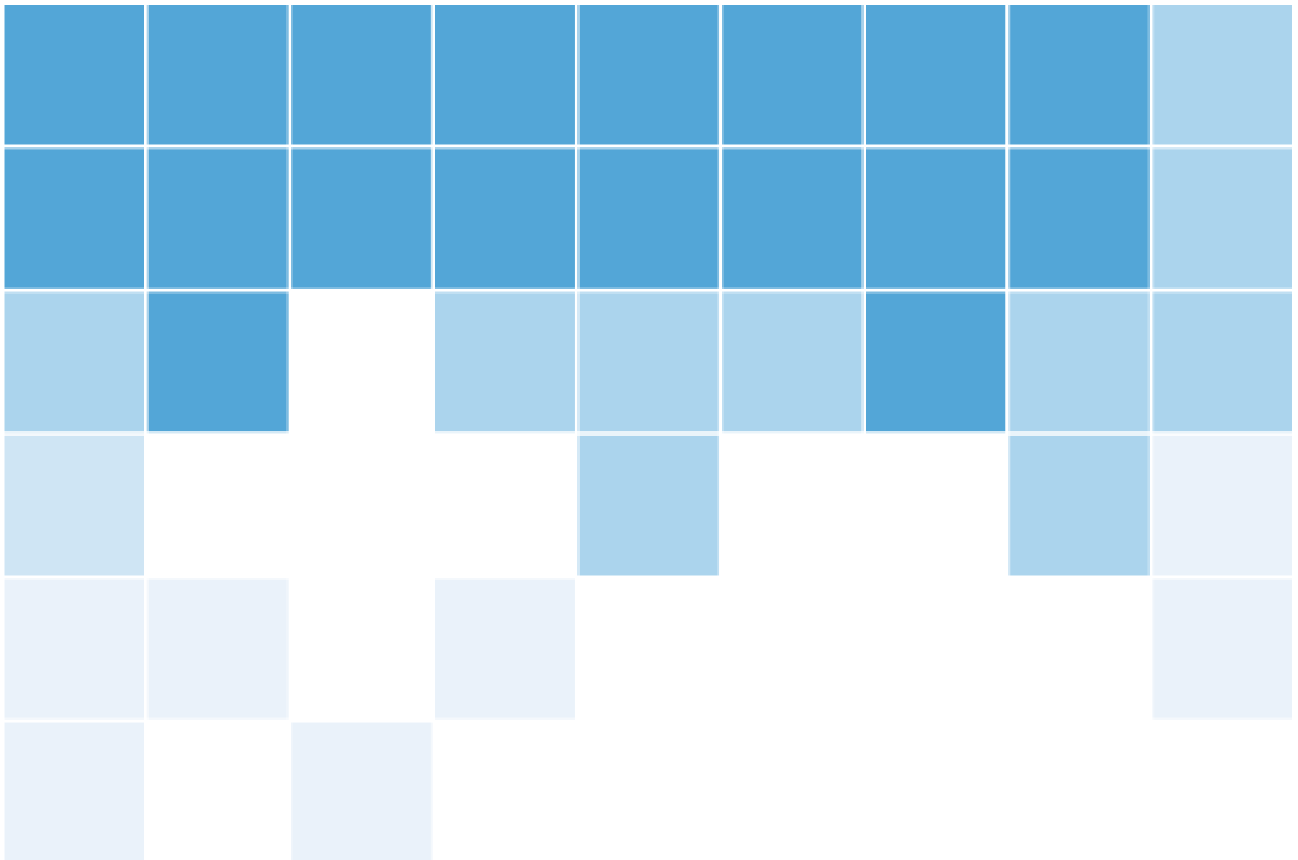
<u>Question 7</u>

Can Queensland Health provide a copy of the code response list?

Response

The 'Queensland Health Disaster and Emergency Incident Plan' outlines the overarching Queensland Health arrangements for the response to a disaster or emergency incident. The plan includes the emergency codes, on page ten, utilised to identify emergencies in health care facilities. The plan is attached.

In addition to the state level 'Queensland Health Disaster and Emergency Incident Plan', there are operational plans at the Hospital and Health Service level. The 'Gold Coast Hospital and Health Service Plan: Emergency Preparedness Continuity Management Plan' implements the Queensland Health overarching plan and provides a framework for the Hospital and Health Service to prevent, prepare for and respond to emergency and disaster incidents. The plan is attached.



Gold Coast Hospital and Health Service

Emergency Preparedness Continuity Management Plan

Version 4

2018

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1 Administration

1.1 Approval

Endorsed by:

- Emergency Planning Committee – 20/11/2018

Approved by:

- Chief Operations Officer, Gold Coast Hospital and Health Service – 15/02/2019

1.2 Document Control

1.2.1 Amendment Register

Table 1 Emergency Preparedness Continuity Management Plan Amendment Register

Version	Approval Date	Comment
1.0		
2.0	2 December 2011	PLA0845 v2; QHEPS ID pla1937ep; Endorsed: Gold Coast Health Service District Emergency Planning Committee 5 October 2011 Supported: District Disaster Management Group Health Sub Committee 21 November 2011
3.0	28 September 2016	Updated with significant change. Endorsed: Gold Coast Hospital and Health Service Emergency Planning Committee 21 July 2016
4.0	20/11/2018	Updated to reflect changes to GCHHS organisational structure, facilities and incorporate business continuity management information. Endorsed: Gold Coast Hospital and Health Service Emergency Planning Committee 20 November 2018

1.2.2 Amendments

The Gold Coast Hospital and Health Service (GCHHS) welcomes feedback regarding this plan. Feedback, recommendations and proposals to amend this plan should be forwarded to:

By mail: Disaster and Emergency Management Coordinator
Gold Coast Hospital and Health Service
C/- Gold Coast University Hospital
1 Hospital Boulevard,
Southport QLD 4215

By email: GCHHSDisaster@health.qld.gov.au

Amendments to the plan will be considered for endorsement by the GCHHS Emergency Planning Committee (EPC), before being submitted for approval.

Once approved, new and amended versions of the plan will be registered in Table 1, and will list the EPC resolution and new version number. For minor and/or administrative amendments, only the number after the decimal point will change. For amendments incorporating significant change or re-write, the primary version number will change

When the plan is amended, the version of the plan will be clearly identified with a version number and date in the footer on every page.

1.2.3 Distribution and Communication

This plan is available to all personnel through the GCHHS intranet using the Emergency Response icon on the home page. The GCHHS intranet will contain the current approved version of this document.

Figure 1 GCHHS Emergency Response Intranet Shortcut

2 Introduction

Gold Coast Hospital and Health Service's vision is to be recognised as a centre of excellence for world class healthcare. As an operator of facilities and a primary provider of numerous health-related services to the community, emergency and disaster management considerations are required to be assessed, planned for, communicated, tested, implemented and reviewed to ensure their effectiveness and currency in their content.

2.1 Aim

This Plan aims to:

- provide an effective framework for the prevention of, preparation for, response to and recovery from emergency and disaster incidents that might impact GCHHS service delivery, its staff, patients and visitors, its facilities and/or equipment.
- ensure continuity of essential health care provision within GCHHS when incidents occur
- provide guidance on the support arrangements that are available to GCHHS through Queensland Health and the Queensland Disaster Management Arrangements
- contribute to the achievement of Queensland Health responsibilities under the *Queensland State Disaster Management Plan,* which implements the guiding principles and objectives of the *Disaster Management Act 2003.*

2.2 Purpose

This Emergency Preparedness Continuity Management Plan (EPCMP) forms part of GCHHS operational doctrine.

It presents an integrated approach for emergency planning, preparedness, response, including internal and external command, control and coordination, the timely restoration of service delivery for GCHHS and the short, medium and long-term human-social recovery support for the impacted community.

Incidents could range from internal emergencies such as building fires, threats to facilities and/or the loss of critical systems to external impacts such as extreme weather conditions, infectious disease outbreaks within the City to a major transport accident that triggers major medical incident responses.

This plan provides a structure with:

- clear leadership;
- accountable decision making; and
- lines of communication.

2.3 Scope

This plan relates to all employees in the GCHHS (permanent, temporary and casual) and all organisations and individuals acting as its agents (including Visiting Medical Officers and other partners, contractors, consultants and volunteers).

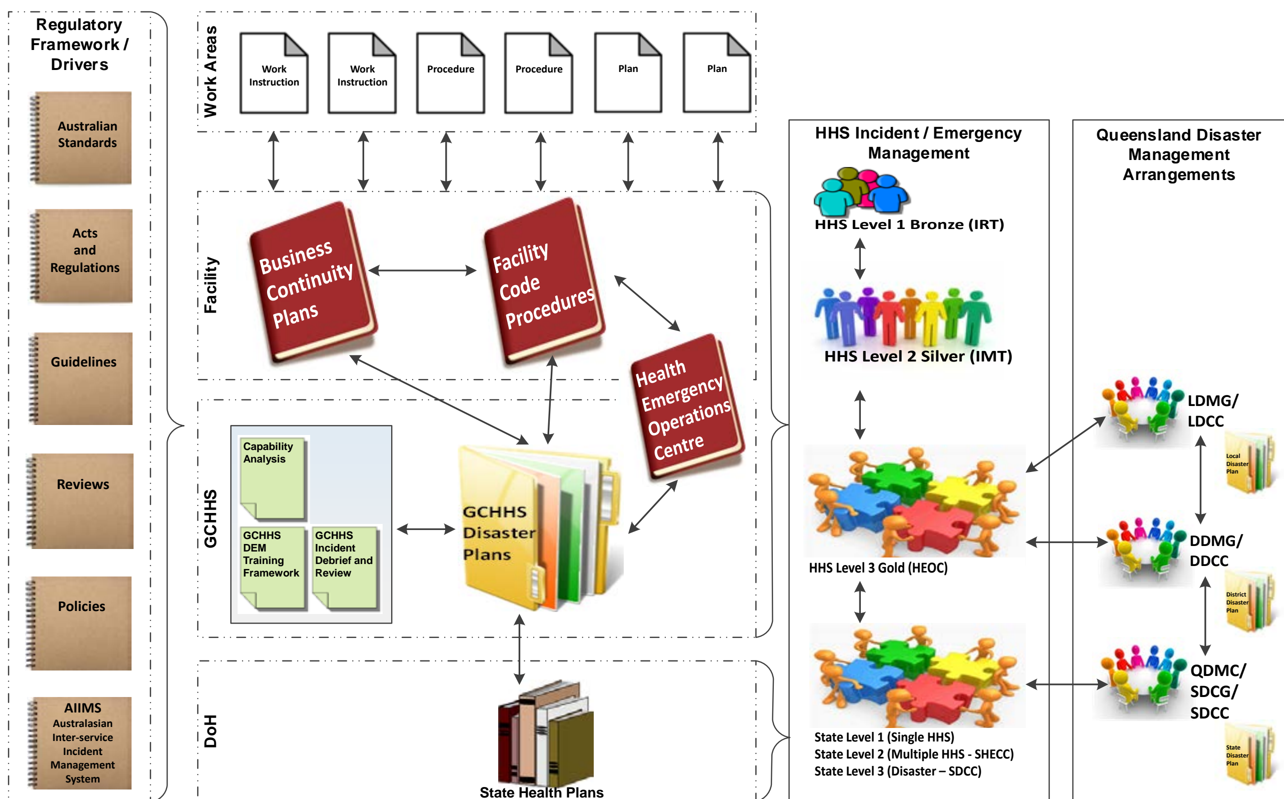
Compliance with this plan is mandatory.

It encompasses:

- business continuity
- emergency management
- disaster management

It provides for escalation from small incidents within facilities, to incidents that require whole of facility coordination, to incidents that impact the whole of GCHHS, to disaster events that impact the City of Gold Coast and beyond, for which multi-level, multi-agency coordination will be required.

Figure 2 GCHHS Emergency Preparedness Continuity Management Framework



The plan incorporates the requirements of AS 4083-2010 *Planning for emergencies – Health care facilities* and, where appropriate, aligns to the Queensland Government Emergency Management Assurance Framework.

This plan does not describe the responsibilities of the Department of Health, other Hospital and Health Services or disaster management group agencies, other than to recognise where links between GCHHS and those entities exist.

2.3.1 Business Continuity Management

Business Continuity Management refers to a holistic process which incorporates identification and analysis of threats and risk, evaluation of risk, determination and implementation of risk treatment options (mitigations and controls), and the preparation of plans to manage residual risk. It also identifies critical activities and develops strategies to manage these incidents before business service disruption becomes intolerable.

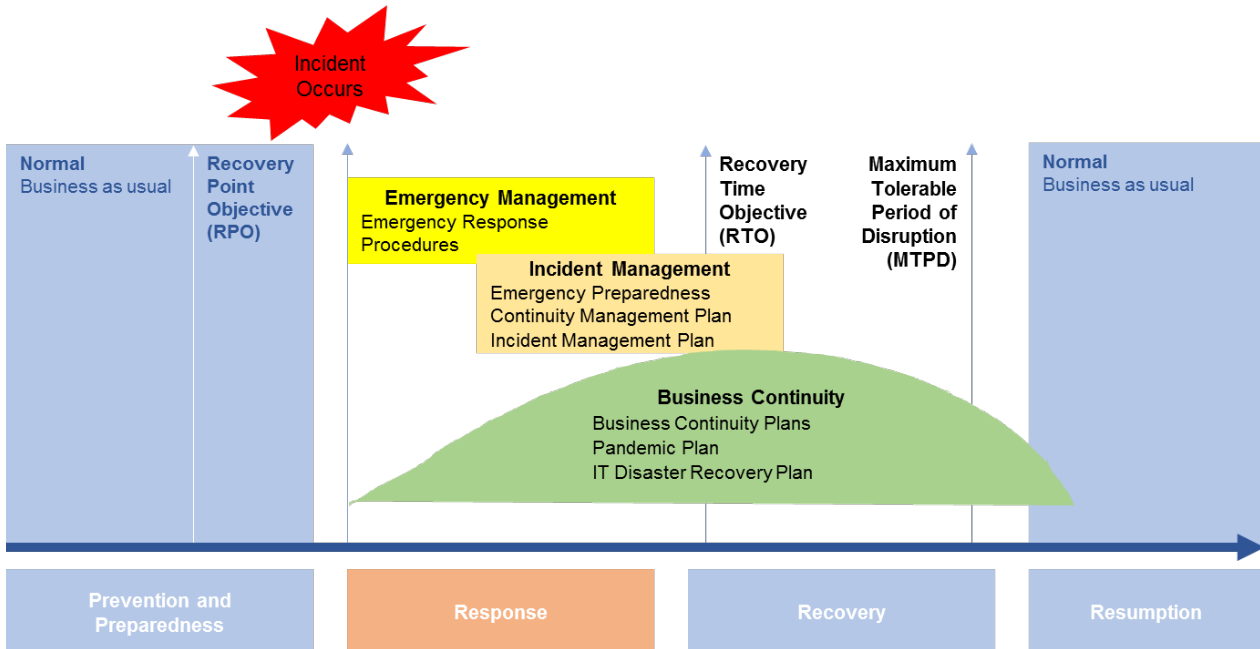
As such, it underpins effective emergency and disaster management, and serves as an effective strategy to mitigate consequential risks associated with emergency and disaster incidents. If a disruptive event impacts or has the potential to impact multiple business units, the business continuity response will be integrated within and coordinated through the organisation's emergency management response arrangements under Code Yellow – Loss of essential services.

GCHHS has developed a Business Continuity Management Framework (PLA1822) that follows the six (6) stages of the Business Continuity Management Lifecycle principles which are:

- BCM Policy and Program Management
- Embedding Business Continuity
- Analysis
- Design
- Implementation
- Validation

The following figure shows the relationship between Emergency Management, Incident Management and Business Continuity Management, following a disruptive event.

Figure 3 Emergency, Incident and Business Continuity Relationship



2.3.2 Emergency Management

Emergency Management refers to the range of measures undertaken to manage incidents, actual or imminent, which endanger or threaten to endanger the lives of staff or patients, facilities, delivery of services or the immediate environment in which GCHHS operates; <u>and</u> which require a significant and coordinated response within and across the GCHHS.

Emergency management is an intra-agency activity which may involve external, appropriately authorised, hazard or functional management agencies, where a hazard is the cause of an emergency and functions are the activities undertaken to manager the consequence of the hazard.

GCHHS emergency plans and procedures have been developed and endorsed by the Emergency Planning Committee and are subject to an ongoing testing and review process.

These plans and procedures advise 'who will do what and when' for responses to internal and external code emergencies, in alignment with Australian Standard 4083-2010 Planning for emergencies – Health care facilities.

2.3.3 Disaster Management

Disaster Management refers to the range of measures undertaken to manage events, actual or imminent, which cause serious disruption to the Gold Coast community; and which require a significant coordinated multi-agency response.

The *Disaster Management Act 2003* provides for the legislative framework for disaster management arrangements within Queensland. GCHHS works collaboratively with other agencies to support a comprehensive, all hazards approach.

Depending on the disaster event, GCHHS may be the lead agency and provide direction and/or guidance to other agencies on actions that should be undertaken to resolve an issue; or may act as a support agency.

The GCHHS plans and procedures align with the Queensland Disaster Management Arrangements, the State Disaster Management Plan and the Queensland Health Disaster and Emergency Incident Plan.

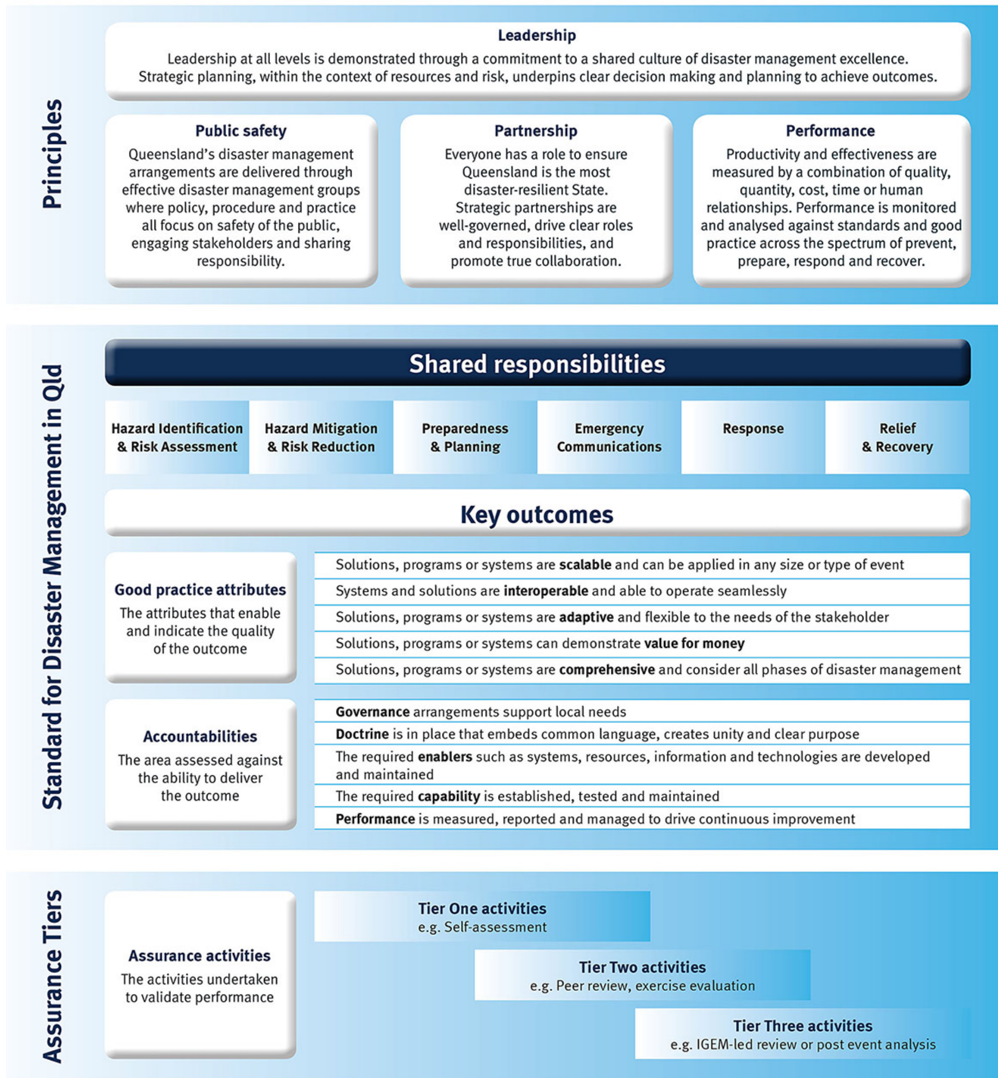
GCHHS is a member of the Gold Coast District Disaster Management Group, and attends the City of Gold Coast Local Disaster Management Group, when invited, to provide advice to that group.

2.3.3.1 Emergency Management Assurance Framework

The Emergency Management Assurance Framework (the Framework) provides the foundation for guiding and supporting the continuous improvement of entities' disaster management programs across all phases of disaster management. The Framework also provides the structure and mechanism for reviewing and assessing the effectiveness of Queensland's disaster management arrangements.

The Framework represents a collaborative commitment to continuous improvement and applies to all entities within Queensland's disaster management arrangements; including local, district and State disaster management groups.

Four Principles underpin effective disaster management in Queensland, underpinned by Shared Responsibilities with Key Outcomes.



Source: https://www.igem.qld.gov.au/assurance-framework/Pages/default.aspx

2.4 Governance

The activities which comprise emergency preparedness and continuity management for GCHHS are subject to review and endorsement by the Emergency Planning Committee, established by the GCHHS Executive.

As outlined in the Terms of Reference (GOV000177), the functions of EPC are, but not limited to the following:

- to ensure that all GCHHS facilities that provide health services on behalf of the GCHHS, have appropriate emergency business continuity and incident response plans and procedures in place
- to oversee the development, review, testing and exercising of plans, procedures and capabilities with respect to business continuity management, emergency management and disaster management
- to review incidents, identify lessons learned and monitor progress of lessons actioned

- to provide regular reports on the status of GCHHS business continuity, emergency and disaster management capabilities (including mandatory fire training and evacuation training outcomes)
- to identify and manage capability risks associated with the delivery of business continuity, emergency and disaster management programs and projects
- to review and approve the GCHHS Disaster and Emergency Management Training Framework

In addition, Code Blue medical emergency procedures are subject to review and endorsement by the Recognising and Responding to Clinical Deterioration (RRCD) Committee, which, as outlined in the Terms of Reference (GOV000624) exists to:

- provide governance of systems for recognising and responding to clinical deterioration (RRCD) within the Gold Coast Hospital and Health Service (GCHHS).
- set the strategic direction for HHS-wide systems to ensure a patient's deterioration is recognised promptly and appropriate action is taken.
- provide leadership and executive support to the GCHHS Resuscitation Committees.

The creation, review, approval and update of business continuity, emergency and disaster management plans and procedures is in accordance with the established GCHHS Policy and Instruments processes.

2.5 Supporting/Relating Documents

Legislation and Regulations	▪ *Building Fire Safety Regulation 2008* ▪ *Disaster Management Act 2003* ▪ *Disaster Management Regulation 2014* ▪ *Fire and Emergency Services Act 1990* ▪ *Food Act 2006* ▪ *Hospital and Health Boards Act 2011* ▪ *Public Health Act 2005* ▪ *Public Safety Preservation Act 1986* ▪ *Radiation Safety Act 1999* ▪ *Work Health and Safety Act 2011*
Standards	▪ AS 3745 - 2010 Planning for emergencies in facilities ▪ AS 4083 - 2010 Planning for emergencies – Health Care Facilities ▪ AS 4485.1 - 1997 Security for health care facilities – General requirements ▪ ISO 31000:2018 Risk Management – Guidelines ▪ ISO 22301:2012 Societal security - Business continuity management systems
Health Service Directives	▪ *Disasters and Emergency Incidents,* Department of Health, QH-HSD-003:2017 ▪ *Management of a public health event of state significance,* Department of Health, QH-HSD-046:2014 ▪ *Patient Centred Emergency Access*, QH-HSD-025-:2015 ▪ *Procurement and Logistics – Use of Contract and Supply Arrangements,* QH-HSD-009:2012 ▪ *Retrieval Services Queensland – Use of,* Department of Health, QH-HSD-005:2014
Other	▪ *Directive 10/14 Critical Incident Response and Recovery,* Queensland Government ▪ *District Disaster Management Plan* and Sub-Plans, Gold Coast District Disaster Management Group

Other (continued)	▪ *Emergency Management Assurance Framework*, Inspector-General Emergency Management, Queensland Government ▪ *Gold Coast Health Service Plan 2016-2026 (PLA1812)* ▪ Gold Coast Hospital and Health Service *Business Continuity Management Framework (PLA822)* ▪ Gold Coast Hospital and Health Service *Business Continuity Management Policy (POL1769)* ▪ Gold Coast Hospital and Health Service Business Continuity Plans (Refer to section *3.4 Disaster and Emergency Management Manual* of this Plan) ▪ Gold Coast Hospital and Health Service *Disaster and Emergency Management Training Framework (PLA1571)* ▪ Gold Coast Hospital and Health Service Health Disaster Plan and supporting hazard or functional plans (Refer to section *3.4 Disaster and Emergency Management Manual* of this Plan ▪ Gold Coast Hospital and Health Service *Emergency Management Incident Debrief and Review (PRO1571)* ▪ Gold Coast Hospital and Health Service facility based Code Emergency Procedures (Refer to section *3.4 Disaster and Emergency Management Manual* of this Plan ▪ Gold Coast Hospital and Health Service *Mandatory and Requisite Training Policy (POL1293)* ▪ Gold Coast Hospital and Health Service *Risk Management Policy (POL1274)* ▪ *Local Disaster Management Plan* and Sub-Plans, City of Gold Coast Local Disaster Management Group ▪ *Queensland Health Disaster and Emergency Incident Plan and Sub-Plans,* Department of Health ▪ *Queensland Health Incident Management System Guideline* ▪ *State Disaster Management Plan,* Queensland Government

2.6 Plan Review

GCHHS will review the EPCMP:

- at least every two years at a scheduled meeting of the EPC
- following activation of this plan for an incident or exercise, and the Emergency Management Incident Debrief and Review activities identify issues informing a potential or actual need for change
- following identification of environmental changes, such as:
  - regulatory change
  - current, seasonal or emerging risk assessment or review
  - organisational change identifying an impact to the intent or arrangements covered by the plan
  - technology change
- where a direction is given by an authorised entity, or person/s, to implement a change

3 Planning

3.1 Context

Gold Coast Hospital and Health Service was established as a statutory body in 2012. It is one of the fastest growing health services in Australia, delivering a broad range of secondary and tertiary health services from three hospitals, 13 community located facilities plus two major Allied Health Precincts at Southport and Robina.

Figure 4 GCHHS Service Delivery Area and Facilities

1. Gold Coast University Hospital
2. Robina Hospital
3. Southport Health Precinct
4. Robina Health Precinct
5. Varsity Lakes Day Hospital
6. Coomera Springs Community Child Health
7. Upper Coomera Community Child Health
8. Helensvale Community Health Centre and Community Child Health
9. Nerang Community Child Health
10. Robina Community Child Health
11. Palm Beach Community Health Centre
12. Labrador Community Child Health Centre
13. Broadbeach State School Dental Clinic
14. Burleigh Heads State School Dental Clinic
15. Numinbah Correctional Centre
16. Helensvale BreastScreen
17. Southport BreastScreen
18. West Burleigh BreastScreen

The services delivered include surgery, trauma, paediatric, general and specialist medicine, maternity and intensive neonatal care, aged and dementia care, emergency medicine, intensive care, cardiology, mental health, outpatients, environmental health, public health services and more. Additionally, there are a wide range of services delivered directly to the residences of patients including, post birth midwifery visits, home based palliative care, hospital in the home, school dental health, and many more. With more than 9000 staff, GCHHS is the city's largest employer.

GCHHS works closely with health partners such as general practitioners, private hospital providers and Queensland Ambulance Service to develop seamless support networks for patients and their families.

In a strategic context, GCHHS's objectives directly support Queensland Health's 10-year strategic vision, My health, Queensland's future: advancing health 2026 and the Queensland Government's objectives for the community outlined in *Our Future State: Advancing Queensland's Priorities*.

GCHHS will tackle key health challenges to keep Queenslanders healthy and give all our children a great start by:

- Promoting wellbeing – managing obesity and chronic disease rates and reducing vaccine-preventable disease.
- Delivering healthcare – providing responsive, high quality frontline services within a safe, culturally capable, fair and productive workplace.
- Connecting healthcare – improving integration to achieve seamless service delivery and maximise sustainability.
- Pursuing innovation – through research, workforce development and digital capacity and capability.

3.1.1 Our Community

GCHHS provides health care from the state border of NSW to the Coomera Region in Queensland. It comprises the Gold Coast City Council local government area and neighbouring Tamborine - Canungra 'Statistical Local Area' which is part of the Scenic Rim Regional Council.

Gold Coast Health geographic boundaries are the Logan and Albert Rivers in the north and northwest, Mount Tamborine, Canungra and Beechmont to the west, and Coolangatta in the south. Services are also provided to the northern New South Wales community and the many tourists who visit our region.

The catchment population for GCHHS is estimated at 593,209 persons in 2016, as reflected in the *Gold Coast Health Service Plan 2016-2026 (PLA1812)*. The Queensland Government Population Projections 2015 forecasts that the Gold Coast will have the largest population growth by 2036 with between 788,000 to 949,000 persons.

The Gold Coast region attracts more than 13 million visitors and approximately 12,500 new residents each year, making it one of the fastest growing cities in Australia.

3.1.2 Our Demographic Profile

The demographic profile is characterised by high population growth, high tourist numbers, an ageing population, lower incomes, high housing prices and higher unemployment, compared to Australia and Queensland.

The Gold Coast community is diverse in culture, age, socio-economic status and healthcare needs. There are over 590,000 people who live in the catchment area and depend on the health service for their healthcare needs. According to the 2016 census:

- 1.7 per cent of our population identify as Aboriginal peoples and Torres Strait Islander peoples
- 28.3 per cent of residents were born overseas
- 12.4 per cent of residents speak a language other than English at home
- the Gold Coast has 27,500 residents (4.9 per cent) with a profound or severe disability
- residents aged over 60 represent 22 per cent of the population.

GCHHS and the Gold Coast Primary Health Network have worked together to collate and analyse up to date information about Health and Wellbeing on the Gold Coast.

The *Gold Coast Population Health Profile 2015* contains population statistics for Gold Coast statistical local areas and an overview of the health and wellbeing of Gold Coast residents.

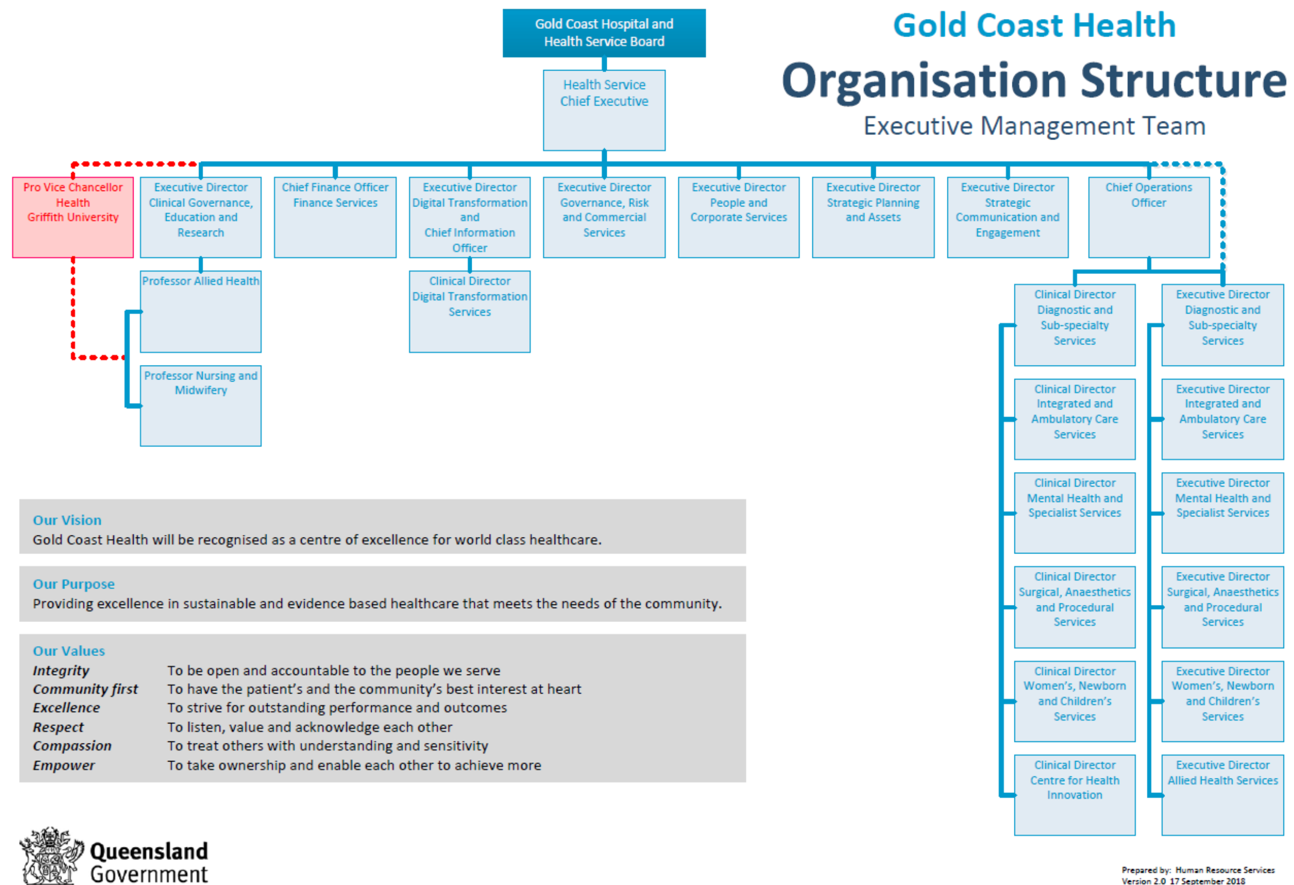
3.1.3 Our Services

Gold Coast Health delivers a broad range of secondary and tertiary health services across three (3) public hospitals, two health precincts as well as community health centres within the city.

The divisions within the GCHHS have been aligned to our diverse health service to ensure patient care remains a priority.

The following figure provides an overview of the GCHHS organisational structure.

Figure 5 GCHHS Organisational Structure



The service delivery that supports the patient journey through the GCHHS is provided by the Operations Division that has been grouped into six (6) directorates which are:

- Allied Health
  - Nutrition and Food Services
  - Occupational Therapy
  - Physiotherapy
  - Psychology
  - Social Work and Support Services
  - Speech Pathology and Audiology

- Diagnostic and Subspecialty Services (DASS)
  - Cancer and Specialty Services
  - Cardiac, Thoracic, Renal and Respiratory
  - Diagnostic Services
  - Nursing and Midwifery Workforce
  - Pharmacy
- Integrated and Ambulatory Care Services (IACS)
  - Emergency and Assessment Services

  - Integrated Care Services
  - Public Health
  - Specialty and Ambulatory Services

- Mental Health & Specialty Services (MHSS)
  - Child and Youth Mental Health Services
  - Clinical Governance and Innovation
  - Community Mental Health
  - Consumer, Carer and Family Participation Team
  - Inpatient Mental Health
  - Nurse Education
  - Patient Flow
  - Specialist Programs and Alcohol and Other Drugs

- Surgical, Anaesthetic and Procedural Services (SaPS)
  - General Surgery and Gastroenterology
  - Head, Neck, Oral and Neurosurgical
  - Musculoskeletal and Critical Care
  - Perioperative and Varsity Lakes Day Hospital

- Women's, Newborn & Children's Services
  - Children's Health Service
  - Newborn Health Service
  - Women's, Health Service

The services provided are categorised by the following:

Clinical Services	These consist of services that provide assessment, diagnosis and treatment for both emergency, surgical and general medical patients.
Clinical Support Services	These are support services that assist with the ability to assess, diagnose and treat patients.
Non-clinical Support Services	These consist of services that have no direct patient care element but play a key role in ensuring high level patient care can be achieved
Essential Services (facility based infrastructure)	These are services embedded in to a facilities infrastructure that if disrupted would endanger the life, health and safety of patients and staff. For GCHHS theses, but not limited to, Power supply, Water supply, Pneumatic Tube System, Medical Gases, Natural Gas, Sewerage, Steam Supply, Lifts, Fire Detection System, Air Conditioning, Lighting and Refrigeration.
Information, Communication & Technology Systems	These are services that support information management for patient record, administrative requirements and communication processes across the GCHHS.
Human Resources	Those that have the clinical or non-clinical skills and knowledge to perform the associated the activities involved for each business function.
Premises	These are the buildings and facilities utilised to support the delivery of health care services within GCHHS.

The following table outlines the GCHHS Clinical, Clinical Support and Non-Clinical Services. Refer to the GCHHS divisional organisational structures for further details.

Table 2 GCHHS Clinical and Non-Clinical Services

Category	Services	
Clinical Services	• Critical Care Services • Cancer and Specialty Services • Cardiac, Thoracic, Renal and Respiratory Services • Emergency and Assessment Services • General Surgery and Gastroenterology • Head, Neck and Neurosurgical Services	• Integrated Care Services • Mental Health and Specialist Services • Musculoskeletal and Critical Care • Oral Health • Perioperative Services • Specialty and Ambulatory Services • Women's, Newborn and Children's Health Services
Clinical Support Services	• Allied Health • Central Equipment Resource Unit • Central Sterilising Department • Infection Control & Immunology • Integrated Care Services	• Medical Imaging • Mortuary • Pathology • Pharmacy • Public Health
Non-Clinical Support Services	• Allied Health • Asset Management Services • Building & Logistics • Clinical Record Services • Digital Transformation Services • Disaster and Emergency Management • Environmental (Cleaning, Linen) • Food Services	• Human Resources and Recruitment • Integrated Security Services • Switchboard Operations • Porterage • Strategic Communications and Engagement • Volunteer Services • Workplace Health & Safety
Information, Communication & Technology Systems	• Clinical and non-clinical applications (such as, but not limited to EMR, HBCIS, AUSLAB, Outlook)	• Data Networks • Emergency Code systems • Portable Communication Devices
Essential Services	• Air Conditioning and ventilation • Fire Detection System • Lifts • Lighting • Medical Gases (Oxygen, Nitrous Oxide, Carbon Dioxide) • Nurse Call	• Pneumatic Tube System • Power supply • Refrigeration • Sewerage • Steam • Suction and Vacuum Pumps • Water supply
Human Resources	• Administration and Professionals • Building, Engineering & Maintenance • Dental Officers	• Health Practitioners • Medical Officers • Nursing and Midwifery • Operational Support
Premises	• Carrara Health Centre • Dental Clinics - Fixed & Mobile • Gold Coast University Hospital • Helensvale Community Centre • Palm Beach Community Centre	• Robina Health Precinct • Robina Hospital • Southport Health Precinct • Varsity Lakes Day Hospital • Women's & Child Health Clinics
Suppliers	• Third party suppliers that are contracted to support or maintain healthcare service delivery. Such as clinical equipment and consumables	

3.2 Hazard Identification and Vulnerability Analysis

3.2.1 Emergency Incidents Risks

Australian Standard AS 4083-2010 Planning for Emergencies – Health Care Facilities, identifies a series of hazards for health care facilities and seven codes for actions in response to these hazards. The EPC is responsible for ensuring risks are assessed, recorded, monitored and reviewed. Table 3 outlines the risk management arrangements around each AS4083 hazard.

Table 3 AS4083 Emergency Code Hazards

Colour	Meaning	Description of Risks	Risks managed by:
Code Red	Fire/smoke emergency	▪ fire within health care facility	▪ Senior Director Operational Support Services ▪ Code Red, Orange, Purple Review Group
Code Orange	Evacuation	▪ evacuation of a facility – in whole or part – as a consequence of a hazard	▪ Senior Director Operational Support Services ▪ Code Red, Orange, Purple Review Group
Code Purple	Bomb or suspicious item threat	▪ bomb threats ▪ suspicious unattended items found ▪ suspect mail or packages ▪ items containing hazardous materials	▪ Senior Director Operational Support Services ▪ Code Red, Orange, Purple Review Group
Code Black	Personal or facility threats	▪ threats or acts of violence against staff, patients or visitors ▪ threats or acts of violence ▪ illegal occupancy ▪ acts of terrorism against the hospital	▪ Senior Director Operational Support Services ▪ Code Black Review Group
Code Yellow	Infrastructure and other *internal* emergencies	▪ loss of essential infrastructure services, such as buildings, water, electricity, air handling, fire warning systems, telephony services, lift services, etc. ▪ loss of essential clinical services such as patient flow systems, radiology, etc ▪ unintentional spills of hazardous materials (chemical, biological or radiological)	▪ Senior Directors ▪ Asset Management Services ▪ Operational Support Services ▪ Director ▪ Information Technology Services
Code Blue	Medical emergency	▪ medical emergency due to deterioration of staff, patients or visitors within facility	▪ Chair Resuscitation Committee ▪ RRCD Committee
Code Brown	*External* emergencies	▪ any incident external to a GCHHS facility that will require the significant allocation of GCHHS resources ▪ mass casualty incidents ▪ heat waves ▪ natural and non-natural disasters occurring within the Gold Coast or other Queensland community, in accordance with the Queensland Disaster Management Arrangements ▪ major health incident, nationally or internationally, advised through the State Health Emergency Coordination Centre ▪ public health emergency	▪ Disaster and Emergency Management Coordinator ▪ Gold Coast Disaster District Health Sub-committee

3.2.2 Disaster Risks

The GCHHS proactively identifies and manages risks to support the vision of "*Gold Coast Health will be recognised as a centre of excellence for world class healthcare"* through the organisation-wide Risk Management Framework to determine initial, current and project level of risk for all operational activities.

In accordance with the *Disaster Management Act 2003*, the City of Gold Coast Local Disaster Management Group (LDMG) has undertaken a disaster risk assessment for the City, in conjunction with partner agencies and in accordance with *Queensland Emergency Risk Management Framework (QERMF)*. The outcomes of those assessments are reflected within the City of Gold Coast Local Disaster Management Plan (LDMP). Table 4 lists the hazards identified with High or Medium risk ratings for the City.

Table 4 Local Disaster Management Plan Natural and Non-natural hazard rating

Hazard		Rating
Natural	Bushfire	High
	Cyclone	Medium
	Epidemic / Pandemic	Medium
	Flood (Coomera River, Currumbin Creek, Logan/Albert Rivers, Nerang River and Tallebudgera Creek catchments)	Medium
	Heatwave	Medium
	Insect/vermin plague (including dengue fever)	Medium
	Severe weather (e.g. east coast low, severe thunderstorm, storm surge)	High
Non-Natural	Aircraft accident (off airport)	Medium
	Building Collapse (significant building or facility)	Medium
	Building fire (high rise / major building)	Medium
	Essential infrastructure collapse or failure	Medium
	Oil spill (marine based)	Medium
	Terrorism incident	Medium
	Transport incident – major road/rail traffic accident	Medium
	Utility failure (gas / power – greater than 48 hours)	Medium

Further risk assessment information contained in the LDMP is available online at http://www.goldcoast.qld.gov.au/documents/bf/disaster-management-plan.pdf.

As incidents listed in Table 4 are external to GCHHS facilities, they would be classed as Code Brown incidents in accordance with AS4083.

In addition to those incidents listed in Table 4, GCHHS may be requested to deploy resources in support of other communities.

It is noted that these risk identifications require the support and involvement of partner agencies and the outcomes will inform planning, training and/or exercising priorities to ensure currency in their assessment and the capability of GCHHS to adequately respond.

3.2.3 Business Impact Analysis

A strategic Business Impact Analysis was conducted and the following table provides details on the identified critical business functions and the Maximum Tolerable Period of Disruption (MTPD) timeframe where the impact of an outage would become unacceptable to service delivery. Only critical business functions that have a MTPD of 1 day or less have been noted for this plan. Refer to Divisional / Directorate based Business Continuity Plans for further details.

The functions outlined in the table below are shown against the current structure following the GCHHS Operations Realignment in 2018. The individual plans may reflect the functional reporting structures that were in effect prior to the implementation of the realignment.

Table 5 GCHHS Critical Business Functions

Division / Directorate	Service	Critical Business Function	MTPD			
			2hrs	4hrs	8hrs	1d
Clinical Services						
Operations Diagnostic and Subspecialty Services (DASS)	Cancer, Blood and Palliative Services	Infection Control				✓
	Cardiac, Thoracic, Renal, Respiratory	Cardiology, CCU, Cardiac Catheter Suite		✓		
		Renal Inpatient Dialysis & Home Therapies		✓		
		Respiratory Medicine			✓	
Operations Integrated and Ambulatory Care Service (IACS)	Emergency & Assessment Services	Emergency Department	✓			
		Medical Assessment Unit	✓			
	Specialty and Ambulatory Services	ACE (Acute Care of the Elderly)	✓			
		General Medical Unit	✓			
		Neurology Inpatient & Stroke Services	✓			
		Vascular & Medical Unit GCUH	✓			
Operations Mental Health and Specialist Services (MHSS)	Adult & Older Person Mental Health IPU	Acute Adult, Extended Rehab & treatment, Older Persons, Lavender, Pandanus, Orchid, Melaleuca		✓		
	Child & Youth Mental Health Services	Acute Young Adult and Child & Youth		✓		
		ACCESS			✓	
		EVOLVE				✓
	Community Mental Health	Acute Care			✓	
	Quality & Safety Corporate Governance	MHACT			✓	
	Specialists Programs and Alcohol and Other Drugs	Consultation Liaison Psychiatry			✓	
		Interdisciplinary Persistent Pain Centre				✓
		Numinbah Correctional				✓
Operations Surgical, Anaesthetic and Procedural Services (SAPS)	Critical Care	Critical Care	✓			
	General Surgery and Gastroenterology	General & Acute Surgical Services	✓			
	Head, Neck, Oral & Neurosurgical	Head, Neck and Spine (excluding Orthoptics)	✓			
		Oral Health		✓		
	Musculoskeletal	Musculoskeletal services		✓		
	Perioperative & Varsity	Anaesthetics, Operating Theatre	✓			
Women's, Newborn and Children's Services (WNCS)	Children's	Children's Health (excluding Children's Community Health)	✓			
	Women's and Newborn	Women's and Newborn Health (excl. Breast-screen, Genetics and Genetic counselling)	✓			
Clinical Support Services						
Operations Allied Health	Nutrition and Food Services	Food Services		✓		
Operations Centre for Health Innovation	Coordination Hub	Nursing Support and Resource Unit*	✓			
Operations MHSS	Quality & Safety Corporate Governance	Interpreter Services			✓	
Operations SAPS	Perioperative & Varsity	Central Sterilisation		✓		
	Diagnostic Services	Clinical Equipment & Resource Unit		✓		
Operations DASS	Diagnostics	Medical Imaging			✓	
		Mortuary	✓			
		Pathology	✓			
	Nursing Recruitment and Pool	Nursing Support and Resource Unit*	✓			
	Pharmacy	Medication Management Services		✓		

Division / Directorate	Service	Critical Business Function	MTPD			
			2hrs	4hrs	8hrs	1d
Non-clinical Support Services						
People and Corporate Services	Human Resources	Workplace Health & Safety				✓
	Operational Support Services	Building & Logistics		✓		
		Environmental Services		✓		
		Linen & Waste Services			✓	
		Porterage		✓		
		Integrated Security Services	✓			
Strategic Communications and Engagement	Communications and Engagement	Digital and Creative Management				✓
		External Communication and Stakeholder Engagement		✓		
		Internal Communication and Change Management		✓		
		Media Management	✓			
Strategic Planning and Assets	Asset Management Services	Building and Equipment Maintenance	✓			
Information Communication and Technology Systems						
Digital Transformation Services	EMR		✓			
	Health Information Services					✓
	Information Technology Services		✓			
People and Corporate Services	Operational Support Services	Switchboard Services	✓			
Essential Services						
Medical Gases			✓			
Power			✓			
Water			✓			
Premises						
Gold Coast University Hospital			✓			
Robina Hospital			✓			
Southport Health Precinct						✓
Varsity Lakes Day Hospital						

3.3 Planning Assumptions

The following planning assumptions have been made:

- intra-facility: events within facilities will primarily be managed by staff within the facility, with control transferring to authorised entities as the situation requires
- intra-HHS: events that may or do have an impact to more than one facility will be managed using a whole-of-HHS approach
- intra-Queensland Health: requests for support and/or information across multiple Hospital and Health Services will be managed by the State Health Emergency Coordination Centre
- intra-State: GCHHS will work within the broader Queensland Disaster Management Arrangements (QDMA) for disaster management supporting local government and communities, with alignment to AS 4083 code emergency arrangements, as appropriate

3.4 Disaster and Emergency Management Manual

A suite of documents exists across GCHHS work areas, business units and directorates to support the outcomes of this EPCMP. Collectively these documents comprise the GCHHS Emergency Management Manual.

Current versions of supporting documents are available to all staff through the GCHHS intranet with hard copy controlled distribution arrangements for nominated areas.

Table 6 shows the current documents that comprise the GCHHS Disaster and Emergency Management Manual

Table 6 GCHHS Emergency Management Manual Supporting Documents

Domain	Documents	Reference
Whole of GCHHS	▪ Framework documents o GCHHS Disaster and Emergency Management Training Framework	 PLA1725
	▪ Plans o Emergency Preparedness Continuity Management Plan *(this document)* o Heatwave Sub-Plan o Mass Casualty Plan • Mass Casualty Pharmacy Sub-plan o Pandemic Plan o Public Health Incident Response Plan	 PLA0845 PLA1862 PLA1724 PLA1986 PLA0981 PLA1635
	▪ Whole of HHS Procedures o Demand Management and Escalation Strategy o Emergency Management Incident Debrief and Review o Health Emergency Operations Centre – SOP • HEOC Form 1 Operations Log • HEOC Form 2 Situation Report • HEOC Form 3 Incident Action Plan • HEOC Form 4 Meeting Agenda Template • HEOC Form 5 Minutes of Meeting Template • HEOC Form 6 Attendance Sheet • HEOC Form 7 Request for Assistance • HEOC Form 8 SHECC Notification of Activation o Incident Management – Work Health and Safety Risk Management o Ryan's Rule	 PRO0821 PRO1571 PRO1084 GOV001360 GOV001361 GOV001362 GOV001640 GOV001641 GOV001642 GOV001704 GOV001705 PRO1662 PRO1275 PRO1264

Domain	Documents	Reference
Facility-based: GCUH	▪ Procedures o Code Black – Personal or Facility Treat: GCUH o Code Blue – Medical Emergency: GCUH and Robina Hospital o Code Brown – External Emergency: GCUH and Robina Hospital o Code Orange – Evacuation: GCUH o Code Purple – Bomb/Suspicious Item Threat: GCUH o Code Red – Fire/Smoke Emergency: GCUH o Code Yellow – Loss of essential services: GCUH o Emergency Lockdown: GCUH o Health Emergency Operations Centre GCUH o Helicopter Transfer Procedure - GCUH o Red Blanket Activation o Trauma Alert Activation o VIP Management GCUH ▪ Others o PRO1157 Helicopter Landing Site Operations Manual	 PRO1678 PRO1203 PRO1098 PRO1233 PRO1680 PRO1229 PRO1757 PRO1197 PRO1084 PRO1155 PRO1426 PRO1258 PRO1832 PRO1157
Facility-based: Robina Hospital	▪ Procedures o Code Black – Personal or Facility Treat: Robina Hospital o Code Blue – Medical Emergency: GCUH and Robina Hospital o Code Brown – External Emergency: GCUH and Robina Hospital o Code Orange – Evacuation: Robina Hospital o Code Purple – Bomb/Suspicious Item Threat: Robina o Code Red – Fire/Smoke Emergency: Robina Hospital o Code Yellow – Loss of essential services: Robina Hospital o Emergency Lockdown: Robina Hospital ▪ Others o Robina Hospital Flood Plan	 PRO1679 PRO1203 PRO1098 PRO1659 PRO1681 PRO1658 PRO1758 PRO1026
Facility-based: Varsity Lakes Day Hospital	▪ Procedures o Code Black – Personal/Facility Threat: Varsity Lakes Day Hospital o Code Blue (under development) o Cod Orange – Evacuation: Varsity Lakes Days Hospital o Code Purple - Bomb / Suspicious Item Threat: Varsity Lakes Day Hospital PRO1887 Code Red – Fire/Smoke Emergency: Varsity Lakes Day Hospital o Code Yellow – Loss of Essential Services: Varsity Lakes Day Hospital	 PRO1885 PRO1886 PRO1905 PRO1893
Facility-based: Carrara Health Centre	▪ Carrara Health Centre o Emergency Response (all codes)	 PRO1836

Domain	Documents	Reference
Community facilities and home-based services	▪ Community Facilities: o BreastScreen Mobile and Shop Front Services • PRO1929 Emergency Response (all codes) o Helensvale Community Health Centre • PRO0983 Emergency Response (all codes) o Palm Beach Community Health Centre • PRO0982 Emergency Response (all codes) o Oral Health (Mobile and Fixed Dental Clinics) • PRO1020 Emergency Response (all codes) o Robina Health Precinct • PRO1032 Emergency Response (all codes) o Southport Health Precinct • PRO1574 Emergency Response (all codes) ▪ Home-based services: o Transition Care Program • PLA1010 Severe Weather Event Plan – Transition Care Program	PRO1929 PRO0983 PRO0982 PRO1020 PRO1032 PRO1574 PLA1010

Domain	Documents	Reference
Business Continuity	▪ Framework and Policy	
	o Business Continuity Management	POL1769
	o GCHHS Business Continuity Management Framework	PLA1822
	▪ Facility-based business continuity plans	
	o Business Continuity Plan – Facility Management Southport Health Precinct	PLA1675
	▪ Service-based business continuity plans	
	o Business Continuity Plan Acute Psychology Services	PLA1892
	o Business Continuity Plan Adult and Older Person Mental Health Community	PLA1889
	o Business Continuity Plan Adult and Older Persons Mental Health Inpatient Services	PLA1888
	o Business Continuity Plan Adult Outpatients Department and Scheduling Centre – GCUH and Robina	PLA1941
	o Business Continuity Plan Ambulatory Postnatal and Lactation Services	PLA1933
	o Business Continuity Plan Antenatal Outpatients	PLA1934
	o Business Continuity Plan Birth Suite	PLA1932
	o Business Continuity Plan Cancer, Blood and Palliative Services	PLA1937
	o Business Continuity Plan Cardiac, Renal, Respiratory and Thoracic Services	PLA1906
	o Business Continuity Plan Child and Youth Mental Health Services	PLA1874
	o Business Continuity Plan Children's Critical Care Unit	PLA1931
	o Business Continuity Plan Children's Inpatient Unit and Outpatient Day Stay	PLA1951
	o Business Continuity Plan Clinical Equipment Resource Unit GCUH and Robina	PLA1938
	o Business Continuity Plan Electronic Medical Record Service	PLA1918 PLA1907
	o Business Continuity Plan Emergency and Assessment Services	 PLA1970
	o Business Continuity Plan Food Services Department GCUH and Robina	 PLA1950
	o Business Continuity Plan Gastroenterology, Surgery and Musculoskeletal Services	

Domain	Documents	Reference
Business Continuity (continued)	▪ Service-based business continuity plans (continued)	
	o Business Continuity Plan General Medicine, Aged Care, Vascular and Endocrine Services	PLA1908
	o Business Continuity Plan Gold Coast Public Health Unit	PLA1898
	o Business Continuity Plan Head, Neck, Oral and Neurosurgery	PLA1949
	o Business Continuity Plan Health Informatics and Business Analytics	PLA1935
	o Business Continuity Plan Human Resource Services and Organisational Capability	PLA1967
	o Business Continuity Plan Information Technology Services	PLA1917
	o Business Continuity Plan Maternity Inpatient Unit	PLA1942
	o Business Continuity Plan Medical Imaging Department	PLA1909
	Business Continuity Plan MHSS Executive, Governance and Business Support	PLA1890
	o Business Continuity Plan Neonatal Intensive Care Unit and Special Care Nursery	PLA1943
	o Business Continuity Plan Neurology and Rehabilitation Services	PLA1910
	o Business Continuity Plan Nursing Support Resource Unit, GCUH	PLA1973
	o Business Continuity Plan Nursing Support Resource Unit, Robina Hospital	PLA1972
	o Business Continuity Plan Operational Support Services	PLA1897
	o Business Continuity Plan Oral Health	PLA1914
	o Business Continuity Plan Perioperative Services	PLA1915
	o Business Continuity Plan Pharmacy Services	PLA1926
	o Business Continuity Plan Physiotherapy	PLA1956
	o Business Continuity Plan RiskMan	PLA1762
	o Business Continuity Plan Sexual Health	PLA1976
	o Business Continuity Plan Social Work and Support Services	PLA1971 PLA1891
	o Business Continuity Plan Specialty Programs and Alcohol and Other Drugs	PLA1940
	o Business Continuity Plan Speech Pathology Services GCUH and Robina	PLA1927
	o Business Continuity Plan Strategic Communication and Engagement	PLA1486
	o Business Continuity Plan Switchboard Services	PLA1911
	o Business Continuity Plan Transitional Care Services	PLA1939
	o Business Continuity Plan Volunteer Services	
Disaster Management Plans	▪ City of Gold Coast Local Disaster Management Plan (LDMP)	Not applicable
	o City of Gold Coast LDMP Annexure 5.7 Local Health Disaster Plan	
	▪ Gold Coast District Disaster Management Plan (DDMP)	N/A
	• Gold Coast District Health Disaster Plan	PLA0507
	• Human-Social Sub-Plan (Primary & Community – Psychosocial and Mental Health)	PLA0677

4 Prevention

Gold Coast Hospital and Health Service is committed to reducing risks associated with emergencies and disasters, by reducing the likelihood and/or consequence of these events wherever possible.

The following strategies are adopted by GCHHS to reduce risk.

4.1 Compliance with legislation, regulations and standards

GCHHS is committed to ensuring on-going compliance with, and promoting knowledge and awareness of relevant legislation, regulations and standards. Refer to Section 2.5 (above).

Compliance with legislation, regulations and standards is a multi-divisional activity.

4.2 Insurance

Within GCHHS, Insurance matters are managed by the Division of Governance, Risk and Commercial Services. This includes management of Queensland Government Insurance Fund (QGIF) policies and submissions.

4.3 Monitoring, alarm and warning systems

GCHHS is committed to installing monitoring, alarm and warning systems into its facilities, as required, to meet identified risks.

All facilities within GCHHS have fire warning systems installed; and duress and nurse call systems are installed in higher risk clinical service areas.

A range of other alarm telemetry systems are also used. For example, refrigerators that hold temperature-dependent drug stocks are fitted with monitors and alarms in case temperatures rise to unacceptable levels due to power failure or door left ajar; and a range of alarms are fitted to essential infrastructure to warn of impending outage.

These monitoring, alarm and warning systems are implemented, monitored and maintained by Asset Management Services.

GCHHS also employs and contracts security staff to assist with the management of security risks. Supported by networks of CCTV cameras at both hospital facilities, security staff monitor risks within facilities and their grounds.

4.4 Business Continuity Risk Controls

GCHHS is committed to developing, implementing and maintaining preventative control systems for essential facility based infrastructure and services, ICT requirements and Human Resources that all support the delivery of safe, effective and efficient services in a sustainable manner.

4.4.1 Essential Services

Essential Services are services that are embedded in a facility's infrastructure which are relied upon by business functions to operate effectively and safely. If disrupted, these have the potential to endanger the life, health and safety of patients and staff.

Asset Management Services (AMS) is responsible for the management of all infrastructure maintenance and works programs for GCHHS. AMS maintains Incident Response Plans, regular maintenance schedules, inspections and some redundancy arrangements for the following critical infrastructure:

AMS have a 24/7 On-call arrangement with Brookfield Global Integrated Solutions (BGIS) who are notified through established monitoring systems and respond to all disruptions to GCHHS infrastructure.

The following table outlines the preventative controls that are in place for essential services.

Table 7 GCHHS Essential Services Preventative Controls

Function	Preventative Control	Business Units
Chilled Water Supply	▪ Alarms automatically send text messages to inform staff of any issues for rapid response arrangements ▪ Connectivity to emergency power supply ▪ Maintenance and monitoring of chillers and pumps	▪ Cardiac Catheter Suite ▪ Central Sterilisation Department ▪ Gold Coast Private Hospital ▪ Linear Accelerator ▪ Medical Imaging Department ▪ Operating Theatres ▪ QH IT
Lift System	▪ Monthly and quarterly maintenance inspections undertaken ▪ MSS (Security Contractor) have monitoring capability through CCTV and can directly dial-in to the lifts	▪ All
Medical Gases	▪ A supply of spare cylinders for all medical gases are kept on site ▪ Existing supply contract in place to provide weekly deliveries of liquid oxygen ▪ Medical air MSSB and associated equipment is support by generated on essential services ▪ Oxygen Tank has a main and reserve tank as part of the supply to the hospital on a ring main and has a routine top up weekly ▪ Servicing and preventative maintenance conducted	▪ Cardiac Catheter Suite ▪ Emergency Department ▪ Environmental Services ▪ Gold Coast Private Hospital ▪ Inpatient Unit ▪ Intensive Care Unit ▪ Medical Imaging Department ▪ Operating Theatres
Natural Gas	▪ All of the natural gas sub meters are monitored at the CEP Control Office ▪ Preventative maintenance is carried out on boilers and hot water systems NB: GCUH also supply natural gas to Gold Coast Private Hospital	▪ Cardiac Catheter Suite ▪ Central Sterilisation Department ▪ Food Court Tenants ▪ Gold Coast Private Hospital ▪ Operating Theatres

Function	Preventative Control	Business Units
Power Supply	▪ Alarms automatically send text messages to inform staff of any issues for rapid response arrangements ▪ GCUH and Robina Hospital have automatic change over to generators when mains power is disrupted and batteries for Uninterrupted Power Supply (UPS) for critical medical services. ▪ Generator Power Supply – red points. Runs off a generator power supply, will allow for short-term power supply of essential equipment. There may be a slight delay in power supply due to load shedding throughout the facility ▪ Non-essential electrical supply – white points – these will have no power during an outage ▪ There are three types of power supply (Not all sources are available in all facilities): ▪ UPS – blue points. Runs off a battery power supply for up to 4 hours for critical equipment	▪ All
Pneumatic Tube	▪ Afterhours samples can be hand delivered to the Pathology Laboratory Central Specimen Reception (CSR) Department, Block E, Level 1 ▪ Medications will be delivered to the clinical areas by pharmacy staff if available. If not, the ward or clinical area will be contacted to collect; ▪ Pharmacy orders are to be given to the clinical ward pharmacist when available. If not available, delivery to the pharmacy department is required. ▪ Samples can be hand delivered to Pathology Outpatient Collection area located in Block D, Level 1 Pathology Collection Pod between 07:00 – 17:00hrs Monday-Friday only ▪ Spare canisters available ▪ Units of Blood and blood products requirements are to be collected from the Transfusion Department located in the Pathology Building (Block E Level 01);	▪ All
Sewerage	▪ Sewerage pumps are monitored and any alarms automatically send text messages to inform staff of any issues for rapid response arrangements ▪ Sewerage pumps are serviced monthly ▪ Suppliers identified who can provide portable toilets if required	▪ All
Steam Supply	▪ Alarms automatically send text messages to inform staff of any issues for rapid response arrangements ▪ All systems are monitored and controlled ▪ Clean/dirty steam boilers and clean/dirty steam systems onsite ▪ Maintenance arrangements established for ▪ RO water system onsite ▪ Softened water system onsite	▪ Central Sterilisation Department ▪ Renal Dialysis

Function	Preventative Control	Business Units
	▪ The Central Sterilisation Department are notified immediately if there is a possibility of loss of steam supply	
Water Supply	▪ Alarms automatically send text messages to the phones of tech staff to notify of faults ▪ GCUH have two 420,000 litre fire water storage tanks, one 550,000 litre mains water storage tank, one 420,000 cooling tower water storage tank and one 145 cooling tower water storage tank. ▪ GCUH storage tanks and pumps are monitored and inspected daily ▪ If an outage is extended, arrangements for regular water delivery to be established with Gold Coast Water. Truck connections points that feed in to hospital mains are available ▪ Supply to softened water plant reviewed daily and output levels reviewed weekly	▪ All

4.4.2 Information, Communication and Technology (ICT) Systems

ICT is an essential component utilised for both clinical and non-clinical business functions but a failure or disruption could result in an increased risk to patient care management. Gold Coast Health's Information Technology Services (ITS) are responsible for providing support of all non-enterprise systems and applications.

eHealth Queensland (external vendor) is responsible for state-wide ICT enterprise architecture and the implementation, support and maintenance of clinical and non-clinical systems and applications.

Both ITS and eHealth Queensland, if there are any failures or disruption to services, have incident response arrangements to manage accordingly.

4.4.2.1 Information

All core clinical systems have downtime arrangements where paper-based forms for patient record management processes are utilised.

4.4.2.2 Communication

All GCHHS facilities have Power Fail telephones located within all service areas and a cache of 2-way radios are also available for distribution within GCUH and Robina Hospital in the event of internal telecommunications failures. In addition, for both GCUH and Robina Hospital, for a singular facility wide communication, the Emergency Warning Information System's Public Announcement capability will be utilised to broadcast emergency code activations and key information. Further information regarding these arrangements are located within the facility based Code Yellow emergency response procedures.

As a critical service to the GCHHS emergency management system, the GCUH Switchboard Service has an alternate location from which to operate, should the main Switchboard fail to issue out emergency code notifications. Refer to the *Business Continuity Plan – Switchboard Services* for further information.

4.4.2.3 Technology

The GCHHS ICT hardware is covered under maintenance agreements/support that covers hardware failure with associated vendors and suppliers managed by Contract Services.

Replacement schedules are developed based on specific hardware needs and it's lifecycle timeframes but generally these are refreshed every 3-5 years.

GCHHS have two primary data centres with a number of smaller communication rooms at remote sites. Primary data is stored at one GCHHS facility with a copy of this data stored on tape at another for redundancy.

Clinical telemetry equipment is maintained and supported by Biomedical Technical Services, Health Support Queensland 24/7 with an on-call arrangement for any issues outside of business hours.

4.4.3 Human Resources

GCHHS workforce is the largest asset and investment within the organisation so appropriate control measures are established when a disruption occurs that increases surge demand or if there are staff shortages having an impact on the provision of patient care.

The following workforce control arrangements are in place:

Clinical Services	• Casual Pool / Agency Pool • Hospital accommodation for overtime arrangements ▪ On-call arrangements
Non-clinical Services	• Flextime management • Work-from-home arrangements for non-essential staff • Hot-desk options (if available) • Casual Pool

4.4.4 Suppliers

GCHHS have a vast array of third party suppliers who provide support and maintenance arrangements to clinical and non-clinical equipment and consumables, facility based infrastructure and ICT systems and products. Details of continuity of services if there is a supply chain disruption are captured through contractual arrangements, Service Level Agreements and Memorandum's of Understanding for each.

4.5 Staff training and development

GCHHS provides staff training and development to reduce risks of emergency incidents. This includes training in the following:

- Infection control awareness
- Information security 101
- Orientation to occupational violence prevention

These training courses are materials are maintained and delivered by Workplace Health Safety and Business Process Improvement Services and are outlined within *Mandatory and Requisite Training Policy (POL1293).*

In addition, GCHHS provides training in Basic and Advanced Life Support.

4.6 Exercises and lessons learned

The EPC maintains a disaster and emergency management exercise program on behalf of GCHHS. Aside from testing the preparedness of systems to respond to incidents, the exercise program also seeks to identify lessons that can be implemented to reduce risk.

The exercise program comprises:

- a suite of regular/annual exercises to test emergency response capabilities
- a program of Emergo Train exercises to test clinical/service delivery under a variety of disaster/emergency scenarios

The Disaster and Emergency Management team administers this program on behalf of EPC.

4.7 Early notification to staff and services

Whenever possible, GCHHS will provide early notification to staff and services of changes in threat profile, so that actions can be undertaken to reduce impacts should an emergency incident occur. For example, on receipt of advice that severe weather could impact the Gold Coast, a broadcast will be issued to staff and Senior / Service Directors so that risk mitigation strategies can be adopted (e.g. advising staff not to drive through flood waters).

The Strategic Communications and Engagement Unit is responsible for issuing these advices, following consultation with the Chief Operations Officer and Disaster and Emergency Management Coordinator.

The established code notification systems are also available for use to nominated positions / persons with a role in responding to different types of incident / emergencies / disasters.

4.8 Community health disaster risk reduction

GCHHS works to reduce the risks of health disasters as part of its business-as-usual service delivery.

The World Health Organization defines prevention as 'approaches and activities aimed at reducing the likelihood that a disease or disorder will affect an individual, interrupting or slowing the progress of the disorder or reducing disability' (World Health Organisation 2004).

Within this broad definition there are some more specific characterisations:

- *primary prevention*, which reduces the likelihood of developing a disease or disorder
- *secondary prevention*, which interrupts, prevents or minimises the progress of a disease or disorder at an early stage
- *tertiary prevention*, which halts the progression of damage already done.

Examples of these measures that form part of the routine business of GCHHS include:

- chronic disease risk reduction (e.g. healthy diet and exercise, quit smoking)
- counselling and mental health support
- hygiene measures (e.g. hand hygiene, respiratory etiquette)
- monitoring and surveillance
- regulatory assessments (e.g. food safety, sanitation)
- screening programs (e.g. bowel cancer, breast or cervical cancer)
- vaccination programs

As people have complex needs, and personal circumstance differ considerably, no single approach works for everyone.

In addition to the routine activity described above, GCHHS implements an annual Summer Seasonal Disaster Preparedness Plan to undertake and build on disaster resilience for both staff and the Gold Coast Community across the following four strategies:

- GCHHS will provide publications explaining disaster preparedness and how to stay safe and healthy after disasters
- GCHHS will provide media releases and messages – both internal and external – for health preparedness and warning advice
- GCHHS will provide awareness and education programs on disaster and emergency management arrangements
- GCHHS will liaise and consult with the Emergency Planning Committee, City of Gold Coast Local Disaster Management Group, Gold Coast District Disaster Management Group, Gold Coast District Disaster Management Group Health Sub-Committee and the Department of Health's, Health Disaster Management Unit to develop and implement effective strategies that increase community resilience

5 Preparedness

Being prepared for emergency and disaster incidents, requires the GCHHS to have an effective response capability in place, ready to be activated: to reduce the impacts of incidents on the organisation and its component parts (e.g., staff, patients, visitors, facilities); to coordinate a return to the business-as-usual environment; and to minimise the overall impact of the incident on the community and GCHHS service delivery.

In preparing for emergency incidents and disaster events, GCHHS adopts the UK Ministry of Defence TEPID-OIL model of capability, and recognises the importance and interdependence of each constituent part of capability.

Table 8 TEPID-OIL Capability Model

Element	Descriptor/s
Training and exercises	The provision of the means to practice, develop and validate, within constraints, the practical application to deliver an emergency management capability.
Equipment	The provision of systems and resources to outfit/equip an individual, team, facility or organisation.
Personnel	The provision of sufficient, capable and motivated personnel to deliver emergency management outputs, both now and in the future.
Infrastructure	The provision of facilities to support emergency management capabilities.
Doctrine (Plans, Policies and Procedure) and Concepts	Doctrine is an expression of the principles by which emergency management activities are conducted today. It is authoritative, but requires judgment in application.
Organisation	Relates to the operational and non-operational organizational relationships of people. This includes incident control, composition of teams, supervisor reporting.
Information	The provision of a coherent development of data, information and knowledge requirements for capabilities and all processes designed to gather and handle data, information and knowledge.
Logistics	The planning and carrying out of emergency team movement and maintenance. It can relate to design and development, acquisition, storage, transport, distribution, maintenance, evacuation and disposition of consumables and waste; the transport of personnel; the acquisition, construction, maintenance, operation, and disposition of facilities; the acquisition or furnishing of services and support.

5.1 Training and Exercising

Ongoing programs of competency maintenance and staff development are managed across the organisation with respect to professional, technical, operational and administrative streams.

Mandatory emergency management training for all staff includes:

- First Response
- General Evacuation Instructions

These courses are linked to facility-based Code Red and Code Orange procedures.

In addition, the GCHHS Disaster and Emergency Management Training Framework advises of the approach for staff who have been identified or nominated to undertake a role in responding to code emergencies or coordinating a response to an emergency or disaster event to be provided appropriate training.

The framework was developed on the basis of the following principles:

- full scope training
- clinical / technical skills training
- disaster and emergency management foundation training
- disaster and emergency management functional training
- role-based training
- scenario driven exercises
- coordination of training

Key training activities to introduce and expand capability to effectively manage emergencies include:

- AIIMS (Australasian Inter-service Incident Management System)
- GCHHS IMS (Incident Management System)
- HMIMMS (Hospital Major Incident Management and Support)
- MIMMS (Major Incident Management and Support)
- QDMTF (Queensland Disaster Management Training Framework) modules

GCHHS also has a disaster and emergency management exercise program. Aside from identifying new ways to reduce risk, these exercises test the preparedness of systems to respond to incidents.

The exercise program comprises:

- a suite of regular/annual exercises to test emergency response capabilities
- a program of Emergo Train exercises to test clinical/service delivery under a variety of disaster/emergency scenarios

The Disaster and Emergency Management team maintains a calendar of training opportunities and programmed exercises.

Joint planning, training and exercising is supported to ensure integration across work units, health sector partners and disaster management groups and sub-groups.

Wherever possible, partners are invited to participate in, or observe exercises and be provided an opportunity to have input to exercise planning.

GCHHS trains more medical students than any other hospital in Australia and works with education providers such as *Griffith University* and *Bond University* on the Gold Coast, and *University of*

Queensland in Brisbane, to train a future health workforce for all health professions including medical, nursing, allied and other support services are undertaken at Gold Coast.

5.2 Equipment

The fixed and portable equipment required to provide agreed levels of service delivery, within and external to GCHHS facilities, is available and maintained across a number of business units.

Emergency code procedures identify equipment expected to be required to respond to emergency code incidents.

Equipment required to operate GCHHS Health Emergency Operations Centres is made available at the Gold Coast University Hospital and Robina Hospital campuses. Required items of equipment is documented within the Health Emergency Operations Centre procedure.

Equipment to operate the Public Health Emergency Operations Centre is available within the Carrara Health Centre and specifically documented within the *PLA1635 Public Health Incident Response Plan.*

Processes exist to request additional equpment outside of what is available within a facility or the GCHHS through to the Department of Health and/or Local or District Disaster Management Groups which, depending on the severity and nature of an event, may or may not be operational.

5.3 Personnel

5.3.1 Essential Services

Many business units collectively contribute to the delivery of services during emergencies. Each contains varying numbers of personnel, who are appropriately trained and equipped to deliver those services.

Essential services are identified through business continuity management processes and may utilise staff and/or external parties. Depending on the source and scope of the emergency, the delivery of these services may or may not be actively contributing to the resolution and/or recovery of an incident/emergency/disaster situation.

Where appropriate, all personnel may be considered for their suitability to perform roles outside of their normal duties to support the organisational response to an emergency.

5.3.2 Emergency Incident Management

The following personnel are identified as key response personnel to emergency incident management.

- Incident Response Team
  The Incident Response Team (IRT) comprises personnel who respond to provide "on the ground" management of emergency incidents. Facility-based emergency code procedures identify the GCHHS officers who comprise the IRT.
- Incident Controllers
  Incident Controllers are personnel who will coordinate the actions within a facility to resolve an incident. Senior nursing or facility coordinator positions have been identified for the role of Incident Controller.
- Incident Management Team

The Incident Management Team (IMT) comprises personnel who provide support to the Incident Controller in their management of a facility or whole-of-HHS response to an emergency incident.

Wherever possible, persons who perform incident and emergency management responsibilities are identified based on their substantive, business-as-usual role.

Additional persons can be drawn upon to supplement response roles to allow continuity of operations for situations where primary nominees are unavailable or where the response to the event is protracted.

Within the HEOC, tabards will be worn as a means of identification of the functions being performed by officers.

5.3.3 Volunteers

Volunteers are a valuable resource to support emergency management, and are required to be appropriately trained, equipped and informed to undertake assigned emergency management roles within GCHHS.

Volunteering Program (Internal)

GCHHS maintains a business as usual program to recruit, train and allocate volunteers for various roles within GCUH. During emergency management incidents, volunteers primarily assist with directing patients and visitors on actions that should be undertaken.

For further information, refer to the GCHHS Volunteer Coordinator by:

Email	GCHHS_Volunteers@health.qld.gov.au
Telephone	5687 3903

Community Recovery Ready Reserves Program

GCHHS supports the whole-of-government Community Recovery Ready Reserves (CRRR) program and maintains a register of staff approved to join the program. The role of CRRR volunteers is to assist the Department of Communities, Child Safety and Disability Services in disaster-affected communities with activities such as:

- working in a call centre to assess the eligibility of residents to access assistance
- making door-to-door outreach visits to affected households
- providing information about recovery services and relief assistance
- conducting quality assurance checks on financial assistance grants
- meeting, greeting and listening to impacted community members at community recovery centres
- various administrative work duties (e.g. assisting householders to complete disaster relief assistance application forms).

Further Information about the program is available through GCHHS Disaster and Emergency Management.

5.4 Infrastructure

5.4.1 GCHHS facilities and services

GCHHS comprises of the following facilities across the Gold Coast region.

- Carrara Health Centre
- Gold Coast University Hospital
- Helensvale Community Health Centre
- Palm Beach Community Health Centre
- Robina Health Precinct
- Robina Hospital
- Southport Health Precinct
- Varsity Lakes Day Hospital

5.4.2 Health Emergency Operations Centres (HEOC)

The GCHHS Health Incident Controller, or delegate (Executive on Call or Disaster and Emergency Management Coordinator) is responsible for establishing a GCHHS Health Emergency Operations Centre (HEOC), to assist with the coordination of information and support for major emergency incidents (Level 2 and Level 3).

GCHHS has a HEOC facility within Gold Coast University Hospital (GCUH), Robina Hospital and Southport Health Precinct.

GCUH	Room EG.022 Ground Floor, E Block, Gold Coast University Hospital
Robina	A1 Conference Room First Floor, A Block, Robina Hospital
Carrara	Public Health Conference Room, 45 Chisholm Rd, Carrara Health Centre

Further information is available within the Health Emergency Operations Centre Procedure or Public Health Incident Response Plan.

5.5 Doctrine

This EPCMP and supporting documents collectively constitute the GCHHS Disaster and Emergency Management Manual. This is the doctrine for GCHHS disaster and emergency management and outlines the GCHHS arrangements to support the continuity of the provision of world class healthcare during incidents impact our business.

Refer to Section 3.4 (above) for the contents of the GCHHS Disaster and Emergency Management Manual.

5.6 Organisation

Routine and emergency groups are in place to support the planning, preparation, response and recovery arrangements that contribute to or are supported by this EPCMP for the GCHHS.

Table 9 Disaster and Emergency Organisations

Phase	Organisation
Planning	▪ GCHHS Code Review Groups ▪ GCHHS Disaster and Emergency Management

Phase	Organisation
	▪ GCHHS Emergency Planning Committee ▪ GCHHS Recognising and Responding to Clinical Deterioration Committee ▪ District Disaster Management Groups (DDMG) and Sub-Groups, including Health Subcommittee and Human Social Recovery Subcommittee ▪ Local Disaster Management Group (LDMG) and Sub-Groups
Preparation	▪ GCHHS community interfaces (e.g. Public Health Unit, outreach and in-home services) ▪ GCHHS internal and externally sourced training and exercise providers ▪ Hazard and functional lead agencies
Response	▪ GCHHS Incident Response and/or Management Teams ▪ DDMG and District Disaster Coordination Centre ▪ LDMG and Local Disaster Coordination Centre ▪ State Health Emergency Coordination Centre
Recovery	▪ GCHHS Incident Management Team ▪ DDMG Human-Social Recovery Sub-Committee

5.6.1 Disaster Management Groups

GCHHS actively supports the City of Gold Coast Local Disaster Management Group and Gold Coast District Disaster Management Group to assist in meeting the legislative requirements and ensure that mutually agreed and tested arrangements exist.

During disaster events, the appointed GCHHS members and deputy members of these groups will report to and participate in group meetings.

The role of GCHHS members for these Groups is to ensure that issues relating to health incidents are considered and to serve as a conduit for information and requests for assistance between the Groups and GCHHS.

During times of disaster, GCHHS LDMG and DDMG members will report through the GCHHS Incident Management Team to build and maintain consistency in approach and shared outcomes.

GCHHS members and deputies will be supported by GCHHS Liaison Officers to ensure continued presence in coordination centres, should these centres require on-going 24-hour presence by GCHHS.

Table 10 outlines the GCHHS positions identified to support LDMG and DDMG commitments.

Table 10 GCHHS Nominees for LDMG and DDMG

Group	GCHHS Primary	GCHHS Deputy/s
LDMG	▪ Chief Operations Officer nominee from Executive Management Team o Director of Nursing, Integrated and Ambulatory Care Services	1. Manager Environmental Health, Public Health Unit 2. Senior Program Officer, Disaster and Emergency Management
LDMG Liaison Officer/s	▪ Officer/s determined by the community and/or organisational requirement	
DDMG	▪ Chief Operations Officer (nominee of the Chief Executive)	1. Disaster and Emergency Management Coordinator
DDMG Human and Social Recovery Subcommittee	▪ Director of Social Work and Support Services, Allied Health	2. Service Director, Specialist Programs, Alcohol and Other Drugs, Mental Health and Specialist Services

Group	GCHHS Primary	GCHHS Deputy/s
DDMG Health Sub-Committee	▪ Executive Director, Clinical Governance, Education and Research	Refer to GOV000175 Terms of Reference
DDMG Liaison Officer/s	▪ Specialist/s determined by the nature of the disaster and/or emergency	

5.6.2 District Disaster Health Sub-committee

GCHHS chairs the District Disaster Management Group Health Sub-Committee, which allows for engagement with health sector partners to develop an integrated health response framework for health-related disaster and emergency responses. The Sub-Committee includes representation from:

- Council of the City of Gold Coast
- General Practice Gold Coast
- Gold Coast Primary Health Network
- Griffith University
- Northern New South Wales Local Health District
- Private Hospitals:
  - Gold Coast Private Hospital
  - John Flynn Hospital
  - Pindara Hospital
  - The Southport Private Hospital
- Queensland Ambulance Service
- Queensland Fire and Emergency Services
- Queensland Police Service

5.7 Information

Routine and emergency information varies in its content, format, frequency of update and accessibility.

The collection and analysis of data to inform recommendations or decisions during emergencies is the responsibility Bronze and/or Silver and/or Gold Commanders, depending on the level of response being undertaken and will vary in its scope and timing. Processes exist to prompt for information via approved templates for the recording, requesting and reporting of information.

The systems used to manage emergency information also vary. In the context of the Health Emergency Operations Centre, Microsoft Office templates and records are available in hard and soft copy, with approved forms published to the Emergency Management Procedures page of the GCHHS intranet. The implementation of OCA software has commenced with a view to transitioning from paper-based to primarily electronic information management processes, with paper-based redundancy options, should they be required.

5.8 Logistics

The identification of existing and required resources to support emergency responses for GCHHS is a requirement for all types and levels of response.

Consideration needs to be given to matters including:

- access arrangements to and within GCHHS facilities
- after hours availability and contact information for staff and suppliers
- availability and accessibility for internal stock management systems

- reduced service delivery levels in the context of the emergency situation
- surge capability for non-usual issues such as patient and/or visitor parking, media enquiries and onsite presence, the receipt and management of additional quantities of goods and services
- transference of personnel and equipment and the ability for 'staff, stuff and/or space' to be as effective in a modified or alternate setting
- very important and/or protected persons management

During the management of emergency incidents, GCHHS will integrate business-as-usual logistics processes as much as possible into the operations of the HEOC.

6 Response

6.1 Concept of Operations

6.1.1 Levels of Incidents

GCHHS classifies incidents into levels, depending on their level of complexity and decision-making needs.

Level 1 Incidents

Level 1 incidents are emergency incidents that can be resolved with business-as-usual resources. They are characterised by:

- small contained incidents occurring within a single facility
- direct impacts limited to one or a small number of business units
- able to be resolved within business-as-usual resources, without significant logistics support and with little impact to other business units

Examples of Level 1 incidents include:

- most Code Blue MET response incidents
- most Code Black personal threat incidents which can be resolved using standard response resources.

The roles and which position holders that occupy the Level 1 incident response roles are contained within the relevant Code Procedure.

Activation of Level 2 Incidents

Level 2 incidents are more complex emergency incidents. They are characterised by being larger incidents that:

- impact multiple business units
- require tactical planning and coordination for effective resolution
- need logistics and resource support from other business units, but within current HHS provision
- can be resolved within existing procedures, policies and do not significantly impact HHS service delivery commitments and/or corporate risks
- require a response from an external agency

Examples of Level 2 incidents include:

- most Code Orange Evacuation incidents
- most Code Yellow Loss of Essential Services that impact widely across facilities
- most Code Red Fire Alarm incidents that do not require evacuation

NOTE: The activation level may not be sequential and may be immediately activated at any level.

Activation of Level 3 Incidents

Level 3 incidents are complex emergency incidents that cannot be resolved with business-as-usual processes. They are characterised by being incidents that:

- cannot be resolved within current policy, procedures and resource allocations
- impact HHS service delivery commitments
- involve external commitment of resources and inter-agency effort

Example of Level 3 incidents include:

- Code Brown External Emergency incidents
- Code Orange Evacuation Incidents involving whole or significant sections of facilities, or longer-term closure of a part thereof
- any incident that has significant impacts to business continuity
- any incident that requires extraordinary actions for resolution

6.1.2 Command, control and coordination

Management of an emergency or disaster event applies the following principles of command, control and coordination for those persons and entities that are involved to contribute toward an effective response.

Command:	The vertical internal direction of organisational resources in the performance of the organisation's role and tasks.
Control:	Overall direction of emergency management activities, which operates horizontally across organisational units and agencies involved the resolution of an incident.
Coordination:	The systematic bringing together of organisational units and resources to support response activities, through the timely and prioritised deployment of information and resources to sequenced tasks.

6.1.3 Health Incident Controller

The Chief Executive has delegated the responsibility of Health Incident Controller (HIC) to the Chief Operations Officer. The HIC is accountable for the overall management and control of the health response to emergency incidents – internal and external – and the GCHHS response to disasters.

The HIC will regularly report to the Chief Executive and others as required which may include the State Health Coordinator (SHC) on all aspects of GCHHS emergency management: prevention, preparedness, response and recovery.

The Health Incident Controller will, where required, activate a Health Emergency Operations Centre (HEOC) and establish an Incident Management Team to support the Health Incident Controller function. The Health Incident Controller will direct the objectives and make decisions that drive health incident response and recovery operations and adjust these to suit the situation.

Within the GCHHS, the HIC has implemented a scalable model of command to reflect the decision-making needs of incidents.

6.1.4 Levels of Command: Bronze, Silver, Gold

Drawing on the United Kingdom (UK) National Health Service (NHS) Bronze-Silver-Gold command model of incident management, and the Australasian Inter-service Incident Management System (AIIMS), the GCHHS Incident Management System (IMS) guides incident management levels and structures, roles and responsibilities and the supporting arrangements to effectively respond to emergency incidents.

The Bronze-Silver-Gold model is known to work well within the UK NHS, and provides functional clarity for the various levels of command. The model is incorporated within the pre-hospital Major Incident Management and Support (MIMMS) and Hospital Major Incident Management and Support (HMIMMS) training packages, intended by Queensland Health to be a standard for coordinated medical response management.

Each level, through its management team, has specific roles and responsibilities to facilitate the management of any emergency event. The GCHHS IMS is intended to be an enhancement of business-as-usual arrangements with recognition of a potential need for dual or altered reporting arrangements whilst incidents or emergencies are being managed.

Incident Level	Command Required	AIIMS principles
Level 1 (Operational)	Bronze Command	• Flexibility • Management by Objectives • Functional Management • Span of Control; and • Unity of Command
Level 2 (Tactical)	Silver Command	
Level 3 (Strategic)	Gold Command	

GCHHS acknowledges the Queensland Health Incident Management System (QHIMS) within its arrangements to provide for consistency in approach between GCHHS and Queensland Health (QH) along with Disaster Management Groups, where applicable. Consideration will be given to the nature of the event and the level of impact / involvement for GCHHS when the QHIMS arrangements are operational. GCHHS activations will not necessarily escalate to or align with the level of activation for QHIMS, however, the dual referencing will be included in communications and reporting.

Bronze (Operational) Command

Operational (bronze) command refers to those responsible for managing the main “on the ground” working elements of incident response. Bronze Commanders of an Incident Response Team (IRT) will lead one or more staff carrying out specific tasks within business units, service areas, and/or organisational functions.

These may include hospital wards and non-clinical business units, parts of the Gold Coast community exposed to public health risks, or external incidents to which GCHHS resources are deployed.

In their operational management, Bronze Commanders will implement procedures and work instructions approved by the GCHHS, and will apply known and allocated resources to resolve incidents.

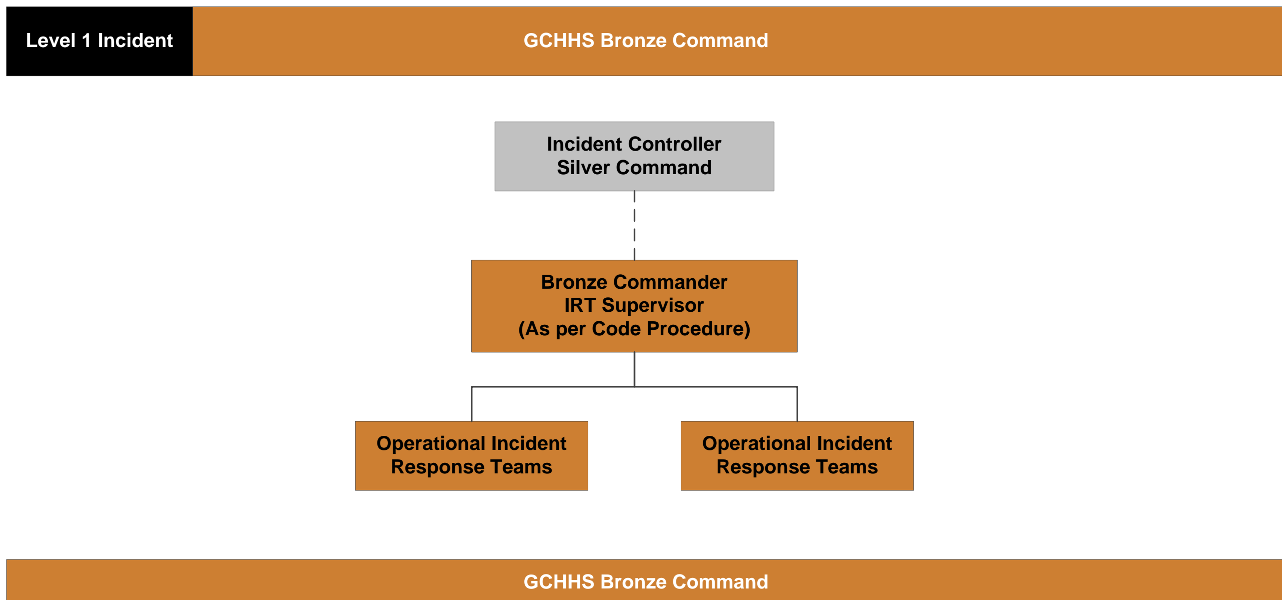
Regardless of incident type and level, individual business units, service streams and functional areas remain in command of their own resources and staff, but each is required to liaise and coordinate with all the other teams and command levels involved in incident response, if also activated.

The Bronze Commander for an incident will normally be the senior officer of the work team which would be responsible for managing the related system under business-as-usual conditions. GCHHS procedures for the management of code responses to emergency incidents will identify these officers by position.

Level 1 incidents only require activation of the Bronze level of command and awareness of the incident by the Silver Command Incident Controller (IC).

Figure 5 illustrates the operation of Bronze Command for management of a Level 1 incident.

Figure 6 Bronze Command – Level 1 Incident



Depending on the nature of incidents, several bronze commands may be in operation simultaneously.

For example, during a major medical incident that occurs within the Gold Coast community which triggers mass presentations to hospital, a bronze command might be in place for each of the following:

- Gold Coast University Hospital, utilising HMIMMS
- Robina Hospital, also utilising HMIMMS
- Public Health

In cases where multiple bronze commands are established, the incident should be reclassified to at least Level 2 due to its complexity, and overall incident command and control escalated to at least Silver Command. The overall commander and controller for an incident to which GCHHS responds, will be the controller of the highest level of command activated.

Level 2 and 3 incidents still require activation of Bronze level command to lead operational incident response. However, for these incidents Bronze Command will be coordinated tactically and supported logistically by the Silver (Tactical) Command level.

When multiple Bronze Commands are in operation, the Silver Commander can be assisted by an Operations Officer to support the activities required for coordination across multiple Bronze Commands.

Silver (Tactical) Command

Tactical (silver) command is responsible for tactical management of GCHHS responses to emergency incidents.

Level 2 incidents require the activation of Silver Command.

The Silver Commander will oversee and support the operational response to an emergency incident, with Bronze (Operational) Command(s) delivering operational response.

The Silver Commander is responsible for:

- developing a tactical plan to resolve emergency incidents, following priorities and achieve objectives approved by the GCHHS executive.

- coordinating the GCHHS response teams and their Bronze (operational) commanders so that objectives are achieved
- supporting Bronze (operational) commanders by providing clear incident objectives, information and intelligence and logistics support
- briefing the GCHHS executive on the event and the GCHHS response to and recovery from it.

Silver Command HEOC Incident Management Team

Depending on the complexity of an emergency incident, the Silver Commander might be assisted by an Incident Management Team (IMT) structured following the principles of the Australasian Inter-service Incident Management System (AIIMS).

By adopting AIIMS for its tactical organisation, GCHHS aligns its incident management organisational structures to that used by other key emergency response agencies, including SHECC, police and emergency services. This serves to enhance interoperability during multi-agency incidents.

AIIMS is based on three key principles:

Flexibility — The system is able to be applied across the full spectrum of incidents where the nature of the hazard, the scale of the incident, the complexities presented, and number of personnel / agencies involved and the duration can all vary.

Management by objectives — To ensure all incident personnel are working towards one set of objectives, the Incident Controller (Silver Commander for Level 2 incidents) determines the desired outcomes of the incident.

These objectives are to align with the policies, procedures and priorities set by the GCHHS executive, and communicated to all involved. At any point in time, an incident will have only one set of objectives and one Incident Action Plan for achieving objectives.

Bronze Commanders will be responsible for ensuring approved incident objectives are met.

Functional management — Under AIIMS, incident management is based on a series of core functions.

At GCHHS, the following AIIMS functions feature within Silver Command:

Function	Description
Intelligence	Collection, analysis and dissemination of information about an incident
Planning	Development of plans for the resolution of an incident.
Operations	Tasking and coordinating of Bronze Commands to achieve resolution of an incident.
Logistics	Acquisition of human and physical resources, facilities, services and materials to support Bronze Command achieve incident objectives
Public Information	Provision of warnings, information and advice to the public and liaison with the media.
Safety	Ensuring work, health and safety is maintained

In addition to the AIIMS functions, GCHHS adds another function:

Function	Description
Clinical Officer	Ensuring that clinical standards are maintained and issues considered during the resolution of incidents.

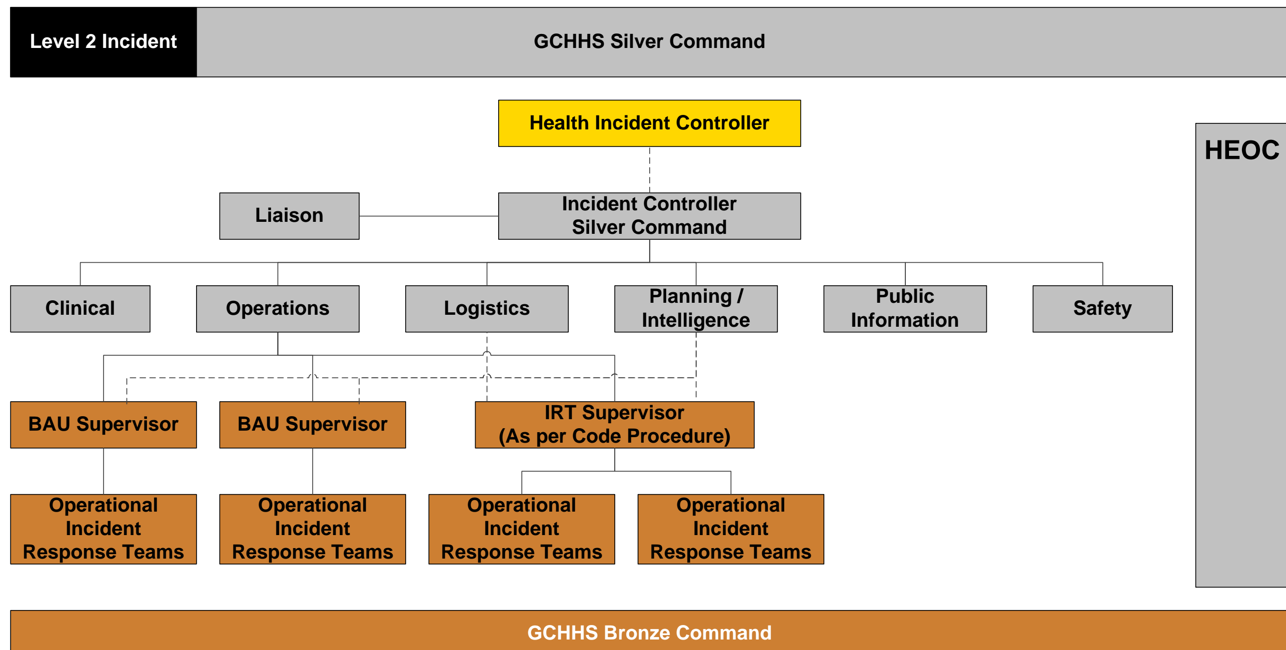
In accordance with AIIMS, the designated Incident Controller is responsible for ensuring all AIIMS functions are delivered.

Depending on the size and complexity of a Level 2 incident, the Silver Commander / Incident Controller may elect to delegate one or more of these AIIMS functions to others, leading to the formation of an Incident Management Team.

Within GCHHS, the Silver Command Incident Management Team will assemble, if required, in the facility's designated Health Emergency Operations Centre (HEOC).

Figure 6 illustrates the typical organisational structure of a Silver Command Incident Management Team for management of a Level 2 incident.

Figure 7 Silver Command – Level 2 Incident



Note that under most Level 2 incident scenarios, the Planning and Intelligence functions would be undertaken by a single officer. However, these functions could be split if required.

GCHHS maintains procedures which outline how each incident management function should be performed. This includes a generic Standard Operating Procedure for HEOC operations and AIIMS functions, and specific tasks by function in specific emergency code procedures.

Gold (Strategic) Command

Strategic (gold) command has overall responsibility for GCHHS response to an incident. While the tactical and operational levels work "on the ground" operationally and tactically to resolve an incident, the strategic level is responsible for the overall positioning of the GCHHS with respect to the disaster or emergency incident.

In exercising strategic command, the Gold Commander is primarily responsible for:

- overall command of the organisation's resources, and considering requests for additional resources above normal allocations (e.g., the need for special budget to manage an event, opening over-census beds, etc.).
- the organisation's policy context, and considering requests to vary existing policies or procedures
- managing GCHHS corporate risks
- setting service delivery standards, and considering changes to these (e.g., shutting services)

For Level 3 Incidents, which are complex incidents with significant impacts to GCHHS service delivery and/or risk profile, and/or for which response requires extra-ordinary actions and resources, Gold level command must be activated.

If required, the silver commander of a level 2 incident can escalate an incident at any time to level 3 and request activation of Gold Command. When Gold Command stands up, incident control will transfer from the Silver Commander to the Gold Commander / Health Incident Controller.

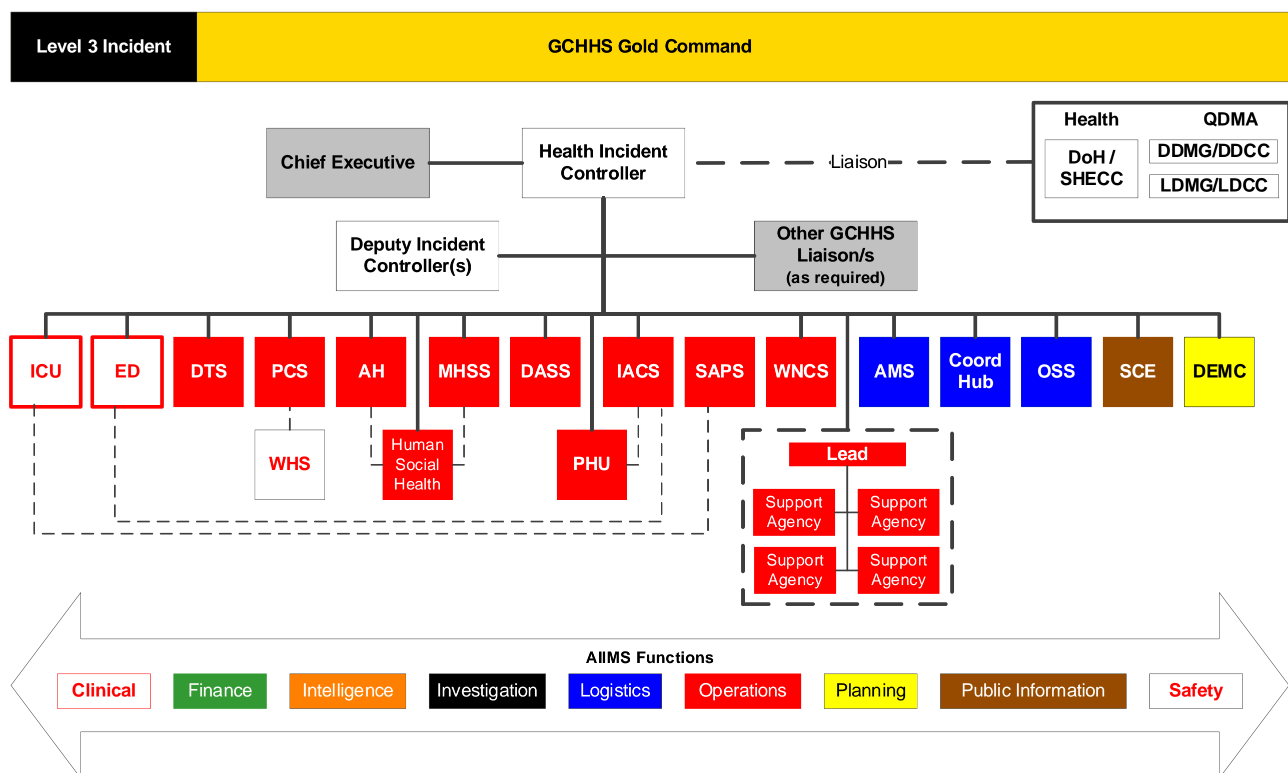
Gold Command HEOC Incident Management Team

When Gold Command is activated, an IMT will usually form/"stand up" in the HEOC.

The Gold level IMT is an expansion of that used at Level 2. It includes additional functions to ensure that HHS-wide issues are considered strategically, so an incident can be controlled effectively across the entire organisation.

Figure 7 illustrates the Gold Command Incident Management Structure, with additional positions highlighted.

Figure 8 Gold Command – Level 3 Incident



6.2 Notification - Internal

To initiate internal emergency management responses, GCHHS maintains 'code page' groups with identified contact information for each type of code response, including notification groups for any situation where an escalation of the response level is required. Nominated email, mobile and ASCOM portable devices are included within these groups, including key external contacts.

Each facility has a primary point of contact for managing code responses for both business and after hours.

Where escalation of the response is or may be required after hours, GCHHS operates an Executive on Call arrangement to ensure continuity of strategic engagement and support.

6.3 Notification - External

To ensure effective communication of external emergencies, GCHHS maintains up-to-date contact information with a range of external groups.

The key contacts for disaster and emergency management arrangements are:

Contact	Source examples
Emergency Department	▪ QAS/LASN (e.g. mass casualty)
Health Incident Controller Primary: Chief Operations Officer Secondary: Disaster and Emergency Management Coordinator	▪ DoH / SHECC ▪ DDMG ▪ DDMG Health Subcommittee ▪ LDMG ▪ QFES (e.g. hazardous materials) ▪ QPS (e.g. security incident)
Human-Social Recovery Director of Social Work	▪ LDMG Human-Social Recovery Sub-Group ▪ DDMG Human-Social Recovery Committee
Public Health Unit Duty Officer	▪ Care providers ▪ General Practitioner/s ▪ Pathology

6.4 Activation

6.4.1 Triggers

GCHHS Emergency Code Procedures detail triggers to activate emergency response.

These triggers, which vary in their nature, consider the following:

- **emergency warning systems** where an automated or manually activated process initiates a predetermined response. e.g. fire alarm system, duress alarms, hazardous situation advice to Switchboard
- **operational capacity** – where a health event is beyond the capacity of existing and available health resources and an escalated level of response is required
- **legislative** – where activation of a response to a potential or actual health event is required under legislation, for example, a declared public health emergency by the Minister for Health
- **special consequence** – any health event that may have other ramifications of a broader nature to the community, e.g. an identified communicable disease.

6.4.2 Stages of Activation

GCHHS adopts the four-stage model of activation of the Queensland Disaster Management Arrangements for all emergency and disaster management incidents.

Alert A heightened level of vigilance and preparedness due to the possibility of an incident. Some action may be required and the situation should be monitored by staff capable of assessing and preparing for the potential threat.

Lean forward An operational state prior to 'stand up' characterised by a heightened level of situational awareness of an emergency or disaster incident (either current or impending) and a state of operational readiness. HEOCs, SHECC and/or Disaster Coordination Centres are on stand-by (prepared but not activated).

Stand up	The operational state following 'Lean Forward' whereby resources are mobilised, personnel are activated and operational activities commenced. HEOCs, SHECC and/or Disaster Coordination Centres are activated.
Stand down	Transition from responding to and recovering from an incident back to normal core business operations. There is no longer a requirement to respond to or recover from the incident and the threat is no longer present.

6.5 Integration of Incident and Disaster Management Arrangements

The GCHHS incident levels and QDMA levels of activation should not be considered as a sequential process nor are they reliant on each other. Where both the GCHHS and QDMA arrangements are operational, reference should be made specifically to each activation level to assist all parties to understand the links between GCHHS and QDMA.

6.5.1 Department of Health Disaster Management Unit

The Health Disaster Management Unit is responsible for State-wide leadership, strategic service and operational policy development of both disaster preparedness and emergency incident management response capability. The unit incorporates emergency health service response planning, disaster management arrangements and counter terrorism planning (key health facility protection).

6.5.2 Health Liaison Officers (HLO)

Health Liaison Officers (HLOs) are responsible for representing the interests of the HHS and providing information to support whole of government coordination. HLOs have the authority to commit HHS resources to support whole of government operations. Wherever possible, HLO's should be permanent or proxy members to disaster management group or committees.

GCHHS maintains a register of persons trained and authorised to serve as HLOs.

6.5.3 Private Health Care Facilities and Interstate Providers

Where necessary, the Health Incident Controller will activate the agreed formal arrangements with relevant private health care providers to support health emergency incident response and recovery operations. The Gold Coast District Health Disaster Plan contains surge capacity details and memoranda of understanding between Queensland Health and external partners.

6.5.4 Queensland Ambulance Service

The Queensland Ambulance Service (QAS) provides pre-hospital emergency care to victims of mass casualty incidents or disaster events. Where necessary, the Health Incident Controller may request a Liaison Officer from Queensland Ambulance Service to participate in the Health Emergency Operation Centre.

6.5.5 Retrieval Services Queensland (RSQ)

Retrieval Services Queensland (formerly known as the Queensland Clinical Coordination Centre) provides clinical coordination of state retrieval services. GCHHS may be requested by RSQ to

receive patients or may request through RSQ for a patient to be transferred. Business as usual processes exist for these transfers.

6.5.6 State Health Coordinator (SHC)

In most cases this role is performed by the Chief Health Officer. This role is responsible for coordinating State-wide Health responses to emergency incidents and/or disasters. During an event, this position may liaise through the SHECC with the Health Incident Controller.

6.5.7 State Health Incident Management Team

At a State Level, the State Health IMT operates the SHECC and provides access to and coordinates State-wide information and resources. More information about the roles and responsiblities of the State level is outlined in the *Queensland State Health Disaster and Emergency Incident Plan*, formerly known as the State Health Disaster Management Plan (QHDISPLAN).

6.6 Functional Management

As above, GCHHS implements emergency management functions consistent with the Australasian Inter-service Incident Management System (AIIMS). These functions are the responsibility of the Incident Controller or Health Incident Controller, but may be delegated to others depending on the size and complexity of the incident.

6.6.1 Planning and Intelligence

The intelligence and planning functions will typically be performed together. However, depending on the demands of an incident, these functions can be split.

The planning function will concentrate on the development of plans for the resolution the emergency with particular consideration to situations where continued health response and recovery activities over a prolonged period pose a potential or actual significant continued drain on resources.

The intelligence function provides for the collection, analysis, evaluation and dissemination of information on a variety of internal and external sources beyond the “here and now” response including the provision of the required Situation Reports (SITREPs) and briefings. This includes considering projected demands and impacts on the hospital and operational requirements from initial impact and onwards depending on the nature and location of the emergency or disaster situation. This role becomes increasingly important where continued health response and recovery activities over a prolonged period pose a significant continued drain on resources.

The planning and intelligence function:

- provides information to inform and develop the appropriate operations plans.
- prepares situation reports, briefings and other operational information and intelligence products
- prepares response and recovery plans and strategies, in consultation with key persons, which are authorised by the Health Incident Controller and used in controlling the event.

6.6.2 Logistics

The logistics function includes arrangements to consider, manage, request and support emergency and disaster human and physical resource incoming and outgoing requirements including, but not limited to:

- additional required resources

- sourcing within GCHHS
- procurement, with appropriate approval
- requests to SHECC
- requests to LDMG and/or DDMG
- existing resources
- hot swaps, where available
- emergency stocks / caches
- prioritisation of allocation and use
- record keeping
- staging areas / storage

6.6.3 Operations

The operations function will:

- establish an operational structure and allocate resources
- implement procedures for the welfare of operational personnel;
- implement process for briefing of operational personnel;
- ensure personnel are properly equipped for the tasks given to them;
- ensure personnel are only tasked to undertake the activities for which they are qualified;
- task activities to health units/services
- determine appropriate scope of clinical practice in the disaster setting (where appropriate)
- ensure personnel are properly equipped for the tasks given to them

6.6.4 Public Information

The Public Information function provides and coordinates health media response for internal (with staff and patients) and external provision of information during an emergency situation.

Any emergency event has the potential to attract media attention. The GCHHS Strategic Communication and Engagement (SCE) Unit will maintain responsibility for the preparation and release of information to the public and within GCHHS for the information of staff, patients and visitors.

Public information will be approved for release by the HIC and traditional and electronic media platforms will be utilised, where available, in accordance with business as usual processes. All incident-related information is to be disseminated using a variety of means and modes to reach the maximum number of persons.

Only authorised staff shall speak to the media and all media personnel, enquiries or activities involving GCHHS will be managed by the SCE, in consultation with the HIC and/or HC and, where relevant, the Department of Health.

Permission for media representatives to enter GCHHS facilities for any undertaking (including researching, filming or interviewing patients, clients or staff), shall be sought from the C&E.

Each hospital site has a pre-designated media reception area (e.g. E Block at GCUH).

6.6.5 Safety

All staff are to follow normal work practices and seek advice and assistance where possible. Staff are not to increase their exposure to threat or harm.

All staff are responsible for advising their management if they have any medical conditions which may be exacerbated or affect their ability to perform their role or of any incident / accident / injury incurred during response activities.

Rostering, fatigue management and other HR activities must be conducted in accordance with the established policies and procedures.

6.6.6 Financial Arrangements

The Health Incident Controller (HIC) and the IMT finance and administration officers have a key role in coordinating and approving incident-related expenditure.

Record keeping in relation to requests, approvals and payment are necessary and may be utilised within a claim for funding assistance where emergency or disaster related funding is made available.

6.7 Business Continuity Strategies

If response efforts identify that services are likely to be disrupted for an extended period, the Health Incident Controller or delegate will advise the GCHHS executive of business continuity implications and direct services to activate their Business Continuity Plans accordingly.

Business Continuity activations within the GCHHS run parallel to emergency codes and responses are integrated within and coordinated through the organisation's emergency management response arrangements under the colour Code of Yellow – Loss of essential Services.

Any additional resource needs to support business continuity plans are referred to the Incident Management Team for consideration by the GCHHS.

6.7.1 Interdependencies

It is important to consider the critical business functions interdependencies and understand their reliance and relationships with upstream and downstream services. This assists with communication networks and strategies to ensure those who are linked to a critical business function or activity are notified of a business disruption.

6.8 Briefing and Shift Changeover

The timely sharing of accurate information between Incident Control and all internal and external stakeholders is crucial to effectively managing an emergency.

All involved persons share the critical responsibility of managing information received and recording decisions made.

- All briefings are to be led by the (Health) Incident Controller.
- Briefings should follow the 'SMEAC' briefing format for consistency with the Incident Action Plan format.

  S **Situation** – an overview of the situation

  M **Mission / Objectives** – what is required to be undertaken?

  E **Execution** – what is the plan of action?

  A **Administration / Logistics** – what resources are required?

  C **Command / Communications** – who is in control and what communication (reporting and timing) is involved?

- Briefings are to occur before activation, at regular intervals during the incident and at the end of their shifts.

- Each involved person, particularly IMT staff, is responsible for briefing their incoming shift replacement.

IMTs will establish regular internal briefing schedules to ensure that all levels and incident management team members are situationally aware and are working towards the approved incident objectives. Refer to the Emergency Operations Procedure for further information and templates to assist with briefing and shift changeover.

7 Recovery

Recovery from disaster and emergency management incidents is the phase whereby efforts are made to return services to their pre-emergency standard. In so doing, recovery considers the following themes, which are consistent with the Queensland Recovery Guidelines.

- Economic recovery
- Environmental recovery
- Human-social recovery
- Infrastructure recovery

Recovery should begin at the same time as the response to an emergency incident; and may continue for an extended period after the emergency response has concluded.

7.1 Recovery of GCHHS from Emergency Incidents

Recovery and business continuity plans detail the actions to be applied and planning considerations during and after an emergency.

GCHHS engages in business continuity planning to ensure that transition to recovery is timely and well coordinated to minimise impacts on GCHHS service delivery and patient experience.

Emergency incident status will move to 'stand down' once recovery has been completed and GCHHS has returned to normal operations.

7.2 Community Recovery from Disasters

Community recovery priorities generally include:

- provision of support to the impacted community in line with needs and impact assessments
- restoration of critical services
- restoration of service delivery (where impacted or lost)
- reconstruction/ repair of damaged infrastructure
- communication with the community, through disaster management groups and structures, regarding public and mental health implications

GCHHS may be required to participate in and assist the Local Recovery Group to lead recovery of the Gold Coast community from a disaster event. GCHHS has representation with local and district community recovery planning, and the agreed arrangements are documented within the Human-Social Recovery Sub-Plan.

8 Post Incident Activities

When the impacts of the hazards and the subsequent GCHHS recovery activities have been deemed to be completed, or the ongoing arrangements can be administered within the non-emergency structures and authority within GCHHS, the HIC or Incident Controller can authorise the "Stand Down" of the emergency incident.

The decision to move to Stand Down will be communicated to all personnel and partner agencies / groups as appropriate.

8.1 Post Event Debrief

In accordance with the Emergency Management Incident Debrief and Review procedure, debriefs will be conducted for all emergency incidents that occur within GCHHS using one of the following methods:

- routine review by nominated sub-groups / committees
- after action review (hot debrief)
- post event analysis (cold debrief)
- root cause analysis

External Groups or entities may also choose to conduct debriefs to consider their actions within the context of the emergency. Information provided or sourced through these debriefs should be recorded and provided to the HIC for collation with other event records.

Debrief reporting is a standing agenda item for the GCHHS Emergency Planning Committee.

The Emergency Management Incident Debrief and Review procedure provides further information regarding the process to conduct, record, communicate and action post event debrief information.

8.2 Continuous Improvement

GCHHS is committed to continuous improvement of its disaster and emergency management systems, and seeks ways to improve prevention of, preparedness for, response to and recovery from disaster and emergency management incidents.

Outcomes from debriefs and other post event analysis data will be reviewed and considered by the Emergency Planning Committee. Event analyses and lessons learned documents will be available online for staff review/feedback.

Staff are encouraged to provide ideas or suggestions for improvement to enhance the capability of GCHHS to better manage emergency incidents through participation in post-event debrief activities, or by submitting feedback directly to the GCHHS Disaster and Emergency Management Coordinator.

Email:	GCHHSDisaster@health.qld.gov.au
Telephone:	07 5687 6491
Mail:	Disaster and Emergency Management Coordinator Gold Coast Hospital and Health Service C/- Gold Coast University Hospital 1 Hospital Boulevard, Southport QLD 4215

8.3 Employee Assistance Program

Communication should occur to ensure all staff involved with the emergency response are aware of the availability of counselling and crisis response support through the Employee Assistance Program.

It is not mandatory for staff to use the program.

8.4 Financial Reimbursement

GCHHS may be eligible to reclaim some expenses associated with responding to and recovering from some emergency incidents.

For incidents that involve impacts to GCHHS infrastructure, the organisation will consider making an insurance claim to Queensland Government Insurance Fund through the State-wide IST team. The Division of Risk, Governance and Corporate Services has oversight of GCHHS insurance arrangements.

For natural disaster events, GCHHS may be eligible to reclaim some expenses through the Natural Disaster Relief and Recovery Arrangements (NDRRA), if activated. The Queensland Reconstruction Authority (QRA) is responsible for the administering the Natural Disaster Relief and Recovery Arrangements (NDRRA) submissions and providing advice on claim eligibility.

To prepare a claim under NDRRA, financial data and costs associated with response and recovery from eligible events need to be captured, reconciled and submitted to the GCHHS Disaster and Emergency Management Coordinator, who will collate and submit claims in accordance with QRA requirements.

8.5 Service Recognition

In emergency and disaster events, staff often go ‘above-and-beyond’ to ensure the ongoing delivery of quality care to those impacted. It is important to recognise those staff for their efforts.

Recommendations for service recognition will be tabled and approved through the GCHHS Emergency Planning Committee.

9 Abbreviations

AH	Allied Health
AIIMS	Australasian Inter-service Incident Management System
DASS	Diagnostic and Subspecialty Services
DDMG	District Disaster Management Group
DoH	Department of Health
EPC	Emergency Planning Committee
EPCMP	Emergency Preparedness Continuity Management Plan
GCHHS	Gold Coast Hospital and Health Service
GCUH	Gold Coast University Hospital
HEOC	Health Emergency Operations Centre
HHS	Hospital and Health Service
HIC	Health Incident Controller
HLO	Health Liaison Officer
HMIMMS	Hospital Major Incident Management and Support
HSD	Health Service Directive
IACS	Integrated and Ambulatory Care Service
IMT	Incident Management Team
IRT	Incident Response Team
LDMG	Local Disaster Management Group
LDMP	Local Disaster Management Plan
MHSS	Mental Health and Specialty Services
MIMMS	Major Incident Management and Support
NDRRA	Natural Disaster Relief and Recovery Arrangements
NHS	National Health Service
QAS	Queensland Ambulance Service
QDMA	Queensland Disaster Management Arrangements
QDMTF	Queensland Disaster Management Training Framework
QFES	Queensland Fire and Emergency Services
QHIMS	Queensland Health Incident Management System
QPS	Queensland Police Service
QRA	Queensland Reconstruction Authority
RRCD	Recognising and Responding to Clinical Deterioration Committee
RSQ	Retrieval Services Queensland
SAPS	Surgical, Anaesthetic and Procedural Services
SCE	Strategic Communication and Engagement, Gold Coast Health
SHC	State Health Coordinator
SHECC	State Health Emergency Coordination Centre
SITREP	Situation Report
SMEAC	Situation, Mission, Execution, Administration, Communication
SOP	Standard Operating Procedure
UPS	Uninterrupted Power Supply
WNCS	Women's, Newborn and Children's Services

10 Definitions

Command	The vertical internal direction of the members and resources in the performance of roles and tasks.
Control	Overall direction of emergency management activities. It carries the responsbility to task other organisations and operates horizontally across the agency.
Coordination	The bringing together of organisations and other resources to support response activities.
Disaster	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. Serious disruption means: • loss of human life, or illness or injury to humans • widespread or severe property loss or damage • widespread of severe damage to the environment
Disaster Event	An event means any of the following: • a cyclone, earthquake, flood, storm, storm tide, tornado, tsunami, volcanic eruption or other natural happening; • an explosion or fire, a chemical, fuel or oil spill, or a gas leak; • an infestation, plague or epidemic; • a failure of , or disruption to, an essential service or infrastructure; • an attack against the State; • another event similar to an event mentioned in paragraphs (a) to (e)
Disaster Operations	Activities undertkaen, before, during or after an event happens to help reduce loss of human life, illnees or injury to humans, property loss or damage, or damage to the environment, including for example, activities to mitigate the adverse effects fo the event.
Disaster Management	The arrangements for managing the potential adverse effects of an event, including – for example, arrangements for mitigating , preventing, preparign for, respoding to and recoverying from a disaster.
Incident Level	Refers to the level of response applied by GCHHS for incident management.
Levels of Activation	Whole of government descriptions of the level of operation (resources and coordiantion) being applied to an event. The level of activation can apply overall or can be applied specifically to a plan, team or operations centre.
Recovery	The coordinated process of supporting affected communities in the reconstruction of the physical infrastrcutre, restoration of the economy and of the environment, and support for the emotional, social and physical wellbeing of those affected.
Response	To respond rapidly and decisively to a disaster event and manage its imemdiate consequences. The activities taken in anticipation of, during, and immediately after an event to ensure that its effects are minimised

GCHHS Emergency Preparedness Continuity Management Plan
Gold Coast Hospital and Health Service

Consultation

Key stakeholders who developed/reviewed this version are:

- Bree Fournier, Program Support and Project Officer, Disaster and Emergency Management
- Emergency Planning Committee

Committee Endorsement

- Emergency Planning Committee – 20/11/2018

Plan Development/Revision and Approval History

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1	Jo Timms, Emergency Planning Committee	Dr Geoff Copland, District Health Sub-Committee	Dr Adrian Nowitzke, Chief Executive Officer	04/02/2010	2011
2	Dr Brian Bell, Emergency Planning Committee	Dr Michael Aitken, District Health Sub-Committee	Dr Adrian Nowitzke, Chief Executive Officer	02/12/2011	21/07/2016
3	Naomi Muter, Senior Program Officer (Disaster and Emergency Management)	Emergency Planning Committee	Jane Hancock, Executive Director Operations	22/08/2016	20/11/2018
4	Naomi Muter, Senior Program Officer	Peter McNamee, Disaster and Emergency Management Coordinator	Patrick Turner, A/Chief Operations Officer	26/02/2019	

Approval and Implementation

Delegated Lead: Disaster and Emergency Management Coordinator

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- Standard 15 Corporate Systems and Safety

Appendices

- Nil

Queensland Health

Disaster and Emergency Incident Plan

QHDISPLAN

June 2016

Queensland Government

Queensland Health Disaster and Emergency Incident Plan

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Authorisation statement

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

The QHDISPLAN:

- is the principal document which supports Queensland Health to respond effectively and appropriately to disasters and emergency incidents
- outlines the systems, processes, roles and responsibilities for all components of Queensland Health in accordance with the state disaster management arrangements, and is supported by a suite of documents, including sub-plans, frameworks and guidelines
- supports Hospital and Health Services and complements Queensland Ambulance Service plans in disaster or emergency incident response.

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

The 2016 QHDISPLAN is hereby approved and recommended for distribution.

Director-General

Date:

Our vision

Healthier Queenslanders

Our purpose

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

Amendments

Version	Date	Comments

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1. Introduction

1.1 Aim

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

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

1.2 Scope

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

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

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

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

1.3 Legislation and policy

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

- *Disaster Management Act 2003*
- *Fire and Emergency Services Act 1990*
- *Food Act 2006*
- *Hospital and Health Boards Act 2011*
- *Public Health Act 2005*
- *Public Safety Preservation Act 1986*
- *Radiation Safety Act 1999*
- *Work Health and Safety Act 2011*
- Health Service Directive QH-HSD-003-2015 ‘Disaster Management’
- Health Service Directive QH-HSD-046-2014 ‘Management of a public health event of state significance’
- Queensland Health Emergency Preparedness and Continuity Management Policy

- Standard for Disaster Management in Queensland
- The Australian Council on Healthcare Standards (ACHS) EQuIP National Standards[1] (or equivalent).

1.4 Supporting documents

The QHDISPLAN is supported by:

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

1.5 Definitions

A **disaster** is defined in Section 13 of the *Disaster Management Act 2003* as:

> a serious disruption in a community, caused by the impact of an event, that requires a significant coordinated response by the State and other entities to help the community recover from the disruption.
>
> In this section-
>
> serious disruption means-
>
> (a) loss of human life, or illness or injury to humans; or
>
> (b) widespread or severe property loss or damage; or
>
> (c) widespread or severe damage to the environment.

An **event** is defined in Section 16 of the *Disaster Management Act 2003* as:

> any of the following—
>
> (a) a cyclone, earthquake, flood, storm, storm tide, tornado, tsunami, volcanic eruption or other natural happening;
>
> (b) an explosion or fire, a chemical, fuel or oil spill, or a gas leak;
>
> (c) an infestation, plague or epidemic;
>
> (d) a failure of, or disruption to, an essential service or infrastructure;
>
> (e) an attack against the State;
>
> (f) another event similar to an event mentioned in paragraphs (a) to (e).
>
> (2) An ***event*** may be natural or caused by human acts or omissions.

A **public health emergency** is defined in Section 315 of the *Public Health Act 2005* as*:*

> an event or a series of events that has contributed to, or may contribute to, serious adverse effects on the health of persons in Queensland.

---

[1] Standard 15 Corporate Systems and Safety: Criterion 7 - Emergency and Disaster Management, 15.18-15.20

1.6 Review requirements

The QHDISPLAN and associated sub-plans shall be reviewed:

1. annually
2. following structural or organisational changes impacting Queensland Health operations
3. following legislative changes affecting Queensland Health operations
4. following changes in state or federal nomenclature or arrangements
5. following activation resulting in identified improvements.

2. Strategic direction and priorities

2.1 *Disaster Management Act 2003*

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

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

2.2 Queensland Emergency Management Assurance Framework

Activities and outcomes across all levels of disaster and emergency management in Queensland are underpinned by the Queensland *Emergency Management Assurance Framework*, developed by the Office of the Inspector-General Emergency Management. The principles of this framework focus on leadership, public safety, partnerships and performance. The framework contains the *Standard for Disaster Management in Queensland*. Consistent with the framework and standard, the QHDISPLAN is required to be:

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

2.3 Queensland State Disaster Management Plan

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

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

Table 1 Queensland Health responsibilities

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

3. Disaster management structure

3.1 Queensland disaster management structure

Disaster management in Queensland is managed through a four-tiered state and national structure, with local government primarily responsible for managing events and incidents in their local government area.

1. Local Disaster Management Groups (LDMG)
   Local Disaster Coordination Centres (LDCC)
   Local disaster management plans
2. District Disaster Management Groups (DDMG)
   District Disaster Coordination Centres (DDCC)
   District disaster management plans
3. Queensland Disaster Management Committee (QDMC)
   State Disaster Coordination Group (SDCG)
   State Disaster Coordination Centre (SDCC)
   Queensland State Disaster Management Plan
4. Australian Government Crisis Coordination Centre (AGCCC) (Attorney Generals Department).

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

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

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

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

3.2 Queensland Health representation

Department of Health

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

Hospital and Health Services

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

Queensland Ambulance Service

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

4. Effective disaster and emergency incident planning

4.1 Planning architecture

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

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

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

> ***Strategic level*** – sets the context and expectations for operational planning (governance, priorities, desired outcomes).
>
> ***Operational level*** – provides tasks and resources needed to execute the strategy.
>
> ***Tactical level*** – details how to apply resources to complete operational tasks within a given timeline.

4.2 Hierarchy of plans and legislation

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

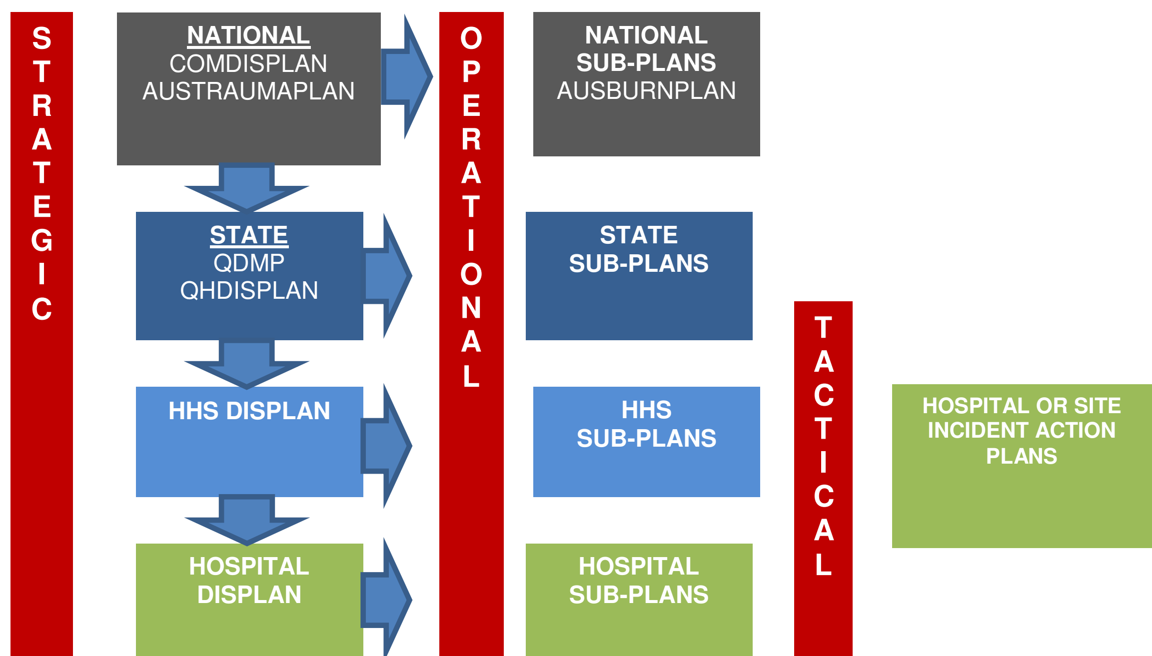

Figure 1 Hierarchy of plans

4.3 Planning process

Disaster management plans and arrangements should:

- consider prevention, preparedness, response and recovery
- be scalable, adaptable to change and interoperable
- consider business and operational continuity
- be developed in consultation with relevant stakeholders.

4.4 Planning consistency and requirements

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

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

DEPARTMENT OF HEALTH	HHS	RATIONALE
Disaster Plan: QHDISPLAN	Disaster Plan: HHS DISPLAN	*Disaster Management Act 2003* *Queensland State Disaster Management Plan*
Mandatory sub-plans		
• Mass Casualty Incident	• Mass casualty incident	Ravenshoe Review
• Chemical Biological Radiological	• Chemical Biological Radiological	*Queensland State Disaster Management Plan* – Primary agency responsibility shared with QFES based on hazard
• Pandemic	• Pandemic	Primary agency responsibility
• Heatwave	• Heatwave	Primary agency responsibility
Recommended sub-plans		
• Human Social Health • Business Continuity • Blood Supply Emergency and Contingency • Public Health	• Human Social Health • Business Continuity • Public Health	

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

Planning for emergencies in health care facilities

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

Table 3 Emergency codes

Code	Emergency
Code Red	Fire/Smoke Emergency
Code Orange	Evacuation
Code Purple	Bomb/Suspicious Item Threat
Code Black	Personal or Facility Threat
Code Yellow	Loss of Essential Services (including chemical emergencies)
Code Blue	Medical Emergency
Code Brown	External

These codes are implemented across all hospitals for consistent identification of emergencies in health care facilities.

4.5 Comprehensive approach to disaster and emergency management planning

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

4.5.1 Prevention

Hazard mitigation and risk reduction measures and activities can be undertaken to reduce the likelihood or severity of a disaster or emergency incident.

To inform these, risk management is fundamental to effective disaster management. This process must:

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

Both the Department and HHSs should employ their own risk frameworks and governance structures to identify, analyse, evaluate and mitigate risks relevant to their own objectives and operations.

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

Disaster and emergency risk management should conform to approved risk frameworks, the principles of ISO 31000:2009 *Risk Management – Principles and Guidelines*, and the Inspector-General Emergency Management's *Emergency Management Assurance Framework* (see shared responsibilities for hazard identification, risk assessment, hazard mitigation and risk reduction).

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

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

4.5.2 Preparedness

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

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

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

Security risk management and critical health infrastructure protection

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

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

Key responsibilities include, but are not limited to:

- providing adequate security for identified assets
- actively applying risk management principles to planning processes
- regularly reviewing risk management assessments and plans
- reporting any incidents or suspicious activities
- regularly reviewing business continuity management plans
- participating in exercises that test and validate arrangements.

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

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

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

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[2] And associated Department of Health, and HHS disaster and emergency management training and exercise frameworks.

Public-private planning partnerships

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

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

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

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

4.5.3 Response

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

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

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

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

4.5.4 Recovery

Disaster recovery is the coordinated process of:

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

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

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

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

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

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

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

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

Recovery financial arrangements

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

Financial data and costs captured during the response and recovery process need to be reconciled, and may be claimable against relief and recovery arrangements. As a guide:

- Expenditure of funds by agencies is to be met in the first instance by the agency requesting/requiring the resources from normal operating budgets.

- Not all expenditure incurred by agencies to provide effective disaster management services may be recoverable under existing disaster relief and recovery financial arrangements.
- The Queensland Reconstruction Authority (QRA) is responsible for the processing of Natural Disaster Relief and Recovery Arrangements (NDRRA) submissions and providing advice on claim eligibility.

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

5. Operation of QHDISPLAN

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

5.1 Notification pathways

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

- Strategic level awareness
  - Notice of international disasters, emerging infectious diseases or pandemics and the need to activate are likely to come through at a state level from the Australian Health Protection Principal Committee (AHPPC).
  - Notice of natural disasters such as cyclones will come through at a state level from the State Disaster Coordination Centre (SDCC) Watch Desk.
- Operational level awareness
  - Notice of business continuity crises is likely to come from impacted HHS or state-wide service providers such as eHealth or Health Support Queensland.
  - Notice of local critical infrastructure issues, such as potential dam failures, may come from local or district disaster management groups into HHSs directly or from the SDCC.
  - Notice of public health events of state significance may come through at a HHS level from 13HEALTH, impacted HHSs or even LDMG or DDMGs.
- Tactical level awareness
  - Notice of mass casualty incidents is likely to come through at hospital level from the QAS Communications Centre, the Queensland Police Service Communications Centre or directly from a hospital as patients arrive.
  - Notice of a public health event may occur through direct community notification to Public Health Units within a HHS.

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

5.2 Notification cascade

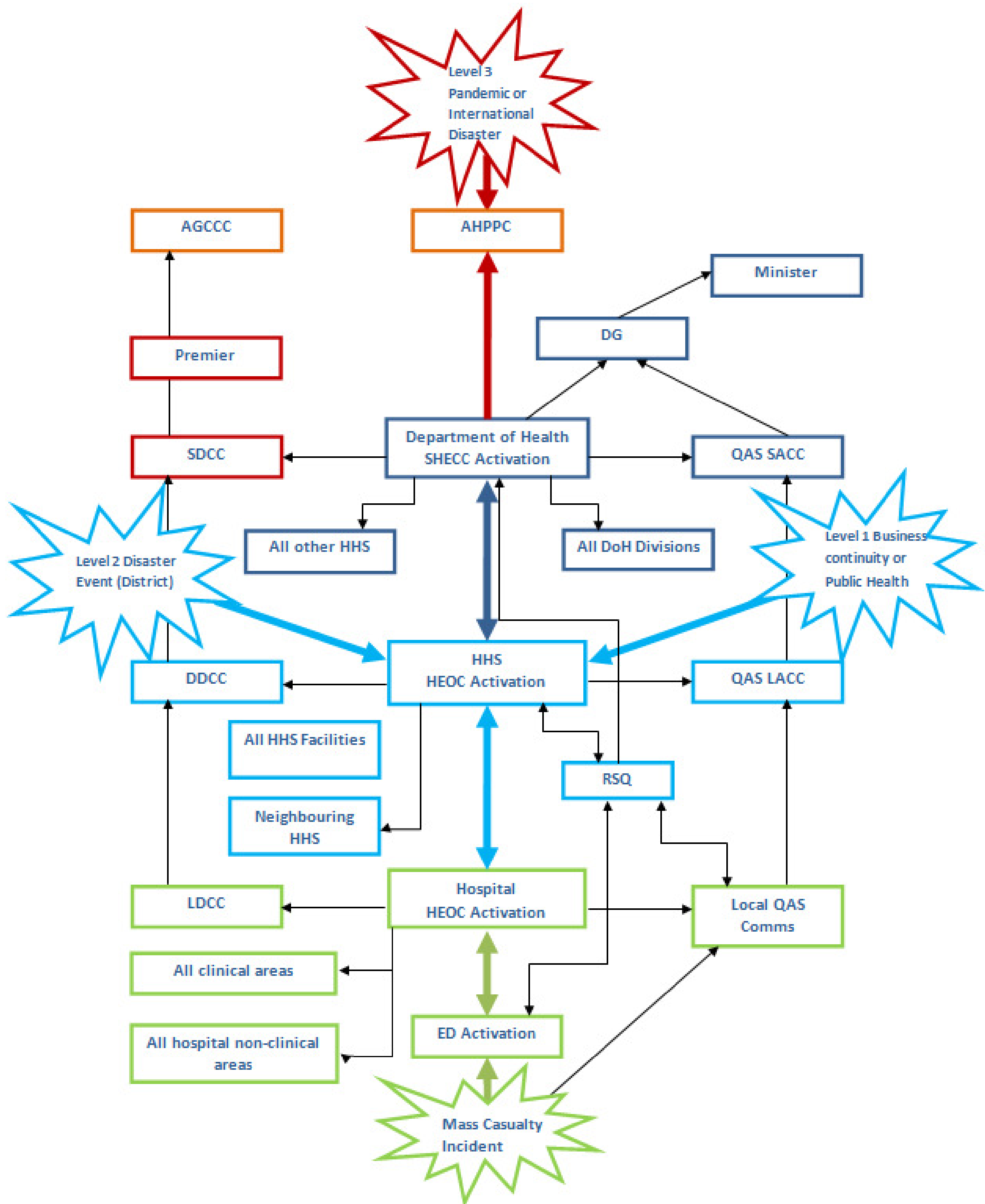


Figure 2 Notification cascade

Note: Inputs for disaster and emergency incident notifications are provided as an example only, and are not an exhaustive representation.

Warnings

The SDCC will issue warnings and alerts to key stakeholders. Each agency or disaster management stakeholder, including Queensland Health, is responsible for further disseminating these warnings and alerts through its own communications networks.

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

5.3 Authority to activate QHDISPLAN

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

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

5.4 Activation

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

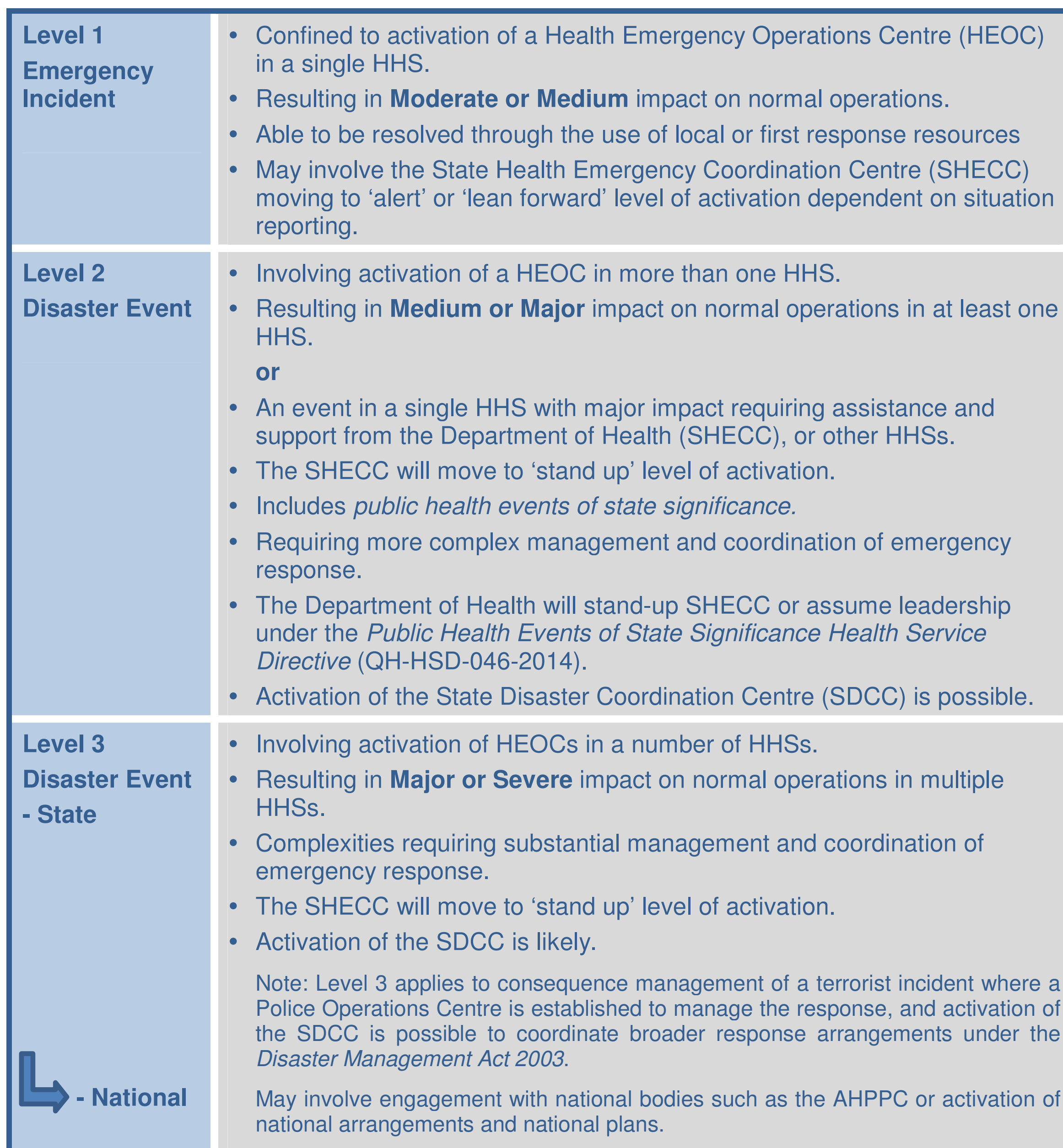
Table 4 Activation escalation phases

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

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

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

Table 5 Queensland Health activation levels



Level	Description
Level 1 Emergency Incident	• Confined to activation of a Health Emergency Operations Centre (HEOC) in a single HHS. • Resulting in **Moderate or Medium** impact on normal operations. • Able to be resolved through the use of local or first response resources • May involve the State Health Emergency Coordination Centre (SHECC) moving to 'alert' or 'lean forward' level of activation dependent on situation reporting.
Level 2 Disaster Event	• Involving activation of a HEOC in more than one HHS. • Resulting in **Medium or Major** impact on normal operations in at least one HHS. **or** • An event in a single HHS with major impact requiring assistance and support from the Department of Health (SHECC), or other HHSs. • The SHECC will move to 'stand up' level of activation. • Includes *public health events of state significance.* • Requiring more complex management and coordination of emergency response. • The Department of Health will stand-up SHECC or assume leadership under the *Public Health Events of State Significance Health Service Directive* (QH-HSD-046-2014). • Activation of the State Disaster Coordination Centre (SDCC) is possible.
Level 3 Disaster Event - State	• Involving activation of HEOCs in a number of HHSs. • Resulting in **Major or Severe** impact on normal operations in multiple HHSs. • Complexities requiring substantial management and coordination of emergency response. • The SHECC will move to 'stand up' level of activation. • Activation of the SDCC is likely. Note: Level 3 applies to consequence management of a terrorist incident where a Police Operations Centre is established to manage the response, and activation of the SDCC is possible to coordinate broader response arrangements under the *Disaster Management Act 2003*.
- National	May involve engagement with national bodies such as the AHPPC or activation of national arrangements and national plans.

5.5 Triggers for activation

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

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

- A disaster or emergency is declared outside of Queensland requiring support from Queensland Health.
- The SDCC moves to 'stand up' level of activation and whole of government disaster management arrangements are in place.
- The Director-General or CHO & DDG determines it necessary.

Considerations for activation of QHDISPLAN to support a HHS include:

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

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

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

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

5.6 Declaration of a disaster

The *Disaster Management Act 2003* provides that a disaster situation may be declared for the specific purpose of providing additional powers.[3] Upon such declaration, and by authorisation of the chair of the QDMC or a district disaster coordinator, a health officer **may** be appointed as a declared disaster officer.

5.7 Queensland Health incident management structures

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

[3] *Disaster Management Act 2003*, Part 4. Note - the declaration of a disaster event under the *Disaster Management Act 2003* is not linked to activation of Natural Disaster Relief and Recovery Arrangements, reimbursement of expenditures, or activation of disaster management groups or coordination centres.

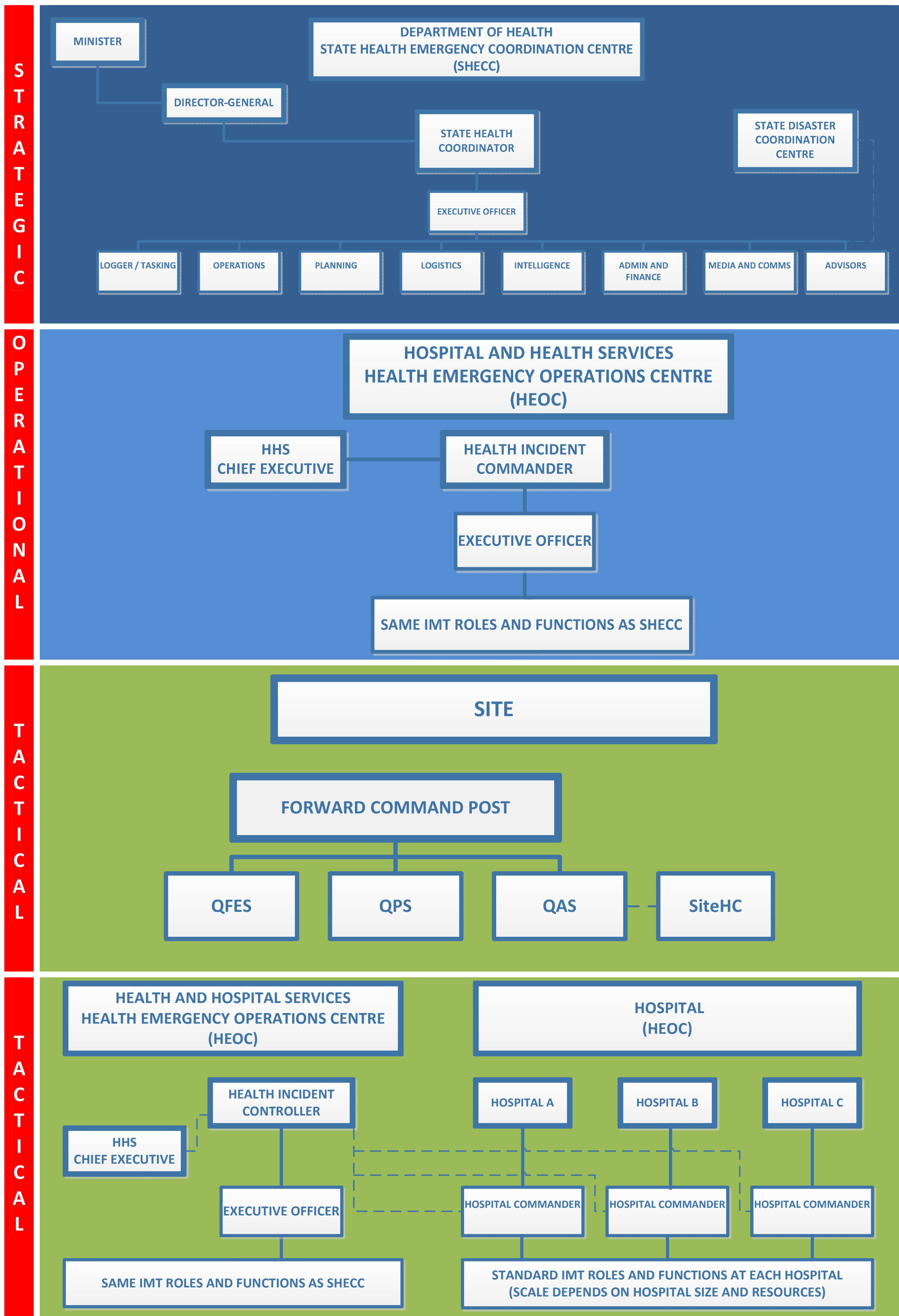


Figure 3 **Strategic, operational and tactical level structures**

5.8 Incident management reporting structures

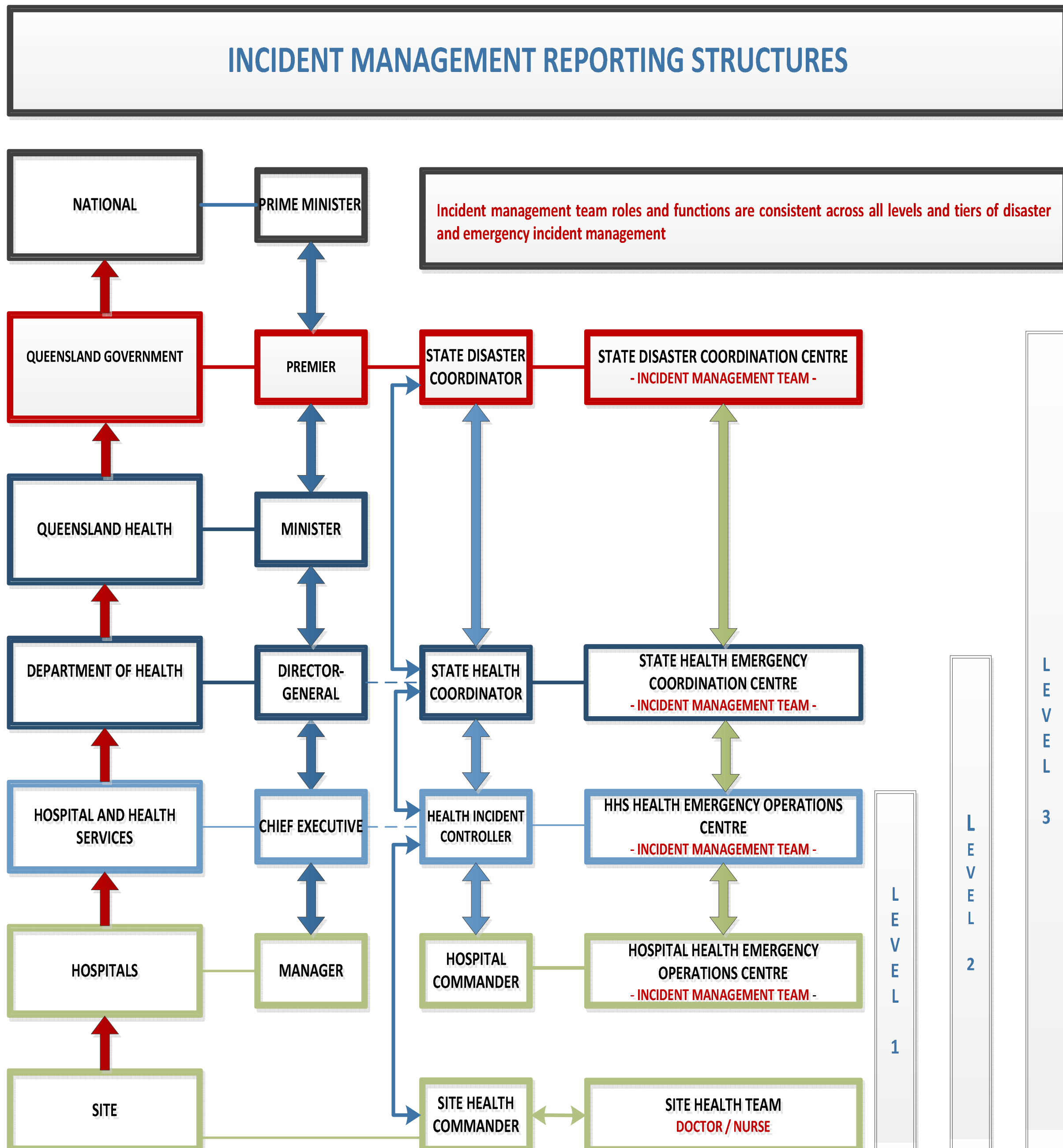


Figure 4 Incident management reporting structures

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

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

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

- Public health events may occur simultaneously with a natural disaster in which a HEOC or SHECC is activated.
- Public Health Unit reporting will continue to occur through normal escalation pathways to ensure visibility of emerging public health issues at a state level.

5.9 Requests for assistance

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

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

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

This may mean:

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

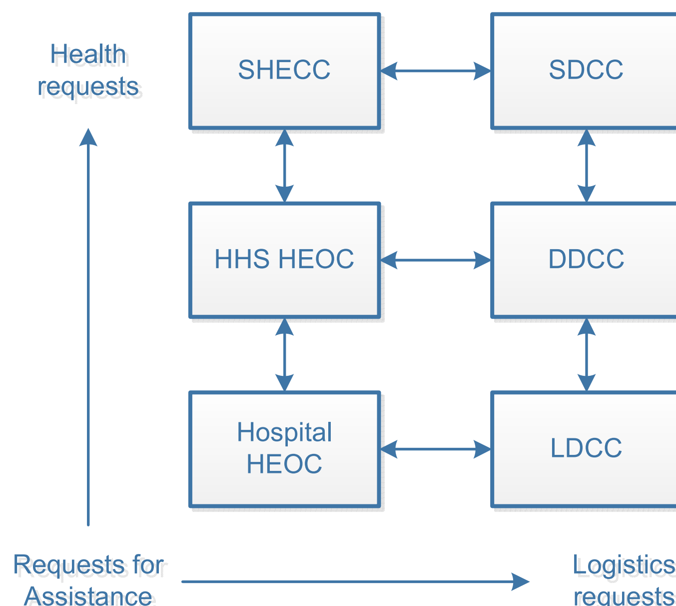


Figure 5 Request for assistance escalation

6. Emergency coordination and operation centres

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

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

6.1 Emergency Operation Centre requirements

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

6.2 Incident management functions

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

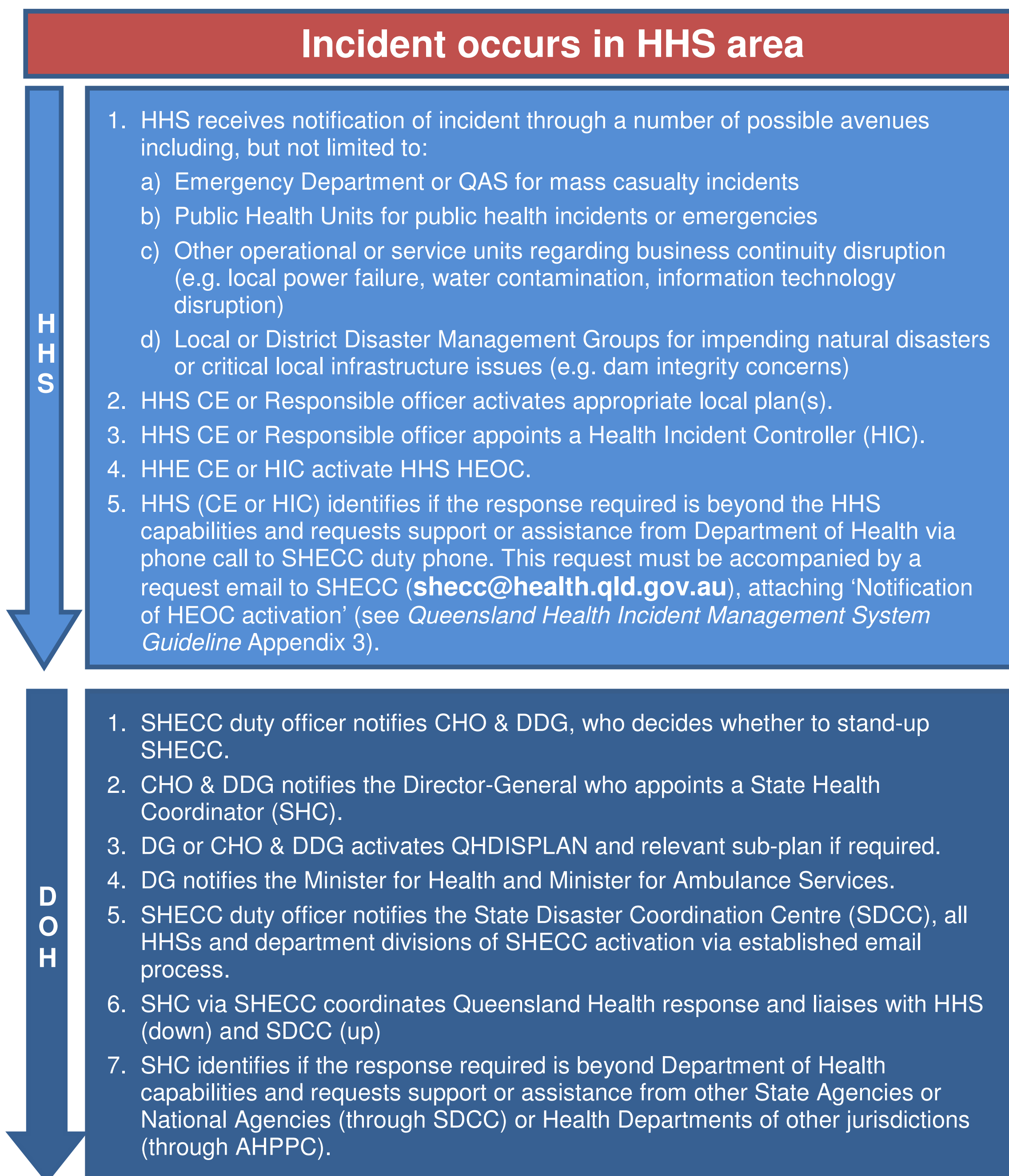
Consistent with AIIMS, team structures will generally consist of the following incident management functions.

Table 6 Incident management functions

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

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

6.3 Queensland Health incident activation and notification process



6.4 State Health Emergency Coordination Centre

Activation of SHECC

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

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

Functions of SHECC

When activated, SHECC will:

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

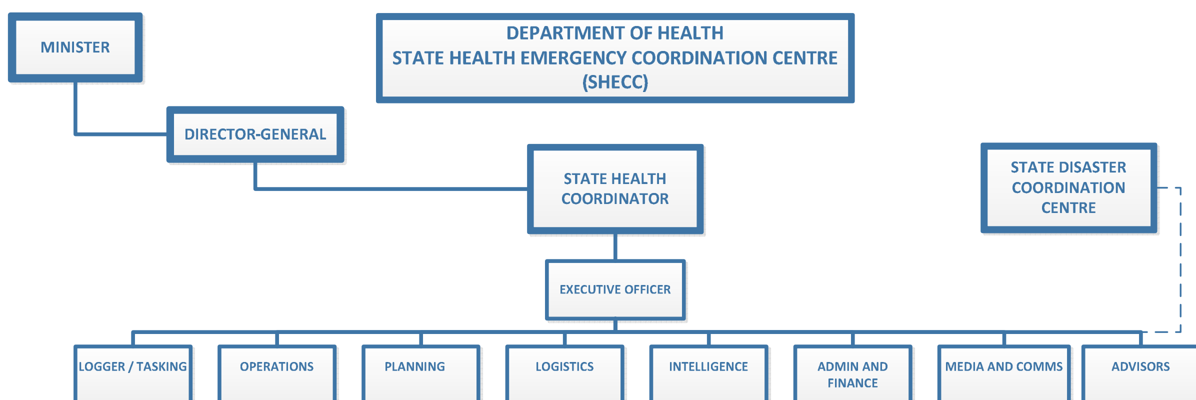


Figure 6 SHECC reporting structure

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

The scale of activation for each specific response structure will depend on the needs of each individual incident. This is further detailed in the *Queensland Health Incident Management System Guideline*.

For level 3 disaster events, specific Departmental incident management teams may activate to support the SHECC. These may include, but are not limited to:

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

6.5 Health Emergency Operations Centre

Functions of the HEOC

The main functions of the HEOC will be:

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

6.6 State Disaster Coordination Centre

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

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

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

6.7 Debrief

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

6.8 Documentation and reporting

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

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

Appendix 1 Standardised reporting format

ETHANE

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

Exact location

Type of incident

Hazards

Access and egress

Number of type of patients

Emergency services at scene or required

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

SMEACS-Q

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

Situation (ETHANE)

Mission

Execution

Administration

Communications

Safety

Questions

The inclusion of 'Questions' at the end is an important detail, and allows clarification or confirmation of information.

Abbreviations

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